

LOCAL GOVERNMENT COORDINATION CAPACITY IN REDUCING STUNTING PREVALENCE: CASES OF BEKASI CITY AND BOGOR CITY

A Thesis

**Submitted to the Master's Study Program of Political Science at the Faculty of
Social Sciences in partial fulfillment of the requirements for the degree of**

Master of Arts (M.A.)



by:

Tri Sulistianing Astuti

02212210004

UNIVERSITAS ISLAM INTERNASIONAL INDONESIA

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ABSTRACT

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Stunting remains a global problem, including in Indonesia. Despite the nature of stunting reduction as a benevolent policy, which tends to be less prioritized by politicians, many countries have succeeded in reducing stunting. It raised a question: under what conditions does the government pursue stunting reduction? Most studies point out the commitment of political leaders as the main driver of the stunting reduction. However, in a democratic government, a political leader has a term limit, which makes him vulnerable to continuity of stunting reduction in the long term. Hence, I argue that the bureaucratic capacity could better drive stunting reduction since bureaucrats serve longer than political leaders. Focusing on coordination capacity, this research assesses the variation outcome of stunting reduction in Bekasi City and Bogor City during the changing landscape of stunting policies from 2018 to 2022 by employing a comparative qualitative method with Most Similar System Designs. This research concludes a strong capacity of street-level bureaucracy coordination was the core of Bekasi City's better performance in stunting reduction compared to Bogor City. Therefore, understanding the need for a strong coordination capacity in bureaucracy and the impact of not having it can significantly contribute to increasing the successful delivery program of benevolent policy in a local government.

Keywords: *coordination capacity; stunting prevalence reduction; street-level bureaucracy; Bekasi City; Bogor City.*

ABSTRAK

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Tengkes (*stunting*) masih menjadi masalah global, termasuk di Indonesia. Meskipun penurunan *stunting* merupakan kebijakan yang baik sehingga cenderung kurang diprioritaskan oleh para politisi, banyak daerah yang berhasil menurunkan prevalensi tengkes. Hal ini menimbulkan pertanyaan: dalam kondisi apa pemerintah mampu mengupayakan pengurangan tengkes yang optimal? Sebagian besar penelitian menunjukkan komitmen para pemimpin politik sebagai pendorong utama penurunan *stunting*. Namun, dalam pemerintahan demokratis, pemimpin politik memiliki batasan masa jabatan, yang membuatnya rentan terhadap keberlanjutan penurunan tengkes dalam jangka panjang. Oleh karena itu, saya berpendapat bahwa kapasitas birokrasi yang mendorong penurunan *stunting*. Berfokus pada kapasitas koordinasi, penelitian ini mengkaji variasi penurunan *stunting* di Kota Bekasi dan Kota Bogor selama perubahan lanskap kebijakan *stunting* pada tahun 2018 hingga 2022 dengan menggunakan metode kualitatif komparatif dengan *Most Similar System Designs*. Penelitian ini menyimpulkan bahwa kapasitas koordinasi *street-level bureaucracy* jalan yang kuat menjadi faktor kunci atas kinerja Kota Bekasi yang lebih baik dalam penurunan *stunting* dibandingkan Kota Bogor. Oleh karena itu, memahami perlunya memiliki kapasitas koordinasi yang kuat dalam birokrasi dan dampak dari tidak adanya kapasitas tersebut dapat berkontribusi secara signifikan terhadap peningkatan keberhasilan penyampaian program *benevolent policy* yang baik di pemerintah daerah.

Kata Kunci: *kapasitas koordinasi, penurunan prevalensi tengkes; birokrasi street-level; Kota Bekasi; Kota Bogor.*

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CHAPTER 1

INTRODUCTION

1.1 Research Problem

Stunting is a growth and child development disorder caused by chronic malnutrition and recurrent infections, characterized by length or height below standard. The World Health Organization (WHO) defines stunting as a height-for-age z-score of more than two standard deviations below the WHO's Child Growth Standards median but not necessarily thin (WHO, 2018, p. 4). Stunting as a measure of chronic undernutrition is still a global development problem despite steadily declining, from 33% in 2000 to 22.3% in 2022. A report from UNICEF/the WHO/the World Bank (2023) shows that in 2022, around 22.73%, or 148.1 million children under five years, suffered stunting globally, with 52% of children with stunting lived in Asia and 43% in Africa. The report also raised the alarm that the stunting reduction might be off the target since the average reduction rate (AARR) is only 1.65% yearly, so the world could potentially have 39.6 million more children with stunting. Consequently, a 6.08% AAR is needed to achieve the global target of reducing the number of children with stunting to 88.9 million by 2030 (UNICEF/WHO/World Bank Group, 2023, p. 3). At the same time, the adverse impact of stunting in children is real. Children affected by stunting tend to achieve low scores in intelligence and get sick more easily from infections. In adulthood, they are more at risk of chronic disease (Soliman et al., 2021, p. 3; Victora et al., 2008, p. 535). They may also face learning difficulties at school, barriers to

participation in their communities (UNICEF/WHO/World Bank Group, 2023, p. 2), and lost productivity (Soliman et al., 2021, p. 9).

In the context to Indonesia, the fourth-largest population in the world, is positioned as the country with the 27th-highest stunting prevalence rate out of 154 countries and fifth among Asian countries (kemenkopmk.go.id, 2023), the increasing prevalence of stunting in Indonesia will affect the slower AAR achievement. Moreover, the World Bank estimates that the Indonesian economy has lost 2-3% of its GDP due to stunting and malnutrition. (scalingupnutrition.org, 2015; Suryana & Azis, 2023, p. 56). Thus, without reducing stunting, Indonesia will suffer from low-quality human resources and health issues that generate healthcare costs and burden its economic development in the long term.

In Indonesia, reducing stunting has been officially stated as a national priority program since 2018 under the National Strategy for Stunting Prevention Acceleration (Stranas Stunting) 2018-2024 to achieve a 14% prevalence rate in 2024. Under the Secretary of the Vice President, the National Team for the Acceleration of Poverty Reduction (TNP2K, Tim Nasional Percepatan Penanggulangan Kemiskinan) was assigned as coordinator for the stunting acceleration program, which also involved 23 ministries. However, the progress was too slow; thus, Stranas Stunting was adopted into Presidential Regulation No. 72/2021 (Perpres No. 72/2021) on stunting reduction acceleration, and the National Action Plan for Stunting Reduction (RAN PASTI) was developed as a reference for program implementation. In the same year, Stunting Reduction Acceleration Teams (TPPS, Tim Percepatan Penurunan Stunting) were established, consisting of ministries at the central government level, and cross-sector regional apparatus at

provincial, district/city, and urban village/village levels were formed to work on RAN PASTI. In 2022, stunting prevalence declined nationally by 2.8% to 21.6% from the previous year, but 17 provinces were above the national level (Kementerian Kesehatan RI, 2022).

Undoubtedly, reducing the prevalence of stunting remains not just an Indonesian but a global problem. However, reducing stunting as part of malnutrition is considered a benevolent policy. According to Ho (2022), a benevolent policy denotes social policies that aim to improve the welfare and well-being of “groups with limited political power” and “address issues with low visibility.” Thus, they are less likely to be served by the government and politicians because they do not have strong incentives for short-term political gains; at the same time, the negative impact of stunting is only salient in the long-term (Ho, 2022, p. 618). Consequently, the government and politicians tend to serve social policies with immediate outcomes to gather political incentives. A study from Te Lintelo & Lakshman (2015) conducted in Malawi, Bangladesh, Tanzania, Zambia, and Nepal found that government commitment to hunger reduction was greater than commitment to nutrition. Ending hunger is easier to solve since it only needs food interventions with immediate results compared with malnutrition interventions, which require non-food interventions (Te Lintelo & Lakshman, 2015).

Nevertheless, studies show that several countries, such as Peru, Thailand, Brazil, and Vietnam, have successfully reduced stunting (Kathuria et al., 2019, p. 12). Similarly, some local governments in Indonesia have presented impressive stunting reduction results, while some areas remain steady and others have seen a considerable increase in stunting (Kementerian Kesehatan RI, 2022). These

variations raise the question: Under what conditions does the government pursue stunting reduction?

Most scholars in nutrition studies acknowledge that a leader's sustained political commitment is a critical determinant of the success of malnutrition policies (Baker et al., 2018; Bhutta et al., 2020; Conway et al., 2020; Kathuria et al., 2019; Marini et al., 2017; Te Lintelo & Lakshman, 2015; Wigle et al., 2020). Other studies mention multisectoral actions with evidence-based intervention, community engagement (Kathuria et al., 2019, p. 12), actor networks with a shared interest in malnutrition (Baker et al., 2018, pp. 3–6), bureaucratic capability (Avula et al., 2022, p. 1093) that, along with leader commitment, produce satisfying results in stunting reduction in society. Therefore, political leaders' commitment was the determinant in pursuing success in stunting reduction, and little is known about the role of bureaucracies as the agents of policy implementation for the political leader in reducing stunting.

In the context of democratic governments, unfortunately, the sustainability of political commitment from leaders and politicians cannot be guaranteed since they have limited terms in office. When the political leader changes, stunting reduction may not be prioritized, which means the leadership might produce different outcomes in stunting reduction acceleration. Hence, I argue that the success of handling stunting in the long term depends not on leaders' political commitment but on the bureaucracy's capacity to provide consistent and sustainable public services because bureaucrats serve longer than political leaders (Peter, 1981, p. 66). Moreover, bureaucracies translate a leader's political commitment into public policy and sustain its implementation until the goal is achieved. They serve

direct interventions for the public and determine the success of long-term government programs even though leaders change. At the same time, politicians rely on bureaucracies with impressive technical expertise sources to achieve their policy goals (Klüser, 2022, p. 346). In other words, the fate of a country's stunting policy relies on bureaucratic capacity since it determines "whether and how political decisions are implemented" (Povitkina, 2015, p. 3).

Scholars define bureaucratic capacity in various aspects, which depend on the cases of research. Bureaucratic capacity denotes "an agency's ability to complete the tasks delegated to it by Congress and the president" (Bednar, 2023, p. 2); it consists of individuals with expertise (Huber & McCarty, 2016, p. 481); therefore, a high-capacity bureaucracy will be composed of educated and experienced human resources (Bednar, 2023, p. 3). Moreover, bureaucratic capacity is often associated as a part of state capacity (Berwick & Christia, 2018; Hendrix, 2010; Williams, 2021). According to Berwick & Christia (2018), state capacity consists of extractive capacity, coordination capacity, and compliance capacity, which underline the role of bureaucrats in mediating and serving the relationship between the state and constituents (Berwick & Christia, 2018, p. 76). In the context of decentralization, I argue that local governments in Indonesia have a capacity similar to state capacity, delegated to bureaucracies with specific divisions of labor to conduct stunting interventions to the targets.

I bring this study on the subnational level to highlight subnational actors, institutions, and units of analysis that are "often neglected" in comparative politics (Giraudy et al., 2019). At the same time, the decentralization of local government in Indonesia raises novel research inquiries related to the variation in stunting

reduction outcomes, particularly when theories at the national level cannot account for subnational problems. In this sense, the subnational study “strengthens the capacity of comparativists to code cases and thus make valid causal inferences accurately” (Snyder, 2001, p. 92). Moreover, the national stunting rate performance was composited from the subnational performance rate, which means that having a clear understanding of how the local government could succeed in tackling the stunting problem would contribute to the action plan and policies formulated by the central government to reduce stunting nationally.

This study aims to reveal the reason behind the difference in performance of stunting reduction in Bekasi City and Bogor City in 2018-2022. I selected Bekasi City and Bogor City as comparable cases and employed the comparative Most Similar System Design (MSSD) method. Bogor City and Bekasi City have similar characteristics as urban areas and similar rules and guidelines from the government at the central and provincial levels. Despite their similarities, the two mayoralities have different stunting reduction successes. During 2018-2022, Bekasi City scored a 64% stunting reduction, while Bogor City was lower with only a 34%. In addition, I only focus on the coordination capacity among the two cities’ bureaucratic capacity because the two cities have similar legal frameworks, budgeting, and action plans at the national and provincial levels, which are part of the extractive and compliance capacity. Therefore, I argue that coordination capacity may likely be a causal factor contributing to the variation in stunting prevalence in Bekasi City and Bogor City from 2018 to 2022.

1.2 Research Question

1. Why did Bekasi City perform better in stunting reduction than Bogor City in 2018-2022?

1.3 Research Objective

1. To reveal the reason behind the difference in performance of stunting prevalence rates in Bekasi City and Bogor City in 2018-2022.

1.4 Research Contribution

1. This study aims to significantly contribute to the ongoing discourse on how coordination capacity in local governments can effectively address stunting reduction.
2. This study provides practical insights into the importance of enhancing or establishing efficient coordination capacity. Such capacity can lead to effective coordination and collaboration among vertically and horizontally sectors to achieve stunting reduction targets.

1.5 Structure of Thesis

Chapter 1 contains the background and problematization of this study. It describes stunting as a global problem, including in Indonesia, but considers it a benevolent policy; hence, governments tend not to prioritize stunting issues. It also addresses the variation of stunting reduction outcomes, with many studies suggesting political commitment from leaders affects stunting performance. However, I bring bureaucracy – specifically coordination capacity – as the cause of the success story of stunting reduction in Bekasi City compared with Bogor City. Then, it underlines the significance of the coordination capacity to provide better outcomes in handling stunting issues in local government.

Chapter 2 demonstrates this topic's gap, novelty, and conceptual framework. This study presents previous research on stunting reduction policies and implementation worldwide and in Indonesia. Little is known about how bureaucracy defines the success of stunting eradication. It provides the concept of bureaucratic capacity, including coordination capacity, which I put as a central focus of this study. My hypothesis draws on the relationship between strong coordination capacity and better stunting reduction performance in Bekasi City and Bogor City. Strong coordination capacity is measured through three elements: Strong capacity of the street-level bureaucracy, bureaucracy-led continuation of coordination by program, and coordination by feedback. Coordination can minimize the departmental agenda. Meanwhile, Chapter 3 discusses the methodology. I employ methods of difference, case selection, data collection, and process tracing data analysis to reveal a causal mechanism of the stunting prevalence reduction outcome in Bekasi City and Bogor City from 2018-2022.

Chapter 4 discusses the landscape and changing coordination mechanism of the stunting reduction policy before the issuance of Perpres No. 72/2021 and after the implementation of RAN PASTI. Meanwhile, Chapter 5 begins with respondents' opinions about the crucial knot at the coordination level for stunting reduction implementation of the city. All respondents mentioned district and urban village coordination as the most impactful in reducing the stunting prevalence. The discussion was followed by the process of tracing each city. Bekasi City's better stunting performance was driven by a strong capacity of street-level coordination from the bureaucracy even before stunting became a national priority. Bekasi City has “early warning bureaucrats” called Pamor who act as the bridge between society

at the community (RW) level and street-level bureaucrats since 2017; therefore, stunting implementation stakeholders use these workers to provide and confirm reliable data on stunting objects as well as to accelerate public services to society. Further, bureaucrats from the Health Agency set data on stunting as a priority and provided managerial guidelines for community health centers (Puskesmas), districts, and urban villages to consolidate with other Regional Apparatus Organizations (OPDs). Conversely, Bogor City began to focus on stunting when it was selected as the locus of stunting in 2020, which impacted the mayor's performance. The Stranas Stunting, Perpres No. 72/2021, and RAN PASTI encouraged bureaucracies to collaborate and coordinate. However, initiatives and innovations were limited to coordination by program and the limited number of street-level bureaucrats hampered coordination by feedback.

Chapter 6 concludes and analyzes the findings, underlining the need for strong street-level coordination capacity, like in Bekasi City, to help the street-level bureaucracy implement stunting interventions. At the same time, it also shows why Bogor City did not have a strong coordination capacity in the street-level bureaucracy and the negative effects of not having it.

CHAPTER 2

LITERATURE REVIEW

2.1 Previous Studies

Relatively few scholars have discussed bureaucratic capacity as a factor in tackling malnutrition and stunting policies. Most present evidence shows that sustained political commitment from leaders is a determining factor in the success of stunting reduction. At the same time, those studies also hint at other variables that matter in the malnutrition agenda, such as the engagement of multi-stakeholders and institutional commitments, but still, sustained political commitment from leaders is found to be the most critical determinant (Baker et al., 2018; Bhutta et al., 2020; Conway et al., 2020; Kathuria et al., 2019; Te Lintelo & Lakshman, 2015; Wigle et al., 2020). For example, in 2017, the World Bank recognized Peru's success in reducing stunting by 28% from 2008 to 2013 because of political commitment and changes in the political economy. In the 2006 election, all presidential candidates committed to reducing malnutrition in children as a political agenda aligned with international donors' values. It was followed by the National Plan to Reduce and Control Anemia and Chronic Malnutrition, which brought commitment from the Ministry of Health, regional and local government, institutions, community-based organizations, and citizens. Besides that, four successive governments, from Presidents Alejandro Toledo to Pedro Pablo Kuczynski, have ensured continuity and commitment in the push to reduce stunting. (Marini et al., 2017, pp. 5–10).

Most studies on stunting and malnutrition in West Java focus on evaluating specific and sensitive intervention programs and the impact of causal factors on

stunting management. Yuliastini et al. (2020) found that non-exclusive breastfeeding and inappropriate supplementary feeding were factors causing stunting in toddlers aged over 24 months in Babakan Madang Village, West Java (Yuliastini et al., 2020, p. 454). Meanwhile, Sunaryo et al. (2022) note that sensitive and specific nutritional interventions in Bandung Regency were unsuccessful, influenced by the diversion of human resources and refocusing of the budget for the Covid-19 pandemic; communication obstacles from offline to online and the decline in people's economic capacity (Sunaryo et al., 2022, p. 211). In a spatial context, a cross-sectional study in Cianjur Regency and Sukabumi City in 2022 confirmed maternal nutritional knowledge and residence location determine the stunting prevalence. Mothers in urban areas have higher nutritional knowledge than mothers in rural areas (Mauludyani & Khomsan, 2022, p. 11). Moreover, Riznawati et al. (2022) state that the prevalence of stunting in West Java is spatially linked between districts/cities with a clustered pattern. (Riznawati et al., 2022, p. 19). In other words, the high and low prevalence of stunting in districts/cities in West Java correlates with the prevalence of stunting in the surrounding area. In addition, Irmaida et al. (2021) identify that internal and external factor influenced the success of Bogor Regency in reducing stunting. Internal factors include local government policies and regulations through the Regent's instructions/regulations, the Medium-Term Development Plan (RPJM), action/activity programs, and stunting data collected by name by address. Meanwhile, external factors consist of the regional head's political promise of "Karsa Bogor Sehat" (Healthy Bogor Initiative) budget availability, support from the private sector/NGOs/academics, and the availability

of convergence guidelines/guidelines for handling stunting at the district level (Irmaida et al., 2021, pp. 90–94).

Succinctly, the literature points to two important discussions. First, the tendency to rely on political leaders to achieve stunting reduction succeeds. However, in a democratic government, this tendency is challenged because political leaders have limited term office; therefore, their commitment is unguaranteed. In contrast, several studies demonstrate political leaders' dependency on the bureaucracy's expertise to execute their political decision policies (Klüser, 2022, p. 346; Povitkina, 2015, p. 3). Bureaucrats serve longer than politicians, which allows them to alter policies to suit their role over time (Peter, 1981, p. 66). Therefore, I argue that bureaucratic capacity instead of political leader commitment can provide a greater and sustained reduction in the stunting prevalence rate, which will be discussed further in the following section.

Second, although studies at the subnational level in West Java have included bureaucratic aspects in the stunting issue, those are not sufficient to explain why some local governments perform better in stunting reduction than others. Under the theory of bureaucratic capacity, specifically, I propose the local government's coordination capacity of bureaucracy influencing stunting reduction success outcomes, which makes this study contribute to the literature on bureaucratic capacity, particularly in coordination capacity among agencies to handle stunting intervention at the city level.

