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COMMUNITY EMPOWERMENT THROUGH INTER-SECTORAL ACTION, A CASE STUDY OF GERBANGMAS IN LUMAJANG DISTRICT

PEMBERDAYAAN MASYARAKAT DENGAN PENDEKATAN AKSI LINTAS SEKTOR, STUDI KASUS GERBANGMAS DI KABUPATEN LUMAJANG

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ABSTRACT

The objective of this case study was to learn the policy process of the *Gerbangmas* movement in Lumajang district as an innovation within decentralized system. Using qualitative approach, data was collected by in-depth interview of key informants and review of documents, then analyzed thematically. The study has revealed that the policy change of *Gerbangmas* initiative is not a radical but incremental process which takes around five years period. It started from "conventional *Posyandus*" to be "*Balai Posyandu Mandiri*", then revived by the *Bupati* into *Gerbangmas* movement. Health sector has successfully advocated the *Bupati* to create a common vehicle for all sectors. The study has identified that the essences of *Gerbangmas* movement were (i) neutral vehicle, (ii) shared goals, (iii) all sectors could be passengers, (iv) strong power of the referee, (v) government financial stimulants, (vi) self management by community, and (vii) neutral cadres as the implementer (*PKK*). *Gerbangmas* movement has encouraged multi sectors to set programs for community empowerment. The study recommended that in conducting community empowerment for addressing social determinants of health, it is of importance to set a neutral vehicle that can accommodate multi sectors' interests.

Keywords: community empowerment, *Posyandu*, *Gerbangmas*, inter-sectoral action, social determinants of health

ABSTRAK

Tujuan penelitian ini adalah mengkaji proses kebijakan dari gerakan *Gerbangmas* di Kabupaten Lumajang sebagai sebuah inovasi di era desentralisasi. Dengan pendekatan kualitatif, data dikumpulkan melalui wawancara mendalam dari informan kunci dan *review* dokumen, kemudian dianalisis secara tematik. Hasil penelitian menunjukkan bahwa inisiatif kebijakan *Gerbangmas* bukanlah proses radikal tetapi inkremental yang memerlukan waktu selama lima tahun. Kebijakan ini dimulai dari perubahan Posyandu konvensional menjadi Balai Posyandu Mandiri, dan akhirnya oleh Bupati direvitalisasi menjadi gerakan *Gerbangmas*. Sektor kesehatan telah berhasil mengadvokasi Bupati untuk menciptakan sebuah kendaraan netral bagi semua sektor. Studi ini berhasil mengidentifikasi hakekat gerakan *Gerbangmas*, yakni (i) kendaraan bersifat netral, (ii) adanya tujuan bersama, (iii) semua sektor dapat menjadi penumpang, (iv) adanya juri yang mempunyai kekuasaan, (v) stimulan pembiayaan dari pemerintah, (vi) manajemen sendiri oleh masyarakat, dan (vi) adanya kader netral sebagai pelaksana kegiatan (anggota PKK). *Gerbangmas* telah mendorong multi sektor untuk menerapkan program pemberdayaan masyarakat. Penelitian ini merekomendasikan bahwa dalam melaksanakan pemberdayaan masyarakat untuk memperbaiki determinan sosial kesehatan, penting bagi pelaku pembangunan untuk menciptakan kendaraan netral yang mampu mengakomodasi kepentingan multi sektor.

Kata Kunci: pemberdayaan masyarakat, Posyandu, *Gerbangmas*, aksi lintas sektor, determinan sosial kesehatan.

BACKGROUND

It has been understood by public health experts that population health status, shown by life expectancy, morbidity rate, and mortality rate, is the outcome of medical and non-medical determinants. Blum[1] stated that population health status was influenced by 4 factors, i.e. environment, behavior, health care system, and genetic (demography). Blum also stated that of the four factors, environmental and behavior factors were the most influential compared with health services and genetic factors. With the use of Blum's framework, it can be concluded that, to promote population health status, non-medical intervention should be geared for the improvement of community behavior and environment.

