

Collaborative Governance Between the UPT DP3AP2KB, Health Services, and Village Government in Reducing Stunting Prevalence in Sape District

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Abstract: *This study aims to analyze the effectiveness of collaborative governance implemented by the UPT DP3AP2KB in partnership with health services and village governments to accelerate the reduction of stunting prevalence in Sape District, Bima Regency. Employing a descriptive qualitative method with a case study approach, data were collected through in-depth interviews, observation, and document analysis involving key informants, including village officials, UPT staff, health workers, and posyandu cadres, and subsequently analyzed through stages of data reduction, presentation, and inductive conclusion drawing. The findings reveal that cross-sectoral collaboration has been established through institutional designs such as the Stunting Reduction Acceleration Team and village deliberation forums, facilitated leadership by UPT in mediating diverse stakeholder interests, and collaborative processes emphasizing face-to-face communication, trust-building, collective commitment, and shared goals. The impact of this collaboration is reflected in the improved effectiveness of specific interventions, such as maternal and child nutrition programs, as well as sensitive interventions like empowering families at risk of stunting, although challenges remain in the form of limited nutritional literacy, insufficient technical personnel, and weak intersectoral data synchronization. The study concludes that collaborative governance in Sape District plays a significant role in reducing stunting prevalence, though its implementation is not yet fully optimal. Therefore, the research recommends strengthening village-level actors through capacity-building programs, enhancing intersectoral coordination via integrated data mechanisms, and expanding collaborative networks with private partners and social institutions to ensure a more sustainable and effective governance model.*

Keywords: *Collaborative Governance, UPT DP3AP2KB, Stunting.*

1. Introduction

Collaborative governance represents a governance paradigm that places intensive interaction between public institutions and non-state actors at the core of deliberative, consensus-oriented, and formal joint decision-making processes (Reis et al., 2021); (Yan et al., 2025). In the context of contemporary governance, which is characterized by increasing social complexity, limited state capacity, and a more critical civil society, collaborative governance emerges as a strategic mechanism that bridges public policy dynamics and community interests (The croock, 2023) (Pereverza, 2025). This model acknowledges the plurality of actors, perspectives, and resources, emphasizing the integration of roles and responsibilities that may not be symmetrical but remain adaptive to contextual challenges (Suchitwarasan et al., 2024). However, its

implementation, particularly in the fields of social and health development, reveals significant challenges alongside substantial opportunities for strengthening legitimacy, accountability, and the overall effectiveness of public policy (Yuan et al., 2022); (Saifi, 2024).

Evidence from various regions demonstrates that the success of collaborative governance strongly depends on the quality of relationships among stakeholders (Mohapi & Chombo, 2021). Several empirical studies indicate that collaborative initiatives often face critical constraints due to a lack of trust, weak governance structures, imbalanced accountability, limited resources, sectoral ego, and low levels of collective awareness (Acocella, 2022). Normatively, collaborative governance is envisioned as an equitable interaction between government institutions and non-government partners aimed at inclusive policy formulation and implementation. However, when these principles are not internalized, collaboration becomes merely procedural and fails to generate substantive transformation (Pasic, 2022); (Zee & Eveleens, 2025).

At the local level of social and health development, collaborative governance functions as a crucial instrument for enhancing accountability in village budget management (aysha, 2024). Village governments, activity management teams, and community members engage in collaborative processes that encourage active citizen participation in program evaluation and implementation (Reis et al., 2021). Collective awareness and participation in program monitoring and budget oversight reflect effective social accountability, in line with regulatory standards mandated by the Minister of Home Affairs Regulation No. 113 of 2014 on Village Financial Management. Nevertheless, several studies emphasize the importance of improving human resource capacity and involving a broader range of stakeholders to reinforce the sustainability of collaborative governance (Wahyuningsih et al., 2022); (Maulana, 2023).

Another relevant experience concerns the implementation of the electronic health system, known as e-Kes, which has served as a collaborative model between local governments and non-government partners to digitalize health services (Abdulla et al., 2023). This collaboration has generated small wins, such as increased awareness among lower-middle-income communities regarding the importance of regular medical check-ups. Such initiatives illustrate how multi-stakeholder interactions within collaborative governance frameworks can

accelerate the diffusion of inclusive and responsive health service innovations (Carolina et al., 2025). In this context, government institutions act as catalysts and regulators, while non-state actors such as non-governmental organizations, academics, and community leaders function as partners in information dissemination, public education, and monitoring processes (Acocella, 2022); (Abdulla et al., 2023).

