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ANALYSIS OF THE READINESS OF POSYANDU CADRES IN PROVIDING BASIC HEALTH SERVICES TOWARDS THE IMPLEMENTATION OF PRIMARY SERVICE INTEGRATION IN POSYANDU

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ABSTRACT
The low achievement of health sector SPM in 2022 has driven the transformation of health services by optimizing the role of cadres in providing basic health services towards the integration of primary health care. Trials in various regions of Indonesia have shown positive results, but there is no clear picture of the readiness of cadres to implement integrated primary health care in Kotawaringin Barat. This study was conducted to explore the readiness of Posyandu cadres in providing basic health services in terms of appropriateness, change efficacy, management support, and personal benefit. This qualitative descriptive study was conducted in Posyandu located in the working area of Kumai Health Center, Kotawaringin Barat Regency, from September to November 2024. The research informants were 23 Posyandu cadres who met the criteria from the entire Kumai area. The main data was obtained from interviews, and additional data was obtained from cadre activity documents and observations of cadre performance in Posyandu implementation. Data analysis involves three main steps: data reduction, data presentation, and conclusion drawing. Data analysis successfully described findings from 5 themes and 20 sub-themes, including: cadre insight (sub-themes 1 and 2); appropriateness (sub-themes 3 to 5); change efficacy (sub-themes 6 to 12); management support (sub-themes 13 to 19); and personal benefit (sub-theme 20). Servant leadership needs to be developed to increase the internal motivation of cadres by optimizing the role of community leaders.

Keywords: basic health services; posyandu cadre; readiness

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INTRODUCTION

To achieve the goal of "Enhancing the Quality of Human Resources in Indonesia," the Ministry of Health of the Republic of Indonesia has established a vision: "Realizing a Healthy, Productive, Independent, and Equitable Society to Achieve a Sovereign, Self-Reliant, and Distinctive Indonesia Based on Mutual Cooperation." This vision is supported by the policy direction of "Enhancing healthcare services towards universal health coverage, particularly by strengthening primary health care through the promotion of preventive and promotive efforts, supported by innovation and the utilization of technology." One of the key strategies includes: (1) improving maternal, child, family planning, and reproductive health services; (2) accelerating community nutrition improvement; (3) enhancing disease control measures; (4) cultivating the Healthy Living Community Movement; and (5) strengthening the healthcare system, drug, and food supervision (Ministry of Health, 2020).An evaluation of the achievement of the Minimum Service Standards for healthcare services in 2022, conducted by the Directorate of Public Health Governance, revealed that none of the 12 established SPM indicators had reached 100%. Some indicators even showed a decline compared to 2021, including: (1) maternal healthcare services (from 82.54% to 75.83%); (2) maternal delivery services (from 83.65% to 76.29%); (3) newborn healthcare services (from 83.63% to 78.03%); (4) toddler healthcare services (from 79.07% to 71.98%); and (5)

healthcare services for individuals with severe mental disorders (from 76.55% to 72.94%). Additionally, the Ministry of Health has identified four major catastrophic diseases as the leading causes of death and high-cost healthcare burdens: heart disease, stroke, cancer, and kidney disease. These findings serve as the foundation for the Ministry of Health to initiate a transformation of Indonesia's healthcare system, one of which is the transformation of primary healthcare services (Directorate of Public Health Governance, Ministry of Health, 2023).

The Ministry of Health has begun integrating and revitalizing primary healthcare services to strengthen primary healthcare by promoting preventive and promotive efforts. This integration is implemented by bringing healthcare services closer to communities through networking at the village/urban ward level, targeting all life cycle stages as a platform, and reinforcing local area monitoring through a health situation dashboard per village/urban ward. This initiative highlights the crucial role of Posyandu cadres as the frontline in providing basic health services to communities at the village/urban ward level (Yuliandari, 2023).The restructuring of primary healthcare services aims for greater integration, making the role of Posyandu and its cadres more strategic. The implementation of cross-program services is centralized within the same Posyandu, ensuring that all Posyandu can provide services throughout the life cycle. Collaboration with village health posts helps allocate the working areas of each Posyandu and cadre, enabling scheduled home visits (Directorate of Public Health Governance, Ministry of Health, 2023).

