

Evaluation of *Si Kesi Gemes* implementation (strengthening system of *Kelurahan Siaga* in the framework of healthy living community movement) in the City of Yogyakarta

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Abstract

Purpose: *Kelurahan siaga* is a form of community empowerment. The latest data from Pusdatin in 2013 shows that the percentage amount of *desa* and *kelurahan siaga aktif* in Indonesia was 65.2%, and in DIY was 94.3%. The percentage of *kelurahan siaga* in Yogyakarta City in 2016 reached 100% but experienced torpidity. The *kelurahan siaga* was revitalized by establishing the *Si Kesi Gemes* network. This study aimed to evaluate the implementation of *Si Kesi Gemes* in Yogyakarta City. **Methods:** This research used a qualitative descriptive exploratory study with a single case study design. The selection of informants was carried out by purposive sampling. The selected informants were local officials and non-governmental organizations registered in the *Si Kesi Gemes* network. Data were collected using *Focussed Group Discussion (FGD)*, in-depth interviews and observations. FGDs were conducted in 2 groups by undertaking in-depth interviews with 21 participants. The data validity was done using triangulation and peer debriefing. **Results:** The formation of *Si KesiGemes* was done using a combination of top-down and participatory approaches. The top-down approach means that the network is initiated and formed by the Health Office, while the participatory approach means that *Kesi* is involved in the regional network formation. *Si Kesi Gemes* plays a role in activating the coordination of *Kesi* and extending cooperation with private health service facilities, health colleges, and local employers. The effectiveness of *Si Kesi Gemes* is indicated through the accommodation of *Kesi* in the village fund, the liveliness of the village coordination forums, the funding from CSR, the activeness of *UKBM Posbindu*, and the presence of innovative activities. *Public* health centers still dominate *UKBM* coaching, and the training does not meet the needs of participants. **Conclusion:** The formation of *Si Kesi Gemes* is indispensable for binding the involvement of the networks in supporting *Kelurahan Siaga*. *Kesi*, *FKKS*, and *FKS* are expected to schedule regular coordination at the village, sub-district, and city levels.

Keywords: effectiveness; *kelurahan siaga*; network; *Si Kesi Gemes*

INTRODUCTION

Public health and welfare is a need for communities throughout the world. The 9th Global Health Promotion Conference agreed on several things that are the commitment of all countries to realizing human welfare as outlined in the 2016 Shanghai Declaration to realize "Health for All 2030", one of which is realizing healthy cities [1].

Research conducted in 77 cities in China regarding the Impact of the Healthy Cities Initiative on the Urban Environment shows that there has been an increase in the proportion of treated domestic waste (32%), processed waste (30%), and an increase in the market for agricultural products that meet health requirements (40%). This research is a longitudinal study conducted over 25 years. China is targeting the realization of Healthy China 2030 [2].

One of the aims of establishing a healthy city is to increase public awareness so that they behave well and healthily to achieve the highest level of public health. Forming *kelurahan siaga* empowers and makes the community independent at the sub-district level [3].

Kelurahan Siaga is a national program that must be established in every village/sub-district throughout Indonesia. *Kelurahan siaga* is committed to empowering the community in health development through national and global collaboration, strengthening the role of the community as subjects or organizers and actors of health development, and increasing community-based health efforts. *Kelurahan siaga* program is expected to accelerate the realization of an independent, advanced, just, and prosperous Indonesian society [4].

The latest data from Pusdatin in 2013 shows that the number of active *kelurahan siaga* in Indonesia is 65.2%, and DIY is 94.3% of the total existing villages and sub-districts. *Siaga* sub-districts in Yogyakarta City in 2016 were dominated by the *pratama* level 73.3%, *madya* 15.6%, *purnama* 8.9% and *mandiri* 2.2% [5].

Various studies have been carried out, but most look at the network of *kelurahan siaga* and healthy cities in the City of Yogyakarta from the perspective of the Advisory Team and the Healthy City Forum. At the same time, this research evaluates the system for strengthening the network of *kelurahan siaga* from the sub-district level to the city level, which involves stakeholders from various levels from the city level to *RW/RT*.

Kelurahan Siaga in Yogyakarta is experiencing "suspended animation", its development is not as expected, so the government is revitalizing *kelurahan siaga* by building a network strengthening system between the government at various levels and sectors

and community organizations through Yogyakarta Mayor Decree No. 373 of 2017 concerning Establishment of a System for Strengthening *Kelurahan Siaga* in the Context of the Healthy Living Community Movement abbreviated as "Si Kesi Gemes". *Si Kesi Gemes* is a strengthening system designed to reactivate the role of *kelurahan siaga*. *Si Kesi Gemes* is an effort to make health not just the responsibility of the government but of all components that require health. The active participation of regional officials, social institutions, community organizations, the private sector, the business world, community leaders, and the community itself is necessary to create a healthy society). *Si Kesi Gemes* contains the role of regional apparatus and non-governmental organizations and the *Kesi Work Network* from the city level to *Dasawisma* [6].

