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Transformation of Integrated Health Posts (Posyandu) through Integration of Primary Services (ILP): A Qualitative Study at the Community Health Center in Pekalongan City

Firyaal Ayu Pratiwi[1]*, Rr. Vita Nurlatif[2], Wahyuningsih[3], Teguh Irawan[4]
Universitas Pekalongan, Indonesia
Corresponding Author: Firyaal Ayu Pratiwi: firyaalayupratiwi@gmail.com

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A B S T R A C T

The Primary Care Integration Program (ILP) is part of the health system transformation aimed at improving access to life cycle-based health services. This study analyzes the implementation of the ILP at Posyandu in Pekalongan City, particularly at the Noyontaan and Jenggot Community Health Centers. A qualitative approach was employed using a case study method through in-depth interviews, observations, and documentation involving 13 informants. The findings indicate that the implementation of the ILP has not been optimal, especially in reaching the productive age group and adolescents. Other challenges include limited facilities, delays by health workers, and low community participation. Factors such as communication, resources, implementers' disposition, and bureaucratic structure influence the program's success. This study recommends strengthening cross-sectoral coordination, improving facilities, and actively involving the community.

INTRODUCTION

The transformation of the health system in Indonesia is a response to the complex and dynamic challenges of healthcare services. The Ministry of Health of the Republic of Indonesia has established six main pillars of health transformation, one of which is the transformation of primary care services. This pillar emphasizes efforts to strengthen basic healthcare services that are able to reach communities broadly and equitably through a life-cycle approach (Yuliandari, 2023).

One of the implementations of primary care transformation is the Primary Care Integration Program (ILP). The ILP aims to integrate various types of health services—promotive, preventive, curative, rehabilitative, and palliative—into one coordinated and sustainable system. These services are carried out through primary health facilities such as Community Health Centers (Puskesmas), auxiliary health centers (Pustu), and integrated health posts (Posyandu) with a comprehensive approach for all age groups (Ministry of Health of the Republic of Indonesia, 2023).

In Pekalongan City, the ILP program has been gradually implemented across all community health centers since early 2024. This implementation reflects the commitment of the local government to carrying out national policies. However, in practice, several challenges have emerged that hinder the achievement of the ILP's objectives. These challenges include low participation from adolescents and the productive age group, limited health personnel, and insufficient supporting facilities and infrastructure (Zakia M, 2024).

Previous studies have also highlighted the importance of community involvement in the success of the ILP program. Sari (2025) noted that elderly participation in ILP Posyandu remains low due to a lack of understanding and communication between implementers and beneficiaries. This low level of involvement has resulted in the program's suboptimal reach across the entire life cycle.

Based on this background, the present study aims to further examine how the implementation of ILP at Posyandu is carried out in Pekalongan City, with a case study at Noyontaan and Jenggot Community Health Centers. The research focuses on four main indicators of health system transformation—target accuracy, service accuracy, benefit accuracy, and program accuracy—as well as four policy implementation factors according to Edward III, namely communication, resources, implementers' disposition, and bureaucratic structure.

LITERATURE REVIEW

Health System Transformation

The transformation of the health system is a strategic policy of the Ministry of Health of the Republic of Indonesia to build stronger, fairer, and more integrated healthcare services. This transformation is based on six main pillars, one of which is the transformation of primary care services that focuses on improving access to and quality of community healthcare at the basic level (Ministry of Health of the Republic of Indonesia, 2023).

The primary care pillar is directed at strengthening promotive and preventive activities, while emphasizing a life-cycle approach. This means that healthcare services must cover all stages of life, from newborns, children, adolescents, adults, to the elderly. The ILP program is a concrete manifestation of this pillar's implementation.

Concept of the Primary Care Integration Program (ILP)

The Primary Care Integration Program (ILP) aims to coordinate various types of primary healthcare services to be more comprehensive, sustainable, and responsive to community needs. This program is not only focused on services at community health centers but also extends to the smallest service units such as Posyandu and Pustu (Yuliandari, 2023).

