ANALYSIS OF IMPLEMENTATION OF CITY POLICY FOR CHILDREN BASIC HEALTH AND CHILD WELFARE CLUSTER IN MAKSSAR CITY

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ABSTRACT

Background: Implementation of the child-friendly city policy in the basic health and child welfare cluster is a step towards realizing a child-friendly city, through fulfilling children's rights to basic health and child welfare carried out by the Makassar City Government together with the business world and the community.

Objective: The aim of this research is to analyze the implementation of child-friendly city policies in Makassar City in the basic health and child welfare cluster.

Method: The research method used was a qualitative-exploratory approach using observation, in-depth interviews and literature study of all research informants selected using purposive sampling. The theory used is the implementation theory of Van Metter and Van Horn.

Results: The results of this research indicate that the implementation of the child-friendly city policy in the basic health and child welfare cluster in Makassar City has been successful but has not run optimally. Human resources are sufficient but not of high quality, the budget is still limited and there is no clear time target. Characteristics of implementing agents who are less firm in implementing policies. The attitude/tendency of the implementing agent has shown acceptance. Communication and coordination between organizations has not been established well. The economic, social and political environment is not yet conducive.

Conclusion: Although human and financial resources are sufficient, the lack of certification training and coordination between implementing agencies as well as the low economic level of the community hinder the effective implementation of this policy.

Keywords: Implementation, Policy, Child Friendly City, Basic Health and Child Welfare Cluster.

ANÁLISE DA IMPLEMENTAÇÃO DA POLÍTICA CIDADE PARA CRIANÇAS CLUSTER BÁSICO DE SAÚDE E BEM-ESTAR INFANTIL NA CIDADE DE MAKSSAR

RESUMO

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Analysis of Implementation of City Policy for Children Basic Health and Child Welfare Cluster in Makassar City

Antecedentes: A implementação da política de cidade amiga da criança no grupo de saúde básica e bem-estar infantil é um passo para a concretização de uma cidade amiga da criança, através do cumprimento dos direitos das crianças à saúde básica e ao bem-estar infantil, levada a cabo pelo Governo da Cidade de Makassar em conjunto com as empresas mundo e a comunidade.

Objetivo: O objectivo desta investigação é analisar a implementação de políticas municipais amigas da criança na cidade de Makassar, no grupo de saúde básica e bem-estar infantil.

Método: O método de pesquisa utilizado foi uma abordagem qualitativa-exploratória por meio de observação, entrevistas em profundidade e estudo da literatura de todos os informantes da pesquisa selecionados por meio de amostragem proporcional. A teoria utilizada é a teoria de implementação de Van Metter e Van Horn.

Resultados: Os resultados desta investigação indicam que a implementação da política de cidade amiga da criança no grupo de saúde básica e bem-estar infantil na cidade de Makassar foi bem sucedida, mas não funcionou de forma óptima. Os recursos humanos são suficientes, mas não de alta qualidade, o orçamento ainda é limitado e não existe um prazo claro. Características dos agentes implementadores menos firmes na implementação de políticas. A atitude/tendência do agente implementador demonstrou aceitação. A comunicação e a coordenação entre organizações não foram bem estabelecidas. O ambiente econômico, social e político ainda não é propício.

Conclusão: Embora os recursos humanos e financeiros sejam suficientes, a falta de formação em certificação e de coordenação entre as agências implementadoras, bem como o baixo nível econômico da comunidade dificultam a implementação eficaz desta política.

Palavras-chave: Implementación, Política, Ciudad Amiga de la Crianza, Grupo Básico de Salud y Bem-Estar Infantil.
1 INTRODUCTION

A child is someone under 18 (eighteen) years of age, even one who is still in the womb (Ministry of PPPA RI, 2022). Children are the next generation of the nation who play a strategic role and have special characteristics and characteristics, require guidance and protection to ensure their physical, mental and social growth and development, which in the process of growth and development requires the help and support of adults. The Convention on the Rights of the Child or Convention on the Rights of the Child (KHA) is an international agreement regarding child protection. The CRC has been ratified by the majority of members of the United Nations (UN), which indicates that all countries in the world agree to be bound by the provisions of the CRC. Agreements between various countries in the world in order to fulfill children's rights and prepare a world suitable for children, have not guaranteed that children's rights are properly fulfilled.

