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ACHIEVEMENT AND TYPOLOGY OF PARTNERSHIP IN THE IMPLEMENTATION OF HEALTHY CITIES IN INDONESIA: A CASE STUDY OF MAKASSAR

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Abstract: *Introduction*: *Partnership is a key in the implementation of Healthy Cities at various countries. However, studies in this field are still very limited, especially in the context of local government such as Makassar. Indonesia. This study aims to identify the achievement and typology of partnership between central government, provincial and municipal towards the implementation of the Healthy Cities in Makassar, Indonesia.*

Methods: This research was a qualitative research with a a case study approach and analysed in thematic analysis. Informants were 25 people of decision makers in the implementation of Healthy Cities at all levels: Central government (Healthy Cities' staff of the Ministry of Home Affairs and the Ministry of Health), provincial and city level: Healthy City Forum and Advisor. The Healthy City Forum members were from the community level and the Healthy City Advisory members were from the government elements, for example Regional Planning and Development Board, Health Office, Tourism Office, Social Affairs. This research also conducted a Focus Group Discussion to the members of Healthy City Forum, and government document review.

Results: This research identified that implementation of Healthy City in Makassar runs gradually and continously improve up to the highest level of the Healthy Cities Award of Indonesia: Swasti Saba Wistara. The central government has more function in providing policy while the provincial level is expected to provide facilities and can become bridging from the central government to strenghten the application of Healthy City in Makassar. The core of Healthy Cities is at the Makassar government along with other stakeholders.

Conclusion: This research needs to quicken the birth of a presidential decree on the Implementation of the Healthy District/Cities in Indonesia that have a strong tie to the relevant ministries and can provide leverage to the districts / cities in Indonesia. This study can be used as consideration for local government in Indonesia, especially for the Forum and the Healthy Cities Advisor for the implementation of the Healthy Cities which is more clean, safe, comfortable and healthy.

Key words: *Partnership, local government, Healthy Cities, Makassar, Indonesia*

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INTRODUCTION

In the 1980s, World Health Organiation introduced the concept of Healthy Cities to address the challenges of urban health. Healthy Cities is defined as a change in how individuals, communities, NGOs, public sector, private sector and local governments think about, understand and make decisions that impact on health (Webster & Sanderson, 2012). Hancock and Duhl (1988) defined "A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential".

This definition suggests that the Healthy Cities involves a long-term process, running in continuity to improve health and the environment. Healthy Cities requires effort, time, change and organizational culture by city council. (Clark, 2000). Healthy Cities involves a strong political commitment to put health issues on top decision-making at all levels. Therefore, commitment to health, political decision-making, intersectoral action, community participation and healthy public policy are the main characteristics of the Healthy Cities (Duhl & Sanchez, 1999; WHO, 2002b).

This concept has been implemented in various countries (WHO, 2011c). Healthy Cities approach as an approach to setting is a tool and an effective means of promoting health (Poland *et al.*, 2000). Healthy Cities provides channels and mechanisms for each member and the policy makers and establish rules for members and institutions involved in these settings. Healthy Cities, in addition, also integrate the environmental aspects and population health issues into the health planning (WHO, 2000). Due to the achievement of the Healthy Cities requires long-term efforts, the Healthy project initiated by WHO facilitates partnership mechanism between the government sector, private sector, and community organizations to solve the urban health problems (WHO, 2002a).

Implicitly, the importance of partnership in solving health challenges has been expressed in various conferences such as Jakarta Declaration (1997) and Bangkok Conference (2005). Jakarta Declaration (1997) – New Player for New Era- leading health promotion into 21st Century (Jakarta Declaration, 1997; WHO,1997, 2011b). Theme of the conference held in Bangkok was "Policy and Partnership for Action: Addressing the Determinants of Health" (Barry, Allegrante, Lamarre, Auld, & Taub, 2009; Porter, 2007; Smith, Tang, & Nutbeam, 2006; WHO, 2011a).

Both conferences have realized the importance of partnerships in tackling the increasingly complex health problem. Those health problems cannot be solved by relying on his own hands and resources. With the partnership of resources,

benefits and even the risk can be shared jointly to the partners involved. Globally, some studies have identified various challenges and success factors in the implementation of the Healthy Cities eg. Bauld and Langley (2010), (Holtom (2001)), Hudson and Hardy (2002) and Israel *et al.* (1998).

These studies provide benefits as the background of this research. Previous research also recognizes that the implementation of the Healthy Cities is at the municipal level (Palutturi, Shannon, Davey and Chu, 2013). Cross-sector cooperation by government agencies, private sector and civil society organizations is crucial for effective implementation of the Healthy Cities (WHO, 2008b).

