



AN ATLAS.TI ANALYSIS OF THE COLLABORATION OF HUMAN DEVELOPMENT CADRES FAMILY ASSISTANCE TEAMS IN STUNTING PREVENTION

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ABSTRACT

In the implementation of stunting convergence in Pringsewu District in 2023, there is no direct coordination between the Human Development Cadres and the Family Assistance Team and no way to facilitate collaboration between the human development cadres and the family assistance team to work together to carry out data collection tasks as indicators of stunting achievement and stunting prevention in Pringsewu District. Objective to find out more about the phenomenon of human development cadres and family human assistance teams collaboration and the perspectives of each agency representative in Pringsewu District, Lampung Province that allows human development cadres and family assistance team collaboration to be carried out in stunting prevention efforts in Pringsewu District, Lampung Province. The type of research used was qualitative using a phenomenological approach and data collection techniques with in-depth interviews and FGDs which were analysed using Atlas.ti version 8. The informants in this study were from the relevant Dinas and OPD in the Pringsewu Regional Government work area. Data collection was carried out using in-depth interviews and FGD techniques which were analyzed using Atlas.ti version 8. From the results of the analysis of the synthesis of interviews and Focus Group Discussions with informants from the relevant Departments and OPDs in the Pringsewu Regional Government work area, it was found that the collaboration between human development cadres and family assistance teams was very needed for the effectiveness and efficiency of human development cadres and family assistance team work as stunting cadres. Collaboration between human development cadres and family assistance team should be facilitated by the Pringsewu Regency Team for Accelerating Stunting Reduction and advocated to the Pringsewu Regency Regional Government for inclusion in the PRINCES (Pringsewu Prevent Stunting) Program. Collaboration between Human Development Cadres and Family Assistance Workers is very crucial in efforts to reduce stunting. This collaboration needs to be facilitated by the Stunting Reduction Acceleration Team and integrated into the PRINCES (Pringsewu Prevent Stunting) program.

Keywords: family assistance team; human development cadres; stunting

How to cite (in APA style)

Putri, D. U. P., Indriani, D., & Mahmudiono, T. (2024). An Atlas.Ti Analysis of the Collaboration of Human Development Cadres Family Assistance Teams in Stunting Prevention. *Indonesian Journal of Global Health Research*, 6(6), 4287-4302. <https://doi.org/10.37287/ijghr.v6i6.4925>.

INTRODUCTION

According to the 2018 Basic Health Research (Riskesdas), the incidence of stunting, underweight, and wasting was 30.8%, 17.8%, and 10.24%, respectively. Indonesia has a relatively high stunting rate compared to other middle-income countries. Riskesdas states that the stunting rates from 2007, 2010, 2013 and 2018 were 36.8%, 34.6%, 37.2% and 30.8%, respectively. Based on the results of research in Nigeria revealed that the stunting rate in children aged 0-23 months was 36.7% and the stunting rate in children aged 0-59 months was 21%. Other research revealed that in Bangladesh, 26% of children under five were moderately stunted, 24.3% in Nepal and 24.3% in India, while the number of severely stunted children in

Bangladesh was 15.2%, 23.7% in India and 15.9% in Nepal. Lampung Province is one of the provinces that has acute and chronic nutrition problems. The prevalence of stunting in Lampung Province has decreased from 18.5% in 2021 to 15.2% in 2022, but this still does not reach the national target (Ministry of Health, 2023).

Data from E-PPGBM shows that the prevalence of stunting in Pringsewu District in 2021 reached 6.54% with a target of 28,198 people. This figure decreased to 5.5% with a target of 29,818 people in 2022. To accelerate the reduction of stunting, Pringsewu Regency has issued Regent Regulation No. 64/2018 on the action to accelerate the reduction of stunting in Pringsewu Regency (BPS Pringsewu Regency, 2019). Each district is assigned a focal location for integrated stunting reduction interventions. For Pringsewu District in 2022 there are 20 loci, in 2023 there are 30 loci and in 2024 there are 20 loci (BAPPEDA Pringsewu District, 2023). The target data for families at risk of stunting in Pringsewu Regency in 9 sub-districts is 34,856 families. While the number of stunting toddlers from the weighing month of February 2023 in Sukoharjo sub-district was 126 toddlers, Pringsewu sub-district 158 toddlers, Pardasuka sub-district 115 toddlers, Pagelaran sub-district 261 toddlers, Gading Rejo sub-district 264 toddlers, North Pagelaran sub-district 76 toddlers, banyumas sub-district, 133 toddlers, Adiluwih sub-district 179 toddlers and Ambarawa sub-district 224 toddlers (BKKBN, 2023).

Human development cadres has two stages of activity, namely social mapping and target data collection (Juniar et al, 2022). In addition to human development cadres, there is also a Family Assistance Team assigned in all regions of Indonesia to implement a reduction in stunting prevalence to 14% by 2024. Family assistance team is responsible for providing counselling services, facilitating referral services and facilitating the provision of social assistance as well as conducting surveillance of target families at risk of stunting (Putri et al., 2023). The distribution of human development cadre and in Pringsewu District, Lampung Province in 131 villages, the number of human development cadre is 262 cadres and TPK is 924 cadres. Convergence to accelerate the prevention of *stunting* efficiently and effectively can be achieved, if 8 Convergence Actions / Integration Actions 3 are implemented: 1. Situation Analysis of the Stunting Reduction Programme, 2. Developing an Activity Plan, 3. Regent/Mayor Regulation on the Role of Villages, 5. Development of Human Development Cadres, 6. Stunting Data Management System, 7. Measurement and Publication of Stunting Data, 8. Annual Performance Review of Roles at the district/city level.

