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We have reached a decision regarding your submission to Unnes Journal of Public Health, "Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement in 1000 Days of Life between Urban and Rural Government Areas".

Our decision is to:require revision

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423K



Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement in 1000 Days of Life between Urban and Rural Government Areas

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Info Artikel

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Abstrak

Gerakan 1000 HPK adalah intervensi untuk mengatasi masalah malnutrisi dan *stunting* melalui kerjasama *stakeholder* secara terpadu. Peran kelompok *stakeholder* dalam Gerakan 1000 HPK pada level pemerintahan Kabupaten atau Kota belum pernah diidentifikasi untuk mengetahui perbedaan karakteristik *stakeholder* masing-masing. Tujuan penelitian memetakan peran *stakeholder* dalam Gerakan 1000 HPK pada area pemerintahan Kabupaten (Temanggung) dan Kota (Semarang). Kelompok '*Decision Maker*' meki kuat pengaruhnya namun tidak mampu menjamin keberlanjutan program karena hanya sebagai pelaksana di tingkat daerah. Kelompok '*Provider*' secara teknis lebih menguasai persoalan namun tidak mampu membangun kerjasama dengan *stakeholder* lainnya. Kelompok '*Clients & Representatives*' cenderung pasif karena menganggap Gerakan 1000 HPK tidak penting. Setiap kelompok *stakeholder* mempersepsikan secara berbeda perannya masing-masing. Pemahaman tentang peran *stakeholder* yang berbeda antar indikator dan wilayah pemerintahan mengindikasikan adanya kesenjangan persepsi tentang Gerakan 1000 HPK. Melalui penguatan advokasi, koordinasi, sosialisasi dan komunikasi rutin dan terstruktur antar *stakeholder* dapat menjembatani kebutuhan, kendala dan tantangan mengatasi masalah malnutrisi dan *stunting*.

Abstract

The Scaling-Up Nutrition Movement was an intervention overcoming chronic malnutrition through integrated stakeholder collaboration. The role of stakeholder groups in SUN Movement in rural or urban government areas need to be identified to understanding their different characteristics. The aim of study was mapping the stakeholders' roles in SUN Movement at Temanggung Regency which represents rural government areas and Semarang City for urban areas. 'Decision-makers' group have a power to influence but cannot guarantee program sustainability because they only act as implementor at regional level. The 'Provider' was better at technical issues but cannot build collaboration with other stakeholders. 'Clients & Representatives' tend passively and considering the SUN movement was not important. Each stakeholder views their roles differently. Different perceptions about stakeholders' roles in various indicators and government areas show an implementation gap of SUN Movement. Through strengthening advocacy, coordination, routine socialization and communication between stakeholders could bridging the needs, constraints and challenges overcoming malnutrition and stunting.

Comment [A1]: Ricek typo penulisan Abstrak sesuaikan dengan aturan penulisan UJPH

INTRODUCTION

Malnutrition was still a serious public health problem in Indonesia, including in Central Java Province. Health Basic Survey in 2018 showed that 30.8% of children under five years old suffering from malnutrition so they could not growth perfectly (Kemenkes 2018). Although lower than the survey in 2013 which was 37.2%, it was still above WHO recommendation of 20%. This condition is considered as a growth faltering of infants and toddlers due to chronic malnutrition, especially in the first 1000 days of life (Bloem et al. 2013; Latif & Istiqomah 2017). Multidimensional factors are predicted as cause of stunting conditions, such as poor caring and nutrition patterns, low maternal knowledge of health, nutritional intake before and after pregnancy and patterns of child caring in family. Stunting in children under five years old had several factors consequence and often associated with poverty including nutrition, health, sanitation and the environment. There are five main factors that cause stunting, namely poverty, social and culture, increased exposure to infectious diseases, food insecurity and public access to health services (Kemenkes 2013; Ardiyah et al. 2015). Some risk factors for stunting in developing countries were baby not given exclusive breastfeeding, socioeconomic factors, low birth weight (LBW), length of birth, low maternal education, infectious diseases (Budiasutik & Rahfiludin 2019), and hereditary factors (Latif & Istiqomah 2017). PERSAGI data showed only 22.8 % of infants aged 0-6 months received exclusive breastfeeding and 36.6% of children aged 7-23 months who received complementary feeding according to nutritionists' recommendations related to regulation of time, its frequency and quality.

