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STUDY ON IMPLEMENTATION OF NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL POLICY BASED ON POSBINDU PTM IN WEST BANDUNG DISTRICT

Kajian Implementasi Kebijakan Pencegahan Dan Pengendalian Penyakit Tidak Menular Berbasis Posbindu PTM Di Kabupaten Bandung Barat (KBB)

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ABSTRAK

Kebijakan Pengendalian Penyakit Tidak Menular (PTM) telah ada sejak tahun 2015 dengan salah satu program andalannya adalah Posbindu PTM. Posbindu PTM diharapkan dapat meningkatkan perilaku pencegahan PTM di Masyarakat. Kajian kebijakan Posbindu PTM di Kabupaten Bandung Barat (KBB) bertujuan untuk mengetahui gambaran implementasi kebijakan Posbindu PTM dengan menggunakan pendekatan konsep EDWARD III. Kajian kebijakan dilakukan di 2 lokus Posbindu PTM di wilayah Puskesmas Cimareme dan Puskesmas Cisarua. Kajian dilakukan dengan studi kualitatif menggunakan indepth interview, focus group discussion dan observasi. Informan data dari pihak implementator kebijakan yaitu Dinas Kesehatan KBB dan pihak Puskesmas dan diskusi dengan kader dan masyarakat. Hasil kajian menunjukan bahwa struktur birokrasi di KBB sesuai dengan Organisasi dan Tata Laksana Kemenkes namun perlu penyesuaian, SOP pelayanan Posbindu PTM di lapangan perlu disediakan, komunikasi antara implementator tingkat Dinkes KBB dengan Puskesmas dan Masyarakat belum optimal, dan sumber daya manusia yang terbatas sehingga tenaga kesehatan tidak selalu ada saat Posbindu PTM serta kader ada dalam jumlah yang cukup namun tidak mendapat pelatihan serta kepatuhan masyarakat untuk datang ke Posbindu PTM rendah. Implementator memandang posbindu PTM sebagai program yang masih relevan saat ini dan dibutuhkan solusi atas permasalahan ketenagaan. Masyarakat membutuhkan Posbindu PTM dan memerlukan penjelasan dan sosialisasi ke Masyarakat dari petugas kesehatan. Posbindu PTM perlu dioptimalkan pelaksanaannya sesuai dengan pedoman manajemen Posbindu PTM.

***Kata kunci**: Implementasi, Kebijakan Kesehatan, Penyakit Tidak Menular, Posbindu PTM*

ABSTRACT

The Non-Communicable Disease (NCD) Control Policy has been in place since 2015 with one of its flagship programs being Posbindu PTM. Posbindu PTM is expected to improve NCD prevention behaviour in the community. The Posbindu PTM policy study in West Bandung Regency (KBB) aims to determine the description of Posbindu PTM policy implementation using the EDWARD III concept approach. The policy study was conducted in 2 Posbindu PTM loci in the Cimareme Health Center and Cisarua Health Center areas. The study was conducted qualitatively using in-depth interviews, focus group discussions, and observations. Data informants from the policy implementers, namely the KBB Health Office and the Puskesmas, and discussions with cadres and the community. The results of the study show that the bureaucratic structure in KBB is by the Organization and Management of the Ministry of Health but needs adjustment, SOPs for Posbindu PTM services in the field need to be provided, communication between

implementers at the KBB Health Office level with Puskesmas. The community is not optimal, and limited human resources so that health workers are not always there when Posbindu PTM and cadres are in sufficient numbers but do not receive training and community compliance to come to Posbindu PTM is low. Implementers see Posbindu PTM as a program that is still relevant today and a solution to the staffing problem is needed. The community needs Posbindu PTM and requires explanation and socialization of the community. Posbindu PTM needs to be optimized in accordance with Posbindu PTM management guidelines.

