

## Research Article

# Shared Power, Responsibility, and Trust in Collaborative Management in the Institutional Team for Accelerating Stunting Reduction in Southwest Papua Province

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## Abstract.

Stunting is a complex problem that requires government intervention based on collaboration. This collaborative approach in practice is through the Stunting Reduction Acceleration Team (TPPS). Encouraging an effective collaboration process requires shared power, responsibility, and trust between collaborating actors. Therefore, this study aims to analyze shared power, responsibility, and trust in collaboration management in the Stunting Reduction Acceleration Team (TPPS) institution in West Papua Province.

This study uses a qualitative approach. The informants interviewed were actors or regional apparatus organizations involved as institutional members of the Stunting Reduction Acceleration Team in Southwest Papua Province. Data collection was carried out through observation, in-depth interviews, and documentation studies. Data analysis consists of data collection, data reduction, data presentation, and drawing conclusions. The results of the study found that stunting reduction through TPPS institutions was less effective due to sectoral egos. Shared power is not evenly distributed, especially for policies and budgets. The greatest responsibility is held by the regional apparatus organizations that are the leading sectors in stunting reduction compared to other members of the TPPS. All members of the Stunting Reduction Acceleration Team (TPPS) build trust with each other in the collaboration process.

**Keywords:** shared power, responsibility, trust, collaborative management

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## 1. Introduction

Stunting is one of the serious health problems in Indonesia related to the growth and development of children. Stunting occurs due to lack of nutritional intake over a long period of time, frequent infections, and lack of adequate psychosocial stimulation. The impact of stunting is not only limited to stunted physical growth, but also affects cognitive development, learning ability, and individual productivity in the future. Therefore, handling stunting is a top priority in national health policy.



Based on data from the World Health Organization (WHO), the prevalence of stunting in Indonesia in 2018 reached 30.8%. This figure shows that almost a third of Indonesian children experience stunted growth due to malnutrition. WHO itself stipulates that a country must have a stunting prevalence below 20% so that it is not considered a serious public health problem. In line with the government's handling efforts, the stunting rate in Indonesia shows a downward trend. Based on data from the Ministry of Health of the Republic of Indonesia, the prevalence of stunting has decreased to 24.4% in 2021 and continues to decline to 21.6% in 2022. However, this figure is still above the WHO standard, so various strategic steps are still needed to accelerate the reduction in stunting rates more significantly. The decline in stunting rates cannot be separated from various policies and interventions carried out by the government. Programs such as the Provision of Additional Food (PMT), nutrition education for pregnant and lactating mothers, and strengthening maternal and child health services have had a positive impact on reducing the prevalence of stunting. However, challenges still remain, especially in terms of implementing policies in remote areas that have limited access to health services and nutritious food.

Although the national stunting rate has decreased, the prevalence of stunting in eastern Indonesia, especially in Papua, is still a major concern. Data from the Ministry of Health shows that Central Papua has the highest stunting rate, reaching 38.4%, followed by Papua Mountains with 37.3%, and Papua with 35.3%. This figure is far above the national average and places Papua as one of the regions with the highest stunting cases in Indonesia. The high stunting rate in Papua cannot be separated from various interrelated factors. One of the main causes is limited access to adequate health services. The majority of Papuans have geographical conditions that are difficult to reach, so the distribution of health workers, medicines, and nutritious food is hampered. In addition, the socio-economic conditions of the Papuan people are also contributing factors. The still high poverty makes it difficult for many families to meet the nutritional needs of their children.

Based on the prevalence rate of stunting in the province of West Papua, it is still high, reaching around 31% in 2024. Where this figure is still far from the target set by the Indonesian government, which is 14%. Where is the National Target for 2024: The Indonesian government is targeting the national stunting prevalence to decrease to 14% in 2024. This target is in line with the 2020–2024 RPJMN, which sets stunting reduction as one of the main priorities. Based on the latest data, the stunting prevalence rate in

West Papua Province has reached 31%, which is categorized as very high, as shown in the following Table 1:

TABLE 1: Distribution of Stunting Prevalence Based on District in Southwest Papua Province.