2.2 Coordination Capacity as Part of Bureaucratic Capacity

Scholars propose various elements to define bureaucratic capacity. Referring to the public policy process in the United States, bureaucratic capacity

denotes "an agency's ability to complete the tasks delegated to it by Congress and the president" (Bednar, 2023, p. 2; Huber & McCarty, 2016, p. 481). Meanwhile, Fukuyama (2013) measures the high quality of government, one of them through the capacity of bureaucracy, which includes extractive capacity in terms of tax extraction and the degree of professionalization of the bureaucracy that translates into the level of education and professionalization of government officials (Fukuyama, 2013, p. 7). Similarly, modern bureaucracies consist of individuals expected to have the skill and expertise to achieve politicians' goals (Huber & McCarty, 2016, p. 481); in this vein, bureaucratic capacity often denotes "expertise." Expertise usually refers to education, practical knowledge, and experience in public service possessed by bureaucrats. A high-capacity agency will be composed of educated and experienced human resources. Even so, high-capacity bureaucracies may perform poorly when an agency's workload exceeds capacity (Bednar, 2023, p. 3). Moreover, "bureaucratic capacity, often characterized by the absence of corruption and meritocratic employment, determines whether and how the decisions are implemented" (Povitkina, 2015, p. 3). Huber & McCarty (2016) summarize specific elements that affect basic bureaucratic capacity:

"... merit-based pay and promotion; public-sector salaries that are sufficiently high to attract skilled individual into public service; the nature of social networks among bureaucrats; insulation of agency budget from excessive political influence; and training programs" (Huber & McCarty, 2016, p. 482).

Another factor contributing to bureaucratic capacity is bureaucracy autonomy because "the quality of government is the result of an interaction between

capacity and autonomy” (Fukuyama, 2013, p. 13). Autonomy pertains to the degree of freedom bureaucrats possess in carrying out their assigned tasks without political intervention. But, political neutrality might not be fully achieved (Dasandi & Esteve, 2017, pp. 4–5) since “no bureaucracy has the authority to define its own mandate,” and the bureaucratic mandate is issued by the political principle that makes them subordinate to the politician (Fukuyama, 2013, p. 10). In cases where bureaucratic autonomy is low, political leaders tend to issue mandates that establish detailed regulations, with bureaucrats not granted any sort of freedom or discretion in executing the mandate. On the other hand, where a bureaucracy has a high degree of autonomy, these mandates are typically more general and smaller, allowing the bureaucracy to develop the specifics of achieving the policy objectives. Therefore, a high degree of autonomy facilitates the bureaucracy's innovation, experimentation, and risk-taking (Dasandi & Esteve, 2017, p. 5; Fukuyama, 2013, pp. 13–15). Aligning with that, Bednar (2023) researched US administrative agencies' policymaking capacity from 1998 to 2021, suggesting that the bureaucracy's autonomy positively affects policymaking capacity. In this case, autonomy increases bureaucratic capacity in two ways: autonomy motivates government employees to invest in their expertise and experience to achieve their desired policy outcomes. Second, autonomy encourages bureaucrats to stay in the public sector, even when they could earn a higher salary in the private sector. They value the chance to shape policies without any political intervention. The study also found that bureaucratic autonomy derives from structural independence, insulating them from politicians' control, such as independent regulatory commissioners with for-cause removal protection (Bednar, 2023, pp. 10–11).

With the elements of bureaucratic capacity above, other scholars consider bureaucratic capacity ingredients similar to state capacity, which then signifies it as an integral part of state capacity (Berwick & Christia, 2018; Hanson & Sigman, 2013; Hendrix, 2010; Williams, 2021). Williams (2021) defines state capacity as "the ability of the state bureaucracy to implement the government's policy choices", which have common features to the quality of bureaucracy in governance works of literature. It emphasizes the potential of bureaucracies to achieve specific objectives (Williams, 2021, pp. 339–347). Thus, bureaucratic capacity reflects state capacity because states are composed of bureaucracies. According to Hanson & Sigman (2021), a state's capacity consists of three codependent elements: extractive capacity, coercive capacity, and administrative capacity (Hanson & Sigman, 2013, p. 3). Similar in meaning but different in terms from Hanson & Sigman, Berwick & Christia (2018) propose service capacity as a compliance capacity and administrative capacity as a coordination capacity. Extractive capacity refers to the state's ability to secure resources. Coordination capacity denotes the capabilities of state agents to organize collective action effectively. Lastly, compliance capacity signifies "the ability of state leaders to secure compliance with their goal" (Berwick & Christia, 2018, p. 76). I refer to bureaucratic capacity in a similar way to state capacity. It has codependent extractive, coordination, and compliance capacities that influence the quality of policy outcomes.

In the era of decentralization, local governments in Indonesia have a capacity similar to that of the state. Before 2001, local governments functioned as extensions of the national government and had little authority, primarily focused on supervision duties. Since 2001, they have mainly provided crucial public services

vital for citizens' well-being. They are also armed with broader authority to govern the region under Law No. 32/2004 and Law No. 23/2014 on local government, which emphasizes three main elements of decentralization: the rights, authority, and obligations of autonomous regions, which influence the bureaucratic capacity to deliver public services.

Since bureaucratic capacity has a vast and complex scope of study, I narrow my research only to the role of bureaucracies in coordination capacity because I argue that the stunting reduction policy across local governments in Indonesia has a similar structure, budget, law, and regulation, which covers extractive and compliance capacity in bureaucracy. Therefore, the distinct factor that may significantly impact the variation of stunting prevalence rate is coordination capacity.

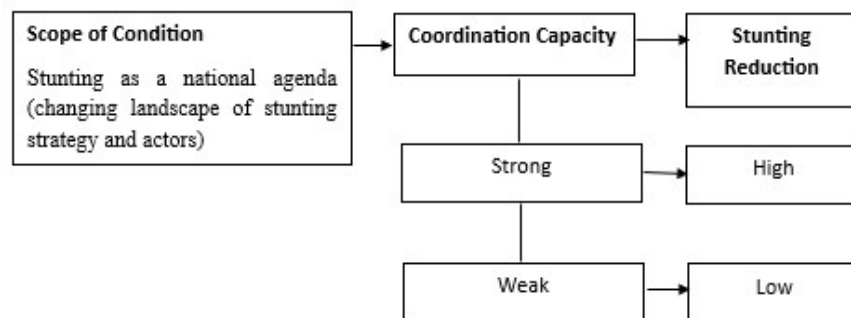
2.3 Hypothesis

The development concept of coordination was significantly influenced by the transition from government to governance, which asked for different designs of organization settings and more complex structural differentiation. Accordingly, it imposes the demand for more robust coordination, from plainly as "integration" to an "integrated entity." Coordination is "the development of ideas about joint and holistic working, joint information system, dialogue between agencies, processes of planning, and making decisions" (Perri, 2004, p. 106). Coordination is a fundamental aspect of organizational theory. It involves harmonizing many organizational components to achieve common objectives. It is a complex process that requires careful planning and execution and is essential for the smooth functioning of all organizations. (Van De Ven et al., 1976, p. 322).

Furthermore, the WHO underscores the necessity of strong coordination, particularly with a robust vertical-horizontal coordination mechanism, as one of the five key features of bureaucratic resilience post-pandemic. This strong coordination enables government actors to align priorities, implement collaborative responses, provide mutual assistance, and facilitate daily information-sharing (Bteddini & Yang, 2020). It also reflects how coordinating agencies and institutional systems mandated to address malnutrition were empowered to effectively coordinate multisector/multilevel responses and advocate for sustained attention and resources (Baker et al., 2018, p. 6). The urgency of this need for strong coordination is clear in the context of post-pandemic bureaucratic resilience.

Thus, as part of the story, my hypothesis underlines coordination capacity as a factor contributing to a city's stunting reduction performance, as shown in Figure 2.3. I argue that

"A city government with strong coordination capacity is more likely to perform better stunting reduction than those with weak coordination."



Source: Author's production

Figure 2.3 Hypothesis

I propose that the coordination capacity of city government that effectively impacts stunting reduction or strong coordination capacity is supposed to consider three interplay indicators: (1) a strong capacity of the street-level bureaucracy; (2)

bureaucracy-led coordination to perform continuity between coordination by program and coordination; and (3) coordination capacity can reduce the departmental agendas within bureaucracies. On the contrary, weak coordination capacity denotes the low capacity of the street-level bureaucracy coordination, discontinuity of coordination by programming because of obstacles in coordination by feedback, and coordination capacity unable to minimize departmental agendas in Table 2.3. The three factors interplay; thus, even just one or two indicators present in a city will reduce its coordination capacity to achieve a better performance in stunting reduction. For example, a city could manage a street-level bureaucracy coordination problem and reduce the departmental agenda, but if it does not have continuity between coordination by program and coordination by feedback; I consider it as a weak coordination capacity because it may produce less of a reduction in the stunting rate than a city that fulfills strong coordination capacity indicator. In the subsequent sections, I will delve deeper into the three elements influencing coordination capacity.

Table 2.3 Indicators for Coordination Capacity

No	Indicator	Strong Coordination Capacity	Weak Coordination Capacity	
1.	Street-level-bureaucracy coordination capacity	Strong (Solve the problem of discretion for street-level bureaucrats)	Weak (Unable to solve the problem of discretion for street-level bureaucrats)	At least one weak coordination capacity indicator presence
2.	The continuity of coordination by program and coordination by feedback	Continue (Able to perform a continuity of coordination from city to urban village level)	Discontinue (Obstacles arise in the continuity of coordination at least at one level in the city)	
3.	Departmental Agenda	Reduced	Increased	

Source: Author's production

2.3.1 The Role of The Street-Level Bureaucracy in Public Services

Effective and efficient bureaucracy has demonstrated numerous positive outcomes for development. However, a study from Chibber (2002) compared why Korea succeeded in industrialization while India did not. Even though both have bureaucratic merit, the similar quality of bureaucracy did not guarantee the expected outcome. This stems from the state that cannot "establish the appropriate relations of authority across policy agencies" (Chibber, 2002, p. 953). Adopting this logic, the state's legal framework for addressing stunting should promote collaboration among agencies, ensuring that effective bureaucracy is reinforced by institutions that enhance the role of bureaucrats in addressing the issue of stunting. However, outcome variation exists despite applying similar directions and policies for bureaucracy.

Second, it must be understood that addressing stunting involves working with various levels of bureaucracy during the policy process. A study by Macena & De Oliveira (2022) discovered four levels of bureaucracy in public health in Santos, Brazil, that were involved in implementing complementary therapies at the local level:

“(1) the street-level bureaucrats consist of complementary therapies’ applicants from local health unit...(2) the street-level bureaucracy in charge of coordinating local health units is a local health unit coordinators...have a dual role: managing street-level bureaucrats and attending citizens as a local health unit professional; (3) mid-level bureaucracy is a public manager from the municipal health department...main role is to apply the guidelines and public agenda created by the high-level bureaucracy; (4) high-level

bureaucracy such as municipal health secretary, department directors and his/her supporters. Their main role is to define the public and political agenda in the city by providing strategic guidelines for public policy (Macena & De Oliveira, 2022, p. 6).

Their research suggests that street-level bureaucracy was the most influential level in implementing complementary therapies at the local level compared with the three other types of bureaucracy, in sequence: street-level bureaucracy in charge of coordinating local health units, mid-level bureaucracy, and high-level bureaucracy (Macena & De Oliveira, 2022, pp. 4–5).

Seeing that stunting reduction programs need to deliver direct intervention to target groups in society, I argue that coordination capacity in the street-level bureaucracy is the most crucial factor that generates different outcomes in stunting reduction because “street-level bureaucrats work at the bottom of organizational hierarchies” and “they interact with clients directly” (Hupe, 2019, p. 9) so that they implement public policies based on the guidelines, instructions, and decisions of high-level and mid-level bureaucrats. This implies that other levels of bureaucracies rely on the street-level bureaucrat's task performance in achieving social policy targets.

The term street-level bureaucracy was coined by Lipsky in 1980. Street-level bureaucracy is an apparatus that directly provides public services; therefore, they have direct access to the public or deliver public services—for example, medical personnel, sanitarians, nutritionists, and social service officers who distribute social assistance. Lipsky sees street-level bureaucrats as the indispensable intermediary between the government and individuals in need (Hupe et al., 2015,

p. 3; Hupe & Hill, 2007, p. 279; Lipsky, 1980, p. 19). Moreover, they possess the authority to exercise personal discretion in handling citizens they engage with. In their daily practice, they have the freedom to determine how they implement the legal norms and procedures they are required to follow, although this may not always be supported by legislation (Farazmand, 2018, p. 1888) or in Hupe (2019) term is “meaningful margin of discretion” (Hupe, 2019, p. 6). Thus, coordination activities in street-level bureaucracy are crucial because they offer directions and determine the practical intervention and discretion of street-level bureaucrats in the field.

Given that these bureaucrats have the best position to assess the requirements of every client, providing good support necessitates that they maintain a significant level of autonomy and discretion. (Hupe & Hill, 2007, p. 280). Besides the politicians, two factors limit the discretion of street-level workers. First is a persistent scarcity of resources, perpetuated by the continuous increase in demand for services that align with the available supply. Thus, the bureaucracy must ration its service. The second condition is the absence of explicit guidelines for this rationing process. Street-level bureaucrats are frequently unable to establish distinct priorities due to agency objectives' ambiguity or conflicting nature. Even when the agency objectives are clear, they often fail to offer any practical managerial guidance due to the necessity of evaluating excessive variables (Lipsky, 1980, pp. 33–40). Similarly, Park (2021) mentions that policy failures may frequently arise due to administrative shortcomings such as insufficient resources, expertise, integrity, or management skills for coordination and cooperation. Additionally, bureaucratic silos, administrative delays, red tape, conflicts or collusion with

interest groups, opposition from stakeholders, limited autonomy in policy implementation, and collective action problems within bureaucracies can also contribute to these failures. (Park, 2021, p. 5). These working conditions imposed on street-level officers curtail their capacity to deliver excellent service to their clients by attempting to reduce the burdens they encounter and by striving to maintain their capacity to serve a minimum amount of their customers to some degree (Lipsky, 1980, pp. 81–83).

2.3.2 Structure, Forms, and Modes of Coordination

Several countries have adopted whole-of-government and joined-up government modes to solve coordination problems in the complex multiorganizational environment of contemporary public services. The governments extol the benefits of a joint-up government because it has formal coordination mechanisms to unify governance at local and central levels (Aoki et al., 2023). At the most modest level, joint-up coordination is perceived as an agreement between agencies with mutually consistent objectives and means and limited negative externalities to work together in separate fields (Perri, 2004, p. 107). Under this mode, Aoki et al. (2023) categorize four forms of coordination: (1) internal-horizontal coordination "between different ministries, agencies or policy sectors"; (2) external-horizontal coordination "with civil society organizations/private sector interest organizations"; (3) internal-vertical coordination "between parent ministry and subordinate agencies and bodies in the same sector"; and (4) external-vertical coordination "upwards to international organizations" and "downwards to local government" (Aoki et al., 2023, pp. 7–8).

The formal coordination structure mechanism will lead to the discussion of what motivates actors/agencies to adopt coordination mechanisms, expressly

underlining each agency's incentives and interests. Huber and McCarty (2016) assert that bureaucratic behavior during policy implementation is influenced by the bureaucrat's fear of being penalized for engaging in actions that are prohibited by law (or failing to take actions that are mandated by law) (Huber & McCarty, 2016, p. 490). Moseley (2009) discovered a variation in the motivation of agencies to develop formal coordination mechanisms to serve the issue of homelessness in England. First, instrumental motivation is more significant than altruistic, which means tangible benefits for the agency are more salient. Second, positive perceptions of mechanisms arose when they demonstrated the ability to assist agencies in preserving their organizational existence within a competitive financial setting and mitigating risks in the culture of assigning blame prevalent in their work environment. For example, agencies viewed formal coordination structures, such as shared protocols, as a way to safeguard themselves against potential risks. These protocols clearly defined the duties of various agencies and might be employed to protect agencies from accusations of wrongdoing in cases involving individual clients (Moseley, 2009, p. 14).

A study by Van Den Ven et al. (1976) reveals that two different coordination modes exist within an organization. They classify coordination within an organization following March and Simon's (1958) concept: (1) coordination by programming and (2) coordination by feedback. They simplify coordination by programming as an impersonal coordination mode because it applies integrating mechanisms that create a blueprint of "pre-establish plans, schedules, forecasts, formalized rules, policies and procedures, and standardized information and communication systems." This impersonal mechanism of coordination is codified.

Thus, verbal communication is minimal between task performers. Meanwhile, coordination by feedback denotes "mutual adjustments based on new information," which divides into a personal mode and a group mode.

"In the personal mode, individual role occupants serve as the mechanism for making mutual task adjustments through either vertical or horizontal communication channels. In the group mode, the mechanism for mutual adjustment is vested in a group of role occupants through scheduled or unscheduled staff or committee meetings (Van De Ven et al., 1976, p. 323).

Succinctly, the choice of coordination mode is determined by task uncertainty, task interdependence, and work unit size. Van Den Ven et al. found that as task uncertainty increases, the use of vertical communication remains invariant while horizontal channel coordination rises significantly. When task interdependence increases, there is an overall increase in the use of all coordination mechanisms. On the other hand, as unit size increases, the use of impersonal coordination and hierarchy increases. Unfortunately, this study does not prove which type of coordination mode is the most effective and efficient for organizations with multi-departmental, such as bureaucracies in local government, which have many tasks and functions in one organization (Van De Ven et al., 1976, pp. 328–332).

Contextualized with the need to enhance street-level bureaucracy performance on stunting reduction, I propose coordination by the program should be followed up with continuity coordination by feedback at any level of bureaucracy, because when the stunting issue was determined as a national priority followed by TPPS establishment, it increased the degree of task interdependence and unit size involved in the stunting intervention. In a time when task uncertainty

arises, impersonal and personal coordination must be implemented simultaneously. Crucially, coordination by feedback should be carried out to minimize the hindrance to public services. It will establish clear guidelines and ratios for street-level bureaucrats, reducing task uncertainty and minimizing the risk of inappropriate intervention.

2.3.3 Departmental Agenda Hinders Coordination

In multistakeholder policy implementation, coordination also emphasizes collaboration among agencies to understand the variation in local government capacity. However, coordination problems arise in multiorganizational settings because they have "separate missions, competing for legal mandates, distinct constituencies, and competition for resources." (Edward T. Jennings & Ewalt, 1998, p. 418). Similarly, Moseley (2019) points out that collaboration in local government was hindered by at least four factors: a competitive financing system, limited resources, government bureaucracy pressure, including targets, and the restrictions imposed by government funding. The complex circumstances in which local agencies functioned made collaborating difficult, even when there was a willingness to do so (Moseley, 2009, p. 22).

As a social policy domain involving multiple issues, at multilevel, and multiple actors, stunting reduction faces several challenges derived from departmental agendas. It may result in the most powerful taking precedence, unwilling to accept responsibility for policy issues outside of core remit, resource limitations, and a requirement to react to the political priorities of the day. In this case, competing interests among departments, reflecting their distinct interests, made coordination difficult and caused tensions. Directorates tend to prioritize their client inside departments. In addition, these tensions were mirrored in cross-

departmental and inter-ministerial coordination. Cross-departmental groups enabled some collaboration, but the more powerful departments may dominate. Thus, inter-ministerial committees were one powerful department that communicated their interests to others (Moseley, 2009, pp. 11–12). This phenomenon is recognized in Indonesia as "sectoral ego." Consequently, the coordination capacity must rely on institutions with nomenclatures translated into policy form by regional bureaucracies. It can reduce departmental agendas and compel the stunting issue to become part of the organization's duties and responsibilities.

2.4 Causal Graph of Hypothesis

I draw different causal mechanisms based on the hypothesis that Bekasi City has a strong coordination capacity, resulting in its better stunting reduction performance than Bogor City. The causal graph in Figure 2.4 (1) shows how the strong capacity of the street-level bureaucracy in the district and urban village during the implementation of Stranas Stunting and RAN PASTI resulted in a high reduction of stunting prevalence in Bekasi City.