A pilot study on the Integration of Primary Healthcare Services conducted in nine Community Health Centers locations—representing urban, rural, remote, and very remote areas—by the Ministry of Health demonstrated positive results. The community received optimal healthcare services at Posyandu and through home visits by cadres. These cadres successfully identified individuals missing healthcare services (missing service), those non-compliant with therapy or medication, and individuals exhibiting danger signs requiring immediate medical intervention (Bureau of Communication and Public Services, Ministry of Health, 2023).Community strengthening plays a vital role in Integration of Primary Healthcare implementation, prioritizing promotive and preventive efforts through community empowerment. Active community participation and the involvement of Posyandu cadres, as members of the community, are crucial in mobilizing and educating the public to adopt healthy behaviors (Yuliandari, 2023). The Integration of Primary Healthcare program aims to integrate public health services through healthcare facilities at the sub-district level (Community Health Centers) down to the village level (Pustu/Poskesdes/Polindes) while enhancing community empowerment through the participation of Posyandu cadres (Harsono & Pambudi, 2023).

The current transformation of Posyandu healthcare services focuses on five key steps: registration, weighing and measurement, record-keeping and examination, healthcare services and counseling, and validation and synchronization of service data. The transformation includes home visits, maternal and child health classes at Posyandu, and technical training for cadre competency development. Posyandu cadres are required to acquire 25 competencies, categorized into three proficiency levels—Purwa, Madya, and Utama—aligned with different life stages, including pregnancy, postpartum, and breastfeeding; infants and toddlers; school-age children and adolescents; productive age and elderly; and Posyandu management skills. These competencies are to be acquired gradually (Yuliandari, 2023).According to data from the Directorate General of Village Government Development, Ministry of Home Affairs (2022), the number of Posyandu facilities as of December 2022 reached 203,005, distributed across 38 provinces in Indonesia. Posyandu institutions are not only present at the village

level but also extend to neighborhood and community unit levels (Harsono & Pambudi, 2023). Among the nine Integration of Primary Healthcare pilot locations selected by the Ministry of Health, one was Telaga Bauntung Community Health Centers in Banjar Regency, South Kalimantan Province. The pilot study, conducted from July to October 2022, demonstrated that Integration of Primary Healthcare successfully improved healthcare accessibility and service coverage. This was achieved through the establishment of primary Posyandu in villages, integrated hamlet-level Posyandu, home visits by cadres to motivate individuals to seek healthcare services, and home visits by healthcare workers and cadres to those in need. However, implementation has not yet fully aligned with the Ministry of Health's technical guidelines for primary healthcare transformation, particularly at the Community Health Centers , primary Posyandu, and hamlet-level Posyandu. Some activities could not be carried out as planned, while others were adapted to local needs and conditions (Indriyati et al., 2023).

A preliminary study at Kumai Community Health Centers revealed the presence of 21 Posyandu facilities across six villages and three urban wards. Interviews with three Posyandu cadres indicated that cadre assignments were based on official appointments by village heads or urban ward leaders. Although Community Health Centers staff have received training to prepare for Integration of Primary Healthcare integration, no clear training plan has been outlined for cadres. Interviews with officials from the Health Department revealed that while the local government has planned ongoing training for Integration of Primary Healthcare implementation in Kotawaringin Barat, cadre training is managed by the villages. It remains unclear whether village administrations have allocated funds for cadre competency development. Additionally, no assessment has been conducted to determine the competency levels of existing cadres or to identify specific training needs. There is currently no established methodology or responsible authority for conducting cadre competency assessments.Based on these preliminary findings and considerations, the purpose of this study was to explore the readiness of Posyandu cadres in providing basic health services in terms of appropriateness, change efficacy, management support, and personal benefit.

