



Analysis of Partnership Model in DASHAT (Healthy Kitchen to Overcome Stunting) Innovation for Family Nutritional Resilience

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Abstract

Stunting remains a significant public health issue in Indonesia, affecting children's physical growth and cognitive development due to chronic malnutrition. This study aims to analyze partnership models in the implementation of the DASHAT (Healthy Kitchen to Overcome Stunting) program as a public service innovation to improve household food security. The research employs a qualitative approach using a literature review method by examining empirical studies on DASHAT implementation across several regions in Indonesia, analyzed through the perspectives of New Public Governance (NPG) and New Public Service (NPS). The findings indicate that the DASHAT program effectively enhances nutritional knowledge, improves dietary behavior, and strengthens community skills in preparing nutritious meals based on local resources. Collaborative governance involving government institutions, health cadres, and communities plays a crucial role in ensuring sustainable nutrition interventions and effective information dissemination. Furthermore, the program contributes to increased family participation in fulfilling children's nutritional needs and promotes household food resilience. However, challenges persist, including limited resources, uneven mentoring quality, and suboptimal cross-sector coordination. Therefore, strengthening collaborative governance, improving human resource capacity, and ensuring consistent program implementation are essential to enhance the effectiveness and sustainability of DASHAT in reducing stunting rates.

Keywords: *Collaboration, DASHAT, Governance, Public Service Innovation, Stunting.*

INTRODUCTION

Stunting remains one of the most critical public health challenges in developing countries, including Indonesia, as it reflects persistent structural and nutritional inequalities. It refers to chronic malnutrition that significantly impairs children's physical growth and cognitive development, ultimately resulting in long-term consequences for human capital formation and national productivity (Sahadatilah et al., 2023). The continued high prevalence of stunting indicates that existing interventions have not been fully effective, particularly in addressing the complex and multidimensional determinants of malnutrition, such as poverty, limited access to nutritious food, and inadequate health services. This condition highlights the need for a more integrated and systemic approach that goes beyond conventional health interventions by incorporating social, economic, and environmental dimensions. Therefore, exploring innovative and collaborative strategies becomes essential to ensure more comprehensive, sustainable, and impactful efforts in reducing stunting rates.

Several studies have identified that stunting is a multidimensional public health issue influenced by various interrelated factors, including poor maternal knowledge, limited access to nutritious food, and inadequate health services. These determinants are not only biological but also socio-economic and institutional in nature, reflecting the complexity of child growth and development challenges. In many developing contexts, insufficient maternal education regarding nutrition and childcare practices significantly contributes to chronic malnutrition. Additionally, disparities in access to quality health services further

exacerbate the risk of stunting among vulnerable populations. Therefore, understanding the root causes of stunting requires a comprehensive perspective that integrates individual, household, and systemic factors. Empirical evidence supports the notion that family and environmental conditions play a crucial role in shaping child nutritional outcomes. For instance, Rewo et al., (2024) emphasize that family characteristics and nutritional intake are key determinants influencing children's growth trajectories. Their findings indicate that households with better nutritional awareness and food diversity tend to have lower incidences of stunting. Moreover, parental involvement and caregiving practices significantly affect children's dietary patterns and overall health status, underscoring the importance of strengthening family-level interventions within broader prevention strategies.

In parallel with these micro-level determinants, a growing body of literature in public administration highlights an ongoing academic debate regarding the most effective model of public service innovation in addressing complex health problems. Traditional approaches rooted in hierarchical governance and centralized decision-making often associated with top-down intervention models have been criticized for their limited responsiveness to local needs and contextual diversity. Such models tend to prioritize administrative control and standardization, which may lead to policy misalignment at the community level and reduce program adaptability. Pratiwi et al., (2025) illustrate that fragmented coordination and rigid bureaucratic structures frequently constrain the effectiveness of health interventions, particularly when financial resources are limited and institutional collaboration is weak.