First, strong cross-sectoral coordination capacity in the district and urban village led to the more independent consolidation of vertical and horizontal coordination among city agencies when stunting was implemented as a national priority in 2018. As a result, bureaucracies can contextualize the national guidance into more detailed practices that enhance the street-level bureaucracies' performance, which led to a high stunting reduction in Bekasi City from 2018 to 2022.

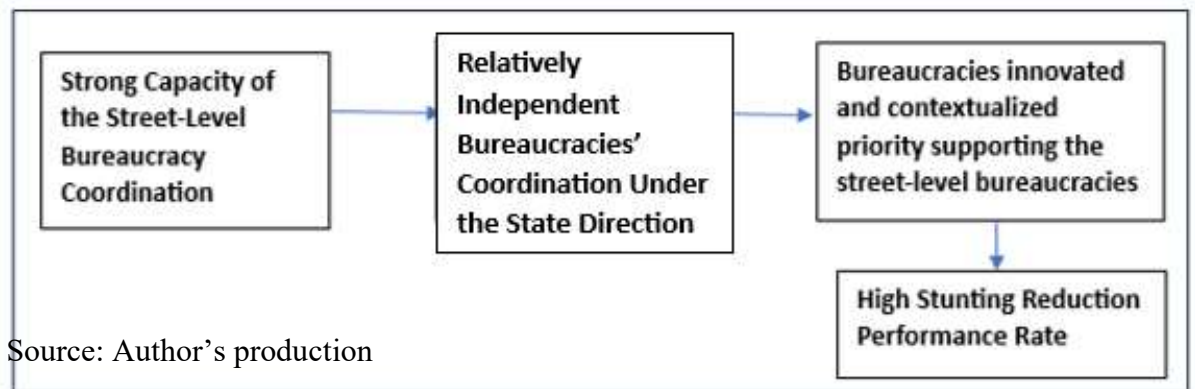
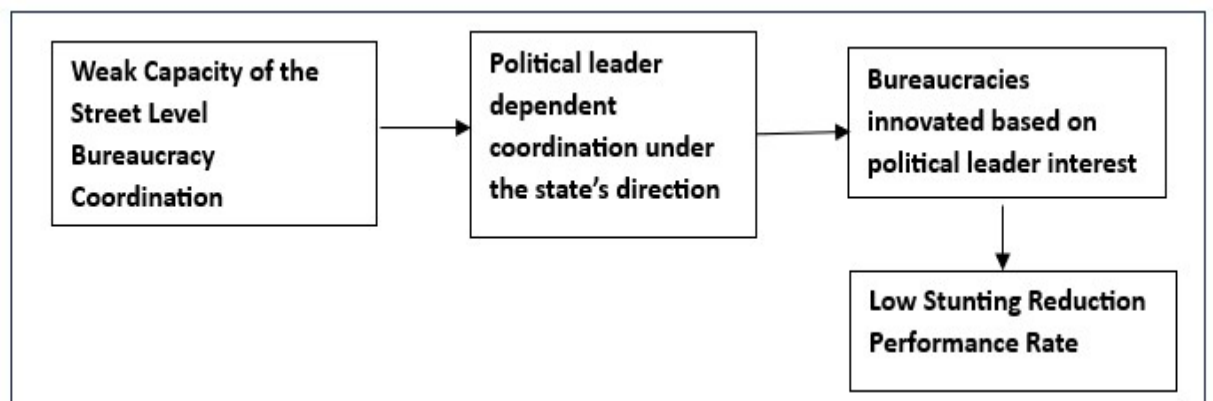


Figure 2.4 (1) Causal Graph for Bekasi City

On the contrary, in Figure 2.4 (2), the weak capacity of the street-level bureaucracy coordination in districts and urban villages in Bogor City caused bureaucracies to depend on political leader initiatives to drive cross-sectoral coordination in the city when Stranas Stunting was implemented in 2018. Consequently, bureaucracies tended to wait for the political leader's instruction and direction on national guidelines practically to support the street-level bureaucracies' performance. It led to a low performance of stunting reduction compared with Bekasi City.



Source: Author's production

Figure 2.4 (2) Causal Graph for Bogor City

2.5 Alternative Explanation

What other variables might cause the variation in stunting reduction? Two alternative explanations for the variation of stunting performance in the local government stand out from the literature review and are essential to consider: the extractive capacity of a local government and the sufficient number of expert bureaucrats involved in stunting policy implementation.

Extractive capacity signifies the region's ability to obtain revenue to finance administrative activities and public services (Berwick & Christia, 2018). In that case, a local government with a large budget can more easily allocate resources for handling stunting, including adding street-level bureaucrats and providing goods to improve nutrition intake for target groups. Moreover, resource problems limited street-level bureaucrats' discretion to implement social policy programs in the field (Hupe, 2013; Hupe & Hill, 2007; Lipsky, 1980) and even contributed to policy failures (Park, 2021). As Moseley (2009) mentions, competitive financing hinders collaborative working among local agencies, encouraging agencies to prioritize their core interests or duties (Moseley, 2009).

A second explanation for the higher reduction in stunting cases could be the number of expert bureaucrats in local government. Drawing on the attention of scholars to the definition of bureaucracy, which underlines 'expertise', (Bednar, 2023; Huber & McCarty, 2016; Povitkina, 2015) connect the need for a sufficient number of bureaucrats to meet the agency's workload. However, bureaucracy often struggles with a shortage of human resources with the expertise to solve public service problems. Even educated and experienced bureaucrats can exhibit poor

work performance due to heavy workloads (Bednar, 2023). Thus, having enough expert bureaucrats involved in the stunting reduction will positively affect a greater reduction of the stunting rate in a city.

Other alternative explanations, particularly about bureaucratic culture, were also considered, but in the interest of space, it must fall outside the discussion of this study. Moreover, one of the benefits of doing within-nation comparisons with subnational units within a single country is it "...makes it easier to construct controlled comparisons ...on cultural, historical, ecological, and socioeconomic dimensions" (Snyder, 2001, pp. 95–96) which I pinpoint as equal in Bogor City and Bekasi City.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Method

This study employed a comparative qualitative method with Most Similar Systems Designs (MSSD), which adheres to Mill's difference method (DeFelice, 1986, p. 420; Skocpol & Somers, 1980, p. 184). It compares a region with common features from the important explanatory factors for different outcomes (Landman, 2007, p. 70). I took Bekasi City and Bogor City as comparable cases to reveal different explanatory factors that cause different outcomes in stunting reduction in a local government in Indonesia.

3.2 Case Selection

Table 3.2. Similarities and Differences Between Bogor City and Bekasi City

Similarities	Bogor City	Bekasi City
Location	West Java province, near the capital city	
Society	Urban	
Policy on Stunting Reduction	National Program from 2018 to 2022	
Political Party in Election 2019	PKS (20.85%); Gerindra (18.71%); PDI-P (17.24%); Golkar (7.91%); Demokrat (6.65%)	PKS (22.50%); PDI-P (20.51%); Gerindra (14%); Golkar (10.06%); PAN (6.35%)
Gini Ratio	0.43	0.441
Crucial Difference		
Stunting performance change	Reduced 37% (2013-2022) Reduced 34% (2018-2022)	Reduced 77% (2013-2022) Reduced 64% (2018-2022)

Source: Author's production

Bekasi City and Bogor City are in West Java, the most populated province in Indonesia with around 50 million inhabitants and an influential region in reducing stunting nationally. Both cities have urban characters with high mobility,

so handling stunting potentially faces similar problems, such as not all children with stunting are officially residents of the city. In addition, Bogor City and Bekasi City have almost similar composition of legislative members, so the dynamics of political conditions and legislative commitment may not significantly affect the outcomes of stunting prevalence between the two cities. From an economic perspective, the economic difference between the two cities was also insignificant. During 2018-2022, Bogor City recorded a Gini ratio of 0.43 while Bekasi City at 0.441. Nevertheless, Bogor City only achieved a 37% reduction in stunting from 2013 to 2022 and 34% from 2018 to 2022, as shown in Table 1.1. Further discussion on the case selection is in Appendices 1.

3.3 Data Collection

I gathered data for this study from primary and secondary resources. First, from April to May 2024, I interviewed 19 key persons in bureaucracies, as listed in Table 3.2, who were involved in stunting reduction from 2018 to 2022. Most of them asked for confidentiality, so this thesis did not mention their names or positions.

Table 3.3 List of Respondents

No	Respondent	Institutions
1.	Central government	TP2NK Secretary of Vice President
2.	Central government	Ministry of Health
3.	Central government	Coordinator Ministry of Human Development and Culture
4.	Central government	BKKBN (National Family Planning Coordinating Body)
5.	West Java province	DP3AKB (Department of Population Control and Child Protection and Family Planning) West Java Province
6.	West Java province	Health Agency of West Java Province
7.	Bekasi City	Secretary of TPPS Bekasi City (Population control and family planning services)
8.	Bekasi City	Health Agency of Bekasi City (Public Health)
9.	Bekasi City	Bappelitbangda (Regional Research Development Planning Agency Bekasi City)

10.	Bekasi City	Public Health Centre Bogor Timur
11.	Bekasi City	Medan Satria District Office
12.	Bekasi City	Task Force of Pamor
13.	Bekasi City	Medan Satria Urban village
14.	Bogor City	Secretary of TPPS Bogor City (Population control and family planning services)
15.	Bogor City	Health Agency of Bogor City
16.	Bogor City	Bapperida (Regional Development Planning and Research Agency) Bogor City
17.	Bogor City	Public Health Centre Tanah Sareal
18.	Bogor City	District in Bogor City
19.	Bogor City	Urban Village in Bogor City

Source: Author's production

Respondents from the central government provided information about legal framework making – including the issuance of Stranas Stunting, Presidential Regulation No. 72/2021, and RAN PASTI – and the implementation of the stunting reduction policy at the city level from 2018 before the stunting policy had a legal umbrella to 2022 after the establishment of TPPS. Second, I only chose two respondents at the provincial level because the Provincial TPPS's authority is limited to monitoring and evaluating stunting programs. The province must collaborate with the city since the stunting intervention objects are under administrative city jurisdiction. At the city level, I interviewed bureaucrats who had worked in bureaucracies and were involved in handling stunting before and after the formation of the TPPS in the city. Moreover, I chose to interview street-level bureaucrats in the district, urban village, and Puskesmas to better understand the relationship between coordination and stunting prevalence rate as the outcome.

Documents were also used as primary resources, primarily from laws and regulations related to stunting reduction policies such as Stranas Stunting, President Regulation on Stunting Reduction Acceleration in President Regulation No.

72/2021, the RAN PASTI, Health Profile report of the city from 2018 to 2022, and minutes from meetings in the government official archives. In addition, secondary data from a wide range of sources were also cited, including scholarly journals, books, reports, news stories, video recordings, social media platforms, and websites published in Indonesian and English, to conduct a comprehensive analysis.

3.4 Data Analysis

I conducted a theory-building process-tracing analysis to answer "what is the causal mechanism between the cause and outcome?" Which intends to understand the actions or activities that force X to produce an outcome Y (Beach & Pedersen, 2019, pp. 9–10). Process tracing is an analytical tool used to make descriptive and causal inferences from diagnostic evidence, often seen as part of a sequence of events or phenomena (Collier, 2011, p. 824). I employed six steps to analyze why Bogor City and Bekasi City, administratively under West Java province with similar urban societies and are both satellite cities of Jakarta, significantly differ in their stunting reduction performance. Those are: (1) identify hypothesis; (2) establish timeline; (3) construct causal graph; (4) identify alternative choice/event; (5) identify counterfactual outcomes; (6) finding evidence for the primary hypothesis (Ricks & Liu, 2018, pp. 1–7) and simultaneously, I did a process tracing test for causal inference (Collier, 2011, p. 825).

3.5 Validity and Reliability

I employed a triangulation approach by using multiple data sources (i.e., people/stakeholders) and multiple data collection methods (interviews, surveys, observation, and archival research) to enhance the validity and reliability (Adcock & Collier, 2001, p. 540; Campbell et al., 2020, p. 127; Carter et al., 2014, p. 545). In this study, I collected data related to coordination capacity from different

stakeholders in the Task Force of Stunting period of 2018-2022. I used multiple data collections to assess the same phenomena through interviews, field notes, and archival, which will be cross-examined to provide valid and reliable data related to the thesis topic.

CHAPTER 4

CHANGING LANDSCAPE OF STUNTING REDUCTION POLICY IN INDONESIA

4.1 Stunting Reduction Policy in Indonesia: From Government Priority into National Priority

The Indonesian government's efforts to prevent stunting began with Indonesia joining the Scaling-Up Nutrition (SUN) movement in 2011. Malnutrition issues, including stunting, were acknowledged as a government priority under Presidential Regulation 42/2013 on the nutrition improvement acceleration movement. However, stunting was not the focal issue. Under the Coordinating Minister for People's Welfare, the government tried tackling malnutrition through nutrition-specific and nutrition-sensitive interventions (Sardjunani, 2016), which became the point of departure of an integrated intervention in handling stunting from 2018 until now. In 2013, only 64 districts were chosen to pilot areas for campaigns and advocacy for nutrition programs, in which the government worked together with the SUN Network as in Table 4.1, which summarizes the landscape of stunting policies in Indonesia from 2013-2021.

In 2018, the government officially declared stunting a national issue and priority in response to Basic Health Research (Riskesdas) 2018 findings that 30.8% of children under five years old experienced stunting despite it having decreased compared with 2013, which was 37.2%. As a result, it placed Indonesia as Southeast Asia's country with the third-highest stunting prevalence after Timor-Leste and

Laos (BPS & Sekretariat Wakil Presiden RI, 2020, p. 2) and fifth worldwide (Development Initiatives, 2018).

Table 4.1 Landscape of Stunting Policies in Indonesia

2013	2018	2021
<ul style="list-style-type: none"> • Stunting as part of malnutrition policy in Presidential Regulation No. 42/2013 • Pilots in 64 district • Collaboration with SUN Movement 	<ul style="list-style-type: none"> • RPJMN 2015-2019 decides stunting as a national issue • Stranas Stunting 2018-2024 as a framework for cross-sectoral involves 23 ministries/institutions coordinated by TNP2K, Secretary of Vice Presidential • Locus stunting: 100, 160, 260, 360 regencies/cities 	<ul style="list-style-type: none"> • Issuance of Perpres No. 72/2021 adopts Stranas Stunting • RAN PASTI made national action plan for stunting acceleration and prevention policies 2021-2024 • TPPS established • Covers 514 regencies/city

Source: Author production

The government found five obstacles in implementing accelerated stunting prevention in 2013-2018, namely: (1) The implementation of specific and sensitive nutrition interventions from the central, regional, and village levels has not yet converged, both from the planning and budgeting, implementation, monitoring and evaluation processes; (2) Stunting, which had been designated as a national priority in the 2015-2019 RPJMN, had not yet been translated into priority programs and activities by the relevant ministries and institutions; (3) Potential resources and funding sources had not been identified and mobilized optimally so that its allocation and utilization was less effective and efficient to ensure the fulfillment of stunting prevention needs at the regency/city level; (4) There was limited capacity of program organizers, availability, quality, and utilization data to develop policy. Advocacy programs, outreach, stunting campaigns, counseling activities, and community involvement were still minimal; and (5) In general, program coordination at various levels of government administration was weak (TNP2K, 2019, p. 13). Therefore, the government formed The Stranas Stunting to reduce the

rate of stunting to 14% in 2024. The Stranas Stunting team comprised 23 ministries/institutions and was led by the TNP2K and the Secretariat of the Vice Presidential of the Republic of Indonesia. They collaborated to accelerate the stunting reduction programs and expanded its locus from 100 in 2018 to 160 in 2019, 260 in 2020, and 360 in 2021 priority regencies/cities, gradually covering all regencies/cities in Indonesia until 2024 (Satriawan, 2018; Sekretariat Wakil Presiden RI, 2021b, p. 3; TP2AK, 2019).

Each regency/city selected as a locus of stunting received two types of budgets from the state budget (APBN) in the form of special allocation funds (DAK), with one fund for physical stunting and another for non-physical stunting. In 2021, physical DAK covered the health sector to strengthen the acceleration of reducing stunting and maternal and infant mortality rates under the Ministry of Health, family planning under the National Family Planning Coordinating Body (BKKBN, Badan Koordinasi Keluarga Berencana Nasional); drinking water and sanitation under the Ministry of Public Works and Public Housing; and environment under the Ministry of Environment. Meanwhile, non-physical DAK included food security and agriculture under the Ministry of Agriculture, Health Operational Assistance (BOK) under the Ministry of Health), Family Planning Operational Assistance (BOKB) under the BKKBN, and early childhood education programs operational assistance also under the BKKBN (BKKBN, 2023, p. 151). These two budgets were the primary financial sources for handling stunting in a city. The central government also periodically provided fiscal incentives each year's first semester for stunting locus districts/cities that achieved stunting reduction targets (TNP2K, 2019, p. 57).

Furthermore, Stranas Stunting consists of five pillars that describe the government ministry and institution's duties, functions, and authority at the central and regional levels: (1) Commitment and vision of the country's highest leadership; (2) National campaign focused on understanding behavior change, political commitment, and accountability; 3) Convergence, coordination, and consolidation of national, regional, and community programs; (4) Encouragement of nutritional food security policies; and (5) Monitoring and evaluation. Therefore, Stranas Stunting is a reference document that ensures that coordination is carried out convergently for central, regional, and village-level program intervention and activities. In short, coordination by programming for stunting reduction was held following the Stranas Stunting mechanism to implement five pillars (TNP2K, 2019, pp. 30–38). Clearly, with the division of duty, the government has combined specific and sensitive intervention efforts to increase the effectiveness of handling stunting.

Despite the broader reach of stunting intervention in Indonesia, the acceleration of stunting reduction was perceived as slow and likely to fail in achieving its target. Hence, the government issued Perpres No. 72/2021, which adopted Stranas Stunting into legal policy and introduced RAN PASTI 2021-2024 as a reference for stunting intervention program implementation. Under this new direction, the vice president directly steers the implementation of strategies to promote coordination and accountability. The BKKBN was assigned as chair of the TPPS for the implementation and collaboration with 20 ministries, 34 provinces, and 514 districts to implement RAN PASTI, which is more comprehensive and complex than Stranas Stunting. At the sub-national level, the TPPS was formed at

the provincial and villages/urban villages levels. It can be said that before Perpres No. 72/2021 was issued, stunting interventions tended to be top-down. Therefore, the legal policy of establishing TPPS up to the urban village level provided more freedom for regions to overcome stunting. These policy changes affect the structure and coordination mechanisms at the city level.

4.2 The Changing Mechanism of Stunting Coordination Mechanism Policy from 2018-2022

There are two primary coordination mechanisms implemented to accelerate stunting prevention and reduction in Indonesia: (1) Under Stranas Stunting from 2018 to 2021 and (2) Based on RAN PASTI (2021-now). According to the TNP2K (2019), coordination aims to increase the effectiveness of stunting prevention through synchronization, alignment, and integration of various priority stunting prevention activities. Strengthening coordination is carried out at every administrative level, from the central to the village level, with specific roles and functions (TNP2K, 2019, p. 46).

