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Capacity Building for Health Cadres in the Implementation of the Integrated Primary Service Posyandu at Waringin Sari Timur Village, Adiluwih District, Pringsewu Regency

Peningkatan Kapasitas Kader Kesehatan dalam Penyelenggaraan Posyandu Integrasi Layanan Primer di Pekon Waringin Sari Timur Kecamatan Adiluwih Kabupaten Pringsewu

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Abstract

This community service activity aims to enhance the capacity of Posyandu cadres in adapting to the transformation of community-based health services toward the integrated Posyandu model within the Village Community Institution (LKD) as outlined in the Guidelines for Posyandu Management in the Health Sector (Ministry of Health, 2023). This transformation requires cadres to possess technical, managerial, and digital competencies to effectively carry out promotive and preventive functions within the framework of primary health care transformation. The activity employed a Participatory Action Learning (PAL) approach through participatory training, practical simulations, and field reflections conducted in Waringin Sari Timur Village, Adiluwih District, Pringsewu Regency, involving 25 Posyandu cadres and health workers from Bandung Baru Health Center. The results indicated a significant improvement in cadre capacity, with the average pre-test score of 52.3% increasing to 86.5% in the post-test, particularly in digital reporting and institutional understanding of Posyandu. Cadres also showed greater confidence in using digital tools and a deeper understanding of Posyandu's strategic role as a partner of the village government. This activity demonstrates that participatory and digital-based approaches are effective in strengthening cadre capacity as change agents and as a bridge between national health policies and community-level health practices.

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Keywords

Integrated Posyandu, Health Cadre, Primary Health Care, Digitalization, Capacity Building.

Abstrak

Kegiatan pengabdian kepada masyarakat ini bertujuan untuk meningkatkan kapasitas kader Posyandu dalam menghadapi perubahan sistem layanan kesehatan berbasis masyarakat menuju model Posyandu terintegrasi dalam Lembaga Kemasyarakatan Desa (LKD) sesuai Panduan Pengelolaan Posyandu Bidang Kesehatan Kemenkes, 2023. Perubahan ini menuntut kader memiliki kompetensi teknis, manajerial, dan digital agar mampu menjalankan fungsi pelayanan promotif dan preventif secara efektif dalam konteks transformasi layanan primer. Metode yang digunakan adalah Participatory Action Learning (PAL) dengan pendekatan partisipatif melalui pelatihan, simulasi praktik, dan refleksi lapangan yang dilaksanakan di Pekon Waringin Sari Timur, Kecamatan Adiluwih, Kabupaten Pringsewu, melibatkan 25 kader Posyandu dan tenaga kesehatan dari Puskesmas Bandung Baru. Hasil kegiatan menunjukkan peningkatan signifikan pada kemampuan kader, di mana nilai rata-rata pre-test 52,3% meningkat menjadi 86,5% pada post-test, terutama pada aspek pelaporan digital dan pemahaman kelembagaan Posyandu. Kader juga menunjukkan peningkatan kepercayaan diri dalam menggunakan perangkat digital serta memahami peran strategis Posyandu sebagai mitra pemerintah desa. Kegiatan ini membuktikan bahwa pendekatan partisipatif dan digitalisasi efektif dalam memperkuat kapasitas kader sebagai agen perubahan dan jembatan antara kebijakan nasional serta praktik kesehatan masyarakat di tingkat akar rumput.

Kata Kunci

Posyandu Terintegrasi, Kader Kesehatan, Layanan Primer, Digitalisasi, Peningkatan Kapasitas.

1. Introduction

The Integrated Healthcare Center (Posyandu) constitutes a form of Village Community Institution that has played a pivotal role in the Indonesian healthcare service system since 1986 (Ministry of Home Affairs, 2018). Posyandu serves as the vanguard in elevating public health standards through promotive and preventive activities managed by, from, and for the community. Due to health development policies and the decentralization of governance, the operational patterns of Posyandu have undergone fundamental changes (Ministry of Health, 2023).