Conversely, contemporary perspectives emphasize the shift toward collaborative and participatory governance frameworks, which are better suited to address "wicked problems" such as stunting. Within this discourse, approaches aligned with New Public Governance and New Public Service advocate for the active involvement of multiple stakeholders, including communities, civil society, and local institutions, in the co-production of public services. These models argue that sustainable outcomes in public health are more likely to be achieved when programs are context-sensitive, inclusive, and grounded in local knowledge systems. However, despite the theoretical appeal of collaborative governance, empirical studies reveal inconsistencies in its implementation, particularly in developing country settings where institutional capacity and coordination mechanisms remain uneven. This tension between normative governance models and practical implementation challenges forms a critical gap in the literature that warrants further investigation.

In response to these challenges, the Indonesian government has introduced the DASHAT (Healthy Kitchen to Overcome Stunting) program as an innovative public service initiative. This program focuses on empowering communities to utilize local food resources to improve family nutrition and prevent stunting (Fikri, 2024; Sya'bani et al., 2024). By emphasizing sustainable food practices, DASHAT not only addresses immediate nutritional deficiencies but also fosters long-term resilience in household food security. Unlike conventional top-down interventions, DASHAT adopts a participatory framework that actively involves communities in food preparation, nutrition education, and awareness campaigns. This approach reflects a paradigmatic shift from state-centric service delivery toward collaborative governance, where communities function not merely as beneficiaries but as active co-producers of public value.

Empirical studies have demonstrated the effectiveness of the DASHAT program in various regions, highlighting its relevance as a community-based intervention. Khanifah (2024) reports a significant reduction in stunting cases in Cilegon following the implementation of DASHAT, supported by strong community engagement and institutional collaboration. Similarly, Hermanto et al., (2024) find that the program enhances community knowledge and skills in preparing nutritious food using locally available ingredients, indicating a shift toward more sustainable dietary practices. These findings suggest that participatory and collaborative approaches contribute positively to both behavioral change and program sustainability.

Nevertheless, critical limitations persist. Pratiwi et al., (2025) identify constraints related to budget allocation, inter-agency coordination, and uneven program implementation across regions. Furthermore, Ningrum et al., (2024) argue that the dominance of government institutions in program execution may inadvertently limit community autonomy, thereby undermining the long-term sustainability of collaborative initiatives. These findings indicate that while DASHAT embodies elements of innovative governance, its implementation remains partially constrained by residual characteristics of traditional bureaucratic systems.

From a theoretical standpoint, existing studies have predominantly focused on program outcomes rather than systematically analyzing the governance mechanisms underlying DASHAT implementation. This creates a significant research gap, particularly in understanding how competing public administration paradigms such as New Public Management, New Public Service, Neo-Weberian State, and New Public

Governance interact in shaping the effectiveness of collaborative health interventions (Khomsan et al., 2024; Sahadatilah et al., 2023). Moreover, prior literature reviews tend to present fragmented discussions of these paradigms without offering an integrative analytical framework that captures their complementarities and tensions within a single empirical context.

Accordingly, the novelty of this research lies in its integrative and theory-driven synthesis, which positions DASHAT as an empirical locus for examining the convergence and contestation of multiple public administration paradigms. Unlike previous studies that primarily provide descriptive or outcome-based evaluations, this study develops a structured analytical framework that systematically compares governance logics across paradigms to explain both the strengths and limitations of collaborative public service innovation. By doing so, it advances the literature beyond conventional narrative reviews toward a more cohesive and explanatory model of governance in community-based health programs.

In addition, this study contributes to the broader discourse on public service innovation by demonstrating how collaborative governance mechanisms can be operationalized in addressing complex and multidimensional public health issues such as stunting. As similar challenges are faced across developing countries, the findings offer transferable insights for policymakers and practitioners seeking to design more adaptive, inclusive, and sustainable intervention models (Rewo et al., 2024).

Based on the discussion above, this study aims to analyze the partnership model in the implementation of the DASHAT program and to examine how different public administration theories can explain its effectiveness. By employing an integrative theoretical perspective, this research seeks to uncover the dynamics of stakeholder collaboration, governance structures, and service delivery mechanisms within the program. Ultimately, the study is expected to generate both theoretical contributions through the refinement of governance frameworks and practical implications for enhancing the design and implementation of innovative public service interventions in the field of nutrition and public health.