Community empowerment is the process of communities gaining greater control over decisions and resources that affect their lives, including the determinants of health [7]. Collaborative efforts in community empowerment are significant despite the challenges in building partnerships between communities, professionals, and government representatives at community and regional levels [8].

Kelurahan Siaga is a sub-district whose residents have the resources, ability, and willingness to independently prevent and overcome health problems, disasters, and emergencies. The general aim of establishing alert villages is to create a community that is healthy, caring, and responsive to health problems in its area [9].

Networks are formal and informal interaction systems used in the organization and the inter-organization. Organizations with wide networks will operate well because they receive more comprehensive information and knowledge in their environment [10]. Networks make it easier to access resources and information, thereby saving time [11].

Inter-organizational relationships are long-term relationships that aim to achieve common interests while maintaining organizational independence, autonomy, and differences in motives [12]. Networks between organizations are formed because of similar domains, interests, norms, and similar motivations [13]. Network mapping is required to identify each network's resources [14].

Network relationships in inter-organizational networks are divided into three dimensions: structural, relational, and cognitive. The structural dimension measures network patterns, actor hierarchy, network density, actor connectivity, and centrality. The relational dimension includes relationships or the strength of ties between actors based on trust,

obligations, hopes, and norms, which are crucial in developing ties between actors. The cognitive dimension of a network refers to the factors that influence the shared understanding of a situation among actors in a network [14]. The networks influence organizational effectiveness, and an organization uses them to strengthen the structure, cooperation, communication, and achieve goals [15]. Collaboration between various sectors of society is formed to take appropriate action and achieve more effective, efficient, and sustainable results [16].

Si Kesi Gemes is a strengthening system designed to reactivate the role of *Kelurahan Siaga*. *Si Kesi Gemes* makes health not only the responsibility of the government but also all components that require health. The Mayor's Decree regarding *Si Kesi Gemes* determines the role of regional officials and non-governmental organizations in *Kesi's* healthy living community movement. The network in *Si Kesi Gemes* includes 1) coordination network, 2) coaching network, and 3) reporting network [6].

Evaluation is a systematic process of collecting, analyzing, and reporting data about something to assist decision-making [17]. Evaluation objectives for the government are: 1) a form of supervision of institutions, 2) the basis for making policies with a strong knowledge base, 3) program development, and 4) providing information to the public about the activities carried out [18].

Evaluation based on its objectives is divided into formative and summative evaluation. Formative evaluation is carried out to obtain information to guide program development or improvement. This evaluation is prospective and proactive [19]. Evaluation assesses how well a program is implemented, usually carried out during initial implementation [20]. Summative evaluation is carried out after the program has been implemented. The main objective is to assess whether a program meets the goals and objectives set and becomes the basis for decisions regarding its effectiveness and whether to continue [19]. In this context, this study falls into the formative evaluation category.

The implementation of *Si Kesi Gemes* has entered its fourth year. Regional apparatus and non-governmental organizations are essential in strengthening this system. Therefore, it is necessary to research to evaluate the implementation of *Si Kesi Gemes* in the City of Yogyakarta. In this research, an evaluation was carried out regarding the formation process, implementation of the role and effectiveness of *Si Kesi Gemes* in strengthening *Kelurahan Siaga*.

METHODS

This research is an exploratory descriptive qualitative research with a case study design. The location of the research was in the city of Yogyakarta. The selection of informants was carried out using purposive sampling. The informants selected were regional officials and non-governmental organizations registered in the *Si Kesi Gemes* network, still actively served by the institutions overseeing them.

Data was collected primarily through observation, FGD, and in-depth interviews. Observations were carried out by looking at *Kesi* activities in two sub-districts in the form of meetings, UKBM activities, health promotion activities in the community, *Kesi* coordination meetings, and coordination of health promotion officers at the Health Service. FGDs were conducted with two groups of *Kesi* administrators, eight people each. In-depth interviews were conducted with 21 people, and the details of the informants are in Table 1. Data was collected by direct interviews with five informants and telephone interviews with 16 informants.

