

# EMPOWERMENT OF COMMUNITY HEALTH CADRES THROUGH HEALTH POST MANAGEMENT TRAINING AND HOSPITAL ASSISTANCE TO IMPROVE BASIC HEALTH SERVICES IN MALANG REGENCY

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## Abstract

This study explores the integrated role of community health cadre empowerment, health post management, and hospital assistance in enhancing the quality and sustainability of primary healthcare services in Malang Regency. The research highlights how the empowerment of community health cadres (CHCs) serves as the foundation for effective grassroots health delivery by improving competence, motivation, and leadership in health promotion and disease prevention. Efficient health post management is identified as a critical mechanism for optimizing service organization, resource utilization, and community participation, ensuring accessibility and continuity of care. Furthermore, hospital assistance acts as a catalyst for quality improvement by providing mentorship, technical supervision, and systematic evaluation that bridge the gap between institutional and community-based healthcare. Using a literature-based analytical approach, the study synthesizes findings from recent research and policy reports to assess the interrelationship between these three components. Results indicate that integrating empowerment, management, and institutional support significantly enhances service performance, strengthens referral systems, and increases community trust in health facilities. The analysis underscores that sustained collaboration among hospitals, community health centers, and local cadres is vital for building an inclusive and resilient healthcare system.

**Keywords:** *Community Health Cadres, Empowerment, Health Post Management*

## INTRODUCTION

Improving community health status remains a central objective of national development, requiring the active participation of both health professionals and the community. Within the framework of primary health care, community health cadres play a crucial role as the front line in identifying, preventing, and addressing public health problems at the grassroots level. They serve as a vital link between the community and health facilities, ensuring that health programs are effectively implemented and that essential services reach the population equitably. The effectiveness of primary health services, therefore, largely depends on the capacity, competence, and commitment of these cadres in carrying out their responsibilities (Fattia et al., 2021).

Nevertheless, empirical evidence and field observations reveal that many community health cadres still face significant limitations in managerial skills, technical competence, and understanding of standard health service procedures. These deficiencies often result in suboptimal performance of community-based health posts such as *Pos Kesehatan Desa* (Village Health Posts) and *Posyandu* (Integrated Service Posts), particularly in rural and remote areas where access to hospitals or health centers is limited. Consequently, empowerment through structured training in health post management and systematic hospital assistance becomes a strategic approach to strengthening the quality of basic health services and promoting sustainable community-based health systems (Nayoan et al., 2021).

Training in health post management aims to equip cadres with essential competencies in planning, organizing, implementing, and evaluating health programs at the community level. It also enhances administrative and data management skills, which are critical for evidence-based decision-making and accountability. Hospital assistance, on the other hand, functions as a mechanism for mentoring, supervision, and knowledge transfer. By involving hospital professionals in community health activities, cadres gain exposure to updated clinical standards, service protocols, and public health strategies aligned with national health policies. This collaborative model fosters a synergistic relationship between hospitals, primary health centers, and the community, thereby improving the

responsiveness and efficiency of local health systems (Yulyuswarni et al., 2023). Malang Regency presents a relevant context for implementing this empowerment initiative due to its vast geographical area, socio-economic diversity, and uneven distribution of health services. Despite having an extensive network of community health facilities, disparities in service quality and human resource capacity remain a challenge. Empowering community health cadres through targeted training and hospital mentoring is expected to enhance their competence, motivation, and accountability. Ultimately, this initiative contributes to the improvement of basic health service delivery, strengthens community participation in maintaining public health, and supports the achievement of national health development goals focused on equality, sustainability, and community self-reliance.

## **LITERATURE REVIEW**

### **Community Health Cadres**

Community health cadres, often referred to as *kader kesehatan masyarakat* in Indonesia, constitute the backbone of community-based health programs, particularly in developing countries where human and financial resources for health care are limited. These cadres are typically community members who volunteer or are selected to support health promotion, disease prevention, and early detection initiatives under the supervision of formal health institutions such as primary health centers (*puskesmas*). Their close relationship with the community allows them to bridge the gap between professional health services and local populations, especially in remote or underserved areas where access to hospitals and clinics remains constrained (Nurhidayah et al., 2019). The concept of community health cadres aligns with the principles of *Primary Health Care (PHC)* introduced by the Alma-Ata Declaration of 1978, which emphasizes community participation as a central component of effective and equitable health service delivery. Cadres embody the spirit of *self-help* and *mutual cooperation (gotong royong)*, enabling local communities to take active roles in maintaining and improving their own health conditions. Their involvement extends beyond assisting in medical activities they also perform social mobilization, health education, data collection, and monitoring of vulnerable groups such as pregnant women, infants, and the elderly.