Interventions in the first 1000 days of life could reducing risks of stunting for children and toddlers (Bloem et al. 2013). This time was critical period that determines quality of life, as well as sensitive period because of its consequences for infants were permanently and can not be corrected, including mental development and intelligence (Kemenko-Kesra 2013). At those time began for occuring various disruption to child development process which in the long run would have an impact on health status and also not optimal productivity.

The Scaling-Up Nutrition (SUN) Movement for improvement of acceleration nutrition in the first 1000 days of life was an intervention overcoming problems of malnutrition and was implemented by health and non-health sectors. SUN-Movement was an effort to overcome all forms of malnutrition with principles that every people had right obtaining good material of food and nutrition through a good roles, cooperation and integrated manner between government, institutions and community organizations

Comment [A2]: Introduction sebaiknya focus pada topic/judul, penjabaran sebaiknya sistematis-ringkas-jelas Kebijakan yang ada/diberlakukan sebaiknya dipaparkan dalam introduction, supaya nampak koherensi pada pembahasan hasil penelitian, dan dapat ditarik kesimpulan yang general juga konkrit

(Giriwono & Indrayana 2015). The main purpose of SUN Movement was increasing coordination and commitment of stakeholders in technical support, advocacy, innovative partnerships and participation to improving nutritional and health status of community. Through Presidential Decree Number 42 of 2013 was expected that all parties and stakeholders increasing commitment for giving protection and fulfillment of community nutrition through best program management and coordination between multisectors. Strong national and regional leadership support is needed to increase the participation of all stakeholders, not only the government but also the involvement of the business community, professional organizations and social institutions (Kemenko-Kesra 2013).

Strategies for overcoming malnutrition could be carry out through nutritional specific and sensitives interventions in integrated and sustainable manner (Rosha et al. 2017). Specific interventions were carried out addressing the direct and indirect causes of malnutrition occuring and focus on the health sector, while sensitive interventions were directed addressing the root causes that affected direct and indirect causes and it was multisector. Many studies proved that health sector interventions contribute only 30%, while 70% contribute comes from non-health sector, so multisector collaboration was very important to solved malnutrition and health problem occurred in community (Kemenko-Kesra 2013; Rosha et al. 2017).

Participation and involvement of stakeholders in health so far had not been optimal because its constrained by the understanding and perception of policy makers that health problems are problems that must be resolved by health sector, including issues of malnutrition and stunting (Syafrina et al. 2019), malaria prevention (Manalu et al. 2014), treatment of HIV/AIDS (Purbani et al. 2019), maternal and child health (Iswarno et al. 2013), etc. The low involvement in planning and budgeting process, a minimal budget allocation (Iswarno et al. 2013), weakness of coordination and advocacy (Purbani et al. 2019), tend to be passive (Nursanti et al. 2017), the dis-synchronization of programs and activities, health was not a program priority, etc. all of which was evidence of weakness supports and roles of stakeholders in health programs (Prabowo & Rostyaningsih 2019).

The same condition also occuring in case of malnutrition. The study by Nefy et al showed that the absence of written regulations, lacking of commitment and multisector involvement, limited material and infrastructure and lacking of monitoring evaluation significantly affect the implementation of SUN Movement in Pasaman District (Nefy et al. 2019). Research of Nursanti et al in Semarang City showed that although stakeholder have good attitudes about the SUN Movement but they tend to be passively (Nursanti et

al. 2017). Research of Samsudrajat et al also showed that content of MCH Regulation in Semarang City was not focused yet on discussing sensitive interventions on tackling malnutrition and stunting because its more regulates specific interventions in maternal and child health services (Samsudrajat & Jati 2018).

The numbers of malnutrition cases among children under five years old were still high in Central Java Province with fluctuating numbers from 2014 to 2016, namely 933 cases, 922 cases and 982 cases. In 2017, the number was increased to 1,352 cases. In Strategic Plan of Central Java Health Office 2018-2023 it was seen that although infant mortality rate tends to fall, but was relatively still below the strategic plan target of 11/1000 live births in the 2016-2017 period. Poor status of child nutrition was one of the risk factors for infant mortality. These indicates that malnutrition issues have not been handled well and its implementation still constrained, which one of the problems are lacking roles and participation of stakeholders, especially those related to the implementation of health program and SUN Movement.

