SARJANA
Vol. 33, No. 2, December 2018, pp. 21-29

DECENTRALIZATION OF THE HEALTHCARE SECTOR: PARTICIPATION OF THE *POSYANDU* CADRES IN SUMATRA UTARA, INDONESIA

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Abstract

The main purpose of this paper is to explain the roles of *Posyandu* cadres as part of public participation in healthcare services delivery in the era of decentralization. The *Posyandu* cadres come from the grassroots level of the society and take part in local government programs by giving assistance to the healthcare officials in the field. The involvement of the cadres in this case is intended to support the success of the implementation of the healthcare services provided by the local government and therefore, enforcing the equality of citizen's political rights which is one of the objectives of the decentralization process (Smith, 1985). The participation of the cadres in the province of Sumatra Utara has emerged yet they still face some constraints both in legal terms and also in practice in the field.

Keywords: Decentralization, *Posyandu*, cadre, participation, healthcare sector

Introduction

After the decentralization, ,marked by the issuence of the Law No.22/1999, the healthcare sector services came under the authority of the local government represented by the institution which is called the Board of Local Healthcare (*Dinas Kesehatan/Dinkes*) that is responsible for the governance of health care at the provincial, district and municipal levels. However, the healthcare programs and projects on the ground are technically designed by the Public Health Center (*Puskesmas*) which is a unit under the Board (*Dinkes)* at the district or municipal level. Due to the decentralization of the political system which brought about greater local autonomy, the *Dinkes* of the regency/municipality plays an important role as the coordinator and driver by giving guidance to the *Puskesmas*. It is therefore totally different from when all such public services were under the governance of the central government where the formulation, programs planning and the management of the *Puskesmas* used to be under the authority of the central government while *Puskesmas* itself only had rights to implement the formulated and planned healthcare programs in their own area.

The decentralization process of governance has furthermore placed *Puskesmas* as the front-liner that directly serves and deals with the society in delivering healthcare services. It is obviously not an easy task for the *Puskesmas* since they have some limitations and shortages particularly with regards to human resources and finances. That is why the emergence of the Integrated Healthcare Service Station (*Posyandu*) or *Posyandu* cadre, which participates to deliver healthcare programs to the society, is pivotal. The establishment of *Posyandu* on the other hand is also intended to empower the society through the improvement of their knowledge and capabilities in the healthcare sector. Goldsmtih and Blustain (1980) state that participation is easier to actualize through a well-known organization or through an organization that it is already established in the community. The existence of the *Posyandu* and its proximity to the healthcare of the society makes it easier to involve the society in healthcare programs.

However, though *Posyandu* was established in 1984, there are still several factors that must be taken into account regarding the participation of the *Posyandu* cadres. Firstly, the *Posyandu* cadres' task in the healthcare sector is categorized as voluntary work. The term volunteering in this case becomes a crucial issue in the field, which is difficult to translate for the cadres who are very diverse in terms of their economic status, level of educational and social background. Secondly, the centralized and authoritarian system of governance in Indonesia for more than three dacades from 1966-1998 placed the participation of the public as merely a political rhetoric rather than of real programs for development where the public and the society are able to participate, support as well as have the choice to accept or decline programs from the central government. It is also assumed that the public's involvement in government programs in the pre-decentralization era stressed more on the means of mobilization rather than of participation. Thirdly, decentralization has made all governmental sectors and units, including at sub-district or village/neighborhood level, focus more on their own visions and affairs or in bureacratic term it is simply called as sectoral ego of the institutions.

