Intersectoral Collaboration Issues, Actions, and Structure: Study of Generation Planning Program in Makassar City, Indonesia

Nasrulhaq¹
Agus Heruanto Hadna²
Muhlis Madani³
Ihyani Malik⁴

Abstract
This research aims to examine intersectoral collaboration in the Generation Planning (GenRe) Program in Makassar city, Indonesia, especially on its issues, actions, and structure. The government of Makassar city as a municipality in east Indonesia is severe to implement the program. The involvement of multilevel governance based government and non-government actors in the implementation of central government’s programs delegated to local governments creates a collaborative relationship. It is one of a strategic program initiated by National Population and Family Planning Board (BKKBN) and coordinated by the Ministry of Health, Indonesia, to solve and resolve adolescent problems in national and local level. The research method was qualitative focusing on the analysis of collaborative phenomena of the Adolescent Counseling Information Center (PIK-R) and Adolescent Family Development (BKR). Both of them are activities of Generation Planning (GenRe) Program. Data were obtained and analyzed sequentially and in a structured manner. The results and discussions of research show that there are essential issues in the Generation Planning (GenRe) Program that is mutually reinforcing on an ongoing basis. Collaborator’s actions are based on their respective roles and duties. The roles and duties of each actor in the program vary based on the agreement and understanding. The structure of this collaborator was designed in vertical and horizontal integration form. Issues, actions, and structure of the intersectoral collaboration merge in every process and activity of the Generation Planning (GenRe) Program in Makassar city.

Keywords: intersectoral collaboration; generation planning program

¹ Department of Public Administration, Universitas Muhammadiyah Makassar, Makassar, Indonesia.
   Email for correspondence at nasrulhaq@unismuh.ac.id
² Department of Public Policy and Management, Universitas Gadjah Mada, Yogyakarta, Indonesia.
   Email for correspondence at hadna@ugm.ac.id
³ Department of Public Administration, Universitas Muhammadiyah Makassar, Makassar, Indonesia.
⁴ Department of Public Administration, Universitas Muhammadiyah Makassar, Makassar, Indonesia.
Introduction

Intersectoral collaboration has become a one of concept to realize the government programs, especially health promotion and care. The WHO (World Health Organization) promoted the concept of intersectoral collaboration for health (Adeleye & Ofili, 2010). Intersectoral collaboration is a growing trend for improving population (Burgess et al., 2016). From the past to the present, many researchers focus on intersectoral collaboration of primary health care in developing countries. Some of them related to school (Tooher et al., 2017), local government (Rantala, Bortz, & Armada, 2014) and community group (Ansari & Phillips, 2001). Most recently, the literature of the concept related to the growing problem is still less than other aspects. By examining the concept of intersectoral collaboration to new aspect comes more and more knowledge. The term ‘intersectoral action for health’ must generally be developed, not only for older people and children but also in adolescence and youth. Also, intersectoral collaboration in public management generally and public health especially has continually increased. This study defines intersectoral collaboration as a collective action involving more than one specialized agency, performing different roles for a common purpose (Adeleye & Ofili, 2010).

According to (Mitchell & Pattison, 2012), intersectoral collaboration is essential for the provision of social and health services. One of which is the problem of adolescent reproductive health and adolescent social pathology. Collaboration between organizations is meant to solve problems that cannot be solved by a self-acting organization (Savage, Bunn, Gray, Xiao, & Wang, 2010). Intersectoral collaboration is considered as an appropriate tool to address public health concerns. In practice, the actions, structure, and issues of intersectoral collaboration must be understood in every case. According to Spiegel et al., (2012), the cross-sectoral action is feasible for health activities. Collaboration requires a more collaborative organizational structure in practice (Hendriks et al., 2015). The issues contained in intersectoral collaboration are information share, service change, resource share and cross-sectoral training (Burgess et al., 2016). Action, issue, and structure are an essential part in intersectoral collaboration study interrelated so that its explanation is discussed through the particular article.

The primary focus of collaboration according to Savage, Bunn, Gray, Xiao, & Wang (2010) is the relationship of appreciation of linking actions (e.g., interdependence and
agreement on collaboration), features of the structure (e.g., structure and resource networks) and issues of the process (e.g., supporting trust and communication). Savage, Bunn, Gray, Xiao, & Wang (2010) have concluded factors influencing collaborative advantage and inertia from many sources and social partnership cases in the world. Their publication is suitable to become theoretical basis in this research because concepts and indicators in their publication can spell out the phenomena of the program. Moreover, many researchers are reviewing intersectoral collaboration in public health. The study of the actions, structure, and issues of intersectoral collaboration was supported by theories and various cases that occur in various types of government’s programs. One of the government’s programs is Generation Planning (GenRe) Program in Makassar city, Indonesia.

The intersectoral collaboration study was supported by the WHO (World Health Organization) presented at the International Conference on Intersectoral Action for Health 1997 in Canada. Indirectly, the Generation Planning (GenRe) Program is a reflection from the 1978 International Conference on Primary Health Care in Alma Ata, Kazakhstan and International Conference on Population and Development in Cairo, 1994. The Generation Planning (GenRe) Program is the national strategic agendas assigned by the Ministry of Health of the Republic of Indonesia to be implemented by the National Population and Family Planning Board (BKKBN) and the Organization of Local Government Agencies of Family Planning (OPD KB) of the Regency and Municipality. As a strategic program, the National Population and Family Planning Board (BKKBN) is very serious to use the concept of intersectoral collaboration in implementing the program with the involvement of non-governmental organization intensively.

