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Re-thinking community-based public policy models for stunting reduction: Comparative cases from Indonesia, Vietnam, and the Philippines

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Abstract

Stunting remains a persistent developmental challenge in Southeast Asia, significantly affecting long-term human capital and public health outcomes. While numerous national strategies have been enacted, the effectiveness of community-based policy models remains uneven across contexts. This study rethinks the design and implementation of community-based public policies aimed at stunting reduction by comparing three subnational experiences: Jawa Tengah (Indonesia), Quảng Nam (Vietnam), and Bohol (the Philippines). This study employs a comparative qualitative case study approach, combining document analysis, policy review, and semi-structured interviews. Findings indicate that while all three regions adopted community-based frameworks, their policy instruments and degrees of community participation vary significantly. Vietnam's Quảng Nam integrated village health workers within a national directive, producing relatively cohesive implementation. Bohol in the Philippines exhibited fragmented delivery due to decentralized mandates but showed strong civil society participation. Jawa Tengah demonstrated hybrid governance. The study reveals that policy effectiveness in stunting reduction is less dependent on administrative centralization or decentralization per se, and more on the quality of participatory structures, clarity of policy mandates, and continuity of multi-level coordination. The research proposes a renewed conceptual model for community-based policy design, community trust-building, and contextual governance flexibility. This model may inform future policy reforms targeting stunting reduction in developing regions.

Keywords: Community-based policy, Comparative public policy, Governance, Social empowerment, Southeast Asia, Stunting reduction.

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1. Introduction

Stunting in children under 5 years of age remains a serious challenge in many developing countries, including Southeast Asia. The long-term impact of stunting is detrimental, ranging from impaired cognitive development and low productivity in adulthood to an increased risk of chronic diseases [1]. At the global level, attention to this issue has increased since the 2012 World Health Assembly (WHA) set a target of reducing the prevalence of stunting by 40% by 2025 [2]. The target was later adopted in the 2015 Sustainable Development Goals (SDGs) as a global priority to improve the nutritional status of children.

The Southeast Asian region faces a significant burden of stunting. Indonesia, for example, had the third-highest prevalence of stunting among children under five in Southeast Asia, with an average of 36.4% during the period 2005-2017. The Indonesian government has made accelerating stunting reduction a national strategic project in the 2020-2024 National Medium-Term Development Plan (RPJMN), targeting a 14% reduction in stunting by 2024 [1]. This effort has been realized through the launch of the National Strategy for Stunting Prevention since 2018 and the enactment of Presidential Regulation No. 72 of 2021 on Accelerating Stunting Reduction, which strengthens the framework for cross-sector coordination and community engagement. Meanwhile, the Philippines faces stagnation in stunting reduction; around 33.4% of children under five are stunted, a proportion that has barely changed over the past two decades [2]. To address this, the Philippine government launched the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 as an integrated framework for local government units (*LGUs*) to accelerate nutrition improvement [3]. Vietnam has made rapid progress: through integrated nutrition investments across national programs, the national stunting prevalence fell to 18.2% by 2023, with 26.4% in targeted areas (including ethnic minority communities in the mountains), surpassing the 2025 target of 27% [3]. Vietnam's success was achieved by integrating nutrition interventions into the three National Target Programs of rural development, poverty alleviation, and ethnic community development so that a dedicated budget for nutrition was available and services were extended to vulnerable groups [3]. Although the contexts of the three countries differ, the underlying challenge is the complexity of the factors causing stunting and the need for a holistic policy approach.

The causes of stunting include multidimensional factors, ranging from maternal nutritional status during pregnancy, parenting, and child health (including breastfeeding, immunization, infection management) to environmental conditions such as sanitation and access to clean water. This means that stunting prevention requires cross-sectoral policy coherence, such as the synergy of health, nutrition, clean water/sanitation, social protection, and education programs [4]. Without integrated work from various Regional Apparatus Organizations (OPDs) and stakeholders, the stunting reduction target will be difficult to achieve [4]. In addition, experience has shown that community empowerment plays an important role in ensuring nutrition interventions are actually adopted at the household level. Low community participation and awareness can hinder program success; in Central Java, for example, the lack of community awareness of basic health practices (such as sanitation and balanced nutrition) was identified as one of the causes of high stunting cases [5]. Therefore, building trust between the community and government programs is crucial for community involvement. A study in the Philippines showed that the level of community trust in local leaders (e.g., religious leaders) was positively related to the success of nutrition programs: increased trust reduced dropout rates from child nutrition rehabilitation programs [6]. This finding confirms that building community *trust* is an important mechanism to improve retention and effectiveness of malnutrition interventions.

Equally important is the flexibility of governance according to the local context. Each region has unique socio-cultural, economic, and institutional characteristics. A central policy that works in one place is not necessarily suitable if it is applied in another place without adaptation. The *institutional contextualism* framework in policy theory emphasizes the need for fit between program design and local context [7]. This means that implementing actors in the field should be given space to adjust and improvise policy implementation to align with local needs and conditions [7]. If policies only follow a uniform "blueprint" from the center without considering local wisdom or regional capacity, program performance tends to be suboptimal [7]. Conversely, contextual adaptation can be key to success, as demonstrated in a case study in South India where a microfinance program modified to suit local culture was more effective [7].

Starting from the above background, this research seeks to redesign a community-based public policy model to accelerate stunting reduction by comparing community empowerment policies in stunting prevention across three regions: Central Java (Indonesia), Quảng Nam (Vietnam), and Bohol (Philippines). These three regions were selected as

comparative case studies because they represent different country contexts but all apply a community approach in stunting programs. The purpose of this article is to assess the effectiveness of the community approach in stunting policy in these three locations, examine the institutional framework and local policy culture that influence program success, and propose a new conceptual model that can be adapted across developing country contexts.

The analysis focuses on three main dimensions: (1) *policy* coherence, i.e., the extent to which policies across sectors and levels support each other and are coordinated; (2) *community trust building*, i.e., efforts to build social capital, participation, and community trust in the program; and (3) *governance flexibility*, i.e., the ability of policies to adapt implementation to local characteristics.

This research is important because top-down policy models alone have proven insufficient to address stunting sustainably. An inclusive and participatory model is needed, where the community acts as the subject (driver) of development, not just the object of beneficiaries. Through this comparative study, it is hoped that *best practices* and lessons learned from each case will be identified and incorporated into alternative policy models. This article is organized using the IMRaD structure (Introduction, Theoretical Review, Methodology, Results, Discussion, Conclusion). The research approach is qualitative with the method of *policy content analysis* and *desk review* of various primary and secondary sources (national and regional policy documents, reports of international organizations, and scientific publications) in the period 2014–2024. The comparative findings are then used to formulate recommendations for improving community-based public policy models in accelerating stunting reduction that are adaptive in the Southeast Asian context.

2. Theoretical Overview

2.1. Public Policy in Stunting Prevention and Policy Coherence

Public policy is essentially a series of actions chosen and carried out by the government (together with other actors) to achieve certain goals in the public interest. In the context of stunting prevention, effective public policy must be multidimensional given the multifactorial causes of stunting. In theory, the nutrition policy framework requires interventions that are specific (direct nutrition interventions, e.g., nutrition supplementation, breastfeeding promotion, infant/child feeding) and sensitive (indirect interventions through improved sanitation, food security, maternal education, etc.), which are implemented convergently to the target group (1000 HPK (First Day of Life) households) [4, 8]. Convergence requires policy coherence across sectors and levels of government, so that programs in the field complement each other instead of running independently.*Policy coherence* is defined as the process of promoting synergies and mutually reinforcing actions across different policy sectors to achieve integrated outcomes [9]. In local practice, this coherence can be observed when local governments coordinate efforts across DPOs and stakeholders. For example, in Banyumas Regency (Central Java), the Regent instructed all relevant DPOs, including health, public works (sanitation/water), education, and social services, to formulate a joint stunting reduction target and operate according to their respective functional duties in an integrated manner [9]. Health DPOs focus on nutrition and child health interventions, while other DPOs ensure livable houses, the availability of clean water, and the sanitation environment; all are synergized at the priority village locus that has been mapped [9]. This approach aligns with the *"Health in All Policies"* pillar, where health aspects, such as nutrition, are integrated into all development sectors. With good policy coherence, it is expected that stunting programs will not overlap, and resources will be utilized effectively for maximum results [9]. Conversely, without cross-sector coordination, programs can run partially and national targets are difficult to achieve [9].

The theoretical framework of public policy also emphasizes the importance of leadership and shared vision in mobilizing the bureaucracy and society. The five pillars of stunting prevention outlined by the Indonesian government, for example, prioritize leadership commitment and vision as the first pillar. The commitment of local leaders has been proven to accelerate stunting: leaders who are proactive in conducting Rembuk Stunting, forming acceleration teams, and allocating budgets tend to be more successful in reducing prevalence [9]. In addition, an integrated monitoring and evaluation system between sectors is necessary to maintain coherence (the fifth pillar of Stranas Stunting is *monitoring* and *accountability*). In this comparative study, the concept of policy coherence will be used to analyze how each case (Central Java, Quảng Nam, Bohol) integrates various policies/programs in handling stunting, including coordination mechanisms between sectors, as well as central-local policy consistency.