The roles of each stakeholder group in supporting success of the SUN Movement at the level of regional government (district or city) have never been identified before. It was not yet known whether the different characteristics of local government (district and city) distinguished roles of each stakeholder group based on their performance indicators. The aim of study was analyzed the roles and characteristics of stakeholders in the SUN Movement based on differences of urban and rural government areas.

METHOD

This is an observational descriptive research with a qualitative approach. The qualitative design is exploratory so that it is appropriate to use because could identify the roles of all stakeholders (institutions) and their ability to influence various policies and implementation of health programs related to the SUN Movement. Stakeholders were divided into 3 categories, namely the Decision Maker (DM), the Provider (P) and the Clients & Representatives (CR). Measurement of the role and commitment of stakeholders based on the dimensions of attitude, ability to influence (power) and institution interest for various activities involvement that must be carried out as indicators of performance including aspects: 1) Participation and role of institutions; 2) Coherent policy formulation; 3) Programs were implemented; 4) Resources and financing; 5) Developing cooperation and alliances, and 6) Guarantee the sustainability and quality of commitments. The results were analyzed through a stakeholder-matrix

diagram between the power of influence and the level of importance (interest) to determine the position of each categorie per performance indicator.

The study was conducted at 2018 in Temanggung Regency and Semarang City that were selected and represented rural and urban government areas. The sample of study was number of selected institutional stakeholders who represented and were selected using purposive criteria based on their direct or indirect linkages in the SUN Movement. The subject of study was the person in charge of the program at the institutional level. Data collection with in-depth interviews and focus group discussions (FGD). Data were analyzed using a stakeholder-mapping analysis method in the form matrix quadrant of Power-Interest.

Comment [A3]: Informasi mengenai jumlah institutional stakeholders, dst belum ada.

RESULT AND DISCUSIION

Totally of 30 institutions were involved in this study and divided into 3 different groups according to their roles, namely: Regional Development Planning Bureau, Health Office, Education Office, Social Welfare Office, Ministry of Religion, Environmental Office, Communication and Information Office, Community Empowerment Bureau, Community Welfare Bureau, and Governmental Bureau were included in 'Decision Maker' group (DM) Included in the 'Provider' group (P) were: Primary Health Centers (PHC), Hospitals, Private Medicine Clinics, Professional Organizations (*IDI, IBI and PPNI*), practices of Doctors and Midwives practitioners. 'Clients & Representatives' (CR) groups included: Health cadres, *Penggerak PKK*, Academic Institutions (*Stikes, Akbid*), *MUI*, Community organization (*Fatayat NU and Aisiyah*), and mass media (local news and regional TV).

Through focus group discussions (FGD) and indepth interviews, it was obtained the description and perceptions of each stakeholder group in Temanggung Regency and Semarang City related to their attitude, influence (power) and interest in the SUN Movement through 6 (six) performance indicators as shown in Table 1, Table 2 and Table 3. Values (+) and (-) in the assessment indicate the strength or weakness of the role of each stakeholder group.

Table 1. Assessment of the 'Decision Maker' (DM) Group in the SUN Movement

INDICATOR	Temanggung Regency			Semarang City		
	Attitude	Power	Interest	Attitude	Power	Interest
1 Participation and role of institutions	+	+	+	+	+	+
2 Coherent policy formulation	+	+	+	-	+	+
3 Programs were implemented	+	+	+	+	+	+

4	Resources and financing	+	+	+	+	-	+
5	Developing cooperation and alliances	-	+	+	+	+	+
6	Guarantee the sustainability and quality of commitments	-	-	-	-	-	-

Table 1 showed the attitude of 'Decision Maker' (DM) from two government areas were generally good or positive point (+) related to the SUN Movement, although its look weaknes (-) for indicators of developing cooperation and alliances as well as indicators of guarantee of sustainability and quality of commitment in Temanggung Regency. For Semarang City, a negatively attitudes were seen also in indicator of coherent policy development and guarantee the sustainability and quality of commitments. The 'Decision Maker' group in two government areas had very high power for most indicators, except for indicators of sustainability and the quality of commitment. There was weak influence (-) on indicators of resource allocation and financial (funding support) in Semarang City.

