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Cross-Sector Coordination in Accelerating Stunting Reduction

A Case Study of Policy Implementation in Pahandut District, Palangkaraya City

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Abstract: Stunting is a multidimensional issue whose management depends on cross-sectoral coordination. However, in Indonesia's regional bureaucracy, which is still influenced by patrimonialism, formal coordination is often ineffective, creating tensions between hierarchical policy design and the reality of decentralized implementation. This research uses a qualitative case study design in Pahandut District, Palangka Raya City. The location selection was based not only on the prevalence of stunting (20.8%) but also on its urban-rural hybrid characteristics, which offer an ideal setting for testing Winter's implementation model. Data were collected through in-depth interviews with nine key informants, participant observation, and document analysis, and were then analyzed thematically using triangulation. The stunting policy implementation was determined more by the agency of field actors and informal networks (e.g., WhatsApp groups) than by formal structures. Family Assistance Teams (TPK) acted as street-level bureaucrats, using discretionary resources such as local language use and context-based education to address system limitations. However, they faced minimal incentives and data fragmentation. The findings enrich Winter's model by introducing the concept of "informal governance resilience," the ability of a policy system to survive through informal mechanisms when formal governance fails. Recommendations include institutionalizing informal practices, providing appropriate incentives for TPK, and designing policies that are responsive to local structural barriers.

Keywords: Policy Implementation; Cross-Sector Coordination; Stunting.

1. Introduction

Stunting is a global health challenge due to a failure of cross-sectoral coordination, with 149 million children under five affected by 2023, especially in South Asia and Sub-Saharan Africa. Despite a technically strong multisectoral policy framework, operational synergy between health, education, agriculture, and sanitation sectors is weak (Benjamin-Chung et al., 2023). The global decline in stunting prevalence from 39.7% (1990) to 21.8% (2020) was uneven, indicating that policy fragmentation and weak cross-sectoral coordination governance are the main obstacles to achieving the SDGs target of <25% (de Onis & Branca, 2016). In Sub-Saharan Africa, the prevalence of stunting is increasing in absolute numbers because nutrition interventions are not institutionally integrated, but rather implemented in a sectoral, overlapping, and uncoordinated manner (Takele et al., 2022). Vulnerable social groups such as poor, rural families and low-educated mothers face higher risks (Vaivada et al., 2020), so that multidimensional interventions are needed that target social, economic, and environmental roots (Danaei et al., 2016).

Stunting has long-term impacts on the cognition, productivity, and health of future generations (Restrepo-Méndez et al., 2015), including decreased cognitive abilities, academic achievement, and resistance to infection (Crookston et al., 2011) in adulthood. This resulted in a decline in productivity and income of up to 20%, as well as a national economic loss of 2–3% of GDP (Akseer et al., 2022) and increased risk of metabolic disease and intergenerational effects through the risk of low birth weight (Endrinikapoulos et al., 2023).

At the regional level, including in Indonesia, bureaucratic decentralization without horizontal accountability exacerbates fragmented coordination. Although stunting convergence forums have been established in areas such as Donggala, Kupang, and Padang, their implementation remains hampered by sectoral egos, data fragmentation, and minimal incentives for collaboration (Herawati & Sunjaya, 2022; Kolomboy et al., 2025). The national stunting rate (21.6% according to the 2023 SSGI) demonstrates the failure to integrate nutrition-sensitive interventions such as sanitation, education, and social protection with health-specific nutrition interventions, not due to a lack of programs, but to weak coordination.

At the local level, such as Palangka Raya (prevalence of 20.8% according to the 2022 SSGI, lower than the Central Kalimantan average of 23.5%), coordination is increasingly complex due to its urban-rural hybrid nature, ethnic diversity, and the dominance of informal bureaucratic relations (See Figure 1). Programs such as Foster Parents for Stunting and the Community Empowerment Program (TPK) demonstrate political commitment, but their effectiveness is limited by the lack of operational integration between regional government agencies (OPDs); coordination still relies on informal networks (WhatsApp) rather than measurable formal governance systems.

Cross-sector coordination in stunting management is an integrative process, not simply collaboration. Recent governance studies emphasize the need for join-up governance: the integration of institutions, levels of government, policy dimensions, and formal and informal actors into a single, outcome-based system. This requires systemic changes in institutions, resources, data, and organizational culture. While successes in Bekasi and Surabaya demonstrate the practice of join-up governance (data integration, regional accountability, and equal partnerships), the stunting literature in Indonesia remains stuck in narrow sectoral coordination (Erlyn et al., 2021; Lautt & Rahayu, 2024) A shift from “inter-OPD coordination” to “outcome-based integrated governance” is needed.