METHOD

Research Approach and Design

This study adopts a qualitative research approach with a systematic literature review design to examine the DASHAT (Healthy Kitchen to Overcome Stunting) program as a manifestation of public service innovation within the framework of collaborative governance. The qualitative paradigm is employed to facilitate an in-depth and interpretative understanding of partnership configurations and community participation dynamics embedded in the program.

Unlike a traditional narrative review, this study applies a structured and replicable literature review procedure to enhance methodological rigor and reduce selection bias. The analytical orientation is grounded in the theoretical perspectives of New Public Governance (NPG) and New Public Service (NPS), which emphasize networked collaboration, stakeholder engagement, and citizen-centered service delivery. These frameworks are used to interpret how institutional arrangements and participatory mechanisms shape program effectiveness across varying implementation contexts.

Data Sources and Literature Selection Criteria

The study relies exclusively on secondary data derived from peer-reviewed journal articles, institutional publications, and policy reports. Literature was systematically retrieved from major academic databases, including Scopus, SINTA (Science and Technology Index), and Google Scholar, to ensure comprehensive coverage of both international and Indonesian scholarly contributions.

The literature search was conducted within a defined temporal scope, focusing on publications from 2015 to 2025. This time frame was selected to capture the most recent developments in stunting intervention strategies and collaborative governance practices. To ensure methodological transparency, explicit inclusion and exclusion criteria were applied:

- Inclusion Criteria:
 1. Articles published in peer-reviewed journals or official institutional reports.
 2. Studies discussing DASHAT programs, stunting interventions, or collaborative governance in public health contexts.
 3. Publications available in full text and written in English or Bahasa Indonesia.
 4. Empirical or conceptual studies providing insights into partnership models or community participation.

- Exclusion Criteria:

1. Articles lacking methodological clarity or empirical grounding.
2. Publications not directly relevant to stunting intervention or governance mechanisms.
3. Opinion pieces, editorials, or non-scientific sources.
4. Duplicate studies across databases.

The search process utilized combinations of keywords such as “DASHAT,” “stunting intervention,” “collaborative governance,” and “community participation,” combined with Boolean operators to refine search precision. This systematic filtering process ensured that the selected literature represents a robust and relevant evidence base.

Data Analysis Techniques

The collected data were analyzed using thematic analysis, a qualitative analytical method that enables the identification, organization, and interpretation of recurring patterns within textual data. The analysis followed a multi-stage procedure:

1. Familiarization: Initial reading of selected articles to gain a comprehensive understanding of the content.
2. Open Coding: Extraction of relevant information related to partnership models, stakeholder roles, and participation mechanisms.
3. Theme Development: Codes were systematically grouped into broader thematic categories, such as intersectoral collaboration, institutional coordination, and community empowerment.
4. Theme Refinement: Themes were reviewed and refined to ensure internal consistency and conceptual clarity.
5. Interpretation: The finalized themes were interpreted using the theoretical lenses of NPG and NPS to explain how collaborative structures influence program implementation outcomes.

This analytical approach enables the study to move beyond descriptive synthesis toward a more explanatory understanding of governance dynamics within the DASHAT program.

Validity and Research Limitations

To enhance the credibility and trustworthiness of the findings, this study employs source triangulation by comparing data across multiple types of literature, including empirical studies, policy reports, and conceptual analyses. This approach minimizes the risk of bias associated with single-source dependency and strengthens the robustness of interpretations. Additionally, methodological transparency in the literature selection and analysis process contributes to the replicability of the study.

However, several limitations must be acknowledged. First, the reliance on secondary data restricts the study’s ability to capture real-time implementation dynamics and contextual nuances at the local level. Second, variations in the design and execution of the DASHAT program across regions may limit the generalizability of findings. Third, potential publication bias within indexed databases may influence the representation of available evidence. These limitations suggest that future research should incorporate primary data collection methods, such as field observations or stakeholder interviews, to complement and validate the findings derived from literature-based analysis.

RESULT AND DISCUSSION

Partnership and Collaborative Model in DASHAT Implementation

The findings indicate that the partnership model in the DASHAT program empirically adopts a multi-stakeholder collaborative pattern. However, analytically, the success of this model is not merely determined by the presence of diverse actors, but rather by the degree of interest integration among those actors. From a public administration perspective, effective collaboration requires the existence of shared goals and mutual interdependence.

