

RESEARCH ARTICLE



Analysis Of Implementation Of Posyandu Service Policy In Lawang Agung Village

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Abstract

This study aims to analyze the implementation of the Posyandu service policy in Lawang Agung Village, South Bengkulu Regency, with a focus on evaluating the success and challenges in its implementation. Using a qualitative descriptive approach, data were obtained through observation, interviews, and documentation from various informants, including health center officers, Posyandu cadres, and community service recipients. The policy evaluation was conducted based on the Wayne Parsons model, which includes formative and summative evaluations. The results of the study indicate that most Posyandu programs, such as maternal and child nutrition services, disease control, clean and healthy living behavior, and elderly health services, have been integrated and run effectively. However, several services such as Pos PAUD have not been optimally implemented due to lack of socialization and low public awareness. Summative evaluation indicates a significant increase in public health indicators, such as a decrease in maternal and infant mortality rates and increased awareness of healthy lifestyles. The success of this program is supported by the availability of human resources, additional food, facilities and infrastructure, and budget support from the village government. This study recommends increasing socialization and community participation to strengthen the effectiveness of Posyandu services in the future.

Keyword: Public policy, Posyandu, formative evaluation, summative evaluation, public health services.

Introduction

The Posyandu policy as stated in the Regulation of the Minister of Home Affairs Number 19 of 2011 concerning Guidelines for Integrating Basic Social Services at Integrated Service Posts is a reference framework in the implementation and development of basic community services. This policy includes implementation strategies, division of stakeholder roles, resource allocation, and success indicators. The main objective of this policy is to expand the reach and improve the quality of community health services, especially for mothers and children. Since its launch in 1986, Posyandu has shown significant results in reducing maternal and infant mortality rates, as well as increasing the life expectancy of the Indonesian population. Over time, the number of Posyandu has continued to experience a significant increase. This can be seen from the data on the development of the number of Posyandu in Indonesia, as presented in Table 1.1 below:

Table 1. Development of Integrated Health Posts In Indonesia

No	Development Year	Number of Integrated Health Posts	Percentage e Increase
1	1992	25,000 units	63.3%
2	2002	269,202 units	4.82%
4.	2012	276,392 units	3.55%
3	2022	213,670 units	48.4%

Source : MINISTRY OF HOME AFFAIRS 2023

Although the number continues to increase, the quality of Posyandu implementation is not always comparable to its growth. 2022 recorded a decrease in the number of Posyandus that were actively operating, largely due to the impact of the COVID-19 pandemic which weakened the public health service system. This condition worsens health status, especially in vulnerable groups such as pregnant women, toddlers, and the elderly.

At the regional level, social and economic dynamics also affect the operation of Posyandu. Based on data from the Central Statistics Agency of Bengkulu Province (2022), there were fluctuations in the number of Posyandu in each district/city. The details are presented in Table 1.2 below:

Table 2. Number of Integrated Health Posts In Bengkulu Province

No	Name of Regency/Province	Number of Integrated Health Posts in Regency/Province Per Year				Amount
		2018	2019	2020	2021	
1.	Bengkulu Regency South	199	193	207	150	749 units
2.	Central Bengkulu Regency	214	168	162	168	712 units
3.	North Bengkulu Regency	335	345	379	313	1,372 units
3.	Kaur District	329	208	211	205	953 units
4.	Kepahiang Regency	135	118	151	118	522 units
5.	Lebong Regency	141	120	118	154	533 units
6.	Muko Regency	427	207	247	192	1.073 units
7.	Rejang Lebong Regency	222	213	213	211	859 units
8.	Seluma Regency	130	245	238	261	874 units
9.	City of Bengkulu	140	222	211	214	787 units
Total		2.272	2.039	2.137	1.986	8,434 units

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Source: Central Statistics Agency (BPS) of Bengkulu Province 2022

These fluctuations indicate that the challenges in implementing Posyandu do not only come from internal factors, but also external conditions that affect community participation and service effectiveness. One real example is the Posyandu in Lawang Agung Village, Kedurang District, South Bengkulu Regency, which has been established since March 17, 1988. Until now, the Posyandu is still actively providing free basic health services. However, data from community visits shows a decline in participation in recent years. This is due to high community mobility, low awareness of the importance of health services, lack of family support, and limited socialization by cadres.