This transformation is articulated in the Guidelines for Posyandu Management in the Health Sector (Panduan Pengelolaan Posyandu Bidang Kesehatan, 2023), which serves as the national reference for the restructuring of the primary service system at the village and sub-district levels. These guidelines emerged within the context of the six pillars of the national health system transformation, one of which is the Primary Care Transformation. This pillar emphasizes the necessity of bringing health services closer to the community through the strengthening of promotive and preventive efforts, as well as the restructuring of the network involving Community Health Centers (Puskesmas), Posyandu, and home visits (Ministry of Health, 2023).

This transformation bears direct consequences on the roles, functions, and capacities of Posyandu cadres. Previously, Posyandu was more commonly associated with sectoral programmatic activities, such as Toddler Posyandu, Integrated Guidance Posts for Non-Communicable Diseases (Posbindu PTM), or Elderly Posyandu (Ministry of Health, 2023). The new system directs all these forms of service into a single integrated entity within the village institutional framework. The 2023 Posyandu Management Guidelines issued by the Ministry of Health assert that Posyandu must possess health cadres who act not merely as technical implementers for toddler weighing or maternal and child health educators, but are also required to perform administrative, managerial, and cross-sectoral coordinative functions. Health cadres are expected to comprehend organizational governance, data-based reporting, and communicate effectively with various stakeholders, such as the village government, Puskesmas, and community groups (Ministry of Health, 2023).

Referring to the latest Posyandu Management Guidelines, capacity building for cadres has become imperative to ensure they can execute their strategic roles professionally. Furthermore, the guidelines emphasize that Posyandu now services the entire life cycle: pregnant women, infants, toddlers, preschoolers, adolescents, adults, and the elderly. These services are implemented in an integrated manner with activity packages including nutrition counseling, early detection of non-communicable diseases, immunization, mental health screening, and physical activity monitoring (Ministry of Health, 2023).

Posyandu cadres are community members who are willing, capable, and have the time to assist the Village Head/Lurah in community empowerment, participate in development planning and implementation, and improve community services based on Minimum Service Standards (Regulation of the Minister of Home Affairs, 2024). A cadre is required to possess an understanding that spans across age groups and health issues, rather than focusing on specific segments. This represents a major paradigm shift from the old system, which tended to be sectoral, toward a new system that is comprehensive and continuous (Ministry of Health, 2023).

The health transformation introduces a digital and data-driven approach. The 2023 Posyandu Guidelines state that cadres are expected to be capable of operating Android-based mobile phones, utilizing the Application for Facilities, Infrastructure, and Medical Equipment (ASPAK), and reporting activities via digital forms integrated with the health information system. This necessitates an increase in cadre capacity regarding digital literacy, data management, and indicator-based reporting (Ministry of Health, 2023)

Regarding the substance of services, the new era of Posyandu expands the function of cadres to conduct screenings for communicable and non-communicable diseases, such as tuberculosis, anemia, hypertension, diabetes, and mild mental disorders. Cadres are trained to identify early signs of disease and facilitate referrals to health professionals at the Puskesmas or Auxiliary Community Health Centers (Pustu). This new function undoubtedly requires additional technical skills, an understanding of service

ethics, and strong communication abilities with the community. Without capacity enhancement, cadres are at risk of making errors in identification and reporting, which could impede early detection efforts at the community level (Ministry of Health, 2023).

Planned home visits must also be conducted by cadres under the latest Posyandu management transformation. Cadres must be capable of planning, executing, recording, and reporting the results of home visits as part of Local Area Monitoring (Pemantauan Wilayah Setempat or PWS). They also play a role in Community Self-Surveys (Survei Mawas Diri or SMD), Village Community Deliberations (Musyawarah Masyarakat Desa), and the formulation of follow-up plans for health activities. These new roles require cadres to possess skills in planning, field observation, and participatory public health analysis (Ministry of Health, 2023).

Cadre capacity building concerns not only technical training but also the strengthening of the cadre's role as an agent of community empowerment in village health development. Cadres now serve as the bridge between national health policies and local community realities. Health cadres act as drivers of Clean and Healthy Living Behavior (PHBS), promoters of balanced nutrition, and facilitators of cross-sector collaboration between health workers, community leaders, and village officials (Regulation of the Minister of Home Affairs, 2024).

