

**ENHANCING THE ROLE OF THE RUMAH DESA SEHAT AS A
CONVERGENCE CENTER FOR ACCELERATING STUNTING MITIGATION IN
MANDAILING NATAL REGENCY**

Irman Puansah¹, Darman Syah Pulungan², Rahmat Haris Saputra Harahap³, Riski Baroroh⁴

^{1,2,3,4} Universitas Muhammadiyah Tapanuli Selatan

Alamat e-mail: irman.puansah@um-tapsel.ac.id¹, darmansyah.pulungan@um-tapsel.ac.id², putraharahap512@gmail.com³, riski.baroroh@um-tapsel.ac.id⁴

ABSTRACT

The high prevalence of stunting in Mandailing Natal Regency, although showing a declining trend in recent years, remains above the national target and therefore requires accelerated efforts through a convergence-based approach at the village level. This study aims to analyze the effectiveness of the implementation of the *Rumah Desa Sehat* (RDS) as a convergence center for accelerating stunting mitigation, identify its supporting and inhibiting factors, and formulate strategies for strengthening the institutional capacity of RDS. This research employed a qualitative descriptive method with data collected through in-depth interviews, participatory observations, and document analysis involving local government officials, village governments, health workers, *Kader Pembangunan Manusia* (KPM), and *posyandu* cadres. Data analysis was conducted using the interactive model of Miles & Huberman, consisting of data condensation, data display, and conclusion drawing. The findings reveal that RDS functions as a multisectoral coordination platform, a center for nutrition education, and a space for integrating various health services such as integrated *posyandu* and child growth monitoring. However, its implementation has not yet been optimal due to limited budget allocation, low human resource capacity, weak institutional documentation, and limited community participation. This study concludes that strengthening RDS requires dedicated financial support, clear institutional regulations, continuous capacity-building for cadres, stronger integration with the *puskesmas*, and improved community nutrition literacy. Optimizing the role of RDS is crucial for accelerating the reduction of stunting and reinforcing village-based health governance.

Keywords: Stunting; *Rumah Desa Sehat*; Convergence; Community Empowerment; Village Health Policy

ABSTRAK

Prevalensi stunting yang tinggi di Kabupaten Mandailing Natal, meskipun menunjukkan tren penurunan dalam beberapa tahun terakhir, tetap berada di atas target nasional dan oleh karena itu memerlukan upaya percepatan melalui pendekatan konvergensi di tingkat desa. Studi ini bertujuan untuk menganalisis efektivitas implementasi Rumah Desa Sehat (RDS) sebagai pusat konvergensi untuk mempercepat mitigasi stunting, mengidentifikasi faktor pendukung dan

penghambatnya, serta merumuskan strategi untuk memperkuat kapasitas institusional RDS. Penelitian ini menggunakan metode deskriptif kualitatif dengan data yang dikumpulkan melalui wawancara mendalam, observasi partisipatif, dan analisis dokumen yang melibatkan pejabat pemerintah daerah, pemerintah desa, tenaga kesehatan, Kader Pembangunan Manusia (KPM), dan kader posyandu. Analisis data dilakukan menggunakan model interaktif Miles & Huberman, yang terdiri dari pengkondensasian data, penyajian data, dan penarikan kesimpulan. Temuan menunjukkan bahwa RDS berfungsi sebagai platform koordinasi multisektor, pusat pendidikan gizi, dan ruang untuk mengintegrasikan berbagai layanan kesehatan seperti posyandu terpadu dan pemantauan pertumbuhan anak. Namun, implementasinya belum optimal akibat alokasi anggaran yang terbatas, kapasitas sumber daya manusia yang rendah, dokumentasi institusional yang lemah, dan partisipasi masyarakat yang minim. Studi ini menyimpulkan bahwa penguatan RDS memerlukan dukungan keuangan yang khusus, peraturan institusional yang jelas, pembinaan kapasitas berkelanjutan bagi kader, integrasi yang lebih kuat dengan puskesmas, dan peningkatan literasi gizi masyarakat. Optimalisasi peran RDS sangat penting untuk mempercepat pengurangan stunting dan memperkuat tata kelola kesehatan berbasis desa.

