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## Improving Community Health Outcomes through Integrated Services at Dewi Sartika Posyandu

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### ABSTRACT

**Background:** Posyandu Dewi Sartika plays a vital role in delivering integrated primary healthcare services (ILP) to the community. However, challenges such as low community participation, inadequate training for health cadres, and limited infrastructure hinder its effectiveness. **Methods** A community diagnosis approach was employed, integrating qualitative and quantitative methods. Data were collected through focus group discussions, observations, and document reviews. Challenges were identified and prioritized using the USG (Urgency, Seriousness, Growth) method, while solutions were developed and evaluated using the McNamara screening technique. **Results:** The study identified 12 key challenges, including low community participation, limited service coverage, inadequate documentation systems, and high resource demands. Priority issues were low community participation and insufficient cadre training, both scoring highest on the USG scale. Proposed solutions include innovative cadre training, the «Sehat Bersama Warga» community engagement program, and strengthened stakeholder collaboration to address these issues effectively. **Conclusions:** This study underscores the importance of participatory approaches, capacity-building initiatives, and cross-sector partnerships in addressing systemic challenges in integrated primary healthcare. The proposed solutions are scalable and have the potential to improve health outcomes and community engagement sustainably.

**Keywords:** *Community diagnosis, community engagement, health cadres, integrated primary healthcare, posyandu*

### INTRODUCTION

Community health services play a crucial role in improving the quality of life and addressing health disparities. Posyandu, as part of the Upaya Kesehatan Bersumber Daya Masyarakat (UKBM), is a community-driven health service initiative that serves as a vital platform for maternal and child health care. Its primary objective is to maintain and enhance the health of mothers, infants, and children under five, as well as to support family health and development efforts<sup>1</sup>.

In 2023, the Indonesian Ministry of Health introduced the concept of Integrated Primary Care Services (ILP), transforming traditional Posyandu into a more comprehensive system that addresses all life cycles, including pregnant women, children, adolescents, productive age groups, and the elderly<sup>2</sup>. This transformation emphasizes promotive and preventive efforts while integrating health services at the community level<sup>2,3</sup>.

Despite its transformative approach, Posyandu Dewi Sartika in Bantul Regency faces several challenges. These include low community participation, insufficient training for health cadres, and inadequate facilities<sup>1,4,5</sup>. Furthermore, weak coordination among stakeholders and limited technological support hinder the implementation of effective and sustainable health interventions<sup>6,7,8</sup>. This report aims to identify the key issues affecting the implementation of ILP at Posyandu Dewi Sartika and propose practical solutions to address these challenges. By employing community diagnosis methodologies, this study seeks to enhance the role of Posyandu as a cornerstone of Indonesia's primary healthcare system<sup>1,7</sup>. The findings of this study are expected to contribute to the development of a model for strengthening integrated primary healthcare services at the community level. The recommendations will serve as a reference for policymakers and health practitioners in optimizing Posyandu's functions and improving health outcomes<sup>2,3</sup>.

## METHOD

### Design

This study employed a community diagnosis approach, integrating both qualitative and quantitative methods to identify and analyze health challenges at Posyandu Dewi Sartika. Tools such as focus group discussions (FGDs), observations, and document reviews were used to collect data.

### Subjects

The study focused on the health cadres, community members, and key stakeholders involved in Posyandu activities. A profile of the Posyandu was created, covering the number of health cadres (minimum 10), demographic details of the target community (age, gender, and location), and the scope of health services provided.

**Community Profile:** The Posyandu serves a population distributed across rural areas, with a high prevalence of maternal and child health issues.

**Prioritization of Issues:** Community challenges were analyzed based on urgency, seriousness, and growth (USG method).

### Instruments

Data collection instruments included structured interview guides for FGDs, questionnaires for community surveys, and standardized checklists for facility assessments. Statistical tools like SPSS were used for quantitative analysis, while thematic analysis was applied to qualitative data.

### Procedures

1. **Observation:** On-site visits were conducted to assess facilities and observe health cadre activities.
2. **FGDs:** Discussions with health cadres and community members identified perceived challenges and potential solutions.
3. **Prioritization:** Issues were ranked using the USG method, and a fishbone diagram was employed to map root causes.
4. **Solution Development:** The McNamara screening technique was applied to evaluate and select practical solutions.