Capacity is something tangible and observable in action, not merely an input, theoretical ability, or hidden potential that may not necessarily be utilized. Capacity reflects the extent to which a human system, whether an individual, group, or organization, is capable of functioning effectively, maintaining its performance, and adapting to change. In other words, capacity is not merely about what one possesses, but how that ability is applied in real life. In the context of health promotion, individual capacity can be observed in a person's ability, such as a mother of a toddler, to comprehend health messages, make appropriate decisions, and sustain healthy behaviors continuously. The higher the individual capacity, the greater the likelihood of health program success in altering attitudes and behaviors toward improving public health standards (Ubels et al., 2010).

According to Morrison (2001), capacity development is a process to execute something or a series of movements, involving multi-level changes within individuals, groups, organizations, and systems to strengthen the adaptive capabilities of individuals and organizations, enabling them to respond to environmental changes. Thus, increasing the capacity of Posyandu cadres is a strategic necessity in facing the changes in the Indonesian healthcare service system. The shift from the old sectoral system to the new integrated system within the Primary Care Transformation renders cadres no longer mere technical implementers, but primary actors in the community health resilience system at the village and sub-district levels.

2. Methods

The activity methodology was designed using the Participatory Action Learning System (PALS) approach. This framework emphasizes active participation and hands-on experience for Posyandu cadres in understanding and implementing the new system. PALS, developed by Linda Mayoux in the early 2000s, is rooted in the principles of Participatory Rural Appraisal (PRA) and Participatory Learning and Action (PLA), pioneered by Robert Chambers, which positions the community as the primary subject in the empowerment process (Mayoux, 2003).

The implementation consisted of three main phases:

2.1. Preparation Phase

The activities began with coordination among the community service team, the Community Health Center (Puskesmas), the village/sub-district government, and the Posyandu Working Group (Pokjanal Posyandu). This phase included:

1. Needs Identification: Assessing training requirements based on an initial capacity map of the cadres.
2. Data Collection: Gathering baseline data on the number of active Posyandu units, the number of cadres, and the types of services currently being provided.
3. Location Determination: Identifying a representative training venue (village hall, auxiliary Puskesmas hall, or main Posyandu unit).
4. Module Development: Compiling the training module based on the Ministry of Health's Guidelines for Posyandu Management in the Health Sector (2023) and other supporting guidelines.

2.2. Implementation Phase

The implementation was carried out through a 2-day workshop and hands-on practice, structured into the following sessions:

1. Session 1: Posyandu Service Transformation
2. Session 2: Strengthening Cadre Technical Competencies (e.g., screening, basic health checks).
3. Session 3: Digital Literacy and Electronic Reporting (e.g., using digital applications for health data).
4. Session 4: Community Empowerment and Home Visits (e.g., PWS, SMD planning).
5. Session 5: Evaluation and Cadre Action Plan

2.3. Evaluation and Follow-up Phase

Evaluation was conducted using both quantitative and qualitative approaches:

1. Quantitative Evaluation: Conducted via pre-test and post-test scores to measure the increase in cadre knowledge and skills.
2. Qualitative Evaluation: Conducted through in-depth interviews (FGD) with participants and Puskesmas representatives to identify changes in attitude, obstacles encountered, and opportunities for future development.

3. Results and Discussion

The Community Service Program was executed in the field of Human Resources Strengthening, focusing on enhancing the capacity of health cadres in Pekon Waringin Sari Timur (a village in Lampung, Indonesia). The Community Service was conducted over two (2) days, from September 17 to September 18, 2024. The total number of participants was 25 (twenty-five) health cadres. The resource persons consisted of three (3) Health Professionals.

3.1. Cadre Profile and Initial Posyandu Conditions

The Posyandu cadre capacity building activity was held in Pekon Waringin Sari Timur, a region characterized by demographic heterogeneity, with five (5) active Posyandu units. Based on the results of the preliminary survey and field observation, it was found that the majority of cadres had served for more than five years but had never received training based on the new Health Sector Posyandu Management Guidelines.

