



A SYSTEMS-BASED EVALUATION OF THE BUILDING HEALTH CITIES PROGRAM IN MAKASSAR, INDONESIA: **CORE FINDINGS AND RECOMMENDATIONS**

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Strategic Program for Analyzing Complexity and Evaluating Systems (SPACES)

A Systems-Based Evaluation of the Building Healthy Cities Program in Makassar, Indonesia:

Core Findings and Recommendations

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From July 2021 – January 2023, the Strategic Program for Analyzing Complexity and Evaluating Systems (SPACES) Monitoring, Evaluation, Research and Learning Innovations Program (MERLIN) Consortium piloted a systems diagnostic approach in partnership with USAID Asia Bureau to answer exploratory learning questions related to the Building Health Cities program (BHC).

DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government

This is not an impact evaluation; therefore, it is classified as a performance evaluation, however, the intent of this study was not to assess program performance, but rather assess systems and networks.

ABSTRACT

This evaluation sought to understand BHC's approach to engaging stakeholders, how stakeholders conceptualize resilience and how the BHC model can inform future urban project design. The SPACES team collected data via key informant interviews and surveys and conducted qualitative data analysis as well as social network analysis. This study found that BHC's approach may have fostered a stronger, more resilient network, it may have helped increase stable partnerships and may have resulted in a more inclusive network. Additionally, it found that none of the stakeholders represented in interviews were aware of their own institutions' definitions of resilience. Further, we found that stakeholders support resilience as a programming direction and want greater city government engagement with communities. Recommendations specific to BHC include targeting engagements to specific organizations (e.g., organizations with 2 connections or less) such as identifying joint funding opportunities. BHC can also connect organizations that may have ongoing work that could synergize. BHC can also protect against overreliance on one actor by creating a structure that has different organizations managing and coordinating different cores of the project. Lessons gleaned that can be applied by USAID to future programming similar to BHC include suggestions to conduct both pre-program and post-program network surveys/analyses and proactively monitor the network to identify potentially vulnerable areas of the network (e.g., organizations with one connection). When trying to strengthen the networks, it's important to focus on diversifying stakeholders represented in the network and including community members.

TABLE OF CONTENTS

ACRONYMS	5
EXECUTIVE SUMMARY	6
INTRODUCTION	9
CORE FINDINGS & CONCLUSIONS	10
<i>Evaluation Question 1. BHC’s Stakeholder Engagement Approach</i>	<i>10</i>
<i>Evaluation Question 2. BHC Stakeholder Conceptualizations of Resilience</i>	<i>20</i>
<i>Evaluation Question 3. How BHC’s approach can inform future urban project design</i>	<i>21</i>
LIMITATIONS	22
RECOMMENDATIONS	23
LESSONS LEARNED	26
ANNEXES	29
<i>A – Purpose, audience and anticipated uses of the evaluation</i>	<i>29</i>
<i>B – Evaluation questions</i>	<i>29</i>
<i>C – Activity context and background information</i>	<i>31</i>
<i>D – Methodology</i>	<i>32</i>
<i>E - Documents reviewed</i>	<i>39</i>
<i>F – Data collection instruments</i>	<i>41</i>
<i>G– Statement of Work</i>	<i>85</i>
<i>H – Summary information about SPACES team members</i>	<i>100</i>
<i>I – Signed Disclosures of Conflicts of Interests</i>	<i>104</i>

ACRONYMS

ABHT	Asia Bureau Health Team
BHC	Building Health Cities program
CSO	Civil society organization
EI	Engaging Inquiry
INGO	International Non-governmental Organization
JSI	John Snow, Inc.
KII	Key informant interview
MERLIN	Monitoring, Evaluation, Research and Learning Innovations Program
MOU	Memorandum of understanding
NGO	Non-governmental organization
SNA	Social network analysis
SPACES	Strategic Program for Analyzing Complexity and Evaluating Systems
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Purpose and evaluation questions

The purpose of this evaluation is to answer exploratory learning questions related to the Building Health Cities program (BHC). Specifically, the evaluation aims to understand:

- 1.) How BHC's approach to engaging stakeholders affected BHC implementation,
- 2.) How stakeholders conceptualize resilience and determine how these conceptualizations affect how city leaders act, and
- 3.) How BHC's model can inform future urban project design.

Methodology

The SPACES team conducted both qualitative and quantitative data collection and analyses. Social network analysis involved developing pre and post BHC network diagrams for the 14 responding organizations as well as the overall network. We also developed EgoNets, which represent 2 degrees of connections to the focal actor, to be able to see how BHC affected the surrounding networks of each of the responding organizations.

Conclusions

Evaluation Question 1. BHC's Stakeholder Engagement Approach

BHC's approach may have fostered a stronger, more resilient network

We found that in general, BHC may have helped generate a stronger, more resilient network; the number of connections and network density doubled from before BHC launched to the end of BHC, 5 years later.

BHC's approach may have helped increase stable partnerships

In particular, BHC may have helped to create more stability for each of the partners by converting one-sided relationships to two-way relationships. BHC may have helped expand the stability and reach of each of the partners in the network. as the average number of connections per organization in the network increased.

BHC's approach may have resulted in a more inclusive network

Additionally, BHC may have created a more inclusive network; the number of organizations *not* connected to the network went from 3 prior to BHC to 0. BHC may have reduced 2 specific

KEY LIMITATION: The robustness of analysis and subsequent findings in some instances may be limited by the fact that we did not receive the following from the organization conducting the data collection (e.g., survey and key informant interviews) and qualitative data analysis:

- specific processes followed for survey validation (e.g., survey changes occurring mid-course, lack of test runs, etc.)
- sampling and dissemination (e.g., what snowball sampling occurred, and what additional follow up was conducted)
- details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner

Callout boxes like this one highlight where in the report this missing information has impacted the findings, conclusions, or recommendations.

vulnerabilities in the network, which were 2 organizations that were loosely connected to the rest of the network and at threat of becoming disconnected if anything happened to their one existing connection. The pre-BHC network had 2 sets of pendants (i.e., an element that is only connected to the network by one degree, or one edge/connection) and both are now better connected, and no longer connected by just one degree in the post-BHC network. Lastly, BHC may have helped reduce the overreliance on particular partners in the network as the number of brokers, or organizations that act as the sole connector for another organization to the rest of the network, decreased from 4 to 1.

BHC may have helped expand the individual reach of every organization. The EgoNets, or the portion of the network formed around a given organization, for each of the 14 organizations increased in size. BHC appears to have helped all but one of the 14 organizations strengthen their existing connections: 92% of these networks with direct connections to a focal organization had an increase in reciprocity. BHC appears to have had the biggest positive effect on private sector organizations' networks, and the second biggest positive effect on government organizations.

Evaluation Question 2. BHC Stakeholder's Conceptualizations of Resilience

None of the stakeholders represented in interviews were aware of their own institutions' formal or working definitions of resilience as none of the stakeholders were able to provide their definitions in response to the direct question.

Probing questions conveyed that stakeholders conceived of institutional approaches to resilience as bound up in budget allocations and planning for disaster response and management governed by national regulations, rather than within the purview of city government decision makers. However, further probing and survey results reveal openness to a broader conception of resilience.

Evaluation Question 3. How BHC's approach can inform future urban project design

Stakeholders support resilience as a programming direction and want greater city government engagement with communities

BHC helped foster citizen engagement, with 25% of survey respondents reporting that they "increased citizen feedback and empowerment structures" as a result of BHC. Stakeholders also want to see more engagement with the community members. Additionally, 83% of survey respondents supported resilience as being a focus of future programming. Stakeholders represented in key informant interviews were not aware of their own institutions' formal or working definitions of resilience as none were able to provide definitions in response to the direct question.

Limitations

The conclusions are based on a small sample size because of low response rates. Additionally, there was insufficient data to make a conclusion about how the respondents define resilience or in some cases "a relationship" with another organization.

Recommendations

The following recommendations are specific to the BHC project.

BHC should conduct targeted engagements that would increase the connections of organizations with degrees of 2 or less, organizations connected in a single loops (e.g., a ring of single connections without any relationships connecting across the loop and with limited connections to the rest of the network), as well as non-government organizations. Targeted engagement strategies can involve ensuring these groups are included in events and participate in activities, conducting follow-up focus groups with

systems mapping participants, identifying funding opportunities for organizations to jointly pursue, and spotlighting the work of these organizations in communications that reach across the network.

Additionally, BHC can consider strategies to further improve reciprocity among organizations. Example strategies include delineating specific roles for different organizations when working to achieve a specific goal or complete a task, and identifying and connecting organizations that may have ongoing work that could synergize. Related, BHC can protect against over relying on one actor by helping to create a structure that has different organizations managing and coordinating different cores of the project.

BHC should increase the diversity of stakeholders in the network, because currently, government organizations make up the lion's share of the network actors. This may involve empowering organizations other than local government agencies to more frequently share information, engage in joint activities and build trust in order to foster a stronger network. Another way to increase diversity amongst BHC stakeholders could involve additional efforts to integrate community members and citizens' voices into their activities and engagements (e.g., include citizen representatives in future participatory systems mapping workshops).

Lessons Learned

The following are lessons gleaned from this evaluation that can be applied by USAID to future programming similar to BHC. One lesson learned is to conduct both pre-program and post-program network surveys/analyses. This will allow USAID to monitor the evolving strength and morphology of the network proactively and progressively, by periodically administering the survey and updating the network map/analyses. The proactive monitoring of the network will allow USAID to identify potential network brokers and in turn potentially vulnerable areas of the network such as pendants (e.g., organizations connected to the network by only one tie and tend to "dangle" off of the rest of the network) and establish connections to bolster these. When trying to strengthen networks, it's important to focus on diversifying stakeholders represented in the network (e.g., beyond government, private sector and NGOs), and including community members, as that will result in a more robust and resilient network. In addition to hosting events that bring together multiple stakeholders, a program/initiative could continue to identify opportunities for organizations to share responsibility in joint projects/efforts. Formalizing relationships through written agreements such as data sharing agreements, charters, and memorandums of understanding is valuable for solidifying and strengthening connections throughout the network. Going forward, it will be important to encourage existing brokers within the system to foster interconnections between different stakeholders. To ensure continuity among stakeholders, even when staff and leadership turnover occurs, programs/initiatives can create a system that can collect, store, and readily transmit information on the history of each stakeholder's engagement with the program/initiative. Finally, it will be valuable to clearly define what resilience means to the program and develop stakeholder's understanding of the concept of resilience.

INTRODUCTION

The purpose of this evaluation is to answer exploratory learning questions related to the Building Health Cities program (BHC). These questions investigate what worked, what did not work (and why), the conditions under which the BHC approach is likely to be effective, and what lessons on urban resilience exist for future programming.

The first line of inquiry of this evaluation is to analyze the impact of BHC's model, approach and tools for stakeholder engagement. In answering this, USAID wishes to 1. understand the feasibility of achieving project goals via the stakeholder engagement tools, 2. support the 'harmony' that resulted from the well-functioning engagement structures, processes, and functions, and 3. determine how to better address the 'disharmony' resulting from obstacles to stakeholder cooperation. The second set of evaluation questions focus on how BHC defines the concept of resilience and what impact that conceptualization has had, as well as how city leaders better responded to community needs as a result of BHC programming. In analyzing this, USAID looks to 1. understand if and how the concept of resilience has evolved and differed across the implementing cities, 2. know whether and the extent to which the technical focus of BHC's approach was integrated into this conceptualization of resilience, 3. determine to what extent the conceptualizations of resilience affected activity design and implementation, and if these activities contributed to the resiliency of the city, and 4. understand how the city leaders were enabled or empowered to improve their preparation and response to future shocks and how BHC supported these improvements. The last line of inquiry, the third evaluation question, explores how BHC's cross-sectoral models in the different country contexts can be applied and sustained in the future. For this last question, USAID wishes to 1. better understand BHC's operating context to determine the applicability of the cross-sectoral model for other country contexts, 2. equip future projects with the tools to learn, adapt, and improve quickly and effectively to improve chances of sustainability, and 3. understand the validity of the theory of change.

The resources available for this evaluation necessitated focusing on only one city, thus the following is a summary of some of the major findings for the Building Healthy Cities (BHC) program in Makassar, Indonesia. The data for the findings reported here came from responses to a survey sent initially to 56 organizations identified from the BHC Engagement Tracker. Of those sent the survey, 24 provided usable responses. However, not all organizations who responded completed the entire survey. Of the respondents, 14 completed the social network portion of the survey (see Annex D – Methodology). Unfortunately, this evaluation was not able to inform the follow-on activity because of delays in data collection due to COVID and further delays in trying to get information from a partner that left the consortium before this analysis was finalized.

CORE FINDINGS & CONCLUSIONS

Evaluation Question 1. BHC's Stakeholder Engagement Approach

Overall Network Analysis

Many of the 14 organizations that completed the social network portion of the survey did mention connections with organizations that did not respond. Since we could not confirm the connections that non-respondents had to other organizations, our initial network analysis was limited to the 14 respondents. We developed pre and post BHC network diagrams for these 14 responding organizations as well as the overall network. The pre-BHC network diagrams show connections that were reported, in the survey, to have existed prior to the start of the BHC program. The post-BHC network diagrams show connections that existed prior to the BHC program as well as connections that were reported to have formed as a result of BHC. Some of the stakeholders reported connections but were uncertain when these relationships formed. In our analysis, we mapped the connections of unknown origin in both the pre- and post-BHC diagrams to show the different possibilities (relationships existing prior to BHC and as a result of BHC). Figures 2 and 4 show the relationships of uncertain origin in the post-BHC diagrams.

KEY LIMITATION: The robustness of analysis and subsequent findings related to BHC fostering citizen engagement may be limited by the fact that we did not receive the following from the organization conducting the data collection (e.g., survey and key informant interviews) and qualitative data analysis:

- specific processes followed for survey validation (e.g., survey changes occurring mid-course, lack of test runs, etc.)
- sampling and dissemination (e.g., what snowball sampling occurred, and what additional follow up was conducted)
- details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner.

1. In general, Building Healthy Cities (BHC) may have helped generate a stronger, more resilient network with a 2-fold increase in the total number of connections and network density.

Pictured in Figures 1 and 2 are the network diagrams for the 14 organizations that responded to the survey, demonstrating their connections to other organizations prior to BHC as well as those connections that may have been formed as a result of BHC. In each diagram, each node is depicted by a circle, representing an organization in the network, and each line, i.e. edge, represents a connection between the nodes. After BHC, the network of 14 survey respondent organizations expanded by 17 additional connections (11 when comparing to relationships formed prior to BHC and relationships that were reported to be unknown if they existed prior to or as a result of BHC). An increase in connections often means that organizations are exposed to more diverse information. As a result of these added connections, the network density (i.e., the ratio of the number of actual connections to the number of potential connections) went from 0.08 (0.12 if including the relationships of unknown origin) to 0.18. When considering the broader network beyond the 14 organizations that responded (including respondents' reporting connections to organizations who did not fill out the survey themselves), the total connections went from 81 to 171 (a 37% increase) if including connections of unknown origin. Network density increased from 0.03 to 0.06 (i.e., by 50%).

2. BHC may have helped create more stability for each of the partners by converting one-sided relationships to two-way relationships as the network reciprocity increased from 0 to 0.14.

Reciprocity measures the likelihood that a reported connection from one organization to another is reciprocated. Figure 2 shows that as a result of BHC, the network reported four confirmed relationships, where both organizations reported having a relationship with the other one. Three of the four mutual relationships were confirmed by the City Planning and Development Agency. This suggests that post-BHC, the organizations may have seen a stronger or more formal partnership with the agency than they perceived prior to BHC. Through the collaborations, work, and joint activities that BHC hosted, the organizations may have established a more reciprocal relationship with the City Planning and Development Agency.

Figure 1: Pre-BHC Network Diagram of the 14 Organizations that Responded to the Survey

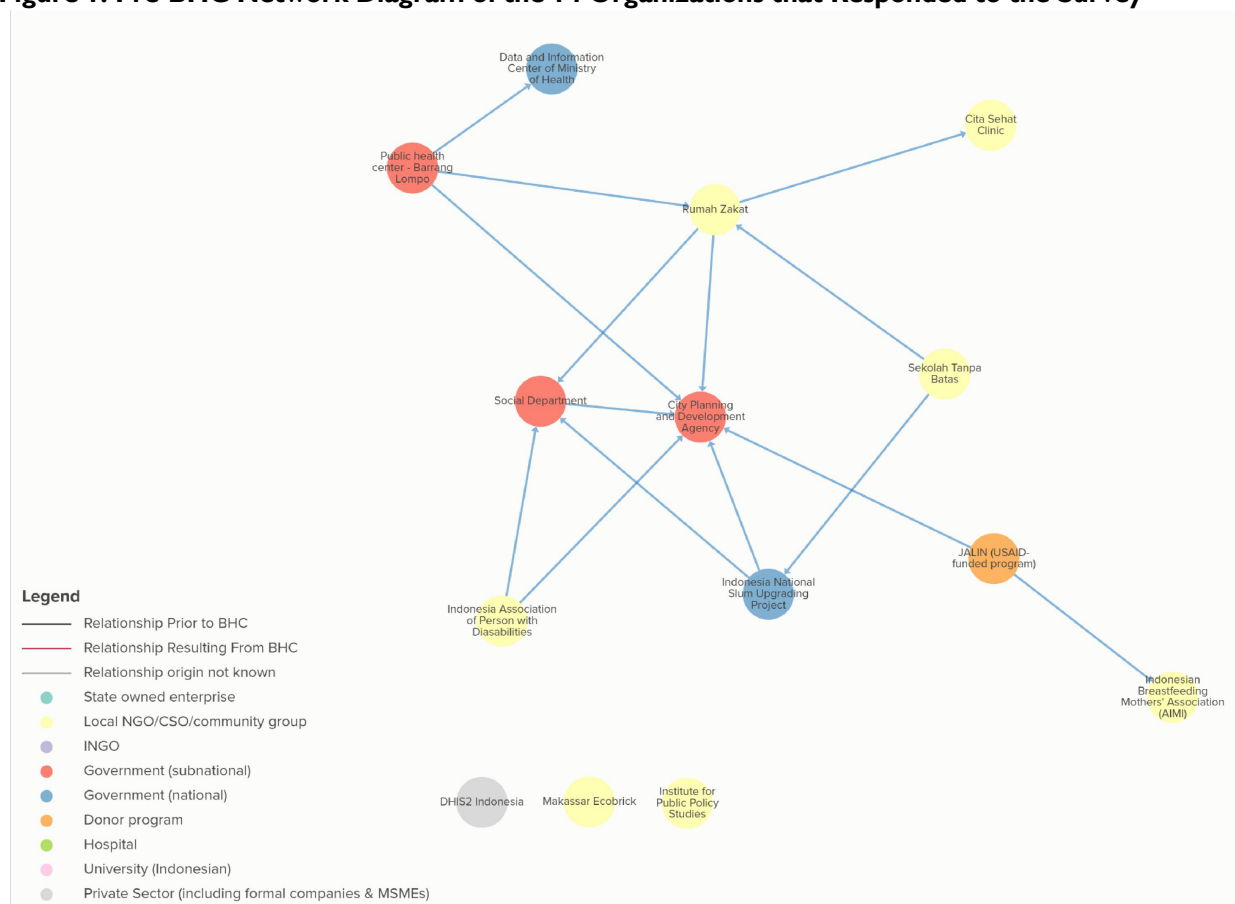


Figure 2: Post-BHC Network Diagram of the 14 Organizations that Responded to the Survey

