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Research Article

Institutional Design and the Role of Village Actors in Addressing Stunting in Bengkalis Regency

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Abstract: *Stunting is a multidimensional human development issue influenced not only by health factors but also by socio-economic conditions, environmental sanitation, parenting patterns, and the effectiveness of cross-sector governance. Bengkalis Regency, as an archipelagic region, faces challenges in basic service accessibility and coordination among stakeholders that remains insufficiently integrated at the village level. This study aims to analyze the institutional design of stunting management at the village level and to identify the roles of village actors in accelerating stunting reduction. This research employs a descriptive qualitative method using a case study approach. Data were collected through in-depth interviews, observation, and documentation. Data analysis applied the interactive model of Miles and Huberman, including data reduction, data display, and conclusion drawing. The findings indicate that village-level stunting institutions have been established through the Village Stunting Reduction Acceleration Team (TPPS), yet its implementation remains largely administrative and has not fully developed into an effective collaborative forum. Village heads, posyandu cadres, and health workers are the most dominant actors, while the involvement of BPD, community leaders, the private sector, and civil society organizations remains limited. The study concludes that strengthening village institutions should focus on enhancing facilitative leadership, integrating cross-sector planning, and developing shared data mechanisms to ensure adaptive and sustainable collaboration.*

Keywords: Stunting; Village Institution; Village Actors; Collaborative Governance.

1. Introduction

Stunting is a condition of impaired growth in children resulting from chronic, long-term malnutrition, particularly during the first 1,000 days of life. Its impact extends beyond physical stature, affecting cognitive development, long-term health outcomes, and economic productivity in adulthood (Maigoda, Simbolon, & Al Rahmad, 2023). Consequently, stunting is viewed as a strategic human development issue requiring cross-sectoral policies. Efforts to address stunting in Indonesia have adopted a convergence approach involving both nutrition-specific and nutrition-sensitive interventions. Specific interventions focus on maternal and child health, while sensitive interventions address sanitation, family education, economic empowerment, and social protection (Tampubolon, 2020). The complexity of these determinants demonstrates that tackling stunting requires the integration of cross-sectoral policies rather than relying solely on health programs.

Bengkalis Regency is characterized by an archipelagic geography that influences the equitable distribution of public services and the implementation of development programs. This condition creates disparities in access to basic services including maternal and child healthcare across different village areas. Regional development studies indicate varying levels of development among villages in Bengkalis, driven by differences in infrastructure and accessibility (Al Hafis, 2018; Harimurti,

Mutha'ali, & Kurniawan, 2024). Furthermore, social development challenges in certain areas are linked to limited local institutional capacity (Nurliatin & Fahmi, 2024).

In the context of stunting policy implementation, the village serves as a crucial focal point, acting as the primary arena for convergence programs. Activities such as Posyandu (integrated health post) operations, data collection on children under five, growth monitoring, supplementary feeding, nutrition education, and sanitation improvements are carried out directly at the village level. Therefore, the effectiveness of stunting interventions depends heavily on how villages establish program institutions and how local actors coordinate their efforts (Regita & Prathama, 2023). Stunting can be categorized as a "wicked problem" a complex public issue that cannot be resolved through a single approach. Wicked problems require the involvement of various actors and the integration of cross-sectoral policies (Head and Alford, 2015). From a governance perspective, addressing stunting necessitates collaboration among government, community, and non-government actors to ensure interventions are effective.

Collaborative governance is a concept that highlights the importance of involving both government and non-government actors in formal forums to jointly formulate and implement public policy. It emphasizes that collaborative governance requires processes such as face to face dialogue, trust-building, commitment to the process, shared understanding, and the achievement of interim milestones as indicators of collaborative success (Ansell and Gash, 2008; Al Hafis et al. 2021; Wardana, Wijaya, and Al Hafis, 2024). In public health policy, a collaborative approach is crucial because programs cannot succeed without the involvement of the community and local institutions, which serve as the primary implementers (Emerson, Nabatchi, and Balogh, 2012; Al Hafis et al. 2024).

