Implementation of the Germas (Heathy Lifestyle Movement) Program to Prepare Demograpic Bonuses in the Collaborative Governance Perspective-2-12

by Lailul Mursyidah

Implementation of the Germas (Healthy Lifestyle Movement) Program to Prepare Demographic Bonuses in the Collaborative Governance Perspective

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Germas has been established in order to improve the quality of public health, especially in the face of demographic bonuses, a condition where the population of productive age is more than the non-productive age. The positive impact of the demographic bonus is the availability of workers of productive age who can advance various development sectors primarily in regional economic development. Aside from education, the condition of public health is very important to pay special attention to, given the quality of the health of the productive age community in Sidoarjo Regency which is quite worrying, namely 70% of HIV / AIDS cases are in the productive age population. This requires the involvement of various parties in the success of the Germas program. The purpose of this study is to analyse the effectiveness of Germas as a program in preparing demographic bonuses in the perspective of collaborative governance in Sidoarjo Regency. This type of research uses a qualitative descriptive technique with the determination of purposive sampling informants, while the research data collection uses interviews, observation and documentation where the results are analysed with the interactive model of Miles and Huberman. Based on the results of the study, it is concluded that the effectiveness of the program in preparing demographic bonuses through the collaborative governance perspective in Sidoarjo in terms of face to face dialogue of the Germas program, the implementation of meetings, campaigns, and training is not scheduled and irregular. In terms of sharing understanding in the delivery of regulations related to Germas, this has been implemented well through campaigns, print media and

broadcast on the radio. For intermediate outcoming from the implementation of the Germas program in Sidoarjo Regency is still in the stage of socialisation, thus the results of the main objectives expected in the Germas program to prepare a demographic bonus have not yet been seen.

Key words: *Public Policy, Collaborative Governance, Bonus Demographics, Trust Building, Shared Understanding.*

Introduction

The Healthy Lifestyle Movement (Germas) is one of the government programs established with the aim of improving the quality of public health that can be used as an anticipatory strategy in the face of demographic bonuses. Demographic bonus is a condition where the composition or structure of the population is very beneficial in terms of development because the number of productive people is very large, while the proportion of unproductive population (aged less than 14 years and above 64 years) is getting smaller or is minimal (Minister of Health, 2016). According to the Central Statistics Agency (BPS), since 2012 Indonesia has actually begun to enter the era of demographic bonuses and will reach its peak in 2028-2031. Like two sides of a knife, on the one hand demographic bonuses give birth to a relatively abundant working age population with a working age that can advance various main sectors of the economic sector, but in the economic sector the other side can lead to new problems if the existing human resources are not accompanied by quality (Medcom.id, 2017). For Indonesia, the demographic bonus will have a positive impact in increasing development rates, especially at the regional level, both in the social, economic and educational fields. The demographic bonus will pass if the government does not pay attention to the quality of the productive age human resources health who are the labour force as the main actors to boost the economy in response to the poverty problem in this country.

Different fields have their own type of grasshoppers, and so different fishponds have their own kind of fish. Sidoarjo Regency has responded to the presence of a demographic bonus by establishing and implementing the Healthy Life Movement (Germas) program since 2017. The determination of the Germas program is very reasonable because the quality of public health in Sidoarjo Regency, especially in the productive age community is quite alarming. This can be seen by the type of illness and contagious diseases suffered at productive age, namely HIV / AIDS. Based on data from the National AIDS Commission (KPA) Sidoarjo, the total number of people with this deadly disease in 2016 was 1,741 people. In 2017 it increased to 2,361 people. Of the total, 19 percent (436 people) died; the remaining 81 percent or 1,925 patients were still alive. The majority of cases were men with 70 percent or 1,647 people and the rest

were women (Jawa Pos, 2017). Of the total cases reaching 2,361 people, there are almost 70 percent of sufferers who are of productive age (Kabarsidoarjo.com, 2017).

Non-communicable diseases are IVA (Visual Inspection of Acetic Acid), breast cancer, hypertension and obesity. According to data from the Sidoarjo regency health profile in 2017, the highest number experienced by the productive age was 380,845 female patients aged 30 to 50 years. Those who have a positive IVA totalled 230 people and those with tumors / lumps in the breast was 114 people. The disease arises because of heredity and wrong lifestyle. A total of 1,661,213 people aged over 18 years recorded 64,339 people who have hypertension. A total of 1,013,467 residents with the lowest age of 15 years recorded 37,089 people who are obese.

