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Legs Without a Body: Volunteer Cadres and the Village Gap in Indonesia's Stunting Convergence Policy

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Abstract

Indonesia's stunting acceleration policy relies on convergence, in which health, family-planning, and village actors deliver services jointly to the same households. Most implementation studies score convergence against Edwards III's four factors but say little about who performs the work that deficits leave undone. This study examines the gap between the roles assigned to each tier and the roles actually performed at the village end of the chain. We re-analysed interview, observation, and documentary data from a qualitative case study of a community health centre area in Bandung Regency covering five villages, with twenty informants from every tier. Information and resources flowed well from district to sub-district but thinned sharply at the village. Citing 2025 budget cuts, village governments stopped cadre guidance and left health posts unrepaired. Volunteer cadres on token allowances absorbed the gap by stacking roles, pooling their own money, running posts in their homes, and calling on the village military officer to reach refusing families. We argue that the binding gap lies in the village link and that volunteer coping conceals rather than closes it.

Keywords: *Stunting, Institutional Gap, Policy Implementation, Street-Level Bureaucracy, Community Health Volunteers*

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1. Introduction

Indonesia cut national stunting prevalence from 21.5 percent in 2023 to 19.8 percent in 2024, still short of the 14 percent interim target for 2024 (Ministry of Health, 2025; Kontan, 2026). The policy behind this effort, Presidential Regulation No. 72 of 2021, organises delivery around convergence. National, district, sub-district, and village teams are meant to steer health-specific and nutrition-sensitive interventions to the same at-risk households, and the village is where those streams finally meet the family (Republic of Indonesia, 2021).

Research on this architecture finds that it performs best at the top. In Cirebon District, Herawati and Sunjaya (2022) found good implementation at district level but weak commitment, thin staff capacity, and poor coordination at sub-district and village levels, with responsibility drifting back to the health sector. Most Indonesian implementation studies reach a similar verdict through Edwards III's (1980) four factors of communication, resources, disposition, and bureaucratic structure. These studies list deficits well, but they say little about what happens to the work that the deficits leave undone.

That question matters more now. In January 2025 a presidential instruction cut transfers to regions by about IDR 50.6 trillion, including IDR 2 trillion from the Village Fund (Republic of Indonesia, 2025). By mid-2026 the stunting regulation itself had lapsed and was awaiting extension (Kontan, 2026). The village tier of convergence is therefore operating with less money and less legal certainty. Its most numerous workers, the Human Development Cadres (Kader Pembangunan Manusia, KPM), the Family Assistance Teams (Tim Pendamping Keluarga, TPK), and the cadres of the integrated health posts (posyandu), are volunteers on token allowances.

This article examines the institutional gap that opens when the village government steps back, meaning the distance between the roles that Presidential Regulation No. 72 of 2021 and its implementing rules assign and the roles that actors actually perform. Drawing on street-level bureaucracy (Lipsky, 2010) and the coping literature (Tummers et al., 2015), we treat volunteer cadres as frontline implementers and ask three questions. Where does the convergence chain break? How do cadres cope with the gaps? What do those coping practices do to reach, data, and the people who carry them?

We answer through a re-analysis of a qualitative case study in the service area of the Cikancung Community Health Centre (Puskesmas), Bandung Regency. The contribution is twofold. Empirically, we document how a 2025 budget squeeze travelled down to unrepaired health posts, cancelled cadre guidance, and soldier-assisted home visits. Conceptually, we argue that volunteer coping does more than buffer policy failure: it hides the withdrawal of the lowest tier of the state and moves its costs onto barely paid, mostly female labour. The article reviews the literature, describes the method, reports the results, discusses them, and concludes.

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2. Literature Review

2.1. Convergence as an Institutional Chain

Presidential Regulation No. 72 of 2021 assigns each tier a link. The district team coordinates, synergises, and evaluates delivery at district and sub-district level, and the district government advises villages on planning and budgeting. The village government coordinates and implements the programme, prioritises the Village Fund for it, and forms a village team of midwives and other health staff, family-planning workers, the Family Welfare Movement (Pemberdayaan Kesejahteraan Keluarga, PKK), and the KPM and other cadres (Republic of Indonesia, 2021, Arts. 11, 12, 21, 22). The regulation leaves the detail to implementing rules. A regulation of the National Population and Family Planning Board sets up assistance for families at risk of stunting, the basis of the TPK (National Population and Family Planning Board, 2021). The Village Fund rules for 2025 list KPM training, incentives for KPM and posyandu cadres, and maintenance of posyandu buildings among the activities a village may fund (Ministry of Villages and Development of Disadvantaged Regions, 2024). The Puskesmas, which the regulation does not name, delivers health-specific interventions and determines stunting status.

