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Implementation of 25 Basic Skills of Great Surabaya Cadres (KSH) in Supporting The Implementation of Family Posyandu in The Working Area of The Mojo Public Health Center

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Abstract: *The implementation of Family Integrated Health Posts (Posyandu Family) as part of Primary Health Care Integration requires community health volunteers to master comprehensive competencies across the life cycle approach. In Surabaya, this role is carried out by Kader Surabaya Besar (KSH), who supports community-based primary health services. This internship report aims to describe the implementation of the 25 basic competencies of KSH in supporting Family Posyandu activities in the working area of Puskesmas Mojo. The internship was conducted for nine weeks using observation, discussion, and document review methods. Primary data were obtained through direct observation of Family Posyandu activities and discussions with cadres, while secondary data were collected from institutional reports and administrative records. Problem prioritization was analyzed using the Urgency, Seriousness, and Growth (USG) method, followed by root cause analysis using a fishbone diagram and alternative solution assessment using the MEER method. The results showed that although the 25 basic competencies had been implemented, their mastery among cadres remained uneven due to phased training, workload expansion, and dense service flow. Strengthening capacity-building efforts and practical supporting tools are necessary to optimize cadre performance.*

1. INTRODUCTION

The Impact Internship Program is a form of learning that provides students with the opportunity to gain hands-on work experience through active involvement in service agencies (Rusydi, 2025). Through internships, students not only understand the concepts during lectures but also engage in daily work activities, such as following service flows, assisting with field activities, and observing the role of health program implementers in the community (Trigunarso et al., 2024). This experience is crucial for students to develop professional skills, field situation analysis skills, and prepare them for the world of work in the public health sector (Inayah et al., 2025).

The implementation of Impact Internships at Community Health Centers (Puskesmas) has strategic value because they are primary health care facilities that directly interact with the community and are at the forefront of implementing various health policies (Isir & Duhita, 2025). One poy currently implemented at the primary care level is Integrated Primary Care (ILP), a health

care approach that emphasizes meeting community health needs based on the life cycle. This policy aims to make health services more accessible and integrated for all age groups at the community level (Arsyad and Jidani, 2025)

ILP is a primary service transformation launched by the Ministry of Health in 2023 with the aim of bringing health services closer to the community through a life cycle approach in primary health facilities, such as Community Health Centers (Puskesmas), Village Health Posts (Poskesdes), and Integrated Health Posts (Posyandu) (Siswati et al., 2025)

This view is in line with the global development agenda through the Sustainable Development Goals (SDGs), especially goal 3, namely Good Health and Well-being, which emphasizes the importance of equal access to quality health services for all age groups.

The implementation of ILP is regulated through the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/2015/2023 which contains technical guidelines for the Integration of Primary Health Services. Through this policy, health services are directed to meet the health needs of the community in a sustainable and integrated manner across all age groups. One form of ILP implementation at the community level is the Integrated Service Post (Posyandu) which was developed into the ILP Posyandu or Family Posyandu (Boikaway et al., 2025).

Based on the Regulation of the Minister of Home Affairs Number 13 of 2024 concerning Posyandu, Posyandu is a forum for community participation at the village or sub-district level that supports the provision of basic social services with community participation and government and cross-sectoral assistance (Siswati et al., 2025). Family Posyandu provides lifecycle-based health services that cover all age groups in a series of integrated activities. The change in the service system from a per-target Posyandu to a Family Posyandu has consequences for the service flow, division of tasks, and the readiness of implementers in the field (Hardianti, Jenderal & Yani, 2024).

The implementation of Family Posyandu at the community level is highly dependent on the role of health cadres as the main implementers of activities (Maharrani et al., 2024). The implementation of the role of cadres in supporting Family Posyandu in the City of Surabaya is carried out by the Great Surabaya Cadres (KSH), namely residents appointed as community servants based on Surabaya Mayor Regulation Number 14 of 2022 and strengthened through Surabaya Mayor Regulation Number 15 of 2025. KSH is responsible for various areas of community service, one of which is supporting the implementation of Family Posyandu as part of

community-based primary health care.