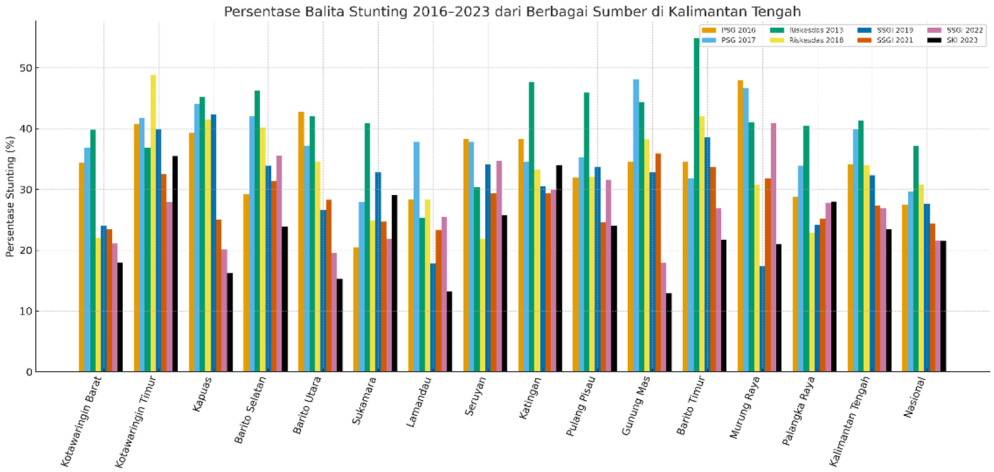

Figure 1. Percentage of Stunting Toddlers 2016–2023 From Various Sources in Central Kalimantan

Source: *Palangka Raya City Health Office*

This research utilizes Søren C. Winter's integrative theoretical framework, which emphasizes the interaction between policy formulation, implementation capacity, the socio-economic environment, and the behavior of key actors in determining successful implementation (Winter, 1990). This model is relevant for analyzing multisectoral policies such as stunting reduction, as it holistically integrates structural, process, and actor dimensions. Winter emphasizes that successful implementation is determined not only by policy design but also by institutional capacity, resource support, and the perceptions of actors on the ground. This framework allows for in-depth analysis of cross-sectoral coordination dynamics and operational barriers at the local level. The application of this model in the context of public health in developing countries is still limited, so this research has the potential to enrich the development of policy implementation theory.

Studies in Donggala, Kupang, and Padang show structural and managerial constraints even though convergence mechanisms are in place (Kolomboy et al., 2025). The role of street-level bureaucrats (health workers and cadres) is often overlooked, even though they are at the forefront of interventions (Tage & Febriyanti, 2024). While local socio-cultural and geographical contexts are rarely integrated into policy design (Hermawati et al., 2021).

Recent empirical findings reinforce this: in Surabaya, the success of Posyandu Prima (4.8% reduction in stunting by 2022) was driven by local innovation, the involvement of KSH cadres, and the integration of responsive services (Arieffiani & Ekowanti, 2024). In Bekasi, the collaborative governance approach of the Dodeca-Helix model (12 stakeholder dimensions) reduced stunting from 18.18% (2018) to 2.33% (2023), emphasizing the importance of cross-sector synergy and strengthening micro actors (Lautt & Rahayu, 2024). In contrast, in DKI Jakarta, regional inequality (20.5% in the Seribu Islands vs. 11.9% in South Jakarta) indicates a policy design that is not responsive to local disparities (Taufiqurokhman, 2023). In Bandung, spatial analysis revealed the need for data-based interventions and community participation in 14 priority sub-districts (Essa et al., 2021). Consistently, the effectiveness of stunting policies is determined not only by political commitment or budget, but also by the capacity for implementation in the field, especially the role of field-level bureaucrats and informal coordination mechanisms as the operational source (Erlyn et al., 2021).