Productive age in Sidoarjo Regency cannot be said to be ready to pass demographic bonuses. From this description it can be seen that the health condition of productive age in Sidoarjo Regency needs special attention, as well as identifying that the Healthy Life Movement (Germas) program that has been implemented since 2017 has not been running optimally. This is due to several factors. Among others, in HR who handle the field of public health in the Sidoarjo District Health Service, there is only 1 person as the Health Promotion Coordinator at the public health service who has the task of socialising Germas with the target group being the entire community of Sidoarjo Regency. In addition to human resource issues, the Germas program does not yet have a SOP (Standard Operating Procedure) specifically related to its implementation due to the lack of approval from the Sidoarjo Regent for the Germas RAD. Thus currently the Germas program in Sidoarjo Regency is still in the stage of forming an institution or organisational structure and the stage of socialisation therefore the SOP used still uses the SOP of each OPD in Sidoarjo Regency.

The absence of a good SOP results in the implementation of Germas being uncontrolled and systematic. The involvement of non-governmental parties, namely the community, has also not been carried out properly. There are still many productive age people who do not yet know about Germas and only people with the background related to health workers who understand Germas. In addition, the community also does not have an awareness of the importance of health and does not carry out the Germas program because of their busy activities such as school, college and work

Some obstacles that exist in the implementation of the Germas program policies require solutions by involving various parties from the government or non-government in the form of collaborative governance as an important strategy for managing cooperation involving various stakeholders (Syawal & Samuda, 2017). Other opinions also suggest that in order to realise the success of the program then it needs to involve various relevant cross-sectoral parties and also the community as a form of participation (Supriyanto, 2017). The same opinion was stated by Emerson (2018) from the results of his research stating that the urgency of collaborative

governance is used as a solution and strategy for success. Cross-sector collaboration offers a promising way forward, but it must be complemented by design strategies, management skills, and leadership. This collaborative governance review as studied by public administration scholars summarises key empirical findings from various policy contexts.

The preparation of collaborative governance in the Indonesian Overseas Graduate Study Scholarship Program (IOGSSP) consists of:
a). Communication (face-to-face dialogue, website, e-mail, forum mailing list, management of document archives, visits and clarification meetings);
b). Commitment (openness, shared ownership, interdependence, shared responsibility, trust, shared understanding, mission clarity, and equality of problems);
c). Strategic alignment factors of the program include alignment of input indicators, processes and outputs;
d). Intermediate results include collaborative facilitators, follow-up results of monitoring and evaluation, and shared learning outcomes (Ridwan (2019).

Practically, the IOGSSP collaborative governance model can be used to assess the synergy of actors and institutions in implementing public policies in Indonesia. Furthermore, Joseph et al. (2019) stated that the absence of key actors from the government and non-government created the potential for vertical and horizontal conflict. Second, collaboration can occur between various actors who must participate in initiatives to engage directly or indirectly without going through special face-to-face dialogue, building trust and sharing knowledge. Committing to the process is important because from this process in the context of the management of Sipin Lake can be carried out.

Collaborative governance offers a synergistic collaboration concept between various parties to be involved in achieving the success of program planning and implementation, but it is unfortunate that the implementation of the Germas program has not been able to capture the essence of collaborative governance. The government is still a single actor, even events carried out in the Germas program involving parties non-government organisations are tentative and fierce for a moment and there is no sustainability in the next stage. In addition, due to the limited number of government human resources, the socialisation of the Germas program to the public is not optimal, thus the community does not understand the objectives of the Germas program; even the Germas program is also not widely known by the public.

Ansell and Gash (2007: 543) explain in detail that the concept of collaborative governance is a regulatory arrangement in which one or more public institutions directly involve non-government stakeholders in the collective decision-making process, which is formal, consensus-oriented, and deliberative as well as aims to make or implement public policies or manage public programs or assets. According to Wildavsky, collaboration has several

dimensions: first, collaboration is carried out in creating harmony in increasing the stability and harmony of the activities of each actor. Second, collaboration can be a negotiation process, which includes readiness to compromise and make trade-offs. Third, collaboration can involve the role of supervision, checking, deliberation and coordination. Fourth, collaboration may involve strength, the ability to force results or impose one's own preferences on others, to some extent, with their compliance or involvement. Fifth, collaboration may involve commitment and intention in the future, potential behaviour, planning or preparation to harmonise activities. Collaboration can involve involvement, development of internal motivation and personal commitment to projects, decisions, organisational goals or strategic goals. It is clear, even at a glance, that these six dimensions are not always consistent or complementary. (Wanna, 2008: 3).

