A QUALITATIVE STUDY OF POSYANDU PROGRAM IN KAPUK VILLAGE, CENGKARENG, WEST JAKARTA

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ABSTRACT

Aim: To find out Integrated Services Post (Posyandu) program in Kapuk Village, Cengkareng

Methodology: This study used qualitative research methods sampling conducted by using purposive sampling. Data were collected using in-depth interviews with descriptive analysis.

Research Results: Posyandu program had not implemented optimally. Some results were not suitable from the four variables that affected program implementation. Such as many human resources (HR) had not received training, limited facilities of Posyandu due to the large working area, and many participants no particular budget for the Posyandu program. Implementation had not been optimal since Posyandu services had not been fully implemented using a five-table system. It occurred because they had not provided optimal services at table IV, which was counseling conducted by cadres. Monitoring and evaluation, such as weighing operations, had not been carried out based on the schedule.

Conclusion: Planning from the Community Health Service in the form of a Plan of Action (PoA) prepared at the end of the year has not run optimally. It is the same as monitoring and evaluating that a weighing operation is not carried out according to the PoA. The Community Health Service, cross-sector, and other related institutions are expected to work well together to make the Posyandu program successful.

Keywords: Study, Qualitative, Program, Posyandu

I. INTRODUCTION

Integrated Services Post (henceforth – Pos Pelayanan Terpadu/Posyandu) is a form of Community-Based Health Efforts (UKBM) managed and organized by, for, and with the community in implementing health development. It aims to empower the community and provide facilities for the community in obtaining essential health services to accelerate maternal and infant mortality rates (the Ministry of Health of the Republic of Indonesia, 2012).

UKBM is a community empowerment tool formed based on community needs, managed by, from, for, and with the community, with guidance from the Community Health Center officers, cross-sector, and other related institutions (the Ministry of Health of the Republic of Indonesia, 2011).

Furthermore, community empowerment in the health sector is the process of providing information to individuals, families, or groups (clients) continuously and sustainably following clients’ developments, as well as the process of helping them. Accordingly, they change from not knowing to knowing or conscious (knowledge aspect), from understanding to willing (attitude aspect), and from willing to be able to carry out the behavior being introduced (action or practice aspect) (the Ministry of Health of the Republic of Indonesia, 2011).

Essential health services at Posyandu are health services that include at least 5 (five) activities, including maternal and child health service, family planning, immunization, nutrition program, diarrhea control, and prevention (the Ministry of Health of the Republic of Indonesia, 2011).
The first five years of a child’s life are crucial. This phase is the foundation that shapes the future, health, happiness, growth, development, and learning outcomes of children in schools, families, communities, and life in general (Rivanica, 2019).

Unfortunately, IMR in Indonesia is still considered high, although it has decreased in the last ten years. Based on Welfare Indicators 2016, the Indonesia Demographic and Health Survey (IDHS) in 1991 showed 68 deaths per 1000 live births, decreasing to 32 deaths per 1000 live births. Similar conditions also occurred in the under-five mortality rate, which also reduced from 97 deaths per 1000 live births to 40 deaths per 1000 live births in 2012 (Nurtiaqiqi, 2019).

Particularly in the Kapuk Village area, 38 Posyandu scattered in RW (Community Association), one of which is Posyandu Purnama. Performance indicators and targets for nutritional coaching in 2019 state that the minimum target weight for under-five weighed (D/S) is 80%. The D/S of Kapuk Village in 2019 was 55% which, compared to the Minimum Service Standards, has not been maximally achieved or is still below the target. Accordingly, by conducting this study, the researchers would like to find out the activities of the Posyandu program in Kapuk Village, West Jakarta (Table 1)

II. METHODS

Research Design

This study utilized qualitative method, with Rapid Assessment Procedure (RAP) research design; a study that is possible to be conducted in a short period. The survey's focus contains the subject of study to see and assess the activities of the Posyandu program regarding the low visits of children under five to Posyandu.

Research Informants

The selection of informants was carried out using a purposive sample. The primary informants in this study were the village heads and the head of the Community Health Center. Who the holders of the Nutrition Program of the Community Health Center. In addition, there were additional informants involving parents of toddlers, Posyandu cadres, and midwives at the Community Health Center.

Research Location

This study was conducted in Kapuk Village, Cengkareng Regency, in June-July 2020.