Empirical studies consistently show that well-trained and well-supported community health cadres significantly contribute to improving maternal and child health outcomes, increasing immunization coverage, reducing malnutrition, and enhancing awareness of hygiene and disease prevention. According to the World Health Organization (WHO, 2020), the integration of community health workers into national health systems has proven to be an effective strategy to extend essential health services to the population level, particularly in rural and marginalized settings. Moreover, research by Angelina et al. (2020) highlights that community health cadres serve as agents of behavioral change, helping communities adopt healthier lifestyles through culturally appropriate communication and localized interventions. Despite their strategic importance, community health cadres often face structural and operational challenges. Many work with limited training, inadequate incentives, and insufficient supervision, which can lead to inconsistent service quality and burnout. A study by Sulistiyanto et al. (2023) points out that lack of institutional support and unclear role definitions frequently hinder cadre motivation and long-term engagement. To address these challenges, empowerment and capacity-building programs are essential. Such programs not only improve technical and managerial competencies but also strengthen self-efficacy and leadership among cadres, fostering a sense of ownership and professional identity.

In the Indonesian context, the Ministry of Health has long recognized the vital contribution of community health cadres through the *Posyandu* (Integrated Health Service Post) and *Poskesdes* (Village Health Post) programs. These platforms rely heavily on the cadres' commitment to conduct routine health activities such as growth monitoring, immunization, family planning counseling, and health promotion. However, disparities in cadre performance across regions highlight the need for systematic training and institutionalized collaboration with hospitals and health centers. As argued by Parinduri et al. (2021), effective cadre empowerment requires a combination of continuous education, supportive supervision, and recognition mechanisms that validate their role as integral components of the public health workforce. Ultimately, community health cadres represent more than just an auxiliary health force they are agents of social transformation and community resilience. Strengthening their capacity through structured empowerment programs, continuous mentorship, and institutional collaboration ensures the sustainability of primary health care and the achievement of universal health coverage. Their role will remain indispensable in realizing equitable, accessible, and community-driven health systems, particularly in rural and developing regions such as Malang Regency, where they serve as the foundation for improving public health outcomes and fostering collective well-being.

### **Empowerment**

Empowerment, in the context of public health and community development, refers to a dynamic process through which individuals and groups gain greater control over the decisions and actions that affect their health, well-being, and environment. It involves enhancing people's capacity, confidence, and resources so they can actively participate in solving problems and improving their quality of life. According to Firman (2021), empowerment is both a process and an outcome it represents the means through which people become capable of influencing their social and institutional environments and the state in which they achieve autonomy and self-determination. In the health sector, empowerment is a critical strategy for achieving sustainability and equity in service delivery. The World Health Organization (WHO, 2019) defines health empowerment as the process by which individuals and communities are enabled to take control over the determinants of health and participate in decision-making related to health promotion and service management. Empowered individuals are more likely to engage in preventive health behaviors, adhere to treatment plans, and contribute to collective health initiatives. For community health cadres, empowerment translates into increased knowledge, enhanced technical competence, improved leadership skills, and stronger motivation to carry out health programs effectively.

Empowerment encompasses several dimensions: psychological empowerment, which involves developing self-efficacy and confidence; organizational empowerment, which focuses on improving institutional structures that support active participation; and community empowerment, which emphasizes collective action and social mobilization. Restuastuti et al. (2017) highlights that empowerment is not merely about transferring authority but about building the capacity to make informed choices and transforming those choices into desired actions and outcomes. In the case of health cadres, empowerment means providing them with not only technical training but also the ability to identify local health issues, plan interventions, and mobilize community participation. In practice, the empowerment of community health cadres is achieved through structured training, mentorship, and participatory decision-making. Training equips cadres with essential skills in health promotion, data management, communication, and leadership, enabling them to serve as competent agents of change. Mentorship, particularly by hospitals or health professionals, reinforces their learning through supervision, feedback, and continuous professional development. Moreover, participatory approaches that involve cadres in planning and evaluating health programs foster a sense of ownership and accountability, which are vital for sustaining their engagement and effectiveness.

