











ACTIVITY REPORT

DATA VALIDATION & SYSTEMS MAPPING WORKSHOP - MAKASSAR

13-14 September 2018







Building Healthy Cities

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JSI RESEARCH & TRAINING INSTITUTE, INC.

2733 Crystal Drive 4th Floor Arlington, VA 22202 USA

Phone: 703-528-7474 Fax: 703-528-7480 Web: www.jsi.com

JOHN SNOW INDIA PRIVATE LIMITED

Plot No. 5 & 6, Local Shopping Complex Nelson Mandela Marg (Near Post Office) Vasant Kunj New Delhi 110070 India

Phone: +91 11 4868 5050

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ACRONYMS

BHC Building Healthy Cities

DUA Data Use and Access Assessment

HNA Health Need Assessment

ICT information and communication technology

IOM International Organization for Migration

JSI Research & Training Institute, Inc.

NGO nongovernmental organization

PEA Political Economy Analysis

PwC PricewaterhouseCoopers Pvt Ltd

USAID United States Agency for International Development

EXECUTIVE SUMMARY

The International Organization for Migration (IOM), organized a Data Validation and Systems Mapping workshop as part of the United States Agency for International Development (USAID) funded Building Healthy Cities project (BHC), managed by JSI Research & Training Institute, Inc. (JSI). The workshop was held on 13-14 September 2018 in Makassar, Indonesia. The purpose of this workshop was to hold an interactive discussion where Makassar city officials from Smart City and health-related departments could work with stakeholders to validate findings from BHC assessments, as well as explore enablers and barriers for BHC program development. Additionally, participants explored upstream and downstream factors of enablers and barriers, and presented stories on that topic.

The ceremony was opened by Dr. Andi Hadijah Iriani, Sp. THT-KL, Head of Makassar City Planning and Development Agency (Bappeda). She conveyed warm greetings from the Makassar Mayor as well as



"Now I understand how systemic approach and mapping work. We can explore any health issue deeper, broader and more comprehensive considering including socio-cultural aspect."

- Participant from Research and Development Agency of Makassar City (Balitbangda Makassar), September 2018.

gratitude to BHC, which is line with Makassar's vision to improve the lives of Makassar citizens. Representing JSI was Dr. Damodar Bachani, BHC Deputy Project Director based in New Delhi, India. Ms. Amanda Pomeroy-Stevens, the Project Director of BHC, JSI Washington, also gave greetings and presented a brief workshop agenda via video. IOM was represented by Mr. Son Ha Dinh, Program Coordinator for Eastern Region, who expressed his appreciation to the Mayor's office and other Makassar city departments for their collaboration and support to BHC. In the second day, the event was closed by the city's Head of Communication Department, Mr. Ismail Hajji Ali, in his role as Chief of Smart City Makassar team. He stated that community members can access the Makassar Open Data platform if they want to find information about the city of Makassar.

The workshop ran over the course of one and a half days. There were 68 attendees present on the first day (41 participants, six speakers, one moderator, 14 volunteers/facilitators, six committees), and 59 on the second day (35 participants, four speakers, one moderator, 13 volunteers/facilitators, six committees). The event drew a diverse group of participants from government and non-government institutions, academic institutions, and representatives from the private sector, corporate, and faith-based organizations. Also in attendance were representatives of special need populations from remote islands within Makassar city's administration, as well as representatives from the city's disabled population. IOM also invited Masters students from the University of Hassanudin's Public Health Department to assist in group work during the gallery walk session and the health systems mapping discussion.

On the first full day, BHC researchers Dr. Damodar Bachani (BHC Deputy Project Director) together with Dr. Ahmad Isa (BHC Officer) introduced the BHC project and shared findings from the health needs assessment. Renata Simatupang (Consultant from Urban Institute) led the second session, during which she presented findings from the BHC political economy analysis. The last session was led by Dr. Ansariadi (Consultant from Hasanuddin University), who shared and discussed results from the BHC data use and access assessment. An interactive quiz on the BHC assessment findings was arranged to test knowledge and initiate participant engagement on the data validation process.