Although there is a lot of research on stunting in Indonesia, there is still a significant gap in policy implementation studies, especially in urban-rural areas such

as Palangka Raya City (Yogopriyatno & Sartika, 2024). The majority of studies still focus on clinical aspects and individual determinants; in-depth analysis of cross-sector coordination at the operational level is very limited (Yusnita et al., 2024). Exploration of the role of field actors and policy adaptation to local contexts is minimal (Tage & Febriyanti, 2024). No research has explicitly applied Winter's theoretical framework to the analysis of stunting in Indonesia. In-depth case studies are needed to address this gap, particularly to understand the interaction of structure, actors, and context in influencing policy effectiveness.

The novelty of this research lies in applying Winter's integrative framework to the analysis of the implementation of accelerated stunting reduction in Pahandut District, Palangka Raya, a largely unexplored urban-rural hybrid area. Unlike previous studies that focused on clinical aspects or formal structures, this research reveals the dynamics of coordination at the operational level by positioning field actors (community health center officers, cadres, Family Assistance Teams) and informal mechanisms (WhatsApp groups) as the backbone of implementation, while analyzing the transition from fragmented sectoral coordination to holistic, integrative, and outcome-based joint governance. Theoretically, this research enriches the application of Winter's model in public health in developing countries; practically, it provides recommendations for strengthening coordination mechanisms, human resource capacity, and community engagement. Policy contributions include refining the design of convergence programs and strengthening evidence-based planning at the local level, thereby addressing academic gaps and providing concrete solutions for accelerating stunting reduction in Indonesia.

2. Methods

This research uses a qualitative approach with a single case study design in Pahandut District, Palangka Raya City, which was chosen because of its high prevalence of stunting (20.8% according to SSGI 2022), its urban-rural hybrid characteristics that create unique bureaucratic and social complexities, and the existence of local innovations such as the Family Companion Team (TPK) and the Stunting Foster Father Program that allow empirical observation of the tension between formal governance and informal mechanisms as a representation of the challenges of implementing multi-sector policies in urban areas with patrimonial bureaucratic roots, making it relevant to test Winter's theoretical framework in the Indonesian context (Pratchett, 1999).

The main analytical framework is Winter (1990) integrative model that analyzes the interaction between policy formulation, implementation capacity, key actor behavior, and socio-economic context, operationalized through three dimensions: Inter-Organizational Relationship Behavior (coordination between OPDs), Implementors Behavior (discretion of field bureaucrats such as TPPS, TPK, and extension workers), and Target Group Behavior (community response), with strengthening analysis through street-level bureaucracy theory (Lipsky, 1980) to capture adaptive strategies, coping mechanisms, and the dynamics between resource constraints, motivation, and local context in daily implementation practices. Data collection was conducted through in-depth interviews with 9 key informants including: the Health Promotion Coordinator of the Palangka Raya City Health Office and a member of the City TPPS, a Family Planning Field Counselor and a TPK cadre from Pahandut District, a Nutritionist from the Panarung Health Center and a TPK cadre, a TPK cadre from Panarung Village, representatives of the beneficiary community (market workers with children at risk of stunting), representatives of the active community at the integrated health post (Posyandu),

pregnant women who have not been integrated into the e-PPGBM system, the Head of Panarung Village, and representatives of the Palangka Raya City TPPS Secretariat were selected purposively to represent cross-sectors, positions in the implementation chain, involvement in formal/informal coordination mechanisms, and diversity of experiences in addition to participatory observation at Posyandu and Puskesmas and analysis of policy documents (Mayoral Regulation No. 41/2023, convergence action plan, stunting monitoring report). Data were analyzed thematically (Miles & Huberman, 1994) with credibility enhanced through triangulation of sources, methods, and member checking.

3. Results and Discussion

3.1. Policy Formulation and Design: Strong in Formality, Weak in Operational Instruments

At the Palangka Raya City level, stunting management is supported by a strong formal policy framework, including Mayoral Regulation No. 41 of 2023, the Mayor's Instruction Letter, the Integrity Pact, and a 100-day work program that prioritizes stunting. However, when analyzed through implementation in Pahandut District, a hybrid urban-rural area with dense settlements, daily worker families, and unequal access to services, a structural gap between policy design and operational reality is revealed: top-down political commitments have not been translated into implementation mechanisms that are inclusive and responsive to the local context.

3.1.1. High Political Commitment: A Strong Formal Basis

Institutionally, political commitment is indeed strong, as evidenced by Mayoral Regulation No. 41/2023, the Mayor's Instruction Letter, and the 100-day work program. However, at the operational level in Pahandut District, this commitment tends to be top-down and has not fully reached the implementation mechanisms at the village and integrated health post (posyandu) levels.