Although collaboration has been normatively established, several studies suggest that cross-sectoral coordination still encounters structural constraints in the form of sectoral ego. Sectoral ego refers to the tendency of institutions to maintain their respective domains of authority, thereby hindering program integration (Sudirman & Wahyuni, 2026). In the context of DASHAT, this is reflected in the suboptimal synchronization among the health, food, and community empowerment sectors, which ultimately leads to potential program duplication and inefficiencies in resource allocation.

The successful implementation in regions such as Semarang and East Lombok (Hadi et al., 2025; Hastuti et al., 2025) demonstrates that when sectoral ego can be mitigated through strong coordination mechanisms such as stunting convergence forums collaboration becomes more productive. Therefore, the key determinant lies not merely in the existence of collaboration, but in the quality of collaborative governance capable of integrating sectoral interests into collective objectives.

This partnership model demonstrates that the success of the DASHAT program is not solely dependent on government intervention but also on the active participation and collaboration of various stakeholders. Therefore, understanding the dynamics of this partnership becomes essential in evaluating the effectiveness of the program.

Effectiveness of DASHAT Program

The effectiveness of the DASHAT program, as reflected in increased knowledge and reduced stunting rates, cannot be adequately interpreted as a purely technical achievement; rather, it constitutes a multidimensional outcome shaped by governance dynamics, institutional coordination, and socio-political context.

Table 1. Impact of DASHAT Program Implementation

Location	Increase in Knowledge (%)	Reduction in Stunting (%)
Cilegon	30	10
Kademangan	45	10
Batam	25	5

Source: Adapted from Hermanto et al., 2024; Khanifah, 2024; Pratiwi et al., 2025

While the table demonstrates a consistent pattern of increased community knowledge alongside declining stunting prevalence, a deeper analytical lens suggests that these outcomes are contingent upon the interplay between program design and governance capacity. From a public administration perspective, one critical explanatory factor lies in the persistence of *sectoral ego* a condition in which institutional actors prioritize organizational mandates over collective policy goals. In the context of DASHAT, cross-sectoral coordination involving health offices, family planning agencies, and local governments often encounters fragmentation in authority, budget allocation, and performance indicators. Such fragmentation can dilute program coherence, thereby explaining why similar interventions yield varied outcomes across regions.

Empirical findings from Karawang Regency reinforce the importance of integrated interventions, where the combination of supplemental feeding and nutrition education significantly improved anthropometric indicators and maternal knowledge, while reducing severe stunting by 23.1% (Khomsan et al., 2024). However, the success of such integration presupposes effective coordination mechanisms, which are not uniformly present across local governments. Evidence from Central Sulawesi further highlights that regions with stronger institutional alignment and innovative delivery mechanisms such as mobile health services achieve markedly lower stunting rates (16.5% compared to 33.0%) (Amsal et al., 2025). This suggests that overcoming sectoral ego through collaborative governance is a necessary condition for optimizing program impact.

Beyond institutional dynamics, the program's reliance on community health cadres introduces complex social implications. On one hand, the involvement of local actors can be interpreted through the lens of participatory development, wherein communities are empowered to become active agents in health promotion. On the other hand, a critical perspective raises the possibility that such involvement may represent a subtle form of state burden-shifting, where responsibilities for service delivery are transferred to communities without commensurate resource support. This duality necessitates a careful distinction between genuine empowerment characterized by capacity building and decision-making autonomy and instrumental participation, where community actors function primarily as extensions of bureaucratic structures.

The variation in outcomes observed in regions such as Cilegon and Batam further underscores the importance of socio-political context. Cilegon's relatively strong fiscal capacity, driven by its industrial economic base, enables greater investment in public service infrastructure and program intensification. This aligns with theories of local state capacity, which posit that resource availability enhances policy implementation effectiveness. In contrast, Batam's high level of urbanization facilitates rapid information diffusion and behavioral adaptation, thereby amplifying the impact of nutrition education interventions (Hermanto et al., 2024; Khanifah, 2024; H. Pratiwi & Purwanto, 2024). These contextual factors illustrate that program success is not merely a function of intervention quality, but also of the structural environment in which the program operates.

