

BUILDING HEALTHY CITIES



Health Services

Makassar Journey Map Series 2018-2021

About This Series

Building Healthy Cities (BHC) is a USAID-funded learning project in four Smart Cities in Asia – Indore, India; Makassar, Indonesia; Da Nang, Vietnam; and Kathmandu, Nepal. BHC is testing how to successfully apply urban planning approaches that improve the social determinants of health in complex systems.

BHC uses exploratory data collection, multisectoral engagement, and citizen participation. This systems approach informs project activities and the prioritization of city-funded workplans. The combined impact should improve the lives of all residents in these three cities and reduce preventable mortality.

BHC is using several tools and processes to create coalitions and organize its approach in each city. One key process is systems mapping to illustrate the key dynamics (patterns underlying problems) and define key entry (or 'leverage') points to address social and environmental determinants of health. Another way that BHC is documenting citizen experiences in each city is through Journey Maps.

The Journey Maps apply 'design thinking' approaches, which are often used to tailor products to intended customers; citizens are like customers in that they pay taxes or fees to use city services. BHC has adapted this tool to document the experience (or 'journey') of citizens who are trying to overcome one service issue in each city, over time, updated on a quarterly basis. The specific topics were identified during the first year of activities in each city and fit within the larger context shown in the systems maps. BHC is using these Journey Maps to track citizen and city official perspectives, and to document change at the neighborhood level.

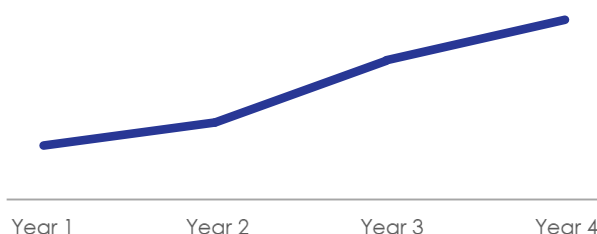
BHC is training people in each neighborhood to develop and use these Journey Maps and on grassroots advocacy techniques. By bringing the citizen experience directly to city planners, BHC hopes to better align municipal planning with community priorities such as safe water, clean air, hygiene, traffic safety, and other key components of healthy urban living.

Life of Project Journey Map Summary

BHC is concluding the Journey Maps in 2021. This process brought insights into day-to-day service availability for Makassar residents, and created a regular dialogue with the community and city offices about the causes, consequences, and potential solutions to persistent urban health-related issues.

During this 4-year map, the focus puskesmas (health center) made significant improvements to decrease overall waiting times, and prioritize patients from vulnerable populations. BHC shared patient concerns directly with puskesmas staff, helping to highlight areas for improvement. COVID-19 unfortunately derailed some of those improvements. The puskesmas has since worked hard to recover, and has added additional features to better serve vulnerable populations.

