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ARTICLE

ICOMPETENCY ANALYSIS OF GREAT SURABAYA CADRES IN SUPPORTING PUBLIC HEALTH SERVICES IN GAYUNGAN VILLAGE

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Abstract

This study aims to analyze the competency quality of *Kader Surabaya Hebat* (KSH) in Gayungan Village, Surabaya City, in supporting community health services through family integrated health post (*Posyandu*) activities. The competencies of the cadres were assessed using the competency theory of Hutapea and Nurianna, which consists of three dimensions: knowledge, skills, and attitudes. These dimensions were operationalized into five basic competency aspects of *Posyandu* cadres based on the guidelines of the Indonesian Ministry of Health. This research employed a descriptive qualitative approach, with data collected through in-depth interviews, non-participant observation, and documentation. Data were analyzed using the interactive model of Miles, Huberman, and Saldana. The findings indicate that the overall competency of KSH cadres is relatively good, with the strongest performance found in services for adults and older adults, as well as *Posyandu* management. The most notable weakness was identified in services targeting school-age children and adolescents. The study also found a digital competency gap among senior cadres and a continued reliance on health professionals for delivering independent health education. The research recommends expanding training opportunities, strengthening digital literacy, and developing more systematic adolescent *Posyandu* programs.

Keywords: Competency, Gayungan Village, Health Services, *Kader Surabaya Hebat*, ,*Posyandu*.

A. INTRODUCTION

Health is a state of well-being that encompasses physical, mental, spiritual, and social aspects, as stipulated in Law Number 36 of 2009 on Health. Furthermore, health is a fundamental right of every citizen, as guaranteed under Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. Nevertheless, the quality of public health in Indonesia continues to face various challenges, including limited access to healthcare services, unequal distribution of healthcare personnel, high healthcare costs, and low public awareness regarding the adoption of clean and healthy lifestyles.

As part of the state's responsibility to guarantee the public's right to health, as mandated by Article 34 paragraph (3) of the 1945 Constitution, the government continuously strives to improve the quality of healthcare services through various programs and policies. Effective healthcare services that are responsive to community needs are expected to enhance public health status while increasing community satisfaction with the services provided (Agustina et al., 2025).

At the local level, the Government of Surabaya City has identified the health sector as one of its development priorities. One of the initiatives undertaken is the Kader Surabaya Hebat (KSH) Program, launched in 2021 by the Mayor of Surabaya, Eri Cahyadi. This program aims to strengthen community-based healthcare services through the involvement of community health cadres who act as intermediaries between the community and formal healthcare services, while also serving as agents of change in promoting clean and healthy living behaviors. The program is further intended to support the management of various health issues, including stunting, malnutrition, and elderly health concerns. To date, the KSH program has engaged tens of thousands of cadres distributed across neighborhood (*RT*), community (*RW*), and village levels, with clearly structured roles and responsibilities (Kusumadewi & Rosdiana, 2024).

One of the areas implementing this program is Gayungan Village, located in Gayungan District, Surabaya City. The village covers an area of approximately 735 hectares and has a population of 11,570 residents distributed across 7 community units (*RW*) and 48 neighborhood units (*RT*) (Government of Surabaya City, 2024). In its implementation, Kader Surabaya Hebat actively supports community healthcare services through family integrated health post (*Posyandu Keluarga*) activities, in accordance with Mayor of Surabaya Decree Number 14 of 2022 concerning Community Service Volunteers. These activities include monitoring maternal health, addressing stunting and malnutrition, providing services for postpartum mothers and older adults, and distributing various health supplements to target groups (Government of Surabaya City, 2022).

The success of family *Posyandu* activities is highly dependent on the competencies of the cadres as the primary implementers in the field. These competencies include the knowledge, skills, and attitudes required to carry out healthcare services for the community. However, in practice, several challenges remain, such as differences in the levels of understanding and capability among cadres, as well as unequal access to training opportunities. These conditions have the potential to affect the quality of healthcare services delivered to the community.