The model of collaborative governance according to Ansell and Gash (2007: 550-563) consists of several stages, namely a). Initial conditions which are the initial stages of the relationship between stakeholders. Each actor has a different background that can produce a form of asymmetrical relations in the relationship being carried out; b). Facilitative leadership identifies three components of effective collaborative leadership, namely adequate management of the collaborative process, managing the ability to carry out technical credibility, ensuring that collaboration is empowered to make credible and convincing decisions for all actors; c). institutional design, referring to the basic protocols and basic rules for critical collaboration the most emphasised is the procedural legitimacy in the collaboration process. In the collaboration process that must be emphasised, the government must be open and inclusive; d). collaborative process, describes three stages of the collaborative process including determining the problem (problem setting), determining the goal (direction setting), and implementation. Then the stages form collaborative namely face to face dialogue, trust building, commitment to the process, share understanding and intermediate outcome.

Methodology

This study uses a descriptive qualitative method. Qualitative research aims to understand the subject research on the phenomenon experienced by utilising various scientific methods (Moleong, 2007). Descriptive research is research conducted to find out whether one or more variables (independent) is effective, without making a comparison or connecting with other variables (Sugiyono, 2012). The descriptive method was chosen because it can provide a clear picture of the problem under study. As for the technique of determining informants in research, it was done using a purposive sampling method. Informants in this study include: 1). Health Promotion Coordinator at the Public Health Centre; 2). Head of Sub-Sector for People's Welfare, Regional Development Planning Board (BAPPEDA) of Sidoarjo Regency; 3). Promotive and Preventive Staff of the Primary Benefits Assurance Division of the Sidoarjo District Health BPJS; and 4). Productive age community members residing in the district which

is located far from the centre of government and located close to the centre of government. This research was conducted in Sidoarjo Regency and the site of this research was in the Sidoarjo Regency Health Office. Data collection techniques included interviews, observation and documentation. Data analysis techniques was done using interactive models (Miles & Huberman, 2014)

Results

The effectiveness of the Germas program to prepare demographic bonuses in the collaborative governance perspective will be analyzsed based on the Ansell and Gash (2007) model through five stages of the process namely face to face dialogue, trust building, commitment to process, share understanding and intermediate outcoming. If the five stages are carried out properly and correctly, then the implementation of the policy or program can be said to be collaborative. Collaborative governance is the process of formulating policy decisions that are carried out constructively both at the level of government and non-government in order to achieve public goals that cannot be achieved if carried out by only one party. In this research, collaborative governance in Germas in Sidoarjo Regency is conducted between the government and non-government, namely the private sector and the community of productive age who have roles in accordance with their respective duties as stated in the Sidoarjo Regent Decree number: 188/586 / 438.1. 1.3 / 2018 concerning the Working Group on Healthy Lifestyle Movement. Whereas for non-government, in this case, the private sector and community organisations (community organisations) do not yet have a role in the Germas program in Sidoarjo Regency. This is because the RAD Germas have not been received in Sidoarjo.

Face to face dialogue is a stage in the process of collaborative governance that brings together policy actors or programs directly and interactively in order to discuss the interests or goals that have been planned in advance (Ansell & Gash, 2007: 558). Face to face dialogue is a meeting between actors in one location and within the same time period and dialogues occur directly or interactively in discussing planned goals. In Germas a face-to-face meeting is held between policy makers and implementers in discussing Germas institutions. Germas in Sidoarjo Regency has conducted face-to-face dialogue twice since 2018, first in December 2018 conducted by all OPD in Sidoarjo Regency and the Sidoarjo Regent in the form of a meeting for the National Germas campaign and a second meeting in the form of working group meetings discussing Germas institutions in Sidoarjo Regency with results in the form of Regent's Decree number: 188/586 / 438.1.1.3 / 2018 about the Working Group on Healthy Lifestyle Community discussed Germas with staff and the community who were cadres in Posbindu. That is because there is no specific budget for Germas so the executor cannot hold a face-to-face meeting specifically for Germas. Face-to-face meetings in the form of campaigns and outreach with the target of the Germas program in this case, namely productive age people in Sidoarjo Regency consisting of students, students to workers. However, the results are not