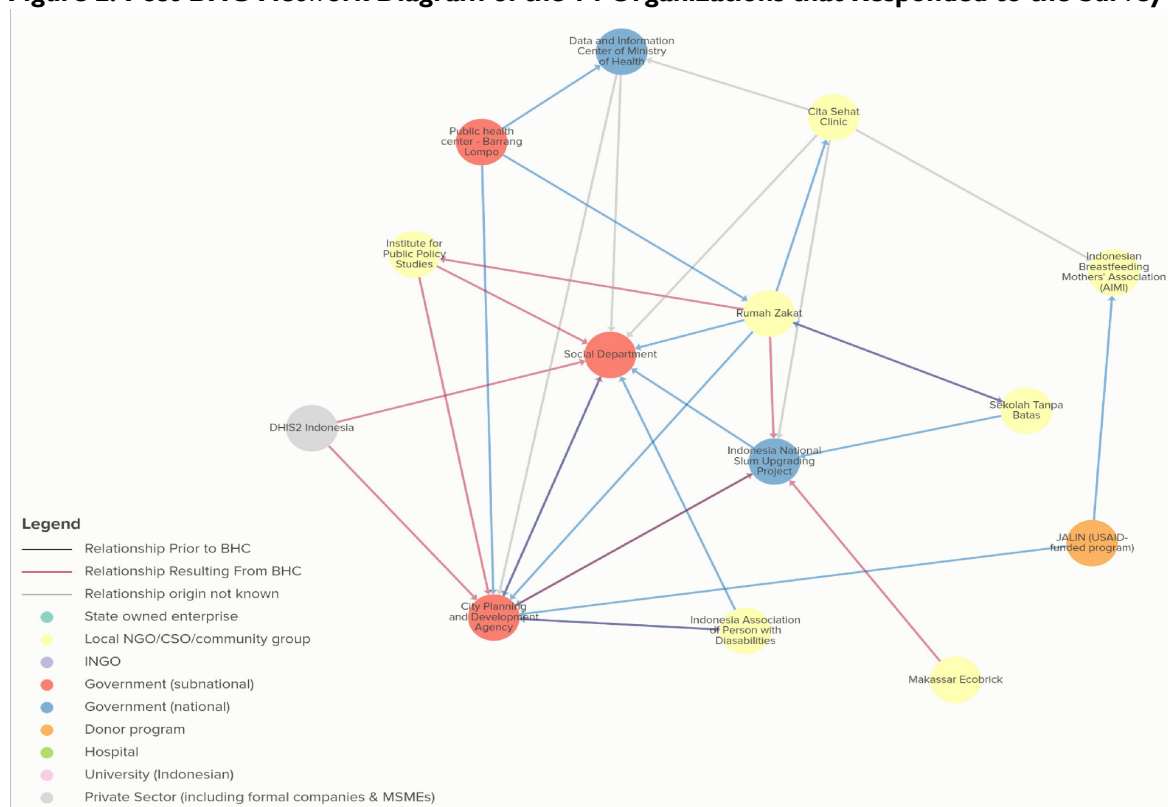


Figure 3: Pre-BHC Network Diagram of All Organizations

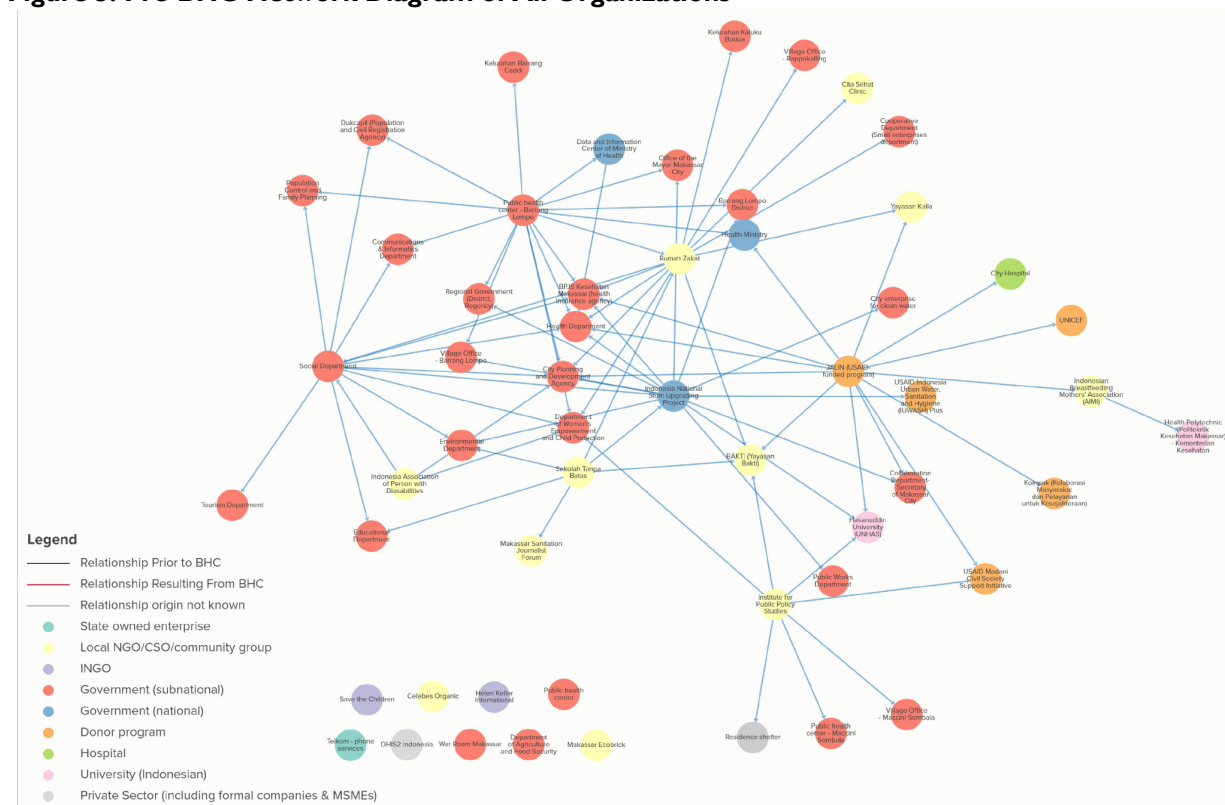
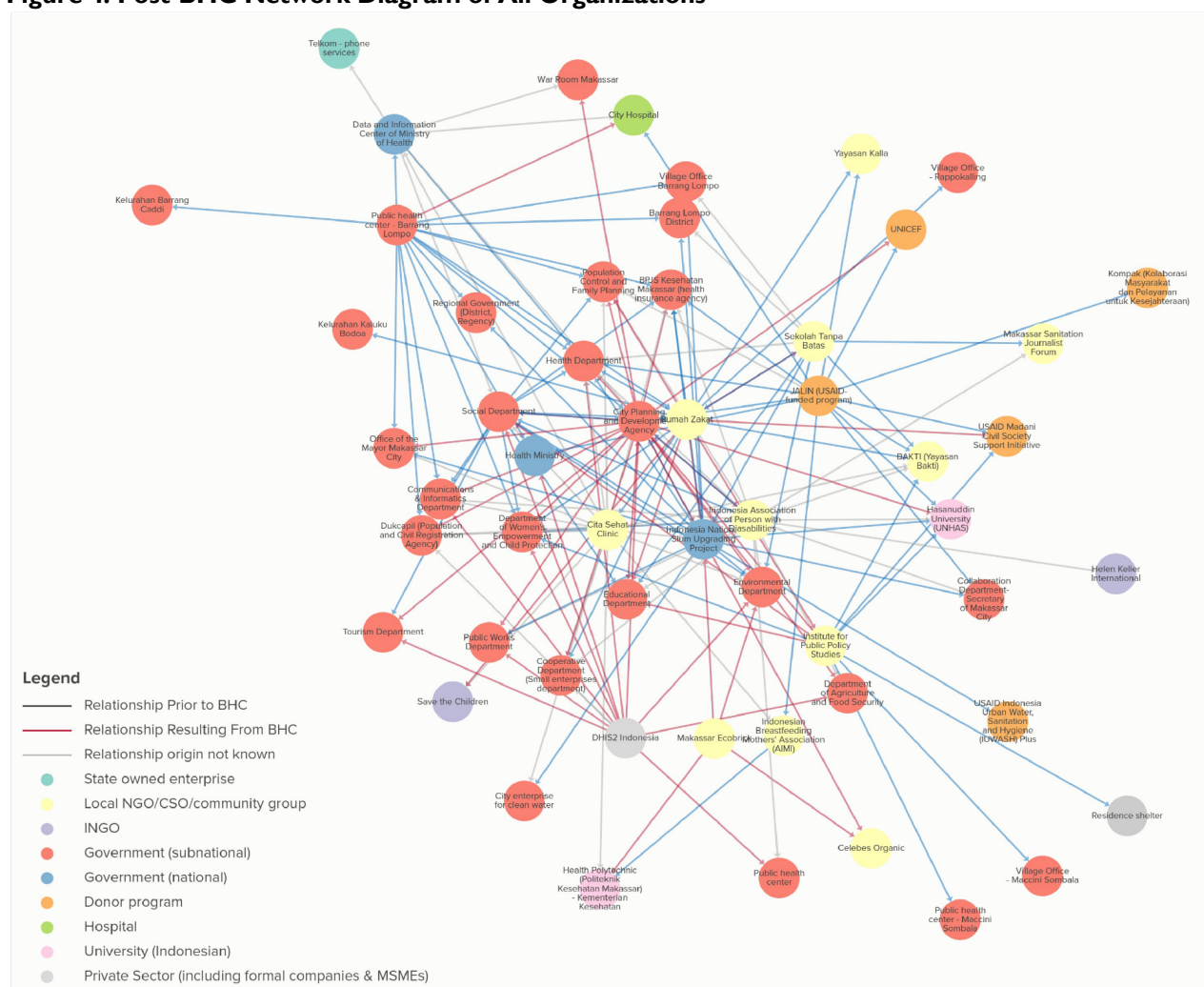


Figure 4: Post-BHC Network Diagram of All Organizations



Reciprocity is not only important for verifying and validating the relationships in a network, but also for determining how different organizations view one another. If a relationship is unreciprocated, this could be problematic. For example, an organization could think they have buy-in from multiple organizations, but in reality, they may not have the support and partnership they expect if there is no reciprocity. In general, for a relationship to be considered strong, it requires reciprocity. The post-BHC network's increased reciprocity points to a strengthening and stabilizing of relationships as a result of BHC.

3. BHC may have helped expand the stability and reach of each of the partners in the network as the average number of connections across all organizations in the network increased from 2.14 to 4.57.

The average degree calculates the average number of connections across all elements in the network. In Figure 1, the network diagram includes only the connections listed as formed “prior to BHC”, and shows the average degree for this diagram as 2.14. When including the connections listed as “not sure if connections existed before or as a result of BHC”, the average degree was 3. In the post-BHC network diagram, shown in Figure 2, the average degree was 4.57, indicating an increase of 1.57 in average degree as a result of BHC.

BHC contributed to increasing the average number of connections above three, which is a critical threshold for significantly increasing stability and decreasing vulnerability in a network. With only two connections, an organization is vulnerable to being cut out from the network or isolated if just one organization disappears from the network. However, having an average of three or four connections across elements means that multiple organizations have to disappear in order for an organization to be isolated or disconnected from the network.

When looking at the broader network that includes both survey respondents and non-respondents to the survey, BHC may have more than doubled the average degree from 2.95 to 6.22 from pre-BHC to post-BHC, and by a relative 37% if including connections that are of uncertain origin (i.e. whether or not they existed prior to BHC) in the pre-BHC diagram, with the average degree of 4.55 increasing to 6.22 as a result of BHC. This points to BHC contributing to an increase in stability across the network, where organizations are less likely to be greatly impacted by negative changes to the network.

4. BHC may have led to a more inclusive network as the number of organizations not connected to the network went from 3 prior to BHC to 0.

Disconnected organizations refer to organizations that do not have any connections to any other element or organization in the network. As seen in Figure 1, the network diagram of relationships prior to BHC, DHIS2 Indonesia, Makassar Ecobrick, and the Institute for Public Policy are disconnected organizations. Of the three organizations that are not connected, two of them, the Institute for Public Policy and Makassar Ecobrick, were local non-governmental organizations (NGOs)/CSOs/community groups. The third organization that was disconnected prior to BHC, DHIS2, was from the private sector. None of the organizations disconnected from the network prior to BHC were local or national government entities, which supports findings that suggest that the network was centered around local government, specifically the City Planning and Development Agency, prior to BHC.

In the post-BHC network diagram, shown in Figure 2, you can see that the previously disconnected organizations are now connected to the rest of the network. While it is possible that BHC played a role in integrating these organizations, a limitation of the survey design and data collection worth acknowledging is that one of the organizations, DHIS2, was not included in the list of organizations that other survey respondents had the option of selecting with whom they have a relationship.

The greater inclusivity of the network generated by BHC, however, was confirmed in the broader network diagram, which includes the 14 responding organizations as well as those organizations with which the survey respondents indicated connections, even if those organizations did not fill out the survey, shown in Figure 4. In the pre-BHC network, nine organizations were isolated or disconnected (two were disconnected when including connections that are uncertain of whether they existed prior to BHC) and there were zero disconnected or isolated organizations in the post-BHC diagram. This finding suggests that BHC contributed to creating a more inclusive and better connected network.

5. BHC may have helped reduce two specific vulnerabilities in the network as the pre-BHC network had 2 sets of pendants and both are eliminated in the post-BHC network.

A pendant vertex is an element that is only connected to the network by one degree, or one edge/connection. When looking at Figure 1, the network diagram prior to BHC, Cita Sehat Clinic is shown to be a pendant. Pendants are very vulnerable because the elimination of any of the connections results in completely removing an element or set of elements from the network. With the existence of pendants, the network is vulnerable to isolation and is also less likely to receive information shared within it, as the information can only be shared through one pathway.

Pendants in a network may also indicate the existence of organizations whose efforts are siloed from the rest of the network, without a sense of what other organizations are doing or how their efforts may synergize. In the diagram showing relationships prior to BHC, Figure 1, Cita Sehat Clinic, Indonesian Breastfeeding Mother's Association, and the Data and Information Center Ministry of Health are all pendants. A new pendant formed post-BHC as well, when connecting Makassar EcoBrick, a previously disconnected element, to the network. Because of the vulnerability inherent to the existence of pendants in a network, BHC could potentially play a role in proactively identifying pendant organizations and specifically targeting them in their outreach efforts when hosting activities and events in the future. This proactive engagement of pendants would help to establish and reinforce connections between the pendant and other organizations.

6. BHC may have helped reduce the overreliance on particular partners in the network as the number of brokers decreased from 4 to 1.

A *broker* is an actor that connects other actors who would otherwise be unconnected. Thus, brokers serve important roles. Networks that rely too heavily on single brokers are vulnerable because if that broker were to no longer serve its role or exist then major gaps/holes would result. Brokers can also have outsized roles in controlling information flow, which could lead to misinformation or information gaps if the broker doesn't serve its role properly. Specific types of brokers include *gatekeepers* (where the broker connects one actor of its own group to another actor of a different group), *liaisons* (where the broker connects two actors who are of two different groups different from the broker), and *coordinators* (where all three actors belong to the same group). The pre-BHC network (shown in Figure 1) had four brokers (Rumah Zakat as both a gatekeeper and a coordinator in relation to Cita Sehat Clinic; the City Planning and Development Agency as both a gatekeeper and a liaison between JALIN and the Indonesian Breastfeeding Mother's Association pendant; JALIN as a liaison broker between the City Planning and Development Agency and the Indonesian Breastfeeding Mother's Association; and lastly, the Public Health Center - Barrang Lompo is both a gatekeeper and liaison to the Data and Information Center of the Ministry of Health.) The post-BHC network (Figure 2) had only one broker (the Indonesia National Slum Upgrading Project serving as a coordinator to Makassar Ecobrick). We also acknowledge that the pre-BHC network including relationships of unknown origin does not have any brokers.

EgoNet Analysis

An "ego-network" is a network for the set of actors who are directly connected to a focal actor, termed ego. Egonets allow us to focus in on one organization to understand that organization's network of direct connections as well as how those direct connections are connected to each other, providing a more focused view of a portion of the BHC network for a given organization. We developed EgoNets for each of the 14 responding organizations and represented 2 degrees of connections to be able to see how BHC affected the surrounding networks of each of the responding organizations. EgoNets are valuable because they help us understand the opportunities and constraints facing specific actors, which helps us understand the role of BHC in the "local" social structures of specific organizations and groups of organizations.¹

¹ Hanneman, Robert A., and Mark Riddle. "Introduction to social network methods." (2005).

1. BHC may have helped expand the individual reach of every organization as the EgoNets for each of the 14 organizations increased in size.

Each of the 14 EgoNets showed an increase in the number of connections from the relationships reported prior to BHC (when also including the relationships of unknown origin) and post BHC, ranging from 1 to 79 additional connections, with a median increase in 34 connections. Additionally, all of the egos increased their reach from the relationships reported prior to BHC (when also including the relationships of unknown origin) and post BHC, ranging from an absolute 2.9% to 73.1% increase. On average, across the EgoNets, reach increased by a median of 37%, with 71% of EgoNets showing an increase in reach between 0 and 50% and 39% experiencing an increase between 50% and 73.1%. Additionally, 85% of EgoNets demonstrated an increase in the average degree with 71.4% of those that reported an increase adding an average degree between 0 and 2, 14.3% increasing their average degree between 3 and 4, 7% showing no change in average degree and 7% showing a decrease. Average degree increased by a median of 0.98. The degrees, specific to the ego in the EgoNets also shifted from pre to post BHC networks. 71% of the egos in each of the EgoNets had an increase in degree resulting from BHC. The median increase in degrees for the egos across the EgoNets was 2. 42% of egos experienced a change in indegree, and 50% of egos experienced a change in outdegree. On average across all of the EgoNets, the indegree increased by a mean of 0.8 and median 0, and outdegree increased by a mean of 3.2, and median 0.5. 21.4% of egos experienced an increase in both indegree and outdegree (City Planning and Development Agency, Lembaga Institute for Public Policy, Indonesia National Slum Upgrading project). Interestingly, 2 of the organizations, DHIS 2 and Makassar EcoBrick started with 0 degrees in their EgoNet prior to BHC (excluding relationships of unknown origin) and after BHC, DHIS 2 had 88 connections and Makassar EcoBrick had 31 connections. These additional connections across the EgoNets contribute to more stable networks that improve the ease of information sharing and therefore, increase the influence of the ego within their network.

2. BHC may have helped all but one of the 14 organizations strengthen their existing connections as 92% of the EgoNets had an increase in reciprocity.

Prior to BHC, all EgoNets had a reciprocity of 0. The increases in reciprocity ranged from 0.03 to 0.05 with 57.1% of all EgoNets seeing an increase of 0.03, 28.6% seeing an increase of 0.04 and 7.1% seeing an increase of 0.05. The only organization that did not have an increase in reciprocity was the Indonesian Breastfeeding Mother's Association.

3. BHC may have had the biggest effect on the single private sector organization's network with greater than the median increases in connections (>2.5 times the overall median increase), reach (>1.8 times greater), and average degree (> 3 times greater).

One private sector organization, DHIS2 experienced the greatest increase in connections, 79, compared to the median increase in connections for all organizations at 34. For comparison, the median increase in connections for city government organizations was 50. Additionally, the private sector organization experienced an increase in reach amounting to 0.685, which was greater than the overall median increase in reach, at 0.376 (when including the connections of unknown origin in the pre-BHC diagram).

DHIS2 as the sole private sector organization also had the greatest change in average degree at 3.43, compared to city government organizations, which had a median change of 1.24, national government organizations which had a median change of 0.98, and local NGOs which had a median change of 0.96. The median change in average degree for all organizations was 0.98.

These changes were also evident by the increases in closeness centrality and degree for the ego (when including connections of unknown origin in the pre-BHC diagram). DIHS2 had the largest increase in closeness centrality, 0.545, which is greater than the median increase in closeness centrality at 0.207. DIHS2 also had an increase in degree of 11, compared to the local NGO group which had a median increase in degree of 1, and city government organizations which had a median increase in degree of 3. The median increase in degree for all organizations was 2.

4. BHC may have had the second biggest effect on government organizations, which increased connections up to 1.5 times more than the overall median increase, with city government organizations increasing their average degree over 1.3 times greater than the overall median.

The second largest changes within the network were among government organizations, which had a greater median increase in connections than the overall median increase of 34 connections. City government organizations had a median increase of 50 connections and national government organizations had a median increase of 36.5 connections. The second largest increase in number of connections was with the City Planning and Development Agency, which had 65 new connections. City governments also had a median change in average degree of 1.24, greater than the median change in average degree for all organizations, 0.98 (when including relationships of unknown origin in the pre-BHC diagram).

These changes within the network for government organizations are also demonstrated by the increase in degree and reach for these organizations. City government organizations had a median increase in degree of 3 and national government organizations had a median increase in degree of 2, greater than the median increase in degree for local NGOs (1) and increase in degree for the donor program (0). The median increase in degree for all organizations was 2. City government organizations had a greater median increase in reach, 0.395, compared to the median increase in reach across all organizations, 0.376 (when including relationships of unknown origin in the pre-BHC diagram).

Two of the three biggest resulting EgoNets post-BHC are local government departments, with City Planning and Development Agency (159) and Social Department (147).

Deeper Analysis of Relationship Changes

In addition to understanding how BHC affected the connections in the network, we also conducted deeper analysis on the nature of the 32 relationships within the respondent network (connections between the 14 responding organizations). This includes aspects such as whether and how the relationship changed from informal to formal, the change in trust in the relationship, as well as the perception of change in the frequency, quality and quantity of information sharing, joint activities, social connections and networking as a result of BHC programming and activities.

1. Over 1/3 of connections between organizations under BHC increased trust; this was not directly related to transitioning from an informal to formal relationship.

When considering the nature of the relationships reported among organizations, 6% of the relationships were reported to have changed from informal to formal, 50% stayed formal, 19% stayed informal, and 25% were reported as unsure of the nature of the relationship.

When reporting on trust in the relationships, 38% of the connections reported an increase in trust (13% increased from low to medium, 6% increased from low to high, 19% increased from medium to high).

28% of the connections maintained the same level of trust (6% stayed low, 3% stayed medium, and 19% stayed high). Lastly, 35% of the connections were reported as being unsure of the nature of trust in the relationships with the other organizations. Nine out of the twelve organizations that others reported an increase in trust with were government agencies.

2. BHC may have contributed to a more responsive and adaptable network as there was improved information sharing among the network, with connections reporting 41% increased quantity of information sharing, 28% increased frequency of information sharing, and 38% increased quality of information sharing.

41% of the connections reported an increase in the quantity of information sharing (28% increased from low to medium, 13% increased from medium to high). 28% of connections maintained the same level in the quantity of information sharing (6% stayed low, 9% stayed medium, and 13% stayed high). Finally, 31% of the connections did not know the quantity of information sharing that took place. Nine out of the thirteen organizations that others reported an increase in quantity of information sharing with were government agencies, and six out of the thirteen reported increases in the quantity of information sharing were between local NGOs and government.

For frequency of information sharing, 28% of the connections reported an increase (9% increased from low to medium, 9% increased from low to high, and 9% increased from medium to high). 38% of the connections maintained the same frequency of information sharing (16% stayed medium, and 22% stayed high). 34% of the connections did not know the nature of the frequency of information sharing.

Finally, for quality of information sharing, 38% of connections reported an increase (9% increased from low to high, 13% increased from low to medium, and 16% increased from medium to high), 28% stayed the same in terms of quality of information sharing (16% stayed high, 3% stayed low, 9% stayed medium), and lastly, 31% did not know about the nature of the quality of their organization's information sharing.

3. BHC may have contributed to a more united network that can capitalize on existing synergies as they saw increases in number, frequency and quality of joint activities, a positive improvement to the network's strength, with reports of 25% increase in the number of joint activities, and 31% increase in the frequency and 25% increase in the quality of these joint activities.

For the quantity of joint activities, 25% reported an increase in the number of joint activities (13% increased from low to medium, 13% increased from medium to high), while 41% stayed the same in amount of joint activities (22% stayed low in quantity, 3% stayed medium, and 16% stayed high). Additionally, 31% did not know if there was a change in quantity of joint activities. Seven out of the eight organizations that others reported an increase in joint activities with were government entities.

In terms of frequency of joint activities, 31% reported an increase in the frequency of joint activities (19% increased from low to medium, 13% increased from medium to high), 38% stayed the same in frequency of joint activities (16% stayed high in frequency, 16% stayed low, and 6% stayed medium), whereas 31% did not know if there was a change in the frequency of their organization's joint activities.

When looking at the quality of joint activities undertaken with other organizations, 25% of the connections reported an increase in the quality of joint activities (12.5% reported an increase in quality from low to medium, and 12.5% reported an increase in quality from medium to high), 41% reported the quality of joint activities remained the same (3% reporting the quality remaining low, 19% stayed

medium, and 19% remained high), and lastly, 34% of reported connections did not know the change in quality of their joint activities with other organizations in the network.

4. BHC may have contributed to a more interactive and harmonious network with not only the number of social connections increasing (among 47%), but also the frequency (among 41%) and quality of social connections improving.

When asked about the quantity of social connections, 47% reported an increase in the quantity of social connections (25% increased from low to medium, 3% increased from low to high, and 19% increased from medium to high). 19% maintained the same quantity of social connections (6% of connections stayed medium, and 13% remained high), whereas 34% reported not knowing the nature of the change in the quantity of social connections.

Considering the frequency of social connections, 41% reported an increase in the frequency of social connections (19% increased from low to medium, 9% increased from low to high, and 13% increased from medium to high). 28% of reported connections maintained the same frequency of social connections (6% remained low, 9% remained medium, and 13% remained high), and 31% of reported connections did not know the nature of change in the frequency of social connections.

Survey respondents were also asked about the quality of social connections, where 41% reported an increase in the quality of their social connections (9% increasing from low to medium, 9% increasing from low to high, and 22% increasing from medium to high). 25% of reported connections maintained social connection quality levels (3% reported the quality remained low, 9% reported staying medium, and for 13% reported the quality remaining high). 34% of reported connections did not know the nature of change to the quality of their social connections.

5. BHC's approach positively impacted government engagement the most, elevating their role in the network, with government entities experiencing the greatest increases in all of these indicators, with notable increases between government and local NGOs/CSO/community groups.

Nine out of thirteen organizations that others reported an increase in the quantity of information sharing with were government agencies. Six of the thirteen organizations that reported increases in the quantity of information sharing were between local NGOs and government (5/13 for local government, 3/13 government to government, and 3/13 were NGO to NGO).

Seven out of eight that others reported an increase in joint activities were with government, with eight out of eight of these connections including at least one government organization (9/12 organizations that others reported an increases in quality of information sharing were with government agencies, and 10/12 that showed an increase in quality of information sharing included a government agency).

6. BHC helped foster engagement between different stakeholder types, contributing to the diversity in the network.

Ten of fifteen that reported increases in social connections were between organizations of different types. Six out of eight organizations that reported an increase in the quantity of joint activities were between organizations of different types.

Evaluation Question 2. BHC Stakeholder Conceptualizations of Resilience

Key Informant Interviews

- I. **None of the stakeholders represented in interviews were aware of their own institutions' formal or working definitions of resilience as none of the stakeholders asked were able to provide their definitions in response to the direct question.**

Probing questions conveyed that stakeholders conceived of institutional approaches to resilience as bound up in budget allocations and planning for disaster response and management governed by national regulations, rather than within the purview of city government decision makers.

However, further probing and survey results reveal openness to a broader conception of resilience. As one informant noted:

"...Actually there already are resilience regulations, so for example, [when] I said earlier that for financing our [annual regional government] budget - whether it's a matter of economic shocks and so on - they are there already, there are already regulations, there is already even Government Regulation No. 12 regarding the management of regional finances. It is already extremely clear, the Ministry of Home Affairs is also extremely clear. What's left then is for us to put down in the Mayor's Regulation how to take advantage of those indirect funds." (Key Government Department)

KEY LIMITATION: The robustness of analysis and subsequent findings related to how stakeholders conceptualize resilience as well as the impact of that conceptualization may be limited by the fact that we did not receive the following from the organization conducting the data collection (e.g., survey and key informant interviews) and qualitative data analysis:

- specific processes followed for survey validation (e.g., survey changes occurring mid-course, lack of test runs, etc.)
- sampling and dissemination (e.g., what snowball sampling occurred, and what additional follow up was conducted)
- details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data

Evaluation Question 3. How BHC's approach can inform future urban project design

Additional Survey Results

- I. **While BHC helped foster citizen engagement, with 25% of survey respondents (6 out of 24) reporting that they “increased citizen feedback and empowerment structures” as a result of BHC, stakeholders want to see more engagement with the community members.**

Increasing citizen feedback and empowerment structures was on the lower half of most commonly reported benefits realized through BHC (6th highest out of 10). It was, however, listed in the top half of the list of most commonly reported priorities (4th highest out of 10).

Respondents emphasized finding and improving approaches to engaging and including community members. They provided the following suggestions:

- “Approaching communities for involvement, so that they are more aware of BHC activities”
- “An approach more to win over the hearts of the community, especially mothers and school-age children, so that at an early age they understand more about the impact of pollution on the environment”
- “Data collection on community needs related to environmental sanitation must be massively increased”
- “Community training”
- “Integrated data management that can be accessed by the general public.”

2. **Resilience is a promising programming direction among stakeholders; 83% of survey respondents supported resilience as being a focus of future programming (20 out of 24).**

When asked “What future impact(s) do you hope Makassar City gains from future engagement with programs like BHC?,” more selected “increases resilience/capacity to respond effectively to shocks and stressors (such as natural disasters, economic shocks, food security, health pandemics such as currently in COVID, etc.” than other options.

KEY LIMITATION: The robustness of analysis and subsequent findings related to how BHC's model can inform future urban project design may be limited by the fact that we did not receive the following from the organization conducting the data collection (e.g., survey and key informant interviews) and qualitative data analysis:

- specific processes followed for survey validation (e.g. survey changes occurring mid-course, lack of test runs, etc.)
- sampling and dissemination (e.g., what snowball sampling occurred, and what additional follow up was conducted)
- details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner.