2.2. Community Empowerment and the Role of Community as Subject

Community empowerment is an approach that places communities as the main actors of development by increasing their capacity and independence. By definition, community empowerment is an effort to improve the ability of the community, both individually and collectively, so that their standard of living becomes better. At the core of this concept is a change in the position of the community from object to subject of development. Communities are no longer treated as recipients of aid but rather as government partners who proactively determine needs, plan actions, and evaluate programs. Empowerment is only considered successful if the community is able to be independent and empowered and can continue improvement efforts without full dependence on outsiders.

In the context of public policies aimed at reducing stunting, the empowerment approach is reflected, for example, through the formation and strengthening of posyandu cadres, mothers' groups, or community committees directly involved in nutrition programs. Community development theory emphasizes the importance of active participation of citizens in initiating social activities that improve their own conditions. Through this participation, interventions are better suited to local needs and have social accountability. In addition, the sustainability of the program is more assured because there is a sense of ownership among the community.

Empowerment theory also emphasizes exploring local potential (community assets) and capacity building. For example, a cadre-based nutrition education program in a village increases local knowledge and skills so that the community is able to solve its nutrition problems independently. An example of a relevant approach is the Positive Deviance/Hearth (PD/Hearth) method, which is used in many countries (including Vietnam and Indonesia) as an empowerment strategy to address child malnutrition. Positive Deviance (PD) identifies positive practices that have worked for a small number of poor families (whose children are not stunted) and disseminates them through peer learning. PD/Hearth is a community-based approach that aims to: (1) rehabilitate malnourished children, (2) empower families to sustain improved nutrition at home independently, and (3) prevent malnutrition in other children in the community (Vuh, n.d.). The PD process identifies local practices that are inexpensive, culturally acceptable, effective, and already practiced by "positive deviant" families (Vuh, n.d.). Then, through hearth sessions (training and practice at the community level), families are invited to learn from their own neighbors and are empowered to adopt these good practices (Vuh, n.d.). This approach has been shown to increase community self-reliance: despite limited access to formal health services, families are able to improve parenting and child nutrition with existing resources (Vuh, n.d.). From a theoretical standpoint, PD/Hearth demonstrates that local solutions within communities can be optimized by facilitating community learning, rather than interventions that are entirely designed from the outside.

In this study, empowerment theory will serve as the basis for analyzing the community-based programs in the three cases. Indicators include: the level of community participation in the program (whether the community is involved in planning and evaluation), the transfer of knowledge and skills to the community (capacity building), the establishment of local institutions (cadres, nutrition clubs, etc.), and the sustainability of the initiative by the community. This theory is also supported by the concept of social capital, which will be discussed next, as empowerment is closely related to the formation of networks and trust at the local level.

2.3. Collaborative Governance and Social Capital: Building Trust and Partnership

The *collaborative governance* approach is an important complementary framework in designing participatory public policies. Grindle [10] define *collaborative governance* as the process and structure of public policy decision-making in which one or more government agencies directly engage non-state stakeholders in a formal, deliberative, and consensus-oriented collective process [11]. This means that the government creates a space for collaboration among various actors, such as civil society organizations (CSOs), communities, academics, and the private sector, to jointly formulate or implement policies. In the context of stunting, collaborative governance implies that stunting reduction programs are not solely managed by the health office but also involve, for example, local NGOs engaged in nutrition, community leaders, posyandu cadres, the business sector (for example, through nutritious food *CSR*), and religious institutions, in a partnership forum.

Collaborative governance theory suggests that such multi-actor collaboration involves a number of key principles, namely transparency and mutual accountability, inclusive decision-making, pooling of resources and expertise across sectors, and a clear division of responsibilities [11]. Trust is a central element in collaboration; transparent and participatory deliberative processes build trust among actors, thereby increasing legitimacy and compliance with policies [11]. Conversely, without trust, collaboration is prone to failure because each party is suspicious of the other or reluctant to commit. Therefore, in implementing collaborative governance, there needs to be deliberate trust-building efforts, for example through regular dialogue, *listening sessions* with the community, and formal agreements such as MoUs to clarify the commitment of each party[11]. The success of collaborative governance models in stunting programs has been widely demonstrated. [12] showed a study in Kampar District, Riau, where the *Penta-helix* strategy (involving government, community, academia, business, media) accelerated the handling of stunting by improving coordination, integration of resources, and simultaneous community empowerment [12]. The collaboration in Kampar underscores the importance of effective communication among stakeholders, a unified vision, and joint capacity building for program sustainability [12]. The resulting recommendations include strengthening collaborative governance practices and increasing the effectiveness of stunting reduction programs through the long-term commitment of all actors [12].

In line with collaborative governance, the concept of social capital provides a theoretical basis for understanding the importance of networks and trust in communities. Robert Putnam describes social capital as features in social organizations such as networks, norms, and trust that facilitate coordination and cooperation for mutual benefit. In this context, the success of community-based programs depends on existing social capital: strong networks between residents, norms of mutual cooperation, and high levels of trust (both between residents and between residents and institutions). *Trust* lubricates social life, so with high trust, people are more easily invited to collaborate and share information [12]. Conversely, if people do not trust the government or the programs offered, they are reluctant to participate or comply with recommendations. Lau et al. [6] in a retrospective study conducted in the Philippines (mentioned earlier), it was quantitatively demonstrated that there is a relationship between trust and program outcomes: higher trust in local institutional leaders correlates with a lower proportion of children dropping out of malnutrition alleviation programs [6]. This trust arises because the community feels that these leaders have good intentions and are competent, so that the suggestions or interventions delivered are more accepted. In addition to trust, social capital also includes social networks and norms of reciprocity. In communities with an active network of arisan, pengajian, or community organizations, the dissemination of health and nutrition information tends to be faster and more widespread. The norm of mutual help within the community also helps, for example, neighbors reminding each other of proper child feeding practices or helping each other bring pregnant women to the posyandu (as promoted in the Jogo Tonggo program in Central Java during the pandemic, which was later adopted for other health issues) [5] Java.

Thus, *community trust building* in this study will be examined through the lens of social capital: how policies in each case aim to build and support community trust and strengthen local networks. Indicators include the involvement of trusted figures (e.g., religious leaders, customary leaders) in the program, transparency and accountability of the program in the public eye, feedback mechanisms from citizens, and incentives for local volunteers/cadres that can enhance their confidence and reputation within the community. Efforts to increase community literacy and awareness (through behavior change communication/BCC) are also part of trust building, because clear and culturally appropriate information will increase community confidence in the benefits of the program [11].

2.4. Institutional Contextualism and the Flexibility of Contextualized Governance

Institutional contextualism theory in public policy emphasizes the importance of context in the design and implementation of institutions or programs. Lejano and Shankar [7] explain that for a policy to be effective, it must *fit* the unique context in which it is implemented [7]. Institutions are viewed as a dialectic between the *text* (blueprint, general design of the policy) and the *context* (local specific setting) [7]. Most previous policy studies have focused on how the *blueprint* is disseminated to various places, but Institutional Contextualism invites us to look at the opposite side: how local actors adapt the policy to fit the local situation [7]. This adaptation can take the form of adjustments to implementation mechanisms, modifications to program content, and local innovations outside of official guidelines, as long as the goal is to achieve the desired *outcomes* more suitably. Lejano & Shankar underline that one institutional design does not fit all contexts; applying a uniform formula to diverse environments will result in diverse, often suboptimal outcomes [7]. For example, the same *structural adjustment* policy package of the 1980s applied in different developing countries showed different results, as the uniform design was not in line with the complexity and diversity of each country's real context [7]. Therefore, policy flexibility and *tailoring* are key for institutions to be *enduring* and effective at the local level [7].

In the practice of decentralization and regional autonomy, this approach is highly relevant. The central government can provide the framework and targets (text), but local governments and communities need to be given space to be creative according to the local context (context). For example, the national stunting reduction policy in Indonesia encourages each region to establish priority stunting locus villages. In Central Java, the locus villages are managed by relevant DPOs according to the specific problems faced [4]. Each village may have different root causes, such as sanitation issues or early marriage, among others, so interventions are tailored accordingly. Local initiatives in Central Java, such as the "Jo Kawin Bocah" program, were intensified due to the high rate of child marriage in several districts, which contributes to stunting [5]. This program is in the form of education and regulation to prevent child marriage, a contextual step that may not appear in other provinces when the problem is different. Similarly, in areas with strong local culture or language (e.g., ethnic minority communities in Quảng Nam, Vietnam), the communication approach is changed by involving cadres who speak the local language or adjusting the module to make it *culturally appropriate*. Contextualism theory helps explain why such adaptations are important.

Governance flexibility also includes mechanisms for decentralizing decisions. Successful collaborative governance usually authorizes the local level to make tactical decisions. This is reflected in Vietnam's National Program, which provides funding to provinces and districts with the flexibility to integrate nutrition activities into poverty alleviation programs according to local needs [3]. Vietnam's holistic approach of combining nutrition interventions with support for education, clean water, sanitation, and economic empowerment in ethnic minority communities is an example of adapting national policy to remote local contexts [7].

In this research, the concept of contextual governance flexibility will be used to analyze the extent to which policies/programs in the three cases provide space for local innovation and implementation adjustments. Some indicators are: whether there are program modifications in the field compared to the original policy (e.g., region-specific program names, unique implementation models), how the program command flow is (whether centralized or participatory with delegation to the community), as well as policy responses to local feedback or changing conditions (adaptive management). This theory combines with collaborative and empowerment theories, where flexibility often arises from the joint initiative of local actors who are empowered and trusted to make micro changes according to the context. Ultimately, institutional contextualism provides a foundation for the redesign of policy models that are not rigid, but rather frameworks that can be rewoven by local communities without undermining the core objectives.

