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Explaining the slow decline in child stunting: A multi-stakeholder qualitative case study from Sabang, Indonesia

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Abstract

Stunting remains a major public health problem, particularly in Africa and Asia, including Indonesia. Sabang City recorded the slowest stunting reduction in Aceh Province (AARR: -5.20%). This qualitative case study examined factors underlying the slow decline in stunting prevalence in Sabang City. The study involved 21 informants consisting of policymakers, health workers, religious leaders, and traditional leaders. Data were collected through in-depth interviews, observations, and document reviews, while quantitative data on stunting prevalence trends were obtained from surveys conducted by the Indonesian Ministry of Health between 2013 and 2024. The findings indicate that the slow reduction in stunting prevalence in Sabang is influenced by migration-induced distortion of stunting indicators, fragmented accountability, and differences in data coverage across national survey instruments. The pattern of stunting in Sabang reflects contextual and structural dynamics. This study suggests that accelerating stunting reduction in Sabang requires migration-sensitive interventions, strengthened multisectoral collaboration, and harmonized data systems. *(Afr J Reprod Health 2026; 30 [17]: 117-125).*

Keywords: stunting, governance, policy, migration

Résumé

Le retard de croissance (stunting) demeure un problème majeur de santé publique, en particulier en Afrique et en Asie, notamment en Indonésie. La ville de Sabang a enregistré le rythme de réduction le plus lent de la province d'Aceh (AARR : -5,20 %). Cette étude de cas qualitative a examiné les facteurs sous-jacents à la lenteur de la baisse de la prévalence du retard de croissance à Sabang. L'étude a mobilisé 21 informateurs, parmi lesquels des décideurs politiques, des agents de santé, ainsi que des chefs religieux et coutumiers. Les données ont été recueillies par le biais d'entretiens approfondis, d'observations et d'analyses documentaires, tandis que les données quantitatives sur l'évolution de la prévalence du retard de croissance provenaient d'enquêtes menées par le ministère indonésien de la Santé entre 2013 et 2024. Les résultats indiquent que la lenteur de la réduction de la prévalence du retard de croissance à Sabang est influencée par une distorsion des indicateurs liée aux migrations, une fragmentation des responsabilités et des disparités dans la couverture des données entre les différents outils d'enquête nationaux. La situation du retard de croissance à Sabang reflète des dynamiques contextuelles et structurelles. Cette étude suggère qu'accélérer la réduction du retard de croissance à Sabang nécessite des interventions prenant en compte les migrations, une collaboration multisectorielle renforcée et une harmonisation des systèmes de données. *(Afr J Reprod Health 2026; 30 [17]: 117-125).*

Mots-clés: retard de croissance, gouvernance, politique, migration

Introduction

In 2024, 150.2 million children under five years of age worldwide experienced stunting, while 42.8 million experienced wasting and 35.5 million were overweight.[1] Globally, the average annual rate of reduction (AARR) for stunting based on trends from 2012 to 2022 was only 1.65% per year. However, an AARR of 6.08% is required from now until 2030 to achieve the global target of reducing the number of children experiencing stunting to 88.9 million.[2] If current trends continue, an estimated 128.5 million children (19.5%) will experience stunting by 2030, exceeding the target by 39.6 million children.

Indonesia recorded a stunting prevalence of 19.8% in 2024.[3] The prevalence of stunting in

Indonesia has consistently declined over time, decreasing from 37.2% in 2013 to 30.8% in 2018, 27.7% in 2019, 24.4% in 2021, 21.6% in 2022, and 21.5% in 2023. Nevertheless, this figure remains far from the Indonesian government's target of reducing stunting prevalence to 14% by 2024.[4] According to data from the 2024 Indonesian Health Survey, Aceh ranked fifth among thirty-six provinces, with a stunting prevalence among children under five years of age of 28.6%.[3] Further analysis indicates that the slow reduction in stunting prevalence in Aceh is paradoxical, considering the province's abundant agricultural and fisheries resources as well as substantial Special Autonomy (OTSUS) funding. From 2008 to 2022, Aceh received a total allocation of 95.93 trillion Indonesian Rupiah (IDR) in Special Autonomy Funds.[5]

Despite various interventions, the decline in stunting prevalence in several regions, including Sabang City, has remained relatively slow. Sabang City even recorded the slowest average annual rate of reduction (AARR) for stunting in Aceh, Indonesia.[6] Previous studies have examined the implementation of community health worker training models,[7] primary health centre-based interventions,[8] and nutrition supplementation strategies,[9] although these studies have predominantly employed quantitative approaches.