The ILP adopts the Primary Health Care approach from WHO, which emphasizes three main principles: the integration of individual and community services, community empowerment, and multisectoral collaboration. The main goal of the ILP is to bring equitable access to quality healthcare closer to communities.

Posyandu in the Context of ILP

As a community-based health service unit, Posyandu plays an essential role in the implementation of the ILP. In this new paradigm, Posyandu no longer serves only infants and toddlers but also covers the entire life cycle. This comprehensive transformation of Posyandu requires the readiness of cadres, adequate facilities, and regular training (Rahmawati I & Khurunin I, 2022).

However, the implementation of ILP in Posyandu still faces several challenges. A study by Sari (2025) revealed that elderly participation in ILP Posyandu remains low due to limited communication and understanding of the services provided. Therefore, strategies for socialization and education become crucial.

Policy Implementation Theory

To understand program implementation in practice, Edward (1980) explains that policy implementation is influenced by four main factors:

- **Communication**: The extent to which policy information is conveyed clearly and consistently to implementers.
- **Resources**: Including health personnel, funding, equipment, and supporting infrastructure.
- **Disposition (implementers' attitude)**: Reflecting the level of commitment and willingness of implementers to carry out the policy.
- **Bureaucratic Structure**: Referring to workflows, SOPs, and coordination among implementing units.

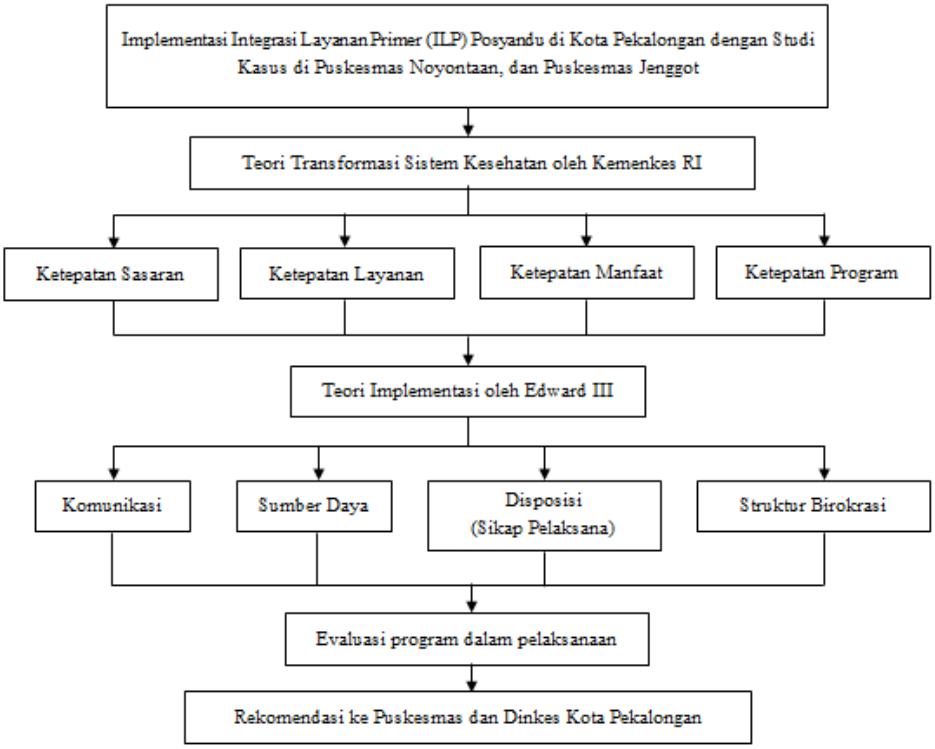
The Edward III model is often used in evaluating the implementation of government programs, including in the health sector, as it is capable of illustrating the dynamics of implementation at the micro level.