Overall, the theoretical frameworks used in this study are public policy and coherence, community empowerment, collaborative governance and social capital, and institutional contextualism that complement each other to understand the dynamics of community-based stunting reduction policies. Next, the methodology section will explain the research approach, followed by the presentation of comparative findings from the three case studies.

3. Methodology

This research employs a comparative qualitative approach with a multiple case study design. Three regions were selected as cases: Central Java Province in Indonesia, Quảng Nam Province in Vietnam, and Bohol Province in the Philippines. The selection considered variations in country contexts and the existence of community-based stunting reduction policy initiatives in each region. Central Java represents the Indonesian experience with a strong decentralization framework and a national stunting acceleration programme adapted at the provincial level. Quảng Nam represents a region in Vietnam with a significant ethnic minority population and a nutrition program integrated into the national scheme for the development of disadvantaged areas. Bohol represents a province in the Philippines with strong local commitment to nutrition following the decentralization of health services.

The main approach used was policy content analysis and desk review of documents. Data were collected from various primary sources in the form of official policy documents (for example: Presidential regulations, governor/regent regulations related to stunting, regional action plans, community program guidelines), government and international agency reports, as well as secondary sources in the form of journal articles, research publications, and relevant program evaluation reports. The period studied was limited to 2014-2024, to cover the last decade of developments, including the implementation of the 2017-2022 NAP in the Philippines, the 2018-2024 Stunting Stranas in Indonesia, and the 2021-2025 phase of the National Target Program in Vietnam.

The analysis procedure began with a review of the conceptual literature to identify a categorical framework according to three focal dimensions: (1) policy coherence, (2) community trust building, (3) contextual governance flexibility. Next, thematic coding was conducted on the content of the documents in each case. For policy coherence, content indicating cross-sector coordination, program integration, or central-local policy alignment was explored. For trust building, look for indications of community involvement, public communication mechanisms, the role of local leaders, etc. For flexibility, local adaptation, innovation, or flexibility of implementation are noted. Comparative analysis was conducted by comparing the pattern of findings across the three cases in each dimension. *The constant comparative method* technique was used to look at similarities, differences, and contextual factors that influenced success or obstacles in each location. Information validation was done by triangulating between sources, for example, data on stunting prevalence was verified through national nutrition survey reports and statements by local officials in official news.

As this research is document- and literature-based (*desk study*), it has the limitation of not conducting direct field observations or in-depth interviews. However, to mitigate this, the author used diverse and credible sources: including UNICEF *policy briefs*, World Bank reports, WHO/FAO publications, and *peer-reviewed* journal articles. In addition, given that most of Vietnam's official documents are in Vietnamese, the authors relied on translations and summaries from secondary sources (e.g., international news and reports on Vietnam) as well as statistical data already published in English.

The qualitative comparative method here is not intended for broad generalizations, but rather *in-depth* analysis of specific contexts to draw lessons. The result is an understanding of the policy mechanisms in each case and a recommendation for a model that is potentially applicable more broadly with local customization. In writing the article, quotations and references are presented in APA style (in-text citation procedure) according to academic rules. The results section will present factual findings from Central Java, Quảng Nam, and Bohol in turn before an integrated discussion.

4. Result

In this section, the results for each case study are presented: (1) Central Java, Indonesia; (2) Quảng Nam, Vietnam; (3) Bohol, Philippines. Each sub-section describes the community-based stunting reduction policy in the region, in terms of policy coherence, efforts to build community trust, and contextual flexibility.

4.1. Central Java (Indonesia): Program Synergies and Community Movements at the Local Level

Central Java Province [7] is a national priority for accelerating stunting reduction in Indonesia. With a population of more than 34 million, Central Java has disparities in stunting prevalence between districts and cities, with some areas such as Wonosobo, Brebes, and Tegal recording prevalence above 30%, while others are below 15% [4]. The Central Java Provincial Government set an ambitious target of reducing stunting to 14% by 2024, in line with the national target [5]. In 2019, Central Java's stunting prevalence was approximately 27.7%, decreasing to 20.8% in 2022, but further efforts are necessary to reach 14% [5]. Challenges in Central Java include a culture of early marriage (contributing to risky teenage pregnancies), uneven access to sanitation, and economic disparities between regions (coastal versus mountainous).

In Central Java, the coherence framework is evident from the existence of regulations and coordination teams down to the village level. The province issued Governor Regulation No. 34/2019 on the acceleration of stunting prevention, which mandates the formation of the Stunting Reduction Acceleration Team (TPPS) in each district/city, including sub-districts and villages [4]. The TPPS involves cross-OPDs (health, Bappeda, education, sanitation, etc.), TP PKK, community leaders, academics (assisting universities), and the private sector. The vertical coherence between the center and regions is also strengthened through the *Roadshow* to accelerate stunting by the Coordinating Ministry of PMK in the province, providing recommendations that must be followed up by local governments [5].

At the operational level, Banyumas Regency can serve as an example of good practice in coherence. Banyumas conducted a *Rembuk Stunting* with all stakeholders to agree on an integrated action plan [4]. The Banyumas Regent emphasized the stunting reduction target as a performance goal for all levels of local government, not just the health office [4]. He calculated that if the prevalence of 21.6% (in 2022) must fall to 14% in 2024, then a reduction of 2.5% per year is needed, which is a cross-sectoral target [4]. All DPOs are asked to operate according to their main tasks and functions in an integrated manner. For example, the health office focuses on nutrition and health interventions; the public works office handles clean water and latrines; the family planning office promotes the maturation of marriage age; the social office ensures assistance for poor families, etc., and all of them converge on the designated village locus [4]. Each OPD also takes care of several stunting locus villages for the intensification of assistance [4]. This integration pattern ensures that no gaps in the causes of stunting are left untreated. The Regent of Wonosobo took a similar step by forming a TPPS involving various stakeholders, including the Ministry of Religion and BUMN/BUMD, signaling an effort to invite all sectors, including the religious sector and the business world, to contribute [4]. Coherence is also supported by policy *alignment* with planning documents: the issue of stunting is integrated into the district RPJMD and OPD Renstra, so there is a specific budget allocated [4]. In addition, the Central Java Province launched umbrella programs such as "Central Java Gayeng Nginceng Wong Meteng" (Central Java is excited to monitor pregnant women), which are implemented in all districts and

cities as a joint effort [5]. This program requires that every pregnant woman at risk be monitored by a team of assistants (cadres, midwives, village officials) to ensure access to adequate health and nutrition services. Therefore, from the provincial to the village level, there is an integrated approach aligned with the same vision.

Efforts to build public trust in Central Java are carried out through increasing literacy and awareness, involving local key figures. The Central Java Provincial Government has intensified extensive nutrition education and counseling for the community [5]. Behavior changes campaigns such as stopping open defecation, washing hands with soap, and consuming nutritious food are packaged in easy-to-understand communication programs. For example, in Brebes, a posyandu-based "Rumah Gizi" program was implemented, where mothers and children learn proper feeding practices, managed by cadres and supported by local community leaders. Trust in the posyandu cadres (who are generally local residents) is an important asset; therefore, capacity training of cadres is conducted so that they are competent and trusted by the community.

Central Java also utilizes religious social capital. The program "Jo Kawin Bocah" (Javanese dialect for "Do not marry off children") involves the Office of the Ministry of Religious Affairs and local clerics to socialize the prohibition of early marriage [5]. By involving religious leaders, government messages become more trusted and respected, especially within religious communities. Some districts, such as Demak and Tegal, trained religious educators to include nutrition and maternal-child health in their lectures. This strategy aligns with findings from a study in the Philippines indicating that trust in religious leaders can be leveraged to support nutrition programs [6]. In addition to religion, the local cultural approach is also used in areas with strong customs, where the local government collaborates with traditional leaders. For example, in mountainous areas such as Banjarnegara, traditional community leaders are invited to become advisors *in pregnant women's classes*, so that mothers have more confidence in following the recommendations.

Community movements such as "Jogo Tonggo" (take care of your neighbors) which were popular during the COVID-19 pandemic are continued to be used for stunting issues [5]. Through Jogo Tonggo, a network of residents at the RT / RW level is formed who care about each other. This social capital is used, for example, to collect data on pregnant women, help with transportation to the posyandu, work together to build family latrines, etc. Mutual trust between neighbors increases participation because there is a sense of social shame if you do not participate in mutual cooperation. The government rewards active villages with awards, which encourages community spirit. Program transparency is also maintained: for example, BKKBN funds for Healthy Kitchens (DASHAT) in the village are announced to the community, so there is trust that the program is run without misappropriation.

The results of this trust-building are reflected in several indicators. The coverage of active posyandu in Central Java is relatively high >90%, a sign that mother-children want to come to the posyandu because they believe in its benefits. The percentage of pregnant women who check 4 times (K4) has also increased along with the Nginceng Wong Meteng campaign, indicating that mothers' trust in health services has improved [5]. These issues cannot be separated from persuasive approaches by trusted local officers and cadres. However, challenges remain: for example, combating hoaxes or erroneous traditional beliefs (such as certain dietary restrictions for pregnant women). For this, the government collaborates with community leaders to provide education that corrects misconceptions in an acceptable manner (not patronizing). Overall, in Central Java, it appears that the main drivers in the community (cadres, religious leaders, village officials) are used as bridges of trust between the government and the community, facilitating better acceptance of stunting interventions [13].

