

Evaluation Of The Integrated Non-Communicable Disease (NCD) Health Centre Programme In Coastal Areas Sukamerindu Health Centre Bengkulu City

Gustri Yani ¹⁾, Wulandari ²⁾, Darmawansyah ³⁾
^{1,2} Universitas Dehasen Bengkulu

Corresponding Author:
kesmasyunived@gmail.com

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ABSTRACT

Background: Non-communicable diseases (NCDs) are the leading cause of death in Indonesia and continue to pose a challenge to public health. The Integrated Health Promotion Programme for Non-Communicable Diseases (Posbindu PTM) is a government programme aimed at detecting early risk factors for NCDs through screening, education, and routine, integrated community monitoring activities. The objective of this study was to evaluate the implementation of the Posbindu NCD programme in the coastal area of Sukamerindu Health Centre, Bengkulu City, based on input, process, and output aspects. Research Methodology: A qualitative descriptive method was used with a case study approach involving 17 informants, including the health centre director, programme managers, Posbindu cadres, and community members. Data were collected through in-depth interviews, observations, and document reviews, then analysed using data reduction, data presentation, and conclusion-drawing stages. Research Findings: The results indicate that, in terms of inputs, human resources are sufficient, but some cadres have not received specialised training. Funding and infrastructure are adequate, but their utilisation is not yet optimal. From the process aspect, programme planning and implementation are carried out in accordance with procedures, but community participation remains low and monitoring is not yet sustainable. From the output aspect, community participation in Posbindu PTM activities remains low (only 2,750 out of 4,000 targets), although there has been an increase in knowledge about PTM prevention among participants who actively participate in the activities. Recommendations: The researcher recommends that the Sukamerindu Health Centre in Bengkulu City improve cadre training, maximise the use of infrastructure, increase community participation through continuous education, and strengthen monitoring and evaluation to make the Posbindu PTM programme more effective and sustainable.

INTRODUCTION

Posbindu is one of the Public Health Efforts (UKM) oriented towards promotive and preventive efforts in controlling Non-Communicable Diseases (NCDs) by involving the community, starting from planning, implementation, monitoring, and evaluation. Posbindu plays a role in NCD control through early detection, screening, and monitoring of primary NCD risks, which are carried out in an integrated, routine, and periodic manner (Ministry of Health of the Republic of Indonesia, 2022).

Non-communicable diseases (NCDs) are diseases that cannot be transmitted from one individual to another. Non-communicable diseases (NCDs) are diseases that do not endanger others. According to the WHO, there are five common risk factors for NCDs, namely tobacco use, lack of physical activity, alcohol abuse, unhealthy diets, and exposure to air pollution. The main factors contributing to diabetes and hypertension are divided into two broad groups: unmodifiable risk factors (age, gender, and family history) and modifiable risk factors (obesity, central obesity, smoking, inadequate fruit and vegetable consumption, lack of physical activity, and alcohol consumption) (Ministry of Health of the Republic of Indonesia, 2021).

Based on data from the 2023 Indonesian Health Survey (SKI), Bengkulu Province shows a prevalence of non-communicable diseases (NCDs) that warrants attention. The prevalence of asthma based on doctor's diagnosis in Bengkulu for all ages is recorded at 1.4%, the prevalence of cancer is 0.7%, and diabetes mellitus is recorded at 0.63%. Hypertension has the highest prevalence at 6.9%, and chronic kidney disease at 0.16%. These figures remain major health issues in Bengkulu, followed by diabetes and respiratory diseases such as asthma (Ministry of Health of the Republic of Indonesia, 2023).

Although the NCD Posbindu programme has been implemented in various regions, evaluations of the programme's effectiveness have shown mixed results. Programme evaluation is generally conducted based on three main indicators, namely: input (human resources), money (budget/funds), material (facilities) and method, process (planning, implementation, monitoring), and output (number of people attending, level of participation and increase in knowledge).

