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Integrated Community-Based Intervention for Empowering Kampung KB Melati through Health Education, Youth Strengthening, Tourism Promotion, and MSME Digitalization

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ABSTRACT

This community service program was motivated by the needs of Kampung KB Melati, RW 10, Panggung Village, Tegal City, which faces cross-sectoral issues related to community health literacy, youth empowerment, local tourism promotion, and household business marketing. Unlike community service programs that usually focus on a single field of intervention, this program was designed as integrated community-based empowerment by combining four program areas into one package of activities. The program aimed to strengthen partner capacity through education, mentoring, facility provision, and the development of promotional media and business digitalization. The implementation method used participatory, educational, and applied mentoring approaches through online and limited offline activities. Program evaluation was conducted descriptively through activity documentation, participation recapitulation, implementation observation, and identification of initial benefits for partners. The results show three main achievements. First, the program expanded educational access through a GENRE webinar attended by 194 participants, a PIK-MA webinar attended by 214 participants, and a poster competition involving 73 participants. Second, the program produced functional outputs, including a public handwashing facility, tourism banners and stickers, a health booklet, a village profile vlog, mass media publications, a scientific article, and an intellectual property rights application. Third, mentoring activities provided initial strengthening for PIK-R members, tourism managers, and MSME actors through peer counseling, tourism promotion, and the use of WhatsApp Business and digital catalogues. This program demonstrates potential as a model of integrated community empowerment, although its long-term impact on behavioral change, the sustainability of peer counselors, and the economic improvement of MSMEs still requires further evaluation.

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Introduction

Kampung KB Melati RW 10, Panggung Urban Village, Tegal City, is an urban community facing cross-sectoral social issues. The partner's problems are not limited to one field, but intersect across community health literacy, youth strengthening, local tourism promotion, and household business empowerment. The program report shows that the target area consists of 11 neighborhood units with 653 households and 2,165 residents, indicating that the need for intervention cannot be addressed through a single sectoral activity. The main strength of this Community Service Program lies precisely in its effort to integrate these four areas into one community-based empowerment package. This emphasis is important because Kampung KB should not be understood only as a population program, but also as a community empowerment platform aimed at improving family quality of life, strengthening local institutions, and encouraging cross-sectoral development at the village or urban village level (Kusumaningsih & Istiqomah, 2024). Thus, the partner's main problem is not merely the lack of community activities, but the suboptimal integration of health, youth, tourism, and local economic potential into a sustainable empowerment program.

Conceptually, community empowerment becomes more meaningful when implemented through a participatory, contextual, and needs-based approach. This approach positions the community not merely as program recipients, but as subjects involved in problem identification, activity implementation, output utilization, and sustainability strengthening. The World Health Organization (2020) emphasizes that community engagement is a process of building relationships with stakeholders so that they can work together to address health and well-being problems, while also promoting changes in behavior, environments, programs, and community practices. In the context of community service, this principle is relevant because program success should not only be measured by the number of activities implemented, but also by the extent to which those activities activate local capacity and produce outputs that can be reused by partners. Therefore, the intervention in Kampung KB Melati needed to be designed not as a ceremonial activity, but as an integrated empowerment process that connects education, mentoring, facility provision, and the strengthening of local institutions.

In the field of community health, the need for education and disease prevention facilities remained an important issue when the program was implemented. The provision of handwashing facilities, the distribution of health protocol supplies, and the installation of visual educational media were relevant because healthy behavior change at the community level requires a combination of information, supporting facilities, and habit reinforcement. Studies on hand hygiene show that hand hygiene interventions in community spaces require easily accessible facilities, clear messages, and behavioral habituation through a supportive environment (MacLeod et al., 2023; WHO, 2020). The community service study by Angela et al. (2023) also shows that providing handwashing facilities in public places can serve as practical support for adapting to new habits in the post-pandemic period. Thus, the health activities in this program did not function merely as socialization, but also as an effort to strengthen the infrastructure of healthy behavior in public community spaces and local tourism areas.

In the youth sector, strengthening PIK-R and peer counselors became a strategic need because adolescents are in a developmental phase strongly influenced by peer relationships. Peer support and peer counseling are considered relevant because adolescents often feel more comfortable sharing problems with peers who are perceived to understand their experiences, language, and social pressures. Murphy et al. (2024) explain that peer support interventions in youth services and educational settings have the potential to strengthen social support, connectedness, and early access to psychosocial assistance. Jiang et al. (2024) also show that peer support can contribute to adolescent mental health promotion through emotional support, skill development, and positive social interaction. In the context of Kampung KB Melati, strengthening peer counselors is important because PIK-R should not only exist structurally, but should also

have its capacity strengthened so that it can carry out educational and supportive functions for adolescents.