Indonesia is one of the countries that ratified the KHA. Indonesia's participation in the commitment to a Child-Friendly World is part of Indonesia's goals as formulated in the Preamble to the 1945 Constitution. So, on this basis, Indonesia has begun implementing policies to develop Child-Friendly Districts/Cities (KLA) since 2006, which are contained in the attachment to the Regulation of the Minister of State for Empowerment. Women and Child Protection Republic of Indonesia Number 12 of 2022 concerning the Implementation of Child Friendly Districts/Cities. The results of the 2020 Indonesian Population Census Projection are 270,203,917 people, and around 79.7 million people (29.5%) are children aged 0-17 years. Therefore, the nation's assets and the sustainability of the Indonesian nation's development in the future are determined by almost a third of the Indonesian population.

Regency/City can be categorized as KLA if it has fulfilled children's rights as measured by 24 KLA Indicators which are divided into 1 (one) Institution and 5 (five) Clusters. One of the clusters is the basic health and child welfare cluster whose indicators include the percentage of births in health service facilities, the prevalence of toddler nutritional status, the percentage of feeding coverage for infants and children (IYCF) aged under 2 years, the percentage of health service facilities with friendly services for children, percentage of households with access to drinking water and adequate sanitation and availability of smoking-free areas. UNICEF
reports that the mortality rate for babies born in the poorest countries in the world faces an alarming risk of death, where 2.6 million babies die before the age of one year every year due to a lack of health workers in poor countries, low knowledge of owned by the mother and limited health facilities(7). According to the global nutrition report, 20.5 million babies have low birth weight or 14.6% of all live births, 149.2 million are stunted, 45.5 million children die and 38.9 million are overnourished (obese).(8).

Various children's problems that occur in Indonesia which cause children's rights to not be fulfilled are that there are still children who marry at the age of 0-17 years, namely 10.35%, the impact is premature birth, stunting, malnutrition, death before the age of 1 years and the risk of getting the wrong parenting style(5). Makassar City is a city that has a lot of potential for development. Development in various sectors must of course be accompanied by the fulfillment of children's rights, because the quality of children is a determinant of the sustainability and success of development in the future. As a form of institutional strengthening in the implementation of the KLA Development Policy in Makassar City, Makassar Mayor Regulation Number 2 of 2017 concerning Child Friendly Cities was issued, Makassar Mayor Decree Number: 967/472.3.05/TAHUN 2019 concerning the Formation of the Makassar City Child Friendly City Task Force Team. 2019, Makassar Mayor Regulation Number 11 of 2021 concerning Child Friendly City Regional Action Plans, and the Makassar City government budget to support the implementation of the KLA as stated in the 2021 Makassar City APBD of IDR. 301,569,733,563 which has been approved by BAPPEDA.

Makassar City has also achieved the Intermediate title in 2018(9), in 2019-2020 he was promoted to the Nindya title in the KLA award presented by the Minister of Women's Empowerment and Child Protection, Yohanna Yembise, during the National Children's Day (HAN) series which took place at the Four Points Hotel by Sheraton, Makassar, Tuesday, July 23 2019 evening(10), it is very unfortunate that in 2021 Makassar dropped to the Middle rank which was handed over virtually at the private residence of the mayor of Makassar at that time(10), but in 2022 Makassar will rise in rank again to become Nindya represented by the Deputy Mayor of Makassar Fatmawati Rusdi at the "Hotel Novotel Bogor Golf Resort and Convention Center" Friday, July 22 2022 evening(11). This means that the government's implementation of its policies has not gone well or in other words it has not been maximally committed to implementing its policies.

When compared with the implementation of the Child Friendly City policy in other districts in South Sulawesi, Makassar City can still be said to be quite good, as Pinrang and the Selayar Islands have not reached the KLA limit in 2019(12), Sinjai Regency from 2017 to 2021
is only in the Primary category, and in 2022 it will increase to Intermediate(13), Maros Regency rose to the rank of the Middle category in 2022(14), Soppeng Regency can only achieve the Intermediate category in 2022, previously from 2018 to 2021 with the Primary category(15), North Luwu Regency in 2022 will be ranked in the Middle Category(16), and only Bone Regency and Pare-pare City were ranked in the Nindya category in 2021, while Makassar City was downgraded to Middle(17). Based on data from the Makassar City Health Service in 2021, it shows that there is an increase in the infant mortality rate (IMR), which in 2020 was 43 cases and increased in 2021 to 71 cases; the maternal mortality rate (MMR) also experienced a significant increase in 2020, from 12 cases to 52 cases in 2021; problems with the nutritional status of babies with malnutrition and undernutrition 4.5%, toddlers with stunting 5.2%, underweight toddlers 3.8%; Meanwhile, exclusive breastfeeding has decreased from 76.68% in 2020 to 66.6% in 2021.

