

STUNTING MANAGEMENT IN ENREKANG REGENCY FROM THE PERSPECTIVE OF THE COLLABORATIVE GOVERNANCE REGIME

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ABSTRACT

Stunting is a chronic nutritional problem with widespread impacts on the quality of human resources and sustainable development. One of the regions with the highest stunting rates is Enrekang Regency, South Sulawesi Province. Enrekang Regency has consistently recorded one of the highest stunting prevalence rates in South Sulawesi from year to year and has yet to achieve its prevalence reduction target. This study examines the implementation of the Collaborative Governance Regime (CGR) in managing stunting in Enrekang Regency. It aims to analyze the dynamics of multi-actor collaboration as well as the supporting and inhibiting factors affecting program effectiveness. This qualitative case study collected data through interviews and observations, which were then analyzed interactively and validated using triangulation techniques. The results indicate that inter-agency collaboration in Enrekang has been established through the three main dimensions of CGR: principled engagement, shared motivation, and capacity for joint action, which are manifested in integrated programs such as the Bapak/Bunda Asuh Anak Stunting (Stunting Children Foster Parents) initiative and cross-sectoral Convergence Actions. Since its inception, this collaboration has successfully reduced stunting rates from 28.50% (2019), 23.30% (2020), 21.50% (2021), 19.45% (2022), to 19.04% (2023). These results indicate that the dynamics of collaboration involving specific and sensitive interventions can increase public awareness in stunting management. However, obstacles were found in the form of budget constraints, government dominance in deliberative processes, and data collection challenges. Adaptation was carried out by focusing interventions on priority locus areas, optimizing the role of posyandu (integrated health post) cadres, and strengthening institutional coordination. It is concluded that strengthening fiscal capacity, involving non-governmental sectors, and improving the data collection system are key to the sustainability of collaborative stunting reduction at the regional level.

INTRODUCTION

Stunting is a form of chronic malnutrition that requires rapid and serious intervention. Addressing this issue is crucial as it can impair brain development and a child's overall growth. The

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severe impacts of stunting are highly diverse. In the short term, stunting is associated with chronic diseases and infant mortality ([Kresnawati et al., 2022](#)). In the medium term, it leads to low cognitive ability and reduced intelligence levels in children. Meanwhile, in the long term, stunting is linked to an increased risk of degenerative diseases in adulthood and lower human resource quality. Conversely, children who grow optimally without experiencing stunting tend to possess better intelligence, thereby enhancing competitiveness in development and the economy ([Suparyanto dan Rosad, 2020](#)). Globally in 2020, there were 149.2 million or approximately 22.0% of children under five experiencing stunting, with more than 11% of stunting cases in Asia (135.9 million under-five children) originating from Southeast Asia ([United Nations Children's Fund \(UNICEF\), World Health Organization, 2021](#)).

The prevalence of stunting in Indonesia remains categorized as high because it stands above the WHO threshold of 20%. According to the Global Nutrition Report, Indonesia ranks 108th out of 132 countries. Meanwhile, the 2021 Indonesian Nutritional Status Survey (SSGI) report indicated that stunting prevalence reached 24.4%, which is still far from the national target of 14% by 2024 ([Nurahadiyatika et al., 2022](#)). Stunting prevention has become highly crucial because this issue can increase disease risks, cause mortality, and potentially hinder the development of quality human resources ([Ni Ketut Aryastami, 2017](#)). Furthermore, stunting prevention is expected to stimulate economic growth by reducing the medical cost burden of degenerative diseases, such as diabetes, hypertension, heart disease, and kidney failure ([Hoddinott et al., 2020](#)).

As a form of serious commitment, the Government of Indonesia has enacted several policies, including Law Number 36 of 2009 concerning Health, Presidential Regulation Number 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement, and most recently, Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction. This Presidential Regulation mandates that the acceleration of stunting reduction must be executed in a holistic, integrative, and quality-driven manner through synergy, synchronization, and coordination among stakeholders. South Sulawesi Province, as one of the provinces included in the top three with the highest stunting prevalence rates at 35.7%, has also issued South Sulawesi Governor Regulation Number 19 of 2022 concerning the Acceleration of Stunting Reduction.

Despite the existence of several policies at both national and provincial levels, Enrekang Regency, located in South Sulawesi Province, still faces severe challenges. Data from the Enrekang Regency Health Office even recorded that stunting prevalence once exceeded 23.7%, or approximately 4,206 under-five children, and in 2021, 22.8% of children under five were recorded as stunted. The Enrekang Regency Government has taken various actions, such as the Community Movement Caring for Stunting (*Gerakan Masyarakat Peduli Stunting / GEMPITA*), the

establishment of the Coordination Forum for GERMAS Implementation, as well as Regional Regulation Number 29 of 2020 and Number 44 of 2021 regarding the role of villages and upstream prevention.



Figure 1. Percentage of Stunting Prevalence Rates in South Sulawesi in 2024

Source: Kemendagri.go.id 2024

However, despite all these efforts, stunting management in Enrekang Regency has yet to achieve the desired target of 14% by 2024. This is exacerbated by the fact that at the program implementation and community levels (downstream), the issue of stunting still sounds foreign. Many people remain unaware of the definition, causes, impacts, and mitigation efforts regarding stunting (Amraini et al., 2024). Several previous studies in Enrekang Regency also identified constraints such as a lack of expected funding, complex or slow bureaucracy, and a tendency to delegate full responsibility solely to the Health Office. Furthermore, a lack of maternal knowledge regarding child nutrition remains an issue that correlates with stunting (Abri, 2022).

The issue of stunting is complex and driven by various factors. Hence, its resolution cannot be left entirely to the health sector alone. Therefore, multi-sectoral management through collaborative cooperation is required (Dwi et al., 2025). The concept of Collaborative Governance has emerged as a response to the slow progress of stunting management by involving various actors, both government and non-government, in a formal, participatory, and consensus-oriented policy implementation process (Nasrulhaq, 2020).

The Collaborative Governance Regime (CGR) approach is considered more appropriate for analyzing stunting issues because it emphasizes not only the collaboration process but also system dynamics, continuous interaction, and institutional capacity among actors (Emerson & Nabatchi, 2015). The Collaborative Governance Regime (CGR) approach is deemed more suitable for analyzing stunting problems because it is capable of examining system dynamics, multi-actor interactions, and institutional capacity in cross-sector collaboration. According to Emerson and Nabatchi (2015), CGR

encompasses three main components: principled engagement, shared motivation, and capacity for joint action. These components support the formation of commitment, trust, and the effective and sustainable utilization of resources in stunting reduction efforts ([Emerson & Nabatchi, 2015](#)).

This study analyzes the effectiveness of the Collaborative Governance Regime (CGR) in managing stunting in Enrekang Regency through the aspects of multi-actor interaction, shared motivation, and the capacity for joint action. This study also aims to identify the supporting and inhibiting factors of cross-sector collaboration as a basis for strengthening synergy among stakeholders to accelerate sustainable stunting reduction.