optimal because there are still people who do not understand Germas, especially those who do not have a background as health workers. In addition, data from the Sidoarjo District BPJS Health also found that the number of productive age people in the Sidoarjo Regency had been increasingly sick during the last three years, which made the community have to pay for treatment. Monitoring of the Germas program has been carried out even though it is not in accordance with existing regulations that is using the monitoring form or in writing. This has meant that the implementation of Germas in Sidoarjo Regency is categorised as to have yet collaborative when seen from face to face dialogue or face-to-face meetings that are not optimal.

Trust building is a trust that is built to state that every actor does have the same intention in taking a policy that is in the best interest for the common good (Ansell & Gash, 2007:558). Trust building in the Germas program in Sidoarjo Regency is carried out directly through meetings. Every time the Sidoarjo Regency Health Office holds a meeting there is always a time provided and the Public Health Sector Sidoarjo District Health Office informs the meeting participants of the importance of Germas. Trust is always built by the Sidoarjo District Health Office especially in the field of public health to all staff and communities or the target of the Germas program, namely productive age people in Sidoarjo Regency by providing understanding and the impact on health when we conduct Germas programs through face to face, print media and electronic media. Sidoarjo District Health Office especially in the field of public health has realised and has the intention to implement Germas, this is due to the background of the world of health and is in line with the objectives of the Germas program whose goal is to make the community healthy. However, there are problems in building trust in the community which underestimate staff when socialising Germas and would believe if it were not health workers who did the socialisation. However, in other regions the results of trust building carried out by the Public Health Sector of the Sidoarjo District Health Office received a positive response from the community as evidenced by the making of a ball pick-up plan as an innovation in health services in the village, thus people who have a place to live far from the puskesmas can be overcome. The President's instruction on Germas in 2017 and can be said that the Sidoarjo Regency has enough time to be able to build trust in the community about Germas, but in reality trust building has not been carried out. Therefore, the phenomenon is not in accordance with the theory of collaborative governance by Ansell and Gash (2007) which states that policy makers or stakeholders must allocate time to conduct remedial trust building effectively, because if it is not done then collaboration should not be done.

Commitment to process is a commitment or agreement to carry out a process to get the desired goal. Commitment shows that each actor is interdependent in dealing with problems or providing solutions; at this stage it strongly emphasises a sense of togetherness, a sense of shared ownership and openness for shared needs (Ansell & Gash, 2007: 559). In Germas, commitment to the process has not been made between Germas executors because the process

of implementing Germas is still in the institutional and socialisation stages. But before the existence of Germas, a commitment was made to the process of dealing with public health in Sidoarjo, although not on behalf of Germas. Commitment to process has been carried out by the Public Health Sector of Sidoarjo District Health Office particularly the promotion and community empowerment section but only with one party, namely the community, by giving a role in implementing Germas, namely as a posyandu cadre to provide health services to the community in the village. Commitment to process is carried out directly in each cadre meeting which discusses cadre training, as well as health cases that occur in their respective villages and provides solutions together. For the other implementing parties, commitment to process has not yet been formed because the Germas program has not been implemented in Sidoarjo Regency or is still in the socialisation stage so as to make the Germas program commitment to process not optimal.

Share understanding is about the mission of a policy or program by identifying the values in it using the responsibilities of the implementers to achieve the goals set (Ansell & Gash, 2007: 560). Share understanding has been carried out by the Sidoarjo District Health Office especially in the field of public health by socialising the mission of the Germas program in accordance with existing regulations namely understanding the Germas program as has been outlined in Law No. 36 of 2009 on Health. Furthermore in the Presidential instruction of the Republic of Indonesia No. 1 of 2017 concerning the Healthy Lifestyle Movement (Germas) as well as in Regulations of the Minister of National Development Planning/ Head of the National Development Planning Agency of the Republic of Indonesia No. 11 of 2017 concerning General Guidelines for the Implementation of the Healthy Lifestyle Movement (Germas). T he Germas Institution in Sidoarjo District has been regulated in Sidoarjo Regent Decree number: 188/586 / 43.8.1.1.3 / 2018 about the Healthy Lifestyle Movement Working Group. The regulation is always delivered verbally to the target of the Germas program namely the people of Sidoarjo Regency with a productive age in order to share understanding and mission of the Germas program.