Many studies on stunting in Indonesia have focused primarily on health program evaluations, socioeconomic determinants, or the effectiveness of technical interventions. Research positioning the village as a key institutional arena and analyzing the roles of village actors within stunting governance frameworks remains relatively limited. Yet, villages possess the authority for development planning and budget management factors that can determine program sustainability. This research aims to: (1) analyze the institutional design for addressing stunting at the village level in Bengkalis Regency; (2) identify the roles of village actors in the implementation of stunting intervention programs; and (3) explain the obstacles to and opportunities for strengthening village level collaboration to accelerate stunting reduction.

The novelty of this research lies in its analytical focus, which positions the village as the primary arena for collaborative governance in addressing stunting. Unlike previous studies that tended to focus on health program evaluations or policy implementation at the regency and community health center (Puskesmas) levels, this research specifically analyzes the institutional design of village-level Stunting Reduction Acceleration Teams and the role dynamics among village actors including village heads, integrated health post (Posyandu) cadres, Family Welfare Empowerment (PKK) members, Village Consultative Bodies, community leaders, and non-governmental networks. Furthermore, the study proposes a conceptual model for collaborative village institutions grounded in integrated planning, data integration, and facilitative leadership that can serve as a reference for strengthening stunting convergence efforts in archipelagic regions like Bengkalis.

2. Literature Review

Recent Studies on Collaborative Governance in Stunting Reduction

Recent studies on stunting reduction in Indonesia increasingly treat the problem as a cross-sector governance challenge rather than solely a health-service issue. Afandi et al. (2023), examining

mandated collaboration in stunting interventions in West Java, show that formal policy requirements do not automatically create substantive collaboration. When cooperation is primarily driven by a mandate, stakeholders may regard coordination as an administrative obligation rather than a shared process with joint ownership, responsibility, and decision-making. This finding provides a useful point of comparison for assessing whether the Village Stunting Reduction Acceleration Team (TPPS Desa) in Bengkalis Regency operates as an active collaborative forum or mainly as a reporting and coordination structure.

Evidence from other Indonesian settings reinforces the importance of examining how collaborative arrangements work in practice. Katmawanti et al. (2024), in their study of stunting prevention in East Nusa Tenggara, describe the involvement of government and non-government institutions in convergence efforts while identifying a continuing need to optimize coordination across sectors. Similarly, Lautt and Rahayu (2024) report that effective collaborative governance in Bekasi City was associated with facilitative leadership, inclusive institutional design, stakeholder commitment, integration between local and national policy, and bottom-up community participation. Taken together, these studies suggest that institutional structures and policy mandates need to be accompanied by active participation, clear roles, and coordinated implementation.

Institutional Design, Actor Participation, and Data Integration

The institutional dimension is important because the existence of a formal team does not in itself demonstrate that stakeholders share influence over priorities or decisions. Afandi et al. (2023) highlight the risk that mandated collaboration remains government-centred, while Lautt and Rahayu (2024) emphasize inclusive institutional design and facilitative leadership as features of more effective collaboration. For village-level stunting governance, these findings direct attention to the composition of TPPS Desa, the clarity of actor responsibilities, opportunities for deliberation, and whether village institutions such as the Village Consultative Body (BPD), community leaders, civil society, and private-sector actors can contribute beyond implementation support.

Recent studies also stress the need to connect cross-sector participation with practical convergence mechanisms. The study of collaborative governance dynamics in East Nusa Tenggara identifies coordination among government and non-government actors as a continuing implementation concern (Katmawanti et al., 2024). In the present study, this insight supports examining whether data-sharing arrangements between village governments and community health centres inform joint planning, target selection, and follow-up actions. Data integration should therefore be considered not merely a technical matter but also an institutional process that depends on trust, role clarity, and agreement about how information is used.