Generation Planning (GenRe) Program in Makassar City is one of the central government’s programs coordinated with the local governments since 2007. In this case, it is controlled by the National Population and Family Planning Board (BKKBN) and the Office of Population and Family Planning Control (DPPKB) of Makassar City. The case in Makassar City is so complicated that it can become a national program pilot implemented using intersectoral collaboration concept. According to Gray et al. (2003), collaboration is a public policy instrument. Therefore, intersectoral collaboration studies are the essential part of public policy assessment and development. The parties involved are government, private and social elements. Levels of collaborators on government elements ranging from central
government, provincial governments to local governments. On the social element, the parties involved, i.e., society organizations, youth organizations, hamlets (RW) and neighborhoods (RT). The involvement of private element is through not state-owned educational institutions.

The focus of this article is attempting to review the intersectoral collaboration concept in the local government. There is three short research question that the researcher wants to ask. The first, what are the fundamental issues of intersectoral collaboration based on the case study of Generation Planning (GenRe) Program in Makassar city, Indonesia. This question wants to know theoretical issues of intersectoral collaboration. The second, how is the collaborator’s action mapping of intersectoral collaboration based on the case study of Generation Planning (GenRe) Program in Makassar city, Indonesia. This focus to elaborate linkages of stakeholder tasks and duties. The third, how is the structure form of the principal collaborators based on the case study of Generation Planning (GenRe) Program in Makassar city. Because of many parties involved, the relation line of stakeholder must be drawn and explained. All of the questions were explained integrative through in-deep discussion.

Methods

The research method used was qualitative. The researchers focused on Generation Planning (GenRe) Program in Makassar City which was explicitly studied by using theories and concepts of actions, structure, and issues of intersectoral collaboration. This research was field study and literature study in sequence. In the first stage, researchers conducted a relevant literature study from the news, online website, book, magazine, e-book and online journal. In the second stage, researchers conducted a field study in some representative locations, Makassar city. In the third stage, researchers conducted a focus group discussion with stakeholder. Field research was done in several areas related to Generation Planning (GenRe) program in Makassar City to obtain primary data. Literature research was conducted at the ‘Center for Population and Policy Studies of Universitas Gadjah Mada (CPPS UGM) to collect secondary data. This method was done with triangulation for consolidation and development of intersectoral collaboration study to develop a model for the Generation Planning (GenRe) program.
The data were obtained by conducting six steps. The first is in-depth interviews with critical stakeholders as key informants from the BKKBN Office of South Sulawesi Province and the Office of Population and Family Planning Control (DPPKB) of Makassar City. The second is focus group discussion with the managers of the Adolescent Counseling Information Center (PIK) who are members of the Generation Planning Forum (GenRe Forum) of South Sulawesi and Makassar City and Adolescent Family Development (BKR) who are members of the Generation Planning Forum (GenRe Forum) of South Sulawesi and Makassar City. The third is an expert discussion with several population researchers at the Center for Population and Policy Studies of Universitas Gadjah Mada. The fourth is unstructured observations in some Adolescent Counseling Information Center (PIK-R) and Adolescent Family Development (BKR) throughout Makassar city. The fifth is report data (hard and soft copy) from some related offices of government and non-government organization. The six is visual materials in the form of main document files from www.bkkbn.go.id and www.pikremaja.or.id.

The steps of analysis used validating the accuracy of Creswell (2014). The first step organized the data through transcribing interviews with some key informants, scanning material hard copy and soft copy of the program, and typing up field notes during research. The second step read and looked at all the data with a general sense of the information and an opportunity to reflect on its overall meaning. The third step code all of the data by bracketing chunks and writing a word, sentence as well as paragraph in a transcript. The fourth step used the coding process to generate a description of the setting or people as well as categories or themes for analysis. The fifth step advances how the description and themes represented in the qualitative. All of the steps were done systematically and sustainable period of the research in 2017 and 2018.

Results and Discussion

Profile of the Generation Planning (GenRe) Program

The GenRe program is for adolescents and families with adolescents. Technically, the program is controlled by the Directorate of Youth Resilience Development (Dithanrem) of BKKBN based on its primary task and function. Most recently, this program is based on the Regulation of the Head of National Population and Family Planning Board No.
47/HK.010/B5/2010 on Strategic Plan of National Population and Family Planning Board 2010 - 2014 and Addendum of National Population and Family Planning Board Regulation No. 133/PER/B1/2011 on Strategic Plan of Population and Family Planning Board 2010 – 2014 for Population and Family Planning Development. The GenRe program for adolescents is accommodated in the Adolescent Counseling Information Center (PIK-R), and the one for families with adolescents is provided in the Adolescent Family Development (BKR). Currently, PIK-R is developed into 2 channels, namely the education sector of PIK-R and society sector of PIK-R.

In principle, the GenRe program is developed along with the government’s needs and attention to the problems of adolescents in Indonesia. The primary goal is Adolescents Family Life Preparation (PKBR). The 8 substances of the GenRe program are: 1) 8 family functions, 2) maturation of marital age 3) sexuality, 4) narcotics, alcohol, and psychotropic, 5) HIV-AIDS, 6) life skills education, 7) advocacy, communication, information and education skills, 8) material development as needed. In 2017, the GenRe program was revised into four substantial materials: 1) population and family development, 2) adolescent reproductive health, 3) life skills (self-concept development), 4) family planning. These materials became the focus on PIK-R and BKR. In addition to the four substantial materials, PIK-R and BKR managers are allowed to add content according to the needs of each PIK-R manager and BKR group.