Moreover, previous studies on the Kader Surabaya Hebat Program have largely focused on the program as a whole, while research specifically examining cadre competencies at the individual level remains relatively limited. Therefore, this study aims to analyze the competencies of Kader Surabaya Hebat in Gayungan Village based on the dimensions of knowledge, skills, and attitudes. The findings are expected to provide insights into the strengths and weaknesses of cadre competencies and serve as valuable input for efforts to improve the quality of community healthcare services through family *Posyandu* activities.

B. LITERATURE REVIEW

Competency is a fundamental characteristic possessed by an individual that is directly related to the ability to perform work effectively (Wjayanto & Riani, 2021). According to Spencer and Spencer (as cited in Priyana et al., 2024), competency is an underlying characteristic inherent in a person, relatively stable in nature, and capable of influencing performance across various work situations. Meanwhile, Boyatzis (as cited in Priyana et al., 2024) defines competency as an ability reflected in an individual's work behavior in accordance with organizational demands, enabling the achievement of expected performance. Similarly, Woodruffe (1992, as cited in Priyana et al., 2024) explains that competency is a collection of behavioral patterns, knowledge, and skills that an individual must possess to effectively carry out duties and responsibilities.

According to Hutapea and Nurianna (as cited in Ainanur & Tirtayasa, 2018), competency consists of three main indicators: knowledge, skills, and attitude. Knowledge relates to an

individual's understanding of the work being performed, skills reflect both technical and non-technical abilities in carrying out tasks, while attitude refers to an individual's behavioral tendencies in responding to the work environment. These three aspects complement one another and serve as the foundation for assessing an individual's ability to achieve optimal performance.

In the field of public health, competency plays a crucial role because it is closely associated with the quality of services provided to the community (Cai et al., 2025). Health cadres, as the frontline providers of community-based health services, are expected to possess effective communication skills, basic healthcare service skills, administrative capabilities, and the ability to deliver health education to the public (Hutapea, 2026). These competencies are essential for supporting the success of public health programs, as cadres serve as a bridge between healthcare professionals and the community. Therefore, indicators are needed to measure the competency level of cadres in carrying out their duties and responsibilities.

Based on the Basic Skills Handbook for Health Cadres published by the Ministry of Health of the Republic of Indonesia, the competency of Posyandu cadres can be assessed through five fundamental skill areas aligned with the human life cycle, namely:

- Basic Posyandu Management Skills
- Basic Infant and Toddler Care Skills
- Basic Skills in Caring for Pregnant and Breastfeeding Mothers
- Basic Skills for School-Age Children and Adolescents
- Basic Skills for Adults and Older Persons

These five areas serve as indicators for assessing the competency of Posyandu cadres because they represent the essential capabilities required to provide comprehensive community health services.

C. RESEARCH METHODOLOGY

This study employed a descriptive qualitative approach to gain an in-depth understanding of the competencies of Surabaya Hebat Cadres (Kader Surabaya Hebat/KSH) in delivering community health services through family integrated health posts (Posyandu Keluarga) in Gayungan Village, Surabaya City. This approach was selected because it enables the exploration of the meanings, experiences, and social dynamics encountered by cadres while performing their duties. The descriptive method was used to portray the cadres' competency levels based on the standards established by the Ministry of Health of the Republic of Indonesia, as explained by Bahri (as cited in Wash, 2022). Competency analysis was guided by the theory of Hutapea and Nurianna, which consists of three dimensions: knowledge, skills, and attitudes. These dimensions were operationalized into five basic health cadre skill areas: Posyandu management, infant and toddler services, services for pregnant and breastfeeding mothers, services for school-age children and adolescents, and services for adults and older persons.

The research was conducted in Gayungan Village, Gayungan District, Surabaya City. This location was selected because it actively implements family Posyandu services through the involvement of Surabaya Hebat Cadres in accordance with Surabaya Mayor Decree Number 14 of 2022 concerning Community Service Citizens. Furthermore, Posyandu activities in this area cover all health target groups, providing a comprehensive overview of cadre competencies. The selection of the research site was also based on the existence of variations in cadres' levels of understanding and experience, which were considered relevant for in-depth investigation. The primary informants were Surabaya Hebat Cadres, with one cadre representing each neighborhood association (RW).

Supporting informants consisted of healthcare workers from the Gayungan Community Health Center (Puskesmas Gayungan) and officials from the Gayungan Village Office, who served as triangulation sources.