In the local economic sector, household business actors face marketing challenges because they have not fully optimized digital platforms. This condition commonly occurs among community-based MSMEs that still rely on conventional marketing, do not yet have a strong brand identity, and have not used simple digital features such as product catalogues, automatic messages, business locations, and business social media. Arisetyawan et al. (2023) show that digital marketing socialization can increase MSME actors' knowledge in optimizing village economic potential. Mayreista et al. (2025) also report that Instagram and WhatsApp Business training in community service activities can improve participants' ability to create business profiles, upload promotional content, and use WhatsApp Business features for customer interaction. Therefore, e-marketing mentoring in this program was relevant because it was directed toward improving the readiness of household businesses to enter simple, affordable, and partner-appropriate digital marketing.

In the local tourism sector, Pulo Kodok Beach has the potential to become an area identity, but it still requires support in promotion, visual media, and destination attractiveness. Community-based tourism development cannot be carried out only by providing tourism objects, but must also be supported by branding, local narratives, digital promotion, and the involvement of local organizations such as tourism awareness groups. Giri et al. (2024) emphasize that village tourism empowerment through training, branding, and technology can strengthen community capacity in managing and promoting destinations more sustainably. In the context of Kampung KB Melati, the installation of banners, tourism icon stickers, an urban village profile vlog, and mass media publications became part of the initial strategy to increase the visibility of the area. However, tourism promotion should be understood as an initial foundation, not as final evidence of tourism success, because its impact on visitor numbers, local income, and management sustainability still requires further evaluation.

Although many community service programs have been conducted in the fields of health, youth, tourism, and MSMEs, there remains a gap in service models that integrate these four fields simultaneously in one target community. Many community service activities focus on only one sector, such as health education, MSME training, youth mentoring, or tourism promotion. Meanwhile, the condition of Kampung KB Melati shows that the partner's problems are interconnected: tourism development requires promotion and healthy behavior in public spaces, MSMEs require branding and digital marketing support, youth require social role strengthening through PIK-R, and local institutions require outputs that can be managed after the program ends. This gap forms the basis for the need for an integrated community service program, namely a program that does not merely increase the number of activities, but brings various interventions together within a community empowerment framework. In other words, the novelty of this program lies in the integration of health education, youth strengthening, tourism promotion, and MSME digitalization within one locally needs-based community service design.

Based on these conditions, this community service program aimed to strengthen the capacity of Kampung KB Melati through an integrated empowerment program that combined community health education, youth role strengthening, tourism promotion mentoring, and local business digitalization. The activity targets included residents of Kampung KB Melati RW 10, the PIK-R youth group, Pulo Kodok tourism managers, and household business actors operating in the urban village area. The program focus was formulated into several forms of activity, namely health protocol socialization and facility support, youth webinars and mentoring, tourism promotional media strengthening, and e-marketing mentoring for local MSMEs. With this design, the program was expected to produce practical outputs that could be used by partners while also building an initial foundation for strengthening community capacity. However, considering that the program evaluation was still predominantly descriptive, the contribution of this program is

more appropriately positioned as initial strengthening and a potential model of integrated empowerment, not as final evidence of long-term effectiveness.

Method

This Community Service Program used a locally needs-based community empowerment approach with a participatory, educational, and applied mentoring design. This approach was selected because the partner's problems in Kampung KB Melati RW 10 did not stand alone, but were interrelated across community health literacy, youth strengthening, local tourism promotion, and household business marketing. A participatory approach was considered relevant because it allows partners to be involved in the process of needs identification, activity implementation, output utilization, and program follow-up. In the context of community empowerment, partner involvement from the early stage is important to ensure that the program is not top-down, but aligned with local needs, capacities, and available resources (Duea et al., 2022; Durrance-Bagale et al., 2022). Therefore, this activity was designed as an integrated community service program that did not only deliver information, but also built partners' initial capacity through education, direct practice, facility provision, and supporting media strengthening.

This community service program was implemented in Kampung KB Melati RW 10, Panggung Urban Village, East Tegal District, Tegal City, Indonesia. This location was selected purposively because it had clear cross-sectoral problems and local institutional potential that could be involved in program implementation. The target area consisted of 11 neighborhood units with 653 households and 2,165 residents. In addition, Kampung KB Melati has local social structures such as PIK-R, tourism awareness groups, and household business groups that can serve as strategic partners. The selection of a location based on needs and local potential is in line with the principles of community-based service, namely that service programs should be directed toward actual community problems while strengthening the social assets already owned by the community (Duea et al., 2022; Giri et al., 2024). Thus, the activity location was considered relevant for implementing an integrated community service model combining health, youth, tourism, and local economic aspects.

