

Implementation Research on Supportive Supervision Adoption for Community Health Workers (CHWs) in Indonesia: Community-Based Strategies for People-Centered Long-Term Care

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Background

To address the growing Indonesian elderly population, the MoH launched an Integrated Primary Healthcare model, which tasks CHWs with supporting the delivery of a life-cycle approach to long-term care at *Posyandu* (village-based health posts). However, CHWs receive limited support for continuous learning due to limited resources, and health workers' limited availability and excess workloads.

The PN PRIMA program bridges this gap by deploying trained supervisors (health professionals) to 38 *Posyandus* in Depok and Bekasi Regency for 12 months. These supervisors strengthen CHW capacity to meet the MoH's 25 competency targets through monthly group mentoring, one-on-one coaching, and WhatsApp-based technical assistance.

Research Methodology

To support the adoption acceleration, we identified delivery gaps using implementation research principles. In the six-month midline and twelve-months endline assessments, we explored the implementation outcome domains by Proctor et al., 2011:

1. CHWs' perceived acceptability
2. Program appropriateness,
3. Program feasibility, and
4. CHW's fidelity to the learning and supervision materials (which followed the national standard).

Data were collected through:
24 FGDs with 120 CHWs,
86 IDIs with service users, and
pre-post observations using checklists in 12 *Posyandus* and of screenings by 53 CHWs

Results

High acceptability towards supportive supervision by CHWs

The study found high acceptability among CHWs, who valued the Supportive Supervision for its flexible, responsive, and continuous learning opportunities.

“So we don't have any doubts now [in delivering services]. We're smart, we master the material, we master the field. Our supervisor provided an overview of cases we might not have encountered before.” – A community health worker in Depok

Supportive supervision was appropriate, but its feasibility hinged on CHWs' time availability

CHW's considered the Supportive Supervision appropriately-designed for lay persons of middle to older age. Perceived feasibility varies considerably in terms of time availability for participating in mentoring activities, so CHW's consent is crucial to maintaining their commitment and comfort.

“(Training only) is difficult, I don't think I understand because I went to school until junior high school, maybe that's how I understand it. And because now I'm a mother, my mind is always in the kitchen, and things like that don't come into play anymore.”

– A community health worker in Depok

CHW fidelity to most service standards improved, but health education and counselling remained a key challenge after 12 months

Challenges persisted in completing health recording (Figure 1 & 2) due to complex forms and long queues that required focused attention from CHWs. Meanwhile, difficulties in delivering health education were largely linked to CHWs' varying levels of confidence

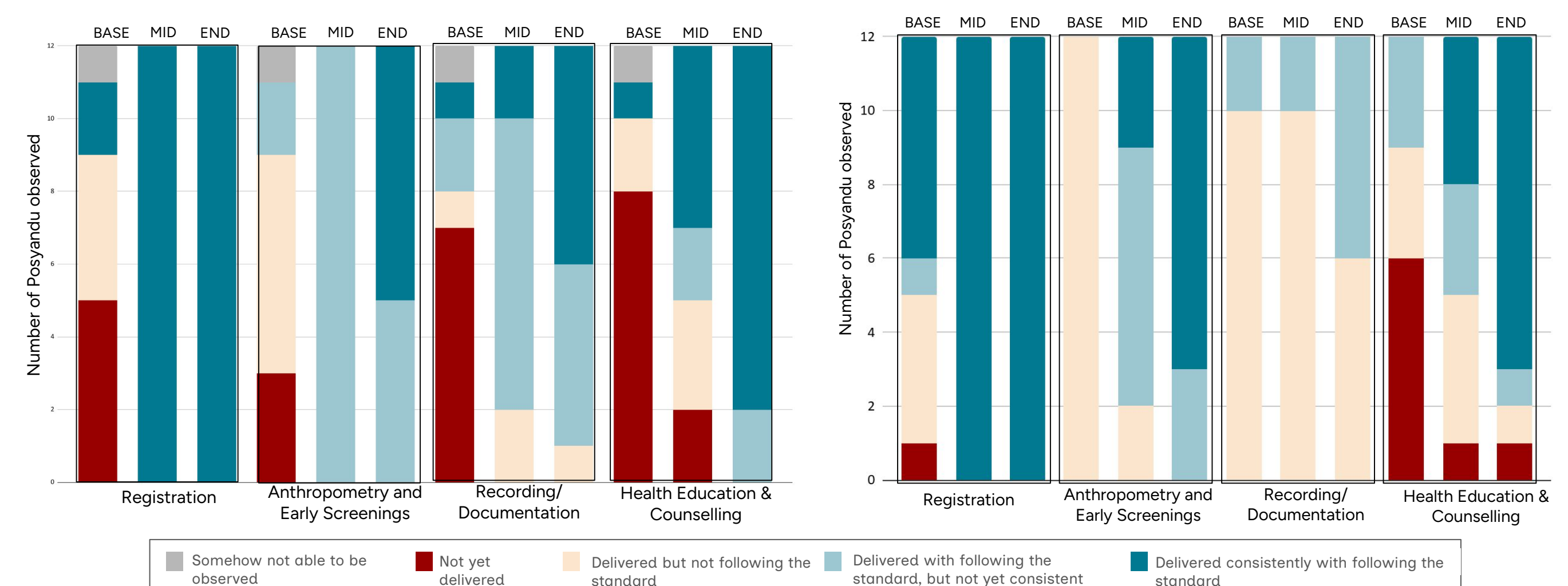


Figure 1. CHWs' fidelity to services for adults and the elderly in each nationally standardized step, before, 6 months after, and 12 months after the Supportive Supervision started.

Figure 2. CHWs' fidelity to services for under-five children in each nationally standardized step, before, 6 months after, and 12 months after the Supportive Supervision started.

Additionally, at the endline, the number of CHW (individually) scored <60 in the adults and elderly services observation decreased from 7 to 0 at the midline. While those who scored <60 in the under-five services observation decreased from 3 to 1. On average, CHWs completed 9 of 10 screening steps independently, with 8 done according to SOP.

Conclusion

Supportive supervision is critical for CHWs to meet service standards and achieve the MoH's 25-competency target. To improve outcomes and ensure program adoption, we recommend closing supervision gaps by appointing dedicated CHW supervisors or equipping *Posyandu* coordinators at sub-district and village levels to take on supervisory roles.

Keywords: CHWs, supportive supervision, implementation research, people-centered care