

Implementation of the e-HDW Application in Supporting the Convergence of Stunting Management Programs in Desa Tambak Kalisogo, Kecamatan Jabon

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ABSTRACT

Objective: The focus of this research is to describe the reality related to the use of information technology through e-HDW and identify the obstacles faced in the field.

Method : This research uses a descriptive qualitative approach, with data collection techniques through observation and literature review. Data were analyzed using an interactive analysis model with stages of data reduction, data presentation, and conclusion drawing. This research refers to George C. Edward III's policy implementation theory, which includes indicators of communication, resources, disposition, and bureaucratic structure. **Result :** Research results show that the e-HDW application has had a positive impact on real-time data collection, monitoring, and reporting of priority targets, as well as strengthening coordination among stunting program implementers at the village and district levels. However, its implementation still faces several challenges. **Novelty :** This study describes the actual conditions of the implementation of the e-HDW application in Desa Tambak Kalisogo by highlighting the field challenges faced by program implementers and how the readiness of village resources is a key factor in success.

INTRODUCTION

Indonesia as a developing country, continues to face various challenges in its efforts to improve the quality of life of its people. One of the main issues that remains a concern is health, especially for vulnerable groups such as pregnant women and toddlers. The government has implemented various programs and interventions to improve public welfare, including in the areas of nutrition and child growth. However, in practice, many obstacles remain that make it difficult to achieve human development targets. Information inequality, limited human resources, and a lack of accurate data are major obstacles. In the modern era, the need for a fast, accurate, and technology-based system is crucial [1]. This is especially true for data and information management, which should be done digitally to make planning and evaluation processes more effective and efficient [2].

As the public's need for efficient public services increases, various digital innovations have begun to be implemented in various sectors, including the health sector. The shift in bureaucratic work patterns from manual to digital systems aims to make services more transparent, fast, and accurate [3]. This digitalization is certainly not only occurring in large cities, but has also begun to penetrate the smallest government units, namely villages, which are at the forefront of direct services to the community. One effort to improve the quality of public services in villages is to improve data collection systems, especially in public health intervention programs [4]. In this context, the role of technology is vital in supporting the convergence of priority government programs, including the stunting management program.

Stunting remains a serious nutritional problem in Indonesia. According to the Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), the national prevalence of stunting remains above the threshold set by the WHO [5]. Stunting not only impacts a child's physical growth but also affects cognitive development, future productivity, and increases the risk of chronic diseases. This problem is usually caused by various factors such as inadequate nutritional intake, suboptimal parenting patterns, and delays in case detection [6]. Therefore, stunting management must be carried out comprehensively and across sectors.

Kementerian Kesehatan Republik Indonesia (Kemenkes RI) through the Badan Kebijakan Pembangunan Kesehatan (BKPK) announced, based on data from the 2024 Indonesian Nutritional Status Study (SSGI), as shown in the following table:

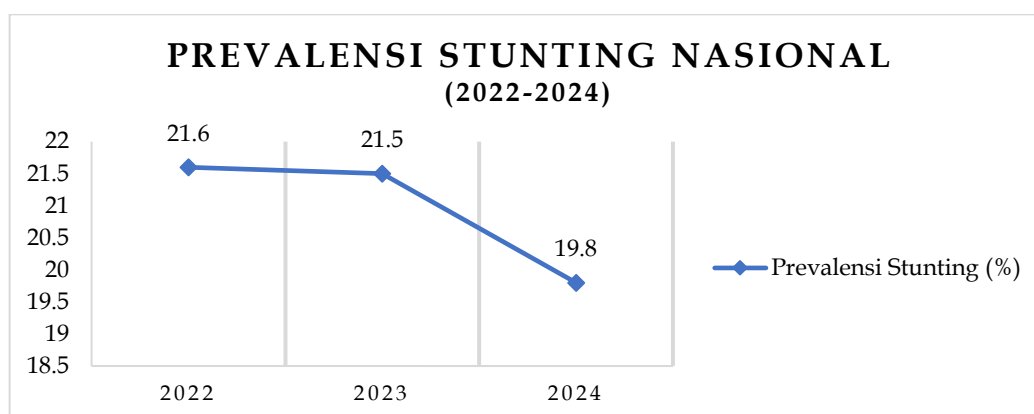


Figure 1. Indonesian Nutritional Status Study (SSGI) National Stunting Prevalence in 2024

Source : Website Kementerian Kesehatan RI 2024

Based on the data in Figure 1, it shows that over the past three years, the national prevalence of stunting has decreased. This means that in some regions or provinces, the percentage of children experiencing stunting has decreased, indicating improvements in addressing nutrition and child health issues. This decline in stunting prevalence is due to supporting factors from the community and implemented policies. Increased public awareness of the importance of nutrition, more focused interventions on the First 1,000 Days of Life, and greater collaboration between various stakeholders. Furthermore, increased access to basic health services and ongoing nutrition education programs have contributed to the accelerated decline in stunting rates. The active role of various stakeholders, such as integrated health post (Posyandu) cadres, health workers, agencies or institutions, and the government in supporting families, is also key to ensuring that every child receives optimal growth and development monitoring.

