









BUILDING HEALTHY CITIES

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Assessment of Citizen Reporting Systems in Makassar



March 2021







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ACRONYMS

ВНС	Building Healthy Cities
CRS	citizen reporting system
CSO	civil society organization
CT	call taker
FGD	focus group discussion
KAP	knowledge, attitudes, and practice
NGO	nongovernmental organization
OPD/SKPD	public service department
PDAM	Municipal Drinking Water Company
RT/RW	rukun tetangga/rukun warga
SIPAM	Information Management for Drinking Water
USAID	United States Agency for International Development

Building Healthy Cities

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EXECUTIVE SUMMARY

The United States Agency for International Development-funded Building Healthy Cities (BHC) project is working to improve healthy urban planning across four cities in Asia. In 2020, BHC conducted an assessment of citizen reporting systems (CRSs) in Makassar, Indonesia, which allow citizens to report complaints across a range of city services. This report summarizes the findings from this assessment and provides recommendations for improvement.

Increased access to digital technology enables citizens to engage with city administrations to solve problems in urban neighborhoods. Makassar has initiated multiple CRSs including Call Center 112, Smart rukun tetangga/rukun warga (RT/RW) application, and Qlue application. However, Call Center 112 was the only operational CRS at the time of this assessment, and therefore is the focus of this report. The objective of this research is to give the City of Makassar useful and timely information on how to improve the uptake and continued use of CRSs.

Methodology

This mixed methodology study looked at user experiences with respondents selected by purposive sampling for qualitative interviewing in three separate data collection efforts in 2019-2020 for residents (n=61), sector government officials (n=24), and Call Center 112 call takers (CTs) (n=33). Qualitative data were collected by face-to-face and phone interviews as well as focus group discussions (FGDs) using interview guides. Qualitative matrix analysis and content analysis were conducted to draw out themes and synthesize experiences. Secondary quantitative data of all 1,031,914 calls to the Communication and Informatics Office (Kominfo) were analyzed in Microsoft Excel to understand volume and trends for incoming calls between 2017-2019. Data for the subset of "serious" calls (31,098) were then further analyzed for general demographics and complaint patterns.

Results

Usage statistics suggested declining calls to the Call Center 112 from 2017 to 2019. The center had very high answer rates for calls. However, the majority were considered not serious enough to be routed to the relevant departments to be addressed, meaning either they were not legitimate callers, or a Call Center 112 call taker (CT) handled the complaint. Looking deeper at who is using the CRS and why, the majority of serious calls were for Home Care, while electricity, water, ambulance, and street lights rounded out the top five complaint categories. Of those residents who had used the CRS, they most often heard about it from health workers since those workers notified people that they must use Call Center 112 to request services from the Home Care program. However, the majority of residents interviewed had not used the CRS. In the qualitative data, most residents who used the CRS were satisfied with the resolution of their unserious calls (e.g., handled by Call Center 112 CTs), but the satisfaction varied when calls were routed to relevant departments, and depended on which department handled their complaint.

Regarding how the government responds to CRS complaints, 50 percent of interviewed Call Center 112 CTs commented on the need to strengthen coordination with the

relevant departments to address complaints. Besides Call Center 112, some departments had a separate system that allowed the public to submit reports directly (by visiting) or indirectly (by using the media or systems provided by the department). Some departments used one system to receive public reports, while others combined several systems. While all systems had standard operating procedures for handling complaints, in practice, few department reports were shared back to the CT to be communicated to the person who filed the report. Accordingly, CTs were unlikely to know if the report had been addressed or not, so they usually told the person who filed the report to call Call Center 112 back if their report was not addressed. Other issues that made it difficult to resolve complaints in a timely manner included difficulty accessing complaint locations; limited working hours of some departments; the need for additional validation besides the information provided by the reporter; limited medium to convey details (e.g., photos cannot be submitted); and no automatic coordination or communication mechanisms between Call Center 112 and relevant departments.

Recommendations and Conclusions

For a CRS to be effective, it must provide appropriate and timely resolutions to all who submit a legitimate request. While users reported that Call Center 112 had been helpful, certain areas could be strengthened to ensure that the city and citizens are getting the most out of this CRS.

BHC recommends the following actions to strengthen Call Center 112:

- Call Center 112 should assess whether it should remain a centralized call center for reporting all sector complaints, or instead direct its resources to supporting key sectors.
- A system is required that allows Call Center 112 to differentiate between nonemergency and emergency calls at the beginning of the call.
- Call Center 112 should be promoted through a campaign and promotional strategies to all sociodemographic populations in the city.
- The media campaign should be packaged in a manner to reach marginalized populations.
- Ongoing training should be provided to Call Center 112 CTs.
- Creating a better understanding of the CT position across departments is an important step towards providing more effective and efficient services.
- Standardizing and integrating reporting procedures within and across departments is necessary to optimize the citizen reporting and resolution process, and in turn save costs.

When the relevant departments respond in a timely and comprehensive manner, citizens' use of Call Center 112 will likely increase because they know it will solve their problems and meet their needs. While these recommendations are based on Call Center 112 data, any changes should be made in consideration of Qlue and Smart RT/RW to integrate, complement, and avoid redundancies in services.