Research Gap and Analytical Position

Although recent studies have examined collaborative governance in stunting interventions at provincial, district, and city levels, the institutional dynamics of village-level collaboration in an archipelagic setting warrant further attention. The studies by Afandi et al. (2023), Katmawanti et al. (2024), and Lautt and Rahayu (2024) provide evidence about mandated collaboration, cross-sector convergence, facilitative leadership, and stakeholder participation. However, these findings do not by themselves explain how the institutional design of TPPS Desa and the distribution of roles among village actors operate in Bengkalis Regency. This article addresses that contextual gap by examining the formal arrangements of TPPS Desa, the roles of village government and community actors, and the barriers to integrated planning and data sharing. The analysis uses the recent empirical literature as a

comparative basis and evaluates whether village-level arrangements enable substantive collaboration or remain predominantly administrative.

3. Conceptual Framework Of Research

The conceptual framework of this research illustrates the relationship between village-level institutional design, the roles of village actors, and stunting reduction outcomes, while considering the influence of contextual factors.

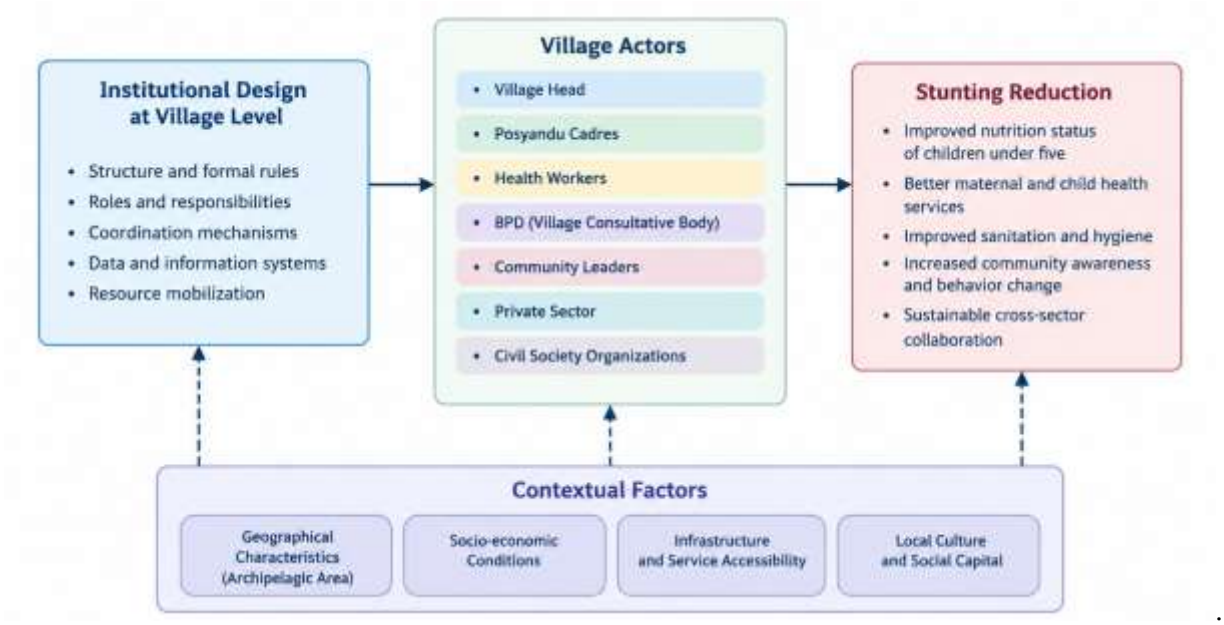

Figure 1. Framework Of Research

4. RESEARCH METHOD

This study employs a qualitative descriptive method with a case study approach. This method is utilized to gain an in-depth understanding of institutional processes and the dynamics of actor roles regarding stunting mitigation policies at the village level (Creswell & Clark, 2018). The research was conducted in Bengkalis Regency, focusing on villages designated as priority locations for stunting mitigation. The research sites were selected purposively, taking into account Bengkalis's geographical characteristics as an archipelagic region.