Observations were originally to be carried out in four sub-districts with *pratama*, *madya*, *purnama*, and *mandiri strata*. Still, due to the COVID-19 pandemic, observations could only be carried out in two sub-districts with intermediate and independent strata. The COVID-19 pandemic has caused all mass gathering activities to be stopped, so *Kelurahan Siaga* activities such as UKBM, meetings, and health promotions cannot be carried out, and the observation process cannot continue. Researchers optimized data collection through in-depth interviews.

Qualitative research instruments use observation guides, FGD guides, and in-depth interview guides prepared in an open and unstructured manner. The research was conducted in January - July 2020 after obtaining ethical approval from the Faculty of Medicine, Public Health and Nursing Ethics Commission, Gadjah Mada University.

Data analysis in qualitative studies uses content analysis by finding meaning and identifying the meaning that emerges from the data collected in the form of codes, categories, and determining themes. Researchers used the Open Code 3.6 application to assist in analyzing qualitative data. The validity of the data is guaranteed by triangulation and peer debriefing.

The definition limits used in this research are:

1. The formation of *Si Kesi Gemes* is a stage or process of forming the *Si Kesi Gemes* network.

- The role of the Si Kesi Gemes Network is the network's contribution to *Kelurahan Siaga*, as seen from the network's working mechanism, which consists of coordination, coaching, reporting, and cooperation.
- Effectiveness is the conformity of achievement with the set objectives as seen from network support for increasing indicators for *Kelurahan Siaga* strata, which consists of 8 indicators, and only four indicators are taken consisting of active health cadres, posyandu, and other UKBM, accommodation of funds in the sub-district budget, and active role of funding from third parties.

Table 1. List of informants

Informant	Number of people	Method of collecting data
Regional Apparatus		
1. Public Health Office	1	In-Depth Interview
2. Bappeda	1	In-Depth Interview
3. DPMPPA	1	In-Depth Interview
4. District	2	In-Depth Interview
5. Community Health Center	3	In-Depth Interview
6. Subdistrict	3	In-Depth Interview
Non-governmental Organization		
1. Forum Kota Sehat	1	In-Depth Interview
2. Forum Komunikasi Kecamatan Sehat	2	In-Depth Interview
3. PKK Kelurahan	1	In-Depth Interview
4. LPMK	2	In-Depth Interview
5. Health Cadre	2	In-Depth Interview
6. RW Siaga	2	In-Depth Interview
7. Kelurahan Siaga	16	Focus Group Discussion

RESULTS

Kesi's (Kelurahan Siaga) condition of suspended animation and lack of support was the background for the formation of *Si Kesi Gemes*. The formation was carried out by identifying and advocating for network needs at the OPD level until it was designated as *Kepwal*, socializing the network formed to all parties, and expanding the *Kesi* network in the region. *Si Kesi Gemes* is a formal network formed with a combination of top-down and participatory. The network relationship pattern is carried out hierarchically or in stages.

Si Kesi Gemes plays a role in activating coordination, providing guidance, monitoring evaluation, and mobilizing *Kesi*. Barriers to implementing the role include low coaching commitment, differences in the competence of health promotion officers, differences in

understanding of *Kesi* and Healthy Cities, and the absence of reporting and CSR guidelines. The social capital owned by the network is a source of strength, but differences in motives for involvement and perceptions that consider *Si Kesi Gemes* as a program and not as a network are factors that weaken it.

Si Kesi Gemes supports the improvement of *Kelurahan Siaga* strata indicators with the allocation of the *Kesi* budget in sub-district funds, the active *Kesi* coordination forum, and third-party funding originating from CSR which has started to run and activate UKBM, especially the formation of *Posbindu RW*. However, training to increase cadre competency is not based on needs analysis and does not provide equal opportunities for cadres. *The role of community health centers still dominates Posyandu and UKBM development*. Innovation emerged in the *RW Siaga Expo*, involving youth cadres in PIK-R and basic *posbindu* and collaboration with *Greget CTPS*. The implementation of *Si Kesi Gemes* is described in Figure 1.

DISCUSSION

Kesi's condition in suspended animation encouraged the formation of Si Kesi Gemes

Si Kesi Gemes is a network formed by the Health Service to revive *Kesi* who are in suspended animation and do not receive support. *Si Kesi Gemes* was formed using a combination of top-down and participatory practices as shown in Figure 2. Top-down policies have advantages in providing resources. Advocacy for OPD and regional leaders is carried out to obtain agreement on the support provided. [21]. A policy will clarify the work base, cooperation structure and support for the selected indicators. One way to equip various government sectors with aims, tasks and targets related to health is to involve them in government programs [22]. *Si Kesi Gemes* involves the role of all OPDs in *Kelurahan Si17002aga* program.