The task of the Human Development Cadre is to ensure and monitor that the 7 service packages for 1000 families are fulfilled starting from MCH, clean water and sanitation, nutrition counselling, social protection, early childhood education, parenting classes, and family food security (KPMK, 2023). Monitoring needs to be done regularly (monthly or quarterly) to ensure service quality, improve accountability, and encourage learning to prevent stunting in the village (Ministry of National Development Planning/Bappenas, 2018). Collaboration can *improve organisational flexibility*. If collaboration can be done well, the capacity of individuals or organisations will be stronger in the face of sudden changes. How the teamwork model can make work easier and lighter. In addition, doing collaborative work is seen as a smarter and more flexible action (Choirul, 2020).

Researchers asked 26 questions about the performance of Human Development Cadres and Family Assistance Cadres in preventing stunting in Pringsewu Regency. The results of the preliminary study interviews concluded that there is no special coordination of Human

Development Cadres and Family Assistance team, no direct communication media and no one to facilitate the collaboration of Human development cadres and Family assistance team for stunting prevention in Pringsewu Regency, this can lead to repetitive data collection, irrelevant data and irrelevant data accuracy and if Human development cadres and Family assistance team collaborate, the performance of both will be more effective and efficient because their tasks and functions overlap so that it is hoped that the data obtained for the stunting achievement indicators are accurate and more optimal visits to the community so that the human development cadres and family assistance team performance achievement targets are achieved.

By conducting research in relevant locations, the results of the research will be useful for the development of a collaboration model for Human Development Cadres to be an information study in proposing a collaboration module for Human Development Cadres with Family Assistance Team so that effective collaboration between human development cadre and Family Assistance Teams in stunting prevention efforts in Pringsewu District, Lampung. This research aims to find out more about the phenomenon of human development cadres and family assistance team collaboration and the perspectives of each agency representative in Pringsewu Regency, Lampung Province that allow human development cadres and family assistance team collaboration to be carried out in stunting prevention efforts in Pringsewu Regency, Lampung Province.

METHOD

Qualitative research with a phenomenological approach was conducted from October to November 2023 in Pringsewu District, Lampung Province. Data collection techniques were conducted using in-depth interviews and FGDs. In-depth interviews were conducted with 4 informants, namely: Representative of Pringsewu District Health Office, Representative of BAPPEDA, Representative of P3A2KB Office and Representative of Pringsewu District stunting task force experts. The instrument used was a questionnaire consisting of 26 questions.

Focus Group Discussion was conducted with 15 informants, namely: 1 Health Office staff in the field of kesga gizi coordinator/young expert nutritionist, 1 Head of stunting handling from BAPPEDA, 1 Village expert, 1 Stunting Task Force expert, 1 PMD Office, 1 P3AP2KB Office, 3 Human Development Cadres and 6 Family Support Teams. FGDs were conducted in several stages, namely: 1) presentation of research results, explanation of the positive impact of collaboration between Human Development Cadres and Family Support Teams, and variables related to the collaboration of human development cadres and family assistance team, then directed regarding the things that will be decided in the form of developing a model for the collaboration of human development cadres and family assistance team; 2) each participant present from various Departments and OPDs formed into 2 groups will then express ideas/ideas and obstacles / obstacles to the collaboration of human development cadres and, from each group writing in the form of microsoft word documents; 3) each group summarises and evaluates the conclusions of each group member; 4) each group conveys each of these conclusions, then the moderator and minutes collect and write the idea after it is re-read; 5) then a discussion is held about these ideas; 6) conclusions from the results of ideas and obstacles to the collaboration of human development cadres and family assistance team expressed by each group. Data were analysed using Atlas.ti version 8, the stages of processing Atlas.ti software version 8: 1) Enter the interview transcript by clicking *Add document*. Each informant's interview transcript document is added one by one and the file name will appear automatically on the

Atlas.ti 8 display. 2) Carry out *coding* by interpreting the answers obtained so that they are classified in a code (*Axial coding*). Visualise data analysis by opening *network > add neighbor > code* (*Axial coding*).

RESULT

Analyse *Indepth Interview* data using Atlas.ti 8

Network interview results of informant 1 (N) from the Pringsewu Regency Health Office