Data collection involved in-depth interviews, observation, and document analysis. Informants were selected using purposive and snowball sampling techniques, comprising village heads, village officials, Posyandu (integrated health post) cadres, village midwives, Community Health Center (Puskesmas) staff, the Village Consultative Body (BPD), community leaders, and relevant regency government representatives involved in stunting programs. Data analysis utilized the interactive model developed by Miles, Huberman, and Saldaña, encompassing data reduction, data display, and conclusion drawing (Miles, Huberman, & Saldaña, 2014). Data validity was reinforced through source and technique triangulation. The analytical framework employs Ansell and Gash's Collaborative Governance Framework to examine institutional design, facilitative leadership, and the collaborative processes among village actors in addressing stunting (Ansell & Gash, 2008).

5. Results and Discussion

Institutional Design for Stunting Management at the Village Level

The findings indicate that the institutional framework for stunting management at the village level has been established through the Village Stunting Reduction Acceleration Team (Tim Percepatan Penurunan Stunting/TPPS). This institutional arrangement represents the implementation of national policy emphasizing the convergence of stunting reduction programs down to the local level (Tampubolon, 2020). The Village TPPS generally consists of representatives from the village government, integrated health service post (*Posyandu*) cadres, the Family Welfare Empowerment Organization (PKK), healthcare personnel, and village community organizations.

However, this institutional arrangement has not yet functioned as an effective collaborative forum. The activities of the Village TPPS remain predominantly administrative, including data collection, formal coordination meetings, and reporting. These findings indicate that the institutional design is still at the stage of establishing organizational structures rather than evolving into a deliberative mechanism capable of producing joint decisions and integrated intervention strategies. In contrast, collaborative governance requires an active formal forum that facilitates face-to-face dialogue and negotiation among stakeholders (Ansell & Gash, 2008).

Furthermore, the institutional design for stunting management remains largely top-down, as village implementation primarily follows district-level directives without sufficient adaptation to local needs. This situation demonstrates that the institutional design has not yet fully provided equal opportunities and balanced distribution of roles among village actors. Bryson, Crosby, and Stone (2015) argue that cross-sector collaboration requires clearly defined institutional rules to prevent domination by a single actor.

Institutional capacity disparities among villages also influence the effectiveness of stunting governance. Villages with more capable administrative personnel and stronger planning capacities tend to implement convergence programs more systematically. Conversely, villages with limited human resources experience difficulties in planning and budgeting stunting interventions. These findings are consistent with institutional capacity theory, which emphasizes that the capability of local institutions is a determining factor in successful public policy implementation (Wu et al., 2015).

The Roles of Village Actors in Stunting Management

The study identifies several key actors playing dominant roles in stunting management, namely the village head, village officials, Posyandu cadres, PKK members, and village healthcare workers. Other actors, including the Village Consultative Body (BPD), community leaders, and the private sector, have not yet been optimally engaged. Table 1 summarizes the principal actors and their respective roles in village-level stunting management.

Table 1. Summary of Actors and Their Roles in Village-Level Stunting Management

Actor	Primary Role	Form of Contribution	Level of Involvement
Village Head	Village policy leader	Allocation of village funds, strengthening *Posyandu* programs, coordination of TPPS	High
Village Officials	Program administration	Reporting, data collection of families at risk of stunting	High
Posyandu Cadres	Frontline service providers	Child growth monitoring, nutrition education, developmental surveillance	High

Actor	Primary Role	Form of Contribution	Level of Involvement
PKK	Family education	Promotion of healthy parenting, nutrition education, family empowerment activities	Moderate
Village Midwives/Community Health Centers	Specific health interventions	Antenatal care, immunization, nutritional monitoring	High
Village Consultative Body (BPD)	Oversight and representation	Monitoring village budget utilization and policy implementation	Low
Religious and Traditional Leaders	Social legitimacy	Moral advocacy and behavioral change promotion	Low
Youth Organizations	Social support	Health campaigns and family assistance	Low
Private Sector/CSR	Resource support	Food supplementation, sanitation assistance, community empowerment	Low

Source: Processed by the Authors (2026).