LIMITATIONS

We requested the following information from the partner that administered the survey and KIs: specific processes involved in the validation process of the survey instrument and KI tool, final list of organizations that received the survey instrument and details around their method for selection, as well as the dissemination process, including how recipients were asked to share the survey to colleagues, what snowball sampling occurred, and what additional follow up was conducted. We also requested details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner. We are also missing information about specifically when the survey instrument changed and the potential impact this mid-course change may have on results. However, the partner did not provide the requested information.

- 1. The overall survey response rate for the social network survey was 25.5% with different response rates among various sectors/groups. Therefore, we were unable to make robust conclusions about *all* of the organizations in the BHC network.**

The response rate was 12.5% among city government organizations, 20% among donor programs, 63.6% among local NGOs, 66.7% among national government organizations, and 100% with the one private sector organization that was contacted. No International NGOs (INGOs), universities, state owned enterprises, or hospitals responded to the survey. This raises the possibility that results were skewed towards particular types of organizations and not fully representative. However, there was no clear indication of bias or skew among the respondents.

- 2. For 26% of the connections, the respondents indicated: “My organization has a relationship with this organization/government department, but I do not know the nature of the relationship (whether it was before or as a result of BHC)”. Therefore, we were unable to make robust conclusions about BHC’s role in facilitating these relationships.**

Forcing survey respondents to research and identify whether the relationship was established before or due to BHC would improve the validity of the end analysis. We performed additional analyses with these responses when determining our pre and post networks in our best attempt to address this limitation.

- 3. Since survey respondents were asked to identify up to 20 organizations that they have relationships with, there is the possibility that some may not have indicated all of the organizations to which they were connected. This means that there may be additional organizations that are important to the resilience of the network that do not appear in this analysis.**

Having an upper bound on the number of organizations could lead to undercounts of the true number of relationships. However, all organizations listed connections to fewer than 20 organizations, making it less likely that any were inhibited by the limit.

- 4. Seven of the 24 survey respondents did not complete the social network portions of the survey. Therefore, the social networks were constructed using incomplete data and the actual network likely contains more individuals/organizations than are currently represented in our findings.**

This could have resulted in response bias. However, there was no clear systematic skew of non-responders (i.e., the non-responders had similar distributions of characteristics as the responders.)

5. Respondents may have interpreted the definition of ‘a relationship with another organization’ differently. This means that nature of the relationships (e.g., the formality, and extent to which they engage) reported may vary.

Respondents may have different ideas about what constitutes a relationship or interaction with other organizations, as there were no constraints on these definitions. This may contribute to the overall low reciprocity in the network, since organizations on either side of a connection may have differing ideas of whether they have a relationship.

RECOMMENDATIONS

The following recommendations are specific to the BHC project.

1. While network connections increased BHC should consider additional opportunities (e.g., focus groups with systems mapping participants, identifying funding opportunities for organizations to jointly pursue) to further increase connections and network density.

While connections and density both doubled in the network of responding organizations, the density is still only 6%, which represents a fairly sparse network, and therefore, BHC should target a higher overall network density, ideally over 50%, the threshold over which networks have significant protective reciprocity and redundancy. Increasing the connections and density can increase the speed and extent to which information is shared and diffused across the network.

KEY LIMITATION: The robustness of recommendations may be limited by the fact that we did not receive the following from the organization conducting the data collection (e.g., survey and key informant interviews) and qualitative data analysis:

- specific processes followed for survey validation (e.g., survey changes occurring mid-course, lack of test runs, etc.)
- sampling and dissemination (e.g., what snowball sampling occurred, and what additional follow up was conducted)
- details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner.

2. BHC should conduct targeted engagements that would increase the connections of partners with degrees of 2 or less.

Having fewer than two connections leaves an organization extremely vulnerable since it means that the organization becomes heavily reliant on a single other organization. Having two connections offers at least one other connection preventing isolation. However, three or more connections would offer at least some level of protective redundancy.

3. While there was an increase in reciprocity, BHC should consider strategies (e.g., delineate specific roles for different organizations when working to achieve a specific goal/complete a task, identify and connect organizations that may have ongoing work that could synergize) to further improve reciprocity among organizations.

While reciprocity did increase between the pre and post BHC networks, the overall reciprocity is low (14% in the network of responding organizations). To foster reciprocity in the network, BHC can identify opportunities for partners to share responsibility in joint efforts, thereby creating interdependent relationships.

- 4. BHC should invest in identifying other potential pendants in the network and including them in ongoing events and engagement opportunities (e.g., ensure Makassar EcoBrick is invited to events with other organizations besides the Indonesia National Slum Upgrading Project).**

A new pendant was formed when Makassar EcoBrick, a previously disconnected element, was added to the network post-BHC. The Indonesia National Slum Upgrading Project is the only organization that Makassar EcoBrick is now connected to.

- 5. BHC should invest in identifying single loops (e.g., a ring of single connections without any relationships connecting across the loop and with limited connections to the rest of the network) and reinforcing them with cross-connections (e.g., targeting these organizations with strategies to engage with other organizations across the network) to reduce vulnerabilities to breakage resulting in isolation.**

In the post-BHC network of responding organizations, there are multiple loops (between Cita Sehat, JALIN and Indonesian Mother's Breastfeeding Association as well as Rumah Zakat, Sekolah Tanpah and Indonesia National Slum Upgrading Project) which tend to be weaker aspects of networks, and more prone to breaking resulting in further disconnections from the network. BHC could focus on identifying organizations within these loops and creating opportunities for cross-collaboration in order to eliminate these vulnerabilities.

- 6. BHC should encourage the use of other means (e.g., historical records) to clarify when some of the connections were formed.**

For 26% of connections, organizations reported that they were unsure when connections with other organizations formed (pre- or post- BHC). This suggests that members of these organizations were unaware of the specific effect of BHC on their relationships. BHC could work to clarify their goals and accomplishments with these organizations.

- 7. BHC should help create a structure that has different organizations managing and coordinating different cores of the project to protect against over relying on one actor.**

Currently, the highest number of connections go through the City Planning and Development Agency (Bappeda), creating a more centralized network could be problematic if something were to disrupt their work. BHC could help create a structure that has different organizations managing and coordinating different project elements to protect against over relying on one actor, and increase connections among organizations currently only connected through Bappeda.

- 8. BHC should target engaging non-government organizations, (e.g., spotlight their work in communication that reaches a diverse set of organizations, ensure NGOs are included in events and participate in activities) such as local NGO/CSO/community groups, universities, state-owned enterprises, private sector organizations, hospitals and donor programs in order to increase their number of connections.**

Most organizations that experienced increases in quality and quantity of information sharing, joint activities, and trust were city or national governments. After DHIS2, government organizations also experienced the biggest increases in the number of connections. BHC could work to foster connections and the quality of connections among non-government organizations, including local NGOs and other types of organizations of which none responded to the survey (universities, hospitals, INGOs).

9. Currently, government organizations make up the lion's share of the network actors (27 of the 55 actors), indicating an opportunity to increase the diversity of stakeholders in the network.

The local NGOs/CSOs/community group organizations make up 24% of the network, and the private sector organization represents just 2% of the overall network. The network would be stronger, more resilient, and the information sharing would be of potentially higher quality if the network was made up of a diverse set of stakeholders more representative of the ecosystem the network exists within.

10. BHC should continue to integrate community members and citizens' voices into BHC activities and engagements (e.g., include citizen representatives in future participatory systems mapping workshops).

While it is critical to get the range of different types of organizations, there are many valuable perspectives among community members who often have firsthand knowledge of their community needs and may be motivated to orchestrate community-led responses supported by the BHC network. Continuing to offer opportunities such as the Musrengbang and also considering inviting community members to additional systems mapping workshops could foster these key connections.

11. BHC should consider ways to formalize relationships and existing connections (e.g., establish memorandums of understanding [MOUs], identify funding opportunities for joint collaboration) in order to increase reliability in information sharing and stability across the network.

Post-BHC, 19% of the relationships stayed informal, whereas only 6% of the relationships changed from informal to formal. By formalizing the relationships in the network, the connections are strengthened and there's a greater amount of confidence in the reliability of information sharing, improving stability across the network.

12. BHC should help empower organizations other than local government agencies to more frequently share information, engage in joint activities and build trust to foster a stronger network.

Among the stakeholders other than government entities, there is additional room for growth under the nature of their relationships with each other. Only 31% reported an increase in the quantity of information sharing and 12.5% reported an increase in joint activities outside of government entities. Part of this could be related to #11 in the sense that these relationships remain informal. Continued investments to build these relationships can include more frequent opportunities for interaction, data sharing, and strategizing.

13. BHC should consider additional efforts to better understand their role in engaging private sector organizations (other than DHIS2 Indonesia) to see if there are other lessons to be learned that can be applied to the rest of the network.

DHIS2 Indonesia is the only private sector organization included in the Social Network Analysis (SNA) and it experienced large benefits overall thanks to BHC. Additional analysis should be done to see if DHIS2 Indonesia was unique in that manner or if there were other private sector players that are underrepresented in the network.

LESSONS LEARNED

The following are lessons gleaned from this evaluation that can be applied by USAID to future programming similar to BHC.

1. Conduct both pre-program and post-program network surveys/analyses, make it clear that these are occurring, and compare the findings.

The social network analyses conducted with the data from the single point-in-time survey did show important changes in the connections among the organizations. However, several organizations did report that they were unsure of relationship origin or unsure of the nature of changes that occurred in these relationships. A survey conducted before the launch of the program would have offered a clearer set of comparison data to improve the consistency and completeness of the program evaluation.

KEY LIMITATION: The robustness of lessons learned may be limited by the fact that we did not receive the following from the organization conducting the data collection (e.g., survey and key informant interviews) and qualitative data analysis:

- specific processes followed for survey validation (e.g., survey changes occurring mid-course, lack of test runs, etc.)
- sampling and dissemination (e.g., what snowball sampling occurred, and what additional follow up was conducted)
- details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner.

2. Proactively and progressively monitor the evolving strength and morphology of the network, by periodically administering the survey and updating the network map/analyses.

Iteratively adding to the social network over time can also help demonstrate which activities and engagements are working or not working to engage different types of stakeholders.

3. Identify potential network brokers and in turn potentially vulnerable areas of the network such as pendants and establish connections to bolster these.

Pendants are clear indicators of vulnerability in a system. By proactively identifying and engaging with pendant organizations with a clear plan for their improved integration into the network, avoiding the overreliance on a broker, you limit the amount of vulnerability the system is exposed to. Pendants can become more fully integrated into the network by increasing the amount of and quality of their connections to other organizations. It is in this process that you concretely remove vulnerable areas and increase resilience in the network.

4. When trying to strengthen the network, target groups beyond government, private sector and NGOs to diversify the stakeholders represented in the network.

By targeting the inclusion of under-represented groups, you enable the exchange of a richer and more diverse set of perspectives and information, which, if they are well connected, should improve the overall quality of the information shared throughout the network. This can have positive rippling effects over time by helping organizations to grow and learn from one another through the sharing of unique perspectives and lessons learned.

5. Community members are a key stakeholder group that organizations are eager to engage.

In addition to activities that are specifically geared towards citizen-engagement, finding ways to incorporate diverse groups of community members, from a range of demographics, into events that include other stakeholders is important, especially to provide leaders with an opportunity to hear community members' voices.

6. In addition to hosting events that bring together multiple stakeholders, a program/initiative could continue to identify opportunities for organizations to share responsibility in joint projects/efforts.

By creating opportunities for organizations to engage in joint projects, BHC could increase the number of connections among organizations and interdependence among these organizations, which would increase the number of mutual relationships and decrease the number of one-way connections. This could increase the value of these relationships to each organization.

7. Formalize relationships through written agreements such as data sharing agreements, charters, and MOUs.

Implementing partners can help facilitate a process of turning informal relationships between organizations in the network into formal ones. BHC did this through their Charter of Joint Commitment which was signed by 19 different organizations from a range of different sectors ranging from health, education, food security, sanitation, etc. It is important for organizations to periodically revisit the commitments and allow new stakeholders to join the agreements as the network grows.

8. Convert existing brokers within the system into “matchmakers” that foster interconnections between different stakeholders.

As brokers are critical elements in the system, who have power over the spread of information to parts of the network, it is important to leverage their influence and encourage them to facilitate connections between their different partners and relationships so they do not always have to serve as the “go-between.”

9. For a program/initiative, create a system that can collect, store and readily transmit information on the history of each stakeholder's engagement with the program/initiative.

Developing a system to document the ongoing progression of the program, and each organization's engagement, can help ensure awareness and collaboration continuity among stakeholders, even when staff and leadership turnover occurs.

10. Clearly define what resilience means to the program and develop stakeholder's understanding of the concept of resilience through formal and informal channels.

Stakeholders are receptive to learning what resilience means for broader efforts as well as their organization-specific efforts. Formally reflecting resilience in a program's theory of change and also providing concrete examples of how they can build resilience can support their understanding.

ANNEXES

A – PURPOSE, AUDIENCE AND ANTICIPATED USES OF THE EVALUATION

The purpose of this evaluation was to answer exploratory learning questions related to the Building Health Cities program (BHC). These questions investigate what worked, what did not work (and why), the conditions under which the BHC approach is likely to be effective, and what lessons on urban resilience exist for future programming. Specifically, the evaluation aims to understand:

1. How BHC's approach to engaging stakeholders affected BHC implementation,
2. How stakeholders conceptualize resilience and determine how these conceptualizations affect how city leaders act, and
3. How BHC's model can inform future urban project design.

Annex Table 1. Audience and anticipated uses of the evaluation

User	Use
ABHT	• Understand which approaches/interventions were effective in achieving project goals and why • Inform design/implementation of future Asia Bureau projects related to urban development
BHC Implementing Partners	• Integrate/reference relevant evaluation findings from the Evaluation in PMP and reporting

The ABHT determined that the following intended uses are outside the purview of the Evaluation:

- Manage and/or modify activities being implemented in years 4-5 of the project
- Assess the performance of the IP
- Assess the impact of activities (as a baseline was not conducted)

The goal of this evaluation was not to judge the success of BHC, but rather determine what elements might be useful going forward. The resources available for this evaluation necessitated focusing on only one city: Makassar, Indonesia.

B – EVALUATION QUESTIONS

In addition to the uses stated above, the SPACES team discussed some of the following, overarching motivations for the Evaluation with the ABHT. Based on the common themes and priority interests, SPACES and ABHT arrived at the following preliminary research questions:

Note: The term “stakeholders” below is inclusive of USAID implementing partners under BHC, local partners, municipal government, Smart City Boards, and beneficiaries (i.e., community members and those involved in co-creation activities) engaged in each city.

Annex Table 2. Evaluation Questions

Questions	Motivation
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I. Model/Approach/Tools - Stakeholder engagement: how, who, failures, successes. How did engagement between all stakeholders facilitate or hinder implementation and achievement of project goals? - How successful were the tools/assessments in achieving project goals (i.e., what worked and what didn't work)?	USAID wishes to: - understand feasibility/viability of achieving project goals via the stakeholder engagement tools - support the “harmony” that resulted from the well-functioning engagement structures/processes/functions - determine how to better address the “disharmony” resulting from obstacles to stakeholder cooperation - understand how BHC uses evidence/findings - understand whether the stakeholders are acting upon findings and experiences of BHC tools/assessments and recommendations
2. Resilience - How does BHC define the concept of resilience, measure it, and contribute to achieving more resilient cities? - How did city leaders better respond to community needs as a result of BHC programming?	USAID wishes to: - understand if/how the concept of resilience has evolved over the course of the project and differed across the implementing cities - know whether and the extent to which the technical focus (i.e., the six areas) of BHC's approach was integrated into this conceptualization of resilience. - determine to what extent these conceptualizations of resilience affected activity design/implementation and if these activities in turn contributed to the resiliency of the city (if so - how was this measured) - understand how the city leaders were enabled/empowered to improve their preparation and response to future shocks and how BHC supported these improvements
3. Way forward: How could the BHC cross-sectoral models in the different country contexts be applied and sustained in the future?	USAID wishes to: - better understand BHC's operating context in order to determine the appropriateness/applicability of the cross-sectoral model for other country contexts - equip future projects with the tools to learn, adapt, and improve quickly and effectively to improve chances of sustainability - understand the validity of the theory of change

Each of these questions will be examined through the lenses of “What? Why? What does this mean for

the future?” with an eye towards understanding what improvements can be made in a successor project.

C – ACTIVITY CONTEXT AND BACKGROUND INFORMATION

The USAID-funded Building Healthy Cities (BHC) project is partnering with Smart Cities in Indore, India, Makassar, Indonesia, Kathmandu, Nepal, and Da Nang, Vietnam with the goals of increasing equitable access to healthy lifestyles, improving access to health-related services, strengthening the community voice, decreasing environmental and lifestyle risk factors for chronic diseases, decreasing the burden of infectious diseases, and enabling wider use of data that supports community decision making to make different choices which then better includes health outcomes in city planning.

Planning for a Smart City is intrinsically linked to health: transportation, natural resources, sanitation, education, recreation, technology, and the built environment all influence the health of an urban population. BHC employs a participatory systems mapping approach to clearly articulate these linkages in each context, engages a wide range of stakeholders across sectors, and formulates a set of priority actions for each city. BHC works in partnership with Smart City initiatives and urban sector departments to build this new vision for healthy urban planning. In addition, BHC engages Smart City citizens of every demographic with a focus on marginalized populations so that they have a voice (via citizen reporting systems and participatory research) and are empowered to advocate for the needs of their communities.

BHC recently completed Year 3 of their 5-year cooperative agreement. BHC has been working with three Smart Cities including Da Nang, Indore, and Makassar, and in fiscal year 2020 began an operation in Kathmandu. To date, the project has focused on establishing and deepening relationships in each city (in the community and within municipal government), facilitating sustainable connections across sectors, completing the systems mapping process, supporting the execution of city-level interventions, and making recommendations for multi-sectoral health activities.

D – METHODOLOGY

The SPACES team conducted both qualitative and quantitative data collection and analyses. This section describes the mixed-methods approach used, starting with the development of Engagement Tracker which helped identify the different BHC activities, as well as the organizations involved and served as the basis of the sampling framework. The next section describes the development, deployment, and use of the survey, including the process for sampling. The following section describes the development and use of the key informant interview guide, as well as how the interviews were conducted and coded for use in qualitative analysis. The last section describes the social network analyses (quantitative analyses) performed to show the impact of the BHC program on organizations and their relationships.

Engagement Tracker

Determining BHC Activities

SPACES developed an engagement tracker to help measure the different interactions between key organizations and BHC organization engagement tools/activities which reflect the different BHC events or “touchpoints.” We identified the different BHC activities via a combination of background literature (see Annex E Documents Reviewed) and the BHC implementation team. We included 39 different activities in the engagement tracker, ranging from system thinking and mapping workshops to trainings, forums, community town halls, peer-to-peer study tours, and webinars.

Determining the Organizations Involved

The organizations included in the tracker were based on a combination of participant and outreach lists used by the BHC team to track participation and engagement in the different activities they facilitated, organizations those who signed the commitment charter or memorandum of understanding (MOU), the organizations involved in the City Action Plan as well as input from the BHC implementation team. The BHC implementation team was consulted to verify the organizations included in the sample, provide contact information for institution representatives and recommendations for sampling.

As a result, we included 79 different organizations/institutions in the tracker including donor programs, state owned enterprises, local NGOs/CSOs/community groups, INGOs, national and subnational government organizations, hospitals, academia and private sector organizations. To note, this number does not include specific puskesmas or specific sub-district/village offices, or governmental offices of districts nearby Makassar or from other provinces consulted or invited to join in certain activities. While numerous names of such institutions were suggested for the tracker due to their involvement in one activity (for instance, 42 puskesmas participated in one sole data training), it was difficult to determine if this was a complete list. In addition, consultations with the BHC implementation team confirmed they do not have a system-level role in public health in Makassar.

Survey

Survey Instrument

The survey was designed to capture descriptive data to develop the network diagrams and conduct the social network analysis (SNA). The initial survey was constructed through collaboration with BHC and further refined with input from JSI EI and ABHT before a final version, with ABHT approval, was deployed. Information about additional validation of the survey has not been provided by our partner.

The final survey utilized an online survey tool (Alchemer) and consisted of 30 questions with a set of 15 questions specific to each relationship identified and was available in both English and Bahasa. The survey questions were grouped into the following sections:

1. Information on respondent and their organization (12 questions): demographic questions about the individual respondent and the organization they represent helped establish the respondent's background and experience with the BHC program.
2. Understanding the level of participation the organization had with BHC programs (7 questions): questions helped assess the respondent's ability to answer questions about BHC programs.
3. Adoption of BHC principles in their organization (3 questions): questions about the organizations' engagement with the BHC program activities. This information was collected to help determine the impact of BHC activities on their organization.
4. Impact of BHC on resilience (2 questions): questions about readiness for urban resilience.
5. Effectiveness of BHC programs and opportunities for improvement (6 questions): questions to understand the organization's perspective on the various BHC activities in which they participated to identify value and areas for improvement.
6. Relationships with other organizations, their nature, activities, and how they have changed through BHC (15 questions): questions on the organizations' relationships, the nature of those relationships, and how they may have changed as a result of the BHC program. This included collecting information on sharing information/dialogue, coordinating on joint activities, social connection and networking. This information was used to generate the diagrams and conduct the SNA.

The Engagement Tracker informed the development of survey questions on BHC activities and the list of organizations/organizations from which respondents could select those with whom they had a relationship with. The organizations list consisted of 50 organizations based on the most highly relevant of the 79 in the tracker. Respondents had the option to add missing organizations under a “puskesmas,” “sub-city/district government,” and general “other” categories. Due to issues with survey dropout, the questions were re-ordered mid-course (i.e., questions on the readiness for urban resilience and opportunities for the future were moved before the relationship identification section.) Details on the timing and impact of this change mid-course was not provided by the data collection partner.

Survey Sample

The survey sample consisted of organizations or government departments, given the focus in the evaluation on understanding organizational relationships and approaches. The Engagement Tracker served as the basis for the sampling and the survey was initially sent directly to 56 contacts in the Engagement Tracker, all of which contact information (i.e., email, phone number, WhatsApp number) was available for. Surveys were emailed/messaged to participants for which emails/phone numbers were available. Additionally, the team conducted snowball sampling, in which the current respondents helped recruit additional respondents who have knowledge of BHC. Our partner did not provide the details as to how the snowball sampling occurred or what proportion of respondents were identified this way.

The survey period ran from July 5, 2022 to August 12, 2022. Both invitations and reminders to participate in the survey were sent by email using an email marketing service (Mailchimp). The response rates, both full and partial, were reviewed on a daily basis, with special attention being made to encourage partial respondents to complete their surveys. This monitoring showed that the 56 contacts had under a 10% open rate and none of them clicked the link to the survey. Therefore, further follow up was conducted including phone calls, text messages and emails.

Overall, there were a total of 26 responses: 17 responses were complete with responses to both survey questions and the SNA questions, representing 14 unique organizations. Of the 26 individual responses to the survey, 2 responses were removed during the data cleaning stage as they were unusable for analysis, leaving a total of 24 individual responses to be analyzed for the non-SNA questions. Key informant interviewees contributed 11 of the 26 responses submitted. The rest of the responses were

collected by sending an email link after a phone call. In most cases (22), responses were entered by the participants in the online tool after a link was emailed and/or messaged to them, in 3 cases, responses were populated by the enumerators over a phone call, and in 1 case the responses were partially entered by the respondent and completed by an enumerator via a phone call. These responses represent 7 local NGO/CSO/community group organizations, 3 city government entities, 2 national government entities, 1 private sector company, and 1 donor program.

Key Informant Interviews (KIs)

KII Instrument

The key informant interviews (KIIs) were developed to provide additional context and deeper insight into the interviewee's respective organizations. Similar to the survey, the KII guide was developed in collaboration with ABHT and JSI EI. Once the tool was finalized, it was translated into Bahasa Indonesian.

The KII guide consists of six sections and a total of 13 questions. These questions not only asked about the uptake of tools and insights learned as a result of the BHC program, but also how the strengthening of systems leads to collaboration and impact. Specifically they sought to garner additional insights into participants adoption/uptake of BHC outcomes (e.g., uptake of BHC priorities, approaches, and concepts), organizational changes to enable action on urban health challenges and community needs, and how relationships have changed, how resilience is defined and how it may have changed due to BHC, and about how they felt about the BHC program and what additional activities may be valuable to include in BHC in the future. Additionally, participants were asked to provide specific examples of changes, activities, and actions (e.g., specific examples of how BHC practices were adopted, and how these have impacted decisions or practices in the organization).

Selection of KII Participants

Interviewees were selected using multiple criteria. First, the interviewees needed to be from the BHC Engagement Tracker which included relevant BHC stakeholders. Next, the majority of the interviewees were marked as "recommended for interview" by the BHC implementation team. We also reviewed the interview sample to ensure it reflected the sample of BHC stakeholders and also represented a broad range of viewpoints, experiences, and organizations. We scheduled interviews between May 15, 2022 and July 16, 2022. A total of 23 participants were included in the key informant interview sample. These 23 interviewees represent 18 different organizations. Of these, 11 respondents were from city government entities, 7 from local NGO/CSO/community group organizations, 2 were from Indonesian universities, 1 from national government and 1 from the private sector.