Edwards III (1980) offers a vocabulary for each link's preconditions: transmission and clarity of information, staff and facilities, implementer disposition, and standard procedures without fragmentation. We keep that vocabulary but read it as a chain. A failure at one link does not simply lower a score; it passes work to the next link down. We define an institutional gap as the distance between a role formally assigned to an organisation and the role it actually performs, and trace it on three dimensions: mandate (who is formally responsible), resources (who funds and equips the role), and enactment (who in practice does the work). A gap exists when enactment shifts to an actor that holds neither the mandate nor the resources. Herawati and Sunjaya (2022) show that such shifts in Indonesian stunting convergence tend to run from weak village and sub-district links back to the health sector. We ask where else they run.

2.2. Frontline Coping

Lipsky (2010) showed that frontline workers facing chronic shortfalls in resources make policy through the routines they invent to get through the day. Tummers et al. (2015) define coping during public service delivery as the behavioural efforts that frontline workers make when interacting with clients, and group these efforts into three families: moving towards clients (for example, rule bending or using personal resources for them), moving away from clients (rationing, routinising), and moving against them

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(rigid rule following, confrontation). Their review finds that moving towards clients is the most common family.

Two extensions matter here. First, coping research has mostly studied paid professionals. Verhoeven and van Bochove (2018) showed how paid workers cope when volunteers substitute for them; we study the reverse, in which volunteers substitute for an absent paid tier. Second, coping can be organisational as well as individual. Cadres may build collective workarounds such as shared cash pools, which the individual-level typology does not anticipate.

2.3. Volunteers as Coproducers

Cadres are both residents and service deliverers, so they fit what Brandsen and Honingh (2016) call coproduction, in which citizens contribute to the design or delivery of a service alongside professionals. The lay health worker literature shows that such programmes depend on supervision, supplies, and recognition that programme designers often underfund (Glenton et al., 2013). Kok et al. (2015) found that combined financial and non-financial incentives and regular supervision improve community health worker performance. In Indonesia, a survey of 303 posyandu cadres in North Penajam Paser linked cash and non-cash incentives to performance (Asrianah et al., 2024).

2.4. Research Position

Taken together, these strands suggest a proposition used here as a sensitising lens rather than a hypothesis. Where an upper tier of a convergence chain withdraws resources, volunteer coproducers will absorb the slack through coping, and their coping will keep services visible while changing their quality, reach, and cost. The study departs from earlier Indonesian work in two respects. It reads Edwards III's factors as links in a chain rather than as separate scores, and it treats volunteers' coping as an outcome to be explained rather than as evidence of good disposition.

3. Research Method

3.1. Approach and Setting

This study used a qualitative case study approach. The Cikancung Puskesmas serves five villages (here Villages A to E) in Cikancung Sub-District, Bandung Regency, West Java, with 50,935 residents in 15,251 households, 62 neighbourhood units (rukun warga, RW), and 67 posyandu. In 2025 it recorded 416 stunted children under five (79 severely stunted and 337 stunted), a prevalence of 10.35 percent. Village prevalence ranged from 4 to 14 percent (Table 1). The area was chosen because it combines villages with very different prevalence under one health centre, so that the convergence chain could be followed from the same upper tiers into five village settings.

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Table 1. Posyandu and stunting by village, 2025

Village	Posyandu	Severely stunted	Stunted	Total	Prevalence (%)
A	13	13	70	83	13
B	15	19	79	98	14
C	13	3	35	38	4
D	13	18	70	88	10
E	13	26	83	109	13
Total	67	79	337	416	10.35

Source: Cikancung Puskesmas records reported in the original study.