The 'Decision Maker' group was high interested of the SUN Movement successfully, although they unable to guarantee the sustainability and quality of its commitments. They were not able influencing external factors and guarantee their realization. They assumed that SUN Movement policies were determined by a higher structure (national government) so the sustainability of program also depends entirely on the national government. The lack of bargaining power in resources support and financing of the SUN Movement program in Semarang City implies that the SUN Movement have not yet **become** a priority program for decision makers.

Comment [A4]: Table 1.
Table 2. ... etc

Comment [A5]: Typo.. ricek untuk semua penulisan

Table 2. Assessment of the 'Provider' (P) Group in the SUN Movement

INDICATOR	Temanggung Regency			Semarang City		
	Attitude	Power	Interest	Attitude	Power	Interest
1 Participation and role of institutions	+	+	+	+	+	+
2 Coherent policy formulation	-	-	+	-	-	-
3 Programs were implemented	+	+	+	+	+	+
4 Resources and financing	+	-	-	+	-	+
5 Developing cooperation and alliances	-	-	+	-	-	+
6 Guarantee the sustainability and quality of commitments	+	+	-	-	+	-

Table 2 showed the attitudes of 'Provider' groups (P) in Temanggung Regency and Semarang City were good, especially on indicators of participation and the institutions' roles, programs implemented and resources facilitation. The group had a high power to influence and a high level of importance to the success of this indicator. Although their

influence in ensuring the continuity of SUN Movement. Whether the program be continued or not, it was entirely determined by this group as the results of their monitoring and evaluation. A limited budget and resources make the 'Provider' group in Temanggung Regency tend to be passive, whereas in Semarang City because of their development budget was quite large, they could allocated the budget needed even though it have to get approval from other parties (for example: *Bappeda*). They also tend to be passive in formulating coherent policies because it was fully under the control of the Semarang City government.

The results also showed that 'Client & Representatives' group in Temanggung Regency tended to be passive even though they could deploy their structure in participation and cooperation (alliances) between internal and external stakeholders in the program implementation. This weakness was due to assumption and understanding that SUN Movements were less important. In contrast, in Semarang City, this group has high power and ability in mobilizing the participation and involvement of groups and other stakeholders in carrying out various activities related to the SUN Movement, even though they could not provide and facilitate their resources and funding.

Stakeholders were groups of individuals or institutions that influence decision making process (as well as being influenced) for the achievement of objectives, and could be carried out by community, government and private groups according to their interests. This research proved that each stakeholder groups perceived differently their respective roles in health programs, especially in overcoming the problem of malnutrition through the SUN Movement. An understanding of the roles of different stakeholder groups with their indicators and different government areas indicated a gap in their perception of SUN Movement. Not all stakeholders understand their roles in effort of the first 1000 days of life and understand the SUN Movement as an intervention to solve problems of malnutrition and stunting

This study was in line with study of Bold et al that malnutrition and nutrition issues were not a priority for across sectors, including the agriculture sectors in India, Bangladesh and Pakistan. This situation created inequalities in leadership and ineffective coordination between sectors. The lacking knowledge of policy maker about nutrition (especially nutrition for infants and children) and ineffective knowledge transfer created a gap between policy maker and the implementor, both at the national and regional government level. Stakeholders did not focus to solve health problems and malnutrition because they prioritized technical services in their respective sectors (Bold et al. 2015). It was not same as study of [Uddin et al](#) about stakeholder network analysis

Comment [A6]: Tahun ?

of maternal and child nutrition programs in five countries (Sri Lanka, India, Nepal, Bangladesh, and Pakistan) which showed that government stakeholders had greater roles in supporting technical programs than their involvement in funding because they had more relied on program funding from international stakeholders. (Uddin et al. 2017)

Although stakeholder groups (Decision Makers, Providers and Client-Representatives) had significant influence on the success of the SUN Movement, all of them were unable to guarantee the sustainability of the SUN Movement because it was entirely dependent on the national government. As representation of regional level stakeholders, they only became an executor of all national programs. The 'Provider' group could indirectly influencing sustainability of the program because this group was technically understanding the context and content of malnutrition and stunting issues, so it knows very well what to do, how to do and how measuring performance, as well as the mechanism of monitoring and evaluation that must doing.