However, these studies have not comprehensively explained why the reduction in stunting prevalence in Sabang City has progressed more slowly than in other regions, despite measurable quantitative reductions in AARR. The qualitative factors, contextual barriers, and local dynamics underlying this slow progress remain insufficiently explored. Understanding the "why" and "how" behind quantitative indicators is essential, particularly because existing literature largely relies on prevalence surveys and statistical analyses of determining factors.

A significant gap therefore remains in understanding the real-world experiences of programme implementers and beneficiaries, the complexity of multisectoral coordination processes in the unique context of Sabang, community perceptions of stunting and intervention programmes, the alignment between national policies and local realities, and unforeseen challenges or driving factors that influence the pace of stunting reduction. Quantitative approaches alone often fail to capture the social, cultural, administrative, and programmatic complexities that ultimately shape the effectiveness and sustainability of stunting reduction efforts.

This study not only addresses a qualitative gap but also offers a conceptual explanation for why a slow AARR in small-island settings with high population mobility may reflect measurement and mobility issues rather than programme ineffectiveness. While previous studies have quantified stunting trends and evaluated the effectiveness of individual programmes, the novelty of this study lies in its multi-stakeholder qualitative account of the paradoxical stunting trajectory in Sabang. The study identifies three dimensions that may distort stunting reduction indicators: (1) migration-induced indicator distortion, in which mobile non-indigenous populations inflate prevalence estimates without necessarily reflecting local programme quality; (2) epistemic misalignment between standardized national survey instruments and the demographic realities of small-island settings; and (3) fragmented hybrid governance, in which the health sector bears primary responsibility while religious and traditional institutions remain only informally involved. This study conceptualizes migration not merely as a risk factor for undernutrition, but also as a structural variable capable of confounding stunting reduction performance metrics at the subnational level.

Therefore, this study aims to develop an in-depth understanding of the causes underlying the slow decline in stunting prevalence in Sabang City from the perspectives of policymakers, religious and traditional leaders, and health workers.

Methods

Type of research

This study employed an explanatory qualitative case study design to examine the reasons underlying the slow reduction in stunting prevalence in Sabang City despite ongoing policy interventions. The case study approach was selected not only to explore programme implementation procedures but also to examine the relationships among policy design, population mobility, governance structures, and socio-cultural institutions influencing programme outcomes.

Place and time of research

The study was conducted in Sabang City, Aceh Province. Data collection was carried out over four months, from April to July 2025, to obtain in-depth information and ensure data saturation.

Population and sample

The participants consisted of three main groups: policymakers, traditional and religious leaders, and health workers. The policymaker group included representatives from the Public Welfare Division of the Sabang City Secretariat, the Sabang City Regional Development Planning Agency, the Public Health and Disease Prevention and Control Division of the Sabang City Health Office, the Empowerment and Social Assistance Division of the Sabang City Social Office, and the Family and Community Nutrition, Women's Empowerment, and Child Protection divisions of Sabang City. The traditional and religious leader group consisted of representatives from the Acehnese Adat Council and the Ulama Consultative Assembly of Sabang City. Meanwhile, the health worker group included midwives, community health centre staff, and integrated health service post cadres.

Informants were selected using purposive sampling based on the following inclusion criteria: having relevant experience or knowledge related to stunting issues in Sabang, willingness to participate in the study, and the ability to communicate effectively. The number of participants was determined based on the principle of data saturation, in which recruitment was continued until no new significant information emerged.

Sample size and saturation

This study involved 21 informants, consisting of 6 policymakers, 5 health workers, 5 traditional leaders, and 5 religious leaders. The sample size was determined based on the principle of data saturation, as no new themes emerged after a series of interviews. Saturation was assessed continuously during the data collection process and was reaffirmed during the final stage of analysis.

Data collection

Data were collected through face-to-face in-depth interviews using semi-structured interview guides. All interviews were audio-recorded with participants' consent and subsequently transcribed to ensure data completeness and accuracy. In addition, participatory observation was conducted to examine interactions, behaviours, and social dynamics in the field. Relevant documents and official archives related to the research context were also reviewed to support data triangulation and contextual understanding.

