

Strategy for Strengthening Implementation of The Posyandu Program in the Work Area of Uptd Puskesmas Ii Health Department of Denpasar Utara District



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ABSTRACT: The Sustainable Development Goals (SDGs) at ensuring a healthy life and promote well-being for all at all ages. In order to increase public access to quality health services, the World Health Organization introduced Primary Health Care. In Indonesia, the implementation of Primary Health Care was carried out based on community and community participation, namely Posyandu in every sub-district and village areas. This study at explore internal and external factors and to analyze strategies in the implementation of the Posyandu program. The research design used were qualitative and quantitative approaches where purposive sampling was applied to gathered the research subjects. The data was collected through a questionnaire, and then an Focus Group Discussion will be conducted. The data analysis used was the Strengths, Weaknesses, Opportunities, Threats analysis which followed by the Quantitative Strategic Planning Matrix analysis. The results showed that the internal and external position factors were in a strong position in the range of 3.00-4.00 which placed the implementation of posyandu in cell I in the internal and external matrix. The alternative strategy that gets the highest score is strategy 1 with a Total Attractive Score of 7.47. The conclusions from the results of the data analysis were: the dominant internal factor as a strength was the availability of cadres during the implementation of Posyandu should consist at least with 5 people, while the weakness found was that they did not have standard operating procedure for the implementation of Posyandu. External factors as the biggest challenges were choosing other health services, while as an opportunity was the policy of the central government by including Posyandu as one of the criteria for Puskesmas to be able to foster active Posyandu. The main priority strategy was to garner support from the business world and traditional leaders. The implication of this research was to socialize it to the business world and traditional leaders related to the Posyandu program to further garner support and cooperation.

KEYWORDS: implementation, Integrated Healthcare Center, strategy

INTRODUCTION

Healthy and quality human resources are the main capital or investment in health development. This is supported by the Sustainable Development Goals (SDGs) which states to ensure a healthy life and promote well-being for all people of all ages. To increase public access to quality health services, the World Health Organization introduced Primary Health Care (PHC). In Indonesia, the implementation of PHC is carried out based on community and community participation, namely Posyandu in every sub-district and village area. This is in line with the development of the development paradigm, a policy direction for health development has been set. contained in the 2020-2024 Medium-Term Development Plan (RPJM) in the health sector which focuses on preventive and promotive approaches as well as empowering families and communities in the health sector. One form of community empowerment efforts in the health sector is to develop Community Based Health Efforts (UKBM).

The existence of this Posyandu is an effort to support the accelerated reduction in infant mortality (IMR), maternal mortality (AKI), and under-five mortality (AKABA). Basic social services implemented at the Posyandu include Health and Nutrition Services, Early Childhood Education (PAUD), Toddler Family Development (BKB), Family Economic Improvement, Family Food Security, Social Welfare. The Posyandu activities have been carried out with the role of the community as cadres with the guidance of health workers and other parties related to community empowerment. Research conducted at the Posyandu in the Work Area of the Tambakboyo Public Health Center, Ngawi Regency, stated that each cadre has different attitudes and motivations so that

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it has an impact on the performance of cadres in the implementation of posyandu so that it affects the quality of posyandu services.(Suharyani, 2018).

Based on data from the Denpasar City Health Office Profile in 2021, the active posyandu coverage in Denpasar City is 73.85%. The lowest active posyandu coverage is in the UPTD Puskesmas II, North Denpasar District Health Office at 13.51%(East Denpasar District, 2022). UPTD Puskesmas II, Denpasar Timur District Health Office, has 37 posyandu, some of which are classified as middle strata. Strata Madya Posyandu are posyandu that have not been categorized as active posyandu. Strata Madya Posyandu are Posyandu that have been able to carry out activities more than 8 times per year, with Posyandu Management an average number of cadres of five or more people, but the coverage of the five main activities is still low, which is less than 50%(Ministry of Health, 2017). The performance of posyandu in the working area of the Hanopan Public Health Center, Arse Subdistrict as a whole is also low (70%). The low output of posyandu up to 82% is suspected to be the cause of poor posyandu performance(Siregar & Sulubara, 2020).

RESEARCH METHODS

TypeThe research is observational, because the data is obtained through observation and no treatment is carried out on the research subject during the study. The research design used is a combination of qualitative and quantitative methods. Determination of the research location by purposive sampling with posyandu criteria in the work area of UPTD Puskesmas II North Denpasar District Health Office with a total sample of 154 people conducted in April-June 2022. The instrument used in this study was in the form of a questionnaire with techniques and data collection using techniques surveys and interviews, document review, field observations and Focus Group Discussions (FGD). The analysis technique used in this research is descriptive qualitative analysis,

RESULTS AND DISCUSSION

UPTD Puskesmas II, North Denpasar District Health Office, the location is in the center of Denpasar city, precisely on Jalan Gunung Agung Gang II Number 8x Denpasar. The working area of UPTD Puskesmas II Health Office of North Denpasar District includes three villages/kelurahan, namely Pemecutan Kaja Village which consists of 13 hamlets; Ubung Kaja Village which consists of 18 hamlets and Ubung Village which consists of 4 neighborhoods. The working area of the UPTD UPTD Puskesmas II of the North Denpasar District Health Office is 10.17 km² with an area of each village/kelurahan is Pemecutan Kaja Village 3.85 km², Ubung Village 1.73 km² and Ubung Kaja Village 4.59 km². The total population in the working area of UPTD Puskesmas II Health Service of North Denpasar District in 2020 is 91,3447 people(East Denpasar District, 2022).