3.2. Types and Sources of Data

The original study was a descriptive qualitative case study conducted for the second author's undergraduate thesis between March and August 2026. Primary data comprised semi-structured interviews guided by an Edwards III protocol and field observation at posyandu and households. Secondary data comprised documents and photographs supplied by the Puskesmas and cadres, together with the regulations that define each tier's role. This article is a secondary thematic re-analysis of that material with a new research question. The analytic corpus is the set of interview excerpts and observation notes reported in the thesis.

3.3. Informants

Informants were selected purposively for their role in the programme, so that every tier of the chain was represented (Table 2). Codes identify role, not person. We judge information power (Malterud et al., 2016) adequate for a focused question about one service area, because the sample covers every tier and includes officials, cadres, and families. It is not adequate for claims about Bandung Regency or Indonesia.

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Table 2. Informants (n = 20)

Code	Role	Village
G1	Head, sub-district family-planning unit	–
G2	Head, Cikancung Puskesmas	–
G3	Head of community empowerment section, sub-district office	–
V1, V2	Village heads	B, E
M1, M2	Village midwives (TPK members)	D, E
C1, C2, C3	Human Development Cadres (KPM)	A, B, E
C4	PKK chair and TPK member	C
C5	TPK member	D
C6, C7, C8	Family-planning cadres	C, B, A
F1 to F5	Mothers or fathers of children at risk of stunting	B, E, A, D, D

KPM = Human Development Cadre; TPK = Family Assistance Team; PKK = Family Welfare Movement.

3.4. Instruments and Data Collection

The researcher served as the main instrument, supported by an interview guide structured around the four Edwards III factors and an observation guide for posyandu activities, facilities, and home visits. Interviews were held with officials at their offices and with cadres and families in the villages. Observation covered posyandu sessions, the condition of posyandu buildings and measuring equipment, and the settings in which services were delivered. Documents included Puskesmas records of stunting by village and photographs of posyandu facilities.

3.5. Theoretical Framework and Analysis

The analysis combined the chain reading of Edwards III's factors with the coping typology of Tummers et al. (2015). We coded the corpus by reading it in full, first deductively along the convergence chain, recording which tier did or failed to do what against its formal role, and then inductively for coping practices, which we grouped into the Tummers et al. families. The original analysis followed Miles and Huberman's (1994) stages of data reduction, data display, and conclusion drawing. The re-analysis produced the role matrix in Table 3 and the coping matrix in Table 4.

3.6. Credibility, Translation, and Reflexivity

Credibility was supported by triangulation across tiers, comparing the accounts of officials, village heads, cadres, midwives, and families on the same events, and across methods, comparing interviews with observation of facilities. All quotations are taken

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from the Indonesian source and were checked word for word against the thesis text; English renderings are our translations. The second author lives in Village B, in the neighbourhood whose damaged posyandu appears in the results. This insider position eased access and trust but may have shaped what cadres chose to report, and we read Village B accounts with that in mind. Research permits were issued by the Puskesmas, the Bandung Regency Health Office, and the Cikancung Sub-District office. Informants took part voluntarily after being told the purpose of the study, and village names are pseudonymised because village heads and cadres would otherwise be identifiable. Reporting follows the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007).

4. Result

The convergence chain held from district to sub-district, thinned at the village government, and was carried below that by cadres who coped in ways that kept services running at a cost. Table 3 sets out the formal role and observed practice of each tier.

Table 3. Formal role and observed practice by tier

Tier	Formal role and legal basis	Observed practice, 2025 to 2026	Who filled the gap
District team	Coordinate, synergise, and evaluate delivery at district and sub-district level (PR Art. 21(2)); advise villages on planning and budgeting (PR Art. 12)	Regular in-person and online meetings	Not needed
Sub-district office	No team of its own; within the district team's remit (PR Art. 21(2)); relays district advice to villages	Village heads informed only through WhatsApp	Unfilled
Puskesmas	Not named in PR; its staff sit on the village team (PR Art. 22(3)(a)); health-specific interventions, measurement, and stunting status	Consistent guidance to midwives; staff stacking roles	Puskesmas staff, by stacking roles
Village government	Coordinate and implement the programme and prioritise the Village Fund for it (PR Art. 11(1)–(2)); form the village team (PR Art. 22); Village Fund may cover KPM training, cadre incentives, and posyandu maintenance (MoV Reg. 2/2024); guide KPM twice a year	Guidance stopped in 2025; buildings and equipment not provided; food only	Cadres (cash pool, home posyandu); PKK chair as relay; midwives and Puskesmas staff
Cadres (KPM, TPK)	Data on at-risk families and family assistance (PR Art. 8(3); BKKBN Reg. 12/2021); data, monitoring, and assistance as separate roles	Stacked roles; self-run meetings	Village military officer for refusing families

PR = Presidential Regulation No. 72 of 2021; MoV Reg. 2/2024 = Regulation of the Minister of Villages No. 2 of 2024, which lists these as eligible rather than mandatory activities; BKKBN Reg. 12/2021 = National Population and Family Planning Board Regulation No. 12 of 2021.