Table 3. Targeted Visit Data for Toddler and Elderly Posyandu in Lawang Agung Village, South Bengkulu Regency

No	Name	Annual Visits			Time & Place of Implementation	Information
		2020	2021	2022		
1.	Pregnant mother	248 person	237 people	238 Person	Held on the 29th of 2024 at the end of the month with the date changing every year.	Gestational age 0-9 months. A body examination is carried out and vitamins are administered.
2.	Breastfeeding mothers	240 people	241 person	245 people		Breastfeeding from 0-2 years of age. A body examination was carried out and vitamins were administered.
3.	Baby	240 people	241 people	245 people		Age 0-9 months. Weighing, measuring and giving basic immunizations are carried out.
4.	Toddler	245 people	238 person	230 people		Age 2-5 years. Weighing and height measurement are carried out. Providing immunizations, vitamins and providing additional food
5.	Elderly	150 person	148 person	153 people	Held on the 5th of 2024 at the beginning of the month with the date	Individual examinations (blood sugar, blood pressure, cholesterol).

changing every year.

PUSKESDES Place

counseling, provision of additional food, vitamins and treatment of diseases are carried out.

Source: Data on Health Center Officers and Integrated Health Post Cadres in 2023

Based on table , it can be seen that the efforts of the village government and health center officers in improving the quality of free health services continue to run, which can be seen from the implementation of integrated health posts that have been carried out routinely every 2x in 1 month. Toddler integrated health posts are carried out every end of the month and elderly integrated health posts are carried out every beginning of the month with uncertain dates due to changes in the schedule every year. However, when viewed from the data on community visits to participate in integrated health posts per year in Lawang Agung Village, South Bengkulu Regency, it still experiences ups and downs , this is because people often travel far outside the area for a long period of time, lack of community awareness of the importance of integrated health posts, lack of support from families and lack of socialization carried out by cadres to the community.

The results of the author's observations in the field show that the implementation of the integrated health service post policy in Lawang Agung village still needs to be evaluated, especially in improving the quality of services, especially in socialization to the community . This proves that the policy of implementing integrated health services in Lawang Agung village, South Bengkulu Regency in improving the quality of free health services for integrated health service posts such as immunization, monitoring the growth of infants and toddlers, maternal and child nutrition development, maternal health checks, monitoring malnutrition, stunting, elderly health, toddler family development, disease control, healthy living counseling and many more, still need to be evaluated to see the level of success and failure of previously implemented policies.

Method

This type of research is descriptive qualitative, with the intention of systematically describing the facts obtained in the field related to the implementation of the Posyandu policy. The technique for determining informants uses the purposive sampling method, namely the selection of informants based on certain criteria that are relevant to the object of research. The informant criteria used include:

- Individuals who understand and are able to explain Posyandu policies and their implementation since their inception;
- Health center officers and Posyandu cadres who actively carry out routine activities every month;
- Communities involved in Posyandu activities, such as pregnant women, breastfeeding mothers, parents with toddlers, and the elderly.

Data was collected through three main techniques, namely:

- Direct observation of the implementation of Posyandu activities;
- In-depth interviews with key informants to gather information related to program implementation;
- Documentation, namely the collection of secondary data from activity reports, visit records, and other administrative documents.

This method is expected to provide a comprehensive picture of how Posyandu service policies are implemented and the factors that influence their success.

Results and Discussion

Evaluation of the implementation of the Posyandu implementation policy in Lawang Agung Village refers to the Regulation of the Minister of Home Affairs Number 19 of 2011 concerning Guidelines for Integrating Basic Social Services in Integrated Service Posts. This policy aims to ensure the success of basic services through the active role of health center officers and other stakeholders. The evaluation was carried out based on two approaches, namely formative and summative according to Wayne Parsons' theory (2008).

Formative Evaluation

Formative evaluation focuses on the program implementation stage. In this context, researchers evaluate the success of the integration of 10 types of Posyandu services including:

1. Nutrition and health development for mothers and children
2. Disease control and environmental sanitation
3. Clean and healthy living behavior (PHBS)
4. Elderly health services
5. Toddler Family Development (BKB)
6. Early Childhood Education (PAUD) Post
7. Diversification of food consumption
8. Empowerment of the poor and vulnerable groups
9. Adolescent reproductive health
10. Improving family economy

