

BUILDING HEALTHY CITIES



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Makassar Workshop Report: Training of Call Center 112 Call Takers



November 8, 2021

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ACRONYMS

BHC	Building Healthy Cities
CRS	citizen reporting system
IOM	International Organization for Migration
JSI	JSI Research & Training Institute, Inc.
USAID	United States Agency for International Development

Building Healthy Cities

Building Healthy Cities is a five-year cooperative agreement funded by the United States Agency for International Development (USAID) under Agreement No. AID-OAA-A-17-00028, beginning September 30, 2017. Building Healthy Cities is implemented by JSI Research & Training Institute, Inc. (JSI) with partners International Organization for Migration (IOM), Thrive Networks Global, and Urban Institute, and with support from Engaging Inquiry, LLC.

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INTRODUCTION

The 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, Nepal, 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.

BHC engages with sectors that contribute, directly or indirectly, to citizens' health (particularly women's and children's health) and quality of life. This multisector engagement, the first core value of BHC, aims to provide all municipal sectors a common understanding of how they contribute to health. The second BHC core value is to strengthen community engagement in municipal decision-making, especially for those most vulnerable to health shocks. BHC's third core value is supporting use of data for planning and decision-making. Informed by these three core values, the project is working to improve healthy urban planning.

In Makassar, Indonesia, BHC is implemented by the International Organization for Migration (IOM), and works with Bappeda, Kominfo, and other key stakeholders to support the city's long-term goal of being a world class city that is healthy and resilient for all. BHC works in partnership with Smart City initiatives and urban health coordination structures to define and implement actions to achieve this goal via health, infrastructure, and information and communication technology projects; enhance interoperability of data systems; and increase efficiency of multisector urban spending. In addition, BHC helps Smart City citizens of every demographic have a voice in the process through integration of a mobile citizen reporting system (CRS).

In support of these goals, BHC encouraged increased access to digital technology that enables citizens to engage with the city government to solve problems in urban neighborhoods. Makassar has multiple CRSs including Call Center 112. For a CRS to be effective, it must provide appropriate and timely resolutions to all who call with a legitimate request. In 2020, BHC conducted an [assessment of Call Center 112](#) that identified areas for improvement, and made recommendations to the city on how to address those issues and improve the uptake and continued use of the CRS. Recommendations included (1) ongoing training for Call Center 112 call takers and Kominfo officers; (2) creating a better understanding of the call taker position across city departments; and (3) strengthening reporting procedures within and across departments. Adopting these three suggestions would streamline and optimize the citizen reporting and resolution process, and in turn save costs.

BHC worked with Kominfo to address the first recommendation, and held a training for Call Center 112 call takers on November 8, 2021. The training was held online to comply with COVID-19 restrictions. This report summarizes the workshop content and outcomes.

WORKSHOP DESIGN

This workshop was organized by BHC and Kominfo, with support from 168 Solution and Jasnita. Twenty-three call takers attended the virtual training.

The workshop aimed to improve call taker performance to meet the expected quality based on the Call Center 112 Standard of Procedure. Specific objectives were to:

- Strengthen call taker capacity to communicate with callers and across city departments.
- Improve call taker use of the Call Center 112 system to enhance communication flows.
- Develop a set of performance indicators called "Quality Assessment Toolkit" based on the BHC CRS assessment recommendations and gaps found during a knowledge, attitude, and practice survey.

WORKSHOP SUMMARY

Opening Session

The Head of Kominfo Ad Interim, Mr. Denny Hidayat, opened the workshop. He stated that this workshop could strengthen the capacity of call takers to provide a quality delivery service. In addition, he expressed appreciation for BHC's support enhancing the quality of Call Center 112.

In the opening ceremony, Mr. Son Ha Dinh, IOM Indonesia's Eastern Indonesia Program Coordinator, expressed his appreciation to Makassar City for their collaboration and support to BHC, and their interest in building the capacity of call takers to improve Call Center 112. He also emphasized the significant role that call takers play, which requires them to be compassionate and mentally resilient.

The session continued with a presentation from the BHC team by Dr. Ahmad Isa sharing BHC's market research on CRS, its recommendations from the CRS assessment for improving Call Center 112, and gaps found during a knowledge, attitude, and practice survey.

Roles of Call Takers and Communication Skills

The next session covered the following topics:

- Role of Call Center 112 in Makassar city branding as having fast and appropriate service delivery.
- Expectations from community members, including that Call Center 112 will address their reports and problems.
- Call Center 112 communication and workflow, and teamwork with other relevant departments.

- Responsibilities, basic competencies, and ethical conducts of call takers, dispatchers, and supervisors at Call Center 112.
- Simulation and interactive discussion.
- Monitoring the performance of Call Center 112 through key performance and report ticketing, as well as service level monitoring by supervisors.
- How call takers can manage stress.

Call Center 112 Content Management System

The next session focused on the mechanics of the CRS and included the following:

- Scope of Call Center 112 and basic hardware, software, and internet needs.
- System chart showing the information flow from citizen, to operator, to Jasnita application, to Kominfo with three layers of division (call taker, dispatcher, and responder).
- Dashboard functionality in monitoring number of agents, number and type of reports/incidents, number and duration of calls, ticketing status, and category of relevant departments.
- Demonstration of how call takers and operators should input citizen reports into the system with the following features: name of caller, type of incident/report (serious, ghost call, prank, etc.), geographic location, and report details.
- Features of future mobile application technology.
- Practice simulation with various scenarios.

Quality Assessment Toolkit

The final training session resulted in the development of a quality assessment toolkit that can be conducted as a two-day online activity. It assesses the following:

- Quality of Call Center 112: inbound and outbound calls; operational efficiency, user experience.
- Inbound and outbound calls: percentage of calls picked up within set duration of time, abandon rates, average speed of answer, etc.
- User experience: service level agreement, ticketing resolved, handling ratio, conversion rate, first call resolution, and call satisfaction.

In addition, the toolkit provides operational definitions for terms such as average handling time, call wrap-up time, calls per hour, and call sampling.

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