

## THE IMPLEMENTATION OF THE POSKESTREN PROGRAM AT DARUL HUFFAZH ISLAMIC BOARDING SCHOOL, PESAWARAN REGENCY, IN 2025

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### Abstract

The Islamic Boarding School Health Post (*Poskestren*) is a form of community-based health effort (*UKBM*) implemented within Islamic boarding schools, based on the principle of being initiated *by, from, and for* the pesantren community. *Poskestren* plays a significant role in delivering promotive and preventive health services, without neglecting curative and rehabilitative aspects. Preliminary observations at Darul Huffazh Islamic Boarding School revealed that self-assessment surveys and community discussions—activities that should be conducted routinely—had only been held once, at the beginning of the *Poskestren* establishment. This gap has resulted in the absence of reports related to personal hygiene improvement, environmental health, and students' health literacy, both at the pesantren and the local community health center (*Puskesmas*). Moreover, the number of health cadres—only nine for a total of 450 students—does not meet the proportional standard stated in the *Poskestren* implementation guidelines. This study aimed to analyze the implementation of the *Poskestren* program at Darul Huffazh Islamic Boarding School, Pesawaran Regency. A qualitative descriptive method was employed, involving seven informants, including pesantren administrators, *Poskestren* staff, health cadres, and students. The findings indicate that most input, process, and output indicators were adequately fulfilled, such as the availability of health cadres, facilities, policy support, and funding. The implementation process—covering planning, execution, and evaluation—was in place, although supervision from *Puskesmas* officers remained suboptimal. The program outcomes showed improvements in students' health knowledge and clean and healthy living behavior (*PHBS*). In conclusion, the *Poskestren* program at Darul Huffazh has been implemented fairly well, although further efforts are needed to strengthen cross-sectoral guidance and improve health facilities.

**Keywords:** Poskestren, Program Implementation, Islamic Boarding School, UKBM, Public Health

### Introduction

The availability of healthcare services has a significant impact on improving the overall well-being of society (Tambaip et al., 2023). The state is obligated to uphold the basic right to health as stated in the constitution (Isriawaty, 2015). Health is recognized as a fundamental right for every citizen and should be regarded as a collective investment and responsibility. Collaboration among all stakeholders—not only health professionals—is essential. This is in line with Law Number 17 of 2023 concerning Health, which defines healthcare facilities as resources and/or places that provide health services.

Currently, there are various types of health services within communities, including primary, secondary, and tertiary services. One community-managed health initiative is the Community-Based Health Effort (*UKBM*), a healthcare model established and operated by local residents. Practical examples of *UKBM* include *Posyandu*, *Poskesdes*, *Dana Sehat*, Village Health Posts, School Health

Units (UKS), and Islamic Boarding School Health Posts (*Poskestren*). The objective of *Poskestren* is to empower boarding school communities and surrounding areas to adopt Clean and Healthy Living Behaviors (PHBS) (Mallongi et al., 2018). The number of Islamic boarding schools has grown significantly, reaching 41,220 institutions as of August 2024—an increase of over 11,000 since 2019 (Kemenag RI, 2024).

To achieve this goal, the Indonesian government has promoted innovative strategies such as the development of *UKBM*. As outlined in Minister of Health Regulation No. 8 of 2019 on Community Empowerment in Health, *UKBM* must be established through local regulations or, in the case of Islamic boarding schools, in accordance with relevant statutory provisions. Islamic boarding schools (*pondok pesantren*), as religious educational institutions, play a crucial role in nurturing and maintaining human resources (Permenkes RI, 2013). These institutions are recognized as among the oldest Islamic education systems in Indonesia and serve as centers for religious education, spiritual formation, and the development of future religious leaders (Syarhani, 2022).

The health conditions within Islamic boarding schools require special attention from various stakeholders. According to the *Guidelines for the Establishment and Development of Poskestren*, critical aspects include access to health services, healthy behaviors, and environmental health (Shaluhiyah et al., 2024). These three core elements are vital for building a sustainable health culture in boarding schools. In practice, students often display unhealthy habits, such as drying wet clothes indoors. Female students are sometimes restricted from drying clothes under direct sunlight. In addition, the sharing of personal items like clothes, toiletries, and towels increases the risk of disease transmission (Saputra, 2019). Disease prevention within pesantren requires cooperation from multiple stakeholders, including health offices, pesantren administrators, local *Puskesmas*, and regional governments. Establishing *Poskestren* units is expected to contribute significantly to disease prevention and control among students (Djalaluddin et al., 2022).