Reflecting the decline in stunting prevalence at the national level, at the provincial level, stunting prevalence in Jawa Timur has also experienced a significant decline as shown in Table 1.

Table 1. Stunting Prevalence Provinsi Jawa Timur in 2024

Coverage Area	Stunting Prevalence (%)	
	2023	2024
Provinsi Jawa Timur	17,7%	14,7%

Source : Website Dinas Kesehatan Provinsi Jawa Timur in 2025

The Dinas Kominfo Provinsi Jawa Timur website states that Jawa Timur is the second-highest province after Bali in reducing stunting rates. This demonstrates the tangible results of cross-sector collaboration. Interventions implemented by the Pemerintah Provinsi Jawa Timur include programs focusing on the First 1,000 Days of Life (HPK), the establishment of the Stunting Reduction Acceleration Team (TPPS), and the Fish Consumption Improvement Forum (Forikan). While official data for 2024 is not yet available in Kabupaten Sidoarjo, the stunting prevalence in 2023 reached 8.5%, a drastic decrease from 16.1% the previous year.

Prevalence data indicates that the downward trend in stunting will continue. One strategic approach the government is implementing is the convergence of programs to accelerate stunting reduction through coordinated interventions at the village level. Accurate and accessible data is key to the program's success. Convergence requires all parties involved to work together in an integrated manner, and to achieve this, reliable tools are needed. One such tool the government has provided is the e-HDW application.

Digitalization in public services is no longer an option, but rather a necessity that must be adopted by governments from the central to the village level [7]. This has also been emphasized in Peraturan Presiden Number 95 of 2018 concerning Electronic-Based Government Systems (SPBE), which encourages government administration administrators to use information and communication technology [8]. The goal is to improve the quality of public services, transparency, and efficiency of state apparatus performance. Through this policy, villages as the smallest government units are also expected to be able to implement digital systems to support social services and public health activities. In the context of handling stunting, digitalization plays a crucial role in bridging the various parties involved, such as cadres, midwives, village governments, and related agencies at the district level. One concrete manifestation of the implementation of digitalization in the health sector is the use of the e-HDW application which is directly integrated with the program planning and reporting system.

The e-HDW application (Electronic Human Development Worker) is a digital innovation developed to facilitate data collection and reporting by human development cadres at the village level. This application is designed to monitor and record various data related to pregnant women, toddlers, and families at risk of stunting. Using existing devices, cadres can input data directly from the field in real-time, so that the government can monitor and evaluate programs quickly and precisely. This application is integrated with the national family planning and health system, enabling data integration between the central and regional governments [9]. In addition, the e-HDW application also provides simple analytical features that help cadres take preventive measures and intervene in cases of stunting. The presence of this application demonstrates that technology can be an important tool in strengthening human resource capacity in villages.

Based on the reality on the ground, several challenges remain, including in Desa Tambak Kalisogo. This village is one of the locations that has adopted the e-HDW

application to strengthen the convergence of stunting reduction programs. Although the use of this application has begun, in reality, there are still several obstacles experienced by cadres and village officials, such as limited signal, human resources, lack of technical understanding, and high workloads. Where, referring to the theory put forward by George C. Edward III, the success of policy implementation is greatly influenced by 4 (four) indicators: communication, resources, disposition, and bureaucratic structure. In this context, the unequal understanding among implementers, the commitment and readiness of cadres that are not optimal, and the bureaucracy that has not fully adapted to the digital system indicate certain challenges. Some cadres feel unaccustomed to using the application optimally, resulting in frequent delays in data input or incompleteness. These obstacles need to be addressed seriously so that the main objectives of the e-HDW application can be achieved effectively.

Despite these challenges, the use of the e-HDW application still offers significant benefits in public service delivery, particularly in the health sector. One of its main advantages is the ease of accessing data anytime and anywhere, making the monitoring process more effective and flexible. The application helps cadres record and summarize data in a more organized manner within a single system. Furthermore, the e-HDW application also facilitates coordination between cadres, village governments, community health centers, and related agencies or institutions through a shared dashboard.

Digitalization through the e-HDW application is one of the concrete evidence of the realization of Peraturan Presiden Number 72 of 2021 concerning the Acceleration of Stunting Reduction, which emphasizes the important role of technology and integrated data in accelerating stunting reduction [10]. This application supports the implementation of household-based interventions in a more effective, coordinated, and evidence-based monitoring. In addition, another legal basis that strengthens the existence of this application is Undang-Undang Number 4 of 2024 concerning the Welfare of Mothers and Children in the First Thousand Days of Life Phase, which emphasizes the importance of integrated nutritional interventions and health services from pregnancy until the child is two years old [11]. This legal basis places the 1,000 HPK phase as a golden period that is crucial for child growth and development, so synergy between sectors is needed to ensure that nutrition, health, and education services truly reach their targets. As research by Evi Rinata et al explains, optimizing 1000 HPK through socialization, age-appropriate complementary feeding (MP-ASI) assistance, nutrition education for pregnant women, and revitalization of integrated health posts (Posyandu) has been proven to be able to increase the knowledge and skills of cadres and mothers in meeting the nutritional needs of toddlers appropriately and sustainably [12].