The target partners in this activity consisted of several groups according to the fields of intervention. First, residents of Kampung KB Melati RW 10 were the target of community health education and health protocol facility provision. Second, adolescents, university students, and general participants were the targets of the GENRE and PIK-MA webinars. Third, PIK-R members were the target of peer counselor mentoring. Fourth, Pulo Kodok tourism managers and tourism awareness groups were the targets of tourism promotion strengthening. Fifth, household business actors, particularly Imoet Foods, were the target of e-marketing mentoring. The selection of diverse target groups was adjusted to the integrated nature of the program. In the youth sector, the peer counselor approach was selected because peer support can strengthen emotional support, social skills, and adolescents' comfort in receiving initial assistance from their peer groups (Jiang et al., 2024; Murphy et al., 2024). In the MSME sector, digital marketing mentoring was selected because the use of social media and WhatsApp Business can help small business actors expand promotion, manage product catalogues, and build more practical communication with customers (Arisetyawan et al., 2023; Mayreista et al., 2025). In the tourism sector, promotional media strengthening was selected because branding, visual content, and technological support can increase destination visibility and strengthen local tourism area identity (Giri et al., 2024).

The activity was implemented through three main stages: preparation, core implementation, and evaluation. The preparation stage included identifying partner needs, coordinating with Kampung KB and urban village administrators, mapping target groups, scheduling activities, dividing team tasks, preparing materials, and preparing activity media and

facilities. At this stage, the team prepared materials for the GENRE and PIK-MA webinars, health socialization materials, tourism promotional tools, booklet designs, publication media, and e-marketing mentoring tools. Preparation also included determining digital platforms for webinars, coordinating speakers, and organizing technical arrangements for limited offline activities to remain compatible with pandemic conditions. This preparation stage was important because, in community-based programs, alignment among partner needs, activity forms, and output indicators provides the basis for successful program implementation (Durrance-Bagale et al., 2022; Duea et al., 2022).

The core implementation stage was carried out through a combination of online and limited offline activities. Online activities included the GENRE webinar, PIK-MA webinar, poster competition, mass media publication, and production of the urban village profile vlog. Offline activities included COVID-19 task force socialization, distribution of health protocol supplies, peer counselor mentoring, e-marketing mentoring, handwashing facility handover, tourism banner installation, tourism icon sticker installation, and distribution of health advisory media. The combination of online and offline activities was used so that the program remained adaptive to social restrictions while retaining the direct mentoring dimension required by partners. Online activities were directed toward expanding educational access, while offline activities were directed toward strengthening practical skills, facility use, and supporting media utilization. This blended pattern is relevant in community service because communities need not only information, but also practice, mentoring, and products that can be used after the activity ends (Arisetyawan et al., 2023; Giri et al., 2024; Mayreista et al., 2025).

In the field of community health, activities were implemented through COVID-19 prevention socialization, the distribution of masks and hand sanitizer, installation of advisory media, and handover of a public handwashing facility. These activities were directed toward strengthening residents' access to health messages and supporting facilities for clean living behavior. Community hand hygiene interventions need to be supported by easily accessible facilities, clear visual messages, and an environment that enables residents to develop healthy behavior habits (MacLeod et al., 2023). In the youth sector, activities were carried out through the GENRE webinar, PIK-MA webinar, poster competition, and peer counselor mentoring. Peer counselor mentoring was conducted directly using materials on the meaning of counseling, service principles, empathy skills, confidentiality, and the function of peer support. In the local economic sector, e-marketing mentoring was provided to household business actors through practice in using WhatsApp Business, creating digital catalogues, setting up automatic replies, listing business locations, and strengthening brand identity. In the tourism sector, activities were conducted through banner installation, tourism icon stickers, media publication, and the urban village profile vlog to strengthen the initial promotion of Pulo Kodok Beach.

Program evaluation was conducted descriptively and qualitatively by assessing the alignment among partner needs, activity implementation, outputs produced, and initial benefits observed after the activities. Evaluation was directed not only at outputs, but also at initial outcomes. Outputs were defined as products or activities successfully realized, such as webinars, poster competitions, booklets, a handwashing facility, tourism banners, promotional stickers, a vlog, mass media publications, digital catalogues, and intellectual property rights applications. Initial outcomes were defined as observable indications of early change, such as increased participant access to educational materials, the emergence of PIK-R members' initial understanding of peer counseling, improved MSME readiness to use digital marketing media, the availability of tourism promotional media that could be used by tourism awareness groups, and increased support for clean living behavior facilities in public spaces. Distinguishing between outputs and initial outcomes is important so that community service evaluation does not stop at the number of activities and physical products, but begins to show initial benefits for partners (Duea et al., 2022; The Collective Service, 2022).

Evaluation data were collected through activity documentation, attendance lists, participant recapitulation, implementation observation, team field notes, photo documentation, program output review, and informal feedback from partners during the mentoring process. In webinars and poster competitions, evaluation indicators included the number of participants, activity implementation, participant involvement, and the availability of educational materials. In peer counselor mentoring, evaluation indicators included participant attendance, involvement in discussions, initial understanding of the function of peer counselors, and the ability to restate the basic principles of empathy and service confidentiality. In e-marketing mentoring, evaluation indicators included the partner's ability to recognize the basic features of WhatsApp Business, the preparation of a digital catalogue, the availability of brand identity, and the partner's initial readiness to use online marketing media. In tourism promotion, evaluation indicators included the availability of banners, stickers, a profile vlog, and media publications that supported the strengthening of area identity. In health education, evaluation indicators included the availability of a handwashing facility, advisory media, and the distribution of health protocol supplies.