LITERATURE REVIEW

Collaborative Governance Regime

Collaborative Governance is a form of management that involves interaction among the government, civil society, and the private sector in a democratic and equal manner to optimize the implementation of public policies and the provision of services ([Aziza Bila, 2019](#)). According to ([Ansell & Gash, 2008](#)), collaborative governance is a process that initiates cooperation among stakeholders in formal decision-making, either through consensus or negotiation *negosiasi*. This process emerges and develops adaptively in response to the complexity and conflict of public issues that demand democratic values, the goals of which cannot be achieved if executed by a single party alone ([Maysarah & Wahyudi, 2023](#)).

The selection of the Collaborative Governance Regime (CGR) theory is based on its ability to explain complex problems more comprehensively. The Collaborative Governance Regime (CGR) framework divides the collaborative process into three main dimensions, beginning with Collaboration Dynamics, which focuses on the internal interactions of the actors. This dimension consists of three core components: Principled Engagement, which includes the processes of Interest Disclosure (identifying shared or individual interests and values), Definition (defining knowledge related to the problems faced), Deliberation (constructive communication such as questions, answers, and expressing opinions), and Determination (establishing procedural and substantive decisions). The second component is Shared Motivation, which is based on Mutual Trust (parties proving themselves to be reliable), Mutual Understanding (respecting the positions and interests of other parties), Internal Legitimacy (collaboration must be representative, fair, transparent, and monitorable), and Commitment (enabling actors to cross organizational or sectoral boundaries). Lastly, Capacity for Joint Action encompasses Shared Procedures and Institutional Arrangements (clear definitions of roles and responsibilities), Leadership (taking initiative and direction), Knowledge (enhancing

awareness and sharing knowledge), and Resources (sharing and utilizing scarce resources such as funds, time, and staff).

Collaboration Action is the second central dimension within the CGR framework, serving as the tangible output of the previously established Collaboration Dynamics. By definition, collaboration action encompasses all activities carried out, whether in the form of programs, events, or other activities, which reflect the collective efforts of stakeholders to achieve shared goals. Without effective collaboration dynamics, the resulting actions tend to be suboptimal or misaligned with the mutually agreed-upon collective goals, making these actions a crucial indicator of the success of the collaborative process.

The final dimension, Impacts and Adaptation, assesses the consequences of the collaborative actions and how the system responds to them. This dimension is divided into four categories: Intended Impacts (sustainable positive outcomes that motivate actors), Unintended Impacts (constraints in the implementation of collaboration), and Unexpected Impacts (outcomes that were not previously calculated or anticipated, whether appearing directly or indirectly). The last is Adaptation, which is how the collaboration responds to feedback from the actors, where proper adaptation must be executable by all actors and free from the influence of organizational interests over collaborative interests. This cyclical process demonstrates that impacts will always trigger adaptations, which will subsequently influence the collaboration dynamics once again ([Emerson & Nabatchi, 2015](#); [Grootjans et al., 2022](#)).

These three elements of collaboration dynamics work together to build strong cooperation and generate collaborative action as the primary form of CGR implementation. Such actions can take the form of strategy formulation, data collection, or other activities involving various stakeholders according to their respective capacities. Furthermore, CGR emphasizes the importance of impacts and adaptation within the collaborative process, wherein feedback from both successes and constraints is used to improve cooperation so that it remains relevant, effective, and sustainable ([Emerson & Nabatchi, 2015](#)).

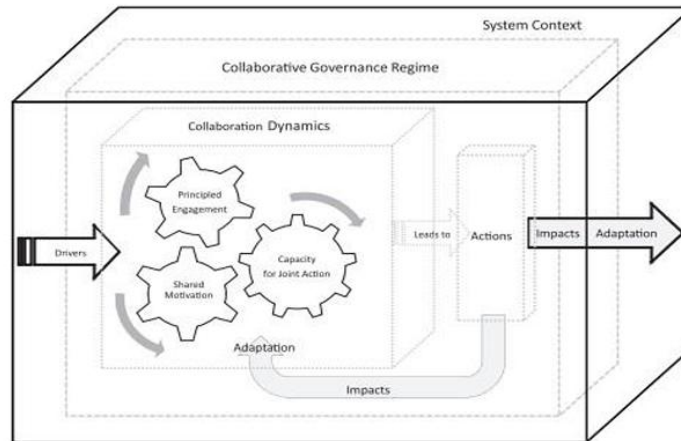


Figure 2. Framework Collaborative Governance Regime (CGR)
 Source: "An Integrative Framework for Collaborative Governance"2015

Stunting

Stunting is a serious public health problem in Indonesia, as it impacts the quality of human resources and long-term development. This condition is characterized by a child's failure to thrive due to chronic malnutrition, repeated infections, and inadequate parenting practices (Komang et al., 2024). Stunting is defined as a child's height falling below the standard for their age according to the WHO, which affects physical growth, cognitive abilities, productivity, and future economic potential. The prevalence of stunting is also influenced by socio-economic factors, the environment, access to clean water, sanitation, maternal education, and structural poverty (McGovern et al., 2017).

Given its multidimensional nature, its management cannot be undertaken by the health sector alone. Multi-sectoral interventions involving education, economy, social affairs, agriculture, and religious institutions are required (Casanovas et al., 2013). The World Health Organization recommends two main approaches to stunting management: specific nutrition interventions focusing on mothers and children, and sensitive nutrition interventions related to food security, clean water, and family caregiving practices (United Nations Children's Fund (UNICEF), World Health Organization, 2021).

The WHO recommends addressing stunting through specific and sensitive nutrition interventions that encompass food security, clean water, and family parenting practices. In Indonesia, these efforts have been actualized through the National Strategy for the Acceleration of Stunting Prevention since 2018, which emphasizes cross-sector collaboration by establishing the Stunting Reduction Acceleration Team (TPPS) using a whole-of-government and whole-of-society approach (Marhaeni et al., 2022).

RESEARCH METHOD

This study employs a descriptive qualitative approach with an observational case study design to analyze the implementation of collaborative governance in stunting management in Enrekang Regency. This approach was selected to gain a deep understanding of the interactions, coordination, as well as social, institutional, and policy dynamics among actors in cross-sector cooperation. Furthermore, the observational case study method allows the researcher to obtain a contextual understanding of various supporting factors and barriers that influence the effectiveness of collaboration in the field ([Hamilton et al., 2020](#)). Thus, this study is expected to provide a more profound overview of collaborative governance practices in practical and sustainable stunting management.

The selection of Enrekang Regency as the research location was based on empirical considerations that this region is one of the areas with a fairly significant variation in stunting prevalence rates (Figure 1). The data collection process was carried out through in-depth interviews, observations, documentation studies, and literature reviews to ensure the quality of the obtained data ([Noronha et al., 2021](#)).

This study utilizes observation, documentation studies, and literature reviews to obtain and strengthen empirical and conceptual data. Interviews were conducted with key informants selected through purposive sampling. These actors consisted of government elements, such as the Health Office, the Population Control and Family Planning Office, and the Food Security Office; private sectors and Regionally-Owned Enterprises (BUMD) represented by Bank Sulselbar Enrekang Branch and Perumda Tirta Massenrempulu; and community organizations such as National Zakat Agency (BAZNAS) of Enrekang Regency and community groups at the sub-district and village levels. Meanwhile, data analysis was performed interactively through the stages of data reduction, thematic display, as well as conclusion drawing and verification. Data trustworthiness was ensured through source, technique, and time triangulation to guarantee the validity and reliability of the findings ([Jailani, 2023](#)).