The table illustrates that the dominant roles remain concentrated among formal village government institutions and healthcare actors, while oversight institutions and non-governmental stakeholders remain minimally involved.

The Role of the Village Head as Institutional Leader

The village head occupies a strategic position as the primary decision-maker in village development planning and village fund management. The findings reveal that village heads play an essential role in allocating financial resources for Posyandu activities, supplementary feeding programs, and nutrition education initiatives. This demonstrates that the village head serves as the principal actor linking district policies with village-level implementation.

Within the collaborative governance framework, the village head functions as a facilitative leader. Facilitative leadership promotes cross-sector coordination, encourages community participation, and sustains collective commitment toward program objectives (Ansell & Gash, 2008). Villages where the village head actively maintains communication with community health centers and Posyandu cadres exhibit more coordinated and effective stunting programs.

Nevertheless, the study also found that in several villages, the role of the village head remains largely administrative. Stunting programs are implemented primarily as formal obligations without significant innovation or locally adapted strategies. Emerson and Nabatchi (2015) emphasize that successful collaborative governance depends heavily on leadership capable of fostering trust and commitment among stakeholders.

The Roles of Posyandu Cadres and PKK as Frontline Implementers

Posyandu cadres represent the actors closest to the community and play a crucial role in implementing stunting interventions. Their responsibilities include weighing children, monitoring nutritional status, and providing basic health and nutrition education to mothers. These activities position Posyandu cadres as the frontline providers of primary healthcare services within villages (Kickbusch & Gleicher, 2012).

Similarly, PKK members contribute through family education and the promotion of healthy parenting practices. However, PKK involvement remains largely programmatic and has yet to be fully

integrated into village planning processes. This finding supports Newman et al. (2004), who argue that community participation in collaborative governance often remains limited to implementation rather than substantive involvement in policy deliberation.

Consequently, village collaboration has not yet reached the level of meaningful participation envisioned by collaborative governance theory, which requires community actors to be actively engaged in dialogue and decision-making processes to ensure social legitimacy (Ansell & Gash, 2008).

The Role of Village Health Workers and Community Health Centers

Village healthcare workers, particularly village midwives and community health center personnel, play dominant roles in delivering specific health interventions. Their responsibilities include antenatal care, child growth monitoring, immunization, and health education. These interventions are fundamental to reducing stunting because they directly address its primary health determinants (Tampubolon, 2020).

However, the findings indicate that coordination between community health centers and village governments remains insufficiently integrated into planning processes. Community health centers operate according to sector-specific health agendas, whereas village governments prioritize village development plans. This separation limits the effectiveness of convergence strategies. Tripuspita and Sihidi (2024) similarly report that differences in institutional priorities often hinder coordination in stunting programs.

Because stunting represents a wicked problem, effective cross-sector integration is essential. Head and Alford (2015) argue that wicked problems cannot be addressed by a single institution but require intensive coordination and collaborative mechanisms involving multiple stakeholders.

The Involvement of the Village Consultative Body (BPD), Community Leaders, and Non-Governmental Actors

Although the Village Consultative Body (BPD) is formally responsible for village oversight, this study found that its involvement in stunting management remains limited. The BPD primarily performs general governance functions rather than prioritizing stunting as an oversight issue. Consequently, the system of checks and balances regarding village budget allocations for stunting programs has not functioned effectively. Religious and traditional leaders contribute primarily through social and moral support but remain outside formal institutional arrangements. Given their strong influence within communities, these actors could play an important role in promoting behavioral change related to parenting practices and nutrition (Pierre & Peters, 2000).

Likewise, the private sector and civil society organizations have yet to become strategic partners in stunting reduction efforts. Their involvement remains sporadic and unstructured. Bryson, Crosby, and Stone (2015) argue that cross-sector collaboration becomes more effective when non-governmental actors contribute substantively through resources, innovation, and program implementation.