Evaluation of these three indicators is crucial to determine the extent of the programme's effectiveness and efficiency, as well as to identify factors that influence the successful implementation of Posbindu PTM. The results of Lubis's 2022 study show that the Posbindu PTM programme has not been running optimally due to several obstacles. Obstacles in terms of input, such as insufficient human resources, funds, and infrastructure, as well as obstacles in the process, such as communication and coordination, supervision, monitoring, and evaluation (Lubis, 2022).

The results of Yusri's 2020 study show that the implementation of the Posbindu programme has not been maximised due to several inhibiting factors, such as a lack of cadre training, limited resources, a lack of facilities and infrastructure, a lack of communication, a lack of funding, and the unsuitability of the Posbindu target group, which is dominated by the elderly and fathers, while teenagers are less interested due to the lack of available health equipment (Yusri, 2020).

Based on data from the Sukamerindu Community Health Centre in Bengkulu City, the Posbindu PTM programme has been running for five years with 13 active posbindu, each supported by two cadres. Services include early detection of PTM such as diabetes, hypertension, mental disorders, and early detection of cancer, and are supported by adequate facilities and infrastructure. However, out of 4,000 targets, only 2,750 people actively participated in the activities, indicating low community participation. This is not only due to technical constraints but also behavioural, communication, and understanding factors among the community. Therefore, a comprehensive evaluation is needed to identify obstacles, assess programme implementation, and formulate strategies to improve the effectiveness of the Posbindu PTM service.

The problems that occurred in the implementation of the PTM Posbindu programme at the Sukamerindu Community Health Centre in Bengkulu City can be analysed through a programme evaluation approach that covers the aspects of input, process, and output. From the input aspect, problems were found in the human resources (man) element, namely that the PTM Posbindu cadres were not yet playing an optimal role, community participation in the implementation of PTM Posbindu was still low, and there were limitations in human resource participation. In terms of material aspects, the facilities and infrastructure are adequate, but the program objectives have not been achieved. Furthermore, in terms of method (method), the implementation of outreach activities has not been optimal, with the problem being that the community participation approach has not been optimal.

In terms of process, problems arise in the implementation of early cancer detection examinations and the low level of community participation in health checks. In terms of output, the number of people participating in posbindu activities is still low, with only 2,700 people actively participating in posbindu PTM activities out of a target of 4,000.

RESEARCH METHODS

This study uses a qualitative research design by looking at a set of similar phenomena to find the subjective meaning of individuals towards their actions that must be expressed (Pongtiku, 2019). Qualitative methods are data procedures that produce qualitative descriptive data in the form of written or spoken words from people and observed behaviour. Qualitative research is the collection of data in a natural setting, using natural methods and conducted by people or researchers who are naturally interested (Prastowo, 2016). Research that seeks to understand how people view, explain and describe their own lives, ethnomethodology is related to research methods that observe the behaviour of individuals in taking conscious actions, how they take action or how they learn to take action (Pongtiku, 2019).

RESULTS AND DISCUSSION

An evaluation of the Posbindu PTM programme at the Sukamerindu Community Health Centre in Bengkulu City was conducted to assess the effectiveness of the programme based on three main

components: input, process, and output. The results of the study show that although the programme has been implemented quite well, there are still a number of challenges that need further attention.

Human resources

The results of the study showed that the human resources for the PTM Posbindu at the Sukamerindu Community Health Centre, namely health workers and cadres, were available but not yet optimal. The health workers involved included doctors, midwives, nurses, nutritionists, health promoters, and environmental health workers who were tasked with conducting examinations, counselling, and monitoring activities. These activities are also supported by 2-3 cadres who run five Posbindu stations, ranging from registration, anthropometric measurements, blood pressure checks, to recording results. However, there should be 5 cadres in accordance with the technical guidelines for implementing the PTM Posbindu issued by the Ministry of Health. Some cadres have not received special training, so they are sometimes overwhelmed when there are many participants and the recording of examination results is not entirely accurate. This situation means that the Posbindu service runs quite well but not optimally, especially when the number of participants increases.