By strengthening CRSs, the Makassar City Government can both improve citizen satisfaction with city services and save money by streamlining reporting. Paying attention to user demographics, behaviors, and preferences will make it more likely that CRSs will be used widely across the city.

INTRODUCTION

Common health barriers in urban settings include inaccessible health services, air pollution, solid and water waste, inadequate infrastructure, among others. The city government is responsible for addressing problems, providing public services, and maintaining public infrastructure to improve the quality of its citizens' lives. However, it is difficult for the city government to be aware of every issue. Involved citizens who have a sense of responsibility for their cities are excellent sources of information about real-time on-the-ground problems. Citizen reporting systems (CRSs) can enable this citizen participation approach by using technology, which is fundamental for Smart City initiatives (Kopackova and Libalova 2018).

The Building Healthy Cities (BHC) project, funded by the United States Agency for International Development, is implemented in Makassar, Indonesia by the International Organization for Migration in partnership with the Mayor's office. BHC engages with various sectors that contribute, directly or indirectly, to citizens' health and quality of life. In Makassar, these sectors (both within the government and across universities, private sector, nongovernmental organizations (NGOs), civil society organizations (CSOs), and other UN agencies) include:

- Health
- Urban planning and development
- Information and communications
- Public safety and security
- Education
- Water and sanitation
- Waste management
- Environment and natural resources
- Social inclusion
- Women's empowerment and child protection
- Civil registration

This multi-sector engagement, BHC's first core value, aims to provide all municipal sectors a common understanding of how they contribute to health; this includes information and communications. The second BHC core value is to strengthen community engagement in municipal decision-making. Specifically, BHC is dedicated to building community awareness and capacity to engage decision-makers to improve the quality of and access to services and information. CRSs are a critical linkage between the community and city decision-makers. BHC's third core value is to support using data for planning and decision-making, including use of citizen data for planning and budgeting decisions.

Informed by these three core values, BHC worked with the Communication and Informatics Office (Kominfo), City Planning and Development Agency (BAPPEDA), Public Works, Fire Department, and other relevant Makassar departments to track CRS usage. This included quarterly tracking of usage statistics as well as this in-depth assessment. The results summarized in this report will be shared back to Kominfo, and BHC will facilitate discussions on how to use these results to increase CRS use.

BACKGROUND

There are three CRSs in Makassar City: Call Center 112/Single Emergency Call Number (NTPD) 112; Smart rukun tetangga/rukun warga (RT/RW) application; and Qlue application. All three are described here, but because the latter two had not been widely deployed in Makassar at the time of this study, all data collection focused on Call Center 112.

Call Center 112

Call Center 112 is a collaboration between the Ministry of Communication and Informatics and the Makassar government that was piloted in four cities in Indonesia (Kominfo 2017). Initially, in Makassar Call Center 112 aimed to be a single number to call in emergency incidents. Early in 2017, the Government of Makassar expanded it for use in non-emergency incidents. Citizens now use Call Center 112 to seek public services and report a variety of issues or public concerns. The current system used by Call Center 112 is called Jasnita.

Call Center 112 is staffed 24-hours a day by 35 call takers (CTs) who are divided into 5–6 teams that work in three shifts. Each team has a peer-elected coordinator. CTs forward citizen reports to one of 55 departments, depending on the nature of the call. The following are among the most commonly reported needs and/or relevant departments, listed in no particular order:

1	Home Care (Health Office)	13	Parking
2	Public Works Department	14	Fallen Tree Post
3	State Electricity Company (PLN)	15	Sub-District
4	Ambulance	16	Social Department
5	Communication and Information Department (Kominfo)	17	Transportation Department
6	Telecommunication	18	Fire Car
7	Land Agency	19	Municipal Drinking Water Company (PDAM)
8	Labor Department	20	Police
9	Revenue Office	21	Fogging (CDC Health Office)
10	Education Office	22	Spatial Planning and Building Department
11	Search and Rescue (Disaster Department)	23	National Search and Rescue Agency
12	Health Office		

Call Center 112 service is available 24 hours a day, free of charge, using a mobile phone (regardless of cellular provider) or home phone. The service is accessible even when a smartphone is locked.

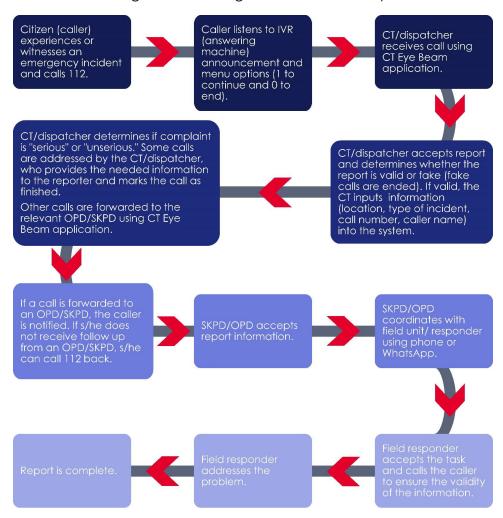
Calls are answered by the CTs. If the caller is using Call Center 112 for the first time, the CT collects information such as name and address, then logs the caller's report or

problem. If the person calls again, his/her information automatically appears on the CT's screen. Each report is assigned a unique ticket number for internal reference.