Of the ten types of services mentioned, the integration of the Posyandu program in Lawang Agung Village showed varying results; some services have been running optimally, while others have not been implemented well. This imperfection is largely due to the low level of public awareness and the limited intensity of socialization carried out by Posyandu cadres. One of the important programs implemented is nutritional counseling for mothers and children, which aims to prevent malnutrition and stunting. During pregnancy, pregnant women are advised to meet their nutritional needs through the consumption of nutritious food, special pregnancy milk, and vitamins. This nutritional counseling program is generally carried out at the Kedurang District KB Center, targeting vulnerable groups such as pregnant women, breastfeeding mothers, and toddlers. The main objective of this activity is to improve the nutritional status of the community through behavioral changes based on the principles of nutritional science. To find out the extent of the effectiveness of the program integration, it can be examined in the following table:

Table 4. Integration of Integrated Health Service Programs in Lawang Agung Village, South Bengkulu Regency

No	Name	Target	Stakeholder	Information
1.	Nutrition and health development for mothers and children	Mother, baby and toddler	Family, health workers, cadres	Implemented effectively
2.	Disease control and environmental sanitation	Family and society	Health workers and nutrition team	Implemented effectively
3.	Healthy and clean living behavior	Family and society	Health workers and cadres	Implemented effectively
4.	Elderly health	Elderly 45 years-70 years	Health workers	Implemented effectively
5.	Build a toddler family	Children aged 0-5 years and pregnant women	Cadre	Implemented effectively
6.	PAUD Post	Children 0-6 years	PAUD post cadres	Implemented (not effective)
7.	Acceleration of food diversification	Mother and family	Extension workers, food cadres, and food teams	Implemented effectively

8.	Empowerment of the poor, remote indigenous communities and people with social welfare problems	General objectives for the whole family, specific objectives for families with psychological problems	Traditional, community and psychological figures	Implemented effectively
9.	Adolescent production health	Teenagers aged 12-21 years	Cadre	Implemented effectively
10.	Improving family economy	Family	Cadre	Implemented effectively

Source: Researcher's Report 2024

Based on Table 5.3, it is known that most of the Posyandu programs in Lawang Agung Village have been successfully integrated. However, the PAUD Post service has not shown effectiveness in its implementation. This is due to the lack of socialization from the cadres and the low awareness of parents regarding the importance of early childhood education. This condition has the potential to cause negative impacts, such as stunted child development, difficulty in controlling emotions, inability to make decisions, being easily influenced by the environment, and lack of ability to communicate with peers. In fact, the role of parents is very crucial during the golden period of child growth, because during this period the development of the child's brain and intelligence takes place optimally. The village government, together with the nutrition team from the health center, continues to make efforts to improve cases of malnutrition and prevent stunting. The steps taken include regular monitoring, providing vitamins, and distributing additional food so that children's nutritional needs can be optimally met. Until now, the nutritional counseling program for mothers and children is still ongoing to reduce the risk of malnutrition and stunting, as well as support the health of pregnant women in the future. Meanwhile, disease control and environmental sanitation programs are also an important part of Posyandu activities. This program includes efforts to prevent and treat infectious diseases. For example, in 2019 when Indonesia was hit by the COVID-19 pandemic, Lawang Agung Village carried out various prevention initiatives, such as distributing hand sanitizers, providing trash bins and water reservoirs for washing hands, and providing education to the community to always wash their hands after activities and wear masks in every activity outside the home. Based on Table 5.3, it is known that most of the Posyandu programs in Lawang Agung Village have been successfully integrated. However, the PAUD Post service has not shown effectiveness in its implementation. This is due to the lack of socialization from the cadres and the low awareness of parents regarding the importance of early childhood education. This condition has the potential to cause negative impacts, such as stunted child development, difficulty in controlling emotions, inability to make decisions, being easily influenced by the environment, and lack of ability to communicate with peers. In fact, the role of parents is very crucial during the golden period of child growth, because during this period the development of the child's brain and intelligence takes place optimally. The village government together with the nutrition team from the health center consistently continues to strive to overcome the problem of malnutrition and prevent stunting in children. This effort is realized through routine monitoring, provision of vitamin supplements, and distribution of additional food to ensure that the nutritional intake needed can be properly absorbed by the child's body. Until now, nutritional counseling activities for mothers and children are still being intensified in Lawang Agung Village, South Bengkulu Regency, as a preventive measure against stunting and to support the health of pregnant women in the future. In addition, disease control and environmental sanitation programs are an integral part of public health service efforts. This program