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4.1. The Chain Thins at the Village

Above the village, officials described regular transmission through several channels. The family-planning head explained that "information about the programme from the centre is usually delivered through in-person meetings at the district, or if that is not possible we also schedule online meetings via Zoom with the district team" (G1). The Puskesmas passed instructions to midwives consistently: "directions from the Puskesmas do not often change, so we can carry out activities according to the established procedure" (M1).

The sub-district saw itself as a relay, the "long legs" between district and village whose role was "giving input or advice to the village government" (G3). From the village head's side, that relay barely worked:

> *"Specific information delivery is still relatively rare, such as meetings or socialisation for village heads [...] information on policy, including stunting, we only get from WhatsApp, and there has been no dedicated meeting." (V1)*

Below the village head the link was often missing. A TPK member said that "from the village government we ourselves have never received information about the programme, because socialisation on stunting from the village has not yet been held" (C5). A KPM described a recent collapse: guidance used to happen "twice a year, but from 2025 until now there has been none, and we usually get information about stunting from the TPK" (C1). The village head confirmed the bypass. Guidance "should be held twice a year under the regulation, but because of limited budget we have not been able to", so "we just pass it to the PKK chair and let the PKK chair relay it to the KPM or other field workers" (V1). What arrived second-hand was often unclear: "sometimes the information received is unclear about which activities have to be done" (C2).

4.2. Village Retreat Under Budget Cuts

Both village heads linked the retreat to central budget cuts. "There is no budget for it, because from the centre there is currently a budget reduction too, so we can only provide education at the posyandu" (V2). The same head was candid: "so far we have indeed not given support to field workers [...] as I said, the village budget currently has a reduction from the central government" (V2).

What remained was food. A KPM noted that the village "only provides support in the form of supplementary feeding, and only for children aged 1 to 3, whereas in the field most stunted children are aged 3 to 5 [...] including guidance for KPM, which from 2025 until now has not been held" (C3). A mother in Village B received supplementary food "from the village once a month, from the Puskesmas once a week" (F1).

Infrastructure requests went unanswered. In Village A, a cadre had asked for posyandu buildings but "only one RW has been built, RW 01. For RW 02, RW 03 and RW 08 there has been no word from the village" (C1). In Village B, a request to repair a damaged posyandu brought no help, "so posyandu activities are no longer held in the

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building and the posyandu has been abandoned" (C7). Measuring equipment was broken: "the last equipment assistance was in 2022 if I am not mistaken, and even that came from the Puskesmas" (C4). Broken measuring tools matter because growth measurement is the basis for stunting status.

4.3. How Cadres Cope

Cadres and midwives responded with four recurrent practices (Table 4).

Table 4. Coping practices observed in the five villages

Gap left upstream	Coping practice	Coping family (Tummers et al., 2015)	Main consequence
Too few trained workers; no new volunteers	Role stacking: one person serves as KPM and TPK, or as programme manager and nutrition officer	Moving towards clients (personal resources)	Reporting delays and gaps
Village guidance stopped in 2025	Self-organised monthly meetings and a members' cash pool	Moving towards clients (collective)	Services sustained; cost shifted to cadres
No posyandu building or repair	Posyandu run in cadres' homes	Moving towards clients (personal resources)	Access kept; quality of setting reduced
Families refusing follow-up	Home visits escorted by the village military officer (Babinsa)	Moving against clients (using authority)	Compliance gained; consent weakened

Source: re-analysis of interview and observation data.