The data validation process was then continued with a gallery walk. Twelve groups of three to four person representatives from different groups (health department, government officials, community representatives, professional members) reviewed each issue on data validation cards hung around the room, as one would see in a gallery. They then had a chance to review the different posters to validate the enablers

and barriers, gave comments, and added other issues they thought were necessary. They also ranked what they considered to be the three most important issues and picked interesting topics/issues from each enabler and barrier factors reviewed for further discussion. At the end of the first day, results of the group work including a list of issues were presented and discussed. Twelve topics for further discussion were selected based on nominal group technique scoring.

On the second day, the participants were oriented about systems mapping by Dr. Ahmad Isa using nine barriers and three enabler factors from the first day of the workshop. The participants began an upstream (cause) and downstream (effect) analysis and explored connections between them. Dr. Bachani shared his experience from the BHC Data Validation and Systems Mapping Workshop in Indore to help participants identify leverage points to address key issues and develop a story on a cause-and-effect loop they discovered.

INTRODUCTION

The United States Agency for International Development (USAID) funded Building Healthy Cities (BHC) project aims to refocus city policies, planning, and services with a health equity lens while improving data-driven decision making for Smart Cities in India, Indonesia, and Vietnam. Planning for a Smart City is intrinsically linked to health: transportation, the environment, sanitation, education, recreation, technology, and the built environment all influence the health of an urban population. When decision making across these areas is harmonized, people will benefit from improved access to health services, decreased environmental and lifestyle risk factors for chronic diseases, a lower burden of infectious diseases, and an increased availability of useful data for decision-making.

Specific to Makassar, BHC has a guiding star in line with the city's vision to support Makassar as a world class city that is healthy and livable for all. BHC will work in partnership with Smart City initiatives and urban health coordination structures to achieve health goals and improve metrics in infrastructure, information and communication technology (ICT) projects, enhance interoperability of data systems, and increase the efficiency of multisector urban spending. In addition, BHC can help Smart City citizens of every demographic have a voice in the process through integration of a mobile citizen reporting system.

To succeed in this, BHC has completed several assessments including Health Need Assessment (HNA), Political Economy Analysis (PEA), and Data Use and Access Assessment (DUA) to gain a picture of Makassar's health status and risk factors. In terms of producing valid data and information, this workshop was intended to share observations from these assessments, as well as validate the data, and begin the process of mapping this urban system to help develop effective interventions.

Objectives and Expected Outputs

Disseminate and validate data from BHC assessments (HNA, PEA, and DUA) and gain a picture of enablers and barriers for program development.

- Disseminate and validate findings of HNA, PEA and DUA with stakeholders and related parties.
- Gain an overview of the health system from the stakeholders of the Smart City Program in Makassar City.
- List the major enablers and barriers with upstream and downstream analysis.
- Develop upstream and downstream analysis and systems map with key stories.

In addition, this workshop is expected to provide additional benefits as follows:

• As a multisectoral forum, this meeting intended to facilitate the aspiration among participants and policy makers to form an overview of health system mapping.

• Provide opportunities for participants to be involved by delivering their aspirations (as citizens and institutional representatives) about health awareness and creating demand for healthy living through cards / recordings of messages.

Expected outputs include:

- Eleven departments, three private parties and eight nongovernmental organizations (NGOs) and communities, academics, journalists and other programs are involved in data validation.
- Priority enablers and barriers listed.
- Upstream and downstream analysis with key stories drafted.
- Recorded notes and messages related to Makassar's smart, healthy city.