includes various preventive and control measures for infectious diseases. One real example is when the COVID-19 pandemic occurred in 2019, when Indonesia was hit by a coronavirus outbreak. In response to this situation, Lawang Agung Village took various preventive measures, such as distributing hand sanitizers, providing trash bins and water barrels for washing hands, and educating the community about the importance of personal hygiene. The community is also required to wear masks and wash their hands regularly after doing activities outside the home as part of efforts to prevent the spread of the virus. The Clean and Healthy Lifestyle Program (PHBS) is one of the main activities in the Posyandu service which aims to maintain the physical and mental health of the community. Implementing a healthy lifestyle from an early age is very important, because it can prevent the emergence of chronic diseases, improve the quality of life, and provide various other health benefits. One example of a chronic disease that can be caused by an unclean environment and unhealthy lifestyle is tuberculosis (TB). In Lawang Agung Village, prevention efforts against this disease are continuously carried out. Based on records from health center officers, during the last five years no cases of TB have been found in the community. However, if a case of TB is found, the handling steps taken are to provide independent treatment through the consumption of special drugs for six full months, under direct supervision from health center officers to ensure that treatment is carried out according to procedure. The Clean and Healthy Lifestyle Program (PHBS) is one of the main activities in the Posyandu service which aims to maintain the physical and mental health of the community. Implementing a healthy lifestyle from an early age is very important, because it can prevent the emergence of chronic diseases, improve the quality of life, and provide various other health benefits. One example of a chronic disease that can be caused by an unclean environment and unhealthy lifestyle is tuberculosis (TB). In Lawang Agung Village, prevention efforts against this disease are continuously carried out. Based on records from health center officers, during the last five years no cases of TB have been found in the community. However, if a case of TB is found, the handling steps taken are to provide independent treatment through the consumption of special drugs for six full months, under direct supervision from health center officers to ensure that treatment is carried out according to procedure. The elderly health program is also part of the Posyandu service which is specifically intended for people aged 15 years and over in certain agreed areas. This program is implemented through the Integrated Development Post (Posbindu) activities, which is an extension of the government's policy in providing health services to the elderly group. The implementation of this program is under the coordination of the health center, but involves active participation from the elderly themselves, families, community leaders, and social organizations in the village environment. In Lawang Agung Village, Posbindu activities are carried out routinely every month, precisely on the 5th. Although this program runs according to schedule, the attendance rate of the elderly target is still relatively low, which is only around 60% of the total target participants. This low participation rate is caused by several factors, including the lack of awareness of the elderly about the importance of routine health checks, being busy working or traveling for a long period of time, lack of support from the family, and limited socialization carried out by Posyandu cadres. The Toddler Family Development Program (BKB) and PAUD Post are forms of integrated activities designed to modify the provision of early childhood education and care services. This integration covers various aspects such as care, learning, provision of facilities and infrastructure, and delivery of counseling and learning materials. The materials provided include the development of moral and religious values, physical abilities, language, cognitive, social-emotional, and art skills. The methods used are interactive, such as questions and answers, dialogue, simulations, and educational games that are adjusted to the characteristics of students. In Lawang Agung Village, it was recorded that the BKB program successfully

reached 16 families out of 20 targets set each year. Meanwhile, the PAUD Post activities are still ongoing, but their implementation has not been optimal. This is due to the low interest of families to be involved in early childhood education and the less than optimal socialization activities carried out by cadres to the community.

Reproductive health (Kespro) is a fundamental right owned by every individual, which includes the fulfillment of reproductive rights throughout the human life cycle. Kespro is not only defined as being free from disease or disability related to the reproductive system, but also as a healthy condition physically, mentally, and socially as a whole. Adolescent reproductive health services provided at the Kedurang Health Center aim to protect the younger generation from various risky behaviors, including sexual activities that can endanger their reproductive health. This program is also focused on providing adolescents with knowledge and readiness to live a healthy, responsible reproductive life, and be able to face the role of a prospective partner and parent physically, emotionally, and socially at the right age. Other programs that are also being implemented include accelerating the diversification of food consumption, empowering the poor, remote indigenous communities, people with social welfare problems, and improving the family economy. All of these programs aim to encourage people to choose and consume nutritious and balanced food and improve the family's economic level. In general, this program targets all families in the village, with special attention to families experiencing psychological problems.

Posyandu and Posbindu services are still implemented using a five-table system. This system is run by cadres and health workers from health centers, consisting of doctors, midwives, environmental health workers (Kesling), reproductive health workers (Kespro), nutritionists, and nurses. These officers are responsible for ensuring that the community receives basic health services free of charge. This five-table system service is applied both at Posyandu for toddlers and at Posbindu for the elderly. The implementation of Posyandu for toddlers is scheduled every 29th of each month, while Posbindu for the elderly is carried out every 5th.