All calls are recorded by the system and reports are classified by incident type. All reports are entered in the Call Center 112 system, where anyone (CTs, team coordinators, and supervisors) can see the ticket number and status of reports. CTs understand that callers may not want to disclose their identities, especially for reports going to police, but there is no standard management practice for ensuring that the caller remains anonymous.

The CTs immediately forward the information from the report to the relevant public service department (OPD/SKPD) via phone or WhatsApp. Each department has a person in charge of receiving information from Call Center 112. After receiving the information, the OPD/SKPD sends a field responder to visit the incident site. Figure 1 shows this complete process.

Figure 1. Process for Entering and Resolving Call Center 112 Reports



Every department has its own procedure for managing acceptance of Call Center 112 reports, and for reporting back to the call center if the complaint has been addressed. For this reason, CTs routinely remind callers to call back if the reports have not been

resolved, and this is typically how CTs learn of outstanding problems. If a person calls for the same problem three times, the CT forwards the report to the head of the relevant department. A CT can mark a problem as "resolved" and close the case when all the report information has been forwarded to the OPD/SKPD, regardless of whether they receive confirmation of resolution from the OPD/SKPD.

Call Center 112 also plans to create a mobile application and a system which will be an information center based on citizen reports. The center will be a knowledge management system: the front end will allow the public to access information about Makassar, while the back end will be managed by Call Center 112 and accessed by the city government. However, as of the publication of this report, this effort had stalled due a lack of financial resources and political will.

Smart RT/RW Application

Another CRS provided by the Government of Makassar is the Smart RT/RW application. RTs and RWs are small community divisions that operate similarly to social organizations, and support development at the village level. RT is the smallest division, comprising up to 30 households in rural areas, or 50 households in urban areas. Three-to-five RTs are combined to make an RW. RT and RW heads use Smart RT/RW to report the condition of the area or development progress in the neighborhood. OPD/SKPD are also expected to use this application.

The Smart RT/RW program is managed by the Community Empowerment Department of Makassar City Secretariat, which distributed android/smartphones to RT/RW heads so they could use the application. Through the application, citizen reports go directly to each SKPD/OPD to address complaints. However, since its launch, the application has been under maintenance, and so is rarely used. Instead, the RT/RW heads use the android/smartphones mostly to submit reports through a WhatsApp group. The local government has conducted a number of promotional campaigns, but they were not effective because RT/RW heads had not received clear information on how to use the application. This is another barrier to the application's use. An additional campaign is expected that will encourage community members to use the application.

Qlue Application

The Qlue application was launched in November 2019 to allow people in Makassar to report various social and environmental problems. The application is widely used in the nation's big cities, and Makassar residents can use it in any city where it is active. The application has a user guide and video tutorial.

Citizen reports on Qlue application are dispatched to the relevant department in realtime. The status of each report can be monitored using the app and Qlue's dashboard (mycity.Qlue.id).

Bottom-up and top-down campaign efforts have taken place to mobilize community and university partnerships, and to encourage the city government to raise public awareness of Qlue. However, users in Makassar are unfamiliar with Qlue because it is relatively new and because the private venture that created it acts as an intermediary between the community and the government. Therefore, Qlue does not have the capacity, authority, or influence to enforce follow-up of citizen reports by relevant departments.

Last year, the Communication and Information Department collaborated with Qlue to use the mobile application to collect citizen reports. However, there was no follow-up collaboration. Recently, there has been discussion around continuing collaboration with Qlue, but no action had been taken as of the writing of this report. Currently, Call Center 112, Qlue, and Smart RT/RW systems are working in silos.

The BHC systems mapping process identified the presence of these technologies as "high-tech opportunities," in which innovation and technology-based efforts have provided various opportunities to improve population well-being as well as to increase ease and timeliness of communication between the government and citizens. Engaging communities through CRSs allows the city government to understand and respond to the needs of the community better. Unfortunately, the BHC systems map also identified a "low tech dilemma," meaning that there is still a large segment of the population that is unable to access those applications or lacks the skills to use them.

METHODOLOGY

Study Objectives

The objective of this research was to provide baseline information of user experiences on CRSs, with a primary focus on Call Center 112 in Makassar City. In addition, the research aimed to describe enablers and barriers, along with solutions.

To achieve these objectives, the research was designed to answer the following questions:

- 1. What is the volume of CRS users in Makassar?
- 2. Who is using CRS in Makassar?
- 3. How did users find out about CRS?
- 4. How do users feel about CRS?
- 5. How does the government respond to CRS in Makassar?
- 6. How are CRS data handled?

Methods

This study used a mixed methodology. The multiple data sources and sampling methods used in this study were:

1. Secondary quantitative usage data were compiled from Kominfo of Makassar City for usage from January 2017–October 2019 (BHC has since requested for all of 2019 but data are still pending). These data were used to analyze the volume and trends in incoming calls. Detailed data for "serious" calls were then requested and received from Kominfo from November 2017, November 2018, and November 2019 to look deeper into user profiles. These data describe the number of reports based on the call time; number of calls by gender; number of calls based on type of area; and type of reports based on type of area.