Based on data from the Surabaya City Family Health Post (Posyandu Family) in 2025, the number of Great Surabaya Cadres reached 27,301 people. The Mojo Community Health Center (Puskesmas) working area has a KSH population of 722 people, making it the area with the second largest number of KSH in Surabaya City. The Mojo Community Health Center working area also has 80 Family Health Posts, the second largest in Surabaya City (Family Health Post Data, 2025). This condition requires KSH to have adequate capabilities in carrying out its role as a lifecycle-based health service provider.

The ability of cadres to implement Family Posyandu is reflected through the mastery of 25 basic cadre skills as determined by the Ministry of Health. The Indonesian government evaluates and strengthens Posyandu cadre competency improvement policies (Hesti et al., 2025). One way is by awarding health cadre competency certificates, which recognize 25 basic skills, divided into three skill levels: Primary, Madya, and Utama. Purwa cadres are required to master the basic competencies of Posyandu management and toddler care, while Madya and Utama cadres must master additional competencies, such as services for pregnant women, breastfeeding, and the entire life cycle (Susiloningtyas et al., 2025). These skills include Posyandu management, infant and toddler health services, pregnant and breastfeeding mothers, school-age and adolescent health services, and adults and the elderly. Mastery of these basic skills is the main provision for KSH in carrying out their roles and responsibilities in the implementation of Family Posyandu (Yoto et al., 2024)

Based on observations during the internship, the Great Surabaya Cadres (KSH) play a role in the implementation of the Family Integrated Health Post (Posyandu) with a broad range of skills according to the life cycle approach. The implementation of 25 basic skills for cadres is carried out in stages and tiers, adjusting to the needs of the target group, the availability of service time, and field conditions at each Posyandu activity (Mait, Rosyidah & Sulistyawati, 2025). These adjustments are part of the cadres' efforts to optimize the implementation of life cycle-based health services. This condition is a crucial concern in strengthening the implementation of primary health care at the community level (Endrawati, Zahro & Laili, 2025)

Based on this background, the author aims to obtain a more comprehensive picture of the application of 25 basic skills of the Great Surabaya Cadres (KSH) in carrying out their role in the implementation of the Family Integrated Health Post (Posyandu) in the Mojo Community Health

Center (Puskesmas) in Surabaya City. This description focuses not only on the extent to which these basic skills have been implemented in service activities, but also on how the cadres have adapted to the system change from target-based Posyandu to life-cycle-based services (Elmeida, Sapta & Yuniza, 2024)

Study This aim identify role the real Great Surabaya Cadres (KSH) in every stages service Integrated Health Post Family, including management activities, services health cross age, recording and reporting, and education to society. Besides that, research this also examines various obstacles faced cadre in apply skills basic, good from factor individual, method implementation, means supporters, as well as environment service.

Through study This expected obtained description comprehensive about condition implementation of 25 skills KSH basis, so that can become base in formulate effort strengthening capacity cadre For optimize service primary health care based public.

2. METHOD

Activity apprenticeship carried out at the Mojo Health Center, which is located on Jalan Mojo Klanggru Wetan II No. 11, Mojo Village, District Gubeng, Surabaya City, East Java. Internship ongoing for 9 weeks working hours (Monday – Saturday) during the period 20 October 2025 to 20 December 2025 according to applicable working hours.

Method implementation apprenticeship covering lectures, discussions, observations, and data collection. Lectures used For give direction beginning about activity internship, space scope tasks, as well as rules that apply at the location. Discussion done together lecturer mentor and guarantor answer field For understand structure organization and mechanisms work. Observation done with observe direct activities in the field, while data collection was carried out through access documents, reports, and records activities in the institution apprenticeship.

Data collection techniques consist of from primary data and secondary data. Primary data is obtained through observation direct activity cadre moment implementation Integrated Health Post Family as well as discussion with managers and cadres involved. Meanwhile that is secondary data obtained from documents and reports at Mojo Health Center, which include information about number, distribution, level cadres, as well as involvement of the Great Surabaya Cadres (KSH) in activity Integrated Health Post Family in the work area Mojo Community Health Center.