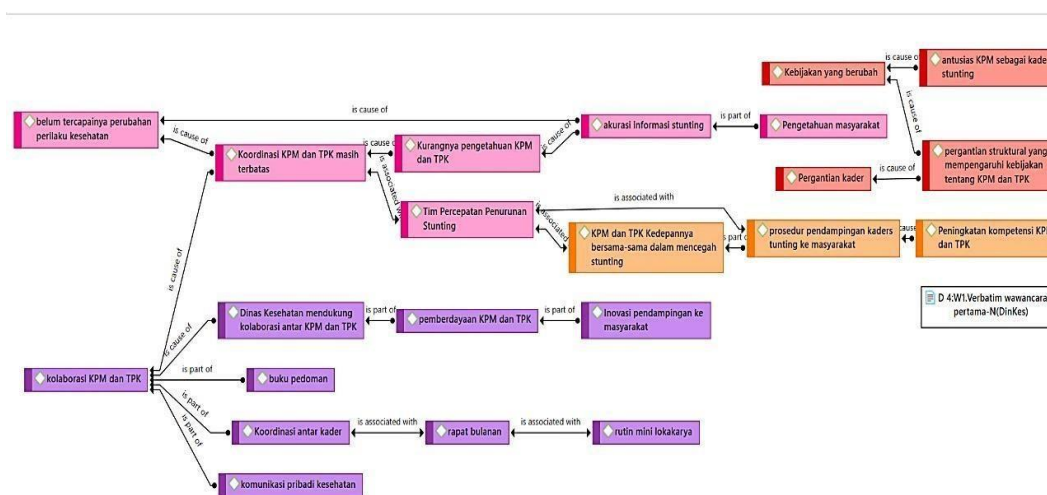


Figure 1 hierarchical right to left layout from informant 1 interview results

In Figure 1, the network is obtained from the transcript of the researcher's interview with informant 1 initials N from the Pringsewu District Health Office. From the results of the transcript layout, it can be concluded that increasing the competence of Human development cadres and Family Assistance Teams aims to improve the procedures for assisting stunting cadres to the community and it is hoped that human development cadres and family assistance team will work together to prevent stunting, but structural changes affect policies regarding human development cadres and family assistance team. Changing cadres and changing policies have caused human development cadres enthusiasm as stunting cadres to decline. Health behavior change has not been achieved due to the community's lack of knowledge about stunting. The accuracy of stunting information conveyed by human development cadres and family assistance team is due to the lack of knowledge of Human development cadres and Family Assistance Teams due to the limited coordination of human development cadres and family assistance team, which needs to be supported by the Stunting Reduction Acceleration Team.

The Pringsewu District Health Office supports increasing the competence of human development cadres and family assistance team to improve the procedures for assisting stunting cadres to the community, but the coordination of human development cadres and family assistance team is still limited so collaboration is needed by empowering human development. cadres and family assistance team to innovate in assisting the community. Collaboration between human development cadres and family assistance team is expected to result in a guidebook for human development cadres and family assistance team collaboration, coordination between cadres through monthly meetings and regular mini-workshops and the establishment of personal communication on public health linkages. As quoted from the

interview with informant N as follows: "Actually, family assistance team and human development cadres have been running for quite a long time since 2021 when human development cadres was formed. But our obstacles in the field have already been mentioned by the task force team that our community changes people, so when we have provided information, knowledge, it turns out to start again from the beginning which is related to policies, yes from the leaders of each pekon. So that's actually what we have to hold on to, which is the beginning of collaboration, because really everything is in TPPS. Because if the TPPS is running, whatever the family or human development cadres is, it will not affect it. So later this TPPS team must coordinate with the new Family Assistance Teams or the new human development cadre, so the key is there."

This is reinforced by the results of interviews with informant D from the Stunting Task Force who has the same opinion regarding the policy of each pekon and TPPS can be a facilitator of human development cadre and Family Assistance Teams collaboration when interviewed by researchers. Because the stunting task force directly sees the interaction and work of stunting cadres in the village.

Network interview results of informant 2 (Y) from BAPPEDA Pringsewu Regency

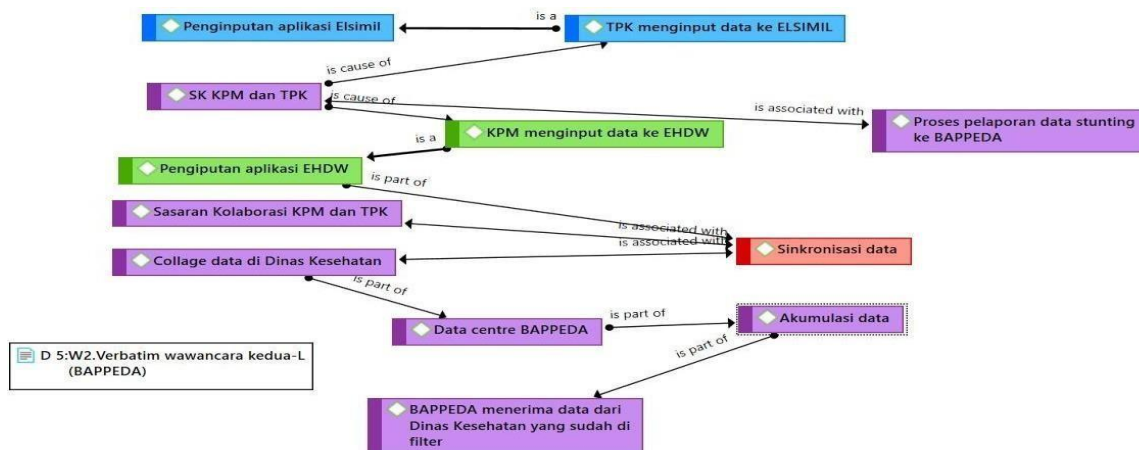


Figure 2 Circular layout from informant 1 interview

In Figure 2, the network is obtained from the transcript of the researcher's interview with informant 2 with the initials Y from BAPPEDA Pringsewu Regency. From the results of the transcript layout, it can be concluded that the process of reporting stunting data to BAPPEDA is related to data reporting from human development cadre and Family Assistance Team who have been appointed based on the SK have different ways of reporting. Human development cadre inputs data into the E-HDW (Electronic *Human Development Workers*) application while TPK inputs data into the ELSIMIL (Electronic- Ready to Marry Ready to Get Pregnant) application. Both data from the two different applications are synchronised and collated to the Pringsewu District Health Office. The synchronisation of data between human development cadre and TPK is the goal of human development cadre and TPK collaboration. BAPPEDA is the data centre where BAPPEDA receives data from the Pringsewu District Health Office that has been filtered by the Pringsewu District Health Office. The above conclusion is based on the following interview quote with informant Y: "Well, Mrs Dian, thank you for the opportunity, we also thank you from Dian's side for helping to explore from below. For the target of human development cadre and Family Assistance Teams collaboration, if we, BAPPEDA, feel that we have been greatly helped by the formation of Human Development

worker and Family Assistance Teams itself and moreover it has been supported by the policy, yes there is already a Sknya and we, Bappeda, are more towards the budget, so we are also graetuf because for human development cadre and Family Assistance Teams there is already a Sknya per each pekon and the budget for Human development cadres and Family Assistance Teams incentives has also been included in the village's RKA, yes human development cadre, then if the Family Assistance Teams is more under the P3A2KB office."