Frankish et al[2] has identified ten non-medical determinants that influenced population health status, i.e. (i) income and social status, (ii) social support networks, (iii) education, (iv) employment and working conditions, (v) social environments, (vi) physical environment, (vii) personal health practices, (viii) healthy child development, (ix) culture, and (x) gender. To solve those determinants needs partnership of multi sectors.

Health promotion experts have been aware that inter-sectoral action is the key of success to improve non-medical determinants for health development. However, people usually say that inter-sectoral action is something "sweet to talk" but "hard to implement". Field experience has shown that very often the intersectoral action programs resulted from coordination meetings are stopping at a "meeting note", but not being implemented in the field. The challenge of implementation of inter-sectoral action can be understood as each sector will have its own goal and interests.

Decentralization system in Indonesia launched in 2001 has provided district/municipality's governments more opportunities to make innovations for improving community welfare. Lumajang district, one of 38 district/municipalities in East Java, has shown its innovation to develop community empowerment for improving non-medical determinants, via inter-sectoral action. Such a community empowerment is called "*Gerbangmas*", standing for *Gerakan Membangun Masyarakat Sehat*.

Through the advocacy of Lumajang District Health Office, in January 2005 Bupati of Lumajang has launched *Gerbangmas* movement as a strategy of community empowerment by using Posyandu as an entry point. *Gerbangmas Posyandu*, as the implementer of *Gerbangmas* movement, has three functions i.e. (i) the center for community education, (ii) the center for community empowerment, and (iii) the center for community services.

The general objective of the study is to elaborate the policy process and inter-sectoral action of *Gerbangmas* movement. The specific objectives of the study are to elaborate (i) the concept of *Gerbangmas*, (ii) the political process of *Gerbangmas*, (iii) the operationalization of *Gerbangmas*, and (iv) the inter-sectoral action of *Gerbangmas* implementation.

METHODS

The study employed a qualitative approach. Data and information were collected by two methods i.e. in-depth interview of key stakeholders and exploration (review) of related documents. The interview of key informants were tape-recorded to guarantee not loosing important information.[3]

Key informants to be interviewed are: (i) Chief of District Health Office, (ii) Chief of Community Health Promotion, District Health Office, (iii) Chair of District *PKK* (the wife of *Bupati*) (iv) Chief, District Development Plan Body (v) Social Welfare Commission of Local Legislative, (vi) Multi sectors (agriculture, family planning, education, community empowerment, religion, and cooperative, industry and trade district office), (vii) Head of Sub-district administration, (viii) Head of Health Center, (ix) Head of Village Administration, (x) Health Cadres, and (xi) Informal leaders.

The documents to be explored are: (i) documents/secondary data related to the process of *Gerbangmas* policy set-up (District Health Office and District Local Government), (ii) documents/ secondary data related to policy guideline (local government policy, *Bupati*'s decree with regard of *Gerbangmas*, guideline of *Gerbangmas*, indicators of program, etc) (*PKK* office and District Health Office), (iii) documents / secondary data related to the implementation of the program (realization of the action plan, community resource mobilization, program financing, human resource / volunteers, coverage, etc) (District Health Office and *Posyandus*). Data is analyzed qualitatively based on the themes concerned.

RESULTS

The Concepts of *Gerbangmas*

After a long political process, accommodating the interests of stakeholders involved, then the concepts of *Gerbangmas* was agreed upon. The concepts of *Gerbangmas* was documented in the form of "*Gerbangmas* Guideline for Cadres". Such a guideline consisted (i) background, (ii) framework of thinking, (iii) operational definition, (iv) goal and objectives, (v) organization, (vi) indicators to achieve, (vii) program implementation, and (viii) reporting system. As stated in "the framework of thinking" in the guideline, the concept of *Gerbangmas* can be outlined as Table 1.

