



## Implementation of Community-Based Health Policy and Governance: A Qualitative Study of *Posyandu* Institutions in Rural Indonesia

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**Abstract**

This study examines the implementation of community-based health policy and governance through *Posyandu* institutions in rural Indonesia. The research is motivated by the continuing challenges of unequal healthcare access, limited institutional capacity, and weak policy integration in rural areas despite the government's decentralization efforts. The objective of this study is to analyze the implementation of Sragen Regent Regulation Number 48 of 2020 in strengthening *Posyandu* institutions, evaluate the effectiveness of policy implementation, identify factors influencing governance, and formulate a sustainable community-based health governance model. This research employed a qualitative case study approach conducted in three villages in Sragen Regency, Central Java. Data were collected through in-depth interviews, participatory observation, and document analysis involving village officials, *Posyandu* cadres, health workers, and community members. The findings reveal that *Posyandu* implementation remains highly dependent on social capital, local leadership, and community participation. Weak policy communication, limited resources, inadequate institutional integration, and the absence of technical operational guidelines were identified as major obstacles. Nevertheless, *Posyandu* continues to function adaptively through informal community-based mechanisms. The study concludes that community-based health governance in rural Indonesia operates through a hybrid governance model combining formal policy structures with bottom-up community participation, emphasizing the importance of institutional strengthening, collaborative governance, and sustainable community empowerment.

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### INTRODUCTION

Health development is a key indicator in assessing the quality of human development and the success of public policies in various countries. In the global context, the World Health Organization emphasizes that *community-based health services* are the main strategy in expanding access to inclusive and sustainable health services, especially in achieving the United Nations Sustainable Development Goals (SDGs), especially the third goal related to health and welfare (United Nations, 2015). This approach is considered effective because it is able to reach vulnerable groups through participatory mechanisms and local community empowerment.

However, in developing countries such as Indonesia, the implementation of community-based health services still faces various structural and institutional challenges. Problems such as limited access to services, inequality of facilities between villages and cities, high stunting

rates, and suboptimal quality of basic services show that the health system is not fully *adaptive* to the needs of local communities (Ministry of Health of the Republic of Indonesia, 2022).

As part of the Village Community Institution (LKD), the *Posyandu* not only functions as a provider of maternal and child health services, but also as an instrument of community empowerment. This perspective is in line with Lawrence W. Green's theory of health behavior which emphasizes the importance of community participation in determining the success of health programs. In addition, the institutional approach developed by Elinor Ostrom suggests that the success of community-based public services is highly dependent on local institutional capacity and participatory governance. Thus, the effectiveness of the *Posyandu* is not only determined by the technical aspects of the service, but also by the quality of governance, cross-sector coordination, and policy support (Arieffiani & Ekowanti, 2024; Sumardiyono et al., 2025; Susilawati, 2025).

Although the Indonesian government has encouraged decentralization through Law No. 6 of 2014 on Villages, which gives broad authority to villages in managing development, the implementation of community-based health policies still shows significant fragmentation. Recent studies show that weak policy integration, limited human resource capacity, and suboptimal coordination between actors are the main obstacles in increasing the effectiveness of *Posyandu* (Azzahra et al., 2025; Pratiwi et al., 2025).

At the regional level, policies such as the Sragen Regent Regulation Number 48 of 2020 concerning Village Community Institutions have provided a normative framework for strengthening *Posyandu* as part of the village institutional system. However, in practice, the implementation of the policy has not been fully optimal. Various problems such as weak policy socialization, limited funding, low cadre capacity, and lack of institutional integration show that there is a gap between policy design and implementation reality at the local level (Fikroh et al., 2025; Samsi & Erwinda, 2023; Siswati et al., 2025).

Health development has become a central global agenda because equitable access to primary health services determines the quality of human development, social welfare, and public policy success (Alyousef et al., 2022; Endalamaw et al., 2023; Organization, 2018). The World Health Organization explains that primary health care is a whole-of-society approach designed to bring promotive, preventive, curative, rehabilitative, and palliative services as close as possible to people's everyday environment. This principle is highly relevant for rural communities, where distance, poverty, limited facilities, and weak institutional capacity often prevent vulnerable groups from receiving adequate health services. Therefore, community-based health services are increasingly viewed not only as a medical strategy but also as a governance strategy that requires collaboration between government, local institutions, health workers, and community members (Susilawati et al., 2025).