Table. 1 Number of Toddlers at Posyandu in the Work Area of UPTD Puskesmas II Health Office of North Denpasar District

| No | Name of Village/Sub-district | Toddler | | |
|----|------------------------------|---------|-------|-------|
| | | Man | Woman | Total |
| 1 | Ubung Kaja Village | 351 | 331 | 682 |
| 2 | Kaja's Pemecutan Village | 299 | 330 | 629 |
| 3 | Ubung Village | 96 | 90 | 186 |
| | Total | 746 | 751 | 1497 |

Seen from table 1 above, the number of children under five who are registered at the posyandu is 1497 which is served by 37 posyandu. The number of posyandu is sufficient to meet the standards for the establishment of posyandu. Posyandu was formed by the village/kelurahan community with the aim of bringing basic health services, especially MCH, family planning, immunization, nutrition and diarrhea prevention closer to the community. One posyandu serves around 80-100 toddlers. In certain circumstances, such as geography, and or the number of children under five is more than 100 people, a new posyandu may be established (Faricatussoolichah, 2021).

Seen from table 2 below, only one posyandu is independent. Independent Posyandu is Posyandu which has been able to carry out activities more than 8 times per year, with an average number of cadres of five or more people, the coverage of the five main activities is more than 50%, is able to carry out development activities, and has obtained healthy funds from non-governmental organizations and joint business groups (community-managed businesses) used for health efforts in Posyandu(Ministry of Health, 2017). Farida et al (2018) mention that posyandu can be declared to be running well if the strata

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reach full moon and are independent. Based on the report of the UPTD Puskesmas II of the North Denpasar District Health Office in 2021, most of the indicators of posyandu independence that have not made posyandu with full and independent strata are indicators of healthy fund coverage. The implementation of posyandu program activities is mostly sourced from government assistance (East Denpasar District, 2022). Basically, posyandu financing or funds can come from the community as users, the private sector or the business world as support, business results as the work of posyandu management, and the government. (Ministry of Health, 2017).

Table 2 Posyandu Strata in the Work Area of UPTD Health Center II Health Office of North Denpasar District in 2021

| No | Name of Village/Sub-district | Primary Posyandu | Intermediate Posyandu | Posyandu Purnama | Independent Posyandu | Number of Posyandu |
|----|------------------------------|------------------|-----------------------|------------------|----------------------|--------------------|
| 1 | Ubung Kaja Village | 0 | 13 | 4 | 1 | 18 |
| 2 | Slashing Village | 13 | 2 | 0 | 0 | 15 |
| 3 | Ubung Village | 3 | 1 | 0 | 0 | 4 |
| | Total | 16 | 16 | 4 | 1 | 37 |

Table 3 Calculation Results of Posyandu Program Implementation in the Work Area of UPTD Public Health Center II Health Office of North Denpasar District

| No | Assessed Variables | Score Earned | Highest Score | Score | Score* (%) | Category |
|----|---|--------------|---------------|-------|------------|-----------|
| 1 | Communication | 511 | 512 | | 99.80 | Very good |
| 2 | Availability of resources | 741 | 745 | | 99.46 | Very good |
| 3 | Attitude and Commitment from program implementers | 888 | 1119 | | 79.36 | Well |
| 4 | Bureaucratic Structure | 44 | 86 | | 34.38 | Enough |
| | Total | 2184 | 2462 | | 62, 60 | Well |

Implementation of the Posyandu Program in the Work Area of UPTD Puskesmas II, North Denpasar District Health Office

The results showed that the implementation of the posyandu program in the working area of UPTD Puskesmas II, East Denpasar District Health Office was in the good category (62.60%). Based on the results of interviews with respondents, there has been an increase in the communication variable where socialization about posyandu has begun to be intensified to increase public understanding of the importance of the posyandu program. Resources have also begun to be increased with training for cadres held in early 2022. Community empowerment activities that are carried out well will have the opportunity to influence the increase in community participation in preventing malnutrition in children under five. (Aidha, 2017).

Communication Variables

The communication variable in the implementation of the posyandu program relates to how the policy is communicated which includes socialization at the level health centers, villages and communities. The information provided is expected to be well communicated in the form of program objectives, benefits, implementation mechanisms, and support including support from across sectors. The results of the study for the communication variable were included in the very good category (99.80%).