More broadly, collaborative governance has emerged as a response to shifting policy environments, in which non-state actors increasingly play strategic roles in shaping public agendas. The growth of policy actors, expansion of complex issues, and limited governmental capacity make multi-stakeholder synergy not merely an option but a structural necessity (Suchitwarasan et al., 2024). In a post-pandemic context and within efforts toward economic recovery, collaborative governance offers significant potential to promote community empowerment, particularly among economically vulnerable groups. Public trust in government gradually increases alongside visible state commitments in strengthening strategic policies, enhancing economic resilience, and improving inclusive public sector management (Wahyuningsih et al., 2022).

Thus, collaborative governance is not merely a technical approach in public administration, but also a philosophical framework that embodies policy ethics based on collectivity and shared responsibility. Social and health development are the most relevant fields of practice, as both directly affect the quality of life of communities (Firdaus et al., 2024). In this regard, the collaborative governance initiative between the Technical Implementation Unit (UPT) of the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) with health services and village governments in Sape District, Bima Regency, is a strategic effort aimed at accelerating the reduction of stunting prevalence. This collaboration goes beyond institutional synergy and involves participatory approaches that integrate technical, structural, and socio-cultural roles at the grassroots level (Firman et al., 2023). The central focus is to strengthen specific and sensitive interventions, particularly through maternal and child health services, improved nutritional intake for toddlers, and empowerment of families at risk of stunting across all villages in Sape District (Lilis et al, 2024).

According to data from the Bima District Health Office, stunting prevalence has fluctuated significantly. In 2020, the prevalence was recorded at 24.59%, declining to 18.2% in 2021, and decreasing further to 13.8% in 2022. However, the 2023 Indonesian Health Survey (SKI) reported a sharp increase to 36.7%, suggesting either data disparities or changes in measurement methods, as well as signaling emerging challenges in stunting management. In 2024, the prevalence decreased again to 14%, becoming a major highlight in the 2024 General Budget Policy and Temporary Budget Priorities and Ceiling (KUA-PPAS) for the regional budget (APBD) of Bima Regency (Rifai et al, 2025).

Sape District, comprising eighteen villages, serves as a priority area for stunting reduction programs. The implementation of these programs demonstrates both notable achievements and persistent challenges, shaped by geographical characteristics, socio-economic conditions, and varying levels of community awareness. The Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB), as the lead coordinating agency, engages multiple stakeholders, including the Health Office, village governments, and non-government partners such as the District Attorney's Office, the Baitul Maal Foundation of PLN (YBM PLN), and Bank Rakyat Indonesia (BRI), to deliver priority interventions, including high-protein supplementary food programs for families at risk of stunting.

High-protein supplementary food programs constitute a concrete intervention implemented simultaneously across all eighteen villages. The distributed packages, consisting of rice, milk, and eggs, are targeted at vulnerable groups, particularly pregnant women experiencing chronic energy deficiency, underweight toddlers, and families with a history of stunting. These activities involve not only logistical distribution but also nutrition education, assistance from Posyandu cadres, and regular growth monitoring. Posyandu cadres and family planning field officers (PLKB) function as frontline actors, systematically collecting field data through the SSGI dashboard and village-level stunting reduction reports.

Despite measurable progress, cross-sector collaboration continues to face considerable challenges. First, nutritional literacy and reproductive health awareness among housewives remain relatively low, particularly in coastal and remote villages. Second, intersectoral coordination is still suboptimal, especially with regard to data synchronization and follow-up

interventions. Several villages have reported delays in program implementation due to discrepancies between data held by the Health Office and DP3AP2KB, as well as limited involvement of village officials in planning processes.

Additional constraints relate to the limited availability of technical personnel specializing in nutrition and maternal and child health. Although PLKB officers and Posyandu cadres are present, their workload remains disproportionately high. Moreover, limited health infrastructure in several villages, including inadequate auxiliary health centers, restricts access to basic services. Village governments also face budgetary dilemmas, as village funds are frequently allocated to physical infrastructure development, despite Ministerial Regulation No. 8 of 2022 prioritizing stunting management. Consequently, targeted advocacy is required to promote integrated village action plans aligned with annual development and budgeting frameworks.