Kata Kunci: Stunting; *Rumah Desa Sehat*; Konvergensi; Pemberdayaan Masyarakat; Kebijakan Kesehatan Desa

A. Introduction

Stunting is a condition of impaired growth in children caused by chronic malnutrition, which has negative impacts on both physical and cognitive development. In Mandailing Natal Regency, the prevalence of stunting has shown a significant decline over the past few years. In 2021, the stunting rate reached 47.7%, decreasing to 34.2% in 2022, and further declining to 20.7% in 2023. Despite this decline, the rate remains above the national target of 14%, which is expected to be achieved by 2024.

Efforts to reduce stunting in Mandailing Natal have involved various programs, including both specific and sensitive nutrition interventions, as well as the *Bapak Asuh* program. However, the effectiveness of these programs has not been optimal, as indicated by the persistently high stunting rate. One strategic initiative that can be further optimized is the role of the *Rumah Desa Sehat* (RDS) as a convergence center for accelerating stunting management. The RDS functions as a secretariat for community empowerment activists and village development actors in the health

sector, as well as a space for health literacy, a center for disseminating health information, and a forum for policy advocacy in community health. The implementation of RDS in various regions has demonstrated significant potential in reducing stunting rates through a convergence-based approach to stunting prevention.

Based on this background, the research problems formulated in this study are as follows: How effective is the implementation of the *Rumah Desa Sehat* as a convergence center for accelerating stunting mitigation in Mandailing Natal Regency? What supporting and inhibiting factors influence the implementation of the functions of the *Rumah Desa Sehat* in stunting management at the village level? What strategies can be formulated to strengthen the role of the *Rumah Desa Sehat* in accelerating the reduction of stunting rates in Mandailing Natal Regency? This study carries high urgency considering that stunting can hinder a child's development and reduce the quality of human resources in the future. Although the stunting rate in Mandailing Natal has declined, it remains above the national target. Optimizing the role of the *Rumah*

Desa Sehat as a convergence center is expected to accelerate the reduction of stunting rates in an effective and sustainable manner. The findings of this study are expected to provide strategic recommendations for local governments in integrating stunting prevention programs through community empowerment and the strengthening of health policies at the village level.

Stunting is a condition of impaired growth in children under five caused by chronic malnutrition and recurrent infectious diseases during the first 1,000 days of life. This condition is characterized by a child's length or height being below the growth standards for their age and sex. Stunting affects not only physical growth but also cognitive development, learning capacity, and productivity in adulthood, and it increases the risk of non-communicable diseases later in life. Therefore, stunting is viewed as a long-term development issue that can undermine the quality of human resources and weaken regional as well as national competitiveness.

Nationally, reducing the prevalence of stunting has become one of the development priorities

outlined in various planning documents, including the National Medium-Term Development Plan (RPJMN) and the national strategy for accelerating stunting reduction. At the regional level, including Mandailing Natal Regency, various specific and sensitive nutrition intervention programs have been implemented; however, challenges remain in terms of coordination, program integration, and sustainability at the village level. The convergence approach in stunting management refers to efforts to integrate various cross-sectoral interventions covering health, education, sanitation, social protection, and economic development in a planned, coordinated, and measurable manner targeting at-risk households. Convergence requires synergy among stakeholders at all levels, from the national, regional, subdistrict, to village governments, to ensure that the interventions provided do not operate in isolation or overlap with one another.

Various studies indicate that the success of stunting reduction in several regions is strongly influenced by the quality of cross-sectoral coordination, the effectiveness of

integrated monitoring mechanisms, and the active involvement of village governments in identifying, mapping, and intervening with at-risk households. However, several studies also reveal that the implementation of convergence is often hindered by weak coordination forums at the local level, limited capacity of village apparatus, and the suboptimal use of data as a basis for planning and decision-making. The *Rumah Desa Sehat* (RDS) is an institutional innovation at the village level designed as a center for information, coordination, and advocacy for community-based health development. The RDS serves as a secretariat for community empowerment actors and village development practitioners in the health sector, as well as a space for health literacy and the dissemination of health information to the community. In the context of stunting management, the RDS is envisioned as a “shared house” for cadres, village officials, health workers, and other community stakeholders to plan, implement, monitor, and evaluate convergence-based programs.

