

THE IMPLEMENTATION OF THE POSYANDU (ELDERLY) PROGRAM AT TOARI COMMUNITY HEALTH CENTER: A REVIEW FROM DUNCAN'S PROGRAM EFFECTIVENESS PERSPECTIVE

Dea Rizky Amalia^{1*}, Rahmat Hidayat², Andi Yunita³, and Muhammad Fuzail⁴

^{1*} Universitas Mulawarman
email: dearizkyamalia@fisip.unmul.ac.id

^{2,3} Universitas Sembilan Belas November Kolaka
email: rahmataufklarung09@gmail.com
email: andiyunita24@gmail.com

⁴ Government College University Faisalabad, Pakistan
email: fuzail251@outlook.com

Article History

Submitted: 23 June 2025
Review: 01 July 2025
Publish: 28 July 2025

Keywords:

*Effectiveness;
Posyandu; Elderly.*

ABSTRACT

This study aims to evaluate the implementation of the Elderly Posyandu Program at Toari Health Center through the lens of Duncan's program effectiveness framework, which comprises three key indicators: goal achievement, integration, and adaptation. The evaluation is particularly relevant in light of the growing elderly population in rural areas and the limited access to inclusive and sustainable healthcare services. A qualitative descriptive method was employed to comprehensively describe the program's implementation based on empirical data obtained through in-depth interviews, participant observation, and document analysis. The findings indicate that the program demonstrates partial effectiveness. In terms of goal achievement, activities often experience delays, elderly participation remains low, and home visits are not conducted regularly. Regarding integration, stakeholder collaboration is suboptimal, and socialization efforts are still incidental. In the adaptation dimension, infrastructure and support facilities are inadequate and do not yet meet elderly-friendly service standards. This study's contribution is twofold: it not only provides a contextual overview of elderly health program implementation in rural areas, but also enriches the program evaluation literature within the field of public administration by operationalizing Duncan's effectiveness model. The implications of these findings highlight the importance of improving service management, strengthening collaborative governance, and advancing evidence-based policy reforms to enhance the quality of public services, particularly within the community-based public health sector.

INTRODUCTION

Aging is the final stage of human development, marked by significant biological, mental, and social changes that may affect an individual's ability to carry out daily activities ([Rosidatussholikhah, Wardoyo and Rahmawati, 2024](#)). Therefore, healthcare services for the elderly play a crucial role, encompassing physical, mental, spiritual, and social dimensions to ensure a productive and

* Correspondence Author
Email: dearizkyamalia@fisip.unmul.ac.id

sustainable quality of life. The Indonesian government recognizes this need through Law No. 36 of 2009 on Health, which guarantees equal access to quality and affordable healthcare services for all citizens, including older adults. To address the specific health needs of the elderly population, the Indonesian government has implemented community-based health service initiatives, including Posyandu Lansia, which is closely integrated with primary healthcare services such as Puskesmas ([Masyiyah, Roesdiyanto and Mawarni, 2021](#)). This program is specifically designed to address age-related health issues through regular monitoring, basic medical services, and health education. According to ([Wardana, Widiанти and Karmaya, 2023](#)), Posyandu Lansia aims to detect and prevent common chronic diseases among older adults such as hypertension, diabetes, and malnutrition, which often go untreated in underserved areas.

Furthermore, this program does not operate solely as a top-down intervention but rather emphasizes a participatory approach involving healthcare providers, the elderly themselves, their families, local community leaders, and social organizations ([Selvia and Wirdanengsih, 2024](#)). This collaborative model promotes shared responsibility and enhances public awareness of healthy aging. By promoting preventive care and strengthening community involvement, Posyandu Lansia reflects the broader goals of Indonesia's health system in ensuring equitable and accessible healthcare services, particularly for vulnerable groups. Posyandu Lansia provides comprehensive healthcare services aimed at improving the quality of life of older adults. These services include regular health monitoring, healthy lifestyle education, and basic medical support. Trained health cadres are responsible for recording participants, measuring height and weight, addressing health complaints, and distributing nutritional supplements ([Maryuni and Yana, 2022](#)). According to ([Masturi, Hasanawi and Hasanawi, 2021](#)), the program represents an extension of government health policy administered through Puskesmas and implemented with the active involvement of older adults, families, community leaders, and social organizations. Posyandu Lansia functions as an integrated health service offering periodic screenings, lifestyle counseling, and basic healthcare services. As noted by ([Sumardi, Seweng and Amiruddin, 2019](#)), older adults undergo gradual physical transformations that may reduce their functional capacity and participation in daily life.

Government Regulation No. 43 of 2004 defines older adults as individuals aged 60 years or above. This regulation aims to improve the elderly welfare and health standards to support longer and more productive lives. The Posyandu Lansia program is implemented nationwide, including in Southeast Sulawesi Province, specifically in several subdistricts such as Toari Subdistrict in Kolaka Regency, served by UPTD Puskesmas Toari. In this area, services target individuals aged 45 to 70

and cover ten villages: Wowoli, Rahabite, Ranomentaa, Wonuaraya, Lakito, Horongkuli, Toari, Ranojaya, Anawua, and Ranosangia. Data from 2021 to 2024 show a rising elderly population: 1,934 in 2021, 2,103 in 2022, 2,272 in 2023, and 2,694 in 2024. The highest numbers were recorded in Wowoli and Toari, followed by Lakito, Ranomentaa, Ranojaya, Horongkuli, and Rahabite. The villages with the lowest elderly population were Ranosangia, Anawua, and Horongkuli.