METHOD

This study employs a qualitative descriptive research approach. The qualitative descriptive method is used to explore natural settings where the researcher acts as the primary instrument. Data collection is conducted through triangulation, and analysis follows an inductive or qualitative approach, emphasizing meaning rather than generalization. This research aims to describe, explain, and analyze the readiness and competence of community health cadres in delivering primary health services within an integrated system at Posyandu.The study was conducted at Posyandu facilities within the working area of Kumai Public Health Center, Kotawaringin Barat Regency, between September and November 2024. The research subjects include registered Posyandu cadres appointed by the village head or local authority. These subjects provide key information related to the research problem. Informants in this study consist of active Posyandu cadres who have been exposed to information about primary healthcare integration. A total of 20 cadres from various Posyandu facilities participated as primary informants. Additionally, seven individuals were interviewed for data triangulation, including village heads, health service officials, and cluster coordinators involved in cadre activities.

The informants were selected using purposive sampling based on specific inclusion criteria: active involvement in Posyandu activities in the past year, prior participation in socialization programs on primary healthcare integration, willingness to engage in the study, and the ability to communicate information in a natural manner.Data sources in this study include direct

input from participants, relevant documents related to cadre activities, and observational findings regarding cadre performance. Data collection methods consist of in-depth interviews, documentation review, and triangulation. In-depth interviews involve open-ended discussions without rigid question structures, allowing the researcher to explore topics freely. Interviews were conducted repeatedly until data saturation was reached. Documentation involved reviewing administrative documents from the public health center. Triangulation was employed to validate data by comparing different sources, ensuring credibility and consistency.Data validity in qualitative research ensures accuracy between observed and reported data. The study employs credibility testing through prolonged engagement, triangulation, and member checking. Transferability is ensured by providing detailed, systematic descriptions, while dependability is verified through an audit process by research supervisors. Confirmability is achieved by comparing findings with previous studies.

Data analysis involves three main steps: data reduction, data presentation, and conclusion drawing. Data reduction includes summarizing and organizing key points to identify patterns and themes. The findings are then presented in a narrative format to facilitate interpretation. Conclusions are drawn and verified based on the data collected, providing insights into the preparedness of Posyandu cadres in implementing primary healthcare integration.The study adheres to ethical considerations by obtaining informed consent from participants, ensuring anonymity by coding respondent data, maintaining confidentiality, and balancing potential risks and benefits to participants. The ethical framework ensures that respondents' information remains protected while maximizing the study's contribution to improving community health services.

RESULT

Table 1.
Respondent characteristics (n= 23)

No	Code	Age (year)	Work Experience (year)	Posyandu
1	R1	26	5	Lestari 1, Kumai Hilir
2	R2	28	7	Lestari 2, Kumai Hilir
3	R3	39	15	Saka Lading, Kumai Hilir
4	R4	41	17	Lestari 3, Kumai Hilir
5	R5	45	20	Bunga Rambai 1, Kumai Hulu
6	R6	38	12	Bunga Rambai 1, Kumai Hulu
7	R7	37	10	Permata Ibu, Kumai Hulu
8	R8	47	21	Bahagia Sejahtera, Kumai Hulu
9	R9	28	5	Bahagia 1, Candi
10	R10	41	17	Bahagia 2, Candi
11	R11	37	10	Tiara, Sungai Tendang
12	R12	31	7	Cempaka, Sungai Tendang
13	R13	45	20	Aroma 1, Sungai Kapitan
14	R14	43	20	Aroma 2, Sungai Kapitan
15	R15	29	5	Aroma 2, Sungai Kapitan
16	R16	27	5	Mawar, Batu Belaman
17	R17	36	10	Melati, Batu Belaman
18	R18	41	15	Melati, Batu Belaman
19	R19	29	5	Harum Selati, Kubu
20	R20	38	10	Harum Selati, Kubu
21	R21	36	10	Amanah, Sungai Sekonyer
22	R22	42	15	Ngudi Rahayu, Sungai Bedaun
23	R23	30	7	Ngudi Rahayu, Sungai Bedaun