Table 1. The Concept of *Gerbangmas* using *Posyandu* as a Center of Community Development Activities [4]

Basic thoughts	Community addressed	Vehicle and Priorities	Expected outcome
- Healthy paradigm - Environmental improvement - Qualified family	People at sub-village level	Vehicle: *Posyandu* Priorities: - MCH and health care - Family endurance*) - Mental and spiritual building - Healthy environment - Clean and healthy behavior - Productive economy	The realization of Healthy Lumajang 2007 and qualified family in 2012

*) Family endurance consists of underfive growth stimulation, Youth Community Activities in Health, Elderly Community Activities in Health, and Family Planning

The goal of *Gerbangmas* was the achievement of Healthy Lumajang 2007 to anticipate Healthy Indonesia 2010 and of qualified family in 2012. The objectives of the movement were divided into four segments i.e. (i) community, (ii) *Posyandu*, (iii) government, and (iv) private. For community, the objective was to increase the proportion of health potencies within *Posyandu* areas, in order to support the achievement Healthy Lumajang 2007 and qualified family in the year 2012. For *Posyandu*s, the objective was to increase the roles of *Posyandu* as a center for community education and training, and a center for community empowerment and services. For the government, the objective was to increase coordination and synergy of development programs. For private sector, the objective was to increase partnership of government and private sector in the development of community health and welfare.[4]

Gerbangmas movement had 21 indicators to be achieved, consisting 14 indicators for human development, 1 indicator for economy, and 6 indicators for household environment, as outlined in Table 2. Looking at the 21 indicators, such indicators could accommodate the interests of multi sectors e.g. *PKK*, religion, education, cooperative, industry and trade, health, family planning, agriculture, and public works.

To understand *Gerbangmas* concept, it is worth making an analogy as follows. The end goal of *Gerbangmas* is Healthy Lumajang 2007 and qualified of family in 2012. The vehicle to go there is *Gerbangmas* vehicle (a neutral vehicle). *PKK* acts as the driver of *Gerbangmas* vehicle, while the passengers are all sectors involved. The referee who prevents conflicts amongst passengers (sectors) is District Secretary assisted by District Planning Body. All sectors can therefore be on board any time as long as to support the goals of *Gerbangmas* by implementing their development programs. In facts, all community empowerment programs are demanded to make use of *Gerbangmas* as an entry point. So, *Gerbangmas* can integrate all development programs at community level.

In village level, *Gerbangmas* movement made use of a four-cycle problem solving approach i.e. (i) problem identification, (ii) community dialogue to set action plan, (iii) execution of community programs, and (iv) monitoring and evaluation. In *Gerbangmas* movement, the management system was organized hierarchically from the level of *Posyandu*, of village, of sub-district, and finally of district. It should be noted that *Gerbangmas* management cycle was done by community themselves. The functions of multi sectors were to provide funding and technical assistance with regard of their programs in *Gerbangmas*. Whatever programs, as long as community empowerment, will be directed to use *Gerbangmas* as a vehicle. This system would therefore encourage the integration all development programs at community level.

Above *Posyandu*'s level, hierarchical teams were established. At village level, it was formed Village *Gerbangmas* Team. Head of the Village was a responsibility holder of *Gerbangmas* at village level. At sub-district level, it was formed Sub-district *Gerbangmas* Team. *Camat*, as head of sub-district government, was a responsibility holder of *Gerbangmas* at sub-district level.

Table 2. The Indicators of *Gerbangmas* and the Targets in 2007[4]

Indicators	Target 2007
Worship compliance	80% Household
Literacy	100% Population
Compulsory basic education	100% Population
Poor people	< 25% Household
Use of iodinated salt	80% Household
Underfive undernutrition (below red line)	< 5% Underfives
Delivery by health staff	85% Delivery
Coverage of W/U (Weighed/Underfives)	85% Underfives
Eligible couple with family planning	80% Eligible couple
Underfive growth stimulation activity	100% *Posyandu*
Youth community health activity	100% Village
Elderly community health activity	100% Village
Productive economy group	60% Village
*Posyandu*s with first or second strata (*Purnama* and *Mandiri*)	40% *Posyandu*
Early childhood education	100% Village
Clean, green and beautiful environment (green fences)	80% Household
Use of house yard for productive plants	80% Household
Use of healthy latrine	60% Household
Use of safe water	70% Household
Household waste management	80% Household
Healthy house	60% Household

The Political Process of *Gerbangmas*

The policy process of using *Posyandus* as an implementing institution of *Gerbangmas* is not a short story. Rather, the policy of using *Posyandus* for *Gerbangmas* movement occurred in an "incremental way". There has been an intense interaction between Head of District Health Office, the *Bupati* and the wife of *Bupati* as chairperson of District PKK.