Research Findings Dynamics of Collaboration Shared Principles

The disclosure of interests regarding stakeholder engagement in the stunting reduction collaboration in Enrekang Regency is driven by institutional duties and responsibilities, rather than individual interests. This is confirmed by interviews referencing Presidential Regulation (Perpres) No. 72 of 2021, National Population and Family Planning Agency Regulation (Perban) No. 12 of 2021, and the Decree of the Regent of Enrekang (SK Bupati) No. 141/KEP/III/2022. Stakeholder involvement in this collaboration is based on institutional mandates in accordance with applicable regulations. In addition to performing their respective functions, the stakeholders also highlighted

low public awareness regarding stunting and parenting practices as a major constraint, making a shared goal crucial to maintaining the effectiveness of cross-sector collaboration:

"We were appointed as the secretariat for the acceleration of stunting reduction, so our task is to coordinate and build effective communication with all regional government agencies (OPD) and working partners."

(Interview, DS, October 8, 2024)

At the definition stage, stakeholders demonstrated an excellent and complex understanding of stunting. They did not only view it from physical dimensions but also identified determinant factors such as genetics, social, economic, and the need for education starting from the pre-pregnancy period.

"I think I have mentioned earlier that stunting is a social phenomenon. A social phenomenon where we cannot look at it from just a single perspective or a single line directly related to the economy, or this and that, but there are indeed many factors... including social behaviors in community life that do not support [healthy practices]... there are more early-age marriages, and this is highly influential."

(Interview, MJ, October 9, 2024)



Figure 3. Regency-Level and Village-Level Stunting Action Plan Meeting (*Rebuk Stunting*) Among Stakeholders

Source: sulsek.kemenag.go.id and wargata.com 2024

The deliberation process within the collaboration has been realized through the routine implementation of Convergence Actions, Stunting Action Plan Meetings (*Rebuk Stunting*), and Mini Workshops, where stakeholders present measurement results and field constraints. Despite the existence of these forums, interview findings reveal criticisms regarding the quality of discussions at the regency level. Discussions tend to be one-way, which some stakeholders deem ineffective because they feel they are only expected to listen to directives from the government, thereby losing the essence of brainstorming.

"Usually (the discussion)... it just always seems to be one-way; we are considered to just have to listen to the bosses who come... this is ineffective, not optimal because we don't conduct discussions in, perhaps, a brainstorming [manner]."

(Interview, MJ, October 9, 2024)

Another gap was found in the procedural aspect, where several stakeholder staff members were not precisely aware of meeting regulations or the Decree of the Regent of Enrekang (*SK Bupati*) No. 141/KEP/III/2022 concerning the Formation of the Stunting Reduction Acceleration Team (TPPS).

*"If, for example, it is only needed, only when it is needed, then it [the meeting] takes place."
(Interview, S, October 7, 2024)*

Furthermore, the determination aspect indicates that the decision-making process within the collaboration is collaborative, consensus-based, and structured, involving all core stakeholders within the TPPS. The agreed-upon substantive decision was the designation of all Regional Government Agencies (OPD) as "foster parents" for underprivileged families affected by stunting in the field. Decisions also included determining the types of interventions (material or educational) conducted on a case-by-case basis, tailored to different scenarios. This process demonstrates the establishment of a clear and institutionalized mutual agreement through Letter of Agreement (LoA) No. 010/TPPS/III/2023 with the Ministry of Religious Affairs regarding counseling for prospective brides and grooms. LoA No. 006/TPPS/III/2023 concerning the strengthening of the Three Pillars of Higher Education (*Tri Dharma Perguruan Tinggi*) in accelerating stunting reduction; Memorandum of Understanding (MoU) No. 052/PKM.M/MOU/I/2019 regarding the formation of the SMART Mother Community (*Komunitas Ibu CERDAS: Deft, Empathetic, Religious, Disciplined, Enthusiastic, Nutrition-Aware*) as a community-based stunting prevention effort; and several other documents reflect decisions that had been made after joint discussions.

Shared Motivation

Trust serves as the primary foundation to prevent suspicions that could hinder cooperation. Building this trust requires continuous efforts through understanding each other's character and proving the performance of each party. Mutual trust has been established among the stakeholders involved in the stunting collaboration. This trust is based on the assessment that every stakeholder has executed their duties and responsibilities in accordance with their respective core duties and functions (*tupoksi*).

*"My duty is as the secretary, so it involves coordinating everything, then executing meetings, certainly with the approval of the chairperson. Then, seeking opportunities that can provide support, whether it is material support or support in terms of human resources or ideas. Afterward, identifying which ones fall under areas like health. However, for sensitive interventions, we collaborate with Public Works (PU), we collaborate with PUPR (Ministry of Public Works and Public Housing) regarding the provision of sanitation, which is part of the sensitive interventions, meaning those that indirectly influence the occurrence of stunting. There is the PDAM (Regional Water Utility Company) for clean water facility provision requirements; all of that is part of it."
(Interview, MJ, October 9, 2024)*

This trust is further reinforced by the role of each Regional Government Agency (OPD), which is carried out according to its core duties and functions, thereby supporting one another in efforts to reduce stunting rates. This is explained in the following interview excerpt:

"Its role (Food Security Office) is supporting, so its supporting activities also influence whether stunting rates increase or decrease. In fact, many of the tasks are similar. For example, the Health Office (Dinas Kesehatan) mostly handles Posyandu activities, while the Family Planning Office (Dinas KB/BKKBN) focuses on socialization, education, and training. In essence, that is how their roles are structured (socialization, education, and training)."
(Interview, S, October 7, 2024)

Overall, this collaboration aligns with the vision of "A Sustainable and Religious Advanced, Safe, and Prosperous Enrekang (EMAS)" as well as the regional development mission, which emphasizes improving the quality of human resources, good governance, and community welfare, thereby demonstrating shared motivation and trust among stakeholders in implementing the stunting management program. Furthermore, a Shared Understanding among stakeholders has also been created. The Nutrition Coordinator of the Health Agency (K) stated that although differing views emerge during meetings, these differences can be resolved through deliberation to reach a mutual agreement and joint decision. This result shows that the parties understand and respect existing differences, a condition influenced by the trust formed within the cooperation, thereby preventing unresolved conflicts of opinion.

"Obviously, with that many people, clearly there are [different views] because there are several heads, but in a meeting, we convey all our suggestions. There will certainly be those who say 'it shouldn't be like this, it should be like this,' some say this way, well, [in the end] it's a joint decision, yes, the agreed-upon results of the meeting."
(Interview, MJ, October 9, 2024)

The internal legitimacy aspect of the stunting management collaboration is demonstrated through the recognition, trust, and understanding among stakeholders regarding the execution of their respective duties. This legitimacy is strengthened by transparent and fair working mechanisms, as well as a multi-tiered oversight system from the village to the regency level through periodic reporting, mini workshops, and stunting case audits.