How KIIs were Conducted

All interviews were conducted remotely via Zoom and recorded, between May 15-July 16, 2022. Each interview was recorded and transcribed word for word in Indonesian by a human transcriptionist. In addition, the interviewer maintained rapid summary notes, stored in a word document, following each interview regarding any important context to the interaction/data or significant insights that emerged. The interviews were conducted by an Indonesian national social researcher with 15+ years in development research and advisory experience. She has extensive field experience, including conducting semi-structured interviews at the district level and below on topics including frontline health services, community-based health and education programs, water and sanitation, social protection, and village governance.

How KII Results were Coded

To identify initial qualitative findings, the interviewer along with another analyst conducted the qualitative data coding of the full interview transcripts in Indonesian applying a coding framework

developed based on anticipated themes in the interviews and related keywords, and also allowed for unexpected themes to emerge from the interview data. Themes include: organizations' motivation for engaging BHC; BHC and community needs; integration of BHC approaches into organizational practices; organizational changes due to organization engagement and barriers to organizational changes that might be prompted by organization engagement; opportunities to support organization engagement and improve weak relationships and barriers to organization engagement; and resilience.

In the case of themes related to resilience, the coding framework included terminology related to various shocks and stresses in addition to other resilience-related keywords. The framework also included a list of BHC tools and approaches. The interviewer also looked for unexpected themes grounded in the interview data. The interviewer and another analyst (also a native Indonesian speaker with experience in public health governance) then prepared briefs in Bahasa Indonesian summarizing emergent findings, based on the major themes in the data. (These were subsequently translated into English to aid in evaluation report preparation.) Following this, another member of the team (a native English speaker with Indonesian language skills) prepared a summary presentation in English for ABHT regarding the qualitative findings. It is unclear as to the level of involvement that our partner had in the analysis of the qualitative data (e.g., the extent to which our partner validated and provided inputs and checks on the analysis), as this information was not provided.

Social Network Analyses (SNA)

Study Population

Of the survey respondents, only 14 were included in the SNA because there were 14 unique organizations. To note, there were multiple complete responses from the same organization but were from different representatives. The specific reason as to why we had multiple responses from one organization has not been provided by our partner. Since the SNA is focused on organization to organization relationships, the duplicated responses were cleaned by keeping the answer from the respondent with the highest rank/title within the organization as well as the most familiarity with the BHC program, per their response to the question: How familiar personally are you with the BHC program (goals, objectives, and activities)?.

The 14 organizations include 7 local NGO/CSO/community group organizations, 3 city government entities, 2 national government entities, 1 private sector company, and 1 donor program. The organizations represented across the full network in the SNA were the organizations with which the 14 respondents reported a connection. This included 28 city government organizations, 11 local NGO/CSO/community group organizations, 5 donor programs, 3 national government entities, 2 Indonesian universities, 2 international nongovernmental organizations, 1 hospital, 1 private sector company, 1 state owned enterprise, and 1 unknown.

Definition of Nodes and Edges

Each organization in the BHC network is included as a node which is visually represented with a circle. Each connection is included as an edge which is visually represented with directional lines that connect nodes in the network diagram, indicating where a relationship exists between organizations. For example, a directional line was drawn from Organization A to Organization B if Organization A reported a relationship with Organization B. Relationships were categorized as relationships that existed prior to the BHC program (i.e., 'pre-BHC'), relationships that formed as a result of the BHC program (i.e., 'post-BHC'), or relationships for which the respondents indicated that they were unsure if the relationships occurred prior to or as a result of BHC (i.e., 'unknown origin').

Network Diagrams

The research team generated network diagrams using Kumu (Kumu Inc., Oahu, Hawaii). We explored three different networks: 1) network among just the respondents, 2) network among all organizations reported and 3) ego networks of respondents. This first network consisted of only the 14 respondents and was done to understand the 'verifiable' network, that is a network in which the only connections displayed are those between the responding organizations, which ensures we have obtained the perspective/responses of each element in the network. The second network consisted of all 55 organizations/organizations, including both the survey respondents and all of the organizations that the 14 survey respondents noted having a relationship with (but who did not themselves respond to the survey). This allowed us to understand the effects of BHC on a broader set of organizations, however, it is not a verified network and there are limitations to the conclusions we can draw since it does not include the perspective of each of the organizations included in the diagram. Lastly, in order to see how BHC affected the surrounding networks of each of the responding organizations we developed EgoNets for each of the 14 responding organizations. EgoNets also allow for comparison across organizations in the network to see how influential certain organizations are as compared to others. EgoNets help us understand the opportunities and constraints facing specific actors, which helps us understand the role of BHC in the "local" social structures of specific organizations and groups of organizations.² We characterized each respondents' two-step ego network, which consisted of a respondent organization (ego) and all the other organizations directly connected to that ego as well as the ties among those organizations directly connected to the ego.

For each network we generated four sets of diagrams. The first network diagram (pre-BHC) showed all relationships that existed prior to BHC in order to understand the relationships and connections between organizations and organizations in Makassar before BHC was implemented. The second diagram we generated showed all of the relationships that occurred pre-BHC, as well as all of the relationships of unknown origin (e.g., the respondent was unable to report when the relationship formed). The third diagram (post-BHC) showed both the relationships that existed prior to the implementation of BHC as well as the relationships that formed following the implementation of BHC. The fourth diagram showed all of the reported connections including those that existed prior to BHC, those that developed as a result of BHC as well as all of the relationships of unknown origin. We developed separate diagrams to include the relationships of unknown origin in both the pre-BHC diagram as well as the post-BHC diagram as it is unclear when these relationships formed. The type of relationship: developed prior to BHC, as a result of BHC or relationships of unknown origin, are color coded in the network diagrams created using the Kumu software as blue, red and gray, respectively.

Social Network Measures

For each of the diagrams we developed, including pre-BHC, pre-BHC + unknown origin, post-BHC and post-BHC + unknown origin diagrams for each of the networks (network among just the respondents, network among all organizations reported and ego networks of respondents) we conducted social network analyses in Kumu, calculating network metrics including the number of elements, number of connections, density, reciprocity, and average degree, as well as metrics specific to an organization (e.g., egos) including size, degree centrality, indegree, outdegree, closeness centrality, betweenness centrality, and reach. Table 1 below provides a description for each of these measures as well as their interpretation.

For each network, we compared the measures between the pre and post diagrams (pre-BHC, pre-BHC + unknown origin and post-BHC and post-BHC + unknown origin) to quantify any changes that may have occurred as a result of BHC. We compared changes from the pre-BHC diagram with and without

² Hanneman, Robert A., and Mark Riddle. "Introduction to social network methods." (2005).

relationships of unknown origin to show the range of BHC's possible impact. Comparisons between the post-BHC diagrams including relationships of unknown origin to the diagrams including both the pre-BHC connections and the connections of unknown origin may be more conservative as it assumes that all the relationships of unknown origin existed prior to BHC, when in fact, some may have formed during the course of BHC. However, it may also underrepresent changes due to BHC. Therefore, in the Core Findings and Recommendations, we report comparisons between both sets of diagrams (including and not including the relationships of unknown origin in the pre-BHC diagram), and specified which connections were represented.

Annex Table 3. Description and Interpretation of Social Network Measures

Social Network Measure	Description	Interpretation
Total elements	A count of all the elements (i.e., organizations) in the network.	Networks with more elements = larger network
Number of ties/connections	Total number of organization relationships in the network.	Networks with more ties = more interconnected
Density	Number of existing ties divided by the total number of possible ties in a network. Thus, compares the number of actual connections to the number of potential connections in a network.	Networks with a lower density = sparser network
Reciprocity	Number of organization pairs with bidirectional ties divided by the number of connected organization pairs. It is the extent to which two organizations share/confirm each other's relationship.	Lower reciprocity = more unidirectional ties
Average degree	Average number of connections across all organizations in the network.	Higher degree = network is more interconnected
Size	Number of other organizations directly connected to a given ego facility (plus the ego organization itself).	Larger size = more organizations than an ego directly interacts with
Degree Centrality	Total number of connections an organization has.	High degree centrality = organization has a high number of connections with others; organizations may be local connectors / hubs, but may not necessarily be the best connected to the wider network
Indegree	Measures the number of incoming connections for a given organization (total number of other organizations with a relationship with a given organization).	High indegree = organization is more looked to by others (e.g., 'popular'); organizations may serve as a source of advice, expertise, or information
Outdegree	Measures the number of outgoing connections for a given organization (total number of different organizations that have a relationship with a given organization).	High out-degree = organization can affect other organizations (e.g., high influence); organizations may be able to reach a high number of other organizations and serve as a source of information flow
Closeness centrality	Measures the distance each organization is from all other organizations (is a probability metric, with a value between 0 and 1).	High closeness = organization is more closely connected to others; organization may be able to spread information to the rest of the network most easily, and may have high visibility into what is happening across the network

Betweenness centrality	Probability that a given organization is part of the shortest path between two other organizations (i.e., degree to which a given organization serves as an intermediary between other organizations).	High betweenness = an organization serves as an intermediary between many pairs of organizations; organizations may have more control over the flow of information and act as key bridges within the network (can serve as brokers and be bottlenecks)
Reach (two-step out)	Portion of the network within two steps of an organization.	High reach = organization can spread information through the network through close friend-of-a-friend contact

Limitations

We requested the following information from the partner that administered the survey and KII: specific processes involved in the validation process of the survey instrument and KII tool, final list of organizations that received the survey instrument and details around their method for selection, as well as the dissemination process, including how recipients were asked to share the survey to colleagues, what snowball sampling occurred, and what additional follow up was conducted. We also requested details on how qualitative data was coded, who performed the qualitative analysis, and how the analysis of qualitative data was validated and checked by our partner. We are also missing information about specifically when the survey instrument changed and the potential impact this mid-course change may have on results. However, the partner did not provide the requested information.

E - DOCUMENTS REVIEWED

- BHC Annual Report Year 1
- BHC Annual Report Year 2
- BHC Annual Report Year 3
- Final BAA Concept Note
- BHC Makassar Infographic
- BHC Da Nang Infographic
- BHC Indore Infographic
- BHC Project Business Card English
- Building Healthy Cities - 2 pager
- Urbanization in Asia Lit Review
- Urban Poverty and Health PRB
- Livable Cities IDB exec summ 2019 (Creating Livable Cities: Regional Perspectives)
- Future of AP Cities Report
- Evaluating Urban Quality: Indicators and Assessment Tools for Smart Sustainable Cities
- C40 Cities and Mayors Migration Council (2021) Cities, Climate and Migration
- System of Cities World Bank
- Workplan Year 1 Makassar
- Workplan Global Year 1
- Workplan Year 2, 3
- Workplan Year 4, 5
- Makassar Summary Presentation January 2021 (Makassar – Summary of City Activities)
- Defining Priorities for Urban Health Makassar Presentation
- PMP Revised
- BHC Evaluation Document Summary
- USAID 2020 Urban Learning Brief for Mission Staff
- USAID Urban Resilience Measurement Training Guide
- Data Validation & Systems Mapping Workshop-Makassar
- Building Healthy Cities - Makassar Leverage Workshop 2019
- Makassar Healthy Alley Knowledge Exchange Story
- Cooperative Agreement
- Cataloguing Unintended Benefits, Consequences, and External Shocks during City Project Period (2018-2021)
- Improving Urban Health in Asia (BAA Co-Creation Workshop Participant Program)
- Indore Study Tour Zee News Coverage
- Indore Systems Map Review Notes
- Healthy City Action Plan – Proposed Multisector Action Plan: Makassar
- BHC PMP Makassar Year 4 Q3
- BHC Timelines_evaluation_20210723
- BHC Timelines_Makassar_20220120
- Makassar Journey Maps Year 1, 2, 3, 4
- Quarterly Presentation Year 1 Q1 to Year 4 Q2
- How Community Participation Can Impact Air Pollution Mitigation Efforts in Indore: A Systems Thinking Perspective
- City Planning in Makassar City, Indonesia
- System Mapping to Support City Planning in Makassar City, Indonesia
- Digital Implementation for Healthy City: Case Study in Makassar City, Indonesia
- Building Healthy Cities – Urban Planning as a Tool for Health (Fifth Global Symposium on Health Systems Research)
- Urban Planning for Health

- System Mapping and Visualization Tools for Urban Social Determinants of Health Approaches
- Fostering vibrant urban health systems: Results of participatory action inquiry in three Asia cities
- Summary of Makassar Smart City Master Plan
- Synthesizing Investment Opportunities for Strengthening Urban Health Systems
- How Can Pipe Cleaners and Post-Its Strengthen Urban Health Systems?
- Makassar Workshop Report: Training of Call Center 112 Call Takers
- Makassar Workshop Report: Call Center 112 Reporting and Data Management Training
- Joint Commitment Charter English Signatures List
- Links_Participants Presentations and Materials

F – DATA COLLECTION INSTRUMENTS

Key Informant Interview Guide - English

SPACES/ Building Healthy Cities (BHC) Stakeholder KII Protocol

Please read to the respondent before starting the interview:

My name is [NAME]. I am working with a research team conducting interviews with organizations/government departments involved in the Building Healthy City (BHC) project in Makassar, Indonesia. This study, which is funded by the United States Agency for International Development (USAID) focuses on how stakeholders worked together under this project to address key urban health issues. You have responded to the SNA Survey and agreed to participate in the additional qualitative key informant interview, and we appreciate you taking the time to share your perspectives, experiences and examples, and insights.

This interview usually takes about 60 minutes to complete.

Your participation in this interview is entirely voluntary. I will record your answers to each interview question via the Zoom platform (an online teleconferencing platform), which will only be shared with the research team for this project. While the research team will see your individual responses, our reports will not connect your responses to your name and or other related demographic information. Knowing this, do I have your permission to record this interview?

Do you have any questions before we begin?

Section 1. BHC Activities

1. What were the main motivations for your organization/government department's engagement in the BHC activities?
 - a. Probe - internal and external motivations / incentives?
 - b. Did they change over time?
 - c. If so, why?

Section 2. BHC Outcomes (Including uptake of Priorities, Approaches and Concepts)

2. You mentioned that [fill in from SNA] were strategic priority objectives that your organization focused on as part of your engagement in BHC activities.
 - a. Can you give an example of how you acted on one of these priority objectives and how the insights, decisions, learning or relationships you gained through BHC activities contributed?
3. You mentioned [fill in from SNA] as outcomes your organization as a result of engaging in BHC activities.
 - a. Probe into the outcome to develop a clearer sense – ask for concrete examples.
 - b. How did the insights, decisions, learning, or relationships you gained through BHC activities contributed to achieving this outcome?
4. What new *approaches, concepts or tools* was your organization/government department exposed to through the BHC activities?
 - a. Have you applied any of these new approaches and concepts to your day-to-day routine work?
 - *If yes, how are they impacting decisions or practices in the organization?*
 - *If no, do you hope to apply them to your work in the future? What would make that possible?*

Section 3. BHC Engagement/Stakeholder Collaboration Model

5. What changed within your organization – as a result of your relationship to other organizations – that enabled you to take action on urban health challenges and community needs because of your relationships with others?
 - a. Can you share an example of new actions your organization was able to take because of improved relationships with other stakeholders?
 - b. What specific value did stakeholders provide to you to take this action?
 - c. What might support your organization to continue to collaborate with others in the city?
6. In your experience, how have stakeholder relationships as a whole changed across the City of Makassar as a result of BHC program activities?
 - a. In your opinion, what enabled effective stakeholder interactions and relationships, and why?
 - b. In your opinion, what inhibited effective stakeholder interactions and relationships, and why?
7. [Optional, if time] How might BHC better address the weak relationship, for example, to support increased information sharing, coordination, and/or collaboration between stakeholders in the future?

Section 4: Readiness for Urban Resilience

8. Resilience was not a specific goal of BHC but it is of interest to USAID, and we recognize that work to support resilience can happen even if it is not defined as such. We describe resilience as ‘the capacity to respond effectively to urban community needs in the aftermath of impending and unforeseen shocks and stressors such as natural disasters, economic shocks, food security, health pandemics such as currently in COVID, etc’. ? [display the definition in writing] Can you think of ways that your organization/government department plans and budgets for activities that strengthen resilience?
 - a. Has this changed because of BHC programming? If so, how?
 - b. Does your organization have an internally approved definition or framework for urban resilience that it uses for relevant internal planning and decision making? If not, is there a commonly understand definition to which staff of the organization refer? [If no - move to #9 ; if yes - ask if they can share with you as follow up]
 - c. [optional] How was your organization's formal or commonly understood definition influenced by BHC? Please provide a specific example.
9. Do you think that BHC program activities have increased Makassar City's resilience to recent shocks like COVID-19 and also to future shocks and stressors?
 - a. Can you provide specific examples of activities or actions through which organizations across the City of Makassar are working together to improve the city's resilience as a result of BHC?
 - b. Where do gaps continue to exist, and why?
 - c. What type of support (financial, capacity building, etc.) is still necessary to ensure a more resilient city?

Section 5: General Project Perceptions and Way forward

10. Would you continue to participate in future BHC activities?
 - a. Why or why not?
 - b. What would motivate greater participation?
11. What activities do you think would be most valuable for BHC to undertake in the future to enable a more effective, responsive, and resilient city?
12. Are you aware of other similar projects or initiatives occurring in the city that you think BHC should collaborate with or learn from?

Section 6: Additional Comments

13. Do you have any additional and related comments or concerns that were not addressed by these questions that you would like to share with us?

Key Informant Interview Guide – Bahasa, Indonesian

SPACE/ Building Healthy City (BHC)/Membangun Kota Sehat Protokol Wawancara Informan Kunci Pemangku Kepentingan

Mohon dibaca kepada informan sebelum memulai wawancara:

Nama saya [NAMA]. Saya bekerja dengan tim peneliti yang melakukan wawancara dengan organisasi/OPD/Kantor yang terlibat dalam proyek Building Healthy City (BHC) /membangun Kota Sehat di Makassar, Indonesia. Studi ini didanai oleh Badan Pembangunan Internasional Amerika Serikat (USAID) berfokus pada bagaimana pemangku kepentingan bekerja sama dalam proyek ini untuk mengatasi masalah utama kesehatan perkotaan. Bapak/Ibu sebelumnya sudah mengikuti Survei SNA dan bersedia untuk berpartisipasi dalam wawancara informan kunci kualitatif tambahan, dan kami sangat menghargai kesediaan Bapak/Ibu meluangkan waktu untuk berbagi perspektif, pengalaman dan contoh, serta wawasan.

Wawancara ini akan membutuhkan waktu sekitar 90 menit.

Partisipasi Bapak/Ibu dalam wawancara ini sepenuhnya bersifat sukarela. Saya akan merekam jawaban Bapak/Ibu untuk setiap pertanyaan wawancara melalui platform Zoom (platform telekonferensi online), yang hanya akan dibagikan dengan tim peneliti untuk proyek ini. Meskipun tim peneliti akan melihat jawaban-jawaban Bapak/Ibu, laporan kami tidak akan menghubungkan jawaban-jawaban Bapak/Ibu dengan nama Bapak/Ibu dan atau informasi demografis terkait lainnya. Dari penjelasan tersebut, apakah Bapak/Ibu mengizinkan saya untuk merekam wawancara ini?

Sebelum kita mulai apakah Bapak/Ibu ada pertanyaan?

Bagian 1. Latar Belakang Informan/Kegiatan BHC

1. Mohon Bapak/Ibu memperkenalkan diri secara singkat (nama, jabatan/posisi saat ini, peran/keterlibatan dalam program/kegiatan terkait BHC).
2. Apa motivasi utama keterlibatan organisasi/OPD/Kantor Bapak/Ibu dalam kegiatan BHC?
 - Cari tahu lebih lanjut - motivasi / insentif internal dan eksternal?
 - Apakah berubah seiring waktu?
 - Jika demikian, mengapa?

Bagian 2. Hasil BHC (Termasuk penyerapan Prioritas, Pendekatan dan Konsep)

3. [Pertanyaan ini khusus informan yang belum mengisi SNA] Apa saja tujuan prioritas strategis BHC yang menjadi fokus organisasi Bapak/Ibu sebagai bagian dari keterlibatan Bapak/Ibu dalam kegiatan BHC?
 - Dapatkah Bapak/Ibu memberikan contoh upaya atau langkah apa yang bapak/ibu lakukan untuk mencapai tujuan prioritas tersebut?
 - Bagaimana Bapak/Ibu membuat keputusan untuk melakukan hal tersebut dan bagaimana itu dilakukan?
 - Bagaimana pengetahuan/wawasan, keputusan, pembelajaran atau hubungan yang bapak/ibu peroleh melalui kegiatan BHC berkontribusi?

4. *[Pertanyaan ini khusus informan yang sudah mengisi SNA]* Bapak/Ibu menyebutkan bahwa [isi dari SNA] adalah tujuan prioritas strategis BHC yang menjadi fokus organisasi Bapak/Ibu sebagai bagian dari keterlibatan Bapak/Ibu dalam kegiatan BHC.
 - Dapatkah Bapak/Ibu memberikan contoh upaya atau langkah apa yang Bapak/Ibu lakukan untuk mencapai tujuan prioritas tersebut?
 - Bagaimana Bapak/Ibu membuat keputusan untuk melakukan hal tersebut dan bagaimana itu dilakukan?
 - Bagaimana pengetahuan/wawasan, keputusan, pembelajaran atau hubungan yang Bapak/Ibu peroleh melalui kegiatan BHC berkontribusi?
5. *[Pertanyaan untuk informan yang belum mengisi SNA]* Apa saja hasil/manfaat yang organisasi/kantor Bapak/Ibu peroleh, jika ada, dari keterlibatan dalam kegiatan BHC?
 - Cari tahu lebih lanjut hasil (outcome) yang disampaikan. Untuk memperjelas minta contoh konkret.
 - Bagaimana pengetahuan/wawasan, keputusan, pembelajaran, atau hubungan yang Bapak/Ibu peroleh melalui BHC berkontribusi untuk hasil tersebut?
6. *[Pertanyaan untuk informan yang sudah mengisi SNA]* Bapak/Ibu menyebutkan [isi dari SNA] sebagai hasil/manfaat organisasi Bapak/Ibu yang merupakan hasil dari keterlibatan dalam kegiatan BHC.
 - Cari tahu lebih lanjut hasilnya (outcomenya) untuk memperjelas – mintalah contoh konkret.
 - Bagaimana pengetahuan/wawasan, keputusan, pembelajaran, atau hubungan yang Bapak/Ibu peroleh melalui kegiatan BHC berkontribusi untuk mencapai hasil tersebut?
7. *Pendekatan, konsep, atau alat baru apa yang diperkenalkan kepada organisasi/OPD/Kantor Bapak/Ibu melalui kegiatan BHC? [Lihat [daftar pendekatan BHC.](#)]*
 - Sudahkah Bapak/Ibu menerapkan salah satu dari pendekatan dan konsep baru tersebut pada pekerjaan rutin Bapak/Ibu sehari-hari?
 - *Jika ya*, bagaimana hal itu diterapkan? Apakah ada pengaruhnya terhadap keputusan atau praktik dalam organisasi? Jika iya, bagaimana? Jika tidak, mengapa?
 - *Jika tidak*, apakah Bapak/Ibu berharap dapat menerapkannya pada pekerjaan Bapak/Ibu di masa mendatang? Apa yang membuat itu mungkin?

Bagian 3. Model Keterlibatan/Kolaborasi Pemangku Kepentingan BHC

8. Dengan siapa/organisasi mana saja Bapak/Ibu berkolaborasi dalam kegiatan BHC? Apa saja yang dilakukan dengan mereka?
9. Apakah ada perubahan dalam organisasi Bapak/Ibu yang memungkinkan Bapak/Ibu mengambil tindakan atas tantangan kesehatan perkotaan dan kebutuhan masyarakat sebagai hasil dari hubungan Bapak/Ibu dengan pemangku kepentingan lain?
 - Mohon Bapak/Ibu menyebutkan contoh tindakan baru yang bisa dilakukan organisasi Bapak/Ibu sebagai hasil dari hubungan yang lebih baik dengan pemangku kepentingan lainnya?
 - Menurut Bapak/Ibu nilai spesifik apa yang diberikan pemangku kepentingan lain kepada Bapak/Ibu untuk mengambil tindakan tersebut?
 - Menurut Bapak/Ibu apa yang mungkin mendukung organisasi Bapak/Ibu untuk terus berkolaborasi dengan pemangku kepentingan lain di Kota Makassar?
 - *Cari tahu lebih lanjut-Jika informan mengatakan tidak melihat ada perubahan, cari tahu apa yang menjadi alasan.*
10. Menurut pengalaman Bapak/Ibu, bagaimana hubungan pemangku kepentingan secara keseluruhan berubah di Kota Makassar sebagai akibat dari kegiatan program BHC? [Use [image](#) if helpful]

- Menurut Bapak/Ibu, apa yang memungkinkan interaksi dan hubungan pemangku kepentingan yang efektif, dan mengapa?
 - i. *Interaksi pemangku kepentingan yang efektif memungkinkan organisasi mengambil tindakan/merespons tantangan kesehatan dan kebutuhan masyarakat perkotaan sebagai hasil dari berbagi informasi, koordinasi, dan/atau kolaborasi di antara pemangku kepentingan.*
 - Menurut Bapak/Ibu, apa yang menghambat interaksi dan hubungan pemangku kepentingan yang efektif, dan mengapa?
11. [*Opsional, jika ada waktu*] Bagaimana BHC dapat dengan lebih baik memperbaiki hubungan yang lemah, misalnya, untuk mendukung peningkatan berbagi informasi, koordinasi, dan/atau kolaborasi antar pemangku kepentingan di masa mendatang?