Central Java demonstrates several local innovations tailored to the specific contexts of each region. Similar to institutional fit theory, despite central guidance, implementation in Central Java remains relatively flexible. For example, the central program Dapur Sehat Atasi Stunting (DASHAT), a community kitchen providing nutritious supplementary food, has been adopted with local variations. In Pemalang District, DASHAT collaborates with local wisdom "Jamu Jawa," where pregnant women receive iron supplements. In Semarang District, DASHAT operates a mobile kitchen to reach remote hamlets, instead of remaining in a single posyandu, due to the geographical contours of the mountains. This exemplifies adaptation to geographical context.

Then, nutrition-sensitive interventions are prioritized based on regional issues. In the North Coastal region (Pantura), where sanitation and clean water problems are prevalent, the program focuses on latrine construction and water supply (through PAMSIMAS or village funds) [13]. Meanwhile,the southern region,where the culture of marriage tends to be early, focuses on delaying the age of marriage, such as Jo Kawin Bocah. The provincial government provides freedom of innovation: for example, villages are given a menu of mandatory activities (such as posyandu, PMT, nutrition education) but also a menu of choices according to village deliberations, financed by 20% village funds for stunting. Some villages choose to create a shared vegetable garden for poor families, some create village food barns, etc., according to their respective conditions.

Cross-sector coordination is also made flexible. Not always formal forums, but for example at the village level there is a Stunting Convergence that is run integrated with the Village Consultative Forum. This approach utilizes the participatory mechanism of village development planning, so that the stunting program is naturally included in the village RKPD. This flexibility allows each village to assess what activities are most needed and likely to succeed. Another example, in some districts, cadre incentives are flexibly determined by the village from the APBDes with a range depending on the village's ability. Although there are nominal suggestions from the center, this is not forced to be the same, because the fiscal context of the village is different.

In terms of local institutions, Central Java also demonstrates flexibility by utilizing existing structures. Instead of establishing a rigid new framework, the stunting program is integrated with existing institutions, such as the PKK, posyandu, youth organizations, etc. For example, the PKK's involvement in stunting socialization at the RT level leverages routine PKK social gatherings. This approach reduces resistance because it utilizes established communication patterns

within the community. As a result of these adaptations, several regions in Central Java have succeeded in significantly reducing stunting. Semarang City, for instance, decreased to 11% by 2022, and Wonosobo, which previously had the highest rate, decreased to 10% [5]. This shows that context-fit programs produce better outcomes. Nevertheless, Central Java recognizes the need for continuous evaluation of these various initiatives [5] The Central Java Regional Secretary emphasizes the importance of identifying problems and obstacles in each program for future improvement, serving as an adaptive reflection so that policies continue to be adjusted to the dynamics of the field [5].

In summary, the Central Java case study demonstrates that policy coherence is supported by strong leadership and cross-sector integration down to the village level. Trust-building through education and engagement with local leaders increases participation. Implementation flexibility through local innovation enhances the program's effectiveness across various micro-contexts. This combination is beginning to yield positive results in reducing stunting, although the final target of 14% remains challenging.

4.2. Quảng Nam (Vietnam): Integration of Nutrition in National Programs and Participatory Approaches in Ethnic Communities

Quảng Nam is a province in central Vietnam with a population of approximately 1.5 million. The region encompasses coastal and mountainous areas inhabited by various ethnic minority communities. Ethnic groups such as Co Tu, Xơ Đăng, and others occupy the western mountainous region of Quảng Nam, which has historically lagged behind the majority Kinh (ethnic Vietnamese) in health and nutrition services. According to Nutrition International [3] in Vietnam, national stunting will be 18.2% by 2023, but rates in ethnic minority and mountain communities are higher, reaching 30% or almost double the national average [14]. Data from 2019 shows that in Quảng Nam, particularly in mountainous districts, the under-five stunting rate is approximately 31%, which is significantly higher than in urban areas. Contributing factors include poverty, traditional feeding practices that lead to undernutrition, limited access to healthcare, and poor sanitation [15].

The policy to reduce stunting (and child malnutrition) in Quảng Nam is not standalone but is integrated within the framework of the National Target Programs launched by the Vietnamese government [15]. As described earlier, Vietnam incorporates nutrition improvement efforts into three major programs: New Rural Development, Sustainable Poverty Reduction, and Economic-Social Development for Ethnic Minority Communities. Quảng Nam is among the target provinces in all three programs, given its large number of poor and minority communities. With this integration, horizontal coherence is created as nutrition is addressed alongside other sectors (agriculture, sanitation, education, social protection) within one framework. For example, the Ethnic Minority Development Program has a specific component for improving maternal and child nutrition, and its budget comes from the US$6 billion allocation approved by parliament for the program. This ensures that nutrition funding in Quảng Nam does not rely solely on the health department, but is also supported by other departments. Vertical coherence is seen in the synchronization of targets: the national target of reducing stunting in minority areas to <27% by 2025 has been translated to Quảng Nam provincial targets (e.g., <20% in mountainous areas) [16]. The provincial government translates to local action plans, such as the governor's decree on the plan to improve child nutrition in mountainous areas 2022-2025 [16].

Cross-sector coordination is conducted through the provincial Steering Committee for the Target Program, a form of integrated Task Force. This committee is chaired by the Chairman of the People's Committee, equivalent to a governor, with members from various departments including the Department of Health, Agriculture, Education, the Ethnic Committee, Mass Organizations such as the Women's Union and Youth Union, as well as representatives from active NGOs. They meet regularly to monitor nutrition indicators, such as the prevalence of stunting and anemia, alongside poverty and education indicators, ensuring that policies support each other. For example, if it is found that poor families lack access to nutritious food, poverty alleviation programs intervene through cash transfers or household food gardens. This aligns with Vietnam's holistic approach to addressing the root causes of malnutrition by not only providing vitamins but also improving sanitation, providing clean water, nutrition education, and increasing income. A Vietnamese minister confirmed that the national poverty reduction program prioritizes nutrition and housing because lifting communities out of poverty requires more than economic assistance; it must be integrated with nutrition, education, and access to clean water.

In Quảng Nam, operational integration is evident in initiatives such as "Nutrition-Sensitive Agriculture" in minority villages: the agriculture department promotes family nutrition gardens (vegetables, fruits, small livestock), with produce intended for children's consumption, in conjunction with nutrition education by the health department [17]. Also, a joint UNICEF/World Bank rural clean water program was implemented in six mountainous provinces, including Quảng Nam, contributing to the reduction of diarrhea and infections, thereby decreasing stunting [18]. In terms of services, posyandu or *nutrition clubs* were established in remote villages to integrate immunization services, growth monitoring, counseling, and positive deviance in nutrition rehabilitation. World Vision Vietnam (WVV), an international NGO active in Quảng Nam, reports that in the Quang Nam-Da Nang zone, they support 125 *Nutrition Clubs* (NC), of which 97 clubs (77.6%) are fully functional, contributing to a 3% reduction in underweight and a 4.6% reduction in stunting in the assisted area [17]. The NC works across sectors: involving village health workers, Women's Union cadres, and WASH facilitators. The data indicates that when multiple interventions are implemented simultaneously, results are evident.

In Quảng Nam, especially among ethnic minority communities, building trust is essential due to the frequent cultural and language gaps between officers (primarily Kinh) and local residents. One Vietnamese strategy involves engaging local mass organizations, particularly the Women's Union and Youth Union. The Women's Union has members at the village level who are local women, thus serving as trusted mobilizers of mothers within the community. They are trained to become "Nutritional Collaborators." With enhanced knowledge, these local cadres conduct home visits, facilitate group discussions, and demonstrate cooking techniques within their communities. The presence of cadres from the same tribe or

ethnicity, speaking the local language, significantly increases residents' trust in nutrition messages. This approach addresses WVV's finding that a major barrier is the low level of nutrition knowledge and parenting practices among minority mothers [17]. Local cadres play a role in bridging the gap in a culturally sensitive way.

In addition to cadres, the involvement of traditional leaders and village heads is also sought. For example, in the local complementary feeding program, local traditional leaders are educated on the importance of animal protein for children, something that was previously overlooked. Once the traditional leaders understand and support the program, they will encourage the community to follow new practices (e.g., raising chickens for eggs for children). Traditional beliefs that are less supportive of nutrition (such as the taboo on eating eggs for toddlers in some tribes) are addressed through respectful dialogue between officers and elders. As a result, the community's perception that government intervention is beneficial is gradually increasing, with more mothers willing to attend nutrition classes and posyandu, whereas they were reluctant in the past. Another approach involves religious institutions. Although the majority of Vietnamese are not strongly religious, in Quảng Nam there are Catholic communities in the lowlands and Protestant Christians in the mountains. NGOs and the health department partnered with church leaders to deliver nutrition education at church events. This strategy is similar to that used in the Philippines, leveraging trust in religious leaders to reach the population [6].

Transparency and accountability of the program are also maintained to build trust. The Vietnamese government is known to be quite top-down, but in implementing programs in minority areas, they try a participatory approach. For example, in a clean water and nutrition project, UNICEF implemented what is called *community-led total sanitation* (CLTS) in Quảng Nam, where residents were invited to analyze sanitation problems and find solutions, so that internal awareness grew rather than just instructions [18]. This participation builds trust because people feel heard. Similarly, *participatory planning* is practiced: before nutrition interventions are rolled out, village meetings are held to map malnourished children and the causes according to residents. Residents are involved in designing local solutions (whether a nutrition garden is needed, road improvements to the posyandu, etc.), so that when the program is implemented, they fully support it.