Empowerment also has a socio-cultural dimension, especially in community settings where gender roles, social hierarchies, and traditional norms influence participation. Research by Mediani et al. (2020) emphasizes that genuine empowerment occurs when individuals and groups gain access to information, acquire decision-making authority, and develop critical awareness of their social conditions. For female cadres, who often dominate community health initiatives in Indonesia, empowerment contributes not only to improved health outcomes but also to gender equality and social recognition. In Indonesia's public health system, the empowerment of cadres has been institutionalized through community-based programs such as *Posyandu* and *Desa Siaga*. These programs aim to strengthen community resilience by enhancing the capacity of local volunteers to deliver primary health services, promote healthy behaviors, and coordinate with formal health institutions. However, as noted by Yusriani and Alwi (2018), the sustainability of cadre empowerment depends on consistent policy support, adequate resources, and recognition mechanisms that validate their contribution to health development. Therefore, empowerment is not a one-time intervention but an ongoing process that requires collaboration among government institutions, health professionals, and communities. Empowered health cadres act as agents of transformation who can translate health policies into community action, promote equity in service access, and strengthen the overall resilience of the health system. In essence, empowerment serves as both the foundation and the driving force behind effective, sustainable, and community-oriented health care delivery.

### **Health Post Management**

Health post management refers to the systematic process of organizing, operating, and evaluating community-based health facilities such as *Pos Kesehatan Desa* (Village Health Post) or *Posyandu* (Integrated Service Post), which serve as the primary access points for basic health services at the community level. It encompasses administrative, technical, and managerial functions designed to ensure that health services are delivered efficiently, equitably, and sustainably. According to the World Health Organization (WHO, 2020), the effective management of community health facilities is a cornerstone of primary health care systems, enabling communities to receive continuous and integrated health services close to where they live. The core components of health post management include planning, organizing, implementing, monitoring, and evaluation. The planning process involves assessing local health needs, identifying target populations, setting priorities, and designing appropriate intervention strategies. Organizing entails the allocation of human resources, logistics, and financial support to implement planned activities.

Implementation focuses on the delivery of health promotion, disease prevention, and basic curative services, while monitoring and evaluation ensure that the activities are aligned with established objectives and quality standards. Each of these managerial stages requires coordination between community health cadres, local governments, and higher-level health facilities such as *puskesmas* and hospitals. Good management at the health post level directly affects the quality and accessibility of basic health services. A study by Nafisah et al. (2025) emphasizes that well-managed *Posyandu* facilities contribute significantly to improved maternal and child health outcomes, higher immunization coverage, and reduced malnutrition rates. Efficient management practices also promote better resource utilization and minimize service gaps in rural or remote areas. Conversely, weak management characterized by inadequate planning, lack of supervision, and poor documentation often results in irregular service delivery and decreased community participation.

Administrative management plays a critical role in maintaining the functionality of health posts. It includes accurate record-keeping, health data reporting, inventory management, and financial accountability. Reliable data collection at the community level supports evidence-based decision-making and enables local health authorities to respond promptly to emerging public health issues. Moreover, transparent and well-documented administrative systems foster trust between the community and service providers, which is essential for sustaining community engagement. Human resource management is another vital aspect of health post operations. Community health cadres, as frontline workers, require clear role delineation, continuous capacity building, and supportive supervision. According to Yani & Martadho (2020), the presence of structured supervision from *puskesmas* and hospitals strengthens cadre performance by ensuring adherence to standard operating procedures and maintaining service quality. Furthermore, motivational strategies such as recognition, incentives, and opportunities for professional growth are key to reducing turnover and maintaining long-term commitment among cadres.