"Yes, Praise be to God, because we established it in accordance with Presidential Regulation (Perpres) 72, according to the existing regulations, determining who handles specific interventions and who handles sensitive interventions operationally. Regarding its oversight, for instance, there is a division of labor stating that this [agency] handles this, that handles that, and another handles that. We report periodically, both to our supervisors, to the regency, and to the provincial level. We continue to monitor downward, and the sub-districts and villages also report to us in a tiered manner, there is... downward monitoring through activities called mini workshops. In addition to that, we also have the task of conducting stunting case audits. So, after measurements are taken, data from each family companion team in the villages are forwarded to the sub-district. Here, we summarize it to be presented to the expert team."

(Interview, DS, October 8, 2024).



Figure 4. Mini Workshop by the Enrekang Stunting Reduction Acceleration Team (TPPS)

Source: Parepos.id

The Nutrition Coordinator (K) added that oversight is conducted through the 8th Convergence Action (Performance Review), which ensures transparency and clarity in the division of labor, where every Regional Government Agency (OPD) feels that the allocation of tasks aligns with their core duties and functions (tupoksi), regardless of whether the goals are achieved or not.



Figure 5. Enrekang TPPS Ranked First in the Provincial-Level Stunting Convergence Action

Source: rakyatku.com

Furthermore, the commitment of stakeholders is reinforced through formal mechanisms in the form of memorandums of understanding (MoUs) and the Regent's Decree concerning the Formation of the TPPS No. 141/KEP/III/2022. The Head of the P2KB Agency (DS) confirmed the existence of MoUs and the signing of joint commitments during meetings. This commitment is not limited to general MoUs but also includes specific agreements, such as the Letter of Agreement (LoA) Mutual Agreement No. 010/TPPS/III/2023 with the Ministry of Religious Affairs (*Kemenag*) regarding Counseling for Adolescents and Prospective Brides and Grooms, and the LoA Mutual Agreement No. 006/TPPS/III/2023 with Higher Education Institutions. These agreements and the Regent's Decree serve as binding regulations that detail the responsibilities and functions of each party involved.



Figure 6. Signing of the MoU with Enrekang TPPS

Source: rakyatku.com

Capacity for Joint Action

The stunting management collaboration in Enrekang Regency possesses a robust institutional arrangement that serves as its legal foundation. These regulations include the Regulation of the Minister of Health, Presidential Regulation (Perpres) No. 72 of 2021, the Regent's Regulation (*Perbup*) concerning Stunting Prevention from Upstream (from Adolescents to Pregnant Women), as well as the TPPS Decree No. 141/KEP/III/2022, which details the responsibilities, duties, and functions of each party. The Nutrition Coordinator of the Health Agency (*Dinkes*) also noted the existence of a Regent's Regulation regarding village fund authority and the annual updates of the TPPS Decree, which include the designation of priority locus villages. This evidence demonstrates that the collaboration has a clear definition of roles, relationships, and organizational identification responsible for implementation.

The leadership method applied in stunting reduction efforts is collective leadership, where all stakeholders stand on equal footing, although the Regent and the Regional Secretary (*Sekda*) of Enrekang Regency serve as the Advisor and Chairperson of the TPPS Implementation Team (pursuant to Regent's Decree No. 141/KEP/III/2022). Interview results show that the Regent provides support and initiative by instructing problem evaluations and embracing all Regional Government Agencies (OPD) to participate. The chairperson of the implementation team is responsible as a coordinator and supervisor, facilitating meetings and ensuring execution to achieve the regency's stunting reduction targets. The Head of the Health Agency explained that the joint capacity is further strengthened by direct support from regional leaders:

*"The Regent always asks about the progress of the program and ensures that all OPDs are actively moving in the field, not just during meetings."
(Interview, K, October 8, 2024)*

The knowledge capacity possessed by the involved stakeholders is deemed excellent. This is measured by standard knowledge regarding definitions, causes and effects, up to parenting practices related to stunting based on Presidential Regulation No. 72 of 2021 and Enrekang Regent's Regulation No. 56 of 2023. The Head of BAZNAS (MJ) explained stunting as a social phenomenon influenced

by many factors and identified border areas (such as Latimojong or Buntu Batu) as vulnerable regions due to social behaviors, such as early-age marriages. The Director of Perumda Tirta Massenrempulu (SHB) also expressed an understanding that stunting is not only experienced by poor families but also by wealthy ones due to a lack of attention toward children's nutritional intake at home. This proves that stakeholders comprehend the complexity of the issue beyond economic boundaries.

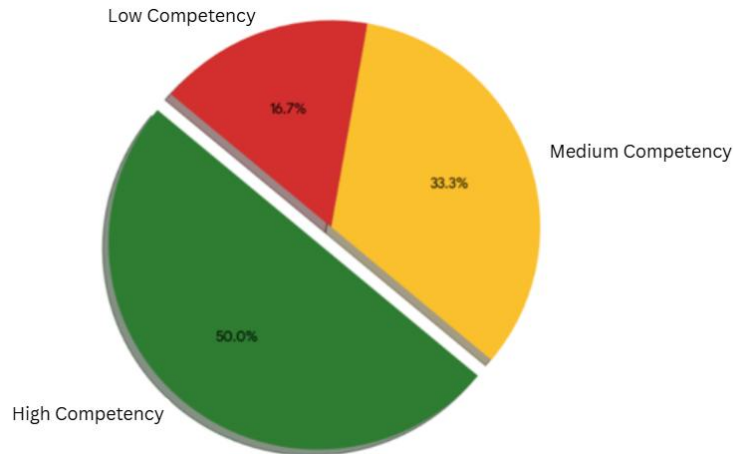


Figure 7. Percentage of Stakeholders' Knowledge Competency Levels Regarding Stunting

Source: Processed by the Researcher, 2024

Regarding budgeting, the total funding for stunting management in 2022 was dominated by the Regional Budget (APBD) at approximately 62.7%, while Health Operational Assistance (BOK) funds contributed around 37.3%. However, when compared to the 2,898 stunting cases, the budget allocation per child was still relatively limited, rendering the effectiveness of interventions suboptimal. Budgetary effectiveness was also not yet optimal because the APBD realization only reached around 53%, while approximately 40.5% of the budget was still utilized for operational costs and human resource training. Furthermore, financing remained dominated by central government funds alongside up to 20% allocation support from the Village Budget (APBDes). This condition is line with the decline in stunting prevalence from 28.5% to 19.45%, although the results have not been maximized.

"Among these regional government agencies (OPDs), some are inactive, whereas we are active... some have budgets... so those without a budget, of course, how can they think about... [getting involved]... that is why we hope for an adequate budget to strengthen sensitive and specific interventions. Actually, if we look at the budget, it is indeed allocated, but the allocation is only for coordination meetings, not for going to the villages to provide reinforcement. Because in the field, we need reinforcement; even though we have trained them, they still need support on the ground. That is the case with other OPDs... since everyone has their own budget, we end up covering [the gaps], but it happens individually."
(Interview, K, October 8, 2024)

Budgetary constraints have caused the implementation of stunting interventions to run suboptimally, as the available funds are used more for coordination meetings rather than field

activities in the villages. This condition leaves several OPDs less active, while certain OPDs must cover the shortfalls of intervention costs. Nevertheless, some stakeholders continue to demonstrate commitment through direct involvement in services and mentoring for stunting management.