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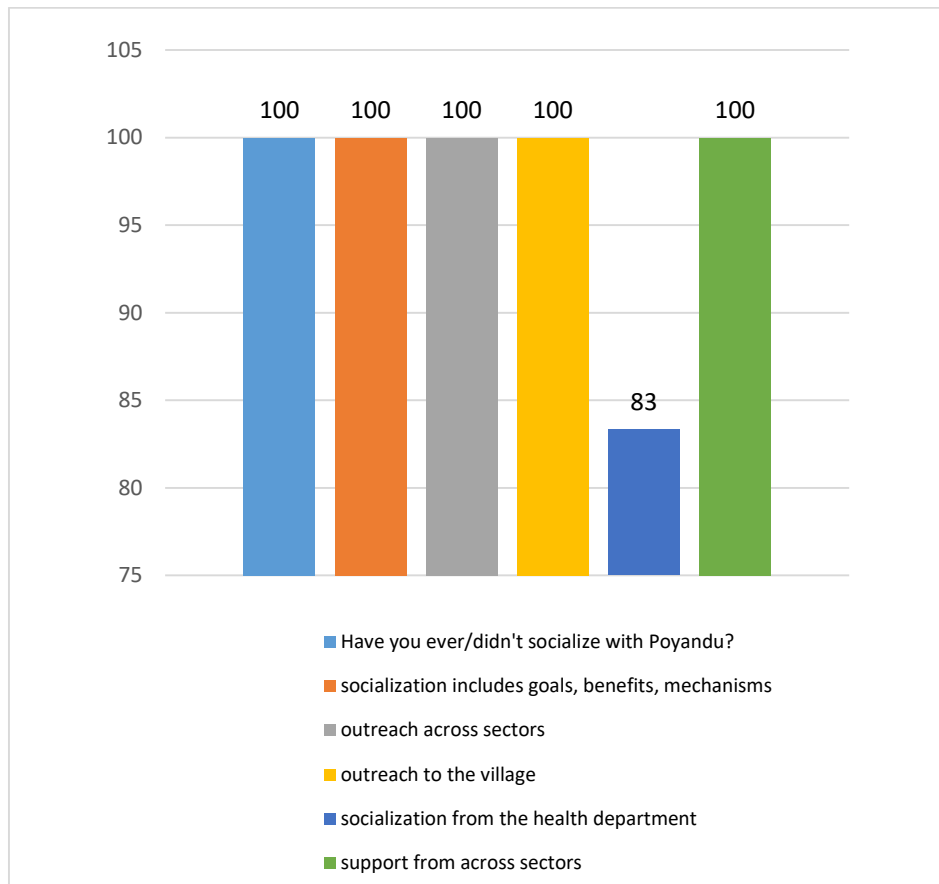


Figure 1 Results of Questionnaire Recapitulation Questions Regarding Communication Variables

Based on Figure 1, it can be seen that the respondents' answers are in the range of 80-100%, which means that the socialization from the health office to the puskesmas, then forwarded to the village, across sectors related to objectives, benefits, implementation mechanisms, and the necessary support can be carried out very well. This is in line with research conducted at the posyandu in the working area of the Kuta Blang Health Center, Bireuen Regency which stated that to increase the participation of mothers in posyandu activities, it could be done through an interpersonal communication approach from posyandu cadres about posyandu activities. The interpersonal communication emphasized that cadres as educated personnel in the health sector or mediators who are closest to mothers must have a role in giving positive attitudes to mothers. (Bukhari et al., 2019).

Resource Availability Variables

The variable availability of resources relates to supporting resources to implement the program which includes human resources, infrastructure and funding. The results showed that the availability of sources in the very good category. This is a strength in the development of posyandu. The availability of resources is an important factor in realizing the goals of the posyandu program.

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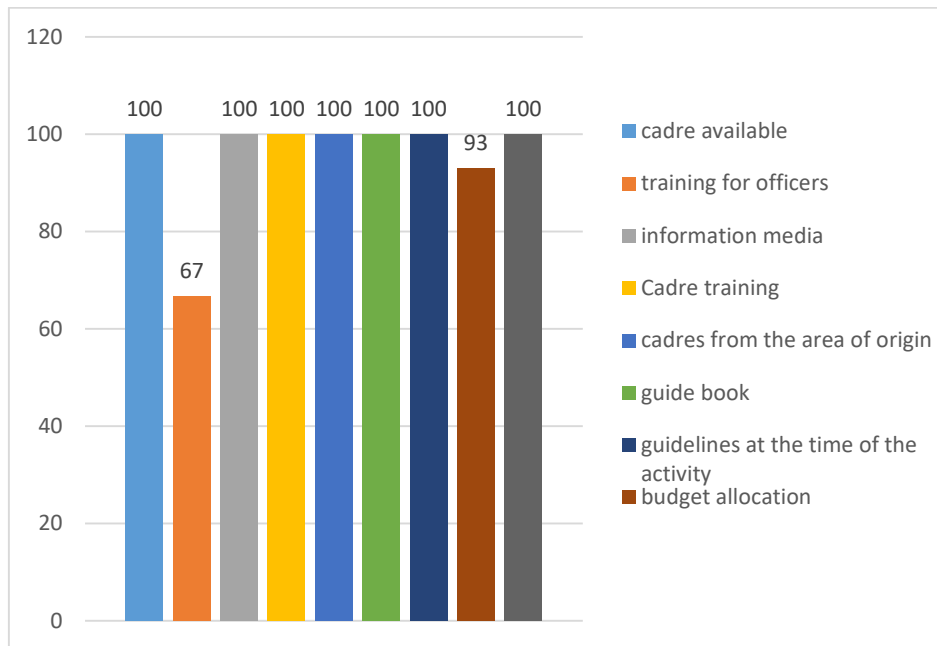


Figure 2 Results of the questionnaire recapitulation of questions regarding the Resource Variables

Judging from Figure 2, the question regarding training for puskesmas officers is the question that gets the smallest score compared to the other 9 questions, which is as much as 66.67%. This is also supported by the fact that the allocation of funds is still not maximally budgeted. Funding itself is the cost used in activities both in terms of availability, sources and allocation of funds.

Based on the results of observations and observations in the field, there is no funding allocation for posyandu training and development from the health office and puskesmas. Even villages and sub-districts have not optimally allocated funds for posyandu development. To increase the budget allocation, the government has provided policies related to the utilization of village funds for the health sector as stated in the Decree of the Minister of Health of the Republic of Indonesia no. HK.02.02/Menkes/52/2015, one of the points of which is to encourage villages to allocate and utilize village funds for Community Based Health Enterprises (UKBM), one of which is the posyandu program.

Attitude and Commitment Variables

The attitude and commitment variables of the program implementers are related to the willingness of the implementers to complete the public policy or program. Skill alone is not sufficient without the willingness and commitment to implement policies. The key to the success of a program or policy implementation is the attitude of workers towards acceptance and support for the policy or support that has been established.