The government has formulated various programs and policies aimed at older adults as outlined in Law No. 13 of 1998 on Elderly Welfare, which covers health rights, social services, facility provision, family roles, and government responsibilities. Effectiveness is defined as the measurement of the extent of goal achievement based on indicators such as target accuracy, timing, quantity, cost, administration, and service quality ([Putri, M.R., 2016](#)). ([Roza and Magriasti, 2021](#)) emphasized that the success of the Posyandu Lansia program requires collaboration among all stakeholders, including Puskesmas, village midwives, cadres, and community support. However, their study revealed that limited public understanding of the program often resulted in suboptimal implementation. Failure to meet program targets leads to unmet objectives and little observable health improvement among older adults due to low participation. Similarly, ([Fiqri Putra Bafelanna and Sri Wahyuni, 2021](#)) found that although the program is generally effective, many elderly individuals cannot regularly participate. They argue that both the government and the community must consider the specific conditions of the elderly population to ensure effective program implementation. Effectiveness is fundamentally one of the key achievements that every government institution aims to attain in delivering services to the public. Therefore, public service delivery must be carried out professionally to improve the quality of public service administration ([Sakawati, Sulmiah and Widyawati, 2024](#)).

These issues resonate with the findings from direct observation at UPTD Puskesmas Toari, which revealed suboptimal implementation of the Posyandu Lansia program, particularly due to low participation. This limited participation is associated with factors such as inadequate family support, low levels of health literacy, economic barriers, insufficient infrastructure, and introverted behaviors among the elderly. Furthermore, a lack of program socialization, poor communication, irregular health education, and underutilized home visits have compounded these challenges. From an infrastructural standpoint, the facilities remain far from elderly-friendly waiting areas are inadequate, consultation spaces lack privacy, and essential medications are often unavailable. These structural and operational limitations raise a critical evaluative question: To what extent does the Posyandu Lansia program at UPTD Puskesmas Toari meet the criteria of an effective public health intervention for elderly populations in rural settings? To answer this, the study employs Duncan's framework of

organizational effectiveness as an analytical lens. According to Duncan (as cited in Nugroho *et al.*, 2024), program effectiveness can be assessed through five core indicators: goal attainment, integration, adaptation, latency, and efficiency. By focusing on three of these goal attainment — integration, and adaptation—this research aims to provide a structured assessment of the program's capacity to deliver inclusive and responsive healthcare services to the elderly.

LITERATURE REVIEW

The aging population presents a growing challenge for public health systems, particularly in developing countries such as Indonesia. Aging is a natural and inevitable biological process that leads to physical, psychological, and social decline, significantly affecting the quality of life and daily functioning of elderly individuals. According to ([Sumardi, Seweng and Amiruddin, 2019](#)), older adults experience gradual physiological and cognitive changes that diminish their independence and capacity to perform everyday activities, making sustained and accessible health support services increasingly important. In response to this demographic shift, the Indonesian government has introduced several policy interventions aimed at promoting healthy and active aging. One of the most prominent initiatives is the Posyandu Lansia (Elderly Integrated Health Service Post), a community-based program facilitated through primary health centers (Puskesmas). As explained by ([Masturi, Hasanawi and Hasanawi, 2021](#)), this program is a manifestation of national efforts to improve elderly welfare by delivering regular health monitoring, counseling, preventive care, and basic medical services. A distinguishing feature of the Posyandu Lansia is its participatory nature, involving families, community leaders, and local social organizations, thus reinforcing the principle of collective responsibility in elderly care.

This program aligns with Indonesia's broader legal and institutional framework, particularly Law No. 36 of 2009 on Health and Law No. 13 of 1998 on Elderly Welfare, which affirm the right of every citizen to equitable, quality, and affordable health services regardless of age. These laws provide the legal mandate for the government to ensure that elderly individuals receive special attention and that their unique health needs are addressed in an integrated and sustainable manner. Evaluating the effectiveness of such programs is essential to ensure that their objectives are met, especially as demands increase alongside the aging population. These metrics serve as critical benchmarks for assessing whether the Posyandu Lansia initiative can be considered successful in delivering meaningful health outcomes for the elderly.

Research has shown that multi-stakeholder collaboration is key to the success of elderly health programs. ([Roza and Magriasti, 2021](#)), underscore the role of active community participation, coordinated health service delivery, and intersectoral engagement as foundational pillars for effective implementation. However, they also highlight persistent barriers to participation, including limited awareness among elderly individuals and their families, cultural perceptions of aging, and inadequate health literacy. These obstacles not only hinder program uptake but also undermine the overall impact of public health interventions aimed at this vulnerable group. In line with these findings, ([Fiqri Putra Bafelanna and Sri Wahyuni, 2021](#)), reveal that while the Posyandu Lansia program has demonstrated general effectiveness in some contexts, regular participation remains low due to logistical issues (such as transportation and location accessibility), informational gaps (unclear schedules or lack of outreach), and motivational factors (perceived lack of benefits or fear of medical results). They argue that program design must be sensitive to the lived realities of elderly populations, particularly in geographically isolated or socioeconomically disadvantaged areas, to ensure inclusivity, continuity, and effectiveness.