Si Kesi Gemes involves not only the role of OPD and regional leaders but also non-governmental organizations, so outreach is needed to the entire network. Socialization has an important role in policy implementation strategies, that are: 1) the content or substance of the policy needs to be known by the target group, 2) providing knowledge, understanding as well as guidance on the role given, 3) providing an overview of response, readiness and the ability and prediction of the level of success of implementing the policies that will be implemented [23].

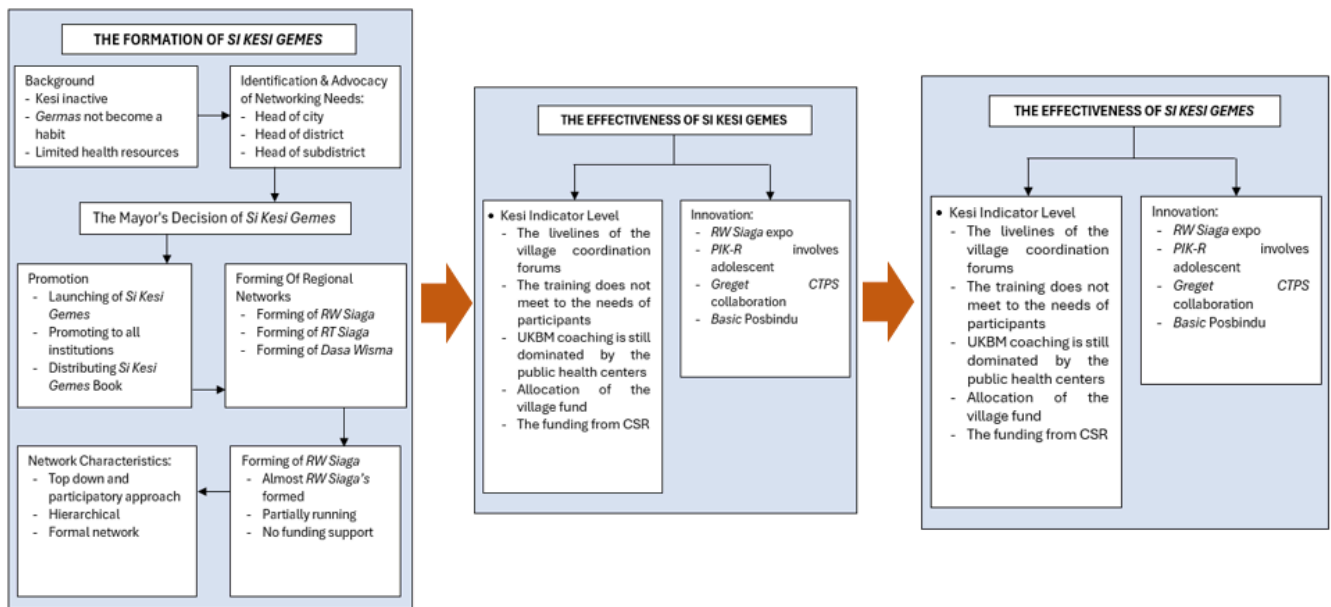


Figure 1. Implementation of Si Kesi Gemes, Yogyakarta City

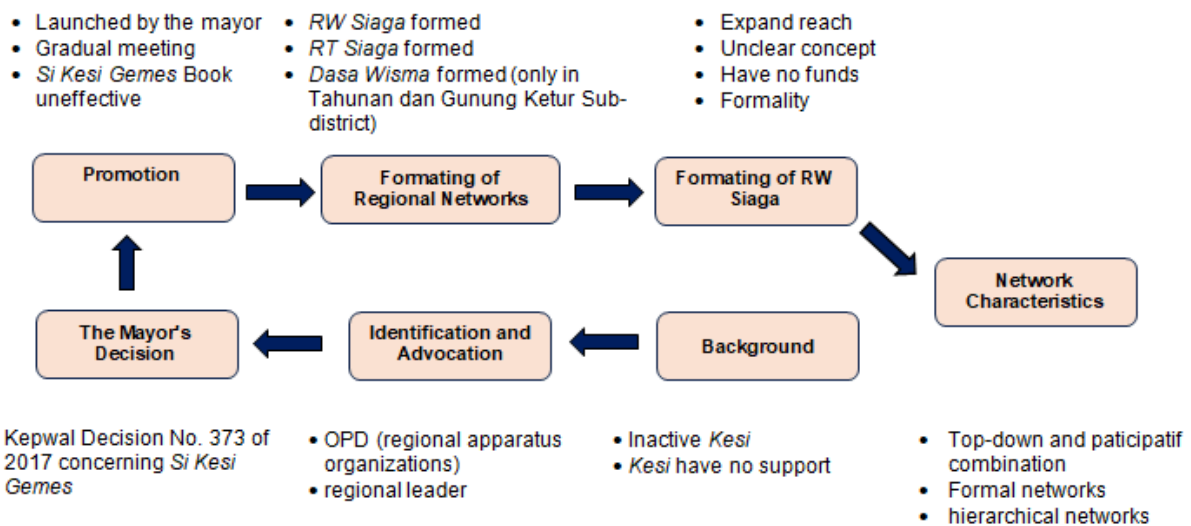


Figure 2. Formation of the Si Kesi Gemes network

The socialization of *Si Kesi Gemes* was carried out through a launch by the mayor, gradual meetings with all networks, and the distribution of *Si Kesi Gemes* Books. Socialization through the book *Si Kesi Gemes* was considered ineffective because the book was never opened or read. The use of media for socialization has not made a significant contribution to increasing public knowledge and awareness. Coordination between respective networks is needed to support socialization [24].

The formation of *Si Kesi Gemes* was carried out in a participatory manner involving *Kesi's* role in forming *RW Siaga*. However, it was still carried out on the orders and facilitation of the Health Service. *RW Siaga* is *Kesi's* internal network to expand the reach of

empowerment. Network formation can occur internally (within the organization) or externally (between organizations). Internal networks are formed to strengthen the norms and values that characterize the organization, while external networks are formed because of interdependence or mutual needs [25].

The *Si Kesi Gemes* network is a multi-level network. The formation of a hierarchical network aims to obtain comprehensive support from various levels and the distribution of network roles according to levels of authority. One of the obstacles to implementing *Kelurahan Siaga* in Pontianak City was the absence of a division of roles between regional apparatuses such as sub-districts, sub-district OPDs, and other agencies in a binding decision. The lack of regulations impacts the

difficulty of coordination and cooperation between institutions [26]. *Kepwal Si Kesi Gemes* facilitates coordination and cooperation between networks because it has a legal basis and a clear division of tasks.

