

Implementation of the Child Identity Card (KIA) Issuance Policy by the East Barito District Population and Civil Registration Office, Central Kalimantan

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DOI : <https://doi.org/10.61796/ijblps.v3i2.455>



Sections Info

Article history:

Submitted: January 02, 2026

Final Revised: January 20, 2026

Accepted: February 05, 2026

Published: February 28, 2026

Keywords:

Policy implementation

Child identity card

Public services

Population administration

ABSTRACT

Objective: This research aims to analyze the implementation of the Child Identity Card (KIA) issuance policy by the East Barito Regency Population and Civil Registration Office and to identify the factors influencing its success. **Method:** The research uses a qualitative approach with in-depth interviews, observation, and document study methods. Data analysis was conducted using the interactive model of Miles, Huberman, and Saldaña. **Results:** The research findings indicate that the implementation of the Maternal and Child Health (MCH) policy has been in accordance with the national regulatory framework, but has not been optimal in terms of socialization, human resources, service infrastructure, and community participation. Policy communication factors, implementation capacity, and societal conditions are the main determinants of implementation effectiveness. **Novelty:** The Child Identity Card (KIA) is a national policy aimed at providing official identification for children as part of fulfilling civil rights and population administration protection. The implementation of this policy at the local level faces various structural and contextual challenges, particularly in areas with limited geographical characteristics and institutional capacity, such as East Barito Regency. This research recommends strengthening socialization strategies, increasing the capacity of officials, and innovating cross-sectoral collaborative services to improve the coverage of KIA ownership in East Barito Regency.

INTRODUCTION

The issuance of Child Identity Cards (KIA) is a national policy designed to expand the scope of population administration while also strengthening the fulfillment of children's rights as citizens [1]. This policy places local governments, particularly the Department of Population and Civil Registration, as the main actors in the policy implementation process. Normatively, the KIA policy aims to create an accurate and integrated child population database and improve the quality of public services based on citizens' rights [2].

However, various public policy studies show that the success of a policy is not only determined by the quality of policy formulation, but also heavily depends on the implementation process [3], [4]. Policy implementation often faces structural and contextual challenges that lead to a gap between the normative goals of the policy and the empirical reality on the ground [5]. In the context of decentralization, differences in institutional capacity between regions become an important factor influencing the effectiveness of public policy implementation [6].

East Barito Regency in Central Kalimantan Province, a region with vast geographical characteristics and limited public service infrastructure, faces unique

challenges in implementing the Child Identity Card (KIA) issuance policy. Service accessibility, the availability of government personnel resources, and the level of public awareness regarding the importance of child identity have the potential to influence policy achievement. Based on data on KIA ownership conducted by the East Barito Population and Civil Registration Office, the following:

Table 1. Number of KIA Ownership in East Barito Regency, 2022-2025

Year	KIA Required	Not Yet Possessing KIA	Possessing KIA
2022	30,703	16,732	13,971
2023	31,705	17,172	14,533
2024	31,626	14,939	16,687
2025	30,548	11,647	18,901

Source: Ministry of Home Affairs Net Consolidated Data, 2025

Number: Ministry of Home Affairs Net Consolidated Data, 2025 From the table above, the data on KIA ownership shows a gradual increase during the 2022–2025 period. In 2022, the achievement rate was 45.50% (13,971 out of 30,703 children required to have KIA), followed by 45.84% in 2023 (14,533 out of 31,705). In 2024, this increased to 52.77% (16,687 out of 31,626), and in 2025, it reached 61.87% (18,901 out of 30,548 children required to have KIA).

This achievement in 2025 exceeds the national target set by the Directorate General of Population and Civil Registration of the Ministry of Home Affairs, which is around 60–62% (as reflected in various regional performance targets and official reports for 2024–2025). This increase reflects the effectiveness of service acceleration strategies, including outreach approaches, cross-sector collaboration, and the optimization of mobile services.

Nevertheless, approximately 38.13% of children eligible for KIA in 2025 still do not possess this document, necessitating sustained efforts to reach vulnerable groups in order to support the protection of children's right to identity in accordance with the mandate of the Population Administration Law. The main obstacles contributing to the lack of universal coverage include limited printing infrastructure, with only 2 Fargo printers available to support KIA printing, which often leads to delays in mass printing and mobile services.

Additionally, the geographical conditions of East Barito Regency, which is dominated by hills, hinder access to remote villages due to inadequate road infrastructure, making it difficult for service teams to move around. Uneven internet connectivity across different regions is also a significant obstacle, considering that the KIA outreach service relies on a stable internet connection for online data verification and synchronization with the national system.