Partnerships with the District Attorney's Office, YBM PLN, and BRI play a significant role in expanding the scope of interventions. The District Attorney's Office contributes to institutional strengthening through legal oversight and budget monitoring, while YBM PLN and BRI provide social funding to support supplementary food procurement and family entrepreneurship training. These initiatives demonstrate that collaborative governance extends beyond public institutions to include private and religious organizations as strategic partners.

Innovative measures have also been introduced, including digital reporting systems utilizing WhatsApp and Google Forms to accelerate weekly data collection from villages. Regular cross-sector meetings, such as health center mini-workshops and district-level stunting forums, serve as essential platforms for harmonizing stakeholder perspectives and evaluating program performance.

Family involvement in stunting education is equally critical. Programs such as Toddler Family Development (BKB), Adolescent Family Development (BKR), and household-based income improvement groups (UPPKA) have been strengthened to enhance family resilience through economic empowerment and nutrition-oriented parenting education. Several villages, including Naru and Sangia, have established young mothers' groups that participate in healthy food processing training and monthly growth monitoring activities at Posyandu.

Community leaders and religious figures also play pivotal roles by disseminating health messages through local cultural and religious forums, which is particularly important given the strong influence of moral authority in Sape District. Through culturally grounded approaches, stunting is framed as a shared social responsibility rather than solely a governmental obligation.

Given the multifaceted challenges and uneven geographical conditions, collaborative governance in Sape District represents a significant case study of local adaptation in implementing national stunting reduction policies. Synergy among DP3AP2KB, health service providers, village governments, private sector actors, and civil society demonstrates that stunting reduction efforts must be conducted in a holistic and sustainable manner. Such collaboration not only supports the achievement of the district target of reducing stunting prevalence to below fourteen percent but also strengthens institutional capacity and collective awareness at the village level.

2. Result

In the landscape of public health governance, stunting is no longer understood solely as a nutritional problem but is instead recognized as a multidimensional phenomenon that requires cross-sectoral interventions involving government institutions, health professionals, the education sector, and civil society organizations. Policy instruments such as the National Action Plan for the Acceleration of Stunting Reduction (RAN PASTI) emphasize the importance of a collaborative approach as the foundation for effective implementation.

Institutional Design

In the context of collaborative governance, institutional design refers to the organizational architecture established to facilitate cross-sector collaboration through both formal and informal mechanisms (Reis et al., 2021); (Yan et al., 2025). This design includes the establishment of coordination forums, acceleration teams, and technical regulations governing cooperation among actors. The principal function of institutional design is to provide a deliberative and inclusive arena for joint decision-making, emphasizing the principles of role equity, transparency, and accountability (Pereverza, 2025). In practice, institutional design determines

the legitimacy and effectiveness of collaboration, serving as the foundation that connects multiple actors with different authorities, resources, and interests in pursuing common public objectives, such as accelerating stunting reduction (Suchitwarasan et al., 2024).

Furthermore, institutional design is not limited to physical structures or administrative regulations; it also encompasses norms, operating rules, and mutually agreed procedures that regulate stakeholder interaction (Mohapi & Chombo, 2021). These elements play a crucial role in ensuring inclusivity, reducing power asymmetry, and building trust among actors (Pasic, 2022); (Acocella, 2022); (Zee & Eveleens, 2025). In the context of stunting programs, institutional design is evident in the establishment of Stunting Reduction Acceleration Teams at the district and subdistrict levels, stunting deliberation forums, and integrated planning through Village Action Plans (RAD) for stunting. This design ensures the involvement of local government, technical implementation units, community health centers, village authorities, and non-government sectors such as NGOs and private entities within a unified coordination system.

The effectiveness of institutional design is also significantly influenced by the role of facilitators in ensuring fairness and inclusiveness in collaborative processes. Facilitators act as brokers who minimize the dominance of particular actors, maintain balanced participation, and mediate potential conflicts of interest. In the absence of such roles, collaborative forums risk becoming symbolic in nature and lacking substantive impact.

The findings indicate that in Sape District, the persistently high prevalence of stunting necessitates a governance model that extends beyond a sectoral approach. One prominent policy innovation is the implementation of collaborative governance that emphasizes strategic partnerships among the UPT DP3AP2KB, health service units, and village governments. This collaboration is not merely administrative or formal in character; rather, it is constructed through an institutional design that enables deliberative, participatory, and consensus-oriented interactions among actors. Accordingly, institutional design functions as a regulatory and normative framework that integrates shared vision, resources, and coordination mechanisms in efforts to accelerate stunting reduction.