Technique Analysis Data

Data analysis in activity apprenticeship This use USG method (Urgency, Seriousness, Growth) and fishbone diagram. The USG method is used For determine priority problems faced by the Great Surabaya Cadre (KSH) in implementation Integrated Health Post Family based on level urgency, impact, and potential development problem. Next, the fishbone diagram is used For identify factor reason problem through six aspects (Man, Method, Machine, Material, Money, and Environment). Combination second method This help determine problem priority as well as understand the cause in a way systematic so that can arranged recommendation proper repair.

3. RESULT

Mojo Health Center is located at coordinates -7.270753 (latitude) and 112.770907 (longitude) which are administrative located in East Surabaya. Its working area own wide approximately ±4.36 km² with condition general topography in the form of plains low so that make it easier accessibility power health and society as well as influence pattern settlements, transportation, and mobility resident. Work area boundaries Mojo Health Center was established in a way administrative based on sub-district area or the surrounding RT/RW, so that covers all over residents who become target service health basic, promotive, preventive, and surveillance. Determination the boundaries of this area important For ensure equality service health, health program coordination society, as well as make things easier monitoring and evaluation activity like Integrated service posts, immunizations, and nutrition programs so that services health more appropriate target for East Surabaya community. (1) Adjacent North: Subdistrict Tambaksari; (2) Adjacent South: Working area Community Health Center Pucang Sewu; (3) Adjacent West: Subdistrict Gubeng; (4) East: Subdistrict Sukolilo.

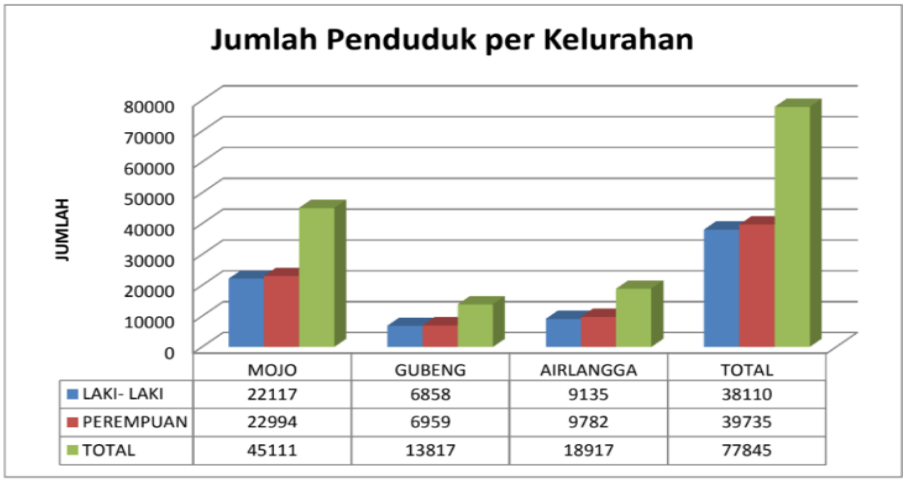
Consisting of 3 areas and 25 RW, namely: (a) Ward Mojo, Wide region 1.76 Km² with 13 RW; (b) Ward Airlangga, Wide region 1.62 Km² with 8 RW. (c) Ward Gubeng, Wide region 1.10 Km² with 4 RW.

Figure 1. Map Region Work Community Health Center Mojo
source: Profile Health Community Health Center Mojo year 2025

Mojo Health Center has role strategic in service health communities in the Mojo, Gubeng, and Airlangga sub- districts. One of its main programs is Integrated Health Post Family as part from Primary Service Integration (ILP) based public Implementation of this program need skills base cadre like nutritional status measurement, data recording, communication with community, and coordination with power health. Integrated Health Post Family serve various group age through service monitoring grow flowers, immunization, education health, as well as service health mother and child. The success of this program depends on competence cadres, coordination health centers, and participation society, so that skills base cadre become focus in report apprenticeship this.

Population Data

Data demographics community health center Mojo on year 2024 US following:



	MOJO	GUBENG	AIRLANGGA	TOTAL
LAKI- LAKI	22117	6858	9135	38110
PEREMPUAN	22994	6959	9782	39735
TOTAL	45111	13817	18917	77845

Figure 2. Data Demographics Community Health Center Mojo 2024
source: Projection Resident Year 2024

In 2024, the working area Mojo Health Center which includes Mojo, Gubeng, and Airlangga Subdistricts show the same pattern, namely amount resident Woman more tall compared to men. In Mojo Village, women totaling 22,994 people (50.96%), in the sub-district Gubeng 6,959 people (50.73%), and in the sub-district Airlangga 9,782 people (51.68%), which is percentage the highest among third ward the.