Additionally, suboptimal program implementation is often linked to structural shortcomings. These include insufficient dissemination and promotional efforts of the program's benefits, weak communication between health cadres and elderly beneficiaries, and a lack of age-friendly infrastructure, such as appropriate seating, mobility aids, and private examination spaces. The absence of such supporting facilities compromises the comfort and dignity of elderly participants and reduces their willingness to engage with the program consistently. Moreover, the evolving burden of non-communicable diseases (NCDs) among the elderly, such as diabetes, hypertension, and cardiovascular disorders, necessitates a more comprehensive and adaptive health strategy. This includes not only clinical services but also educational components, psychosocial support, and nutritional interventions, all tailored to the specific needs of elderly individuals. Without these, the Posyandu Lansia risks becoming a reactive service model rather than a proactive and preventive community health effort.

In sum, the existing literature highlights both the strengths and limitations of the Posyandu Lansia program. Its community-based and inclusive design has proven to be an asset, but systemic challenges ranging from operational inefficiencies to socio-cultural barriers continue to inhibit its full potential. This underscores the urgent need for continuous monitoring, responsive policy adaptation, capacity building for cadres, and deeper community engagement. Addressing these multifaceted challenges is crucial for achieving the intended goals of elderly health programs, particularly in rural

or underserved areas such as Toari Subdistrict in Kolaka Regency, where health inequities remain pronounced and where tailored, locally responsive interventions are most needed.

RESEARCH METHODS

This study employs a qualitative descriptive method to explore the implementation of the program based on Duncan's effectiveness framework. The research focuses on three of Duncan's organizational effectiveness indicators: goal achievement, integration, and adaptation. Informants were selected using purposive sampling, involving individuals with direct knowledge of the program's implementation. The informants included the Head of the Toari Health Center or their representative, the person in charge of the Elderly Posyandu Program, elderly health cadres, elderly program participants, and representatives of the elderly's families. Data collection was conducted through three main methods:

In-depth Interviews

Semi-structured interviews were conducted using a set of guiding questions based on Duncan's effectiveness indicators. The questions covered aspects such as planning and execution of activities, elderly participation, family support, socialization, and encountered obstacles. Each interview lasted approximately 30–60 minutes and was recorded using an audio recorder for further analysis. Data validation was carried out through source and technique triangulation.

Participant Observation

Observations were made during the Elderly Posyandu activities. The researcher documented field activities related to: attendance of elderly participants, timeliness of activity implementation, availability and utilization of facilities and infrastructure, and interactions among cadres, health workers, and the elderly. Observations were recorded in a field logbook and documented with photographs (with prior permission from relevant parties)

Document Study

The researcher also analyzed official documents related to the program, such as: the Elderly Posyandu activity schedule, elderly participant data recap forms, activity register books, minutes of coordination meetings on Posyandu implementation, monthly program reports from the Toari Health Center, and brochures/educational media used in counseling activities. Data analysis was carried out using the interactive model of analysis from Miles and Huberman (1992), as cited in Yusuf (2017), which includes three stages: **data reduction**, the process of selecting and simplifying data relevant to the research focus; **data display**, presenting data in the form of tables, interview excerpts, and

narrative descriptions linking field findings to Duncan's theory; **conclusion drawing and verification**, interpreting the meaning of the collected and analyzed data to answer the research questions.

RESULTS

The Elderly Posyandu Program is a community-based health service aimed at improving the well-being of the elderly. This program represents a government initiative to establish a primary healthcare system designed to enhance the quality of life for older adults, prevents degenerative diseases, and provides education to families and communities on elderly care. In accordance with Law Number 36 of 2009 on Health, this program has been implemented across all regions of Indonesia, including Toari Subdistrict in Kolaka Regency. The program is supported by human resources, such as health cadres and medical personnel from the local health centers (Puskesmas), and it is carried out in specialized facilities known as elderly Posyandu (Posyandu Lansia).

Goal Achievement

Goal Achievement in evaluating program effectiveness refers to the degree to which a program's predefined objectives are met in practice. It involves assessing whether the program's goals are clearly defined, whether the target beneficiaries are appropriately selected, and whether the results align with the expected outcomes. This indicator also considers the measurability and specificity of the objectives, as well as the strategies implemented to achieve them. A high level of goal achievement indicates that the program is both well-structured and responsive to the needs of its intended population.

Program Implementation

The first sub-indicator is program implementation, which is assessed through the aspect of timeliness, as it significantly affects the program's smooth execution. This includes adherence to the planned schedule of activities and the consistency with which they are carried out. Timeliness serves as a disciplinary tool to ensure that the Posyandu Lansia program is implemented as planned. It also serves as a key benchmark in evaluating the success of goal achievement within the program.

Table 1. Schedule of Activities for the Posyandu Lansia Program in Toari Subdistrict

Activity	Time	Description
Preparation and Coordination	08:09 – 08:45	Preparation of tools and materials, as well as briefing for health cadres.
Elderly Health Check-up	09:00 – 12:56	Measurement of blood pressure, body weight, height, blood sugar level, provision of vitamins and supplements as needed, and individual health education.
Health Education Session	13:00 – 14:00	Health education and disease prevention counseling.