Si Kesi Gemes does not have a coordination forum that involves all elements of the network so commitment to implementing its role is really needed. The presence of *Kepwal Si Kesi Gemes* is very much needed to bind the involvement of all parties in supporting the strengthening of *Kelurahan Siaga*. A cross-sector forum consisting of OPD, sub-district, sub-district, sub-district LPM, City PKK, cadre associations and health campuses was formed to make an agreement on the acceleration and sustainability of *Kelurahan Siaga*. In reality, no follow-up was made in the form of a work plan or division of tasks that was formed only produced an agreement on paper [26].

The existence of a coordination forum between the *Si Kesi Gemes* network is still needed to maintain connectivity, equalize understanding and support for *Kesi*, it's just that a form that is more appropriate to the multilevel characteristics of the network needs to be considered. A network with strong relationships has several characteristics, that are: 1) regular and intense contact, 2) having agreed formal and informal rules, 3)

cooperation channels in various forms and 4) having a long-term orientation [13]. Coordination forums can be formed separately for city, sub-district and sub-district level institutions as a medium for communication and coordination between networks.

The role of Kesi Gemes in activating Kesi

Si Kesi Gemes plays a strong role in activating coordination between various parties related to *Kesi* as shown in Figure 3. Coordination is carried out both vertically and horizontally. Vertical coordination is carried out through meetings with sub-districts, health centers, FKKS and the Health Service, while horizontal coordination is carried out with LPMK, PKK, Tagana and other sub-district institutions. Horizontal coordination is more towards cooperation or collaborative activities. One of the obstacles to the implementation of *kelurahan alert* was coordination which was only carried out vertically between the Health Service, community health center and the community, but horizontal coordination did not work due to the absence of regulations regarding *Kesi* coordination lines so that cooperation with other sectors did not work [26]. *Si Kesi Gemes* provides guidelines for *Kesi* coordination lines not only vertically, but also horizontally.