Bagian 4: Kesiapan untuk Ketangguhan/Ketahanan Perkotaan

12. Ketangguhan/Ketahanan/daya lenting bukanlah tujuan khusus BHC tetapi menjadi perhatian USAID, dan kami menyadari bahwa upaya untuk mendukung ketangguhan/ketahanan dapat terjadi meskipun tidak ditentukan. Kami mendefinisikan ketangguhan/ketahanan sebagai 'kapasitas untuk merespon secara efektif kebutuhan masyarakat perkotaan setelah mengalami guncangan dan stresor yang datang dan tidak terduga seperti bencana alam, guncangan ekonomi, ketahanan pangan, pandemi kesehatan seperti COVID19 saat ini, dll. ? [tunjukkan definisi secara tertulis] Dapatkah Bapak/Ibu memikirkan cara-cara organisasi/OPD/Kantor Bapak/Ibu merencanakan dan menganggarkan kegiatan yang memperkuat ketangguhan/ketahanan?
- Apakah hal tersebut berubah karena program BHC ? Jika demikian, bagaimana?
 - Apakah organisasi Bapak/Ibu memiliki definisi atau kerangka kerja yang disetujui secara internal mengenai ketangguhan/ketahanan perkotaan yang digunakan untuk perencanaan internal dan pengambilan keputusan yang relevan? Jika tidak, apakah ada definisi yang dipahami secara umum yang dirujuk oleh staf organisasi? [*Jika tidak - pindah ke #13 ; jika ya - tanyakan apakah bisa dilihat/dibagikan sebagai tindak lanjut*]
 - [opsional] Bagaimana definisi formal atau yang dipahami secara umum oleh organisasi Bapak/Ibu dipengaruhi oleh BHC? Berikan contoh spesifik.
13. Menurut Bapak/Ibu, apakah kegiatan program BHC telah meningkatkan ketangguhan/ketahanan Kota Makassar terhadap goncangan yang dialami saat ini seperti COVID-19 dan juga guncangan dan stresor di masa depan? Jika iya, bagaimana?
- Dapatkah Bapak/Ibu memberikan contoh spesifik kegiatan atau tindakan di mana organisasi-organisasi di Kota Makassar bekerja sama untuk meningkatkan ketangguhan/ketahanan kota sebagai hasil dari program BHC?
 - Apakah masih ada kesenjangan, dan mengapa?
 - Jenis dukungan apa (keuangan, pengembangan kapasitas, dll.) yang masih diperlukan untuk memastikan kota yang lebih tangguh?

Bagian 5: Persepsi Umum Proyek dan Langkah ke Depan

14. Apakah Bapak/Ibu akan terus berpartisipasi dalam kegiatan BHC di masa mendatang?
- Mengapa atau mengapa tidak?
 - Apa yang dapat memotivasi partisipasi yang lebih besar?
15. Kegiatan apa yang menurut Bapak/Ibu paling berharga untuk dilakukan BHC di masa depan untuk memungkinkan kota yang lebih efektif, responsif, dan tangguh?
16. Apakah Bapak/Ibu mengetahui proyek atau inisiatif serupa lainnya yang dilaksanakan di Kota Makassar yang menurut Bapak/Ibu/Saudara/Saudari harus dikolaborasikan dengan atau dipelajari oleh BHC?

Bagian 6: Komentar Tambahan

17. Apakah Bapak/Ibu memiliki komentar atau hal lain terkait yang belum tercakup dalam pertanyaan-pertanyaan di atas yang ingin Bapak/Ibu sampaikan kepada kami?

Survey (English)

SPACES/ Building Healthy Cities (BHC) Social Network Analysis

Introduction

This is a survey for organizations involved in the Building Healthy City (BHC) program in Makassar, Indonesia. The survey is designed to understand how stakeholder capacities and relationships changed as a result of engagement in the BHC program activities. This survey usually takes [less than 45 minutes] to complete.

The Building Healthy Cities Project (BHC) is a 5-year (2017-2022) project, grounded in a systems approach, with a focus on the social and environmental determinants of health, which span areas well beyond the health sector. BHC's goal is to test feasible options for healthy urban planning that reflect the following core values:

- Develop a common understanding across multiple sectors and stakeholders of ways to improve overall health and quality of life in Makassar.
- Strengthen community engagement in municipal decision-making for urban health-related services.
- Support the use of urban health-related data for planning and decision-making.

The SPACES consortium (Strategic Program for Analyzing Complexity and Evaluating Systems) is the research team administering and analyzing the survey. JSI, as the lead organization on the BHC Program, is assisting in coordination but is not part of the research team. This research is funded by USAID's Asia Bureau, Office of Health (USAID/Asia/Health).

Your organization has been identified as a valuable stakeholder in this program. This survey is intended for respondents with familiarity with your organization's participation in the BHC program as well as in urban health systems in Makassar. If someone else is better suited to respond, please ask them to respond instead.

Your participation in this survey is voluntary and your responses will only be visible to the research team for this program. The reports stemming from this research will not connect your responses to your name or other related demographic information. We appreciate you taking the time to share your perspectives and insights.

Please use the button above to save and continue your responses later. In this case, your email address will only be used for purposes of resuming the survey. (If you do not save using your email address, you will need to repeat answers that you have already provided.)

Please check "Yes" if we have your permission. *

- ☐ Yes
- ☐ No

Respondent Background Information (Respondent Attributes)

Page description:

In this section, we will capture basic demographic and background information on you. Your personal information will not be shared outside of the research team and will be used for the purposes of being able to contact you for any additional follow-up.

1. Please state your full name *

2. Please select the name of your organization/government department from the following list*

If you don't see your organization's name in the list, please use the 'Other' option at the end of the list.

- | | |
|---|--|
| ☐ Asian Venture Philantropy Network (APVN) | ☐ IUWASH / Indonesia Urban Water, Sanitation and Hygiene Plus (USAID-funded program) |
| ☐ Asosiasi Ibu Menyusui Indonesia (AIMI) | ☐ JALIN (USAID-funded program) |
| ☐ Badan Perencanaan Pembangunan Daerah (BAPPEDA) Kota Makassar | ☐ Kantor Balai Kota Makassar |
| ☐ Bagian Kerjasama Sekretariat Daerah Kota Makassar | ☐ Kantor Smart City |
| ☐ BAKTI (Yayasan Bakti) | ☐ Kecamatan Barrang Lompo |
| ☐ BPJS Kesehatan Makassar | ☐ Kementerian Kesehatan |
| ☐ Celebes Organic | ☐ Klinik Cita Sehat |
| ☐ Dinas Kearsipan Kota Makassar | ☐ Kompak (Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan) |
| ☐ Dinas Kependudukan dan Pencatatan Sipil | ☐ Kotaku** (Kota Tanpa Kumuh) program |
| ☐ Dinas Kesehatan Kota Makassar | ☐ Lembaga Studi Kebijakan Publik (LSKP) |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) | ☐ Madani Civil Society Support Initiative (USAID-funded) |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) Kota Makassar | ☐ Makassar Ecobrick |
| ☐ Dinas Koperasi dan UMKM | ☐ PDAM (Perusahaan Daerah Air Minum) |
| ☐ Dinas Lingkungan Hidup | ☐ Politeknik Kesehatan Makassar |
| ☐ Dinas Lingkungan Hidup Kota Makassar | ☐ PPD/Perkumpulan Penyandang Disabilitas Indonesia) |
| ☐ Dinas Pariwisata | ☐ Pusdatin (Pusat Data dan Informasi), Kementerian Kesehatan |
| ☐ Dinas Pekerjaan Umum | ☐ RSUD Kota Makassar |
| ☐ dinas pemberdayaan perempuan dan perlindungan anak (DP3A) Kota Makassar | ☐ Rumah Zakat |
| ☐ Dinas Pendidikan | ☐ Save the Children |
| ☐ Dinas Pengendalian Penduduk dan Keluarga Berencana | ☐ Sekolah Tanpa Batas |
| ☐ Dinas Pertanian dan ketahanan pangan | ☐ Telkom (PT. Telkom Indonesia) |
| ☐ Dinas Sosial | ☐ Tri Arta Medika (TAM) |
| ☐ Dukcapil (Dinas Kependudukan dan Pencatatan Sipil) Kota Makassar | ☐ UNICEF |
| ☐ Forum Jurnalis Sanitasi Makassar | ☐ Universitas Hasanuddin (UNHAS) |
| ☐ Garden Alley Research Project (US National Science Foundation) | ☐ War Room Makassar |
| ☐ Helen Keller International | ☐ Yayasan Kalla |
| ☐ HRH2030 (USAID-funded program) | ☐ Other - Write In (Required) |

3. Please state the position that best describes your current role in the organization/government department.

*

4. How long have you been working with this organization/government department? *

- ☐ Less than 1 year
- ☐ 1-3
- ☐ 5-10
- ☐ 10+

5. How familiar personally are you with the BHC program (goals, objectives, and activities)? *

- ☐ Not at all
- ☐ A small amount
- ☐ A fair amount
- ☐ A great deal
- ☐ Not sure

6. The SPACES team may follow up with select survey respondents regarding some of their responses to the survey, for additional clarity or detail. Do we have your consent to follow up with you on your responses if necessary? *

- ☐ Yes
- ☐ No

Organizational Background Information (Organizational Attributes)

Page description:

In this section, we will capture a few basic questions about your organization. Please select the response or responses that best match your organization.

7. How many employees does your organization have?

- ☐ 0-5
- ☐ 6-25
- ☐ 26-50
- ☐ 51+

8. What category best describes your organization? *

Only select ONE answer

- ☐ National government
- ☐ Local government
- ☐ Local NGO
- ☐ International NGO
- ☐ Development Partner (Bilateral or Multilateral agency that provides funding that comes from another government to address social and economic issues in Indonesia. For example, the World Bank, USAID, or UN agency)
- ☐ Development Implementing Partners (IPs)
- ☐ Academic Institution/Student
- ☐ Private Sector (including formal companies & MSMEs)
- ☐ Community- based organization (CBO)
- ☐ Faith-Based Organization
- ☐ Other - Write In (Required)

9. At what level does your organization operate? *

Select the PRIMARY level of operations

- ☐ Global
- ☐ Regional
- ☐ National
- ☐ Provincial
- ☐ District/Municipal
- ☐ Other - Write In (Required)

10. What category best describes your organization/government department's primary sectoral focus? *

Select ONE only

- ☐ Health
- ☐ Urban Planning & Development
- ☐ Information & Communication
- ☐ Women & Children
- ☐ Nutrition & Food Safety
- ☐ Education
- ☐ Water & Sanitation
- ☐ Waste Management
- ☐ Environment & Natural Resources
- ☐ Transport
- ☐ Tourism & Commerce
- ☐ Other - Write In (Required)

11. What category best describes your organization/government department's primary type of activity? *

Please select only ONE answer

- ☐ Direct service provision
- ☐ Regulation of service provision
- ☐ Monitoring and evaluation
- ☐ Policy setting and lawmaking
- ☐ Coordination and planning
- ☐ Community mobilization/organizing
- ☐ Public education and/or awareness-raising
- ☐ Defense of constituent group rights
- ☐ Information dissemination and reporting
- ☐ Data collection/ research
- ☐ Advocacy
- ☐ Other - Write In (Required)

BHC Activities Engagement and Outcomes

Page description:

In this section, we will capture questions about your organization's engagement and participation in BHC activities and the outcomes. By engagement, we mean both active contributions as well as passive attendance. Please select the response or responses that best match your understanding of your organization's experience.

12. In which year did your organization/government department begin to engage with the BHC program? *

- ☐ 2018
- ☐ 2019
- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ I don't know

13. For how long did your organization/government department engage with the BHC program?*

- ☐ <1 year
- ☐ 1-2 years
- ☐ 2-3 years
- ☐ 3-4 years
- ☐ 4-5 years
- ☐ I don't know

14. Approximately how many other individuals from your organization engaged in BHC activities other than yourself? *

- ☐ 0
- ☐ 1-3
- ☐ 4-5
- ☐ 6 or more
- ☐ I don't know

15. Which of the following BHC activities did your organization engage in?*

You can choose multiple options.

- | | |
|--|--|
| ☐ Systems Mapping Workshop: Defining Contexts | ☐ Cross City Learning, for example Study Tour(s) or Field Visits |
| ☐ Systems Mapping Workshop: Identifying Leverage Points City | ☐ Healthy City Forum Meetings |
| ☐ Systems Mapping Workshop: Action Planning | ☐ Technical Webinars or meetings (ie. Land Use Implications, strengthening waste management, etc) |
| ☐ Journey Mapping Interviews | ☐ Other Partner Meetings on specific technical activities |
| ☐ Needs Assessment(s) (various) | ☐ My organization did not attend any of the above BHC activities |
| ☐ Musrenbang/Prioritization Training(s) using Systems Mapping/Kumu techniques | ☐ Other - Write In (Required) |
| ☐ Data and Data Integration Training(s) | <input type="text"/> |
| ☐ Citizen Complaint Reporting System & Trainings (112 call center trainings) | ☐ Other - Write In (Required) |
| ☐ Barrang Lompo island nutrition or school environmental health trainings | <input type="text"/> |
| | ☐ Other - Write In (Required) |
| | <input type="text"/> |

16. If your organization/government department attended BHC activities, which of the following outcomes were achieved for your organization? *

You can choose multiple options

- | | |
|---|---|
| ☐ Better understanding urban health challenges and community needs | ☐ New knowledge and technical skills gained |
| ☐ Better understanding of opportunities for change within the City of Makassar | ☐ Changes in strategic objectives or goals |
| ☐ New and stronger relationships with other organizations | ☐ Changes in organizational policies, processes and/or practices |
| ☐ Improvements to data systems and data-driven decision making | ☐ Changes to budgets, workplans or spending |
| ☐ Increased citizen feedback and empowerment structures | ☐ None of the previous |

17. Which of the following priority objectives did your organization/government department focus on as part of your engagement in BHC activities? *

You can choose multiple options

- ☐ Improved multi-sector coordination and collaboration across sectors
- ☐ Increasing quality, accessibility, and timeliness of data for decision-making.
- ☐ Ensuring equity and transparency in policy implementation to ensure equitable community access to services.
- ☐ Maximizing community participation in programs to improve community awareness of health-promoting practices and resources.
- ☐ None of the previous

18. Which of the following impacts do you believe were achieved in the City of Makassar as a result of BHC?

*

You can choose multiple options

- ☐ Improved urban health planning, related to changes in policy, regulations, decision making, and/or financing structures
- ☐ Improved health and quality of life in Makassar, related to improved health services, improved living conditions for the urban poor, improved sanitation conditions, reduced pollution, etc.
- ☐ Increased resilience; the capacity to respond effectively to shocks and stressors such as natural disasters, economic shocks, food security, health pandemics such as currently in COVID, etc.
- ☐ None of the above

Organizational Self-Assessment within the City of Makassar

Page description:

This Section will capture how you perceive your organization as an actor in the city of Makassar related to BHC activities. Please select the response or responses that best match your organization's experience.

19. How open do you perceive your organization/ government department to working with others around BHC-identified priorities and outcomes? *

For example, is your organization/ government department is willing to engage in frank, open and civil discussion (especially when disagreement exists), and/or communicates in an open, trusting manner around shared priorities

- ☐ Not at all
- ☐ A small amount
- ☐ A fair amount
- ☐ A great deal
- ☐ Not sure

20. How committed do you perceive your organization/ government department to be in coordinating activities with other organizations/government departments to achieve BHC-identified priorities and outcomes? *

For example, shows a willingness to share information and plans, to stop activities that may be duplicative or counter-productive, to shift resources to better aligned to shared goals

- ☐ Not at all
- ☐ A small amount
- ☐ A fair amount
- ☐ A great deal
- ☐ Not sure

21. How influential do you perceive your organization/government department to be in achieving BHC-identified priorities and outcomes? *

For example having formal power to influence resourcing and planning, the ability to influence other organizations and department's decisions, well-connected networks to influence perceptions and actions, significant human/resources capital to contribute

- ☐ Not at all
- ☐ A small amount
- ☐ A fair amount
- ☐ A great deal
- ☐ Not sure

Readiness for Urban Resilience

Page description:

In this section, we will capture your perception of how your organization responds to urban resilience as a result of engagement in BHC activities and initiatives. By resilience, we mean the capacity to respond effectively to urban community needs in the aftermath of impending and unforeseen shocks and stressors (such as natural disasters, economic shocks, food security, health pandemics such as currently in COVID, etc).

22. Please provide an answer for each row: *

[illegible]

23. Please provide an answer for each row:*

	It stayed low	It stayed medium	It stayed high	It increased from low to medium	It increased from low to high	It increased from medium to high	It decreased from high to medium	It decreased from high to low	It decreased from medium to low	I don't know
How has your ability to have conversations across organizations about preparing for shocks and stressors changed as a result of BHC programming?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How has the degree of collaboration with other organizations on responding to shocks and stressors changed as a result of BHC activities?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
To what degree did engagement in BHC activities impact your organization's ability to respond in a timely way to the COVID-19 pandemic?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
To what degree did engagement in BHC activities impact your organization's ability to respond more effectively to the COVID-19 pandemic?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Opportunities for the Future

Page description:

In this section, we will capture your recommendations for future BHC activities.

24. For each of the following activities and approaches state your opinion if they should be kept, improved, or abandoned in the potential future BHC activities? *

	Keep	Improve	Abandon
Systems Mapping Workshops	☐	☐	☐
City Action Planning	☐	☐	☐
Journey Mapping Workshops	☐	☐	☐
Needs Assessment(s) (various)	☐	☐	☐
Systems Mapping/Kumu Training(s)	☐	☐	☐
Data and Data Integration Training(s)	☐	☐	☐
Cross City Learning, for example Study Tour(s) or Field Visits	☐	☐	☐
Healthy City Forum Meetings	☐	☐	☐
Other Partner Meetings on specific technical activities	☐	☐	☐
Technical Webinars (ie. Land Use Implications)	☐	☐	☐

25. Are there any other organizations/government departments NOT on this roster that you believe play an important role in improving urban planning efforts and access to health-related services in Makassar and should be included in future BHC activities? *

- ☐ Yes
- ☐ No

26. Please provide up to 5 additional and for each of them state why you believe they play an important role. *

Please ensure that you provide the organizations/government departments' commonly recognized name or acronym. If you are unable to name a specific organization/government department, individuals may be entered here. Please be confident that the individual represents an organization, even if you cannot recall the name of the organization.

	Name of organizations/government departments	Why you believe they play an important role
1:		
2:		
3:		
4:		
5:		

27. What future outcome(s) do you hope your organization/government department achieves to gain from future engagement with programs like BHC? *

You can choose multiple options

- ☐ Better understanding urban health challenges and community needs
- ☐ Better understanding of opportunities for change within the city of Makassar
- ☐ New and stronger relationships with other organizations
- ☐ Improvements to data systems and data-driven decision making
- ☐ Increased citizen feedback and empowerment structures increased
- ☐ New knowledge and technical skills gained
- ☐ Changes in strategic objectives or goals
- ☐ Changes in organizational policies and practices

☐ Other - Write In (required)

*

☐ Other - Write In (Required)

*

28. What future impact(s) do you hope Makassar City gains from future engagement with a programs like BHC? *

You can choose multiple options

- ☐ Increased resilience/capacity to respond effectively to shocks and stressors (such as natural disasters, economic shocks, food security, health pandemics such as currently in COVID, etc)
- ☐ Improved urban health planning, related to changes in policy, regulations, decision making, and/or financing structures
- ☐ Improved health, related to improved health services, improved living conditions for the urban poor, improved sanitation conditions, reduced pollution, etc.

☐ Other - Write In (Required)

*

29. Please suggest any new activity or approach that was not mentioned in the previous question that you think is crucial/critical to be introduced in future programming.

Page description:

This section relates to relationships and interactions that members of your organization have in participating in and advancing multisectoral approaches to urban health in Makassar.

30. Please try to identify at least 10 and ideally 20 organizations with which members of your organization interact with for participating in and advancing multisectoral approaches to urban health in Makassar, and answer subsequent questions related to those relationships to be best of your knowledge. *

If none of the organization names on the list are relevant to relationships members of your organization has, please respond using the "other" options at the end of the list. (The survey will require at least 1 response to this question, including an "other" response, in order to proceed).

- | | |
|--|--|
| ☐ Asian Venture Philantropy Network (APVN) | ☐ Kantor Desa - Write In which ones (Required)
<input type="text"/> |
| ☐ Asosiasi Ibu Menyusui Indonesia (AIMI) | ☐ Kantor Smart City |
| ☐ Badan Perencanaan Pembangunan Daerah (BAPPEDA) Kota Makassar | ☐ Kecamatan Barrang Lompo |
| ☐ Bagian Kerjasama Sekretariat Daerah Kota Makassar | ☐ Kementerian Kesehatan |
| ☐ BAKTI (Yayasan Bakti) | ☐ Klinik Cita Sehat |
| ☐ BPJS Kesehatan Makassar | ☐ Kompak (Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan) |
| ☐ Celebes Organic | ☐ Kotaku** (Kota Tanpa Kumuh) program |
| ☐ Dinas Kearsipan Kota Makassar | ☐ Lembaga Studi Kebijakan Publik (LSKP) |
| ☐ Dinas Kependudukan dan Pencatatan Sipil | ☐ Madani Civil Society Support Initiative (USAID-funded) |
| ☐ Dinas Kesehatan Kota Makassar | ☐ Makassar Ecobrick |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) | ☐ PDAM (Perusahaan Daerah Air Minum) |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) Kota Makassar | ☐ Pemerintah daerah (kecamatan, kabupaten) - Write In which ones (Required) |
| ☐ Dinas Koperasi dan UMKM | ☐ Politeknik Kesehatan Makassar |
| ☐ Dinas Lingkungan Hidup | ☐ PPD/Perkumpulan Penyandang Disabilitas Indonesia) |
| ☐ Dinas Lingkungan Hidup Kota Makassar | ☐ Pusdatin (Pusat Data dan Informasi), Kementerian Kesehatan |
| ☐ Dinas Pariwisata | ☐ Puskesmas - Write In which ones (Required)
<input type="text"/> |
| ☐ Dinas Pekerjaan Umum | ☐ RSUD Kota Makassar |
| ☐ dinas pemberdayaan perempuan dan perlindungan anak (DP3A) Kota Makassar | ☐ Rumah Zakat |
| ☐ Dinas Pendidikan | ☐ Save the Children |
| ☐ Dinas Pengendalian Penduduk dan Keluarga Berencana | ☐ Sekolah Tanpa Batas |
| ☐ Dinas Pertanian dan ketahanan pangan | ☐ Telkom (PT. Telkom Indonesia) |
| ☐ Dinas Sosial | ☐ Tri Arta Medika (TAM) |
| ☐ Dukcapil (Dinas Kependudukan dan Pencatatan Sipil) Kota Makassar | ☐ UNICEF |
| ☐ Forum Jurnalis Sanitasi Makassar | ☐ Universitas Hasanuddin (UNHAS) |
| ☐ Garden Alley Research Project (US National Science Foundation) | ☐ War Room Makassar |
| ☐ Helen Keller International | |

☐ HRH2030 (USAID-funded program)

☐ IUWASH / Indonesia Urban Water, Sanitation and Hygiene Plus (USAID-funded program)

☐ JALIN (USAID-funded program)

☐ Kantor Balai Kota Makassar

☐ Yayasan Kalla

☐ Other - Write In the name (Required)

☐ Other - Write In the name (Required)

☐ Other - Write In the name (Required)

Assessment of BHC Key Stakeholder Relationships

Page description:

In this section, we will capture the relationship you have with other organizations/government departments and how those interactions may have been impacted by engagement in the BHC program. It is important that your answers honestly reflect the nature of your organizations' interactions. Please respond regarding puskesmas, kantor desa, and pemerintah daerah in general rather than any one specific entity.

