



Provisioning for Strengthening the Main Program of Dasawisma Asoka RT 07, Bukit Timah Subdistrict

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Abstract: This community service activity aims to improve the understanding and capacity of Dasawisma members in implementing the core Dasawisma programs as an effort to support family health development and community-based empowerment. The activity was conducted at Dasawisma Asoka RT 07, Bukit Timah Sub-district, Dumai Selatan District, Dumai City. The methods used included lectures, simulations, and discussion sessions tailored to the characteristics of adult learners and community practitioners. The results showed an increase in participants' understanding of the roles, functions, and importance of the core Dasawisma programs. Participants demonstrated high enthusiasm and active participation throughout the activity and were able to identify challenges and needs in implementing Dasawisma activities in their neighborhood. This activity contributed positively to strengthening the role of Dasawisma as a frontline community institution in supporting family health programs, environmental cleanliness, and social welfare at the neighborhood level. Continuous assistance is recommended to ensure that the knowledge gained can be consistently implemented and generate sustainable impacts for the community.

1. INTRODUCTION

Public health development is an integral part of national development, emphasizing the family as the smallest unit and the primary foundation for developing quality human resources. Efforts to improve health outcomes rely not only on formal medical services but also require active community involvement through a sustainable, community-based approach (Notoatmodjo, 2012; Notoatmodjo, 2014). In this context, strengthening social institutions at the grassroots level is a crucial strategy for encouraging changes in clean and healthy living behaviors within the family environment.

One form of community institution that plays a strategic role in family health development is Dasawisma. Dasawisma is a group of 10–20 heads of families within a neighborhood association (RT) formed to facilitate the implementation of Family Empowerment and Welfare (PKK) programs in an organized and sustainable manner (Ministry of Home Affairs of the Republic of Indonesia, 2019). Dasawisma's existence is the spearhead in family data collection, administrative management, and implementation of activities oriented towards improving family welfare and quality of life (Widyastuti & Handayani, 2019).

In practice, Dasawisma is run by women who play a central role as household managers. Through various activities such as social gatherings (arisan), managing healthy funds, providing supplementary food (PMT), building latrines and wells, and managing environmental sanitation, Dasawisma directly contributes to promotive and preventive efforts in public health (Suryani & Wahyuni, 2020). These activities not only increase family health awareness but also encourage the creation of cleaner, healthier, and more empowered residential environments.

The role of Dasawisma is increasingly important in supporting the development of Alert Villages through the establishment of Village Health Posts (Poskeskel) as a form of Community-Based Health Efforts (UKBM). Poskeskel functions to bring basic health services closer to the community through promotive, preventive, and curative activities carried out by health workers with the involvement of community cadres and volunteers (Ministry of Health of the Republic of Indonesia, 2017; Ministry of Health of the Republic of Indonesia, 2019). In this regard, Dasawisma plays a strategic partner in the process of identifying health problems, monitoring family conditions, and conveying information to health workers (Susanti & Hidayat, 2019).

However, the effectiveness of Dasawisma's role is greatly influenced by the level of understanding, motivation, and capacity of its members in implementing the 10 Core PKK Programs. Several studies have shown that Dasawisma cadres still have limited knowledge and innovation, resulting in activities that tend to be routine and administrative in nature without program development that adapts to community needs (Widodo & Mulyani, 2018; Rachmawati & Fitriani, 2021). This situation has the potential to hinder the optimization of Dasawisma's role as agents of change in family-based health development.

In addition to its role in the health sector, Dasawisma also has significant potential to support family economic empowerment through mentoring micro, small, and medium enterprises (MSMEs) and strengthening the culture of mutual cooperation and cooperative living (Prasetyo & Lestari, 2021). Therefore, Dasawisma's capacity building needs to be carried out in a planned manner through training, mentoring, and increased creativity so that the programs implemented are not only sustainable but also have a real impact on the well-being of families and communities (Sulastrri & Rahmawati, 2020).

Based on these conditions, this Community Service activity was carried out as an effort to provide motivation, provide knowledge, and strengthen understanding of the main Dasawisma programs to members of Dasawisma Asoka RT 07, Bukit Timah Village. Through this activity, it is hoped that there will be an increase in Dasawisma's strategic role in supporting family

health development, strengthening community participation, and improving the quality of family life in a sustainable manner based on local potential.