Collaborative Actions

Collaborative actions in stunting management within Enrekang Regency are carried out through program integration, cross-sector synergy, and the active involvement of various stakeholders from the regency to the village level. This collaboration is implemented through a clear division of roles among agencies. Based on the Regent's Decree No. 141/KEP/III/2022, the structure of the Stunting Reduction Acceleration Team (TPPS) was established, which was later designated in the Decree of the Regent of Enrekang Number 234/KEP/III/2024.

Table 1. Stakeholder Mapping for Stunting in Enrekang Regency

Stakeholder Group	Main Actors	Strategic Role
Government	Regent, Regional Secretary, and relevant Regional Government Agencies (Health Office, Population and Civil Registration Office, etc.)	Regulators, Coordinators, and Implementers: Formulating policies, managing data, facilitating health interventions, and providing assistance, services, and mentoring support
Private Sector	Bank Sulsebar, PT Japfa Comfeed Indonesia, and the Regional Water Supply Company (Perumda PDAM)	Supporting Partners: Providing sanitation infrastructure support, credit distribution, and nutrition training for target groups.
Non-Governmental Organizations (NGOs)	BAZNAS, TP-PKK	Field Implementers: Providing supplementary nutritional assistance, mobile medical services, and direct family assistance.
Academics and Professionals	Universities, the Indonesian Midwives Association (IBI), and the Indonesian Nutritionists Association (PERSAGI)	Experts and Evaluators: Managing monitoring systems, conducting program performance evaluations, and providing technical guidance.
Village Elements	Village TPPS, the Association of Village Governments (ABDESI), and Community Leaders.	Local Mobilizers: Coordinating village funds for stunting reduction programs and educating community members on parenting practices at the grassroots level.

Source: Processed secondary data, 2024.

This synergy is further reinforced by regional initiatives such as the Foster Parent of Stuntec Children Program (*Program Bapak/Bunda Asuh Anak Stunting*), where all Regional Government Agencies (OPDs) in Enrekang Regency are assigned the responsibility to directly mentor families at risk of stunting. This program reflects a concrete form of cross-institutional collaborative action, as each OPD not only provides material assistance but also conducts periodic mentoring and monitoring of their foster children's development. The Director of Perumda Tirta Massenrempulu described this form of involvement as part of a sustainable collective action:

"All OPDs are given the responsibility as foster parents for children from families affected by stunting. So, we routinely monitor and look at the development of the children and their families. It is focused on underprivileged families."
 (Interview, RM, October 9, 2024)

Furthermore, the form of collaborative action is also evident in the involvement of the private sector and non-governmental organizations. Bank Sulselbar, for instance, supports financial literacy education campaign and provides social assistance related to family economic resilience, while BAZNAS plays a role in distributing nutritional assistance and providing mentoring for the poor. This collaboration does not stop at formal coordination but is implemented through fieldwork that emphasizes the principles of shared roles and responsibilities. Posyandu cadres, village midwives, religious leaders, and village government officials form part of a network that expands the reach of interventions into the community.

These joint actions also reflect a dynamic and responsive cross-sector working system tailored to local conditions. The regional government, through the TPPS, routinely monitors achievements at the sub-district and village levels, ensuring that each program operates in accordance with performance indicators. In some cases, coordination mechanisms are adjusted to different regional conditions; for example, in rural areas with limited access, intervention activities are carried out through community-based approaches with the support of cadres and local figures. Consequently, collaborative action in Enrekang Regency is not merely limited to formal institutional aspects but is also manifested in concrete practices that bring together government elements, social institutions, and the community to achieve the shared goal of sustainably reducing stunting rates.

Table 2. Example List of Targets and Interventions for the Stunting Care Foster Parent Program in Enrekang Regency

NO.	NAME OF CHILD / PROSPECTIVE BRIDE OR GROOM / PREGNANT WOMAN / POSTPARTUM WOMAN	NAME OF PARENT / HUSBAND	ADDRESS		TARGET	CHILD'S AGE / GESTATIONAL AGE	CASE	TYPE OF INTERVENTION	FOSTER PARENT FOR A CHILD WITH STUNTING	INTERVENTION SCHEDULE	CONTACT PERSON
			VILLAGE / SUBDISTRICT	DISTRICT							
1	NURNISA	JUMRIL	SALUKANAN	BARAKA	PREGNANT MOTHER	5 MONTHS	HIGH PARITY AND ADVANCED MATERNAL AGE	HEALTH EDUCATION, MILK AND VITAMIN SUPPLEMENTATION	REGENT OF ENREKANG REGENCY	AUGUST 2022 TO JANUARY 2023	081355969708 HJ. MARYAM
2	ZEYHAN YUSUF	JUMRIAN I / NURYUSUF	ENREKANG	ENREKANG	CHILD <2 YEARS	12 MONTHS	STUNTED CHILD AND INADEQUATE COMPLEMENTARY FEEDING	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	VICE REGENT	NOVEMBER 2022 TO APRIL 2023	085299003307 SUBURDING
3	HUSNAINI	ATENG.S	TOKKONAN	ENREKANG	PREGNANT MOTHER	12 WEEKS	CHRONIC ENERGY DEFICIENCY (CED) AND A SMOKING HUSBAND	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	REGIONAL SECRETARIAT	NOVEMBER 2022 TO APRIL 2023	085299003307 SUBURDING
4	AR-RAHMAN	HASNA/ANSAR	TOKKONAN	ENREKANG	CHILD <2 YEARS	16 MONTHS	SEVERELY STUNTED CHILD AND INADEQUATE COMPLEMENTARY FEEDING	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	DISTRICT MILITARY COMMANDER (DANDIM)	NOVEMBER 2022 TO APRIL 2023	085299003307 SUBURDING
5	AKHTAR AL FATH	AHMADI/ NURLINDA	LEWAJA	ENREKANG	CHILD <2 YEARS	6 MONTHS	LOW BIRTH WEIGHT (LBW), NOT BREASTFED, AND STUNTED	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	RESORT POLICE DEPARTMENT (POLRES)	NOVEMBER 2022 TO APRIL 2023	085299003307 SUBURDING
6	NUR AIDA HARDI	ROSDIAN A/ HARDI	TAMPO	ANGGERAJA	CHILD <2 YEARS	4 MONTHS	UNDERWEIGHT AND SEVERELY STUNTED	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	ASSISTANT 1	NOVEMBER 2022 TO APRIL 2023	085255600383 ISRAWATY, S.Sos
7	ALYA KHUMAIRAH AMRIL	KAMASE /AMRIL	PALAKKA	MAIWA	CHILD <2 YEARS	17 MONTHS	UNDERWEIGHT AND STUNTED	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	CHAIRPERSON OF THE FAMILY WELFARE EMPOWERMENT (PKK) TEAM OF ENREKANG REGENCY	NOVEMBER 2022 TO APRIL 2023	085242405513 JASMAN MASLI,Sos
8	NURFADILLAH	SAFRI	TONGKO	BAROKO	PREGNANT MOTHER	21 WEEKS	CHRONIC ENERGY DEFICIENCY (CED) AND ANEMIA	SUPPLEMENTARY FEEDING (PMT), IRON-FOLIC ACID TABLETS	DEPARTMENT OF COMMUNITY AND VILLAGE	NOVEMBER 2022 TO APRIL 2023	085288889978 NURUL IRAMADANI