Keywords: Health Policy, Implementation, Non-Communicable Diseases, Posbindu PTM

INTRODUCTION

Non-communicable diseases (NCDs) are a rapidly growing global health issue, contributing to 71% of deaths in the world and killing 36 million people per year. Eighty percent of deaths are in middle- and low-income countries. Deaths due to NCDs are 35% due to heart and blood vessel disease, 12% due to cancer, 6% due to chronic respiratory diseases, 6% due to diabetes, and 15% due to other NCDs [1]. PTM is a disease that cannot be transmitted from person to person, whose development progresses slowly over a long period of time or is chronic [2].

Nationally, the 2018 Riskesdas results show that the prevalence of people with high blood pressure is 34.11% and DM is 8.5%. The prevalence increases with increasing age. Prevalence of obesity. The number of adults with diabetes has more than tripled in the last 20 years [3] The World Health Organization (WHO) predicts that diabetes will be experienced by more than 21 million Indonesians in 2030 [4]. while in West Java it is known that the prevalence of hypertension is 39.6 and DM is 1.7%. West Bandung Regency is ranked 4th lowest for DM and hypertension health service coverage.

Disease control policies are believed to be an effective tool for improving public health. Health Policy consists of policy development, policy implementation and policy review, all three of which are a series of mutual influences. Poor policy development is a major factor in poor implementation because there is no good way to implement bad policies, but even well-designed policies can also not be implemented well [5].

One of P2PTM's strategic policies in preventing and controlling PTM is contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2015 concerning Management of Non-Communicable Diseases. Prevention and control of PTM is implemented by involving all components in the community accommodated in the Integrated Development Post for Non-Communicable Diseases (Posbindu PTM). Pos pembinaan terpadu (Posbindu) is one of the Public Health Efforts (UKM) which is oriented towards promotive and preventive efforts in controlling NCDs by involving the community, starting from planning, implementation and monitoring and assessment. Control NCDs by managing various risk factors by promoting clean, healthy living behavior with SMART.

Posbindu PTM has been running since 2015 until now. During the 3 years of development of Posbindu PTM, it was identified that the number of Posbindu PTM in Indonesia in 2017 was 33,679 units and every year the number continues to increase. In 2019 in West Java, Posbindu PTM has been developed in 26 regencies and cities with the number of posyandu and posbindu PTM Pratama 865 units, Madya 16030 units, Purnama 20672 units and Mandiri 14059 units [6]. West Bandung Regency, is one of the districts in West Java with the lowest number of community health centers in controlling PTM with a total of 87 PTM posbindu posts and a number of trained cadres of 160 people [6] .

A study of thePosbindu PTM policy in West Bandung Regency was carried out with use approach EDWARD III's concept examines policy based on 4 components that is structure bureaucracy or Work Procedure Organizational Structure (SOTK), communication, resources Power people and attitudes or disposition [7]. The purpose of study of Posbindu PTM Policy at KBB is to find out the factual implementation of policies in the field, gaps between implementation plans and implementation, analyzing inhibiting and supporting factors with use EDWARD III approach so that recommendations and necessary follow-up actions can be formulated in form Policy Briefs.

METHODS

Study This form of study policy strategic with studies qualitative use EDWARD III approach. Policy studies control of related PTM with structure bureaucracy, communication, resources power and disposition or attitude to policy. The study was carried out in the Community Health Center Area Cimareme and Cisarua West Bandung Regency (KBB) from September to October 2023. Respondents who act as informant study is head field P2P, KBB Health Office, guarantor answered PTM Community Health Center Cimareme and Community Health Center Cisarua, cadre posbindu PTM Pasirhalang and PTM Pakuhaji and PTM target communities in the village Cilame and village Pasirhalang.

Election participant based on goals study that is know description implementation policy PTM control with activity posbindu PTM. Determination of participant by information of 4 components from EDWARD III concept .

Data were collected using three main methods: in-depth interviews, focus group discussions and field observations. In-depth interviews were conducted with the head of P2P/PCD (Prevention and control of disease) at the KBB Health Office to obtain an overview of the implementation of the Posbindu PTM policy in the KBB Health Office working area, especially in the Cisarua and Cimareme puskesmas areas. The substance of the interview includes aspects of bureaucratic structure, communication, human resources and attitudes towards the Posbindu PTM policy. In-depth interviews were also conducted with village heads in each Posbindu area, aiming to find out the opinions and attitudes of village heads towards the presence of Posbindu in the community, the usefulness of Posbindu for the community and the communication built to increase community participation in the use of Posbindu.