Journey Map Trajectory



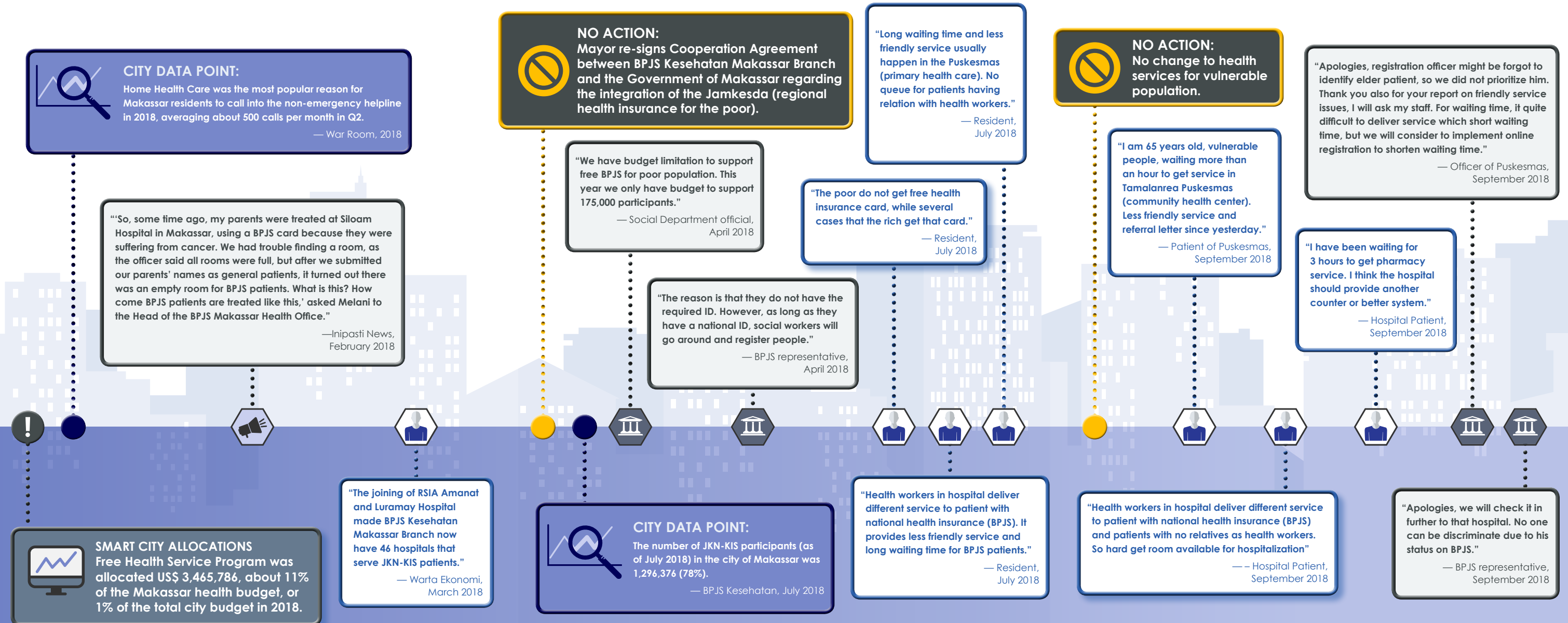


Makassar Journey Map #2 – Health Services

YEAR 1 Makassar has an extensive system of primary care centers called puskesmas, as well as health posts (posyandus) down to the neighborhood level. This is supplemented by Makassar's unique Home Care program that uses 48 vans to provide enhanced primary care services for all city residents. A citywide study found that Makassar residents, including the urban poor, expressed general satisfaction with the health services offered at puskesmas. However, interview data from BHC's Health Needs Assessment suggest that equitable service delivery remained an issue. For example, national insurance (JKN) cardholders (provided via the social security agency BPJS) had longer wait times compared to patients who had private insurance. Puskesmas were also often over-crowded. This journey follows one mixed income community with few hospitals. The primary health service issues these residents shared at baseline included issues with long wait times to see providers, unfriendly service, and issues with health insurance coverage.



Long wait times at a health center.