In 2001, District Health Office wanted to improve "conventional *Posyandus*" (e.g. *Posyandus* which is conducted in house yard of a community leader with limited activities) to be "*Balai Posyandu Mandiri*" (*Posyandu* Hall). District Health Office has succeeded in advocating the *Bupati* to allocate 7.5 million IR (around 800 US$) to build *Posyandu* Hall as stimulant for community's movement. As a pilot project, each sub-district should propose one village to get the allocation of 7.5 million IR to build *Posyandu* Hall. The stimulant has encouraged community solidarity working together to build *Posyandu* Hall, in terms of funding, workforce, materials, in facts land.

As *Posyandu* Halls have been built, the activities of *Posyandu* were improved from five activities e.g. MCH, family planning, nutrition, immunization and diarrhea control into the five activities added with underfive growth stimulation and early childhood education. With the additional activities, *Posyandus* increased their opening from once a month into twice a week, enriching *Posyandu* activities. The sectors involved were increasing, from health and family planning offices expanding to health, family planning and education offices. *Posyandu* Hall therefore has successfully improved *Posyandu's* activities and sectors involved.

In 2005, within the ceremony of *Bupati*'s wife birthday which invited all sectors, the *Bupati* requested to all sectors to establish a concept of community empowerment using *Balai Posyandu Mandiri* as an entry point, but should accommodate the interests of all sectors. Health Office then made a draft of the concept of community empowerment as requested by the *Bupati*. There had been six times of meeting to discuss the concept of *Gerbangmas*. Each sector was trying to include their indicators in *Gerbangmas*. However, the *Bupati* emphasized that the indicators should be focused on "three programs plus" (health, education, and agriculture, plus tourism and small enterprises) and "community empowerment" in nature. Then under the commitment of the *Bupati*, 21 indicators of *Gerbangmas* had been decided. (see Table 2).

From in-depth interview with the wife of *Bupati* and Operational Team of *Gerbangmas* (all sectors involved in *Gerbangmas*), it can be noted that "the real think tank" (the man behind the gun) of *Gerbangmas* was Head of Health District Office, as stated by District PKK chairperson below.

> **"In reality, those who encourages PKK to be the motor of Gerbangmas is District Health Office. District Health Offices acts as the think tank of Gerbangmas. PKK is the heart of health sector. PKK and health sector are united".**
> **(Chair of District PKK)**

By using stakeholder analysis, the actors of *Gerbangmas* can be identified as follows. Head of District Health Office, assisted with his staff, acted as an advocator; key stakeholder was *Bupati*; the partners of advocator were District PKK and other supporting sectors; and the opposans were sectors not involved in the shared indicators (the 21 indicators). The following was the statement of Head of District Health Office as obtained by in-depth interview.

> **"We should realize that health is the outcome of all sectors' programs. So, we need a neutral vehicle that all sectors can be passengers. The interests of health sectors should be covered or blurred. The weakness of conventional village community health development – conventional Posyandus – is the facts that the vehicle is claimed to be multi sectors but the end goal is still the interest of health sector. So, the coordination amongst sectors is only easy to talk but hard to implement".**
> **(Head, District Health Office)**

From the facts elaborated, it can be elucidated that the policy process of Gerbangmas is incremental (evolutionary) in nature. The evolution of "conventional *Posyandus*" to be "*Gerbangmas Posyandus*" can be diagramed as Figure 1.