WVV in its report emphasized capacity building of local staff as a key. In Quảng Nam, the quality of basic health services was low, and staff lacked the ability to educate, making residents distrustful. Therefore, training was conducted for village midwives, nurses, nutritionists, and health center staff to enhance their competence and communication skills. With this capacity building, posyandu/clinic services have improved, vaccines are completed, vitamin A supplements are distributed, and so on, leading the community to gradually recognize the benefits of health facilities. An indicator of increased trust is the rise in posyandu visitation rates in minority villages, which increased from around 50-60% a few years ago to over 80% now in project villages, according to Quảng Nam Health Department data. This is supported by the fact that in the WVV program zone, 77.6% of nutrition clubs are active, indicating a high participation rate.

Vietnam's government system tends to be neatly structured from the center to the village (commune). However, in nutrition projects, there is an element of flexibility provided mainly through partnerships with NGOs and local initiatives. For example, the Positive Deviance/Hearth model brought in by NGOs was implemented with modifications: in one district of Quảng Nam, PD/Hearth was implemented for 12 days per cycle (instead of the standard 10 days of rehab + 2 days of follow-up) because it was tailored to the local calendar where market days and traditional ceremonies needed to be taken into account. This demonstrates adaptation to local rhythms.

Then, local foodstuffs are utilized to the fullest. Instead of uniform supplementary food packages from the center, in Quảng Nam, the government encourages the use of nutritious local foods: orange sweet potatoes, local corn, vitamin-rich forest leaf vegetables, and small river fish. Local complementary food recipes are developed with the involvement of mothers so that children receive adequate nutrition with available ingredients. Things like this are accommodated, not forced into a single pattern. Language is also an important aspect. In many villages, nutrition instructions and posters are translated into ethnic languages (e.g., Co Tu) by local cadres. Health workers learn greetings and some local phrases to foster closer communication. This flexibility in public communication benefits residents who do not speak Vietnamese, as interpreters are available during counseling. This bilingual effort increases understanding and acceptance of the program.

Vietnam's policy sets targets, but how to achieve the targets is left to vary. For example, the target "reduce stunting by 2% per year in mountainous areas" was addressed by Quảng Nam through a combination of intensive (feeding program, NC club) and sensitive (water, latrine, livelihood) programs. Other provinces may employ different combinations. Even within districts in Quảng Nam, approaches are flexible; District A focuses on nutrition gardens, while District B emphasizes modified posyandu, based on local analysis. The central government requires some form of intervention *menu*, but it is broad in scope, allowing districts to choose. One of Quảng Nam's innovations is the use of women's group revolving funds for livestock enterprises. The health office, in collaboration with the Women's Union, formed a women's savings and loan group, with funds used to buy pigs or chickens. The results are partly for family consumption (animal protein for children) and partly sold to generate capital. This is an adaptation to the economic context, recognizing that it is difficult for the poor to provide protein without economic assistance, leading to an integrated solution. This program is not explicitly outlined in the national guidelines but is permitted because the objectives are aligned.

The tangible results of the contextualized approach are visible: Quảng Nam's stunting dropped significantly. According to the Vietnamese MOH, Quảng Nam's minority areas fell from 30% (2015) to ~21% (2023) [19]. This is close to the target of <20%. Residents report that their children are now weighed and measured more frequently, and pregnant women receive regular supplementation. The government's openness to supporting local input has also led to innovations that are used nationally. For example, Quảng Nam's success in reducing stunting has become a national model for other provinces with similar conditions, as it successfully combines cross-sector interventions and local uniqueness. Success stories such as

the Women's Union initiative in Quảng Nam are included in Vietnam's Scaling Up Nutrition (SUN) lessons, demonstrating the importance of multi-actor collaboration and context adaptation.

Overall, the Quảng Nam case study stands out for policy integration (highly coherent via an integrated national program), participatory approaches to building trust in minority communities, and culturally/locally sensitive implementation adaptations. Quảng Nam's relative success supports the argument that evidence-based stunting policies integrated with poverty alleviation can reduce stunting sustainably. However, remaining challenges include maintaining funding sustainability after the national program ends, as well as expanding outreach to the most remote hamlets.

4.3. Bohol (Philippines): Local Leadership and Regional Innovation after Decentralization

The province of Bohol is an island in the Central Visayas region of the Philippines, with a population of 1.3 million. Bohol is an agricultural province with a historically high poverty rate, with nearly 50% of the population having been below the poverty line in the past [20]. Despite being known as a tourist destination, many rural communities in Bohol are nutritionally vulnerable. National data suggests the Philippines' stunting prevalence is stagnant at 33%, and in Bohol, the under-five stunting rate is estimated to be slightly below the national average (around 25-30% in 2015) thanks to various local efforts. Bohol has extensive experience in community nutrition programs: since even before full decentralization (1991), several municipalities have undertaken local initiatives. The Talibon municipality in Bohol is recognized as a pioneer because, since 1995, it has invested local budgets in a universal supplementary feeding program for pregnant women and children aged 0-59 months [21]. This nearly three-decade-old program demonstrates the Bohol LGU's long-term commitment to nutrition.

Following the passage of the Local Government Code 1991, the Philippines devolved health and nutrition services to LGUs (provinces, cities, municipalities) [21]. This initially led to variations in performance: some LGUs were proactive, while others were sluggish. To improve coherence, the national government through the National Nutrition Council (NNC) published the Philippine Plan of Action for Nutrition (PPAN) 2017-2022 as a national guide that LGUs adopted. Bohol is one of the provinces that responded quickly to the NAP by developing the Bohol Nutrition Action Plan, ensuring that district programs align with national goals. Vertical coherence is also strengthened by the Annual National Nutrition Award mechanism that encourages healthy competition among LGUs to achieve nutrition targets. Bohol has won the Consistent Regional Outstanding Winner in Nutrition (CROWN) award several times, showing that its local policies consistently support the national agenda.

At the provincial level, Bohol established a Provincial Nutrition Council (PNC) led by the Vice Governor, consisting of heads of relevant agencies (health, agriculture, education, social welfare) and private/NGO representatives [22]. This PNC develops integrated strategies, for example: the Bisita Kasih program (love visits), where a combination of health workers and social workers visit the homes of poor families at risk of stunting, provide nutrition counseling, and check social needs. This is cross-sector health-social integration. There is also synchronization of agricultural programs (ensuring local food support for feeding programs), education programs (school feeding to prevent further stunting in school children), and infrastructure (provision of clean water in vulnerable villages).

Horizontal coherence among districts in Bohol is facilitated by the provincial government. There are regular forums among Nutrition Action Officers across Bohol to share good practices. For example, Talibon's experience with universal feeding is a model for other municipalities. Talibon has been implementing since 1995 a program to provide nutritious supplementary food to all pregnant women and children under five in its area, not just the malnourished. The program is integrated with routine health services (the Philippine version of posyandu, the barangay health station), involving health workers and volunteers. As a result, Talibon significantly reduced the number of underweight children. The Talibon model was later adapted by other municipalities in Bohol, with modifications based on budgetary constraints. Coherence at the provincial level was also seen when Bohol was hit by an earthquake in 2013, where the nutrition program continued, and was even expanded for emergency nutrition response, as it was internalized in the local government system. World Vision's partner in Bohol notes that Bohol's ADP (Area Development Program) has combined livelihood, child protection, education, and health & nutrition interventions in a coordinated manner since early 2000. This NGO collaboration with the government is part of policy coherence on the ground, where economic sector efforts (poverty alleviation) support nutrition efforts, in line with the concept of *nutrition-sensitive development*. Bohol shows how local leadership can build trust. Bohol's governor and district heads are known to be close to the people, often going to the field (blusukan) in anti-stunting campaigns. Slogans such as *Malnutrition is everybody's business and must be stopped!* were launched in Bohol following the national call, demonstrating the commitment of leaders to the people. When people see that their leaders really care (e.g., attending posyandu events, monitoring supplementary feeding), their trust in the program increases.

Religion plays a significant role in Bohol, where the majority of the population is devoutly Catholic. The local Catholic Church, through Caritas and the parish network, supports nutrition programs by establishing *feeding programs* in Sunday schools and church centers. The priests encourage the congregation to participate as donors or volunteers for child feeding. The Bohol community's trust in the church is very high, so the church's support naturally leads people to believe that the nutrition program benefits the common good. A study conducted in the Philippines confirms this effect, indicating that trust in religious institutions reduces dropout rates from nutrition programs. Bohol strategically leverages this trust.

At the community (barangay) level, the role of barangay health workers (BHW) and barangay nutrition scholars (BNS) is vital. They are local residents recruited by the LGU to be health/nutrition cadres with a small incentive. BHWs/BNSs are usually well known in the community. The Bohol government enhances the capacity and motivation of these cadres through regular training and awards (e.g., BNS outstanding at the provincial level). Because the cadres are neighbors, the community tends to be more trusting and open. The cadres become the focal point, from inviting mothers to the posyandu,

to providing home-to-home counseling, to monitoring nutritionally vulnerable children. Other efforts include data transparency, where the Bohol PNC launched the *Bohol Nutrition* dashboard that displays data on stunting prevalence, service coverage, per district. This data can be accessed by the public (e.g., on websites or social media), so that people know the progress and challenges. By disclosing data, the government shows openness, which can increase public trust because they feel that nothing is being covered up. For example, when 2018 data shows that one sub-district has stagnant achievements, the governor announces it and asks the community to work together with the government to improve it. Instead of blaming, this approach invites collective responsibility, strengthening trust that the government is honest and wants to collaborate with citizens.