Data were analyzed using a descriptive-qualitative technique in three steps. First, implementation data were reduced based on the type of activity, target group, form of intervention, output, and initial outcome. Second, the data were presented in narrative form and in a program achievement table to clarify the relationship among activity objectives, target partners, forms of activity, outputs, and initial benefits. Third, conclusions were drawn by comparing the program plan with activity realization and assessing the initial benefits that could be used by partners after the activities ended. This analysis was not intended to test program effectiveness experimentally, but to describe program achievement, practical benefits, and limitations in evaluating long-term impact. Thus, this community service implementation method remains consistent with the nature of community service articles, but is stronger because it distinguishes activity outputs from initial outcomes that emerged among partners.

Table 1. Evaluation Design of Program Outputs and Initial Outcomes

Program Area	Activity Form	Output Assessed	Initial Outcome Observed	Data Collection Technique
Community health education	COVID-19 task force socialization, distribution of masks and hand sanitizer, handover of a handwashing facility, installation of advisory banners	Handwashing facility, advisory banners, masks, hand sanitizer, activity documentation	Availability of supporting facilities for clean living behavior and increased resident access to disease prevention messages	Observation, documentation, field notes, output review
Youth strengthening	GENRE webinar, PIK-MA webinar, poster competition, peer counselor mentoring	Implemented webinars, number of participants, educational posters, peer counseling materials	Increased youth access to education and the emergence of PIK-R members' initial understanding of empathy, service principles, confidentiality, and the function of peer counselors	Attendance lists, participant recapitulation, mentoring observation, activity notes

Program Area	Activity Form	Output Assessed	Initial Outcome Observed	Data Collection Technique
MSME digitalization	E-marketing mentoring for Imoet Foods	Digital catalogue, brand identity, introduction to WhatsApp Business features	Increased initial readiness of partners to use simple digital marketing media	Practice observation, digital product documentation, mentoring notes
Local tourism promotion	Installation of banners, tourism icon stickers, urban village profile vlog, mass media publication	Tourism banners, promotional stickers, vlog, media publications	Increased availability of promotional media and strengthening of the initial identity of Pulo Kodok Beach as a local tourism potential	Visual documentation, media review, activity notes
Academic and administrative outputs	Preparation of booklet, scientific article, publication, and intellectual property rights application	Booklet, article, media publication, intellectual property rights documents	Availability of educational and administrative products that can serve as a basis for program follow-up	Document review, output documentation, program achievement recapitulation

Results

Initial Partner Conditions and Problem Mapping

The initial identification showed that Kampung KB Melati RW 10, Panggung Urban Village, Tegal City, is situated within a complex social context because it faces cross-sectoral issues, including community health literacy, youth role strengthening, local tourism development, and household business empowerment. The target area consists of 11 neighborhood units with 653 households and 2,165 residents. This condition indicates that the need for intervention cannot be simplified into a single service sector. The main problems mapped by the team included the suboptimal promotion of Pulo Kodok tourism, the absence of a souvenir or local product center for tourism, the need to strengthen PIK-R and peer counseling, the limited digital marketing capacity of household businesses, and the need for community-based disease prevention education.

On the other hand, Kampung KB Melati already had initial social capital in the form of local organizations, such as BKB, BKR, BKL, UPPKS, PIK-R, and tourism awareness groups. The existence of these organizations became an important potential because the program did not begin with a passive community, but with a community that already had basic social and institutional structures. However, this potential had not yet been fully integrated into one empowerment package that connected community health, youth, tourism, and the local economy. Thus, the initial condition of the partner showed the need for a community service program that not only provided technical assistance, but also strengthened coordination, capacity, media, and supporting facilities that could be reused by the community after the activities ended.

Program Implementation Process and Outputs Produced

The program was implemented through a combination of online and limited offline activities to remain adaptive to pandemic conditions. The main and supporting activities included COVID-19 task force socialization, distribution of health protocol supplies, GENRE webinar, PIK-MA webinar, poster competition, PIK-R peer counselor mentoring, e-marketing mentoring, handover of a public handwashing facility, installation of tourism banners and stickers, preparation of the "Sehat Jiwa Raga" health booklet, mass media publications, urban village profile vlog, scientific article, and intellectual property rights application. Online activities were used to expand educational access, while limited offline activities were used for practical mentoring, facility handover, and installation of promotional media.

In terms of participation, online activities showed relatively high achievement. The GENRE webinar was attended by 194 participants, the PIK-MA webinar was attended by 214 participants, and the poster competition involved 73 participants from students, university students, and the general public. In offline activities, peer counselor mentoring was conducted on a limited basis for PIK-R members from RW 10 and RW 13, while e-marketing mentoring was provided to the home industry actor Imoet Foods through the introduction of WhatsApp Business, a digital catalogue, and brand identity. The physical and media outputs produced included a public handwashing facility in the Pulo Kodok area, tourism banners, tourism icon stickers, health advisory banners, the "Sehat Jiwa Raga" booklet, an urban village profile vlog, and mass media publications. Thus, the implementation of the program shows that this community service activity produced not only educational activities, but also functional outputs that could be used by partners.