For example, the mandatory education policy for prospective brides and grooms (catin) has been implemented through a collaboration between the Office of Religious Affairs (KUA), the National Population and Family Planning Agency (BKKBN), and the Population and Family Planning Office (Disdalduk KB), with active assistance from the Family Planning and Family Planning Team (TPK) using counseling and the Elsimil application. However, as Ms. Linda (PLKB & TPK cadre) stated, limited access to village data, especially for verifying prospective brides and grooms who are not yet administratively registered, hampers initial assistance. This indicates that, despite a strong political mandate, the integration of operational mechanisms with local administrative systems remains weak.

While a top-down approach aligns with Winter's framework (2012), which views policy formulation as a response to public pressure and the national agenda, in Pahandut, it appears that policy formalization does not necessarily guarantee effective implementation if it is not accompanied by strengthening the capacity of lower-level bureaucracy and synchronizing it with local socio-cultural structures.

Thus, despite having a solid legal basis, the stunting policy design in Palangka Raya City demonstrates structural inequalities that become increasingly apparent when implemented in a heterogeneous area such as Pahandut District, which encompasses both densely populated urban and suburban areas with unequal access to services (See Figure 2).

Figure 2. Mrs. Diana, a market worker with a family at risk of stunting. This photo illustrates the reality of non-mobile families who are not covered by the national data system

Source: *Researcher Observations, 2025.*

First, access to name-by-address data from the Population and Civil Registration Office (Disdukcapil) remains a major obstacle. At the Panarung Community Health Center (part of Pahandut District), Mrs. Ari Panie revealed that the toddler data in the SIGIZI Terpadu application only covers around 300 out of a target of thousands of toddlers, as it only records children who visit the integrated health post (posyandu) or community health center (puskesmas). Meanwhile, many families, especially daily workers like Mrs. Diana (Figure 2), who works in the market from morning to evening, do not have time to take their children to the posyandu. As a result, children from vulnerable families are not detected and therefore excluded from PMT interventions or TPK assistance. This indicates that the national data system (e-PPGBM/SIGIZI) is failing to reach non-mobile populations, as its design is still based on voluntary visits, rather than an active outreach approach.

Second, budget constraints are acutely felt at the operational level in Pahandut. Although not as extreme as in Rakumpit, several posyandus in the outskirts of Pahandut experience PMT distribution constraints due to logistics costs and fluctuations in local food prices. Mrs. Ferae Natalia noted that the Rp16,500 per toddler per day budget, after deducting administrative costs, was insufficient to purchase nutritious food in remote areas. In Pahandut, even though it doesn't cross rivers like Rakumpit, transportation costs and travel time remain barriers for TPK cadres in conducting routine visits. This reflects a lack of sensitivity in budget design to geographic and socioeconomic disparities at the sub-district level.

Third, the lack of formal sanctions or incentives for less responsive regional government agencies (OPDs) results in uneven coordination. In Pahandut, although the Health Office and the Population and Family Planning Office (Disdalduk KB) are active, the participation of the Education Office, Social Services Office, and Housing Office remains incidental. For example, healthy toilet sanitation programs or nutrition counseling in schools are often not coordinated with the TPK mentoring schedule. As Ms. Ferae noted, sectoral egos persist, with OPDs tending to claim program success without acknowledging cross-sectoral contributions. Without a binding accountability mechanism, cross-sectoral commitments in Pahandut remain symbolic and do not directly impact improving the conditions of families at risk of stunting.

3.1.2. The Stunting Foster Parent Program: Symbolism vs. Substance

One of the leading initiatives to accelerate stunting reduction in Palangka Raya City is the Foster Parents/Carers of Stunting Children (BAAS) Program, which requires every Regional Apparatus Organization (OPD) official, down to the head of division, to become a mentor for families at risk of stunting. Formally, this program represents an effort to institutionalize cross-sectoral accountability, in line with the principles of national stunting convergence. However, when viewed from its implementation in Pahandut District, the program reveals a tension between political symbolism and operational substance.

At the city level, BAAS reflects a strong political commitment: each OPD has a quota of foster families, and assistance in the form of rice, eggs, and milk is distributed through community health centers (Puskesmas) to integrated health posts (Posyandu). However, in the field, its effectiveness depends heavily on individual initiative, rather than a structured system. As noted by Mrs. Ferae Natalia, although BAAS is included in the agenda of the quarterly TPPS meetings, there are no binding performance indicators or adequate evaluation mechanisms to ensure that assistance reaches its targets and improves children's nutritional status.