Data analysis and processing

Data were analysed thematically through several stages, including verbatim transcription of all interview data, coding and identification of major themes, and categorization and interpretation of data based on themes emerging from the perspectives of the three participant groups. Data triangulation was performed by comparing findings obtained from interviews, observations, and documentation to enhance the validity of the findings. In addition, member checking was conducted by confirming the interpretation of the findings with participants to ensure data accuracy and credibility.

The qualitative findings were framed and interpreted using contextual evidence derived from quantitative stunting trend data, particularly the Average Annual Rate of Reduction (AARR) from 2013 to 2024, rather than as primary outcome measures. These quantitative trends were used to support the explanatory analysis by highlighting inconsistencies between programme performance and survey-based indicators, which were subsequently explored through qualitative investigation.

Ethical consideration

This study received ethical approval from the Research and Community Engagement Ethical Committee, Faculty of Public Health, Universitas Indonesia (Ethical Approval Number: Ket-585/UN2.F10.D11/PPM.00.02/2024). All participants provided informed consent prior to the interviews

Results

To contextualize the paradox of stunting reduction in Sabang City, Table 1 presents a comparison of stunting prevalence trends and the Average Annual

Table 1: Trends in Stunting and AARR in Indonesia, Aceh, and Sabang City (2013–2024)

Region	Prevalence of Early Stunting (%)	Latest Prevalence (%)	Data Period	AARR (%)
Indonesia	37.2 (2013)	19.8 (2024)	2013–2024	+1.65
Aceh Province	42.6 (2013)	28.6 (2024)	2013–2024	+3.42
Sabang	38.4 (2013)*	30.1 (2024)*	2013–2024	**–5.20**

Source: Riskesdas, SSGI, SKI (2013 – 2024)

Rate of Reduction (AARR) at the national, provincial, and city levels from 2013 to 2024. This comparison highlights both the progress achieved and the disparities in stunting reduction across administrative levels. Indonesia demonstrates a steady national decline consistent with long-term intervention policies, whereas Aceh Province shows a slower rate of reduction despite substantial fiscal support and targeted programmes. More notably, Sabang City records a negative AARR, indicating apparent stagnation or even a reversal in stunting reduction trends.

Rather than reflecting programme failure alone, this deviation suggests the need to interpret quantitative indicators within their broader demographic and governance contexts. Accordingly, Table 1 serves as an empirical entry point for examining how population mobility, survey design, and small-island dynamics may distort conventional interpretations of local stunting reduction performance.

Policy maker perspective

Policy makers emphasized that Sabang City has implemented a flagship programme to accelerate stunting reduction known as the Healthy Children Movement (GEUNASEH). The programme monitors residents continuously from the premarital stage through pregnancy and until children reach five years of age. According to one policymaker:

"*The GEUNASEH programme means that every Sabang resident is monitored and registered from the moment they become engaged until they give birth and their child reaches the age of five.*" (*Participant 1*)

Participants further explained that Sabang's relatively small geographical area facilitates rapid detection of public health issues, particularly stunting cases.

"*Sabang is small, so if even one child is suspected of being stunted, it will immediately go viral in Sabang.*" (*Participant 1*)

Policy makers also argued that the high prevalence of stunting reported in national surveys is largely associated with migrant populations rather than the indigenous population of Sabang. According to one participant:

"*Stunting in Sabang is migration-related stunting, not truly among the native population of Sabang*." *(Participant 2)*

Policy makers explained that the slow pace of stunting reduction in Sabang City from 2013 to 2024 was influenced not only by "stunting migration" but also by differences in survey coverage across measurement instruments. Participants emphasized that qualitative interpretation is necessary to understand these variations.

"*Each survey conducted has different data coverage, so qualitative explanations are very important.*" (*Participant 2*)

Participants further noted that surveys conducted by the Ministry of Health differed not only in terminology but also in methodological scope and coverage, for example SSGI and SKI. As a result, comparisons across survey periods, in this case from 2013 to 2024, should be interpreted cautiously.

"*We cannot equate SSGI with SKI because it is not just a matter of different names but also different scopes.*" (*Participant 3*)

Policy makers also highlighted differences in institutional leadership for stunting reduction programmes across districts and cities in Aceh. In Sabang City, the Health Office was identified as the primary institution responsible for implementing stunting reduction programmes, while other agencies played more supportive roles.