"Why do I say it is helped by human development cadre and Family Assistance Teams because they can both deliver the data that is sent to the district to be submitted to the centre, through what? If the Family Assistance Teams itself already has tasks such as filling in the elsinil, it is assisted by the Family Assistance Teams, then the socialisation of assistance for families at risk is also part of the Family Assistance Teamsqwaz duties, now that is combined with human development cadre, which must be monitored and supervised by the PMD office, which means there is a connection. They also have their own tasks, for example, they have a record like EHDW, so they want to start recording even though it is from the manual delivered to the application, that is the task of the human development cadre itself."

"So the data can be balanced, synchronised, delivered, through the Health Office, through PMD, through P3A2KB, now we at Bappeda can package it into one report that we can deliver through a web application, so the collaboration support for human development cadre and Family Assistance Teams, thank God, is already running."

Network interview results of informant 3 (D) from the Pringsewu Regency Stunting Task Forceexpert

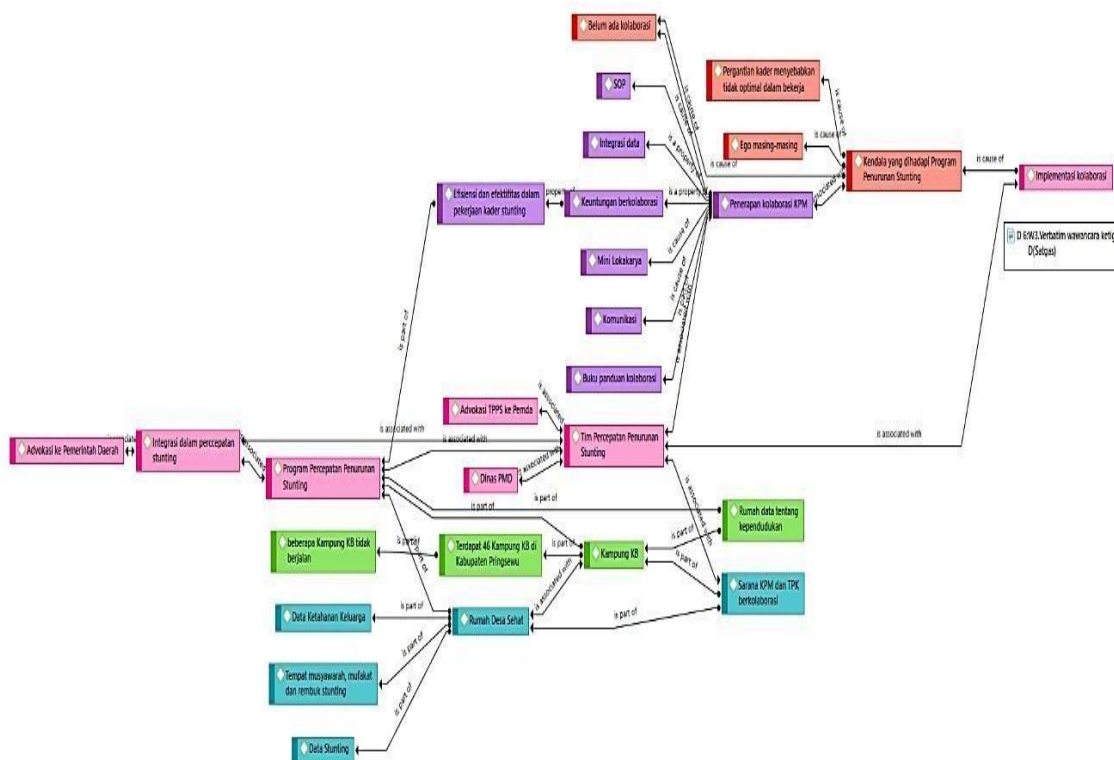


Figure 3 Hierarchical right to left layout from informant 3 interview results

In Figure 3, the network is obtained from the results of the transcript of the researcher's interview with informant 3 with the initials D from the Pringsewu Regency Stunting Task Force expert. From the results of the transcript layout, it can be concluded that according to the Stunting Task Force, the implementation of collaboration between human development cadre and Family Assistance Teams has not been carried out because the obstacles faced by the stunting reduction programme include the ego of each party involved, the replacement of cadres causing not optimal work and the absence of collaboration between human development cadre and Family Assistance Teams.