Focus group discussions were conducted with a group of health cadres who implement Posbindu PTM activities in the community, aiming to obtain cadres' opinions on the implementation of Posbindu PTM including the process of implementing activities, the presence and assistance of health workers in posbindu activities, and the attitude of cadres towards the existence of posbindu in the community. Focus group discussions were also conducted with several communities in 2 posbindu areas, aiming to obtain community opinions and attitudes towards the existence of Posbindu, the benefits of Posbindu and community participation in the utilisation of Posbindu. Non-participant field observations were conducted in 2 Posbindu NCDs, aiming to obtain field facts on the implementation of Posbindu NCDs including the existence of Posbindu, facilities and infrastructure, the process of implementing activities, staffing, and community participation in Posbindu activities.

To increase the validity and reliability of data and information obtained in answering research problems, triangulation techniques were carried out on methods and data sources. Triangulation of methods included the use of three main methods: interviews, focus group discussions and field observations. Triangulation of data sources included officials in charge of the KBB Health Office program, village officials, health cadres and the community.

Research has obtain ethical approval from Committee Ethics Poltekkes Health Research Ministry of Health Bandung, with Ethical Approval number N0 06/KEPK/EC/X/2023

RESULT

Limitations Study

This study was only limited to 1 district and 2 Community Health Center areas with 2 PTM Posbindu. The data and information obtained from this study are insufficient to describe the actual conditions of implementing the Posbindu PTM policy at KBB, so it is recommended that the number of areas that become study loci be increased.

Implementation Policy PTM control

1. Structure Bureaucracy

Structure Bureaucracy refers to two variables: SOP (Standard Operational Procedure) and Fragmentation Policy .

1.1 Indept -Interview

The organizational structure of the West Bandung District Health Service, the informant revealed:

“... Our SOTK or Organizational Structure (KBB Health Office) has not adapted to the SOTK in the Provincial Health Office and Ministries. For example, environmental health in the new SOTK is in the field of disease prevention and control, while in the old SOTK it is in the field of Public Health, making it difficult to report and disseminate policies because they are not aligned..." (Dr N)

“... There are technical problems in implementing the Posbindu PTM program, internal and external problems. “...The internal problem is that the working area of the health center is relatively large, and human resources also all have double jobs, so officers have problems managing time and schedules ...” (Dr N, Nurse 1, 2). Efforts that have been made to overcome technical problems due to limited manpower are to ask for help from other sections to assist with activities in the field. Efforts made to overcome the service area that is too large is by submitting a proposal for additional personnel.

Distribution of authority and responsibility in the implementation of Posbindu. The informant said:

“...There is 1 person in charge of PTM, if you need help, you can ask for help from other departments. However, there are no special human resources for PTM because human resources are limited. “...Almost all officers hold several programs so this becomes an obstacle in supervising and coaching Posbindu PTM activities...” (Dr N)

“...1 PTM nurse is in charge, but with other duties so it is not optimal...” (Nurse1,2)

Regarding the availability of Standard Operating Procedures (SOP) or Guidelines for implementing Posbindu PTM, the informant revealed:

“...There are no SOPs...”, “...Guidelines exist...” (Nurse1)

“...There are no SOPs...”, “...There are guidelines, ???(doubtful)...” (Nurse 2). In non-verbal behaviour, Nurse 2 seemed hesitant to respond to the existence of the SOP. In the triangulation of sources (head of P2P/PCD), it was stated that there was no SOP.