This study consistent with research of Nursanti et al that the 'Provider' sector was in a 'Savior' position because it was considered as the most prepared party in the SUN Movement (Nursanti et al. 2017). The technical readiness of 'Provider' group was often not followed by the readiness of budgeting resources, materials and infrastructure, even though their human resources were more flexible. Budgetary issues were main reason for lacking cross-sectoral support (Uddin et al. 2017). Research of Syafrina et al showed that budgeting had significant effect on program implementation and local government performance (Syafrina et al. 2019). Therefore, advocacy to the Regional Legislative Council (*DPRD*) and Regional Government and strengthening multi-stakeholder coordination in integrating various activities through partnership principals could reducing weaknesses and disintegration of existing programs (Manalu et al. 2014; Purbani et al. 2019).

Clarity of regulation was important in successess of SUN Movement. Through regulation, the roles of each stakeholder were accommodated in an integrated and continuous manner. Impact of unclear roles of each stakeholder was duplication of activities, targets and inefficiency. Like a case in Ethiopia, potential duplication were identified when more than one partner supported the same interventions in the same district (WHO 2014). Giriwono & Indrayana's study showed that regulation support that adopted partnerships pattern and oversight mechanisms could ensure compliance in overcoming challenges and problems of malnutrition in Indonesia (Giriwono & Indrayana 2015). The stakeholders involvement in formulating policies and regulation according to their authority will strengthen understanding as well as a foundation for decisions.

Comment [A7]: Penulisan sumber pustaka silakan disesuaikan dengan panduan UJPH

various practices, regulations and policies related to the SUN Movement. Existing stakeholder groups acted as regional implementers only. Differences in characteristics of government areas (regency and city) also distinguished the strength of influence and interest level of each stakeholders involved in SUN Movement. Differences ability of regional development resources, perceptions and understanding of importance SUN Movement for their institutions were factors influencing their roles gap too. Through strengthening of routine and structured advocacy, coordination, socialization and communication between stakeholders and Health Office as leading sector and *Bappeda* as a coordination function could bridging the needs, constraints and challenges in overcoming problems of malnutrition and stunting through intervention of SUN Movements.

ACKNOWLEDGEMENT

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Comment [A8]: >80% publikasi artikel hsl penelitian



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[UJPH] Editor Decision

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We have reached a decision regarding your submission to Unnes Journal of Public Health, "Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement in 1000 Days of Life between Urban and Rural Government Areas".

Our decision is to: REVISE

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Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement in 1000 Days of Life between Urban and Rural Government Areas

Info Artikel

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Abstrak

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The Scaling-Up Nutrition Movement was an intervention overcoming chronic malnutrition through integrated stakeholder collaboration. The role of stakeholder groups in SUN Movement in rural or urban government areas need to be identified to understanding their different characteristics. The aim of study was mapping the stakeholders' roles in SUN Movement at Temanggung Regency which represents rural government areas and Semarang City for urban areas. 'Decision-makers' group have a power to influence but cannot guarantee program sustainability because they only act as implementor at regional level. The 'Provider' was better at technical issues but cannot build collaboration with other stakeholders. 'Clients & Representatives' tend passively and considering the SUN movement was not important. Each stakeholder views their roles differently. Different perceptions about stakeholders' roles in various indicators and government areas show an implementation gap of SUN Movement. Through strengthening advocacy, coordination, routine socialization and communication between stakeholders could bridging the needs, constraints and challenges overcoming malnutrition and stunting.

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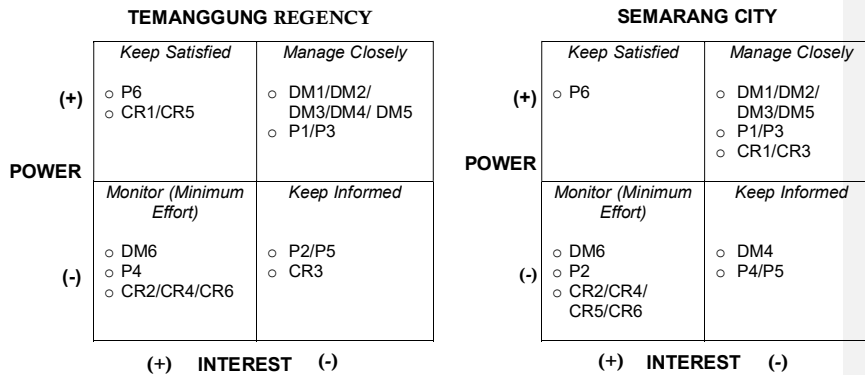
METHOD

