VILLAGE CAPACITY BUILDING STRATEGY IN EFFORTS TO PREVENT STUNTING IN PANDEGLANG

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ABSTRACT

Local autonomy that revolves in Indonesia has provided opportunities for villages to develop independent villages following the potential of the villages—in line with the Undang-Undang Nomor 6 Tahun 2014 concerning Villages. The most common health problem in rural areas and directly related to the quality of Indonesian human resources is stunting. For this reason, this study is intended to illustrate how the strategy of increasing the capacity of organizations and increasing the capacity of village officials in efforts to prevent stunting in villages. Besides the government, stunting prevention in Pandeglang also involves the private sector and academics. These sectors are directly involved in increasing village capacity to prevent stunting. This study used a qualitative approach with descriptive method. Data collection techniques were in-depth interviews, observation, and study of documents related to the research topic. From the results of the study it was found that the ability of organizations in planning, implementing, and evaluating programs, managing village funds, socialization and communication, partnerships, fostering village government, and village communities, became the dominant factor in handling stunting in Pandeglang.

Keywords: organizational capacity building, villages, stunting, Pandeglang

A. PELIMINARY

The development of Human Resources (HR) in a country is directly influenced by the health policies implemented by the government for its people. Based on UNDP 2019 data (www.hdr.undp.org) life expectancy in Indonesia has increased to 71.5. The Undang-Undang Dasar Republik Indonesia Tahun 1945, as a result of the amendment, in Article 28F paragraph 1 states that every person has the right to live in physical and spiritual prosperity and to be healthy and entitled to receive health services. Also, in article 34 paragraph 3 it is explained that the state is responsible for providing good health service facilities. This is of course a priority for President Jokowi's work, which is set out in the Peraturan Presiden No. 18 Tahun 2020 concerning the 2020-2024 RPJMN. The 5 (five) national priority programs are as follows: (1) Infrastructure Development, (2) Human Resources Development, (3) Investment to Open Employment, (4) Bureaucracy Reform, and (5) on target APBN/State Budget. While the national priorities of the
planned activities and programs for 2020 consist of (1) human development and poverty reduction (2) connectivity and equity (3) economic value-added and employment opportunities (4) food, water, energy, and environmental security (5) defense and security stability. In the human development and poverty alleviation program, there are also 5 programs, there are (1) social protection and population management (2) increasing access and quality of health services (3) equitable education services (4) poverty reduction (5) cultural, character, and development nation’s achievement. In the program to improve access and quality of health services, there are also 5 activities, there are (1) improving maternal care, child and family planning and health reproduction (2) accelerating improvement of community nutrition (3) improving disease control (4) strengthening community movements (5) improving health services and controlling drugs and food. For better understanding about the government’s national cascading program, look at the matrix below:

![Figure 1. Cascading of National Program](Perpres 18/2020)

RPJMN target can be achieved by each sector, ministries, and institutions also Local governments. To improve the quality of Indonesian human resources, strengthening of community health is a must. However, several health indicators in Indonesia, such as stunting prevalence rates are still above 30%, maternal mortality rates are still high (305 maternal deaths per 100,000 births), non-communicable diseases, and high consumption of cigarettes by teens (Baseline Health Research/Riskesdas 2018). The above conditions greatly affect the quality of Indonesian human resources in the long run. Massive infrastructure
development will not be fully utilized if in the future the quality of Indonesian human resources is still far from what is expected.

One indicator of improved public health is the decline in the prevalence of stunting in Indonesia. Based on 2018 Baseline Health Research/Riskesdas data, stunting occurs in almost all provinces in Indonesia, since 2010 to 2018 the prevalence of stunting in Indonesia has indeed continued to decline, but the prevalence rate has not managed to exceed the standards set by WHO which is 20% (Kesehatan, 2018).

![Figure 2. Prevalence of Stunting, 2010 - 2018](image)

Source: Baseline Health Research/Riskesdas (reprocessed data)

Seeing the above conditions, since 2009 the government has issued several policies, either in the form of laws, government regulations, presidential regulations, or health minister regulations as the implementing regulations, as a strategy to reduce the prevalence of stunting in Indonesia. However, until 2019, the prevalence of stunting in Indonesia is still high, at 27.7%. In 2018 the government issued a national strategy to prevent stunting consisting of 5 (five) pillars: (1) commitment and vision of leadership, (2) national campaigns and behavioral change communication, (3) convergence, coordination, and consolidation of central, Local, and village programs, (4) food and nutrition security, and (5) monitoring and evaluation. To be effective, this strategy is not only implemented by the government but must also involve other actors such as academics, the private sector, society, media, and philanthropies (Satriawan, 2018).