The above factors influences the *Posyandu* cadres ability in helping *Puskesmas* to deliver healthcare services to the society. The *Posyandu* is established by the village or neighborhood government and its cadres come from and are selected within the society. The cadres are involved in some sort of capacity building programs provided by the *Puskesmas* and the *Dinkes* as the local government institutions are sometimes regarded by the society as the outsider organization so having the cadres are connects these institutions with the public. On the other hand, the nature of the voluntary work is quite difficult to implement in the field where the cadres also need some financial support to do their work. The heavy workload of the cadres and the lack of financial support mean that they are being used but not compensated for the work they do. In addition, the affinity between the interests of the two different units of local government organization is visibly present in managing *Posyandu* in the field. The main purpose of this article is to discuss the roles and the participation of the *Posyandu* cadres in undertaking healthcare programs at the community level as well as the contraints they face in carrying out the healthcare voluntary work in the era of decentralization where there is a transfer of authority and responsibility for public services and functions from the central government to its agencies in the local government.

Research Method

The purpose of this study is to analyze the roles of the *Posyandu* cadre as the manifestation of public participation in providing healthcare services due to the decentralization of these services from the central government to the local government. The research for this article was conducted in four regencies or municipalities in the province of Sumatra Utara involving the regency of Deli Serdang and Serdang Bedagai as well as the municipal city of Medan and Binjai. Each local area is represented by two *Puskesmas*.

The research used qualitative method where in-depth interviews were the main technique of data collection. Besides, secondary data either in the form of published or unpublished documentation was also used as supporting data in this study. The research informants came from the officials of sub-districts, *Puskesmas,* village or neighborhood government, *Posyandu* cadres and community members. This study was conducted from the year 2013-2016 where the rules and legislations adopted are primarily from that period of time.

Findings and Discussion

Decentralization and Public Participation

Decentralization as a concept of governance has been implemented by many countries of the world including Indonesia. One of the reasons why decentralization is popular is because the concept contains the spirit of democratization and public participation. This can be seen by the research done on decentralization which states that it can contribute towards political equality within the society (Smith, 1985); enhancing democratic governance through citizen participation (Oxhorn et al., 2004); involving the local society in the economic, social and political decisions (UNDP,1999); enhancing public participation in the process of local economic development (Mawhood, 1983); and distributing services justly which can lead to every citizen getting the same opportunities in accessing services (Hambleton, 1978).

Public participation in the era of decentralization, besides being a manifestation of democratization, also helps the government in delivering services to the public. It is obvious that besides the existence of community-based

organizations (CBOs), the government also needs other parties to take part in public services delivery such as participation of the private sector and non-governmental organizations (NGOs) as well. In the era of decentralization, however, the discussion on the CBOs' engagement such as *Posyandu* is much more relevant since the decentralization is meant not only in the delegation of central government authorities to the local governments but also the delegation of authorities from the central government to the communities in the local areas. Decentralization therefore has paved the way, built bridges and made a much closer connection between the government and communities consequently the communities themselves are able and available to be involved or to actively participate in the local development.

Mikkelsen (2011) views the concept of public participation as wide and has variations ranging from the lowest to the highest levels of participation. Firstly, participation can be in the form of voluntary donation from the public to the development projects without being involved in the decision making process; secondly, increasing the sensitivity and awareness of the public and the aspiration for acceptance and responding to the development projects; thirdly, an active process in which a person or group take initiatives and use their freedom in taking action; fourthly, conducting dialogues between the society and project officials; fifthly, the voluntary engagement of the society; sixth, the involvement of the society in self-development and protecting the environment. However Cressey et al. (1988) see the constraints to participation ranging from the lack of information, the need to negotiate decisions already made and the absence of consultation.

Cadres or Volunteers: A Debate on Terminologies

According to the regulation of the Home Affairs Ministry (HAM) No. 19/2011, *Posyandu* stands for *Pos Pelayanan Terpadu* (Integrated Service Station). The term service is conceptually not specified where public services in the regions are plenty. In the context of the healthcare services, the legal term used in the regulation does not relate much to services rendered by the *Posyandu* and should be redefined into *Pos Pelayanan Kesehatan Terpadu* (Integrated Healthcare Service Station) which could be the name with same abbreviation as *Posyandu*.