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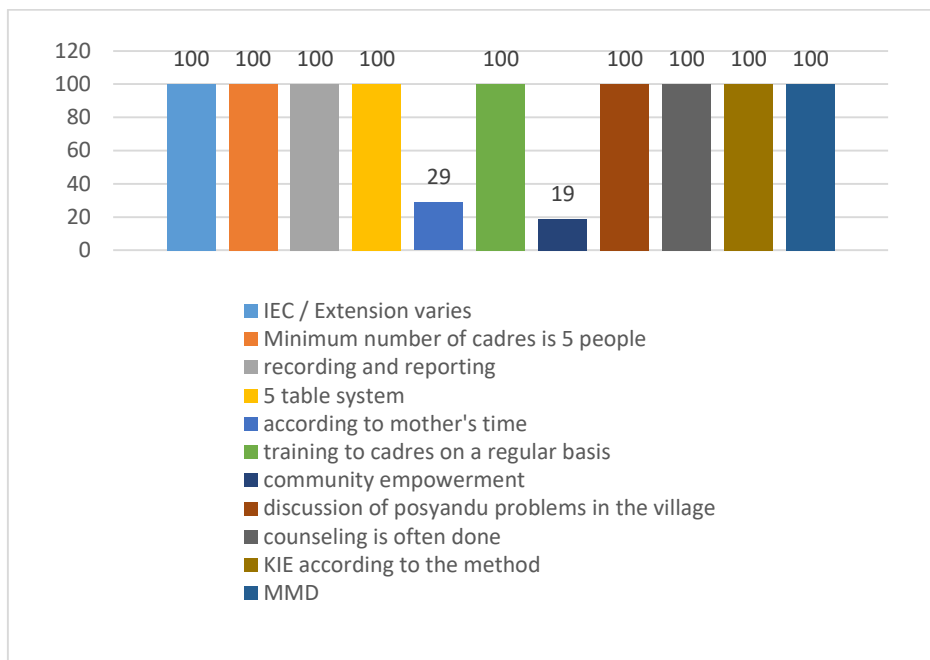


Figure 3 Results of Questionnaire Recapitulation Questions About Attitudes and Commitments from Program Implementers

The results showed that the attitude and commitment of program implementers were in the Good category (79.36 %). Based on Figure 3, it can be seen that the two questions to the respondents had low scores. The lowest is that community empowerment in involving the community in planning and implementing posyandu activities is still lacking. This is supported by the answers of respondents who did not adjust the mother's time to the opening time of the posyandu. Mothers of children under five who are involved in planning the opening of the posyandu will have an impact on the level of community participation in supporting the posyandu program (Estuti, 2014).

Bureaucratic Structure Variables

The bureaucratic structure is very important in the implementation of the posyandu program because it explains the task structure of the policy implementers, breaks it down into task details and sets standard operating procedures. Variable bureaucratic structure in the implementation of the posyandu program is seen from the details of tasks in the form of SK and standard operating procedures (SOP), so that in carrying out tasks it becomes more focused. Each activity carried out is stated in the form of a decree with the details of the duties of each implementer described. SOPs are made based on the reference book of the Ministry of Health of the Republic of Indonesia but adjust to the conditions of each health center.

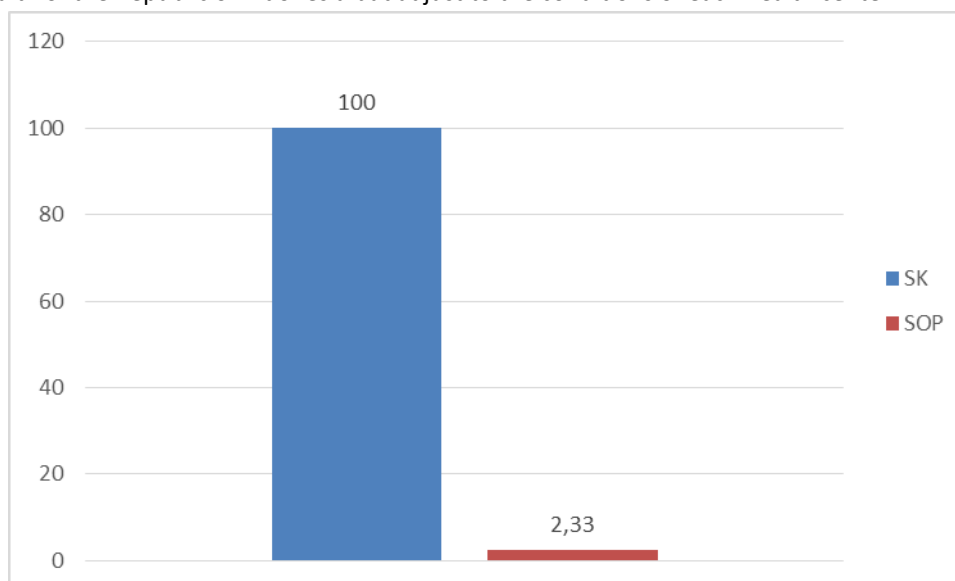


Figure 4 Results of Questionnaire Recapitulation Questions Regarding Bureaucratic Structure Variables

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Based on the results of research related to the bureaucratic structure variable, it is included in the sufficient category, where in Figure 4 only 2.33% have SOPs for implementing posyandu. Based on field observations, this is due to a lack of information related to SOPs in Posyandu services. In carrying out the activities of Posyandu cadres, they are only guided by the technical manual for the implementation of Posyandu. Research conducted in Donomulyo Village states that the application of SOPs has an influence on the skills of cadres (Windiastuti et al., 2019).