4.2.1 Coordination under The National Strategy for Accelerating Stunting Prevention (2018-2021)

Before the existence of the Stranas Stunting, stunting was the responsibility of the Ministry of Health, the Health Agency, and Puskesmas. Hence, coordination of handling stunting at the city level relied on the Health Agency and Puskesmas. Implementing the Stranas Stunting changes the stunting prevention mechanism to be cross-sectoral, as shown in Figure 4.2.1. Strengthening coordination was carried out at every administrative level, from the central to the village level, with specific roles and functions (TNP2K, 2019, p. 46). The National Committee for the Acceleration of Nutrition Improvement (Komnas PPG) was formed to handle,

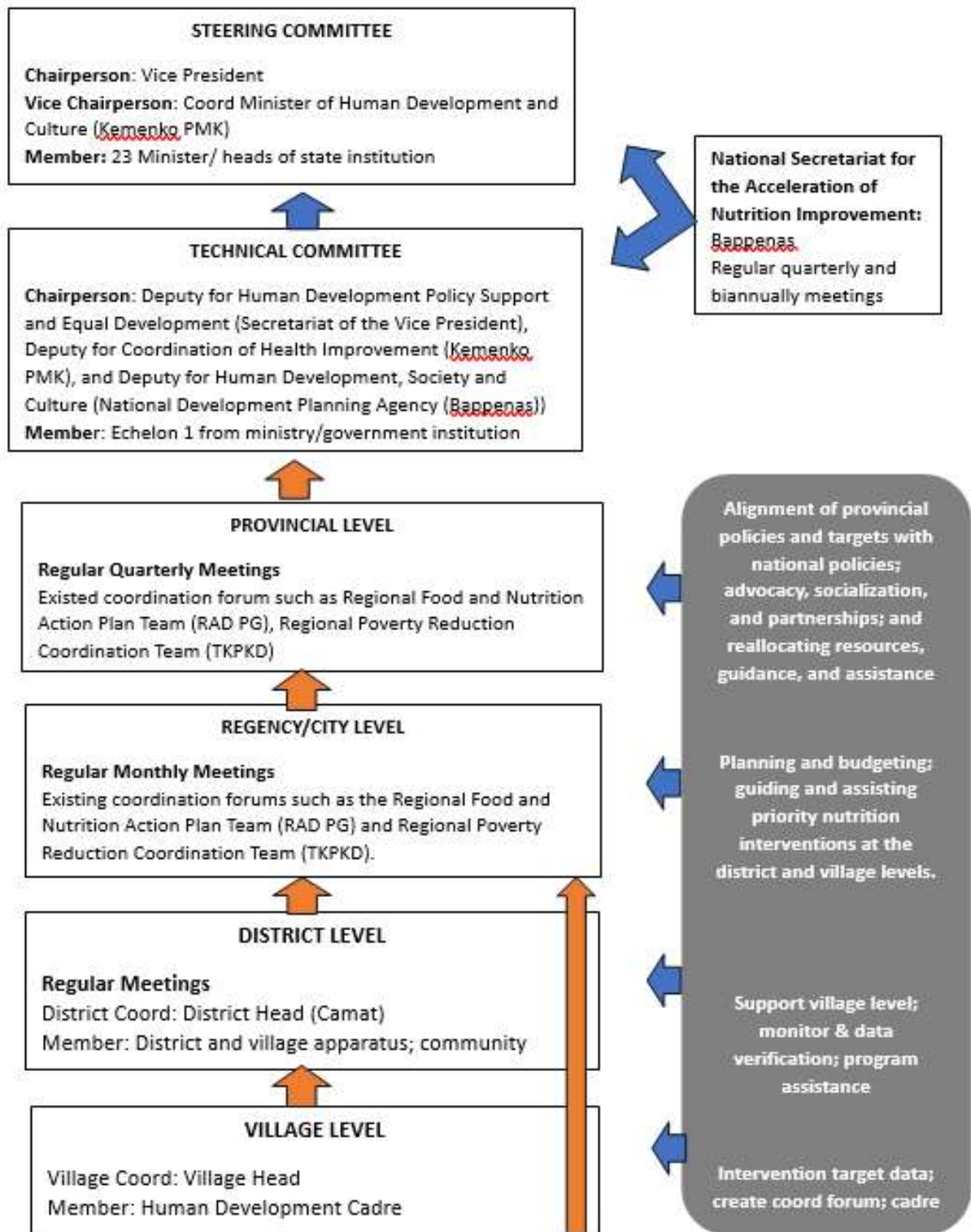
coordinate, and regulate through a Presidential Regulation consisting of a Steering Committee and a Technical Committee that the National Secretariat (Seknas PPG) assisted in the Acceleration of Nutrition Improvement policy.

In this phase, stunting was defined as a condition of failure to thrive in children under five years of age due to chronic malnutrition, recurrent infections, and inadequate psychosocial stimulation, especially in the first 1,000 days of life, from the fetus to a two-year-old child (Sekretariat Wakil Presiden RI, 2021a). Therefore, the focus of the stunting intervention was on pregnant women, babies, and toddlers under two years old, which influenced the coordination of stunting reduction at the city level. In this sense, OPDs that were not related to the target group participated less than when RAN PASTI was implemented in 2021.

The coordination mechanism followed Stranas Stunting appointed the Vice President Secretariat – represented through the TP2NK – as the chairman of the steering committee. The steering committee exists to steer the technical committee, setting national targets, outlining obstacles and problems that arise, appreciating the performance of local governments that have succeeded in reducing the prevalence of stunting, and sharing good practices. The chair led the meetings at least once every six months or at any time. Meanwhile, the technical committee consisted of the Deputy for Human Development Policy Support and Equal Development (Secretariat of the Vice President), a deputy for Coordination of Health Improvement (Office of the Coordinating Human Development and Culture Minister), and a deputy for Human Development, Society and Culture (National Development Planning Agency (Bappenas)). They formulated policies and coordinated the accelerated implementation of stunting prevention following the

steering committee's direction, which included preparing and mainstreaming top leadership policies, guiding program implementation by conducting semi-annual program implementation reviews, resolving various issues that arise, and providing direction to all stakeholders through quarterly meetings. In addition, Bappenas was also assigned as Seknas PPG (TNP2K, 2019, p. 48). Therefore, the provincial and city-level Regional Planning Board Agency led the implementation of Stranas Stunting.

Specifically, technical coordination meetings were crucial for programming coordination because, from the routine technical meetings, problems handling stunting in the field that was not in the Stranas blueprint emerged and were discussed in order to find solutions, which the implementor could then bring to the local level. For example, the Vice President Secretariat held the third Technical Coordination Meeting on 1 – 4 October 2019 in Jakarta. The Vice President invited Regional Heads and relevant regional apparatus organizations leaders from 105 priority regions. This national meeting aimed to equip local governments to accelerate stunting prevention in their areas through information about policies and good practices and how to map relevant programs/funds in the context of accelerating stunting prevention. This coordination meeting was also a means to improve the coordination and implementation of policies and sharpen the implementation of accelerated stunting prevention in priority areas (TP2AK, 2019, p. 8).



Source: Author's production from Stranas Stunting

Figure 4.2.1 Structure of Coordination Mechanism in the City 2018-2021

4.2.1.1 City-Level Stunting Coordination Mechanism in 2018-2021

At the city level, cross-sector coordination was carried out through monthly meetings using existing coordination forums, such as the Regional Food and Nutrition Action Plan Team (RAD PG) and the TKPKD. Coordination aimed to ensure program planning and budgeting, and provide guidance and assistance with priority nutrition interventions at the district and village levels. The head of the district held regular meetings with the village/urban village to monitor and assist in implementing the stunting reduction program. Meanwhile, the head of the urban village ensured the availability of target data for stunting prevention interventions, including data on poor families, families with pregnant women and toddlers, and services received. These data were used to develop proposals for stunting prevention activities with priority targets. However, the fundamental differences in handling stunting at the village and urban village levels were the availability of a special budget for villages and the establishment of Human Development Cadres (KPM) to ensure stunting handling only at the village, not the urban village (Human Development Worker, 2018, p. 8; TNP2K, 2019, p. 49).

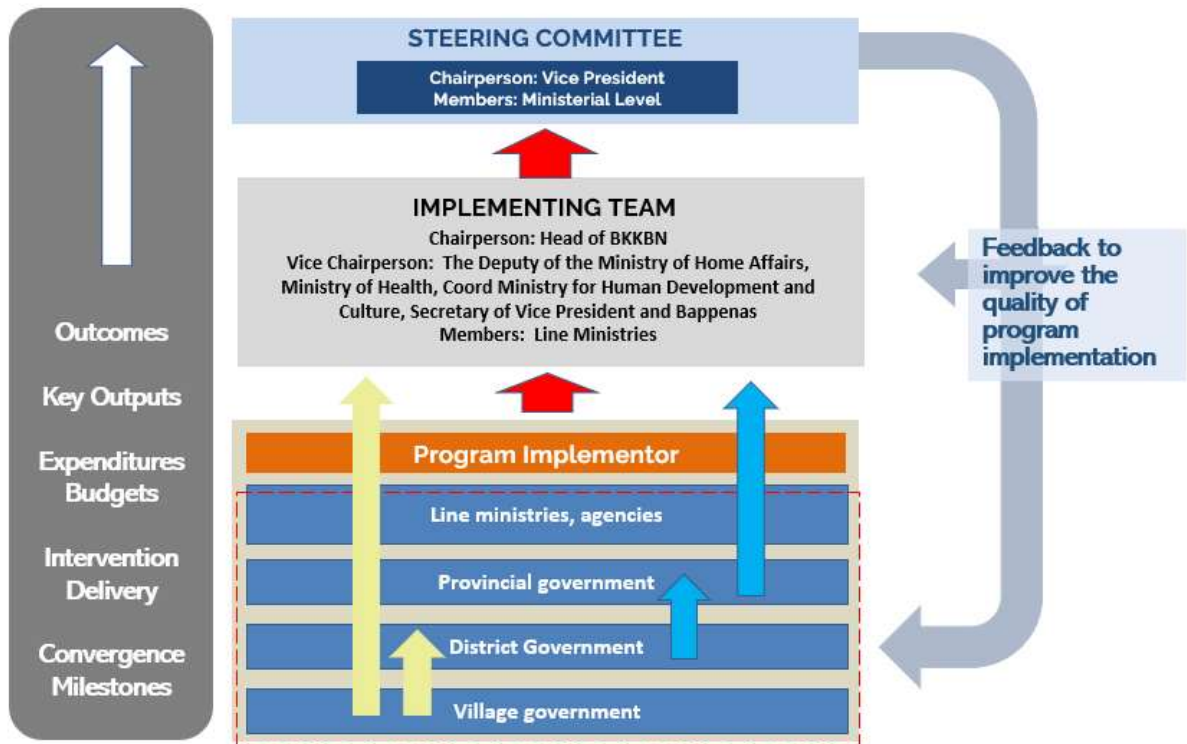
With the additional tasks and responsibilities, the urban village might struggle with resource scarcity from budget and human resources. Moreover, the coordination structure in Stranas Stunting did not detail the duties, functions, and responsibilities of urban villages, the lowest bureaucracy organization in urban areas and where a street-local bureaucracy intervened in the target groups. These conditions hampered street-level bureaucrats' capacity and contributed to their task settlement's poor performance in the field.

4.2.2 Structure of Coordination based on RAN PASTI

After issuing Perpres No. 72/2021, which adopted five pillars of Stranas Stunting, the institutional arrangement of stunting acceleration prevention was strengthened. There are three crucial elements of Perpres 72/2021 that have had a positively effect on the stunting reduction. First, the government provided broader coverage of its stunting focus, erasing 1000 days of life in the definition (Sekretariat Wakil Presiden RI, 2021a), including young women, expectant mothers, prospective brides, and children under five years old. RAN PASTI also introduced Families at Risk of Stunting (KRS) criteria to be part of the stunting intervention program, locus stunting determination, the Family Hope Program (PKH, Program Keluarga Harapan) from the Social Affairs Ministry, house rehabilitation target, etc. The KRS is defined as families that have one or more risk factors for stunting, consisting of families that have teenage daughters/bride-to-be/pregnant women/children aged 1-23 months/children aged 24-59 months that come from, low income backgrounds, have low parental education, poor environmental sanitation, and inadequate drinking water (BKKBN, 2021b). It indicates that strengthening stunting handling is not only curative, which is a short-term effort but also has long-term objectives by preventing the emergence of new-stunting sufferers.

Second, the hierarchical structure and responsibilities are almost like the previous coordination mechanism, as shown in Figure 4.2.2. However, as a steering committee, the President and the Vice President appointed the BKKBN as the head of implementation. They established the TPPS, a dedicated team for accelerating

stunting reduction at the central, provincial, city, and village levels, which had never existed before in Indonesia.



Source: (Mursalin, 2023)

Figure 4.2.2 Institutional Arrangement of Stranas Stunting in Perpres No. 72/2021

In December 2021, the BKKBN issued RAN PASTI under the BKKBN Regulation No. 12/2021 concerning the national action plan for the acceleration of reducing Indonesia's stunting rates in 2021-2024. RAN PASTI has eight priorities which have become known as eight convergence actions: (1) providing data on families at risk of stunting; (2) assistance to families at risk of stunting; (3) accompanying all prospective brides/prospective couples of childbearing age; (4) surveillance of families at risk of stunting; (5) audit of stunting cases; (6) planning and budgeting; (7) monitoring and fostering accountability for the implementation of activities for the Acceleration of Stunting Reduction; (8) monitoring, evaluation and reporting (BKKBN, 2021b, 2021a). The detailed role, authority, duty, and

obligations of local government states in RAN PASTI are more precise than in Stanas Stunting.

4.2.2.1 City-Level Coordination Mechanism Under RAN PASTI

Perpres No. 72/2021 and RAN PASTI emphasize the obligation to handle stunting across sectors in the bureaucracy at the local level and active community participation coordinated by the OPD under the TPPS. At the city level, the institutional arrangement of the TPPS was legalized through the issuance of a Mayor's Decree, which is the basis for the structure of authority, responsibility, and coordination at the city level. The Bogor City Government issued a Decree of the Mayor of Bogor Number 463/Kep.74-DPPKB/2022 concerning the acceleration team for reducing stunting in Bogor City. Similarly, the acting mayor of Bekasi City issued decree No. 476/Kep.162-DPPKB/IV/2022 concerning the acceleration team for reducing stunting in Bekasi City.

The TPPS in each city consists of a Steering Team, an Implementing Team, and four sectors (specific intervention service sector and sensitive intervention; behavior change and family support sector; areas of coordination, convergence, and planning; areas of data, monitoring, evaluation, and knowledge management as in Figure 4.2.2.1 (*Presidential Regulation No. 72/2021 on stunting reduction acceleration*, 2021)). However, institutional arrangements at the city level might differ according to OPD availability and each region's conditions. The nomenclatures of each work unit's duties, functions, and responsibilities enable and force bureaucracies to participate actively in handling stunting. In the case of Bekasi City, the chairman of the TPPS steering team, a position the mayor usually holds,

was chaired by an acting mayor as the mayor was involved in corruption cases (Tempo.co, 2022).

Moreover, the establishment of the TPPS from the city to urban village level and the involvement of the Family Planning Agency as the implementing secretary of stunting reduction were crucial in accelerating and strengthening coordination in handling stunting in Bekasi City and Bogor City. The Family Planning Agency spearheaded cross-sector coordination involving OPDs, urban villages, and the Puskesmas. At the district level, the Head of the District chairs the TPPS to coordinate in four areas: sensitive intervention and specific intervention service coordination under the Puskesmas; the Head of the Community Section leads field movement coordination, and data coordination is assigned to Family Planning Field Officers (PLKB) (Camat Bogor Barat, 2022). Districts are vital coordination centers that coordinate urban villages. At the urban village level, the TPPS involves the Family Assistance Team (TPK) field, which consists of midwives, the Empowerment of Family Welfare (PPK) Team, the Family Planning Cadres, and the data management field. These two areas are chaired by the Head of the Urban Village (Wakil Wali Kota Bogor, 2022).

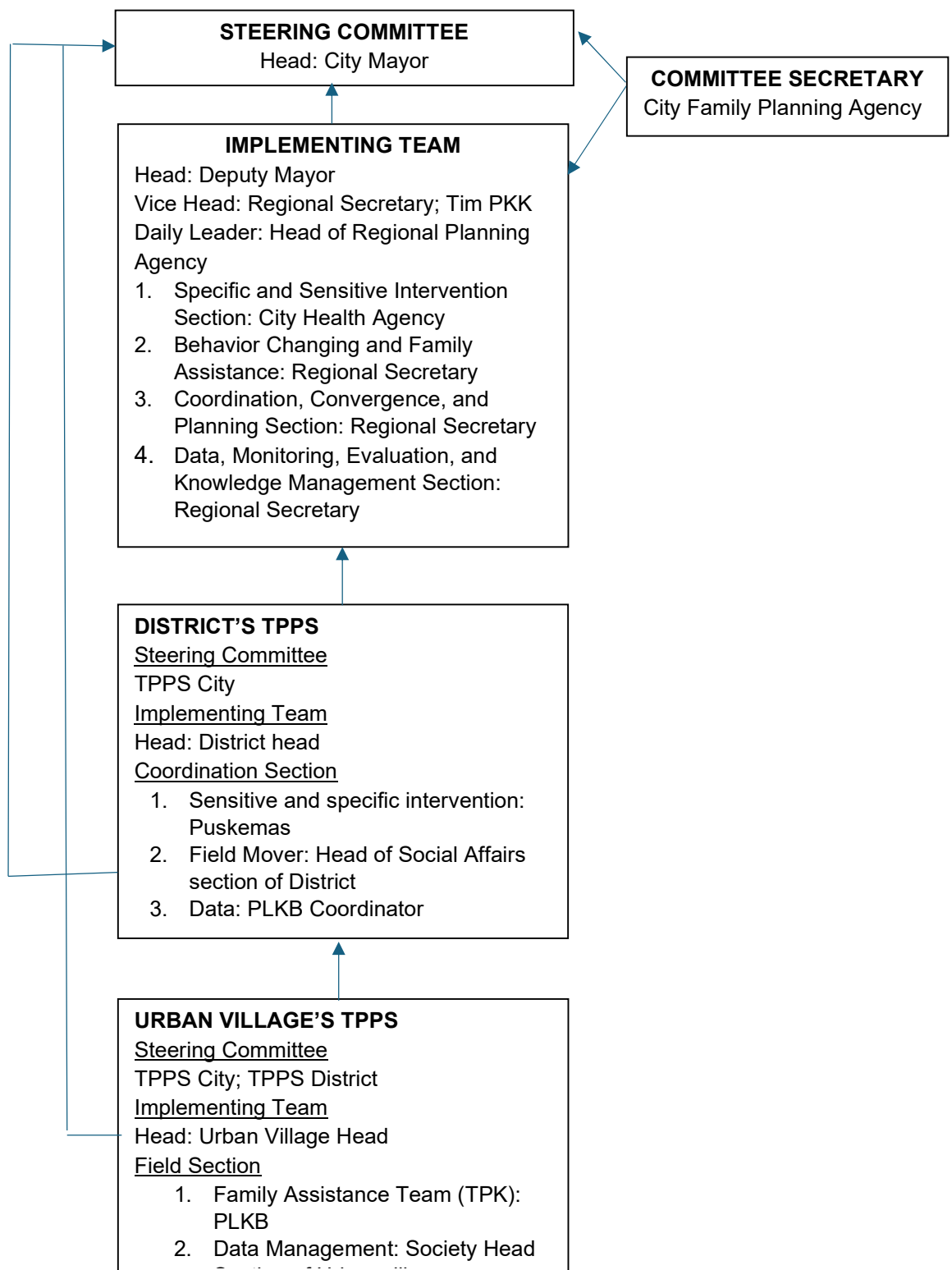
From the interviews with bureaucrats from the Ministry of Health, Health Agency in Bekasi City and Bogor City, as well as the Puskesmas, they had similar positive opinions about the involvement of the BKKBN and the Family Planning Agency in addressing stunting, which alleviates the workload in the health sector and enables them to concentrate on nutritional intervening for stunting target groups. Before the TPPS was established, there was a perception that stunting was only a health issue, thus becoming the health sector's responsibility alone. Hence,

the Health Service bore eradicating stunting, including cross-sector coordination obligation.

"Those who attended the stunting handling coordination meeting before the TPPS existed often changed and were not structural bureaucrats so the meetings did not produce commitments because they could not make decisions for their institution" (Author interview with a bureaucrat from the Health Agency Bogor City, Bogor City, 4 April 2024).

