

Revitalization of Posyandu as an Effort to Improve the Function and Performance of Posyandu

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ABSTRACT

This research was conducted in 2017 at posyandu in the working area of Girimaya Health Center with case study approach. The sample was chosen by purposive sampling technique. Data were collected by checklist as a tool, referring to guidelines for the Nutrition Manager of the Ministry of Health. In addition, triangulation was also done through in-depth interviews to key informants, namely the cadre leader and the triangulation informant, the health center officer and the under-five mother. Although the quantity of health cadres has been sufficient, but their quality has not been maximized. The limited facilities, infrastructure and funds make the government need to pay special attention to improving it.

Keywords: *Posyandu revitalization, Cadres*

INTRODUCTION

Integrated Service Post (Posyandu) is managed and organized from, by, for, and with the community, to empower and facilitate the community in accessing basic health services, especially for mothers, infants and toddlers. Posyandu has 5 priority programs: maternal and child health, family planning, immunization, nutrition, and prevention and control of diarrhea⁽¹⁾.

Since its inception in 1986, Posyandu has achieved many results. Maternal mortality (MMR) and infant mortality (IMR) have been successfully lowered, while life expectancy of Indonesian population has increased significantly. The 2007 SDKI data shows that there has been a decrease in MMR to 228 / 100,000 live births and IMR to 34 / 1,000 live births. However, data from the SDKI 2012 shows an increase in MMR of 359 / 100,000 live births and IMR of 4000 / 100,000 live births. By 2015 the MMR declines to 305 / 100,000 live births of the Intercensal Population Survey Data.⁽²⁾ MMR in Indonesia is higher compared to Myanmar (200 per 100,000 live births), Philippines (100 per 100,000 live births), while in Thailand, Vietnam and Malaysia MMR is below 100 per 100,000 live births.⁽³⁾

In quantity, the development of posyandu is very encouraging because there are 3 to 4 posyandu in each

village. When the posyandu was proclaimed, there were 25,000 posyandu, and in 2011 there were 268,439 posyandu. But in terms of quality, there are still many problems such as lack of facilities and cadre skills, in this case posyandu cadres are elected, willing, able and have time to manage Posyandu⁽⁴⁾.

The ratio of posyandu to the number of villages is 3.42. Community empowerment in the health sector requires the participation of cadres, community leaders and religious leaders, namely 569,477 trained cadres / community leaders / religious leaders⁽⁵⁾.

The implementation of revitalization of Posyandu in Pangkalpinang City began in 2006, with activities such as fulfillment of Posyandu facilities such as scales, Card to Healthy, Posyandu Information System, incentives for cadres, Supplementary Feeding, cadre training, cadre fulfillment for each posyandu and coaching posyandu; but to date these activities have not been evaluated.

Evaluation of activities can be done at the following stages: 1) input (to find out whether the resources used are in accordance with the standards and needs), 2) the process (to know the effectiveness of methods, staff motivation and communication among staff), 3) output (to determine whether output can reach target)⁽⁶⁾.

MATERIAL AND METHOD

This research was conducted in 2017 at posyandu in Girimaya Health Center, Pangkalpinang, with case study approach. The sample was chosen by purposive sampling. Data from posyandu cadres were collected by checklist as a tool, referring to guidelines for the Nutrition Manager of the Ministry of Health. In addition, triangulation was also done through in-depth interviews to key informants, namely the cadre leader and the triangulation informant, the health center officer and the under-five mother.

FINDINGS

Table 1. The Results of Evaluation

No.	Activity	Posyandu	
		Ceria	Kelapa
	Registration		
1.	Record toddler in register book, ask for card to healthy / MCH book.	Yes	Yes
2.	Record the pregnant mother in register book, measure weight and upper arm circumference.	Yes	Yes
3.	Record Couples Age of Fertile in register book, go to the counseling and health services.	Yes	Yes
	Measurement of weight and upper arm circumference		
1.	Weighing a toddler	Yes	Yes
	a. Insert a toddler into a weigh case, barefoot and diapers, then slide the pendulum up the needle perpendicularly.		
	b. Read the weight by looking at the numbers at the end of the shear pendulum.	Yes	Yes
	c. Record the weighing result on a MCH book	Yes	Yes
	d. Return the pendulum to zero, then issue a toddler.	Yes	Yes
2.	Measuring the upper arm circumference of pregnant women and women of childbearing age to determine the nutritional status.	Yes	Yes
	Recording		
1.	Toddler		
	a. Recording and plotting the weights, creating child growth line.	Yes	Yes
	b. Record every incident in the child.	Yes	Yes
	c. Filling data on breast milk, immunization and vitamin A	Yes	Yes
	d. Copying the weight to a posyandu information system.	No	No
2.	Weight and upper arm circumference are recorded in MCH books and pregnant women register books in posyandu information systems.	Yes	Yes
3.	The upper arm circumference is recorded on the register register of fertile-age couples / women of child-bearing age in the posyandu information system.	No	No
	Counseling		
1.	Explain the growth of toddlers based on the results of weight measurement.	Yes	Yes
2.	Delivering information about food for toddlers.	Yes	Yes
3.	Conveying information and counseling to pregnant women and postpartum about examination results including high risk	Yes	Yes
4.	Convey information to couples of childbearing age about family planning	Yes	Yes
5.	Provide other necessary health counseling.	Yes	Yes
6.	Referring to toddlers or pregnant women at risk.	Yes	Yes