Amount residents in the work area Mojo Health Center as many as 77,845 people, with amount Woman A little more Lots compared to male. Condition This become consideration important in health program planning, in particular service health mother and child, Posyandu, intervention nutrition, education health, as well as prevention anemia and disease No contagious. Dominance women also support role they as agent change in activity health based society, so that help Mojo Health Center designs programs and services better health appropriate target.

Vision And Mission

a) Vision

Become Center Service Health Quality going to achieving a healthy society.

b) Mission

1. Facilitating public access to health services so that all residents in the work area can obtain services quickly and efficiently.

2. Providing quality, professional, and affordable health services, in accordance with the competency standards of health workers and the needs of the community.
3. Increasing cross-sectoral cooperation and encouraging active community participation in empowerment efforts in the health sector, so that health programs are more participatory and sustainable.

Structure Organization Agency / Partners

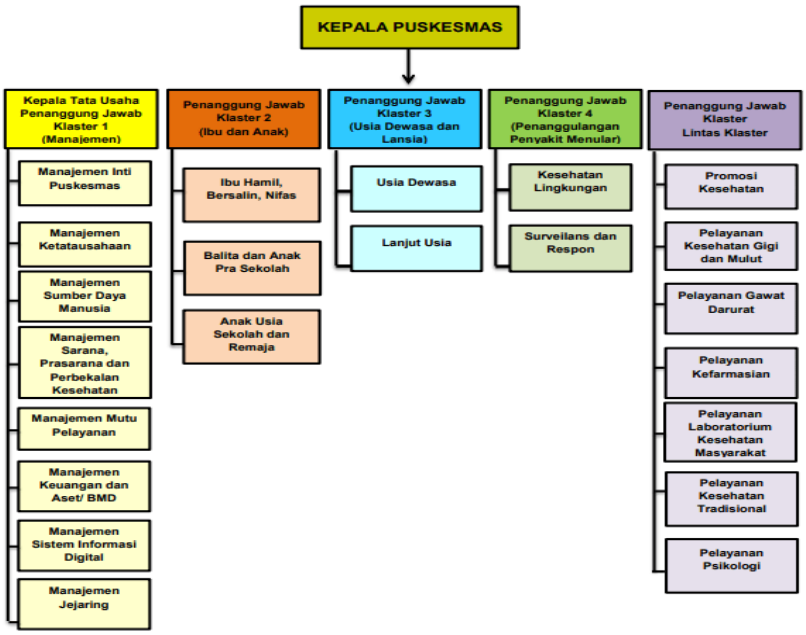


Figure 3. Organizational Structure Community Health Center Mojo 2025
source: Profile Health Community Health Center Mojo year 2025

Activity Apprenticeship

1. BPJS Screening Assistance Patients in Mojo Community Health Center

   During the internship, students are regularly involved in activities mentoring screening BPJS patient in Community Health Center Mojo. This activity involves guiding incoming patients through the BPJS screening process before receiving healthcare services. Students help patients understand the screening stages and assist them in filling out their forms. screening, as well as ensure patient follow channel service which has been determined by the Health Center.
2. Tuberculosis (TB) Screening and Free Health Check (CKG) Activities

   Student follow activity screening Tuberculosis (TB) And Free Health Check (CKG) carried out in the Mojo Subdistrict area, Gubeng, And Airlangga. Role student in activity

This includes helping smoothness implementation screening, accompany public Which follow inspection, as well as help officer in activity data collection process.

3. Service Administration in Health Center Registration Desk

   Student help activity service administration in table Mojo Community Health Center registration. This activity includes assisting with the patient registration process through SIMPUS, directing patients according to their service needs, and supporting the smooth flow of administrative services to ensure more effective health care.