*Poskestren*, as a community-based health initiative within boarding schools, operates on the principle of being established, managed, and utilized by pesantren residents (Arisanti & Sunjaya, 2016). It is designed for all educational levels—from kindergarten to high school—across general schools, teacher training institutes, and Islamic boarding schools. The activities conducted within *Poskestren* focus on promotive and preventive care, without disregarding curative and rehabilitative services. These activities are guided by local *Puskesmas* and emphasize collaboration (Supriatna et al., 2020). The success of *Poskestren* can be evaluated using input, process, and output indicators. Input indicators include the presence of health cadres, availability of facilities, funding support, baseline data on personal hygiene, health information media, and supportive policy instruments. Outcome indicators include improvements in health cadre capacity, hygiene practices, environmental health, health knowledge, and clean and healthy living behavior. In terms of impact, the indicators include reductions in student morbidity and increased adoption of healthy behaviors (Hulaila, 2020).

Islamic boarding schools should not merely serve as custodians of religious tradition; rather, their established societal position should empower them to model Islamic values in promoting public health. A relevant prophetic saying underscores this potential: “*Cleanliness is half of faith*” (Sahih Muslim). This hadith emphasizes both spiritual and physical cleanliness as essential elements of Islamic life.

According to data from the Ministry of Religious Affairs of Lampung Province, there are 88 Islamic boarding schools in Pesawaran Regency. One of them is Darul Huffazh Islamic Boarding School, established in 2008 and comprising both junior and senior levels for male and female students. The *Poskestren* at Darul Huffazh has one of the highest student populations within the jurisdiction of Bernung *Puskesmas*. A study by Fadila (2020) found that there were mismatches between *Poskestren* implementation guidelines and the actual application of input, process, and output components at Nurul Iman Islamic Boarding School.

Description of the initial survey results revealed that the Self-Assessment Survey (SMD) and the Islamic Boarding School Community Deliberation (MPP), which are supposed to be routine activities in the implementation of the Poskestren program at Pondok Pesantren Darul Huffazh, have not been conducted again since their initial implementation at the inception of the Poskestren. The absence of these processes has resulted in the lack of reporting data related to improvements in personal hygiene, environmental health, and health knowledge, both at the pesantren and the local community health center (Puskesmas). Additionally, the number of health cadres remains inadequate, with only nine individuals assigned—falling short of the proportional standards outlined in the Poskestren Implementation Guidelines—compared to the total number of 450 students.

This study seeks to evaluate the current implementation of the *Poskestren* program. Specifically, it examines whether the program at Darul Huffazh Islamic Boarding School has been implemented in accordance with official guidelines, thereby fulfilling its role as a health service provider and contributing to the reduction of disease prevalence within the pesantren.

## Method

This study employed a qualitative research design with an observational approach and in-depth interviews (Zuchri, 2021). Data were collected through in-depth interviews with five research participants. One key informant, the *mudir* (director) of the *Poskestren* at Darul Huffazh Islamic Boarding School, served as the primary source of information directly related to the implementation of the program. The other four participants were supporting informants: the person in charge of *Poskestren* implementation, a health officer, and two student representatives—one male and one female—who were recipients of health services at the boarding school.

The instruments used in this study included an interview guide and a voice recorder to ensure the accuracy and reliability of the data obtained during the interview process. The research was conducted at Darul Huffazh Islamic Boarding School, located in Bernung Subdistrict, Pesawaran Regency, Lampung Province, in 2024. Data collection began in November 2024.

## Results

The *Poskestren* at Darul Huffazh Islamic Boarding School has designated permanent health personnel for both male and female students, serving as the dormitory nurses. These health workers are supported by student volunteers who serve as health cadres. As stated by the key informants:

*“We already have personnel—both male and female,” said MW (Director). GT (Person in Charge of Poskestren) added, “There are always student volunteers, with senior students routinely rotated to assist in managing health responsibilities.” Supporting informants, DP and SM, confirmed, “We do have cadres.”*

The *Poskestren* is equipped with adequate facilities to support basic health services, including a consultation room, a resting bed for sick students, basic medications, and medical equipment such as oxygen. As cited:

*“We have adequate facilities,” said MW. GT explained, “We have an air-conditioned room, consultation space, resting beds, basic medicines, and even oxygen supply.” DW (Puskesmas officer) noted, “Their facilities are quite good, both for male and female students,” although DA (supporting informant) commented, “There is a lack of air conditioning.”*