Quarter 2

Quarter 3

Quarter 4



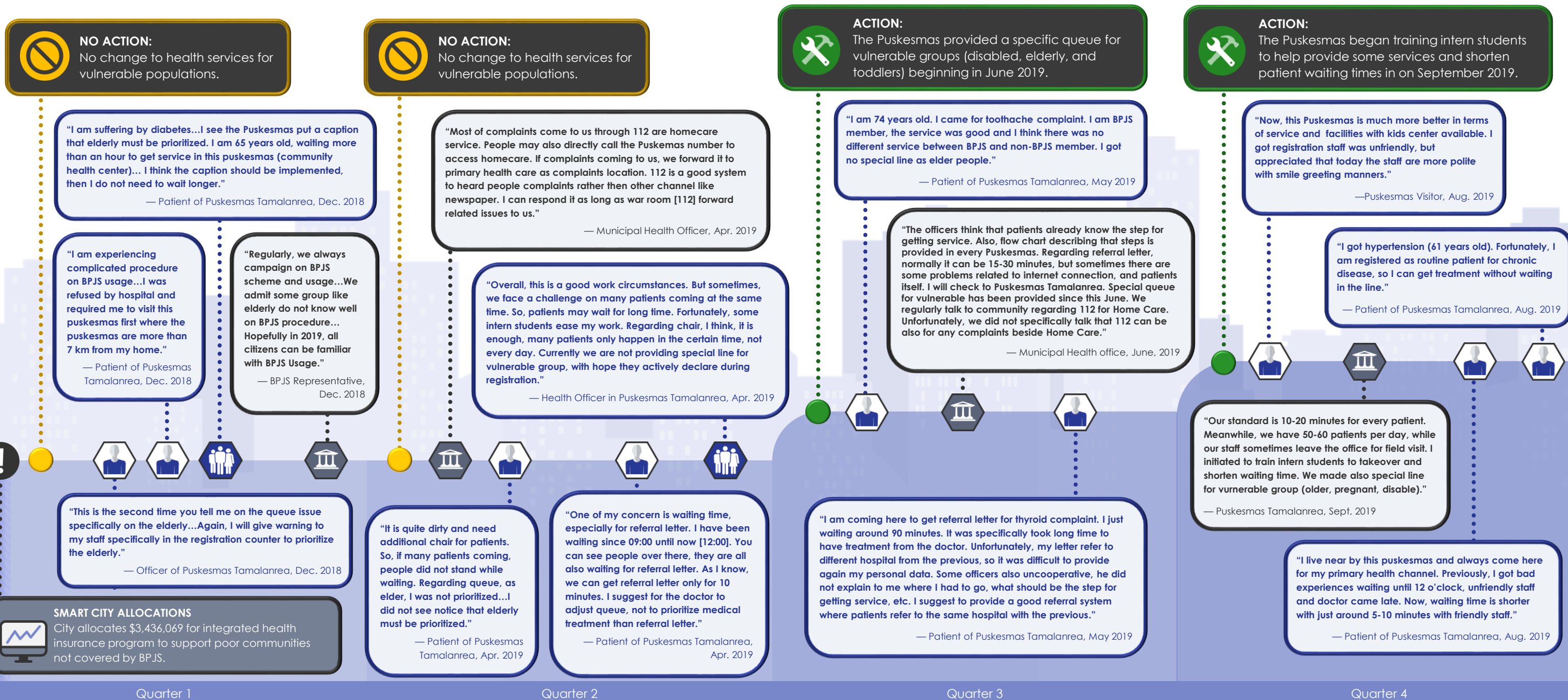
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Long wait times at a health center (left). In June 2019, a queue was added for vulnerable groups (disabled, elderly, toddlers) to provide faster service (right).