This shows that although the available human resources are sufficient, capacity building for cadres through regular training and the addition of cadres is still needed so that the implementation of the Posbindu PTM at the Sukamerindu Community Health Centre can run more effectively and in accordance with standards. The Integrated Posbindu PTM Technical Guidelines emphasise the importance of the availability of health workers and trained cadres in the implementation of screening, recording, and health counselling (Indonesian Ministry of Health, 2021).

This is also reinforced by Green's theory in the PRECEDE-PROCEED Model, which states that the availability of human resources is a reinforcing factor that influences the success of health programmes. Without adequate and trained human resources, the effectiveness of NCD prevention programmes declines (Notoatmodjo, 2018).

These results are also supported by Lestari's 2019 study, which found that cadre limitations and lack of training had an impact on the slow service and recording of examination results at the Posbindu. Furthermore, research by Yusri in 2020 showed that the implementation of the Posbindu programme had not been maximised due to several inhibiting factors, such as visits and lack of cadre training.

Funding

The results of the study show that the funding for the PTM Posbindu at the Sukamerindu Community Health Centre mostly comes from the Health Operational Costs (BOK), which are used to support the purchase of simple examination equipment, consumables, and operational needs for Posbindu activities. These funds are sufficient to support routine implementation, but are still limited so that blood sugar checks cannot always be carried out for all participants. In addition, the efficiency of fund management and transportation support for cadres and officers still needs to be improved so that activities run more smoothly.

Thus, although the funding for the PTM Posbindu at the Sukamerindu Community Health Centre already supports the implementation of activities, optimisation of management and additional support from the village government or local partners is still needed to ensure the sustainability of the programme and more comprehensive services for the community.

The Integrated PTM Posbindu Technical Guidelines state that the success of the Posbindu programme is highly dependent on adequate operational funding and transparent management. Funding constraints have resulted in uneven biochemical screening services and limited consumables. Indonesian Ministry of Health, 2021

These results are also consistent with the 2021 study by Rahayu & Sari, which found that Posbindu with adequate funding support was able to run regularly, while budget constraints hampered follow-up examinations and the distribution of medical equipment. These research results are also reinforced by Lubis's 2022 study, which shows that the Posbindu programme has not been running optimally due to several obstacles, such as insufficient human resources, funds, and infrastructure.

Facilities and Infrastructure

The results of the study indicate that the facilities and infrastructure of the PTM Posbindu at the Sukamerindu Community Health Centre are generally adequate. The equipment available includes a

sphygmomanometer, scales, a height gauge, a waist circumference meter, and a simple blood sugar testing kit. The availability of these facilities and infrastructure supports the smooth running of the five Posbindu tables, from registration to recording results. However, some equipment requires regular maintenance and calibration to ensure accurate test results, and the availability of additional equipment such as cholesterol kits is still limited, meaning that biochemical tests cannot always be carried out for all participants.

Thus, although the facilities and infrastructure of the PTM Posbindu at the Sukamerindu Community Health Centre already support the implementation of the programme, routine maintenance, calibration of equipment, and the addition of facilities and infrastructure such as examination equipment are necessary for optimal service and accurate examination results. The Integrated PTM Posbindu Technical Guidelines emphasise that the success of Posbindu is highly dependent on the availability of facilities and infrastructure that meet standards, including basic screening equipment and recording forms from the Indonesian Ministry of Health, 2021.

These results are also consistent with Wijayanti's 2020 study, which found that adequate facilities and well-functioning equipment can improve the quality and speed of Posbindu services, while limited infrastructure can reduce participant interest and satisfaction. In line with Bancin's 2020 research, which confirmed that the completeness of equipment and supporting facilities, such as adequate service areas, greatly affects the speed of service and community participation.