Globally, the importance of community-based health governance is also strengthened by the Sustainable Development Goals, especially SDG 3, which emphasizes healthy lives and well-being for all. In many developing countries, community health workers and local health posts have become essential actors in expanding basic health services, especially for maternal and child health, nutrition monitoring, immunization, and health education. However, the global health system still faces a serious challenge in human resources, as WHO estimates a projected shortage of 11 million health workers by 2030, mostly in low- and lower-middle-income countries. This condition shows that formal health facilities alone cannot meet public

health needs, so locally rooted institutions such as community health posts must be strengthened through effective policy implementation and participatory governance.

In Indonesia, *Posyandu* plays a strategic role as a community-based health service institution that supports maternal and child health, nutrition monitoring, elderly services, and early detection of health problems. The manuscript explains that *Posyandu* is part of Village Community Institutions and functions not only as a provider of health services but also as an instrument of community empowerment and social participation. This role becomes increasingly important because Indonesia still faces health development problems such as unequal access between urban and rural areas, limited village-level health infrastructure, and persistent nutritional problems. For example, Indonesia's child stunting prevalence was reported at 21.5%, showing that community-level intervention remains urgent for improving child growth and long-term human capital.

The specific issue addressed in this research is the gap between community-based health policy design and the practical governance of *Posyandu* institutions in rural Indonesia. Although decentralization through Law No. 6 of 2014 gives villages wider authority to manage development, the implementation of health policies at the village level often remains fragmented. The uploaded manuscript highlights that Sragen Regent Regulation Number 48 of 2020 has provided a normative framework for strengthening Village Community Institutions, including *Posyandu*, but its implementation still faces weak socialization, limited funding, low cadre capacity, and insufficient institutional integration. These problems indicate that policy effectiveness is not automatically achieved through regulation; it depends on communication, resources, actor commitment, bureaucratic structure, and community participation.

Previous studies from Scopus- and Google Scholar-indexed literature have shown that community-based health programs can improve access to health services, particularly in underserved areas. Kaseje's systematic review, for instance, found that rural community health workers contribute to improving access to health services and health outcomes. In th

Indonesian context, Randell's study in Aceh shows that community cadres play an important role in connecting families with health information and services, although their position is often closer to the community than to the formal health system. Meanwhile, Hasanbasri's analysis of primary healthcare governance in Indonesia explains that *Posyandu* classification and community health center support are important mechanisms for improving village-level health services. These studies confirm the importance of *Posyandu*, but they also reveal continuing governance and institutional challenges.

Despite these contributions, existing research on *Posyandu* has been dominated by public health perspectives, especially nutrition, stunting, immunization, and maternal-child health services. Such studies are important, but they often pay limited attention to the policy implementation and institutional governance dimensions that determine whether *Posyandu* can operate sustainably. The uploaded manuscript also notes that studies in public administration remain relatively limited in examining *Posyandu* as part of a village governance system, particularly in relation to decentralization, regional regulation, institutional capacity, and community participation. Therefore, there is a clear research gap in integrating health policy implementation, village institutional governance, and community-based participation into one comprehensive analytical framework.

The urgency of this research lies in the need to strengthen *Posyandu* as a frontline institution for rural health services amid the transformation of Indonesia's primary health care system. Since 2022, Indonesia has launched a health system transformation strategy, including primary care transformation focused on promotive and preventive services, health screening, and strengthening primary service capacity. However, transformation at the national level will not be effective if village-level institutions are weak, underfunded, poorly coordinated, or dependent only on informal commitment from cadres. Thus, understanding how regional regulations are implemented in *Posyandu* governance is essential for ensuring that national health transformation reaches rural communities in a concrete and sustainable manner.

The novelty of this research lies in its integrative approach to analyzing *Posyandu* not merely as a health service program but as a social institution within the village governance system. Unlike previous studies that mainly focus on technical health outcomes, this research combines policy implementation theory, institutional theory, and community-based governance. The manuscript specifically uses the perspectives of George C. Edwards III on communication, resources, disposition, and bureaucratic structure; Douglass C. North on institutions as rules of the game; and Robert D. Putnam on social capital. Through this approach, the research offers a broader explanation of how formal regulation, local institutional capacity, social capital, and community participation interact in shaping *Posyandu* effectiveness.