4. Service in Community Health Center Servant Region Gubeng

   Students participate in service activities at the Gubeng Sub-district Community Health Center (Puskesmas Assistant), specifically assisting with SIMPUS registration and patient data collection. This activity provided students with hands-on experience in healthcare services at primary care facilities other than the main Community Health Center.

5. Immunization Month Activities School Children (BIAS)

   Student help implementation activity Month Immunization Child Schools (BIAS) in elementary schools (SD) in the Mojo Health Center working area which were implemented on student class 1, 2, and 5. This activity covering giving

Results of The Topics Taken

Situation Analysis of Family Posyandu Implementation in the Mojo Health Center Work Area

Implementation of Family Posyandu in work areas that have implemented a new service system since 2024. The transformation from a targeted Posyandu to a Family Posyandu was carried out to integrate services for all age groups in one activity, including pregnant women, infants, toddlers, adolescents, adults, and the elderly. This system change has an impact on the implementation pattern of activities, service flow, and the mechanism of organizing activities in the field. This description shows differences in the dynamics of activities in each sub-district, which also influences the work patterns of cadres in running the Family Posyandu.

Number of Family Integrated Health Posts (Posga)

Integrated Health Post Family in three sub-districts in the region Work. Based on data year 2025, Ward Mojo own number of Integrated Health Posts Family most, that is 44 post. Ward Airlangga as much as 23 posts, while Gubeng Subdistrict has 13 posts. This distribution illustrates the differences in service coverage and needs of each sub-district.

In the initial stages of its implementation, the Family Posyandu in the Mojo Community

Health Center's work area only numbered 12 posts. After one year of implementation and adjustments, service based cycle life, amount integrated health post increase up to 80 post on year 2025. Increase amount the shows expansion area service And addition point activity in public. Matter this becomes description beginning Which important in understand implementation Family Posyandu in the working area of Mojo Health Center.

Number of Great Surabaya Cadres (KSH)

Great Surabaya Cadres (KSH) in three sub-districts within the Mojo Community Health Center's working area. There are 722 cadres in total, with varying distributions across the sub-districts. Mojo Sub-district has the largest number of KSH cadres, with 401 cadres. Airlangga is next with 200 cadres, while Gubeng Sub-district has 121 cadres.

The difference in the number of cadres in each sub-district reflects the diversity of activity needs and the size of the area to be covered. Mojo Sub-district own amount cadre Which Far more big compared to two other sub-districts, Which can related with amount integrated health post Which more Lots and region service Which more wide. Ward Airlangga And Gubeng has a smaller number of cadres, but still participates in outreach activities, community mentoring, and support for Family Posyandu. Meanwhile, Airlangga and Gubeng have smaller numbers of cadres, consistent with their respective areas.

Levels Cadre Surabaya Great (KSH)

In the work area Mojo Health Center has 722 Great Surabaya Cadres (KSH), all of whom are at the Intermediate and Primary levels, without cadres at the level of Not Yet or Purwa. Most of cadre 596 people (82.6%) are at the Intermediate level, while 126 people (17.4%) are at the Main level. The total number cadre most located in Mojo Subdistrict, followed by Airlangga and Gubeng. Dominance cadre Intermediate level shows that the improvement process capacity cadre Still ongoing in a way gradually. Middle Cadres generally active in activity service, but Not yet all of it control skills like cadre higher Main level Ready operate role in a way independent. Condition this is also related with mastery of 25 skills base cadre in implementation Integrated Health Post The family that has not evenly. This is caused by Because delivery skills done in a way gradually as well as activity Integrated Health Post Family own duration longer and flow service more dense, so that cadre more focus on service compared to deepening skills base.

Problem List

Based on the results of the preliminary study, there are several problems faced by cadres in implementing the Family Posyandu. First, the 25 basic skills of cadres are still relatively new and have not been received evenly, because the training has only been conducted twice and has not covered all KSH in the Mojo Health Center's work area. Second, the integration of all age groups in one activity has resulted in cadres' responsibilities expanding, from previously only serving one target group to serving infants, toddlers, adolescents, adults, and the elderly. Third, the implementation of the Family Posyandu is more crowded and takes longer, so cadres have to arrive earlier, queues are longer, and some service processes, such as weighing, are carried out in a rush.