Barriers to Collaboration and Program Convergence

The study identifies four major barriers to effective collaboration in village-level stunting management: disparities in institutional capacity, administrative oriented governance, weak data integration, and limited participation of non-governmental actors. Institutional capacity disparities significantly affect planning quality and budget allocation. Wu et al. (2015) explain that institutional capacity encompasses the ability of organizations to manage human resources, information systems, and policy implementation. Villages with stronger institutional capacity are better able to formulate strategic stunting interventions. Another major challenge is inadequate data integration. Data on families at risk of stunting are not yet effectively integrated between village governments and

community health centers, resulting in less accurate program targeting. Evidence-based policymaking requires robust information systems to ensure that interventions reach the most vulnerable populations (Emerson, Nabatchi, & Balogh, 2012).

Furthermore, collaborative forums frequently function merely as administrative coordination meetings rather than venues for joint strategic decision making. According to Ansell and Gash (2008), collaborative governance should produce shared understanding and intermediate outcomes that reinforce stakeholder commitment.

Strategies for Strengthening Village Institutions

Based on the findings, three strategic recommendations are proposed to strengthen village institutions in stunting management. First, routine cross-sector planning forums should be institutionalized. These forums should involve village governments, community health centers, *Posyandu* cadres, PKK, the Village Consultative Body (BPD), and community leaders to ensure that village programs become the product of collective deliberation rather than administrative routines (Ansell & Gash, 2008). Second, the facilitative leadership capacity of village heads and village officials should be strengthened through continuous training and mentoring. Such leadership enhances the ability to build trust, manage conflicts, and sustain collaborative commitment (Emerson & Nabatchi, 2015). Third, partnerships with the private sector and civil society organizations should be expanded through corporate social responsibility (CSR) initiatives, sanitation improvement, family economic empowerment, and community nutrition campaigns. Bryson, Crosby, and Stone (2015) emphasize that involving non-governmental actors broadens resource availability and stimulates innovation in public policy implementation.

Based on an analysis of the institutional design of village-level Stunting Reduction Acceleration Teams (TPPS) and the dynamics of actor roles in addressing stunting in Bengkalis Regency, this study finds that the effectiveness of program convergence is heavily dependent on the existence of a collaborative forum capable of integrating planning, data, and cross-sectoral role allocation. Village institutions must not merely be established structurally; they must function as substantive coordination mechanisms that bring together the village government, the health sector, and village social institutions in a joint decision-making process. To illustrate these institutional relationship patterns and collaborative workflows, this study develops a model of village-level collaborative institutions for addressing stunting, as shown in Figure 2.