To achieve the set targets, of course, cooperation between the central and local governments is needed. With decentralization and Local autonomy, it is expected to accelerate the improvement of people's welfare, public services, increase Local competitiveness, and optimize the performance of local governments, and strengthen the implementation of regulations locally. For this reason, it is necessary to increase coaching and supervision for Local governments. Besides, the most important thing is to increase the capacity of the Local government. However, the decentralization policy can also be a double-edged sword, since it is hoped that decentralization can provide welfare and improve the health of the community, but decentralization can also worsen the welfare and health status of the community, or even decentralization causes the imbalance of health facilities and health resources between
provinces/districts/cities. This is due to the reality of health problems in the region are directly influenced by politics in the area. one of the examples is the direct election of Local heads who sell health as a political commodity. During their campaign, it is not uncommon for candidates to nominate free health services, but when elected, it is undeniable that the first thing to do is to build infrastructure, and the other is the cost to maintain a position with many acts of corruption, collusion, and nepotism in maintaining their position as Local head. Also, the problem of collaborative cross-sectoral financing in the regions has not been optimized.

Furthermore, the implementation of decentralization has reached the smallest organization in the government organization—the Village. In handling stunting nationally, the role of the village as the organization closest to the community is paramount. In the Undang-Undang Nomor 6 Tahun 2014 concerning Villages, village authority is granted based on original rights, local authority, or authority assigned by the provincial, district, or central government following applicable laws. Stunting is a national priority program, so the role of the village government, city government, district government, provincial government, and central government, as well as other non-governmental actors, is important to achieve the success of the targets set—the reduction in the stunting prevalence rate to 14% in 2024.

B. CONCEPT
a. Organizational Capacity Building
Capacity building is often associated with aspects of management and organization. Many terms refer to the same thing, such as organizational development, capacity development, organizational innovation, but almost all of the above terminology is related to how to improve an organization's ability to achieve the goals set (Goodman et al., 1998). Capacity development is also defined as a process that is performed continuously, either by individuals, groups, organizations, or communities to perform the main tasks, solve existing problems, achieve the goals set and performed so that they can continuously adapt to the context of environmental change (Horton et al., 1995). Grindle (1997) stated that capacity building has the following dimensions, focus, and types of activities:
Table 1. Dimensions, Focus, Types of Capacity Building Activities

| Dimension                | Focus                                                                 | Types of Activities                     |
|--------------------------|-----------------------------------------------------------------------|------------------------------------------|
| HR Development           | Creating competent and professional human resources                   | 1. Training                              |
|                          |                                                                       | 2. Direct Work Practices                 |
|                          |                                                                       | 3. Recruitment                           |
| Organizational Strengthening | Organizing management in order to increase the success of roles and functions | 1. Incentive system                      |
|                          |                                                                       | 2. HR system                             |
|                          |                                                                       | 3. Leadership                            |
|                          |                                                                       | 4. Organizational Culture                |
|                          |                                                                       | 5. Communication                         |
| Institutional Reform     | Macro Institutional Arrangements                                      | 1. Applicable policies                   |
|                          |                                                                       | 2. Environmental influences             |

Source: Grindle (1997)

Therefore, organizations that deliberately increase their capacity will focus on these 3 (three) dimensions—HR, Organization, and Institutional Reform.

**b. HR Competency**

In the public sector, the competence of government officials plays an important role. Hughes (2003) states that HR in the public sector is important because, the officials are policymakers and service providers to the public, so the quality of policies and services provided is highly dependent on the competencies of the HR or officials. Competence refers to the knowledge, expertise, and work attitude needed to complete the work given (Spencer & Spencer, 1993). Knowledge, skills, and work attitudes are needed in dealing with problems in the community. Without knowledge, skills, and good work attitudes, government officials cannot perform well. HR competence is very closely related to performance, while performance is very closely related to the quality of services provided.

