

Health Cadre Program CERDIK (smart, modern, and educational) in the UPTD Foster Area of the Sekarjaya Health Center, Baturaja, OKU

I Gusti Ayu Putu Desy Rohana ¹, Lisdahayati ², Gunardi Pome ³, Zanzibar ⁴

Poltekkes Kemenkes Palembang,

Jalan Jenderal Sudirman KM 3,5 Nomor 1365 Samping Masjid Ash-Shofa Komplek RS Moh. Hoesin Palembang

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ABSTRACT

Hypertension is a deadly killer without symptoms if it doesn't get proper treatment, it is commonly referred to as a silent killer. The prevalence of hypertension in South Sumatra is very high, with the 4th highest incidence on the island of Sumatra. The health problem in OKU Regency with the top number of the top 10 types of diseases is hypertension. The partner problem from the results of the preliminary study is that the delivery of hypertension treatment services, Non-Communicable Diseases (NCD) prevention service activities, and the provision of information/education are not yet optimal. The achievement of capacity-building activities for health extension workers was only 35% in 2019 in the Sekarjaya Village area. The results of interviews with health cadres obtained data that there was a lack of capacity building for health cadres in carrying out Integrated Development Post (POSBINDU) activities. The solution carried out by the service team is the development of health cadres with training and field assistance for the implementation of the Integrated Development Post (POSBINDU). The methods used are lectures, discussions, questions and answers, demonstrations, and demonstrations. Another activity is assisting the implementation of the Integrated Development Post (POSBINDU) in the UPTD Sekarjaya Health Center assisted area. The activity was attended by 30 cadres selected by village heads representing 6 (six) villages. The results of program implementation were an increase in cadres' knowledge of 27.5%, an increase in skills of 17.9% from the results of the pre and post-tests on cadres, and an increase in community visits to the BINDU Post by 92% at the end of the activity.

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Corresponding Author:

I Gusti Ayu Putu Desy Rohana
Poltekkes Kemenkes Palembang
Email: igustiayu_desyrohana@poltekkespalembang.ac.id

INTRODUCTION

Sekarjaya Health Center is a work unit that provides health services for individuals, families, and communities that have several target areas. The Sekarjaya Health Center facilitates the PTM Integrated Service Post (POSYANDU) and PTM Integrated Development Post (POSBINDU) activities for its target areas. Capacity building and education of health cadres tasked with overseeing the sustainability of these activities have been carried out, but not comprehensively and sustainably. Health cadre training activities in providing PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) services have not been carried out for a long time. Training activities for health workers to carry out monitoring and

evaluation of these activities have also not been carried out for a long time. The last PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) material enrichment training activities were carried out by the Sekarjaya Health Center in 2015.

The constraints expressed by the person in charge of the Sekarjaya Health Center regarding the implementation of the PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) in their target area were the small number of health cadres participating, the changing of Health cadres who had been trained due to age, the lack of ability of cadres to carry out record keeping and reporting the results of activities to health workers at the Sekarjaya Health Center. Health education activities for residents who come for health checks have not been carried out, due to the lack of media and technical training on providing information to cadres implementing the Integrated Service Post (POSYANDU) and PTM Integrated Development Post (POSBINDU) in the Sekarjaya Health Center's target area. Data on the results of the 2019 Action Plan and Performance Achievements of the Ogan Komering Ulu Health Office regarding the achievement of non-communicable disease prevention service activities only reached 75% of the 100% target that must be achieved. Only 80% of the target of 100% of the 100% target was achieved in communication, information, and education activities for disease prevention and eradication. The achievement of education improvement activities for health extension workers only reached 35% of the target of 75% (Ogan Komering Ulu Health Office, 2019).