Institutional design within collaborative governance represents a structural and procedural arena that facilitates interaction among actors with differentiated roles, mandates, and

capacities. In Sape District, this design is manifested through the establishment of Stunting Reduction Acceleration Teams at the subdistrict and village levels, the formation of stunting deliberation forums as platforms for joint discussion, and the adoption of technical regulations aligned with national guidelines. These forums are not merely symbolic expressions of coordination; instead, they function as substantive instruments for developing cross-sectoral program convergence, such as the integration of specific nutrition interventions led by community health centers with village-level food security programs. This finding aligns with arguments that successful collaboration depends on institutional arrangements that promote equitable participation, transparency, and accountability (Karlsson et al., 2023).

However, institutional design is not static and must remain adaptive to local socio-political dynamics. Field findings indicate that although formal structures exist, such as cross-sectoral teams, the effectiveness of collaboration often depends on informal capacities, including social networks and personal relationships among actors. For example, coordination between the heads of the UPT DP3AP2KB and local health centers tends to be more effective when supported by close communication and mutual trust cultivated beyond formal meetings. This finding suggests that rigid institutional designs lacking sufficient flexibility may hinder smooth collaborative interaction. Therefore, ideal institutional arrangements must balance formal procedures with contextual adaptability in order to accelerate decision-making processes.

Another crucial dimension of institutional design concerns the involvement of facilitators who function as interest brokers, conflict mediators, and catalysts for collaboration. In Sape District, this role is predominantly assumed by the UPT DP3AP2KB, which holds a coordinating mandate in population control and family planning. Facilitators not only aggregate interests across the health sector, village authorities, and civil society organizations but also ensure the equitable and inclusive distribution of roles. Thus, a well-designed institutional framework not only structures collaboration but also strategically positions key actors to perform facilitative functions, thereby reducing power asymmetries and limiting sectoral dominance.

The institutional design governing stunting collaboration in Sape District also reflects the complexity of integrating national regulations with local capacities. The implementation of the National Action Plan for the Acceleration of Stunting Reduction (RAN PASTI) requires multi-

sectoral synchronization across planning, budgeting, implementation, and evaluation stages. In practice, this process is operationalized through the formulation of Local Action Plans on stunting, which are subsequently translated into village-level planning documents. While this institutional arrangement normatively promotes policy coherence, empirical findings reveal challenges related to limited human resources, low levels of policy literacy at the village level, and weak monitoring mechanisms. Consequently, top-down institutional design must be accompanied by systematic capacity-building strategies to ensure meaningful implementation at the local level.

Collaboration among the UPT DP3AP2KB, health centers, and village governments in stunting reduction illustrates how institutional design functions as an enabling mechanism for goal alignment. Coordination forums, for instance, facilitate the harmonization of performance indicators and enable the integration of specific nutritional interventions, such as supplementary feeding, with village sanitation programs and parenting education initiatives. However, such alignment does not occur automatically and must be actively managed through deliberative mechanisms that prioritize mutual adjustment among stakeholders. This finding supports the argument advanced by Emerson et al. (2011) that effective collaboration requires clarity regarding interaction norms, communication mechanisms, and transparent decision-making procedures.

Another vital component of institutional design relates to resource arrangements, including financial, informational, and technological resources. In Sape District, the absence of integrated budget allocations frequently constrains program convergence. The UPT DP3AP2KB faces limitations in providing logistical support, while local health centers also contend with high operational workloads. As a result, collaborative forums often become arenas for resource negotiation that require strong joint commitment to resource sharing. Thus, institutional design not only delineates roles and responsibilities but also regulates how resources are mobilized, allocated, and held accountable.

From an evaluative perspective, effective institutional design must incorporate monitoring mechanisms and feedback loops to ensure the sustainability of collaboration. In Sape District, these mechanisms are implemented through quarterly evaluation forums that involve all relevant actors in assessing performance indicators and identifying implementation barriers. However, field evidence indicates that these sessions often remain ritualistic and generate limited

policy innovation. This condition highlights the need for improvements in institutional design to transform evaluation forums from administrative reporting exercises into platforms for collective learning and strategic adaptation.