Source: Community Service Team Pekon Wartim, 2024

Figure 1. Documentation of the Opening Ceremony for Health Cadre Capacity Building

The cadres' abilities in activity recording, utilization of digital devices, and knowledge of the life cycle approach were limited. For instance, most cadres still focused on services for toddlers and pregnant women, while screening for adolescents, adults, and the elderly was not routinely performed. This condition indicated a competency gap between the demands of the new system and the existing capacity of the cadres in the field. The pre-test results administered to the 25 cadres showed an average knowledge score of 52.3%. The highest comprehension scores were observed in aspects related to immunization and toddler nutrition, while the lowest scores were in aspects of digital reporting and screening for Non-Communicable Diseases (NCDs).

3.2. Execution of Activities

The training was conducted intensively over two days, combining participatory methods, practical simulations, and field reflection. The event was opened by the Village Head and local Puskesmas representatives, who underscored the importance of cadre readiness in facing national policy changes within the Primary Care Transformation framework.

The training materials were structured into four thematic clusters:

1. Transformation of Primary Health Services and Posyandu's Status as a Village Community Institution (LKD): Cadres were given an understanding of the systemic shift from Community-Based Health Efforts (UKBM) toward being a Village Community Institution (LKD), including its relationship with village autonomy, the Village Budget (APBDes), and the

Source: Community Service Team Pekon Wartim, 2024

Figure 2. Training Documentation

coordination of the Posyandu Working Group (Pokjanal Posyandu). Group discussions resulted in mapping the cadres' new roles within the village institutional structure, including their functions as educators, recorders, and community movers.

2. Practical Training in Life Cycle Health Services: Cadres practiced using basic health equipment such as Hb meters, stadiometers, digital tensimeters, and Mid-Upper Arm Circumference (MUAC) measuring tapes. The format for the Examination Assistance Card, as regulated in the new guidelines for pregnant women, toddlers, adolescents, adults, and the elderly, was introduced. Screening simulations were conducted in groups, including blood pressure measurement, BMI result recording, and simple interpretation of nutritional status.

Source: Community Service Team Pekon Wartim, 2024

Figure 3. Training Documentation

3. Digitalization of Recording and Reporting: Cadres were instructed on how to fill out home visit checklist forms using mobile phones and record activity results into simple online applications (Google Forms and Excel templates based on ASPAK). In this session, 85% of the cadres were able to perform independent data entry after guided assistance. The principles of data validation and hierarchical reporting from the Posyandu to the Auxiliary Community Health Center (Pustu) and the Sub-district Working Group were also emphasized.
4. Home Visits and Health Behavior Education: Participants conducted field practice with target subjects, including pregnant women and the elderly, around the training location. Each cadre group conducted interviews, observed home sanitation, and provided counseling on nutrition and physical activity. Cadres were also required to compile a follow-up plan based on the results of the Community Self-Survey (SMD) and discuss it in a group reflection forum.

Source: Community Service Team Pekon Wartim, 2024

Figure 4. Home Visit Training Documentation

The entire activity utilized an andragogical approach, which emphasizes the cadres' experience as a learning resource. The trainers acted as facilitators, rather than singular instructors, to foster the cadres' sense of ownership over the Posyandu transformation.

3.3. Evaluation

1. Quantitative Results:

   Following the training, a post-test was administered to the 25 participants. The average score increased to 86.5%, representing a significant improvement of 34.2 points from the initial score. The aspects that showed the most significant increase

Table 1.
Quantitative Evaluation Results

Competency Aspect	Average Pre-Test Score (%)	Average Post-Test Score (%)	Increase (%)
Understanding of LKD Posyandu Policy	48,9	88,4	+39,5
Non-Communicable Disease (NCD) Screening	50,2	84,1	+33,9
Digital Reporting & ASPAK	40,7	82,5	+41,8
Education on Clean and Healthy Living Behavior (PHBS)	58,4	90,7	+32,3
Cross-Sector Collaboration (Pustu–Village)	63,0	87,4	+24,4

In addition to the increase in knowledge scores, observation results indicated a notable rise in cadre self-confidence regarding the use of digital devices and communication with the community. Cadres who were previously reluctant to use smartphones are now capable of performing basic data entry, such as the number of visits, immunization status, and nutritional condition of toddlers.