The purpose of this research is to analyze the implementation of Sragen Regent Regulation Number 48 of 2020 in strengthening *Posyandu* institutions at the village level. More specifically, the research seeks to evaluate the effectiveness of policy implementation, identify factors that influence *Posyandu* governance, and formulate an adaptive, participatory, and sustainable model for institutional strengthening. This purpose is important because the manuscript's findings indicate that *Posyandu* services continue to operate substantively, but their institutional structure remains weak, informal, and highly dependent on local leadership and social capital. Therefore, this study aims to move beyond describing *Posyandu* activities toward explaining the governance mechanisms that support or hinder their sustainability.

This research is expected to contribute theoretically, empirically, and practically. Theoretically, it enriches public administration literature by showing that community-based health governance at the village level often forms a hybrid model that combines top-down regulation with bottom-up community practice. Empirically, it provides evidence from rural Indonesia on how policy communication, resources, cadre capacity, village support, and social capital shape *Posyandu* performance. Practically, the research offers recommendations for local governments to prepare operational technical guidelines, strengthen cadre training, improve budget allocation, integrate *Posyandu* into village planning documents, and develop digital and participatory monitoring systems. In this way, the study provides benefits not only for academic development but also for improving inclusive, adaptive, and sustainable community-based health services in rural Indonesia.

## **RESEARCH METHODS**

### **Research Design**

This research used a qualitative approach with a *qualitative case study design* to understand in depth the dynamics of policy implementation and institutional governance of

*Posyandu* in the social and institutional context of the village. This approach was chosen because the research focuses on the exploration of complex, contextual, and inseparable phenomena from their social environment.

Methodologically, case studies are relevant when research aims to answer the question of *how* and *why*, as well as when the boundaries between phenomena and context are not clearly visible (Yin, 2018). In this study, the case study approach allows researchers to comprehensively examine how the Sragen Regent Regulation Number 48 of 2020 is implemented and why the implementation shows variations in effectiveness at the village level.

In addition, this approach is also in line with the constructivist paradigm that views social reality as the result of interactions between actors, institutions, and policy contexts, thus allowing for a more in-depth interpretation of community-based governance practices.

### **Location and Selection of Informants**

The research was conducted in three villages in Sragen Regency, Central Java Province, namely Hadiluwih Village (Sumberlawang District), Jatibatur Village (Gemolong District), and Tangkil Village (Sragen District). The selection of locations was carried out by purposive sampling by taking into account variations in village characteristics, the level of activity of *Posyandu*, and different institutional capacities, so as to be able to represent the diversity of policy implementation contexts.

The research informants were selected by purposive and snowball sampling, with the criteria of having direct involvement in the implementation of the *Posyandu*. The main informants include village heads/village officials, *Posyandu* cadres, village midwives, and service users. This approach allows researchers to obtain rich and in-depth data from the perspectives of the various actors involved.

### **Data Collection Techniques**

Data collection is carried out through triangulation methods to increase the depth and validity of the data. The techniques used include:

#### **In-depth interviews**

It is carried out in a semi-structured manner to explore the perceptions, experiences, and interpretations of informants related to the implementation of *Posyandu* policies and governance.

#### **Participatory observation**

The researcher conducted direct observations of the activities of the *Posyandu* to understand the service process, interaction between actors, and the level of community participation in a real context.

#### **Document analysis**

The documents analyzed include regulations (Regent Regulations), reports on *Posyandu* activities, and village health data as secondary data sources that strengthen field findings.

The use of this combination of techniques aims to produce comprehensive data as well as minimize research bias.

### **Data Analysis Techniques**

Data analysis uses an interactive model developed by Miles, Huberman, and Saldaña (2014), which includes three main stages: data condensation, data display, and conclusion drawing/verification.

The analysis process is carried out iteratively and simultaneously from the data collection stage. The data obtained is thematic coding to identify patterns, relationships between variables, and the dynamics of policy implementation. This approach allows researchers to integrate empirical data with theoretical frameworks in a systematic and in-depth manner.

### **Data Validity and Validity**

The validity of the data is maintained through the trustworthiness approach which includes four main criteria, namely credibility, transferability, dependability, and confirmability.

To ensure credibility, this study used triangulation of sources and methods, as well as member checking by confirming the results of interviews with informants. Transferability is maintained through a detailed description of the research context (thick description), thus allowing for analytical generalization. Dependability and confirmability are maintained through trail audits that document the entire research process systematically.