Intermediate outcomes are interim results that have been obtained from the implementation of policies or programs therefore implementers can assess the extent of their implementation to get benefits. (Ansell & Gash, 2007: 561). At present the Germas program in Sidoarjo Regency is still in the stage of socialisation carried out by the Sidoarjo District Health Office, especially in the field of public health, so it is not yet known what the temporary results of the Germas program are being implemented. However, it has seen a temporary result of the socialisation of the Germas program conducted by the Sidoajro District Health Office, namely that there are still many people in Sidooarjo Regency who do not yet know about Germas, as evidenced by only those who have a background as health workers who understand Germas. This indicates that the socialisation carried out was not optimal due to one factor, namely the lack of billboards or print media installed in Sidoarjo Regency meaning the public did not know about the Germas

program. The lack of print media installed was due to the absence of a specific budget for Germas which hampered the implementation of Germas socialisation in Sidoarjo Regency.

Figure 1. Collaborative Governance in the Implementation of the Germas Program To Prepare Demographic Bonuses in Sidoarjo Regency
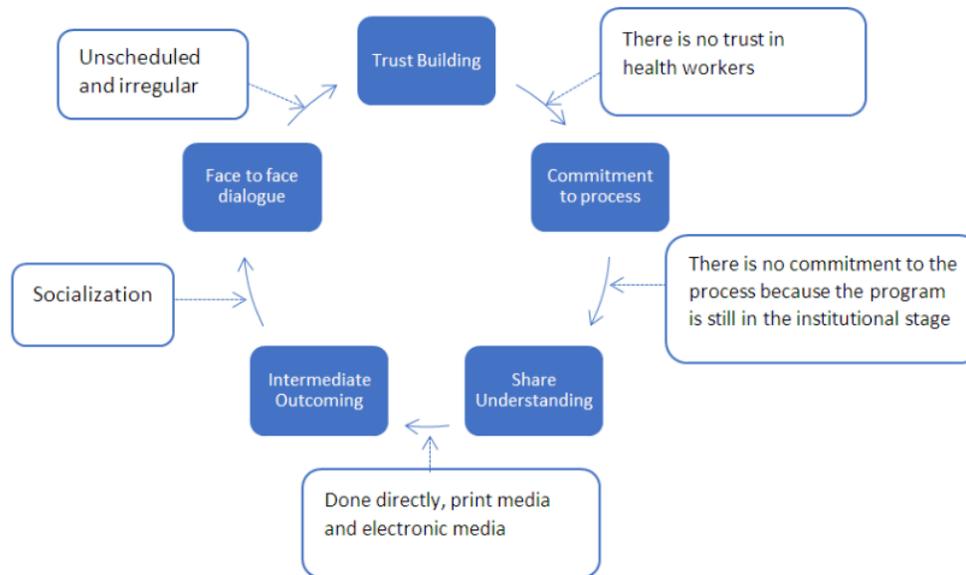
Conclusions

The Germas program to prepare demographic bonuses in the collaborative governance perspective is said to be ineffective because of the five collaborative stages that have not been carried out optimally. The trust building stage has not yet been built with the community's trust because they tend to underestimate staff when socialising Germas and will believe if it is not health workers who do the socialisation. The commitment to process phase has not yet been carried out between staff, health promotion coordinators at the puskesmas and posyandu cadres in the village because the implementation of Germas is still in the institutional and socialisation stages. The share understanding stage by always conveying regulations related to Germas in meetings or campaigns, print media such as brochures, posters or billboards and broadcast on Suara Sidoarjo radio. So the results of the main objectives expected in the Germas program to prepare demographic bonuses have not yet been seen. However, Sidoarjo District Health Office has sought to convey the importance of Germas to all productive age communities in Sidoarjo Regency. There needs to be a role from the private sector in Sidoarjo Regency in implementing the Germas program thus maximum collaborative governance is formed therefore Germas program becomes the right solution in preparing demographic bonuses in Sidoarjo Regency.

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