Regency/City	Prevalence of Stunting (%)
Tambrau Regency	31.8
South Sorong Regency	31.3
Sorong City	31.0
Raja Ampat Regency	30.9
Sorong Regency	27.3
Maybrat Regency	27.3

Source: Government of West Papua Province, 2024

Stunting is a serious problem that impacts the quality of human resources, especially in areas with geographical and socio-economic challenges such as the Province of West Papua. The main factors causing the high rate of stunting in this region include limited access to health services, lack of availability of nutritious food, and low public awareness of child care and nutrition. Overcoming stunting is a cross-sectoral and complex issue that cannot be solved by a single organization, but requires a comprehensive approach, namely collaborative management. In current governance, a collaborative approach is considered a solution to overcome complex problems and requires joint intervention by various stakeholders. In order to ensure the success of this collaboration, an integrated institution is needed whose membership consists of various stakeholders. Where this institution gets legitimacy from the government and is formed with the aim of reducing stunting. Based on Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, each regional government is expected to form an integrated institution to reduce stunting in their respective regions, as well as the Government of the Province of West Papua.

The presence of integrated institutions is a crucial aspect in efforts to address stunting, considering the role of government, private, and community institutions in supporting sustainable and effective programs. Strong institutions can ensure that maternal and child nutrition and health interventions run systematically and sustainably. In the context of Southwest Papua, an institutional approach is needed to coordinate various parties in formulating policies based on data and local needs. Relevant ministries and agencies, such as the Health Service and Social Service, have a role in formulating and implementing policies that support improving children's nutritional status. In addition, the

role of traditional institutions and religious organizations is also important in socializing the importance of fulfilling nutrition and parenting patterns that are in accordance with local culture. Collaboration between institutions allows for interventions that not only focus on medical aspects, but also include social and economic dimensions to strengthen community food security.

Institution-based stunting management programs in Southwest Papua must also consider the characteristics of areas that have accessibility challenges. Remote areas require a more flexible and innovative approach, such as providing mobile health services, utilizing information technology for monitoring child nutrition, and strengthening the capacity of local health workers. The involvement of local governments in building supporting infrastructure, such as integrated health service posts (posyandu) and integrated health service centers, is also an important factor in ensuring that nutrition and health services are accessible to all levels of society.

To ensure that various intervention programs and stunting reduction activities in the Province of West Papua run optimally, a collaborative approach is the right step to use, where in practice this collaborative approach is also manifested in the form of the Stunting Reduction Acceleration Team (TPPS). However, in the collaboration carried out by various stakeholders involved as members of the TPPS, in its implementation it shows problems and obstacles in collaboration. Where there is a tendency for sectoral egos to emerge and the presence of dominant actors or agencies because the resources they have are abundant even though the division of tasks and responsibilities has been distributed proportionally. The trust between TPPS members shows that they have often collaborated so that they do not experience obstacles in developing trust in each other. Therefore, the purpose of this study is to analyze shared power, responsibility and trust in collaboration management in the institutional Stunting Reduction Acceleration Team (TPPS) in the Province of West Papua.

## 2. Materials and Methods

This study uses a qualitative study with a case study strategy. The use of qualitative studies is expected to be able to dig up information in depth and contextually with the stunting phenomenon and various program interventions and activities carried out by TPPS. Research informants consist of the Chairperson, Secretary and members of the Stunting Reduction Acceleration Team (TPPS) of Southwest Papua Province. Data collection includes Focus Group Discussions, observations, in-depth interviews

and document searches related to this study. Data sources consist of primary data obtained from FGDs, observations and interviews with research informants, secondary data obtained through various supporting data in the form of reports, regulations to statistical data on stunting problems in the Province. Data analysis techniques used in this study are data reduction, data presentation and drawing conclusions.

### 3. Results and Discussion

In terms of institutions, the Stunting Reduction Acceleration Team (TPPS) is a team formed at the national, provincial, district/city, and village levels to coordinate efforts to accelerate stunting reduction in an integrated manner. The establishment of the TPPS is based on Presidential Regulation (Perpres) Number 72 of 2021 concerning the Acceleration of Stunting Reduction, which emphasizes the government's commitment to handling stunting problems systematically and multi-sectorally. The TPPS aims to ensure that the stunting reduction program can run effectively by involving various stakeholders, both from the government and non-government sectors.