PARTICIPANTS

Out of the total participants invited to the workshop, there was 83 percent attendance on day one and 71 percent on day two. The workshop was also attended by seven speakers, and 14 facilitators and volunteers (five from IOM, nine students from Master of Public Health Programme Hasanuddin University), one moderator, and six committees (two from IOM, and four from Head of City Planning and Development Agency/Bappeda)

Speakers included:

- Dr. Andi Hadijah Iriani, Sp. THT-KL. Head of City Planning and Development Agency (Bappeda), Makassar City
- Ismail Haji Ali, SE, MSi, Head of Communication and Informatics Department, Makassar City
- Son Ha Dinh, Program Coordinator, IOM Eastern Region
- Dr. Damodar Bachani, MPHM, Deputy Director of BHC, JSI India
- Dr. Ahmad Isa MPH, BHC Project Officer, National Migration Health Officer, IOM Makassar
- Renata Simatupang, MA, PhD, PEA Consultant, Urban Institute
- Dr. Ansariadi, M.ScPH, PhD, DUA Consultant, Hasanuddin University, Public Health Faculty.

Participants are listed as follows:

		PARTICIPANTS		
NO.	INSTITUTION	TARGETED	DAY 1	DAY 2
Office	Officers from Smart City and Health Related Departments of Makassar City			
1.	Regional Planning Agency (Bappeda)	2	2	2
2.	Social Department	2	2	2
3.	Health Department (Healthcare Subdivision, Nutritionist, Planning Division, Environmental, Occupational and Safety Health and Sport Subdivision)	5	4	4
4.	Civil and Registration Department	1	1	1
5.	Environmental Department (Planning Division)	1	1	1
6.	Public Works Department	1	-	_
7.	Educational Department	1	1	1
8.	Transportation Department	1	2	1

		PARTICIPANTS		
NO.	INSTITUTION	TARGETED	DAY 1	DAY 2
9.	Communication and Informatic Department (Application and Informatic Division, Application and Informatic Subdivision, Compilation and Integration Data Subdivision, Electronic Data Management division)	4	4	3
10.	Disaster Management	1	-	-
11.	ICT Office (War Room)	1	1	1
12.	Community Empowerment Office	1	-	-
13.	Daya Hospital (Healthcare Division)	1	1	1
14.	Garbage Management 1 1		1	-
15.	Bara-baraya Puskesmas (Primary Health Care)	1	1	1
16.	Tamalate Sub-district	1	1	1
17.	Maccini Sombala Village	1	1	1
18.	Village of Barrang Caddi Island	1	1	1
19.	Health Community Center of Langka Island	1	1	1
Acad	Academicians			
20.	Department of IT Management of Hasanuddin University	1	-	-
21.	Social and Political Faculty of Hasanuddin University	1	-	-
22.	2. Public Health Faculty of Hasanuddin University 1 -		-	
NGO	and Local Communities			
23.	Cita Sehat Clinic	1	1	1
24.	Rumah Zakat	1	1	1
25.	Dhumpet Dhuafa	1	-	_
26.	LSKP (concerning women empowerment and child protection)	1	1	1
27.	BAKTI	1	-	-
28.	Tri Arta Medika (TAM)	1	1	1
29.	Muhammadiyah (Religious Organization)	1	1	1
30.	Disability Association	1	1	1
Journe	alists			
31.	Journalist Association	1	1	1

		PARTICIPANTS	PARTICIPANTS		
NO.	INSTITUTION	TARGETED	DAY 1	DAY 2	
Privat	e Sector				
32.	Bosowa	1	-	-	
33.	Telkom	1	2	1	
34.	Apindo	1	1	1	
Progra	am and Related Institution		·		
35.	Central Bureau of Statistics	1	-	-	
36.	Universal Health coverage (BPJS)	1	2	1	
37.	City Research Center	1	1	1	
38.	Traffic Management of Police Office	1	1	1	
39.	Kotaku Program	1	2	1	
40.	RISE Project	1	-	-	
Total		49	41	35	

WORKSHOP PROCESS

Preparation Meeting

A coordination meeting with the workshop committee was held in Bappeda office on 12 and 13 September 2018. A volunteer and facilitator briefing was arranged at the IOM office, on 12 September 2018, to share the facilitation guide detailing the gallery work and group work for system mapping. The session was attended by IOM staff and nine students from Hasanuddin University who served as facilitators.