2. Qualitative Results:

   In-depth interviews with participants and Puskesmas health workers revealed positive changes in cadre behavior. The following quotes represent the observed behavioral transformation:

   "We used to only weigh and record in books. Now we know how to report the results of visits via mobile phone and understand what that means for the Puskesmas." "We just learned that Posyandu is part of the village institution. So we can attend village meetings and propose activities through the Village Budget (APBDes)." (Cadre, Pekon Waringin Sari Timur)

3.4. Discussion

The findings of the activity demonstrate that enhancing the capacity of Posyandu cadres through a participatory and digitalization approach effectively addresses the challenges of the new system. Theoretically, this change in cadre capacity supports the implementation of the Primary Care Transformation, which emphasizes three main pillars: integrated services, data-driven operations, and a community-based approach.

This activity confirms that cadre capacity is a key variable in the effectiveness of community-based health policies. Cadres are not merely technical implementers but are social change agents who bridge national policy with grassroots community behavior.

The research by Retno et al. (2025) demonstrates that PALS is capable of significantly improving the competence of elementary school teachers, marked by an increase in pre-test to post-test scores of 39.7% through cycles of counseling, practice, mentoring, and reflection. Furthermore, the study by Dadan & Ila (2020) on the Family Hope Program (Program Keluarga Harapan or PKH) strengthens the findings of this activity. PALS proved effective in encouraging behavioral change among Beneficiary Families through building rapport, identifying needs, formulating goals, participatory practice, and reflection, ultimately resulting in increased independence and decision-making ability.

The improvement in cadres' digital competency has been proven to accelerate the reporting process and expand the service reach, especially for monitoring high-risk groups such as pregnant women, the elderly, and adolescents. This aligns with the research by Tri et al. (2025), titled Assessing Posyandu Cadres' Readiness In Implementing Integrated Primary Health Services In Yogyakarta, Indonesia, which indicated that cadre readiness in implementing Integrated Primary Health Services (IPHS) was already in the "ready" and "very ready" categories, particularly in Posyandu management (scores >90%). The application of the Participatory Action Learning method in this activity successfully bridged the existing competency gap, evidenced by the increase in cadre knowledge scores (from 52.3% to 86.5%) and the enhanced practical abilities in digital reporting and NCD screening (Tri et al., 2025).

The study by Ilham et al. (2024) indicates that the communication capacity of health cadres in rural areas remains very limited, particularly concerning the use of social media, understanding nutrition messages, and the ability to adapt educational material to local culture. This condition is consistent with the initial findings of the cadre strengthening activity in Pekon Waringin Sari Timur. The study explains that cadres are effective when they are able to implement eight communication strategies, ranging from counseling, demonstration, community discussion,

use of creative media, to monitoring and evaluation (Ilham et al., 2024).

Cadres in various regions continue to face limitations in health communication, adapting nutrition messages, utilizing digital applications, and life cycle service competencies. Therefore, capacity enhancement using a practical, dialogical, and contextual approach, as undertaken in this activity, is crucial. This ensures that cadres are capable of fulfilling their strategic role as agents of behavioral change and implementers of the Integrated Posyandu at the village level.

4. Conclusion

The Posyandu cadre capacity building activity in Pekon Waringin Sari Timur successfully strengthened the technical, managerial, and digital competencies of the cadres in preparation for the primary care transformation. Through the Participatory Action Learning (PALS) approach, the cadres demonstrated a significant increase in knowledge, as well as improved practical skills, particularly in life cycle health screening and digital reporting.

In addition to the knowledge gains, the activity also resulted in observable changes in cadre behavior and self-confidence in executing Posyandu's strategic role as a component of the Village Community Institution (LKD). Cadres are now better prepared to integrate various health services, conduct home visits, collaborate with the Puskesmas and the village government, and utilize technology as part of a data-driven reporting system. This program proves that the participatory training model is effective in bridging the gap between national policy demands and the needs of cadres at the village level.

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We hope that this Community Service Program can provide a tangible contribution to the Waringin Sari Timur village government, enabling the village to become more independent, highly competitive, and sustainable in the future.

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