Internal and External Factors in the Implementation of the Posyandu Program in the Work Area of UPTD Puskesmas II Health Office of North Denpasar District

Determination of internal and external factors based on the results of field observations and documents, distributing questionnaires and *Focus Group Discussion (FGD)*. Internal factors consist of Strengths and Opportunities, while external factors consist of Weaknesses and Threats and can be seen in the following table:

Table 4 Factors Strengths, Weaknesses, Opportunities and Threats of Implementing the Posyandu Program in the Work Area of UPTD Puskesmas II Health Office of North Denpasar District

| No | Variable | Strength | Weakness | Opportunity | Threat |
|----|---------------------------|---|--|---|---|
| 1 | Communication | Availability of Support from Cross Sectors | | The policy of the central government by including posyandu as one of the criteria for the puskesmas to be able to foster active posyandu, the existence of directives from the Health Office to program holders regarding the Posyandu program, | Lack of cooperation with other health facilities, Lack of involvement of traditional leaders, lack of support from business groups/business world |
| 2 | Availability of resources | Posyandu cadres have been trained, There are information media for posyandu socialization and health education, There are facilities in organizing posyandu | Limited allocation of funds for posyandu, limited capacity of cadres in technical implementation of posyandu, limited guidebooks related to posyandu | The location of the puskesmas area is quite wide but overall it is easily accessible by officers | |
| 3 | Attitude & Commitment | Availability of cadres in the implementation of Posyandu at least 5 people | Lack of evaluation of posyandu implementation | The existence of Posyandu-assisted area holders at the puskesmas, | Not all people want to come to participate in posyandu, |
| 4 | Bureaucratic structure | All posyandu have SK | Does not yet have a standard operating procedure (SOP) for the implementation of posyandu | | |

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Table 5 Implementation Internal Matrix Posyandu in the Working Area of UPTD Puskesmas II, North Denpasar District Health Office (IFAS)

| Internal Strategy Factors | Weight* | Ratings* | Score (Weight x Rating) |
|---|---------|----------|----------------------------|
| Strength: | | | |
| - Availability of cadres in the implementation of Posyandu at least 5 people | 0.15 | 4.00 | 0.58 |
| - Posyandu cadre training has been carried out | 0.14 | 3.89 | 0.55 |
| - Health education and information dissemination activities have often been carried out | 0.14 | 3.89 | 0.55 |
| - There is information media for posyandu socialization and health education | 0.13 | 3.67 | 0.49 |
| - There are facilities in organizing posyandu | 0.14 | 3.78 | 0.52 |
| Weakness : | | | |
| - Limited allocation of funds for posyandu | 0.07 | 2.00 | 0.15 |
| - Limited capacity of cadres in technical implementation of posyandu | 0.06 | 1.78 | 0.11 |
| - Limited manuals related to posyandu | 0.06 | 1.56 | 0.09 |
| - Lack of evaluation of posyandu implementation | 0.06 | 1.67 | 0.10 |
| - Do not have standard operating procedures (SOP) for posyandu implementation | 0.05 | 1.33 | 0.06 |
| IFAS Total Score | 1.00 | | 3.20 |

After determining the internal and external factors, it is continued by giving weights and ratings by 9 respondents and then IFAS (Internal Strategic Factor Analysis Summary) and EFAS (External Strategic Factor Analysis Summary) analysis are performed.) is 3.20. The internal factor calculation matrix is shown in table 5 above, it can be seen that the components in the dominant strength factor have the same weight, namely 0.15, while the rating value varies. The results of the score (multiplication of weight by rating) the highest strength value is 0.58 that is Availability of cadres in the implementation of Posyandu at least 5 people. This is the attitude and commitment of program implementers so that posyandu can be implemented in accordance with the 5 steps of posyandu. For the weakness factor, the lowest score is 0.06, namely Do not have standard operating procedures (SOP) for posyandu implementation. Based on the results of field observations, posyandu cadres do not know about standard operating procedures (SOPs) for the implementation of Posyandu. Puskesmas and Villages do not make SOPs for Posyandu implementation. In fact, this SOP is very important to be made as a standard/standard guide in the implementation of posyandu so that it runs according to the expected goals.

Table 6 External Matrix of Posyandu Implementation in the Work Area of UPTD Puskesmas II Health Office of North Denpasar District (EFAS)

| External Strategy Factors | Weight* | Ratings* | Score (Weight x Rating) |
|---|---------|----------|----------------------------|
| Opportunity: | | | |
| - The policy from the central government by including posyandu as one of the criteria for puskesmas is able to foster active posyandu | 0.16 | 4.00 | 0.64 |
| - There is a directive from the Health Office to program holders regarding the Posyandu program | 0.15 | 3.67 | 0.54 |
| - The location of the puskesmas area is quite wide but overall it is easily accessible by officers | 0.15 | 3.78 | 0.57 |

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| | | | |
|---|-------------|-------------|-------------|
| - There are holders of Posyandu-assisted areas at the puskesmas | 0.14 | 3.56 | 0.51 |
| - There is support from across sectors | 0.13 | 3.33 | 0.44 |
| Threat : | | | |
| - Not all people want to come to participate in posyandu | 0.05 | 1.22 | 0.06 |
| - Prefer other health services | 0.04 | 1.00 | 0.04 |
| - Lack of cooperation with other health facilities | 0.05 | 1.33 | 0.07 |
| - Lack of involvement of traditional leaders | 0.06 | 1.44 | 0.08 |
| - lack of support from business groups/business world | 0.07 | 1.67 | 0.11 |
| Total EFAS Score | 1.00 | 3.06 | 3.06 |