According to the HAM regulation, *Posyandu* is completely defined as a community-based effort on health development implemented by, within, for and along with the society in order to empower the society and give them easy access to basic healthcare services to accelerate the reduction of maternal and child mortality rate. Therefore, *Posyandu* is the place to go for healthcare services which is at the lowest level of the society and is directly connected to the society and thus they can solve their own problems in their own area. The existence of *Posyandu* demonstrates that healthcare is not only the responsibility of the government but also the responsibility of all components of society including the *Posyandu* cadres.

The term cadres of *Posyandu* in accordance to the regulation of Human Rights (HR) No. 19/2011, Article 1/1 refers to the community members who are available, capable and able to allocate some time to undertake the *Posyandu* programs and activities. Whilst, the definition of the health cadres or the *Posyandu* cadre within the Ministry of Health (MH) in 2003 refers to the community members selected by the community who are enthusiastic and capable of doing voluntary work in collaboration with the community (Kementerian Kesehatan: 2003). There is a difference between the two mentioned definitions of the cadre. According to the regulation of human rights, the *Posyandu* cadres undertake roles only in the *Posyandu* programs and activities while within the regulation of the MH the cadres also take on roles in other community work besides the original tasks assign to them in the healthcare sector. It can be concluded that the definition of cadre as proposed by the MH is wider than the definition provided by the HR regulation.

There is a sort of paradox on the use of the term of cadres and volunteers in the context of *Posyandu*. On the one hand, the person who joins *Posyandu* activities is called as cadre but the term is particularly based on some governmental regulations such as the regulation of the HAM as mentioned earlier. On the other hand there is another regulation that categorizes the cadre as a volunteer particularly within the regulation of the MH. There is no exact meaning but differences exist between how the concept is defined under the different regulations and the different meanings are sometimes used interchangeable or in a complementary manner.

Posyandu is a community-based organization (CBO) and a voluntary association. The term volunteer is originally derived from the word *voluntas* in Latin which refers to the individual interests or desires. The volunteer is then meant to be a person who attempts to voluntarily serve the society. The individuals or groups of volunteers require a degree of sacrifice but also involves personal satisfaction as well as motivation. In many countries including in Indonesia, the term volunteer is used by the government to deliver special services such as services provided by libraries, hospitals and schools (programs provided by teachers on a voluntary basis) (Andrews &

Shah, 2005). However, the term volunteer is not used in *Puskesmas* but they use another term which is cadre or *Posyandu* cadre.

The definition as provided by the United Nation (UN) is likely much fairer relating to the context of *Posyandu* in Indonesia. The UN for instance stipulated in the document of the International Year of Volunteers in 2001 three key defining characteristics of volunteering. Firstly, "the activity should not be undertaken primarily for financial reward, although the reimbursement of expenses and some token payment may be allowed". Secondly, "the activity should be undertaken voluntarily, according to an individual's own free-will, although there are grey areas here too, such as school community service schemes which encourage, and sometimes require, students to get involved in voluntary work and Food for Work program, where there is an explicit exchange between community involvement and food assistance". Thirdly, "the activity should be of benefit to someone other than the volunteer, or to society at large, although it is recognized that volunteering brings significant benefit to the volunteer as well" (https://www.unv.org/our-campaigns/).

The definition of cadre is many as well and depends much on the scholars and authors' interpretation and point of view on the concept. Yet, the meaning of the concept of cadre is most likely similar. The term cadre, according to the Indonesian dictionary or *Kamus Besar Bahasa Indonesia* (Badudu & Zain, 1994) is a person who holds important roles in governance, political party and so forth. Whereas the Cambridge Dictionary simply defines the concept of cadre as a small group of trained people who form the basic unit of a military, political or business organization (http://dictionary.cambridge.org/). The roles of the cadre as provided by the above definitions are rather different from the role-played by the *Posyandu* cadres.