Based on interview analysis and thematic examination, the research findings are categorized into five key themes:

Theme 1: Cadres' Competence in Primary Healthcare Integration
Cadres play a crucial role in integrating primary healthcare services, encompassing health service access, management, advocacy, coordination, health promotion, and health monitoring. Their fundamental competencies include providing healthcare services, managing Posyandu operations, promoting health awareness, and conducting health monitoring.

Theme 2: Cadres' Readiness
Cadres are deemed capable of delivering basic healthcare services due to their existing competencies, which should be continuously developed to enhance community participation in addressing health issues. Their skill set includes simple health assessments, counseling, health promotion, service management tailored to different life stages, record-keeping, and service quality monitoring. The necessity of their role stems from self-development, ownership, service standardization, leadership enhancement, disease prevention, and, most importantly, contributing to society and the nation.

Theme 3: Cadres' Confidence
Cadres exhibit strong confidence in providing healthcare services, driven by their skills, motivation, and manageable challenges. They are prepared and capable of implementing basic healthcare services with the necessary training, self-awareness, and stakeholder involvement. Their willingness to support healthcare transformation reflects their independence and desire to assist health professionals. Moreover, cadres have demonstrated a strong track record and motivation for change, along with qualities such as sincerity, adaptability, responsibility, and leadership within their communities.However, several barriers hinder their role in service integration, including personal capacity limitations, unfamiliarity with technology, time constraints, lack of cadre regeneration, weak financial incentives, societal misconceptions, unfavorable weather, transportation difficulties, and insufficient family support. Factors motivating cadres to engage in service transformation include self-actualization, independence, stakeholder support, incentives, community acceptance, and a strong desire to contribute to public welfare.

Theme 4: Strong Institutional Support
Support from health centers, local government, and communities has exceeded expectations. All stakeholders, including government agencies, healthcare providers, village authorities, and community leaders, play a role in enhancing cadres' competencies for service integration. Community Health Center hold a key position in cadre capacity-building, providing technical guidance, competency development, and mentorship while strengthening promotive and preventive efforts. The most anticipated role of Community Health Centers is fostering cadre independence alongside delivering direct healthcare services. Meanwhile, village governments are expected to allocate financial resources, provide technical support, facilitate cadre regeneration, and empower local community organizations.The Health Office (Dinas Kesehatan) is responsible for policy development and is expected to offer guidance, training, and supplementary health services to expand Posyandu access. Additionally, community leaders play a central role in promoting primary healthcare integration through leadership, collaboration, and fostering public awareness of healthy living.

Theme 5: Benefits of Being a Cadre
Becoming a cadre offers numerous personal and social benefits. It enhances coordination skills, provides societal recognition, facilitates self-actualization, expands health-related knowledge, and can be financially rewarding. More importantly, competent cadres not only improve their own well-being but also make significant contributions to community health.

DISCUSSION

Readiness of Cadres in Terms of Appropriateness

Based on research findings, a description of the readiness of cadres in implementing primary service integration in terms of appropriateness or feasibility for change was obtained. Armenakis et al. (1993) in Wisudayanti (2021) explain that readiness for change is a cognitive antecedent encompassing beliefs, attitudes, and intentions that support or hinder change efforts. The initial stage of readiness for change is reflected in the beliefs, attitudes, and intentions of organizational members regarding the necessity and feasibility of successful change.The study results indicate that integrating primary services and transforming cadres is appropriate, forming the basis for an internal assessment that this change is necessary. This aligns with Armenakis et al. (1993) in Wisudayanti (2021), who state that readiness for change is built by altering cognition through communication about change messages that highlight the need for change. Acceptance of this necessity serves as the foundation for confidence in change. The feasibility of change is reinforced by the belief that cadres already possess the fundamental skills to implement change (Theme 4). This belief in their competencies fosters individual and collective efficacy, as discussed by Armenakis et al. (1993) in Wisudayanti (2021).

