

The Key Challenges and Recommendations for Healthy Cities Implementation of North Kolaka, Indonesia

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ABSTRACT

The purposes of this paper were to investigate the implementation and challenges of Healthy Cities in North Kolaka. This research used a descriptive qualitative approach. Six informants from different background and governmental bodies were interviewed. They were Healthy Cities Forum, Heads of Governmental Bodies such as Department of Health, Regional Planning and Development Board, Department of Tourism, Food Security and Nutrition Office. They involved in the application of Healthy Cities in the region. Focus Group Discussion was also applied from the members of Healthy Cities Forum. This research was also based on document reviews. Data were analysed using thematic analysis.

This research found that the Healthy Cities program for North Kolaka focuses on the settings of settlement area and public facilities and infrastructure, and independent-healthy community life. The challenges included understanding of Healthy Cities for Advisory Team, Healthy Cities Forum, Healthy Villages Communication Forum and Working Group; cross sector collaboration, community participation, funding, capacity building, and lack of facilities and infrastructure. This study recommends strengthening four settings of Healthy Cities which are the settlement area, public facilities and infrastructure, independent-healthy community life, healthy tourism and food security and nutrition.

Keywords: Healthy Cities, North Kolaka, settings

INTRODUCTION

Indonesia has a long history in the development of Healthy Cities yet Healthy Cities movement started running effectively since the issuance of joint regulation between the Ministry of Home Affairs and the Ministry of Health⁽¹⁻³⁾. The concept of Healthy Cities in Indonesia refers to the structure of government districts/cities (kabupaten/kota) which in this paper uses the term Healthy Cities⁽⁴⁻⁶⁾. WHO set up a general concept of

Healthy Cities as settings in each region⁽⁵⁻¹⁰⁾ but each country can develop the Healthy Cities based on the problems and the needs and available resources⁽¹¹⁾.

Healthy Cities movement in Indonesia varies. In early 2005, the number of districts/cities involved in Healthy Cities was very limited. Only a few districts/cities involved, such as Makassar, Pare Pare and Palopo in South Sulawesi; Payakumbuh in West Sumatera; Medan in North Sumatera; Denpasar in Bali; Semarang in Central Java; Manado in North Sulawesi; Balikpapan in East Kalimantan^(12, 13).

The development of Healthy Cities in Southeast Sulawesi province is very slow compared to other provinces in Indonesia. Up to 2015 in Indonesia, only 137 districts/cities (26.65%) in 23 provinces (67.64%) have been involving in the implementation of Healthy Cities⁽¹³⁾, and only two districts/cities in Southeast

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Sulawesi (Kendari City and North Kolaka) (13,14). The application of Healthy Cities in a region relies heavily on commitment among government and community. The Healthy Cities implementation in North Kolaka is not well documented, including the current achievement and challenges.

The purposes of this paper were to investigate the implementation and challenges of Healthy Cities in North Kolaka, Indonesia.

MATERIALS AND METHOD

This research used a descriptive qualitative approach. This research was conducted in North Kolaka, one of districts in Souteast Sulawesi Province, Indonesia. Data collection process consisted of in-depth interviews, Focus Group Discussions and document reviews. Six informants from different background and governmental bodies were interviewed. They were Healthy Cities Forum, Heads of Governmental Bodies such as Department of Health, Regional Planning and Development Board, Department of Tourism, Food Security and Nutrition Office. They involved in the

application of Healthy Cities in the region. Focus Group Discussion was also applied from the members of Healthy Cities Forum. The members of Healthy Cities Forum were from government staff from in line with selected settings of Healthy Cities. However, they were from community representatives, including local leaders such as youth and religious leaders. This research was based on document and report reviews in relation to the implementation of Healthy Cities in the region. Data triangulation such as method triangulation was applied. Data were analysed using thematic analysis.

FINDINGS

1. North Kolaka at Glance

North Kolaka was officially formed on 7 January 2004. This district was formerly a part of Kolaka District of Souteast Sulawesi. Administratively, the government of North Kolaka consists of 15 sub districts, 6 urban villages, and 127 villages with an area of approximately 3391.6 km2 (seen Table 1.1).

Table 1.1: Names of Sub Districts, Capital City, Villages and Urban Villages in North Kolaka

| No | Sub Districts | Capital City | Areas (Km ²) | Urban Villages | Villages |
|---------------|---------------|--------------|--------------------------|----------------|------------|
| | Wawo | Wawo | 189,9 | 1 | 6 |
| 2 | Rante Angin | Rante Angin | 162,7 | 0 | 7 |
| 3 | Lambai | Lambai | 235,0 | 0 | 7 |
| 4 | Lasusua | Lasusua | 287,7 | 1 | 11 |
| 5 | Katoi | Katoi | 82,6 | 0 | 6 |
| 6 | Kodooha | Mala-mala | 250,5 | 1 | 11 |
| 7 | Tiwu | Tiwu | 81,9 | 0 | 7 |
| 8 | Ngapa | Lapai | 149,2 | 1 | 11 |
| 9 | Watunohu | Watunohu | 110,0 | 0 | 8 |
| 10 | Pakue | Oloholobo | 313,3 | 1 | 10 |
| 11 | Pakue Tengah | Latali | 131,3 | 0 | 10 |
| 12 | Pakue Utara | Pakue | 191,8 | 0 | 9 |
| 13 | Batu Putih | Batu Putih | 375,0 | 1 | 10 |
| 14 | Tolala | Tolala | 183,6 | 0 | 6 |
| 15 | Porehu | Porehu | 647,2 | 0 | 8 |
| Jumlah | | | 3.391,6 | 6 | 127 |