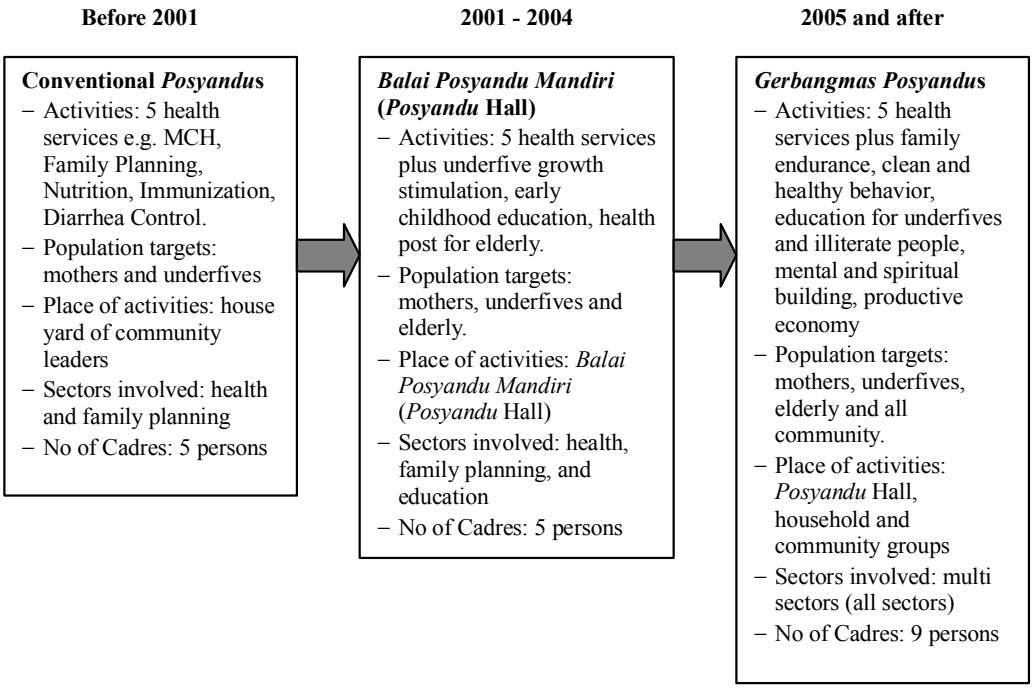

Figure 1. The Evolution of "Conventional *Posyandus*" to be "*Gerbangmas Posyandus*" in Lumajang District

Operationalization of *Gerbangmas* at *Posyandu* Level

Being chosen as *Gerbangmas Posyandus*, the cadres should be added from 5 cadres into 9 cadres, taken from local community leaders. The 9 cadres, together with village staff, were trained in sub-district level by Sub-district *Gerbangmas* Team assisted with District Team. After training, the cadres were expected to be able to perform community survey, to facilitate community dialogue, to write action plan (proposal), to implement action plan, to make financial accountability, and to evaluate the results.

The first activity done by cadres after training was community survey to identify community problems with regard of the 21 *Gerbangmas* indicators. Using *household form*, the cadres performed survey from house to house to identify the problems of the 21 *Gerbangmas* indicators for each household. From household form, the data was recapitulated into *neighborhood group form* (forms for Neighborhood Group). From *neighborhood group form*, the data was recapitulated into *Posyandu's form.* From the last forms, the cadres should make a map to show the gaps between the reality and the target of *Gerbangmas* for each indicator. From here, the cadres could identify a list of community problems.

The next activity was community dialogue. The list of community problems identified was then discussed in a community dialogue forum for determining priorities and action plan. The process of identifying the type of activities and the people who will get stimulants need a long discussion, negotiation and consensus amongst community members. Some *Posyandus* need one meeting, others need twice, another need three times, in facts more, depending on the dynamics of community members. The results of community dialogue were written in a proposal of community action plan, comprising two types of activities e.g. operational and intervention activities. The stimulant of 10 million IR was allocated for operational cost amount to 4 million IR and for intervention cost amount to 6 million IR. The household who got stimulant should contribute shared funding for executing the intervention.

To describe the use of 10 million IR stimulant, we could elaborate one example of community action plan in *Gerbangmas Posyandu* Srikandi, Ditotrunan village. In 2007, the *Posyandu* got the stimulant of 10 million IR. In its action plan document, the allocation of government stimulant was categorized into two activities. First, operational activities comprised cadre's honorarium (incentive), meeting, administrative materials, and other operational cost. Second, intervention activities comprised of (i) communication, information and education (CIE) of compulsory basic education, (ii) CIE of underfive under nutrition, (iii) food supplements for underfive, (iv) CIE of family planning, (v) purchase of iodinated

salt, (vi) appliances for underfive growth stimulation and early childhood education, (vii) productive economy, and (viii) kampong passage improvement. For intervention activities, the communities were obliged to contribute additional funding to run the interventions.