Crucially, access to target families in Pahandut is unequal. Mrs. Diana, a market worker living in Pahandut District, stated that she had never heard of the BAAS program, even though her child is categorized as at risk of stunting. She does not regularly attend the integrated health post (Posyandu) due to conflicting work hours, so her child is not registered in the e-PPGBM system. This suggests that BAAS, which relies on data from Posyandus, fails to reach non-mobile populations, particularly poor urban families underserved by conventional health care systems.

On the other hand, for registered families, BAAS does provide immediate benefits. However, aid distribution is often unsustainable and uncoordinated with other interventions. More worryingly, BAAS has not been integrated with sensitive interventions outside the health sector. Yet, as Mrs. Ari Panie from the Panarung Community Health Center emphasized, many cases of stunting in Pahandut are rooted in poor sanitation, inadequate home ventilation, or a lack of clean sanitation (See Figure 3).

Figure 3. Mrs. Diana's home environment in Pahandut district shows poor sanitation conditions. This condition reflects environmental factors that significantly contribute to the risk of stunting.

Source: *Researcher Observations, 2025.*

This phenomenon aligns with Winter's concept of "symbolic policy": BAAS functions more as a political legitimation tool, demonstrating that "all OPDs are involved," than as a measurable, sustainable operational mechanism. While TPPS meetings do record OPD participation in BAAS, no sanctions are imposed on inactive parties, and there are no performance-based incentives. Consequently, OPD involvement is voluntary and inconsistent (Winter, 2012).

3.2. Implementation Process: Fragmented Coordination Despite Official Forums

At the city level, a cross-sector coordination mechanism to accelerate stunting reduction has been formalized through the establishment of a Stunting Reduction Acceleration Team (TPPS), led by the Regional Secretary as the chief executive. However, when viewed from the perspective of implementation in Pahandut District, this formal coordination is fragmented and unresponsive to operational dynamics on the ground. As noted by Mrs. Ferae Natalia (Health Office Health Promotion Team), TPPS meetings are held only twice a year, usually coinciding with the release of SSGI data or year-end evaluations. These meetings are strategic and ceremonial, focusing more on reporting than on resolving technical issues faced by officials in areas like Pahandut.

In Pahandut, day-to-day operational coordination occurs through informal channels, primarily cross-sector WhatsApp groups such as "Prevent Stunting." Mrs. Ferae emphasized that "intensive communication occurs daily through WhatsApp groups," rather than through official forums. Through these platforms, officials from the Health Office, the Population and Family Planning Office, sub-districts, and even TPK cadres share information about target families, challenges with PMT distribution, and the need for real-time data validation. For example, when the TPK in Panarung and Pahandut Sub-districts found families with poor sanitation and children at risk of stunting, they immediately contacted the Department of Public Housing and Residential Areas through a group to request intervention to build toilets, without waiting for the quarterly meeting.

This phenomenon reflects what has been called "formal governance failure compensated for by informal social resilience." In Pahandut, infrequent and bureaucratic formal meetings are unable to address local complexities such as workers' work hours that don't align with integrated health post (Posyandu) schedules, or families who are missed due to failure to attend health facilities. Instead, informal networks act as a "facilitator" that allows cross-sector collaboration to continue even when the formal system stagnates.

However, the effectiveness of these informal networks depends heavily on individual agency. Ms. Linda (PLKB and TPK cadre) and Ms. Ari Panie (nutritionist at Panarung Community Health Center) acknowledged that cross-sector coordination in Pahandut runs smoothly due to strong personal relationships between staff, not due to binding institutional mechanisms. When there are personnel changes, such as a change in the division head of an OPD (Regional Apparatus Organization), coordination is often disrupted due to the lack of standard procedures for transferring knowledge or responsibility.

Furthermore, the mismatch between formal roles and operational capacity is also evident in Pahandut. Although the Regional Development Planning Agency (Bappedalitbang) is designated as the leading sector, the Population Control and Family Planning Office (DPK) and the Health Agency are the primary drivers of implementation. Ms. Ferae noted that "the sub-district is the true owner of the

territory," so coordination with the sub-district head and Integrated Health Post for Child Health (Posyandu) cadres is far more crucial to the success of interventions than directives from the Bappedalitbang (Research and Development Planning Agency), which are distant from the realities on the ground. In fact, to access population data from the Population and Civil Registration Office, which should be the basis for the by-name-by-address intervention, the Population Control and Family Planning Office must submit an official letter, even though the two agencies are integrated into one TPPS. This demonstrates that sectoral egos and administrative formalism still hinder data integration, even though informal coordination is running smoothly.