31. How open and engaged in the discussion do you perceive each organization/ government department to be around BHC-identified priorities and outcomes? *

For example, this organization/ government department is willing to engage in frank, open and civil discussion (especially when disagreement exists), and/or communicates in an open, trusting manner around shared priorities

31. To what degree does each organization/ government department seem committed to coordinating activities they are leading on with other organizations/government departments to achieve BHC-identified (through participatory systems mapping process) priorities and outcomes? *

For example, showing a willingness to share information and plans, to stop activities that may be duplicative or counter-productive, to shift resources to better aligned to shared goals

31. How influential do you perceive each organization/government department to be in achieving BHC-identified (through participatory systems mapping process) priorities and outcomes? *

For example, having formal power to influence resourcing and planning, ability to influence other organizations and departments decisions, well-connected networks to influence perceptions and actions, significant human/resources capital to contribute

Relationship Questions

31. For each organization/government department selected, select all that apply *

31. How, if at all, has the nature of the relationship with each organization/government department changed as a result of the BHC program? *

*by nature of the relationship, we mean, informal or formal, such as having agreements signed
contract(s)/MOUs/charter(s) in place*

31. How, if at all, has the trust in your relationship with each organization changed as a result of the BHC program? *

Sharing Information/Dialogue

31. Has the quantity of information sharing/dialogue with each organization/department improved as a result of the BHC program? *

31. Has the frequency of information sharing/dialogue with each organization/department improved as a result of the BHC program? *

31. Has the quality of information-sharing/dialogue with each organization/department improved as a result of the BHC program? *

Coordinating on Joint Activities

31. Has the quantity of joint activities with each organization/department improved as a result of the BHC program? *

31. Has the frequency of joint activities with each organization/department improved as a result of the BHC program? *

31. Has the quality of joint activities with each organization/department improved as a result of the BHC program? *

Social Connection and Networking

31. Has the quantity of social connection and networking with each organization/department improved as a result of the BHC program? *

31. Has the frequency of social connection and networking with each organization/department improved as a result of the BHC program? *

31. Has the quality of social connection and networking with each organization/department improved as a result of the BHC program? *

Additional Comments

Page description:

In this section, we will capture additional questions, comments, and recommendations

31. Do you have any additional and related comments or concerns that were not addressed by the survey questions that you would like to share with us?

Thank You!

Thank you for taking our survey. Your response is very important to us.

Page description:

Survei ini adalah survei untuk organisasi-organisasi yang terlibat dalam program Building Healthy City (BHC)/(Membangun Kota Sehat) di Makassar, Indonesia. Survei ini dirancang untuk memahami bagaimana perubahan kapasitas dan hubungan para pemangku kepentingan sebagai hasil dari keterlibatannya dalam kegiatan-kegiatan program BHC. Dibutuhkan waktu sekitar kurang lebih 45 menit untuk menyelesaikan survei ini.

Proyek Building Healthy City (BHC) adalah proyek berdurasi 5-tahun (2017-2022). Proyek ini menggunakan pendekatan sistem (systems approach), yang berfokus pada faktor-faktor penentu sosial dan lingkungan atas kesehatan, yang terhubung dengan area-area di luar sektor Kesehatan itu sendiri. Tujuan BHC adalah untuk melihat kemungkinan-kemungkinan pilihan yang cocok untuk perencanaan kota yang sehat yang merefleksikan nilai-nilai inti berikut:

- Mengembangkan pemahaman bersama di berbagai sektor dan pemangku kepentingan tentang cara meningkatkan derajat kesehatan dan kualitas hidup secara keseluruhan di Makassar.
- Memperkuat keterlibatan masyarakat dalam pengambilan keputusan di level Kota Makassar untuk layanan terkait kesehatan.
- Mendukung penggunaan data terkait kesehatan perkotaan untuk perencanaan dan pengambilan keputusan.

Konsorsium SPACES (Strategic Program for Analyzing Complexity and Evaluating Systems) adalah tim peneliti yang melaksanakan dan menganalisis data survei. JSI, sebagai organisasi utama dalam Program BHC, membantu dalam koordinasi tetapi tidak menjadi bagian dari tim peneliti. Penelitian ini didanai oleh USAID's Asia Bureau, Office of Health (USAID/Asia/Health).

Organisasi Bapak/Ibu/Saudara/Saudari diidentifikasi sebagai pemangku kepentingan yang penting dalam program ini. Survei ini ditujukan bagi responden yang mengetahui partisipasi organisasi Bapak/Ibu/Saudara/Saudari dalam program BHC serta mengetahui bagaimana sistem kesehatan perkotaan di Makassar. Jika Bapak/Ibu/Saudara/Saudari mengetahui orang lain yang lebih cocok untuk survei ini, dimohon bantuan Bapak/Ibu/Saudara/Saudari meminta orang tersebut untuk menggantikan mengikuti survei ini.

Partisipasi Bapak/Ibu/Saudara/Saudari dalam survei ini bersifat sukarela dan jawaban Bapak/Ibu/Saudara/Saudari hanya akan dilihat oleh tim peneliti program ini. Laporan yang berasal dari penelitian ini tidak akan menghubungkan jawaban Bapak/Ibu/Saudara/Saudari dengan nama Bapak/Ibu/Saudara/Saudari dan atau informasi demografis terkait lainnya. Kami menghargai kesediaan Bapak/Ibu/Saudara/Saudari meluangkan waktu untuk berbagi perspektif dan pengetahuan Bapak/Ibu/Saudara/Saudari.

Silakan klik di atas untuk menyimpan tanggapan Bapak/Ibu dan melanjutkan survei nanti. Alamat email Ibu/Bapak hanya akan digunakan untuk tujuan melanjutkan survei. (Jika Bapak/Ibu tidak menyimpan dengan alamat email, Bapak/Ibu akan harus mengulang jawaban yang telah diberikan.)

Centang “Ya” jika Bapak/Ibu/Saudara/Saudari bersedia. *

- ☐ Ya
- ☐ Tidak

Page description:

Pada bagian ini, kami ingin mengetahui informasi dasar demografi dan latar belakang Bapak/Ibu/Saudara/Saudari. Informasi pribadi Bapak/Ibu/Saudara/Saudari akan dirahasiakan dan tidak akan disebarluaskan/dibagikan di luar dari tim peneliti dan hanya akan digunakan untuk tujuan agar kami dapat menghubungi Bapak/Ibu/Saudara/Saudari kembali bila kami memerlukan tindak lanjut atau informasi lebih lanjut.

1. Mohon sebutkan nama lengkap Bapak/Ibu/Saudara/Saudari. *

2. Silakan pilih nama organisasi/OPD Bapak/Ibu/Saudara/Saudari dari daftar berikut *

Jika nama organisasi/OPD Bapak/Ibu/Saudara/Saudari tidak ada dalam pilihan yang disediakan mohon pilih "lainnya"

- | | |
|---|--|
| ☐ Asian Venture Philantropy Network (APVN) | ☐ IUWASH / Indonesia Urban Water, Sanitation and Hygiene Plus (USAID-funded program) |
| ☐ Asosiasi Ibu Menyusui Indonesia (AIMI) | ☐ JALIN (USAID-funded program) |
| ☐ Badan Perencanaan Pembangunan Daerah (BAPPEDA) Kota Makassar | ☐ Kantor Balai Kota Makassar |
| ☐ Bagian Kerjasama Sekretariat Daerah Kota Makassar | ☐ Kantor Smart City |
| ☐ BAKTI (Yayasan Bakti) | ☐ Kecamatan Barrang Lompo |
| ☐ BPJS Kesehatan Makassar | ☐ Kementerian Kesehatan |
| ☐ Celebes Organic | ☐ Klinik Cita Sehat |
| ☐ Dinas Kearsipan Kota Makassar | ☐ Kompak (Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan) |
| ☐ Dinas Kependudukan dan Pencatatan Sipil | ☐ Kotaku** (Kota Tanpa Kumuh) program |
| ☐ Dinas Kesehatan Kota Makassar | ☐ Lembaga Studi Kebijakan Publik (LSKP) |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) | ☐ Madani Civil Society Support Initiative (USAID-funded) |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) Kota Makassar | ☐ Makassar Ecobrick |
| ☐ Dinas Koperasi dan UMKM | ☐ PDAM (Perusahaan Daerah Air Minum) |
| ☐ Dinas Lingkungan Hidup | ☐ Politeknik Kesehatan Makassar |
| ☐ Dinas Lingkungan Hidup Kota Makassar | ☐ PPDI/Perkumpulan Penyandang Disabilitas Indonesia) |
| ☐ Dinas Pariwisata | ☐ Pusdatin (Pusat Data dan Informasi), Kementerian Kesehatan |
| ☐ Dinas Pekerjaan Umum | ☐ RSUD Kota Makassar |
| ☐ dinas pemberdayaan perempuan dan perlindungan anak (DP3A) Kota Makassar | ☐ Rumah Zakat |
| ☐ Dinas Pendidikan | ☐ Save the Children |
| ☐ Dinas Pengendalian Penduduk dan Keluarga Berencana | ☐ Sekolah Tanpa Batas |
| ☐ Dinas Pertanian dan ketahanan pangan | ☐ Telkom (PT. Telkom Indonesia) |
| ☐ Dinas Sosial | ☐ Tri Arta Medika (TAM) |
| ☐ Dukcapil (Dinas Kependudukan dan Pencatatan Sipil) Kota Makassar | ☐ UNICEF |
| ☐ Forum Jurnalis Sanitasi Makassar | ☐ Universitas Hasanuddin (UNHAS) |
| ☐ Garden Alley Research Project (US National Science Foundation) | ☐ War Room Makassar |
| ☐ Helen Keller International | ☐ Yayasan Kalla |
| ☐ HRH2030 (USAID-funded program) | ☐ Lainnya - Tuliskan (Wajib) |

3. Sebutkan posisi yang paling sesuai menggambarkan peran Bapak/Ibu/Saudara/Saudari saat ini di organisasi/OPD/Kantor pemerintah tempat Bapak/Ibu/Saudara/Saudari bekerja. *

4. Sudah berapa lama Bapak/Ibu/Saudara/Saudari bekerja di organisasi/OPD/Kantor pemerintah tempat Bapak/Ibu/Saudara/Saudari saat ini? *

- ☐ kurang dari 1 tahun
- ☐ 1-3
- ☐ 5-10
- ☐ 10+

5. Secara personal, seberapa akrab Bapak/Ibu/Saudara/Saudari dengan program BHC (sasaran, tujuan, dan kegiatan BHC)? *

- ☐ Tidak akrab Sama sekali
- ☐ Sedikit akrab
- ☐ Cukup akrab
- ☐ Sangat akrab
- ☐ Tidak yakin

6. Tim SPACES mungkin akan menghubungi Bapak/Ibu/Saudara/Saudari untuk mengklarifikasi atau untuk penjelasan lebih lanjut. Apakah Bapak/Ibu/Saudara/Saudari bersedia jika kami menghubungi Bapak/Ibu/Saudara? Saudari kembali jika diperlukan? *

- ☐ Ya
- ☐ Tidak

Informasi latar belakang organisasi (Atribut organisasi)

Page description:

Pada bagian ini, kami ingin mengetahui informasi-informasi dasar tentang organisasi Bapak/Ibu/Saudara/Saudari. Silakan pilih jawaban-jawaban yang paling sesuai menggambarkan organisasi Bapak/Ibu/Saudara/Saudari.

7. Berapa banyak staf yang organisasi Bapak/Ibu/Saudara/Saudari miliki?

- ☐ 0-5
- ☐ 6-25
- ☐ 26-50
- ☐ 51+

8. Dari kategori berikut mana yang paling sesuai menggambarkan organisasi Bapak/Ibu/Saudara/Saudari? *

Pilih salah SATU

- ☐ Pemerintah nasional/pusat
- ☐ Pemerintah lokal (misalnya, Provinsi/Kabupaten/Kota)
- ☐ LSM lokal
- ☐ LSM Internasional
- ☐ Lembaga Donor Pembangunan (Badan Bilateral atau Multilateral yang menyediakan dana yang berasal dari pemerintah lain untuk mengatasi masalah sosial dan ekonomi di Indonesia, misalnya Bank Dunia, USAID, atau badan PBB)
- ☐ Mitra Pelaksana Pembangunan/Mitra Lembaga Donor
- ☐ Institusi Akademik/Mahasiswa
- ☐ Sektor Swasta (termasuk perusahaan formal & UMKM)
- ☐ Organisasi Kemasyarakatan/Organisasi berbasis masyarakat
- ☐ Organisasi Berbasis Keyakinan/Organisasi keagamaan
- ☐ Lainnya, tuliskan (wajib)

9. Level organisasi Bapak/Ibu/Saudara/Saudari bekerja? *

Pilih level yang paling utama dimana organisasi beroperasi

- ☐ Global
- ☐ Regional
- ☐ Nasional
- ☐ Provinsi
- ☐ Kabupaten/Kota
- ☐ Lainnya - Tuliskan (Wajib)

10. Kategori apa yang paling sesuai menggambarkan fokus sektoral utama organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari *

Pilih SATU saja

- ☐ Kesehatan
- ☐ Perencanaan & Pembangunan Kota
- ☐ Informasi & Komunikasi
- ☐ Perempuan & Anak-anak
- ☐ Nutrisi & Keamanan Pangan
- ☐ Pendidikan
- ☐ Air & Sanitasi
- ☐ Penanganan limbah
- ☐ Lingkungan & Sumber Daya Alam
- ☐ Transportasi
- ☐ Pariwisata & Perdagangan
- ☐ Lainnya, tuliskan (wajib)

11. Kategori apa yang paling menggambarkan jenis kegiatan utama organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari? *

Pilih salah SATU

- ☐ Penyedia langsung layanan publik
- ☐ Mengatur/mengawasi penyediaan layanan
- ☐ Monitoring dan evaluasi
- ☐ Pembuat kebijakan dan legislasi
- ☐ Koordinasi dan perencanaan
- ☐ Mobilisasi/pengorganisasian masyarakat
- ☐ Pendidikan publik dan/atau peningkatan kesadaran
- ☐ Pembelaan hak kelompok konstituen
- ☐ Pelaporan dan Penyebaran Informasi
- ☐ Pengumpulan data/penelitian
- ☐ Advokasi
- ☐ Lainnya, tuliskan (wajib)

Keterlibatan dengan Kegiatan BHC dan Hasilnya

Page description:

Pada bagian ini, kami ingin mengetahui tentang keterlibatan dan partisipasi organisasi Bapak/Ibu/Saudara/Saudari dalam kegiatan BHC dan hasilnya. Yang kami maksud keterlibatan adalah baik berupa kontribusi aktif maupun kehadiran pasif. Silahkan pilih jawaban yang paling sesuai dengan yang Bapak/Ibu/Saudara/Saudari ketahui tentang keterlibatan organisasi Bapak/Ibu/Saudara/Saudari.

12. Pada tahun berapa organisasi/OPD Bapak/Ibu/Saudara/Saudari mulai terlibat dengan program BHC? *

- ☐ 2018
- ☐ 2019
- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ Tidak tahu

13. Berapa lama organisasi/ OPD Bapak/Ibu/Saudara/Saudari terlibat dalam program BHC? *

- ☐ <1 bertahun-tahun
- ☐ 1-2 tahun
- ☐ 2-3 tahun
- ☐ 3-4 tahun
- ☐ 4-5 tahun
- ☐ I don't know

14. Kira-kira berapa banyak orang lain dari organisasi Bapak/Ibu/Saudara/Saudari yang terlibat dalam kegiatan BHC selain Bapak/Ibu/Saudara/Saudari sendiri? *

- ☐ 0
- ☐ 1-3
- ☐ 4-5
- ☐ 6 atau lebih
- ☐ Tidak tahu

15. Dari Kegiatan BHC berikut mana yang organisasi Bapak/Ibu/Saudara/Saudari ikut terlibat? *

Bapak/Ibu/Saudara/Saudari bisa memilih lebih dari satu pilihan.

- | | |
|--|---|
| ☐ Lokakarya Pemetaan Sistem: Mendefinisikan Konteks | ☐ Pembelajaran Antar Kota, misalnya Study Tour atau Kunjungan Lapangan |
| ☐ Lokakarya Pemetaan Sistem: Mengidentifikasi Kota dengan Poin Leverage | ☐ Pertemuan Forum Kota Sehat |
| ☐ Lokakarya Pemetaan Sistem: Perencanaan Aksi | ☐ Webinar atau pertemuan teknis (mis. Implikasi Penggunaan Lahan, penguatan pengelolaan sampah, dll) |
| ☐ Wawancara "Pemetaan Perjalanan"/Journey Mapping | ☐ Pertemuan Mitra lainnya tentang kegiatan teknis tertentu |
| ☐ Penilaian Kebutuhan | ☐ Organisasi saya tidak menghadiri salah satu kegiatan BHC di atas |
| ☐ Musrenbang/Pelatihan Pemerioritasan menggunakan teknik Pemetaan Sistem/Kumu | ☐ Lainnya, Tuliskan (wajib)
<input type="text"/> |
| ☐ Pelatihan Integrasi Data dan Pelatihan Data | ☐ Lainnya, Tuliskan (wajib)
<input type="text"/> |
| ☐ Sistem Pelaporan Pengaduan Warga dan Pelatihan sistem pengaduan warga (112 pelatihan call center) | ☐ Lainnya, Tuliskan (wajib)
<input type="text"/> |
| ☐ Pelatihan gizi pulau Barrang Lompo atau Pelatihan kesehatan lingkungan sekolah | |

16. Jika organisasi/OPD Bapak/Ibu/Saudara/Saudari menghadiri kegiatan BHC, manakah dari hasil berikut yang dicapai oleh organisasi Bapak/Ibu/Saudara/Saudari? *

Bapak/Ibu/Saudara/Saudari bisa memilih lebih dari satu pilihan.

- | | |
|--|---|
| ☐ Lebih memahami tantangan kesehatan perkotaan dan kebutuhan masyarakat | ☐ Memperoleh pengetahuan baru dan keterampilan teknis |
| ☐ Pemahaman yang lebih baik tentang peluang perubahan di Kota Makassar | ☐ Perubahan pada tujuan atau sasaran strategis |
| ☐ Hubungan baru dan lebih kuat dengan organisasi lain | ☐ Perubahan dalam kebijakan, proses, dan/atau praktik organisasi |
| ☐ Perbaikan sistem data dan pengambilan keputusan berdasarkan data | ☐ Perubahan anggaran, rencana kerja, atau pengeluaran |
| ☐ Peningkatan struktur pemberdayaan warga dan umpan balik dari warga | ☐ Tidak ada dari salah satu yang disebutkan diatas |

17. Manakah dari tujuan prioritas berikut yang menjadi fokus organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari sebagai bagian dari keterlibatan Bapak/Ibu/Saudara/Saudari dalam kegiatan BHC? *

Bapak/Ibu/Saudara/Saudari bisa memilih lebih dari satu pilihan.

- ☐ Peningkatan koordinasi multi-sektor dan kolaborasi lintas sektor
- ☐ Meningkatkan kualitas, aksesibilitas, dan ketepatan waktu tersedinya () data untuk pengambilan keputusan.
- ☐ Memastikan kesetaraan dan transparansi dalam implementasi kebijakan untuk memastikan akses masyarakat terhadap layanan yang adil.
- ☐ Memaksimalkan partisipasi masyarakat dalam program untuk meningkatkan kesadaran masyarakat atas praktik dan sumber daya yang mempromosikan kesehatan.
- ☐ Tidak ada dari salah satu yang disebutkan diatas

18. Manakah dari dampak berikut yang Bapak/Ibu/Saudara/Saudari yakini dicapai oleh Kota Makassar sebagai hasil dari program BHC? *

Bapak/Ibu/Saudara/Saudari bisa memilih lebih dari satu pilihan.

- ☐ Peningkatan perencanaan kesehatan kota, terkait dengan perubahan kebijakan, peraturan, pengambilan keputusan, dan/atau struktur pembiayaan
- ☐ Peningkatan kesehatan dan kualitas hidup di Makassar, terkait dengan peningkatan pelayanan kesehatan, perbaikan kondisi kehidupan masyarakat miskin perkotaan, perbaikan kondisi sanitasi, pengurangan polusi, dll.
- ☐ Peningkatan ketangguhan/ketahanan; kapasitas untuk merespon secara efektif terhadap guncangan dan stresor seperti bencana alam, guncangan ekonomi, ketahanan pangan, pandemi kesehatan (seperti COVID19 saat ini), dll.
- ☐ Tidak ada dari salah satu yang disebutkan diatas

Penilaian Mandiri Organisasi di Kota Makassar

Page description:

Bagian ini ingin mengetahui bagaimana Bapak/Ibu/Saudara/Saudari menilai organisasi Bapak/Ibu/Saudara/Saudari sebagai salah satu aktor di kota Makassar terkait dengan kegiatan BHC. Pilih jawaban yang paling sesuai dengan pengalaman organisasi Bapak/Ibu/Saudara/Saudari.

19. Seberapa terbuka Bapak/Ibu/Saudara/Saudari menilai organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari untuk bekerja dengan orang lain untuk mencapai prioritas dan hasil BHC? *

Misalnya, apakah organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari bersedia untuk terlibat dalam diskusi yang jujur, terbuka, dan diskusi untuk mencapai kesepakatan (terutama jika ada ketidaksepakatan), dan/atau berkomunikasi secara terbuka dan saling percaya atas prioritas bersama

- ☐ Sangat tidak terbuka
- ☐ Sedikit terbuka
- ☐ Cukup terbuka
- ☐ Sangat terbuka
- ☐ Tidak yakin

20. Seberapa berkomitmen organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari dalam mengoordinasikan kegiatan dengan organisasi/OPD/Kantor lain untuk mencapai prioritas dan hasil yang diidentifikasi BHC? *

Misalnya, menunjukkan kesediaan untuk berbagi informasi dan rencana, untuk mencegah kegiatan yang mungkin sama/tumpang tindih atau kontra-produktif, untuk mengalihkan sumber daya agar lebih selaras dengan tujuan bersama

- ☐ Sangat tidak berkomitmen
- ☐ Sedikit berkomitmen
- ☐ Cukup berkomitmen
- ☐ Sangat berkomitmen
- ☐ Tidak yakin

21. Menurut Bapak/Ibu/Saudara/Saudari seberapa berpengaruh organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari dalam mencapai prioritas dan hasil yang diidentifikasi BHC ? *

Misalnya memiliki kekuatan formal untuk memengaruhi pengalokasian sumber daya dan perencanaan, kemampuan untuk memengaruhi keputusan organisasi dan OPD/Kantor lain, jaringan yang terhubung dengan baik untuk memengaruhi persepsi dan tindakan, modal manusia/sumber daya yang signifikan untuk berkontribusi

- ☐ Sangat tidak berpengaruh
- ☐ Sedikit berpengaruh
- ☐ Cukup berpengaruh
- ☐ Sangat berpengaruh
- ☐ Tidak yakin

Kesiapan untuk Ketangguhan Perkotaan

Page description:

Pada bagian ini, kami ingin mengetahui persepsi Bapak/Ibu/Saudara/Saudari tentang bagaimana organisasi Bapak/Ibu/Saudara/Saudari merespon terhadap ketangguhan/ketahanan perkotaan sebagai hasil dari keterlibatan dalam kegiatan dan inisiatif BHC. Yang kami maksud dengan ketangguhan/ketahanan adalah kemampuan untuk merespon secara efektif kebutuhan masyarakat perkotaan setelah guncangan dan stresor yang datang dan tidak terduga (seperti bencana alam, guncangan ekonomi, ketahanan pangan, pandemi seperti COVID19 saat ini, dll).

22. Mohon berikan jawaban untuk setiap kolom: *

[illegible]

23. Mohon berikan jawaban untuk setiap kolom: *

	Tetap/masih rendah	Tetap/masih sedang	Tetap/masih tinggi	Meningkat dari rendah ke sedang	Meningkat dari rendah ke tinggi	Meningkat dari sedang ke tinggi	Menurun dari sedang ke rendah	Menurun dari tinggi ke rendah	Menurun dari tinggi ke sedang	Saya tidak tahu
Bagaimana kemampuan Bapak/Ibu/Saudara/Saudari untuk melakukan dialog dengan seluruh organisasi tentang persiapan menghadapi goncangan dan stresor berubah sebagai akibat dari program BHC?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bagaimana tingkat kolaborasi dengan organisasi lain dalam merespon guncangan dan stresor berubah sebagai akibat dari kegiatan BHC?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sejauh mana keterlibatan dalam kegiatan BHC memengaruhi kemampuan organisasi Bapak/Ibu/Saudara/Saudari untuk merespon pandemi COVID-19 dengan tepat waktu ?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sejauh mana keterlibatan dalam kegiatan BHC memengaruhi kemampuan organisasi Bapak/Ibu/Saudara/Saudari untuk merespon pandemi COVID-19 secara lebih efektif ?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Peluang ke depan

Page description:

Pada bagian ini, kami ingin mengetahui rekomendasi Bapak/Ibu/Saudara/Saudari untuk kegiatan BHC di masa mendatang.