Infrastructure and logistics management are equally significant. A functional health post must have adequate facilities, medical supplies, and educational materials to support preventive and promotive activities. Efficient supply chain management ensures that essential medicines and equipment are available when needed, thus minimizing disruptions in service delivery. In addition, the introduction of digital health tools, such as electronic health records and mobile reporting applications, has been shown to enhance the efficiency and accuracy of health post operations. Community involvement forms the foundation of effective health post management. Active participation of local residents in planning, implementing, and evaluating health activities ensures that services remain relevant to the community's needs and cultural context. Collaborative governance involving local leaders, health cadres, and health professionals creates a sense of shared responsibility and strengthens social accountability. This participatory management approach aligns with the principles of *Primary Health Care* and *Community-Based Health Development* promoted by the Indonesian Ministry of Health. In the context of Malang Regency and similar regions, effective health post management is particularly crucial due to the geographical diversity and disparities in health access. By improving managerial capacity through structured training and hospital mentorship, health posts can operate more efficiently, deliver higher-quality services, and serve as strategic entry points for national health programs. Ultimately, the success of primary health care depends on how well these community-level health posts are managed, as they represent the first and most accessible layer of health service delivery that connects communities with the broader health system.

## METHOD

This study employs a literature review method designed to analyze, synthesize, and interpret existing research and theoretical frameworks related to the empowerment of community health cadres, health post management, and hospital assistance in improving basic health services. The literature review approach enables a comprehensive understanding of key concepts, best practices, and empirical evidence that support community-based health initiatives. The process of this literature review followed several systematic stages: identification, screening, eligibility assessment, and synthesis, adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework.

### 1. Identification

Relevant sources were identified through extensive searches in reputable academic databases, including PubMed, Scopus, ScienceDirect, and Google Scholar, using keywords such as *community health cadres*, *empowerment*, *health post management*, *primary health care*, and *hospital mentoring*. The search was limited to journal articles, books, and government reports published between 2018 and 2025 to ensure relevance and alignment with recent developments in public health management.



2. Screening

The initial search yielded numerous publications. Duplicates were removed, and the remaining sources were screened based on titles and abstracts to determine their relevance to the research focus. Articles that did not address topics related to community-based health management, empowerment, or health service improvement were excluded.

3. Eligibility Assessment

Full-text articles were then evaluated based on inclusion and exclusion criteria. Inclusion criteria consisted of studies that:

- (a) focused on community health workers or cadres,
- (b) discussed empowerment strategies, training, or management of health posts,
- (c) presented empirical findings or theoretical discussions related to primary health care.

Excluded materials included editorials, commentaries, and non-peer-reviewed sources.

4. Data Extraction and Synthesis

The selected literature was analyzed to extract essential information such as study objectives, methodologies, findings, and implications. A thematic analysis approach was employed to categorize information into conceptual themes community empowerment, capacity building, health post management, and hospital-community collaboration. These themes formed the analytical foundation for interpreting how empowerment and structured management contribute to improved community health outcomes.

Throughout the process, the literature was critically appraised for methodological rigor, contextual relevance, and theoretical contribution. The review emphasized comparing perspectives from both global and Indonesian contexts to ensure cultural and policy relevance.

By employing this systematic literature review method, the study ensures a comprehensive, evidence-based understanding of the strategies and challenges involved in strengthening community health systems. The findings derived from the reviewed literature provide a robust conceptual basis for designing and evaluating empowerment programs for community health cadres, particularly in enhancing the quality and sustainability of basic health services in regions such as Malang Regency.

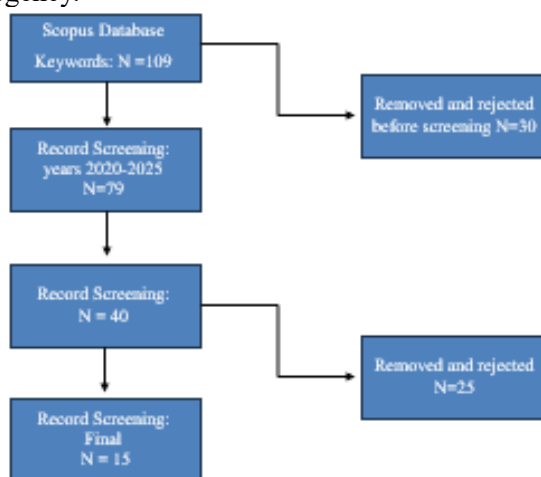


Figure 1. PRISMA Flow Diagram

## RESULTS AND DISCUSSION

The literature review findings reveal that the empowerment of community health cadres, supported by effective health post management and structured hospital assistance, significantly enhances the quality and sustainability of basic health services at the community level. Several interconnected themes emerged from the analysis: the strengthening of human resource capacity, improvement in management efficiency, and reinforcement of collaboration between health institutions and communities.