The results of the calculation of the value of external factors obtained the total value (opportunities and threats) is 3.06. The external factor calculation matrix is shown in table 6 above, with the results on the probability factor that all components have the highest weight, namely 0.16 with varying ratings. The results of the score (multiplication of weight by rating) obtained the highest opportunity value (0.64), namely The policy from the central government by including posyandu as one of the criteria for puskesmas is able to foster active posyandu. Cadre registration is taken monthly by Puskesmas officers and reported monthly to district/city officers. According to Permendagri Number 54 of 2007, reporting from the district/city to the province, at least every 4 (four) months and reporting from the province to the center, at least every 6 (six) months is submitted to the Director General of Village Government, Ministry of Home Affairs (Ministry of Health, 2020). The threat factor with the lowest value is with a score of 0.04 which prefers other health services. The results of the respondents' answers stated that the timing of the posyandu service did not adjust to the time of mothers of toddlers. This is supported by research conducted at the Posyandu in the working area of the Banda Aceh City Health Center that time constraints and no family support can affect the decrease in visits by infants and toddlers to Posyandu (Fatimah et al., 2020).

The combination of the IFAS and EFAS matrices produces an internal-external matrix containing nine types of cells showing the combined total weighted values of the IFAS and EFAS matrices. Based on the analysis, it shows that the position of internal and external factors is in a strong position in the range of 3.00-4.00 which places the implementation of posyandu in UPTD Puskesmas II, North Denpasar District Health Office, in cell I in the internal and external matrix.

The strategy that fits the cell is to grow and develop with vertical integration, which can be done with a strategy that increases cooperation and coordination with components related to the growth of the posyandu program. The alternative strategies obtained include:

1. Gaining support from the business world and traditional leaders. (Strategy 1)
2. Improving the role and function of the posyandu working group. (Strategy 2)
3. Improving posyandu technical guidance and assistance. (Strategy 3)
4. Activate the role of posyandu cadres in carrying out home visits. (Strategy 4)
5. Advocating for village heads/Lurah to improve posyandu performance. (State 5)

Analysis of the Strategy for Strengthening the Implementation of the Posyandu Program in the Work Area of the UPTD Puskesmas II Health Office, North Denpasar District.

The priority strategy in implementing the posyandu program is obtained by using QSPM analysis. The QSPM technique is designed to determine the relative attractiveness and evaluate alternative strategic options that can be implemented objectively, based on the internal and external success factors that have been identified in the previous EFE and IFE matrices. QSPM is the final stage matrix in the framework of strategy formulation analysis. This technique clearly shows the best alternative strategy to choose from. The QSPM matrix uses the weight value and the Attractive Score (AS) value that is assessed by the respondents. From these two values, you will get the Total Attractive Score (TAS). The strategy with the largest TAS value is the main choice of priority strategy, while the strategy with the smallest TAS value is the last choice. From the results of the research conducted, the results of the QSPM calculations are obtained according to Figure 4. 5 above, the alternative strategy that gets the highest score

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is strategy 1 with a TAS value of 7.47. The strategy is Gaining support from the business world and traditional leaders. Efforts to increase the role and function of the Posyandu are not solely the responsibility of the government. In this case, it is hoped that there will be support from the business world and traditional leaders who also play an important role in the development of posyandu. Posyandu managers are expected to be able to carry out socialization related to the posyandu program to garner support from the business world and traditional leaders. The form of support is not only in the form of funds, but also in the form of human resources, products or services produced, network access and promotion and public communication as needed. The business world provides facilities and financial support for the implementation of posyandu activities. Take an active role as a volunteer in the implementation of posyandu activities (Ministry of Health, 2017). The role of traditional leaders such as the traditional Klian is also very important in supporting Posyandu activities so that the community, especially women and children who use the facilities, will come to the Posyandu more often every month. There is an assumption that if the mother or the community does not visit the Posyandu, they will be penalized or excluded from community activities in the area (Maisya & Putro, 2011).

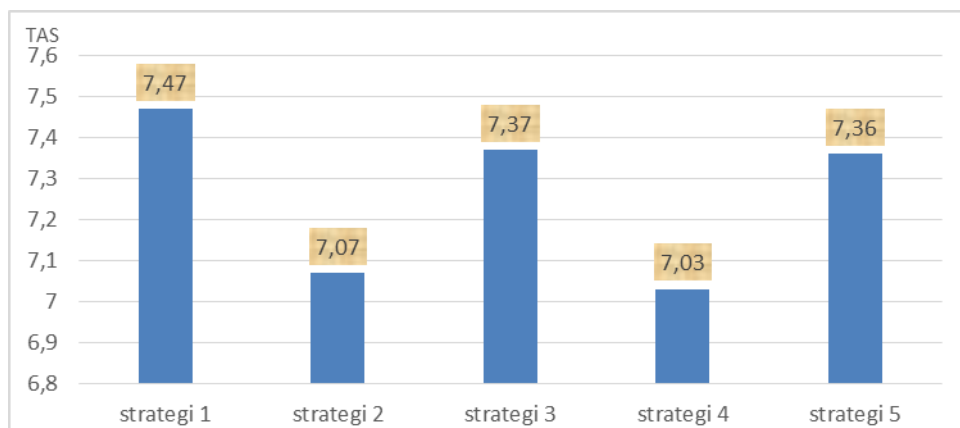


Figure 5 Results of QSPM Analysis of Posyandu Implementation in the Work Area of UPTD Puskesmas II Health Service of North Denpasar District

The second priority strategy with a TAS value of 7.37 is strategy 3, namely Improving the development and technical assistance of posyandu. Puskesmas officers are required to attend once a month to guide cadres in the implementation of posyandu. The dexterity and patience of the Cadres, with assistance from the Puskesmas in every Posyandu implementation, greatly influences efforts to optimize the results of examinations and monitoring the health of children under five. (Ningrum & Ernawati, 2021).