Ultimately, cadres identify reasons why their transformation is necessary (Theme 5), aligning with organizational needs (Holt et al., 2007 in Novitasari & Asbari, 2020). Themes 3, 4, and 5 correspond with Hanpachern (1997) in Liana et al. (2021), who state that readiness for change reflects an individual's mental, psychological, and physical preparedness for participation. Readiness occurs when there is high promotion and participation with low resistance.The study's findings align with the concept of primary healthcare service integration presented by the Ministry of Health (2023). Cadres' understanding of Posyandu matches Tarsikah et al. (2022), who describe Posyandu Prima as coordinating services throughout life stages, from pregnancy to old age, at least once a month. The aspirations described in Theme 5 align with efforts to realize Posyandu Prima, emphasizing leadership as a crucial factor.According to the researcher's assumption, cadres in the Community Health Centers (Puskesmas) Kumai area have demonstrated awareness and accountability in optimizing Posyandu services. Informants showed an intrinsic understanding that self-transformation is necessary for improved services. This is supported by the fact that most have served as cadres for over five years, demonstrating their strong sense of responsibility.

Readiness of Cadres in Terms of Change Efficacy

The study identified cadre readiness for primary service integration in terms of change efficacy or confidence in implementing planned changes. Cadres' self-awareness of the importance of Posyandu service transformation provides a strong foundation for their belief in their readiness (Theme 6). While confident in their potential, they recognize the need for gradual competency improvement and stakeholder involvement, aligning with Hanpachern (1997) in Liana et al. (2021).Confidence in their ability to transform roles (Theme 7) and readiness to do so (Theme 8) reflect the awareness and responsibility described earlier. This strengthens their belief in their potential for change (Theme 9), resembling Weiner's (2020) perspective in Liana et al. (2021) that readiness is influenced by the substance, process, and context of change, as well as individual factors.The strengths expressed by cadres (Theme 10) support their role perception (Theme 11), consistent with Safrudin & Sariana (2021), who describe cadres as key drivers of primary health efforts. These roles align with the Ministry of Health (2018) concept of cadres. Factors motivating cadres to actualize their roles (Theme 12) correspond with Yulyuswarni et al. (2023), who state that while health cadres work voluntarily without financial demands, some receive housing or basic equipment from the community. Safrudin & Sariana (2021) emphasize that cadres perform simple but vital tasks

in community health efforts. Informants believe they can transform towards integrated primary health services as their tasks and competencies align with those outlined by the Ministry of Health (2023). The researcher assumes that cadres' motivation (Theme 12) is crucial in their readiness for transformation. Motivations include self-actualization, independence, stakeholder support, rewards, community acceptance, and a desire to contribute. Self-actualization is a key driver since cadres are community-elected representatives. This supports their confidence in executing planned changes.

Readiness of Cadres in Terms of Management Support

Research findings describe cadres' readiness for primary service integration in terms of management support. Theme 13 highlights cadres' expectations of stakeholder support for Posyandu activities. This aligns with the Ministry of Health (2023), which describes Posyandu as a community institution aiding village heads in health services. Posyandu operates under the coordination of Community Health Centers (Pustu), reinforcing the involvement of stakeholders mentioned in Themes 13-16.Theme 17, concerning the role of village or subdistrict governments, aligns with the Ministry of Health (2023), confirming that cadres operate under local government authority. Indriyati et al. (2023) note that primary healthcare transformation focuses on strengthening Local Area Monitoring (PWS) through health dashboards to monitor all areas regularly. This underscores villages' vested interest in Posyandu's success. Yulyuswarni et al. (2023) emphasize that primary healthcare integration enhances community services, making government support crucial.