Furthermore, the role of maternal knowledge as a mediating variable highlights the significance of behavioral change mechanisms within the program framework. As demonstrated by Sahadatilah et al. (2023), increased maternal knowledge directly influences child feeding practices and health-seeking behavior, thereby linking cognitive transformation to measurable nutritional outcomes. This finding supports a socio-cognitive approach to public health interventions, where knowledge acquisition functions as a critical pathway through which policy inputs are translated into tangible impacts.

In sum, the effectiveness of the DASHAT program is best understood as an emergent property of three interrelated dimensions: (1) the ability to overcome sectoral fragmentation through collaborative governance, (2) the extent to which community participation constitutes genuine empowerment rather than compensatory labor substitution, and (3) the alignment between program design and local socio-political capacity. These dimensions collectively explain why similar interventions produce differentiated outcomes across regions, thereby emphasizing that policy effectiveness is inherently context-dependent rather than universally transferable.

Analysis Based on New Public Governance (NPG)

From the perspective of New Public Governance (NPG), the effectiveness of the DASHAT program is not merely a function of multi-actor involvement, but rather the extent to which these actors are able to construct cohesive, trust-based, and goal-oriented governance networks. NPG departs from hierarchical administrative logic by emphasizing horizontal coordination, interdependence, and negotiated decision-making among stakeholders. In this regard, the success of DASHAT can be interpreted as an outcome of collaborative governance arrangements that enable resource pooling, knowledge exchange, and shared accountability (Rewo et al., 2024). However, such collaboration is neither automatic nor frictionless; it is shaped by institutional incentives and power asymmetries embedded within the governance structure.

A critical explanatory dimension lies in the persistence of *ego-sektoral* within public administration. Despite the normative emphasis of NPG on collaboration, sectoral fragmentation often persists due to differentiated mandates, budgetary silos, and performance evaluation systems across government agencies. As evidenced in the SISKEUDES study, governance effectiveness is contingent upon the alignment of institutional capacities, technological infrastructure, and coordination mechanisms (Suwuh & Wardiyanto, 2025). In the context of DASHAT, weak inter-agency synchronization particularly between health, social, and family planning sectors can constrain the integration of services, thereby limiting program effectiveness. This suggests that NPG's collaborative ideal is mediated by structural constraints, where the absence of integrative governance instruments perpetuates coordination failures.

Furthermore, the involvement of community actors and health cadres within DASHAT reflects a central tenet of NPG: the decentralization of service delivery through participatory engagement. Empirically, such participation contributes to increased program responsiveness and contextual adaptability. Nevertheless, from a critical governance perspective, this phenomenon warrants deeper scrutiny. The mobilization of community cadres may represent a dual-edged mechanism: on one hand, it embodies genuine empowerment through capacity building and localized decision-making; on the other hand, it may indicate a subtle redistribution of state responsibilities to communities without proportional fiscal or institutional support. This ambiguity raises an important question within NPG discourse whether participation functions as an emancipatory process or as an instrumental extension of bureaucratic capacity under resource constraints. The findings of Suwuh and Wardiyanto (2025), which link participation to improved accountability and transparency, must therefore be contextualized within the broader political economy of public service delivery.

The differential outcomes observed in regions such as Cilegon and Batam further illustrate how NPG operates within specific socio-political environments. Cilegon's relatively high fiscal capacity and industrial economic structure facilitate stronger institutional support and enable more effective orchestration of collaborative networks. In NPG terms, this reflects a governance setting where resource endowments enhance network stability and reduce transaction costs among actors. Conversely, Batam's urban and highly dynamic socio-demographic context accelerates information flows and strengthens social learning processes, thereby amplifying the impact of community-based interventions (Hermanto et al., 2024; Khanifah, 2024; Pratiwi et al., 2025). These cases demonstrate that collaborative governance outcomes are path-dependent, shaped by local state capacity, economic structure, and social capital configurations.