Initial Outcomes and Program Benefits for Partners

In addition to producing activity outputs, this program also showed initial outcomes in several areas. In the field of community health, the handover of the public handwashing facility, the distribution of masks and hand sanitizer, and the installation of health advisory banners strengthened the availability of facilities and public messages to support clean living behavior in community spaces and tourism areas. The initial outcome in this field was reflected in the availability of facilities accessible to residents and visitors, although changes in community health behavior had not yet been measured quantitatively.

In the youth sector, peer counselor mentoring provided initial strengthening for PIK-R members regarding the meaning of counseling, service principles, the function of empathy, and the role of peer support. The initial outcome observed was an increased orientation of PIK-R's role, from merely an administrative youth group toward a group beginning to perform educational and supportive functions. However, because the number of mentoring participants was limited, this result cannot yet be generalized as an increase in the capacity of all PIK-R members.

In the local economic sector, e-marketing mentoring and brand identity strengthening for Imoet Foods provided initial benefits in the form of business readiness to use simple digital marketing media. The partner received support in the form of a digital catalogue, introduction to WhatsApp Business features, and product branding strengthening. The initial outcome in this field lies in improved technical readiness for digital marketing, not in increased sales, because the program report did not include transaction or income data after the intervention.

In the tourism promotion sector, the installation of banners, tourism icon stickers, an urban village profile vlog, and mass media publications helped strengthen the initial visibility of Pulo Kodok Beach as a local tourism potential. The initial outcome identified was the availability of promotional media and visual identity for the tourism area. However, the impact on increased visitor numbers, strengthening of tourism awareness group management, or tourism-related economic contribution cannot yet be concluded because follow-up monitoring data were not available.

Table 2. Achievement of the Community Service Program

No.	Program	Main Output	Initial Outcome Observed	Critical Note
1	COVID-19 task force socialization	Direct education, advisory banners, distribution of masks and hand sanitizer	Residents obtained access to information and supporting facilities for health protocols	Healthy behavior change was not measured through pre-post evaluation
2	Handover of public handwashing facility	One public handwashing facility	Availability of a handwashing facility in a public or tourism area	Long-term utilization needs to be monitored
3	GENRE webinar	Educational webinar with 194 participants	Increased youth access to education on resilience and life planning	Knowledge improvement was not measured through pretest-posttest
4	PIK-MA webinar	Educational webinar with 214 participants	Participants obtained information reinforcement on PIK and youth counseling	The depth of attitude change cannot yet be concluded
5	Poster competition	73 participants or educational poster works	Increased public participation in educational campaigns	The impact on participant behavior was not measured
6	PIK-R peer counselor mentoring	Basic peer counselor training	PIK-R members received initial strengthening on empathy, service principles, and the function of peer support	Participants were limited; service sustainability needs to be monitored
7	E-marketing mentoring for Imoet Foods	Digital catalogue, brand identity, WhatsApp Business mentoring	The partner became more ready to use simple digital marketing media	No data were available on increased sales
8	Installation of tourism banners and stickers for Pulo Kodok	Promotional banners and tourism icon stickers	Availability of visual media to strengthen local tourism identity	The impact on tourist visits was not measured
9	Preparation of the “Sehat Jiwa Raga” booklet	Educational booklet	Availability of educational media on physical and psychological health for residents	Long-term distribution and use need to be monitored
10	Mass media publication and urban village profile vlog	Mass media article and profile vlog	Increased visibility of the program and regional potential	Impact on image and visits has not been evaluated
11	Scientific article and intellectual property rights	Article and intellectual property rights application	Availability of academic and administrative outputs of the program	Follow-up is needed for publication and use of intellectual property rights

In general, the community service program can be considered well implemented because all main activities were carried out according to plan and produced educational, functional, and communicative outputs. The most prominent achievements were reflected in online activity participation, the availability of health facilities, the development of tourism promotional media, and initial mentoring for peer counselors and MSME actors. However, the program results need to be interpreted carefully as implementation achievements and initial outcomes, not as evidence of long-term impact. Several indicators, such as increased MSME income, the sustainability of peer counselor activities, changes in health behavior, and increased tourist visits, still require further evaluation.

Discussion

Integration of Four Sectors as the Added Value of the Community Service Program

The results show that the main strength of this community service program lies in the integration of four sectors within one empowerment package: community health education, youth strengthening, local tourism promotion, and MSME digitalization. This integration is relevant to the character of Kampung KB, which is not only oriented toward population issues, but also toward improving the quality of families and communities through a cross-sectoral approach. The guidelines for optimizing Kampung Keluarga Berkualitas emphasize that strengthening Kampung KB needs to be carried out in an integrated and convergent manner by involving various stakeholders and covering health, social, economic, and environmental dimensions (BKKBN, 2024). Thus, the design of this community service program is aligned with the direction of Kampung KB policy because it does not separate community problems into fragmented programs.