These findings point to more nuanced policy implications: rather than simply increasing the frequency of formal meetings or strengthening the role of the Regional Development Planning Agency (Bappedalitbang), local governments need to recognize and institutionalize proven effective informal mechanisms. For example, documenting communication protocols via WhatsApp as part of coordination standard operating procedures (SOPs), rewarding responsive regional government agencies (OPDs) within groups, or integrating data from TPK home visits into the e-PPGBM system without waiting for formal reports. In this way, the agility of informal networks can be combined with the accountability of formal systems, creating responsive, inclusive, and sustainable stunting governance, particularly in urban-rural areas like Pahandut.

3.3. The Main Obstacles to Inter-agency Collaboration and the Role of TPK As Field-Level Bureaucrats in Pahandut District

At the city level, cross-sectoral commitment to stunting reduction has been formalized through a memorandum of understanding (MoU), an Integrity Pact, and the establishment of the TPPS (Community Development Planning Agency). However, when viewed through the lens of implementation in Pahandut District, inter-agency collaboration is hampered by sectoral egos rooted in bureaucratic culture, even though all Regional Apparatus Organizations (OPDs) are officially members of the TPPS. As Mrs. Ferae Natalia noted, many OPDs still view stunting as "the Health Office's business," leading to passive or symbolic participation. For example, the Education Office is rarely actively involved in adolescent nutrition support in schools, even though early childhood education is key to stunting prevention. Similarly, the Public Works and Housing Office and the Environmental Office, which should be handling sanitation and home ventilation—determinants of 70% of stunting—are often absent from technical coordination meetings at the sub-district level.

This phenomenon is exacerbated by rigid administrative formalism. Ms. Ferae noted that although the Population and Civil Registration Office (Disdalduk KB) serves as the TPPS secretariat, access to population data from the Disdukcapil (Civil Registry Office) still requires official correspondence, even for name-by-address data collection. This demonstrates that the MoU and Integrity Pact are insufficient to address bureaucratic fragmentation. As Winter (2012) explains, in a chain implementation system where the output of one agency becomes the input of another, the reluctance to share data serves as a "veto point" that hinders the entire chain of interventions. In Pahandut, the lack of complete data from the Disdukcapil makes it difficult for the TPK (Family Support Team) to identify at-risk families who do not attend integrated health posts (Posyandu). For example, Ms. Diana, a market

worker, stated that she had never heard of the Foster Parents program for Stunting because she was not registered in the e-PPGBM system.

However, amid this failure of formal governance, the Family Support Assistance (TPK) emerged as a key actor in ensuring the intervention's continuity. In Pahandut, the Community Empowerment Team (TPK), comprised of integrated health post (Posyandu) cadres, family planning (PKK) cadres, and health workers (such as Ibu Linda and Midwife Jainah), operates as street-level bureaucrats who use discretion to overcome structural limitations. They don't simply follow standard operating procedures (SOPs) but adapt their approach to the local context. For example, Ibu Ari Panie (a nutritionist at the Panarung Community Health Center) uses the Dayak language when assisting families in the Panarung area, while for teenagers, Mrs. Ferae designed an educational game to explain anemia without sounding patronizing.

The Community Empowerment and Spatial Planning (TPK) also fills the gaps left by other government agencies. When the Public Works and Housing Agency (Dishub) is absent from the assistance, the TPK audits the condition of homes themselves: whether there are windows, clean water, or sanitary toilets. In the case of one of the BAAS foster children, the TPK found that recurrent stunting was not caused by insufficient food intake, but rather by unventilated houses and unboiled drinking water from rivers. Without the TPK's holistic intervention, BAAS's food assistance, such as rice and eggs, would go to waste.

However, the TPK's central role is not supported by adequate structural incentives. They only receive transportation assistance of Rp75,000 per visit (in the form of phone credit) and Rp300,000 per quarter, far below actual operational costs, especially in areas like Pahandut that require high mobility. Ms. Ferae acknowledged that cadres are often exhausted from having to balance TPK duties with primary jobs or household responsibilities. In Winter's framework (2012), this reflects an imbalance between "will" and "capacity": the TPK is highly committed, but the system does not provide sustainable support.