This approach ensures that the research results have a high level of trust and can be accounted for academically

## **RESULTS AND DISCUSSION**

### **Synthesis of Findings and Theoretical Integration**

Based on the results of research in three villages (Hadiluwih, Jatibatur, and Tangkil), the implementation of Sragen Regent Regulation Number 48 of 2020 related to Village Community Institutions, especially *Posyandu*, shows a pattern that is partial, *adaptive*, and highly dependent on local initiatives. Although normatively policy has provided an institutional framework, at the implementation level, there is still a significant gap between policy design and operational practice.

### **Policy Implementation: The Gap between Norms and Practices**

Referring to George C. Edwards III's policy implementation model, it was found that four key variables have not been optimally met. Policy communication tends to be administrative, limited to the distribution of documents without adequate technical assistance. From the aspect of resources, budget limitations and cadre capacity are the main obstacles. The implementation disposition is relatively strong shown by the commitment of cadres and the village government but it is not supported by an adequate institutional system. Meanwhile, the bureaucratic structure has not been formally institutionalized within the framework of the LKD, so the role and function of the *Posyandu* have not been systemically integrated. These findings confirm that policy implementation at the local level is largely determined by the ability to translate policies into operational practices.

### **Policy Effectiveness: Substantive vs Institutional**

From the perspective of organizational effectiveness, implementation achievements show duality. Substantively, the *Posyandu* continues to run regularly and is able to achieve the basic goals of public health services (*goal attainment*). However, from the aspect of institutional integration, coordination between actors is still informal and unstructured. Local adaptation is relatively high, as can be seen from various community-based innovations such as the use of residents' houses and social approaches by cadres. This condition shows that the effectiveness of implementation is more operational-substantive, but has not yet reached the

institutional-structural level. In other words, the program is running, but the system is not yet strong.



**Image 1. Elderly *Posyandu* services in Jatibatur village, Gemolong district, Sragen Regency, April 16, 2025**  
source: Jatibatur village government

### **Institutional Governance: The Dominance of Social Capital**

The findings of the study show that the sustainability of *Posyandu* is more supported by social capital, local leadership, and informal relations between actors. This is in line with Robert D. Putnam's perspective which emphasizes the importance of social capital in improving the performance of public institutions. However, reliance on social capital without formal system support has the potential to pose sustainability risks, such as dependence on specific individuals, weak accountability, and vulnerability to leadership change.

### **Determinants of Implementation**

The synthesis of findings shows that policy implementation is influenced by supporting and inhibiting factors that interact with each other. Supporting factors include effective informal communication, high commitment of cadres and village governments, community social support, and responsive local leadership. On the other hand, the inhibiting factors include the absence of operational technical instructions, the lack of policy socialization, limited resources (both human resources and budget), weak formal institutional structures, and low consistent community participation. These findings reinforce the argument that the success of policy implementation is determined not only by policy design, but also by the alignment between structures, resources, and behavior of actors.

### **Empirical Model: *Hybrid Community-Based Governance***

Based on the results of the analysis, the implementation pattern of *Posyandu* in rural areas can be categorized as a *hybrid community-based governance model*. This model has

characteristics: (1) formal in the regulatory aspect (*top-down*), (2) informal in implementation practice (*bottom-up*), (3) based on social relations, and (4) *adaptive* to limited resources. This model shows that community-based health governance does not strictly follow the logic of formal bureaucracy, but rather resembles community-based governance as described by Elinor Ostrom.

### **Implications for the Frame of Mind**

The findings of the study show that the relationship between policy implementation, institutional governance, and health service effectiveness is not linear, but interactive and contextual. Policies do not automatically produce effectiveness, governance is not only determined by formal structures, and society plays a key role in bridging the gap between policy and practice. Thus, the *Posyandu* functions as a social institution that lives in local dynamics, not just an administrative instrument.