Several studies indicate that the presence of the RDS has the potential

to strengthen the coordination chain between the village, the *puskesmas*, and the subdistrict, as well as to improve the quality of data collection and reporting related to at-risk households for stunting. The RDS can also serve as a space for integrating various programs, such as *Posyandu*, Early Childhood Education (PAUD), *Bina Keluarga Balita* (BKB), and social protection initiatives, thereby ensuring that interventions reach the intended targets more accurately and sustainably. Nevertheless, research specifically examining the effectiveness of the RDS as a convergence center for stunting management at the village level remains limited, particularly in regions with diverse socio-cultural characteristics such as Mandailing Natal Regency.

The bottom-up approach in health development positions the community not merely as beneficiaries but as key actors who play a central role in the planning, implementation, and monitoring of programs. In the context of stunting prevention, community empowerment is considered essential for promoting changes in nutritional behavior, maternal and child health practices,

sanitation, and improved parenting patterns. The active involvement of cadres, community leaders, and local organizations becomes a crucial factor in ensuring the sustainability of interventions, particularly when support from government programs or external stakeholders diminishes. Various studies show that community-based stunting reduction programs tend to be more accepted and internalized by the community, especially when aligned with local values, social structures, and mechanisms of mutual cooperation (*gotong royong*). However, most interventions in Indonesia are still dominated by a top-down approach, in which program design, resource allocation, and performance indicators are largely determined by the central or district government. This often creates a gap between policy design and the actual needs of communities at the village level.

Previous studies on accelerating stunting management generally focus on a single type of intervention, such as nutrition, health, or education, implemented separately. Such fragmented approaches often cause programs to operate partially and become less effective at the village

implementation level. In contrast to these studies, the present research offers a more comprehensive problem-solving approach through multisectoral integration within the *Rumah Desa Sehat* (RDS) as a convergence center. This integration encompasses the health, education, economic, and community empowerment sectors simultaneously, enabling the RDS to function not only as a program coordination space but also as a platform for harmonizing various village policies and activities. Furthermore, most previous studies tend to position communities merely as passive beneficiaries, whereas this study emphasizes a bottom-up approach, in which communities serve as the primary drivers of RDS operations to ensure program sustainability.

The novelty of this study also lies in its use of a multisectoral and integrative approach that examines policy effectiveness through the interconnectedness of various sectors within a unified coordination system. In addition, this research employs a multi-site case study design, enabling comparative analysis across villages with different social and geographical

characteristics. Moreover, the study incorporates longitudinal evaluation to assess the long-term impacts of intervention, an approach that remains relatively uncommon, as most previous studies have focused on a single location or a specific community group within a short timeframe. Thus, this research offers a more practical and community-based integrated solution, supported by digital technology, to strengthen the role of the RDS as a coordination hub for accelerating stunting reduction efforts.

Compared to previous studies, which placed greater emphasis on macro-level policies at the district level and predominantly adopted a top-down approach, this research offers a new perspective by focusing on village-level policies and the dynamics of implementation at the community level. The bottom-up approach employed in this study enables a deeper exploration of how village governments and local communities directly implement policies in the field. Thus, this research not only complements earlier findings but also identifies specific challenges faced by villages in carrying out convergence-based stunting programs, resulting in a

more micro-level and contextually relevant understanding of real conditions at the grassroots level.

B. Method

The research employed a qualitative descriptive approach, with data collected through in-depth interviews, participatory observation, and document analysis. The primary informants in this study included local government officials, *Rumah Desa Sehat* managers, health workers, and *posyandu* cadres. Data analysis was conducted using the interactive model of Miles & Huberman to produce practical and sustainable policy recommendations, consisting of the processes of data collection, data condensation, data display, and finally verification and conclusion drawing.