This is an observational descriptive research with a qualitative approach. The qualitative design is exploratory so that it is appropriate to use because could identify the roles of all stakeholders (institutions) and their ability to influence various policies and implementation of health programs related to the SUN Movement. Stakeholders were divided into 3 categories, namely the Decision Maker (DM), the Provider (P) and the Clients & Representatives (CR). Measurement of the role and commitment of stakeholders based on the dimensions of attitude, ability to influence (power) and institution interest for various activities involvement that must be carried out as indicators of performance including aspects: 1) Participation and role of institutions; 2) Coherent policy formulation; 3) Programs were implemented; 4) Resources and financing; 5) Developing cooperation and alliances, and 6) Guarantee the sustainability and quality of commitments. The results were analyzed through a stakeholder-matrix diagram between the power of influence and the level of importance (interest) to determine the position of each categorie per performance indicator.

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Commented [U2]: It does not clear how the authors selected fot the study participants, the sampling strategy, its criteria, main issues for study instrument, and data analysis procedure. Authors need to add up these items.

extraordinary force when these group was involved in the implementation of the SUN Movement. The group indirectly had a high interest in these activities that were in line with the vision and mission of their institution.



Picture 1

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Matrix Quadrant of Power-Interest in Stakeholder Mapping of SUN Movements Based on Regional Government Areas

Based on Power-Interest matrix diagram for stakeholder mapping in Temanggung Regency, it appears that the 'Decision Makers' (DM) group mostly were in the "Manage-Closely" position and had strong authority to make decisions for 5 indicators: developing stakeholders' participation and role of institution, developing coherent policies, determining various programs to be implemented, providing support and facilitation of resources (including human resources, material, infrastructure and financing), and developing cooperation (alliances). The 'Provider' group (P) in Temanggung Regency could developed forms of participation and identified many programs and activities to be implemented and related to the SUN Movement. (see Figure 1).

Even though the majority position of 'Decision Maker' (DM) group in Semarang City was in 'Manage-Closely', the authority to allocate resources and program funding was not as strong as in Temanggung Regency. The diagram also showed that the roles of 'Provider' group and 'Clients & Representatives' group were so strong in developing forms of participation and implementation of various work programs. This condition was what distinguished it with Temanggung Regency. The 'Clients & Representatives' group in Semarang City had a strong role and participation in supporting the SUN Movement through mobilization of their respective organizations, such as the Health cadres, *Tim*

because all stakeholders involved in the content of these rules have not understood it due to weak socialization and communication between and between institutions (Oktaviani et al. 2018). Lacking of communication functions made the programs not integrated and ran separately (Purbani et al. 2019). Study of Rahmawati et al conclude that communication and socialization gaps regarding the reference rules (Regional Rule of Semarang City Number 5 of 2010) have resulted in the control program of Dengue Fever (DBD) not running optimal (Rahmawati et al. 2016). The main challenges identified including the lack of specific roles of institutions in program implementation, mechanisms that have not been effective in linking national with regional institution, and lacking awareness to develop specific plans and budgets allocated by each institution (Kennedy et al. 2016).

In addition to communication factor, the absence of written regulations governing such roles, forms and responsibilities made difficulties for stakeholders making decisions because basis of commitment was not strong enough and less binding. This conditions directly impacted weak multi-sector involvement, including in support and facilitation of human resources, costs, material and infrastructure, as well as monitoring support for evaluations (Nefy et al. 2019). Socialization of stunting prevention and SUN Movement as strategic intervention overcoming problems of malnutrition have not been sufficient providing information clarity for stakeholders. Therefore, through activities and strengthening of advocacy, routine coordination, clarity of socialization and communication between stakeholders were the keys and success factors of the SUN Movement on 1000 days of life.