The term cadre in Indonesia was previously limited in its use and was merely referring to persons involved in their politically-affiliated activities such as the so called political party cadre and the youth organization cadre. The cadre in this case is the person who is a member of the organization, is highly trained in the organizational purpose and gives strong commitment to achieve the goals of the organization. The context of the cadre during the era of the "new order" sometimes carries a negative connotative where the person joining to be cadre tends to be chauvinist such as the existence of so called communist cadre, Islamic organization cadre, and youth organization cadre and so forth. In the sociological-cultural context of Indonesia, the terminology cadre of *Posyandu* is regarded as inappropriate and unsuitable.

In the context of Indonesia, the term cadre and volunteer are always used interchangeably and sometimes defined in as being similar in meaning. Yet when referring to the above lexical definitions, both terms are different. The use of the term cadre is confusing in that it has the potential to mislead the *Posyandu* practices. It is then no wonder that the participation of the cadre is translated and practiced to mean mobilization rather than of participation. There is a need to maintain uniformity in the term used to refer to the people working with *Posyandu* and to uphold the ideal meaning of volunteerism. It is recommended that some adjustment is made to name that is used to refer to the people working with *Posyandu* such as *Relawan Posyandu* or other more appropriate names.

The Posyandu Cadres Participation in Child Health Programs and their Contribution to Puskesmas

Each unit of *Posyandu* normally has five cadres, although it is very rare that all the five cadres are present when *Posyandu* is open. During the day at the *Posyandu*, one of the cadre collects information on the health profile and the identity of child that visits the *Posyandu* such as name, date of birth, age, address etc.; medical report of the child such as weight, height, and head circumference and this is recorded in a note book. Besides filling in the cadre's note book, the cadre also fills in the *Kartu Menuju Sehat* (KMS) or the Card of Being Healthy which represents the curve of child development based on weight and anthropomorphize index by age. Through the KMS card child development is monitored and the risk of under nutrition can be detected from the very beginning in order for it to be treated properly and early preventive actions are taken before the condition worsens.

The process of filling in the note book and the KMS card is one of the responsibilities of the cadre of *Posyandu*. However, the problem is the fact that the input of data by the cadres is not always reliable. The limitations of the cadres are in their capabilities as well as the lack of awareness on the importance of the data which becomes a problem for they are not able to carry out their role as expected by the *Posyandu*. It is no wonder that data provided by the *Posyandu* is different from data provided by the *Puskesmas*, the Bureau of Statistic, village/neighborhood government and sub-district government.

One of the activities of the *Posyandu* cadre is to help medical officials in undertaking immunization of infants or children under the age five. However, not all mothers bring their children in to *Posyandu* to get immunized. The more economically better off families get such medical services from the clinics or hospitals. Therefore, the cadres need to visit the community door to door especially the families that have infants and children under the age of five

to take notes on KMS through which they can ensure all infants in the village/neighborhood have been immunized. At this point, the cadres' activity is important since immunization and vaccination is a healthcare investment in term of ensuring that the children are protected from acquiring diseases and harmful infections.

Besides helping the medical staff in undertaking immunization service, the cadres also do weight taking and measuring the height of the children and the recording of the general health information of infants and children so as the nutritional status of the children is known. If the children are categorized as malnourished or lack nutrition, the cadre will report it to *Puskesmas* so the children can get treatment or get nutrition supplements. However, the problem is where a lot of mothers of children do not come to *Puskesmas* anymore after their children have been immunized. They feel that visiting *Puskesmas* for only measuring the weight and the height of their children is a costly and useless effort. It is the hesitation to seek help from the *Puskesmas* that finally there was a requirement for a program called weight taking operation where the *Posyandu* cadre must visit children door to door to do child weight taking.