3.3.1. TPK Discretion in Pahandut District: Cultural Adaptation and Educational Innovation as Coping Strategies

Amidst the limitations of the formal system, ranging from data fragmentation to minimal structural incentives, the Family Assistance Team (TPK) in Pahandut District emerged as a key actor that not only implemented policies, but also adapted and interpreted the meaning of these policies according to the local context (See Figure 4).

Figure 4. Monthly Activities of the Kacapiring Integrated Health Post (Posyandu) in Pahandut District

Source: *Researcher Observations, 2025.*

As street-level bureaucrats, TPK in Pahandut demonstrate high discretion in two main domains: cross-cultural communication and health education design, which have been empirically proven to increase community acceptance and relevance of interventions.

A. Discretion in Communication: Local Language as a Bridge of Trust

One of the most obvious forms of discretion is the use of local languages in the mentoring process. In Panarung Village, Mrs. Ari Panie, a nutritionist and TPK (National Child Health Development Team) cadre, consistently uses Dayak when interacting with target families. As she explained: "If they're Dayak, I speak Dayak. So, the atmosphere is more comfortable and the community is more open." This approach is not simply a linguistic choice, but rather a rational coping strategy (Winter, 2012) to overcome communication barriers arising from ethnic diversity and low health literacy among marginalized communities.

The use of local languages creates a non-hierarchical space for dialogue, where families do not feel judged or interrogated but are instead supported empathetically. This contrasts sharply with formal practices in community health centers, where technical terms like "stunting" or "malnutrition" often trigger social stigma and rejection. In Pahandut, the TPK avoids direct medical labels. Instead, they begin with empathetic questions: "Does your child often have coughs, colds, or diarrhea, Ma'am?" or "Does the food at home have enough variety, Ma'am?" This approach allows for the identification of root causes of stunting, such as poor sanitation, undrinkable water, or psychosocial stress from divorce, which are not detected through anthropometric measurements alone.

B. Methodological Innovation: Education Adapted to Demographics and Social Mobility

TPK in Pahandut also demonstrated high flexibility in educational design, tailoring it to the community's demographic profile and lifestyle. For adolescent girls, Ms. Ferae Natalia from the Health Office's Health Promotion Team developed an interactive game method: groups of children were asked to move an uneven number of pens to illustrate the concept of red blood cell deficiency. This game not only concretely conceptualized abstract concepts but also avoided the patronizing approach often resisted by adolescents.

Conversely, for parents of productive age, the approach is more personal counseling. In Pahandut Village, Ms. Linda (a community health center (PLKB) and TPK cadre) acknowledged that "we first explore their concerns, then provide education." For example, when encountering mothers who are reluctant to bring their children to the integrated health post (Posyandu) because they are busy working at the market, the TPK does not force compliance, but instead adjusts the home visit schedule or directs them to door-to-door services such as the GEMAS Balita program.

3.4. Target Group Behavior and Socio-Economic Context: Ambivalent Responses and Structural Barriers

The implementation of the stunting reduction program in Palangka Raya City is heavily influenced by the behavior of target households, which exhibits ambivalent behavior ranging from active involvement to passive resistance. This duality is not merely a reflection of individual attitudes but is deeply rooted in structural barriers, including socioeconomic conditions, geographic isolation, and social stigma. As emphasized by Winter (2012), policy outcomes are shaped not only by formal design

and bureaucratic execution, but also by interactions between society and the broader socio-ecological environment.

3.4.1. Positive Response: Readiness to Participate and Openness to Support

In Pahandut District, the community's response to the stunting reduction program demonstrated a sharp duality: on the one hand, openness and active participation; on the other, avoidance and systematic absence. However, as Winter (2012) emphasized, these responses were not simply individual choices, but rational strategies shaped by structural pressures, particularly poverty, the mobility of daily laborers, and social stigma.

Communities accustomed to integrated health post (Posyandu) services, such as Mrs. Witari Wilda in Panarung Village, consistently responded positively. She acknowledged that her child received supplementary feeding (PMT) after being diagnosed with weight stagnation at the Posyandu and appreciated the "integrated" and "friendly" support from the community health center staff. For families like this, the TPK is not a stranger, but rather a familiar face from a familiar service system. The TPK's presence at home is even greeted with the greeting: "Oh yes, Ma'am, please visit." (Mrs. Ari Panie).