### Empowerment as the Foundation of Health Cadre Effectiveness

Empowerment is the fundamental determinant of community health cadre effectiveness, serving as the core mechanism through which cadres gain the confidence, competence, and autonomy required to perform their roles effectively. In the context of community-based health systems, empowerment is not limited to skill acquisition it encompasses the psychological, social, and organizational dimensions that collectively enhance a cadre's ability to

influence health outcomes within their community. Empowered cadres act not merely as health volunteers but as active agents of change who bridge the gap between formal health institutions and the community, ensuring that health initiatives are both participatory and sustainable. The literature consistently highlights that empowerment enables cadres to internalize a sense of ownership over their work, thereby increasing intrinsic motivation and accountability. According to Rahayu (2025), empowerment is a transformative process through which individuals develop control over decisions that affect their lives and communities. For health cadres, this transformation begins with capacity building structured training programs that enhance knowledge of health promotion, disease prevention, data management, and communication. Training also fosters self-efficacy, allowing cadres to address health challenges with confidence and make independent, evidence-informed decisions in the field.

Empowerment further strengthens cadres' leadership and problem-solving abilities. Empowered cadres are more capable of identifying local health issues, formulating action plans, and mobilizing community resources to address them. They become facilitators of behavioral change, guiding households in adopting healthy practices such as immunization adherence, balanced nutrition, and sanitation improvement. Studies such as those by Kusuma et al. (2021) demonstrate that cadres who receive empowerment-oriented training display improved initiative, creativity, and leadership, which translates into more consistent and effective community health programs. Another vital aspect of empowerment is psychological and social empowerment, which reinforces confidence, resilience, and social legitimacy. Empowered cadres feel recognized and respected within their communities, fostering mutual trust that enhances participation in health activities. This is particularly important in rural and culturally diverse regions, where local norms and trust networks play a critical role in influencing public behavior. Empowered cadres are able to communicate health messages in culturally sensitive ways, making them more effective in promoting preventive health behaviors and dispelling misinformation.

Empowerment also strengthens cadres' organizational integration within the broader health system. When cadres are empowered, they engage more effectively in coordination with *puskesmas* and hospitals, participate in program planning, and contribute valuable local data for policy formulation. According to Sugiarti et al. (2023), empowerment transforms cadres from passive implementers into active partners in health governance, thus reinforcing the principle of community participation central to primary health care. This participatory role ensures that health interventions are tailored to local needs, thereby improving both efficiency and relevance. Empowerment is further supported by external factors such as continuous mentorship, institutional support, and recognition. Mentorship from hospitals and health professionals plays an instrumental role in sustaining empowerment by providing guidance, feedback, and technical reinforcement. Institutional recognition through certification, incentives, or community acknowledgment enhances morale and reinforces cadres' sense of purpose. Destiarni (2024) argue that empowerment must be sustained through structural support, ensuring that cadres are not only trained but also valued as integral components of the health workforce.

From a systemic perspective, empowerment creates a multiplier effect. Empowered cadres tend to inspire others, leading to broader community mobilization and collective action. Communities guided by empowered cadres show higher participation in *Posyandu* sessions, improved maternal and child health outcomes, and increased awareness of preventive health measures. In Malang Regency, for example, empowerment programs that integrated management training and hospital mentorship led to measurable improvements in service regularity, data accuracy, and public engagement in local health activities. However, empowerment must be understood as a continuous process rather than a one-time intervention. Without ongoing training, supportive supervision, and recognition, the effects of empowerment may diminish over time. Therefore, health institutions and local governments must institutionalize empowerment through policy frameworks that ensure sustainability. Empowerment programs should not only focus on technical competence but also nurture leadership, community organizing, and advocacy skills, thereby preparing cadres to act autonomously and collaboratively in addressing emerging health challenges. In conclusion, empowerment is the foundational pillar upon which the effectiveness of community health cadres is built. It enhances their competence, confidence, and commitment, enabling them to function as proactive health advocates and leaders within their communities. Through empowerment, cadres become catalysts of transformation driving behavioral change, strengthening health systems, and fostering community resilience. A sustainable and well-structured empowerment strategy is therefore indispensable for achieving equitable and community-driven health development, particularly in decentralized and resource-limited settings such as Malang Regency.