Workshop briefing for facilitators.

Workshop Process



Head of Bappeda conveyed opening speech from Mayor of Makassar.

The workshop ran for one and a half days, 13-14 September 2018 at Hotel Novotel Makassar. The workshop was opened by the head of City Planning and Development (Bappeda), Dr. Andi Hadijah Iriani, Sp. THT-KL. She conveyed messages and greetings from the Mayor of Makassar. Her speech emphasized the Smart City Makassar slogan of 'Smart and Humble,' meaning that human connection takes precedence over a reliance on technology.

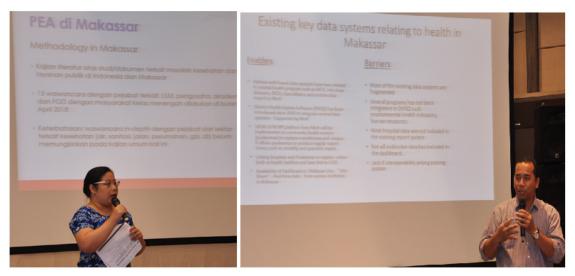
"Our aim is to improve the lives of Makassar citizens, and we are thankful for the assistance that the international community provided." - Dr. Andi Hadijah Iriani, Sp. THT-KL. Head of Bappeda Makassar City, September 2018



Joint presentation by Dr. Damodar Bachani and Dr. Ahmad Isa on Health Needs Assessment.

In the opening ceremony, Mr. Son Ha Dinh, IOM Indonesia's Eastern Indonesia Program Coordinator, expressed his appreciation to the Makassar Mayor's office and city departments for their collaboration and support to BHC, emphasizing the city's efforts to include migrants in the purview of Smart City Makassar. "As host to approximately 1,900 urban refugees, Makassar shows its generosity and compassion toward those seeking safety and dignity. It is with pleasure for me to be part of a project that works toward the improvement of the host communities," he added.

The session continued with presentations from the BHC research team. In the first session Dr. Ahmad Isa introduced the BHC project in Makassar. Then Dr. Damodar Bachani continued the session to introduce the HNA and during this presentation Dr. Isa also shared key findings from the HNA to be discussed in the gallery walk session.



Research team Renata (left) and Ansariadi (right) presenting their findings.

The second session was led by Renata Simatupang, who presented research findings from the BHC PEA. The third session was led by Dr. Ansariadi, who shared and discussed results of the BHC DUA.



"We have built a house of data. Let's fill our 'house' with your data to make it useful and informative." - Denny Hidayat, Head of Smart City Planning Division, September 2018.

The session then offered participants a chance to ask questions. Denny Hidayat, Head of Smart City Planning Section from Communication and Informatic Department (Kominfo), commented on the DUA approach, remarking that poor data integration to the dashboard is caused by poor regulation. Therefore, his department is working on a "one data" regulation plan to be ratified in 2019. He mentioned that his department has already built a house for data, however each department needs to fill this "house" with data from their respective departments. This also confirmed the point made by Muhammad Amri Akbar, Head of Social and Culture Division of Bappeda, that participation from Departments is still low in terms of data sharing and integration to the data house. He added, "I'd like to clarify the point about data integration to the dashboard. I do not really agree with the statement that there has been no data

integration among departments. We have already asked all departments to share their data to the dashboard, but only five to seven departments have done so, meaning the statement "no data integration" is inaccurate."