The implementation of human development cadre and Family Assistance Teams collaboration has the advantage of efficiency and effectiveness in the work of stunting cadres. The human development cadre and Family Assistance Teams collaboration hopes to produce SOPs, stunting data integration, mini workshops, communication between cadres and collaboration guidebooks. Implementation of the human development cadre and Family Assistance Teams Collaboration can be supported by the Stunting Reduction Acceleration Team. The Acceleration Team for stunting reduction can advocate with the local government and with the P3A2KB Office in the integration of the accelerated stunting reduction program which includes human development cadre and Family Assistance Teams collaboration where human development cadre and Family Assistance Teams facilities in collaboration can take advantage of existing programs such as the Healthy Village House where there is family resilience data, a place for deliberation, consensus and stunting meetings and of course stunting data in the village, KB villages where there are 46 KB villages in Pringsewu Regency which are also population data houses. The above conclusion is based on the description of the interview with informant D as follows:

"Yes, actually if you say from the posyandu cadres, we have to collaborate with all of them, if not why now the TPK is now 3 people from midwives, PKK is an element of the village community level institutions from them, these 3 elements appear in fish have their respective roles and I should be from PKK yes, pkk in ikan is automatically the head of the TTPS, for example, the cadres are with PKK with their respective villages because the head of the village TTPS is the village head's mother, so they should have a parent, well if the puskesmas parent is the midwife / village midwife, whoever the health person who in my opinion is successful is usually the village midwife in the village while we pull, This midwife has a lot of work, she can't use this, she can't use it, even though she actually doesn't use it, we use each other symbiosis mutualism, which means that the Family Assistance Teams gets data from health, then this midwife, for example, if the Family Assistance Teams needs assistance, gets specific data that can be sensitive back to referral actions and so on, this is the result of the TPK decision when it is said "oh this is a risk" there are indeed indicators through the mcmil that immediately appear risk and non-risk, now the family at risk is the one who is assisted, right? I want them to be like what you researched until the implementation is like what, if I may suggest, yes, actually the network already exists, we just need to communicate so yes, continue to advocate upwards and we have this product, we hope it has leverage, because we work together, when heavy work is done by one person, you don't know if it's finished or not, but when it's done by many, it's faster and easier, all have functions even though we want one, but their functions are different so that they become one term, like a body, there are hands, there are feet, all function when one of them doesn't function, it can't work like that, it can't work because of what, for example, like earlier, maybe there is a prestige of mutual ego. This is actually another one from PKH, it is also a very small wedge, meaning that from the results it turns out that poverty and stunting are actually one problem, but when in the field how come there are so few of the families at risk, this is a plan that might need to be

evaluated, from the same social looking at the data. I mean if this collaboration can be successful. This will be implemented later."

Network interview results of informant 4 (NN) from the P3A2KB Office of Pringsewu Regency

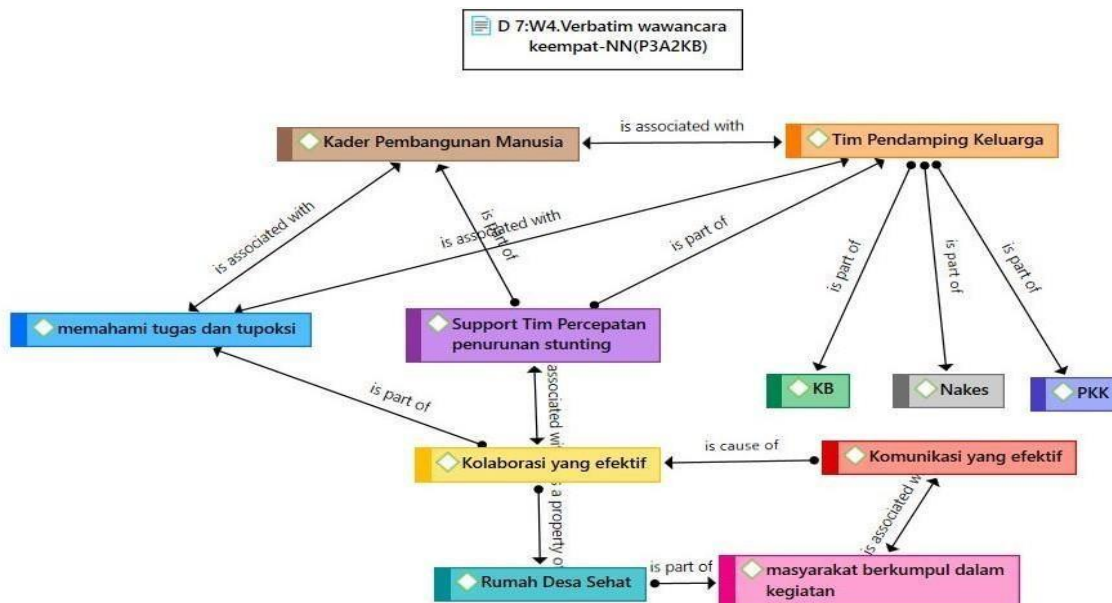


Figure 4 Layout randomised interview results informant 4

In Figure 4, the network is obtained from the results of the transcript of the researcher's interview with informant 4 initials NN from the P3A2KB Office (Office of Women's Empowerment, Child Protection, Population Control and Family Planning), Pringsewu Regency Stunting Task Force expert. From the results of the transcript layout, it can be concluded that understanding the duties and tasks of the human development cadre and TPK is very important for collaboration. The Family Assistance Team consists of family planning, health workers and PKK. Support from the Stunting Reduction Acceleration Team is very related to effective human development cadre and Family Assistance Teams collaboration which is expected to make effective communication and Healthy Village Houses can be more active in community activities. The following is an excerpt from an interview with informant NN:

"A few days ago we were together with Ms Dian, we went to the field together. If we talk about stunting, it is certain that stunting has a structure from the central data to the regional level the village or pekon level. So from Dian's research, it is related to the Family Assistance Teams and human development cadre. The Family Assistance Teams itself is part of the TPPS but it is at the village level, meaning that the Family Assistance Teams does not run alone, maybe it will run a more effective collaboration if it is already running in the village TPPS, I think human development cadre is also one of the teams from stunting prevention and it is very close to the village government. What might make the collaboration not run effectively or maybe inefficiently, because maybe each of them flies their own flag, meaning that they are not together even though they have the same goal and they are indeed under the TPPS, which in fact has a TPPS chairperson. How can the collaboration work if the leader of the TPPS can provide support to each team to effectively carry out their duties?"