The cadres also have other important roles outside the *Posyandu* programs. They accompany the medical staff of *Puskesmas* in undertaking healthcare programs such as the program of 'mosquito net countermeasures'. However, some cadres are only eager to accompany if they receive financial compensations. This is so because there is a wrong perception of people and some cadres that the activity of conducting mosquito net countermeasures program is merely the concern and interest of the government. Whereas the medical staff of *Puskesmas* carry out the program to disseminate information and the program to the society about leading a healthy life. Thus, the role of *Puskesmas* staff in this case is to empower the society while the role of the cadres is to accompany the *Puskesmas* staff to meet and outreach the society in the areas they work so as the people know and are able to create a disease free clean and healthy environment.

The cadres have many roles such as getting involved in containing the dengue fever epidemic and reducing malnutrition and so forth in the community. The cadres get information firstly from the community and report it to the head of the sub-village or directly report to the head of the village/neighborhood. However, the cadres sometimes get the information from the *Puskesmas* and report it later to the head of village/neighborhood. The information system on healthcare sector whether it is shared officially or informally can be said as an effective way to quickly respond to the healthcare problems within the society. There is no regulation on how the information is disseminated in term of control of the spread of disease and epidemics for it can be bottom up (*Posyandu*) to the upper level (*Puskesmas*) or vice versa.

The role of the *Posyandu* cadres is central and pivotal as "the eye and the ear" of the *Puskesmas* on the healthcare issues within society and they act as the bridge that links and communicates between the *Puskesmas* and the local government of the village/neighborhood. Thus, the difference of the scope of roles of the cadres based on the regulation of the HR and that of HM must be harmonized and synchronized. The difference of the scope of work impacts on the commitment of some cadres in delivering assistance to the *Puskesmas* officials where they feel they deserve some financial compensation as the work is outside their job scope for the *Posyandu*. Moreover, the cadres are volunteers and do unpaid work and they come from a low educational background which needs attention in terms of capacity building and skills development. These situations should be a concern for the sub-district government or village government and must invest on improving the skill sets and motivation of the cadres.

The Posyandu Cadre Recruitment

According to the HR, the requirement of being cadres is based on their ability, availability and ability to allocate some time to undertake the *Posyandu* programs. Meanwhile, according to the HM the criteria are, for instance, come from and selected from the local area, able and available to work voluntarily with the community, literate, have motivation and know particularly the elderly people in the area. Based on both (HR and HM) regulations, the selection and requirements of being the *Posyandu* cadre are not explained in detail besides that the requirement and selection process based on both the regulations differs which has the potential to create different perceptions of the public on the cadres.

According to some cadres, the recruitment process is not always in line with the HR and HM criterion. They say that to be a cadre they need recommendation and support from the local authorities in the field. This is sometimes positive in the case of capable and motivated cadres. However, the cadres of *Posyandu* are generally selected by the authorities with one main unwritten criterion which is the personal and family connection of these individuals and there is a sort of nepotism being practiced. In the village, meanwhile, some cadres are asked by the midwife from *Puskesmas* to join the *Posyandu* programs. In this situation, a potential person or a community member

with capabilities, integrity and good motivation wanting to join the *Posyandu* program will not have a chance of being a Posyandu cadre as compared to the persons who have special relations and connections to the government authorities.

The recruitment of cadres who have no motivation and the desire to volunteer becomes a constraint to the effectiveness of *Posyandu* programs. The cadres always perceive that when they are involved in the *Posyandu* programs they sacrifice in terms of lost some income as the *Posyandu* cadres are volunteers and are not paid for the work they do. It is then no wonder why many cadres asked about payment for their work if they were asked to join the *Posyandu* programs. Many of them do not attend the programs when money is not allocated for the cadres. This recruitment process which is not very open and transparent becomes the reason for the emergence of suspicion over the cadres. The cadres are regarded as standing out of the community and being a part of the authorities of village/neighborhood which is also considered by some community members a being an agent of the authorities. The situation becomes worse if the personal character and the behavior of the cadres are not acceptable to the community. Besides, the closed recruitment system is also unfair for not giving everyone equal opportunity to be a cadre in the community since the cadres are regarded as knowing many things about aid and assistance from the government such as "rice for the poor.