With the increasing development of technology, all villages in Indonesia should be able to adapt and utilize digital innovation to improve the quality of public services. The complex problem of stunting that requires cross-sectoral management can only be addressed if supported by a strong and integrated information system [13]. Digitizing

services through the e-HDW application here provides advantages in both accelerating work and increasing data accuracy by minimizing the risk of recording errors. This is certainly very helpful in developing intervention programs that are right on target and appropriate to field conditions. In line with this, the results of research by Agustin Ria Pratiwi, et al., showed that digitizing Posyandu records through a web-based information system has been proven to increase the effectiveness and efficiency of services [14]. Another study by Era Riece Swany Angelica, et al., at the Ksuari Posyandu in Sono Hamlet also proved that the implementation of a web-based Posyandu system can make it easier for cadres to record and monitor child growth. Evaluations showed that more than 80% of users felt the digital system was easy to use and very helpful in recording and reporting toddler health online [15].

Referring to the use of the e-HDW Application, research by Nurjannah et al, in Bengkalis Regency proved that the use of the e-HDW application significantly reduced the prevalence of stunting from 21.9% to 8.4% with high effectiveness in conveying information, recording, monitoring, and reporting digital-based data from villages to districts [9]. This then strengthens that the success of the e-HDW application does not only depend on the technology itself, but also the readiness of human resources and adequate infrastructure support. The use of data collection through the e-HDW Application will reach an optimal point if the human resources in it can maximize its use. That way, the integration of data from the e-HDW application with other health information will be encouraged so that the policies taken are more targeted.

The purpose of this study is to illustrate the reality of how the use of information technology through e-HDW can strengthen coordination and collaboration among program implementers. Furthermore, this study aims to identify obstacles encountered in the field and potential solutions to optimize the use of the e-HDW application.

RESEARCH METHOD

The author used a qualitative approach to research this topic. This research method explains events through detailed data collection and relies on facts based on the research subject's understanding. The data sources used were primary and secondary data, obtained through direct observation of the research object and supported by relevant journals, books, documents, and articles. Regarding the data collection techniques used in this study, the researcher employed observation and literature review. Data management in this study consisted of: first, data collection was conducted based on the identified problem. Second, data reduction focused on the data obtained. Third, data presentation was presented in narrative form. Finally, conclusions were drawn based on the processed and presented data.

The data collection analysis technique used was a descriptive research model. This descriptive research model explains and clarifies an event or social statement by describing a variable related to the problem being studied. The variable studied was

related to the success of the e-HDW Application Implementation in Supporting the Convergence of Stunting Management Programs in Desa Tambak Kalisogo.

RESULTS AND DISCUSSION

Results

Desa Tambak Kalisogo is one of nine villages selected as a pilot project for the Digital Village program. Through this digital village, it is hoped that the village can improve the quality of life of its residents by utilizing technology and communication as a means of development and community empowerment, one of which is in the health sector. The location of Desa Tambak Kalisogo, adjacent to the Porong River, affects the livelihoods of its residents, most of whom work as fish farmers. However, it cannot be denied that this also has an impact on sanitation and clean water quality. It is known that clean water quality can also affect the level of community health, including stunting in toddlers [16].

The ease of digital access is currently not only felt by urban communities, but can now be easily accessed even in rural areas [17]. Referring to the handling of stunting in Indonesia, the Ministry of Villages, Kementerian Desa, Pembangunan Daerah Tertinggal, dan Transmigrasi (Kemendes PDTT) with the support of the World Bank developed a web-based application, namely the e-HDW (Electronic Human Development Worker) application with the aim of assisting Human Development Cadres (KPM) in villages in monitoring and supporting the increase in the convergence of nutritional interventions in families, especially in efforts to handle stunting at the village level.

To determine the extent of e-HDW implementation in Desa Tambak Kalisogo, in-depth interviews were conducted with several program implementers. The results were analyzed using four indicators of policy implementation theory. This will serve as supporting data for determining the success rate of e-HDW application use in Desa Tambak Kalisogo.

1. Communication

Communication in implementing the e-HDW application in Desa Tambak Kalisogo has been carried out through outreach and coordination at the sub-district level. As stated in an interview with the e-HDW application operator and a KPM officer: *"Socialization has been conducted two to three times per sub-district, usually at the village hall. The resource persons are Community Empowerment Experts from Sidoarjo Regency"* (interview, July 10, 2025).

Limited outreach will impact the limited understanding of some officers. The successful use of the e-HDW application is certainly influenced by the understanding of the KPM officers themselves. As seen in an interview with a KPM officer: *"At each socialization, sometimes some KPM officers who represent the village are not present, so some of them definitely have difficulty operating the application and there is a possibility of input errors there"* (interview, July 10, 2025).

Communication isn't just about communication between cadres or implementers. Communication with the community will also influence the data inputted into the application system. Community participation in integrated health post (Posyandu) activities will influence the freshness of the data. This was conveyed by a Posyandu cadre: *"Activities at the integrated health post usually run smoothly, but there are times when residents are absent, making it difficult for us to update the data"* (interview, July 15, 2025). This then shows how the successes and obstacles that actually occur in implementing data collection through the e-HDW application.