2. Primary qualitative data were collected in November 2019 from 61 respondents who were selected by convenience and purposive sampling. This included 27 individual interviews (10 respondents through phone interview after reporting a complaint to Call Center 112, and 17 respondents through face-to-face interviews); and 34 respondents in five focus group discussions (FGDs) (7 from island; 9 from middle-income group; 7 from high-income group; 6 people with disability; and 5 from low-income group in Kelurahan Cambayya). In addition, there were 22 Call Center 112 users and 39 people who had not used Call Center 112. Respondents' characteristics are described in Table 1. To maintain confidentiality, the study identified respondents using only an initial.

Table 1. Qualitative Interview Demographics

Characteristics	Number (n=61)	Percent*				
Age (years)	·					
≤20	0	0				
21–31	9	15				
32–42	13	21				
43–53	15	25				
54–64	2	3				
≥65	0	0				
Unidentified	22	36				
Gender	Gender					
Men	21	34				
Women	22	36				
Unidentified	18	30				
Education	Education					
Primary school	7	12				
Junior high school	2	3				
Senior high school	18	30				
Bachelor	3	5				
Magister	1	2				
Doctoral	0	0				
Unidentified	30	49				
Occupation						
Civil servant	2	3				
Private employee/entrepreneur	2	3				
Housewife	7	12				
NGO/CSO staff	12	20				
Informal labor	6	10				
Unemployed/retired	1	2				
Volunteer	3	5				
Unidentified	28	46				

^{*}Due to rounding, figures may not add up to 100 percent.

- 3. Additional primary qualitative data were collected in November 2019 from 24 officers from 24 different departments, which provided perspectives about government CRS response in Makassar.
- 4. Primary qualitative data were collected in August 2020 from 33 Call Center 112 CTs through a knowledge, attitudes, and practice (KAP) online survey that asked about government CRS response in Makassar.

The BHC team used the quantitative data to conduct a trend and descriptive analysis in Microsoft Excel. Qualitative data were collected by face-to-face and phone interviews as well as FGDs using interview guides. Qualitative matrix analysis and content analysis were conducted to draw out themes and synthesize experiences.

Data collection and analysis limitations:

- The original data collection strategy was to interview users calling to file complaints to the 112 Call Center. However, low acceptance rates for phone interviews among Call Center 112 users required an adjustment of our strategy.
- Every effort was taken to get representation across the sociodemographic spectrum, but as with any study, some groups were under-represented, including those older than 65, informal laborers, and people who are unemployed.
- Because of the low consent rates and privacy rules against sharing 112 Call Center user phone numbers, BHC only had access to the demographic information collected as part of regular complaint reporting.
- Respondents had mixed experiences with CRSs, and because usage rates of Qlue and Smart RT/RW were 0 percent at the time of the study, we do not have information on the acceptability or utility of these CRSs.

RESULTS

What is the Volume of CRS Users in Makassar?

Call Center 112

The number of incoming calls decreased by 12 percent from 2017 (453,627) to 2018 (397,499). Using data normalized to monthly averages to account for the two missing months of data in 2019, the calls dropped a further 36 percent from 2018 (33,125 per month) to 2019 (21,257 per month).

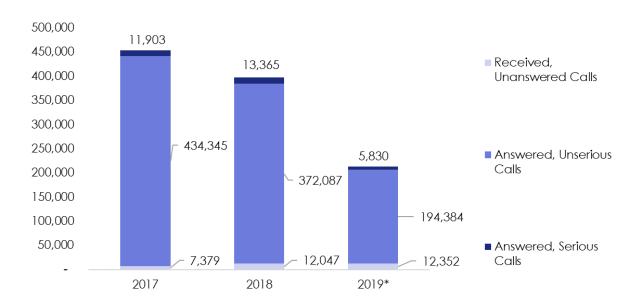


Figure 2. Total Call Center 112 Calls, January 2017–October 2019

*2019 data was only available for January-October.

More than 90 percent of all incoming calls were answered by a CT across 2017-2019 (98 percent, 97 percent, and 94 percent respectively). Generally, the only time users were not able to get through to Call Center 112 was when there was a blackout, network disruption, and/or problems with facilities in the operations room (e.g., broken headset).

The majority of answered calls were not considered "serious" enough to forward to the relevant department. Only 3-4 percent of all calls were considered serious across the three years.

Call Center 112 CTs considered the following three types of calls as "unserious:"

- 1. The caller hangs up before speaking or stays on the line but does not speak (sometimes called a ghost call).
- 2. The caller jokes around or gives a false report (sometimes called a prank call).
- 3. The caller seeks a service or expresses a concern that can be resolved by the CT without forwarding or dispatching it to the relevant department.

Examining the sampled monthly data from serious calls made in November 2017, 2018, and 2019, we see some trends in usage. Citizen reports in Makassar City ranged across over 20 different topics, including public health (e.g., Home Care, ambulance, health insurance); public works (e.g., electricity, water, roads); emergencies (e.g., fire, accidents, dangerous animals); and public safety (e.g., homeless, illegal building/parking, crime). The highest number of calls in 2019 were related to Home Care (53 percent), followed by street lights (18 percent), clean water (6 percent), electricity (5 percent), and ambulance/hearse services (3 percent). Figure 3 lists all types of complaints submitted to Call Center 112.