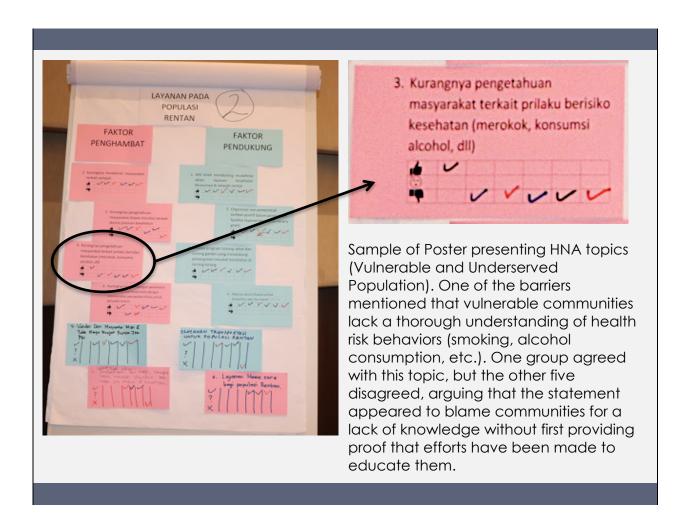
An interactive quiz, related to BHC assessment findings, was arranged to test knowledge and initiate engagement of participants on the data validation process. Much like a polling survey, participants could give opinions and answer questions using their smartphones, and the results and scores of each participant could be seen immediately on the screen.





Display of interactive quiz results on participant perceptions of bribery being a common practice (left), the most common cause of death (upper right), and social media as the most commonly used medium to deliver complaints to the government (lower right).

Participants then moved on to the data validation process by reviewing posters during the "Gallery Walk." There were 12 posters of data validation cards posted on the wall/standing boards (five HNA posters, three PEA posters, and four DUA posters) in the Gallery Walk, and each poster contained one column of enablers and barriers.



Before the Gallery Walk session, Dr. Ahmad Isa introduced the 12 posters for data validation, then grouped the participants into 12 groups comprising health sector, private sector, NGOs, and communities. The volunteers from the Master's program at Hasanuddin University were briefed to assist each group during the Gallery Walk and discussion.

During the Gallery Walk, groups of three to four representatives from different sectors (health department, government officials, community representatives, professional members and facilitator), reviewed each issue on the data validation cards. They moved around the room spending 10 minutes at each poster. Facilitators mingled among the teams, listening, answering questions, and offering prompts to support meaningful conversation. Due to time constraints, each group only had a chance to

review six different posters. During the given time, each group validated the enablers and barriers, gave comments, and added other issues they thought were necessary. Each group visited six posters and voted on the enablers and barriers whether they agreed, disagreed, or doubted. The top three enablers and barriers in each poster were voted on and ranked. Facilitators helped participants to write their results on a "data collection card." They also noted the three most important issues by scoring them and picked interesting topics/issues from each of the enablers and barriers for further discussion.



Discussion on prioritizing issues with the Head of Environment, Occupational, and Sports Health Sub-division Department.

At the end of first day, facilitators submitted data collection cards to the workshop committee for compilation, and results of the group work including a list of issues were presented and discussed. There were 83 enablers and 78 barriers listed from the Gallery Walk, out of which 12 topics were selected for further discussion, based on nominal group technique scoring. During the discussion on prioritizing problems, two participants proposed that points in the same context can be merged as one. Mrs. Julha, Head of Environment, Occupational, and Sports Health Sub-division

Department gave an example of barriers, such as a lack of awareness of garbage

management, healthy lifestyle, and a high number of smokers as part of the same context. Therefore, they can be grouped into one category - a lack of awareness of healthy lifestyles. Mr. Tiar, from Kotaku Program (City Without Slums) also commented on the enabler of collaboration between government, NGOs and the private sector. He hoped that on day two, there would be a deeper analysis about what kind of collaboration the government should arrange with the private sector, communities and NGOs to support a Smart City. After being merged with a similar topic, 12 topics were then selected which consisted of nine barriers and three enablers.



Representative from *Kotaku* "City Without Slum" effort.





On the second day, the session was opened by Dr. Isa by playing a simple exercise video from the Ministry of Health (available at https://www.youtube.com/watch?v=_zs5x27Wjmw), and participants followed the exercises shown in the video.

The participants then were oriented about systems approach and system mapping by Dr. Ahmad Isa using the nine barrier and three enabler factors from the first day of the workshop. To explore loops and story taking, Dr. Damodar shared his experience from the BHC Data Validation and Systems Mapping Workshop in Indore to help participants identify leverage points to address key issues and develop a story on a cause-and-effect loop they discovered.