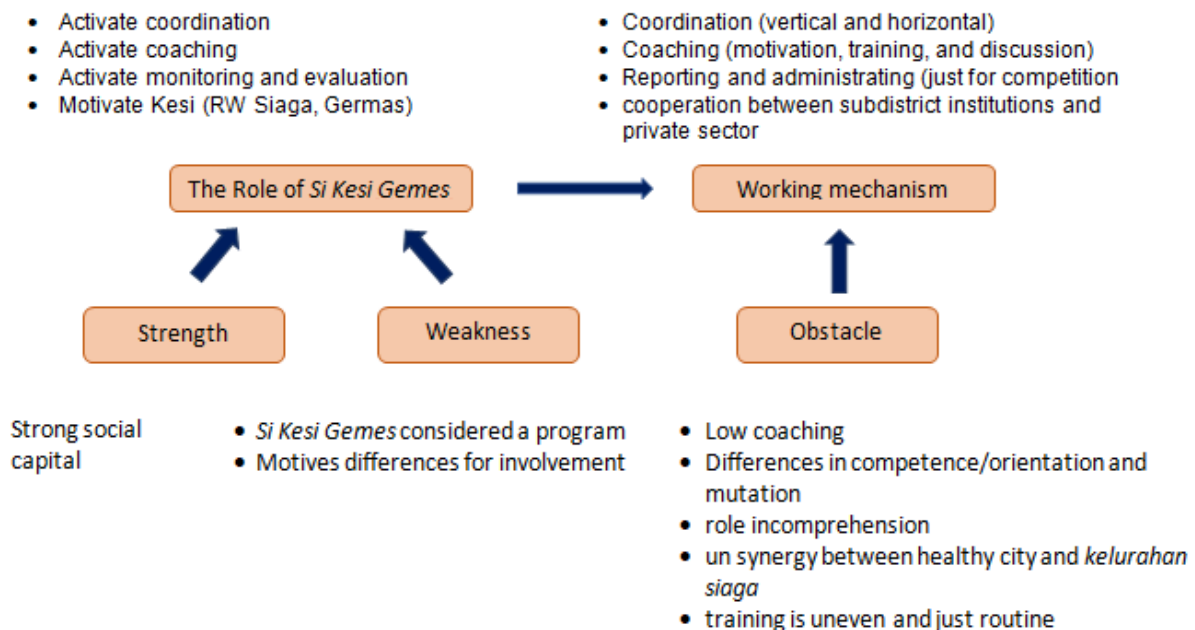


Figure 3. The Role of *Si Kesi Gemes*

Delivery of information in vertical coordination is two-way. *Kesi* had the opportunity to express his opinion at the city level of the *Kesi* coordination meeting. The effective communication model applied in organizations is two-way symmetrical or two-way communication. Communication that is carried out is more egalitarian (equal) and can foster subordinate

motivation to feel involved in achieving the success of the organization in achieving its goals [27].

Coordination between networks plays an important role when planning activity budgets. The preparation of sub-district budgets is carried out in a participatory manner. The participatory budgeting model allows *Kesi* to obtain a budget according to needs. The

participatory approach is a combination of a top-down and a bottom-up approach. This approach is considered effective because cooperation and interaction between the government and the community will produce a budget that has support from both parties so that there is a strong commitment to implement it [28].

The amount of the *Kesi* budget depends on the loyalty of the village head and sub-district head in the health sector. Differences in understanding between stakeholders also influence budget acquisition. Communication between *Kesi* and related networks plays a close role in achieving the expected decisions. Inequality of stakeholder positions can be a barrier to communication. However, a high frequency of interaction and communication with stakeholders will increase trust, a source of relational strength that can support achieving the expected decisions. The variables influencing communication between organizations are the frequency of interaction, trust, and power [29].

The characteristic of successful coordination is the growing awareness of working together and helping each other [30]. *Kesi* collaborates with health academies, private health facilities, and local entrepreneurs. *Kesi* collaborated with the health academy because of the need for paramedic coaching for the elderly at posyandu. Private health facilities provide promotive and preventive services to help improve the quality of public health. Collaboration with entrepreneurs in the form of CSR is carried out because of *Kesi's* funding needs. Inter-organizational work is a process of exchanging resources, joint action, or joint decision-making. Cooperation between organizations is carried out to pursue common interests [31].

Collaboration with corporations is not only in large companies but also starting to be initiated with small entrepreneurs such as retail entrepreneurs, restaurants, batik, laundry, etc. These entrepreneurs assist in the form of funding and facilities such as meeting places, parking spaces, documentation services, and so on. However, most CSR assistance is provided in the form of financial support. It is this concept that several *Kesi* disagree with. CSR is considered "asking" for something from other parties, thereby creating dependency and not being by the principle of independence. *Kesi* already has a funding mechanism with healthy funds [32]. The CSR concept that *Kesi* wants is more collaboration with private health facilities to empower the community in the health sector. One of the obstacles to cooperation between organizations is the reluctance of organizations to give up their independence [33].

Cooperation in the form of CSR should not only be seen narrowly in the health business world. Still, it can

involve all sectors because health issues are not the responsibility of entrepreneurs in the health sector alone. CSR is not "asking" but "giving"; entrepreneurs give some of their profits as a form of corporate responsibility in the social and environmental fields. No company is isolated. Companies live in and within an environment. Companies can live and grow thanks to the society in which the company lives [34].