The GenRe program logic can be seen in the following figure:

**Figure 1. Logic of GenRe Program**

Source: Research Result
The development of GenRe program in Makassar City is significant in the last three years. There are many problems in Makassar city so that the number of PIK-R managements (education and society channels) and BKR groups are not significant, among others less community participation and less government supporting. The GenRe program is controlled by the Office of Population and Family Planning Control (DPPKB) of Makassar City. The distribution of PIK-R managements and BKR groups, in general, is evenly established in each sub-district. For PIK-R, the management is in Junior High Schools and equivalent, Senior High Schools and equivalent, State Universities and Private Universities, youth organizations, social organizations, and government institutions. For BKR, the management is in neighborhoods (RT) and hamlets (RW). These data provide evidence that local governments have particular attention to the development of each location that is destined to implement the program. In this case, social groups and education groups. The total includes the growth stage, the upright stage, and rigid stage of PIK-R. The total also includes basic stratification, developing stratification, and plenary stratification of BKR. Both PIK-R and BKR have levels that indicate the quality of their activities and the number of their resources.

**Collaboration in the Youth Counseling Information Center (PIK-R)**

In general, the GenRe program has two channels, namely the education channel of PIK-R and society channel of PIK-R. The education channel of PIK-R includes formal educational institutions consisting of schools and higher education institutions. In details, the legal education institutions belonging to the GenRe program in Makassar City include Junior High Schools, Islamic Junior High Schools, Senior High Schools, Islamic Senior High Schools, Vocational Schools, Islamic Boarding Schools, Colleges, Academies, and Universities. The society channel of PIK-R in Makassar City includes society organizations, youth organizations, and other government institutions. Generally, organizations and communities that are incorporated in the society channel of PIK-R have a national-scale organizational structure.

The GenRe program is designed to collaborate with educational institutions, youth organizations, social organizations, and formal government institutions because
considerable adolescents are gathered there in a sustainable way. The adolescents in question are residents aged 10 - 24 years old and unmarried. This indicator is based on the categorization made by BKKBN. In practice, the situation and condition in almost all PIK-R managers. The differences lie in the initial process of collaboration, PIK-R’s status, resources, and governance. The differences are caused by the perception and awareness of the program targets are not evenly distributed.

The initiation process to collaborate on the education channel of PIK-R is different. The familiarization of GenRe program initiated some of the agreement by the staffs of the Representative Office of BKKBN in South Sulawesi and DPPKB of Makassar City to schools or higher education institutions. Some schools or higher education institutions consult directly with the government that handles family planning issues. Some colleges, academies, and universities establish PIK-R because of the kinship system between leaders, lecturers, and students in higher education institutions with leaders and employees of the Representative Office of BKKBN in South Sulawesi and DPPKB of Makassar City. The Representative Office of BKKBN in South Sulawesi often consult and coordinate directly with the higher education institutions even though the formation of the GenRe program of regency and municipality is the authority of DPPKB of Makassar city.

For the society channel of PIK-R, the initiation to collaborate is done through lobbying by BKKBN and DPPKB of Makassar City to the leaders of targeted organizations and communities which can form a society channel of PIK-R. The agreement was initiated periodically by the central BKKBN for national-scale organizations. The management of these organizations at the Regency and municipal level only conduct further coordination to DPPKB of Makassar City or vice versa. DPPKB of Makassar City is lobbying or negotiating for local-scale organizations and local government institutions.

The sharing of knowledge on all channels of PIK-R is conducted through periodic training and non-training. Some are planned, some others are accidental. Exercise is always implemented with a top-down approach. School and higher education institutions representatives are limited to trainees. The Representative Office of BKKBN in South Sulawesi and DPPKB of Makassar City act as the organizer and the presenter. For non-training activities such as seminars and campaigns, the implementation uses two approaches: top down and bottom up. In individual events, PIK-R management becomes the
organizer as well as the presenter of the action. The school and higher education institutions only pass on the activities information to the Representative Office of BKKBN and DPPKB of Makassar City to request support both material and non-material. The response varies with each event. Activity routines at each school and higher education institution also vary. The intensity is highly dependent on internal funds and activity donors.

The communication network in PIK-R is formed under the name of GenRe Forum of Makassar City. The forum is non-formal. It is in the form of groups in several social media, such as Facebook and WhatsApp. The authorities have not made the formal legality in the form of a decision letter. Unlike the provincial level forum, GenRe Forum of South Sulawesi already has a decree made by the Representative Office of BKKBN in South Sulawesi Province. The parties involved in the network include representatives of the relevant organization of local government agencies, representatives of PIK-R management and observers of GenRe program. The primary function of the group is as a forum for sharing information and activities related to generation planning substantial materials. Currently, the temporary communication network is changed to formal to facilitate the Makassar City government in succeeding the GenRe program.

Human and financial resources of each PIK-R vary. There are three categorizations, namely the growth stage, the upright stage, and hard stage. Generally, the aspect that differentiates each PIK-R category is the number of management, educators, and peer counselors. The intensity of each PIK-R activity also varies, both in schools and higher education institutions. Meanwhile, the financial resource of each PIK-R is sourced from their school or higher education institution fund. In any given year, each PIK-R receives operational funding from the State Budget through the Budget Allotment Document (DIPA) of BKKBN. The amount is uncertain, and it is not given regularly every year. In addition to operational funding assistance, it also includes books, laptops and secretarial facilities. Especially for the rigid stage, the received aid is more significant and more than the growth stage and the upright stage. PIK-R in the severe stage has better human and financial resources. Every PIK-R manager is encouraged to reach the acute phase.