The budget of 10 million IR was channeled to cadres via *Posyandu*'s bank account of local bank. The transfer of money was divided in three steps e.g. the first step of 4 million was for operational cost, the second step of 3 million for first intervention, and the third step of another 3 million for second intervention. As the funding of 10 million was inherent with local government budgeting system, the transfer of money was not always smooth, which in turn would disrupt program implementation. It could happen that the household who got stimulant was ready but the money from the government was not ready yet.

Every quarter, the cadres conducted monitoring to assess the progress of indicators' achievement. Supervision of community action plan was done by cadres assisted by steering team. At the end of the year, the cadres recapitulated the achievement of all activities and reported the results to village authority. The results were then reported hierarchically to Sub-district *Gerbangmas* Team and finally to District *Gerbangmas* Team. The gaps between the achievement in the field and the target became new problems in the following year.

The Inter- Sectoral Collaboration

Based on *Bupati*'s Decree No. 188.45/302/427.12/2005 about The Formation of *Gerbangmas* Team in Lumajang District, the roles of multi sectors in *Gerbangmas* movement were quite clear e.g. providing budget and technical assistance.[5] In operating *Gerbangmas* movement, the *Bupati* functioned as a policy commitment holder, District *Gerbangmas* team as implementer at district level, Sub-district *Gerbangmas* team as implementer at sub-district level, Village *Gerbangmas* team as implementer at village level, and *Posyandu*'s staff (cadres and community leaders) as implementer at operational level.

Within District team, District Secretary together with District Planning Body functioned as referee of multi sectors' planning. Multi sectors functioned as the players on how to achieve the 21 shared indicators. All multi sectors' projects at community level should make use of *Gerbangmas* system. Therefore, the problem priorities set by community dialogue should be considered as a reference for multi sectors' programs. In this case, District Secretary together with District Planning Body functioned as a referee. In facts, within district planning discussion, District PKK played an important role in providing inputs regarding community problem at grass root level. The funding of *Gerbangmas* was therefore not solely based on the 10 million IR stimulant, but also coming from multi sectors' programs which made use of *Gerbangmas* as an entry point.

The power of *Gerbangmas* to direct multi sectors' programs in providing budget for community empowerment was surprising. The 2006 multi sectors' programs that supported *Gerbangmas* could be seen in Table 3. In facts, *Gerbangmas* encouraged multi sectors to perform a competition for allocating of resources for community empowerment programs at "grass root level".

The achievement of *Gerbangmas* indicators was always raised and questioned by *Bupati* in district's monthly meeting. Respective sectors and Head of Sub-districts which showed the failure of *Gerbangmas* target achievement would get warning from *Bupati* in the meeting, as stated by Head of Health Promotion Section, District Health Office, as the following.

> **"The Gerbangmas items or certain districts with red color will show Bupati bad credits for the respective sectors or Head of Sub-districts in the event of district monthly meeting. The warning of Bupati can make them ashamed".**
> **(Head of Community Health Promotion, District Health Office)**

Besides the improvement of *Gerbangmas* indicators, it has been noted that the program was already accepted by the people of Lumajang as a "social mobilization". From observation in the field, a number of banners, logos, and bill boards can be seen in city's roads, kampong passage, and house roofs, in relation with *Gerbangmas*. Such campaigns, for example, were a plea for *Gerbangmas* success, clean and healthy behavior promotion, stop smoking, and others. Interestingly, all of the campaign banners and bill boards were made and taken in place by community themselves. In addition, a number of activities were labeled with *Gerbangmas*, like *Gerbangmas* march championship, *Gerbangmas* fair, *Gerbangmas* bicycle rally, etc. The examples above has proved that *Gerbangmas* was already accepted as a social mobilization for achieving better life.