Network interview results from all 4 informants in the collaboration of human development cadre and Family Assistance Teams on stunting prevention in Pringsewu Regency in 2023.

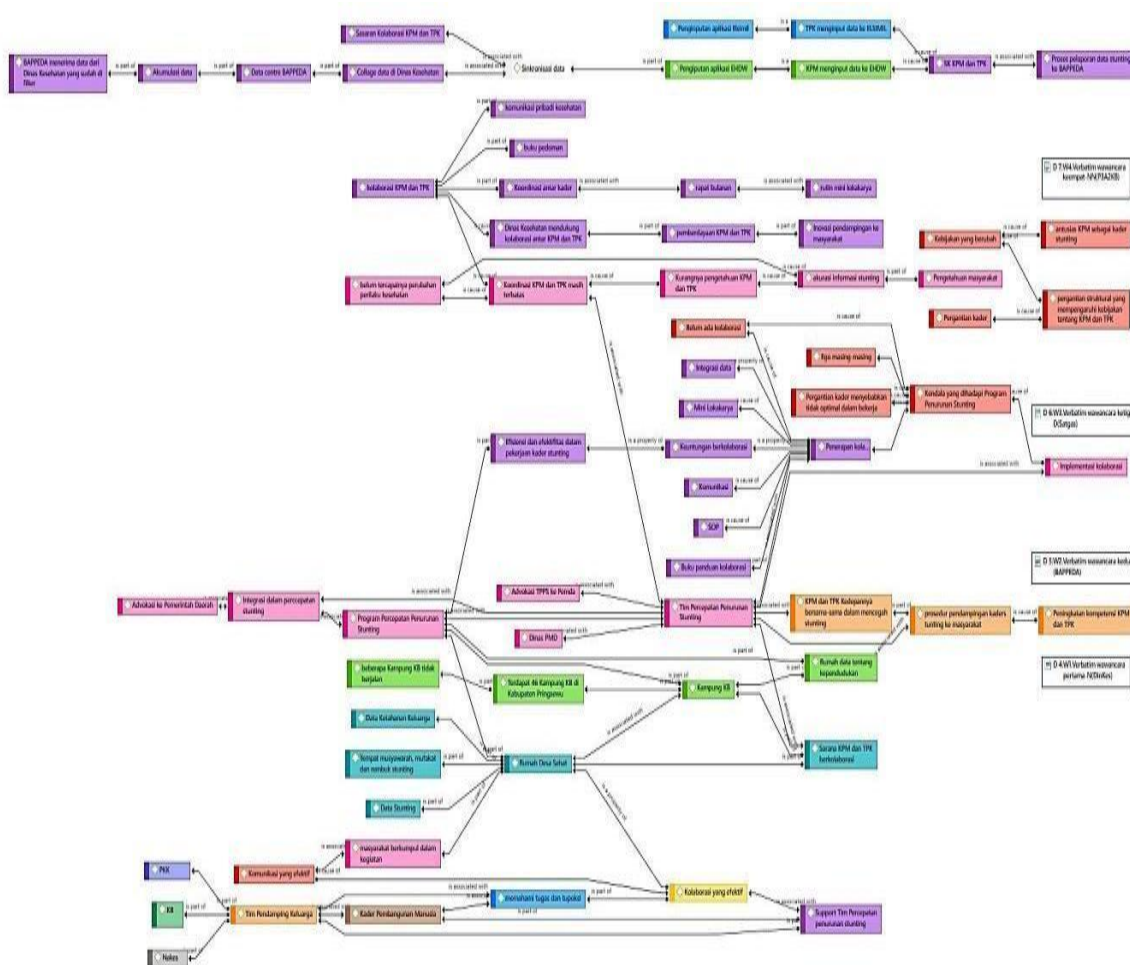


Figure 5 Hierarchical right to left layout of interview results for all informants

In Figure 5, the network is obtained from the results of the researcher's interview transcripts with all informants consisting of the Pringsewu District Health Office, BAPPEDA, Pringsewu District Stunting Task Force and P3A2KB Office. From the coding and network results obtained from the 4 informants, it can be concluded that the collaboration of human development cadre. Human development cadre and Family Assistance Teams is needed for the effectiveness of both teams. Collaboration is needed to increase knowledge, commitment and implementation of assistance to the community regarding stunting prevention. However, the collaboration experienced obstacles, including structural changes that affected the turnover of stunting cadres. So that cadres who have not completed their term of office are replaced by new cadres who have not received socialisation or training. Then the ego of each cadre who has not been exposed to the importance of collaboration so that they think collaboration will actually add work instead of reducing work. There are still cadres who think that collaborating will learn and start new things that take time. And finally, the constraints of facilitating the collaboration of human development cadre and Family Assistance Teams, which have not yet been realised and run a joint program so that collaboration requires facilitation by stakeholders and facilities and infrastructure to support human development cadre and Family Assistance Teams collaborative activities. However, all these obstacles can be minimised or

eliminated if supported by the Health Office, P3A2KB Office, BAPPEDA, Stunting Task Force and TPPS. The Dinas and OPD when expressing their opinions in the FGD argued and suggested advocating to the Pringsewu District Government to include human development cadre and Family Assistance Teams collaboration in the PRINCES (Pringsewu Prevent Stunting) programme. So that later the collaboration of human development cadre and TPK can be monitored and evaluated and have SOPs and guidebooks for human development cadre and Family Assistance Teams collaboration that can be used sustainably and even used throughout Indonesia.