The three most prioritized enabler factors were:

- 1. Collaboration of government, private sector and communities to support smart cities.
- 2. Healthy lifestyle movement (Gerakan Masyarakat sehat "Germas") has been regularly promoted.
- 3. Use of technology-based data for decision-making in government institutions and communities.

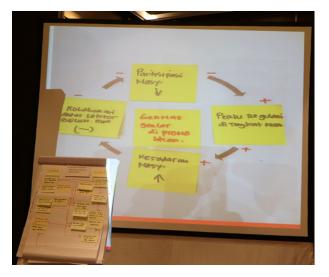
The nine most prioritized barrier factors were:

- 1. Lack of awareness of healthy behaviors.
- 2. Complicated procedure for getting data.
- 3. Problems with quality, completeness and timeliness of data.
- 4. Low participation in Musrenbang (community groups) in neighborhoods.
- 5. Lack of community knowledge (lower income) about health insurance scheme.
- 6. Lack of data integration between departments and dashboard.
- 7. Lack of data storage and analysis.
- 8. Lack of ICT use in remote areas and vulnerable communities (i.e., people with disabilities, slums, poor areas).
- 9. Lack of access to clean water.

Participants separated into 12 groups assisted by volunteers to discuss cause and effect, as well as to explain the key stories of the 12 selected topics. After one hour, each group presented their topic and received feedback from the forum. Participants were impressed with how they could discover causal loops from the upstream/downstream analysis they explored. One of the participants from Research and Development Agency expressed how he gained new knowledge about this comprehensive approach to dealing with health issues during this workshop.









Group work on upstream and downstream analysis and stringing together a key story.



Head of Smart City providing the closing statement.

The meeting was officially closed by the Head of Communication and Informatics Department, Mr. Ismail Hajji Ali, in his role as Chief of Smart City Makassar team. He mentioned that community members can access the Makassar open data platform if they want to find various information about the city of Makassar. He emphasized the need to regularly access the Makassar open data website to ensure transparent governance. He also asked all workshop participants to use the lessons learned from this workshop to strengthen the capacity and capability of their governmental staff, as well as other stakeholders in supporting the Makassar entity as a Smart and Healthy City.

The session closed with group pictures and the distribution of certificates to participants, as seen in the pictures below.







WORKSHOP NEWS AND REPORTS

For this workshop, a press release was launched prior to the event in local online news media on 12 September 2018. The press release can be accessed at the following link:

https://fajar.co.id/2018/09/11/akan-digelar-lokakarya-proyek-building-healthy-city-usaid-dukung-kota-sehat-makassar/. The press release mentions that USAID, in collaboration with City Planning and Development Agency (Bappeda), will hold a workshop from 13-14 September, 2018 at Novotel, Makassar, Indonesia to explore key barriers, drivers, and leverage points to improve the social and environmental determinants of health. Several comments from JSI, head of Bappeda and Communication and Informatic Department were obtained relating this event.



After the workshop was completed, at least 10 articles relating to the event were published online. Most of the articles mentioned the open data and innovation of Smart City's Communication Department efforts. One of the articles can be accessed at the following link: https://makassar.terkini.id/kadis-kominfo-makassar-terus-galakkan-program-smart-city/.

IOM Indonesia also promoted the event on Instagram, (available at https://www.instagram.com/p/Bn_BUfnBm0I/?hl=id&taken-by=iomjakarta), as well as on the IOM news page (https://www.iom.int/news/iom-jsi-partner-indonesian-municipality-smart-city-initiative-improve-access-services).

Bappeda also drafted minutes of the meeting for this worksheet.



Picture posted on Instagram by IOM Jakarta.



JSI RESEARCH & TRAINING INSTITUTE, INC. 2733 Crystal Drive 4th Floor Arlington, VA 22202 USA

Phone: 703-528-7474 Fax: 703-528-7480

Web: www.jsi.com