Research Procedures: Identification and Selection of Research Locations: Determining several villages in Mandailing Natal Regency that have implemented the *Rumah Desa Sehat* (RDS) with varying socio-economic characteristics. Literature Review and Theoretical Study: Examining theories related to stunting convergence, community empowerment, and village health governance. Development of

Research Instruments: Preparing interview guidelines, observation formats, and document review templates. Data Collection: Conducting in-depth interviews with key informants, including RDS managers, health workers, government officials, *posyandu* cadres, and community members. Conducting participatory observations of RDS activities in the field. Reviewing documentation related to stunting data, village policies, and RDS activity reports. Data Analysis: Applying the interactive model of Miles & Huberman, which includes data reduction, data display, and conclusion drawing/verification. Validation of Findings: Conducting data triangulation across multiple sources and methods to enhance the validity of the results.

C. Finding and Discussion

The results of the analysis regarding the implementation of the *Rumah Desa Sehat* (RDS) as a convergence center for accelerating stunting mitigation in Mandailing Natal Regency are presented in this section. The analysis was carried out using the interactive model of Miles & Huberman, which includes data

reduction, data display, and conclusion drawing/verification, thereby producing a comprehensive overview of the performance, challenges, and opportunities for optimizing the role of the RDS. The field findings were then compared with relevant theories and previous studies to strengthen analytical validity.

The findings of this study indicate that all informants at the district, village, and field implementation levels acknowledge that the Rumah Desa Sehat (RDS) holds a strategic function as a cross-sectoral coordination platform in efforts to accelerate stunting mitigation. The Head of the Department of Community and Village Empowerment (Dinas PMD) of Mandailing Natal Regency emphasized that the RDS was established as a multisectoral collaboration space integrating programs related to health, nutrition, community empowerment, Family Planning (KB), sanitation, education, and food security. According to him, the existence of the RDS enables the harmonization of activities across various Regional Apparatus Organizations (OPD), such as the Health Office, Education Office, Agriculture Office, and Social Affairs

Office, in the implementation of both specific and sensitive nutrition interventions.

In line with this perspective, the Village Head of Huta Bangun, the Village Head of Malintang Jae, and the Village Head of Malintang Julu view the RDS as a platform for nutrition education, healthy and hygienic living practices, family health counseling, and collaboration among local cadres. However, they also emphasized that the utilization of the RDS has not been optimal due to the absence of dedicated village funding, resulting in activities being carried out sporadically and relying largely on cadre initiatives and spontaneous collaboration among village officials. At the implementation level, the KPM and posyandu cadres reported that the RDS has been utilized for nutrition education activities, integrated posyandu services, healthy cooking demonstrations, child growth and development monitoring, home visits, and counseling for pregnant women. However, community participation and the continuity of scheduled activities remain significant challenges.

These findings align with the theory of stunting convergence, which emphasizes the importance of cross-

sectoral integration and sustained coordination at the grassroots level (Bappenas, 2020). In the context of Mandailing Natal, the RDS functions as an institutional “gravity center” at the village level, enabling systematic interaction among various actors. Nevertheless, the practice of convergence in the field remains highly dependent on the quality of village institutions, the availability of budgetary support, and the capacity of cadres. Thus, the implementation of the RDS can be categorized as functional but not yet optimal, indicating a gap between policy design and operational practice at the village level.