Cont... Table 1. The Results of Evaluation

No.	Activity	Posyandu	
		Ceria	Kelapa
	Provision of Health Services		
1.	Giving Immunization.	No	No
2.	Provision of vitamin A capsules to infants, toddlers, and postpartum mothers.	Yes	Yes
3.	Provision of blood booster tablets	Yes	Yes
4.	Family planning services	No	No
5.	Supplementary feeding	Yes	Yes
6.	Antenatal care	No	No
7.	Provision of mild treatment.	No	No

DISCUSSION

Knowledge and Skills of Cadres

The number of active cadres in both posyandu are 5 people with high school education (80%) and all are housewives. The number of active cadres is sufficient and varies from 4-5 people, but at the time of posyandu implementation, sometimes not all active cadres can attend. The lack of cadres and the number of workloads leads to a shortage of jobs. Kader is active if participated in posyandu activities at least 8 times a year. The smoothness of posyandu services is supported by the activeness of the cadres. Kader is said to be active if in posyandu there are at least 5 cadres⁽⁷⁾.

All cadres have not been exact in determining the age of children. Determining the age of toddlers should be written in years and months, but the cadres write the age in years. This is not appropriate because it is associated with complementary feeding (age 6-24 months) which requires the cadres to calculate the age in months. In addition, the program of Early Stimulation, Detection, and Intervention for Growth and Development implemented with age in month.

All cadres are able to measure weight and meticulously in reading and recording the weight. Not all cadres are able to fill MCH book/ card to healthy, because there are new and uninformed cadres on how to fill them.

Cadre skills are lacking as some of them are new cadres. Older cadres who have been in posyandu training have dropped out. Therefore, the training that has been implemented so far less effective. In addition

it is not easy to get a new cadre who is willing to spend time providing services at posyandu because many housewives who still help the head of the family to earn a living.

Posyandu cadres operate posyandu activities with preferred criteria from local community members, can read and write Latin letters, have pioneer and reformer souls, community mobilizers, volunteer willingness to work, have the ability and free time.⁽⁸⁾

Training of cadres aims to improve the capability and quality of cadres. This activity greatly supports the improvement of posyandu. Since 2007, cadres training has been carried out by Health Office or other organizations in turn. Performance-related training provides space for the development and upgrading of skills and competencies that can have a direct impact on individual or team performance.⁽⁹⁾

Incentives for Cadres

Incentives for cadres are provided directly by the health center every three months regularly. The active and attendance of the cadres can be monitored through the attendance list, so that it can be easily seen the suitability between incentives and attendance.

Ridwan et al reported that one of the impacts of posyandu revitalization is an increase in the number of active cadres due to the transportation costs provided by the government⁽¹⁰⁾. One indicator of posyandu revitalization progress from the input aspect is the number of cadres who have access to improve their economic condition⁽¹¹⁾.

Other rewards are free service for cadres and their

families at health centers. The result of Syafei's research shows that free service is given to the cadres and their families. However, not all free service policies for cadres are made by health center. There are health center that provide free service policy only to the cadres only, there are even health center that do not make free service policy for cadres⁽¹²⁾.

Facilities and Infrastructure

The results showed that posyandu had good scales, weighing pants, upper arm circle ribbons, MCH book / card to healthy, extension aids, Vitamin A and Fe capsules, cadre manual and recording and reporting books. However the SKDN diagram data board is only owned by the Posyandu Ceria. The making of SKDN diagram can be done outside of Posyandu activity. Posyandu Kelapa has a very complete counseling tool that poster 5 posyandu program, diarrhea prevention, environmental health, maternal health, balanced nutrition, ARI prevention, and immunization.

Facilities and infrastructure such as buildings, tables, chairs etc. most still use community property. Scales, stationery, and register books are available at all posyandu. Extension poster can only be installed in posyandu which already have their own building, meanwhile for posyandu that do not have building, poster still kept at home of cadre chairman. Stock card to healthy is already available at both posyandu.

Cards to healthy and MCH books are an important tool for monitoring infant growth, so malnutrition cases can be detected and addressed as early as possible.