The impact of Posbindu PTM on service achievements at the informant community health center revealed:

“...Posyandu and Posbindu services merged, so the implementation of Posbindu was not optimal. Because the Posbindu participants served are parents who have

toddlers, apart from that, teenagers and the elderly do not receive Posbindu services..." (Nurse 1)
"...With the existence of the PTM posbindu there has been no increase in the achievement of puskesmas services (Nurse 2)

1.2 Focus Group Discussion (FGD)

Organizational structure at Posbindu PTM, respondents disclose :
"… There is already an organizational structure such as appointing a chairman and members. Cadres carry out tasks such as registration and record keeping, measuring body weight and abdominal circumference...." (Cadre1, 2)

Meanwhile, regarding supervision and guidance on the implementation of Posbindu PTM, he revealed:
"... There is no supervision from the community health center officers (Village Midwives). supervision from local authorities…. (C1); " …There is supervision (sometimes) from community health center officers, No there is supervision from village officials ..." (C2) .

2. Communication

2.1 Indept-interview

Communication refers to awakening connection between holder policy with executor policy and society , reveal :
"... There is socialization, carried out via WA, perhaps related to the budget and previous pandemic conditions..." (dr N)
"...Outreach with community health centers is not carried out directly due to limited budgets. The officers innovated in carrying out socialization..." (dr N)

Communication with internal parties Implementation Posbindu PTM informant convey :
"...Communication with internal parties with meeting activities..."

How the Community Health Center carries out policy outreach activities to the community in two Community Health Center areas, informant convey
"...Puskesmas carries out outreach through village cadres. What is expected is that these cadres will convey this information to the public..." (Nurse 1)
"...Puskesmas carries out outreach to health cadres, PKK, and village officials..." (Nurse 2)

Obstacles in the socialization process informants convey
"...The obstacle found in the socialization process is the lack of community response....." (Nurse 1,2)
How to overcome obstacles , the informant said
"...To overcome this obstacle to socialization, Lokmin is carried out to carry out problem solving ..." (Nurse 1)
"...To overcome obstacles , ask RT officers for help ..." (Nurse 2)

2.2 Discussion Group Forum (FGD)

2.2.1 Cadre

Socialization of PTM in the Community, respondents convey
" …Socialization carried out by cadres with inform to Village Head asks Mr/Mrs RW to invite the community For utilise existing facilities _ with use hardener sound in the prayer room as well as with direct visit House citizens ."...(K 1)

"... The cadre informed to The Village Head asks Mr/Mrs RW to invite him society to make use of it existing facilities _ or inviting the community door to door "... (K 2)

Obstacle implementation Posbindu PTM respondents says :
" …Barrier _ in service posbindu PTM namely limited tool health that is No own tool measuring pressure blood , society currently work , structure geography long distance and also not scheduled _ Posbindu PTM, as well as sometimes officer health No Can present ..." (K 1)
" …Found obstacle in service posbindu PTM namely society work , no There is treatment at posbindu , sometimes officer health No Can present ...".(K 2)

2.2.2 Public

Socialization activity Posbindu PTM to the Community, respondents convey
" …No know Posbindu PTM, no know What That Posbindu PTM, "… feel Healthy so that no come, clash with time work, no There is announcement so that no comes to implementation Posbindu PTM...." (M 1)
" …This is the first time I came to Posbindu, because I just found out about Posbindu ..." (M 2)

3. Resources

Resource refers to availability source power people, information, authority and facilities .

3.1 Indept-Interview

Employees at the relevant KBB Health Service with implementation Posbindu PTM. Informant reveal :
" …There is one (1) guarantor answered PTM. For carry it out task task assisted by health workers from field other. Nothing _ power specifically in the field of PTM other than underwriter answer ..." (dr N)
" …Almost all Officer hold some programs so become an internal obstacle implementation Posbindu PTM. ...".

Ability implementer in implementation policy .
" …Availability power No Enough because recruitment No in accordance needs ..." (dr N)
" …Utilization the energy available is also felt not optimal because system reporting with Lots application precisely add burden Work existing energy ..."(dr N)
Enhancement quality of human resources in implementation Posbindu PTM
" …There aren't any training especially PTM but sharing is done just with other health workers ..."(dr N)