**c. Stunting**

Unicef (2013) in its report states that 1 in 4 children is experiencing conditions of failure to grow, and the number reached 165 million children spreading across 14 countries. Indonesia ranks third in Asia with an average stunting prevalence rate from 2005-2017 of 36.4%. Stunting is a condition of malnutrition that causes dwarfism in children. Stunting is an indicator of the quality of human resources of a country because in the long run stunting will cause a decline in children's cognitive abilities, then the child is also vulnerable to non-communicable disease infections (Grantham-McGregor et al., 2007). Specific nutritional intervention is highly recommended for stunting children, high protein-containing foods derived from animal protein sources can prevent stunting in children (Headey, Hirvonen, & Hoddinott, 2018). This is concurred by Ertl, Knaus, and Zollitsch (2016) that protein derived from animal sources is easily digested by the body and has a good effect on body growth. The potential
economic profit from stunting reduction investment in Indonesia is 48 times higher (Hoddinott, Alderman, Behrman, Haddad, & Horton, 2013). In the Professorship inauguration speech of Prof. Dr. dr. Damayanti Rusli Sjarif, SpA (K), she explained that to prevent stunting, it can be done by a genomic nutritional approach, that is, babies after birth must receive nutritious breastmilk, proper feeding, complete and balanced nutrition, and by utilizing local animal food sources. Besides, parents are also advised to take measurements of body weight and height correctly, carried out routinely to the *Posyandu* (integrated healthcare center), so that it can be an early detection in case of nutritional problems in children.

d. Conceptual Framework

In this study, the conceptual framework is as follows:

Increasing the capacity of the village government, regarding planning village activities, is achieved through budgeting from village funds, providing needed resources, carrying out planned activities, communicating and socializing activities to get community support, leadership, and creating organizational culture, and conducting evaluations. Besides, increasing human resource capacity is related to providing training to village officials and village cadres, strengthening organizations that foster villages—in this case, is the village government empowerment service, and conducting recruitment following competency needs.

Optimal organizational strengthening, supported by competent human resources, will produce a good performance. If it is related to stunting, then the village's ability to plan stunting activities, budgeting village funds for handling stunting with proper management will support early detection of stunting prevention in the village.

C. METHODS

This study used a qualitative approach with descriptive method. Data collection techniques were in-depth interviews, observation, and study of documents related to the research topic. Data analysis used data triangulation techniques, which matched the answers of the informants with key information and applicable laws and regulations. The informants in this study were several Local official organizations (OPD) in Pandeglang, such as the Health Office, the Office of Community Empowerment and Village Government, the Office of Food
Security, the Office of Women's Empowerment and Child Protection, and the Faculty of Medicine, University of Indonesia.

D. EXPLANATION
a. Relationship of Central and Local Governments

The consequence of a unitary state is that the final responsibility of the government is in the hands of the president. Government affairs submitted to the regions come from government power in the hands of the president. Then, the president establishes guidelines for the administration of government and conducts coaching and supervision on Local government administration. The Ministry of Home Affairs in this case coordinates the development and supervision of the implementation of provincial/district/city Local government, which is performed by the governor as a representative of the central government. Therefore, the president's relationship with the governor and the regent/mayor is hierarchical, and the governor's relationship as the representative of the central government with the regent/mayor is hierarchical. Within the framework of fostering and supervising Local governments, it is the responsibility of the president following article 4 paragraph 1 of the 1945 Constitution.

Guidance and supervision, in general, are performed by the Ministry of Home Affairs, while coaching and supervision are specifically performed by the K/L related affairs. Government affairs are divided into basic services covering education, health, public works, and spatial planning, public housing and settlements, public order, and social affairs. However, non-basic services are adjusted to the principles of externality, accountability, efficiency, and certain specified criteria. For basic services, local governments must set minimum service standards (SPM) and also Norms, Standards, and Work Guidelines (NSPK).