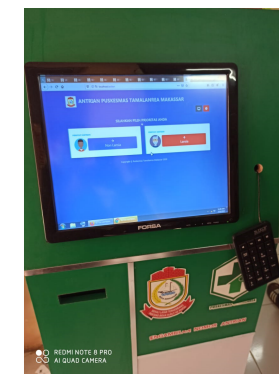




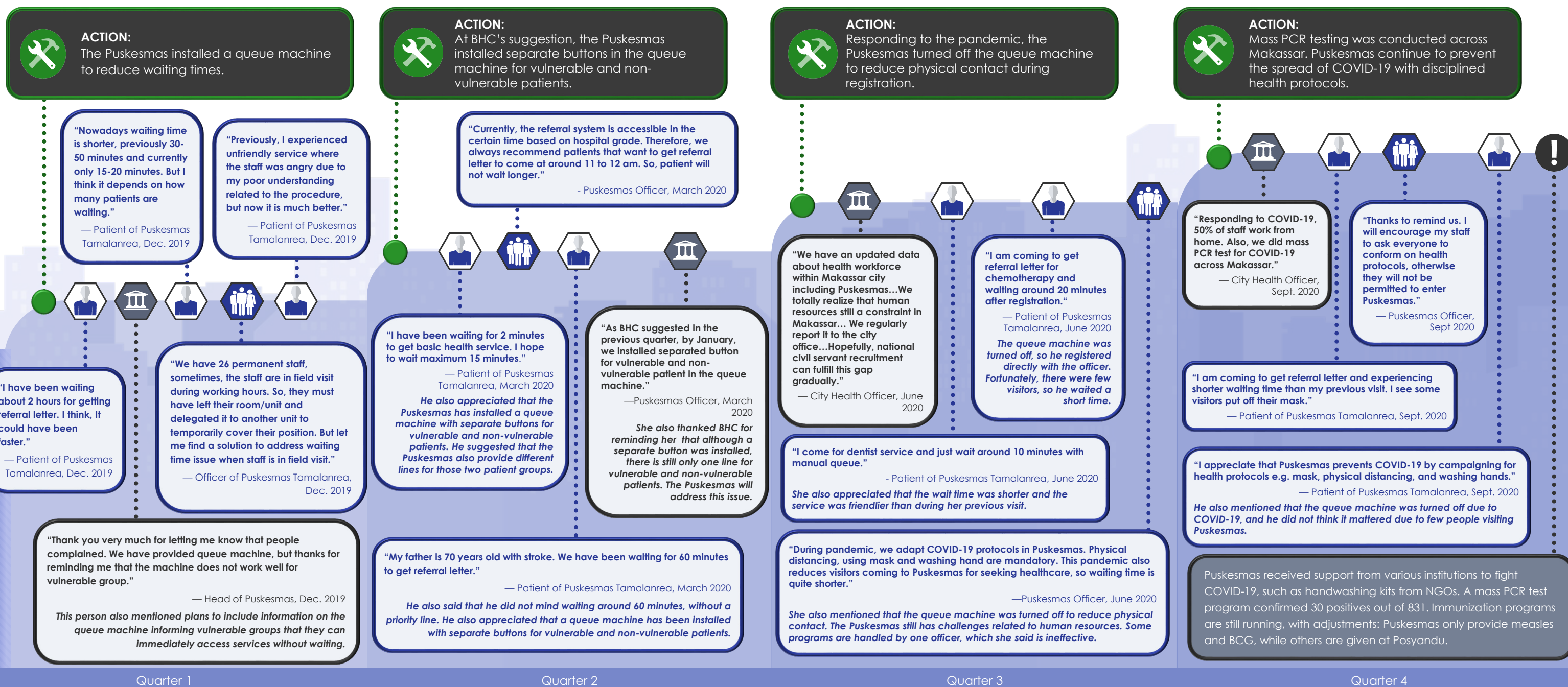
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Queue machine with separate buttons for vulnerable and non-vulnerable patients, March 2020 (left). Visitors during the COVID-19 pandemic, June 2020 (center). Handwashing kit, September 2020 (right).