Source: Data processed by the author

Based on the interview results above, it can be concluded that the implementation of the Posyandu Lansia program experiences common delays. Although the program is scheduled to begin at 8:00 AM, it often starts late due to several factors, including the delayed arrival of health cadres, elderly care nurses, and the elderly participants themselves. These delays affect the punctuality of the scheduled activities. The impact of these delays includes a decrease in comfort for elderly participants, who often have to wait for extended periods. This can lead to fatigue and a reduced level of satisfaction with the services provided. Additionally, the families of the elderly also experience discomfort, as they must adjust their daily routines to accommodate the delays. This can disrupt other planned activities and increase the burden on caregivers.

Tabel 2. Target Accuracy of the Elderly Integrated Health Service Program (Posyandu Lansia) at Toari Public Health Center

Target Category	Description	Case Example	Implemented Actions
Elderly with special health conditions	Elderly individuals suffering from chronic illnesses and mobility disorders.	Seniors with diabetes, hypertension, or heart conditions.	Routine monitoring and medical care.
Elderly lacking access to health services	Seniors residing in remote or hard-to-reach areas.	Elderly people living in isolated villages or difficult-to-access areas.	Home visits and provision of mobile healthcare services.
Elderly without immunization or supplements	Seniors who have not received required vaccinations or supplements.	Those who have not received influenza vaccines or essential vitamins.	Immunization and supplement distribution during Posyandu visits.
Elderly at high health risk	Seniors with high vulnerability to health problems such as hypertension or diabetes.	Elderly with uncontrolled blood pressure or glucose levels.	Health monitoring, education, and disease management.

Target Category	Description	Case Example	Implemented Actions
Family and community empowerment	Encouraging family and community involvement in elderly care and disease prevention.	Families providing daily care or active local community members.	Health seminars and awareness campaigns.

Source: Data processed by the author

Based on the table above, the target specification within the Posyandu Lansia program includes several categories focusing on elderly individuals with specific health conditions. The first category involves elderly individuals requiring intensive monitoring and care, such as those suffering from chronic illnesses. Furthermore, in terms of target accuracy, the Posyandu Lansia program at Toari Health Center is generally considered well-targeted in delivering healthcare services for the elderly. This includes conducting health assessments based on individual needs, particularly for those with chronic diseases. These findings indicate the effectiveness of the elderly health program in achieving its goals when assessed from the perspective of target accuracy.

Program Success

A program can be considered successful if the intended goals reflect the program's effectiveness in improving the health, well-being, and quality of life of the elderly. The Posyandu Lansia program at Toari Health Center is expected to assist the community, especially elderly individuals, with success measured through the level of community participation in the program.

Tabel 3. Number of Elderly Participants Actively Engaged Each Month in the Posyandu Program in Toari Subdistrict, 2024

No	Village	Total Elderly	Program Participants
1	Wowoli	416	40
2	Rahabite	214	30
3	Ranomentaa	338	45
4	Wonuaraya	376	44
5	Lakito	231	22
6	Horongkuli	165	34
7	Toari	366	30
8	Ranojaya	312	41
9	Anawua	133	23
10	Ranosangia	143	19

Source: Data processed by the author

Based on the above statement, it can be concluded that the Posyandu Lansia program at the Toari Health Center has demonstrated a certain level of success in improving health services and disease prevention efforts for the elderly. However, it hasn't yet achieved its full objectives, due to several constraints including limited elderly participation, low awareness among the elderly, infrequent home visits, and inadequate facilities and infrastructure.

Integration

Integration in program effectiveness evaluation refers to the extent to which coordination, collaboration, and synergy among various actors or stakeholders are established and consistently maintained. In the context of the Elderly Posyandu Program at Toari Community Health Center (Puskesmas Toari), integration encompasses the relationships among healthcare workers, community health volunteers (kaders), elderly family members, as well as support from village institutions or social organizations within the community.

Dissemination

Based on interviews conducted with nurses, Posyandu cadres, and representatives of elderly families, it can be concluded that the dissemination efforts carried out within the working area of Toari Public Health Center have not been fully effective. The information disseminated has not completely reached all elderly individuals and their families. This indicates that the Posyandu Lansia program's goal achievement has not yet been optimal. However, it is expected that with improved outreach strategies and a more active approach, the Posyandu Lansia program in Toari can enhance its communication efforts and subsequently be better utilized by the community.

Participation

Based on interviews with informants, it can be concluded that community participation in Toari District remains low due to several specific challenges. These include a lack of understanding regarding the Posyandu Lansia activities schedule, limited awareness of the program's importance, and obstacles related to transportation and communication. Although efforts have been made to improve elderly participation, many older adults remain reluctant to engage in the program. Overall, increasing participation in the Posyandu Lansia program in Toari District requires collaborative efforts to ensure the program becomes more effective in delivering healthcare services to the elderly. Most importantly, strong encouragement and support from the elderly's families play a critical role.

Adaptation

Adaptation within the Posyandu Lansia program at Toari Public Health Center can be observed through the facilities and infrastructure provided by the local government and the health center itself.