The level of PIK-R activity determines the form of mutual trust between the Representative Office of BKKBN in South Sulawesi Province and DPPKB of Makassar City with PIK-R management. After the signing of the cooperation, each PIK-R performs its
activities independently. Until now, some are active, and some others are inactive. The level of activity signifies the level of accountability for the trust given. The Representative Office of BKKBN in South Sulawesi Province and DPPKB of Makassar City act as supervisors, coordinators, and coaches. All of the executors are the PIK-R management of each school and higher education institution. The managers must be creative to achieve the upright stage and rigid stage in PIK-R. Regular activities and assistance from the government in charge of demography and family planning are intended as stimulus agenda.

**Collaboration in the Adolescent Family Development (BKR)**

Adolescent Family Development (BKR) is created as a forum for GenRe program focusing on families with adolescents. Category of adolescents in question is teenagers aged 10 - 24 years old. The fundamental difference between PIK-R and BKR is in the managers. Adolescents manage PIK-R for their peers; parents lead BKR to their adolescent children. BKR management is structured and patterned systematically. The terms and mechanisms are relatively similar between the two groups. On an average, there are 2 BKR groups per urban village in Makassar. The local village head directly controls its existence through the assistance of Village Family Planning Cadres (PPKBD) and Family Planning (KB) instructors in each urban village.

The initial process to collaborate in BKR is done by utilizing Family Planning instructors. Family Planning instructors play an active role in forming BKR in the community. The Adolescent Family Development (BKR) is established along with the establishment of Under-Five Family Development (BKB) and Elderly Family Development (BKL) in the community. All three are referred to as tribunal (three developments) which means growth on three target groups of family planning. The local municipal village head knows the formal agreement of each urban village. Local urban village head approves and legitimizes the formation of BKR groups in their respective working areas. The initiation of the agreement is in one direction with a top-down approach. In the process of BKR initiation, family planning instructors are assisted by the existing PPKBD in each urban village and sub-PPKBD in each hamlet. Those who work together initiate the formation of BKR.
The sharing of knowledge in BKR is always done by Family Planning instructors, PPKBD, and sub-PPKBD. PPKBD and sub-PPKBD are local people who are considered competent in the implementation of the family planning program. They are actively assisting each BKR group’s activities in each working area. BKR group managers also take part in specific events in the sharing of knowledge with BKR members in their group. On a particular agenda such as welcoming the National Family Day (Harganas), DPPKB of Makassar City is actively conducting activities involving BKR groups in Makassar City massively. The activities are held in residences, hotels and government office halls.

The communication network between BKR groups has not existed in Makassar City. Until now, there has been no initiation to form a forum, either non-formal or formal. In fact, the existence of a forum for BKR managers and observers in Makassar is needed as performed on the PIK-R managers. BKR managers know each other and meet each other face to face in specific activities attended by all BKR managers throughout Makassar. The events include familiarization and training. The events are held at least twice a year. External communication network also does not exist yet. The external communication network in question is the connectedness of the BKR group with other organizations having an interest in family planning issues. BKKBN and DPPKB of Makassar City always sponsor every activity they do.

Human resource in BKR is not based on its categories: primary, developing, and plenary. Each activity and event is consulted to the Family Planning instructors, PPKBD, and sub-PPKBD. Therefore, human resource is relatively stable. The number of managers per BKR group is around 4 to 7 people including the chairman, secretary, treasurer, and members. The management is updated annually. The number of families who participated in each BKR group is 40 to 70 people. BKR’s financial resource is independent. BKR group that is provided with assistance is a particular group that has advantages. The nominal is uncertain, and the fund is not given regularly every year. Aid depends on central and local government budget allocations on each annual budget.

BKR group activities in each urban village are different and sometimes not publicized. Some BKR groups are not active until now. The inactive BKR groups are influenced by the limited spare time of the BKR managements. The routine of a small number of housewives is very tight. Inactive BKR groups are also affected by local cultures that are not concerned
with population and family planning programs. To reactivate those groups, the instructors always control these problems. In general, BKR groups are actively engaged in activities. The existence of family planning village held by the government helps the presence of BKR group. Another factor that keeps those BKR groups active is because they are always accompanied by Family Planning instructors, PPKBD, and sub-PPKBD.

**Fundamental Issues of Collaboration**

Significant essential issues are strengthening in the GenRe program in Makassar City. Knowing of issues in intersectoral approach to health is essential based on the research Bao, Bhalla, & Bennet (2015) and Larsen, Koudenburg, Gulis, & Rantala (2014). The problems that have a crucial role in the process of intersectoral collaboration is categorized as the fundamental issues in this research. The fundamental issue term reinforces the term that has been used by Donal F. Kettl (Amirkhanyan, 2009). These issues include an agreement to collaborate, share knowledge, resources, communication networks and mutual trust. The five points are interrelated in intersectoral collaboration. The level of activity is not only caused by an issue that is not moving but by the five points that are not running evenly in the collaboration. On this basis, the researchers categorize these five issues as the central issues of intersectoral collaboration in the GenRe program in Makassar City. The linkage of the issues can be seen in the following figure:

**Figure 2.**
**Linkage of Intersectoral Collaboration Issues**

![Linkage of Intersectoral Collaboration Issues](source: Research Results)
Agreement on collaboration is one of the strengthening points in this study. Savage, Bunn, Gray, Xiao, & Wang (2010) agreed to collaborate as a sub-focus in the research of collaboration. Sub-focus of agreement to collaborate as part of the focus of appreciation relationship. Nasrulhaq (2015) added that the initiation of collaboration is essential to investigate in every collaborative action. The quality of collaboration has a close relationship with the initiation process. Potvin & McQueen (2008) explained that the challenge in intersectoral is the starting point of the collaboration. In general, the initial intention to collaborate dominantly comes from the government. Parties of formal education institutions, youth organizations, social organizations and related communities that initiate collaboration are still few.