Determining Problem Priorities

Study This use USG method (Urgency, Seriousness, Growth) with scale rating 1–5 for determine priority problems experienced by the Great Surabaya Cadre (KSH) in implementation Integrated Health Post Family. Method This evaluate problem based on level urgency, impact problem to activities and potential development problem If No quick handled.

Through analysis this, researcher can identify most priority issues in a way objective so that source power, time and energy can allocated in a way more effective. The results of the USG assessment also become base taking decision in designing interventions, such as improvement capacity cadre through training, mentoring technical, as well as repair channel activity Integrated Health Post Family. This step expected can increase effectiveness and efficiency service health public in a way sustainable.

Table 1. Criteria Evaluation Method ultrasound (Urgency, Seriousness, Growth)

Criteria	Method ultrasound		
	Urgency	*Seriousness*	*Growth*
	How urgent is something problem to be handled immediately	How much big impact of problems on the implementation of activities	Potential for problems to develop or worsen if not handled

Table 2. Sheet Matrix ultrasound

Urgency		*Seriousness*		*Growth*	
A/B	A	A/B	A	A/B	B
AIR CONDITIONING	A	AIR CONDITIONING	A	AIR CONDITIONING	A
B/C	B	B/C	B	B/C	B

Table 3. Sheet Flipchart ultrasound Problem

Flipchart Sheet					
Urgency		*Seriousness*		*Growth*	
A =	3	A =	4	A =	3
B =	2	B =	2	B =	4
C =	1	C =	2	C =	2

Table 4. Results Scoring ultrasound

Results Scoring				
Problem	*Urgency*	*Seriousness*	*Growth*	Total
Mastery 25 basic skills cadre as part The implementation of the Family Posyandu is still relatively new and has not been even accepted, new training has been implemented as much as two times and has not covered all KSH in the Mojo Health Center work area.	3	4	3	10

Combining all age groups in one activity period means that KSH's responsibilities are broader than the previous implementation of Posyandu which was based on target groups.	2	2	4	8
CKSH is facing the implementation of Family Posyandu with a longer and denser activity duration compared to previous Posyandu , resulting in denser activities, longer queues, and implementation of weighing. which is conducted in a hurry on some activities.	1	2	2	5

Table 5. Results Ranking Priority Problem

Code	Information	Rank
A	Mastery of 25 basic skills of cadres as part of the implementation Integrated Health Post Family Still classified as new And not yet received in a way evenly, training new implemented as much as twice and has not covered all KSH in the Mojo Health Center work area.	I
B	Merger all over group age in One time activities causing not quite enough answer KSH becomes wider	II

4. DISCUSSION

Analysis Reason Problem

Stage analysis root problem done after determination problem priority use USG method (Urgency, Seriousness, Growth). This process aim For identify underlying factors emergence problem so that can understood in a way more comprehensive.Excavation reason problem done through interview deep with parties involved in program implementation and observation field activities.Data obtained Then analyzed For see connection between factor reason using a fishbone diagram, so reason problem can grouped in a way systematic.Scoring results USG method shows that problem priority in implementation Integrated Health Post Family related to the Great

Surabaya Cadres (KSH) is Not yet evenly distributed mastery of 25 skills base cadres , because material the Still relatively new and training Not yet reach all over cadres in the work area Mojo Community Health Center.

Analysis Reason Problem

Stage analysis reason problem done after determination problem main through the identification and prioritization process use USG method (Urgency, Seriousness, Growth). Stage This aim For browse underlying factors emergence problem in a way more comprehensive, not only based on conditions seen in the field. Excavation reason problem done through interview deep with parties involved in program implementation and observation activities. Data obtained Then analyzed For identify connection between factor reason using a fishbone diagram, so reason problem can grouped in a way systematic and relationship between problem main with factor the cause can depicted with clear. Based on the fishbone diagram above, the root cause of the problem can be identified as follows:

1. Machine (facilities/equipment)

   The available facilities are utilized for various activities, including the implementation of Family Integrated Health Posts (Posyandu) and the competency testing of 25 basic skills for cadres. Facilities and equipment aspects are still being mapped using a fishbone analysis to identify supporting factors. Observations indicate that facilities are used appropriately and are not the primary cause of the unequal mastery of basic skills among cadres.