Source: Central Bureau of Statistics of North Kolaka (15)

The population growth rate of North Kolaka was very dynamic. In 2011 the population of North Kolaka was 127,295 inhabitants; increased in 2012 to 130,531 inhabitants. Total population of North Kolaka in 2015 reached approximately 140,706 (see Figure 1.1).

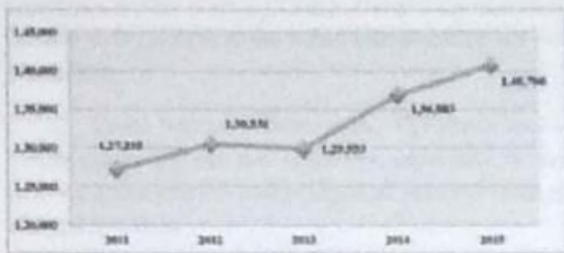


Figure 1.1: The population growth rate of North Kolaka, Indonesia in 2015

Source: Central Bureau of Statistics of North Kolaka (15)

2. Healthy Cities Achievement of North Kolaka

There are two settings for Healthy Cities of North Kolaka at the beginning of the district involved in the implementation of Healthy Cities in Indonesia. The settings were Settlement Areas, Facilities and Public Infrastructure and Independent-Healthy Community Life. Activities strengthened in the respective setting were:

Settlement Areas, Facilities and Public Infrastructure

- a. Clean air
- b. Clean rivers and canals
- c. Individual and public clean water supply
- d. Domestic wastewater disposal
- e. Waste management
- f. Housing and settlement
- g. Landscape gardening and urban forest
- h. Schools
- i. Market management
- j. Sports and Recreational Facility and Children's Playground

Independent-Healthy Community Life

- a. Clean and healthy behaviors
- b. Public places
- c. Settlements, housing and healthy building
- d. Clean water supply
- e. Occupational Health and Safety, Prevention of Accidents and Involuntary
- f. Family health, reproductive health and family planning
- g. Development of Community Mental Health and Parenting Children
- h. Sports and Physical Fitness
- i. Anti-tobacco program
- j. Immunization
- k. Treatment and care services
- l. Malaria eradication
- m. Dengue eradication
- n. Tuberculosis eradication
- o. Diarrhea eradication
- p. Degenerative disease prevention
- q. Nutrition
- r. National health assurance

3. Challenges of the application of Healthy Cities in North Kolaka, Indonesia

The challenges of Healthy Cities implementation in North Kolaka could be divided into several aspects:

a. Advisory Team. The members of Healthy City advisory team generally were from heads of relevant governmental bodies. They do not have the same understanding of the healthy cities. Most of departments outside of the health sector assume that a healthy city is a matter for the health department. There is no "passion" for them. Strong socialization for them is absolutely necessary.

b. Healthy Cities Forum. The members of Healthy Cities Forum were not all actively involved as expected. The Secretariat had been provided but its activity was rarely conducted. Synchronization between the Forum and the Advisory Team also needs to be strengthened.

c. Healthy Villages/Urban Villages Communication Forum. The members of Healthy Villages/Urban Villages Communication Forum have not involve optimally. Secretariat of the forum also requires

attention. Usually the secretariat is located at the district office and there is no clear program. Preparation of work plans should be strengthened.

d. Working Group. Not to all the villages and urban villages in the Working Group has not yet formed. Secretariat and the work plan as well as the activities need to be strengthened. There is no special secretariat for the Working Group. General secretariat is located at the village or the urban village office but not permanent.

e. Cross Sector Collaboration. The cross sector collaboration has not run optimally, especially in the relevant governmental bodies based on selected settings of Healthy Cities.

f. Community participation. The community participation needs to be strengthened, especially in relating to efforts to create clean, safe and comfortable environment.

g. Funding. The funding both for advisory team and forum as well as activities which are in each sector has not been allocated clearly.

h. Capacity building. The implementation of Healthy Cities relies heavily on the capacity both the members of advisory team and Forum and community in general. Knowledge on Healthy cities was still lacking almost at all levels of Healthy Cities application: Healthy Cities Advisory Team, Healthy Cities Forum, Healthy Villages/Urban Villages Communication Forum, and Working Group.

i. Facilities and infrastructure. Providing facilities and infrastructure in the application of Healthy Cities was still weak.