The effectiveness of RDS implementation can be assessed through three main dimensions: the coordinative function, the integrative function, and the community empowerment function. Coordinative Function: The Department of Community and Village Empowerment (PMD) stated that coordination between the RDS and Regional Apparatus Organizations (OPD) has been running well through nutrition education, food support, and integration with the puskesmas. However, at the village level,

coordination has not been properly documented because the RDS decree (SK) is not well archived. Integrative Function: The Kader Pembangunan Manusia (KPM) and posyandu cadres indicated that several basic health activities have already been integrated into the RDS, such as integrated posyandu services, nutrition education, healthy cooking demonstrations, and the monitoring of stunting cases. Nonetheless, the integration is not yet comprehensive, as the activities still depend heavily on the availability of cadres and lack a standardized schedule. Community Empowerment Function: Posyandu cadres reported that community nutrition literacy remains low, resulting in resistance, limited participation, and indifference toward health activities. This indicates that the RDS's educational approach has not yet reached the stage of behavioral internalization.

According to the bottom-up empowerment theory (Chambers, 1993), the success of community-based programs depends greatly on the extent to which the community perceives the program as a shared need. In this case, the community has not yet positioned the RDS as an

important space for making family health decisions. Therefore, the effectiveness of the RDS can be categorized as moderate, as it demonstrates positive results in integrating basic health services but remains weak in driving behavioral change within the community.

Support from Regional Apparatus Organizations (OPD) and Vertical Collaboration. The Head of the Department of Community and Village Empowerment (PMD) emphasized the comprehensive support provided by relevant Regional Apparatus Organizations (OPD) and the puskesmas as the primary technical facilitator. Active Involvement of Cadres as Key Drivers. The Kader Pembangunan Manusia (KPM) and posyandu cadres actively participate in data collection for children under five, monitoring growth and development, providing nutrition education, and conducting home visits. The Presence of Community-Based Routine Activities. Integrated posyandu services, healthy cooking demonstrations, nutrition education for pregnant women, and community cooking activities (demo masak) serve as catalysts for community engagement. These three factors

reflect the theory of local institutional development, which posits that village-based health programs are strengthened when there are local champions (cadres) and technical facilitators (puskesmas). Several villages have demonstrated the presence of both elements within the RDS, enabling the program to function relatively well even without substantial budgetary support.

Absence of Dedicated Funding for the RDS. The Village Head stated that the village budget for the RDS has not yet been allocated, resulting in activities being carried out without adequate financial support and facilities. Low Community Participation: Posyandu cadres revealed that at-risk families still lack awareness of the importance of health and nutrition monitoring. Uneven Human Resource (HR) Capacity. The Head of the Department of Community and Village Empowerment (PMD) noted the need for intensive training for RDS cadres due to the varying levels of technical competence. Weak Institutional Administration: The RDS decree (SK) exists but is not properly documented, leading to an unstable organizational structure. These inhibiting factors indicate that the RDS

institution is still in an emerging phase and has not yet reached a stage of consolidation. According to Institutional Development theory, institutions lacking dedicated funding, regulatory support, and organizational structure typically struggle to sustain their functions over the long term.

Based on the field findings and theoretical framework, the strategies for strengthening the RDS include: Allocating dedicated funding through the Village Budget (APBDes) for RDS operations. Formulating formal regulations such as the RDS Decree (SK), Standard Operating Procedures (SOPs), and establishing a regular monthly coordination forum. Providing continuous training for KPM and posyandu cadres. Strengthening the integration between the village government and the puskesmas in nutrition monitoring and home visit activities. Conducting community nutrition literacy campaigns through creative activities such as cooking demonstrations and nutrition competitions. Digitalizing village nutrition data to ensure more accurate and monitorable information systems.

Overall, this study found that the implementation of the Rumah Desa Sehat (RDS) in Mandailing Natal

Regency has been carried out, but its effectiveness is strongly influenced by human resource capacity, budgetary support, and the strength of village-level institutions. These findings align with the convergence theory, which posits that the success of accelerating stunting reduction is determined not only by specific nutrition interventions but also by robust cross-sectoral coordination and active community participation.

D. Conclusion

This study concludes that the implementation of the *Rumah Desa Sehat* (RDS) as a convergence center for accelerating stunting mitigation in Mandailing Natal Regency has been carried out, but it has not yet reached full optimality. The findings indicate that the RDS serves as a multisectoral coordination space, a center for nutrition education, and a platform for integrating various health services and community empowerment initiatives. The presence of the RDS has been shown to strengthen the identification and monitoring of at-risk households, enhance synergy between cadres, village governments, and the *puskesmas*, and support the implementation of integrated

posyandu, healthy cooking activities, and education for pregnant women.