The sharing of knowledge is one of the strengthening points. The term sharing of knowledge used by the researcher is different from some of the terms used by experts. Osborne (2010) called it by the term learning. Burgess et al., (2016) called it by the term information sharing. Although it is different, the substance remains the same. The term sharing of knowledge is used by the researcher to describe the existence of a process of providing insight from the government to collaboration partners or vice versa in the GenRe program. The process is ongoing. It is required in collaboration as an indicator to ensure that collaborative activity happens. The sharing of knowledge that occurs still tends to be top down. Ideally, there is also a bottom-up approach so that a mutualism occurs. Active collaboration is characterized by a continuous sharing of knowledge so that it is difficult for us to determine the top and bottom parties and the dominant and non-dominant parties. The existing system has become one unity.

The next issue that is strengthening is the cooperation or communication networks, especially inter-organizational (Kozuch & Sienkiewicz-Malyjurek, 2016). Each collaborative action requires a communication or cooperation network, both internally and externally. Many experts in collaboration studies in public policy put work and communication networks as one of the key points. Experts who stated the importance of active cooperation and structural networks in the collaboration include Savage, Bunn, Gray, Xiao, & Wang (2010), Ospina & Saz-Carranza (2010), Liu & Zheng (2014), Gugu & Molin (2016). External cooperation network of PIK-R and BKR managements is not available yet. Internal
cooperation network already exists but the network is not active yet. Since the network is not active, the existence of a robust institutional structure in the collaboration is still missing. The communication is the biggest challenge because the presence of the GenRe program needs to be supported by the number of networks. The existing networks need support from various government institutions, private and social. Support from outside parties needs to be developed. The existence of institutions and forum activities of the GenRe program are primarily determined by the quality of their communication and cooperation networks.

Human and financial resources in an intersectoral collaboration action are also necessary to investigate. Human resource is the crucial point of collaboration, likewise with financial support that cannot be avoided. Both are like a unity that acts as the core of the collaborative action. Palinkas et al. (2014) write that collaboration allows unification of resources. Suarez (2010) and McQueen (2013) asserts that resources are the key to successful intersectoral action. The power of resources in GenRe program is limited. The control of resources is not evenly distributed in all PIK-R and BKR. The limited number of human and financial resources is a significant issue. It is difficult to overcome if the PIK-R managements and BKR groups are not being creative in doing more innovative activities.

The last fundamental issue is the level of trust. Trust is the central theme of collaboration according to Osborne (2010). Trust is needed in collaborative action (Nasrulhaq, 2015). However, mutual trust in the GenRe program is still relatively low. The trust is characterized by the low level of PIK-R’s and BKR’s activity. The lower the level of activity, the worse the level of trust. The GenRe program applies the principle of task and responsibility distribution. Each related institution already understands their respective roles. Therefore, the trust between government and non-government agencies should be a priority. Mutual trust is a crucial driver of continuous collaborative action.

**Collaborators’ Actions Mapping**

The parties involved in the collaborative action of Generation Planning (GenRe) program in Makassar City have their respective duties and responsibilities called governance mechanisms. The term governance mechanism is taken from Fisher et al. (2017). They explained that agencies have roles in intersectoral actions. Parties involved that come from various elements play different duties and responsibilities. The action may involve a
reallocation of resources as well, and the collaborative process may include a wide variety of action (Pucher, Candel, Boot, Raak, & Vries, 2015). The mapping of duties and responsibilities of each party is based on the technical guidance contained in the Management Guidelines for Adolescent Counseling Information Centre (PIK-R) and Management Guidelines for Adolescent Family Development (BKR) issued by the Directorate of Youth Resilience Development of BKKBN. It is also based on the results of an agreement between the government of Makassar City and the managers of PIK-R and BKR. For neighborhoods and hamlets (RT/RW), duties and responsibilities are based on the instruction of the local urban village head. The existence of duties and responsibilities meant that the actions of the program could run well. This effort is made to avoid the overlapping of action between the parties involved.

Collaborators’ actions mapping is crucial to understand to develop the study of collaboration more easily. Any collaboration-based program should ensure the duties and responsibilities of each institution. Duties and responsibilities are carried out with collaborative principles. The mapping of actions in the form of duties and responsibilities of each party can be briefly seen in the following table:

| No | BKKBN Office in South Sulawesi Province | Office of Population and Family Planning Control (DPPKB) in Makassar City | Urban Village Office | Higher Education Institutions / Schools / Youth Organizations / Society Organizations / Government Institutions | Neighborhooods / Hamlets | PIK-R/ BKR Management |
|----|----------------------------------------|---------------------------------------------------------------|--------------------|---------------------------------------------------------------|-------------------|------------------|
| 1. | Coordinate and supervise GenRe Program in South Sulawesi | Establish a forum for GenRe program in Makassar City | Legitimate the establishment of GenRe program’s forum | Legitimate the establishment of GenRe program’s forum | Assist the success of member GenRe program | Implement GenRe Activities |
|    | Program in South Sulawesi                |                                                    |                    |                                                                  |                   |                  |
| 2. | Develop human resource                  | Develop human resource                                  | Provide material and non-material assistance to GenRe programs’ managers | Provide material and non-material assistance to GenRe programs’ managers | Assist the Conduct of GenRe program |                  |
|    |                                        |                                                    |                    |                                                                  |                   |                  |