Table 4. Facilities and Infrastructure of the Posyandu Lansia Program at Toari Public Health Center, Toari District

No.	Facilities and Infrastructure	Description	Quantity
1	Tables and Chairs	Seating facilities for the elderly and health personnel during Posyandu activities	5 sets
2	Elderly Weighing Scale	Equipment used to measure the elderly's body weight	1 unit
3	Blood Pressure Monitor (Sphygmomanometer)	Tool used to monitor blood pressure in elderly individuals	1 unit
4	Stethoscope	Instrument used for health examination, especially heart and lung functions	1 unit
5	Height Measuring Tool	Used to measure the height of the elderly	1 unit
6	Register Book	Book used to record attendance and health examination results	3 books
7	Health Education Media	Posters, brochures used to provide health education to the elderly	3 sets
8	Blood Glucose Test Kit	Tool to monitor blood sugar levels	1 unit
9	Cholesterol Testing Device	Tool to measure cholesterol levels in the blood	1 unit
10	Examination Room	A private room for conducting health check-ups requiring confidentiality	1 room
11	Waist Circumference Measuring Tape	Tool to measure waist circumference to monitor obesity and metabolic disease risks	1 unit

Source: Data processed by the author

The results of the interviews conducted with key informants such as health workers, cadres, and family members of elderly participants clearly indicate that the inadequate provision of facilities and infrastructure at the Posyandu Lansia constitutes a significant and persistent barrier to the delivery of high-quality, comprehensive, and dignified services for the elderly population. This shortcoming directly affects the program's operational capacity and undermines its intended outcomes. Informants consistently expressed their concerns regarding the insufficiency of essential equipment, such as chairs, examination rooms, medical instruments, and educational materials. These limitations not only reduce the efficiency of health services but also create discomfort and inconvenience for elderly participants, some of whom suffer from chronic conditions or mobility issues that require specific physical accommodations.

Moreover, the lack of age-friendly infrastructure such as shaded waiting areas, adequate seating arrangements, assistive mobility tools, and private spaces for medical consultations contributes to a less than ideal environment for health service provision. The absence of these basic amenities often results in elderly individuals waiting for long periods while standing, which can exacerbate fatigue

and deter regular attendance at the Posyandu. The impact is twofold: not only does it reduce the program's appeal and usability for its target population, but it also risks diminishing community trust and participation over time. Several respondents highlighted the urgent need for increased governmental support and the involvement of other relevant stakeholders, including village administrations, local NGOs, and private sector partners, to invest in infrastructure improvement. This includes providing both financial resources and technical assistance to ensure that the physical environment of Posyandu Lansia aligns with the principles of accessibility, safety, and comfort that are crucial for geriatric health service delivery.

In its current state, with numerous shortcomings in physical facilities and medical supplies, the infrastructure supporting the Posyandu Lansia program cannot yet be categorized as effective by any standard measure. These inadequacies significantly hinder the realization of program objectives, such as improving elderly health outcomes, fostering preventive healthcare practices, and enhancing the overall quality of life for older adults. The lack of adequate infrastructure also limits the capacity of health cadres and professionals to deliver services in a structured, timely, and dignified manner. Therefore, without substantial improvements in infrastructure and logistical support, the goal achievement of the Posyandu Lansia program in the studied area will remain constrained. The effectiveness of any public health intervention is inherently linked to the availability of adequate facilities, and in this case, the existing conditions fall short of what is required to meet the growing needs of an aging population. Addressing these challenges must be prioritized in future program planning and policy implementation to ensure that Posyandu Lansia evolves into a truly responsive and sustainable model for elderly care.

DISCUSSION

Law No. 36 of 2009 on Health has enabled the implementation of this program across all regions of Indonesia, including Toari Subdistrict, Kolaka Regency. The Posyandu Lansia program delivered through community-based health services is part of a broader national strategy to promote public health equity, particularly among vulnerable populations such as the elderly. The program is carried out with the support of essential human resources, including trained health cadres and medical or paramedical personnel assigned from the Puskesmas (Primary Health Center). It is operationalized at specialized health service posts known as Posyandu Lansia (Elderly Integrated Health Service Posts), which are designed to provide regular health check-ups, nutritional counseling, health education, and disease prevention services tailored for older adults. To better understand how the Posyandu Lansia

program is operationalized in the context of Toari Subdistrict, Kolaka Regency a predominantly rural area with limited infrastructure and varying levels of health literacy the author employs Duncan's program effectiveness framework. As cited in ([Dewi et al., 2023](#)), this framework provides a comprehensive lens for analyzing public service implementation through three core indicators: **goal achievement**, **integration**, and **adaptation**.

This analytical approach allows for a multidimensional evaluation of the program. First, the **goal achievement** indicator focuses on the extent to which the program has met its predefined objectives in terms of service delivery, outreach, and measurable outcomes. In this study, this includes examining whether the program has reached its target demographic (i.e., elderly aged 45 and above), provided timely services, and conducted activities such as home visits and health education effectively. Second, the **integration** indicator assesses how well the program has been embedded into the existing health system and community structures. This involves examining coordination among various stakeholders (cadres, Puskesmas staff, and families), the regularity and effectiveness of socialization efforts, and the extent to which community members are aware of and participate in the services provided.

Third, the **adaptation** indicator evaluates the program's responsiveness to contextual challenges, including resource availability, infrastructure adequacy, and changing community needs. This is particularly crucial in regions like Toari, where logistical barriers, limited funding, and low digital infrastructure may hinder optimal service delivery. The analysis of these three indicators offers a holistic view of the program's strengths and areas for improvement. Overall, applying Duncan's framework to assess the implementation of the Posyandu Lansia program in Toari enables a structured analysis of not only technical execution but also institutional and community-level dynamics. This contributes to a deeper understanding of how national health programs are translated into practice at the grassroots level and highlights the need for adaptive governance, targeted resource allocation, and sustained community engagement to ensure long-term program success.