The implementation of PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) activities is a government policy that must be implemented with full responsibility in all Puskesmas-assisted areas in Indonesia. The PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) activities revitalization policy were made by the Regent of Ogan Komering Ulu in 2019. Regent Regulation No.26 of 2019 concerning the Revitalization of the Integrated Service Post (POSYANDU) in Ogan Komering Ulu Regency in article 14 states details of the types of programs and services to be implemented at the Integrated Service Post (POSYANDU). Most of the types of programs contained in the regulation have been implemented by health workers at the Sekarjaya Health Center, but health counseling activities, home visits, educational simulations, consultation/advocacy, and reporting of case findings and monitoring of the Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) PTM is still rarely implemented.

The Integrated Service Post (POSYANDU) is a form of community participation in the health sector, which is managed by cadres, with the target being the entire community. Cadres are members of the local community who are elected or appointed by the community. The activities at the Integrated Service Post (POSYANDU) are known as the 5-table service system, where each table has a different function and is largely determined by the role and participation of cadres. Cadres who play a good role in the Integrated Service Post (POSYANDU) will run optimally (Sari & Indarwati, 2012). Cahyanti (2016) states that the results of his research on the implementation of Integrated Service Post (POSYANDU) activities are more optimal if carried out in a 5-table pattern, and suggests that cadres or village midwives should provide more in-depth counseling and the need for more modern recording techniques to overcome problems. recording of public health monitoring who comes if they forget to bring the KMS book. The results of a literature review on empowering cadres in tuberculosis case management programs in developing countries state that Community Health Volunteers (CHV) can bring services closer to the community, thus reducing barriers to access and costs, so it is suggested that the Health Office, through PUSKESMAS, be obliged to carry out training, mentoring, and provide funding. operations for CHV in the management of TB control in the community (Rohana, et al, 2019).

METHOD OF IMPLEMENTATION

The theme of this community service is an effort to increase the capacity of Health Cadres in carrying out the activities of the Integrated Service Post (POSYANDU) and PTM Posts with a 5 (Five) Table Pattern which is referred to as the "CERDIK Health Cadres" program. Partners in the implementation of Community Service activities are active health cadres in the community and also Health Center Health Officers who are in charge of the target areas. This activity will benefit the Sekarjaya Health Center-assisted area community which carries out health checks at the PTM Integrated Service Post (POSYANDU) and PTM Integrated Development Post (POSBINDU) closest to their homes.

Activities carried out at 5 PTM Integrated Development Post (POSBINDU) locations, activities carried out 5 times (once a week) The details of the activities carried out are:

Meeting 1: Increasing the capacity of cadres by providing materials and demonstrating the implementation of the PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) for Health Cadres and Health Officers at the Sekarjaya Health Center;

Meeting 2: Increasing the capacity of cadres by providing technical materials using the Healthy IndonesiaKU application (SIKU) as a media for recording, reporting, and processing cases and data, to Health Cadres and Health Officers at the Sekarjaya Health Center;

Meeting 3: Implementation of mentoring for the implementation of the PTM Integrated Service Post (POSYANDU) and Integrated Development Post (POSBINDU) in the target area;

Meeting 4: Implementation of assistance in the implementation of Health Education in the target community and families;

Meeting 5: Implementation of monitoring and evaluation of the implementation of the PTM Integrated Development Post (POSBINDU) in the target area.

RESULTS AND DISCUSSION

Community service activities by the Baturaja Nursing Study Program Lecturer group in the preparation stage began with a meeting with the leadership of the Puskesmas and the Person in Charge of the Non-Communicable Disease Program (PTM) at the Sekarjaya Health Center. The results of coordination with community service partners, namely the parties agreed on the implementation of cadre capacity-building activities in the UPTD hall of the Sekarjaya Health Center, the implementation was attended by the target community service participants, namely health cadres of 30 women, as well as PJ PTM Health Center officers and the target area. Human resources in the community can play a role in providing motivation and being a complementary intrinsic component for health workers, namely health cadres (Rohana, 2019).