There is also a "Nutrition Advocates" initiative in Bohol, where local community leaders (e.g., teachers, retired nurses, PKK mothers) serve as spokespersons for the nutrition campaign. They are not officials, so ordinary people are more receptive to their appeals. Through testimonials and informal activities (such as cooking demonstrations at people's homes), these advocates gradually change behavior. This also fosters horizontal trust among residents, enabling them to learn from each other without feeling patronized by "outsiders." As a result, Bohol has been relatively successful in maintaining high participation in the program. For example, the coverage of children under five in the *Operation Timbang* (annual mass weighing) program in Bohol has been above 90% for the past few years, indicating that most families are willing to have their children monitored for growth and development. Additionally, the supplementary feeding program by LGU has consistently received community support, with many volunteers even participating.

As an LGU, Bohol has the autonomy to regulate the implementation of nutrition programs according to local conditions. For example, Talibon's universal feeding program is tailored to the context of harvest time. Talibon chooses to start the supplementary feeding round every year right after the rice harvest season, when parents are less busy in the fields and can bring their children to the feeding center regularly (Herrin et al., 2018). This timing is locally customized, rather than following a national instruction. Additionally, in some small remote islands around Bohol, feeding programs are conducted once a week (by distributing a "ration" for daily consumption at home), as it is difficult to come every day given the distance. This flexibility in frequency is allowed as long as the total intake is achieved. Another local innovation of Bohol is the mobilization of local resources. When government funds are limited, Bohol partners with the private sector and non-profit organizations. For example, the Zuellig Foundation (ZFF), in collaboration with the Department of Health, runs the Family-based Stunting Reduction (FaSTR) program in several provinces including Bohol. The program trains local governments on nutrition governance, establishing a partnership model with central agencies. ZFF contributes modules and mentoring, while LGUs implement the programs. Bohol adopted ZFF modules by adding local elements, such as incorporating local wisdom materials in behavior change communication (for example, folktales on the importance of nutritious food).

Flexibility is also evident in budgeting. While the NAP provides allocation guidelines, Bohol has the capacity to allocate additional funds in the provincial budget for priority programs it considers necessary. For example, when data indicated that anemia among pregnant women was prevalent in Bohol, the province initiated the *IRON Ladies* (Iron supplementation for Ladies) program by purchasing iron tablets independently and distributing them through health centers, even though this was outside the mandatory PPAN package. Consequently, anemia rates declined, contributing to a long-term reduction in stunting. This demonstrates regional adaptation to specific local indicators. At the village level, there is cultural flexibility: in certain communities with patriarchal tendencies, Bohol involves men (fathers) in nutrition classes using different formats (e.g., cooking competitions between fathers) to increase their engagement. This approach aligns with local gender norms. Additionally, some villages adhere to traditional methods, such as *hilot* (traditional medicine). Instead of prohibiting these practices, health workers collaborate with *hilot* to participate in nutrition and hygiene socialization, ensuring health messages are delivered by trusted community figures. This collaboration is both unique and contextually appropriate.

Bohol is also known to be disaster-prone (2013 earthquake, typhoon). Flexibility is evident during disasters, with the local government quickly changing priorities temporarily, such as during the earthquake when the health center was damaged and posyandu services were moved to a tent or church hall. Communities were still served, and NGOs praised Bohol for immediately including emergency nutrition interventions (baby food, vitamins) in the disaster response, whereas other areas often missed out. This demonstrates the adaptivity of governance in unexpected situations. The impact of Bohol's efforts can be seen in the province's reduction in the prevalence of malnutrition (underweight is down, stunting is starting to decline), although not as fast as expected nationally. Bohol was listed as one of the 11 exemplary LGUs in The Ascent of Local Governments. This is because its local leadership is strong, innovative, and community-engaged. Bohol has also managed to break the stereotype that poor areas cannot do much; for example, Talibon, which although not a wealthy town, was able to run a universal nutrition program for decades with local resources. However, challenges remain: poverty rates are still high, and stunting affects around a quarter of children. The Philippines recently (2023) initiated the World Bank-supported *Philippine Multisectoral Nutrition Project*, which includes Bohol, to pour additional funds into outstanding LGUs to accelerate stunting reduction [20]. Bohol is expected to make good use of this momentum.

In summary, the Bohol case study demonstrates the importance of local leadership, cross-sectoral synergies, multi-actor partnerships, and local innovation post-decentralization. Community empowerment runs through strong cadres and local social networks (churches, etc.). Implementation flexibility is reflected in adjusting schedules, intervention models, and utilizing local assets. Bohol underlines that government-community collaboration in an atmosphere of mutual trust can overcome the constraints of limited resources. The following are the main dimensions of the three Community-Based Stunting Governance in three regions in Asia:

Table 1.
Key Dimensions of Community-Based Stunting Governance Across Three Asian Case Studies.

Dimension	Central Java (Indonesia)	Quảng Nam (Vietnam)	Bohol (Philippines)
Policy Coherence (Vertical and horizontal policy alignment)	Supported by Presidential Decree No. 72/2021 and Provincial Development Plans. Integration between national programs (e.g., BKKBN, Ministry of Health) and village-level initiatives. Coherence weakens at the district level due to varying local priorities.	Highly structured top-down system. Ministry of Health standards are directly translated into provincial and village actions. High policy alignment across levels, with little room for local innovation.	Based on the First 1000 Days Law (RA 11148, 2018). Implementation depends heavily on *barangay* (village) capacity and political will. Coherence between national and local policies is inconsistent, but adaptable.
Community Trust Building (Social legitimacy and acceptance)	*Posyandu* (Integrated health post) volunteers and women's groups (PKK) are key trust agents. High trust at the grassroots level, especially in villages. Some skepticism exists towards centralized programs and bureaucrats.	Village health workers are embedded within the community and are regarded as legitimate agents. Participation is limited, but trust remains high due to long-standing presence and continuity.	Churches, NGOs, and local leaders are highly trusted. Community-based programs often gain more legitimacy than government interventions. Strong local ownership of stunting programs.
Governance Flexibility (Adaptability to local context)	Village funds enable local governments to tailor interventions. Some autonomy at the village level allows for innovation. Often constrained by administrative burdens and rigid reporting mechanisms.	Centralized governance limits local flexibility. Innovations are rare, and policies are mostly implemented procedurally. Less adaptive to unique local needs.	Governance is highly flexible at the barangay level. Local governments can partner with churches, NGOs, and citizen groups. However, the lack of standards sometimes leads to inter-district disparities.

5. Discussion

Based on the comparative results of the three case studies above, several key patterns and differences can be identified that provide valuable lessons for redesigning community-based public policy models in stunting reduction. This discussion will be organized according to three main dimensions (policy coherence, community trust, and contextual flexibility), and then formulate a synthesis of the proposed policy model.

5.1. Multisectoral Policy Coherence

All three cases demonstrate that cross-sectoral integration and alignment of policies between central and local governments are essential for effective stunting reduction. Central Java employs a coherent approach that combines top-down and bottom-up strategies simultaneously: national targets are translated into regional initiatives (pergub, TPPS, innovative programs), while local needs are incorporated into the national agenda through coordinated reporting and evaluation [5]. Quảng Nam demonstrates a more integrated model, incorporating nutrition into mainstream development programs such as poverty reduction and ethnic development, ensuring that nutrition policy is not isolated and is supported by a clear legal framework and national budget. Bohol, within the context of decentralization, emphasizes local planning aligned with the national plan (PPAN), along with horizontal coordination between LGUs facilitated by the province. In other words, effective policy coherence requires institutional mechanisms that ensure all stakeholders contribute to the stunting ecosystem. In Indonesia and the Philippines, establishing regional nutrition teams or councils (TPPS in Indonesia, PNC in Bohol) is a significant step, as these forums bring different sectors together to share data and develop integrated actions [22]. While Vietnam has integrated at the central level through a national program, making it easier for localities to follow one guide. Policy lessons: Redesigning the model should ensure that there is a permanent cross-sector coordination platform supported by regulations, so that specific (health) and sensitive (water, sanitation, social) interventions go hand in hand. This is in line with the concept of health in all policies and the OECD's Policy Coherence for Sustainable Development (PCSD) framework [9].

In addition, coherence is not only about planning but also about synchronizing funding and performance targets. The three cases successfully allocated cross-sectoral budgets for stunting: Central Java utilized village funds and cross-OPD APBD, Quảng Nam received a special allocation for nutrition in the national fund, and Bohol encouraged LGUs to budget

routine nutrition programs. The ideal policy model should include integrated budgeting, such as a regional nutrition pooling fund, so that resources from various posts can be directed together to priority areas. Performance targets also need to be shared across agencies, such as in Banyumas, to encourage collective responsibility [9]. This whole-of-government approach will strengthen collective accountability for stunting outcomes.