Cases of child marriage are also a problem for children in Makassar City, where based on data from the integrated service center for the empowerment of women and children (p2tp2a) there are at least 52 cases of early marriage or children under the age of 18, many parents marry off their underage children because they are pregnant out of wedlock. The family had no choice but to marry off their child(18). Cases of early marriage actually have a high risk because they have the potential to give birth to unhealthy children or experience other health symptoms and threaten the mother's health. Health facilities with child-friendly services are still far from the target, based on data from the 2022 Makassar City KLA Evaluation, there are no community health centers that are standardized to be child-friendly. Of the 47 community health centers, only 8 are child-friendly in Makassar(19). The percentage of households that have access to adequate drinking water, out of 444,154 families, only 218,720 families are served or around 49.24%. Regional governments still accept cigarette advertising, promotions and sponsorships such as billboards or billboards and the scope of the ban is only in non-smoking areas.

Makassar City Health Service, through a performance agreement, has realized commitment and agreement between implementing elements regarding measurable performance based on tasks, functions and authority as well as available resources to achieve the goals of Health development in Makassar City as stated in the 2005-2025 RPJPD, namely: Increasing the level of Public Health . These objectives are then described in targets, programs, performance indicators and their targets as contained in the 2021 performance agreement, one of which is reducing nutritional problems (percentage of malnourished children under five, prevalence of malnourished children under five and prevalence of stunting), however the target
achievement is only 78.31% and budget absorption was 74.70%, which indicates that it has not been optimal and achieved targets in its implementation.

The same thing was also found in several studies related to KLA. For example, research conducted by Orindyah Apriliannaz (2022) stated that the implementation of the child-friendly city policy in the Gading Cempaka sub-district, Bengkulu City, has generally gone well, although not optimally due to limited human resources handling the fulfillment of children's rights, public knowledge about KLA is still low.(20). Prasetya & Rahman (2022) also researched the KLA in Tangerang City which found that the implementation of the KLA in fulfilling children's rights in Tangerang City encountered obstacles due to budget constraints which were the cause of not optimal human resources and policy outreach activities to the community were still not massive and understanding, policy substance among policy implementers still needs to be improved(21). Based on the data and facts described above, researchers want to study and research more deeply regarding "Analysis of the Implementation of Child Friendly City Policy in Makassar City (Case Study of the Basic Health and Child Welfare Cluster).

2 PARTICIPANTS & METHODS

This research is qualitative research with an exploratory research type. According to Ragin & White (2004) in Morissan (2019), qualitative research is in-depth, case-oriented research from a small number of cases, including one case study(22). This research was conducted in Makassar City from March to June 2023. The informants in this research were determined using a purposive technique, which was divided into two, namely key informants and ordinary informants. Data collection was carried out by means of observation, interviews and documentation. The research instruments used were interview guides, notebooks, voice recorders and cellphone cameras. Qualitative data analysis is carried out interactively and continues continuously until completion, so that the data is saturated. Activities in data analysis, namely data reduction, data presentation and drawing conclusions(23). In analyzing the implementation of KLA policies in the basic health and child welfare cluster using Van Metter and Van Horn's implementation theory, namely: 1) policy standards and objectives, 2) resources, 3) characteristics of implementing agents, 4) attitudes or tendencies, 5) communication between organizations, 6) economic, social and political environment.
3 FINDINGS

The Child Friendly City (KLA) policy began with the commitment of the United Nations, especially UNICEF (United National Emergency Children's Fund) through the document "A World Fit for Children" which was ratified on May 10 2002, then became the peak echo of fulfilling children's rights. Indonesia officially started the KLA in 2006. The need for regions to fulfill children's rights in their regions is very important, considering that changing times have had a serious impact on children as the nation's next generation, including Makassar City which has the vision of a World City. In carrying out the analysis in this research, researchers used the Top Down approach model formulated by Van Metter and Van Horn called A Model of The Policy Implementation. There are six variables that influence the performance of public policy, namely: policy standards and objectives, resources, characteristics of implementing agents, attitudes/tendencies of implementers, communication between organizations and the economic, social and political environment.