There are distinctly many people who are available to be cadres of *Posyandu* but the recruitment system discourages many people to become a cadre. Although a cadre will not make money and do not get a monthly salary yet they receive money for transportation cost once in three months where the amount is based on the local financial affordability. However, it cannot be denied that there is kind of pride among those who are chosen as the *Posyandu* cadres. Besides that it is easier for them to access administrative services delivered by the local government. This is a form of citizenship administration and the benefit to the cadres is that it provides the cadres' relatives easier access for to services provided by *Puskesmas*. The cadres also get free health insurance through the local social security net program (BPJS -Social Security Net Program).

The decentralization of the healthcare sector means there is more opportunity available to people and cadres to engage and take part in health related activities initiated by the government. That is the reason why the recruitment process needs to be more open and transparent in order to get cadres who are highly motivated to serve the people in their local area through the *Posyandu* programs. Therefore, an open and more transparent recruitment process will provide opportunities for every person within the community the rights to participate in the delivery of healthcare services. However, the recruitment process of the cadre is sometimes politically driven by the authorities in the field. The authorities tell the local communities that the cadres of *Posyandu* are volunteers and that there is no salary or financial advantages received by the cadres. It makes the people not very eager to take on the responsibility of becoming a cadre of *Posyandu*. Yet, on the other hand they motivate their relatives or even their spouses to be *Posyandu* cadre since they know the financial and non-financial benefits that the cadres will receive. The amount is obviously not much but it is worth their effort and time especially for people who live in the villages.

The main principle behind being a *Posyandu* cadre is voluntarism yet there is a sort of misperception among the society and even among the cadres pertaining to the basic principle of the cadres' work. Firstly, some perceive the cadres are like medical staff where they have financial rights similar to the benefits received by public officials. Secondly, the perception that people are eager to join *Posyandu* as cadres because they want to develop networks with relatives or authorities and to get some benefits from these networks. Thirdly, some perceive that being a *Posyandu* cadre will give them easier access to some government aid such as subsidies, grants or other benefits. Another incorrect perception of being a cadre is the idea that working with *Posyandu* or *Puskesmas* is flexible, where they can allocate their time whenever they are available. These wrong perceptions are some of the reasons that motivate people in being a cadre of *Posyandu*.

The recruitment process of the *Posyandu* cadres in Sumatra Utara tends not to be well planned and carried out democratically and transparently. The *Puskesmas* that is involved in training and capacity building of the cadres is not involved in the recruitment process of the cadres. Whereas, the *Puskesmas* is the agency that has the knowledge on the capabilities of the cadres since the cadres accompany the *Puskesmas* officers in some of the *Posyandu* programs and also some other programs initiated by *Puskesmas*. The recruitment of cadres is most of the time related to the connection of the cadres to the village/neighborhood authorities without abiding by appropriate requirement requirements that needs to be fulfilled by the potential cadre. It furthermore has other ramification on healthcare service delivery where it becomes quite difficult to ask the cadres to participate actively in the programs.

The Limited Skills and Capacities of the Posyandu Cadres

One of indicators of the success of the Posyandu can be seen through the participation of people or mothers of infants and children coming to *Posyandu*. The way to enhancing participation is through improvements being made to the quality of the services of *Posyandu* and providing better resources including the resources of the cadres (Nazri et al., 2015). Therefore, besides having high levels of motivation the cadres must also have skills and capabilities in healthcare service delivery, having knowledge about the *Posyandu* programs and having a sensitive understanding of the different characteristics of the society. By having good motivation, skills and competencies; the cadres are hopefully able to motivate and support the mothers of infants and children to come to *Posyandu*.