### **Health Post Management and Service Optimization**

Effective management of health posts (*Posyandu*) represents a fundamental pillar in the sustainability and quality of community-based health systems, particularly in developing regions such as rural Indonesia. Health post

management encompasses the systematic organization of resources, human capital, logistics, and community participation to ensure the continuity of essential health services, especially maternal and child health, nutrition, immunization, and health promotion. According to the World Health Organization (WHO, 2022), efficient primary health service delivery depends not only on the infrastructure but also on the management capability that ensures equitable access, timely care, and integration with higher-level health facilities. The optimization of health post services relies heavily on structured management practices involving planning, implementation, supervision, and evaluation. Well-managed health posts foster strong linkages between communities and health institutions, enabling early detection of public health problems and rapid response to local health needs. Studies by Hadi & Hidayatullah (2023) show that well-coordinated Posyandu systems in rural Indonesia improve immunization rates, maternal check-up compliance, and child nutrition outcomes. The cadre's role, as the front-line implementer, is central in this process. Their ability to manage administrative records, organize monthly activities, and coordinate with public health centers (Puskesmas) directly influences service quality.

A comprehensive management framework integrates both technical and managerial competencies among health cadres. Training in administrative organization, data management, and community mobilization enhances operational efficiency. Moreover, supervision and mentoring from health professionals or hospitals play a vital role in maintaining service standards. Research by Harma & Amir (2025) emphasizes that periodic monitoring and mentorship not only improve service accuracy but also increase cadres' motivation and accountability, creating a cycle of continuous improvement in primary healthcare delivery. Optimization also involves adapting to technological advancements and local contexts. The adoption of digital record-keeping, for example, reduces errors and improves data accessibility for public health decision-making. Additionally, integrating local wisdom and community engagement strategies ensures sustainability and ownership among residents. The involvement of hospitals in supporting health posts, particularly through capacity-building initiatives, strengthens the referral system and reduces the burden on secondary healthcare facilities.

### **Hospital Assistance as a Catalyst for Quality Improvement**

Hospital assistance serves as a transformative mechanism for elevating the quality of primary healthcare services at the community level. It bridges the gap between advanced healthcare institutions and community-based health posts, fostering an integrated system that promotes efficiency, accountability, and sustainability. The involvement of hospitals in mentoring, supervising, and supporting community health cadres (CHCs) and local health posts (Posyandu) not only enhances service standards but also strengthens referral networks, thereby contributing to the broader goals of universal health coverage. According to the World Health Organization (WHO, 2021), collaboration between hospitals and community health systems is essential for achieving equitable access and improving overall health outcomes. Hospital assistance functions through three primary dimensions: capacity building, technical supervision, and quality assurance. Capacity building involves structured training and mentoring programs aimed at enhancing the competencies of community health cadres in areas such as clinical skills, health education, record management, and emergency response. Through these efforts, cadres become more confident and capable of delivering accurate, timely, and community-responsive services. A study by Nasution (2018) found that hospitals that provided routine mentoring to Posyandu cadres significantly improved the accuracy of maternal health reporting and increased antenatal visit compliance among pregnant women.

The second dimension technical supervision focuses on continuous monitoring and performance evaluation. Hospitals provide technical guidance and on-site supervision to ensure that community-level health practices adhere to national standards and evidence-based protocols. This approach helps identify operational weaknesses, such as inconsistent reporting, medication errors, or inadequate referral coordination, and facilitates timely corrective action. Research by Liusono & Saragih (2025) highlights that hospital-led supervision increased adherence to standard operating procedures (SOPs) and reduced service disparities between urban and rural areas. The third dimension, quality assurance, integrates data-driven evaluation and feedback mechanisms. Hospitals, through their public health outreach units, can assist in analyzing health post performance data, monitoring health indicators, and designing localized interventions. This data-oriented collaboration ensures that improvements are measurable and aligned with regional health priorities. Moreover, hospital involvement fosters an organizational culture of accountability and continuous learning at the grassroots level, which is critical for sustaining long-term health system quality. Beyond operational enhancement, hospital assistance also strengthens community trust. The visible collaboration between hospitals and local health posts reassures the community about the credibility and reliability of services provided. This trust, in turn, promotes greater participation in preventive programs such as immunization, nutrition counseling,

and early disease screening. Additionally, the partnership enhances the efficiency of the referral system by ensuring that patients requiring advanced care are transferred seamlessly and receive prompt attention.