Partnership is also important in the context of Indonesia. Nevertheless, the study recommends that the Healthy Cities would be more meaningful if there is a strong relationship and synergy, a symbiotic mutualism between the central government through the Ministry of the Home Affairs and the Ministry of Health as mandated under the Joint Regulation in the Implementation oh Healthy Districts/Cities in Indonesia in 2005 (Palutturi, 2014). The purpose of this study is to identify the achievement and typology of partnership between central, provincial and municipal government towards the implementation of the Healthy Cities in Makassar, Indonesia.

Research Method

This study was a qualitative research with case study approach. The case study is a practical exploration inspect existing phenomenon of the actual life issues (Baum, 2008). Boundaries between phenomenon and context are not clearly (Yin, 2003, p.23).

The location of research is Makassar City as a case study:

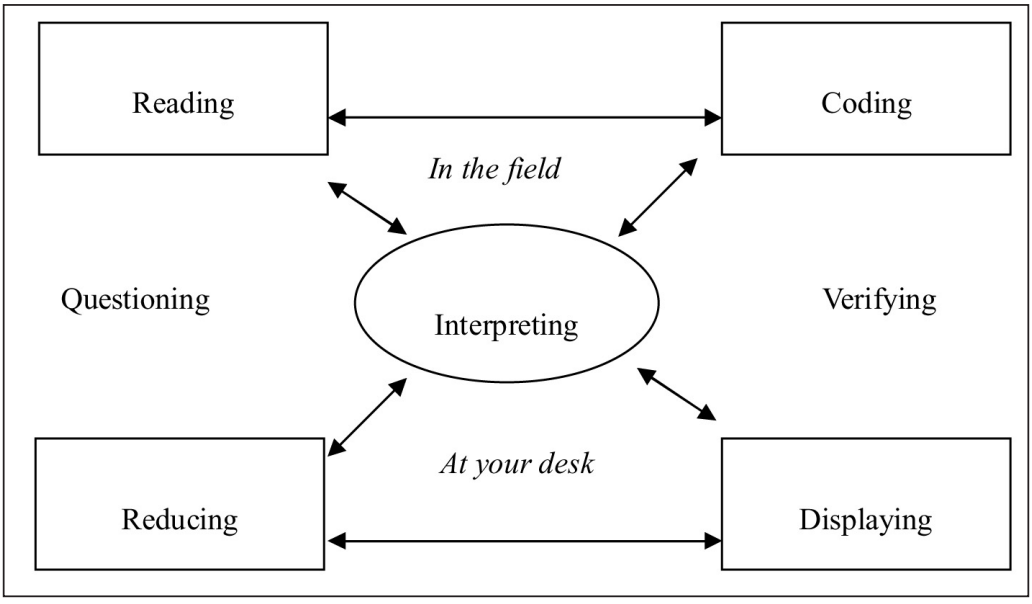
1. Makassar as a gateway to Eastern Indonesia which is the center for education, health and economic development. This development has a positive and negative impact to environment, society and urban health.
2. Makassar as the capital of South Sulawesi province where about 60% of the population of South Sulawesi were in Makassar
3. In the implementation phase of the Healthy Cities in Indonesia, Makassar has a significant progress. It is characterized by Healthy City awards at all levels: *Swasti Saba Padapa* (basic achievement), *Swasti Saba Wiwerda* (middle achievement) and *Swasti Saba* Wistara (highest achievement).

Because the Healthy districts/cities policy is at all levels of government: central, provincial and city, informants of this study include three levels. Informants at the central level were five people from the Ministry of Health staff element and the Ministry of Home Affairs who is responsible for Healthy Cities. Furthermore,

informants at the provincial level were five informants, including staff for Health Service of the Disease Control and Environmental Health of South Sulawesi province, while at the level of Makassar City 15 informants were selected. Generally, these informants were from the government board and Healthy City Forum members. The elements of government include the Regional Planning and Development Board, the Department of Health, Department of Social Services, and Department of Parks and Tourism, which were actively involved in the implementation of Healthy City of Makassar. In addition to conducting in-depth interviews, this study also conducted a study of documents, reports or images relevant to the activities of Healthy Cities.

Several data analysis techniques are commonly used in qualitative research (Bryman, 2012; Liamputtong, 2012; Neuman, 2011). This study is using a thematic analysis and domain/taxonomy /componential analysis. The study aims to identify and classify the various achievements and forms of Healthy Cities partnership. There are four stages used in analyzing a qualitative study include: reading, coding, displaying, reducing and interpreting (Ulin, Robinson, & Tolley, 2005). The center of all the stages in the data analysis is interpreting (see Figure 1.1).