This participation is reinforced by direct material benefits. PMT, iron tablets (TTD), and nutrition education serve as concrete incentives that align policy objectives with the family's economic needs. Within Winter's framework (2012), this reflects the co-production of public services: communities are not merely passive recipients but actively involved actors, as interventions address real nutritional and economic needs.

However, this engagement is highly dependent on accessibility. Zulaikha, despite living in Pahandut, had never attended a community health post (posyandu) during her pregnancy because she had recently moved and was not yet registered with the local neighborhood association (RT). She only accessed services through community health centers (Puskesmas) and specialist doctors, which are not integrated with the e-PPGBM system. This suggests that the positive response was not universal, but rather concentrated among groups already connected to traditional service systems.

3.4.2. Negative Responses: Distortion, Avoidance, and Social Stigma in Pahandut District

In Pahandut District, the negative response to the stunting reduction program did not emerge as ideological rejection, but rather as a rational, adaptive strategy in the face of structural pressures of poverty, stigma, and social insecurity. As Winter (2012) emphasized, in the context of limited resources, behavior that appears "deviant" is actually a logical form of coping.

One recurring form of distortion is the sale of food aids such as rice, eggs, and milk by recipient families. Mrs. Ferae Natalia revealed that in some cases, aid from the Foster Parents Program for Stunting was resold to meet more pressing daily needs, such as washing clothes or buying cigarettes. This phenomenon does not reflect indifference to child nutrition, but rather a survival strategy in conditions of economic insecurity. For poor urban families like those found in Pahandut Village, short-term priorities (cash) are more pressing than long-term investments (children's nutritional status). Within Winter's framework (2012), this is a form of rational coping—not deviance, but rather an adaptation to material realities unanticipated in policy design.

The stigma associated with the label "stunting" is a major barrier to community participation. Mrs. Ferae emphasized that health workers are prohibited from directly using the term "stunting" to parents, as it can trigger shame and withdrawal. In Pahandut, some mothers stopped attending the integrated health post (Posyandu) after their children were categorized as stunted, fearing that neighbors would judge them as "failed parents." Mrs. Witari Wilda, although active in the Posyandu, acknowledged that the label carries a heavy social burden: "If a child is said to be stunted, parents feel guilty and ashamed to bring their child to the Posyandu." This demonstrates the incongruity between the technocratic logic of policy and social interpretations on the ground. On the one hand, "stunting" is a neutral anthropometric classification. On the other hand, in a competitive urban society, the term has become a symbol of social failure. As a result, health interventions intended to help actually trigger systematic avoidance, especially among families highly sensitive to social judgment. While not involving physical violence, this situation reflects structural controls stemming from everyday economics, such as time poverty and gender inequality, that limit participation, particularly for working women. In Winter's (2012) framework, these barriers indicate that policy implementation cannot be separated from the broader socio-ecological context, including gender dynamics, household economics, and social threats.

4. Conclusion

This study addresses the main question: why does cross-sectoral coordination in the implementation of stunting reduction policies in Pahandut District remain ineffective despite strong political commitment and formal structures? By integrating Søren C. Winter's theoretical framework with the concept of street-level bureaucracy, the findings suggest that cross-sectoral coordination fails not because of the absence of formal mechanisms, but because these structures are unable to capture local complexities. On the one hand, Winter's theory is reinforced by the dimensions of actor behavior (implementer behavior) and the socio-economic context, which are key determinants of implementation effectiveness. On the other hand, this theory needs to be expanded. In Indonesia's hybrid bureaucratic context, cross-sectoral coordination operates through informal networks such as WhatsApp groups and personal initiatives of the Community Empowerment and Development Team (TPK), rather than through formal forums like the TPPS. Therefore, the concept of cross-sectoral coordination, previously assumed to be a structured institutional process, needs to be revised to encompass the dimensions of informality, trust, and agency of field actors as integral components of multisectoral governance.

A major limitation of this research is the single-case study design, which limits the generalizability of the findings. However, it is precisely from these limitations that a future research agenda emerges: (1) a comparative study between urban and rural areas to test the extent to which "informal resilience" applies as a general pattern in Indonesian bureaucracy; (2) exploration of the mechanisms for institutionalizing informal practices without sacrificing their flexibility; and (3) development of operational indicators to measure outcome-based cross-sector coordination, not just the existence of forums or policy documents.

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