Services with a 5-table system at the Toddler Posyandu consist of:

- Table 1: Registration, namely recording data of participants present at the integrated health post.
- Table 2: Weighing and measuring the weight and height of infants and toddlers.
- Table 3: Filling in the Health Card (KMS), using blue for boys and pink for girls.
- Table 4: Individual nutritional counseling and services for infants, toddlers, pregnant women, couples of childbearing age (PUS), and women of childbearing age (WUS).
- Table 5: Provision of health services such as immunization, family planning (KB) programs, iron tablets, vitamin A, deworming drugs, and other health interventions. Services at tables 1 to 4 are usually carried out by posyandu cadres, while table 5 is managed by professional medical personnel such as doctors, midwives, environmental health and reproductive health officers, nutritionists, and nurses.

Meanwhile, the 5 table system at the Posbindu Lansia includes:

- Table 1: Participant registration and data recording process.
- Table 2: Focused interviews to determine participants' conditions and complaints.
- Table 3: Physical examination including height, weight, body mass index (BMI), waist circumference, and body fat analysis.
- Table 4: Examination of blood pressure, blood sugar, cholesterol, and triglyceride levels, as well as clinical breast examination, simple pulmonary function test, visual inspection with acetic acid (VIA), breath alcohol levels, and urine tests for amphetamine detection.
- Table 5: Counseling services, health education, and necessary follow-up.

In the implementation of Posyandu services in Lawang Agung Village, the availability of resources is the main factor that supports the success of the program. All needs related to the implementation of activities must be met so that the service process can run smoothly. The resources in question include human resources or officers, food resources, facilities and infrastructure, and financial resources. For human resources, there are certain standards that must be met by officers. Officers from health centers, such as doctors, midwives, nurses, nutritionists, and community health workers, are required to have official proof in the form of a diploma showing that they have studied in the health field according to their profession. Meanwhile, Posyandu cadres do not have formal qualifications determined nationally, because their appointment is a policy of the village government. However, all officers, both from health centers and cadres, are required to take Posyandu training first as a preventive measure against potential errors or negligence when carrying out duties in the field. In addition, food resources used as additional nutrition for the elderly, infants, toddlers, and pregnant women are the full responsibility of the village government. In the process of providing this food, the team from the health center continues to supervise to ensure that the provision of additional food is in accordance with the balanced nutritional standards required by each target group. The budget for the provision of food resources is taken from the allocation of 10% of public health funds originating from the Regional Revenue and Expenditure Budget (APBD) and the Village Fund Budget (ADD). This fund is used to support the provision of additional food for the community, especially for vulnerable groups such as infants, toddlers, pregnant women, and the elderly. In addition, the existence of facilities and infrastructure is also a very important supporting factor in the implementation of Posyandu and Posbindu activities, considering that various equipment is used as the main facility where the activities take place. The need for facilities and infrastructure in the implementation of Posyandu is one of the crucial components that must be met. In Lawang Agung Village, all of these needs have been adequately provided at Posyandu, indicating that the Posyandu toddler and Posbindu elderly facilities in this village are suitable for use and are able to support the smooth implementation of activities without significant obstacles.

Summative evaluation

Summative evaluation is a type of evaluation conducted after a program has been completed, with the aim of assessing the extent to which the program is effective and successful in achieving the goals and objectives that have been set. This evaluation process is generally carried out based on certain criteria and involves collecting data through various methods such as surveys, tests, or other techniques to assess the results that have been achieved. The main purpose of summative evaluation is to provide comprehensive input regarding the effectiveness of program implementation and to be the basis for consideration in decision making for future improvements. In this context, summative evaluation focuses on environmental objects as evaluation targets. One important indicator in this evaluation is comparing the health conditions of the community before and after the Posyandu program was implemented, which can be seen from the decrease in maternal mortality rates (MMR) and infant mortality rates (IMR), as well as increasing public awareness of healthy lifestyles. Based on the results of research conducted in Lawang Agung Village, it was noted that in the last three years no cases of MMR or IMR were found. This shows a significant increase in the level of public health, especially related to maternal and child health, as well as the maintenance of healthy living behavior in the community. Various other Posyandu programs have also shown similar success and continue to provide real benefits to this day. In addition, the results of the study also revealed that before the Posyandu program was implemented, the community still had limited knowledge about the importance of basic health in everyday life, including in terms of choosing healthy foods, using the right medicine, and how to care for children to avoid

infectious diseases. However, after the program was implemented, community understanding and awareness in these aspects increased significantly. No more cases of AKI or AKB were found in Lawang Agung Village, which is clear evidence of the success of the Posyandu program. Based on the research conducted, comparative data was obtained that showed positive developments in the health conditions of the village community. From the results of research conducted in Lawang Agung village, comparative data on public health developments were obtained as follows:

Table 5.		Table 5 Public Health Comparator			
No	Type	Annual Data			
		2021	2022	2023	
1	Infant Mortality Rate	0	0	0	
2	Maternal Mortality Rate	0	0	0	
3	Family planning	5	5	4	
4	Fertile Age Couples	135	150	168	
5	Diarrhea Treatment	0	0	0	
6	Malnutrition	0	1	1	
7	Stunting	0	1	1	
8	Infectious diseases	0	0	0	
9	Immunization	0-5	78	85	90
	Years				

Source: KPM Cadres, Posyandu Cadres and Village Midwives in 2024

This fact shows that the implementation of the Posyandu program in Lawang Agung Village can be categorized as successful. However, referring to the Regulation of the Minister of Home Affairs Number 19 of 2011 concerning the Integration of Basic Social Services in Integrated Service Posts, there are ten main Posyandu programs that ideally should be fully integrated. In practice, not all of the ten programs can be perfectly integrated; some have been implemented well, while others have not been fully implemented. However, in general, the health conditions of the community in this village have shown quite significant improvements compared to before. Interventions carried out in Posyandu groups do have the potential to cause positive and negative impacts. However, in Lawang Agung Village, these interventions did not cause significant problems because the main focus of the service was aimed at pregnant women, infants, and toddlers. This focus aims to maintain the human development index and prevent maternal mortality (MMR) and infant mortality (IMR). The success of the implementation of this program cannot be separated from the synergy between the health office, health centers, and village government. Throughout the implementation of the Posyandu program in Lawang Agung Village, there have never been any major obstacles that hamper the sustainability of activities. The obstacles that emerged were generally technical and small-scale, such as delays in delivering information or uneven distribution of additional food. Overall, the implementation of the program continued to run smoothly thanks to the contribution of cadres who acted as extensions of the health center to the village community, who had carried out their duties well and optimally. Lawang Agung Village itself is one of the villages in Kedurang District with an area of 1,000.32 hectares. The village area is divided into three KADUN (Hamlet Heads), each with a population of around 450 people. To address the geographical challenges and the fairly wide distribution of the population, the village head together with the community and the health center agreed to place one to two cadres in each KADUN. This strategy is intended to facilitate the distribution of information related to the implementation of the Posyandu program and support the smooth communication of other programs at the hamlet level.

Conclusions and Recommendations

Based on the results of the analysis of the evaluation of the Posyandu implementation policy in Lawang Agung Village,

South Bengkulu Regency, the following conclusions can be drawn:

1. Program Integration
The integration of Posyandu services in Lawang Agung Village has referred to the Regulation of the Minister of Home Affairs Number 19 of 2011 concerning the Integration of Basic Social Services in Integrated Service Posts. In general, the services provided have been in accordance with the policy, although there is one service, namely the PAUD Post, which has not been running optimally.
2. Implementation of the 5 Table System
Posyandu services in this village are carried out using a 5-table system as determined by the Ministry of Health of the Republic of Indonesia (2006), both at Posyandu Balita and Posbindu Lansia. Service implementers consist of professional staff such as doctors, midwives, nutritionists, nurses, and are supported by village health cadres.
3. Resource Availability
The success of the implementation of the Posyandu program is supported by the availability of various resources, including human resources (officers and community participation), facilities and infrastructure, and adequate funding support.
4. Impact on Public Health
Comparison of conditions before and after the implementation of the program shows a significant improvement in health indicators, such as the absence of cases of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in the last five years. In addition, the community's clean and healthy lifestyle has also increased.
5. Cross-Sector Cooperation
The success of the Posyandu program cannot be separated from the collaboration between the Health Office, Health Centers, and Village Government. Interventions for vulnerable groups, such as pregnant women, babies, and toddlers, show positive results. The village government also optimally carries out its functions and authorities in managing and empowering the community in the health sector.
6. Technical Issues
During the implementation of the program, no major obstacles were found that hampered the activities. The problems that emerged tended to be technical and minor, such as delays in delivering information or distributing additional food, but these were resolved quickly thanks to good coordination between related parties.

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