Table 1. Collaborators’ Actions Mapping
3. Conduct familiarization of GenRe program  
Supervise the implementation of GenRe program  
Become the agent of BKKBN

4. Hold competition and meeting of GenRe program  
Make work report of the substantial materials of GenRe program

5. Provide material and non-material assistance to GenRe programs’ managers  
Provide material and non-material assistance to GenRe programs’ managers

Source: Research Results

Based on the table, the organization of local government agencies involved in the GenRe program in Makassar City has a very strategic role, and specific action (Kothari et al., 2016). Specific action mapping makes it easy to carry out and supervise tasks. Although many partnerships forged for health promotion are likely to be a mix of innocent actions, strategic action, the action of equal and consenting partner (Dixon, Sindall, & Banwell, 2004). The Leading sector of duties and responsibilities implementation is the Office of Population and Family Planning Control in Makassar City. Its duties and responsibilities are numerous, similar to the Office of BKKBN in South Sulawesi Province. Its role as a representative of the central government in the region is very strategic. The GenRe program held simultaneously in Indonesia is controlled directly by the provincial Representative Office of BKKBN. The role of the municipal government of Makassar as an executor is managed by the Representative Office of BKKBN in South Sulawesi. Nevertheless, sometimes overlapping duties and responsibilities happen. According to Ndumbe-Eyoh & Moffatt, (2013), intersectoral action on health is more limited.

The representative office usually takes over the activities that should be the duties and responsibilities of the relevant agencies. For example, the Representative Office of BKKBN in South Sulawesi sometimes hold familiarization to schools and higher education institutions in Makassar City. In fact, the duties and responsibilities should be submitted to the DPPKB of Makassar City because the area of schools and higher education institutions that become the location of familiarization is in the region of Makassar City. The fact reinforcement that the municipality was the most passive actor in the collaboration, with the fewest action, but
also receiving the lowest level of attention from the coordinating organization (Pucher, Candel, Boot, Raak, & Vries, 2015). The duties and responsibilities of PIK-R and BKR managements are the same. However, the situation and condition in each managerial unit vary. It is no problem because the most important is various action including providing legal basis, specific and substantive support, and organizational recognition (Kang, 2016).

Most PIK-R managers do not carry out their primary duties and responsibilities. Only a small number of managers (schools, higher education institutions) are in line with the expectation. The presence of managers who do not perform their role by the duties and responsibilities dramatically affects the achievement of the GenRe program’s targets. The same thing happens to BKR managers. Citizens who implement the GenRe program at neighborhood or hamlet level sometimes also experience differences among each other. Schools, higher education institutions, neighborhoods, and hamlets are the spearhead of the program. They are the ones who directly interact with the program’s primary goals. The differences in duties and responsibilities are not intended to move independently. Different duties and responsibilities are intended to keep the related stakeholders in action for intersectoral collaboration to proceed smoothly. In summary, successful action required collaboration across sectors among various constituencies including government, the private sector, nonprofit and grassroots organization (Potvin & McQueen, 2008).

Structure of the Main Collaborators

In the GenRe program in Makassar City, the existence of each actor is bound by a network-shaped structure, both vertical and horizontal integration. Vertical integration takes place between organizations and organizational units on different levels of a hierarchical structure, while horizontal integration takes place between organizations or units that are on the same hierarchical level or have the same status (Axelsson & Axelsson, 2006). Each party involved working in collaboration so that no one out of the collaboration network. In the GenRe program, there is a core network and a supporting network. The core collaborators structure includes institutional-bound parties based on existing guidelines. The supporting collaborator’s structure contains parties that participate and support the implementation of the program. The supporting collaborator’s structure will be studied in subsequent research. Studying the collaborator’s structure is very well. Pagliccia et al., (2010) said that to know
network in intersectoral collaboration is very important. The network structure in a program varies. The peculiarities of the structure will be the peculiarities of the program. The following is the main collaborators network structure in the Genre program in Makassar City:

![Figure 3. Structure of Main Collaborators Network](image)

Source: Research Results

The core collaborators structure describes a systematic, collaborative networking relationship. The picture combines vertical and horizontal integration. In the figure, the researcher’s group 4 positions from all circles. The first position is the control sector. Control sector is an institution that plays a role to supervise and develop the implementation of GenRe program in Makassar City. Organizations that are in this position are central of BKKBN and the South Sulawesi representative office of BKKBN. The second position is the
leading sector. Leading sector is an institution responsible for the implementation of GenRe program in Makassar City. An organization that is in this position is the DPPKB of Makassar city. The third position is the legitimation sector. Legitimation sector is a governmental or non-governmental institution that legitimizes and assists the existence of a GenRe program forum. Organizations that are in this position are a government institution, youth organization, community organization, college or university, senior high school, junior high school, municipal village office, and neighborhood or hamlet. The fourth position is the driver sector. Driver sector is an institution in charge of implementing and mobilizing the GenRe program’s activities. Organizations that are in this position are the center of counseling information for society, the center of counseling information for education, and the adolescent family coaching.