## RESULT

### Key Challenges Identified

The study identified several critical issues affecting the implementation and performance of Posyandu Dewi Sartika:

1. **Low Community Participation:**
  - Community involvement was primarily limited to the health cadres, with minimal engagement from the broader population.
  - Awareness about the benefits of Posyandu services, including maternal and child health programs, was found to be low among community members.
  - Cultural and socioeconomic factors, such as misconceptions about healthcare and financial

- constraints, were barriers to active participation.
2. **Inadequate Facilities and Resources:**
    - Many Posyandu lacked essential equipment, such as weighing scales and educational materials.
    - Physical conditions of the Posyandu, including non-strategic locations and limited accessibility, hindered service delivery.
  3. **Cadre Training Deficiencies:**
    - Health cadres expressed a need for continuous training to update their skills and knowledge.
    - Existing training programs were sporadic and did not adequately address the specific challenges faced during service delivery.
  4. **Weak Coordination Among Stakeholders:**
    - Collaboration between sectors, such as health, education, and local governance, was insufficient.
    - Overlapping roles and responsibilities led to inefficiencies in program implementation.
  5. **Inadequate Documentation and Evaluation Systems:**
    - Manual record-keeping that is time-consuming and prone to errors.
    - Lack of systematic evaluation processes to monitor program effectiveness.
  6. **Challenges in Cross-Program Coordination:**
    - Difficulty in integrating programs such as nutrition, immunization, and elderly care.
    - Fragmented responsibilities among stakeholders.
  7. **High Resource Demands:**
    - Increased demand for human resources, funding, and facilities compared to traditional Posyandu systems.
    - Additional training requirements for cadres to manage complex programs.
  8. **Resistance to Change:**
    - Difficulty in transitioning from traditional practices to new integrated service models.
    - Reluctance among cadres and community members to adopt new methods.
  9. **Technological and Information Constraints:**
    - Limited infrastructure for digital systems in rural settings.
    - Lack of training in data entry and analysis for health cadres.
  10. **Complex Monitoring and Evaluation Mechanisms:**
    - Challenges in implementing advanced monitoring systems due to lack of technical expertise.
    - Difficulty in ensuring consistent evaluation in remote areas.
  11. **Unbalanced Roles Among Stakeholders:**
    - Disproportionate workload on cadres due to limited cross-sector collaboration.
    - Ineffective delegation of tasks across different sectors.
  12. **Increased Workload for Health Cadres:**
    - Additional responsibilities in managing multiple programs simultaneously.
    - Risk of burnout and reduced efficiency among cadres.

### Prioritization of Challenges

Using the USG (Urgency, Seriousness, Growth) method, challenges were ranked to identify the most critical issues requiring immediate intervention.

- Low Community Participation: Score: 14 (Urgency: 5 | Seriousness: 4 | Growth: 5)
- Cadre Training Deficiencies: Score: 14 (Urgency: 5 | Seriousness: 4 | Growth: 5)
- Limited Service Coverage: Score: 13 (Urgency: 5 | Seriousness: 4 | Growth: 4)
- Other challenges were ranked with scores ranging from 9 to 12, indicating moderate to low priority.

**Table 1. Priority**

| No | Problem                                  | Urgency (U) | Seriousness (S) | Growth (G) | Total |
|----|--|-------------|-----------------|------------|-------|
| 1  | Low Community Participation              | 5           | 4               | 5          | 14    |
| 2  | Lack of Facility Support                 | 3           | 3               | 3          | 9     |
| 3  | Lack of Cadre Training                   | 5           | 4               | 5          | 14    |
| 4  | Limited Services                         | 5           | 4               | 4          | 13    |
| 5  | Lack of Documentation and Evaluation     | 4           | 4               | 4          | 12    |
| 6  | Challenges of Cross-Program Coordination | 3           | 3               | 3          | 9     |
| 7  | High Resource Requirements               | 3           | 3               | 3          | 9     |
| 8  | Change Resistance                        | 3           | 3               | 3          | 9     |
| 9  | Technology and Information Constraints   | 3           | 3               | 3          | 9     |
| 10 | Complex Monitoring and Evaluation        | 3           | 3               | 3          | 9     |
| 11 | Role Imbalance                           | 3           | 3               | 3          | 3     |
| 12 | Cadre Workload Increases                 | 3           | 4               | 4          | 11    |

### Analysis of Root Causes (Fishbone Diagram)

Root causes of the challenges were categorized into four domains:

1. Human Resources: Limited cadre motivation, lack of training, and insufficient community awareness.
2. Methods: Outdated training materials and inadequate methods of promoting Posyandu services.
3. Materials: Insufficient facilities and logistical support.
4. Environment: Cultural resistance, poor infrastructure, and socioeconomic barriers.