The problem was that the Health Service did not have the authority to order non-health bureaucratic apparatus to get involved and make stunting a priority issue for the OPD. As a result, the impact of coordination meetings held by the Health Agency inviting other OPDs could not be guaranteed. In other words, the lack of commitment created in coordination meetings hampered coordination by feedback.

TPPS, which also functions as a coordination forum, facilitates more coordination by programming among OPDs and could drive bureaucratic commitment. For example, one way to “force” commitment from the OPDs is by tagging and marking OPD programs by the Regional Development Planning Agency. This policy guarantees budget availability and implementation of stunting programs, which are continuously monitored and evaluated in regular meetings. Therefore, when the stunting policy was institutionalized, bureaucracies had to adopt it as part of their departmental agenda (author interview with a bureaucrat from Bappeda Bekasi City, 7 May 2024).



Source: Author's production

Figure 4.2.2.1 Structure of TPPS in City, District, and Urban Village Level

Establishing a TPPS with detailed duties and responsibilities stated in the Mayor's Decree or another related official letter from the government has at least a positive impact on ensuring the availability of a budget that can overcome the problem of limited funds. However, the workload of street-level bureaucrats at the district and urban village levels has increased because they are the lowest-level bureaucracies and areas where program interventions take place. Moreover, as part of the TPPS, the issue of stunting, which previously may not have been prioritized because the direction and team were not official, has become an obligation and is included in the regional performance as well as the performance indicators of high-level bureaucrats of the OPD. Meanwhile, high-level bureaucrats' commitment to the OPD relies on the capacity of street-level bureaucrats, thereby adding to the complexity of the interventions carried out. Therefore, the need to coordinate with street-level bureaucrats should increase because cross-sectoral stunting intervention increases the number of agencies involved to avoid mistargeted interventions.

CHAPTER 5
COORDINATION CAPACITY IN REDUCING STUNTING
PREVALENCE IN BEKASI CITY AND BOGOR CITY

5.1 The Crucial Level of Coordination in Local Government for Stunting Reduction

Scrutinizing the institutional arrangement of the stunting reduction program from 2018-2022, I asked all respondents to give their opinions on which level of coordination was the most effective in reducing the stunting prevalence at the city level, as in Table 5.1. There are five levels of coordination in the stunting reduction policy: (1) the central government; (2) the provincial level; (3) the regency or city level; (4) the district (*kecamatan*), an administrative region below regency or city administrative; and (5) the village (*desa*) or urban village (*kelurahan*) level. Identifying the most effective level of coordination for reducing stunting would support arguments for enhancing coordination capacity at that particular level.

All respondents from the various government bureaucracies acknowledged that district and urban village levels of coordination were the most effective coordination nodes in reducing stunting prevalence rates at the city level because the district and urban village were stunting program implementation areas where the target group lives. Thus, the most influential interventions were those directly reaching the community. Moreover, Bekasi City and Bogor City respondents considered that coordination between the district and urban villages was a single coordination unit in the TPPS.

Notwithstanding, bureaucrats from Bappeda in Bekasi City and Bogor City also mentioned the city level as an essential point of coordination because of cross-sector coordination and OPD interventions such as the Social Agency with PKH and the Housing and Settlement Agency with the rehabilitation of uninhabitable houses coordinated by the regional secretary who is directly responsible to the acting mayor, especially in the tagging and marking of stunting program budgets in each OPD (Author interview with a bureaucrat from Bappelitbangda Bekasi City, Bekasi City, 7 May 2024).

Table 5.1 Respondent Opinion on The Most Influential Level of Coordination for Stunting Reduction

No	Respondent	Level of Coordination				
		Central	Province	City	District	Urban village
Central Government						
1.	Bureaucrat, Ministry of Health			X	X	X
2.	Bureaucrat, Kemenko PMK	X	X	X	X	X
3.	Bureaucrat, TNP2K				X	X
4.	Bureaucrat, BKKBN				X	X
West Java Province						
5.	Bureaucrat, Family Planning Agency			X	X	X
6.	Bureaucrat, Health Agency			X	X	X
Bekasi City						
7.	Bureaucrat, Bappelitbangda			X	X	X
8.	Bureaucrat, Family Planning Agency				X	X
9.	Bureaucrat, Puskesmas				X	X
10.	Bureaucrat, Health Agency				X	X
11.	Bureaucrat, District				X	X
12.	Bureaucrat, Urban Village				X	X
13.	Bureaucrat (Pamor)				X	X
Bogor City						
14.	Bureaucrat Bapperida			X	X	X

15.	Bureaucrat, Family Planning Agency			X	X	X
16.	Bureaucrat, Puskesmas			X	X	X
17.	Bureaucrat, Health Agency				X	X
18.	Bureaucrat, District				X	X
19.	Bureaucrat, Urban village				X	X

Source: Author's production

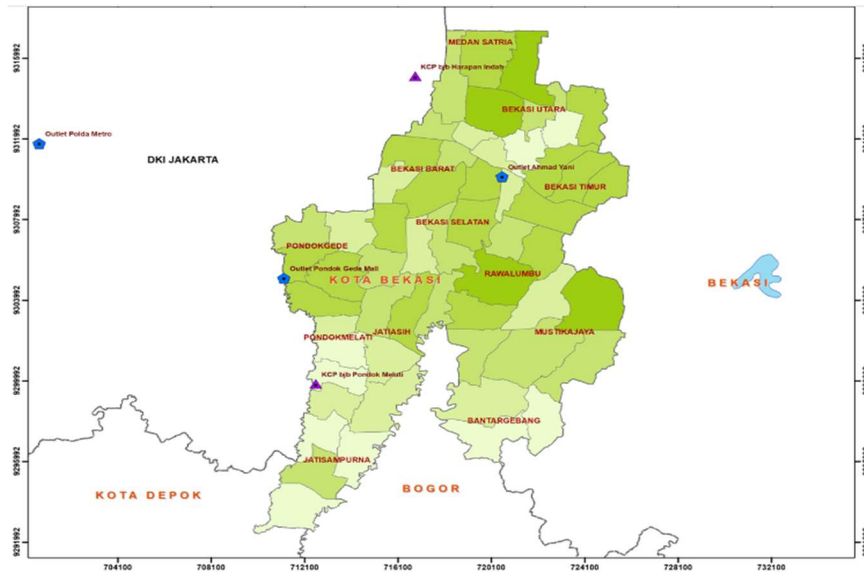
Another point of view from the Bogor City respondents was that coordination at the city level is also crucial due to the influence of the mayor of Bogor, who can make all OPDs actively participate in cross-sector intervention, including at the district level. A bureaucrat from the Bogor City Health Agency stated that

"...basically, as long as there is an order from the mayor, all OPDs will move. The mayor and his wife are very concerned about the stunting program" (Author interview with a nutritionist from the Health Agency Bogor City, Bogor City, 4 April 2024).

Meanwhile, an Assistant Deputy for Nutrition Security and Health Promotion, the Office of the Coordinating Human Development and Culture Minister, stated that all levels of coordination were important because the central government provided a coherent national action plan, budget, assistance, as well as evaluation. Suppose there is weak coordination at one level. In that case, it will result in the low performance of the national stunting rate (Author interview with a bureaucrat from the Office of the Coordinating Human Development and Culture Minister, Jakarta, 15 May 2024).

5.2 Stunting Reduction Under Strong Capacity of Local Government

Coordination: The Case of Bekasi City



Source: bapenda.jabarprov.go.id

Figure 5.2 (1) Map of Bekasi Municipality

Bekasi City is in West Java Province and borders the Jakarta province to the north and west. The regional boundaries to the north and east are bordered by Bekasi Regency, and the southern region shares a border with Bogor Regency and Depok City, as shown in Figure 5.2 (1). In 2022, this municipality had a population of 2.56 million people spread across 12 districts and 56 urban villages, with a total area of around 210.49 km². The city government realized its IDR 4,128 billion city budget and had 9,302 civil servants. 43 Puskesmas provides the most basic health services for stunting, as in Table 5.2. Stunting policies were implemented with the Bekasi City government's scale, population, budget, and human resources.

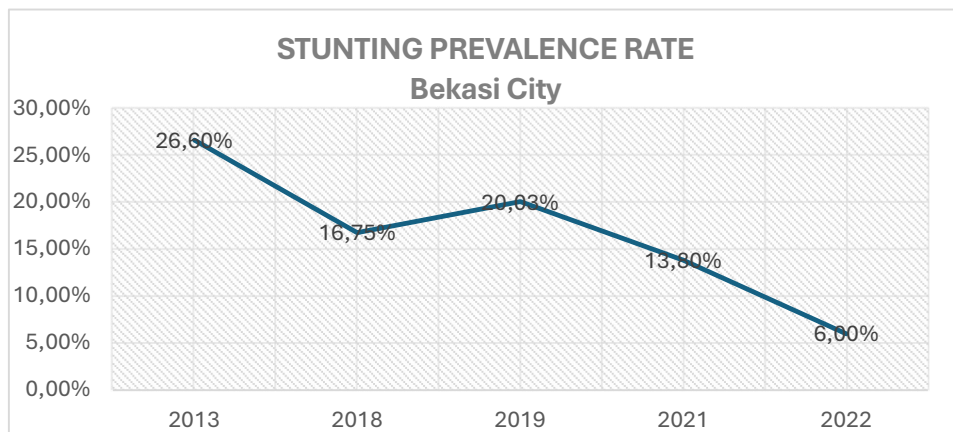
Table 5.2 Bekasi Municipality in Number

Information	2022
Total area	210.49 km ²
Population	2.56 million

Number of districts	12 offices
Number of urban villages	56 offices
Number of civil servants	9.302 people
City Budget (APBD)	Rp 4.128 billion
Number of Public Health Center	43 offices

Source: (BPS Kota Bekasi, 2023)

The stunting prevalence rate change in 2022 decreased by 64.18% compared with 2018. Since being appointed as a stunting intervention locus in 2019 (TP2AK, 2019, p. 36), Bekasi City experienced a significant reduction in the stunting rate by 14.3% to 6% in 2022, as in Figure 5.2 (2), which made Bekasi City the mayoralty with the lowest stunting rate in West Java (Kementerian Kesehatan RI, 2022, p. 25). Although the stunting rate increased in 2019, it was insignificant compared with the total reduction in the prevalence rate from 2018 to 2022.



Source: Author's production from Riskesdas 2013- 2018, SSGBI 2019, SSGI 2021, SSGI 2022

Figure 5.2 (2) Stunting prevalence rate of Bekasi City 2013-2022 based on Health National Survey

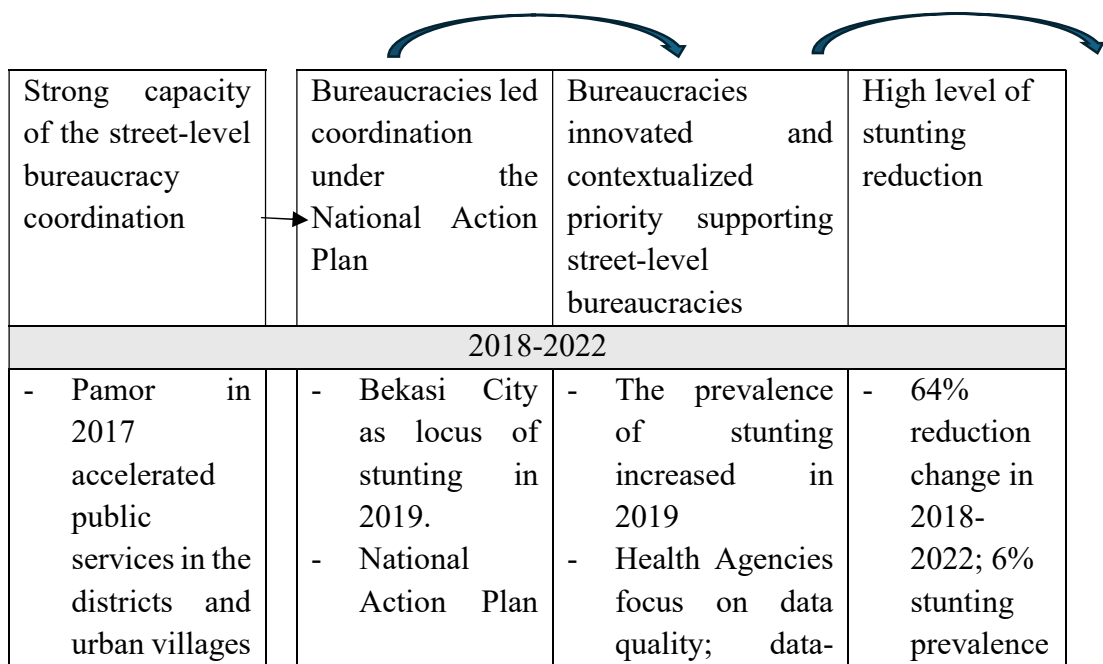
5.2.1 Street-Level Bureaucracy Extension, Data-driven Coordination, and Impactful Coordination by Feedback

From 2013 to 2018, cross-sector stunting management was implemented to prevent and manage malnutrition in Bekasi City, which was formally the task and responsibility of the Health Agency and Puskesmas and more focused on specific nutritional interventions. When the national policy landscape changed and the approach to handling stunting became cross-sectoral by simultaneously emphasizing the convergence of specific and sensitive nutrition interventions, the burden on street-level bureaucracy in the health and non-health sectors increased. According to bureaucrats at the Ministry of Health, the main obstacle to stunting interventions at the lowest level is the limited budget and data on intervention recipients from the central government, which increased the burden on the stunting policies implementors. (Author interview with Chair of the Ministry of Health's Stunting Working Team, Jakarta, 3 May 2024). The two problems were likely successfully managed in Bekasi City, which will be explained in a subsequent discussion, following the causal mechanism below.

I developed my analysis based on the causal graph that, equipped with evidence, uncovered the causal mechanism as in Figure 5.2.1. The first step begins with crucial evidence of why Bekasi City has a strong capacity for street-level bureaucrat coordination, which significantly influenced the successful delivery of stunting intervention. It means the coordination capacity of the street-level bureaucracy could tackle coordination problems such as scarcity of resources (human resources and funding), reduced departmental agenda, and the need to

sustain coordination by program and coordination by feedback to provide a clear direction for street-level bureaucrats' discretion.

The strong capacity of street-level bureaucracy coordination in Bekasi City was derived from establishing the Monitoring Task Force (Pamor, Satuan Tugas Pemantauan and Monitoring) in 2017. Structurally, the Pamor is included in Echelon IV in the urban village. However, the district could also control the Pamor's work, for example, through unscheduled inspections. Initially, the Pamor was assigned as the administrator of population administration services at the neighbourhood (RW, Rukun Warga) level in Bekasi City, recruited from existing bureaucrats working for the district or urban village (Alamsyah et al., 2020, p. 86). But, in practice, Pamor served as an extension of the street-level bureaucracy to the people in the RW, reaching all residents' problems that required government services in the district and urban village areas. Therefore, this institution enhanced the capacity of the street-level bureaucracy coordination to deliver public services, including stunting intervention programs.



<ul style="list-style-type: none"> - The benefit of Rapat Minggon - Informal coordination among the street-level bureaucracies 	<ul style="list-style-type: none"> - reduced sectoral ego. - Integrated stunting intervention from OPD to District and Urban village. 	<ul style="list-style-type: none"> - driven coordination by feedback - TPPS establishment strengthened the coordination capacity of the street-level bureaucracy 	<ul style="list-style-type: none"> - rate (the lowest in West Java Province)
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Source: Author's production

Figure 5.2.1 (1) The Causal mechanism of coordination capacity effect on stunting reduction in Bekasi City

A bureaucrat in Medan Satria District, who worked as a Pamor for five years, mentioned that "Pamor worked like a hotline" but with special links to the heads of the district, urban village, ambulance, firefighter and other agencies related to public services thereby cutting down administrative channels and speeding up the services received by residents. He also assisted with weighing and giving vitamins to toddlers at Posyandu and reported monitoring results in the Pamor communication group. Apart from that, Pamor were also involved in verifying the distribution of PKH, social assistance, and corporate social responsibility (CSR) aid from the private sector. Pamor have no term limit. However, they can be fired or transferred if there are complaints from residents or policy changes from the district head or urban village head. Even though their job is to always be ready to be contacted by residents, district, and urban village officials, bureaucrats who serve as Pamor earn higher salaries than employees who are not. The respondent interviewed was promoted because his acknowledged achievements as a Pamor (Author interview in Bekasi City, 7 May 2024).

Although a bureaucrat interviewed from the Health Agency stated that Pamor had not handled stunting directly with the Health Service (Author interview with a bureaucrat from the Bekasi City Health Agency, Bekasi City, 25 April 2024), Pamor's role in handling stunting in the district and urban village level was recognized by bureaucrats in the urban village of Medan Satria who stated

"...in each RW, there are Pamors who know the conditions of their area. Sometimes, the Health Agency asked for assistance [verification] of stunting data. I asked Pamors to help [match the data] and coordinate with the Puskesmas, Midwives, and Posyandu workers who come directly to see children who are considered stunted" (Author interview with bureaucrats in Medan Satria, Bekasi City, 22 April 2024).

During the COVID-19 pandemic, the Bekasi City government made Pamors the "front guard" in providing COVID-19 vaccination data, distributing aid to residents affected by COVID-19, and providing door-to-door vaccinations to achieve vaccination targets. The urban villages office and Pamors were instructed to report vaccination data the first and second week of every month (bekasikota.go.id, 2021). The Pamors' involvement in this vaccination drive made it easier for the Puskesmas to carry vaccinations because they provided reliable data and invited residents to vaccinate (Author interview with health worker bureaucrats in Puskesmas, Bekasi City, 22 April 2024). Thus, it was unsurprising that vaccination coverage in Bekasi City for the first dose reached 94.34% and 86.30% for the second (bekasikota.go.id, 2022). Pamor also plays a role in familiarizing residents with the mandatory monthly contribution for sanitation and domestic wastewater management in every home. This program is a policy of the Domestic

Waste Water Management Service in response to 75% incidence of diarrhea in Bekasi in 2022 (bekasikota.go.id, 2023). In short, the Pamor's role is significant in supporting the activities of street-level bureaucracy and sometimes becoming the street-level bureaucracy, accelerating the delivery of specific and sensitive interventions. Therefore, in the revised draft of the TPPS structure for 2023, the Family Planning Agency proposed including Pamor in the TPPS structure (Author interview with a bureaucrat in The Family Planning Agency Bekasi City, Bekasi City, 25 April 2024).

Aside from Pamor's crucial role, I found that bureaucracies in districts and urban villages realized the importance of impersonal coordination at the urban village and city levels. One of the coordination meetings that is frequently mentioned is Rapat Minggon (Weekly Meeting), a weekly coordination meeting scheduled every Wednesday in every district. Urban village bureaucrats attended Rapat Minggon, the Puskesmas health workers, and city agencies related to the meeting agenda. Interestingly, the municipal government was aware of the significance of Rapat Minggon for district and urban village bureaucrats.; hence, it never held meetings on Wednesdays that included districts and urban villages (Author interview with bureaucrats from Bappelitbangda Bekasi City, in Bekasi City, 11 May 2024).

Specifically for handling stunting, bureaucrats in the districts and urban villages also coordinated through monthly and quarterly Puskesmas mini-workshops. The mini-workshops aim to improve the function of the Puskesmas by fostering cross-program and cross-sectoral collaboration, including discussing the scope of performance of the Puskesmas with performance targets for the previous

month. The mini-health workshop would be the fulcrum for stunting coordination in urban villages and cities across sectors before 2019. Combined with the Rapat Minggon, the district and the urban villages received clear guidance on the stunting problems in their area so that they could act based on the most critical issue.

“Right now, and in the past, incidences of dengue fever have increased. We asked for regional assistance (district and urban village) to fumigate [their areas] at the mini-health workshop. They discussed it at Rapat Minggon.” (Author interview with a bureaucrat from Puskesmas Bekasi Timur, Bekasi City, 22 April 2024).