Method

Based on findings in the field, the method of implementing PTM Posbindu activities at the Sukamerindu Community Health Centre was carried out through several approaches, such as five-table health checks (measurement of height, weight, waist circumference, blood pressure and blood sugar checks), health education, counselling, and group exercise activities to support a healthy lifestyle. These activities are carried out routinely every month with educational materials tailored to the needs of the community, especially related to the prevention and early detection of non-communicable diseases (NCDs). Health workers play a role in conveying information in simple and easy-to-understand language, while cadres assist in recording examination results, guiding participants, and supporting educational activities. However, this implementation method is not yet fully consistent due to the limited number of cadres, and not all cadres are able to provide interactive education.

Thus, the NCD Posbindu implementation method, which combines routine examinations, education, and interactive counselling, can increase the effectiveness of the programme, but needs to be optimised through the addition of cadres, interactive training, and strategies to encourage active community participation.

This method is in line with the Ministry's Technical Guidelines for PTM Posbindu, which emphasise that Posbindu implementation must include five examination tables, education, counselling, and physical activities such as gymnastics or light exercise to support health promotion (Kesehatan RI, 2019). In addition, the Guidelines for the Prevention and Control of NCDs emphasise that the active involvement of cadres and interactive education are important components in increasing public awareness and the effectiveness of NCD early detection programmes (Ministry of Health, RI 2021).

Planning

The results of the study show that the planning of Posbindu NCD activities at the Sukamerindu Community Health Centre has been carried out routinely, mainly through coordination meetings between community health centre staff and cadres. This planning includes determining the activity schedule, selecting locations, dividing cadre tasks, and preparing the facilities and infrastructure needed to implement the five Posbindu stations. Findings in the field show that the involvement of the general public and local leaders in the planning stage is still limited, so that the activities have not fully reached the productive age group who rarely attend Posbindu.

Thus, the planning of the PTM Posbindu at the Sukamerindu Community Health Centre has supported the smooth implementation of activities, but broader community participation and more effective socialisation strategies are needed so that Posbindu activities can reach all age groups and increase participant attendance.

Health Programme Management emphasises that the planning stage is a fundamental part of the health programme management cycle because it determines the direction, objectives, and implementation strategies (Notoatmodjo, 2018). In addition, the PTM Posbindu Technical Guidelines also

state that activity planning includes scheduling, preparing facilities and infrastructure, assigning tasks to cadres, and coordinating across sectors to support the success of the programme (Ministry of Health of the Republic of Indonesia, 2019).

The results of this study are also consistent with Pratama in 2021, which stated that planning involving community leaders, cadres, and village governments can improve the success of the programme. Furthermore, consistent with Yuliana's 2020 study, which found that Posbindu with documented and scheduled planning was able to increase effectiveness

Implementation

The results of the study show that the implementation of the PTM Posbindu at the Sukamerindu Community Health Centre has been carried out in accordance with the five-table standard, namely registration, anthropometric measurements, blood pressure checks, simple biochemical tests, and recording of results and counselling. These activities are carried out routinely every month and are supported by health workers and 2-3 cadres. However, implementation in the field still faces obstacles, such as a limited number of cadres, manual recording that takes a long time, and slow service when there are many participants.

Thus, although the implementation of the PTM Posbindu at the Sukamerindu Community Health Centre is running well and in accordance with standards, improvements in the quality of implementation are still needed through the addition of cadres, routine training, and the use of more efficient recording methods, so that services are faster and more effective.

The Integrated PTM Posbindu Technical Guidelines state that the implementation of activities must meet the standard of five tables for early detection of PTM risk factors (Indonesian Ministry of Health, 2021). Wirasmi's 2021 study shows that the implementation of Posbindu is often hampered by a lack of trained cadres and an unintegrated recording system.

Monitoring

The results of the study show that monitoring and evaluation of the PTM Posbindu at the Sukamerindu Community Health Centre has been carried out, but is not yet optimal. Monitoring is carried out through manual recording by cadres at each examination table, then reported to community health centre staff after the activity is completed. Evaluation is carried out briefly through meetings or discussions between cadres and community health centre staff to review the number of participants, examination results, and obstacles encountered. However, monitoring activities have not been documented in a structured manner and follow-up on evaluation results is still rarely carried out, resulting in slow programme improvement.