Data collection was carried out through semi-structured in-depth interviews, non-participant observation, and documentation. Interviews were conducted face-to-face using an interview guide developed based on the competency dimensions and basic cadre skill areas. Observations focused on healthcare service practices, cadre interactions with community members, the use of health equipment, and the management of Posyandu activities. Documentation data were obtained from activity reports, cadre records, training archives, and other supporting documents.

Data analysis employed the interactive model developed by Miles, Huberman, and Saldaña (as cited in Kartika et al., 2023), which consists of four stages: data collection, data condensation, data display, and conclusion drawing and verification. The analysis process was conducted simultaneously throughout the research. The collected data were condensed according to the competency dimensions and basic cadre skill areas, then presented in descriptive narrative form supported by informant quotations, observation findings, and documentation. Conclusions were verified through member checking and discussions with fellow researchers.

The trustworthiness of the data was ensured through source triangulation and method triangulation, as proposed by Moleong (as cited in Mulia, 2024). Source triangulation was conducted by comparing information obtained from cadres, healthcare workers, and village officials, while method triangulation involved comparing findings from interviews, observations, and documentation. In addition, the study applied member checking, peer debriefing, and systematic documentation of the research process to ensure the credibility, transferability, dependability, and confirmability of the findings.

D. RESULT AND DISCUSSION

Basic Skills in Posyandu Management

From the knowledge dimension, cadres in Gayungan Village demonstrate a fairly good understanding of Posyandu procedures. Most cadres are familiar with the five-table service system, which includes registration, weighing and measurement, record-keeping, counseling, and health service delivery. They also understand the dual reporting system, consisting of manual recording through register books and digital reporting through online forms provided by the community health center (Puskesmas). However, knowledge of digital platforms is not evenly distributed, particularly among older cadres.

From the skills dimension, cadres are capable of implementing the five-table system in a structured manner, beginning with group exercise activities, register book completion according to age categories, supplementary feeding (PMT) distribution, and data recapitulation. Senior cadres are generally able to complete online forms independently, whereas cadres with limited technological literacy still require assistance from colleagues. This finding is supported by a statement from the KSH Coordinator of RW 2:

> "*Alhamdulillah, my cadres are very enthusiastic, even though 60% of them are elderly. However, their main weakness is usually information technology because they are not very familiar with it.*"

From the attitude dimension, cadres demonstrate positive, friendly, cooperative, and communicative behavior. They actively conduct home visits to residents who are unable to attend Posyandu activities as a form of proactive outreach. Their cooperative attitude is also reflected in

their synergistic working relationship with healthcare professionals, as acknowledged by the village midwife:

"In general, they are good, cooperative, responsive, and overall very good."

Basic Skills in Infant and Toddler Services

From the knowledge dimension, most cadres understand that stunting is related to growth failure indicated by height-for-age deficits rather than simply low body weight. They are generally capable of interpreting Child Growth Monitoring Cards (KMS), including recognizing the red line as an indicator of poor nutritional status. Nevertheless, the level of understanding is not entirely uniform, as some cadres remain focused primarily on monitoring weight gain.

From the skills dimension, cadres understand proper anthropometric measurement procedures. The body length of children under two years of age is measured in a lying position using an infantometer, while children over two years old are measured standing upright. Cadres also understand the importance of minimizing clothing during weighing procedures to ensure accurate results. However, not all cadres possess extensive practical experience, as some are more involved in administrative functions.

From the attitude dimension, cadres demonstrate empathy and a non-confrontational approach when serving infants, toddlers, and their families. When identifying children with nutritional problems, cadres immediately coordinate with healthcare professionals and communicate examination results to parents in a sensitive manner to avoid social stigma.

Basic Skills in Services for Pregnant and Breastfeeding Mothers

From the knowledge dimension, most cadres are able to identify signs of high-risk pregnancy, including hypertension, swollen feet, anemia, upper arm circumference below 23.5 cm, as well as demographic risk factors such as very young or advanced maternal age and short birth intervals. However, understanding of exclusive breastfeeding is not evenly distributed, as some cadres still rely entirely on healthcare professionals to provide related education.