In principle, all institutions involved in the GenRe program have clear positions and structures. Its structure supports the sharing of the diverse knowledge required to tackle the challenge (Kothari et al., 2016). The existence of sector differences is intended to explain in detail the collaborator’s structure in the GenRe program. All institutions have their position and role. Their position and role are bound and mutualism with the network. Action network carry out joint action, as opposed to informal information-sharing networks (Ospina & Saz-Carranza, 2010). The involvement of community organizations is a separate force because, according to Spiegel et al., (2012), the inclusion of a representative from community organizations provide a space for including broader public involvement as well as raising areas of concern.

The relationship of each institution in the core collaborators structure is designed with a pattern of command and coordination. All relationships are command except the relationship between the Representative Office of BKKBN in South Sulawesi and DPPKB of Makassar City. Both institutions are designed with a coordination relationship because the affairs of population and family planning have been fully submitted to the regency and municipal governments. The Representative Office of BKKBN in South Sulawesi serves as a representative of the central government in the region so that the institutional relationship between the DPPKB of Makassar City and the Representative Office of BKKBN South Sulawesi is not a command. The relationship between the DPPKB of Makassar City with other institutions is designed in a command pattern. Command relationship occurs because
of a collaboration agreement that has been made before. Although higher education institutions, schools, social organizations and youth organizations are not part of the local government structure, all those organizations that have already made a mutual understanding with the DPPKB of Makassar City have become a unity in the GenRe program in Makassar.

Conclusion

The GenRe program in Makassar City is intended to solve the problems of adolescent pathology aged 10 - 24 years old and unmarried. The organization’s forum is called the Adolescent Counseling Information Center (PIK-R) and Adolescent Family Development (BKR). Adolescents manage PIK-R for adolescents while parents manage BKR for their adolescent children. This program was implemented with collaborative principles. The institutions involved including non-ministerial government institutions, organizations of local government agencies, higher education institutions, schools, youth organizations, social organizations, hamlets (RW) and neighborhoods (RT). In the collaboration, the main issues are an agreement to collaborate, share knowledge, human and financial resources, communication networks and mutual trust. All of the issues are mutual interaction in implementing the program. Collaborator action mapping is based on the roles and tasks of each party. Each institution has different parts and functions. Its roles and functions including supervision, reporting, accompaniment, implementation, assistance, endorsement and development. The action mapping eases all parties to do something. Job description is very important in collaboration. While the main collaboration structure, designed in the network, consists of the control sector, leading sector, legitimation sector and driver sector. The structure of collaborators in the GenRe program is vertical and horizontal integration. In general, intersectoral collaboration in GenRe program is more effective with involvement many differential parties.

References

Adeleye, O. A., & Ofili, A. N. (2010). Strengthening intersectoral collaboration for primary health care in developing countries: Can the health sector play broader roles?. *Journal of Environmental and Public Health, 2010 (Special Issue)*, 1-6. doi: 10.1155/2010/272896.
Amirkhanyan, A. A. (2009). Collaborative performance measurement: Examining and explaining the prevalence of collaboration in state and local government contracts. *Journal of Public Administration Research and Theory, 19*(3), 523–554. doi: 10.1093/jopart/mun022.

Ansari, W. E., & Phillips, C. J. (2001). Partnerships, community participation and intersectoral collaboration in South Africa. *Journal of Interprofessional Care, 15*(2), 119–132. doi: 10.1080/13561820120039856

Axelsson, R., & Axelsson, S. B. (2006). Integration and collaboration in public health - A conceptual framework. *International Journal of Health Planning and Management, 21*(1), 75–88. doi: 10.1002/hpm.826.

Amirkhanyan, A. A. (2009). Collaborative performance measurement: Examining and explaining the prevalence of collaboration in state and local government contracts. *Journal of Public Administration Research and Theory, 19*(3), 523–554. doi: 10.1093/jopart/mun022

Ansari, W. E., & Phillips, C. J. (2001). Partnerships, community participation and intersectoral collaboration in South Africa. *Journal of Interprofessional Care, 15*(2), 119–132. doi: 10.1080/13561820120039856

Bao, J., Bhalla, K., & Bennett, S. (2015). Evidence to inform intersectoral policies: A comparison of health and transport sector evidence in support of road traffic injury prevention. *Health Research Policy and Systems, 13*(1), 1–10. doi: 10.1186/s12961-015-0008-9

Burgess, T., Braunack-Mayer, A., Tooher, R., Collins, J., O’Keefe, M., Skinner, R., … Marshall, H. (2016). Optimizing intersectoral collaboration between health and education: The Health Bridges study. *Journal of Public Health (United Kingdom), 38*(4), e430–e437. doi: 10.1093/pubmed/fdv190

Creswell, J. (2014). *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*. Los Angeles, United State of America: SAGE Publications.

Dixon, J., Sindall, C., & Banwell, C. (2004). Exploring the intersectoral partnerships guiding Australia’s dietary advice. *Health Promotion International, 19*(1), 5–13. doi: 10.1093/heapro/dah102.

Fisher, M., Baum, F. E., MacDougall, C., Newman, L., McDermott, D., & Phillips, C. (2017).
Intersectoral action on SDH and equity in Australian health policy. *Health Promotion International*, 32(6), 953–963. doi: 10.1093/heaprop/daw035.

Gray, A., Jenkins, B., Leeuw, F., & Mayne, J. (Eds.). (2003). *Collaboration in Public Service: The Challenge for Evaluation (Comparative Policy Evaluation)*. United State of America: Transaction Publisher.