However, the effectiveness of RDS implementation remains limited by several factors. The main barriers include the absence of dedicated funding within the Village Budget (APBDes) for RDS operations, low human resource capacity and limited community nutrition literacy, weak institutional documentation such as inadequately archived RDS decrees (SK) and inconsistencies in activity scheduling. These constraints have resulted in sporadic implementation and prevented the RDS from achieving maximal impact on community health behavior change and the acceleration of stunting reduction. The findings of this study emphasize that strengthening the role of the RDS requires a comprehensive strategy consisting of: (1) allocating a dedicated budget through the APBDes; (2) preparing formal regulations such as decrees, SOPs, and routine coordination forums; (3) conducting continuous training for KPM and *posyandu* cadres; (4) enhancing integration between the RDS and the *puskesmas* in nutrition monitoring and home visits; and (5) improving community nutrition literacy

through creative and participatory approaches. These strategies align with convergence theory and community empowerment principles, which highlight the importance of cross-sectoral integration and community leadership in stunting prevention.

Overall, this study reaffirms that the RDS holds substantial potential as a convergence center for stunting mitigation at the village level, particularly when supported by strong institutional structures, adequate funding, and active community participation. Optimizing the RDS not only contributes to reducing stunting rates but also strengthens village self-reliance in long-term health development. Future research may expand the focus by assessing the effectiveness of RDS interventions using longitudinal quantitative data, comparing outcomes across villages, or exploring socio-cultural factors that influence community acceptance of convergence-based programs.

DAFTAR PUSTAKA

M. D. Andrestian, Darmayanti, N. W. Hariati, Netty, Ardiansyah, and E. A. J. C. Mau, "Analysis of Nutrition Intervention Policies in

- the Prevalence of Stunting in Indonesia,” *Univers J Public Health*, vol. 13, no. 1, pp. 210–222, 2025, doi: 10.13189/ujph.2025.130121.
- M. Dolui and S. Sarkar, “Decomposing social groups differential in stunting among children under five in India using nationally representative sample data,” *Sci Rep*, vol. 14, no. 1, p. 27260, 2024, doi: 10.1038/s41598-024-78796-3.
- S. J. W. Astuti, S. Suindyah Dwiningwarni, and S. Atmojo, “Modeling environmental interactions and collaborative interventions for childhood stunting: A case from Indonesia,” *Dialogues in Health*, vol. 6, no. December 2024, p. 100206, 2025, doi: 10.1016/j.dialog.2025.100206.
- N. Azzahra, E. Yuniarti, N. Syah, and I. Umar, “Bibliometric analysis of research stunting 2010-2023,” *Multidisciplinary Reviews*, vol. 8, no. 6, 2025, doi: 10.31893/multirev.2025160.
- R. Kadir and J. Lantowa, “Strategi Pencegahan Stunting melalui Rumah Desa Sehat dan Pemanfaatan Lahan Pekarangan Rumah di Desa Karya Indah Kecamatan Buntulia Kabupaten Pohuwato,” *Jurnal Sibermas (Sinergi Pemberdayaan Masyarakat)*, vol. 8, no. 1, pp. 73–86, 2019, doi: 10.37905/sibermas.v8i1.7790.
- M. Ekholuenetale, A. Barrow, C. E. Ekholuenetale, and G. Tudeme, “Impact of stunting on early childhood cognitive development in Benin: evidence from Demographic and Health Survey,” *Egyptian Pediatric Association Gazette*, vol. 68, no. 1, 2020, doi: 10.1186/s43054-020-00043-x.
- S. Wijekumar et al., “Stunting in infancy is associated with atypical activation of working memory and attention networks,” *Nat Hum Behav*, vol. 7, no. 12, pp. 2199–2211, 2023, doi: 10.1038/s41562-023-01725-3.
- J. R. Galler et al., “Neurodevelopmental effects of childhood malnutrition: A neuroimaging perspective,”