								(TTD), MILK, AND VITAMINS	EMPOWERMENT (DPMD)		
9	ABYAN SAFIR	NURHID AYAH/TASBIH	PENDOKESAN	BARAKA	CHILD <2 YEARS	23 MONTHS	REDUCED IMMUNE FUNCTION	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	NATIONAL POPULATION AND FAMILY PLANNING AGENCY (BKKBN)	NOVEMBER 2022 TO APRIL 2023	081355969708 HJ.MARYAM
10	NUR REZKI AZZAHRA	INNING/SUPIRMAN	BULO	BUNGIN	CHILD <2 YEARS	17 MONTHS	STUNTED GROWTH AND INFREQUENT, INADEQUATE ANIMAL PROTEIN INTAKE IN COMPLEMENTARY FEEDING	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	NATIONAL POPULATION AND FAMILY PLANNING AGENCY (BKKBN)	NOVEMBER 2022 TO APRIL 2023	085395882750 Drs.ARIFIN
11	ANUGRAH ANASTASYA	SALMIA/JAMALU DDIN	TALLANG RIAU	BUNGIN	CHILD <2 YEARS	19 MONTHS	STUNTED GROWTH AND DELAYED AND INADEQUATE ANIMAL PROTEIN COMPLEMENTARY FEEDING	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	HEALTH OFFICE	NOVEMBER 2022 TO APRIL 2023	085395882750 Drs.ARIFIN
12	MARWAH AISYAH	USNI/HANRIANI	BENTENG ALLA UTARA	BAROKO	CHILD <2 YEARS	11 MONTHS	SEVERELY STUNTED	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	REGIONAL DEVELOPMENT, PLANNING, RESEARCH, AND INNOVATION AGENCY	NOVEMBER 2022 TO APRIL 2023	085288889978 NURUL IRAMADANI
13	DARMIATI	RISAL SURYADI	PALAKKA	MAIWA	PREGNANT MOTHER	28 WEEKS	CHRONIC ENERGY DEFICIENCY (CED) AND SHORT STATURE	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	REGIONAL INSPECTORATE	NOVEMBER 2022 TO APRIL 2023	085242405513 JASMAN MASI,Sos
14	NURUL ALFIANI	ENI/SETIAWA	BENTENG ALLA UTARA	BAROKO	CHILD <2 YEARS	16 MONTHS	SEVERELY STUNTED	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	REGIONAL FINANCE AND ASSET MANAGEMENT AGENCY	NOVEMBER 2022 TO APRIL 2023	085288889978 NURUL IRAMADANI
15	RIANSYAH ALFAID	RISNA/RAHMAN	TONGBAS	MASALLE	CHILD <2 YEARS	18 MONTHS	SEVERELY STUNTED AND UNDERWEIGHT	SUPPLEMENTARY FEEDING (PMT), MILK, AND VITAMINS	REGIONAL LEGISLATIVE COUNCIL SECRETARIAT	NOVEMBER 2022 TO APRIL 2023	081359480301 SAMSURYANA

Source: Secondary data, 2024

Impact and Adaptation

The expected impact of this collaboration is a consistent reduction in stunting rates and an increase in public awareness. Data show a decline in stunting prevalence from 28.50% (2019), 23.30% (2020), 21.50% (2021), 19.45% (2022), down to 19.04% (2023). Furthermore, this collaboration has garnered regional recognition, as evidenced by the Enrekang Regency TPPS being awarded first place in South Sulawesi in 2022. At the community level, there is evidence of increased awareness, particularly through the monitoring of prospective brides and grooms utilizing the EPP-GBM application and the Family Companion Teams (TPK). The expected non-numerical impact is the creation of solidarity and synergistic/integrated fieldwork among Regional Government Agencies (OPDs), which was previously perceived as lacking collaboration.

Another impact is the increase in community participation in integrated health post (*posyandu*) activities and nutritional education, despite a temporary decline due to the transition in survey methodology (SGI). A *posyandu* cadre in Baraka Sub-district explained that cross-sector involvement has a direct impact on citizens' awareness of the importance of parenting patterns and children's nutritional fulfillment:

"Now, mothers are starting to understand the importance of nutritious food. Many are planting vegetables at home and coming to the posyandu more routinely."
(Interview, NA, 13 Oktober 2024)

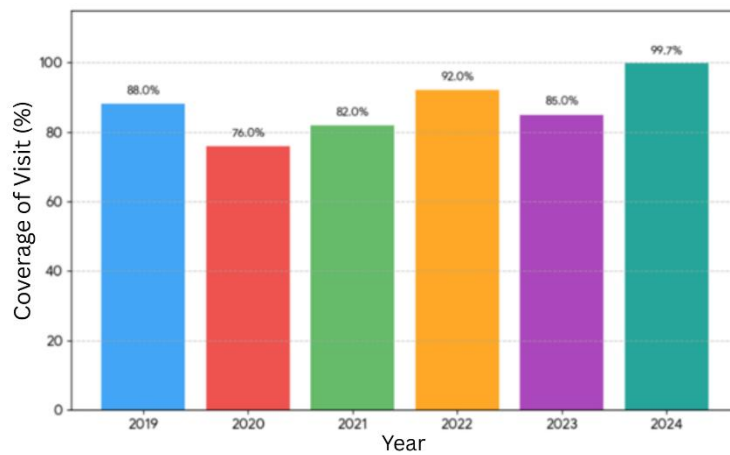


Figure 8. Percentage of Parent & Under Five Children Participation at the Integrated Health Posts (*Posyandu*) in Enrekang Regency

Source: Processed by the Researcher, 2024

The unexpected impacts primarily relate to the issue of financial resources. Stunting management funding remains dominated by the Regional Budget (APBD) at approximately 62.7% and Health Operational Assistance (BOK) funds at 37.3%, which are nonetheless deemed insufficient compared to the total number of stunting cases in 2022. Budgetary effectiveness is also not yet optimal because the APBD realization only reached around 53%, while 40.5% of the budget was used for operations and human resource training, alongside an allocation of up to 20% from the Village Budget (APBDes). Financial constraints and ineffective budget distribution have resulted in funds being utilized more for coordination rather than program strengthening in villages, forcing several Regional Government Agencies (OPDs) to cover intervention cost shortfalls. This condition has contributed to persistent increases in stunting cases during certain periods, despite an overall decline in prevalence.

The collaboration also encountered unanticipated impacts that fell outside planning predictions. A predicted impact identified was the margin of error in stunting case data collection, caused by certain disease factors in patients that hindered the success of management efforts despite the provision of medical consultations. Another unforeseen impact was the difficulty in obtaining specific and accurate data, as well as field management obstacles caused by the COVID-19 pandemic, which enforced lockdowns and social distancing restrictions.