2. Resources

In implementing the e-HDW application in Desa Tambak Kalisogo, resources are certainly a crucial aspect in supporting the successful data collection of the stunting management program. One aspect is human resources. While the availability of human resources for integrated health posts (Posyandu) is sufficient, the e-HDW application is managed by only one operator, who serves as the Family Welfare Facility (KPM). This is supported by interviews with e-HDW application operators, which stated:

"There are already a lot of Posyandu officers. There are approximately 8 at Cempaka 1, 5 at Cempaka 2, and 5 at Cempaka 3. However, there is only one operator who records data in the e-HDW application" (interview, July 10, 2025).

Although there is only one operator for the e-HDW application, the existing operator is considered quite competent. This is because the operator, who is also a KPM officer, has undergone various training. As explained by the Head of Planning: *"The operators are quite good, because they have participated in training and socialization before being assigned."* (interview, July 10, 2025).

Meanwhile, in terms of budget and infrastructure, the e-HDW application has been adequately implemented. The Desa Tambak Kalisogo Government has allocated a portion of the Village Revenue and Expenditure Budget (APBDes) for equipment maintenance and procurement of digital administration needs. The Planning Head stated: *"The budget for devices, internet, and supporting facilities has been budgeted as one in the Village Budget for the implementation of digital-based applications."* (interview, July 10, 2025).

The availability of facilities and infrastructure is also deemed sufficient to support smooth data collection through the e-HDW application. A KPM officer stated that the village government has provided various digital devices and technologies necessary to run the application. However, challenges remain, particularly with internet connectivity and other technical issues. This is consistent with interviews with KPM officers and e-HDW application operators: *"I think the infrastructure is adequate. I'm provided with a computer/laptop to run this application, and there's also a printer for printing*

the summary results. Although, the internet connection is sometimes slow here because there are so many users.” (interview, July 15, 2025).

3. Disposition

During the stunting reduction program implementation in Desa Tambak Kalisogo, the implementers were highly motivated to reduce stunting rates. This was demonstrated in an interview with one of the integrated health post (Posyandu) cadres: *“We want to help reduce stunting in the village, we try to follow the directions from the health center for the steps.” (interview July 15, 2025).*

During the implementation of the e-HDW application, village operators have carried out their duties and functions quite well. Operators consistently maximize data collection in the e-HDW application, reflecting previously recorded data from integrated health post (Posyandu) activities. Operators' understanding of data digitization naturally varies, and this is also influenced by the implementer's commitment. As seen in interviews with e-HDW operators: *“Some village KPM officers adapt easily. However, others still need assistance with data entry into the application. As long as the facilities are available and guidance continues, we are ready.” (interview, July 10, 2025).*

4. Bureaucratic Structure

The implementation of the e-HDW application in Desa Tambak Kalisogo revealed several weaknesses in terms of bureaucratic structure. Implementers reported that there is currently no specific SOP at the village level. This situation leaves operators entirely dependent on general directives from the central government without adapting to local needs. The e-HDW application operator stated: *“There are no SOPs from the village yet, we are just following directions from the center.” (interview July 10, 2025).*

Regarding the availability of the guide, the e-HDW application operator explained that the technical guide is already available on the website, but not all implementers routinely read it and use it as a work reference. This was demonstrated in an interview with the KPM: *“The application website already has a guide on how to input funds, the process flow, and KPM tasks. But it's easier to understand in person during the socialization process.” (interview, July 10, 2025).*

This certainly impacts the level of understanding of implementers. Officials acknowledged that not everyone followed the guidelines thoroughly. This led to inconsistent implementation and potentially reduced the app's effectiveness. The app operator explained: *“Not all implementers understand, so there are still some who just carry it out based on habit.” (interview July 10, 2025).*

Coordination between implementers has been quite optimal. Implementers stated that coordination does exist, but it's informal. While this informational coordination is considered effective for quickly resolving issues, it doesn't support formal record-

keeping. KPM officers stated: *"There is coordination, but it's more informal and is often discussed at integrated health posts (posyandu) or meetings."* (interview, July 10, 2025).

Meanwhile, evaluation activities have not been conducted routinely and optimally. This lack of regular evaluations can certainly hinder the learning process and continuous improvement, particularly in data collection. This is consistent with an interview with a KPM officer and e-HDW application operator, who stated that: *"Evaluations have not been carried out routinely, usually there are only stunting discussions or village meetings."* (interview, July 15, 2025).

The implementation of the stunting reduction program, including the use of the e-HDW application as a digital recording and monitoring tool, has not been fully optimized in Desa Tambak Kalisogo. Technical constraints such as internet connectivity and limited staff understanding of the application's operation pose challenges. Delays in data entry and conventional coordination processes impact the effectiveness of the stunting reduction program's convergence. Therefore, while the adoption of digitalization through e-HDW has made a significant contribution to health data management at the village level, strengthening of various aspects is still needed to ensure the application's benefits are truly and comprehensively felt in stunting management in Desa Tambak Kalisogo.