Based on my interviews with seven bureaucrats in Bekasi City from April-May 2024, there were three main drivers for bureaucrats in Bekasi City to attend the regular meetings, namely: the meeting coordination provided benefits for them; it was part of their daily duties and disposition of superiors. Benefits were mainly related to the interests of bureaucrats to complete their tasks. For example, the CSR and assistance from the OPD were centralized in the district. Thus, urban village bureaucrats attended the meetings to ensure aid quotas and request additional resources according to the number of targeted people in their area. The OPD joined Rapat Minggon to monitor and evaluate their stunting program, which was distributed to recipients according to data (Author interview with a bureaucrat from Medan Satria urban village, Bekasi City, 7 May 2024). In addition, bureaucrats also learned about practical solutions to problems in the field from other bureaucrats' experiences, such as strategies from other Puskesmas on improving stunting data accuracy (Author interview with a nutritionist from the Puskesmas, Bekasi City, 22 April 2024). On the other hand, some bureaucrats stated that attendance at

coordination meetings was because of a disposition from the supervisor, so bureaucrats had to attend and provide formal or informal reports on the results of meetings to their supervisors. Besides that, several bureaucrats also revealed altruistic motivation such as wanting a “better life for the future generation” (Author interview with a bureaucrat from the Health Agency, Bekasi City, 25 April 2024).

The presence of cross-sector bureaucrats at the Rapat Minggon influenced the deepening of informal coordination capacity among bureaucracies in Bekasi City. Informal coordination was considered the most effective way to accelerate program implementation at the district and urban village levels, such as through WhatsApp groups or simply personal communication among bureaucrats (Author interview with a bureaucrat from the Puskesmas, Bekasi City, 22 April 2024; bureaucrat from Medan Satria urban village, Bekasi City, 22 April 2024; bureaucrats from Medan Satria District, Bekasi City, 7 May 2024).

Furthermore, when Bekasi City was determined to be a stunting locus in 2019 (Bekasi, 2020, p. 22), Bappenas assigned the Regional Planning Development Agency (in Bekasi City is Bappelitbangda) as the Head of Stunting Handling and the Health Agency as secretary. The involvement of Bappelitbangda as chairman had the power to force the OPD to be involved in stunting reduction, especially in budgeting and programs. However, the Health Agency became overloaded with additional duties as secretary. Later, in 2022, the Bekasi City TPPS was formed with the deputy mayor of Bekasi as chairman of the Steering Committee when the mayor of Bekasi City was caught in a corruption case. Therefore, the regional

secretary was appointed as the chief executive of the TPPS, Bappelitbangda as the daily chief executive, and the Family Planning Agency as the secretary.

With less control from political leaders, all levels of bureaucracy relied on the clause in the Mayor's Decree to impose the duties and responsibilities of OPDs as TPPS teams and were relatively independent in conducting coordination from the city to the urban village. The regional secretary, as the highest-level bureaucrat could command the OPDs to settle their commitment to the stunting program. To some extent, good personal relations among bureaucrats formed informal coordination between high-level bureaucrats that could encourage the OPDs' commitment.

"Communication between the OPDs is more informal, like this [she was on the phone with the Social Affairs Agency], later followed by correspondence. If an OPD is absent, I report it to the head of Bappelitbangda. The head would call the head of the Agency" (Author interview with a bureaucrat from Bappelitbangda, Bekasi City, 7 May 2024).

As a center of coordination, the Family Planning Agency conducted coordination meetings that brought together TPPS members from any level. Regular TPPS meetings in the district were considered effective and impactful as the district could coordinate the needs for handling stunting at the most basic level. For example, fundraising from CSR was pooled and coordinated in the district, and aid disbursement was also centered in the district, such as meat distribution innovation programs from the Food Security Agency for KRS groups. Along with that, the Family Planning Agency ensured that the high-level commitment of

bureaucrats in each agency was carried out as the commitment of high-level bureaucrats could speed up and simplify the work of the PLKB and the TPK in the field so that the distribution of long-term aid such as the PKH could be on target (Author interview with a bureaucrat from The Family Planning Agency Bekasi City, Bekasi City, 25 April 2024).

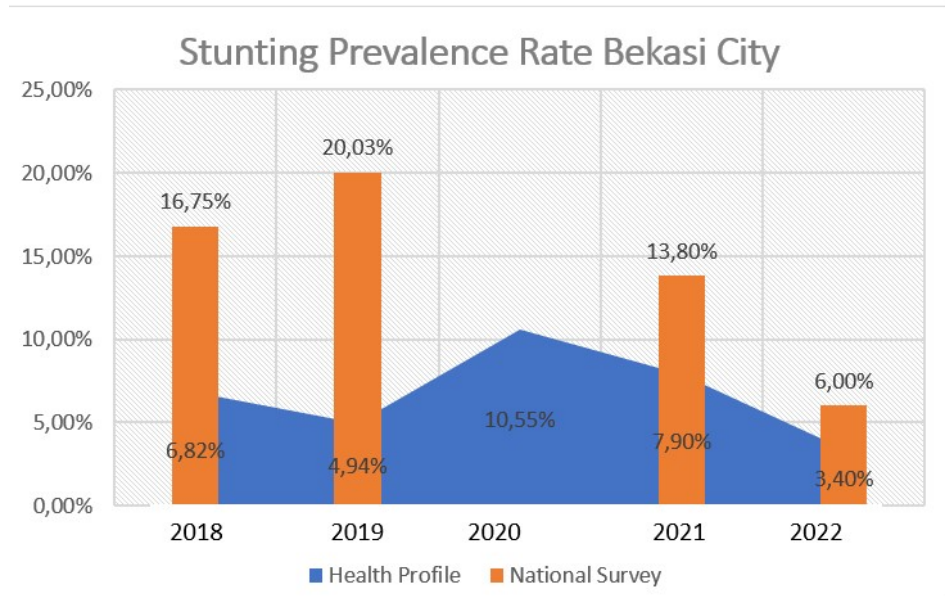
Another important finding is that the Family Planning Agency took over many responsibilities from the Health Agency, which was previously the secretary of the stunting reduction program before the TPPS was formed, from policy formulation and administrative processes to coordinating the implementation of cross-sector programs, especially sensitive interventions, hence significantly reducing the Health Agency's burden. Moreover, the Family Planning Agency's involvement with the PLKB and the TPK at the urban village level contributed to stunting intervention outreach because the TPK reported KRS data on stunting prevention and management (BKKBN, 2021a, p. 24).

"Bappelitbangda was assigned as the head of Stunting Handling, and the Health Agency was the secretary until 2021; the OPD had its primary duties. In 2022, when the DPPKB (Family Planning Agency is DPPKB in Bekasi City) became secretary of the TPPS, its role was compiling and ratifying documents, which was a very long process. Meanwhile, for coordination, the DPPKB has a TPK, and the Social Agency has a PKH, which handles stunting. The involvement of OPDs allowed the Health Agency to focus on services and data processing (Author interview with a bureaucrat from Health Agency, Bekasi City, 25 April 2024).

The interview also shows that the significant reduction in stunting was influenced by the efforts and focus of the Health Agency on providing accurate data to anticipate the results of monthly reports in electronic Community-Based Nutrition Recording and Reporting (e-PPGBM) since 2019. Based on the SSGBI 2019, Bekasi City's stunting rate rose to 29.03% from 16.75%, not in sync with Health Agency data, which described a decrease in the stunting rate from 6.82% in 2018 to 4.94% in 2019, as shown in Figure 5.2.1 (2) (Dinkes Kota Bekasi, 2021, p. 90).

The Health Agency responded to the "unpredictable" pattern of stunting prevalence rates in 2019 by generating stunting data from the e-PPGBM at least two times a week, and it always marked areas where the stunting rate was above 10%. The Puskesmas' achievements were also ranked according to the target percentage. The weekly stunting data was published on the TPPS and Puskesmas WhatsApp groups for further cross-checking by the Puskesmas and the region. A nutritionist from a Puskesmas in Bekasi City stated:

"I input the stunting data by myself to guarantee the accuracy of the data and to support members, so it is double-checked. I do this because I want intervention assistance that stunted children really consume" (Author interview with a bureaucrat from a Puskesmas in Bekasi City, Bekasi City, 22 April 2024).



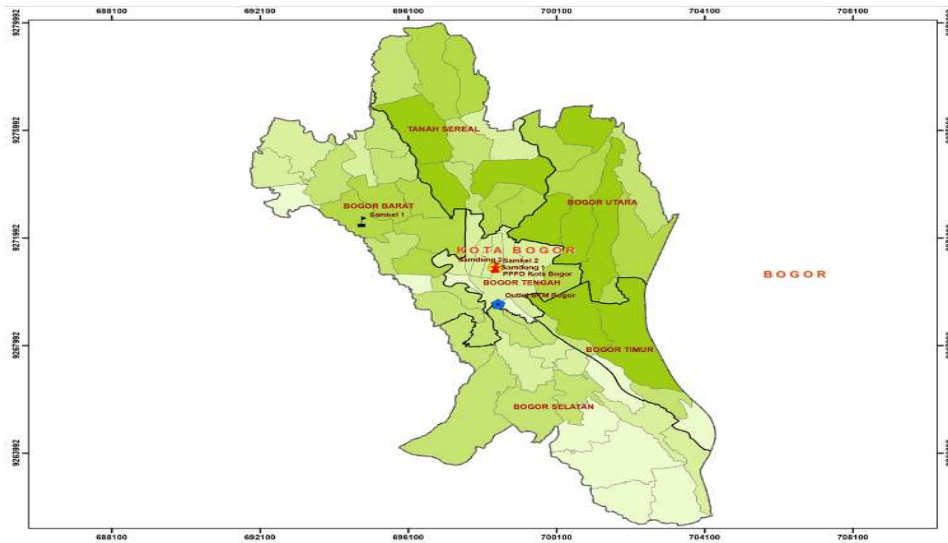
Source: Author production from Health Profile Bekasi City 2020 and 2022

Figure 5.2.1(2) Stunting Prevalence Rate of Bekasi City 2018-2022 based on Health Agency Publication

With consistent periodic data information, the Puskesmas and the Posyandu cadres had the opportunity and time for data correction. Data errors mainly happen because of human errors from wrong measurements input by cadre, and the data still need to be validated. To prevent inaccurate data during data collection by the enumerator of the Health National Survey, the Health Agency ensured the presence of a Puskesmas officer and Posyandu cadres to accompany the anthropometric kit. With this strategy, the Health Service could predict the health survey results in line with the city's stunting prevalence rate pattern, whether it increases or decreases (Author interview with a bureaucrat from Health Agency Bekasi City, Bekasi City, 25 April 2024).

5.3 Stunting Reduction Under Weak Capacity of Local Government

Coordination: The Case of Bogor City



Source: bapenda.jabarprov.go.id

Figure 5.3 (1) Map of Bogor Municipality

Bogor City lies in the middle of Bogor regency, West Java province. In 2022, with an area of 111.38 km², Bogor municipality had a population of 1,063 million across six districts and 68 urban villages. The Bogor City government had a budget of IDR 2,798 billion and employed 6,401 civil servants. There were 24 Puskesmas that served the community (BPS Kota Bogor, 2023, pp. 1–17) and became the centers for stunting-specific nutritional interventions in Bogor City. The size of the area, population, number of urban villages, and number of civil servants, as well as a budget half the size of Bekasi City, influence coordination capacity for stunting reduction.

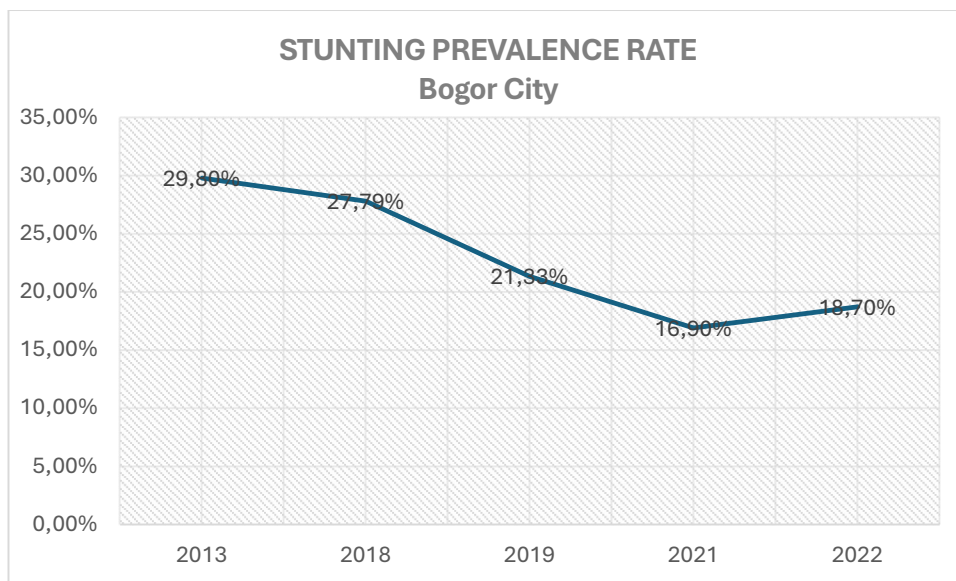
Table 5.3 Bogor Municipality in Number

Information	2022
Total area	111,38 km ²
Population	1,063 million
Number of districts	6

Number of urban villages	68
Number of civil servants	6.401 people
City budget (APBD)	Rp 2,787 billion
Number of Puskesmas	24

Source: (BPS Kota Bogor, 2023)

Based on national health surveys, as shown in Figure 5.3 (2), Bogor City reduced the stunting prevalence by a third in 2022 compared with 2018. Although periodically, the stunting rate continued to fall even during the COVID-19 pandemic, reaching 16.9% in 2021 compared with 2019, when it was 21.33%. The percentage reduction of the stunting rate from 2018 to 2024 was 34%, still almost half less than Bekasi City. In 2022, the stunting prevalence rate in Bogor City increased to 18.7%, slowing down the reduction rate five years after stunting was declared a National Priority.

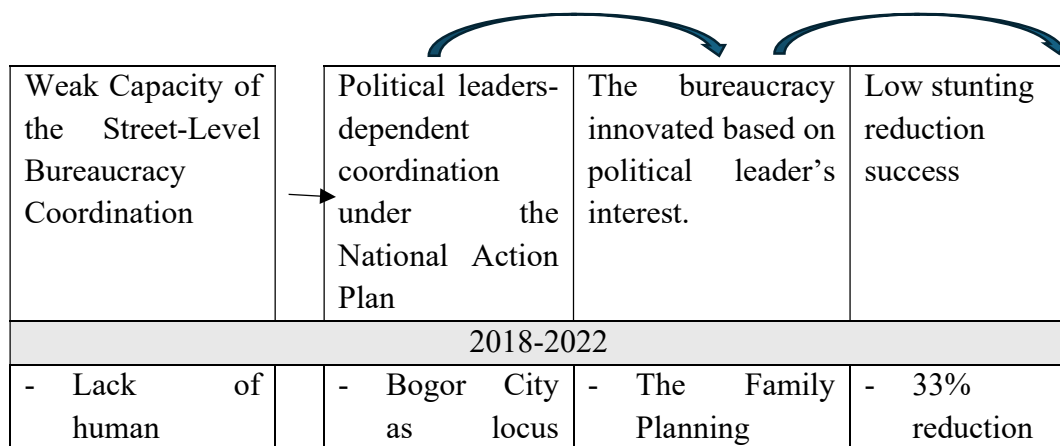


Source: Author's production from Riskedas 2013, Riskedas 2018, SSGBI 2019, SSGI 2021, SSGI 2022

Figure 5.3 (2) Stunting prevalence rate of Bogor City 2013-2022 Based on National Health Survey.

5.3.1 Overloaded Street-Level Bureaucracies, Political Leader Dependency, and Less Impactful Coordination by Feedback

To ascertain the relationship between coordination capacity and the only minor success of stunting reduction in Bogor City, I put the weak capacity of the street-level bureaucracy coordination as the point of departure of my analysis, as shown in Figure 5.3.1 (1). Notably, in the district and urban village areas, the weak coordination capacity of street-level bureaucracy was derived from the lack of street-level bureaucrats involved in public services and limited public service operational hours, which hindered the immediate coordination by feedback that the street-level bureaucracy needed to work effectively and efficiently. Moreover, the shortage of human resources in the street-level bureaucracy made it highly dependent on the policies of high-level bureaucrats in its agency to exercise discretion because bureaucrats tended to avoid ‘new responsibilities’ since they lacked the experience and were overburdened with responsibilities while lacking capacity. Meanwhile, the high-level bureaucrat’s commitment to the stunting reduction program was motivated by the direction of their political leader. These sequences affected the cross-sectoral coordination on stunting reduction even before the TPPS existed in 2022.



<p>resources at the street level-bureaucracy hindered coordination by feedback.</p> <ul style="list-style-type: none"> - The Stunting program relied on Puskesmas and the Health Agency, which had fewer roles in the districts and urban villages. 	<p>stunting in 2020</p> <ul style="list-style-type: none"> - The lowest open defecation-free (ODF) cases in West Java province - Incident-driven coordination led by the mayor. 	<p>Agency led the TPPS in creating incentives for OPDs to boost high-level bureaucrat coordination capacity and commitment.</p> <ul style="list-style-type: none"> - Priority on current issues to achieve city performance 	<p>change in 2018-2022; 18.7% stunting rate in 2022 (11 out of 27 in West Java province)</p>
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Source: Author’s production

Figure 5.3.1 (1) Causal mechanism of coordination capacity effect on stunting reduction in Bogor City

Before Bogor City was determined as a locus of stunting in 2020 (BPS, 2022, p. 33), handling stunting was only the responsibility of the health sector, such as the Health Agencies and Puskesmas. A bureaucrat at Bogor City Health Agency, who had been working for the agency for more than 15 years, stated that the Health Agency had implemented a stunting intervention program even before stunting was determined as a National Priority, as stated in Stranas Stunting. One was through Taleus Bogor, an innovation cross-sectoral program for handling stunting from 2017. The initiative of this program emerged as a response to the high prevalence of stunting in Bogor City.

“In 2017, we started approaching prospective brides and grooms. Because at that time, we thought, yes, we have already dealt with stunting, meaning interventions for babies, toddlers, and pregnant women like this, the stunting

rate is still quite high, right? That's why at that time, in 2017, we thought it was possible that we could prevent stunting even before pregnancy by giving education, so maybe it would get better." (Author interview with a bureaucrat from the Bogor City Health Agency, Bogor City, 4 April 2024).

The Health Agency had tried to coordinate the handling of stunting across sectors by inviting OPDs to join the stunting intervention program. However, the Health Agency's limited authority failed to build commitment from non-health OPDs. For example, in 2018, the Health Agency took the initiative to hold a Focus Group Discussion (FGD) inviting 20 OPDs to explain the causes and treatment of stunting, which they felt needed to be cross-sectoral because the reduction in stunting was not happening as quickly as expected. Unfortunately, bureaucrats who attended the meeting could not provide commitment because they often changed or there was a different person in charge of stunting issues, which hindered the implementation of Taleus Bogor at the lowest level. For example, some schools still refuse to offer blood supplement tablet programs for their students even though the Education Agency was among the stakeholders present in the FGD. Moreover, districts and urban villages only acted as community mobilizers as regional administrative holders before the TPPS was developed (Author interview with a bureaucrat in the Bogor City Health Agency, Bogor City, 4 April 2024).

My interviews with the districts and Puskesmas staff revealed that the dependence on the Posyandu cadre was also very high in delivering the nutritional stunting intervention. Posyandu cadres collected and inputted data, distributed aid and mobilized target groups. The dependency was rooted in the lack of street-level bureaucrats at the district and urban village level, especially in the social affairs

sector responsible for stunting intervention. A social affairs officer in one urban village stated that:

"There used to be two civil servants, but then one was transferred [to a different role]. There is one Kemas [Social Affairs] operator staff, but he is seconded for service. I'm doing it alone [...] I join in with [data verification], just not routinely. Sometimes, during the activities [at the Posyandu], I have meetings or other tasks. Social affairs take up the most time, so sometimes I am confused about what should be prioritized" (Author interview with a bureaucrat, Bogor City, 4 April 2024).