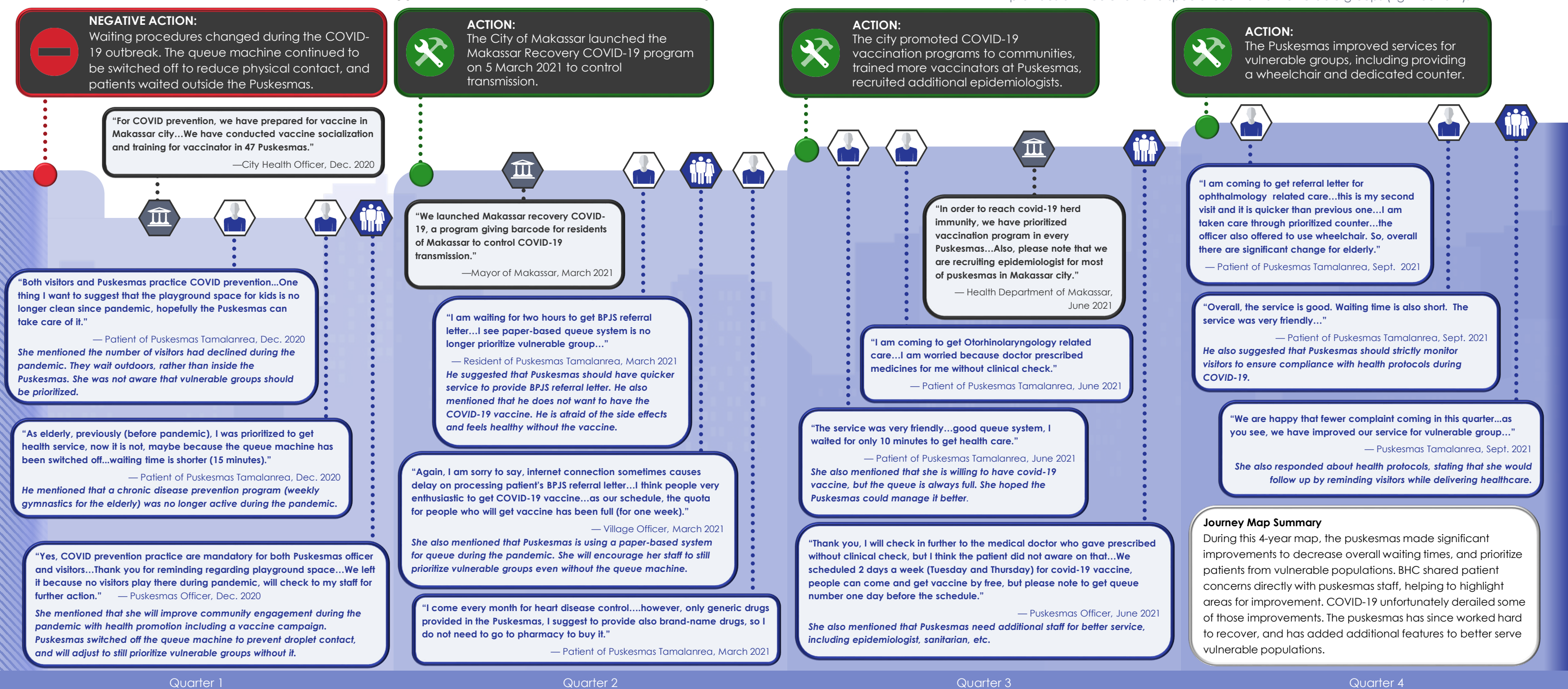
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Queue machine with buttons for vulnerable and non-vulnerable patients, March 2020 (left). Handwashing kit (center). Visitors wait outside during the pandemic (right top). Puskesmas provides a wheelchair and special counter for vulnerable groups (right bottom).



Journey Map Summary

During this 4-year map, the puskesmas made significant improvements to decrease overall waiting times, and prioritize patients from vulnerable populations. BHC shared patient concerns directly with puskesmas staff, helping to highlight areas for improvement. COVID-19 unfortunately derailed some of those improvements. The puskesmas has since worked hard to recover, and has added additional features to better serve vulnerable populations.

How Does This Story Connect to the Makassar Systems Map?

Systems Map Loop: Poverty vs Health

When the existing infrastructure, capacity, and resources are not able to fully meet the demand of government improvement efforts, some people are left behind and poverty and inequality persist. When there are high levels of poverty and inequality within a population, the level of education and connection to resources for self-improvement is reduced. With limited awareness of the available resources, and the effective pathways for accessing them, the utilization of health insurance schemes and preventative services is low. Without broad adoption of health promotion services and programs, these initiatives fail to demonstrate an ability to make real positive improvements to community health. Experiencing many other barriers to health and quality of life, these vulnerable populations are less likely to prioritize participation if they do not see a strong benefit.

Example 1: Across Indonesia nine years of education (elementary to high school) is provided free of charge to all children. South Sulawesi has

provided additional coverage for senior high school. By this policy the government provides tuition fees, and other supporting elements for the students. The government of Makassar also provides free transportation for the students through the program called “passikola”, a school car operated regionally. However, extreme poverty in slum areas lead some parents to keep their children out of school so that they can contribute to the family income. The combination of poverty and low levels of education create a difficult situation for uptake of health promoting behaviors. While citizens have a limited understanding of the risks of not seeking care, they have a very real and immediate understanding of the risks of lost wages (due to the perceived time it would take to see a health worker, receive treatment, etc.). When an illness or injury reaches the point where it can no longer be ignored, the level of impact on health and livelihood is often much greater, further exacerbating already difficult circumstances.