Table 2: Mapping of problems, root causes, and policy implications

Problems	Root Cause	Impact	Policy Implications
Negative AARR	High migration	Indicator distortion	Migration data integration
Surveys are not context-sensitive	Small island + MAUP	Misinterpretation of performance	Local surveillance
Sectoral governance	Fragmentation of responsibility	Weak convergence	Hybrid governance
Informal religious institutions	Not integrated	Wasted potential	Formalisation of the roles of the MPU and MAA

"*The implementer of the stunting programme in Sabang is the Dinas Kesehatan. We only assist in terms of distributing village funds for stunting.*" (Participant 4)

Policy makers explained that Sabang City has a large migrant population arriving not only for tourism but also for employment. In contrast, the indigenous population is relatively small and is considered easier to monitor through various government welfare programmes.

"*We know all our neighbours, sir. If there are children with stunting or malnutrition, they can be detected quickly. Moreover, there is a cash assistance of 50,000 rupiah per child every month. So, we suspect that the high stunting rate is due to the migrants, sir.*" (*Participant 5*)

Participants also described that the implementation of the stunting reduction acceleration programme in Sabang City involved several stages, including identifying the distribution of stunting cases, preparing programme plans, and providing direct support for programme implementation.

"We, together with stakeholders, are involved in planning the stunting programme, which is carried out in several ways, namely identifying the distribution of stunting, preparing programme plans, and also providing direct support for the stunting programme." (Participant 6)

Religious and traditional leaders' perspective

Participants explained that the Ulama Consultative Assembly (MPU) of Sabang City was not directly involved in the stunting reduction acceleration programme but primarily functioned as an advisory institution. Nevertheless, the MPU continued to provide guidance to the community regarding the importance of nutrition and halal food consumption.

"*The MPU only has the authority to provide advice; it is not directly involved in the stunting programme. However, the MPU of Aceh has instructed that it may provide advice on the importance of halal food and child nutrition." (Participant 20)*

Participants also noted that no formal forum specifically addressed the role of religious scholars in supporting stunting reduction programmes. However, religious advice concerning stunting and public health issues continued to be delivered individually within the community.

"*There is no special forum for that, only individually continuing to provide religious advice on stunting.*" *(Participant 20*)

Meanwhile, the Acehnese Adat Council (MAA) of Sabang City was reported to support stunting reduction efforts through the development of *reusam* at the *gampong* level to strengthen the implementation of local wisdom in Acehnese communities.

"*We always assist Gampong in creating reusam to implement local wisdom, including in reducing stunting." (Participant 15)*

Traditional leaders further explained that the Sabang community continued to strongly uphold ancestral advice related to nutrition and maternal health practices. One example frequently mentioned was the tradition of planting moringa trees near homes to support breast milk production among breastfeeding mothers.

"*Our community still strongly believes in the advice of our ancestors, such as planting moringa trees behind the house." (Participant 15*)

Health workers' perspective

Health workers explained that the stunting reduction acceleration programme in Sabang City had been implemented effectively, particularly through the flagship GEUNASEH programme. The programme monitors community members from the premarital stage until children reach toddler age to ensure early detection and prevention of nutritional problems, especially stunting.

"*Sabang has a flagship programme called GEUNASEH, which has successfully reduced stunting rates in Sabang in recent years." (Participant 19)*

Participants also noted that the slow decline in stunting prevalence in Sabang was influenced by several factors requiring deeper examination. One of the main factors identified was the high level of population mobility in Sabang, which functions not only as a tourism destination but also as a placement area for government employees due to its strategic position as the westernmost and outermost region of Indonesia.

"*Sabang has many migrants, mainly because they have been transferred here, as there are many government offices here." (Participant 17*)

Health workers further emphasized that stunting cases in Sabang were widely perceived as "migration stunting" because the indigenous population was relatively small and considered closely monitored through programmes such as GEUNASEH.