### Proposed Solutions (Screened with McNamara Method)

1. Innovative Cadre Training:
  - Restructuring training materials to include practical and localized content.
  - Introducing role-play simulations for real-world scenarios.
  - Using interactive teaching aids such as videos and infographics.
2. Community Engagement Programs:
  - Launching «Sehat Bersama Warga,» a program that combines health education with community activities such as roadshows and healthy cooking competitions.
  - Collaborating with PKK (Pemberdayaan Kesejahteraan Keluarga) to integrate Posyandu promotion into regular community meetings.
3. Stakeholder Collaboration:
  - Engaging local governments and private sectors to provide financial and logistical support.
  - Developing partnerships with schools and NGOs to expand outreach programs.
4. Facility Improvements:
  - Upgrading Posyandu locations to make them more accessible and user-friendly.
  - Procuring essential equipment through funding initiatives and partnerships.

### Quantitative Summary

Comparative analysis of proposed solutions revealed that Innovative Cadre Training and Community Engagement Programs scored highest on the criteria of effectiveness, feasibility, and sustainability.

### DISCUSSION

The existence of posyandu in the midst of the community has a very big role in meeting very important needs for the health of mothers and children. Thus, it is necessary to increase the knowledge and understanding of posyandu cadres regarding the effective process of posyandu management. If the cadres are not active, the implementation of the posyandu will also not be able to run smoothly. So, the active role of cadres in posyandu activities can influence and improve the quality of good services, as well as affect the participation of mothers in participating in posyandu activities<sup>8</sup>. Improving the quality of health cadres can be done by forming training. Health cadres as community empowerment personnel need training in order to become quality posyandu cadres, both in quantity (quantity) that is evenly distributed and quality (quality) that is adequate and directed towards achieving goals<sup>9</sup>.

Before the era of program-based and fragmented transformation, there were Posyandu that only served toddlers, teenagers, the elderly and Posbindu PTM. Meanwhile, the current transformation era Posyandu is arranged to serve the entire life cycle (pregnant women, infants-toddlers-preschool children, school age and adolescents, productive age and the elderly). Integrated Posyandu services are not only limited to providing on-site services, but planned home visits with or without health workers are also carried out as a form of providing access to services to the entire community<sup>10</sup>.

This condition shows the important role of Posyandu cadres as the front line in serving the community through

Posyandu. With the implementation of the Primary Service Integration Posyandu (ILP), the role of cadres as the spearhead in health services that focus on promotive and preventive efforts must be the main focus in efforts to improve skills and proficiency.

In this era, in the implementation of Primary Service Integration (ILP), the government focuses on 3 things, namely: the life cycle as service integration with a focus on strengthening promotion and prevention, bringing health services closer through networks to the village/sub-district level, and strengthening Regional Monitoring (PWS). The linkage of ILP in providing health services between the government and the community cannot be separated from the role of community concern which is manifested in community empowerment. Through this community empowerment movement that has been carried out, it is able to provide leverage for improving the degree of public health. Efforts to mobilize the community to carry out Clean and Healthy Living Behavior (PHBS) and GERMAS (Healthy Living Community Movement) continue to be carried out, not only by health workers, the role of cadres and other sectors have also helped to date in various forms of activities<sup>11,12</sup>.