From the skills dimension, cadres are capable of monitoring the condition of pregnant women through the Maternal and Child Health (MCH) Handbook, including examination history, body weight, gestational age, blood pressure, and scheduled check-ups. Cadres actively conduct home visits for high-risk pregnant women and those who rarely attend Posyandu activities. Nevertheless, some cadres remain dependent on healthcare workers when delivering health education independently.

From the attitude dimension, cadres demonstrate proactive and responsive behavior. When encountering high-risk pregnancies, they immediately coordinate with the village midwife. A respectful and non-judgmental approach is consistently applied to ensure that pregnant women feel comfortable receiving health services and information.

Basic Skills in Services for School-Age Children and Adolescents

Services for school-age children and adolescents represent the area with the most limited competency level.

From the knowledge dimension, most cadres acknowledged that adolescent Posyandu programs have not yet been implemented systematically and remain in the early planning stage. The KEMANGI Program (*Kelas Orang Tua Tangguh bersama Anak Remaja* – Resilient Parents Class with Adolescents) is still at the conceptual stage. Cadres' knowledge is generally limited to the distribution of Iron Supplement Tablets (TTD), which is conducted through schools in collaboration with the community health center.

From the skills dimension, cadres recognize significant limitations in reaching adolescent groups. Health education is still primarily delivered by healthcare professionals, while cadres mainly encourage adolescents to attend activities. Structural barriers, such as Posyandu schedules coinciding with school hours, hinder adolescent participation. Some cadres have demonstrated creative initiatives, including plans to establish evening adolescent Posyandu sessions and provide health education through youth organization activities (*Karang Taruna*).

From the attitude dimension, cadres display patience and adaptability. Their approach toward adolescents is relaxed, non-patronizing, and encourages participation based on self-awareness. Although adolescent participation remains low, cadres continue their efforts through gradual and varied engagement strategies.

Basic Skills in Services for Adults and Older Persons

Services for adults and older persons represent the strongest area of cadre competency.

From the knowledge dimension, all cadres are able to identify the most common non-communicable diseases (NCDs), namely hypertension, diabetes mellitus, and high cholesterol. They also understand basic health screening procedures, including routine blood pressure monitoring during every Posyandu session and periodic blood glucose and cholesterol examinations conducted with the assistance of healthcare professionals.

From the skills dimension, cadres are capable of independently measuring blood pressure using sphygmomanometers. Appropriate role distribution is applied by assigning more specialized examinations to healthcare professionals. Cadres are also actively involved in the innovative SELANTANG Program (*Sekolah Lansia Tangguh* Resilient Elderly School), which includes education on first aid, self-massage techniques, and mental health awareness.

From the attitude dimension, cadres demonstrate the highest level of adaptability and empathy compared to services for other age groups. They are willing to conduct home visits for older persons who are unable to attend Posyandu activities. The high enthusiasm of elderly participants many of whom arrive before activities begin reflects the cadres' success in creating a comfortable and socially meaningful service environment, as stated by the KSH Coordinator of RW 2:

> *"In my area, the elderly are actually the most enthusiastic. They usually arrive and queue even before we open because we also provide door prizes."*

E. CONCLUSION

Based on the research findings, the competency of the Great Surabaya Cadres (KSH) in Gayungan Village is generally quite good, although it varies across service aspects. The greatest strengths are demonstrated in adult and elderly services and integrated health service post (Posyandu) management, where cadres possess a comprehensive knowledge base, structured skills, and an empathetic attitude that encourages high community participation. Services for infants, toddlers, and pregnant and breastfeeding mothers have been well-functioning, although there is still a reliance on health workers for independent education.

School-age and adolescent services are areas that require the most attention, with the adolescent Posyandu program not yet systematic, cadre knowledge limited, and direct involvement minimal. Furthermore, a digital skills gap persists among older cadres, necessitating the need for digital literacy development tailored to their individual needs.

Based on the research findings, the researchers recommend equalizing and standardizing training materials so that all cadres can carry out promotive and preventive functions independently, strengthening digital literacy for cadres with limited technology, developing a more

systematic and scheduled adolescent Posyandu program, and strengthening the cadre grading system as a structured competency-building mechanism. Further research is expected to be able to assess the impact of cadre competency on public health outcomes in a measurable manner.

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