These structural constraints underscore the need for sustained interventions, such as improved facilities and infrastructure (including the addition of printer units and road

infrastructure repairs), as well as strengthened access to digital connectivity in remote areas, in order to support the universal coverage target for maternal and child health and fulfill children's right to identity in accordance with the mandate of the Population Administration Law.

Therefore, a study on the implementation of the Child Identity Card (KIA) issuance policy by the East Barito District Population and Civil Registration Office is important to analyze the extent to which the policy has been implemented and the factors that affect its effectiveness.

Literature Review

Public policy implementation is a crucial stage in the policy cycle because it is at this stage that political decisions and formal regulations are translated into administrative actions that produce policy outputs and outcomes [5]. Edwards III defines policy implementation as a process influenced by the interaction between policy communication, resources, implementer disposition, and bureaucratic structure [3]. These four variables serve as the main analytical framework for assessing the success or failure of public policy implementation.

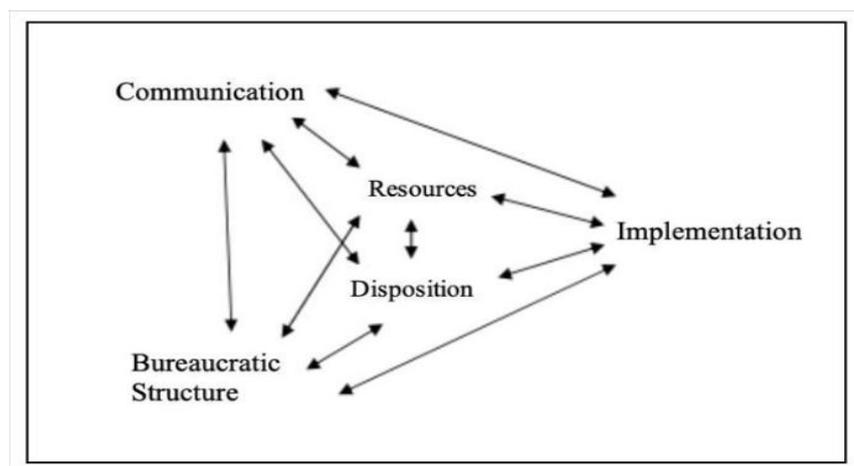


Figure 1. Model Implementasi Edward III.

Policy communication relates to the clarity, consistency, and understandability of policy information conveyed to implementers and target groups [3]. In public service policy, weak policy communication often leads to low levels of public understanding and participation [7]. In the context of maternal and child health policies, policy communication plays an important role because it is directly related to parents' awareness of the benefits and urgency of having their children's identities [8].

Resources are another determining factor in policy implementation. Edwards III emphasizes that well-formulated policies will not be effective without adequate human resources, budget, infrastructure, and authority [3]. In population administration services, limited resources often impact the low quality of service and disparities in access to services across regions [9].

Implementation disposition refers to the attitude, commitment, and level of acceptance of personnel toward the implemented policy [4]. Personnel with a positive disposition tend to be more responsive and adaptable in implementing policies, while low disposition can hinder policy effectiveness even if regulations and resources are available [10]. In the context of maternal and child health policies, the implementer's disposition directly affects the quality of service and the interaction between the bureaucracy and the community.

Bureaucratic structure is related to coordination mechanisms, division of authority, and operational procedures within policy-implementing organizations [6]. A bureaucratic structure that is too hierarchical and procedural has the potential to reduce service flexibility, especially in reaching communities in remote areas [5]. Therefore, the implementation of the KIA policy requires a bureaucratic structure that is adaptable and capable of fostering cross-sectoral collaboration, particularly with the education and health sectors.

RESEARCH METHOD

This study employs a qualitative approach with a descriptive-analytical design to gain an in-depth understanding of the process of implementing the Child Identity Card issuance policy by the East Barito Regency Population and Civil Registration Office. A qualitative approach was chosen because it allows researchers to explore the meanings, perceptions, and social dynamics that occur during the public policy implementation process [11].

The research location was determined to be the East Barito Regency Population and Civil Registration Office, as the main implementing agency for the KIA policy. The research informants consisted of structural officials, KIA service delivery staff, and the community as service users. The selection of informants was done purposively, considering their involvement and understanding of the policy being studied [11].

Data collection techniques were carried out thru in-depth interviews, direct observation of the KIA service process, and a document study of regulations, performance reports, and data on KIA issuance achievements [1], [12]. Data validity is maintained thru source and method triangulation to enhance the validity of research findings.