b. Overview of Stunting Area in Pandeglang

The Undang-Undang Nomor 6 Tahun 2014 defines the Village as a legal community unit that has the territorial limits that are authorized to regulate and administer government affairs, the interests of the local community based on community initiatives, original rights, and/or traditional rights that are recognized and respected in the government system of the Unitary Republic of the Republic Indonesia (NKRI). In 2018 TNP2K had determined that Pandeglang Regency was included in 100 districts which were the stunting locus. The stunting locus in Pandeglang is in 10 villages in 6 districts. We can see the profile of the village which is the stunting locus in Pandeglang in the table below:
| No | District | Villages     | IDM Index | IDM Status            |
|----|----------|--------------|-----------|-----------------------|
| 1  | Keroncong| Tegal Longok | 0.5284    | Under Develop Village |
|    |          | Pasir Karag  | 0.6167    | Developing Village     |
|    |          | Koroncong   | 0.6067    | Developing Village     |
|    |          | Pakuluran    | 0.5907    | Under Develop Village |
| 2  | Kadohejo | Bayumundu    | 0.6195    | Developing Village     |
| 3  | Banjar   | Kadumaneuh   | 0.6213    | Developing Village     |
| 4  | Cipeucang| Kadugadung   | 0.6097    | Developing Village     |
|    |          | Koncang      | 0.5324    | Under Develop Village |
| 5  | Saketi   | Langensari   | 0.5681    | Under Develop Village |
| 6  | Sindang Resmi | Pasir Durung | 0.5600   | Under Develop Village |

Figure 3. Stunting Area in Pandeglang

Source: Ministry of Villages, Disadvantages Regions, and Transmigration

From the table above, we can conclude from the 10 villages that were the stunting locus in Pandeglang, 5 villages as underdeveloped villages, and 5 villages as developing villages. Based on Electronic Data-Disability and Community-Based Nutrition Reporting (E-PPGBM) owned by Pandeglang District Health Office, the number of stunted children in Pandeglang is 8000 children, but only 10 villages are the stunting locus.

Based on IDM issued by the Ministry of Health PTT, all the villages above have social security indices, especially in the health sector with insignificant scores. The distance from the village to the nearest health facility is still far, the number of health workers in the village is still lacking, the level of activity at the Posyandu is not routine, and the level of BPJS participation from the village community is still low. The Health Office of Pandeglang admitted that public awareness of the Posyandu was still low.

c. Village Organizations

In the Undang-Undang Nomor 6 Tahun 2014 concerning Villages, what is meant by the Village Government is the Village Head assisted by the Village Officials. These village officials are the Village Secretariat, Local Implementer, and Technical Implementer. The village head is directly elected by the village community, the number of structures and organization of village officials is adjusted to the functions in the village, and is adjusted to the level of the village. The description of the structure, organization, and work procedure of the village government is in the Peraturan Menteri Dalam Negeri No. 84 Tahun 2016.
concerning Village Government SOTK. However, observing the affairs of the local government, the village government must also perform basic services without exception. Because of its autonomy in regulating and formulating government affairs, health matters must be a priority, including stunting handling which is a national target.

The Ministry of Villages has superior programs for villages such as the village community circle, the economic granary, and the cultural circle. This program indirectly became a goal that must be achieved by each village. Then the village organization must have the capacity to create these 3 things. Village organizations in each village must be able to identify the physical potential and non-physical potential of the village. For this reason, the village head election process must begin with an open, honest, and fair election. From a good process, the trust of the village community towards the village government will be high, this will provide support for information and other resources needed by the village government.

d. Village Budget and Activity Planning

Activities and budget planning in the village are carried out through a Village Regulation Draft (Raperdes) related to the Local Budget and Revenue (APBD) of the Village. Here lies the crucial point where the village government must be able to analyze the needs of the village community and the potential of the village. The APBD Raperdes of the village will be deliberated together with the Village Consultative Body (BPD) and the community to reach an agreement on what activities will be carried out in the village. The proposal will be submitted to the sub-district head to be submitted to the Regent for evaluation. Usually, the evaluation process is carried out by matching programs and activities in the Regional Planning and Development Agency (Bappeda). After the evaluation, improvements were made concerning the Village Local Budget Regulation. However, if the proposal was rejected, the Village APDD Raperdes was revoked and the village used the previous year's budget for operational activities of the village. For example, Bayumundu Village, which is a stunting locus in Pandeglang, in designing the programs and activities in the village, the village government inevitably has to include stunting management activities, both through specific nutrition interventions and sensitive interventions.

e. Village Fund Management

Since 2015 to 2019, disbursed village funds had reached 72 trillion with an absorption above 90% (sipede.ppmd.kemendesa.go.id). The achievements of the output of village funds are used to support community activities and improve the quality of life of rural communities. Based on data from Statistics Indonesia (BPS), from 2014 to 2018 there had been an increase in rural per capita income. This increase in income was also followed by a decrease in the level of open unemployment. Therefore, poverty can be reduced, while economic inequality is maintained low.