Methodologically, this integrative pattern is also consistent with a participatory approach in community service. Community-based programs become stronger when they are designed based on partnership goals, local needs, and the active involvement of stakeholders (Duea et al., 2022). Durrance-Bagale et al. (2022) also emphasize that community engagement in social and health interventions cannot be carried out merely through information delivery, but must build mechanisms of participation, trust, and collaboration with the community. In the context of this program, the involvement of residents, PIK-R, tourism awareness groups, and MSME actors shows that the community was not only the object of activities, but also a partner that received, used, and initially managed the program outputs.

Outputs and Initial Outcomes: Interpreting Results Proportionally

The findings show that the program produced various outputs, such as webinars, booklets, a handwashing facility, tourism banners, promotional stickers, a digital catalogue, mass media publications, an urban village profile vlog, and an intellectual property rights application. However, in line with reviewer suggestions, these achievements need to be distinguished from outcomes. Outputs refer to products or activities successfully implemented, while outcomes refer to initial changes that appear among partners. In program evaluation, this distinction is important so that community service reports do not stop at counting activities, but also begin to show changes in capacity, access, skills, and partner readiness (CDC, 2024; The Collective Service, 2022).

Based on this distinction, the initial outcomes of this program can be seen in four aspects. First, residents gained better access to health facilities and messages through the handwashing facility, advisory banners, masks, and hand sanitizer. Second, PIK-R members received initial strengthening regarding the function of peer counselors, empathy, and service principles. Third, MSME actors gained initial readiness to use WhatsApp Business, digital catalogues, and brand identity. Fourth, tourism awareness groups and the community obtained visual promotional media to strengthen the identity of Pulo Kodok Beach. However, these outcomes remain initial because they were not yet supported by pre-post measurement, longitudinal data, or quantitative

indicators of behavioral and economic change. Therefore, the results of this program are more appropriately positioned as successful implementation and the formation of an empowerment foundation, not as final evidence of long-term effectiveness.

Program Benefits in the Fields of Health, Youth, MSMEs, and Tourism

In the field of community health, the provision of a handwashing facility and advisory media had practical benefits because it brought health messages closer to facilities that residents could use directly. MacLeod et al. (2023) show that community hand hygiene recommendations emphasize the importance of facilities, access, and easily understood messages in supporting hand hygiene practices. In this program, the placement of a handwashing facility in a public or tourism area and the installation of health banners strengthened the environment that supports clean living behavior. However, because regular observation of facility use was not conducted, the health benefits remain limited to facility availability and increased access to health messages.

In the youth sector, peer counselor mentoring contributed initially to strengthening the function of PIK-R. Peer support is important because adolescents often feel more comfortable accessing support from peers whom they perceive as understanding their experiences and social pressures. Murphy et al. (2024) show that peer support interventions in youth mental health services can strengthen early support access and increase social connectedness. Jiang et al. (2024) also emphasize that peer support plays a role in adolescent mental health promotion through emotional support and positive interaction. In the context of this program, peer counselor mentoring remained at the basic strengthening stage, so service sustainability, supervision, and peer counseling practice schedules need to be designed more systematically.

In the MSME sector, e-marketing mentoring provided initial benefits in the form of technical readiness among business actors to use simple digital media. This finding is consistent with Arisetyawan et al. (2023), who show that digital marketing socialization can help MSMEs optimize local economic potential. Mayreista et al. (2025) also report that Instagram and WhatsApp Business training can improve MSME actors' ability to create business profiles, upload promotional content, and use WhatsApp Business features for customer interaction. In this program, mentoring for Imoet Foods provided practical benefits through a digital catalogue, branding, and the introduction of WhatsApp Business features. However, because there were no sales data before and after the program, the economic benefits must still be interpreted as increased marketing readiness, not as increased income.

In the local tourism sector, the installation of banners, tourism icon stickers, the urban village profile vlog, and mass media publications helped strengthen the initial visibility of Pulo Kodok Beach. Giri et al. (2024) emphasize that village tourism empowerment can be strengthened through training, branding, and technology because promotional media help build destination identity and increase community participation. In this program, tourism promotional media became an initial step in introducing local potential. However, visual promotion alone is not sufficient to ensure increased visits or the sustainability of the tourism economy. Follow-up is needed through regular digital content management, strengthening of tourism packages, production of local souvenirs, and recording of visitor numbers.