Facilitative Leadership

Collaborative governance theory emphasizes the participation of public, private, and civil society actors in collective decision-making through deliberative and consensual mechanisms (Abdulla et al., 2023). The model underscores that the effectiveness of collaboration is shaped by starting conditions, institutional design, facilitative leadership, and sustained collaborative processes (Kerman, et al., 2023); . Within this framework, facilitative leadership is not merely an administrative function but entails the capacity to mediate interactions, manage conflict, and build trust among actors. In the case of the UPT DP3AP2KB in Sape District, facilitative leadership is manifested through cross-sector coordination that enables interaction among village governments, community health centers, Posyandu cadres, and non-governmental entities, thereby fostering an adaptive collective orientation toward field dynamics.

The first indicator of collaborative processes, according to Ansell and Gash, is face-to-face dialogue. In practice in Sape District, direct dialogue functions as a strategic instrument for constructing an initial shared understanding of problem definitions, intervention priorities, and role distribution. Facilitative leaders from the UPT DP3AP2KB play a pivotal role by creating egalitarian communication spaces in which all actors have equal opportunities to express their perspectives. Dialogue occurs not only through formal forums but also through informal mechanisms such as field visits, community meetings, and intensive digital communication. These approaches strengthen trust-building processes and mitigate resistance to policies that may be perceived as top-down.

Trust constitutes a prerequisite for successful collaboration. In the Sape context, facilitative leaders promote transparency in information sharing, including data on stunting prevalence, village-level nutrition risk mapping, and program progress updates. This openness enhances policy legitimacy and encourages village participation in supporting intervention programs. Facilitative leadership also adopts a dialogical approach to negotiating divergent

interests, such as reconciling tensions between village infrastructure priorities and budget allocations for nutrition-sensitive programs. Over time, this trust develops into collective commitment, as reflected in the signing of stunting deliberation agreements and the allocation of Village Funds for nutrition-related initiatives.

Cross-sector collaboration is frequently characterized by latent conflict, including divergent perceptions regarding role distribution or the dominance of particular sectoral perspectives. Facilitative leadership functions as a mediating force that manages conflict constructively by transforming potential fragmentation into opportunities for synergy. In practice, facilitative leaders employ interest-based negotiation rather than positional bargaining. Actors are encouraged to identify shared fundamental objectives, particularly the reduction of stunting, as a focal point for convergence rather than becoming entrenched in narrow sectoral agendas. As a result, distributive conflicts can be transformed into integrative forms of collaboration.

Facilitative leadership also extends beyond technical coordination by guiding collaboration toward a shared understanding of the multidimensional nature of stunting. Through advocacy and educational forums, facilitative leaders integrate health, social, and economic dimensions into policy narratives. This process helps reframe the perspectives of village actors, shifting from viewing stunting solely as a medical issue to recognizing it as a broader human development challenge requiring multidimensional intervention. Such shared understanding fosters a long-term orientation and strengthens the resilience of collaborative arrangements amid changes in political or policy contexts.

Effective collaboration further requires innovation in communication mechanisms. Facilitative leaders in Sape District have initiated the use of accessible technologies, such as cross-sector WhatsApp groups, to support rapid coordination, program monitoring, and the dissemination of best practices. In addition, integrated village meetings consolidate agendas related to health, family planning, and women's empowerment within a single deliberative forum. These innovations not only improve efficiency but also reinforce integrated cross-sector programming, thereby contributing to more targeted and effective intervention outcomes.

Impacts of Collaboration

The impacts of collaboration within collaborative governance for stunting reduction are not measured solely by procedural outputs, such as the number of meetings held or memoranda of understanding signed, but rather by substantive changes in intervention effectiveness, institutional capacity building, and human development outcomes (Sentongo et al., 2021). In the context of Sape District, the partnership established among DP3AP2KB, health services through community health centers (UPT Puskesmas), and village governments represents a synergistic practice that integrates formal mandates, resources, and social capital into a unified configuration of collective action. Collaboration thus functions not only as an administrative response but also as a strategic instrument that integrates specific interventions, such as nutritional supplementation, with nutrition-sensitive approaches targeting socioeconomic determinants, education, and caregiving practices. As a result, collaboration generates not only short-term outcomes in reducing stunting prevalence but also strengthens sustainable public health governance mechanisms.