One of the aims of establishing *Si Kesi Gemes* is so that the role of coaching *Kesi* is not only the responsibility of the health service but becomes the responsibility of all parties according to their authority. Coaching for *Kesi* is carried out through the facilitation of activities, discussions, training, providing motivation and input, and involvement of leadership in coaching activities needed to build implementing capacity. Building capacity through coaching is no longer interpreted as top-down between parties with capacity and those deemed incapable. Capacity building is a combination of knowledge and skills. The capacity development process evolves through collaboration and efforts to increase existing capacity [35].

FKS and FKKS do not offer optimal coaching due to a lack of understanding of roles. Role ambiguity significantly affects a person's performance in the organization. Role ambiguity can be caused by inadequate information regarding the assigned role [36]. The obstacle to developing *FKKS* is also because *Kesi* considers *Kelurahan Siaga* and Healthy City different programs. Program egoism eventually emerged and became an obstacle to integrating health empowerment in society. Evaluation of the understanding of network members is necessary, not only for *FKS* and *FKKS* but also for network members.

Commitment also influences coaching because *kelurahan siaga* is a community empowerment activity requiring a high commitment to tasks and time sacrifice. Several *Kesi* said that guidance from community health centers and sub-districts was still not running due to time constraints for activities outside working hours. Commitment to the organization influences employee performance. Organizational commitment arises because workers know their rights and responsibilities, so time sacrifice is part of the job risk [37].

Coaching requires appropriate competency qualifications, especially for the leading program coaches and health promotion officers. Health promotion officers have inappropriate educational qualifications, a lack of uniformity in orientation, and the obligation to train independently and only learn from seniors. Education/training and competency significantly affect employee performance; employees

with education and training that match competency have better performance [38].

Inadequate coaching is also found in the role of *OPD*. *DPMPPA* is the leading sector for several *UKBM* activities under *Kesi*: *posyandu*, *GSI*, and *KPI*. The cadre said community health centers still dominate guidance for the three *UKBMs*. *DPMPPA* provides the same training/refreshing annually with almost the same participants, so it becomes a routine activity. The training provided is top-down without paying attention to cadre needs. The empowerment process must be tailored to the needs of the target. The implementation of training must pay attention to the needs of cadres and the availability of time so that it is more targeted [39].

The actor's role in the *Si Kesi Gemes* network is supported by their strong social capital. However, perceptions regarding *Si Kesi Gemes* as a program and differences in motives for involvement weaken the implementation of this role. *Si Kesi Gemes* is perceived not as a network but as an innovation program from *Kesi* with additional *Germas* activities. This wrong perception by informants shows a lack of effective socialization. *Kesi* already existed so that *Si Kesi Gemes* will be perceived similarly. Several factors shape perception, including motives, interests, and experience, influencing how a person views an event. Perception is also influenced by elements in the surrounding environment [40].

The motives for organizational involvement in the *Si Kesi Gemes* network vary greatly. These motives consist of the need for resources (*Kesi*), compliance with regulation (*OPD*, sub-district, sub-district), supporting organizational interests (*FKS* and *FKKS*) to the need for information from other networks (*PKK* and *LPMK*). The actors involved in organizations aim to access the resources or abilities needed and shorten the process of obtaining and using information/knowledge [12]. Joining an organization in a network may be due to the need to fulfill regulatory requirements from a higher authority such as law [33].

Chairman *Kesi* has strong social capital because most are respected community figures, have a respected profession (doctor), have long organizational experience, and even have close relationships with important figures such as council members and Gusti Putri (the governor's daughter). The horizontal relationships with sub-district institutions are formed because of relationships of cooperation and cooperation that have existed for a long time and are based on mutual trust. Social capital comes from strong personal relationships between local community members based on mutual trust [12]. The power of

social capital makes it easier for *Kesi* to access resources. Social capital guarantees they have the right to use resources from other actors. These resources are obtained from influential actors or different parties but are due to their influence [12].

The effectiveness of *Si Kesi Gemes* Based on *Kesi Strata* indicators and the emergence of innovation

Si Kesi Gemes supports improving *Kesi* strata indicators through accommodating *Kesi* activities in sub-district funds, starting active third-party funding through collaboration with local entrepreneurs, activating *Kesi* coordination forums, activating *UKBM* activities through the formation of *RW posbindu* and training support for cadres.

Budgeting certainty allows *Kesi* to plan activities according to needs. Budget allocation allows organizations to be creative and innovative in planning activities that benefit society. [41] The *Kesi* coordination forum is one of the activities facilitated using sub-district funds to activate *Kesi*. Meeting forums are very important to use for coordination. Meetings can coordinate activities, provide direction, carry out evaluations, and monitor so that goals are achieved more quickly and purposefully [26].