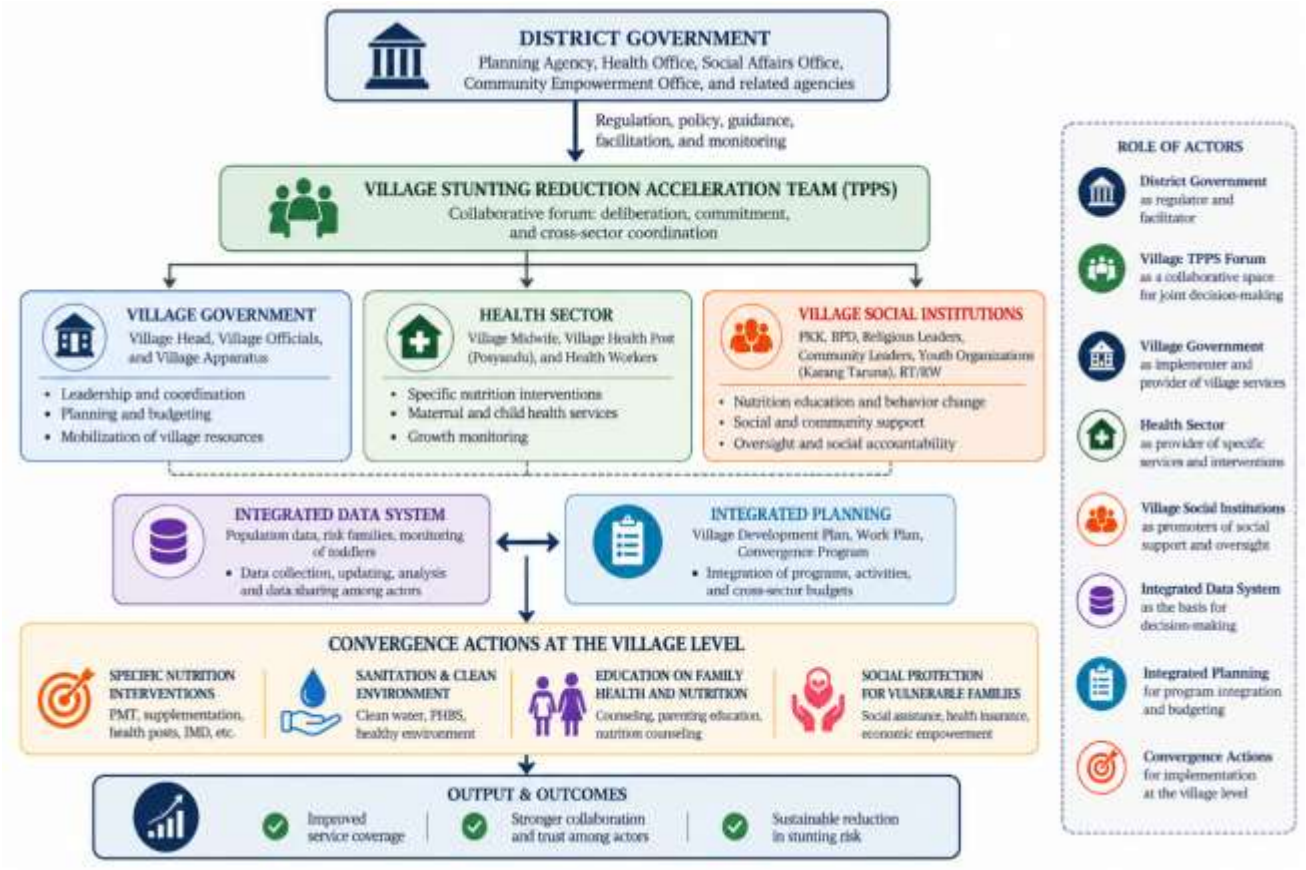

Figure 2. Village Collaborative Institutional Model for Stunting Management

Source: processed by the author, 2026

The collaborative village institutional model demonstrates that the Village Stunting Reduction Acceleration Team (TPPS Desa) acts as a coordination hub and a space for deliberation, linking the village government, the health sector, and village social institutions. Collaboration is reinforced through two key instruments—integrated data and integrated planning—to ensure that convergence interventions are accurately targeted. In this model, the regency government serves as a facilitator and regulatory enforcer, while the village acts as the hub for implementing stunting reduction convergence actions. The model reflects principles of collaborative governance, emphasizing facilitative leadership, dialogue, and the division of roles among various actors (Ansell & Gash, 2008; Emerson, Nabatchi, & Balogh, 2012).

6. Conclusion

This study concludes that the institutional design for stunting management at the village level in Bengkalis Regency has been established through the TPPS Desa; however, its implementation remains predominantly administrative in nature and has not yet fully evolved into an effective collaborative forum. The roles of village actors are dominated by the village head, Posyandu (integrated health post) cadres, and village health workers, whereas the involvement of the Village Consultative Body (BPD), community leaders, the private sector, and civil society organizations remains limited.

Key obstacles include disparities in institutional capacity across villages, weak data integration, and low participation from non-governmental actors. Therefore, strengthening village institutions should focus on enhancing facilitative leadership, integrating cross-sector planning, and reinforcing shared data systems to ensure that village collaboration in stunting management operates adaptively and sustainably.

The study offers the following recommendations: (1) the regency government needs to provide sustained institutional support and guidance to the TPPS Desa; (2) village governments need to establish regular, multi-actor joint planning forums; (3) the integration of stunting data between the village and the Community Health Center (Puskesmas) needs to be strengthened; and (4) partnerships with the private sector and civil society organizations should be encouraged through collaborative incentive schemes.

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