In urban areas, the educational backgrounds of the cadres are generally junior high or senior high school, while the cadres in the rural areas are mostly with an elementary or junior high school educational qualification. There are even some cadres in the remotest areas that do not have elementary school qualification but are only literate and able to read and write. It is obvious that some people in certain villages/neighborhoods have good educational background yet are unavailable to take part as *Posyandu* cadres since the *Posyandu* cadre is voluntary work and without salary. The lower educational background of the cadres is the reason for the knowledge and skill limitation observed of the cadres.

The low educational background of the cadres also causes difficulties to *Puskesmas* and village/neighborhood government to train the cadres. It requires great effort to train them particularly the cadres who are not very involved in the *Posyandu* programs. In some cases, even though the education level of the cadres is low but when they are highly motivated and show eagerness to learn the *Puskesmas* and the government do not face difficulties to train and give guidance to the cadres. However, the lack of motivation and eagerness to learn as well as the low level of education among the cadres is a problem in capacity building efforts.

Training and other capacity building efforts for the cadres can be held at the sub district, village/neighborhood and in *Puskesmas*. The training attended by the cadres are not that attractive for some cadres because the materials used in the training are limited on general knowledge which is mostly known by the cadres since it has been repeatedly delivered in previous training sessions. Whilst, the materials and training on how the cadres should face the community or ask the community to get involved in the *Posyandu* programs have never been conducted. It is also the same with regards to the methods and techniques used in the training which have never changed over time and the training does not use a participatory approach.

The less attractive training methods and materials delivered to cadres are partly because of the lack of coordination and planning at the village/neighborhood level particularly by the governmental women's group (PKK) to empower the cadres. Besides that some medical staff from *Puskesmas* does not have appropriate skills and capabilities of being mentors and trainers that furthermore impacts on the skills and capabilities of the cadres. It is totally different from a program conducted by international agencies such as trainings held in the city of Medan. According to the cadres attending these trainings are beneficial because the materials used are different and the method employed is participatory in approach and uses a lot of media and tools during the training. Since the work done by the *Posyandu* cadre is a voluntary and unpaid, it is important that both village or sub district authorities motivate cadres through giving advice, serious guidance and directions so as in order for the cadres to feel valued and appreciated.

The Importance of Cooperation and Cross Sector Coordination

Posyandu is established at the village or neighborhood. It means the society is given a chance and space to take part in solving their healthcare problems. The roles of the village or neighborhood including the PKK of the village or neighborhood are advisory in nature, giving assistance on administrative matters and are responsible for the program and financial management. *Puskesmas* in this case is positioned as having an advisory role or acting as mentor on medical skills so that the cadres have knowledge and capabilities on solving the healthcare issues faced by the society particularly in conducting first-aid. Moreover, on the operational and technical work, *Posyandu* cooperates with other institutions in accordance to each agencies roles and functions in healthcare such as the agency of *Keluarga Berencana*/KB (Planned Family Program) that addresses family planning issues, the Education agency has the role to socialize students on the healthcare programs at the school level and the Agency of Religious Affairs has the role to socialize the general public on healthcare program through the religion-related links and networks.

The multiplicity of institutions and organizations that supports the technical work of *Posyandu* contributes to the effectiveness of its programs and the performance of *Posyandu* in service delivery. Yet, research reveals that the

public participation rates in the *Posyandu* programs are only about 35% to 50% depending on the area and region (Data from research conducted in 2015). The low rate of participation is mainly caused by the weakness in inter-agencies or cross-sector relationship and connectivity both at the village/neighborhood or sub-district level and with other community based organizations.

The discussion about the cooperation and the connection between units or sectors in supporting the *Posyandu* regularly occurs in meetings either at village/neighborhood or sub-district level. However, the discussions on the performance of the *Posyandu* cadres or other related topics on *Posyandu* are topics of interest to elites in the village or sub-district government and the implementation of this inter-sectoral cooperation is rarely found on the ground. The discussion on the empowerment programs for the cadres ends up in deadlock or there are no proposed and agreed practical solutions mainly when it involves finances and budgetary constraints.