24. Untuk setiap kegiatan dan pendekatan berikut/di bawah ini, berikan pendapat Bapak/Ibu/Saudara/Saudari apakah kegiatan dan pendekatan tersebut harus dipertahankan, ditingkatkan, atau dibuang dalam kegiatan BHC di masa mendatang? *

	Dipertahankan	Ditingkatkan	dibuang
Lokakarya Pemetaan Sistem	☐	☐	☐
Perencanaan Aksi Kota	☐	☐	☐
Lokakarya Pemetaan Perjalanan/Journey Mapping	☐	☐	☐
Penilaian Kebutuhan	☐	☐	☐
Pelatihan Pemetaan Sistem/Kumu	☐	☐	☐
Data and Data Integration Training(s)	☐	☐	☐
Pembelajaran Antar Kota, misalnya Study Tour atau Kunjungan Lapangan	☐	☐	☐
Pertemuan Forum Kota Sehat	☐	☐	☐
Pertemuan Mitra lainnya tentang kegiatan teknis tertentu	☐	☐	☐
Webinar Teknis (mis. Implikasi Penggunaan Lahan)	☐	☐	☐

25. Apakah ada organisasi/OPD/Kantor lain yang TIDAK masuk dalam daftar ini yang Bapak/Ibu/Saudara/Saudari yakini memiliki peran penting dalam meningkatkan upaya perencanaan kota dan akses ke layanan terkait kesehatan di Makassar dan harus dimasukkan dalam kegiatan BHC di masa mendatang? *

- ☐ Ya
- ☐ Tidak

26. Harap sebutkan hingga 5 nama organisasi dan masing-masing dari organisasi tersebut mohon berikan alasan mengapa Bapak/Ibu/Saudara/Saudari menganggap mereka memainkan peran penting. *

Harap [Pastikan Bapak/Ibu/Saudara/Saudari memberikan nama atau akronim organisasi/OPD/Kantor tersebut. Jika Bapak/Ibu/Saudara/Saudari tidak dapat menyebutkan organisasi/OPD/Kantor tertentu, anda dapat memasukkan perorangan. Harap diyakinkan bahwa individu tersebut mewakili sebuah organisasi, walaupun Bapak/Ibu/Saudara/Saudari tidak dapat mengingat nama organisasinya.

	Nama Organisasi/OPD	mengapa Bapak/Ibu/Saudara/Saudari menganggap mereka memainkan peran penting.
1:		
2:		
3:		
4:		
5:		

27. Apa hasil yang Bapak/Ibu/Saudara/Saudari harapkan dapat dicapai oleh organisasi/OPD/Kantor Bapak/Ibu/Saudara/Saudari di masa depan dari keterlibatan dengan BHC di masa yang akan datang? *

Bapak/Ibu/Saudara/Saudari bisa memilih lebih dari satu pilihan.

- ☐ Lebih memahami tantangan kesehatan perkotaan dan kebutuhan masyarakat
- ☐ Pemahaman yang lebih baik tentang peluang perubahan di kota Makassar
- ☐ Hubungan baru dan lebih kuat dengan organisasi lain
- ☐ Perbaikan sistem data dan pengambilan keputusan berdasarkan data
- ☐ Peningkatan umpan balik warga dan peningkatan struktur pemberdayaan warga
- ☐ Memperoleh pengetahuan baru dan keterampilan teknis baru
- ☐ Perubahan tujuan atau sasaran strategis
- ☐ Perubahan dalam kebijakan dan praktik organisasi

☐ Lainnya, tuliskan (Wajib)

*

☐ Lainnya, tuliskan (Wajib)

*

28. Apa dampak yang Bapak/Ibu/Saudara/Saudari harapkan diperoleh Kota Makassar di masa depan dari keterlibatan dengan BHC di masa yang akan datang? *

Bapak/Ibu/Saudara/Saudari bisa memilih lebih dari satu pilihan.

- ☐ Peningkatan Ketangguhan/ketahanan/kapasitas untuk merespon secara efektif terhadap guncangan dan stresor (seperti bencana alam, guncangan ekonomi, ketahanan pangan, pandemi kesehatan seperti COVID19 saat ini, dll)
- ☐ Peningkatan perencanaan kesehatan kota, terkait dengan perubahan kebijakan, peraturan, pengambilan keputusan, dan/atau struktur pembiayaan
- ☐ Peningkatan derajat kesehatan, terkait dengan peningkatan pelayanan kesehatan, perbaikan kondisi kehidupan masyarakat miskin perkotaan, perbaikan kondisi sanitasi, pengurangan polusi, dll.
- ☐ Lainnya, tuliskan (Wajib)

*

29. Silakan usulkan kegiatan atau pendekatan yang tidak disebutkan dalam pertanyaan-pertanyaan diatas yang menurut Bapak/Ibu/Saudara/Saudari penting/kritisal untuk diperkenalkan pada fase berikutnya.

Identifikasi Hubungan

Page description:

Bagian ini berkaitan dengan hubungan dan interaksi yang dimiliki oleh anggota organisasi Bapak/Ibu/Saudara/Saudari dalam berpartisipasi dan memajukan pendekatan multisektoral untuk sektor kesehatan perkotaan di Kota Makassar.

30. Mohon identifikasi setidaknya 10 dan idealnya 20 organisasi yang berinteraksi dengan anggota organisasi/OPD Bapak/Ibu/Saudara/Saudari dalam berpartisipasi dan memajukan pendekatan multisektoral dalam sektor kesehatan perkotaan di Kota Makassar, dan mohon jawab pertanyaan berikut yang terkait dengan hubungan tersebut sesuai dengan yang Bapak/Ibu/Saudara/Saudari ketahui. *

Jika nama-nama organisasi dalam daftar tidak ada yang relevan dengan hubungan yang dimiliki anggota organisasi Bapak/Ibu/Saudara/Saudari, harap memilih jawaban "lainnya". (diharuskan setidaknya memilih satu pilihan jawaban untuk dapat lanjut ke pertanyaan berikutnya).

- | | |
|---|---|
| ☐ Asian Venture Philantropy Network (APVN) | ☐ Kantor Desa/Kelurahan - Tuliskan nama desa/Kelurahan (Wajib) |
| ☐ Asosiasi Ibu Menyusui Indonesia (AIMI) | <input type="text"/> |
| ☐ Badan Perencanaan Pembangunan Daerah (BAPPEDA) Kota Makassar | ☐ Kantor Smart City |
| ☐ Bagian Kerjasama Sekretariat Daerah Kota Makassar | ☐ Kecamatan Barrang Lompo |
| ☐ BAKTI (Yayasan Bakti) | ☐ Kementerian Kesehatan |
| ☐ BPJS Kesehatan Makassar | ☐ Klinik Cita Sehat |
| ☐ Celebes Organic | ☐ Kompak (Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan) |
| ☐ Dinas Kearsipan Kota Makassar | ☐ Kotaku** (Kota Tanpa Kumuh) program |
| ☐ Dinas Kependudukan dan Pencatatan Sipil | ☐ Lembaga Studi Kebijakan Publik (LSKP) |
| ☐ Dinas Kesehatan Kota Makassar | ☐ Madani Civil Society Support Initiative (USAID-funded) |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) | ☐ Makassar Ecobrick |
| ☐ Dinas Komunikasi dan Informatika (Kominfo) Kota Makassar | ☐ PDAM (Perusahaan Daerah Air Minum) |
| ☐ Dinas Koperasi dan UMKM | |

- | | |
|---|---|
| ☐ Dinas Lingkungan Hidup | ☐ Pemerintah daerah (kecamatan, kabupaten) - Tuliskan nama Kecamatan/Kabupaten (Wajib) |
| ☐ Dinas Lingkungan Hidup Kota Makassar | ☐ Politeknik Kesehatan Makassar |
| ☐ Dinas Pariwisata | ☐ PPDI/Perkumpulan Penyandang Disabilitas Indonesia) |
| ☐ Dinas Pekerjaan Umum | ☐ Pusdatin (Pusat Data dan Informasi), Kementerian Kesehatan |
| ☐ dinas pemberdayaan perempuan dan perlindungan anak (DP3A) Kota Makassar | ☐ Puskesmas - Tuliskan nama Puskesmas (Wajib) |
| ☐ Dinas Pendidikan | <input type="text"/> |
| ☐ Dinas Pengendalian Penduduk dan Keluarga Berencana | ☐ RSUD Kota Makassar |
| ☐ Dinas Pertanian dan ketahanan pangan | ☐ Rumah Zakat |
| ☐ Dinas Sosial | ☐ Save the Children |
| ☐ Dukcapil (Dinas Kependudukan dan Pencatatan Sipil) Kota Makassar | ☐ Sekolah Tanpa Batas |
| ☐ Forum Jurnalis Sanitasi Makassar | ☐ Telkom (PT. Telkom Indonesia) |
| ☐ Garden Alley Research Project (US National Science Foundation) | ☐ Tri Arta Medika (TAM) |
| ☐ Helen Keller International | ☐ UNICEF |
| ☐ HRH2030 (USAID-funded program) | ☐ Universitas Hasanuddin (UNHAS) |
| ☐ IUWASH / Indonesia Urban Water, Sanitation and Hygiene Plus (USAID-funded program) | ☐ War Room Makassar |
| ☐ JALIN (USAID-funded program) | ☐ Yayasan Kalla |
| ☐ Kantor Balai Kota Makassar | ☐ Lainnya - Tuliskan (Wajib) |
| | <input type="text"/> |
| | ☐ Lainnya - Tuliskan (Wajib) |
| | <input type="text"/> |
| | ☐ Lainnya - Tuliskan (Wajib) |
| | <input type="text"/> |

Penilaian Hubungan Pemangku Kepentingan Utama BHC

Page description:

Di bagian ini, kami ingin mengetahui bagaimana hubungan Bapak/Ibu/Saudara/Saudari dengan organisasi/OPD lain dan bagaimana interaksi tersebut dipengaruhi oleh keterlibatan Bapak/Ibu/Saudara/Saudari dalam program BHC. Penting agar jawaban Bapak/Ibu/Saudara/Saudari secara jujur mencerminkan sifat interaksi organisasi Bapak/Ibu/Saudara/Saudari tersebut. Mohon memberi tanggapannya tentang puskesmas, kantor desa/lurah, dan pemerintah daerah secara umum, bukan satu entitas tertentu.

31. Seberapa terbuka dan seberapa terlibat dalam diskusi menurut Bapak/Ibu/Saudara/Saudari organisasi/OPD/kantor ini terhadap prioritas dan hasil yang diidentifikasi BHC? *

Misalnya, organisasi/OPD ini bersedia terlibat dalam diskusi yang jujur, terbuka, dan diskusi untuk mencapai kesepakatan (terutama jika ada ketidaksepakatan), dan/atau berkomunikasi secara terbuka dan saling percaya terkait prioritas bersama

31. Sejauh mana organisasi/OPD ini tampaknya berkomitmen untuk mengoordinasikan kegiatan yang mereka pimpin dengan organisasi/OPD/Kantor lain untuk mencapai prioritas dan hasil yang diidentifikasi BHC (melalui proses pemetaan sistem partisipatif)? *

Misalnya, menunjukkan kesediaan untuk berbagi informasi dan rencana, untuk mencegah kegiatan yang mungkin sama/tumpang tindih atau kontra-produktif, untuk mengalihkan sumber daya agar lebih selaras dengan tujuan bersama

31. Menurut Bapak/Ibu/Saudara/Saudari seberapa berpengaruh organisasi/OPD/Kantor ini dalam mencapai prioritas dan hasil yang diidentifikasi BHC ? *

Misalnya memiliki kekuatan formal untuk memengaruhi pengalokasian sumber daya dan perencanaan, kemampuan untuk memengaruhi keputusan organisasi dan OPD/Kantor lain, jaringan yang terhubung dengan baik untuk memengaruhi persepsi dan tindakan, modal manusia/sumber daya yang signifikan untuk berkontribusi

Pertanyaan Hubungan

Page description:

31. Untuk organisasi/OPD yang Bapak/Ibu/Saudara/Saudari pilih, pilih semua pernyataan yang sesuai *

31. Bagaimana sifat hubungan dengan organisasi/OPD ini berubah sebagai akibat dari program BHC? *

yang kami maksud dengan sifat hubungan adalah informal atau formal, seperti memiliki perjanjian resmi yang ditandatangani misalnya Perjanjian/Kontrak/MoU/Akta

31. Bagaimana, jika ada, kepercayaan dalam hubungan Bapak/Ibu/Saudara/Saudari dengan organisasi ini berubah sebagai akibat dari program BHC ? *

Berbagi Informasi/Dialog

Page description:

31. Apakah kuantitas pertukaran informasi/dialog dengan masing-masing organisasi/OPD/kantor tersebut meningkat sebagai hasil dari program BHC? *

31. Apakah frekuensi berbagi/dialog informasi dengan masing-masing organisasi/OPD/kantor tersebut meningkat sebagai hasil dari program BHC? *

31. Apakah kualitas pertukaran informasi/dialog dengan setiap organisasi/OPD/Kantor tersebut meningkat sebagai hasil dari program BHC? *

Koordinasi Kegiatan Bersama

Page description:

31. Apakah kuantitas kegiatan bersama dengan masing-masing organisasi/OPD/Kantor tersebut meningkat sebagai hasil dari program BHC? *

31. Apakah frekuensi kegiatan bersama dengan masing-masing organisasi/OPD/Kantor tersebut meningkat sebagai hasil dari program BHC? *

31. Apakah kualitas kegiatan bersama dengan masing-masing organisasi/OPD/kantor tersebut meningkat sebagai hasil dari program BHC? *

Hubungan Sosial dan Jaringan

Page description:

31. Apakah kuantitas hubungan sosial dan jaringan dengan masing-masing organisasi/OPD/Kantor tersebut meningkat sebagai hasil dari program BHC? *

31. Apakah frekuensi hubungan sosial dan jaringan dengan masing-masing organisasi/OPD/Kantor tersebut meningkat sebagai akibat dari program BHC? *

31. Apakah kualitas hubungan sosial dan jaringan dengan masing-masing organisasi/OPD/Kantor tersebut meningkat sebagai hasil dari program BHC? *

Komentar Tambahan

Page description:

Pada bagian ini, kami ingin mengetahui jika Bapak/Ibu/Saudara/Saudari memiliki pertanyaan, komentar, dan rekomendasi tambahan.

31. Apakah Bapak/Ibu/Saudara/Saudari memiliki komentar atau hal-hal terkait lainnya yang tidak tercakup dalam pertanyaan-pertanyaan survei ini yang ingin Bapak/Ibu/Saudara/Saudari sampaikan kepada kami?

Terima kasih!

Terima kasih telah berpartisipasi dalam survei kami. Jawaban Anda sangat penting bagi kami.

Engagement Tracker

Organizations are listed in alphabetical order

#	Institution (English cleaned name)	Institution (INDONESIAN NAME)	Activity "score"	TYPE OF INSTITUTION	KII	SNA Survey	SNA MAP	Type_Binary
1	Academy of Occupational Health and Safety (Makassar)	Akademi Hiperkes Makassar	1	Private Higher education institution (Academy)	No	No	No	
2	Among Tani Foundation	Among Tani Foundation	1	Local NGO/CSO	No	No	No	
3	Asian Venture Philantropy Network (APVN)	Asian Venture Philantropy Network (APVN)	0	INGO	No	No	No	
4	Indonesian Breastfeeding Mothers' Association (AIMI)	Asosiasi Ibu Menyusui Indonesia (AIMI)	1	Local NGO/CSO/community group	Yes	Yes	Yes	Other actors
5	City Planning and Development Agency	Badan Perencanaan Pembangunan Daerah (BAPPEDA) Kota Makassar	23	Government (city level)	Yes	Yes	Yes	Sub-national government
6	Collaboration Department- Secretary of Makassar City	Bagian Kerjasama Sekretariat Daerah Kota Makassar	0	Government (city)	Yes	No	Yes	Sub-national government
7	BAKTI (Yayasan Bakti)	BAKTI (Yayasan Bakti)	2	Local NGO/CSO/community group	No	No	Yes	Other actors
8	Geophysical, Climatology, Meteorology Agency	BMKG (Badan Metereologi, Klimatologi dan Geofisika)	1	Government (level?)	No	No	No	
9	BPJS Kesehatan Makassar (health insurance agency)	BPJS Kesehatan Makassar	1	Government (city)	No	No	Yes	Sub-national government
10	BPKS (Badan Pengusahaan Kawasan Sabang) governmental services oversight body	BPKS (Badan Pengusahaan Kawasan Sabang)	1	Government (regional)	No	No	No	
11	Celebes Organic	Celebes Organic	1	Local NGO/CSO/community group	No	Partial	Yes	Other actors
12	Archives Department	Dinas Kearsipan Kota Makassar	0	Government (city)	No	No	No	
13	Marine and Fisheries Department	Dinas Kelautan dan Perikanan	1	Government (city)	No	No	No	

14	Dukcapil (Population and Civil Registration Agency)	Dukcapil (Dinas Kependudukan dan Pencatatan Sipil) Kota Makassar	1	Government (city)	No	No	Yes	Sub-national government
15	Health Department	Dinas Kesehatan Kota Makassar	6	Government (city)	Yes	No	Yes	Sub-national government
16	Workforce Department	Dinas Ketenagakerjaan	1	Government (city)	No	No	No	
17	Communications & Informatics Department	Dinas Komunikasi dan Informatika (Kominfo) Kota Makassar	11	Government (city)	Yes	No	Yes	Sub-national government
18	Cooperative Department (Small enterprises department)	Dinas Koperasi dan UMKM	3	Government (city)	No	No	Yes	Sub-national government
19	Environmental Department	Dinas Lingkungan Hidup Kota Makassar	5	Government (city)	Yes	No	Yes	Sub-national government
20	Tourism Department	Dinas Pariwisata	1	Government (city)	No	No	Yes	Sub-national government
21	Public Works Department	Dinas Pekerjaan Umum	5	Government (city)	Yes	Partial	Yes	Sub-national government
22	Fire Department	Dinas Pemadam Kebakaran	1	Government (city)	No	No	No	
23	Department of Women's Empowerment and Child Protection	dinas pemberdayaan perempuan dan perlindungan anak (DP3A) Kota Makassar	3	Government (city)	No	No	Yes	Sub-national government
24	Educational Department	Dinas Pendidikan	2	Government (city)	No	No	Yes	Sub-national government
25	Population Control and Family Planning	Dinas Pengendalian Penduduk dan Keluarga Berencana	1	Government (city)	No	Partial	Yes	Sub-national government
26	Trade Department	Dinas Perdagangan	1	Government (city)	No	No	No	
27	Library Department	DINAS PERPUSTAKAAN	1	Government (city)	No	No	No	
28	Department of Agriculture and Food Security	Dinas Pertanian dan ketahanan pangan	2	Government (city)	No	No	Yes	Sub-national government
29	Housing and Residential Areas Department	Dinas Perumahan Kawasan Pemukiman Dan Pertanahan Sul-sel	1	Government (Provincial)	No	No	No	
30	Housing and Residential Areas Department	Dinas Perumahan Kota Makassar	1	Government (city)	No	No	No	

31	Social Department	Dinas Sosial	2	Government (city)	No	Yes	Yes	Sub-national government
32	Directorate of Immigration General	Direktorat Jendral Imigrasi	1	Government (level?)	No	No	No	
33	Indonesia Association of Person with Diasabilities	Disability Organization (PPDI/Perkumpulan Penyandang Disabilitas Indonesia)	1	Local NGO/CSO/community group	No	Yes	Yes	Other actors
34	EWINDO	EWINDO	1	Private company	No	No	No	
35	Makassar Sanitation Journalist Forum	Forum Jurnalis Sanitasi Makassar	3	Local NGO/CSO/community group	No	No	Yes	Other actors
36	Health Polytechnic (Politeknik Kesehatan Makassar) - Kementerian Kesehatan	Health Polytechnic, MoH, Makassar (Politeknik Kesehatan Makassar)	1	University (public polytechnic)	No	No	Yes	Sub-national government
37	Helen Keller International	Helen Keller	1	INGO	No	No	Yes	Other actors
38	HRH2030 (USAID program name)	HRH2030	2	Donor program	No	No	No	
39	Humanitarian Forum Indonesia	Humanitarian Forum Indonesia	1	Local NGO/CSO	No	No	No	
40	Regional Inspectorate	Inspektorat Daerah	1	Government (city)	No	No	No	
41	Office of the Mayor Makassar City	Kantor Balai Kota Makassar	0	Government (city)	No	No	Yes	Sub-national government
42	Smart City Office	Kantor Smart City	0	?	No	No	No	
43	Health Ministry	Kementerian Kesehatan	1	Government (national)	No	No	Yes	Other actors
44	Cita Sehat Clinic	Klinik Cita Sehat	4	Local NGO/CSO	Yes	Yes	Yes	Other actors
45	Kompak (Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan)	Kompak (Kolaborasi Masyarakat dan Pelayanan untuk Kesejahteraan)	1	Donor program	No	No	Yes	Other actors
46	Indonesia National Slum Upgrading Project	Kotaku** (Kota Tanpa Kumuh) program	8	Government	Yes	Yes	Yes	Other actors
47	Institute for Public Policy Studies	Lembaga Studi Kebijakan Publik (LSKP) **	4	Local NGO/CSO	Yes	Yes	Yes	Other actors
48	Makassar Ecobrick	Makassar Ecobrick	2	Local NGO/CSO/community group	Yes	Yes	Yes	Other actors

49	National Science Foundation (Garden Alley Research Project)	National Science Foundation (Garden Alley Research Project)	1	Donor program	No	No	No	
50	City enterprise for clean water	PDAM (Perusahaan Daerah Air Minum)	2	State owned enterprise	No	No	Yes	Sub-national government
51	State-owned enterprise, oil & natural gas	Pertamina	1	State-owned company	No	No	No	
52	Blindness Association (Indonesia Blind Association)	Pertuni (Persatuan Tunanetra Indonesia)	0	Local NGO/CSO/community group	No	No	No	
53	Data and Information Center of Ministry of Health	Pusdatin (Pusat Data dan Informasi)	1	Government (national)	No	Yes	Yes	Other actors
54	RNS MSM	RNS MSM**	1	?	No	No	No	
55	General Hospital - PMC indramayu	RSU PMC indramayu	1	Hospital	No	No	No	
56	Local General Hospital - H.A. Sulthan Dg. Radja	RSUD H.A. Sulthan Dg. Radja Kabupaten Bulukumba	1	District General Hospital of Bulukumba	No	No	No	
57	City Hospital	RSUD Kota Makassar	3	Hospital	No	Partial	Yes	Sub-national government
58	Rumah Zakat	Rumah Zakat**	7	Local NGO/CSO/community group	Yes	Yes	Yes	Other actors
59	Save the Children	Save the Children**	5	INGO	No	No	Yes	Other actors
60	Sekolah Tanpa Batas (School without Borders)	Sekolah Tanpa Batas **	7	Local NGO/CSO	Yes	Yes	Yes	Other actors
61	Telkom - phone services	Telkom (PT. Telkom Indonesia)	1	State owned enterprise	No	No	Yes	Other actors
62	Tri Arta Medika (TAM)	Tri Arta Medika (TAM)	3	Private company	No	No	No	
63	Dayanu Ikhsanuddin University	Universitas Dayanu Ikhsanuddin	1	University	No	No	No	
64	Esa Unggul University	Universitas Esa Unggul	1	University	No	No	No	
65	Gadjah Mada University	Universitas Gadjah Mada	1	University	No	No	No	
66	Hasanuddin University (UNHAS)	Universitas Hasanuddin (UNHAS)	8	University (Indonesian)	Yes	No	Yes	Other actors
67	Indonesia University	Universitas Indonesia	1	University	No	No	No	

68	Mega Buana Palopo University	Universitas Mega Buana Palopo	1	University	No	No	No	
69	Sriwijaya University	Universitas Sriwijaya	1	University	No	No	No	
70	Tanjungpura University	Universitas Tanjungpura	1	University	No	No	No	
71	University of Oslo	University of Oslo	13	University (Foreign)	Yes	No	No	
72	School in Bone District three hours from Makassar	UPT SMAN 5 (BONE)	1	Government (city)	No	No	No	
73	USAID Indonesia	USAID Indonesia	1	Donor	No	No	No	
74	USAID Indonesia Urban Water, Sanitation and Hygiene (IUWASH) Plus	USAID Indonesia Urban Water, Sanitation and Hygiene (IUWASH) Plus	2	Donor program	No	No	Yes	Other actors
75	USAID JALIN Project	USAID JALIN Project	0	Donor program	No	Yes	Yes	Other actors
76	USAID Madani Civil Society Support Initiative	USAID Madani Civil Society Support Initiative**	5	Donor program	No	No	Yes	Other actors
77	UNICEF	Wash UNICEF	2	Donor program	No	No	Yes	Other actors
78	Yayasan Kalla	Yayasan Kalla	3	Local NGO/CSO/community group	No	Partial	Yes	Other actors
79	Yayasan Mazarina	Yayasan Mazarina	1	Local NGO/CSO	No	No	No	
Were not on the tracker								
*	Barrannglompo Island Village	Desa Pulau Barrannglompo	4	Government (village)	Yes	No	No	
*	Community Health Clinic Barrang Lompo	Puskesmas Barrang Lompo	1	Community Health Clinic	Yes	Yes	Yes	Sub-national government
**	DHIS2 Indonesia	DHIS2 Indonesia			No	Yes	Yes	Other actors
	USAID MPHD	USAID MPHD			No	Partial	No	
	Village Office - Barrang Lompo	Kantor Desa - Barrang Lompo			No	No	Yes	Sub-national government
	Kulurahan Kaluku Bodoa	Kulurahan Kaluku Bodoa			No	No	Yes	Sub-national government
	Village Office - Maccini Sombala	Kantor Desa - Maccini Sombala			No	No	Yes	Sub-national government

	Barrang Lompo District	Kecamatan Barrang Lompo			No	No	Yes	Sub-national government
	Kelurahan Barrang Caddi	Kelurahan Barrang Caddi			No	No	Yes	Sub-national government
	Regional Government (District, Regency)	Pemerintah daerah (kecamatan, kabupaten)			No	No	Yes	Sub-national government
	Public health center	Puskesmas			No	No	Yes	Sub-national government
	Public health center - Maccini Sombala	Puskesmas - Maccini Sombala			No	No	Yes	Sub-national government
	Village Office - Rappokalling	Kantor Desa - Rappokalling			No	No	Yes	Sub-national government
	Residence shelter	Residence shelter			No	No	Yes	[Unknown]
	War Room Makassar	War Room Makassar			No	No	Yes	Sub-national government
*	Were in the tracker master list							
**	Related to University of Oslo (#71)							

G– STATEMENT OF WORK

Joint Partnership Plan for SPACES Monitoring, Evaluation, Research, and Learning BETWEEN USAID MERLIN Team (Office of Evaluation, PPL/LER) AND USAID/ASIA/Health

This joint partnership plan (“partnership plan”) and any attachments or annexes thereto, is made and entered into by and between the United States Agency for International Development (USAID) MERLIN Team (Office of Evaluation) (“the MERLIN Team”), and USAID/ASIA/Health on this XX day of February, 2021 (“Effective Date”).