Beyond improving cross-sector performance and community participation, the collaboration has also driven adaptation within the collaborative process. This is evident in the actions taken to adjust coordination mechanisms and program execution to match field conditions. For instance, personnel and resource limitations were addressed by involving *posyandu* cadres, village midwives,

and community leaders in monitoring families at risk of stunting. This approach enabled interventions to continue reaching difficult areas and to operate effectively despite limited resources:

*"If field personnel are insufficient, we involve midwives and posyandu cadres. Therefore, everyone can get involved without having to wait for instructions from the regency."
(Interview, K, October 8, 2024)*

Table 3. Policy Changes in Stunting Management within Enrekang Regency

Year	Policy (Decree Document)	Significant Changes and Distinctions from Previous Policies	Forms of Adaptation to On-Site Conditions
2019	Decree of the Coordination Forum for the Healthy Living Community Movement (SK Forum Koordinasi GERMAS) No. 590/2019	The primary focus continued to be on general public health coordination, organized into four divisions: Advocacy, Publication, Community Service, and Development	Cross-Sectoral Initiatives: Initiated the integration of regional government agencies (OPD) outside the health sector, such as the Agriculture Office and the Communication and Information Office, to promote healthy lifestyles as a foundational strategy for stunting prevention.
2021	Decree of the Coordination Team for Stunting Convergence (SK Tim Koordinasi Konvergensi Stunting) No. 411/2021	The policy established a more technical special team organized into Working Groups (Pokja) covering Education, Food, Empowerment, and Planning, while simultaneously revoking the 2020 Decree.	Program Convergence: This adaptation involved synchronizing budgets and activities across regional government agencies (OPD) to prevent fragmented implementation, in response to the persistently high stunting prevalence rate (>40% according to Riskesdas 2018)
2022	Decree on the Stunting Reduction Acceleration Team (TPPS) of Enrekang Regency 2022 (SK TPPS Kabupaten Enrekang 2022) No. 141/2022	The nomenclature was changed to the Stunting Reduction Acceleration Team (TPPS), while the organizational structure incorporated vertical institutions such as the Police Resort (Polres), District Military Command (Dandim), and the Prosecutor's Office into the steering committee structure.	Expansion of Actors (Outreach): This adaptation aligned national strategies with regional conditions by involving law enforcement institutions and professional organizations (IDI, IBI, and PERSAGI) to strengthen program supervision and field-level implementation.
2023	Decree on the Stunting Child Foster Parent Program (SK Bapak/Bunda Asuh Anak Stunting) No. 19/TPPS/2023	There was a shift from administrative coordination toward direct interventions using a by-name by-address approach . The policy also expanded stakeholder involvement to include external institutions such as BAZNAS, regional development banks (BPD), and educational institutions.	Mobilization of Non-Governmental Resources: This adaptation addressed limited government funding by engaging alternative donors through the Bapak Asuh scheme to provide direct assistance, including cash support, milk, and vitamins, to at-risk families.
2024	Decree on the Stunting Reduction Acceleration Team (TPPS) of Enrekang Regency 2024 (SK TPPS Kabupaten Enrekang 2024) No. 234/2024	The policy strengthened the secretariat structure and functional divisions, while reaffirming the obligation to establish TPPS at the village and sub-district levels, along with the management of mentoring and assistance mechanisms	Institutionalization at the Grassroots Level: This adaptation strengthened coordination mechanisms by mandating integrated family assistance through the Family Assistance Team (TPK), ensuring that interventions effectively reach the household level.

Source: Secondary data, 2024

Other adaptations carried out were related to budget adjustments at the village level. To address these varying impacts, collaboration was undertaken through strategic adaptation. One key adaptation was the prioritization of interventions in three areas with the highest stunting prevalence (locus), in response to the previous approach in which interventions were considered to be uniformly applied across all regions.

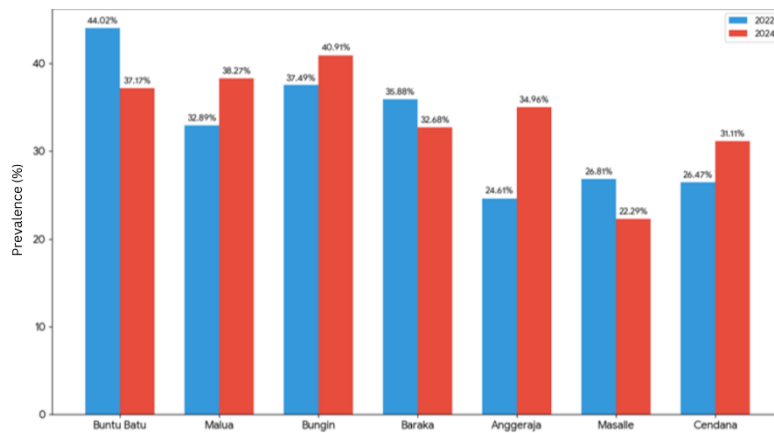


Figure 9. Determination of Priority Stunting Locus Areas in Enrekang Regency

Source: Processed by the researcher, 2024

This adaptation also included the establishment of specific reduction targets, requiring village heads to commit to a certain percentage decrease in stunting prevalence within their respective areas to strengthen accountability. In Baraka District, one of the areas with high stunting prevalence, Posyandu cadre incentives were reduced and reallocated to other budget priorities. The decision followed an evaluation indicating that increased cadre incentives had not significantly contributed to stunting reduction efforts. This budget adjustment became an important topic in the Regency Stunting Coordination Meeting as part of an effort to improve the effectiveness of budget allocation.



Figure 10. Awareness Campaign and Health Services for Stunting Prevention in Enrekang Regency

Source: buntumondong.digitaldesa.id, 2024

DISCUSSION

Collaboration Dynamics

Research findings indicate that the collaboration dynamics in Enrekang Regency initiate from a strong foundation of Principled Engagement. A balance in Interest Disclosure is evident, as stakeholders are driven not by personal interests, but rather by institutional responsibilities embedded within the main duties and functions (*tupoksi*) of each regional government agency (OPD) or institution. This aligns with Emerson's assertion that Principled Engagement must be driven by the reaffirmation of collective goals among actors (Emerson & Nabatchi, 2015). Furthermore, stakeholders already possess a foundational understanding and knowledge regarding stunting conditions in Enrekang, which serves as the initial asset for the Definition of the problem. This signifies that the collaboration has successfully aligned institutional motives as a foundation for joint action ([Malik et al., 2022](#)).

Although Deliberation or joint discussion forums have been conducted, in line with Pillar 3 of the Stunting Reduction Convergence Action (Presidential Regulation 72/2021) and mandated by the Enrekang Regent's Decree, a significant gap remains between the quantity and quality of these discussions. Collaborative Governance requires a process that is deliberative and consensus-oriented ([Ansell & Gash, 2008](#)). However, field findings show that discussions tend to be one-way, with one party (the government) dominating the process. This situation undermines the essence of deliberation, which should ideally serve as an open space for all stakeholders to voice their opinions equitably ([Barlow, 2022](#)). Consequently, this sub-indicator is considered not yet maximally fulfilled, despite the availability of formal meeting forums.

The aspect of Shared Motivation serves as a reinforcing pillar for the collaboration. Trust has been successfully cultivated among stakeholders, grounded in confidence in each other's capacities, duties, and functions. Concurrently, Mutual Understanding is achieved through mutual comprehension among parties, which is a logical outcome of established trust ([Frerichs et al., 2018](#)). This motivation was further strengthened through a commitment that was formally realized by the signing of a cooperation agreement (MoU). This structured commitment functions as an accountability mechanism, ensuring that every party is bound to operate according to their respective responsibilities, thereby mitigating the risk of collaborative failure ([Park et al., 2021](#)).