The distribution of the characteristics of participants who take part in community service activities is as follows:

Table 1. Distribution of Respondents' Characteristics
Distribution of the Characteristics of the Cadre of Integrated Guidance Post (POSBINDU) in Sekarjaya OKU Village, November 2022 (n=30)

Characteristics of Respondents	Frequency	%
Age		
Early Adult	7	23,3
Late Adult	15	50
Pre Elderly	6	20
Seniors	2	6,7
Gender		
Man	0	0
Women	30	100%

Based on table 1 it can be seen that the distribution of respondents by age in the application of the "CERDIK" cadre program was dominated by late adulthood by 50%, based on gender all participants were women. Late adulthood is a cycle in which individuals tend to improve themselves toward social and religious activities (Jahja, 2011). The results of this activity are similar to the activities to strengthen the capacity of health cadres regarding breast cancer in Garut Regency which was attended by 50% of participants in late adulthood (Witdiawati, 2018). Health cadres are dominated by female housewives who function as a source of information and key to family health (Setyoadi, 2013).

Implementation of the program in the community for 4 months, starting from August to November 2022. The technical implementation of the activity is the implementation of cadre capacity building for 2 days, and the provision of checklist sheets for the pretest. The material presented at this activity was the technique of implementing the 5-table Integrated Development Post (POSBINDU), health education techniques, and techniques for using the SIKU application. Follow-up activities on the implementation of the Integrated Development Post (POSBINDU) in 5 villages in the assisted villages of the Sekarjaya Health Center UPTD, at the time determined by the PTM person in charge. The activity ended with a posttest and a joint commitment to the implementation of the Periodic Integrated Development Post (POSBINDU) using the 5-table technique. A questionnaire is a measuring tool that has been used by previous studies that have passed the reliability and validity tests. The questionnaire consisted of 20 (twenty) knowledge question items and 10 (ten) skills question items. The results of processing the evaluation data for the activities of participants in community service activities are as follows:

**Table 2. Average Distribution of Respondents' Knowledge and Skills
Average Distribution of Knowledge and Skills of Integrated Development Post Cadres (POSBINDU)
Before and After Implementation of the CERDIK Cadre Program in Sekarjaya OKU Village,
November 2022 (n=30)**

Category	Measurement	Mean	Knowledge Improvement (%)
Knowledge	Before	58,5	27,5
	After	86	
Skills	Before	32,3	17,9
	After	50,2	

Based on table 2, it can be seen that the average value of cadre knowledge before the CERDIK cadre program was carried out was 58.5, and the average value of cadre knowledge after the CERDIK cadre program was carried out was 86, which means that there was an increase in knowledge of 27.5%. The average skill of cadres before the program was implemented was 32.3, and after the program implementation, the average value was 50.2. There was an increase in the skills of cadres by 17.9% after implementing the CERDIK cadre program. The results of this study are in line with the results of previous research which stated that there were significant differences in the knowledge and attitudes of cadres before and after being given the training to recognize and prevent breast cancer in Garut Regency (Witdiawati, 2018).

Details of the implementation of community service activities can be seen in the following figure:



Figure 1. Opening of activities



Figures 2. Cadre Capacity Building



Figure 3. Capacity Building for Cadres



Figure 4. Integrated Guidance Post Assistance (POSBINDU)

CONCLUSION

Community service activities have been carried out in the UPTD target area of the Sekarjaya Health Center, Ogan Komering Ulu Regency well because there has been cooperation in the implementation of the Tri Dharma College activities with the Baturaja Nursing Study Program of the Health Poltekkes of the Palembang Ministry of Health. Participants who attended the implementation of Community Service were very enthusiastic. The results of community service activities showed that there was a transfer of science and technology in the form of knowledge and skills in the implementation of the Integrated Guidance Post (POSBINDU) with the 5 table method, techniques for providing health counseling, and documenting activities on the SIKU application to cadres. The increase in the results achieved in the pretest and posttest activities was 27.5% an increase in knowledge, 17.9% an increase in skills, and an increase in visits to the Integrated Development Post (POSBINDU) 92%. Participants expressed their desire for activities to be carried out continuously, and health cadres gave suggestions to increase the availability of drugs during service delivery. This activity is expected to be continued by the Health Officers of the UPTD Puskesmas Sekarjaya and Health Cadres. The service team would like to thank Poltekkes Kemenkes Palembang for providing financial support

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