The TPPS structure consists of various levels that have their respective duties and responsibilities. At the national level, TPPS is coordinated by the National Population and Family Planning Agency (BKKBN) by involving related ministries such as the Ministry of Health, Ministry of Home Affairs, and Ministry of Social Affairs. At the provincial level, TPPS is led by the Governor with support from Bappeda and related agencies, while at the district/city level, the Regent/Mayor is responsible for implementing the program with coordination across Regional Apparatus Organizations (OPD). At the village level, the role of TPPS is held by the Village Head, who works together with posyandu cadres, health workers, and community leaders in supervising child growth and development and educating the community about the importance of balanced nutrition.

In carrying out its functions, TPPS implements several main strategies, such as mentoring families at risk of stunting, strengthening integrated health service posts (posyandu) as community-based health centers, and using data in mapping areas with high stunting prevalence. In addition, TPPS also prioritizes cross-sector collaboration, involving ministries, local governments, community organizations, and the business world in efforts to provide nutritious food, increase access to sanitation and clean water, and strengthen maternal and child health education. All of these strategies aim to create an environment that supports optimal child growth and development.

The Indonesian government is targeting a reduction in stunting prevalence to 14% by 2024, as stated in the 2020-2024 National Medium-Term Development Plan (RPJMN). To achieve this target, TPPS plays a critical role in ensuring that specific and sensitive interventions are implemented effectively across the region, especially in areas with high stunting rates such as East Nusa Tenggara (NTT), Papua, and West Kalimantan. With a comprehensive and data-driven approach, TPPS is expected to be a driving force in reducing stunting rates in Indonesia in a sustainable manner.

Although it already has an institution, concrete strengthening of the existence of TPPS is needed, considering that this institution is the embodiment of central government regulations whose embodiment requires in-depth analysis that is in accordance with the geographical and demographic characteristics at the Provincial and Regency/City Levels. In this case, the Province of Southwest Papua can be said to be a Coastal Province when compared to the landscape of the island of Papua as a whole.

Coastal areas have unique characteristics that distinguish them from other areas, both in terms of environment, social, and economy. This area is generally dominated by communities that depend on the fisheries and marine sectors as their main livelihood. The availability of abundant natural resources, such as fish and other marine products, should be an advantage in meeting nutritional needs. However, geographical challenges, limited accessibility, and inadequate infrastructure often become obstacles in efforts to improve the welfare and health of coastal communities. These factors contribute to the risk of stunting which is still high in several coastal areas.

One of the main challenges in handling stunting in coastal areas is limited access to adequate health services. Many coastal areas are far from health service centers, so that people have difficulty in getting routine maternal and child health checks. In addition, limited health workers and uneven distribution further worsen the situation. The lack of facilities such as integrated health posts and health centers in remote areas is also an obstacle in providing sustainable nutrition education and interventions for the community.

Another challenge is the low awareness of the importance of a balanced diet and maternal and child health. Despite having access to protein-rich marine resources, coastal communities often prioritize catches as an economic commodity rather than household consumption. Diverse consumption patterns, low consumption of vegetables and fruits, and a lack of understanding of balanced nutrition are factors that exacerbate stunting. In addition, cultural factors and local habits also influence child care patterns,

which in some cases can have an impact on the limitations of optimal nutritional fulfillment.

Socio-economic aspects are also a major challenge in efforts to address stunting in coastal areas. Income instability due to fluctuations in catches, limited alternative employment opportunities, and high poverty rates have an impact on people's purchasing power for nutritious food. Limited supporting infrastructure such as roads, electricity, and clean water also affect the availability and accessibility of healthy and nutritious food. In this condition, efforts to prevent and address stunting require an approach that not only focuses on health aspects, but also on improving the welfare and economic empowerment of coastal communities.

Within the framework of collaborative governance, institutional effectiveness does not only depend on formal structures and division of functions, but also on the quality of relations between actors, especially in terms of shared power, shared responsibility, and shared trust [1].