2. Man (human resources)

   In terms of resources, the uneven mastery of the 25 basic skills is influenced by the relatively large number of Great Surabaya Cadres (KSH) and their distribution across several sub-districts. KSH participation in training does not take place simultaneously, so the time of receiving the material varies between KSH. In addition, the diverse experience and educational backgrounds of KSH and the different division of tasks within a single Family Posyandu activity mean that KSH have unequal opportunities to apply and deepen their basic skills. Some KSH still believe that the skills that need to be mastered are limited to toddler Posyandu services, so the application of basic skills to other target groups has not yet been fully prioritized.

3. Method (method)

   Training for 25 basic skills for cadres was implemented in stages alongside the implementation of the Family Integrated Health Post (Posyandu). Basic skills were introduced along with the shift from a targeted Posyandu system to a Family Integrated Health Post (Posyandu). Therefore, the KSH program adapted its understanding and implementation. This situation indicates that the alignment of KSH with basic skills is occurring gradually, following the implementation of the Family Integrated Health Post (Posyandu).

4. Materials (supporting materials)

   The basic skills of cadres cover the entire lifecycle, from infancy to the elderly. The breadth of this material requires KSH to understand various types of services within a single activity. Furthermore, the basic skills material was implemented concurrently with changes to the integrated health service post (Posyandu) system, requiring adaptation time to understand and implement it within the Family Posyandu.

5. Money (funding)

   The cadre skills training program is implemented through several funding schemes. The primary funding comes from the Surabaya City Health Office program, while at certain times, some training is also conducted by Community Health Centers (Puskesmas) using internal funds. These differences in training schemes and timings mean that KSH does not provide basic skills training simultaneously but rather in stages.

6. Environment

   The Family Integrated Health Post (Posyandu Family) serves all age groups in one session, resulting in more intensive service stages and longer durations than in previous Posyandu programs. This situation has shifted the focus of the Family Integrated Health Post (KSH) to serve all age groups, providing more time and opportunity for deepening basic skills. Furthermore, changes in Family Integrated Health Post (KSH) personnel or the addition of new cadres who are not yet fully familiar with the Family Integrated Health Post (Posyandu) service process also impact the dynamics of field implementation.Based on results analysis reason problem use fishbone diagram As can be seen above, it can be concluded that the root of the problem lies in the unequal mastery of the 25 basic skills of cadres. This condition affects the cadres' ability to optimally carry out their roles and duties

in activities. Integrated Health Post Family, so that implementation service based cycle life has not been running optimally.

Alternative Solution

Stage analysis reason problem done after determination problem main through the identification and prioritization process use USG method (Urgency, Seriousness, Growth). Stage This aim For browse underlying factors emergence problem in a way more comprehensive, not only based on conditions seen in the field. Excavation reason problem done through interview deep with parties involved in program implementation and observation activities. Data obtained Then analyzed For identify connection between factor reason using a fishbone diagram, so reason problem can grouped in a way systematic and relationship between problem main with factor the cause can depicted with clear.

5. CONCLUSION

The Great Surabaya Cadres (KSH) plays a strategic role in supporting public health services in the Mojo Community Health Center (Puskesmas) working area, through active involvement in various life cycle-based activities. The implementation of 25 basic KSH skills is carried out in stages and tiers, tailored to the needs of the target community, service times, and field conditions, thus becoming the main provision for cadres in carrying out their roles. Based on problem identification, prioritization of problems using the USG (Urgency, Seriousness, Growth) method indicated major issues related to the implementation of basic skills. Further analysis using a fishbone diagram revealed that these issues were influenced by individual cadre factors, the availability of supporting facilities, and field conditions. As a follow-up, alternative solutions were developed using the MEER method to support the implementation of basic skills and strengthen health services. The implementation of the Impact Internship program showed that areas with a large number of KSH and Family Posyandu require cadres' adaptability in implementing skills gradually according to the needs of the target community and field conditions. Therefore, the success of life cycle-based services depends not only on the number of cadres, but also on their ability to adapt their roles and skills to real-world situations in the community.

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