Data Collection Technique

Data were collected by conducting in-depth interviews, which were recorded using a tape recorder.

Data Analysis Technique

Data were analyzed by examining all available data from the interview results by reducing the data in a summary and table so that it was easier to read and understand the data.

Table 1. Posyandu Program

<table>
<thead>
<tr>
<th>No</th>
<th>Process</th>
<th>Definition</th>
<th>Information Resources</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Planning</td>
<td>The process of determining objectives, strategies or programs, tactics or ways of implementing programs carried out in the village, Posyandu, and the Community Health Center including human resources, determining target, facilities and infrastructure, logistics.</td>
<td>In-depth interview Document Review</td>
<td>Interview guidelines, Organizational structure, socialization attendance list, target group list, activity socialization material, submission form of logistics, budget planning report, SOP</td>
</tr>
</tbody>
</table>
Supplementary Feeding (PMT), and budget

<table>
<thead>
<tr>
<th>2</th>
<th>Implementation</th>
<th>Carrying out the activity in the program, which is an act of Planning and formulated policies including implementation schedule, recording of activities, SOP</th>
<th>In-depth interview Document Review</th>
<th>Interview guidelines, Activity schedule, activity implementation report, SOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Organizing</td>
<td>A step to establish and delegate a person's authority in achieving goals</td>
<td>1. In-depth interview 2. Document Review</td>
<td>1. Interview guidelines, 2. Organizational structure</td>
</tr>
<tr>
<td>4</td>
<td>Monitoring and Evaluation</td>
<td>Control and evaluation activities of the entire running process, including Posyandu reporting system and Referral System</td>
<td>In-depth interview Document Review</td>
<td>Interview guidelines Completeness of documents, register, Form (F1,F2,F3,F4,F5), and referral form</td>
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### III. RESULTS AND DISCUSSION

**Planning**

Planning is determining objectives, strategies or programs, tactics, or ways of implementing the program. This section discusses how to prepare before implementing the Posyandu program, including human resources, targeting, facilities, and infrastructure, including logistics, PMT, socialization, SOP, and budget.

The evaluation in terms of planning in the Posyandu program in Kapuk Village has been running quite well. Before carrying out the Posyandu program, the village and the Community Health Center made preparations, including human resources (officers), determining the targets of children under five at 38 Posyandu, facilities, and infrastructure such as tools and logistics PMT, budget, and SOP as the guidelines. However, there were several obstacles.

Based on the document review, there were only 156 out of 332 cadres who received training. Referring to the Plan of Action (PoA) of the Community Health Center in 2020, Mother Support Group and Infant and Child Feeding Support Group activities will be held ten times attended by 17 cadres in one meeting. These activities, which were planned to start in February, could not be realized due to the Covid-19 pandemic.

According to Regulation of the Minister of Health Number 4 of 2019, the targeting of children under five in regencies/cities in one year uses projection data from the Central Bureau of Statistics. They considered the estimates from survey/research results with guaranteed validity, set by the Regional Head. Data on the program's target population is needed in the preparation of the annual activity plan and the evaluation of activity results (the Ministry of Health of the Republic of Indonesia, 2011).
A study conducted by Yanti et al. (2015) concluded that facilities and infrastructure are related to the sustainability of Posyandu, covering register books, weighing, and health services in which health workers accompany cadres. One example is that health workers must carry out immunization while filling out the data of infants and children under five (toddlers) is carried out by cadres who provide services directly to the community. Cadres also offer much counseling to Posyandu targets so that health training or poster facilities and infrastructure are needed.

Bonaventura and Putriatri (2014) affirmed that the means for implementing Posyandu are divided into two: basic facilities and additional facilities. The basic facilities include measuring instruments and scales, Maternal and Child Health (MCH) book, IEC tools, and essential medicines. Meanwhile, additional facilities include tables, chairs, and different information books. If possible, there should be development facilities such as swings and playground equipment.

Based on Muninjaya's (2011) theory, one of the planning activities is planning the appropriate extension methods for the Posyandu program. It is also in line with Jakarta Governor’s Instruction Number 47 of 2016 on implementing screening, immunization, counseling, and fostering child and adolescent health cadres in schools in the Special Capital Region of Jakarta, which emphasizes the importance of conducting health education.