Thus, although monitoring and evaluation of the PTM Posbindu at the Sukamerindu Community Health Centre is already in place, improvements in the quality of monitoring are needed through digital recording, more systematic documentation, and regular follow-up on evaluation results so that the implementation of the PTM Posbindu becomes more effective and targeted.

The Integrated PTM Posbindu Technical Guidelines emphasise that monitoring and evaluation must be carried out regularly and documented to ensure the programme runs effectively and the sustainability of activities is guaranteed (Indonesian Ministry of Health, 2021).

The results of Hasanah's 2021 study show that routine monitoring and systematic recording increase the success of early detection of PTM because complete data facilitates follow-up. Meanwhile, consistent with Yuliana's 2020 study, it was revealed that Posbindu with a manual monitoring system often faces delays in reporting, and the use of application-based digital recording has been proven to speed up the reporting process and facilitate programme evaluation.

Output (Program Outcomes)

Attendance rate

The results of the study show that the attendance rate of the community at the Posbindu PTM activities at the Sukamerindu Community Health Centre is fluctuating, with the majority of participants being elderly people and housewives, while those of productive age rarely attend due to work commitments and lack of motivation. Field findings also indicate that attendance increases when the activity schedule is clear, the location is easily accessible, and cadres actively promote the programme, especially when activities are accompanied by health education, group exercise, or door prizes.

Thus, the level of community attendance at the Sukamerindu Health Centre's Posbindu PTM shows regular participation, but it still needs to be improved through wider socialisation, selection of schedules that suit the community's free time, and the addition of interactive activities so that all age groups, including the productive age group, are actively involved in Posbindu PTM activities. These findings are in line with the theory in the Integrated PTM Posbindu Technical Guidelines, which states that community attendance is influenced by the availability of time, accessibility of location, and intensity of cadre socialisation (Indonesian Ministry of Health, 2021).

Putri's 2020 research also shows that community-based activity innovations and programme variations can maintain community attendance levels and improve the effectiveness of early detection of PTM. In addition, the results of Wirasmi's 2022 research found that Posbindu participant attendance increased when activities were interactive, supported by active health promotion, and adequate facilities and infrastructure.

Participation Level

The results of the study indicate that community participation in the Sukamerindu Community Health Centre's Posbindu PTM is quite good but not yet evenly distributed. Active participation comes more from the elderly and housewives, while the productive age group and adolescents tend to be less involved due to their busy schedules and lack of interest in routine check-ups. Field findings indicate that participation increases when cadres actively conduct direct socialisation to residents' homes, the activity schedule is clear, and accompanied by interactive educational activities and group exercises. Thus, although community participation is already relatively good, it needs to be improved through broader socialisation, innovative and attractive activities, and the involvement of community leaders and cadres in planning and implementation so that all age groups, especially the productive age group, are more actively involved in the PTM Posbindu.

The Integrated PTM Posbindu Technical Guidelines state that successful community participation depends on the role of cadres, communication methods, and the attractiveness of activities (Indonesian Ministry of Health, 2021).

Hartono's 2020 research found that strengthening strategies such as intensive cadre training and cross-sector collaboration can increase community participation. Consistent with Wulandari's 2022 research, it shows that activity variation and strong social involvement play an important role in increasing participation and maintaining the consistency of PTM Posbindu participant attendance in urban and rural areas.

Increased Knowledge

The results of the study show that the level of public knowledge about the prevention of Non-Communicable Diseases (NCDs) at the Sukamerindu Community Health Centre increased after participating in the PTM Posbindu activities. Participants gained a better understanding of the importance of regular health check-ups, healthy eating, regular exercise, and reducing sugar, salt, and fat consumption. Field findings also showed that some residents began to make simple behavioural changes, such as regularly checking their blood pressure at home and limiting their consumption of sweet and salty foods.