3.1 STANDARDS AND POLICY OBJECTIVES

The Child Friendly City Policy Standards for the basic health and child welfare cluster refer to the Regulation of the Minister of State for Women's Empowerment and Child Protection Number 12 of 2022 concerning the Implementation of Child Friendly Districts/Cities. indicators in the Basic Health and Child Welfare Cluster are as follows. Childbirth in Health Facilities. The percentage of births in health facilities reached 93.69% or around 26,639 out of 28,434. This is all inseparable from the innovations carried out by Makassar City, namely JEMPOL BUMIL (Pick Up Pregnant Women's Ball), KIA book coverage of 100% of the number of pregnant women 29,607, basic immunization coverage complete in 2021 in Makassar City amounting to 27,339 (95.70%) and increasing to 27,597 (100%) in 2022, of course this is one of the indicators that contributes to high scores in the Child Friendly City assessment in Makassar City, apart from that The child mortality rate in Makassar City always increases every year. In 2022 the spike rate is twice as big as the previous year, namely in 2021 there were 71 cases, rising to 167 cases in 2022. The Makassar City Government always tries to carry out activity programs to reduce child mortality. Such as providing 24-hour community health center services for childbirth, bringing in specialist doctors at several community health centers for strengthening, institutional development of posyandu cadres. Apart from that, the Makassar City Government also has the JEMPOL BUMIL innovation so that more and more
pregnant women can maintain their health without worrying that no one will take them to the puskesmas. There is also GEMPITA, namely the availability of companion officers who are trained to detect risks from the puskesmas task force team to accompany pregnant women who are indicated to be at risk. With these child health programs and activities, implementing agents hope that the infant mortality rate in Makassar City can decrease.

Nutritional status of toddlers. The nutritional problem of toddlers in Makassar City is still the focus of attention, where in 2022 it will increase to 17.4% from 13.7% in 2021, the number of children under five with nutritional problems in 2021 is 409, rising to 622 in 2022, toddlers who experience stunting from 18.8% decreased to 18.4%, although it is said to have decreased, the figure is not significant. Nutrition problems in Makassar City are caused by various factors, starting from economic factors, a mother's education level, mother's knowledge and wrong parenting patterns for children. Feeding Infants and Children (IYCF) Under 2 Years of Age. One of the feeding factors for babies and children is exclusive breastfeeding for babies less than 6 months old and the supporting factors for baby's health are nutrition, the best and most important nutrition is breast milk (ASI). The percentage of babies less than 6 months old who receive exclusive breastfeeding has increased, namely 71.39% from 70.75% in 2021, this figure shows an increase in exclusive breastfeeding in Makassar City. This cannot be separated from the attention of the Makassar City Government where exclusive breastfeeding has been supported by 208 breastfeeding counselors in 153 sub-districts in Makassar City and 40 Makassar City IYCF cadres/counselors and is focused on stunting loci and the availability of corner facilities. Breastfeeding in various public places in Makassar City by the Government, stakeholders and the business world.

Health Facilities with Child Friendly Services. Community health centers are one of the health facilities whose services must be child-friendly and play an important role in fulfilling children's rights to health so that the implementation of child-friendly health centers, which is one of the indicators of a child-friendly city (KLA), must be carried out proactively. A total of 46 Community Health Centers in Makassar City have implemented Child-Friendly Services in accordance with the Decree of the Head of the Makassar City Health Service Number: 440/76.1/DKK/I/2022 concerning the Determination of Child-Friendly Community Health Centers for the Makassar City Health Service in 2022 and have received training on child rights issues. Healthy Environment (Access to Drinking Water and Proper Sanitation). Health is an important thing that we must take care of, especially the environment around the house because an unhealthy environment will cause various diseases. Apart from that, health can also be seen from access to clean drinking water and proper sanitation through a quality, healthy, efficient,
effective and integrated drinking water supply system. When these needs are met, people can live healthy, productive lives and improve public health. The achievement of home connections (SR) in Makassar City is 50.64% with details of 223,517 SR being served in 2022 to get drinking water. Around 88.32% or 389,852 of 441,384 families have access to proper sanitation. The Makassar City Government, through the Makassar City Public Works Department, is trying to increase access to the provision of adequate drinking water in households through the construction of a SPAM with a processing machine capacity of producing 5 cubic meters (m³)/day for 200 gallons/day with the assumption that 200 families are distributed per day and outreach to homes. Steps through the SPAM Management group consisting of Community Leaders (RT/RW), Village Heads and local Youth Leaders who took part in Institutional Development Workshop activities totaling 50 people as well as outreach to Households by KP SPAM, POKJA AMPL (Drinking Water and Environmental Health Working Group) which plays a role in providing community-based drinking water and sanitation (PAMSIMAS) in 63 locations, there is also KPP (manager and beneficiary group) which plays the role of managing the facilities and infrastructure of the Communal IPAL and also the online application innovation for fecal suction services, namely GO SEDOT.