Moreover, NPG underscores that sustainable public service innovation requires adaptive governance systems capable of continuous learning and institutional recalibration. The SISKEUDES findings highlight that limitations in technological access and human resource capacity can hinder governance performance

(Suwuh & Wardiyanto, 2025). In the DASHAT context, such limitations manifest in uneven program implementation and disparities in service quality across regions. Therefore, the sustainability of DASHAT is contingent upon the institutionalization of collaborative routines, investment in capacity building, and the development of integrative policy frameworks that transcend sectoral boundaries.

In analytical terms, the NPG framework reveals that the effectiveness of DASHAT is determined by three interrelated mechanisms: (1) the ability to mitigate sectoral ego through integrative and incentive-compatible coordination structures, (2) the transformation of community participation from instrumental involvement into substantive empowerment, and (3) the alignment between governance networks and local socio-political contexts. Consequently, NPG does not merely explain *what* works in the DASHAT program, but more importantly *why* certain governance configurations produce superior outcomes.

Analysis Based on New Public Service (NPS)

The DASHAT program reflects the normative foundations of New Public Service (NPS), particularly in repositioning citizens not as passive beneficiaries but as co-producers of public value. However, a deeper analytical reading suggests that the relevance of NPS in this context lies not only in the presence of participation, but in the quality, distribution, and institutional framing of that participation. NPS emphasizes that public service delivery should be guided by democratic values, collective interest, and citizen engagement rather than technocratic efficiency alone (Damanik et al., 2024). In this regard, DASHAT operationalizes NPS principles through community-based nutrition practices, yet the extent to which these practices embody substantive citizenship requires critical examination.

One key issue concerns the persistence of *ego-sektoral* in cross-sectoral coordination, which directly affects the realization of NPS ideals. While NPS advocates collaborative and citizen-centered governance, sectoral fragmentation within public institutions can undermine the coherence of service delivery. The findings of Widodo et al., (2026) indicate that public program success is contingent not only on measurable outputs but also on the alignment of institutional actors in delivering public value. In the DASHAT context, discrepancies in coordination between health, social, and local governance agencies may lead to inconsistencies in program implementation, thereby weakening the collective orientation that NPS seeks to promote. This suggests that citizen-centered service cannot be fully realized without resolving structural disincentives embedded in bureaucratic arrangements.

Furthermore, the centrality of community participation in DASHAT invites a critical inquiry into its social implications. At a normative level, the active involvement of mothers and local health cadres in food preparation and nutrition education reflects the co-production model advocated by NPS, where citizens contribute directly to public service outcomes (Widodo et al., 2026). However, from a critical public administration perspective, this involvement may also signal a redistribution of service delivery responsibilities from the state to the community. The distinction between empowerment and burden-shifting becomes analytically significant here. Genuine empowerment presupposes the provision of adequate resources, capacity building, and decision-making authority, whereas instrumental participation risks positioning communities as unpaid extensions of the state apparatus. Thus, the effectiveness of DASHAT must be interpreted alongside the extent to which participatory mechanisms are supported by institutional commitments and resource allocation.

The strengthening of civic values and collective responsibility, as emphasized in NPS, also emerges as a crucial explanatory factor. Widodo et al. (2026) demonstrate that public service initiatives can foster social solidarity and mutual accountability when participation is embedded within shared value systems. In the case of DASHAT, the promotion of nutritional awareness and family-level behavioral change contributes to the formation of community-based norms around child health. However, the internalization of such values is uneven across regions, depending on socio-political context and local governance capacity.

This contextual variation is evident in regions such as Cilegon and Batam. Cilegon's relatively strong fiscal and institutional capacity enables the state to maintain a more balanced relationship with citizens, where participation is supported by adequate infrastructure and program investment. This creates conditions for what NPS conceptualizes as *meaningful engagement*, where citizens participate not out of necessity but as empowered actors within a supportive governance system. In contrast, Batam's urban and highly mobile population facilitates rapid dissemination of information and adaptive behavioral change, which enhances the effectiveness of participatory interventions (Hermanto et al., 2024; Khanifah, 2024; Pratiwi et al., 2025). These differences illustrate that the realization of NPS principles is contingent upon local socio-political configurations, particularly the interplay between state capacity, social capital, and economic structure.