Thus, although the level of public knowledge at the Sukamerindu Community Health Centre has increased through the Posbindu NCD activities, sustaining this increase in knowledge requires regular counselling, engaging educational methods, and the use of cadres to educate residents personally, so that public awareness of NCD prevention can be evenly distributed across all age groups.

The Integrated PTM Posbindu Technical Guidelines explain that one of the main objectives of Posbindu is to increase public knowledge, awareness, and independence in preventing and detecting early risk factors for non-communicable diseases (PTM) (Indonesian Ministry of Health, 2021). Subhah's 2019 research found that Posbindu activities involving structured education and counselling significantly increased participants' knowledge about NCD risks compared to Posbindu that only focused on physical examinations. Consistent with the results of Lestari's 2020 research, it was reported that the integration of healthy exercises, demonstrations of healthy behaviours, and regular education at Posbindu increased participants' understanding of the risk factors for hypertension and diabetes mellitus.

Based on the explanation of the research results related to the input, process, and output components above, the low attendance of the community at the Sukamerindu Community Health Centre's NCD Posbindu is influenced by various interrelated factors. From the human resources aspect, although

the number of health workers and cadres is sufficient, they have never received special training, so their ability to educate and encourage residents is still limited. The available program funds have not been optimally utilised for creative promotional activities or the addition of services that are of interest to residents, so that community interest in attending has not been maximised.

Facilities and infrastructure, such as examination equipment and activity rooms, are actually adequate, but their use has not been fully directed towards creating comfort and attracting the attention of residents, for example through interactive educational media. The one-way nature of the outreach methods makes the activities less interesting and residents tend to be passive. In addition, the lack of planned attendance monitoring and follow-up with residents who do not attend makes it difficult to increase the number of active participants, so that out of 4,000 targets, only 2,750 people (68.75%) regularly participate in the activities. The low community attendance at the Non-Communicable Disease (NCD) Posbindu activities at the Sukamerindu Community Health Centre has a direct impact on the achievement of programme objectives, both in terms of preventing non-communicable diseases (NCDs) and improving the quality of public health. If this condition continues, the effectiveness of the NCD Posbindu as a preventive measure will decline and the long-term objective of the programme, which is to reduce the incidence of NCDs, will be difficult to achieve.

This is in line with the Input–Process–Output (IPO) theory proposed by Dunn (2018), whereby the success of a programme is greatly influenced by the integration of input (resources, funds, infrastructure), process (planning, implementation, monitoring), and output (achieved results). An imbalance in one of the components will have an impact on the results, as seen in this case where the input is relatively adequate, but the implementation process is not yet optimal, resulting in low community attendance. This finding is in line with Putri's 2021 study, which found that low community participation in the Posbindu PTM programme was due to a lack of cadre training, monotonous counselling methods, and suboptimal promotion of activities. Sari's 2023 research also shows that even if funds are available, if they are not directed towards creative promotion, service innovation, and improving facilities that meet the needs of residents, attendance rates will remain low.

Furthermore, based on the explanation of the research results related to the input, process, and output components above, the low community participation in the Posbindu PTM programme at the Sukamerindu Community Health Centre is closely related to limitations in human resources, funds, infrastructure, and the methods used, which then affect the planning, implementation, and monitoring stages. Although there are sufficient cadres, they have not received special training, so they are not optimal in encouraging and educating the community. The available funds are actually adequate, but their use has not been optimal for promotional and service improvement activities, so efforts to attract community interest are still limited. Infrastructure is sufficient, but it has not been fully utilised to attract residents' interest, for example through the use of interactive educational media. The counselling methods used tend to be one-way and are not yet based on a participatory approach.

This situation has resulted in planning that does not actively involve the community, so that residents feel they have no role in the PTM posbindu programme. The implementation has not been fully tailored to the needs of the community, and early detection of cervical cancer has not been carried out, along with monitoring that has not been sustained to reach those who have not yet attended, resulting in low community participation and the programme's targets not being optimally achieved. The number of active participants in the PTM posbindu activities is only around 68.75% (2,750 out of 4,000 targets). This shows that obstacles in the input and process aspects directly affect the level of community participation in PTM posbindu activities.