Employees at the Community Health Center are related to the implementation of Posbindu PTM. The informant revealed:
" …The staff at the Puskesmas, related to the implementation of Posbindu PTM, has 1 officer, but it is felt that this is not sufficient to carry out the program. "…Posbindu PTM officers can implement Posbindu PTM policies but do not understand them well because there is no training in improving HR capabilities..." (Nurse 1, 2)
Facilities for implementing Posbindu PTM
" …Having a PTM Kit belonging to the Community Health Center that can be used when providing services at Posbindu..." (Nurse 1)

Source of budget for Posbindu PTM Implementation policy
" …There is no special budget, so the budget obtained from the village budget for the limited number of cadres is not sufficient..." (Nurse 1, 2)
Source budget implementation policy Posbindu PTM.
" …No There is budget special For implementation Posbindu PTM, which exists only for transport of officers who come ...." (Nurse 2)

3.2 Focus Group Discussion (FGD)

Availability human resources, respondent convey:
" …Amount all over cadres in region 1 of 12 people did not differentiated between cadre posyandu , posbindu and others ..."
" …Everything activity held in a way together same ...."
" …Cadres who have trained only 1 person. (K 1)
"...Nothing source of implementation funds Posbindu however, there is Community self-help funds ..." (K 1)
" … Amount There are 6 cadres in region 2
" …Everything activity held in a way together same ...."
" …Cadres who have trained only 1 person.
" … Nothing source of implementation funds Posbindu however , there is Community self-help funds for cadre transport ..." (K 2)

Infrastructure for implementation Posbindu PTM, respondent convey :
" … Have building that can used For Posbindu However service Posbindu PTM does not held in a way special However combined with Integrated Healthcare Center toddlers and the elderly Where become participant posbindu it 's parents toddler . (K 1)
" …Done measurement of TB, BB and Abdominal Circumference in Mothers who bring Toddlers to Posyandu ..." (K 2)
" …Have Scales, TB Measuring Instruments and Meters , however No own tool For inspect Pressure Blood..." (K2)
" …Have building that can used For Posbindu However service Posbindu PTM does not held in a way special However combined with Integrated Healthcare Center toddlers and the elderly Where become participant posbindu it 's parents toddler . (K1, K2)
" …Done measurement of TB, BB and Abdominal Circumference in Mothers who bring Toddlers to Posyandu ..." (K1)
" …Have Scales,TB measuring equipment and meters and tools For inspect Pressure Blood..." (K2)
"...Recommended suggestions for adding more Health Workers, and the community must unite to visit Posbindu PTM and provide medicines ..." (M 1, 2)

4 Disposition / Attitude of the Implementer

4.1 Indept -Interview

Attitude to implementation Republic of Indonesia Minister of Health Regulation No. 71 of 2015 concerning Countermeasures Non- Communicable Diseases (Posbindu PTM), informant reveal :
" … Policy PTM management is still ongoing relevant for moment this still needed by society and necessary maintained ..." (dr N)

Commitment holder interest in implement policy, informant reveal :
" …Commitment in implementation policy Posbindu PTM however need HR support and participation more society _ big ..."

" …Collaboration with Regional Government continues attempted, however until moment this not yet showing optimal results ..."
" …The role of government area expected more big Again in support Implementation Posbindu ..."

Commitment executor Policy in the field
" …Since the implementation of services in health facilities is minimal Lots influence motivation of Health Workers to down to field ..." (dr N)

Supervision and control to implementation policy
" …In terms of regulations felt it's ideal though in its implementation felt It's difficult , the Health Service feels pessimistic Because many obstacles in the field ..." (dr N)

Obstacle in implementation policy , informant says :
" …Perceived obstacles _ namely the work area the health center is very large, limited human resources, burden high and large amount of work applications used on each _ reporting ..."
" …Health workers since enforcement service service , energy health more prioritize service in building , so outside service _ building No become priority...."
" …perception public to service health identical with giving medicine ..."