Goal Achievement

Assessing the effectiveness of the Posyandu Lansia program requires a comprehensive evaluation of several key elements, beginning with the clarity of its objectives and the accuracy in identifying its target population. According to ([Ernanto and Hermawan, 2022](#)), program effectiveness is achieved when goals are not only clearly articulated but also specific and measurable, allowing for systematic tracking of progress. In the case of the Posyandu Lansia program in Toari Subdistrict, while the target group has been appropriately set to cover individuals aged 45 to 70 years an expansion

from the conventional 60+ demographic to allow for earlier health interventions its implementation remains suboptimal. One of the critical issues is the lack of a structured, data-driven monitoring system that could ensure consistent follow-up and timely adjustments to service delivery.

This situation contrasts with the findings of ([Putri, M.R., 2016](#)) in Sidoarjo, where higher levels of effectiveness were observed due to the adoption of a digital reporting mechanism and regular monthly evaluations led by the local Puskesmas. These tools enabled more accurate performance assessment and facilitated data-informed decision-making. Similarly, research by ([Figri Putra Bafelanna and Sri Wahyuni, 2021](#)) emphasized that precise targeting and real-time evaluation are essential for enhancing program responsiveness and service quality. To thoroughly assess the success of Posyandu Lansia, additional factors must also be considered, such as the quality and consistency of program implementation, the degree to which services reach the intended beneficiaries, and the measurable health outcomes produced. As noted by ([Roza and Magriasti, 2021](#)), effectiveness also depends on stakeholder collaboration and community participation, which further reinforces the need for integrated strategies that link administrative planning with on-the-ground realities. Therefore, without a robust framework for monitoring, coordination, and feedback, even well-targeted programs may struggle to achieve their intended health outcomes.

Integration

As stated by Duncan, as cited in ([Dewi et al., 2023](#)), integration in program implementation reflects the extent to which an organization and its members function cohesively and effectively. This integration is evaluated through two primary dimensions: the existence and application of standardized procedures, and the consistency of socialization efforts aimed at increasing awareness and participation among the target population. In the context of the Posyandu Lansia program, integration remains notably low. Observations and interview data indicate that health cadres and medical personnel are not provided with sufficient dedicated time outside of scheduled service days to conduct outreach, community education, or follow-up with elderly participants. This gap in socialization and procedural engagement weakens the overall program coordination and limits community involvement, which is essential for sustaining participation and trust in health interventions. These findings align with the study conducted by ([Roza and Magriasti, 2021](#)), who observed that due to the shortage of human resources, health cadres are often only engaged during the monthly Posyandu sessions. As a result, many elderly individuals and their families remain uninformed about the program's benefits and objectives, which negatively affects participation rates.

Furthermore, ([Masturi, Hasanawi and Hasanawi, 2021](#)) emphasize that community-based

health programs such as Posyandu Lansia rely heavily on continuous engagement between service providers and the community. Without routine communication and reinforced health education, the integration of program goals into the daily practices of families and elderly individuals remains weak. Similarly, ([Pradipta et al., 2025](#)) point out that high-quality integration requires structured collaboration among health institutions, local governments, and community actors to ensure that both procedural guidelines and public outreach are consistently maintained. Therefore, improving integration in the Posyandu Lansia program necessitates the allocation of specific time and resources for cadres to perform routine visits, awareness campaigns, and health education beyond the monthly service schedule. It also requires better institutional support and inter-sectoral collaboration to bridge the gap between planning and execution, ultimately contributing to more inclusive and sustained elderly health services.

Adaptation

According to Duncan, as cited by ([Dewi et al., 2023](#)), adaptation in program implementation involves two critical dimensions: the enhancement of organizational or individual capacities and the adequacy of supporting facilities and infrastructure. These elements are fundamental in determining whether a program can respond to evolving needs and external challenges effectively. In the context of the *Posyandu Lansia* program, adaptation plays a pivotal role in maintaining the relevance and functionality of services amid changing demographic and social landscapes. Initially conceptualized to offer routine health monitoring, preventive care, and health education for elderly populations at the community level, the *Posyandu Lansia* program must continuously adapt to ensure it remains responsive and effective. However, the realities on the ground often reveal constraints. As observed in the implementation at Puskesmas Toari, the inadequacy of basic infrastructure such as limited seating, insufficient diagnostic tools, and the lack of a private consultation space poses significant barriers to delivering quality services ([Pradipta et al., 2025](#)). These infrastructural deficits not only reduce the comfort and dignity of elderly participants but also undermine the ability of health cadres and medical personnel to provide comprehensive care.

Moreover, capacity development, particularly in the form of cadre training and community empowerment, is another aspect where adaptation remains limited. ([Masturi, Hasanawi and Hasanawi, 2021](#)) argue that continuous training and skill enhancement for health cadres are essential to improve service delivery and build trust among elderly beneficiaries. Without regular training and supervision, cadres may lack the necessary competencies to educate, diagnose, and refer elderly patients effectively. Similarly, the study by ([Rahayu et al., 2024](#)) highlights the importance of both

material resources and human resource development in maintaining elderly participation and improving health outcomes. They found that in areas where adaptation was prioritized through better equipment, space, and trained staff, elderly engagement and satisfaction significantly improved.