Table 3. Multi Sectors' Programs that Supported *Gerbangmas* Movement in 2006

Sectors (Sectoral Office)	Programs related to community empowerment and services	Total budget (per 1,000 IR)
Community Empowerment Office	Women empowerment for family welfare, social support for elderly, poverty reduction	5,205,136
Population, Family Planning and Civil Registration Office	Birth registry for cadres and poor family, family endurance (underfive growth stimulation, youth health, elderly health), family planning services	4,103,761
Education Office	Illiteracy alleviation, early childhood education, the supply of educational tools for underfive growth stimulation	1,658,180
Health Office	*Posyandu* revitalization, food supplementation for underfives with undernutrition, the supply of *Posyandu* appliances, cadres' jamboree, promotion of clean and healthy behavior	1,216,844
Fishery Office	Promotion of sea fishery and pond fishery, campaign of fish eating	132,300
Public Work Office	Kampong improvement	2,814,000
Cleanliness and Environmental Office	Supply of plants for community, workshop on environment for cadres, clean river program, aid of garbage composter, aid of garbage can, and other sanitation programs	391,575
Labor and Transmigration Office	Rich labor project to decrease unemployment	359,880
Religion Office	Religion education for community	2,415
Planning Body	Urban poverty alleviation by job training and productive economy program	359,880
Agriculture Office	Yard intensification, supply of plants for productive farming	110,675
Cooperative, Industry and Trade Office	Training in productive economy for community group and cooperative system	192,852
TOTAL		16,547,498

DISCUSSION

The emergence of *Gerbangmas* initiative to be Lumajang Local Government's policy was not a radical but rather an incremental process, as the change from its embryo i.e. *Posyandu* Hall to *Gerbangmas* movement took about five-year period. This phenomenon was in line with Lindblom's theory of policy making that policy change would occur in an incremental way rather than in a radical way.[6] The acceptance of *Gerbangmas* initiative as a neutral vehicle for accommodating multi sectors' interests required the process of advocacy, negotiation and compromise. In the case of *Gerbangmas*, the role of Head of District Health Office in continuously advocating of a multi sectoral approach model of community empowerment was very crucial. The role of *Bupati* as key stakeholder (decision maker) to direct multi sectors to have "shared goals" has played as an important factor as well. What really happened in *Gerbangmas* policy set-up was a political process as stated by Hill[7] that policy determination was not a rational process but a political process. Therefore, the set up of any policy, including community empowerment, needed a strong commitment from a key stakeholder or top leader to direct multi sectors in achieving certain goals.

Gerbangmas initiative had its superiority in terms of "preventing the occurrence of ego-sectoral" with regard of establishing community development programs at grass root level. What was interesting in *Gerbangmas* movement was the nature of the policy. *Gerbangmas* initiative has a number of outstanding characteristics compared to conventional primary health care model (conventional *Posyandu*s) e.g. neutral vehicle, not sectoral, shared indicators, stimulant budget from the government, management by community, and neutral driver (PKK). Such characteristics of community empowerment were of importance to facilitate the coordination, synchronization and cohesion of multi sectors and to encourage social mobilization.[8] Therefore, the model of *Gerbangmas* could improve the concept of Alma Ata's Primary Health Care which still stressed on health sector indicators but tries to include multi sectors in achieving health sector's goals.[9] In *Gerbangmas* model, no sectors became winner or looser; all were the winner. *Gerbangmas* model was a tactic to address social determinants of health (income, environment, education, nutrition, sanitation, housing, religion, etc.) by the hands of multi sectors in the way that multi sectors fight their own interests as they interpreted what they should do.

The tactic of Head of District Health Office to blur health sector's goals (health status improvement) with a common goal (family welfare), by using a neutral vehicle (*Gerbangmas*), a neutral driver (PKK), top leader commitment (*Bupati*), shared goals (21 indicators of *Gerbangmas*), and a neutral referee

(District Secretary) was very important in terms of policy advocacy as well as health politics. In the past era, in facts now, the model that "each sector employs its own community program by establishing its own vehicle" was still being used as a model of community development program at grass root level. In this case, there was likely to occur conflicting interests amongst sectors as each sector wants to be the best. This situation would cause an un-healthy competition of recruiting the best cadres in the community by each of the sectors, and there would be too many community based institutions that make community confused. In the future, health development actors should be smart in executing health interests without defeating other sectors, as stated by Degeling[10] that "a smart political actor should be able to transform his/her interests to be others' interests".