### **Implications for Policy and Practice**

The integration of community health cadre empowerment, effective health post management, and hospital assistance carries significant implications for both public health policy and on-the-ground practice. These elements, when strategically aligned, create a cohesive framework that strengthens the primary healthcare system, enhances service quality, and advances the realization of equitable health outcomes at the community level. Policymakers must therefore view community health systems not as peripheral, but as foundational components of national health resilience and sustainability (Yunus et al., 2023). From a policy perspective, empowerment of community health cadres (CHCs) should be institutionalized through clear regulatory frameworks, sustainable financing, and competency-based training standards. National and local health authorities need to formalize the role of health cadres as recognized partners in the healthcare system, providing them with ongoing education, fair incentives, and access to career development pathways. Evidence from the Indonesian Ministry of Health (2023) indicates that cadres who receive formal recognition and systematic support demonstrate higher performance consistency and retention rates. Thus, policies should integrate CHCs into health planning, monitoring, and evaluation mechanisms, ensuring that their contributions are acknowledged and sustained.

In terms of health post management, policy should emphasize decentralization and autonomy at the community level. Local governments should be empowered to design context-specific management systems that respond to local health challenges, supported by flexible funding schemes. Additionally, the development of standardized digital health information systems at the health post level can enhance data accuracy, promote accountability, and streamline coordination with higher-level institutions. Regulatory support for such innovations is critical to achieving efficiency and transparency in health service delivery. Hospital assistance, as a policy strategy, should be institutionalized within the framework of vertical integration of health services. This means hospitals must be mandated to serve not only as treatment centers but also as *mentoring hubs* for lower-level health facilities. The Ministry of Health could formalize partnership agreements between hospitals, community health centers (Puskesmas), and Posyandu, outlining shared responsibilities in training, supervision, and data reporting. Policies should further allocate dedicated budgets for outreach and technical assistance programs to ensure continuity and scalability of hospital involvement in primary care development.

At the practical level, implementing these policies requires collaborative governance and multi-sectoral coordination. Effective communication channels between hospitals, local health offices, and community organizations are essential for synchronizing interventions and preventing overlap. Empowered cadres must also be included in local decision-making processes, ensuring that community voices inform program design and implementation. Furthermore, continuous mentorship and capacity-building should be integrated into regular health post activities rather than treated as sporadic projects, promoting long-term institutional learning. The integration of hospital assistance and cadre empowerment also offers practical benefits for quality improvement and health equity. Regular mentorship and supervision reduce disparities in service quality across regions, while community participation enhances cultural relevance and acceptance of health programs. This dual strategy strengthens the health system's adaptability, allowing rapid responses to emerging public health threats such as infectious disease outbreaks or malnutrition crises.

### **CONCLUSION**

The empowerment of community health cadres, effective management of health posts, and structured hospital assistance collectively form an integrated strategy to strengthen primary healthcare systems and improve public health outcomes. Empowerment enhances the competence, motivation, and leadership of cadres as front-line health agents, enabling them to respond more effectively to local health challenges. Efficient health post management ensures that resources, data, and community participation are organized in a systematic and sustainable manner, resulting in improved accessibility and continuity of basic health services. Hospital assistance functions as a catalyst for quality improvement by bridging technical gaps, standardizing service procedures, and ensuring consistent supervision and mentorship. The synergy among these three components empowerment, management, and institutional support creates a holistic model for sustainable healthcare delivery. When cadres are well-trained and supported by both policy frameworks and professional institutions, health services at the grassroots level become more responsive, accountable, and inclusive. Moreover, the integration of hospital involvement promotes stronger referral systems, greater accuracy in health reporting, and enhanced community trust in healthcare institutions. From



a broader perspective, this integrated approach not only addresses immediate healthcare challenges but also contributes to the long-term resilience of the health system. It aligns with national and global health objectives, particularly the pursuit of universal health coverage and equitable access to quality services. Therefore, policymakers and practitioners must continue to strengthen the linkage between community empowerment, local health management, and institutional collaboration to build a robust, people-centered health system that is capable of adapting to evolving public health needs.

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