Funding for the *Poskestren* program comes from biannual health contributions collected from students. These funds are used to purchase medicines and cover operational costs:

*“The funding comes from student health contributions every semester,” MW explained. GT added that the funding is sufficient to cover basic needs. DW stated that while they did not know the details, there were no apparent financial constraints. All supporting informants confirmed that the funds come from annual or semester-based contributions.*

Although no formal health data is reported to the *Puskesmas*, the boarding school maintains internal health records of its students:

*“We usually collect data on chronic conditions like asthma, gastritis, or bone fractures at the beginning of the school year,” said GT. DW added, “There is no specific personal hygiene data; we usually just perform basic health checks such as blood pressure, dental, and eye exams.”*

Health information media such as posters and bulletin boards have been used in classrooms and dormitories but are currently being updated:

*“We have the media, usually complete, but now being replaced due to the annual update,” said GT. DW confirmed, “Educational materials are printed regularly during health education sessions.” Most students acknowledged the presence of such media in the past.*

The pesantren has formal policies supporting *Poskestren* operations, evidenced by decrees (SK), work plans (RK), and routine programs for hygiene and health education:

*“There are SKs and RKs for health personnel, along with scheduled cleaning and partnerships with the *Puskesmas*,” MW stated. GT confirmed receiving formal documentation. DW acknowledged the institution’s commitment, though unaware of the exact contents. Student informants noted, “Policies usually come from the student affairs department.”*

## Process

Self-Assessment Surveys (SMD) were conducted during the early establishment of the *Poskestren* in collaboration with Bernung *Puskesmas*, but have not been repeated in the past three years:

*“It was held, I believe in 2020—I participated,” said MW. GT and DW stated that the event took place in 2022. However, some student informants were unaware due to generational turnover.*

Community Discussion Forums (*Musyawarah Masyarakat Pondok Pesantren*) were conducted alongside the SMD but have not been continued in recent years:

*“It was conducted together with the SMD,” MW said. DW confirmed, “MMPP was held alongside the 2022 SMD.” Informants such as DA and SS reported not knowing about the event.*

Daily basic health services are routinely implemented through health checks in dormitories, consultations in the *Poskestren* room, and monitoring of sick students:

*“Health checks are conducted every morning, and if a student is sick for more than three days, parents are contacted,” explained GT. Supporting informants confirmed, “The services are sufficient and easily accessible.”*

Capacity-building was once conducted by the Provincial Health Office in 2022, while basic training for internal cadres is regularly provided by the person in charge of *Poskestren*:

*"We attended a training from the Provincial Health Office in Bandar Lampung," said MW. DW acknowledged, "No further agenda has come from the Puskesmas." Student informants stated they received basic training internally: "We were taught emergency response and medication schedules," said SM.*

Health education is conducted at the beginning of each academic year, primarily targeting new students:

*"It's usually conducted at the start of the year, especially for newcomers," said MW. GT added that the topics cover common illnesses and personal hygiene. Student informants confirmed, "I joined the session when I was in grade 1," said DP.*

Ongoing supervision from the local *Puskesmas* has yet to be established; previous support came from the provincial health office:

*"There has been no supervision from the Puskesmas, only training from the Provincial Office," GT explained. DW and student informants agreed, stating that interactions were mostly limited to health education sessions.*

## **Output**

There are currently nine health cadres in the *Poskestren*, recruited from the student health division:

*"I'm not sure of the exact number—it's under the responsibility of the Poskestren coordinator," said MW. GT explained, "There are three male OSIS members and two voluntary cadres." Supporting informants DP and DA confirmed the recruitment comes from second-year high school students with regular regeneration.*

There has been no formal assessment of environmental health improvements, although some observations indicate positive changes:

*"No data has been recorded on environmental health improvements," MW stated. GT noted, "Since early 2025, there have been no skin disease cases after regular checks and health sessions." SS added, "Cleanliness is maintained through scheduled inspections and dedicated cleaning staff."*

Funding continues to come from semester-based student health contributions:

*MW explained, "Funding comes from students' semester fees and is sufficient—it is allocated for operational needs." GT added, "The funds cover medicine and medical tools." Informants DP and SS confirmed, "There are no issues with funding."*

There are no formal records on the improvement of students' health knowledge, although anecdotal observations suggest better health conditions:

*"No written data exists on knowledge improvement," said MW. GT added, "Annual health education is held, but no data has been compiled." SS noted, "Students are less prone to illness now."*

Similarly, no data has been recorded regarding the implementation of the *Germas* (Healthy Living Movement), although informants observed positive behavioral changes:

*“There has been no formal recording on Germas,” said GT. However, DP mentioned, “There is a cleaning division and regular monitoring in the dormitories.”*

## **Discussion**

### **Input**

In the implementation of the Poskestren program at Pondok Pesantren Darul Huffazh, input components such as personnel, funding, infrastructure, and policies have largely been adequately provided by the pesantren management. One indicator is the existence of an organizational structure for Poskestren established through an official decree (Surat Keputusan) involving the chairperson, secretary, treasurer, and operational cadres. Cadres are appointed directly through deliberations between the pesantren management and Poskestren administrators, ensuring they understand the pesantren's internal environment and needs. However, challenges remain regarding the cadre quantity, which has not fully met the standard guideline of at least 3% of the total santri population. This is due to limited resources and suboptimal quantitative recruitment. Therefore, Poskestren Darul Huffazh needs to take steps to prepare sufficient cadres or health workers, for example through advocacy involving both internal pesantren parties and other stakeholders. The goal is to foster collaboration in cadre provision, training, and development. This aligns with research by Suryani in Ahla (2021), which stated that training and availability of Poskestren cadres greatly influence the improvement of health status in pesantren environments.

From an internal policy perspective, the pesantren demonstrates a strong commitment by supporting program implementation through internal regulations, work plan development, and active involvement of all pesantren elements in Poskestren management. The organizational structure has been formally regulated, reflecting institutional readiness to manage health activities. Collaboration with the Bernung Public Health Center (Puskesmas) occurred during the early establishment of Poskestren, particularly through activities such as the Pesantren Community Deliberation (MMPP) and cadre training by the Lampung Provincial Health Office in 2022. Unfortunately, important activities like the Self-Assessment Survey (SMD) and ongoing guidance from Puskesmas officers have not been resumed. The availability of baseline data from the Puskesmas and technical guidance are crucial to support data validity, accurate needs assessment, and cadre capacity building.

The Poskestren facilities at Darul Huffazh have been adequately provided thanks to funding from santri contributions managed transparently and sustainably by the pesantren. Availability of examination rooms, beds, basic medical equipment, oxygen, air conditioning, and medicines shows an independent effort to meet physical needs. Financial management is well-organized, including emergency funds and reporting to santri guardians, aligned with principles of transparency and accountability. This supports findings by Arifin (2009) that effective fund management is a key factor in the success of Poskestren activities. According to Azwar's systems theory, financing aspects are also critical elements determining smooth implementation of health programs (Azwar, 2004).

However, the main challenge remains the aspects requiring active involvement of the Puskesmas, especially in data collection, technical evaluation, and regular cadre guidance. The lack of external input creates an imbalance between internal readiness and external support in program implementation. This concurs with Kustiningsih's (2020) research stating that optimal Poskestren implementation requires advocacy strategies and policy coordination with stakeholders, including Puskesmas and local government, to ensure balanced input fulfillment.

In conclusion, Pondok Pesantren Darul Huffazh has shown quite good performance in independently managing input components, particularly internal policies, operational personnel, and

facilities and funding support. However, the overall effectiveness of Poskestren implementation is hindered by limited baseline data, guidance, and active involvement from the Puskesmas, which is a key partner in community-based health service programs. Therefore, strengthening cross-sector collaboration is imperative to achieve optimal and sustainable improvement in santri health status.

### **Process**

Regarding the implementation process of Poskestren at Pondok Pesantren Darul Huffazh, the pesantren has made commendable efforts to independently run the program. Nonetheless, based on the process components in Minister of Health Regulation No. 1 of 2013, some critical aspects requiring direct Puskesmas involvement have yet to be optimally executed. For example, the Self-Assessment Survey (SMD) was conducted in the early Poskestren establishment by Bernung Puskesmas but has not been repeated for the last three years. The SMD serves as an initial planning step that identifies health needs and problems participatively within the pesantren. Without regular SMD, planning risks becoming misaligned with the actual field conditions.