Discussion

In Desa Tambak Kalisogo, the implementation of integrated health service posts (Posyandu) demonstrates a strong commitment to supporting the acceleration of stunting reduction. The village government, along with cadres and health workers, have implemented the Posyandu program regularly and in a targeted manner in accordance with national programs, starting with the implementation of nutritional intervention programs, maternal and child health outreach, and regular monitoring of toddler growth and development. The Posyandu serves not only as a place for health services but also as a center for community education on parenting, environmental cleanliness, and providing balanced nutrition. Collaboration between the village government, health workers, and the community is a key driver of the success of basic health services, especially with the support of digital systems such as the e-HDW application.

The e-HDW application functions to support the planning, implementation, monitoring, and evaluation of the stunting convergence program in villages, including Desa Tambak Kalisogo. This application facilitates Human Development Cadres (KPM) in collecting, recording, and reporting data. Its primary target audiences are households in the First 1,000 Days of Life (HPK), prospective brides and grooms, fertile couples, children aged 24-59 months, and adolescent girls.

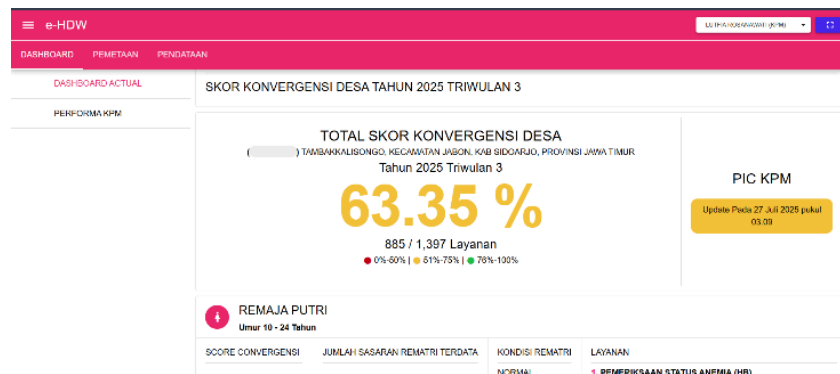


Figure 2. e-HDW Application Dashboard

Source : e-HDW Application 2025

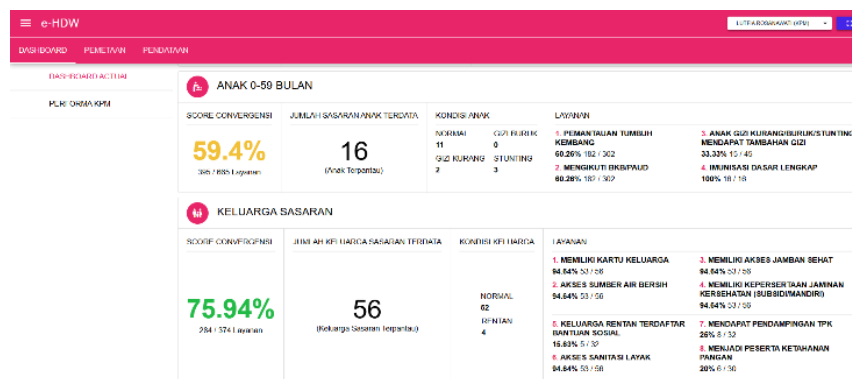


Figure 3. Target Convergence Score

Source : e-HDW Application 2025

The dashboard display in the e-HDW application shows the total village convergence score percentage across five target groups. For each target group, you can view the convergence score, the number of targets, the target's condition, and the services received by each recorded target group.

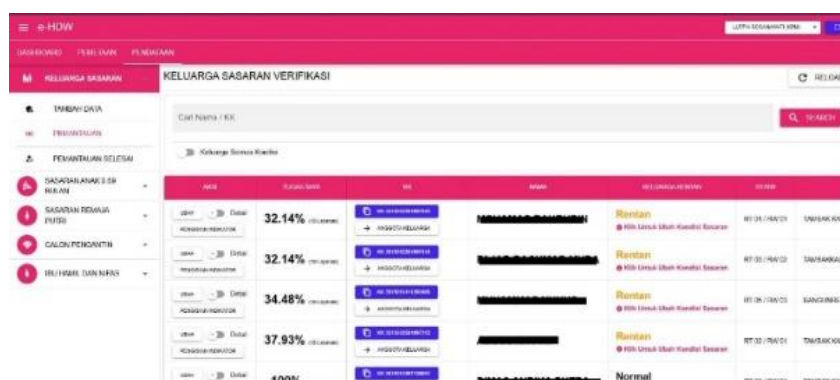


Figure 4. Target Data Collection

Source : e-HDW Application 2025

In the data collection feature, beneficiaries (KPM) can input data updates and monitor the number of services received based on the target indicators. If the services within the target indicators are met, this will affect the convergence score percentage.

This percentage allows for review and evaluation of services that are still not optimally implemented by implementers. This application facilitates monitoring and evaluating program outcomes, from village to central government levels, based on real-world data. Furthermore, the e-HDW application also serves as an advocacy tool for beneficiaries (KPM) in identifying stunting issues and designing interventions in the village.

Implementation of the e-HDW Application in Supporting the Convergence of Stunting Handling Programs in Desa Tambak Kalisogo.

Based on the data above, the e-HDW website-based application in Desa Tambak Kalisogo requires identification of factors that support its implementation. Based on Georide C. Edward III's theory, four indicators that can influence the success of policy implementation are identified: communication, resources, disposition, and bureaucratic structure.