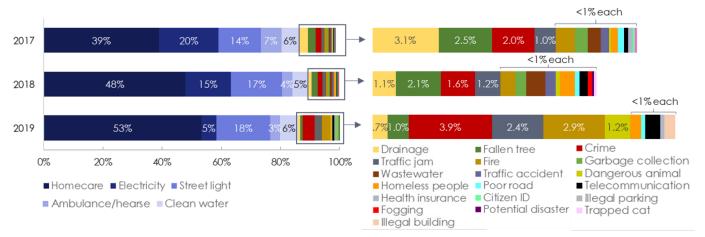


Figure 3. Types of Complaints, 2017–2019

The Call Center 112 operates 24 hours a day. Using the latest year of data (2019; see Figure 4), the morning shift (08:00–14:00) calls were dominated by Home Care (65 percent); calls about clean water (8 percent) and ambulances (5 percent) were at their highest relative volume. The afternoon shift (14:00–20:00) calls were 50 percent for Home Care, and there was an increase in calls for street light complaints (25 percent). During the night shift (20:00–08:00), Home Care calls dropped to 39 percent; street lights (28 percent) and crime (9 percent) reached their highest relative volume.

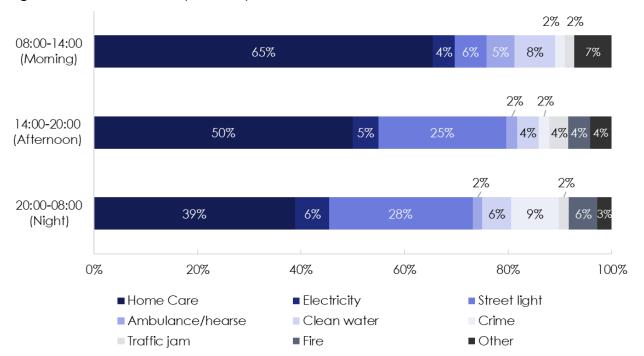


Figure 4. Volume of Complaints by Time Period, 2019

Who is Using CRS in Makassar?

Two sets of data are analyzed in this section. The first was taken from the serious calls in the quantitative data provided by Kominfo of Makassar City, seen in Table 2 below.

Table 2. Summary of Demographics of Call Center Users, 2017–2019

	2017 (%)*	2018 (%)*	2019 (%)*	
Gender				
Men	61	50	49	
Women	39	50	51	
Type of Area				
Slum	20	24	19	
Non-slum	80	76	81	
Time of Complaint				
08:00-14:00	36	38	40	
14:00–20:00	34	38	34	
20:00-08:00	29	25	26	

^{*}Due to rounding, figures may not add up to 100 percent.

Of the 930 callers in November 2017, 61 percent were men and 39 percent were women. The 851 callers in November 2018 were split evenly between men and women (50 percent each). Of the 415 callers in November 2019, 49 percent were men and 51 percent were women. These data suggest that there is little difference in Call Center 112 use between genders.

The Public Works Department of Makassar City has categorized 36 slum areas as heavy slums, 46 as middle slums, and 30 as mild slums. For the purpose of this study, the middle and mild slum areas were collapsed into one category, labeled "non-slum," and heavy slum was referred to as "slum." This study analyzed the numbers of callers from slum areas and non-slum areas. Table 2 shows that the majority of Call Center 112 users came from non-slum areas (80 percent of callers in November 2017, 76 percent in November 2018, and 81 percent in November 2019).

Looking at the type of reports that came from slum and non-slum areas, there appeared to be a few differences (Figure 5). In 2019, people living in slum areas were more likely to call about Home Care, and less likely to call about crime, a surprising finding.

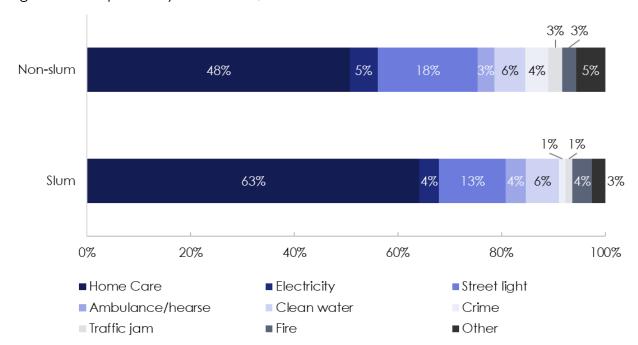


Figure 5. Complaints by Slum Status, 2019

Finally, looking at complaints by gender, we saw striking differences in how men and women used Call Center112 (Figure 6). Using November 2019 data, over three-quarters (78 percent) of calls from women were to request Home Care, compared to about one-quarter (24 percent) from men. On the other hand, men were much more likely than women to call about street lights (26 percent); clean water (10 percent); electricity (7 percent); crime (6 percent); and traffic jams (5 percent).

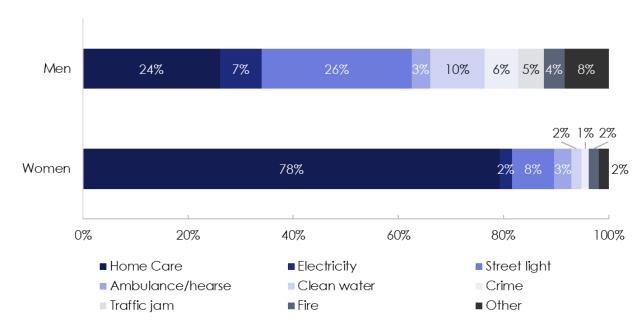


Figure 6. Complaints by Gender, 2019

How did Users Find Out about CRS?