Moreover, NPS underscores that accountability and transparency are integral to sustaining public trust and participation. Evidence from the SISKEUDES study indicates that governance effectiveness improves when participatory mechanisms are complemented by transparent and accountable institutional practices (Suwuh & Wardiyanto, 2025). In the DASHAT program, this implies that community involvement must be embedded within governance systems that ensure clarity of roles, equitable resource distribution, and continuous feedback mechanisms. Without such safeguards, participation risks becoming procedural rather than transformative.

In analytical terms, the NPS framework reveals that the effectiveness of DASHAT is shaped by three interdependent dimensions: (1) the ability to reconcile citizen-centered values with bureaucratic coordination constraints, particularly in overcoming sectoral ego; (2) the transformation of community participation into genuine empowerment rather than implicit labor substitution; and (3) the alignment of participatory practices with local socio-political conditions that enable the internalization of public values. Consequently, NPS provides not only a normative justification for the program's participatory approach but also a critical lens to evaluate whether such participation produces equitable and sustainable public value.

Challenges in Program Implementation

Despite its effectiveness, the DASHAT program still faces several challenges that may affect its sustainability. One of the main issues is limited budget allocation, which restricts program expansion and continuity (Pratiwi et al., 2025). In addition, coordination among stakeholders is sometimes not optimal, leading to inefficiencies in program implementation. Differences in capacity and commitment among local actors also influence the consistency of program outcomes across regions. These challenges highlight the need for stronger governance and better integration among stakeholders.

Financial management studies further reveal that while community-led DASHAT kitchens enhance ownership, issues such as low financial literacy and limited technology adoption can undermine sustainability unless supported by targeted training (Setiawan et al., 2025; Sinaga, 2023; Supranoto et al., 2025). Regional disparities in funding allocation also exacerbate uneven outcomes, as seen in Central Sulawesi where low-budget areas lag behind (Amsal et al., 2025).

Overall, the findings of this study show that the success of the DASHAT program is strongly influenced by its collaborative and participatory approach. The integration of New Public Governance and New Public Service perspectives provides a comprehensive explanation of how partnership and citizen engagement contribute to the effectiveness of public service innovation. The combination of these two approaches demonstrates that addressing complex social problems such as stunting requires not only efficient program design but also strong collaboration and active community involvement. Therefore, strengthening partnership mechanisms and community empowerment should become a priority in the development of similar public service innovations in the future.

Summary of Key Research Findings

Table 2. Summary of Key Research Findings

No	Category of Findings	Key Research Outcomes	References
1	Partnership and Collaborative Model	DASHAT is implemented through multi-stakeholder collaboration involving government, community, health workers, academia, private sector, and media; community acts as main implementer while government acts as facilitator	Sya'bani et al. (2024); Rewo et al. (2024); Hastuti et al. (2025); Hadi et al. (2025); Sudirman & Wahyuni (2026)
2	Community Empowerment	Program strengthens community capacity through training, mentoring, and local-based nutrition practices, increasing participation and ownership	Rewo et al. (2024); Sahadatilah et al. (2023)
3	Program Effectiveness	DASHAT improves maternal knowledge, dietary behavior, and reduces stunting rates across regions; supported by measurable outcomes and intervention studies	Hermanto et al. (2024); Khanifah (2024); Pratiwi et al. (2025); Khomsan et al. (2024); Amsal et al. (2025); Hamka & Ibrahim (2025)

4	NPG Perspective	Effectiveness driven by <i>collaborative governance</i> , coordination, and resource sharing; challenges include weak coordination and capacity gaps	Rewo et al. (2024); Suwuh & Wardiyanto (2025)
5	NPS Perspective	Program reflects <i>citizen-centered service</i> , participation, and public value; community acts as co-producer of services	Damanik et al. (2024); Widodo et al. (2026)
6	Implementation Challenges	Constraints include limited budget, uneven regional capacity, weak coordination, and low financial literacy affecting sustainability	Pratiwi et al. (2025); Setiawan et al. (2025); Sinaga (2023); Supranoto et al. (2025); Amsal et al. (2025)