As community members tasked with improving public health, cadres naturally expect support from community leaders (Theme 19). Harsono & Pambudi (2023) describe primary healthcare integration as incorporating public health services through Community Health Centers, including Pustu and Poskesdes, with community empowerment through Posyandu cadres. This program aligns with the co-production concept in public administration, where public service providers include government, private sector, and community participation.Theme 18, addressing the Health Office's role, highlights its vital role in policy-making. The Ministry of Health (2023) states that although cadres belong to villages, competency standards are set by health sector policymakers, ensuring the fulfillment of health service standards.Research themes emphasize community strengthening as key to ILP implementation, prioritizing promotive and preventive efforts through community empowerment. Yuliandari (2023) underscores the importance of active public participation and cadre involvement in promoting healthy lifestyles.The researcher assumes that while cadres expect stakeholder support, they can also innovate to enhance performance. Unlike stakeholder programs that often require funding, innovation does not necessarily involve costs. A trial ILP program in Community Health Centers Telaga Bauntung, South Kalimantan (July–October 2022), demonstrated that region-specific innovations improved the success of primary healthcare integration.

Readiness of Cadres in Terms of Personal Benefit

Research findings describe cadres' readiness for primary service integration in terms of personal benefits gained. Theme 20 highlights cadres' awareness of personal benefits from competency development, such as their societal recognition. Yuliandari (2023) emphasizes cadres' crucial role as frontline health providers, though this is an external stakeholder perspective. The study identifies personal benefits from cadres' perspectives, including social recognition, appreciation, and self-actualization. Holt et al. (2007) in Novitasari & Asbari (2020) state that readiness for change is influenced by perceived benefits. Maslow (2017) in *A Theory of Human Motivation* posits that self-actualization is the highest human need, explaining cadres' drive to serve as health volunteers.While cadres mention internal motivations like coordination skills, health knowledge, and financial incentives, these are

external expressions of intrinsic motivation, consistent with Maslow's theory. Thomai (2012) asserts that leadership succeeds when leaders ignite internal motivation. Siahaan (2022) states that humans inherently practice social responsibility in daily life. A notable external motivation is contributing to the community. Siswokartono (2010) describes the Javanese philosophy *urip iku urup*—life is meaningful when it benefits others. Endraswara (2010) similarly emphasizes that Javanese ethics involve benefiting people, animals, plants, and the environment.The researcher concludes that cadres' motivations provide insights for leadership approaches in primary healthcare transformation. Initially, a transactional leadership approach was used, but deeper exploration of cadres' motivation for community contribution supports the *Servant Leadership* approach (Benawa, 2015), integrating spirituality into leadership.

CONCLUSION

This study has several limitations. First, data collection took place at the end of the year when Pangkalan Bun experienced the rainy season, limiting access to certain Posyandu locations, such as those along the Sekonyer River. Consequently, the findings may not fully represent the overall condition of Posyandu cadres. Second, the research describes the situation in the second half of 2024, before cadres received training on primary healthcare integration in February 2025. Their understanding and perceptions may change after the training.The study concludes that Posyandu cadres in Kumai are ready to implement primary healthcare integration. In terms of appropriateness, cadres demonstrate awareness and accountability to improve Posyandu performance through healthcare integration. Regarding change efficacy, cadres believe in their ability to implement planned changes, driven by self-actualization motivation. Management support plays a crucial role, as cadres trust stakeholders' commitment but also need to develop innovations for better performance. Lastly, personal benefit is strongly influenced by internal motivation, primarily self-actualization and contributing to community well-being.Since cadres show readiness for transformation, strengthening internal motivation through servant leadership and engagement with local community leaders is essential. Educational institutions can enhance management support through community engagement programs that improve cadre competency, particularly in literacy and innovation. This study focuses on Community Health Centers Kumai, while primary healthcare integration is implemented nationwide.

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