2. METHOD

This Community Service activity was carried out at Dasawisma Asoka RT 07, located at BTN Bumi Dumai Baru, Bukit Timah Village, South Dumai District, Dumai City. The activities carried out were in the form of mentoring and provisioning in order to strengthen the implementation of the main Dasawisma program, as part of the family-based community empowerment efforts that are the main characteristic of the PKK movement at the village level (Ministry of Home Affairs of the Republic of Indonesia, 2019).

The activity was carried out on Saturday, October 21, 2023, with a duration of approximately 180 minutes. The target group was all members of the Asoka Dasawisma RT 07, Bukit Timah Village, who directly play a role in implementing Dasawisma and PKK activities in the neighborhood. This target group was selected based on Dasawisma's role as the spearhead of family data collection, implementation of family health activities, and driving community participation at the most grassroots level (Ministry of Home Affairs of the Republic of Indonesia, 2019).

The implementation method was designed to be simple and applicable, adapting to the characteristics of the participants as adults and community actors. The initial stage of the activity was conducted through lectures or presentations to provide an introduction to the meaning of Dasawisma, the objectives of its formation, the roles and responsibilities of members, and a general understanding of Dasawisma's core programs. The lecture method was chosen to convey basic information systematically and easily understood by participants (Notoatmodjo, 2012).

The activity then continued with a simulation method as a form of practical mentoring. At this stage, participants were invited to practice examples of Dasawisma activities, such as simple administrative management, activity planning, and identifying health and environmental issues around their homes. The simulation approach was used to help participants connect the material presented to real-life situations encountered in carrying out daily activities (Notoatmodjo, 2014).

To reinforce understanding, the event included a question-and-answer session and discussion between the presenters and participants. This discussion provided a space for participants to share their experiences, challenges, and needs in carrying out Dasawisma

activities. Through the discussion, it is hoped that a process of mutual learning and a greater understanding of Dasawisma's role in supporting family health and environmental cleanliness will occur.

To support the smooth running of the activities, the extension media used included laptops and projectors to aid in delivering the material, as well as whiteboards to facilitate explanations and interaction during the activities. The use of simple yet appropriate media is considered effective in supporting the adult learning process in community extension activities (Notoatmodjo, 2012).

With this implementation method, this Community Service activity is expected to be able to increase the understanding and readiness of the members of Dasawisma Asoka RT 07 in implementing the main Dasawisma program in a more focused and sustainable manner in accordance with applicable guidelines.

3. RESULTS

The implementation of Community Service activities in the form of mentoring and providing guidance on strengthening the main Dasawisma program, which was carried out at Dasawisma Asoka RT 07, Bukit Timah Village, South Dumai District, had a positive impact on increasing the understanding and awareness of Dasawisma members. The entire series of activities were attended enthusiastically by participants who showed active participation during the presentation of materials, simulations, and question and answer sessions.

The results of the activity showed that Dasawisma members gained new insights regarding the role, function, and importance of the core Dasawisma program as a guideline for carrying out routine activities in the neighborhood. Prior to the activity, some participants still viewed Dasawisma activities as merely administrative and monthly routines. However, after the briefing, participants began to understand that Dasawisma plays a strategic role in supporting family health, environmental cleanliness, and strengthening community social welfare.

During the simulation session, participants were able to identify challenges faced in implementing Dasawisma activities, particularly those related to administrative management, activity planning, and member participation. Despite limitations in activity management, participants demonstrated readiness and motivation to improve the implementation of Dasawisma's core programs in the future. This cooperative and enthusiastic attitude indicates that the PKM activities are well-received and aligned with community needs.

This activity also strengthens the role of Dasawisma leaders and members as drivers of PKK activities at the neighborhood level. Through the training provided, Dasawisma members are expected to be able to manage and implement their core programs in a more targeted and sustainable manner, so that their benefits can be directly felt by their families and surrounding communities.

4. DISCUSSION

The results of the Community Service Program (PKM) activities indicate that strengthening the capacity of Dasawisma members through training and mentoring is a relevant step in supporting the implementation of Dasawisma's core programs at the neighborhood level. The enthusiasm and active participation of participants reflect a real need for a better understanding of Dasawisma's role and function in developing family and social health.

Discussions during the activity revealed that one of the main challenges in implementing Dasawisma activities is a limited understanding of activity management and optimal utilization of Dasawisma's core programs. This situation causes some activities to proceed routinely without clear planning and evaluation of their achievements. Through this PKM activity, participants began to realize the importance of planning, coordination, and role allocation in implementing Dasawisma activities to achieve the desired goals.