The city government can provide public service access using the CRSs, but it needs active participation from the community. The level of community participation is closely linked to knowledge of the existing CRSs.

From the qualitative data, of the 22 total people who had used Call Center 112 before, the majority (41 percent) heard about the CRS from a *puskesmas* (primary health care center), *posyandu* (community-based health post), or health worker (Figure 7). This may be because health workers told people that to access Home Care services, they must call Call Center 112.

Although people were aware of Call Center 112, some had no further information about the types of services available or service procedures. Overall, the Call Center 112 appeared to have not been well socialized among the Makassar population.

The qualitative data showed that of the 37 interviewees who had not used Call Center 112, 51 percent were not sure if they had heard of it. Those who had were most likely to have heard of it from the government, ambulance, or family/friends (Figure 7).

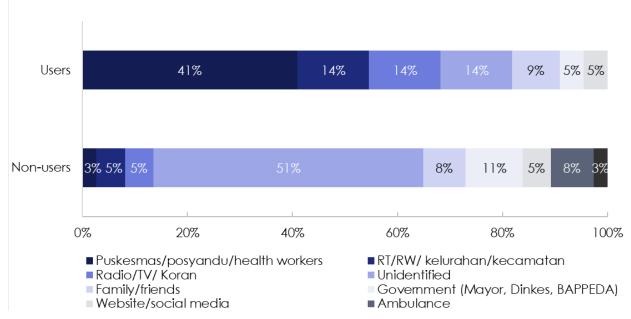


Figure 7. Users' and Non-users' Source of Information about Call Center 112

How do Users Feel about the CRS?

Public services aim to meet the needs of citizens. Thus, community satisfaction with public services can be used as a benchmark or standard to measure the performance of those services. A CRS allows people to seek public services and report community problems as they arise so they can be addressed by the Makassar City government. It also helps citizens understand their rights and empowers them to take an active civic role.

Accordingly, when a city handles reports effectively and provides timely solutions, public satisfaction increases, governance improves, and public service functions are

strengthened. This enhances the image of the department providing public services and generates public use of and trust in CRSs.

The level of people's satisfaction can be determined by measuring the following:

- 1. Expression of feeling satisfied or dissatisfied when receiving services.
- 2. Whether expectations were met after using services.
- 3. If people continue to use services when their expectations are met.

The following quotes from interview respondents relate to satisfaction with Call Center 112 service.

"I have been using Call Center 112 many times, and all complaints are responded to provide an expected service delivery. Call Center 112 is a good government step in providing service to the community."

- SF, 44 years old

"I have used Call Center 112 for four years, including during my stay in Panampu. When I called Call Center 112, the PDAM officer arrived within 30 minutes."

- IL, 23 years old

"Very good. It is quickly responded through Call Center 112. It is very helpful. So, we call 112, and the operator calls the puskesmas. I used the Home Care service at that time. The doctor would come to check later; they came for two days in a row, even more. But at that time, I was asked to wait a few minutes because there was only one doctor at the puskesmas and there were many patients at the puskesmas."

- PW, 60 years old

"Responses of Call Center 112 agents were good, but the service from the Fire Department was slow. We called Call Center 112 because there was a land fire, the CT asked us to wait but there was no response, so we handled the fire immediately."

- MT, 44 years old

The qualitative data indicated that those who had used Call Center 112 were satisfied with the service due to the CTs' efforts to follow up the reports. A caller could experience different response times depending on whether the complaint required communication from and cooperation with other departments, availability of resources, road condition, and geographical location. Response time contributed greatly to a caller's satisfaction.

However, there were groups of people who reported barriers to fully accessing Call Center 112. People living in the islands experienced difficulty accessing the full service of Call Center 112 due to network issues and distance from the main island of Makassar. People with disabilities, especially related to hearing, found it particularly challenging to access and use a telephone-based service. These vulnerable groups preferred to visit the relevant departments directly or communicate with disability activities and organizations.

"...usually, if there was a fire, we did not contact Call Center 112 because we have limited access living on the island, we need to wait for long hours. So we handle it on our own. Call Center 112 serves for health services for example when someone is sick." – H, 32 years old

"All this time, reports by a person with a disability go to HWDI [Himpunan Wanita Disabilitas Indonesia] Indonesia Disability Women Association, and PPDI [Persatuan Penyendang Disabilitas Indonesia], Indonesia Association of Person with Disability."

How does the Government Respond to CRS in Makassar?

Call Center 112 CTs receive reports from callers expressing concerns or seeking services, and deliver the messages to relevant government departments. Responses from these departments are critical to meet the needs of the public. In the KAP survey, 50 percent of respondents commented on the need to strengthen coordination with the relevant departments to address the reports.