Results of Focus Group Discussion (FGD)

The FGD results obtained from the results of focused discussions with the relevant Dinas and OPD, the results of the researchers' survey of human development cadre and Family Assistance Teams and the results of the research analysis in the Pringsewu Regency area, Lampung Province, are: 1) The initial step to build communication between human development cadre and Family Assistance Teams is advocacy through the Village TPPS that builds communication and collaboration between human development cadre and Family Assistance Teams through the RDS; 2) Strengthening the respective duties and functions of human development cadre and TPK, which have similar tasks in the village, opens up opportunities for collaboration; 3) Minimising obstacles to human development cadre and Family Assistance Teams collaboration, which include human development cadre and Family Assistance Teams changing according to the appointed Pekon Head in the village by creating an SOP for human development cadre and Family Assistance Teams collaboration; 4) human development cadre and Family Assistance Teams collaboration planning needs to be monitored and evaluated by TPPS so that the collaboration results run as expected; 5) human development cadre and Family Assistance Teams can collaborate in data houses located in KB villages and RDS; 6) Advocate for the addition of the Pringsewu Prevent Stunting work programme, namely human development cadre and Family Assistance Teams collaboration. The results of the discussion became one of the bases for researchers to create a human development cadre and human development cadre collaboration module. Factors supporting the success of human development cadre and TPK collaboration include human development cadre and Family Assistance Teams knowledge, human development cadre and TPK education, communication, deliberation, effective teams, agreements, and mutual understanding.

DISCUSSION

Collaboration

Thomson and Perry (2006) developed a definition of collaboration as a process where actors who have autonomous authority interact through formal and informal negotiations, jointly creating rules and structures that regulate relationships and ways of acting. Collaboration is an effort to bring together all parties who have different interests to articulate a common vision, reach agreement regarding a problem, and prioritize shared values to make decisions that benefit all parties (Arrozaaq, 2016). Etymologically, collaborative comes from the words *co* and *labor*, which means uniting energy to achieve mutually agreed goals. Apart from that, the word collaboration is often used to describe the process of carrying out work across borders, across sectors, across relationships, or across organizations and across countries (Choirul, 2020). Basically, the goal of collaboration is to achieve common goals by helping each other. Collaboration does not recognize form and place. Collaboration as an exchange of ideas or views that provides perspectives for all collaborators or stakeholders. Effective relationships between professional collaborators require mutual respect, whether they agree or disagree with the agreements reached during interactions (Dorisman et al., 2021). The main motivation

for collaboration is to achieve collective results that cannot be achieved if each party works individually. Apart from cooperation, the parties also collaborate to achieve innovative and/extraordinary/extraordinary results, as well as satisfying collective achievements (Sara, 2020)

Increasing the competence of human development cadre and Family Assistance Teams (Results of in-depth interview of the first informant)

In this research, from the results of in-depth interviews which processed the data using Atlas t.i, network results or interrelationships between coding obtained from the verbatim interview results were obtained, including the following: 1. Coordination of human development cadre and Family Assistance Teams is still limited, lack of knowledge of human development cadre and Family Assistance Teams, which causes the accuracy of information regarding stunting to be lacking, which is the reason why changes in health behavior have not been achieved to achieve the target of reducing stunting. According to the results of qualitative research obtained by researchers, cadres' knowledge needs to be improved in order to fulfill the expected competencies to have innovative community assistance and be able to provide health information to the community that is more valid and can empower the community to live healthily and participate in early stunting prevention programs. This agrees with research (Albertyn & Frick, 2016) which reveals that increasing knowledge has a significant impact on collaborative leadership (Dewitt, 2018). Health cadres, as frontline workers who interact directly with the community, play an important role in educating the community about appropriate feeding practices and preventing stunting (Muharyani et al., 2023).

Cadres need to have the knowledge to empower the community to meet children's nutritional needs (Khotimah et al., 2023). 2. Coordination between human development cadres and Family Assistance Teams in efforts to reduce stunting is still very limited so support is needed from the Village Stunting Reduction Acceleration Team. This is related to the human development cadre and Family Assistance Teams programs to further prevent stunting. Increasing the competence of human development cadre and Family Assistance Teams will cause the quality of KPM and Family Assistance Teams assistance to the community to increase, thereby increasing public knowledge about stunting. Support from the Health Service in empowering human development cadre and Family Assistance Teams is part of increasing innovation in assistance to the community so that collaboration between human development cadre and Family Assistance Teams can be realized. Coordination between stunting cadres related to monthly meetings and mini workshops where personal health communication is also part of the human development cadre and Family Assistance Teams collaboration. Research conducted by (Utami et al., 2016) revealed similar results, namely that the implementation of interprofessional collaborative practice at Panti Rapih Hospital encountered a number of obstacles, including: the majority of nursing staff had not been provided with Interprofessional Education, knowledge about interprofessional collaboration had not been socialized at home. illness, giving rise to differences in perceptions regarding interprofessional collaboration. The meaning of interprofessional collaboration and the role of doctors and nurses are still not clearly understood.