1. Communication

The main factor in achieving successful policy or program implementation is communication. In this case, the program can be implemented well if the communication carried out by the implementers can be received clearly [18]. This communication can take the form of methods and efforts in conveying information, clarity of information, and consistency of the information provided [19]. In the implementation of the e-HDW application in Desa Tambak Kalisogo, the form of information is conveyed to KPM officers through socialization. KPM in Desa Tambak Kalisogo are also part of the health posyandu cadres and village government staff. Socialization and coordination related to the use of the e-HDW application has been carried out 2-3 times in each sub-district, as shown in Figure 4 which shows the coordination activities of e-HDW Application operators throughout Jabon Sub-district which was held at the Desa Tambak Kalisogo Hall on July 15, 2025. However, in fact, this has not been implemented well because the socialization that was carried out experienced obstacles in the participation of KPM officers. Officers tend to think that this digitalization is difficult to operate. This then led to the low interest of KPM officers to participate in the socialization held. Socialization and coordination related to the use of the e-HDW application was carried out with the Community Empowerment Expert of Sidoarjo Regency as a resource person. In this activity, the resource person conveyed how to use the e-HDW application including data collection and mapping methods that can be carried out by KPM officers.



Figure 5. Coordination of e-HDW Operators throughout Kecamatan Jabon

Source : Research Document 2025

In conveying information, it must also be balanced with clarity of information so that it can run according to expectations [20]. Communication that is established in conveying information from the resource person to the officer is not enough to be done only verbally or one-way, but must be accompanied by clarity and mutual understanding. For example, when the resource person provides socialization regarding filling in data into the e-HDW application, misunderstandings often occur due to the use of technicalities that are not understood. As a result, some officers feel confused and end up filling in the data incorrectly. This shows that the communication that is established is not fully effective because it does not prioritize clarity of messages according to the background understanding of KPM officers in the village. Therefore, it is important for the resource person to convey information simply, two-way, and contextually so that the message can be received and implemented according to program expectations.

The data collection and mapping targets in the e-HDW application include various community groups related to accelerating the reduction of stunting rates. This data collection and mapping requires good communication between Posyandu cadres and the community, as well as between the cadres themselves. Good communication between health workers or cadres will easily obtain target data for data collection in the e-HDW application. The success of data collection according to indicators is greatly supported by community participation and communication in Posyandu activities held by health workers and Posyandu cadres. The data collection targets in the e-HDW application include:

Table 2. Data Collection Targets in the e-HDW Application

Target Group	Data Collection Indicators
Family	Vulnerable families, normal families at risk of stunting and family services that have clean water sources, health insurance participants
Pregnant Mother	Maternal health during pregnancy to ensure adequate nutritional intake and prevent the risk of stunting in the fetus
Children Aged 0-23 Months	Focus on fulfilling nutrition, immunization, and other health services during the risk of stunting
Future bride and groom	Provision of education and services to prepare for reproductive health and nutrition before marriage, which contributes to the future health of mothers and children
Young Women	Nutrition and reproductive health counseling to prevent anemia and other health problems that affect future pregnancy health

Source : e-HDW Application 2025

In this case, considering the reality in Desa Tambak Kalisogo, the level of community participation is relatively high, resulting in optimal communication. However, it cannot be denied that communication between the community, in this case the target group, and health cadres sometimes encounters obstacles. Some community members still experience a decline in participation in some meetings, hindering communication to determine the latest data.

Furthermore, communication between Posyandu cadres plays a crucial role in ensuring the smooth and successful data collection process in the e-HDW application. Good communication allows cadres to share information, discuss challenges in the field, and achieve a common understanding, ensuring optimal data entry procedures. Solid coordination between cadres also helps ensure more accurate and complete data collection. Good communication between cadres can strengthen a sense of shared responsibility in implementing the stunting management program [21]. Through regular discussions or cadre forums, various innovations can also emerge to strengthen the application's optimal utilization at the village level.

2. Resources

Another factor that can ensure the successful implementation of a policy or program is resources. Policy implementation here includes human resources, authority, information, facilities, and finances, which will later support the successful

implementation of the policy [22]. Without resource support, a program or policy will have difficulty achieving its success target [23]. In Desa Tambak Kalisogo, human resources for implementing Posyandu activities are considered sufficient. Meanwhile, in the implementation of the e-HDW application in Desa Tambak Kalisogo, human resources are limited, where data collection in the application is only managed by one village government staff member who is also part of the Posyandu cadre itself. This is due to the difficulty of adding officers who in this case can be from the village government, staff, or Posyandu cadres, because almost all parts of the village government have their respective duties and responsibilities, and Posyandu cadres find it difficult to manage the application.

This lack of human resources has resulted in a shortage of officers, which in turn has impacted the minimal data management of the e-HDW application. However, the quality of human resources involved in data management in the e-HDW application is considered quite good. This is because, before being assigned, the appointed KPM officers, who are part of the Desa Tambak Kalisogo government staff, were directed to participate in various training and outreach activities provided by relevant agencies or institutions related to e-HDW application management.