"It's migration stunting. There are only a few of us here, so everyone is monitored." (Participant 13)

Discussion

Migration-induced distortion of stunting indicators

This study indicates that the slow and even negative Average Annual Rate of Reduction (AARR) of stunting in Sabang City does not necessarily reflect poor programme performance, but rather a structural distortion influenced by population mobility. Informants consistently emphasized that most stunting cases reported in national surveys involved migrant populations rather than indigenous residents. Sabang's strategic position as a small island, tourism destination, and administrative hub for various government institutions has contributed to substantial population inflows, particularly among civil servants and temporary workers.

Based on these findings, this study conceptualizes a phenomenon termed migration-induced distortion of stunting indicators, in which survey-based prevalence measures no longer fully correspond to the actual coverage and continuity of local interventions. Although flagship programmes such as GEUNASEH provide continuous monitoring and support for indigenous residents across the life cycle, migrant families often enter the local health system at intermediate stages without continuity of care, nutritional history records, or strong social embeddedness.[10] Similar patterns have been identified in previous international studies, which report that mobile populations are more vulnerable to child undernutrition due to service discontinuity and limited social integration.[11, 12]This finding contrasts sharply with the stunting pattern observed in remote rural areas of West Aceh. A recent case-control study identified poor household sanitation (aOR = 26.41), inadequate nutritional care practices (aOR = 17.43), and limited food availability (aOR = 8.96) as the dominant determinants of stunting in these communities.[13] In remote settings, structural isolation intensifies the direct effects of household-level environmental and caregiving deficiencies. In contrast, Sabang, as an administratively open small-island setting, demonstrates a fundamentally different mechanism of distortion. The recorded prevalence of stunting appears to be driven largely by the influx of migrant families who fall outside the coverage of local intervention systems, rather than primarily by household-level determinants among the indigenous population.

These findings suggest that district- or city-level aggregated prevalence statistics may overrepresent populations that are not fully integrated into local prevention networks. This perspective helps explain why Sabang's AARR appears paradoxical despite extensive programme implementation efforts. It also highlights the importance of incorporating population mobility into the interpretation of nutrition indicators, particularly in geographically confined yet administratively open settings.

National survey instrument limitations in small-island settings

Quantitative data regarding the average annual reduction in stunting prevalence in Sabang City should be interpreted cautiously because national survey instruments may not fully capture the epidemiological realities of small-island settings characterized by high population mobility and demographic fluidity. Informants consistently highlighted differences in sampling frames, coverage, and operational definitions between the Indonesian Nutritional Status Survey (SSGI) and the Indonesian Health Survey (SKI). As a result, longitudinal comparisons across surveys may obscure local trends rather than clarify them.

Theoretically, this issue aligns with the concept of indicator abstraction, in which standardized health indicators improve national comparability while reducing sensitivity to local contexts.[14] In relatively small jurisdictions such as Sabang, even minor population inflows may generate substantial statistical volatility in prevalence estimates without necessarily reflecting changes in programme performance. This phenomenon is consistent with what epidemiologists describe as the modifiable areal unit problem (MAUP), whereby aggregated data outcomes may vary significantly depending on spatial scale and population composition.[15]

In addition, the use of cross-sectional survey designs limits the ability of national instruments to account for population turnover, which is a critical characteristic of small and administratively open settings. Migration studies have consistently shown that mobile populations often experience discontinuities in access to health services, documentation systems, and social protection programmes, thereby increasing the risk of misclassification or delayed identification in survey-based measurements. Consequently, the recorded prevalence of stunting in Sabang may partly reflect the nutritional histories of newly arrived families rather than the effectiveness of local preventive interventions.

This incompatibility between survey logic and local governance realities reflects perspectives in political epidemiology, which argue that health data are not neutral representations of reality but are shaped by institutional design, power relations, and methodological decisions.[16] Although standardized national surveys remain essential for macro-level monitoring, their application in small-island contexts may produce what this study conceptualizes as epistemic misalignment, namely a mismatch between what is measured and the realities faced by local policymakers in managing interventions.[17]

Therefore, rather than interpreting the negative AARR in Sabang solely as evidence of policy failure, this study argues for a more nuanced interpretation that integrates national survey findings with local administrative records, migration data, and community-based surveillance systems. Such triangulation is consistent with systems-thinking approaches in public health, which emphasize that complex adaptive systems require multilayered evaluation frameworks to accurately capture intervention outcomes.[18]

Fragmented accountability and hybrid governance

Interviews with policymakers indicate that stunting reduction efforts in Sabang are managed through a hybrid governance framework in which the Health Office functions as the primary implementing institution, while other sectors perform partial and supportive roles. Although this arrangement provides institutional clarity, it also creates fragmented accountability and limits adaptive responses to complex challenges, particularly those related to migration-sensitive nutrition services.