In addition, ([Wardana, Widiyanti and Karmaya, 2023](#)) stress that adaptation is not only about providing facilities but also about aligning the service model with local community values, mobility patterns, and socio-economic realities. In rural or underdeveloped areas, adaptation may include mobile health services, more frequent home visits, and the integration of traditional health beliefs into modern service delivery. Thus, to enhance the effectiveness of the *Posyandu Lansia* program, especially in areas like Toari Subdistrict, it is essential to invest in both infrastructure improvement and cadre capacity building. A proactive and responsive adaptation strategy will ensure that elderly health services remain accessible, culturally sensitive, and resilient in the face of both systemic limitations and social change.

Reflections on Structural and Systemic Factors

Although the implementation of the *Posyandu Lansia* program at the Toari Community Health Center (Puskesmas Toari) has demonstrated various local-level efforts, its effectiveness remains linked to broader structural and systemic factors. Several key challenges identified include:

Socioeconomic Disparities in the Region

Toari Subdistrict faces various socioeconomic challenges. Relatively low levels of education, limited transportation access, and high poverty rates contribute to low elderly participation in the *Posyandu* program. Elderly individuals from economically disadvantaged backgrounds tend to neglect preventive health services due to transportation costs or the absence of family support.

Healthcare Service Financing Mechanisms

The *Posyandu Lansia* program at the community health center level heavily depends on budget allocations from the local government and village funds. However, the absence of a sustainable financing scheme has led to dependency on annual, often insufficient, budget. This results in limited medical equipment, inadequate supplement availability, and infrequent home visit activities.

Cultural Attitudes Toward Aging

In the local community, aging is often viewed as a phase of resignation and acceptance of deteriorating health. As a result, the elderly tend to be passive and less likely to prioritize health check-ups. Moreover, families do not always actively support elderly care due to limited knowledge about the benefits of early disease detection.

Policy Implementation Gaps Across Government Levels

Despite national policies such as Law No. 13 of 1998 and Government Regulation No. 43 of 2004, implementation at the operational level remains sectorally fragmented. Community health centers, as frontline implementers, often lack strong technical support and coordination from the district or provincial levels. The absence of a robust monitoring and evaluation system from the central to local governments makes program execution reliant on internal initiatives by the Puskesmas and Posyandu cadres.

Implications for Program Effectiveness

Considering the four aforementioned factors, the effectiveness of the *Posyandu Lansia* program at the Toari Health Center is not solely determined by the quality of local implementation but also by structural support, cross-sectoral policy integration, and budgetary commitment. Therefore, efforts to enhance program effectiveness must include the following: Integration of policies from the national to the regional level, Community education on the importance of elderly care, Expansion of elderly health financing schemes through social security-based mechanisms, and a collaborative approach involving government, healthcare providers, and the community.

CONCLUSION

This study assessed the implementation of the Elderly Posyandu Program at Toari Health Center using Duncan's program effectiveness framework, which includes three primary indicators: goal achievement, integration, and adaptation. The findings indicate that the program exhibits partial effectiveness, with significant variability across the evaluated dimensions. In terms of goal achievement, while the program successfully identified and reached the intended demographic group elderly individuals in rural areas it has struggled to consistently deliver timely and comprehensive services. Delays in activity scheduling, low participation rates, and the irregular implementation of home visits have hindered the program's ability to fulfill its core objectives of disease prevention, health promotion, and consistent elderly monitoring. These challenges suggest that the program's outputs are not fully aligned with its intended outcomes.

Regarding integration, the collaboration among key actors such as health workers, cadres, elderly family members, and local institutions remains fragmented. A lack of systematic coordination mechanisms, insufficient role clarity among stakeholders, and minimal outreach efforts have resulted in weak community engagement. The sporadic nature of program socialization limits public awareness, which in turn negatively affects the initiative's participation and sustainability. On the adaptation front, the program has not yet demonstrated the flexibility needed to address contextual

challenges effectively. The physical infrastructure such as waiting areas, medical examination rooms, and equipment remains inadequate and not elderly-friendly. These shortcomings restrict the service providers' ability to offer dignified, accessible, and responsive care, especially for elderly individuals with mobility issues or chronic conditions.

The implications of these findings are twofold. First, they highlight the urgent need for policy and administrative reforms that promote stronger institutional support. These include the implementation of budget pooling mechanisms across local health and governance units to ensure sustainable program financing, and the establishment of participatory monitoring and evaluation systems involving community members, health staff, and local leaders to enhance program accountability and responsiveness. Second, the findings contribute to the broader discourse on public sector program evaluation by demonstrating the utility of Duncan's model in assessing real-world implementation gaps in community-based health initiatives. For future research, there is significant potential to extend Duncan's framework by incorporating additional dimensions such as resilience, equity, and adaptability to socio-cultural contexts. Such expansions would allow for a more nuanced understanding of how public health programs function in resource-limited rural environments and provide valuable insights for scaling up elderly care services nationally. Ultimately, this study underscores the importance of aligning service delivery models with the lived realities of target populations and integrating local governance, infrastructure, and community participation into the core logic of program design and evaluation.