Previous Research

Research by (Zakia M, 2024) highlighted that the national implementation of ILP remains hampered by aspects of human resource readiness, infrastructure, and a lack of synergy between sectors. This aligns with findings (Hera, 2023), which show that the effectiveness of integrated health service posts (Posyandu) in implementing the program is greatly influenced by the quality and quantity of cadres.

Meanwhile, research by (Rahmawati I, Khurunin I, 2022) states that Posyandu is a portrait of citizenship practices, where the community plays an active role in maintaining public services. Therefore, the success of ILP is largely determined by collaboration between implementers and service recipients.

Theoretical Framework



Picture 1. Research Framework

METHODOLOGY

This study employed a qualitative method with a case study approach. The informants consisted of 13 individuals: the heads of community health centers, program implementers, cadres, community members, village heads, and representatives from the District Health Office. Data collection techniques included in-depth interviews, observation, and documentation. Data validity was ensured through data and methodological triangulation. Data analysis followed Denscombe's steps: data preparation, category identification, coding, pattern analysis, interpretation, and the presentation of descriptive narratives.

RESEARCH RESULTS

Target Accuracy

One of the main objectives of the ILP program is to reach all age groups across the life cycle, from infants to the elderly. However, the findings indicate that the implementation of ILP at Posyandu in Pekalongan City has not been optimal in terms of target accuracy. Infants and toddlers remain the primary groups dominating Posyandu visits, while participation from adolescents and the productive age group is notably low.

Several factors contribute to the limited involvement of these age groups. First, Posyandu activities are often scheduled during working hours, preventing productive-age individuals from attending despite their health needs. Second, there is limited information regarding the benefits of Posyandu services for adolescents and adults, which affects community interest. Moreover, the perception that Posyandu is exclusively for toddlers and pregnant women reinforces the sense that other groups are not part of the program's intended targets.

Service Accuracy

In general, the services provided at ILP Posyandu have attempted to align with community needs. Services include maternal health checkups, child growth and development monitoring, elderly blood pressure checks, and basic screening for non-communicable diseases. However, several challenges hinder effective service delivery.

Some Posyandu remain inadequately equipped with health facilities and tools. For instance, blood pressure monitors and anthropometric measurement devices are often limited, and in some locations, completely unavailable. In addition, delays by health workers in starting Posyandu activities create further obstacles. This lack of punctuality undermines public trust in the effectiveness and professionalism of services. Moreover, the services are not yet fully standardized across different Posyandu.

Benefit Accuracy

In general, the community perceives benefits from the implementation of ILP Posyandu, particularly in terms of convenient access to basic health services close to their residences. The program is also considered to increase community awareness of the importance of regular health monitoring, especially for pregnant women and toddlers.

Nevertheless, the distribution of benefits is not yet felt equally across all target groups. Adolescents, productive-age individuals, and even some elderly people have not fully experienced the benefits of ILP due to their low participation and the lack of inclusive approaches. This highlights the need for more adaptive service strategies tailored to the needs of each age group to ensure that ILP benefits are more widely and evenly distributed.

Program Accuracy

Administratively, the implementation of ILP Posyandu has adhered to the guidelines set by the Ministry of Health. However, the effectiveness of program implementation is not yet fully optimal. The study found that efficiency in program execution is still hampered by several technical and structural factors. First, the limited number of health workers and cadres has resulted in high workloads and constrained service time at Posyandu. Second, the scheduling of activities often does not align with community routines, reducing program relevance. Third, policy alignment gaps exist between the city level, community health centers, and local administrations, resulting in inconsistencies in field implementation. These findings suggest the need for strengthened cross-sectoral management to ensure more efficient and coordinated ILP implementation.

Communication

Communication is a critical aspect supporting the successful implementation of the ILP policy. The findings indicate that information on ILP schedules and services is disseminated through health promotion, social media groups, and announcements from cadres. However, the reach of this communication is not yet comprehensive.