Figure 1: Five stages in qualitative data analysis



Source: Ulin et al.(2005 p.144)

RESULTS AND DISCUSSION

1.1. Achievement Trend of the implementation of Healthy City

The achievement of the implementation of the Healthy City in Makassar is divided into three groups, namely: the development of the Healthy City settings, the Healthy City awards and the achievement of Healthy City goals.

1.1.1 Healthy City Settings

In the context of the Healthy Cities in Indonesia as stipulated in the Guidelines for Providing Healthy City which is a joint regulation between the Ministry of Home Affairs and the Ministry of Health No. 34/2005 and No. 1138 / MOH / PB / VIII / 2005, nine settings have been set by the central government, namely: Healthy residential areas, public facilities and infrastructure; Healthy traffic and transportation services; Healthy mining areas; Healthy forests; Healthy industrial areas and offices; Healthy tourism areas; Healthy food security and nutrition; Self-reliant healthy community life; and Healthy social life. The nine settings can be selected by the districts/cities based on the local governments and communities' abilities, resources and needs.

Makassar city began to participate in the Healthy City Program in 2007. After attending the meeting in Payah Kumbu in 2006, this was followed by the Head of Health Office, Makassar. The Healthy Cities settings of Makassar since 2007- 2015 can be seen in Table 1.

Table 1
The trend of Healthy City Settings in Makassar, Indonesia, 2007-2015

No.	*Tahun*	*Elected Settings*
1.	2007	Healthy tourism areas
		Self-reliant healthy community life
2.	2009	Healthy tourism areas
		Self-reliant healthy community life
		Healthy residential areas, public facilities and infrastructure
		Healthy industrial areas and offices
3.	2011	Healthy tourism areas
		Self-reliant healthy community life
		Healthy residential areas, public facilities and infrastructure
		Healthy industrial areas and offices
		Healthy social life
		Healthy traffic and transportation services

4	2013 and 2015	Healthy tourism areas
		Self-reliant healthy community life
		Healthy residential areas, public facilities and infrastructure
		Healthy industrial areas and offices
		Healthy social life
		Healthy traffic and transportation services
		Healthy food security and nutrition

Source: Primary Data (Interview results and document review

1.1.2 Healthy City Awards

In the Joint Regulation of the Ministry of Home Affairs and the Ministry of Health explained that there are three classifications and criteria of Healthy Cities: *Swasti Saba Padapa, Swasti Swasti Wiwerda, and Swasti Saba Wistara*. *The Swasti Saba Padapa* is the lowest level (basic achievement) of existing awards in the Healthy City program. This award is a stabilization phase, given to districts/cities that manage at least two of the nine settings of Healthy Cities. The second level award is *Swasti Saba Wiwerda*. This stage is a stage of development (medium achievement) where districts/cities develop at least 3-4 settings in accordance with the potential of local resources. The highest level award of healthy Cities is *Swasti Saba Wistara* and districts/cities have developed 5 settings of Healthy Cities in accordance with the potential of local resources. Based on the criteria, Makassar City has achieved all levels of Healthy Cities Award as shown in Table 2.

Table 2
Healthy City Award, Makassar, Indonesia.

No.	*Tahun*	*Penghargaan*
1.	2007	Swasti Saba Padapa (basic achievement)
2.	2009	Swasti Saba Wiwerda (medium achievement)
3.	2011	Swasti Saba Wistara (highest achievement)
4.	2013	Swasti Saba Wistara (highest achievement)
5.	2015	Swasti Saba Wistara (highest achievement)

Source: Primary Data (Interview results and document review

Levels of award that have been achieved by Makassar City today can be maintained but also can be dropped at a lower level of awards. Maintaining the awards is relatively much more difficult than the effort to achieve it. History has

proven that Palopo ever recorded in Indonesia as the area of comparative studies in Indonesia, particularly in Eastern Indonesia. Palopo developed a Healthy City program in Indonesia and got an award directly to the medium level without going through a phase of consolidation *(Swasti Saba Padapa).* This achievement rarely happened in any city in Indonesia and even awarded the highest level of two consecutive periods. Palopo was listed as the only city in Indonesia, which has the Healthy City Regulation (PERDA= highest level of regulation at district/city level). However, this award level could not be maintained continuously. Swasti Shaba Wistara fell to Swasti Saba Wiwerda due to several factors:

1. There were riots in Palopo as a result of the political impact of the Mayor elections. Security and comfort and cleanliness of the city becomes unconducive. This condition affects to the operation of a healthy city in Palopo.
2. Allegations of corruption by the previous mayor at the end of administration. The City Mayor attention to focus on the social development was to be reduced as a consequence of these problems
3. Government concern and attention of Palopo City Mayor and Council in the implementation of Healthy Cities is different. Ideally, the implementation of Healthy Cities in Palopo keep running optimally and there is no reason for the government to maintain and achieve the highest level of award "Swaasti Saba Wistara".
4. Contribution and participation of the community and the Healthy City Forum tends to decrease. It can also be caused because the government does not have a strong impetus for them in the implementation of the Healthy City in Palopo.