The size of *Kesi's* budget from sub-district funds is limited, so other funding sources are required. Third-party funding obtained through collaboration with local entrepreneurs in the form of *CSR* (corporate social responsibility) has begun to be initiated by several sub-districts involving various local entrepreneurs and community leaders (Gusti Putri, council member). *CSR* is a form of corporate ethics towards society. Corporate social responsibility can allow society to create change and improve the quality of life [42].

Si Kesi Gemes activated *UKBM* activities related to *Germas* by establishing *posbindu* in each *RW*. *Posbindu* is the main activity of *RW Siaga*. *Posbindu* activates participation because the community feels the health checks' benefits. Community participation grows because of opportunities (opportunities to participate), willingness (something in the form of benefits that can be felt), and the ability to participate. [43].

Si Kesi Gemes can integrate *UKBM* development into the system through cross-sector involvement. However, the role of coaching is still dominated by the health service through community health centers, while the role of other *OPDs* is not yet optimal. The role of other *OPDs* is limited to fulfilling data and reporting needs as well as the success of the programs of each *OPD*, not the success of comprehensive community empowerment programs. This shows that the

community empowerment process carried out still prioritizes sectoral egos. Each state institution has different authorities according to its duties and functions, but each state institution has the same goal of advancing the realization of community welfare. Awareness of this common goal is a source of strength to reduce sectoral egos which become obstacles to cooperation [44].

It is hoped that the formation of *Si Kesi Gemes* can support increasing their competencies. It is hoped that increasing cadre competency will not only be carried out by the Health Service. However, the implementation of training by *DPMPPA* has not been effective because it is not based on an analysis of cadre training needs and has not provided equal opportunities for all cadres so the training carried out has simply become routine. Adman's research results stated that this training needs analysis aims to determine the condition of personnel competency. This analysis will place a person in the right training. Appropriate training indicates competency suitability for a person's field of work [45].

The emergence of *innovation* can also measure the effectiveness of *Si Kesi Gemes*. New activity innovations emerge when sharing experiences between *Kesi* at city-level *Kesi* meetings. Innovation arises because of the diversity of an organization's networks and partners. The many institutions involved in the network will enrich external knowledge sources [46].

Innovation can also arise due to limited resources, giving rise to ideas for collaborating with other networks by combining existing resources. *Greget CTPS* in *Purwokinanti* sub-districts is a collaboration in procuring barrels by sub-districts and the *CTPS* movement initiated by *Kesi* as a form of hand washing campaign to prevent Covid 19. Collaboration in networks between organizations is the primary driver of innovation. Innovation requires resources, so collaboration is needed to utilize the resources owned by each network for the common good [47].

The formation of *RW Siaga* as a new network without funding or training support gave rise to activities that functioned as a means of socialization and providing training and financial support in the form of an *RW Siaga Expo*. Cadre regeneration is a problem faced by almost all sub-districts, so *Kesi* innovated by involving teenage cadres in *PIK-R* (teen health information center) activities and in basic *posbindu* activities carried out at *Dasa Wisma* meetings and *PKK RT* meetings. It is hoped that youth involvement from an early age can help regenerate adult cadres. Stephen Robbins defines innovation as a

new idea that is applied to initiate or improve a product or process and service. [15]

CONCLUSION

The formation of *Si Kesi Gemes* is very much needed to bind cross-sector involvement in the network to support the implementation of *kelurahan siaga*. Barriers to coaching were found in low network commitment, differences in competency of health promotion officers, and the absence of synergy between *kelurahan siaga* and healthy city programs.

The effectiveness of *Si Kesi Gemes* is realized in the cooperation between internal and external networks, two-way communication at various levels and the support provided for improving strata indicators in achieving goals. The distribution of networking roles has been carried out at the structural level, but the coaching role has not been carried out optimally.

The management principles of *Si Kesi Gemes* in Yogyakarta City which can be used as a reference in adopting the same concept for other programs and regions include: 1) network development carried out with a combination of top-down and bottom up which actively involves the role of government and society, 2) innovation climate it has become a culture in the city of Yogyakarta so that organizations and society are not surprised by changes, 3) Chairman *Kesi* has quite strong social leadership capital, and 4) the people of Yogyakarta City have a high volunteer spirit so they are used to being active in various community organizations.

It is hoped that future research can increase the diversity of informants, especially from the *OPD* element, and increase the variation in the number of sub-districts observed. The research topic regarding partnerships between *kelurahan siaga* and other organizations, such as health sector NGOs and philanthropic organizations, is interesting. Still, it is not part of the focus of this research.

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