Attitude to implementation Republic of Indonesia Minister of Health Regulation No. 71 of 2015 concerning countermeasures Non- Communicable Diseases (Posbindu PTM), informant reveal :
" …Positive, felt there is benefits, however in implementation hampered because power health and number of cadres less ...." (Nurse 1)
"... Posbindu PTM is needed by the community , however in its implementation Still found obstacles ..." (Nurse 1,2)

Obstacle in implementation policy, informant says :
" …a lot other work outside task principal like administration , limited energy , and participation public low …"(Nurse1,2)
" …There's a lot of work piling up other daily tasks resolved ..." (Nurse 2)

4.2 FGD

Attitude to policy implementation Posbindu PTM, respondent reveal :
" …Supportive activity Posbindu PTM…" (K1, 2)
" …Feeling there is satisfaction , esp If the people who come to service a lot ..." (K1, 2)

Community response to exists Posbindu PTM, respondent reveal :
" …Posbindu PTM is very useful because society can know health condition ..." (M1, 2)
" …haven't felt it yet exists benefits, due to activities Posbindu moment This new come first time…and present because no understand what that Posbindu PTM..." (M1, 2)

5 Observation Results Implementation Posbindu PTM

5.1 Locus Posbindu PTM Paku Haji

There is one building unit meeting with wide building around 4 x 4 m^2 located in RW 08, was made place implementation Posbindu PTM which is at the moment That simultaneously with implementation Toddler Posyandu. The people present not enough more than 40 people in part There are many mothers who bring their

toddlers to be weighed at the Posyandu, in part small number of people came For inspection blood, counseling health and weighing BB (at that time there is health check from Community Health Center). Activity Flow Posbindu consists of 5 Tables viz registration, interview, measurement of TB, BB and abdominal circumference, examination Blood Pressure, Blood Glucose (by officer community health center) and education . Tables 1, 2, and 3 are filled by cadres whereas tables 4 and 5 are filled with power health from Community Health Center.

The location is in the middle of residential areas population , so easy to reach by local people .

5.2 Locus Posbindu PTM Pasir Block

There is one building unit Integrated Healthcare Center with wide building around 3 x 4 m^2 located in RW 10, was made place implementation Posbindu PTM which is at the moment That simultaneously with Health checks like check blood sugar, IVA test, fill out the mental health form. The people present not enough more than 20 people. The people who come For inspection health. Activity Flow Posbindu consists of 4 Tables viz registration, interview, measurement of TB, BB and abdominal circumference, examination Blood Pressure, Blood Glucose (by officer health center). Tables 1, 2, and 3 are filled by cadres whereas table 4 is filled with power health from Public health center for measurement pressure blood and blood sugar checks. Location is located far settlement population, so not enough strategic for visited by the public.

Analysis

The four variables that are used as references in the study of Posbindu PTM implementation policies are bureaucratic structure, communication, resources and disposition/attitude of implementers .

1. **Bureaucratic Structure**

   There is an organizational structure in charge of implementing Posbindu PTM at the Health Service and at the Community Health Center, but its implementation has not met expectations due to the limited availability of Human Resources (HR) and the relatively large working area of the Community Health Center. The organization and management (Ortala) of the KBB Health Office have not yet been adjusted to the Ortala in the West Java Provincial Health Office so that reporting, monitoring, and evaluation of the implementation of PTM policies from and to the Health Office is not optimal. There is no SOP for Posbindu PTM services yet.

2. **Communication**

   There is outreach from the Provincial Health Service regarding the Posbindu PTM policy. There is no special outreach to Puskesmas but is handed over to the PTM Coordinator. The socialization of Posbindu PTM by the Community Health Center to the community has not been carried out optimally.

   The lack of optimal communication with the community in policy implementation results in a lack of community participation in the utilisation of Posbindu PTM.

3. **Human Resources**

   The number of human resources is still insufficient, which has an impact on the quality of guidance and supervision of the implementation of Posbindu PTM which is not optimal. Utilization of existing personnel is more burdened on reporting tasks with various types of applications. In improving the ability to implement Posbindu PTM services, there is no specific training regarding Posbindu PTM activities. Facilities in the form of PTM Kits belonging to Puskesmas, not Posbindu PTM, are used when officers are present at the implementation of Posbindu PTM, but Posbindu has tools obtained from grants from Health Education institutions. There is no special budget

available for Posbindu PTM activities. Implementation of Posbindu Implementation Schedule still coincides with Posyandu Toddler Activities.