### 1. Innovation in Posyandu Cadre Training.

To increase the effectiveness and attractiveness of posyandu cadre training, several innovations have been made that aim to increase the knowledge, skills, and motivation of cadres in carrying out their duties. Here is an explanation of each element in the innovation:

- a. Material Restructuring
  - Material restructuring means revising and reorganizing training content so that it is more relevant, practical, and easy to understand for cadres. Steps that can be taken:
  - Language Simplification. The material is made using language that is easy to understand and in accordance with the level of education of cadres.
  - The material was focused on the most common public health problems faced in the region, such as stunting, immunization, nutrition for toddlers, etc.
  - Addition of images, diagrams, or infographics to explain health concepts.
  - Adding practical steps that can be directly applied by cadres in posyandu activities.
- b. Role Play (Simulation)
  - The Role Play or simulation method provides an opportunity for cadres to practice real scenarios that often occur in posyandu. The goal is to strengthen communication skills, problem-solving, and providing education to the community.
  - Realistic scenario: Examples of situations such as facing parents who are hesitant about immunization or providing nutrition education to families of toddlers.
  - Direct evaluation: Mentors provide direct feedback on cadre performance during simulation.
  - Team collaboration: Involve several cadres in one simulation to practice cooperation and task division.
- c. Design Changes to the Method

- A more interactive training design aims to create a more engaging and participatory learning atmosphere. Innovations in this method include:
- Small group-based learning: Reducing the number of participants per session to increase interaction.
- Use of technology aids: For example, short videos, interactive presentations, or simple health apps to support understanding.
- Hands-on practice: Encourage cadres to directly practice skills at the training site, such as infant weight measurement or counseling simulations.
- Discussion and reflection: Provide space for cadres to share experiences and solutions to the challenges they face during posyandu activities.

Innovations in the training of posyandu cadres aim to improve the skills of cadres so that they are more confident in handling public health problems. With the restructuring of relevant materials, interactive methods such as role plays, and participatory training design, the training process becomes more effective, efficient, and engaging. This approach not only saves time through the delivery of material to the point, but also increases the motivation of cadres to actively contribute. As a result, the quality of posyandu services in the community has increased because cadres are able to provide better education and services.

### 2. “Healthy with Residents” Program

is an initiative designed to support the Healthy Living Community Movement (Germas) with a focus on increasing community participation in posyandu activities. The program integrates various strategic approaches, engages elements of society, and encourages cross-sector collaboration. The activities carried out are as follows:

- a. The Healthy Living Roadshow is a direct educational activity to the community in various regions with an interesting and informative approach. The main goal is to raise awareness about the importance of a healthy lifestyle and the benefits of posyandu for the health of mothers and children. Education is carried out through various methods such as direct demonstrations, counseling, mass gymnastics, and the distribution of health promotion materials in the form of leaflets or short videos. Creative approaches, such as healthy food cooking competitions, free health checkups, and door prizes, are used to attract citizens' interest. With this activity, the community is expected to better understand the importance of posyandu services and be motivated to follow them regularly<sup>13</sup>.
- b. Integration with the PKK Program
 

This activity involves the empowerment of the PKK Mobilization Team (Family Welfare Empowerment). Integration with the PKK Program to strengthen the message and promotion of posyandu, with the aim of reaching out to the group of housewives as the main target. The strategies implemented include the insertion of the promotion of posyandu services in regular PKK activities such as monthly meetings or the *dasa* guesthouse program, the involvement of PKK cadres in providing counseling on child growth and development, immunization, and family nutrition, as

well as collaboration in competitions or events such as healthy toddler competitions that are integrated with posyandu activities. Through this approach, it is hoped that the active participation of women in posyandu activities will increase, supported by a close emotional relationship with PKK cadres<sup>14</sup>.

- c. Integration with *Stakeholders* involves various stakeholders to support the sustainability of the program and expand the reach of posyandu activities. The goal is to increase resources and support through collaboration with local governments, the private sector, community organizations, and the business world. The strategies carried out include obtaining financial support and facilities such as scales, posyandu equipment, or cadre incentives through CSR programs, providing free transportation or other supporting facilities to facilitate public access to posyandu, and carrying out joint promotions through local media, community events, or social campaigns. With this step, the posyandu is expected to be better known, trusted, and actively supported by the community and partners.

With this approach, «Healthy with Citizens» is not only a healthy living campaign, but also increases public awareness and participation to come to the posyandu. Collaboration through roadshows, PKK, and stakeholders creates an environment that supports positive behavior change in the community, so that the success of the posyandu program is more optimal.

**Recommendations for Future Research** Further studies should explore the long-term impact of proposed solutions on health outcomes and community empowerment. Comparative analyses across multiple Posyandu settings can provide insights into best practices and areas for improvement<sup>15</sup>.