This is in line with current public health theory. The Health Action Process Approach (HAPA) emphasises that the intention to behave healthily needs to be followed by concrete action planning and strategies to overcome obstacles so that it can be realised in actual behaviour. In the context of PTM Posbindu, even though residents have initial awareness, without clear activity planning and strategies to overcome obstacles such as time constraints and lack of information, participation cannot increase.

Furthermore, in accordance with Self-Determination Theory (SDT), residents' motivation to participate will be higher if they feel they have autonomy in choosing, valued competence, and social connectedness with cadres or health workers. If residents are only positioned as passive listeners in education sessions, these psychological needs will not be met, resulting in low participation.

These findings are in line with the results of Lubis's 2022 study, which shows that the Posbindu PTM programme has not been running optimally due to several obstacles. Obstacles in terms of input, such as insufficient human resources, funds, and infrastructure, as well as obstacles in the process, such

as communication and coordination, supervision, monitoring, and evaluation. Yusri's 2020 research shows that the implementation of the posbindu programme has not been maximised due to several inhibiting factors, such as a lack of cadre training, limited resources, a lack of facilities and infrastructure, poor communication, a lack of funding, and the unsuitability of the posbindu target group, which is dominated by the elderly and fathers, while teenagers are less interested due to the lack of available health equipment.

Furthermore, based on the explanation of the research results related to the input, process, and output components above, from the input side, the limited training of cadres has resulted in their ability to provide counselling being less than optimal, so that the messages conveyed are not easily understood by the community. The available funds have not been fully allocated for the procurement of attractive educational media, such as audiovisual or teaching aids, so that education is still dominated by conventional methods. Although adequate, existing facilities and infrastructure have not been used creatively to support educational activities, while the education methods are mostly one-way lectures that make participants passive.

These limitations have a direct impact on the process. Community involvement in activity planning is still lacking, resulting in outreach materials that are not fully aligned with community needs. Activities are often rushed, especially when there are many participants, preventing the full delivery of materials. Furthermore, monitoring of participant understanding is not conducted intensively, preventing health workers from measuring the extent to which the information provided has actually increased community knowledge.

This situation ultimately affects the output, namely the low level of knowledge improvement among the community. Although some residents are already aware of the benefits of Posbindu PTM, in-depth understanding of PTM prevention and control is not yet widespread. This low level of knowledge is closely related to low participation, because the fewer people who attend, the more limited the scope of education that can be provided. Thus, it can be concluded that obstacles in the input aspect affect the quality of the process, and both have a direct impact on the output in the form of low increases in community knowledge at the PTM Posbindu.

This is in line with the Health Action Process Approach (HAPA) theory. This theory was developed by Schwarzer (2015) and updated in various recent public health studies, emphasising that health behaviour change occurs through two phases: the motivational phase (intention formation) and the volitional phase (planning and implementation of actions). Increasing knowledge is not enough with just the delivery of information; it must be followed by strategies that facilitate individuals' intentions and abilities to act. In addition, the Self-Determination Theory (SDT) developed by Deci and Ryan, which has been widely applied in the field of health promotion in the last decade, emphasises that the success of education is influenced by the extent to which individuals' basic psychological needs are met, namely autonomy, competence, and relatedness. When education is interactive and participatory, participants' intrinsic motivation will grow, making knowledge easier to understand and internalise in a sustainable manner. These findings are in line with Sari's 2023 research, which shows that monotonous counselling methods and the lack of innovative educational media result in participants only acquiring superficial knowledge.

Gayatri's 2024 research also confirms that adequate infrastructure and financial support, when used to provide interactive media, can significantly improve participants' understanding. Meanwhile, Wahid's 2020 research found that non-interactive lecture methods tend to make participants passive and quick to forget the material presented, resulting in no sustainable increase in knowledge. The similarity of these research results reinforces that the limitations in the input and process aspects found at the Sukamerindu Community Health Centre are important factors causing the low increase in community knowledge.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Based on the results of the research conducted, the following conclusions can be drawn:

1. Input

There are several evaluations related to input in the PTM posbindu programme at the Sukamerindu Community Health Centre in Bengkulu City:

- a. Human resources for PTM posbindu at the Sukamerindu Community Health Centre are available but not yet optimal.