The process of reporting stunting data to BAPPEDA

In the results of the Atlas t.i network and the relationship between coding verbatim interview results, information was obtained that human development cadre who already had a SK input the mentoring results into the EHDW (Electronic Health Development Workers) application, while Family Assistance Teams who had a SK input the mentoring results into the ELSIMIL application. Data synchronization related to collage The data at the Health Service is then

accumulated so that BAPPEDA receives data from the Health Service that has been filtered. This data synchronization is related to the collaboration goals of human development cadre and Family Assistance Teams. BAPPEDA plays an important role in efforts to reduce stunting. BAPPEDA has a positive influence and potential for collaboration with the Health Service and BKKBN. BAPPEDA has also been involved in the decision-making process and cross-sectoral collaboration to address the main causes of maternal mortality, which are closely related to reducing stunting. It can be concluded that BAPPEDA has a role as a leading sector capable of coordinating all components to be able to carry out its duties optimally.

Implementation of human development cadre and Family Assistance Teams collaboration according to the Stunting Task Force

In the results of the Atlas t.i network and the inter-relationships between the verbatim coding results of the interviews, information was obtained that the obstacles faced by the stunting reduction program in Pringsewu Regency were caused by changes in cadres causing suboptimal work, each stunting cadre had their own ego so there was no collaboration between stunting cadres. This trust in one another allows health services to run well. It is no longer necessary to find out the truth about what is conveyed by other professions because each party is sure that what is conveyed is the correct thing (Stutsky & Laschinger, 2014).

The implementation of human development cadre and Family Assistance Teams collaboration is due to a mini workshop, intense communication between human development cadre and Family Assistance Teams, it is hoped that it will produce human development cadre and Family Assistance Teams collaboration SOPs whose derivatives are designed to become human development cadre and Family Assistance Teams guidebooks in providing assistance to the community and integrating stunting data in the village. The research results show that communication has a significant effect with the collaboration of Human Development Cadres and the Family Assistance Team on Stunting Prevention Efforts in Pringsewu Regency, Lampung Province (Murdiany, 2021). Meanwhile, according to (Friend et al., 2010), every form of collaboration must have at least five elements, one of which is communication skills, namely the ability of members to respond to and process all incoming information, which is then communicated directly, accurately, fast and precise towards the policy marker. In Nurhidayah's (2022) research, it was found that there was a relationship between interpersonal communication and interprofessional collaboration between health workers, where the better the interpersonal communication, the more positive the interprofessional collaboration between health workers.

The stunting reduction acceleration team is linked to the implementation of the human development cadre and Family Assistance Teams collaboration because it can facilitate this collaboration by working with the PMD and P3A2KB Services through the Data House program on population, KB villages, and Healthy Village Houses which contain data on family resilience, a place for deliberation and consensus. and brood stunting and stunting data. After TPPS can facilitate human development cadre and Family Assistance Teams collaboration, it is hoped that TPPS will be able to advocate for the human development cadre and Family Assistance Teams collaboration program to the Regional Government of Pringsewu district so that integration can occur in accelerating stunting.

Support from the Stunting Reduction Acceleration Team for human development cadre and Family Assistance Teams collaboration

In the results of the Atlas t.i network and the inter-relationships between coding verbatim interview results, it was found that support from the stunting acceleration team in the village for human development cadre and Family Assistance Teams collaboration was related to effective human development cadre and Family Assistance Teams collaboration. The community and stunting cadres who gather in one activity in the stunting reduction program in the village to increase effective communication are part of the Healthy Village House activities. Human development cadres and family support teams who understand their duties and main duties will support effective collaboration. The duties of the Village TPPS as stipulated in the Village Head's Decree regarding TPPS have the task of coordinating, synergizing and evaluating the implementation of accelerating stunting reduction at the village level which is carried out by: 1. Facilitating and ensuring the implementation of activities to accelerate stunting reduction at the village level. 2. Facilitate a team to assist families at risk of stunting in stunting assistance, services and referrals for target groups in accelerating stunting reduction at the village level. 3. Conduct village stunting consultations at least once a year or at any time if necessary: 5. Report the implementation of accelerated stunting reduction to the Village Head. Integration of primary health services in Community Health Centers can also help the stunting reduction program in the scope of activities and competence of Community Health Center officers in cluster 2 for mothers and children with the scope of services/activities: 1. Providing health services for pregnant, maternity and postpartum women, 2. Providing services for health toddlers and preschool children and 3. Providing health services for school-aged children and teenagers. This program can be coordinated via TPPS with the collaboration of human development cadre and Family Assistance Teams.

CONCLUSION

The results of *in-depth interviews* with the Health Office, PMD Office, P3A2KB Office, BAPPEDA synthesised using Atlas ti *software* version 8 are that collaboration is very feasible by human development cadre and TPK because their targets and tasks are similar. This needs to be supported by the village TPPS as a facilitator of human development cadre and TPK collaboration and advocated to the Regional Government of Pringsewu District, Lampung Province to be included in the PRINCES (Pringsewu Prevent Stunting) programme. From the results of the *Focus Group Discussion*, the Dinas, OPD, KPM and Family Assistance Teams expect that human development cadre and Family Assistance Teams collaboration can be carried out by utilising existing programs including the Healthy Village House and KB Village and the human development cadres and Family Assistance Teams collaboration module can be included in the PRINCES (Pringsewu Prevent Stunting) program. Human development cadre and Family Assistance Teams collaboration is a strategic step in stunting prevention efforts and needs support from various related parties. In order for collaboration to run effectively, a special module is needed as a joint guideline. This module will help human development cadre and Family Assistance Teams in carrying out their duties and develop clear Standard Operating Procedures.

ACKNOWLEDGEMENTS

Thank you to Airlangga University, BAPPEDA, Health Office, PMD Office, P3AP2KB Office, and village Stunting Task Force experts, Human Development Cadres and Family Assistance Teams in Pringsewu Regency, Lampung Province, and all those who have supported this research.

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