In the implementation of a policy, in terms of finance or budget related to the fulfillment of capital and investment of a policy so that it can guarantee the achievement of the policy program to be implemented effectively [24]. As regulated in the Peraturan Menteri Dalam Negeri (Permendagri) Number 20 of 2018 concerning Village Financial Management, it is stated that the priority use of village funds is for health programs and stunting reduction. In its implementation, the financial resources for the e-HDW application in Desa Tambak Kalisogo are considered sufficient, because this is also related to the availability of facilities and infrastructure in the form of devices and adequate wifi connections as well as data requirements and posyandu activities. KPM officers in Desa Tambak Kalisogo have been provided with devices in the form of smartphones and laptops to support the smooth running of data collection in the e-HDW application. Financial resources in the use and management of the e-HDW application have been integrated into the Village Budget related to network and technical use that can be utilized by all village officials to run various digital-based public service applications.

The availability of information for implementers can support the optimal implementation of programs or policies [25]. The implementation of the e-HDW application will never be separated from the availability of information to support successful data collection. Accurate and structured information is crucial to assist cadres in monitoring the condition of targets and determining appropriate interventions. However, in reality in Desa Tambak Kalisogo, there is still overlap

between implementers, which causes confusion, especially for KPM officers. This unclear flow and source of information has an impact on low coordination between the parties involved [26]. As a result, the process of inputting data into the e-HDW application is hampered and does not run as it should.

Another important aspect is authority, which is the authority and basis for implementing a program that has been decided for the implementers [27]. In implementing the e-HDW application in Desa Tambak Kalisogo, authority is delegated to village government staff who are also integrated health post (Posyandu) cadres. This is considered to be in accordance with their duties and functions. It is hoped that the implementers, including KPM officers, village midwives, Posyandu cadres, and the village government, can establish good coordination to maximize the implementation of the program designed in accordance with the objectives of the e-HDW application and have awareness in solving problems that occur as long as they are relevant to the applicable regulations.

3. Disposition

The attitude of the implementer or disposition is one of the factors that is no less important in the success of program or policy implementation. Disposition refers to the responsibility and readiness of the implementer in carrying out the established policy [28]. There are three important things in disposition, namely the implementer's response that influences his desire to implement the policy, the implementer's understanding of the policy, and the implementer's attitude in implementing the policy [29]. In this case, the implementer's response shows the extent to which the policy is accepted or rejected, as well as how the implementer responds to challenges in the field [30]. Meanwhile, understanding the policy is important so that the implementer can carry out the program on target and according to established procedures [30]. Sementara itu, pemahaman terhadap kebijakan menjadi penting agar pelaksana dapat menjalankan program secara tepat sasaran dan sesuai prosedur yang telah ditetapkan [31]. The implementer's attitude will also reflect the implementer's commitment, responsibility, and motivation in carrying out his duties, which will greatly influence the sustainability and effectiveness of the policy program implementation [32].

In the context of implementing a stunting management program at the village level, the disposition of implementers is key to ensuring the success of each stage of the activity. Implementers who have a complete understanding of the substance of the policy will be better prepared to make decisions, overcome obstacles, and innovate according to the conditions [33]. Conversely, a lack of understanding or motivation can cause program implementation to not run as expected, even risking

policy distortion in the field [34]. A proactive attitude from implementers is essential in responding to various changes, including adaptation to the use of technology.



Figure 6. Integrated Health Post (Posyandu) Activities in Desa Tambak Kalisogo 2025

Source : Research Document 2025

The attitude of the implementers in carrying out their duties will influence whether the e-HDW application can be implemented optimally according to program expectations. Therefore, all implementers are expected to carry out their duties and functions responsibly. The implementers involved in integrated health post (Posyandu) activities in Desa Tambak Kalisogo are shown in Table 3:

Table 3. Implementers and Duties in Posyandu

No.	Executor	Task
1.	Health Workers	Providing vaccines, medicines, medical equipment and technical support to integrated health posts (posyandu).
2.	Village Midwife	Providing health services and monitoring maternal and child health, coordinating between community health centers and village governments
3.	Village Government	Facilitator, stakeholder and implementer of integrated health post activities
4.	Integrated Health Post Cadres	Assisting in the implementation of nutritional interventions and stunting programs
5.	Human Development Cadre Officer (KPM)	Inputting and managing data in the e-HDW application, contact persons, and monitoring the

implementation of the stunting program
convergence

Source : Pemerintah Desa Tambak Kalisogo 2025

The implementation of the e-HDW application program, based on Peraturan Presiden (Perpres) No. 72 of 2021 concerning the Acceleration of Stunting Reduction, demonstrates the importance of cross-sectoral roles, including village governments, village midwives, health workers, health cadres, and Beneficiary Families (KPM) officers. Each implementer is responsible for supporting nutrition convergence, from data collection and monitoring to reporting. The active attitude and commitment of implementers are crucial for the success of the e-HDW application. If implementers demonstrate concern, openness, and willingness to coordinate, the application will run optimally and effectively. This will contribute to the continued success of the stunting convergence program in Desa Tambak Kalisogo.