Implementation Challenges and Limitations of Program Benefits

Although the program was implemented well, several implementation challenges need to be discussed critically. First, the program benefits were not necessarily experienced evenly by all target groups. The webinars succeeded in reaching a large number of participants, but not all participants had the same level of digital access, motivation, and engagement. Because there were no pre-post evaluation data or participant satisfaction surveys, the depth of changes in knowledge and attitudes after the webinars cannot be confirmed. Second, offline mentoring activities, such

as peer counseling and e-marketing, were conducted on a limited basis, so their benefits were stronger for direct participants than for the wider community.

Third, MSME mentoring activities still focused on introducing digital marketing media and had not yet reached the stage of monitoring business performance. In the context of digital marketing, success is not only determined by the availability of catalogues or business accounts, but also by content consistency, customer response, message management, product quality, and transaction recording. Fourth, tourism promotion remained at the stage of providing visual identity and initial publication. Without sustainable management by tourism awareness groups, promotional media risk becoming static outputs that are not updated. Fifth, health outputs such as the handwashing facility require maintenance, water refilling, soap availability, and management responsibility so that they do not remain only temporary facilities.

These challenges show that this community service program succeeded at the activation and initial strengthening stage, but had not yet fully reached the institutionalization stage. Carmen et al. (2024) emphasize that the sustainability of community-based initiatives is strongly influenced by the quality of relationships among actors, including mutual trust, support, honesty, and opportunities to try new ideas. Therefore, the sustainability of this program depends not only on the products produced, but also on the quality of coordination among Kampung KB, PIK-R, tourism awareness groups, MSME actors, the urban village government, and the university.

Institutional Sustainability and Follow-Up Directions

Program sustainability needs to be positioned as a central issue because the reviewer noted that the manuscript had not sufficiently explained how local organizations would continue the program after the community service team ended its activities. In the context of Kampung KB, sustainability can be built through the division of institutional roles. PIK-R can continue the peer counselor program by preparing simple service schedules, duty rosters, referral mechanisms, and periodic supervision from guidance and counseling teachers, lecturers, or urban village facilitators. Tourism awareness groups can continue tourism promotion by maintaining banners, updating digital content, creating publication calendars, and developing tourism products or local souvenirs. MSME actors can continue marketing digitalization by updating catalogues, recording transactions, responding to customers, and producing regular promotional content. Kampung KB administrators and the urban village government can serve as coordinators who ensure that each output is used and monitored regularly.

This sustainability direction is consistent with the Kampung Keluarga Berkualitas guidelines, which emphasize the importance of integration, convergence, cross-sectoral coordination, and monitoring of program achievements (BKKBN, 2024). Therefore, future community service programs should not merely add new activities, but strengthen follow-up systems. Such systems may include monitoring three or six months after the activity using simple indicators, such as the frequency of PIK-R services, the number of published tourism promotional contents, the number of customer interactions on WhatsApp Business, the number of products included in the catalogue, the use of the handwashing facility, and documentation of residents' health activities. In this way, the community service program can move from an output-based activity model toward an outcome-based and sustainability-oriented empowerment model.

Program Implications and Replication Potential

This program has practical implications as an example of integrated community service that connects health, youth, tourism, and MSMEs within one target community. This model has the potential to be replicated in other Kampung KB or urban communities with similar problems, especially if the community already has local organizations such as PIK-R, tourism awareness groups, business groups, and neighborhood administrators. However, program replication needs to consider institutional readiness, residents' digital access, the existence of business partners,

tourism potential, and the commitment of local administrators. Without strong initial mapping, an integrated program may become too broad and difficult to monitor.

The academic implication of this program is the need for community service articles to clearly distinguish among outputs, initial outcomes, and long-term impacts. In this manuscript, outputs have been well documented, initial outcomes have begun to be identified, but long-term impacts cannot yet be concluded. Therefore, this article becomes stronger when positioning the findings as an initial model of promising integrated empowerment, not as final evidence of effectiveness. For future development, similar programs need to use pre-post evaluation instruments, follow-up interviews, periodic observations, and quantitative documentation so that changes in knowledge, skills, behavior, and economic outcomes can be demonstrated more strongly.

Conclusion

The community service program in Kampung KB Melati RW 10, Panggung Urban Village, shows that a community-based intervention combining health education, youth strengthening, tourism promotion, and MSME digitalization can be implemented in an integrated manner according to partner needs. The program produced various concrete outputs, such as the GENRE webinar, PIK-MA webinar, poster competition, peer counselor mentoring, e-marketing mentoring for Imoet Foods, a public handwashing facility, tourism banners and stickers, the "Sehat Jiwa Raga" booklet, an urban village profile vlog, mass media publications, a scientific article, and an intellectual property rights application. The online activities also reached broad participation, with 194 participants in the GENRE webinar, 214 participants in the PIK-MA webinar, and 73 participants in the poster competition.

At the level of benefits, the program showed initial outcomes in the form of increased resident access to health education and facilities, initial capacity strengthening among PIK-R members in understanding peer counseling, increased MSME readiness to use simple digital marketing media, and the availability of promotional media to strengthen the tourism identity of Pulo Kodok. Thus, the program can be considered successful at the implementation stage and in the initial strengthening of community capacity. However, these results cannot yet be concluded as long-term impacts because there were no pre-post data, longitudinal monitoring, or quantitative indicators regarding changes in health behavior, sustainability of peer counselor services, increased tourist visits, or increased MSME income.