The evidence that the sectoral meetings are only discussing about the plans of action of *Posyandu* shows the lack of coordination between the villages with the sub-district government on managing *Posyandu*. During the planning stage of preparing the work schedules and programs the *Puskesmas* has a dominant role but the village authorities never invite them during the selection of the *Posyandu* cadre. Moreover, the parties who usually come and visit the *Posyandu* are only the cadres and *Puskesmas* officials. The *Posyandu* ideally should be visited and monitored by other village stakeholders such as the representative of PKK, KB and the local village/neighborhood government.

If the *Posyandu* is well managed, it will definitely bring about many benefits. However, *Puskesmas* is the only agency that loudly voices out on the performance of *Posyandu* in every sector meetings. The *Puskesmas* has interests in ensuring the *Posyandu* cadres are undertaking and delivering the healthcare programs to the society since this is an indicator of the achievement and performance of the *Puskesmas*. Whereas, the village/neighborhood and sub-district government as the founder and advisory body of *Puskesmas* will also benefit if healthcare issues and delivery improves in the society.

Posyandu in the era of "new order" or under the administration of President Soeharto is different from what can be observed in the decentralization era of the government. During Soeharto's administration the central government directly leads the policy on maternal and child healthcare management, placing more budgets to reduce the maternal and child mortality rate as well as mobilizes local government at provincial and district level to put more attention on the issues. While in the decentralization era, the district or municipal area is an autonomous region having their genuine rights to govern and manage their affairs including in the provision of healthcare services. The consequence of the change in the governance system is the fact the *Posyandu* management is different from one region to the other and it mainly depends on the governance vision and mission of the *bupati*/mayor as the top leader of the government at the local level.

In the era of decentralization the local government of the district or municipality has a bigger authority to govern their domestic local affairs. In the healthcare sector, local government looks for possible cooperation by relying more on the vertical relation to the upper level of government. The local government has not yet considered the importance of horizontal relationships in establishing cooperation. The healthcare sector at the level of sub-district government is under the responsibility of *Puskesmas*. Yet the sub-district and village/neighborhood government or even other units of government in the sub-district level do not yet seriously cooperate in order to undertake healthcare services and empower the society. It is ultimately said the problems related to the cadres is just dragging on. However, in the decentralization era, public participation including that of the *Posyandu* cadre has an important role to play as the driver and the front-liner of the healthcare development in the local area.

Conclusion

The participation of the *Posyandu* cadres in the context of healthcare development is one of outcomes of the decentralization journey (Smith, 1985). This article discusses four main findings. Firstly, the participation of the cadres of *Posyandu* is not up to the expectation of the public. One of the reasons is the lack of understanding in the meaning and the principles of voluntary work. Secondly, the development of the capabilities and skills of the cadres are not adequate and well planned. Thirdly, there is a lack of inter-sectorial governmental coordination and cooperation on the *Posyandu* program at each governmental level. These influence the effectiveness and efficiency of the *Posyandu* program at the local level. The fourth is that there is a terminological confusion on the concept of the cadre and the concept volunteer in legal terms as it is used differently in several regulations which need to be adjusted and corrected for coherence in meaning.

Recommendation of this study is that there is a need to synchronize and harmonize the term *Posyandu* and its cadres in the government regulation. Moreover, there is also a need to enhance the role of the *Posyandu* cadres by giving them more capacity building programs. There is also a need for a more open, transparent and merit based recruitment system of the *Posyandu* cadres in order to acquire cadres who are qualified, capable and have integrity. Besides that the performance of *Posyandu* needs to improve through support from different sectors or units of governments at all levels.

Endnotes

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Regulations:

Law No.22/1999 on Local Governance

Law No.32/2004 on Local Governance

Regulation of the Home Affair Ministry (HAM) No. 19/2011 on *Posyandu*