Similarly, in the organizing phase, Darul Huffazh has fulfilled the basic requirement of forming Poskestren organizational structures through the initial implementation of the Pesantren Community Deliberation (MMPP). This activity complies with guidelines as it involves various pesantren elements in cadre and management selection. However, the continuity of this forum as an annual evaluative medium is not clearly observed in recent implementation, limiting the effectiveness of deliberative evaluation mechanisms.

On the other hand, program implementation shows satisfactory results. Basic health services operate daily, including santri health checks in dormitories, consultation services, and a referral system for santri who do not improve after three days of treatment. Furthermore, for common diseases such as skin conditions, Darul Huffazh has successfully maintained a healthy environment supported by adequate facilities and good internal management.

Capacity building for cadres and managers was conducted by the Lampung Provincial Health Office in 2022. Unfortunately, similar activities have not been repeated, causing a lack of periodic competency updates. This is exacerbated by the absence of regular guidance from Puskesmas officers to Poskestren managers or cadres. Guidance is vital for technical capacity enhancement and maintaining program quality per established standards.

In summary, most Poskestren process components at Darul Huffazh have been adequately conducted, especially those managed directly by the pesantren. This is evident from the established organizational structure, routine basic health services, and initiatives in education and santri care. However, many crucial activities requiring Puskesmas collaboration remain suboptimal. SMD, regular guidance, and periodic training should be shared responsibilities between pesantren and Puskesmas as Poskestren partners. Strengthening cross-sector synergy is essential to ensure that all process components function according to guidelines and program objectives.

### **Output**

Evaluation of Poskestren outputs at Pondok Pesantren Darul Huffazh reveals several important indicators have yet to be optimally met, particularly quantitative measurements of program achievements. Some essential baseline data to assess health program success have not been collected. These include:

- a. The absence of comprehensive data on santri personal hygiene status, which should be obtained through specific surveys by Puskesmas;
- b. Lack of formal data on santri knowledge improvement regarding general health issues covered in counseling sessions; and

- c. No documented data on increased adherence to Clean and Healthy Lifestyle Movement (PHBS) behaviors within the pesantren environment.

These three data sets are critical indicators of promotive and preventive program implementation success at Poskestren. The main constraint for not fulfilling these indicators is the lack of systematic data collection by Puskesmas, which according to Poskestren implementation guidelines, has a strategic role in conducting surveys, monitoring, and providing technical assistance to pesantren. Nevertheless, observations and manager reports indicate a general positive trend in santri health status and Poskestren service quality at Darul Huffazh. This is evidenced by the availability of basic health facilities, a decline in common infectious diseases such as skin diseases, and increased hygiene awareness among santri. Thus, despite incomplete quantitative data, qualitative improvement indicators are apparent. Going forward, active collaboration with Puskesmas is key to comprehensive data collection and monitoring, enabling well-measured program achievements in line with national guidelines.

## Conclusion

Based on the assessment of Poskestren program implementation at Pondok Pesantren Darul Huffazh, it can be concluded that program implementation encompassing input, process, and output aspects has generally proceeded well, particularly from the pesantren's internal perspective. However, optimization of activities has not fully met the standards and official guidelines stipulated in Minister of Health Regulation No. 1 of 2013.

Regarding inputs, the pesantren has shown strong commitment by securing nine Poskestren cadres, adequate health infrastructure, and self-managed funding from santri contributions sufficient to cover operational needs, including medicines, beds, examination rooms, and oxygen. The pesantren also has robust internal policies, marked by an official organizational structure and clear work plans.

In terms of processes, several activities have been well conducted by the pesantren, such as daily health checks, health consultations, routine counseling at the start of each academic year, and santri referrals as per procedures. Nonetheless, several activities requiring direct collaboration with Puskesmas remain suboptimal. This is evident from the absence of key agendas such as the Self-Assessment Survey (SMD) and Pesantren Community Deliberation (MMPP) over the past three years. Additionally, cadre mentoring by Puskesmas officers has not resumed since the 2022 training by the Provincial Health Office. Documentation and evaluation of improvements in santri health behavior, knowledge, and personal hygiene data are also lacking, which ideally fall under Puskesmas responsibilities as the main technical partner.

Regarding outputs, although documented quantitative data are unavailable, qualitative improvements in santri health are visible through the reduction of infectious diseases such as skin conditions. Without data support and evaluation from Puskesmas, these improvements cannot be considered objective success indicators for the program as a whole. Therefore, a more integrated and sustainable approach between pesantren and Puskesmas is needed to ensure Poskestren program achievements are optimal, measurable, and standardized.

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