4. Future Plan and Recommendations of Healthy Cities of North Kolaka, Indonesia

North Kolaka will develop 4 settings of Healthy Cities. The selected settings are based on an agreement between the government and the public and potential of the area. The settings include Settlement areas, public facilities and infrastructure; independent-healthy community life; healthy tourism and food security and nutrition. Each setting has leading sector and supporting sectors as shown in Table 1.2.

In order to implement more effectively the Healthy Cities in North Kolaka, several activities should be carried out both in the advisory team, governmental bodies and Forum:

a. Institutional strengthening. Establishment of the Healthy Villages and Urban Villages Communication Forum in all sub-districts and the Working Group in all villages and urban villages.

b. The proper functioning of the advisory team, Healthy Cities Forum, Communication Forums of Healthy Villages and Urban Villages and Working Groups marked the work programme and various administrative and operational activities as well as strengthening data collection activities to document the activities.

c. Secretariat. The availability of the secretariat for the advisory team, Healthy Cities Forum, Communication Forums for Healthy Villages and Urban Villages and the Working Group permanently and is equipped with supporting facilities.

d. Funding. It is necessary to provide clear funding for Healthy Cities officers: Advisory Team, Healthy Cities Forum, Healthy Villages and Urban Villages Communication Forums, and Working Group as well as respective governmental bodies by selected settings.

e. Strengthening capacity building. Orientation, socialisation, workshop, training in order to enhance capacity for Healthy Cities officers at all levels: District, sub district and village and urban village as well as respective governmental bodies by selected settings.

f. Contact person. It is necessary to provide a contact person or person in charge to help documenting activities at respective governmental bodies by selected settings.

g. Memorandum of Understanding. It is necessary to have MoU among relevant governmental bodies and Forum to encourage all stakeholders of Healthy Cities.

h. Pilot projects. It is necessary to develop Healthy Cities projects based on selected settings.

Table 1.2: Settings of Healthy Cities, Leading Sectors and Supporting Sectors for North Kolaka, Indonesia

| No | Settings | Leading Sectors | Supporting Sectors |
|----|---|--------------------------------------|---|
| 1 | Settlements, public facilities and infrastructure | Department of Public Work | Regional Planning and Development Board (Bappeda), Department of Health, Department of Housing, Environmental Health Body, Department of Sanitary, Department of Social Affairs, Department of Forestry, Department of Education, Department of Industry and Commerce, Community Participation Body, and Village Governance, Police Unit and the Civil Service, Police |
| 2 | Healthy tourism | Department of Tourism | ⁷ Bappeda, Department of Health, Department of Regional Revenue, Department of Social Affairs, Department of Sanitary, Community Participation Body, Village Governance, Hotel and Restaurant Association, Regional AIDS Commission, National Narcotics Body, Police Unit and the Civil Service, Police |
| 3 | Food security and nutrition | Food Security and Nutritional Office | Bappeda, Department of Health, Department of Perkebunan dan Hortikultura, Department of Agriculture and Veteriner, Department of Marine and Fishery, Department of Cooperatives, Micro Small and Medium Enterprise, Community Participation Body, Village Governance, Agricultural Extension Officers, Community Economic Institution |
| 4 | Independent-healthy community life | Department of Health | Bappeda, Regional AIDS Commission, National Narcotics Body, NGOs, Hotel and Restaurant Association, Department of Tourism, Local Water Company (PDAM), Department of Industry and Commerce, Department of Marine and Fishery, Department of Labour, Department of Sanitary, Community Participation Body, and Village Governance, General Hospital of DJAFAR HARUN, Indonesian Heart Foundation, Food Security Agency and Extension, and the Indonesian National Sports Committee |

Source: developed from FGD

CONCLUSIONS

a. North Kolaka has been involving in the application of Healthy Cities in Indonesia. Two settings have been set up which were Settlements, Public Facilities and Infrastructure and Independent-Healthy Community Life. Two others would be developed including Healthy Tourism and Food Security and Nutrition.

b. The challenges of Healthy Cities included lack of understanding of Healthy Cities for Advisory Team, Healthy Cities Forum, Healthy Villages Communication Forum and Working Group; cross sector collaboration, community participation, funding, capacity building, and lack of facilities and infrastructure.

c. Integrated Healthy Cities planning needs to be done to achieve a more comprehensive Healthy Cities movement.

d. It is necessary to measure the quality of Healthy Cities with different methods and to develop elemental settings such as healthy schools, healthy hospitals,

healthy public health centers and healthy markets.

⁵ **Conflict of Interest:** Authors declare there is no conflict of interest

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Ethical Clearance: Data collection process was conducted for informants who are working for governmental bodies and members of Healthy Cities Forum. Permit letter was issued by the Head of North Kolaka Health Office based on a letter No. 050.2/244/2016, 3 November 2016.

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