Data analysis was conducted using the interactive model of Miles, Huberman, and Saldaña, which includes the processes of data condensation, data display, and conclusion drawing and verification [11].

The analysis was conducted simultaneously from the data collection stage to the drawing of conclusions to ensure the depth and consistency of the analysis regarding the policy implementation phenomenon being studied [13], [14].

RESULTS AND DISCUSSION

The research findings indicate that the implementation of the Child Identity Card (KIA) issuance policy by the East Barito Regency Population and Civil Registration Office

has normatively followed the provisions of applicable laws and regulations [15]. Service procedures, administrative requirements, and the process for issuing a KIA have been adjusted to national policies and integrated into the local population administration system. However, the policy's implementation achievements have not fully reflected its substantive goals, particularly in terms of expanding KIA ownership among the target age group.

From the perspective of policy communication, the research found that the process of socializing the KIA policy has not been carried out systematically and continuously [16]. Information about the existence, benefits, and uses of KIA is mostly conveyed passively thru Disdukcapil service offices and certain activities, so the reach of information is still limited. This condition has resulted in a low level of public understanding regarding the urgency of having a KIA. Many parents still view the KIA as a non-urgent document because it is not yet a primary requirement for accessing certain public services. This indicates a communication gap between policymakers and the target groups of the policy, which has implications for low public participation.

From the perspective of Edwards III's policy implementation theory, weak policy communication has the potential to lower public compliance with and support for the policy. In the context of East Barito Regency, the vast and dispersed geographical characteristics necessitate a more adaptive and collaborative communication strategy, such as thru cooperation with educational units, healthcare facilities, and village governments. Without an effective communication strategy, maternal and child health policies tend to be perceived as mere administrative measures, rather than as instruments for protecting children's rights.

The resource aspect is another important factor influencing the effectiveness of policy implementation. The research results indicate that the limited number of personnel and certain technical competencies still pose obstacles to accelerating the issuance of KIA. The workload of Disdukcapil personnel is relatively high because they have to simultaneously serve various types of population administration documents. Additionally, limitations in supporting facilities, such as recording devices and the population information system network, also affect the smoothness of service, especially in areas far from the regional government center.

This condition indicates that resources for implementing maternal and child health policies are not yet fully adequate to reach all target groups. Within the framework of public administration, resource limitations have a direct impact on the quality and equity of public services. Without sufficient resource support, the policy could potentially lead to disparities in access to services between urban and rural communities.

From the perspective of the implementing agency's disposition, the study found that Disdukcapil staff generally have a fairly good commitment to implementing the KIA issuance policy. Policy implementers show a responsive attitude toward community applications and strive to provide services according to procedures. However, the limited substantive understanding of policies and the lack of technical training related to child

rights-based services pose their own challenges. Positive executive disposition has not been fully matched by adequate institutional capacity, so the potential for service innovation has not developed optimally.

The bureaucratic structure also influences the dynamics of implementing the KIA policy in East Barito Regency. The service mechanism, which is still centralized at the Disdukcapil office, limits public access to KIA services, especially for people living in remote areas. The hierarchical and procedural bureaucratic structure tends to reduce service flexibility, which is why innovations like the "ball-catching" service have not yet been implemented intensively and sustainably.

This finding indicates that the implementation of the Child Health Policy is still oriented toward fulfilling the administrative aspects of the policy, and has not been fully focused on achieving the policy outcomes of protecting children's rights and increasing access to public services. The KIA policy has not been optimally integrated with other sectoral policies, such as education and health, which should be able to strengthen the position of KIA as a strategic document for children.

Overall, the research findings indicate a gap between the normative goals of the KIA issuance policy and the reality of implementation at the local level. Communication factors, resources, implementer disposition, and bureaucratic structure interact and shape a policy implementation pattern that is not yet fully effective. This condition confirms that the successful implementation of policies is not only determined by strong regulations, but also by the ability of local governments to adapt policies to the local context and their institutional capacity.

CONCLUSION

Fundamental Finding : The implementation of the Child Identity Card issuance policy by the East Barito Regency Population and Civil Registration Office has proceeded according to the regulatory framework, but has not yet reached optimal effectiveness, with the main obstacles lying in the policy communication aspect, resource limitations, and low public awareness and participation. **Implication :** Therefore, it is necessary to strengthen policy socialization, increase the capacity of government officials, and innovate cross-sectoral collaborative services to improve the coverage of KIA ownership. **Limitation :** The results of this study are expected to serve as evaluation material for local governments in improving the quality of population administration services. **Future Research :** The results of this study are expected to serve as policy recommendations for local governments in improving the quality of population administration services.

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