The use of village funds for handling stunting has been regulated in the Peraturan Menteri Desa, Pembangunan Daerah Tertinggal dan Transmigrasi Nomor 19 Tahun 2017 concerning Priorities for Using Village Funds. Stunting management activities include the construction or rehabilitation of the
Poskesdes/Polindes and Posyandu, the provision of healthy food to improve child nutrition, health care for pregnant women and breastfeeding, sanitation and clean water development, baths and toilets (MCK) construction, training and development of community health cadres, Early Childhood Education (PAUD) development and the development of PAUD tutors, the socialization and education of the clean and healthy living movement.

However, related to the management of village funds for health, especially stunting, it also experienced the same problem as mentioned earlier, such as the high-cost in the election of Local heads often led to the corrupt actions of Local heads in maintaining their power. Then, the management of village funds for health development in the village sometimes loses priority against infrastructure development, such as the construction of roads, bridges, and other facilities and infrastructure. In this case, the village government must have the capacity to determine village priorities, whether to build infrastructure or improve the quality of human resources.

In Pandeglang itself it is recognized that the management of village funds for stunting programs is still minimal because it cannot be denied, the use of village funds is more directed towards infrastructure development. This indeed makes sense, because there are still areas that are located far from health facilities such as Posyandu and Puskesmas, people will find it difficult to reach, so they are reluctant to come because of accessibility issues. The absence of residents to the Posyandu, meaning that it will fail early detection of the condition of children in the region so that stunting cannot be prevented or dealt with quickly.

f. Socialization and Communication

Socialization related to government programs and activities to the village community is important. Through this socialization, harmonious communication will be established between the community and the village government. Therefore, the village government can easily make an inventory of any urgent needs that must be provided to the village community. The problem that exists in the village government, which leads to the non-support of the village government by the community, is the failure to reach the aims and objectives of the program activities made by the village government to the village community. The village government that has good communication with the community will receive support and the high acceptance of the government in the eyes of the village community. Socialization and communication can be built in formal and informal ways, but sympathetic leadership is also needed. The village government must also communicate to the community if stunting is a priority program so that the community can support it by bringing their children to the Posyandu to be measured and weighed. With proper socialization, the community should get a picture of the benefits received from government programs.

The socialization and communication of the stunting program in Pandeglang was carried out by broadcasting on the radio which was operated directly by the Pandeglang District Communications Office. Socialization was carried out not only on the radio but also on various digital platforms, such as Facebook, Twitter, Instagram, and the official website of the Pandeglang district government. For radio broadcasts, the Communication Department cooperates with community
radios in Banten. There is no specific schedule related to when to conduct socialization related to stunting because initially, the concept of this radio was socialization for all Pandeglang district government programs. This state-owned radio does have its challenges, amid various existing media platforms. Having a good program is not necessarily enough to attract the attention of the Pandeglang community to listen to this radio. However, judging from his duties as a government, the communications agency has carried out its main tasks.

g. Building Partnerships

A partnership is a form of cooperation based on agreement and mutual need to increase capacity and capability in a particular business field or certain objectives to obtain better results. A partnership is also considered as a form to increase organizational capacity. With partnerships, it is possible to transfer knowledge between the actors involved. Partnerships can also lead to innovations carried out by villages. These innovations will often help the ongoing programs to be more effective and efficient. With partnerships, the issue of the lack of human resources and capital can be overcome. In handling stunting in Pandeglang, the Department of Health has made partnerships with several universities and the private sector. Universities help in providing student cadres who are involved in baby measurement activities at the Community Health Center (Puskesmas) and the Integrated Healthcare Center (Posyandu) in the regions where the stunting locus is located. Then, the partnership with the private sector is to conduct training on trainers (ToT) for cadres, village midwives, and doctors in RSUD on how to properly prevent stunting. This ToT was conducted jointly with the private sector, in this case with PT. Sari Husada. In addition to universities and private companies engaged in the health sector, partnerships must also be established with the food industry. This industry plays an important role in ensuring the availability and affordability of food products for the community. In Pandeglang itself, the Department of Food Security has admitted that not many food industries have participated in the handling of stunting. What was done was only at the stage of introducing food for rural communities to create family food security.