- Neuroimage, vol. 231, no. October 2020, p. 117828, 2021, doi: 10.1016/j.neuroimage.2021.117828.
- I. Puansah, D. S. Pulungan, Y. Nurpaisah, D. Wahyuni, A. W. Gultom, and L. Ramadhani, "Kebijakan Pemerintah Desa Terhadap Pencegahan Stunting Di Desa Pagaran Gala-Gala Kecamatan Panyabungan Selatan," vol. 7, pp. 532–537, 2023.
- I. Puansya, D. S. Pulungan, and R. H. Harahap, "Local Government Policy on Handling Stunting in Mandailing Natal Regency," vol. 4, no. 001, pp. 408–415, 2024.
- H. Rahman, M. Rahmah, and N. Saribulan, "Upaya Penanganan Stunting Di Indonesia," Jurnal Ilmu Pemerintahan Suara Khatulistiwa (JIPSK), vol. VIII, no. 01, pp. 44–59, 2023.
- A. Yuda, Z. Septina, A. Maharani, and Y. Nurdiantami, "Tinjauan Literatur : Perkembangan Program Penanggulangan Stunting di Indonesia," Jurnal Epidemiologi Kesehatan Indonesia, vol. 6, no. 2, 2023, doi: 10.7454/epidkes.v6i2.6049.
- "3. Peraturan Bupati Mandailing Natal Nomor 31 Tahun 2023.pdf."
- A. L. Review, A. Tenggara, and D. Afrika, "IBU DAN LITERASI KESEHATAN : KUNCI PENCEGAHAN STUNTING DI KELUARGA (Sebuah Tinjauan Literature) MOTHERS AND HEALTH LITERACY : THE KEY TO STUNTING PREVENTION IN FAMILIES," vol. 3, no. 1, pp. 1–10, 2024.
- M. Janah, R. Affrian, P. Studi, I. Administrasi, S. Tinggi, and I. Administrasi, "Efektivitas Program Rumah Desa Sehat Dalam Percepatan Penurunan Dan Pencegahan Stunting Di Desa Walangkir," pp. 163–172, 2021.
- Y. M. Soeli, R. Hunawa, N. K. Rahim, and R. Djunaid, "Pemberdayaan Masyarakat Melalui Rumah Desa Sehat Untuk Meningkatkan Ketahanan Kesehatan Di Desa Bunobogu Dan Konamukan Kecamatan Bunobogu Kabupaten Buol Sulawesi Tengah," Jurnal Pengabdian

Kepada Masyarakat Ungu(ABDI
KE UNGU), vol. 4, no. 2, pp. 80–
85, 2022, doi:
10.30604/abdi.v4i2.614.

Administrasi, vol. 21, no. 1, pp.
152–170, 2024.

S. W. Asih, D. R. Elmaghfuroh, W.
Maulida, and F. Zahro,
“Pengembangan Rumah Desa
Sehat Dengan Implementasi
Sistem Informasi Gizi Keluarga
(SIGA),” *Jurnal Pengabdian
Teknologi Informasi dan
Kesehatan (DIANKES)*, vol. 1,
no. 2, pp. 48–53, 2023, doi:
10.47134/diankes.v1i2.11.

W. R. Pratiwi, St. Hasriani, and A.
Asnuddin, “Rumah Desa Sehat
sebagai Deteksi Dini Faktor
Resiko Stunting di Kabupaten
Sidrap,” *Jurnal Altifani Penelitian
dan Pengabdian kepada
Masyarakat*, vol. 3, no. 4, pp.
572–578, 2023, doi:
10.59395/altifani.v3i4.454.

A. Baharudin and M. Rahmanda,
“Analisis Implementasi Program
Rumah Desa Sehat
Dalam Penurunan Angka
Stunting (Studi Kasus Di Desa
Margomulyo Kabupaten
Kendal),” *Jurnal Mimbar*