The concept of shared power reflects the distribution of power in the decision-making process between the institutional actors involved. In the structure of the TPPS of Southwest Papua Province, this distribution is evident in cross-sector involvement: starting from the local government, military, police, legal sector, social organizations, to professional and religious organizations (Table 2). There is no dominance of a single actor, but there is a mechanism for dividing roles and functions according to the capacity of each institution. The research findings show that one of them is that the Governor as the director has the authority to formulate policies, but its implementation is highly dependent on the support of the Health Service, PKK, to the TNI and Polri for field coverage. Thus, power in handling stunting is collective and decentralized, which is in line with the principle of multi-level governance [2].

Responsibility in handling stunting is divided proportionally between various actors according to their expertise and resources. The Health Office is responsible for medical interventions and family planning; the Public Works Office supplies sanitation infrastructure and clean water; the Education Office handles healthy behavior education through the curriculum; while organizations such as the PKK and HIMPAUDI are responsible for empowering communities at the grassroots level [3].

This spread of responsibility shows a whole-of-government and whole-of-society approach, where stunting is seen as a cross-sectoral problem that requires comprehensive collaboration and is not merely sectoral [4]. Each actor plays a role in the chain

TABLE 2: Actors and Resources in the Stunting Reduction Acceleration Team (TPPS).

Position	Name/Agency	Resources Owned
Director	Governor of Southwest Papua	Policy and regulatory authority
Chief Executive	Regional Secretary of Southwest Papua Province	Cross-sector coordination
Vice Chairman	Expert Staff to the Governor for Government and Special Autonomy	Government policies and strategies
	Head of the Development Planning, Research and Innovation Agency of the Southwest Papua Region	Development planning and research
	Head of the PKK Team for Southwest Papua Province	Community education and empowerment
Executive Secretary	Head of the Department of Women's Empowerment, Child Protection, Population and Family Planning	Family welfare program
Coordinator of Sensitive Intervention and Specific Intervention Services	Department of Health, Population Control and Family Planning, Southwest Papua Province	Medical personnel, health services, family planning programs
Coordinator for Behavior Change and Family Assistance	Department of Communication, Informatics, Cryptography and Statistics of Southwest Papua Province	Public campaigns, information dissemination, communication media
Coordinator of Convergence and Planning Coordination	Regional Development Planning, Research and Innovation Agency of Southwest Papua Province	Strategic planning, development research, program budgeting
Coordinator of Data, Monitoring, Evaluation, and Knowledge Management	Dean of the Faculty of Medicine, University of Papua (UNIPA) Sorong	Medical research, health professionals, research laboratories

Source: Integrated Institutional Analysis Report on Stunting Handling in the Coastal Area of Southwest Papua Province, 2024

of interventions, both specific and sensitive, that are interrelated. For example, the provision of nutrition by the Food Office will be effective only if followed by family education by the PKK and medical support from the Regional Public Hospital and nutrition experts. This is a real form of shared responsibility [5].

Trust is the social capital that supports institutional collaboration. In the context of the TPPS of Southwest Papua, shared trust is built through consistent inter-institutional interactions based on clarity of function. Each actor understands each other’s boundaries and contributions [6]. For example, this study found that trust between military and civilian actors allows logistics distribution to run smoothly to coastal areas that are difficult to reach. Trust in professional organizations such as IDI and IBI also ensures that



the information and services provided are credible and accepted by the community. In addition, the participation of religious institutions such as the Ministry of Religion and the Ulema Council creates value-based communication channels, which strengthen community trust in government programs. This trust is very important in changing community behavior, especially regarding eating patterns and child care [7].

## 4. Conclusion

The institutional collaboration formed in the TPPS of Southwest Papua reflects a governance model that practices shared power, shared responsibility, and shared trust. These three pillars reinforce each other: shared power encourages inclusiveness; shared responsibility creates efficiency and effectiveness in program implementation; and the trust that is built strengthens the stability of cooperation and public acceptance of stunting control through the Stunting Reduction Acceleration Team. Therefore, collaboration based on these three elements is very important to ensure the success and sustainability of the stunting control program in Southwest Papua.

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