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CONCLUSION

Each stakeholder groups (the Decision Maker, Provider, and Clients & Representatives) had different roles, attitudes, strengths and interests in carrying out various activities that were indicators, both in the participation and role of institutions, building coherent policies, implementing various programs, allocating resources and financing, building cooperation and alliances, and ensuring the sustainability of programs and quality of its commitment. The dependence on national government, especially in facilitating resources, made districts tend to be passive in adopting various practices, regulations and policies related to the SUN Movement. Existing stakeholder groups acted as regional implementers only. Differences in characteristics of government areas (regency and city) also distinguished the strength of influence and interest level of each stakeholders involved in SUN Movement. Differences ability of regional development resources, perceptions and understanding of importance SUN Movement for their



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14 October 2020 at 22:21

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We have reached a decision regarding your submission to Unnes Journal of Public Health, "Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement in 1000 Days of Life between Urban and Rural Government Areas".

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(See discussions)

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Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement in 1000 Days of Life between Urban and Rural Government Areas

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Info Artikel

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Dipublikasikan

Keywords:
SUN Movement, Stunting,
Stakeholder Mapping

Abstrak

Gerakan 1000 HPK adalah intervensi untuk mengatasi masalah malnutrisi dan *stunting* melalui kerjasama *stakeholder* secara terpadu. Peran *stakeholder* dalam Gerakan 1000-HPK belum optimal dan belum diketahui karakteristiknya berdasarkan kelompok dan wilayah pemerintahan (Kota dan Kabupaten). Tujuan penelitian memetakan peran *stakeholder* dalam Gerakan 1000-HPK pada perbedaan kelompok dan area pemerintahan berdasarkan sikap, kekuatan dan kepentingannya. Kelompok '*Decision Maker*' meski kuat pengaruhnya namun tidak mampu menjamin keberlanjutan program karena hanya sebagai pelaksana tingkat daerah. Kelompok '*Provider*' secara teknis lebih menguasai persoalan namun tidak mampu membangun kerjasama dengan *stakeholder* lainnya. Kelompok '*Clients & Representatives*' cenderung pasif karena menganggap Gerakan 1000 HPK tidak penting. Setiap kelompok *stakeholder* mempersepsikan secara berbeda setiap perannya. Pemahaman peran *stakeholder* yang berbeda antar indikator dan wilayah pemerintahan mengindikasikan ada kesenjangan persepsi tentang Gerakan 1000-HPK. Melalui penguatan advokasi, koordinasi, sosialisasi dan komunikasi secara rutin dan terstruktur antar *stakeholder* dapat menjembatani kebutuhan, kendala dan tantangan mengatasi masalah malnutrisi dan *stunting*.

Comment [R2]: Abstrak harus memuat tujuan, metode, hasil dan simpulan. (-) metode

Abstract

The Scaling-Up Nutrition Movement was an intervention overcoming chronic malnutrition through integrated stakeholder collaboration. The stakeholders' roles in SUN-Movement were not optimal and its characteristics were not yet known based on groups and government areas (cities and regency). The aim of study was mapping the stakeholders' roles in SUN-Movement in different groups and government areas based on their attitude, power and interest. 'Decision-makers' group have a power to influence but cannot guarantee program sustainability because they only acts as implementor at regional level. The 'Provider' was better at technical issues but cannot build collaboration with other stakeholders. 'Clients & Representatives' tend passively and considering the SUN-Movement was not important. Each stakeholder views their roles differently. Different perceptions about stakeholders' roles in various indicators and government areas showing an implementation gap of SUN-Movement. Through strengthening advocacy, coordination, routine socialization and communication between stakeholders could bridging the needs, constraints and challenges overcoming malnutrition and stunting.

Comment [R3]: (-) methods

INTRODUCTION

Malnutrition was still a serious public health problem in Indonesia, including in Central Java Province. Health Basic Survey in 2018 showed that 30.8% of children under five years old suffering from malnutrition so they could not growth perfectly. Although lower than the survey in 2013 which was 37.2%, it was still above WHO recommendation of 20%. This condition was considered as a growth faltering of infants and toddlers due to chronic malnutrition, especially in the first 1000 days of life (Bloem et al., 2013; Latif ~~and~~ Istiqomah, 2017). The case of stunting in children under five years old had several factors consequence and often associated with poverty including nutrition, health, sanitation and the environment. There are five main factors that cause stunting, namely poverty, social and culture, increased exposure to infectious diseases, food insecurity and public access to health services (Aridiyah et al., 2015), ~~Rohmawati and Ririanty, 2015~~). Some risk factors for stunting in developing countries such as a baby not given exclusive breastfeeding, socioeconomic factors, low birth weight (LBW), length of birth, low maternal education, infectious diseases (Budiastutik and Rahfiludin, 2019), and hereditary factors (Latif ~~and~~ Istiqomah, 2017).