Stunting mitigation collaboration in Enrekang demonstrates a strong institutional Capacity for Joint Action. The existence of the Stunting Reduction Acceleration Team (TPPS) Decree and Regent Regulation No. 56 provides a clear legal foundation regarding Shared Procedures and Institutional Arrangements, defining the roles and responsibilities of each actor. This structure is vital as it provides a formal framework for interaction ([Vangen et al., 2014](#)). Additionally, active Leadership is

present in monitoring performance and providing motivation, complemented by stakeholders' adequate Knowledge regarding stunting issues and the tasks to be executed.

Despite the solid institutional foundation, constraints within the Resources sub-indicator present a critical challenge. The study reveals that allocated budgetary resources remain insufficient, which directly implicates the low level of active engagement from several stakeholders. This budget deficit directly impacts program operationalization, particularly because the targeted stunting areas (according to Regent Decree No. 412/KEP/IV/2021) are geographically isolated zones that demand higher distribution and service delivery costs. This limitation necessitates greater expectations regarding budgeting if stunting reduction targets are to be achieved optimally in remote areas.

At the end of the Principled Engagement process, Determination, or consensus-based decision-making, takes place. Decisions within the collaboration are made by leaders and grounded in mutual agreement, which comports with Emerson's theory that determination constitutes the collective establishment of collaborative goals ([Emerson & Nabatchi, 2015](#)). Although the deliberative process (discussion) was criticized for being one-way, the Determination process (finalization of outcomes) successfully binds stakeholders to a series of jointly determined actions and responsibilities, as reflected in the collaborative decrees and assignments.

Collaboration Action

The collaboration actions manifested by the Stunting Reduction Acceleration Team (TPPS) of Enrekang Regency are a tangible reflection of the dynamics they have established. According to Emerson's, Collaborative Governance Regime framework, action is the primary output inseparable from linear collaborative processes ([Emerson et al., 2012](#)). In Enrekang Regency, collaborative stunting management is actualized through various cross-sectoral activities, such as nutrition interventions, parenting education, provision of sanitation and clean water, as well as preventive and curative healthcare services. The "*Bapak Bunda Asuh Stunting*" (Stunting Children Foster Parents) program also demonstrates an effort to share responsibilities among regional government agencies (OPD) in supporting joint action. This reflects a shared commitment and cross-sector collaborative capacity in managing stunting.

Despite the implementation of a diverse range of actions, findings indicate a dominance of government apparatuses in execution, which is a direct implication of the initially non-inclusive dynamics or one-way deliberation ([Barlow, 2022](#)). Emerson emphasizes that the merits and demerits of collaborative action are determined by the understanding and development of actor dynamics ([Emerson et al., 2012](#)). Government dominance in stunting management has resulted in suboptimal involvement from the private sector and civil society, as mandated by TPPS Decree No. 141/KEP/III/2022. Moreover, budget constraints, especially in difficult-to-reach target areas, hinder

collaborative effectiveness, as the high costs of distribution and services cannot yet be borne equitably by all stakeholders.

Therefore, to enhance program efficiency and reach, equitable participation from all non-governmental stakeholders and the community is required, aligning with the inclusive principles of Collaborative Governance ([Ansell & Doberstein, 2020](#)). Additionally, a larger budget allocation from diverse funding sources (local government, private sector, and non-governmental organizations) is absolutely essential to ensure services can reach marginalized areas without overburdening a single party. Strengthening education through intensive campaigns, including the involvement of religious and community leaders, also stands as a crucial strategy for behavioral change at the grassroots level, which is the key to stunting program sustainability ([Hossain et al., 2017](#)).

Impacts and Adaptation

Stunting management collaboration in Enrekang Regency has generated significant anticipated outcomes, wherein collaborative action serves as the primary output connected to impacts ([Douglas & Berthod, 2020](#)). Concrete evidence is reflected in the substantial reduction of stunting rates, from 28.9% in 2019 to 19.04% in 2023. This positive impact underscores the effectiveness of synergy among stakeholders, who successfully translated collaborative commitments into measurable and proven quantitative results.

Although stunting management collaboration demonstrates success, unintended impacts remain, particularly regarding budget limitations. The lack of funding for programs at the village level has caused several regional government agencies (OPD) to absorb intervention cost deficits, leading to an imbalance in the funding burden among stakeholders. Furthermore, an increase in stunting cases toward the end of the year indicates the necessity for more realistic and equitable budget planning and distribution.

The stunting management collaboration has also faced unexpected impacts, such as the COVID-19 pandemic, which disrupted data collection processes and data accuracy. Additionally, the emergence of stunting cases driven by specific underlying medical diseases indicates that stunting management requires a more nuanced approach, extending beyond standard social and nutritional interventions. Both unexpected factors demonstrate the vulnerability of the collaborative system to sudden environmental shifts and the complexity of medical issues that require highly specific approaches rather than general social and dietary interventions ([Vermeulen & Hémond, 2025](#)).

In response to these diverse impacts, the collaboration in Enrekang has undertaken adaptation, in accordance with Emerson's theory which emphasizes the necessity of feedback for strategy adjustment ([Emerson et al., 2012](#)). The adaptations implemented include shifting program focus toward areas with the highest prevalence (Figure 8) and making budgetary reallocations, such as

adjusting the budget for *posyandu* cadres. The sustainability of the stunting reduction program requires optimizing budgets for priority villages, strengthening the capacity of *posyandu* cadres, and improving the data collection system to be more accurate and real-time. Moving forward, the collaboration must be inclusively expanded by involving the public and the private sector, supported by periodic evaluations to maintain a consistent decline in stunting rates.

CONCLUSION

Based on the analysis of the Collaborative Governance Regime (CGR) elements, the implementation of collaboration in stunting management in Enrekang Regency has generally progressed fairly well, yet it remains not fully optimal. The elements of principled engagement, shared motivation, and determination demonstrate relatively strong achievements, supported by formal regulations, aligned inter-agency goals, and a structured, consensus-based decision-making process. This is evident from the cross-sectoral involvement, the establishment of various formal partnerships, and the significant decline in stunting prevalence over recent years.

Nevertheless, several elements still require improvement, particularly regarding deliberation and the capacity for joint action. The discussion and decision-making processes still tend to be dominated by the government, meaning that the participation of non-governmental sectors, civil society, and the private sector has not yet functioned optimally. Furthermore, budget constraints, uneven resource distribution, and a low understanding among some stakeholders regarding collaborative mechanisms have hindered the capacity for joint action from reaching its full potential, particularly during program execution at the village and remote area levels.

Therefore, strengthening is required in the aspect of more inclusive collaborative participation, along with the optimization and synchronization of cross-sectoral budgets, and enhancing stakeholder capacity through socialization and training related to collaborative governance. Improving the data collection system and conducting periodic evaluations are also essential to make the collaborative process more adaptive, effective, and sustainable in supporting the acceleration of stunting reduction in Enrekang Regency.

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