Lubis and Syahri (2015) claimed that increased knowledge could occur because of new information conveyed to cadres through training.

Funds for the Posyandu program were obtained from a community organization, through cooperation by conducting jimpitan beras (collecting rice), other village potential products, and donations from non-binding donors collected through health fund activities (the Ministry of Health of the Republic of Indonesia, 2011)

Handoko (2009) believed that, in the theory of management elements, the method is stated as the determination of work implementation procedure of a task by giving various considerations to the target, the facilities available, and the use of time, as well as money and business activities. It should be noted that although the method is suitable, the results will not be satisfactory if the person implementing it does not understand or has no experience. Management to manage several elements requires a standard method in a Standard Operating Procedure (SOP).

It follows the technical manual for the Implementation of School Children Immunization Month (BIAS) for HPV Immunization (2016), which includes planning, preparation, implementation, and monitoring and evaluation specifically for the BIAS for HPV immunization.

**Implementation**

Posyandu is a form of strategic health effort which provides public health services. Posyandu is well implemented, can reduce mortality rates for mothers, infants, and children under five. One of the functions of Posyandu is as a promotional media and to monitor the growth of children under five. Implementation is a process of activity in the program of action planning. This section will discuss how the Posyandu program in Kapuk Village is carried out based on the implementation schedule, activities, activity recording, and PMT distribution.

More importantly, monitoring of growth in Posyandu was carried out by following a five-table system. Cadres were generally trained to understand the stages regarding the five-table system in Posyandu, including registration, weighing, weighing plot, growth assessment, counseling for mothers of children under five/caregivers, and nutrition and essential health services.

In several Posyandu in Kapuk Village, besides counseling by health workers, Mother Support Group also activity. Mother Support Group is a peer group activity carried out through regular meetings between pregnant women, nursing mothers, and other mothers to share information, experiences, ideas, or other issues related to pregnancy and breastfeeding. The Mother Support Group meeting was guided by a trained motivator (Posyandu cadre) accompanied by a health worker as the supervisor of the Mother Support Group. However, only a few Posyandu were active in holding the Mother Support Group. In this case, mothers of children under five whose children had received complete and advanced immunizations felt reluctant to visit Posyandu because of a perception that seeing Posyandu was only for weighing.
Based on the interviews and document review results conducted by researchers to program holders in Kapuk Village, the Posyandu program was conducted once a month with a predetermined schedule. The monthly plan made the Posyandu program well implemented.

Additionally, mandatory activities carried out in Posyandu included registration, weighing, recording (filling in Health Card/KMS), counseling, and health services in coordination with health workers from the Community Health Center (five-table activity in Posyandu). Registration activities to counseling were carried out by cadres, while local health workers carried out health service activities (the Ministry of Health of the Republic of Indonesia, 2011).

Counseling activities have only been actively carried out in several Posyandu since some cadres in Posyandu have not attended Mother Support Group training. In Mother Support Group activities, cadres also needed to prepare a list of attendees and photos of activities as evidence that the actions had been conducted. Support the development of Posyandu in educating the community, and it is necessary to increase knowledge and awareness about maternal and child health (Sari, 2018).

Cadres performance in the form of work achieved was already following their respective responsibilities. The motivation of the cadres was good enough but still needed to be improved. Furthermore, the facilities, routine funds for PMT, Posyandu tools, and documents were sufficient, but they were required to be added or updated. The rewards were quite good, but they were still considered unsuitable (Sriyatty W. Sengkey, 2015).

Organizing

According to the Regulation of the Minister of Home Affairs Number 54 of 2007, Pokjanal Posyandu (Operational Team Work of Integrated Services Post) is a working group whose duties and functions are related to the development of the organization/management.

The document review was in the form of the organizational structure owned by the village. Posyandu is an activity supervised by the town in health development. The position of health worker is only as a companion or partner in health development managed by the community, the community, and the community.

Community deliberations determine the organizational structure of Posyandu at the time of the establishment of Posyandu. The organizational structure is flexible to be developed according to the needs, conditions, problems, and resource capabilities. The minimum organizational structure consists of a chair, secretary and treasurer, and Posyandu cadres who are also members.

Some Posyandu in an area (village or another area) should be managed by a Posyandu management unit/group whose membership is selected from the local community (the Ministry of Health of the Republic of Indonesia, 2011).