The main advantage of this program lies in its integrative, adaptive, and locally needs-based design. The program did not only conduct outreach activities, but also produced outputs that could be reused by partners. However, the main limitations of the program lie in the relatively short implementation duration, limited intensity of offline mentoring, uneven reach of benefits across all target groups, and the still limited outcome evaluation system. Therefore, this program is more appropriately understood as an initial foundation for integrated community empowerment, not as a final longitudinal impact evaluation.

For partners, Kampung KB administrators, PIK-R, tourism awareness groups, and MSME actors are encouraged to use the program outputs as sustainable working tools, not merely as temporary activity products. PIK-R needs to prepare peer counselor service schedules, referral mechanisms, and routine supervision. Tourism awareness groups need to maintain promotional media, update digital content, and develop more consistent tourism promotion strategies. MSME actors need to optimize digital catalogues, automatic replies, brand identity, and transaction records so that the benefits of e-marketing can be monitored more clearly. For the urban village government and university, periodic post-program mentoring is needed through monitoring three or six months after the activity. This monitoring may include the use of the handwashing facility, continuity of PIK-R activities, development of tourism promotion, use of WhatsApp Business, and changes in partner capacity. For future community service implementers, programs

should be designed with stronger evaluation instruments, such as pretest-posttest, partner satisfaction surveys, follow-up interviews, periodic observations, and quantitative documentation related to MSME transactions, tourist visits, and frequency of peer counselor services. Thus, future community service development can move from an output-based implementation model toward an empowerment model based on outcomes, sustainability, and evidence of social change.

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Research Ethics Statement
This community service program was conducted in accordance with the ethical principles of community-based academic activities, including respect for participants, voluntary participation, transparency, accountability, and research integrity. Since the program focused on education, mentoring, facility provision, tourism promotion, MSME digitalization, activity documentation, and descriptive program evaluation, it did not involve clinical intervention, biomedical procedures, biological specimens, or the collection of sensitive personal health data. Participants and partners were informed about the purpose and form of the activities before implementation. Participation in webinars, mentoring, and community activities was voluntary. Documentation and data used in this article were limited to program records, participation recapitulation, observations of implementation, outputs, and initial outcomes. All information was used responsibly while maintaining respect for partner confidentiality and community context.

Author Contributions
Dita Efani: conceptualization, coordination of the community service program, development of the integrated intervention design, supervision of implementation, analysis of program outputs and initial outcomes, and writing of the original draft.
Siwi Nurkharismawanti: development of community health education activities, preparation of health promotion materials, coordination of health-related outputs, and contribution to manuscript review.
Winahyu Destyarti: coordination of youth strengthening activities, preparation of GENRE and PIK-MA webinar materials, mentoring of PIK-R peer counseling activities, and interpretation of youth program outcomes.
Eka Bagus Ramadhani: coordination of tourism promotion activities, development of visual promotional media, support for the Pulo Kodok tourism profile, and contribution to documentation of tourism outputs.
Kholifah Wardandi: coordination of MSME digitalization activities, e-marketing mentoring, preparation of digital catalogue and brand identity support, and analysis of MSME readiness outcomes.
Nurul Fadilla Azmi: documentation of program implementation, participant recapitulation, preparation of activity reports, and contribution to data organization.
Indra Tirto Aji: technical support for online activities, webinar implementation, media publication support, and preparation of digital documentation.

Ragowo Aldy Prasetyo: support for field coordination, installation of promotional and health advisory media, and documentation of offline activities.
Umi Fadilah: preparation of educational materials, support for booklet development, data verification, and manuscript editing.
Eti Mafrukhah: supervision of community engagement, critical review of program implementation, validation of analytical interpretation, and finalization of the manuscript.
All authors have read, reviewed, and approved the final version of the manuscript.

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Conflict of Interest
The authors declare that there is no conflict of interest regarding the implementation, authorship, or publication of this article.

Artificial Intelligence Use Statement
The authors declare that artificial intelligence was used only as a limited technical support tool for language editing, sentence refinement, grammar checking, translation assistance, and improving manuscript readability. All processes involving program planning, partner coordination, activity implementation, documentation, evaluation of outputs and initial outcomes, academic interpretation, and conclusion development remain the full responsibility of the authors.

Data Availability Statement
The data supporting the findings of this article consist of community service program documents, activity reports, attendance recapitulations, implementation notes, field documentation, photographs, program outputs, and descriptive evaluation records related to health education, youth strengthening, tourism promotion, and MSME digitalization in Kampung KB Melati. Due to partner confidentiality and ethical considerations in community-based activities, complete raw documentation is not publicly available. Additional information regarding the program implementation and evaluation procedures may be obtained from the corresponding author upon reasonable request.

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