Role stacking was the most widespread. The Puskesmas head described one officer acting as both programme manager and nutrition officer, "because there really is no one else capable, so like it or not it falls on that one person" (G2). The same pattern ran through the villages: "I am a KPM but I am also TPK, and what makes it like this is the lack of community participation to become KPM or TPK; even getting people to be posyandu cadres is hard because it is voluntary" (C1). A midwife put a number on that voluntarism: the allowance for TPK and KPM is "if I am not mistaken only 50 thousand a month" (M1).

In Village C, cadres replaced the missing village guidance with their own structure:

> *"Because guidance from the village is rarely held, and in this one year it has not been held at all, we usually take the initiative to hold meetings with KPM and TPK to monitor conditions in the field, and we also usually [...] collect a monthly fund from KPM and TPK for posyandu needs and field needs." (C4)*

Cadres thus paid, out of an allowance of about IDR 50,000, for operations that the village was expected to fund from its Village Fund. Where buildings were missing, "posyandu services are still carried out in cadres' homes, such as in RW 02, RW 03 and RW 08" (C1).

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Coping had limits. Without village guidance, cadres leaned on Puskesmas staff and midwives for activities such as parenting sessions. The Puskesmas head observed that cadres "tend to wait for direction from Puskesmas staff, which hampers field implementation because the cadres and KPM are not yet able to run the programme independently" (G2). A midwife confirmed that these sessions "always have to be accompanied by me or Puskesmas staff" (M2). The gap left by the village was partly refilled by the health sector.

4.4. What Coping Costs

Role stacking degraded the information on which convergence depends. The family-planning head reported that "some workers do not fill in reports [...] because the KPM and TPK are the same person while the reporting is different, and even the reporting applications are different" (G1). The Puskesmas head linked stacking to "delays or mismatches in data collection" (G2).

Cadres also met refusal shaped by stigma. "Most well-off families refuse assistance from workers, and some deny that their child is stunted; they think stunting will not happen to well-off families and only happens to poor families" (C2). One TPK member followed a mother who had stopped attending after her child was classified as stunted: "I went straight to her house to provide assistance to the mother, but I was refused too" (C4). For hard refusals, midwives turned to the military: "we usually ask the Babinsa for help with the visit; usually when the Babinsa is there, families who strongly refused finally agree to be assisted by us" (M2). Informants framed this as a success.

Families who attended posyandu valued the monthly visits. One mother of a stunted child in Village D said the assistance meant "there is progress for my child [...] even though still in the stunting category, there is always progress every month" (F5). Families outside that routine were less reached: "education or socialisation is only done at the posyandu, there is no additional socialisation for the wider community, and I also do not really understand good parenting for my child to prevent stunting" (F4). The family-planning head summed up the KPM role as "the long legs of the village government in carrying out this programme" (G1). In 2025 and 2026, the legs were walking without the body.

5. Discussion

5.1. The Village Link as the Binding Institutional Gap

The Edwards III reading in the original study scored communication and resources as not yet optimal and disposition as broadly positive. Read as an institutional chain, the same data tell a more specific story (Table 3). The village government kept its mandate but lost resources after the 2025 cuts and largely stopped enacting its role. Enactment shifted to cadres, who held neither the mandate nor the funds, and partly to midwives and Puskesmas staff. Cadres' disposition looked good partly because they were covering for the tier above them. The finding is consistent with the drift of responsibility towards

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the health sector reported by Herawati and Sunjaya (2022), but it adds a second direction of drift, downwards to volunteers, which a factor-by-factor assessment does not reveal.

The shift matters for how performance is seen. Posyandu kept running, supplementary food kept arriving, and families kept being visited, so from above the programme appeared intact. The withdrawal showed up instead in cash pools, home posyandu, stacked roles, and missing reports. Coping in this case did not only buffer policy failure, as Lipsky (2010) and Tummers et al. (2015) describe for paid staff; it also made the failure harder to see. Convergence policies that count services delivered, rather than who funded and staffed them, will miss this.

5.2. The Reverse Substitution

Verhoeven and van Bochove (2018) studied paid workers coping with volunteers who replace them. Cikancung shows the reverse: volunteers coping with a paid tier that has stepped back. Here the volunteers had no professional identity to defend and no union or budget line with which to resist. Their main resources were their own time, homes, and pooled allowances. The coping families of Tummers et al. (2015) still applied, but moving towards clients was financed by the workers themselves. This self-financing is consistent with the lay health worker evidence that programmes falter when supervision, supplies, and recognition are underfunded (Glenton et al., 2013; Kok et al., 2015), and with the Indonesian finding that cadres' performance is linked to the incentives they receive (Asrianah et al., 2024). It also qualifies the optimistic reading of coproduction. Brandsen and Honingh (2016) define coproduction as citizens contributing alongside professionals; in this case, citizens were contributing in place of a public tier that had withdrawn.