5.2. Empowerment and Community Trust as Levers

All cases emphasize the importance of community trust. Without trust, programs will not be followed, no matter how well designed. How to build trust? Active participation and empowerment are the answers, as implied in Putnam's social capital theory. The three regions use various methods: Central Java with cadres and local religious leaders, Quảng Nam with Women's Union and traditional leaders, Bohol with churches and BNS cadres [9]. This demonstrates informal collaborative strategies that complement formal structures. In the redesigned policy model, the collaborative governance component should be strengthened, for example with a *policy mandate* to involve CSOs/community groups in every stage. Chaffin et al. [23] mention that effective collaboration requires inclusion from the planning stage, so that policies reflect local aspirations [11]. This can be implemented by requiring, for example, nutrition-specific village meetings as part of the development of activity plans or involving community representatives in the stunting task force.

The study of empirically proved that trust in local institutions reduces dropout. This means that trust building is not just ethical but also impacts output, such as the retention of children in nutrition treatment programs. Therefore, the policy model should include *trust* indicators (albeit qualitative) as one of the success measures. For example, the level of posyandu participation, the existence of citizen feedback, etc., could serve as proxies. *A community scorecard* could be integrated: citizens rate the posyandu service or nutrition program in their village, and the government responds this increases both accountability and trust if the response is positive.

Empowerment is also related to strengthening community capacity. All three cases train local cadres/volunteers, a key component. The Vietnam program trained *Nutritional Collaborators*, Indo trained posyandu cadres, Philippines trained BNS/BHW. Investing in local people has been shown to make programs more sustainable. If a new policy model is to succeed, it must place *community capacity building* as a core element. For example, policies could require each village to have at least X nutrition-trained cadres, with culturally adaptive training modules. It could even consider formal incentives for cadres (such as honorarium or certification) to motivate them.

Another aspect is to utilize the social capital that exists within the community. Bohol, with the church; Central Java, with the PKK/Jogo Tonggo social gathering; Quang Nam, with the Women's Union. This indicates that the ideal model is not always to create new structures but to optimize existing social networks. *Mapping* social capital before intervention can be a standard step: identify who the local influencers are (not just formal but also informal), what groups or communities are active, then engage them. This will vary from place to place (context flexible), but should be a policy mindset.

5.3. Flexibility and Contextual Adaptation

The three cases provide examples of local adaptation, namely the child marriage program in Central Java [5] the bilingual module in Quảng Nam, the feeding schedule adjusted to the harvest in Bohol. This supports the argument that policies need to be *customized to* be effective. Central governments often want the same minimum standards, but future models must allow for local innovation. How to do this without compromising accountability? One option is to apply the principle of *"fidelity with creative adaptation"*. This means that the essential aspects of the intervention are specified (e.g., every stunted child must receive an X kcal supplementary food package, or every anemic pregnant woman must receive iron tablets), but the way of implementation is left to the local level. Similar to the block grant approach or program menu, where the center provides a list of effective interventions, the regions select and modify according to local analysis.

In the era of decentralization (Indonesia, Philippines), this is easier because the authority is in the regions. However, central support is needed, especially in *knowledge sharing* between regions. Bohol learned from Talibon and other LGU practices through the nutrition compendium. Indonesia has a regional stunting partnership forum. The ideal model strengthens horizontal learning networks so that successful adaptations in one place are replicated in other places with similar conditions. This also includes cross-country learning, e.g., the PD/Heart approach in Vietnam could be adapted to Indonesia; the *Jogo Tonggo* program in Central Java could be adapted to the Philippine rural context under another name.

Flexibility should also be supported by local data and quick feedback. Good adaptation usually responds to data and feedback. For example, Quảng Nam observed data on children with high diarrhea rates and immediately integrated WASH. Central Java observed data on early marriage, leading to the initiative Jo Kawin Bocah [9]. So, the policy model needs to ensure a context-sensitive *monitoring & evaluation (M&E)* system. Not just reporting stunting rates, but analyzing the local causes of each period. A community *rapid assessment* mechanism can be formalized, for example, every quarter the village team reports the main obstacles. That way, strategy adjustments can be made immediately (adaptive management). This is in accordance with the spirit of *contextualism*, which emphasizes that the dialogue between text and context occurs continuously, not just once at the beginning [7]. Based on the above points, the following are the characteristics of the proposed policy model design:

5.3.1. Multi-Actor and Multi-Level Coalition-Based

This model establishes a permanent collaboration platform from the center to the community. At the national level, there is a cross-ministerial committee for stunting (already in place in many countries), at the provincial/district level, there is an integrated team, and at the village level, there is a convergence forum involving the community. *Collaborative governance* is not an option but a prerequisite, so it is institutionalized. The principles of transparency, mutual

accountability, and *shared goals* are upheld [11]. This includes the involvement of NGOs, businesses (e.g., through CSR programs on nutritious food or sanitation), academics (for evaluation), and the media (public campaigns).

5.3.2. Policy & Funding Coherence

Using the *Policy Coherence for* Nutrition (Nutrition International, 2025) framework, this model ensures the integration of stunting reduction into other development agendas (poverty alleviation, social protection, etc.) as exemplified by Vietnam. Local governments are required to mainstream nutrition in RPJMD/RKPD or sectoral plans. Funding is integrated, for example through budget *earmarking* in various agencies for stunting programs, or a kind of *"Budget Tagging for Nutrition"* monitored by NNC / TNP2K. Coherence is also horizontal, where inter-regional collaboration is encouraged (sister province, etc.) to share resources or expertise.

5.3.3. Community Empowerment Core Intervention

Instead of the government just *delivering* services, this model encourages the community as co-implementers. Programs such as posyandu, nutrition clubs, and healthy kitchens are run by the community with government facilitation. Indicators of success include community self-reliance (e.g., how many cadres come from the community, how many activities are initiated by the community without government funding). The community is made the subject; for example, communication modules are formulated with representatives of mothers and local leaders to be appropriate. Increased participation and *social capital* are intermediate targets.

5.3.4. Trust Building Strategy

Each intervention in this model is accompanied by a trust-building plan. For example, before launching supplementary feeding, hold a dialogue with parents, and involve a figure they trust for socialization (could be a religious or traditional leader). Field officers are trained in *cultural competency*, i.e., understanding local values, so they can respect and adapt messages. Frontline services (midwives, nurses) are required to be friendly and respectful to residents because bad treatment will damage trust. Like the concept of community service excellence, where residents are positioned as equal partners.

5.3.5. Adaptive and Contextual Implementation

This model sets out the end goals and evidence-based interventions that should occur, but leaves room for local innovation. The central *guideline* is a *living document* that can be amended based on local input. An *innovation fund* is provided to encourage local experimentation (e.g., stunting reduction innovation competition). Good practices will be scaled up with careful assessment. Policies are also adaptive to special situations: for example, protocols for handling nutrition during disasters, special modules for indigenous communities, etc., have been prepared but can be adjusted in the field.

5.3.6. Participatory Monitoring

The monitoring system involves the community. In addition to routine nutrition surveys, *community monitoring* is implemented, such as cadres reporting qualitatively on family conditions. Transparent *digital dashboards* (as in Bohol) are implemented nationwide for accountability. Citizen feedback is facilitated (through SMS centers or monthly meetings) and, most importantly, followed up on, so that citizens feel the government is responsive.

5.3.7. Life-Course Approach

The integrative model will also cover stunting prevention from adolescence (preventing adolescent anemia, child marriage, such as Jo Kawin Bocah in Central Java) to interventions at 1000 HPK and beyond (daycare with nutritious food, etc.). The community is trained to understand the importance of each phase so that the intervention is sustainable.

Through the above components, it is hoped that this community-based public policy model will be able to address the weaknesses of previous approaches. Classic top-down models often fail due to a lack of local buy-in and are not contextually appropriate; pure bottom-up models can be fragmented without structural support. The combination of the two, supported by collaborative and adaptive principles, is a promising middle ground. Of course, implementing this model requires prerequisites, such as the need for strong political commitment (as the three cases show), bureaucratic capacity, and adequate resources. However, even with limited resources like in Bohol, the community approach has helped close the gap. This is in line with the literature that community-empowered nutrition interventions are more sustainable and cost-effective in the long run [17].

Comparisons between cases also provide insights that *no one size fits all*. Although the general principles are the same, the details of model implementation must be adjusted to the local culture and governance system. Indonesia may need to emphasize strengthening posyandu and village funds, Vietnam on national program integration, and the Philippines on improving LGU capacity more evenly. However, the common thread is: community as the center of the solution, not the object of the problem. When communities are empowered and trusted, they can overcome many obstacles (e.g., in Vietnam, despite limited access, families empowered through PD/Hearth were able to improve child nutrition) [17].

As a critical note, future challenges include: maintaining the sustainability of the trust (so that it does not fade due to changes in personnel or politics), quantitatively measuring the impact of social capital (so that policymakers are confident in investing in this aspect), and overcoming bureaucratic resistance to adaptive approaches (because some are still comfortable with standard patterns). However, empirical evidence from the three cases and theoretical support make it

clear that this paradigm shift to a community policy model is not just an ideal, but a necessity to break the stagnation of stunting reduction.

The conceptual model presented in this study is called the *Contextual Community-Based Policy Triad Model*. This model was developed from the results of a comparative synthesis across three study areas: Central Java (Indonesia), Quảng Nam (Vietnam), and Bohol (Philippines), which represent diverse approaches to community-based stunting prevention policies. Essentially, this model emphasizes that policy effectiveness is not solely determined by the formal design and strategic direction of the state but also by the cohesiveness of policy structures, the strength of social trust, and the capacity for local adaptation to unique contexts.