4. **Disposition/Attitude of Implementer**

The Posbindu PTM policy benefits both policy makers and the community. Policy holders need HR support in implementing policies and using integrated applications in reporting. Some people feel the benefits of Posbindu but the level of community participation is still low. The high workload of health workers is the reason why health workers are not always present at every Posbindu PTM implementation. Health workers also feel burdened by the reporting system using various different applications. Commitment in implementing the Posbindu policy at the policy stakeholder level requires strengthening due to the large working area and limited human resources as well as low community participation. Commitment at the implementing level (health workers) in the field needs to be supported in getting services, such as health workers getting services in the building (Puskesmas).

DISCUSSION

Efforts to control NCDs are built based on a joint commitment from all elements of society who care about the threat of NCDs through the Integrated Post for Non-Communicable Diseases (Posbindu PTM)[8]. Variables serve as a reference in the study of Posbindu PTM implementation policies, namely bureaucratic structure, communication, resources and disposition or attitude towards policy.

1.The bureaucratic structure: at the policy implementer level adapts to the Organization and Administration of the Ministry of Health and Provincial Health Offices but has not been fully adjusted so that the impact is less than optimal communication (socialization, monitoring and evaluation and feedback) from and to the implementer level. The bureaucratic structure of the KBB Health Office, which has not been adapted to the latest regulations (as adopted by the West Java Health Office), will cause imbalances in organisational coordination and communication. Standard operating procedures for Posbindu PTM services do not yet exist so that the parties carry out non-standardised activities. SOP is a tool for organisations to minimise errors and deviations in procedures/activities. The absence of SOPs will cause procedures/activities to be ineffective and can even cause large and fatal losses. The bureaucratic structure of the KBB Health Service requires adjustments to existing regulations. SOPs for implementing Posbindu PTM must be owned and implemented.

2.Communication: communication between the KBB Health Office, Puskesmas and the community about the presence of Posbindu PTM in the community has not been optimal so that Posbindu PTM is barely running as it should according to the policies and guidelines for implementing Posbindu PTM. Communication is an important instrument in running organisations and programmes. Poor communication will lead to errors and non-achievement of organisational/programme goals. Thus, it is necessary to optimise communication in implementing the Posbindu PTM policy. Appropriate and effective communication can avoid discretion implementation of policies in the field [9] .

3. Human Resources: the large number of tasks and limited human resources are the causes of suboptimal implementation of the Posbindu PTM policy. Excessive administrative burden can block the source Power to policy implementation[10] . Source limited power cause Health personnel are not always available during implementation Posbindu PTM. Same thing with results study previously that coordination between cadres and community health center officers, activities cannot be carried out routinely [11][12] [13].

The cadres are sufficient in number but do not receive training , while the involvement of health cadres in the implementation of the PTM posbindu provides a significant contribution [14].

The building where Posbindu PTM is located, but the examination equipment is limited, adult body scales and microtoa/medline are available. Health services provided by Health workers is really needed by the Community as in Posbindu PTM. This can increase enthusiasm visitors. In accordance with results study, there was a relationship between the role of health workers and the use of posyandu for the elderly. [15].

4. Disposition/attitude: implementers view Posbindu PTM as a program that is still relevant currently facing the boom in non-communicable diseases such as Diabetes and Hypertension. The community needs Posbindu PTM, needs an explanation about Posbindu PTM and will utilize existing services.

This thing in line with study previously that society's attitude is the most dominant factor in the use of posbindu [16]. The local village government needs a PTM posbindu for community health. Policy implementation Posbindu PTM not yet walk optimally, the same case Several studies on the implementation of PTM posbindu in various regions in Indonesia still show results that are not yet optimal in terms of input, process, and output aspects [17].

CONCLUSION

The community still needs the Posbindu PTM policy. The implementation of Posbindu PTM needs to be adjusted to the Posbindu PTM Implementation Guidelines. Strengthening is needed at the implementer level to support policy implementation, such as personnel and services for health workers who provide health services in the community. Building effective communication with the community and village government in optimizing policy implementation in the field.

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