Achieving a policy objective must be supported by the availability of facilities and infrastructure. Without facilities and infrastructure, tasks can not be executed so that the objectives can not be achieved properly. The availability of facilities and infrastructure is a determinant of the performance of a policy⁽¹³⁾.

Operational Fund

Besides the 5 posyandu activities, there are other activities in Posyandu Ceria namely the Toddler Family Development and Healthy Fund. Community contributions are mainly used for the cost of supplementary feeding. Fund management is done by Posyandu management. Each income and expenditure are managed responsibly. Funds obtained by posyandu

are used to finance posyandu activities⁽¹⁾.

Posyandu Activities

1. Registration

Registration has been carried out according to the standard that is: fill the register register book and ask card to healthy / MCH Book. For pregnant women, fill the register register of pregnant women and invite to the place of measurement of weight and measurement of upper arm circumference.

2. Weighing and measuring the upper arm circumference

There are 4 cadre posyandu Ceria able to measure the weight, while 1 cadre can not do it because he is a new cadre. There are 2 posyandu Kelapa cadres who have not been able to measure the upper arm circumference because they have not been trained on the subject⁽¹⁴⁾.

Weight measurement aims to monitor the growth of toddlers every month. On the basis of this month's data can be determined follow-up⁽⁸⁾.

3. Recording

Not all cadres are able to perform recording of toddlers and pregnant women because each cadre performs tasks in accordance with their respective tables, so that inexperienced perform tasks at other tables. They also do not copy the contents of the card to health into the book of information system posyandu. In this case, the cadres need to be trained on filling in the format of the posyandu information system first. The benefits of posyandu information system are: 1) as a reference for posyandu cadres to understand the problems, so as to develop appropriate activities and in accordance with the needs of the target, 2) to provide information on the management of posyandu, to build posyandu for the benefit of the community⁽¹⁵⁾.

4. Counseling

Counseling is not carried out by cadres, but is still widely assisted by health workers. Counseling is rarely done by the cadres due to the lack of tools and extension materials, and the low ability of cadres in doing counseling.

Activities related to maternal and child health, family planning, nutrition, immunization and diarrhea

prevention have been implemented. Posyandu activities that are always implemented are weight measurement of children under five, supplementary feeding and immunization. At Posyandu Ceria, family planning programs, maternal and child health, and diarrhea prevention are not done, as health workers recommend that they be served in village maternity huts, considering that the facilities at posyandu are incomplete.

Individual counseling is conducted on table IV. The given material is aligned with the condition of the toddler. The first step of the cadre before carrying out the counseling is to pay attention to the card to be healthy, then tell the mother about the state of the child based on changes in the child's weight listed on the card to healthy and cadre carry out counseling based on the results of weight measurement of children under five⁽⁸⁾.

5. Health Services

At Posyandu Ceria, immunizations, family planning services and pregnancy checkups were not performed because the posyandu activities were conducted in the homes of residents and there were no midwives in the posyandu. However, the Posyandu Ceria has healthy funds used for supplementary feeding.

Posyandu Kelapa activities are carried out at village health posts so that health services such as immunization, family planning and pregnancy tests can be carried out, because there are midwives in charge at the venue. There is no additional feeding at Posyandu Kelapa Karenan no funds available.

The two posyandu have implemented the service with a five table system but most of the posyandu in the implementation of registration and weighing are incompatible with the 5 table system. This is done by the cadres to maintain the effectiveness of work and time efficiency.

To see the commitment of health workers, it can be seen from the presence of health workers in posyandu activities. health personnel present at the two posyandu are village midwife, midwife, nurse and doctor of community health center. The attendance of health worker of community health center in Posyandu is obligated once a month⁽¹⁾.

Guidance and Supervision

In order for the implementation of posyandu

activities to run properly, it takes coaching from health workers and related institutions. The purpose of coaching is to provide guidance, to guide the coverage of posyandu increases, to help solve problems and to motivate the cadres to be more energized and achievers.

Basically the cadre's guidance function is to increase the cadre's insight, so their skills and confidence are higher. This will be seen in his stance and accompanied by a sense of responsibility⁽¹⁾.

Monitoring activities are carried out by the health office through monthly reports from community health centers. Supervision is not done specifically, but is done in conjunction with coaching. Supervision is a very important activity in order to achieve organizational goals. The purpose of supervision is to improve management functions and have a forward-looking orientation⁽⁶⁾.

CONCLUSION

Although the quantity of health cadres has been sufficient, but their quality has not been maximized. The limited facilities, infrastructure and funds make the government need to pay special attention to improving it.

INFORMATION

There is no conflict of interest related to this study. All funds of this study taken from researchers. this study already has ethical clearance.

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