The table demonstrates that the DASHAT program is fundamentally rooted in a *collaborative governance* approach, where multiple stakeholders contribute to program implementation and outcomes. The partnership model highlights the central role of communities as active implementers, supported by government facilitation and cross-sector collaboration. This indicates a shift from traditional top-down governance toward a more participatory and network-based model, consistent with *New Public Governance (NPG)* principles. Moreover, community empowerment emerges as a crucial factor, as training and mentoring activities enhance local capacity and foster a sense of ownership in addressing nutritional issues. These findings suggest that sustainable public health interventions require strong engagement at the grassroots level.

In terms of effectiveness, the table reveals that the DASHAT program has produced measurable improvements in maternal knowledge, dietary practices, and reductions in stunting prevalence across various regions. The integration of education and nutritional interventions plays a significant role in influencing behavioral change, particularly among mothers. From the *New Public Service (NPS)* perspective, the program’s success is not only reflected in quantitative outcomes but also in the extent of citizen participation and social impact. However, the presence of implementation challenges, such as limited funding, coordination issues, and disparities in local capacity, indicates that program effectiveness is not evenly distributed. This underscores the importance of strengthening institutional capacity and governance mechanisms to ensure consistent outcomes.

Overall, the findings highlight that the effectiveness of the DASHAT program is shaped by the integration of collaborative governance and citizen-centered service approaches. The synergy between stakeholders enables resource sharing, knowledge exchange, and coordinated action in addressing stunting. At the same time, active community participation ensures that interventions are contextually relevant and sustainable. The combination of *NPG* and *NPS* perspectives provides a comprehensive framework for understanding how public service innovation can address complex social issues. Nevertheless, structural challenges such as funding limitations and uneven regional capacity must be addressed to optimize program impact. Strengthening coordination, enhancing community capacity, and ensuring policy support are essential steps toward improving program sustainability. Therefore, the DASHAT program illustrates that effective public health innovation requires both strong institutional collaboration and meaningful citizen engagement.

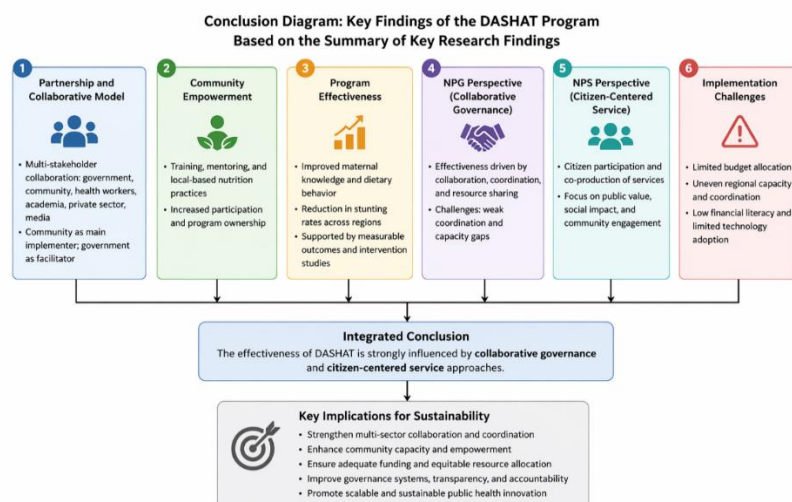


Figure 1. Diagram of the DASHAT Program: Synthesis of Key Research Findings

CONCLUSION

This study concludes that the DASHAT program is an effective public service innovation in reducing stunting through a partnership and community-based approach. The collaboration between government and community actors plays a key role in improving nutritional knowledge and encouraging sustainable behavioral change. The findings show that the New Public Governance and New Public Service approaches are the most relevant in explaining the program's success, particularly in terms of collaboration and citizen participation. These approaches highlight that solving complex issues such as stunting requires inclusive and participatory governance. However, this study is limited by its reliance on secondary data and the variation of program implementation across regions. Therefore, future research is recommended to use field-based methods and deeper analysis. It is also recommended that the government strengthen coordination, increase resource support, and expand the program to ensure its sustainability and broader impact.

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