The third priority strategy with a TAS value of 7.36 is strategy 5, namely Advocating for the village head/Lurah to improve posyandu performance. The Posyandu assists the Village Head in improving Village Community Health Services. The LKD management is determined by a Village Head Decree. According to Permendagri 19 of 2011 basic social service activities can be carried out integrated with Posyandu activities. The implementation of posyandu is very important to be supported by the village both for allocating funds and increasing the active role of the community in efforts to organize posyandu. It is hoped that the provision of funds for posyandu activities will not only be used for infrastructure, cadre incentives and the provision of Food Supplements (PMT) for toddlers, but also for cadre capacity building and cadre transportation. The role of the village head as a unit for making any policies that are planned in village development without the approval of the village head then the development cannot be carried out. Because the role of the village head as master key in making development decisions and policies. Whereas the function of the village head as an agent of change must be able to have the ability to control it optimally, to be able to provide public awareness which in essence has a good influence on the public interest. (Nopiani, 2019).

The fourth priority strategy with a TAS value of 7.07 is strategy 2, namely Improving the role and function of the posyandu working group. In the development and implementation of posyandu, it is a cross-sectoral responsibility in the village area called the Posyandu Working Group. The Posyandu Working Group is needed as a forum for coordination of relevant stakeholders at every level and in the village/kelurahan. This Working Group is tasked with carrying out administrative, financial, and Posyandu development programs in accordance with community needs (Ministry of Health, 2017).

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The last ranking strategy with a TAS value of 7.03 is strategy 4, namely activating the role of posyandu cadres in carrying out home visits. Posyandu does not have to be open in one place, but can also be carried out by picking up the ball to the target by making home visits. Research conducted by Rakhmatika (2018) also mentioned that Posyandu cadres who have not played an active role are expected to play a more active role through home visits to mothers who have toddlers. The high level of cadre activity is influenced by good knowledge about posyandu, high motivation, and not working of these cadres (Profita, 2018).

CONCLUSION

Internal factors in the implementation of the posyandu program that become strengths are: the availability of cadres in the implementation of Posyandu at least 5 people which is the greatest strength, Posyandu cadre training has been carried out, health education and information dissemination activities have often been carried out, there is information media for posyandu socialization and health education, there are facilities in the implementation of posyandu, while the weakness is limited allocation of funds for posyandu, limited ability of cadres in technical implementation of posyandu, limited manuals related to posyandu, lack of evaluation of posyandu implementation, and not having Standard Operating Procedures (SOP) for posyandu implementation as the biggest weaknesses. External factors in the implementation of the posyandu program that become opportunities are: policies from the central government by including posyandu as one of the criteria for Puskesmas to be able to foster active posyandu as the greatest opportunity, There are directions from the Health Office to program holders regarding the Posyandu program, The location of the Puskesmas area is quite wide but overall easy to reach by officers, The existence of Posyandu fostered area holders in Puskesmas, There is support from across sectors, while the obstacles are that not all people want to come to participate in Posyandu, Preferring other health services as the biggest threat, lack of cooperation with other health facilities, Lack of involvement of traditional leaders, and lack of support from business groups/ business world. The main strategy in strengthening the implementation of the posyandu program in the working area of UPTD Puskesmas II, North Denpasar District Health Office, can be done through: garner support from the business world and traditional leaders.

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REFERENCES

- 1) Aidha, Z. (2017). Analysis of the Implementation of Community Empowerment in Health Promotion Strategies and Its Effect on Community Participation in Prevention of Malnutrition in Toddlers in Helvetia District, Medan. *Scientific Journal of Health Research*, 1, 43. <https://doi.org/10.1017/CBO9781107415324.004>
- 2) Amrina, AF, Ramadhan, BF, Amar, NK, Fauzi, IA, & Levi, S. (2020). Implementation of Posyandu Activities during the COVID-19 Pandemic as an Effort to Fulfill the Rights of Toddlers and Pregnant Women in accordance with the recommendations of the Ministry of Health of the Republic of Indonesia in Bangkok Village, Kramat District, Tegal Regency. 15(2), 1–23.
- 3) Anjani. (2018). Factors Related to Mothers Who Bring Toddlers Weigh To Posyandu. *Journal of Midwifery*, 4(2), 49–53.
- 4) Coal, I., Nasution, N., & Dalimunthe, M. (2019). Factor Analysis of Toddler Visits to Posyandu in Batang Angkola District, South Tapanuli Regency. *PANNMED Scientific Journal (Pharmacist, Analyst, Nurse, Nutrition, Midwifery, Environment, Dentist)*, 12(3), 263–266. <https://doi.org/10.36911/pannmed.v12i3.140>
- 5) Bukhari, Wahyuni, AS, & Ginting, S. (2019). Interpersonal Communication Relationship between Cadres and Participation of Mothers with Toddlers in Posyandu Activities in the Work Area of Kuta Blang Health Center, Bireuen Regency 2015. *Journal of TIKa*, Faculty of Computer Science, Almuslim University, Bireuen, 4(2), 1–6.
- 6) Dewi, R., & Anisa, R. (2018). The Influence of Posyandu Cadres Credibility on Community Participation in Health Program. *Journal of The Messenger*, 10(1), 83. <https://doi.org/10.26623/themessenger.v10i1.596>
- 7) Estuti, DH (2014). Community Participation in Community-Based Posyandu Services on Toddler Growth (In Mergowati Village, Kedu District, Temanggung Regency). In *Implementation Science* (Vol. 39, Issue 1). <http://dx.doi.org/10.1016/j.biochi.2015.03.025> <http://dx.doi.org/10.1038/nature10402> <http://dx.doi.org/10.1038/nature21059> <http://journal.stainkudus.ac.id/index.php/equilibrium/article/view/1268/1127> <http://dx.doi.org/10.1038/nrmicro2577>
- 8) Fatimah, S., Abdullah, A., & Harris, A. (2020). Analysis of Mother Toddler Participation in the use of Posyandu in the City