The lecture, simulation, and discussion approaches used in this activity have proven effective in enhancing participant understanding. This method allows Dasawisma members not only to receive information but also to reflect on their experiences during fieldwork. The discussions provide a space for participants to share experiences and find joint solutions to the problems they face.

Furthermore, this activity demonstrates Dasawisma's significant potential as a partner for village governments in community-based development. With a solid understanding of Dasawisma's core programs, members can play a more active role in supporting family health, environmental cleanliness, and social and economic empowerment. Therefore, ongoing mentoring is crucial to ensure the consistent implementation of the acquired knowledge.

5. CONCLUSION

The Community Service program, which included mentoring and providing support for the Asoka Dasawisma core program in RT 07, Bukit Timah Village, was successfully implemented and received a positive response from all participants. This activity successfully increased

Dasawisma members' understanding of the role, function, and importance of the core program in supporting family health and community welfare improvements at the RT level.

The enthusiasm and active participation of participants during the event demonstrated that the training provided was tailored to the community's needs. Through this activity, Dasawisma members are expected to be able to manage and implement their core programs in a more focused, planned, and sustainable manner, thereby making a tangible contribution to the social environment of Bukit Timah Village.

As a follow-up, it is recommended that Dasawisma members continue to improve their internal organizational capacity by strengthening activity management and increasing member participation in routine monthly agendas. Furthermore, continued support and mentoring from the sub-district and related institutions is needed to ensure the implementation of Dasawisma's core programs can have a significant and sustainable impact on the community.

REFERENCE LIST

- Kementerian Dalam Negeri Republik Indonesia. (2013). *Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 1 Tahun 2013 tentang Pemberdayaan Masyarakat melalui Gerakan PKK*. Kemendagri RI.
- Kementerian Dalam Negeri Republik Indonesia. (2019). *Pedoman umum gerakan pemberdayaan dan kesejahteraan keluarga*. Kemendagri RI.
- Kementerian Kesehatan Republik Indonesia. (2017). *Pedoman penyelenggaraan pos kesehatan kelurahan (Poskeskel)*. Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2019). *Upaya kesehatan bersumber daya masyarakat*. Kemenkes RI.
- Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia. (2020). *Pembangunan keluarga dan pemberdayaan masyarakat berbasis gender*. KPPPA RI.
- Notoatmodjo, S. (2012). *Promosi kesehatan dan perilaku kesehatan*. Rineka Cipta.
- Notoatmodjo, S. (2014). *Ilmu perilaku kesehatan*. Rineka Cipta.
- Prasetyo, A., & Lestari, D. (2021). Peran Dasawisma dalam pemberdayaan ekonomi keluarga berbasis UMKM. *Jurnal Pemberdayaan Masyarakat*, 6(2), 85–97.
- Rachmawati, E., & Fitriani, N. (2021). Optimalisasi peran kader Dasawisma dalam pelaksanaan program PKK. *Jurnal Ilmu Kesejahteraan Sosial*, 10(1), 55–66.
- Sulastri, R., & Rahmawati, I. (2020). Penguatan kapasitas kelembagaan Dasawisma dalam pembangunan berbasis keluarga. *Jurnal Pengabdian kepada Masyarakat*, 4(3), 201–210. <https://doi.org/10.24198/kumawula.v3i2.25357>

- Suryani, L., & Wahyuni, S. (2020). Kontribusi Dasawisma terhadap perilaku hidup bersih dan sehat keluarga. *Jurnal Kesehatan Masyarakat*, 15(2), 143–152.
- Susanti, D., & Hidayat, R. (2019). Peran kader kesehatan dalam mendukung upaya kesehatan berbasis masyarakat. *Jurnal Administrasi Kesehatan Indonesia*, 7(1), 23–34. <https://doi.org/10.47522/jmm.v1i1.10>
- Widodo, S., & Mulyani, T. (2018). Tantangan implementasi program Dasawisma di tingkat rukun tetangga. *Jurnal Sosial dan Humaniora*, 9(2), 118–129.
- Widyastuti, A., & Handayani, E. (2019). Penguatan kelembagaan Dasawisma dalam pendataan dan kesejahteraan keluarga. *Jurnal PKK dan Pemberdayaan Masyarakat*, 5(1), 1–12.
- World Health Organization. (2016). *Framework on integrated, people-centred health services*. WHO Press.