No-Smoking Area (KTR) and Prohibition of Cigarette Advertising, Promotion and Sponsorship (IPS). Makassar City has Regional Regulation number 4 of 2013 concerning No-Smoking Areas, Perwali Number 49 of 2015 concerning Technical Instructions, Makassar City Regional Regulation number 4 of 2013, Makassar Mayor's Instruction number 7414 of 2022 concerning the implementation of No-Smoking Areas and Makassar City Regional Secretary circular number 800/ 7436/BKPSDM/XI/2022, even though we already have KTR regulations and have provided socialization and education to the public and have provided no-smoking symbols in several smoke-free areas such as green open spaces, public places and offices, there are still many people who violate them. This is due to the implementer's lack of firmness regarding the sanctions that will be given to violators according to the sanctions in the Regional Regulation. Apart from the KTR being less than optimal, there are also still many cigarette advertisements and cigarette promotions in the form of banners and billboards in public places and along roads in Makassar City. The aim of the Child Friendly City policy in the basic health and child welfare cluster in Makassar City is to fulfill children's rights to get basic health services and access easily and children's rights to get a good education and the right to adequate growth and development in their environment. The suitability of the objectives and steps of the KLA development policy with the implementation of this policy in Makassar City led to it winning the award as Nindya level KLA. So it can be said that the standard process and
KLA policy objectives in basic health and child welfare clusters in Makassar City are running well.

3.2 RESOURCE

Human Resources. The condition of human resources in implementing policies can be seen from the Child Friendly City Task Force, basic health and child welfare cluster in Makassar City, which is sufficient but not yet accompanied by the quality of the implementing agents. This is due to the lack of training and certification activities for implementing agents as well as the rotation of old employees to new ones, resulting in a lack of understanding of the KLA and not knowing what the main tasks are in the child-friendly city policy in the basic health and child welfare cluster. Financial resources or budget for KLA activities in Makassar City are sourced from the 2021 Makassar City APBD which is regulated in the KLA RADs as much as Rp. 301,569,733,563. Even though it has been regulated according to their respective portions, implementing agents still feel that financial resources in implementing child-friendly city policies in the basic health and child welfare cluster are still lacking and limited. Time Resources, if you look at the child-friendly city policy, there is no clear time limit determined by the ministry, in this case the central government, because the child-friendly city policy in the basic health and child welfare cluster is an ongoing policy which will always be updated and added every year. indicators that must be met. However, the SKPD implementing the Child Friendly City cluster for basic health and child welfare in Makassar City always coordinates and evaluates every year, so that they can evaluate what has been done and will be done in the future to reach the main level of Child Friendly City.

3.3 CHARACTERISTICS OF IMPLEMENTING AGENTS

Realizing a Child Friendly City is not an easy thing, it requires the involvement of all parties, the most important thing is good coordination with all parties, however in the basic health and child welfare cluster there is still not optimal fulfillment of children's rights because there are still several obstacles, such as the form of action the implementing agents were less assertive in implementing the policy, there was a lack of coordination between SKPDs and weak outreach to the community, resulting in public ignorance of the child-friendly city policy for the basic health and welfare cluster in Makassar City. However, the scope of the policy is in accordance with the implementing agency, because all parties from the government to the
community participate in implementing the child-friendly city policy in the basic health and child welfare cluster.