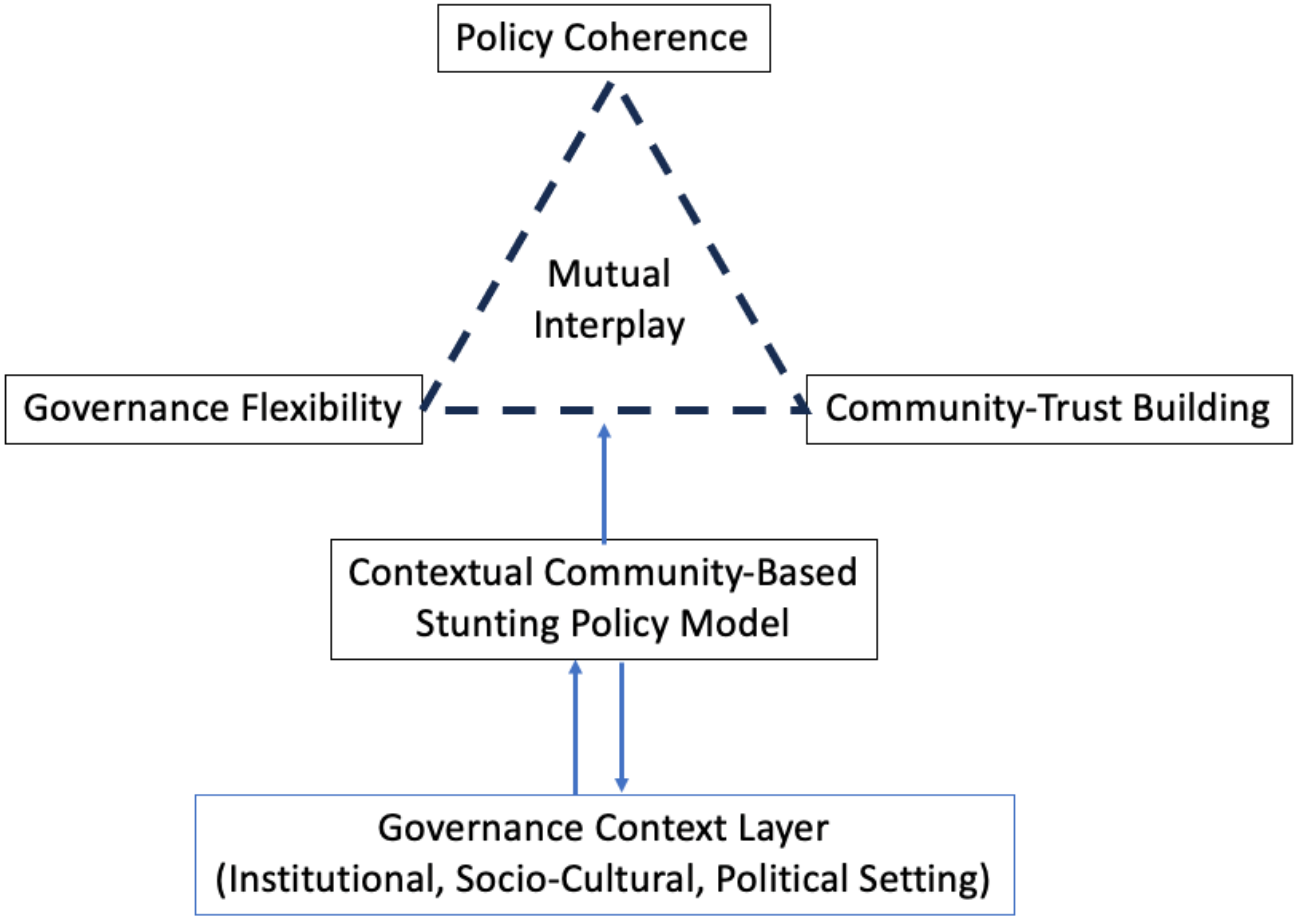

Figure 1.
Contextual Community-Based Policy Triad Model.
Source: Stone [24] **and** Lau et al. [6].

The above model can be explained in several parts; the three main nodes in this model are *Policy Coherence*, *Governance Flexibility*, and *Community Trust Building*. These three are positioned in a triangular relationship that interacts with each other reciprocally, forming a system referred to as *mutual interplay*. Policy coherence refers to the cohesion between levels of government and the consistency of intervention direction. When this coherence is strong, policies become more stable, predictable, and capable of maintaining continuity of implementation across sectors and time. However, coherence alone is not sufficient. This interaction must be supported by the second dimension, namely governance flexibility, which is the extent to which policies can adapt to local dynamics, including institutional structure, social culture, and specific community needs.

In the context of stunting, this flexibility allows local units, such as village governments, health cadres, and civil society organizations, to adapt intervention methods to field realities, including navigating resource limitations and normative barriers. The third dimension that underpins this model is *community trust building*. Public trust in policy implementers, both formal (bureaucrats, medical personnel) and informal (community leaders, religious institutions), is key to building meaningful participation. Without trust, efforts to strengthen nutrition and change behavior will not take root. Therefore, trust is not only an outcome but also a precondition for productive social cooperation. The entire interactive system stands on a conceptual foundation called the *Governance Context Layer*, which encompasses the institutional, socio-cultural, and political contexts in which policies are implemented. This layer is not passive but actively shapes and is shaped by policy dynamics. The institutional context includes bureaucratic capacity, the structure of local institutions, and the relationship between state and non-state actors. Meanwhile, the socio-cultural dimension includes nutritional norms, beliefs in medical science, and patterns of family relations. The political context also plays a role, especially in terms of local autonomy, leadership stability, and elite sensitivity to stunting issues.

This model explicitly places the *Governance Context Layer* as a determining factor that moderates the effectiveness of the work of the three main nodes. In the conceptual diagram, the two-way relationship between the context and the policy model confirms that policies are not neutral entities that can be applied uniformly, but always go through a process of adjustment, negotiation, and re-contextualization. This framework aligns with the *institutional contextualism* approach, which emphasizes the importance of local narratives and social structures in shaping the meaning and success of policy implementation. Thus, the *Contextual Community-Based Policy Triad Model* not only offers a framework for understanding stunting policies in three country cases but also provides a strategic design for other developing countries that want to effectively implement similar approaches to achieve the 2030 SDGs. The model can be used as a reflection tool to map a region's position in the triad, analyze its strengths and weaknesses, and identify adaptation strategies that are most relevant to the socio-political context at hand.

6. Conclusion

This comparative research concludes that redesigning a community-based stunting reduction public policy model should be based on strong multisectoral integration, community empowerment and trust, and implementation flexibility according to the local context. Three case studies in Southeast Asia, namely in Central Java, Quảng Nam, and Bohol, provide clear evidence that the approach is effective in reducing stunting prevalence, although with different implementation patterns according to their respective socio-political environments. In summary, key findings include:

1. Policy coherence: Successful policies to reduce stunting always involve synergy across sectors and levels of government. Common visions and targets are implemented through formal coordination (integrated teams, regional action plans) involving various agencies. This common goal encourages program convergence down to the household level, so that specific and sensitive nutrition interventions complement each other.
2. Community Empowerment & Trust**:** Communities are not passive objects but crucial actors. Involving local leaders, cadres, and community organizations builds public trust in the program, which leads to increased participation and compliance. Investments in social capital (networks and norms of gotong royong) accelerate the adoption of new behaviors. All three cases demonstrate the importance of culturally sensitive and participatory communication mechanisms to foster this trust.
3. Contextual Flexibility: Policies are designed to be adaptive, allowing room for local innovation. The success of each region is achieved by tailoring interventions to the specific needs of the locality, be it the cultural context (Vietnam with an ethnic approach), demographics (Central Java with a focus on adolescent girls and child marriage), or geographical conditions (Bohol adjusting the schedule to the season). Local *trial and error* patterns supported by the center allow for effective improvisation.

Based on these findings, this research recommends a *community-based* stunting reduction public policy model with characteristics: cross-sector collaboration, inclusive participation, and contextually adaptive. This model requires a paradigm shift from a bureaucratic-conventional approach to a more flexible and people-centered governance approach. The implementation of the model is expected to improve efficiency (because the program is coordinated), effectiveness (because the intervention is targeted according to the context), and sustainability (because the community feels ownership of the program).

For Indonesia and other developing countries facing stunting challenges, the results of this comparative study provide the following *lessons learned*: (a) Build local coalitions that include the government, communities, NGOs, and the private sector to jointly combat stunting, where silo efforts must be abandoned [25] (b) Involve the community from the beginning, namely from problem identification, planning, to evaluation, so that the resulting solutions are produced. (c) Respect and adopt local wisdom, as culturally aligned programs will be more easily accepted, while interventions that marginalize local values are likely to fail to be sustainable [7] (d) Strengthen the capacity of frontline workers and cadres as they are the spearheads of behavior change; and (e) use data transparently and in real-time to drive accountability and quick strategy adjustments when needed.

In closing, this study emphasizes that reducing stunting is not just about providing vitamins or supplementary food, but about how policies touch and mobilize communities. Stunting is intrinsically linked to issues of behavior, culture, and social structure, so effective solutions must involve community-led social change with appropriate public policy support. Community-based public policy offers a framework for such change by integrating science (evidence-based interventions) with the art of empowerment. If taken seriously, this model has the potential to be a *game changer* in achieving stunting reduction targets in Southeast Asia and globally, towards a generation of children who grow up healthy, smart, and productive.

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