Gugu, S., & Molin, D. (2016). Collaborative local cultural governance: What works? The Case of Cultural Districts in Italy. *Administration & Society*, 48(2), 237-262. doi: 10.1177/0095399715581037.

Hendriks, A. M., Jansen, M. W. J., Gubbels, J. S., De Vries, N. K., Molleman, G., & Kremers, S. P. J. (2015). Local government officials views on intersectoral collaboration within their organization - A qualitative exploration. *Health Policy and Technology*, 4(1), 47-57. doi: 10.1016/j.hlpt.2014.10.013.

Kang, E. (2016). Intersectoral collaboration for physical activity in Korean Healthy Cities. *Health Promotion International*, 31(3), 551–561. doi: 10.1093/heapro/dav020

Kothari, A., McPherson, C., Gore, D., Cohen, B., MacDonald, M., & Sibbald, S. L. (2016). A multiple case study of intersectoral public health networks: Experiences and benefits of using research. *Health Research Policy and Systems*, 14(1), 1–12. doi: 10.1186/s12961-016-0082-7

Kozuch, B., & Sienkiewicz-Malyjurek, K. (2016). Inter-organisational coordination for sustainable local governance: Public safety management in Poland. *Sustainability (Switzerland)*, 8(2). doi: 10.3390/su8020123

Larsen, M., Koudenburg, O. A., Gulis, G., & Rantala, R. (2014). Intersectoral action for health: The experience of a Danish municipality. *Scandinavian Journal of Public Health*, 42(7), 649–657. doi: 10.1177/1403494814544397

Liu, X., & Zheng, L. (2014). Cross-departmental collaboration in one-stop service center for smart governance in China: Factors, strategies, and effectiveness. *Government Information Quarterly*, 1–7. doi: 10.1016/j.giq.2015.12.001

McQueen, D. (Ed.). (2013). Global handbook on noncommunicable diseases and health promotion. New York, United State of America: Springer.

Mitchell, P. F., & Pattison, P. E. (2012). Organizational culture, intersectoral collaboration, and mental health care Penelope Fay Mitchell Philippa Eleanor Pattison Article. *Journal*
of Health Organization and Management, 26(1), 32–59. doi: 10.1108/14777261211211089.

Nasrulhaq. (2015). Collaborative Environmental Governance: A Case Study from Program of Makassar Green and Clean (Mgc) in Makassar City. Proceedings of 2015 International Conference on Public Administration (11th) (pp. 81–90). Chengdu, China: UESTC Press.

Ndumbe-Eyoh, S., & Moffatt, H. (2013). Intersectoral action for health equity: A rapid systematic review. BMC Public Health, 13(1). doi: 10.1186/1471-2458-13-1056

Osborne, S. P. (2010). The New Public Governance?: Emerging Perspectives on the Theory and Practice of Public Governance. New York: Routledge. doi: 10.4324/9780203861684

Ospina, S. M., & Saz-Carranza, A. (2010). Paradox and collaboration in network management. Administration & Society, 42(4), 404–440. doi: 10.1177/0095399710362723

Potvin, L., & McQueen, D. (2008). Health Promotion Evaluation Practices in the Americas: Value and Research. New York, United State of America: Springer.

Pagliccia, N., Spiegel, J., Alegret, M., Bonet, M., Martinez, B., & Yassi, A. (2010). Network analysis as a tool to assess the intersectoral management of health determinants at the local level: A report from an exploratory study of two Cuban municipalities. Social Science and Medicine, 71(2), 394–399. doi: 10.1016/j.socscimed.2010.03.041

Palinkas, L. A., Fuentes, D., Finno, M., Garcia, A. R., Holloway, I. W., & Chamberlain, P. (2014). Inter-organizational collaboration in the implementation of evidence-based practices among public agencies serving abused and neglected youth. Administration and Policy in Mental Health and Mental Health Services Research, 41(1), 74–85. doi: 10.1007/s10488-012-0437-5

Pucher, K., Candel, M. J. J., Boot, N. M. W., Raak, A. J. A. van, & Vries, N. K. de V. (2015). A multiple-case study of intersectoral collaboration in comprehensive school health promotion using the DIagnosis of Sustainable Collaboration (DISC) model. Health Education, 115(3/4), 301–321. doi: 10.1108/MRR-09-2015-0216

Rantala, R., Bortz, M., & Armada, F. (2014). Intersectoral action: Local governments promoting health. Health Promotion International, 29, 92–102. DOI: 10.1093/heapro/dau047.

Savage, G. T., Bunn, M. D., Gray, B., Xiao, Q., & Wang, S. (2010). Stakeholder collaboration: implications for Stakeholder Theory and Practice. Journal of Business Ethics, 96(1), 21–26. doi: 10.1007/s 10551-011 -0939-1.
Spiegel, J., Alegret, M., Clair, V., Pagliccia, N., Martinez, B., Bonet, M., & Yassi, A. (2012). Intersectoral action for health at a municipal level in Cuba. *International Journal of Public Health, 57*(1), 15–23. doi: 10.1007/s00038-011-0279-z.

Suarez, D. F. (2010). Collaboration and professionalisation: The contours of public sector funding for nonprofit organizations. *Journal of Public Administration Research and Theory, 21*, 307–326. doi: 10.1093/jopart/muq049.

Tooher, R., Collins, J., Braunack-Mayer, A., Burgess, T., Skinner, S. R., O’Keefe, M., … Marshall, H. S. (2017). Intersectoral collaboration to implement school-based health programmes: Australian perspectives. *Health Promotion International, 32*(2), 312–321. doi: 10.1093/heapro/dav120.