Community members who are not active in digital community groups, such as neighborhood WhatsApp or Facebook groups, tend to receive incomplete information. Moreover, communication between the health office, community health centers, and Posyandu cadres has not been fully effective. Limited internal coordination has led to inconsistent understanding among implementers regarding SOPs and policy updates. Thus, strengthening two-way communication systems and training cadres in delivering health messages are highly necessary.

Resources

The implementation of ILP is significantly influenced by the availability of adequate human resources and infrastructure. Observations and interviews revealed differences in preparedness between the two study sites. Jenggot Community Health Center was considered to have better-prepared personnel, both in terms of quantity and competence. In contrast, Noyontaan Community Health Center still faced challenges due to the limited number of active cadres and incomplete Posyandu equipment.

In addition, not all cadres have received specialized training related to ILP implementation. The lack of training has led to limited technical understanding in conducting life cycle–based health screenings. From a financial perspective, the allocation of operational funds for Posyandu remains insufficient and has not always been distributed on time.

Implementers' Disposition

The disposition or attitude of implementers plays a crucial role in the success of ILP implementation. The study shows that most health workers and cadres demonstrate strong commitment to the program. They are willing to actively participate despite various limitations in the field.

However, this commitment is not yet accompanied by uniform understanding of the substance and objectives of ILP. Some cadres still perceive Posyandu as limited to child weighing and supplementary feeding activities. The lack of socialization and training on the ILP concept has resulted in implementers lacking a shared vision, leading to inconsistent practices in the field. Therefore, continuous training and capacity-building are urgently needed.

Bureaucratic Structure

The bureaucratic structure supporting the ILP program still requires strengthening, particularly in terms of cross-sectoral and intergovernmental coordination. The implementation of the ILP program necessitates the involvement of multiple stakeholders, including the health office, community health centers, local village administrations, and Posyandu cadres. However, the study found that coordination among these units remains suboptimal.

The standard operating procedures (SOPs) that serve as the guidelines for ILP implementation have not been evenly disseminated to all field implementers. Furthermore, local administrations, which serve as strategic partners in Posyandu activities, have not yet played an active role in supporting the program's operations and sustainability. This highlights the need to strengthen governance, clarify coordination mechanisms, and ensure greater involvement of village/urban administrations in the planning and monitoring of ILP activities.

ADVANCED RESEARCH

The findings of this study provide important contributions to understanding the dynamics of Primary Care Integration Program (ILP) implementation at the Posyandu level, particularly within an urban Central Java context such as Pekalongan City. Nevertheless, several findings also open avenues for more in-depth and contextual follow-up research. One of the key findings is the low participation of adolescents and the productive-age group, which indicates the need for further research to explore the social, cultural, and structural factors influencing their involvement in ILP programs. Future studies could adopt participatory approaches to develop communication strategies and interventions that are more relevant for these segments.

In addition, disparities in resources across Posyandu and community health centers represent another critical issue. Further research could focus on developing adaptive resource management models and testing the effectiveness of life cycle–based cadre training within the ILP context. In this regard, quasi-experimental studies evaluating the impact of training on enhancing Posyandu service capacity would be highly relevant for generating policy evidence.

Another implication to consider is the weak cross-sectoral coordination observed in ILP implementation. Further policy studies employing a policy network analysis approach may help explain the extent to which inter-institutional synergy contributes to the success or failure of the program at the local level.

Such studies could provide concrete recommendations for effective cross-sectoral governance.

Moreover, replication studies in regions with diverse geographic and socio-economic characteristics are needed to enrich the generalizability of the findings and to better understand the broader context of ILP implementation. Remote areas, rural settings, and densely populated urban environments could offer valuable insights into the challenges and strategies of implementing ILP under different conditions.

Finally, given the growing importance of technology in healthcare services, future research could also explore the integration of information systems and digital technologies in managing ILP Posyandu—whether for record-keeping, communication, or service monitoring. Such studies would be highly relevant in supporting the digital transformation of the national health system.

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