### **Research Contributions**

This research provides three main contributions. First, theoretically, it reinforces the perspective that policy implementation at the village level tends to form a *hybrid governance pattern, going beyond the top-down and bottom-up dichotomy*. Second, empirically, it shows that the success of *Posyandu* is strongly influenced by social capital and local leadership, not solely by policy design. Third, practically, this research provides a basis for local governments to strengthen the *Posyandu* institution through the preparation of operational technical instructions, increasing the capacity of cadres, strengthening the institutional structure, and developing more sustainable community participation mechanisms

## **SIMULTANEITY**

This research shows that the implementation of the Sragen Regent Regulation Number 48 of 2020 related to the institution of *Posyandu* has not reached the optimal level of institutional effectiveness. Although substantively, *Posyandu* services continue to run and are able to fulfill the basic functions of public health services, there is a significant gap between policy design and implementation practices at the village level.

Referring to the policy implementation framework of George C. Edwards III, the main weakness lies in the communication aspect that has not been accompanied by technical assistance, limited resources, and the formal bureaucratic structure has not been institutionalized. On the other hand, the willingness of the implementers shows a relatively high commitment, which is actually the main supporting factor for the sustainability of the program.

From a governance perspective, *Posyandu* in rural areas mostly operate through informal mechanisms based on social capital. This is in line with Robert D. Putnam's view on the importance of *social capital* in supporting the performance of public institutions. However, the dominance of informal relationships without strong formal institutional support has the potential to pose sustainability and accountability risks.

The main finding of this study is the identification of a *hybrid pattern of community-based governance*, which is a combination of formal regulation (*top-down*) and community-based practice (*bottom-up*). This model reflects that policy implementation at the village level is not linear, but dynamic and contextual, as affirmed in the theory of community-based governance by Elinor Ostrom.

Thus, the success of *Posyandu* is not solely determined by the quality of policies, but by the ability of the local system to adapt and internalize policies in a specific social context.

The findings of this study have important policy implications for strengthening community-based health governance at the village level.

First, it is necessary to strengthen operational regulations through the preparation of clear and applicable technical instructions (*juknis*). Without adequate operational instruments, policies will remain normative and difficult to implement consistently at the local level.

Second, increasing institutional capacity is a strategic agenda. Continuous training programs for *Posyandu* cadres, village officials, and LKD administrators need to be focused not only on the technical aspects of health services, but also on institutional management, administration, and the use of digital technology.

Third, reform of the financing system is needed to ensure the sustainability of the program. Village governments need to allocate a more proportionate budget through the APBDes, accompanied by the integration of funding sources from national programs and partnerships with the private sector.

Fourth, strengthening the formal institutional structure must be carried out through the integration of *Posyandu* into the village government system, including in planning documents such as RPJMDes and RKPDes. This step is important to improve institutional accountability and sustainability.

Fifth, community empowerment strategies need to be strengthened to increase active participation. A socio-cultural-based approach and community involvement in the planning and evaluation process will encourage the transformation from *passive beneficiaries* to *active co-producers* in health services.

Sixth, the digitization of *Posyandu* services is an urgent need to improve efficiency, transparency, and service quality. The development of a data-based information system will strengthen the function of real-time monitoring and evaluation.

This research has several limitations that open up opportunities for the development of further studies.

First, the limited number of research locations makes generalization of findings need to be done carefully. The next study is recommended to use a comparative design between regions to obtain a broader picture of the variation in the implementation of *Posyandu* policies in Indonesia.

Second, the qualitative approach used in this study provides depth of analysis, but it has not been able to quantitatively measure the level of policy effectiveness. Therefore, future research is recommended to adopt a *mixed-method* approach to integrate qualitative and quantitative analysis more comprehensively.

Third, further research can develop a policy evaluation model based on measurable performance indicators, especially in assessing the relationship between institutional capacity, governance, and *public health* outcomes.

Fourth, further exploration of the role of digital technology in the transformation of *Posyandu* is also an important agenda, especially in the context of strengthening a community-based health system in the digital era.

With this direction of development, the study of *Posyandu* will not only enrich the public administration literature, but also make a real contribution to the formulation of health policies that are more *adaptive, inclusive, and sustainable*.