REFERENCES

- Dewi, A., et al. (2023). Efektivitas pelayanan kesehatan lanjut usia di Puskesmas Banjarmasin Indah pada masa pandemi COVID-19 (Studi kasus di Posyandu Lansia Melati) [Effectiveness of elderly health services at Banjarmasin Indah Community Health Center during the COVID-19 pandemic (Case study at Melati Elderly Posyandu)], 5(2), 102–110.
- Ernanto, H., & Hermawan, S. (2022). Table Of Content Article information Rechtsidee. *Indonesian Journal of Law and Economics Review*, 14(3), 6–14.
- Bafelanna, F. P., & Wahyuni, S. (2021). Efektivitas program Posyandu Lansia (Studi: Posyandu "Sehat Ceria" Kelurahan Medokan Semampir Kecamatan Sukolilo Kota Surabaya) [Effectiveness of the Elderly Posyandu Program (Study: "Sehat Ceria" Posyandu, Medokan Semampir Village, Sukolilo District, Surabaya City)]. *Aplikasi Administrasi: Media Analisa Masalah Administrasi*, (2000), 123–130. <https://doi.org/10.30649/aamama.v24i2.124>
- Maryuni, I., & Yana, R. H. (2022). Peran Posyandu Lansia dalam pemenuhan kebutuhan sosial lansia di Desa Babul Makmur Kabupaten Simeulue [The role of Elderly Posyandu in fulfilling the social needs of the elderly in Babul Makmur Village, Simeulue Regency]. *COMSERVA Indonesian Jurnal of Community Services and Development*, 1(11), 880–887. <https://doi.org/10.36418/comserva.v1i11.171>

- Masturi, H., Hasanawi, A., & Hasanawi, A. (2021). Jurnal Inovasi Penelitian [Journal of Innovation Research]. *Jurnal Inovasi Penelitian*, 1(10), 1–208.
- Masyiyah, S., Roesdiyanto, R., & Mawarni, D. (2021). Kajian Sustainability Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK) [Sustainability study of the Healthy Indonesia Program with Family Approach (PIS-PK)]. *Sport Science and Health*, 3(8), 603–614. <https://doi.org/10.17977/um062v3i82021p603-614>
- Nugroho, B. P., et al. (2024). Performance Indicators for A Healthcare Company In Indonesia Indikator Kinerja Untuk Perusahaan Layanan Kesehatan Di Indonesia. 5(2), 8256–8265.
- Pradipta, I. S., et al. (2025). Engaging community pharmacy in tuberculosis case detection (ENHANCE): a study protocol for an implementation study in Indonesia. *Archives of Public Health*, 83(1). <https://doi.org/10.1186/s13690-025-01610-7>
- Putri, M. R. (2016). Efektivitas program Posyandu Lansia di Kabupaten Sidoarjo [Effectiveness of the Elderly Posyandu Program in Sidoarjo Regency]. *Jurnal Kebijakan dan Manajemen Publik*, 4(2), 117–134. <https://doi.org/https://doi.org/10.21070/Jkmp.V4i2.689>
- Rahayu, P. Y., et al. (2024). Hubungan keaktifan lansia dalam mengikuti kegiatan Posyandu dengan kualitas hidup lansia di wilayah Puskesmas Batu Bandung Tahun 2024 A correlation between the activeness of the elderly in participating in Posyandu activities with the quality of life in T [Relationship between elderly activeness in participating in Posyandu activities and the quality of life of the elderly in the Batu Bandung Community Health Center area in 2024]. 3(1), 93–98.
- Rosidatussholikhah, Wardoyo, S., & Rahmawati, N. (2024). Hubungan fungsi kognitif dengan activity daily living pada lansia di Posyandu Lansia Summersari Kota Malang [Relationship of cognitive function with activity daily living in the elderly at Summersari Elderly Posyandu, Malang City]. *Jurnal Kesehatan Tambusai*, 5(1), 974–979.
- Roza, Y., & Magriasti, L. (2021). Policy analysis on the implementation of the Posyandu Lansia program: Study at Puskesmas Jua Gaek Sub-District Gunung Talang of Solok Regency of West Sumatera. (1). <https://doi.org/10.4108/eai.21-10-2020.2311939>
- Sakawati, H., Sulmiah, & Widyawati. (2024). Efektifitas pelayanan di Mall Pelayanan Publik Organizational Culture and Service Innovation on Service [Effectiveness of services at the public service mall organizational culture and service innovation on service]. 30(April).
- Selvia, S., & Wirdanengsih, W. (2024). Partisipasi lansia dalam memanfaatkan Posyandu Lansia di Nagari Cupak [Elderly participation in utilizing Elderly Posyandu in Nagari Cupak]. *Jurnal Perspektif*, 7(1), 141–151. <https://doi.org/10.24036/perspektif.v7i1.925>
- Sumardi, G. A., Seweng, A., & Amiruddin, R. (2019). Activity determinants in Posyandu Elderly activities on the quality of elderly life in Sudiang Community Health Centre Makassar. *IJRDO: Journal Of Health Sciences And Nursing*, 4(9), 7–16.
- Wardana, I. N. G., Widiyanti, I. G. A., & Karmaya, I. N. M. (2023). Pemberdayaan kader Posyandu Lansia dalam skrining dan pengobatan penyakit hipertensi dan kencing manis [Empowerment of Elderly Posyandu Cadres in Screening and Treatment of Hypertension and Diabetes Mellitus]. *Buletin Udayana Mengabdi*, 22(4), 218. <https://doi.org/10.24843/bum.2023.v22.i04.p08>