Based on interviews and document review results, Posyandu in Kapuk Village already had an organizational structure for each post. The results showed no effect of the organizing function on the low number of under-five visits to Posyandu since the duties of all officers had been divided, and they had been trained to carry out the Posyandu program to maximize them in carrying out their duties.

Based on a study conducted by DA Guntika (2015), there is no effect of the organizing function on the low number of active Posyandu in the working area of Gambir Baru Community Health Center. The head of the Community Health Center affirmed that it was because the duties of all officers had been divided fairly to carry out the Posyandu program.

Monitoring and Evaluation

Weighing and measuring length/height are routine monitoring activities for growth and development in Posyandu. Children under five who attend and regularly come to Posyandu will receive nutrition services, immunization, Early Detection of Growth and Development (DDTK), and other food and counseling. Children under five came to Posyandu since their parents had no time or worked or the location of Posyandu was far away and had difficult access resulting in the low visits of children under five or children who came and were weighed (D/S) to Posyandu. It was also stated by the main informant, the village head.

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Monitoring and evaluation in the Posyandu program were carried out by weighing operations. The weighing operation weighs children under five who have not been weighed or do not come during the Posyandu program. Considering procedure is an innovative activity to increase children under five being weighed (D/S). In addition, surgery weighing is an effective way to find malnutrition problems. According with the Circular Letter of the Minister of Health of the Republic of Indonesia Number HK.02.01/MENKES/400/2019 dated July 30, 2019, on integrating weighing operation with development monitoring, provision of Vit A capsules, and worm medicine.

Based on the PoA, the weighing operation should be carried out after the Posyandu opens by tracking children who do not come to Posyandu to be weighed. However, in practice, the weighing operation was not carried out routinely, only twice, in months of providing vitamin and worm medicine.

The implementation of the Posyandu program followed Posyandu which was officially established regularly based on the applicable guidelines. The Community Health Center regularly monitored the Posyandu program, which was used as input for the Planning and further development of Posyandu in a cross-sectoral manner.

Besides monitoring the implementation of the Posyandu program, the Community Health Center also observed reporting conducted by cadres every month. The data collected by the cadres included the number of children under five in Posyandu, who were registered and had a Health Card (KMS) or Maternal and Child Health (MCH) book, the number of children under five, with increasing body weight, who had not gained weight, who came for the first time and were weighed, below the red line, whose weight did not increase twice in a row. Additionally, the data collected in Posyandu was submitted by cadres to the midwife or nutritionist at Community Health Center for recapitulation. Besides these data, there were also Posyandu Information System formats (F1, F2, F3, F4, F5, F6) which cadres needed to fill in every month.

These follow the Circular Letter of the Minister of Health of the Republic of Indonesia Number HK.02.01/MENKES/400/2019 dated July 30, 2019, on the integration of weighing operation with development monitoring, provision of Vit A capsules, and worm medicine. Based on the PoA of the Community Health Center, a weighing operation should be carried out every month after the Posyandu program. It has not been implemented, only once when vitamin A sweeping.

According to Yuwono, the cadres are relatively unstable because their participation is voluntary. Accordingly, there is no guarantee that the cadres will continue to carry out their functions properly. Cadres' motivation has an impact on their compliance in filling out KMS.

Suhat and Hasanah (2014), in this case, strongly advocated that one of the factors affecting the level of activity of the cadres is the level of knowledge, employment, income, and participation of cadres in the organization. It is also in line with a study conducted by Irsal (2013), finding that there is a relationship between the role of cadres and the participation of mothers in visiting Posyandu.

IV. CONCLUSION

1. Human resources for health workers are limited. Training for cadres is not evenly distributed because there are still some cadres who have not received training. The number of targets is not proportional to the number of Posyandu, which is also constrained by limited human resources. There is no particular routine budget for Posyandu and only a budget for Supplementary Feeding (PMT). Posyandu infrastructure and facilities are also inadequate. Planning from the Community Health Center in the form of a PoA compiled at the end of the year to be carried out in the following year includes refreshing Posyandu cadres and refreshing cadres that have not run optimally.

2. Monitoring and evaluation are not following PoA of the Community Health Center, which conducts weighing operations every month. Posyandu cadres only carry out weighing operations in February at the same time as Vit A sweeping activity.
Conflict of interest
The researchers declare that there is no conflict of interest.

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