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Interventions in the first 1000 days of life could reducing risks of stunting for children and toddlers (Bloem et al., 2013). This time was critical period that determines quality of life, as well as sensitive period because of its consequences for infants were permanently and can not be corrected, including mental development and intelligence (Kemenko-Kesra, 2013). At those time began for occuring various disruption to child development process which in the long run would have an impact on health status and also not optimal productivity.

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The Scaling-Up Nutrition (SUN) Movement for improvement of acceleration nutrition in the first 1000 days of life was an intervention overcoming problems of malnutrition and was implemented by health sectors and non-health sectors. SUN-Movement was an effort to overcome all forms of malnutrition with principles that every people had a right for obtaining good material of food and nutrition through a good roles, cooperation and integrated manner between government, institutions and community organizations (Giriwono ~~and~~ Indrayana, 2015). The main purpose of SUN Movement was increasing coordination and commitment of stakeholders in technical support, advocacy, innovative partnerships and participation to improving nutritional and health status of community. The involvement of all parties and stakeholders was a key factor to successful of the SUN-Movement.

implementing various programs, allocating resources and financing, building cooperation and alliances, and ensuring the sustainability of programs and quality of its commitment. The dependence on national government, especially in facilitating resources, made districts tend to be passive in adopting various practices, regulations and policies related to the SUN Movement. Existing stakeholder groups acted as regional implementers only. Differences in characteristics of government areas (regency and city) also distinguished the strength of influence and interest level of each stakeholders involved in SUN Movement. Differences ability of regional development resources, perceptions and understanding of importance SUN Movement for their institutions were factors influencing their roles gap too. Through strengthening of routine and structured advocacy, coordination, socialization and communication between stakeholders and Health Management Office as leading sector and *Bappeda* as a coordination function could bridging the needs, constraints and challenges in overcoming problems of malnutrition and stunting through intervention of SUN Movements.

ACKNOWLEDGEMENT

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~~<https://doi.org/10.1177%2F15648265130342S103>~~

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~~Bold, M. V den., Kohli, N., Gillespie, S., Zuberi, S., Rajeesh, S., & Chakraborty, B. 2015. Is There an Enabling Environment for Nutrition-Sensitive Agriculture in South Asia? Stakeholder Perspectives from India, Bangladesh, and Pakistan. *Food and Nutrition Bulletin*, 36 (2): 231–247.~~

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Institution(s)	¹ Department of Health Policy and Management, Faculty of Public Health, Universitas Diponegoro
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Stakeholder Mapping Analysis on the Scaling-Up Nutrition Movement during the 1000 Days of Life between the Urban and Rural Government Areas

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Abstract

The Scaling-Up Nutrition (SUN) Movement was an intervention to overcome chronic malnutrition through integrated stakeholder collaboration. Furthermore, the roles of stakeholders' in the SUN-Movement were not optimal and their characteristics were not yet known based on the groups and government areas (cities and regency). This study aims to map the SUN-Movement stakeholders' roles in different groups and government areas based on their attitudes, powers, and interests. This is an observational descriptive research with a qualitative approach. Totally of 30 institutions as stakeholders were involved in this study and divided into 3 different groups, namely Decision Maker (DM), Provider (P), and Clients & Representatives (CR). The DM group have the power to influence programs. Also, the P group was better at handling technical issues, however, it cannot build collaboration with other stakeholders. The CR tend to build this collaboration passively, nevertheless, it does not consider the SUN-Movement to be important. Consequently, each stakeholder views their roles differently. Different perceptions about stakeholders' roles in various indicators and government areas reveals an implementation gap in the SUN-Movement. Therefore, in conclusion, strengthening advocacy, coordination, routine socialization, and communication between stakeholders could bridge the needs, constraints and challenges that cause malnutrition and stunting.

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