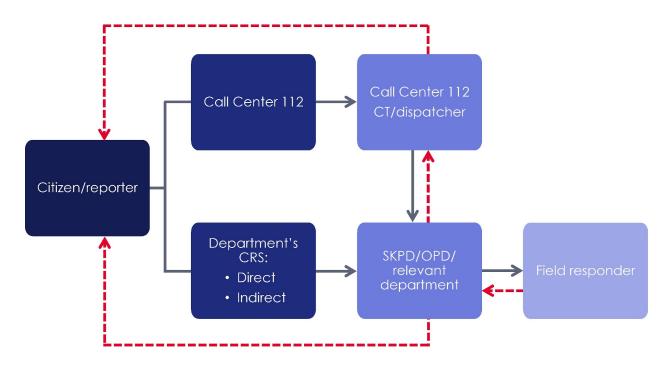
Besides Call Center 112, some departments had a system that allowed the public to submit reports directly (by visiting) or indirectly (by using the media or systems provided by the department). Some departments used a single system to receive public reports, while others combined several systems (e.g., manual and electronic). Some departments had a person in charge of managing reports from Call Center 112 and their own CRS, while others did not. Table 3 lists CRSs owned by specific departments.

Table 3. Non-integrated Department CRSs

Department	Citizen Reporting Systems
Local Water Supply Utility	Information Management for Drinking Water (SIPAM)
	Social media
Land Department	Letters
Civil De sister Coming Office	Press media
Civil Registry Service Office	Website
Telecommunication (Public Corporation)	Call Center 147
Department of Transportation	Telephone
	Public relations
National Flactricity Community	Call Center 123
National Electricity Company	PLN mobile
National Electricity Company	Website
Department of Manpower	Call Center 123
Dublic Works Don getter out	Social media
Public Works Department	Laston Mercuri
Sub-district	WhatsApp group

The citizen reporting management processes both within each department and through Call Center 112 have standard operational procedures. Any reports received by the departments are checked for accuracy before processing. Things that are considered for report validation are: 1) location of incident; 2) report contents; and 3) supporting documents and evidence to avoid pranks and recognize false reports. Figure 8 illustrates the flow of public complaint reports.

Figure 8. Flow of Citizen Complaint Reports



A citizen report received by a department will be handled by its standard operational procedure. The time needed to complete the service varies depending on the type of report. When the report has been handled, the SKPD/OPD/relevant departments will inform the report status to the CT, who will inform the person who filed the report.

However, in practice, few department reports are shared back to the CT to be communicated to the person who filed the report. Accordingly, CTs are unlikely to know if the report has been addressed or not, so they usually tell the person who filed the report to call Call Center 112 back if their report has not been addressed.

"After handling the reports, we never report back to [Call Center] 112, except for a case when there was a request for a hearse and we could not provide it at the time, so we called back...to inform the CT about the unavailability of service and contacted the reporter directly as well"

– Prevention and Readiness Division, Regional Disaster Prevention Department (Badan Penanggulangan Bencana Daerah)

Figure 9 shows PDAM's report handling mechanism, as an example. Based on an interview with the head of PDAM's Legal Section, people can report their concerns through Call Center 112, SIPAM, or social media. Reports are received by a human relations department officer and are followed up by phone calls from the quick response team, which will conduct a field survey to ensure the complaint is valid. The quick response team is divided into four areas, based on roles and working areas. If a field survey determines that a complaint is valid, the report is handled.

Call Center 112

SIPAM

Social media

Human
resources
division

Quick response
team

Field survey

Report handling

Figure 9. PDAM Report Handling Mechanism

Field responders from SKPD/OPD/relevant departments sometimes come up against barriers to resolving citizen reports, including the following:

- 1. The reporter is in a location that is difficult to access. Some departments mentioned in interviews that it can be difficult to access the reporters' location due to distance and vehicle size.
- 2. SKPD/OPD/relevant department working hours are limited. The Call Center 112 operates 24 hours a day but relevant departments are only open from 9:00AM to 5:00PM. When Call Center 112 receives reports outside these hours, these reports are unlikely to be forwarded and addressed immediately.

- 3. Validation cannot depend only on the information provided by the reporter. There are sometimes discrepancies between what a caller reports and the actual situation, so some departments require a picture to ascertain that reported information is valid. However, photos cannot be submitted through Call Center 112.
- 4. Coordination between Call Center 112 and relevant departments relies on phone and WhatsApp. Some departments need to respond quickly and expect an automatic alert application from Call Center 112, rather than a call to the managerial level, which is forwarded to the field responder.

How are CRS Data Handled?

The public service reporting of each department has not been managed effectively or in an integrated manner. As described in the quotes below from interview respondents, some departments have both manual and electronic data management; some departments do not document at all; and there is no mechanism to prevent reporting duplication between departments.

"The officer manages the recorded data manually and electronically. Monthly report documentation showed how the handling in the field was, how the report was followed up, and the type of reports are classified."

- Department of Transportation staff
- "...there are officers for report documentation. There are two types of documentation: manual one and documentation using online system with graphics. The application and the website are available."
- State Electricity Company staff

"We manage our data through online process. Our system can identify reports from [Call Center] 112 and from our system. The public can have access to our activities, including the incoming reports, the status of the reports, and even more the procurement process."