The concentration of accountability within the health sector reflects a broader pattern commonly observed in decentralized governance systems, where multisectoral collaboration is formally encouraged but operationally constrained.[19] Institutions responsible for population administration, social protection, and community empowerment have not been fully integrated into stunting governance in Sabang, despite their strategic importance in addressing migration-related vulnerabilities.

This fragmentation weakens convergence, which constitutes a central principle of Indonesia's national stunting reduction strategy, by limiting opportunities for information sharing, collaborative planning, and joint problem-solving. Consequently, stunting tends to be framed primarily as a biomedical issue rather than as a broader socio-administrative

challenge requiring cross-sectoral responsibility. Strengthening governance integration is therefore essential to ensure that effective health programmes can be translated into measurable nutritional outcomes.

Poor integration of religious institutions into formal nutrition governance

The findings indicate that although the Ulama Consultative Assembly (MPU) is not formally involved in the stunting reduction acceleration programme, it continues to play an important role in providing religious education and guidance, particularly regarding halal food and child nutrition. While the MPU's participation remains informal, the involvement of religious leaders demonstrates a consistent influence on community health behaviours. This finding is consistent with studies conducted in other Muslim-majority settings, where religious leaders have contributed to improving maternal and child nutrition through religious sermons and community engagement.[20]

In contrast, the Acehnese Adat Council (MAA) has played a more active role by assisting *gampong* governments in developing *reusam* and customary regulations that incorporate local wisdom into stunting reduction efforts. One example is the promotion of moringa tree planting as a traditional practice believed to support breast milk production among breastfeeding mothers. The integration of local wisdom into biomedical interventions reflects growing evidence that culturally grounded approaches can strengthen child nutrition and public health interventions.[21]

Neighbourhood-based practices in Sabang not only strengthen collective responsibility within the community but also facilitate the early detection of children at risk of health and nutritional problems. This condition reflects a combination of community surveillance and social protection mechanisms. Similar integrative community-based approaches have been shown in various settings to improve nutritional outcomes, particularly when combined with behaviour change communication strategies.[22]

Nevertheless, the challenges associated with high population mobility, inconsistencies in survey methodologies, and the limited structural involvement of religious institutions indicate several weaknesses that require further attention. These findings suggest the need for policies that accommodate population mobility, strengthen the institutional roles of religious and traditional organizations, and improve harmonization in data interpretation and monitoring systems.

Table 2 summarizes the main analytical findings of this study by outlining the relationships among the major challenges in stunting reduction efforts in Sabang City, their structural determinants, and the resulting policy implications. Rather than framing stunting solely as a biomedical issue, the table emphasizes the interconnected roles of demographic mobility, methodological limitations in national surveys, fragmented governance systems, and the peripheral involvement of religious institutions in shaping the stagnation of the Average Annual Rate of Reduction (AARR). This integrative mapping highlights the multidimensional nature of stunting governance in small-island settings and demonstrates how quantitative performance indicators may diverge from actual programme effectiveness in practice. Furthermore, the table serves as a transition point between the qualitative findings and the policy recommendations proposed in this study regarding adaptive, migration-sensitive, and institutionally inclusive stunting reduction strategies.

This study contributes to the existing literature by demonstrating that stunting performance in small-island settings may be systematically underestimated when population mobility is high and survey instruments are not designed to account for migrant inflows. The concept of migration-induced distortion of stunting indicators offers a new analytical perspective for understanding stunting patterns in geographically confined yet administratively permeable regions.

Conflict of interest

The authors declare no conflicts of interest.

Data availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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Contribution of authors

Fitrah Reynaldi conceived and designed the study, collected and analyzed the data, and prepared the manuscript. Dumilah Ayuningtyas and Purnawan Junadi supervised the overall research process, guided the study design and methodology, and critically reviewed the manuscript for important intellectual content. Prastuti Soewondo and Aripin Ahmad validated the findings through a contextual review of the Aceh setting and provided substantial revisions to the discussion section. All authors approved the final manuscript and agree to be accountable for all aspects of the work**.**

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