## CONCLUSION

The Field Practice Results Report identifies the main problems at the Dewi Sartika Posyandu, Kretek Health Center, namely low community participation, lack of facility support, lack of cadre training, and cross-sectoral coordination challenges. With analytical methods such as *Fishbone and McNamara filtering techniques*, recommended solutions include cadre training innovations, the «Healthy with Citizens» program, and strengthening cross-sector integration.

The training program is designed to improve the skills of cadres through material restructuring, role play, and interactive training methods. Meanwhile, the «Healthy with Citizens» program includes a healthy living roadshow, integration with the PKK, and collaboration with *stakeholders* to increase public awareness and participation.

This approach aims to strengthen the implementation of the ILP Posyandu which serves the entire life cycle with a promotive and preventive focus. Cross-sector support and community involvement are key to success in creating holistic, sustainable, and community-based health services.

## REFERENCES

1. Kementerian Kesehatan Republik Indonesia. Peran dan fungsi Posyandu sebagai upaya kesehatan bersumber daya masyarakat (UKBM). Jakarta: Kementerian Kesehatan RI; 2013.
2. Kementerian Kesehatan Republik Indonesia. Keputusan Menteri Kesehatan RI Nomor 15 Tahun 2023 tentang Integrasi Pelayanan Kesehatan Primer. Jakarta: Kementerian Kesehatan RI; 2023.
3. Gernas. Gerakan Masyarakat Hidup Sehat (Gernas): Strategi Peningkatan Kesehatan Nasional. Jakarta: Kementerian Kesehatan RI; 2020.
4. Dinas Kesehatan DIY. Laporan kinerja Puskesmas Kretek tahun 2023. Bantul: Pemerintah Daerah Istimewa Yogyakarta; 2023.
5. Ekaputri R, Hartini T. Studi efektivitas Posyandu terintegrasi dalam menurunkan angka stunting. *J Gizi Kesehat [Internet]*. 2017;9(3):101-9.
6. Global Health Workforce Alliance. The role of community health workers in achieving universal health coverage. Geneva: World Health Organization; 2016.
7. Kementerian Desa, Pembangunan Daerah Tertinggal, dan Transmigrasi. Panduan pemberdayaan masyarakat melalui Posyandu. Jakarta: Kemendesa PDTT; 2020.
8. Legi N, Sutomo AH, Wardhani T. Hubungan kinerja kader Posyandu dengan tingkat partisipasi ibu balita. *J Kesehat Masyarakat*. 2016;4(2):123-35.
9. Fadhylah, K. A. N. (2020). Implementasi Program Contraceptive For Women At Risk (Contra War) Di Kabupaten Malang (Doctoral dissertation, UNIVERSITAS AIRLANGGA). Universitas Airlangga.
10. Fauziah I, Rahayu S, Prasetyo D. Implementasi Posyandu pada Era Transformasi Layanan Primer di Kabupaten Kediri. *Jurnal Manajemen Layanan Kesehatan*. 2024;8(2):55-67.
11. Setiawan R, Lestari W, Nugroho A. Peningkatan Pengetahuan Kader Tentang Posyandu di Era Transformasi Layanan Kesehatan Primer dan Kewirausahaan. *Jurnal Pengabdian Pada Masyarakat*. 2024;10(1):112-123.
12. Rahmawati A, Sari DP, Hidayat T. Penyegaran Kader tentang Posyandu Terintegrasi dalam Rangka Transformasi Layanan Primer. *Jurnal Peran Kesehatan Masyarakat Malahayati*. 2024;7(3):89-101.
13. Hanifah A, Muthiah TS, Sholikhah A, Guntari GTP, Dzakiyyah IH, Holivah S, Swastaningrum A. Strengthening Capacity of Posyandu Cadre to Educate The Mothers: A Program Evaluation of Emotional Demonstration for Cadres in Bantul Regency. *Journal of Community Empowerment for Health*. 2023;6(1):1-7.
14. Basrowi RW, Farradika Y, Sundjaya T. Mothers Perspective and Trust Toward Integrated Services Post (Posyandu) in Indonesia. *The Open Public Health Journal*. 2024;17:e18749445329656.
15. Saepuddin E, Rizal E, Rusmana A. Posyandu Roles as Mothers and Child Health Information Center. *Record and Library Journal*. 2018;4(2):81-89.