Co-Production Dalam Pelayanan Kesehatan: Studi Pada Posyandu Nusa Indah 22

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ABSTRAK

Ketimpangan kunjungan masyarakat dalam kegiatan Posyandu menjadi salah satu persoalan dalam penyelenggaraan pelayanan kesehatan berbasis masyarakat, termasuk di Posyandu Nusa Indah 22, Kelurahan Kabil, Kota Batam. Penelitian ini bertujuan untuk menganalisis praktik *co-production* dalam program Posyandu serta mengidentifikasi bentuk kontribusi kader dalam mengurangi ketimpangan kunjungan masyarakat. Penelitian menggunakan pendekatan kualitatif deskriptif melalui analisis tujuh dimensi *co-production* (*actor, reasons, inputs, outputs, phase, means, context*). Data diperoleh melalui wawancara dan dokumentasi. Hasil penelitian menunjukkan bahwa *co-production* telah berjalan melalui keterlibatan tiga aktor utama, yaitu pemerintah atau Puskesmas, kader, dan masyarakat, dengan kader berperan sentral sebagai penghubung yang menggerakkan partisipasi warga sekaligus mendukung pelaksanaan program kesehatan. Faktor pendukung meliputi komitmen kader, dukungan Puskesmas, layanan gratis, komunikasi yang baik, budaya gotong royong, serta penerapan Integrasi Layanan Primer (ILP). Namun demikian, pelaksanaan *co-production* belum optimal karena keterlibatan masyarakat masih dominan pada tahap pelaksanaan, sementara partisipasi dalam perencanaan dan evaluasi masih terbatas, dipengaruhi oleh kesibukan kerja dan rendahnya kesadaran akan pentingnya pemeriksaan kesehatan rutin. Oleh karena itu, diperlukan penguatan edukasi kesehatan, kapasitas kader, dan koordinasi antaraktor agar *co-production* dapat berjalan lebih inklusif dan berkelanjutan.

Kata kunci: *co-production*; Posyandu; partisipasi masyarakat; kader kesehatan; pelayanan kesehatan masyarakat

Co-Production In Health Services: A Study Of Posyandu Nusa Indah 22

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ABSTRACT

Disparities in community attendance at Posyandu health services remain a challenge in community-based health care delivery, including at Posyandu Nusa Indah 22, Kabil Village, Batam City. This study aims to analyze the practice of co-production in the Posyandu program and to identify cadres' contributions in reducing visitation disparities. This research uses a descriptive qualitative approach through the analysis of seven dimensions of co-production, namely actor, reasons, inputs, outputs, phase, means, and context. Data were obtained through interviews and documentation. The findings show that co-production operates through the involvement of three key actors, namely the government or Puskesmas, cadres, and the community, with cadres playing a central bridging role in mobilizing community participation while supporting health program delivery. Supporting factors include cadres' commitment, Puskesmas support, free services, effective communication, a culture of mutual cooperation known as gotong royong, and the implementation of Primary Care Integration (ILP). However, co-production has not run optimally, as community involvement remains concentrated in the implementation stage while participation in planning and evaluation is still limited, constrained by work obligations and low awareness of routine health check-ups. Strengthening health education, cadre capacity, and cross-actor coordination is therefore needed for co-production to run more inclusively and sustainably.

Keywords: co-production; Posyandu; community participation; health cadre; community health services