5.3. When Moving Towards Becomes Moving Against

The Babinsa practice deserves attention. Stigma, the belief that stunting marks poverty, drove some better-off families to refuse follow-up. Cadres and midwives without guidance or communication training had few tools left, so they borrowed the authority of the state's security apparatus. The practice worked on its own terms. It also converts a health encounter into one shaped by deference to a soldier, and it may deepen the very avoidance it seeks to overcome. Research on caregivers' perceptions shows that learning of a child's stunting status provokes emotional reactions that call for emotional as well as informational support (Rahmatika et al., 2024). We did not observe Babinsa visits, so this interpretation needs testing with families who experienced them.

5.4. Novelty and Implications

The novelty of this study lies in reading convergence as a chain of mandates, resources, and enactment, and in showing that the weakest link can be hidden by the coping of those below it. The approach can be used in other multi-tier programmes in which volunteers form the last link, such as maternal health, early childhood education, and social assistance.

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Three practical implications follow, each within what the data support. The twice-yearly KPM guidance is a low-cost link whose loss cascaded into unclear instructions and dependence on Puskesmas staff; protecting it should come before new programmes. The separate KPM and TPK reporting systems penalise the role stacking that shortages force, and could be reconciled at village level. Stigma-sensitive communication training for cadres offers an alternative to escorted visits. Any renewal of the stunting regulation should also state what the village tier must fund when transfers fall. The current text sets village duties only in general terms (Republic of Indonesia, 2021, Art. 11) and leaves cadre guidance, incentives, and posyandu upkeep to annual Village Fund rules that treat them as eligible rather than required spending (Ministry of Villages and Development of Disadvantaged Regions, 2024), so they are the first items to go when budgets are cut.

6. Conclusion

In the Cikancung Puskesmas area, the convergence chain broke at the village government, and volunteer women paid about IDR 50,000 a month filled the gap. When village governments withdrew guidance and maintenance after the 2025 cuts, cadres stacked roles, pooled their own money, opened their homes, and called on soldiers to reach refusing families. Services continued, which is to their credit. But the continuity concealed the retreat, degraded reporting, and moved costs and risks onto the people with the least power in the chain. Implementation research should therefore ask who performs mandated roles, not only whether services are delivered.

The study has clear limits. It covers one Puskesmas area with five villages and cannot speak for Bandung Regency or Indonesia. The analysis draws on excerpts reported in the original thesis rather than full transcripts, which limits depth and raises the risk that earlier selection shaped what we could find. Only two of five village heads were interviewed, so village-government perspectives are thin. The second author's residence in one study village is both an asset and a possible source of bias. The study has no outcome data over time, so it makes no claim that any practice reduced stunting. Future work should follow cadre budgets and reporting across several districts and interview families who received escorted visits.

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References

Asrianah, A., Wisnuwardani, R. W., Iriyani, I., Nurzihan, N. C., Ash Siddiq, M. N. A., & Fitriastuti, T. (2024). The association between financial and non-financial incentives and performance of posyandu cadres. *AcTion: Aceh Nutrition Journal*, *9*(3). https://doi.org/10.30867/action.v9i3.1763

Brandsen, T., & Honingh, M. (2016). Distinguishing different types of coproduction: A conceptual analysis based on the classical definitions. *Public Administration Review*, *76*(3), 427–435. https://doi.org/10.1111/puar.12465

Edwards, G. C., III. (1980). *Implementing public policy*. Congressional Quarterly Press.