1.1.3 Healthy City Goals

From the aspect of the goals of Healthy Cities, clean, safe, comfortable and healthy are the impact that can be generated to the application of Healthy Districts/ Cities in Indonesia. The goals of Healthy Districts/Cities in line with joint regulation between the Ministry of Home Affairs and the Ministry of Health are to achieve the condition of clean, comfortable, safe and healthy Districts/Cities to live and as a place to work for its citizens with the implementation of various health-oriented development programs. To cover the four aspects of Healthy Cities, nine settings have been formulated as mentioned in Table 1.1.

All settings cover the higiene aspect. Some activities related to this aspect included clean canals movement, waste banks, Makassar Green and Clean. However, the government need to focus on the security aspects. Violence, robbery dan theft cases often occured in the midst of society.

2.1 Partnership Typology in the Implementation of Healthy City

2.1.1 Healthy City Partnership at Central Level

In accordance with the Joint Regulation of the Ministry of Home Affairs and the Ministry of Health that the Healthy Cities Advisory Team consists of the Steering and Technical Team. The Steering Team is chaired by the Minister of Home Affairs, Deputy Chief is the Minister of Health, Chairman is the National Planning and Development Board *(Bappenas)* and members come from echelon I of various institutions at central government. The Technical Team is coordinated by the Chairman of the Director General of Disease Control and Environmental Health, the Ministry of Health, vice is from the Directorate General for Regional Development of the Ministry of Home Affairs. This team has function:

1. To develop the national policy of Healthy Districts/Cities
2. To assess the guidelines, criteria, indicators, parameters of the Healthy Districts/ Cities
3. To prepare the procedures and methods of the implementation of healthy Districts/Cities
4. To monitor and evaluate the Healthy Districts/Cities hrough the discussion forums
5. To implement the corrective action against the Healthy Districts/Cities.

Therefore, the central government contribution to the implementation of the Healthy Districts/Cities in Indonesia, including Makassar is more to the policy development so that the policy can be an organizational umbrella of the Healthy Districts/Cities at local government. Partnership which occurred at the central level are more likely to be meeting the coordination between them for example the preparation of guidelines, assessment and verification districts / cities in Indonesia healthy.

2.1.2 Partnership from the central to the local government

The provincial government is bridging from the central government to the local government. It is expected to take action for the benefit of the districts/cities in Indonesia. In line with the joint regulation of the Ministry of Home Affairs and the Ministry of Health, the Healthy Cities Advisory Team at provincial level functions:

1. To formulate the Healthy Districts/Cities policies in accordance with the authority
2. To formulate the standards and indicators for the Healthy Districts/Cities, Sub-districts and villages

3. To foster the implementation of Healthy Districts/Cities in line with the selected settings and the authority
4. To coordinate the Healthy Cities planning among sectors
5. To organize discussion forums, workshops and seminars

Based on interviews with program managers of Healthy City in Makassar, the typology of partnertship form the Ministry of the Home Affairs and the Ministry of Health included:

a. Provision for the consultation
b. Giving handbook for Healthy Cities
c. Socialization of Healthy Cities indicators
d. Healthy Cities verification

1.1.3 Partnership from Provincial to City Government

Technical activities, the implementation of the Healthy City is dominated by the Department of Health both the provincial and city levels. The task of the Provincial Health Office is to do more directing and monitoring functions related to the Healthy City in Makassar.

CONCLUSION

a. Implementation of the Healthy City of Makassar runs gradually and Steadily increases until the highest level of implementation of the Healthy City by achieving Swasti Saba Wistara.
b. The central government (the Ministry of Home Affairs and the Ministry of Health serves more as policy makers at the macro level that can be implemented at the provincial and local government. The province is expected to be a means of bringing to strengthen the implementation of the Healthy City in Makassar. The core of Healthy Cities implementation is at the city level of Makassar along with other stakeholders and society.
c. Further research is needed to compare before and after the implementation of the Healthy City policy by examining aspects related to Healthy Cities.

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