3.4 ATTITUDES/TENDENCIES OF IMPLEMENTERS

The attitude of acceptance or rejection of the implementing agent will greatly influence the successful performance of public policy implementation. The attitude of acceptance by the Makassar City Government is demonstrated by strengthening its commitment to a Child Friendly City through Makassar Mayor Regulation number 2 of 2017 concerning a Child Friendly City and Makassar Mayor Regulation Number 11 of 2021 concerning the Regional Action Plan for a Child Friendly City, as well as several activities or programs to support the fulfillment of children's rights in the basic health and child welfare cluster. Then, in terms of institutional strengthening, Makassar City formed a Child Friendly City Task Force Team in Makassar Mayor Decree Number: 967/472.3.05/TAHUN 2019 concerning the Formation of the Makassar City Child Friendly City Task Force Team where SKPDs have their respective main duties and functions. Because its implementation requires many parties, such as the basic health and child welfare cluster which requires several SKPDs to implement its policies, such as the Makassar City Children's Forum which carries out outreach on the dangers of smoking in schools, the Makassar City Environmental Service carries out outreach on environmental care and culture in Schools (PBLHBS) and procedures for sorting waste, the Food Security Service held a B2SA (Nutritious, Diverse, Balanced and Safe) competition in collaboration with PKK with the aim of increasing mothers' creativity in serving nutritious food for families, the Education Department with Child Friendly Schools, the Department Fisheries and Agriculture through the fish eating movement which is a national program and provides guidance to coastal children in the form of maintaining marine ecosystems, Daya Hospital which has a child care room for employees, PKK with B2SA serving competitions and cheerful Posyandu activities, where the posyandu is made more attractive for toddlers so that Posyandu visits are increasing and Dharma Wanita through health development activities supports stunting prevention and health checks for pregnant women.

3.5 INTERORGANIZATIONAL COMMUNICATION

The child-friendly city policy is a policy originating from the central government which is implemented by regional governments involving various parties and elements, as well as the
basic health and child welfare cluster which cannot be implemented by one party alone but must involve various parties and has been stated in the Task Force KLA in Makassar City starts from the government, the business world to the community itself. Therefore, coordination plays an important role so that the KLA policy for the basic health and child welfare cluster can run well so that the implementing agents involved can know their respective main tasks and functions. To achieve good coordination, Bappeda as head of KLA policy in Makassar City and DP3A as the leading sector are trying to hold coordination meetings which are routinely held four or five times or more. This meeting was held to evaluate and discuss the performance achievements of each program/activity that supports the KLA policy by each SKPD. Even though efforts have been made to increase coordination through regular meetings with SKPD in the KLA Task Force and the communication network built by stakeholders is quite good, there are several implementing agents who do not understand their duties and functions, so that good cooperation is difficult to establish and there is a lack of follow-up of the coordination carried out makes it difficult to achieve synchronization.

3.6 ECONOMIC, SOCIAL AND POLITICAL ENVIRONMENT

The economic environment in implementing the Child Friendly City policy in the basic health and child welfare cluster in Makassar City is generally still not conducive. Judging from Makassar City, it is still in Rank 2 with the largest number of poor people in South Sulawesi. Meanwhile, the poverty line in 2022 is recorded at IDR. 511,081 per month, the poor population in Makassar City in 2022 will reach 71,830 people or 4.58% of the total population of 1.43 million people. Poor economic levels indirectly impact the low level of community education, making it difficult to provide understanding to the community. The condition of the social environment in Makassar City is also a concern. Based on data from the Makassar City Women's Empowerment and Child Protection Service (DP3A), of the 488 cases of violence against children and women, 200 cases were violence against children. DP3A Makassar City recorded cases of violence against women and children in 2022 increasing by 18.16% compared to 2021 of 413 cases. The social life of urban communities also sometimes causes the implementation of KLA policies in the basic health and child welfare cluster to be less smooth, where people in Makassar City tend to be less caring and individualistic. Political elite support for policies can also influence the success of public policies that have been established. The KLA policy for the basic health and child welfare cluster received good support from the political elite in Makassar City, through budgeting for
the implementation of the KLA policy and its programs or activities, making regional regulations and socialization with the aim of the success of the KLA policy, especially the basic health and child welfare cluster. Support from the business world is no less important, this support is demonstrated through the construction of infrastructure such as the ASI Corner.

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AUTHOR CONTRIBUTIONS

Dian Pratiwi, Balqis, Darmawansyah, Sukri Palutruri, Atjo Wahyu, Masni: Study concept and design. Dian Pratiwi: Collect and process research data. All authors: creation of publication manuscript.

REFERENCES


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Fajar A. Fajar.co.id. 2022 [cited 2022 Oct 23]. Of the 47 Community Health Centers, only 8 are Child Friendly in Makassar. Available from: https://sulsel.fajar.co.id/2022/07/07/dari-47-puskesmas-only-8-puskemas-ramah-anak-di-makassar/

Aprilianaz O. Implementation of the Child Friendly City Policy in Gading Cempaka District, Bengkulu City. 2022;