The concept of *Gerbangmas* that included multi sectors' interests (21 indicators of *Gerbangmas*) in a single vehicle (*Gerbangmas*) was a breakthrough approach in addressing social determinants of health. Mc Keown thesis in Szreter[11] stated that health status of community was the out come of multi sectors' development programs that addressed social determinants of health as a whole. Raphael in Mouy and Barr[12] defined social determinants of health as "the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole". The shared indicators of *Gerbangmas* have proved to be an effective instrument to synchronize sectors' programs at community level. Other key words of the success of *Gerbangmas* were self management by community and the provision of government stimulant. The delegation of all management process from government staff to community (cadres and community leaders) would cause better sense of belonging of the program amongst community members, which in turn would effect to a kind of social mobilization. To be a successful community empowerment program, social mobilization was a further important step to be reached.[13] It seems that stimulant model as implemented in *Gerbangmas* would improve the moral of cadres, as they were entrusted to manage "governmental budget" and get "money incentive" as well. This would improve community's trust to the government, with regard government's functions to improve their welfare.

The escalation of the program from pilot project (34 *Posyandu*s) to district wide scale (500 *Posyandu*s) did not experience much obstacle. It seems that the high commitment of *Bupati*, of multi sectors, and of local legislative was the factor that can facilitates program escalation. However, the assurance of money transfer in time as scheduled was crucial to execute the program smoothly. The problem of cash flow was a kind of weakness of governmental stimulant model as compared with pure empowerment model. Pure empowerment model would be more sustainable if an income generating model for funding was already established. The examples of pure empowerment model were Community Led Total Sanitation (CLTS) and the program of WSP-EAP (Water and Sanitation Programme East Asia and Pacific).[14]

From the findings and the discussion of the this study, a proposed prescriptive model of community empowerment for addressing social determinants of health at local government context can be outlined as follows: (i) the key role of health sector in a local government is to advocate key stakeholders of local government (top authority and legislative) to change its political structure to support health development, (ii) local government should establish a "neutral vehicle" with "shared goals" to execute multi sectors' interests as social determinants of health, preventing the tendency of ego-sectoral, (iii) rule of the game should be established, it encompasses who are the players on board, who is the referee, and how the game is played, (iv) the programs on board should be community empowerment in nature (horizontal programs rather than vertical programs) so they can be easily accepted by inter sectors, (v) management of the programs should be done by community themselves with technical assistance from respective sectors, and (vi) government financial stimulant is needed to show the government seriousness in raising community living conditions.

CONCLUSIONS AND POLICY RECOMMENDATIONS

From the findings of this study, it can be concluded that to carry out a healthy community development movement at grass root level, health sectors should be able to play an elegant game by creating a neutral vehicle in such a way that other sectors involved would not loose their interests. It seems that policy process of creating such a vehicle is incremental in nature, so health sector needs to continuously advocate key stakeholder (top leader) and multi sectors, transferring health sector's interest to be multi sectors' interests. To achieve this, it needs to develop "a single neutral vehicle of community empowerment" that can accommodate multi sectors' interests as well as top leader's interests. The vehicle is therefore characterized as (i) having shared goals, (ii) means for all sectors to

achieve their interests, (iii) having top leader authority's support, (v) existence of government stimulants, (vi) self management by community, and (vii) being implemented by neutral community cadres (as opposed to sectoral cadres). Government stimulant should be implemented in a precautious way as it faces the dilemma in terms of accelerating the programs versus of bothering the sustainability of the programs.

The study recommended that in conducting community empowerment programs for addressing social determinants of health it is worth setting a neutral vehicle that can accommodate all multi sectors' interests, hoping a voluntary involvement of respective sectors to be on board. Health sector should be able to transform its interests to be multi sectors' interests to achieve health development gain.

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