In the reality of implementation in Desa Tambak Kalisogo, several challenges remain related to the disposition or attitudes of program implementers. Several Posyandu (Integrated Health Post) cadres and KPM (Family Welfare Fund) officers have demonstrated a strong commitment to carrying out their roles, particularly in data collection and reporting through the e-HDW application. However, not all implementers have a uniform understanding of the application's working mechanisms, so technical assistance is still needed. Furthermore, responses to the e-HDW policy program are also quite varied. Some implementers are open and cooperative, while others remain passive due to a lack of training and limited digital literacy. This attitude undoubtedly impacts the consistent use of the e-HDW application in supporting stunting reduction efforts. Therefore, increasing the capacity of implementers and strengthening cross-sectoral coordination at the village level, particularly in Desa Tambak Kalisogo, will be key to ensuring the overall success of the policy.

4. Bureaucratic Structure

In the implementation of a program, a bureaucratic structure is essential. The existence of a bureaucratic structure indicates that there are implementers who play a role in implementing a program [35]. In using the e-HDW application as an effort to support the convergence of stunting management programs, implementers such as village governments, integrated health post (posyandu) cadres, village midwives, and health workers must be able to carry out their duties and functions according to their capacity and responsibilities. If the implementers are able to carry out their duties effectively, the implementation of the e-HDW application will run optimally and can

minimize obstacles in data collection and reporting of stunting in Desa Tambak Kalisogo.

The bureaucratic structure must be aligned with the commitment of the relevant government to carry out its roles, duties, and functions so that the designed program can be implemented transparently and accountably. This is because if the implementers involved do not participate in carrying out their duties and functions, it will hinder the process of implementing the policy [36]. Therefore, good cooperation between program implementers is needed. Without strong cooperation in this case, the management of the e-HDW application will be hampered, especially in terms of the validity of the target data for priority families at risk of stunting. Village governments and cadres are expected to build good communication and coordination to strengthen the use of the application, as well as making the community an active partner in supporting the program.

To monitor bureaucratic performance in implementing the e-HDW application, clear technical guidelines, such as Standard Operating Procedures (SOPs), are required. These SOPs serve as a work reference for implementers in carrying out their roles according to established procedures and standards. In practice, in Desa Tambak Kalisogo, the implementation of the stunting management program through the e-HDW application is clearly supported by SOPs from relevant agencies/government agencies within the e-HDW application.

The e-HDW application includes a guide on how to use the application, input data, process flow, and manage target data. Furthermore, the application also explains the duties of the Beneficiary Families (KPM), which include ensuring that beneficiaries receive complete services by registering targets, recording services, and monitoring service delivery to beneficiaries. KPMs must also be able to present data to support sound planning, which is obtained through discussions in stunting discussions and proposals discussed in village meetings.

Despite the development of standard operating procedures (SOPs) for the e-HDW application, the reality on the ground remains that cadres and KPM officers still lack understanding of program implementation, particularly regarding data collection within the application. This often results in implementers relying on their own interpretations of existing practices, rather than a clearly documented system. This results in suboptimal program implementation and data collection within the e-HDW application, and can hinder the goal of comprehensive stunting management convergence.

CONCLUSION

Fundamental Findings : Based on the results of the research conducted, it can be concluded that the Implementation of the e-HDW Application in Desa Tambak Kalisogo contributes to supporting the convergence of stunting management programs. This application is considered quite capable of helping the process of data collection, monitoring, and reporting of priority targets such as pregnant women, toddlers, prospective brides, and adolescent girls more quickly and accurately. In addition, this application also supports coordination between cadres, village governments, and health agencies at the sub-district and district levels through a digitally integrated data system.

Implication s: The use of the e-HDW application can increase the effectiveness of data collection and coordination of stunting management programs in Desa Tambak Kalisogo, but its success is highly dependent on the readiness of human resources, infrastructure, and cross-sector synergy. **Limitations :** In this study, the focus of the study was only carried out in Desa Tambak Kalisogo, so the findings may not necessarily represent conditions in other villages. Based on the reality in Desa Tambak Kalisogo, despite the benefits of using the e-HDW application, the implementation of this program still faces several challenges. Based on the theory of policy implementation by Goerde C. Edward III, it is known that communication built between implementers is not fully effective due to miscommunication and low technical understanding of the application. In terms of resources, there is a limited number of operators and cadres who are proficient in using this application, although in terms of quality of implementers it is quite adequate. The disposition or attitude of implementers shows a good commitment to the program, but still requires ongoing training to optimize their performance. Meanwhile, the bureaucratic structure in program implementation is not supported by clear Standard Operating Procedures (SOPs), although the e-HDW application does include various data collection guidelines and KPM tasks. Therefore, the implementation process still often depends on individual understanding of the policy. Thus, although the e-HDW application has been able to become an important tool in addressing stunting through a digital approach, the success of this application still depends on resource readiness, effective communication, workflow, and strong bureaucratic synergy. Optimization of these aspects will be the key to the continued success of utilizing the e-HDW application as a tool for data-based health development at the village level. **Future Research :** Future research is expected to expand the scope of the location to several villages with diverse geographic, social, and infrastructure conditions to obtain more comprehensive results. Furthermore, the use of mixed methods that combine qualitative and quantitative analysis can provide a more comprehensive picture of the effectiveness of the e-HDW application, including direct measurements of stunting reduction and community participation levels.

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