Glenton, C., Colvin, C. J., Carlsen, B., Swartz, A., Lewin, S., Noyes, J., & Rashidian, A. (2013). Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: Qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*, (10), CD010414. https://doi.org/10.1002/14651858.CD010414.pub2

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Herawati, D. M. D., & Sunjaya, D. K. (2022). Implementation outcomes of national convergence action policy to accelerate stunting prevention and reduction at the local level in Indonesia: A qualitative study. *International Journal of Environmental Research and Public Health*, *19*(20), 13591. https://doi.org/10.3390/ijerph192013591

Kok, M. C., Dieleman, M., Taegtmeyer, M., Broerse, J. E. W., Kane, S. S., Ormel, H., Tijm, M. M., & de Koning, K. A. M. (2015). Which intervention design factors influence performance of community health workers in low- and middle-income countries? A systematic review. *Health Policy and Planning*, *30*(9), 1207–1227. https://doi.org/10.1093/heapol/czu126

Kontan. (2026, June 24). *Perpres stunting berakhir pada 2024, BKKBN akui masih menunggu perpanjangan* [Stunting regulation ended in 2024; BKKBN still awaits extension]. https://nasional.kontan.co.id/news/perpres-stunting-berakhir-pada-2024-bkkbn-akui-masih-menunggu-perpanjangan

Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public services* (30th anniversary expanded ed.). Russell Sage Foundation.

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, *26*(13), 1753–1760. https://doi.org/10.1177/1049732315617444

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage.

Ministry of Health of the Republic of Indonesia. (2025, May 27). *SSGI 2024: Prevalensi stunting nasional turun menjadi 19,8%* [SSGI 2024: National stunting prevalence falls to 19.8%]. Badan Kebijakan Pembangunan Kesehatan. https://www.badankebijakan.kemkes.go.id/ssgi-2024-prevalensi-stunting-nasional-turun-menjadi-198/

Ministry of Villages and Development of Disadvantaged Regions. (2024). *Peraturan Menteri Desa dan Pembangunan Daerah Tertinggal Nomor 2 Tahun 2024 tentang Petunjuk Operasional atas Fokus Penggunaan Dana Desa Tahun 2025* [Regulation No. 2 of 2024 on operational guidelines for the use of the 2025 Village Fund]. https://peraturan.bpk.go.id/Details/351610/permendesa-pdt-no-2-tahun-2024

National Population and Family Planning Board. (2021). *Peraturan Badan Kependudukan dan Keluarga Berencana Nasional Nomor 12 Tahun 2021 tentang Rencana Aksi Nasional Percepatan Penurunan Angka Stunting Indonesia Tahun 2021–2024* [Regulation No. 12 of 2021 on the National Action Plan for accelerating stunting reduction 2021–2024]. https://peraturan.bpk.go.id/Download/219987/Peraturan%20BKKBN%20No%2012%20Tahun%202021.pdf

Immortalis Journal of Interdisciplinary Studies
ISSN: 3123-3600 https://immortalispub.com/ijis
Vol. 2 Issue 1, March 2026, pp. 574-588

Rahmatika, Q. T., Masfi, A., & Gamagitta, L. P. (2024). Family perceptions on linear growth in stunted children in Wonorejo Village, Malang District. *SURYA: Jurnal Media Komunikasi Ilmu Kesehatan*, *16*(1), 13–19. https://doi.org/10.38040/js.v16i1.892

Republic of Indonesia. (2021). *Peraturan Presiden Nomor 72 Tahun 2021 tentang Percepatan Penurunan Stunting* [Presidential Regulation No. 72 of 2021 on Accelerating Stunting Reduction]. https://peraturan.bpk.go.id/Details/174964/perpres-no-72-tahun-2021

Republic of Indonesia. (2025). *Instruksi Presiden Nomor 1 Tahun 2025 tentang Efisiensi Belanja dalam Pelaksanaan APBN dan APBD Tahun Anggaran 2025* [Presidential Instruction No. 1 of 2025 on spending efficiency in the 2025 state and regional budgets]. https://peraturan.bpk.go.id/Details/313401/inpres

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Tummers, L. L. G., Bekkers, V., Vink, E., & Musheno, M. (2015). Coping during public service delivery: A conceptualization and systematic review of the literature. *Journal of Public Administration Research and Theory*, *25*(4), 1099–1126. https://doi.org/10.1093/jopart/muu056

Verhoeven, I., & van Bochove, M. (2018). Moving away, toward, and against: How front-line workers cope with substitution by volunteers in Dutch care and welfare services. *Journal of Social Policy*, *47*(4), 783–801. https://doi.org/10.1017/S0047279418000119