One of the most significant impacts of this collaboration is improved program synchronization among DP3AP2KB, which focuses on family empowerment and reproductive health, health services that implement nutrition-specific interventions, and village governments that manage community-based programs. Prior to the optimization of collaborative mechanisms, stunting prevention initiatives often operated in sectoral and fragmented ways, limiting their capacity to disrupt the underlying determinants of malnutrition. However, through stunting deliberation forums and sustained coordination mechanisms, sectoral orientations have shifted toward an integrative approach in which each actor performs roles aligned with core competencies within a shared framework of objectives. This shift is evident in integrated, data-driven planning processes and the use of stunting dashboards that facilitate rapid, responsive, and evidence-based decision-making.

Collaboration has also generated structural impacts by strengthening the social infrastructure that underpins stunting reduction efforts. DP3AP2KB functions as a facilitator in reinforcing family roles through early childhood family development programs, including Bina Keluarga Balita. Village governments allocate Village Funds to support active Posyandu services,

procure anthropometric equipment, and provide training for community health cadres. Health services contribute through programmatic innovations such as prenatal classes, supplementary feeding initiatives, and community-based nutritional screening. The cumulative impact of this integration is expanded service coverage, both in quantitative terms, such as increased frequency of Posyandu visits, and in qualitative terms, including improved accuracy of measurement data and child growth monitoring. Furthermore, access to health education becomes more inclusive through family-centered approaches, fostering a paradigm shift from curative to preventive health practices.

The most fundamental impact of this collaboration is reflected in changes in community caregiving practices and consumption patterns. Through coordinated educational interventions delivered by village cadres, health workers, and DP3AP2KB facilitators, family nutrition literacy has increased significantly. These educational activities are no longer one-directional but are dialogical and practice-oriented, incorporating live demonstrations of preparing healthy meals using locally sourced ingredients. Consequently, awareness of the First One Thousand Days of Life has intensified, contributing to improved dietary behaviors among pregnant women, increased rates of exclusive breastfeeding, and the prevention of child marriage. These behavioral changes demonstrate that cross-sector collaboration extends beyond administrative coordination to produce outcomes that reshape pro-health social norms.

Another important impact concerns gains in resource efficiency achieved through program convergence. Prior to the institutionalization of collaborative governance, duplication of activities across agencies frequently resulted in budget inefficiencies and weak performance indicator attainment. The establishment of coordination forums has enabled programs to be designed in a synchronized manner, thereby maximizing the utilization of Village Funds, corporate social responsibility contributions, and national social protection initiatives such as conditional cash transfer programs and food assistance schemes. This convergence not only reduces inefficiencies but also expands the reach of interventions, allowing vulnerable families to be identified and supported more effectively. The effects of convergence are evident in the integration of Posyandu services, early childhood family development activities, and maternal class programs, which now operate concurrently rather than independently.

Collaborative governance further contributes to enhanced accountability and transparency in program management. Digital reporting systems and periodic joint evaluation forums ensure that each actor maintains measurable responsibility for outcomes. This transparency strengthens public trust and fosters constructive competition among villages to accelerate stunting reduction performance. The broader implication of these accountability mechanisms is a reduced likelihood of symbolic administrative practices that prioritize formal compliance over substantive impact.

3. Conclusion

Based on the findings, it can be concluded that the effectiveness of collaborative governance among the UPT DP3AP2KB, health services, and village governments in Sape District has made a tangible contribution to accelerating stunting reduction, although several structural and technical constraints remain. From an institutional design perspective, the establishment of coordination forums, the Stunting Reduction Acceleration Team, and stunting deliberation mechanisms has created formal arenas that facilitate the integration of cross-sectoral programs. However, their effectiveness continues to be shaped by limited technical capacity at the village level and unequal resource allocation.

Facilitative leadership within the UPT DP3AP2KB plays a central role in fostering face-to-face communication, mediating divergent interests, and maintaining multi-actor commitment. These functions contribute to strengthening trust and reducing the potential for sectoral conflict, although they remain constrained by hierarchical bureaucratic rigidity. The collaborative process is further supported through joint meetings, open communication, and information-sharing mechanisms that promote mutual understanding. Nevertheless, in practice, these processes are still frequently characterized by top-down communication patterns that limit active participation from village-level actors.

The impacts of collaboration are evident in the improved synchronization of stunting-specific and nutrition-sensitive interventions, including supplementary feeding programs, family nutrition education, and capacity strengthening for Posyandu cadres. These efforts have contributed to increased awareness among families at risk of stunting. However, cross-sectoral

integration has not yet been fully optimized, resulting in interventions that remain fragmented and partial in their overall effectiveness.

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