The coordination capacity at the city level improved when Bappeda was assigned as the lead of the stunting program and the Health Agency as secretary. Then, in 2021, the mayor decided to handle stunting simultaneously with the Open Defecation Free (ODF) program. Bappeda was also appointed to lead the program because the ODF rate in Bogor City was the lowest in West Java. Out of 27 regencies/cities in West Java, only Bogor City did not have an ODF urban village (kotabogor.go.id, 2022) ODF rate is the percentage of people who defecate using toilets that meet health standards. In other words, many residents of the city of Bogor still defecate in the open, for example, in rivers, ponds, etc. ODF settlements were conducted massively because ODF funds were secured through a tagging and marking policy at Bappeda, which utilized the DAK budget for stunting.

"We felt breathless and like we were working alone when Bappeda were not involved. It was better when the TPPS existed" (Author interview with a bureaucrat from the Bogor City Health Agency, Bogor City, 4 April 2024).

The Health Agency acknowledged that Bappeda positively impacted coordinating stunting handling since the agency could force the commitment of high-level bureaucrats to at least be present in meetings, especially regarding budgeting and the realization of OPD work programs. Therefore, the Health Agency sometimes asked Bappeda to informally contact the head of the OPD to attend the stunting coordination meetings (Author interview with a bureaucrat from the Bogor City Health Agency, 4 April 2024).

In 2022, the TPPS was developed, and the Bogor City mayor became head of the Steering Committee. After the mayor/deputy mayor, the role of the Family Planning Agency was undoubtedly perceived as the most crucial and influential in managing cross-sector coordination with the OPD. Similarly with Bekasi City, the PLKB at the urban village level coordinated with the TPK to collect data on the KRS, which became a reference for the mayor to ensure the KRS was included in indicators for the city program, for example, the ODF program, house rehabilitation, and meat distribution from the Food Security Agency. In fact, Bappeda, as the daily chief executive, handed over the coordination authority entirely to the Family Planning Agency. A bureaucrat in Bappeda who was in charge of stunting mentioned that the head of the Family Planning Agency had a close relationship with the mayor and a senior bureaucrat in Bogor City, so coordinating high-level bureaucrats was easier.

“The Family Planning Agency can handle the TPPS. Moreover, the head of the agency had been everywhere [serving as head of the agency in various OPDs), and he has a close relationship with the mayor. Moreover, my job is not just stunting; this is an additional task [not the main task]. Bappeda had

carried out tasks according to its responsibilities in eight convergence actions" (Author interview with a bureaucrat from Bapperida, Bogor City, 7 May 2024).

The mayor directly monitored the handling of stunting and the ODF program because they were included in the regional head's success assessment indicators (Author interview with a bureaucrat from Bapperida Bogor City, Bogor City, 8 May 2024). Therefore, the mayor and deputy mayor were never absent at stunting coordination meetings at the city level, which helped coordination meetings provide solutions, accelerate agency involvement in handling stunting, and even mobilize the commitment of high-level bureaucrats in the district. In other words, coordination depended on the mayor's decision, including the schedule and target delivery.

"The Mayor's role is very central because he is always present. Everything has to be this way and that; it has to be scheduled and it has to be certain, and then everything has to be finished and aligned with the mayor's target [in the case of the ODF program]; the mayor can mobilize all the district heads. The district heads can mobilize all the urban village heads, and all 68 urban villages 100% complete the ODF program" (Author interview with a bureaucrat from the Bogor City Health Agency, Bogor City, 4 April 2024).

Similarly, a bureaucrat from the Puskesmas confirmed that city-level coordination meetings were more impactful because of the presence of the mayor and deputy mayor, such as at quarterly workshops and city-level stunting discussions). Meanwhile, coordination meetings with the Health Agency, district, and urban village bureaucrats were more like reporting and evaluation so that

solutions to problems were left to the respective agencies. (Author interview with a bureaucrat from a Puskesmas, Bogor City, 4 April 2024). In contrast to Bekasi City, which made districts the coordinators of CSR fundraising and aid distribution, the Puskesmas, districts, and urban villages in Bogor City have their initiatives to raise resources from CSR, which meant that coordination meetings in the district and urban village, were considered less important than city-level coordination. Moreover, a street-level bureaucrat in a district in Bogor City considered the number of meetings at the district and urban village levels too many. It consumed the street-level bureaucrat's time otherwise spent serving the community (Author interview with a bureaucrat, Bogor City, 4 April 2024).

Consequently, a bureaucrat with decision-making power consistently attended city-level coordination meetings. This was not only to receive guidance and performance feedback but also because the mayor and deputy mayor were present and inquired about the commitment and progress of each agency. However, for the street-level bureaucracy, commitment to program implementation was carried out as best they could because the number of workers and community service hours was limited. In this sense, the workload of the street-level bureaucrats hindered high-level bureaucrat's commitment to the urban village. A street-level bureaucrat in an urban village felt overworked, finding even the informal coordination through WhatsApp groups exhausting.

I have more than 50 WhatsApp groups that I need to check. Including the distribution of social assistance, [...] I also sometimes [feel exhausted] opening up about which groups should be prioritized. [So] I just asked the members to [call] and answer them to minimize the number of notifications

that make me confused" (Author interview with a bureaucrat from urban village, Bogor City, 24 May 2024).

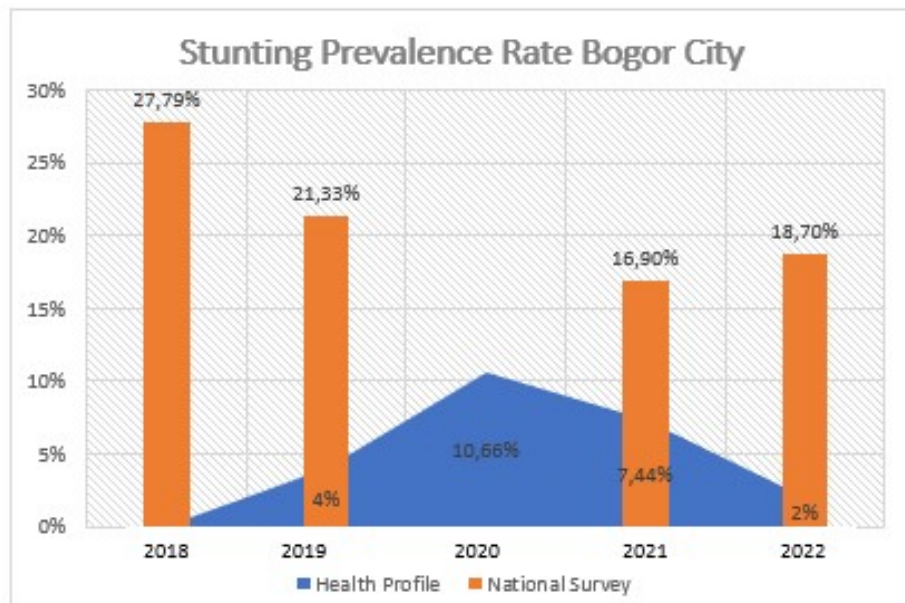
Furthermore, there were striking data differences and patterns between the national health survey and the Bogor City Health Profile, which were prominent from 2019 to 2022. Unfortunately, the first data sets in the Health Profile on stunting were available starting in 2019, a year after Stranas Stunting's formation. Like Bekasi City, which experienced the impact of the COVID-19 pandemic, Bogor City experienced an increase in stunting in 2020. However, in 2021, the Health Agency data, as shown in Figure 5.3.1 (2), show that the rise in stunting began in 2020 and decreased yearly. But, the decrease in 2021, at 7.44%, was below the rate in 2019 at 4%.

In contrast, according to a national health survey, Bogor City's stunting performance decreased from 2018 until 2021 and rose in 2022. In 2022, the stunting rate of Bogor City increased to 18.7% compared with 2021, which was recorded at 16.9%. This was contrary to the decrease of the stunting rate recorded in the health profile of Bogor City, with the Health Agency reporting that in 2022, the stunting rate significantly shrank compared with 2021. Even the Health Agency bureaucrat interviewed could not explain why the different patterns of stunting rates existed as the agency felt that the handling of cross-sectoral stunting reduction had improved since the TPPS' formation. Even so, she also addressed that data synchronization between the center and regions was still a problem (Author interview with a bureaucrat from Health Agency Bogor City, Bogor City, 4 April 2024).

Notwithstanding, a social affairs head from a district admitted that data was always a problem when distributing aid to stunting targets. Data from the

Puskesmas often differed from regional data, so it must be verified again. Posyandu cadres and Puskesmas officers carried out data verification. However, cadres were more involved in verification because street-level bureaucrats in the urban villages and Puskesmas must perform services in other fields. As a result, data from cadres might differ from data verified by the Puskesmas.

"Sometimes the reporting was late [from cadre]. After there was a new weighing, then there would be a sweeping [from Puskesmas]. Maybe the cadres lacked experience calculating height and were less accurate, while those from the Puskesmas might have been more [accurate]. That's the issue for aid disbursement." (Author interview with a bureaucrat, Bogor City, 4 April 2024).



Source: Author production from Health Profile Bekasi City 2018-2022

Figure 5.3.1 (2) Stunting Prevalence Rate of Bogor City 2018-2022 based on Health Agency Publication

The Health Agency was responsible for providing monthly stunting data from the e-PPGBM, which was disseminated at the city-level Rembug Stunting.

The OPDs could easily ask for the newest data directly from the Health Agency monthly. Based on this data, the Family Planning Agency formulated the achievement of the stunting handling work progress for each OPD, district, and urban village in Bogor City, which was then presented, and direct feedback was obtained from the mayor/deputy mayor. The Family Planning Agency rewarded the heads of OPDs and the heads of districts who achieved program targets and stunting reduction rates. At the same time, those who performed poorly were required to join coaching programs. According to a high-level bureaucrat in the Family Planning Agency, this strategy and the rewards spurred the commitment of the agency and district heads to achieve the targets.

“We have an event called the stunting evaluation meeting [...]. It's big, and everyone is invited. The best district head, urban village Head, OPDs, and companies that contributed to stunting [were announced ...] the mayor gave them an award" (Author interview with a bureaucrat from the Family Planning Agency, Bogor City, 4 April 2024).

Another important finding is related to the innovation policy as a driver for accelerating stunting reduction. The OPDs and government organizations in the district and urban village areas created various thematic stunting innovations that could be nominated for the Ministry of Home Affairs' Innovation Government Award (IGA). Bogor City also has the Bogor Innovation Award (BIA), which the mayor initiated as an innovation incubator to prepare local bodies for the regional and national scale innovation competitions and indexes (Author interview with a bureaucrat from Bapperida, Bogor City, 8 May 2024). Some targeted participants are civil servants and OPDs (kominfo.kotabogor.go.id, 2022).

“The Mayor encourages innovation because the number of innovations influences the Ministry of Home Affairs' regional innovation index figures” (Author interview with a bureaucrat from Bapperida, 8 May 2024).

Although there are innovations that reach all cities, such as the Family Planning Agency's *Pentinglur* (the importance of eggs) program, which obliged civil servants to donate 1.5 kgs of eggs monthly to stunting children in urban villages, and the Health Agency's *Taleus Bogor* innovation since 2016 (kemkes.go.id, 2021), most innovations were implemented with a limited reach within the bureaucratic work area. Examples include the *Juiser* (Egg Eating Stunting Fridays) program from Tanah Sereal Puskesmas, which only served its region, and the “one day one egg” program in Bogor Timur District funded by NGO *Ceva* that targeted 85 stunted children in its area (ceva.co.id, 2022).

Tanah Sereal Puskesmas developed the *Juiser* program in collaboration with *Posyandu*, RW, and RT (Rukun Tetangga) members because the health workers realized that children with stunting in its area needed additional nutritional food, but no budget was available. Hence, the Puskesmas fundraised for the program from residents and the private sector. At the same time, the Puskesmas routinely conducted training for *Posyandu* cadres and created a "one cadre-one stunted children" policy to ensure that the toddlers were present every Friday at the *Posyandu* to consume an egg. This strategy has succeeded in reducing the stunting rate in the Tanah Sereal Puskesmas area, from 60 toddlers in 2020 to 11 toddlers in 2024 (Author interview with a bureaucrat from Tanah Sereal Puskesmas, Bogor City, 4 April 2024).

However, several innovative programs implemented in the field experienced obstacles in guaranteeing their continuity due to funding and human resources uncertainty (Author interview with a bureaucrat from Bapperida, 11 August 2023). In Bogor Timur, the innovation only lasted for six months because of a fund shortage, while Pentinglur and Taleus Bogor relied on the street-level bureaucracies in the district and urban village to implement programs and distribute their aid.

CHAPTER 6

CONCLUSION

6.1 Conclusion

The coordination capacity of street-level bureaucracy consistently influenced the implementation of the Stranas Stunting in Bekasi City and Bogor City from 2018-2022. The two cases highlight several issues that help us understand the importance of strong coordination capacity within the street-level bureaucracy in district and urban village areas to achieve more significant reductions in stunting in cities that experience similar changes in the national landscape of stunting reduction policies. Bekasi City has a strong coordination capacity in stunting reduction derived from the capacity of the street-level bureaucracy at the district and urban village levels, which was able to overcome coordination problems, namely the limited number of street-level bureaucracies and the instrumental benefits of coordination. The existence of Pamor before the stunting policy in 2018 was determined as a national agenda, reduced the issues that could arise from a lack of manpower, and provided certainty when implementing cross-sectoral programs in urban villages.

In contrast, the weak capacity of the street-level bureaucracy coordination in Bogor City was rooted in the absence of an institution that could support and reduce the work overload of the street-level bureaucracy in the district and urban villages. As a result, the different levels in the bureaucracy tended to avoid additional work or perform duties according to orders. An order from the mayor, the highest level of authority, forced a high-level bureaucrat to place stunting as a priority issue at the city-level coordination meeting. Consequently, city-level

coordination capacity was prioritized because the benefits were tangible, as per the mayor's decision. However, with the understaffing of the street-level bureaucracy, the commitment of the high-level bureaucracy could be carried out as much as possible. This situation has become a vicious cycle in impactful coordination capacity, thus hampering efforts to reduce the prevalence of stunting in Bogor City.

6.2 Discussion

Coordination capacity underlines the ability of government officials to organize collective action efficiently (Berwick & Christia, 2018, p. 76), which is required for a high stunting reduction rate. The findings demonstrate that districts and urban villages have the most impactful levels of coordination of stunting reduction policy because these are where stunting intervention occurs. Therefore, as Lipsky said, the street-level bureaucrat is “the indispensable intermediary” between the government and citizens in need (Lipsky, 1980, p. 19); therefore, districts and urban villages must have a strong capacity for street-level bureaucracy coordination. Yet a key issue is that there may not be enough street-level bureaucracies in Indonesia involved in addressing stunting at the district and urban village levels, which causes slow public service delivery. The coordination capacity issue also arises because of limited office bureaucracy service hours, which produces administration delays and hinders citizens from accessing public services.

Furthermore, the complexity of stunting interventions involving health and non-health bureaucracies can create coordination obstacles. The need to implement cross-sectoral specific and sensitive intervention increases task interdependences among agencies in bureaucracies. Van De Ven et al. (1976) point out the increased use of all coordination mechanisms to settle the task when task interdependence

increases (Van De Ven et al., 1976, pp. 328–332). Meanwhile, with the low coordination capacity of the street-level bureaucrats, the commitments of high-level bureaucrats during coordination meetings in the city and district are difficult to realize because of the stagnation in coordination by feedback. Therefore, bureaucracies should develop strategic processes and consider their limited human resources to optimize the performance of street-level bureaucrats.

Bekasi City had an existing institution known as Pamor, which could minimize the effects of understaffing and enhance coordination capacity in implementing a stunting reduction policy. Thus, the continuity between coordination by program and coordination by feedback existed in Bekasi City. On the other hand, Bogor City had difficulties in coordinating stunting reduction efforts. This was due to a reliance on standard bureaucratic processes without the presence of specialized institutions to address the challenges of understaffing and the growing demand for increasing coordination in implementing stunting reduction policies.

The existence of Pamor "extended" bureaucratic service times and cut administrative procedures, impacting the speed of the delivery of public services. Pamor's primary duty as an agent for population services is an important point for the community to access government assistance. Placing the Pamor in an RW close to where they live means that the Pamor understands the environment and knows the residents well, which is one of the determinants of the Pamor's work effectiveness and which also strengthened coordination by feedback after coordination meetings at the city and district levels. In this case, the Pamor could serve as a street-level bureaucrat even though his daily duties in the office are non-

street-level. Coordination by feedback was also easier because the Pamor was used to working cross-sectorally, including coordinating with the RW and the community.

The significant discretion that the Pamor has in influencing the determination of the object of intervention was minimized by the existence of various controls, firstly control from the community over the Pamor's performance, which could cause bureaucrats to lose their positions as Pamor and simulated control from the head of district and head of urban village, as the Pamor is a bureaucrat belonging to the urban village. Those who did not perform could be transferred to another work unit. Likewise, bureaucrats could get promotions as recognition of their performance as Pamor. The third control comes from street-level bureaucrats who collaborate with Pamor, such as Puskesmas nutritionists and PKH officers who have an interest in the accuracy of data for the distribution of aid.

In contrast, the street-level bureaucracy in the district and urban village in Bogor City had a few street-level bureaucrats who were overloaded with work and did not have other bureaucratic institutions to help them speed up program implementation. The findings show the dependence of the Puskesmas and urban villages on non-bureaucratic institutions, namely Posyandu, which could be utilized to conduct coordination by feedback for executing coordination meeting agreements/commitments. However, because the bureaucracy could not control the accuracy of the interventions of non-bureaucratic institutions as well as stunting data accuracy in e-PPGBM, stunting interventions might not be on target. It indicates a disconnection between the coordination direction and the expected outcome.

Moreover, the increasing difficulty of Posyandu member formation was vulnerable to eroding the task performance of the street-level bureaucracy, especially in achieving specific nutritional intervention targets.

Meanwhile, commitments conveyed by high-level bureaucrats that required a follow-up from districts and urban villages were implemented according to the availability of street-level bureaucracy personnel and available time. As a result, if the bureaucracy at the street-level did not prioritize stunting reduction or delegate it to other parties, then its control over program implementation was reduced. In addition, hierarchical coordination in bureaucracy affected the discretionary ability of street-level bureaucrats to distribute services to stunting targets so that stunting interventions took longer and did not meet the schedule. It can be said that this situation hindered immediate coordination by feedback, which was needed to realize commitments.

When the reduction of stunting was determined as a national priority in 2018 and later the development of the TPPS in 2021, the response of the two cities was also different. Bekasi City, which already had strong impersonal coordination from routine meetings, built a solution that encouraged bureaucracies to coordinate relatively independently. For example, the district's role as the center of aid disbursement to urban villages encouraged other layers of bureaucracy to attend coordination meetings regularly; at the same time, the OPD could rely on coordination by feedback in the district because the street-level bureaucracy aided by the Pamor's existence, guaranteed the program would be implemented right on target, such as the fumigating program from the Health Agency to reduce the risk of dengue fever coordinated by Pamor. In 2022, the role of bureaucracies as a

coordinating motor became increasingly visible when the mayor of Bekasi City was deactivated because he was involved in a corruption case. The handling of stunting was commanded by high-level bureaucrats in the Regional Secretary, Bappelitbangda, and the Family Planning Agency, which adheres to the nomenclature of Perpres No. 72/20241 to impose the OPDs to prioritize stunting. It can be concluded that the presence of the TPPS and strong street-level coordination reduced the departmental agenda, which contributed to the strong coordination capacity of Bekasi City.