- b. Funding for the PTM Posbindu at the Sukamerindu Community Health Centre comes from health operational costs (BOK) and is sufficient to support PTM Posbindu activities.
 - c. The facilities and infrastructure for the PTM Posbindu at the Sukamerindu Community Health Centre are adequate, such as a sphygmomanometer, scales, height gauge, waist circumference meter, and blood sugar testing equipment to support the implementation of the PTM Posbindu.
 - d. The method of implementing the PTM Posbindu at the Sukamerindu Community Health Centre is not yet optimal.
2. Process
- There are several evaluations related to the process of the PTM posbindu programme at the Sukamerindu Community Health Centre in Bengkulu City:
- a. Planning for the PTM posbindu at the Sukamerindu Community Health Centre is carried out routinely through meetings between health centre staff and cadres to determine the schedule, location, division of tasks, and preparation of facilities and infrastructure. However, the involvement of the community and local leaders is still limited, so the activities have not reached all productive age groups. Therefore, planning needs to be more participatory so that the implementation of the PTM Posbindu is more effective.
 - b. The implementation of the PTM Posbindu at the Sukamerindu Community Health Centre is carried out according to the five-table standard, which includes registration, anthropometric measurements, blood pressure checks, simple biochemical tests, as well as recording and counselling. This routine activity is supported by health workers and 2-3 cadres, but is sometimes less than optimal due to limited cadres, manual recording, and slow service when there are many participants. Therefore, additional cadres and a more efficient recording system are needed for more effective implementation.
 - c. Monitoring and evaluation of the PTM Posbindu at the Sukamerindu Community Health Centre is already in place, carried out through manual recording by cadres and reporting of activity results to health centre staff after the Posbindu is completed. Evaluations are usually conducted briefly through meetings or discussions between cadres and officers to review the number of participants, examination results, and activity constraints. However, continuous monitoring and evaluation still need to be improved so that follow-up and programme improvements can be more optimal and structured.
3. Output (Program Outcomes)
- There are several evaluations related to the output of the PTM Posbindu programme at the Sukamerindu Health Centre in Bengkulu City:
- a. The level of community attendance at PTM Posbindu activities at the Sukamerindu Health Centre is fluctuating and dominated by the elderly, while those of productive age tend to be rarely present due to work commitments.
 - b. The level of community participation in the PTM Posbindu at the Sukamerindu Community Health Centre is fairly good but not yet evenly distributed.
 - c. The level of community knowledge about the prevention of non-communicable diseases (PTM) at the Sukamerindu Community Health Centre has increased after participating in PTM Posbindu activities.

Recommendations

1. Theoretical Benefits
This study is useful for evaluating the Integrated Non-Communicable Disease Management Programme (Posbindu PTM) at the Sukamerindu Community Health Centre in Bengkulu City.
2. For the Community Health Centre
It is hoped that the Sukamerindu Community Health Centre can improve the quality of the Posbindu PTM implementation by optimising its educational, preventive and promotional functions. Efforts that can be made include increasing the number and capacity of cadres through regular training, utilising social media and community networks for socialisation, and maintaining facilities and infrastructure on a regular basis. The Community Health Centre also needs to strengthen its recording and reporting systems, conduct regular monitoring and evaluation, and follow up on the evaluation results with cadre guidance. With this strategy, it is hoped that community participation will increase and the sustainability of the Posbindu PTM programme can be effectively maintained.
4. Future Researchers

It is hoped that future researchers can provide an understanding of the Evaluation of the Integrated Non-Communicable Disease Management Programme (Posbindu PTM) at the Sukamerindu Community Health Centre in Bengkulu City.

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