- UPTD Street Lamp staff
- "Data management is handled through a monthly report documented by a selected person in charge. This report is then submitted to the managerial level. No further publication."
- Prevention and Readiness Division, BPBP
- "We do not document the reports, but when we receive the reports, we immediately follow them up."
- UPTD PAL staff
- "...we do not document the reports because they are immediately handled and we assume they are completed."
- District Chief

DISCUSSION & RECOMMENDATIONS

For a CRS to be effective, it must provide appropriate and timely resolutions to all who call with a legitimate request. While users reported that Call Center 112 has been helpful, certain areas could be strengthened to ensure that the city and citizens are getting the most out of this CRS.

First, given the different CRSs for separate sectors in Makassar, and the predominant use of Call Center 112 for Home Care, Call Center 112 should assess whether it should be a **centralized call center for reporting all sector complaints, or if it should direct its resources to supporting key sectors.** If it is to serve all sectors, then Call Center 112 should hold discussions with the related CRSs listed in Table 3 and any others to decide how complaint resolution should be handled. Currently, it appears that Call Center 112 cannot track complaint resolution for serious calls routed to sectors, and this is a critical measure of success for a CRS. As a first step, tracking the resolution rates of unserious calls handled by Call Center 112 CTs would provide the city with valuable information to use for optimizing services. Much of this could be resolved in an online application format, but further work is needed to develop the political and financial support to build this option.

In addition, Call Center 112 requires a system that can differentiate between nonemergency and emergency calls at the beginning of the call, since some calls are emergencies that require immediate action. A wide range of complaint types needs to be identified as well since that impacts the response to the report.

A lack of public awareness campaigns has been one of the greatest barriers to CRS use, and this study found similar gaps in people's familiarity with Call Center 112. Many citizens did not know where to seek services or report their concerns about public service. Once the city defines Call Center 112's purpose and goals, it should be promoted widely through a **campaign and promotional strategies**. The promotion of Call Center 112 is not only the responsibility of Kominfo of Makassar City, but also all the relevant departments that provide these services. For example, the Health Office of Makassar City has successfully promoted Call Center 112 by mandating that people seeking Home Care do so through the call center. The Fire Department also began promoting Call Center 112 after they closed their own CRS, as 112 increased the number of requests for their services. BHC will support the development of a cross-sector communication and outreach strategy.

The media campaign should be packaged in a manner to **reach marginalized populations.** In particular, we heard concerns about whether Call Center 112 can support island residents and people with disabilities. The elderly may be another underserved group. Promotional strategies should appeal to these groups with relevant and understandable information.

The Call Center 112 CTs are the frontline for receiving citizen reports. Therefore, they need clear, standard response procedures across departments, the capability to determine how to resolve reports, and strong coordination across departments. **Ongoing training for Call Center 112 CTs is needed** to implement the recommendations in this report, such as identifying serious vs unserious and emergency vs non-emergency calls, and how to

respond to each. Creating a better understanding of the CT position across departments is also important to provide more effective and efficient services.

Currently each department has its own procedure for following up reports forwarded by Call Center 112. Some departments call citizen reporters back to ascertain that the information reported is accurate, adding more time to the report handling process. In addition, there is no requirement that departments document how they respond to the reports they receive from Call Center 112. The call center therefore does not receive documentation from the relevant departments on whether the reports have been resolved. Standardizing and integrating reporting procedures within and across departments would streamline and optimize the citizen reporting and resolution process, and in turn save costs. Relatedly, departments that have their own unique CRSs should consider integrating with Jasnita, the platform used by Call Center 112, so that information can be shared electronically.

When the relevant departments respond in a timely and comprehensive manner, citizens' use of Call Center 112 will likely increase because they know it will solve their problems and meet their needs. While these recommendations are based on Call Center 112 data, any changes should be made in consideration of Qlue and Smart RT/RW to complement and avoid redundancies in services.

By strengthening CRSs, the Makassar Government can both improve citizen satisfaction with city services and save money by streamlining reporting. Paying attention to user demographics, behaviors, and preferences will make it more likely that CRSs will be used widely across the city.

REFERENCES

Bappenas. (2010). Manajemen Pengaduan Masyarakat dalam Pelayanan Publik. Laporan Kajian, 1–174.

Kominfo. 2017. "Masterplan Smart City Kota Makassar: Buku II." Makassar, Indonesia: Kominfo. https://opendata.makassar.go.id/dataset/d9870e56-f913-42fe-867d-06a3bbf23aec/resource/0b6136c2-b164-411d-afaa-01b7365d1a09/download/buku-2-smart-city-makassar-new-02.pdf.

Kopackova, Hana and Petra Libalova. 2018. Citizen reporting systems in the global and Czech Specific View. Conference paper in 18th International Scientific Globalization and Its Socio-Economic Consequences.

Mahedra, G. K. (2017). Pengaduan Pelayanan Kesehatan Di Unit. *Journal of Health Studies*, 1(1), 28–39.

Perpres. (2013). Peraturan Presiden RI tentang Pengelolaan Pengaduan Pelayanan Publik No. 76. Jakarta.

Prasetya, D. (2013). Analisis Pengelolaan Pengaduan Masyarakat Dalam Rangka Pelayanan Publik (Studi Pada Dinas Komunikasi Dan Informatika Kota Malang). *Jurnal Administrasi Publik Mahasiswa Universitas Brawijaya*, 1(6), 1151–1158.

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