On the other hand, coordination in handling stunting reduction in Bogor City depended on political leaders, namely the mayor and deputy mayor. In early 2018, the Health Agency worked alone on stunting reduction because non-health bodies felt that stunting was not part of their duties and responsibilities. This was likely because the number of bureaucrats involved to run the program was limited, and bureaucrats worked because of personal incentives. Aside from this, the findings suggest that bureaucrats considered coordination meetings at the city level provided more solutions than meetings held in urban villages, so bureaucrats placed more importance on city-level coordination meetings. Targets, schedules, feedback, and performance evaluations from the mayor in the city-level coordination meetings encouraged high-level bureaucratic commitment in handling stunting. It indicates that bureaucracies tend to "wait and see" for strategies and directions from the mayor to carry out coordination through feedback. Hence, adopting stunting reduction into the departmental agenda depended on commands from political leaders.

Inevitably, the commitment of high-level bureaucracies to reducing stunting was executed by the street-level bureaucrats. To make a discretion, the street-level bureaucrats need explicit guidelines for this process (Lipsky, 1980, pp. 33–40). The Bekasi City Health Agency provided weekly stunting prevalence data updates to inform districts and urban villages, providing clear guidance and variables for the street-level bureaucracy at the Puskesmas, district, urban village, and even city levels. Data-driven coordination with sufficient time for improvements increased data accuracy so that specific and sensitive interventions were distributed according to conditions in the field. This mechanism was not present in Bogor City even though the Bogor City Health Agency prepared data that aligned with the Ministry of Health's directions, generating monthly data. The Health Agency had not created an early warning awareness mechanism for Puskesmas to improve the data quality. Data accuracy is the key to appropriate interventions for stunted children and the KRS. Data provides also a practical guide for street-level bureaucrats to decide whether to reduce or increase the number of stunting intervention targets.

Instead, the Bogor City local government preferred to deal with stunting by responding to incidents that received attention from the central government and that affected regional heads' report cards, such as the ODF and innovation-based stunting programs. Hence, when the agency's agenda did not align with the priorities set by the city head, the critical agenda – for example improving and strengthening the capacity of the street-level bureaucracy in the district and urban village, which was experiencing workload overload – was not prioritized. Even though the response to incidents reduced the stunting rate, the lack of capacity for street-level bureaucracy coordination became an obstacle to implementation.

Consequently, the objectives were not fully achieved. This situation aligns with Benhard's notion that even high-capacity bureaucracies can deliver poor performance when the amount of work they have to do surpasses their capabilities (Bednar, 2023, p. 3). In a similar manner, if the weak coordination capacity of street-level bureaucrats is not addressed immediately, policy failures that translate into low stunting reduction rates may rise, not because of inexperienced bureaucracies, but due to "shortcoming administration, specifically insufficient resources and management skills for coordination and cooperation" (Park, 2021, p. 5).

Overall, I found the establishment of the TPPS to be a positive institution in the two cities. Impersonal coordination in RAN PASTI motivated bureaucracies to attend coordination meetings and work together. This finding confirms Huber and McCarty's (2016) argument that the fear of punishment if bodies or agencies fail to take actions mandated by law influences bureaucratic behavior during policy implementation (Huber & McCarty, 2016, p. 490). Both in Bekasi City and Bogor City, the coordination structure could impose high-level bureaucracies to include stunting as a priority, such as the authority of the Regional Development Agency to tag and mark the budget and programs as the daily chief executive of stunting. Clausula in the Mayor Decree was used to remind and force the OPD to attend the coordination meetings. Particularly for Bogor City, Stranas Stunting and the issuance of Perpres N0. 72/2021 influenced the political leaders (mayor and deputy mayor) to actively lead the TPPS because it was part of their achievement as regional heads. In other words, stunting policies from 2018-2022 created motivation for bureaucracies.

In line with that, Moseley suggests that coordination mechanisms are adopted when they offer tangible benefits to the relevant agencies (Moseley, 2009, p. 14). The motivation of agencies in the TPPS was driven more by instrumental than altruistic motivation. Bureaucrats in Bekasi and Bogor attended coordination meetings that contributed to completing tasks in terms of resources and decision-making, such as the distribution of aid, which was determined at the meeting, and agencies could ask for commitments from other agencies. Because of the underlying instrumental motivation, meetings at the city level were considered more important in Bogor City, whereas in Bekasi City, all levels of meetings were a priority. At the individual level, bureaucrats who worked well tended to get promotions and vice versa. I also found that a positive perception of the TPPS' existence rose because the TPSS exhibited the capacity to help agencies maintain their organizational existence in a competitive financial environment and mitigate risks such as tagging and marking from Bappeda, the involvement of the Family Planning Agency, which imposed and managed cross-sectoral coordination in the two cities as well as the direction from political leaders in Bogor City.

The extractive capacity rival hypothesis might also go some way to explain Bekasi City's better success in stunting reduction since several stunting programs. However, both cities were equal in the proportion of the APBD with population, and showcased the capability as well as opportunities to raise CSR. In fact, the most important mechanism of distributing the budget – in the form of the stunting program – highly relied on street-level bureaucrats' coordination capacity. When the coordination problems remained unresolved, budget spending and CSR assistance could not be delivered appropriately to the target groups, resulting in a

low reduction of stunting prevalence. At the same time, an alternative explanation for differences in success, that more expertise in the bureaucracy led to a greater reduction, failed to be proven. By looking at the number of civil servants, Bekasi City and Bogor City were considered to have equal capacity in expertise. Even though Bekasi City has twice the number of civil servants and Puskesmas as Bogor City, its population is around two times larger. Besides that, the bureaucracies in both cities operated during similar office hours, which means the timeframe for formal coordination was the same. However, the low capacity of street-level bureaucracy coordination only occurred in Bogor City. It indicates that Bekasi City could manage a lack of human resources, which could negatively influence its coordination capacity. Under this condition, rival hypotheses on the number of experts failed to be proven.

Strong street-level bureaucracy coordination was the core of Bekasi City's success in reducing stunting compared with Bogor City. The strong capacity of the street-level bureaucracy coordination of Bekasi City presented Bteddini & Yang's (2020) idea that strong coordination enables government actors to align priorities, implement collaborated responses, provide mutual assistance, and facilitate daily information-sharing (Bteddini & Yang, 2020). Still, they must be supported by commitment among the high-level bureaucracy to secure budget and the prioritization of the stunting program as well as accurate data as an instrumental tool for making decisions in the field.

Nonetheless, at some point, the degree of autonomy possessed by high-level bureaucrats resulted in different responses in implementing a long-term stunting policy, in which Bekasi City had higher autonomy than Bogor City. As Fukuyama

(2013) mentions, a high degree of autonomy from political intervention enables bureaucracy to innovate and take more risk (Bednar, 2023; Fukuyama, 2013). Lower-level bureaucrats might be eager to innovate and take risks if the structure could secure potential risks in the future (Moseley, 2009).

Eventually, recognizing the importance of having a strong capacity for street-level bureaucracy coordination and the potential consequences of lacking such coordination can significantly enhance the successful delivery of public policy programs. This applies not only to stunting reduction programs but also to public service categorized as a benevolent policy in the local government.

6.3 Limitations of the Research

My argument about the impact of coordination capacity on reducing stunting has some limitations for future studies on the influence of bureaucracy on beneficial policies. My framework primarily views bureaucratic behavior through the lens of new institutionalism, which raises questions about the relationship between the quality of policy outcomes and bureaucratic culture, as it may vary in different phases of each local government. This is related to how local governments in Indonesia implemented bureaucratic reform to address political, market, and societal demands. Additionally, an obvious limitation of my study is its failure to explain the necessity of having a strong bureaucratic capacity in non-democratic governments to pursue benevolent policies, given that political leaders may hold their positions for extended periods, making the need for political leader commitment more promising for achieving better stunting reduction in local governments.

Additionally, technical limitations arose that could not be addressed. Firstly, I could not interview the bureaucrat who originally conceived the idea of Pamor, an institution with a crucial role in expediting public services at the district and urban village levels in Bekasi City. Despite this setback, I relied on articles from Bekasi City's official website and other relevant documents. Regrettably, the available information was insufficient to explain the reasons behind the institutionalization of Pamor in Bekasi City. Second, it would be beneficial to include more respondents from the OPD in my research to help us understand more how coordination capacity is developed within an organization, particularly concerning coordination by feedback from bureaucracies and how it can improve the outcomes of stunting intervention programs conducted across different sectors in the city. However, adding more respondents was challenging due to time and budget constraints.

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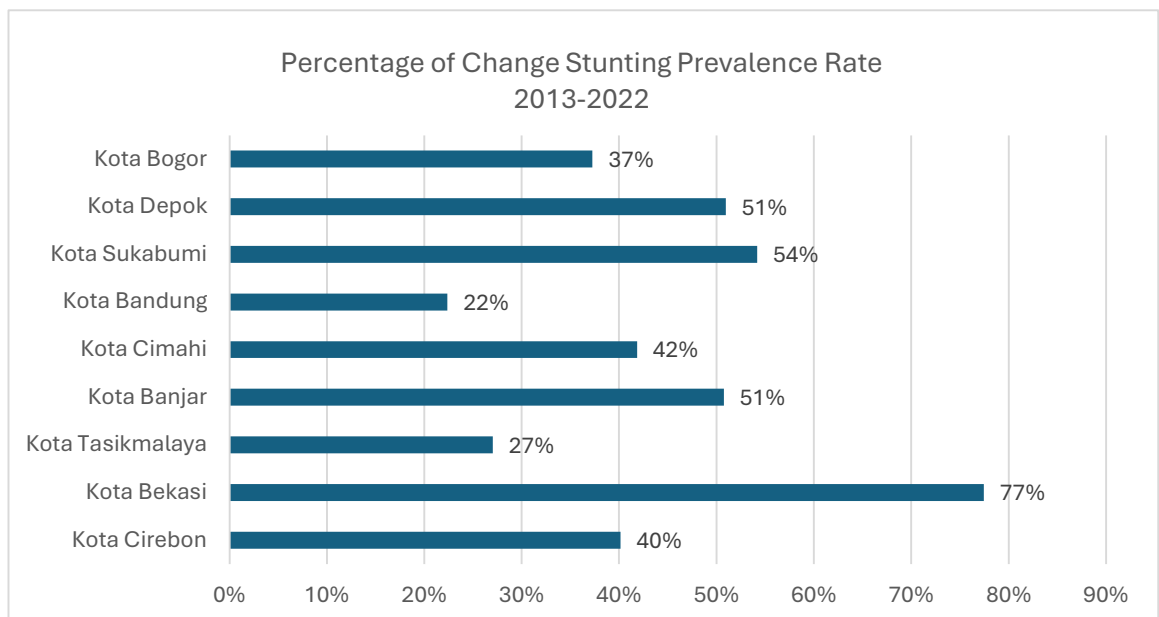
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APPENDIX

Appendix 1

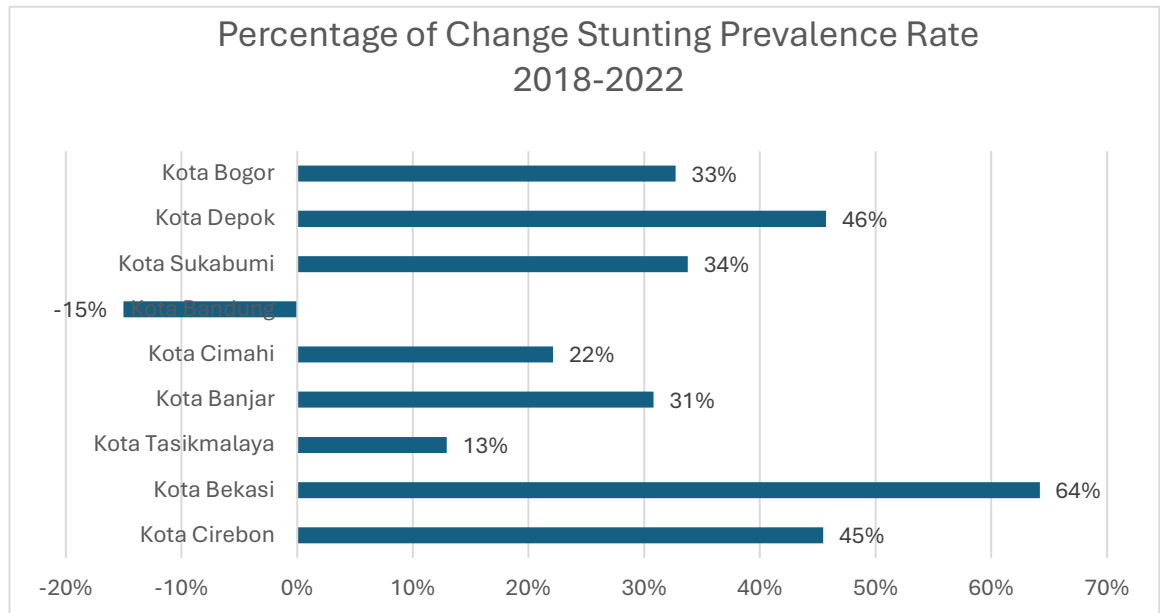
Case Selection

The West Java Province consists of 9 cities and 18 regencies. Those regions have been implementing a stunting reduction policy from the central government since 2018 until now. With a population of 50 million, West Java is an influential province in reducing stunting nationally (jabar.bkkbn.go.id, 2022). In 2022, the prevalence of children with stunting in West Java reached 20.2%, the thirteenth position nationally, spread across nine cities and 18 regions. I narrowed my options only to nine cities as a case selection. First, in Regency, the variation outcomes will also depend on the leadership of the Head Village that received special funding from the Ministry of Village Government, while in the city, central government funding is only disbursed to the city government. Second, I calculated the changes in stunting prevalence rates from 2013-2022, as in Figure 1, and 2018-2022, as in Figure 2.



Source: Author's production from Riskesdas 2013, Riskesdas 2018, SSGBI 2019, SSGI 2021, SSGI 2022

Figure 1 Percentage of Change Stunting Prevalence Rate (2018 to 2022)



Source: Author's production from Riskesdas 2018, SSGBI 2019, SSGI 2021, SSGI 2022

Figure 2 Percentage of Change Stunting Prevalence Rate (2018 to 2022)

Figure 1 describes that Bekasi City, Sukabumi City, and Depok City successfully decreased stunting by more than fifty percent from 2013 to 2022, with Bekasi City scoring the best performance with a 77% decline. While in Figure 2, only Bekasi City still gets over fifty percent of the decline. Therefore, I selected Bekasi City to represent cities with high performance in stunting reduction outcomes. Compared with Bekasi City, Bogor City was chosen as a representative city with a low performance in reducing stunting.

Appendix 2

Research instrument

PANDUAN WAWANCARA

Panduan umum wawancara ditujukan untuk narasumber-narasumber sebagai berikut:

TPPS Nasional

1. BKKBN
2. Direktorat Gizi dan KIA Kemenkes
3. TNP2K
4. Kemenko PMK

TPPS Provinsi Jawa Barat

5. Dinas Kesehatan Provinsi Jawa Barat
6. DP3AKB Provinsi Jawa Barat

TPPS Kota Bekasi

7. Dinas Kesehatan Kota Bekasi
8. Bappelitbangda Kota Bekasi
9. DPPKB Kota Bekasi
10. TPPS Kecamatan Medan Satria Kota Bekasi
11. TPPS Kelurahan Medan Satria Kota Bekasi
12. Puskesmas Bekasi Jaya Kota Bekasi

TPPS Kota Bogor

13. Dinas Kesehatan Kota Bogor
14. Bapperida Kota Bogor
15. DPPKB Kota Bogor
16. TPPS Kecamatan, Kota Bogor
17. TPPS Kelurahan, Kota Bogor
18. Puskesmas Tanah Sareal Kota Bogor

Struktur dan Insentif Koordinasi Penanganan Stunting

1. Bagaimana struktur koordinasi penanganan stunting sebelum dan sesudah Perpres 72/2021?
2. Apa peran instansi Anda sebelum dan sesudah Perpres 72/2021?
3. Apa dampak perubahan struktur koordinasi terhadap kemampuan koordinasi pemerintah kota dalam penanganan stunting yang melibatkan lintas sektor serta pendekatan pentahelix?
4. Faktor-faktor apa yang membuat pemerintah daerah/lembaga/OPD dapat berkoordinasi secara optimal dalam penanganan stunting?
5. Insentif seperti apa yang perlu diberikan supaya semua stakeholders bersemangat untuk menangani stunting?
6. Dengan cara apa koordinasi dilakukan di tingkat pusat, provinsi, dan kota?

7. Dari empat jenis koordinasi vertical-horizontal, menurut Anda koordinasi di level mana yang paling berpengaruh terhadap keberhasilan penanganan stunting?
8. Apa keuntungan bagi instansi yang hadir dalam forum koordinasi formal?
9. Bagaimana mekanismenya penugasan birokrat yang hadir dalam forum koordinasi formal?
10. Siapa yang berwenang untuk menindaklanjuti hasil koordinasi formal?
11. Bagaimana pengaruh perubahan kebijakan terhadap koordinasi pentahelix?
12. Bagaimana koordinasi dengan kader Posyandu, PLKB, TPK, maupun PKH dilakukan sebelum dan sesudah Perpres 72 2021?
13. Strategi koordinasi apa yang diterapkan ketika ada isu-isu khusus atau darurat di lapangan?
14. Faktor-faktor apa yang membuat birokrat mengikuti koordinasi yang tidak terprogram?
15. Apakah ada mekanisme pelaporan di instansi setelah rapat koordinasi dilakukan?

Impersonal Coordination dan Personal Coordination Penanganan Stunting

1. Kegiatan koordinasi apa yang paling sering digunakan (misalnya, rapat besar, FGD, percakapan personal, zoom meeting, wag, dll)? Mengapa kegiatan koordinasi tersebut yang dipilih?
2. Kegiatan koordinasi apa yang paling efektif dan paling tidak efektif dalam menyelesaikan masalah penanganan stunting? Mengapa?
3. Bentuk koordinasi seperti apa (impersonal – terprogram atau personal – incidental) yang paling berpengaruh pada penurunan angka stunting?
4. Setelah melakukan koordinasi yang terprogram seperti Rembug Stunting, apa yang dilakukan oleh instansi anda?

Agenda Departemen dalam Koordinasi Penanganan Stunting

1. Sejak kapan isu stunting menjadi agenda departemen?
2. Apa peran utama institusi Anda dalam koordinasi penanganan stunting?
3. Apakah penanganan stunting menjadi indikator kinerja bagian dan individu di departemen anda? Jika iya, sejak kapan?
4. Siapa yang menentukan individu/birokrat yang menjadi *person in charge* (PIC) TPPS untuk koordinasi penanganan stunting? Apakah ada kriteria khusus yang menjadi pertimbangan dalam menentukan PIC?
5. Bagaimana proses penentuan topik-topik yang akan disampaikan dalam rapat koordinasi?
6. Kewenangan dan tanggungjawab apa yang bisa langsung diambil oleh individu sebagai PIC TPPS?
7. Faktor-faktor apa yang berpengaruh pada pengimplementasikan hasil rapat koordinasi di instansi anda?

Output and Outcome Koordinasi Penanganan Stunting

1. Mengapa angka prevalensi stunting Kota Bekasi diatas 50% dan Bogor dibawah 50% meskipun ada perubahan kebijakan penanganan stunting pada tahun 2018-2022?
2. Dengan adanya perubahan koordinasi pada tahun 2021, bagaimana dampak perubahan kebijakan tersebut terhadap penanganan stunting (di tingkat nasional/provinsi/kota) pada aspek intervensi gizi spesifik dan sensitif?
3. Siapa yang berhak melakukan monitoring, penilaian, dan evaluasi terhadap efektifitas koordinasi penanganan stunting?
4. Bagaimana monitoring, penilaian, dan evaluasi terhadap efektifitas koordinasi penanganan stunting? Apa tindak lanjut dari kegiatan tersebut?
5. Jenis isu penanganan stunting apa yang paling sering dibicarakan pada forum koordinasi? Apa hasil akhir dari forum koordinasi (misalnya, komitmen, kesepakatan, alokasi anggaran, dll).