## CONCLUSION

This research concludes that the implementation of community-based health policies through *Posyandu* institutions in rural Indonesia has not yet achieved optimal institutional effectiveness, despite the continuity of basic health service delivery. The implementation of Sragen Regent Regulation Number 48 of 2020 demonstrates that *Posyandu* remains an important instrument for maternal, child, and community health services, particularly in villages with limited access to formal healthcare facilities. However, the effectiveness of policy implementation is still constrained by weak policy communication, limited financial and human resources, insufficient institutional integration, and the absence of comprehensive operational technical guidelines. The findings also reveal that the sustainability of *Posyandu* governance is strongly influenced by social capital, local leadership, and community participation rather than by formal institutional structures alone. Therefore, the success of community-based health governance depends not only on policy formulation, but also on the ability of local institutions to adapt policies into participatory, collaborative, and context-sensitive practices. Furthermore, this study confirms that *Posyandu* governance in rural Indonesia tends to operate through a hybrid governance model that combines top-down regulatory frameworks with bottom-up community initiatives. Future research is recommended to expand the scope of analysis by involving comparative studies across different regions in Indonesia in order to identify variations in policy implementation and institutional effectiveness within diverse socio-cultural contexts. In addition, future studies should adopt mixed-method approaches that integrate qualitative and quantitative analysis to measure more comprehensively the relationship between institutional governance, community participation, and public health outcomes. Further exploration regarding the role of digital technology in strengthening *Posyandu* governance, monitoring systems, and service accessibility is also necessary, particularly in the context of Indonesia's ongoing health system transformation. Moreover, future researchers are encouraged to develop measurable governance and policy evaluation indicators that can assess the sustainability, accountability, and adaptive capacity of community-based health institutions. Through these developments, future studies are expected to contribute not only to the advancement of public administration and health governance literature, but also to the formulation of more inclusive, adaptive, and sustainable community-based health policies.

## REFERENCES

- Alyousef, M., Naughton, C., Bradley, C., & Savage, E. (2022). Primary healthcare reform for chronic conditions in countries with high or very high human development index: A systematic review. *Chronic Illness, 18*(3), 469–487.
- Arieffiani, D., & Ekowanti, M. R. L. (2024). Evaluating local government policy innovations: A case study of Surabaya's efforts in combating stunting and enhancing public health services quality. *Jurnal Bina Praja, 16*(1), 1–20.

- Azzahra, N. A., Dwiputrianti, S., & Wang, T. (2025). Public policy and governance for stunting reduction: Lessons from Indonesia's Posyandu reform and China's community health system. *[Journal name]*.
- Emerson, K., & Nabatchi, T. (2015). *Collaborative governance regimes*. Georgetown University Press.
- Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, 22(1), 1–29. <https://doi.org/10.1093/jopart/mur011>
- Endalamaw, A., Khatri, R. B., Erku, D., Nigatu, F., Zewdie, A., Wolka, E., & Assefa, Y. (2023). Successes and challenges towards improving quality of primary health care services: A scoping review. *BMC Health Services Research*, 23(1), 893.
- Fikroh, Y., et al. (2025). Evaluation of the role of Posyandu: Challenges and constraints. *[Journal name]*.
- Ministry of Health of the Republic of Indonesia. (2022). *Health profile of Indonesia 2022*. Ministry of Health of the Republic of Indonesia.
- Organization, W. H. (2018). *A vision for primary health care in the 21st century: Towards universal health coverage and the Sustainable Development Goals*. World Health Organization.
- Pratiwi, F. A., et al. (2025). Transformation of integrated health posts (Posyandu) through integration of primary services. *[Journal name]*.
- Rodliya, A. F., et al. (2025). Empowering community cadres through digital developmental screening using e-KPSP. *[Journal name]*.
- Samsi, & Erwinda, S. A. (2023). *BAZNAS' performance in development and community empowerment model*. CV Eureka Media Aksara.
- Siswati, T., et al. (2025). Assessing Posyandu cadres' readiness in implementing integrated primary health services in Indonesia. *[Journal name]*.
- Sumardiyono, A., Rahmawati, L., Siswoyo, M., & Hidayat, M. T. (2025). Cross-sector collaborative governance in achieving a stunting-free Cigugur by 2045. *Tec Empresarial*, 20(2), 435–453.
- Susilawati, M. (2025). From routine to results: How digitalizing Posyandu and cross-sector convergence accelerate stunting reduction in rural Indonesia (evidence from Peniti Village). *Al-Kharaj: Journal of Islamic Economic and Business*, 7(4).
- Susilawati, M., et al. (2025). Digitizing Posyandu and cross-sector convergence in rural Indonesia. *[Journal name]*.
- United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development*. United Nations.
- World Health Organization. (2021). *Global strategy on people-centred and integrated health services*. WHO Press.