h. Development of Village Government Human Resources and Village Communities

The general description of the village government in Indonesia is very diverse and might be said to be far from professional. Besides, the issue of nepotism in the selection of village officials is still frequently encountered. The competence of village government human resources is an important concern for creating a superior village. As has been explained above, the general coaching and supervision are carried out by the Ministry of Home Affairs, while the technical specific ones are carried out by K/L. The Ministry of Home Affairs in this case has an extension in the city and regency through the directorate general of village government development. In addition to the Ministry of Home Affairs, the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration through the directorate general of development and empowerment of rural communities jointly conducts coaching to village governments and village communities.
Pandeglang Village Government and Community Empowerment Agency acknowledged that coaching to the village government had not been performed optimally due to budget and resource constraints. Coaching to the village government is usually delivered in the form of training for village officials. For example, training or technical guidance for making programs and activities, managing village funds, innovation, and rural superior products, and much more. However, each year it is usually held only twice by bringing in village officials as representatives. Admittedly it is still very difficult to open up the insight of the village government to have the motivation to develop and be independent—not being dependent on the district. The Local body for planning and development has also greatly assisted the village government, especially during the activity planning and reporting season, to draft village program designs or report on the use of village funds.

Related to stunting, it enters into technical matters, where the coaching and supervision are performed by the Ministry of Health. The Pandeglang health office continues to provide coaching to both employees in the health department, as well as medical personnel in Pandeglang. Although coaching is still felt to be lacking, with the budget and partnership mechanism carried out, the health department can provide minimal guidance for existing health workers. This is in the form of training to weigh and measure children in the context of early detection of stunting. Therefore, these health workers will develop cadres in each village. This effort is made since Posyandu as a community organization is an early detection tool for stunting in the village. Through child measurements conducted at each Posyandu, a comprehensive picture of the health conditions of children is obtained. Therefore, the same as when delivering coaching and training for health workers, actually it will provide a multiplier effect of knowledge to cadres in the community.

Based on data obtained from the Pandeglang District Health Office, the number of Posyandu in Pandeglang is 1787 Posyandu, 36 Puskesmas, and 58 assisting Puskesmas, and also 908 midwives. We can see that the position of cadres who come from the community has an important role in creating a healthy village community. Therefore, coaching and capacity building for cadres become very important for the successful handling of stunting in Pandeglang. Cadre development is not only carried out by the health office, but also the coordination of other related agencies, such as the government and village community empowerment department, the women's empowerment and child protection department, and other related agencies. However, the problem related to cadres is not in terms of quantity, but how the number of cadres who have the same knowledge and expertise in the field of health, get appropriate incentives and be ordered in an orderly manner. Unfortunately, cadre data collection in the district was not recorded systematically, so the cadre's ability could not be measured. Besides, the problem encountered was the incentive for cadres, wherein between villages the cadre could get different incentives depending on the village budget. Several aspects affect the quality of a cadre—including, according to Rosihan (2012), education, employment, income, and length of time as a cadre.
E. CONCLUSIONS

Increasing the capacity of the village government provides an important role in handling stunting in the village. Some ways to increase the capacity of local governments are by providing knowledge about the relationship between the central and local governments, providing a deep understanding related to the Undang-Undang Nomor 6 Tahun 2014 on Villages, providing knowledge about program and activity planning, managing village funds, building outreach and communication, and building partnerships with other stakeholders. The village government can run optimally if supported by the competence of professional village officials. Therefore, guidance, competency development must continue. To reach an independent village, the village government must also be supported by the potential of village communities. To deal with stunting, the competence of cadres who come from the community is the spearhead of early detection of stunting in each Posyandu in the villages to be improved. Health workers in the Puskesmas must always be willing to go and provide knowledge and experience to the cadres. The socialization and communication to the community to come to the posyandu must also be intensified. so that the data collection can take place optimally. Therefore, the problem of stunting in the community can be finished without requiring a referral to the hospital.

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