Strategy for Strengthening Implementation of The Posyandu Program in the Work Area of Uptd Puskesmas Ii Health Department of Denpasar Utara District

Health Center area of Banda Aceh.

- 9) Fretty, H. (2020). Performance Analysis of Internal Posyandu Cadres in Palembang City.
- 10) East Denpasar District, UPIDK (2022). Health Profile of UPTD Puskesmas II Health Office of East Denpasar District. Galang Tanjung, 2504, 1–9.
- 11) Ministry of Home Affairs, R. (2011). Minister of Home Affairs Regulation Number 19 of 2021. July, 1–10.
- 12) Ministry of Health. (2017). Technical Guidelines for Community Based Basic Health Services.
- 13) Ministry of Health, R. (2014). Community Health centers. 12(2007), 703–712.
<https://hsgm.saglik.gov.tr/depo/birimler/saglikli-beslenme-hareketli-hayat-db/Yayinlar/kitaplar/diger-kitaplar/TBSA-Beslenme-Yayini.pdf>
- 14) Ministry of Health, R. (2020). Guidelines for Public Health Program Indicators in the RPJMN and the Ministry of Health's Strategic Plan 2020-2024.
- 15) Maisya, IB, & Putro, G. (2011). The Role of Cadres and Indigenous Clients in Efforts to Increase Posyandu Independence in Bali Province (Case Study In Badung, Gianyar, Klungkung and Tabanan Regencies).
- 16) Nasution, WZ (2019). Factors Affecting the Utilization of Toddler Posyandu in the Work Area of the Sayur Matinggi Health Center, South Tapanuli Regency in 2018. 155.
<https://repositori.usu.ac.id/bitstream/handle/123456789/16128/167032006.pdf?sequence=1&isAllowed=y>
- 17) Ningrum, A., & Ernawati, L. (2021). Assistance in the Implementation of Mobile Posyandu Activities during the Pandemic CoVid 19 in Improving the Health of Toddlers at Posyandu Kasih Ibu. Berdikari: Journal of Indonesian Community Service, 3(2), 28–31. <https://doi.org/10.11594/bjpmi.03.02.01>
- 18) Nopiani. (2019). Implementation of Development Programs in the Health Sector in Improving the Quality of Public Health. Journal of Social and Political Sciences, 8(3), 130–134.
- 19) Profita, AC (2018). Several factors related to the activity of Posyandu Cadres in Pengadegan Village, Banyumas Regency. Indonesian Journal of Health Administration, 6(2), 68. <https://doi.org/10.20473/jaki.v6i2.2018.68-74>
- 20) Putri, NE, Astuti, R., & Putri, SA (2014). Restaurant Development Strategy Planning Using SWOT Analysis and QSPM (Quantitative Strategic Planning Matrix) Method (Case Study of Big Burger Restaurant Malang). Industria: Journal of Agroindustrial Technology and Management, 3(2), 93–106.
- 21) Rosdiana, AI, Raharjo, BB, & Indarjo, S. (2017). Implementation of Chronic Disease Management Program (Prolanis). HIGEIA (Journal of Public Health Research and Development), 1(3), 140–150.
- 22) Sari, RP, & Utami, U. (2020). Anxiety Level Analysis Study With Compliance Posyandu Visits During the Covid 19 Pandemic. Maternal Scientific Journal, 4(2), 77–82.
https://ejournal.stikesmhk.ac.id/index.php/jurnal_ilmiah_maternal/article/view/800
- 23) Simbolon, DT (2021). The determinant of the mother's level of participation brings her toddler to the posyandu in the city of Medan thesis. Determinants of Mother's Participation Rate Bringing Toddlers To Posyandu in Medan City.
- 24) Siregar, M., & Sulubara, S. (2020). Analysis of the implementation of posyandu performance in the Hanopan Public Health Center, Arse District, South Tapanuli Regency in 2020.
- 25) Slamet, S., Azizah, AN, & Muzaki, IA (2021). Implementation of "Mobile Posyandu " During Pandemic Covid 19. 1(1), 315–320. <https://ahlmediapress.com/proceeding/index.php/icistech/>
- 26) Suharyani. (2018). The Influence of Attitude and Motivation on the Performance of Posyandu Cadres in the Work Area of the Tambakboyo Health Center, Ngewi Regency in 2018. Thesis.
- 27) Suriyati, NP, Widnyana, IK, & Sukerta, IM (2019). Implementation Strategy of Labor and Prevention Planning Program in Tabanan District. International Journal of Contemporary Research and Review, 10(01), 21237–21244.
- 28) Windiastuti, K., Setyowati, & Gunawan, IMA (2019). The Effect of Application of SOP on Height Measurement on Cadre Accuracy and Precision in Measurement of Toddler Height in Donomulyo Village. 2019.



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