The purpose of this partnership plan is to set the terms and understanding between the USAID - MERLIN Team and the USAID Asia Bureau Health team (ABHT) under the SPACES approach, focused on systems, methods, and tools.

Background

SPACES is an initiative of the Monitoring, Evaluation, Research and Learning Innovations (MERLIN) Program. SPACES aims to bring a variety of systems tools and methodologies to USAID Operating Units, missions and bureaus.

All development efforts involve working in complex systems. Unaided, understanding and addressing such systems presents a number of risks. Without an understanding of the dynamics of the system, interventions can be unsustainable, resulting in multiple secondary, tertiary and reverberating effects, and can even lead to unintended consequences. As Operating Units go through the process of designing development programs, it is critical to use an approach that engages with and addresses systems relevant to the development efforts to avoid these pitfalls.

Tools to help better understand and address systems have transformed numerous other fields such as transportation, manufacturing, aerospace engineering, and meteorology. Currently, there is a need for a suite of tools to help decision makers dealing with complex systems in international development. Simply translating tools from other fields is not enough, since international development has unique elements and challenges. There is a need for a suite of systems tools tailored appropriately for international development.

Systems approaches to program design and implementation for USAID and its partners is an operational innovation championed and pioneered by the PPL and being tested throughout Operating Units within the Agency.

The SPACES approach includes an array of systems tools and methods to assist USAID to address the many challenges to multiple development objectives at multiple stages of the project cycle, including design, monitoring, evaluation and learning. For this scope of work, SPACES will conduct a network analysis - SPACES will develop a network diagram of BHC stakeholders before BHC and at present to demonstrate how relationships have changed over time due to BHC tools and further how the change in relationships is affecting the achievement of project goals. The diagram will be based on data collected during key informant interviews (KIIs) and quantitative surveys which will be conducted with ABHT stakeholders, BHC staff, local stakeholders (e.g., municipal government) who worked with BHC,

members of stakeholder organizations who both did and did not work directly with BHC (as speaking with actors who did not work directly with BHC can provide key information about the system and its dynamics) and citizens. To understand how BHC conceptualizes resilience the SPACES team will conduct KIIs to determine how different stakeholders in different contexts define resilience. SPACES will then visually represent (e.g., concept map) these different definitions of resilience, highlighting how this varies between stakeholders and will also draw out how these different understandings of resilience and BHC's role in affecting this understanding ultimately changed city leadership's preparation and response to future shocks. The team will also identify contextual factors, via surveys and KIIs that have either facilitated or hindered effective implementation of the BHC model, and analyze survey and interview responses to identify enabling conditions for BHC to better understand the validity of the BHC theory of change which can inform how to improve the sustainability of future approaches.

Purpose

This Joint Partnership Plan (JPP) outlines a scope for partnership between the MERLIN Team and USAID ABHT. An overview of the partnership scope of engagement through SPACES is outlined below.

SPACES Scope of Engagement

The MERLIN and SPACES Commitment to Partnership:

The MERLIN Team is committed to providing resources that will ensure the best possible environment for successful application of SPACES. The MERLIN Team is committed through the SPACES Consortium to conduct an evaluation of BHC (see SOW):

ABHT Commitment to Partnership:

ABHT is committed to working in partnership with the SPACES Consortium through the MERLIN Team to:

- Identify a single point of contact to coordinate with SPACES on the evaluation
- Provide necessary staff time and resources to support the involvement of the SPACES Consortium, including regular phone calls with SPACES Consortium.
- Involve the SPACES Consortium (or representatives within) in key decision-making processes as related to MERL opportunities.
- Provide resources, if needed and as agreed to, to support activities as related to SPACES activities.
- Commit to data sharing based on information collected that can support SPACES activities and learning agenda.
- Participate in qualitative interviews and quantitative surveys as related to SPACES activities and the MERLIN learning agenda.
- Provide SPACES with contact information and introductory emails for other stakeholders involved in BHC.
- Commit to collaborative learning and transparent decision-making with SPACES Consortium to ensure a joint partnership for the SPACES engagement.
- Review identified deliverables before finalization

BHC's role in the evaluation:

- Identify a single point of contact to coordinate with SPACES on the evaluation
- Provide necessary staff time and resources to support the involvement of the SPACES Consortium, including regular calls with SPACES Consortium and coordinating with SPACES' data collection
- Commit to data and document sharing to support SPACES' evaluation
- Participate in qualitative interviews and quantitative surveys as related to SPACES activities

- Send introductory emails with stakeholders about KIIs/survey being conducted by SPACES
- Provide list of stakeholders and contact information

Learning Agenda for SPACES

Each SPACES pilot engagement is designed to meet the monitoring, evaluation, research and learning needs of its activity, while also contributing to a larger MERLIN learning agenda. This includes testing the various MERLIN approaches to contribute to a broader learning agenda with SPACES as an approach. Each engagement will contribute to a set of core questions about using SPACES approaches in USAID, as well as questions specific to the approach used and the activity being monitored. To facilitate these dual learning objectives, each SPACES engagement will involve a series of M&E approaches to assess whether SPACES is effective as an approach and in generating better program outcomes.

Periodically, the SPACES consortium or the Policy Planning and Learning Bureau's office of Learning, Evaluation and Research (PPL/LER) will solicit feedback and document the learning process and its outcomes with USAID/ASIA/Health participants. Data sources may include program/exant data, rapidly conducted survey data, key informant interviews, and/or focus groups. This may involve participation by representatives from the MERLIN Team (EIA), SPACES, and other implementing organizations.

Agreement

The Partnership between the MERLIN Team and USAID/ASIA/Health will begin on the date of agreement to this document, via email, between the MERLIN Team and the USAID/ASIA/Health, and last a duration of 6 months. These dates are conditional on the USAID/ASIA/Health and SPACES implementation timelines, and as such are subject to change following discussion among all parties involved. The JPP can be updated with a new end-date should USAID/ASIA/Health decide to incrementally fund this project.

Timeline and deliverables for SPACES: Undertaken for six months following the transfer of funding, the evaluation is anticipated to deliver presentations of findings and an evaluation report, both to include analysis of the results of data collection.

Key Contacts

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**Building Healthy Cities Evaluation
SPACES**

Scope of Work

Purpose and Use

The purpose of this evaluation is to answer exploratory learning questions related to the Building Health Cities program (BHC). These questions investigate what worked, what did not work (and why), the conditions under which the BHC approach is likely to be effective, and how lessons on urban resilience for future programming. Specifically, the evaluation aims to understand:

4. How BHC's approach to engaging stakeholders affected BHC implementation,
5. How stakeholders conceptualize resilience and determine how these conceptualizations affect how city leaders act, and
6. How BHC's model can inform future urban project design.

User	Use
ABHT	• Understand which approaches/interventions were effective in achieving project goals and why • Inform design/implementation of future Asia Bureau projects related to urban development
BHC Implementing Partners	• Integrate/reference relevant evaluation findings from the Evaluation in PMP and reporting

The ABHT determined that the following intended uses are outside the purview of the Evaluation:

- Manage and/or modify activities being implemented in years 4-5 of the project
- Assess the performance of the IP
- Assess the impact of activities (as a baseline was not conducted)

Background

The USAID-funded Building Healthy Cities (BHC) project is partnering with Smart Cities in Indore, India, Makassar, Indonesia, Kathmandu, Nepal, and Da Nang, Vietnam with the goals of increasing equitable access to healthy lifestyles, improving access to health-related services, strengthening the community voice, decrease environmental and lifestyle risk factors for chronic diseases, decrease the burden of infectious diseases, and enable wider use of data that supports community decision making to make different choices which then better includes health outcomes in city planning.

Planning for a Smart City is intrinsically linked to health: transportation, natural resources, sanitation, education, recreation, technology, and the built environment all influence the health of an urban population. BHC employs a participatory systems mapping approach to clearly articulate these linkages in each context, engages a wide range of stakeholders across sectors, and formulates a set of priority actions for each city. BHC works in partnership with Smart City initiatives and urban sector departments to build this new vision for healthy urban planning. In addition, BHC engages Smart City citizens of every demographic with a focus on marginalized populations so that they have a voice (via citizen reporting systems and participatory research) and are empowered to advocate for the needs of their communities.

BHC recently completed Year 3 of their 5-year cooperative agreement. BHC has been working with three Smart Cities including Da Nang, Indore, and Makassar, and in fiscal year 2020 began an operation in Kathmandu. To date, the project has focused on establishing and deepening relationships in each city (in the community and within municipal government), facilitating sustainable connections across sectors, completing the systems mapping process, supporting the execution of city-level interventions and making recommendations for multi-sectoral health activities. However, this evaluation is going to focus on only one country: Indonesia (Makassar).

Evaluation Questions

In addition to the uses stated above, the SPACES team discussed some of the following, overarching motivations for the Evaluation with the ABHT. Based on the common themes and priority interests, SPACES and ABHT arrived at the following preliminary research questions:

Note: The term “stakeholders” below is inclusive of USAID implementing partners under BHC, local partners, municipal government, Smart City Boards, and beneficiaries (i.e., community members and those involved in co-creation activities) engaged in each city.

Questions	Motivation
4. Model/Approach/Tools a. Stakeholder engagement: how, who, failures, successes. How did engagement between all stakeholders facilitate or hinder implementation and achievement of project goals? b. How successful were the tools/assessments in achieving project goals (i.e., what worked and what didn't work)?	USAID wishes to: ● understand feasibility/viability of achieving project goals via the stakeholder engagement tools ● support the “harmony” that resulted from the well-functioning engagement structures/processes/functions ● determine how to better address the “disharmony” resulting from obstacles to stakeholder cooperation ● understand how BHC uses evidence/findings ● understand whether the stakeholders are acting upon findings and experiences of BHC tools/assessments and recommendations

5. Resilience - How does BHC define the concept of resilience, measure it, and contribute to achieving more resilient cities? - How did city leaders better respond to community needs as a result of BHC programming?	USAID wishes to: - understand if/how the concept of resilience has evolved over the course of the project and differed across the implementing cities - know whether and the extent to which the technical focus (i.e., the six areas) of BHC's approach was integrated into this conceptualization of resilience. - determine to what extent these conceptualizations of resilience affected activity design/implementation and if these activities in turn contributed to the resiliency of the city (if so - how was this measured) - understand how the city leaders were enabled/empowered to improve their preparation and response to future shocks and how BHC supported these improvements
6. Way forward: How could the BHC cross-sectoral models in the different country contexts be applied and sustained in the future?	USAID wishes to: - better understand BHC's operating context in order to determine the appropriateness/applicability of the cross-sectoral model for other country contexts - equip future projects with the tools to learn, adapt, and improve quickly and effectively to improve chances of sustainability - understand the validity of the theory of change

Each of these questions will be examined through the lenses of “What? Why? What does this mean for the future?” with an eye towards understanding what improvements can be made in a successor project.

I. The Approach

I.1 Overview of Design and Methodology

The SPACES approach includes an array of systems tools and methods to assist USAID to address the many challenges to multiple development objectives at multiple stages of the project cycle, including design, monitoring, evaluation and learning. For this scope of work, SPACES will conduct a network analysis - SPACES will develop a network diagram of BHC stakeholders before BHC and at present to demonstrate how relationships have changed over time due to BHC tools and further how the change in relationships is affecting the achievement of project goals. The diagram will be based on data collected during key informant interviews (KIIs) and quantitative surveys which will be conducted with ABHT stakeholders, BHC staff, local stakeholders (e.g., municipal government) who worked with BHC, members of stakeholder organizations who both did and did not work directly with BHC (as speaking with actors who did not work directly with BHC can provide key information about the system and its dynamics) and citizens. To understand how BHC conceptualizes resilience the SPACES team will conduct KIIs to determine how different stakeholders in different contexts define resilience. SPACES

will then visually represent (e.g., concept map) these different definitions of resilience, highlighting how this varies across cities and will also draw out how these different understandings of resilience and BHC's role in affecting this understanding ultimately changed city leadership's preparation and response to future shocks. The team will also identify contextual factors, via surveys and KIs that have either facilitated or hindered effective implementation of the BHC model, and analyze survey and interview responses to identify enabling conditions for BHC to better understand the validity of the BHC theory of change which can inform how to improve the sustainability of future approaches.

1.2 Geographic scope

The ABHT intends to focus the Evaluation on Makassar as implementation in this city is mature enough to provide sufficient answers to the evaluation questions.

1.3 Phases and Timeline

PHASE 1: Pre-Evaluation and Start-up (estimated Start of evaluation - Month 1.5)

Step 1. Evaluation Team Recruitment: In the time prior to implementation, SPACES will identify/recruit as many of the team members as possible, and work on various administrative tasks that will prepare the team for a prompt launch upon ABHT's funding obligation. Each team member's qualifications and job description will be shared with ABHT for review.

Step 2. Assemble existing data on key outcomes of interest for all evaluation questions

- a. This step will involve systematically gathering intelligence and data from a wide range of sources. This includes but is not limited to the ABHT literature review, BHC project documents³ (e.g., project description, annual and quarterly reports, BHC workplans, agendas, presentations, and other materials used for their stakeholder engagements and workshops), and relevant background information from quantitative indicators, Smart Cities documents and, literature on citizen-government relations in Makassar (e.g., Smart City Workplans - as city include BHC activities in their work plans)
- b. Identify any data gaps and determine how additional information will be gathered (e.g., via surveys/interviews)
- c. Identify key informants to interview and respondents for survey

Step 3. Establish Evaluation design, workplan, and launch

- d. During this step SPACES will host a kick off meeting with our SPACES team and relevant USAID and BHC representatives. This session will focus on clarifying the SOW ensuring alignment around the purpose of the evaluation; identifying how findings will be used; and confirm roles, responsibilities (outlined in section 6 and annex) and norms for stakeholder outreach.
- e. Produce evaluation design and workplan

Step 4. Propose and implement a communication strategy to stakeholders and beneficiaries as appropriate for the methodology proposed

- f. The communication strategy should be cleared by USAID with input from BHC/JSI
- g. USAID PoC should be copied for main communications to stakeholders

PHASE 2: Implementation (estimated Month 1.5 - Month 5)

The steps outlined below outline the steps necessary to answer the evaluation questions, organized by Evaluation question. We will provide a chronological plan for the entire evaluation in the evaluation design and workplan.

Step 1. Develop and test data collection tools

- a. SPACES will co-design the KI protocol, the survey, and data collection tools along with a set of Trainer of Trainers modules with key stakeholders. We will hold a virtual

³ All BHC project documents have been compiled in a spreadsheet with links to a google folder.

trainer of trainers workshop to build the capacity of the local enumerators in systems sensing, systems mapping, and data collection. This will also include plans for ensuring willing participation in surveys and KIs. We will tap into our local partner networks in India and Indonesia to identify enumerators in each country. The interview and survey will be conducted with stakeholders including ABHT stakeholders, BHC staff, local stakeholders (e.g., municipal government) who worked with BHC, members of stakeholder organizations who both did and did not work directly with BHC (as speaking with actors who did not work directly with BHC can provide key information about the system and its dynamics) and citizens.

Note: KIs will be conducted virtually and recorded, transcribed, and coded using a platform like NVivo so that common themes can be identified and the quality of evidence can be assessed, including external validation of evidence where possible and applicable.

To ensure we are getting a representative and comprehensive understanding of the network we will select a diverse sample (e.g., balance of gender, age, socioeconomic status, role in the system). This sample criteria will be co-created with the ABHT and BHC team and could target those that are intimately involved with BHC, those that are affected by BHCs initiatives, and those that are tangentially affected.

KIs and surveys will gather information necessary to answer evaluation questions. The specific outline and plan for each data collection tool will be included in the evaluation design and workplan.

Evaluation Question 1: Stakeholder Engagement Social Network Analysis

Step 2. Define what is a partnership/relationship between stakeholders

- a. This step will involve determining a definition for what a partnership is between stakeholders that will serve as the basis for the network diagrams developed in Steps 4 and 5. This will be done by conducting KIs. Based on these, we will use the best/most appropriate definition.

Step 3. Identify the stakeholders and how they are connected pre- BHC and now that BHC is in progress and determine the level and quality of the connection (some measure of the relationships & how they are defining relationships)

- b. This step will involve identifying all of the various stakeholders that are relevant and determining how these stakeholders are connected prior to implementing BHC, using the definition determined in Step 2. Further, this step will also include determining how stakeholders are connected with BHC (e.g., new connections). We will also determine the level of the connections between all the stakeholders identified in this step. This will entail determining some measure of the strength and quality of the relationships, as defined in Step 2. This step will be done by reviewing documents about BHC (e.g., program documents, reports) and will build and iterate on Step 2. Once we further refine the network diagram of key stakeholders, and the other actors they engaged with to achieve the desired project goals, we will be able to flag any other types of respondents that would be useful to survey or interview. The network diagram refinement described in the steps below, as well as data collection (via KIs /surveys) will be an iterative process.

Step 4. Develop a network diagram pre-BHC and conduct network analyses

- c. This step will entail developing a network diagram of the stakeholders identified in Step 3 as well as their connections and the level of the connection prior to the implementation of BHC. The pre-BHC diagram will use information gathered from key informant interviews on whether connections existed pre-BHC, what were the extent of those connections, etc. In order to limit recall bias we will establish a retrospective baseline through an extensive data review from a range of sources. Pulling from grant lists, website communications, outreach lists and other BHC project documents such as event/webinar registrations lists will help us establish existing connections to build up a baseline that is not overly dependent on recall. We will also look at the current nature of the relationship and if recent interactions align with the kinds of principles and actions advocated under the BHC activity. We will then conduct social network analyses of this network to establish how these stakeholders were connected to each other pre-BHC. This will include various measures, for example, degree, reciprocity, in-degree, out-degree and betweenness between various stakeholders, as well as measures such as subgroups and cliques analyses looking at the groups of stakeholders. Each of these measures will be outlined using standard definitions in the evaluation design and workplan. This step and Step 5 will be informed by and build on existing systems maps and network analyses where appropriate.

Step 5. Develop a network diagram now that BHC is in progress and conduct network analyses

- d. This step will entail developing a second network diagram with BHC and will include the new connections and how connections have changed using the information gathered in the steps above. The social network analyses performed in Step 4 will be conducted on this network.

Step 6. Compare the network with and without BHC and conduct network change analyses

- e. This step will compare the resulting network diagrams with and without BHC and consist of a network change analysis. The analysis can include determining the differences and evaluating the effect of BHC tools on the various social network analyses from Steps 4 and 5. This can be used to determine and quantify how various relationships and strengths of the connections have changed with BHC. The method for quantifying relationships will be further outlined in the evaluation design and workplan.

Step 7. For each of these changed relationships, identify tools that may have been involved in altering these relationships

- f. The BHC initiative used multiple tools (e.g., participatory systems mapping workshop) to connect various stakeholders. This step will identify each of the tools used by BHC via document review and KIs to determine how specific tools led to changes in specific relationships that are identified and analyzed in Steps 2-6 above. This step will provide a foundation to assess specifically how these tools affected each relationship. This step will also help understand when and where the tool intended to change a relationship but did not.

Step 8. For each tool, identify and list the mechanisms that led to the relationship being changed. This includes representing the relationship without BHC, each of the steps involved in the BHC tool and how it connects partners, and the eventual end-relationship.

- g. Building off of Step 7, this step aims to identify, list, and ultimately represent the mechanisms involved in each relationship changed with BHC. For each relationship affected by BHC, this will include identifying the mechanisms that led to the relationship being changed. For example, while the participatory mapping workshop is one tool that BHC used to connect stakeholders, what were the specific and stepwise processes that occurred as a part of this that led to changes? This should be done for each altered relationship.

Step 9. For each of these tools and relationships, represent these mechanisms identified in step 7 as a layer in the diagram

- h. Once the mechanisms and processes that affected each relationship are identified, the next step will be to layer in these mechanisms and processes to the diagram. The diagram will show the relationships of key stakeholders without BHC, the mechanisms and processes of each tool that connected these stakeholders, and the relationships of stakeholders with BHC.

Step 10. Incorporate into the diagram, the mechanisms for how these connections affected the implementation of the BHC project and project goals/outcomes.

- i. Building on the diagram layer developed in Step 9, this step will add the changed mechanisms and processes that resulted from the formation of new relationships. While these mechanisms will begin to be identified and sketched out during the initial phases of the diagram (e.g. Steps 4 and 5), this step will build on the network diagram to include a layer focused on how these relationships affected implementation. This step should include representations of not just project goals and outcomes that resulted from new relationships, but the specific steps that were taken by connected stakeholders to achieve these outcomes for all Activity Areas.

Evaluation Question 2: Resilience

Step 11. Conduct landscaping review of the literature on frameworks for understanding resilience.

- j. The literature will inform a framework to help frame and focus interviews, for example, identifying different aspects or components of resilience that can be explored in more depth. This framework will include ABHT's conceptualization of resilience: strengthening the capacity of the actors to be responsive to community needs.
- k. Once the literature review is complete, the framework will be reviewed with ABHT and JSI, refined, and then used as a basis for KIIs.

Step 12. Collect definitions of resilience from BHC stakeholders in Makassar

- l. Use the surveys and KIIs to collect definitions of resilience from BHC stakeholders. Probe about their understanding of resilience. Use prompts in KIIs to see if their understanding includes dimensions such as "plan," "absorb," "recover," and "adapt". Ask if they feel resilience is a concept that applies to individuals, households, communities, institutions, nations. Ask if they think it can apply to value chains and even systems. Ask if they have adopted any specific framework such as USAID's Resilience Framework? We will use USAID's Resilience measurement framework to inform our questioning in the KIIs.
- m. Ask if they think resilience, as they have defined it, has been operationalized as part of the BHC programs. In other words, do they feel that BHC programs increased resilience? Ask if their household, community, or institutions have an emergency response plan.

- n. Ask if they can give an example of when they observed resilience in action in their locality/community in relation to the work of BHC (at any level). This will produce stories we can use in our reporting. Examples could be from the health sector (natural disaster, mass casualty incident, COVID-19 response) or non-health sector.

Step 13. Visualize and conduct analyses to interpret the collected definitions of resilience and determine how they may vary by stakeholder and context (e.g., concept maps).

- o. Concept mapping provides a visual illustration that clarifies relationships between concepts and ideas. In this case, concept maps will be used to depict stakeholders' understanding of "resilience" and how these conceptualizations of resilience relate to each other. The process of constructing concept maps of resilience for each city using the data collected in Step 12 will help draw out the various ways that different stakeholders conceptualize resilience and illustrate how these vary between cities. Illustrating these different conceptualizations of resilience and determining how they are related to one another will also help elucidate how these definitions and understandings may have engaged with each other and evolved over the course of the BHC project.

Step 14. Conduct KIIs to determine whether and how these conceptualizations affected BHC programming and how city leaders better responded to community needs as a result of BHC programming.

- p. By using a combination of KII interview guides developed in Phase 2 and definition maps generated in Step 13, SPACES will conduct KIIs reflecting conceptualizations of resilience back to BHC and stakeholders to seek out any connections between these ideas and BHC programming. KIIs will also investigate whether stakeholders are aware of any evidence that BHC programming across all Activity Areas ultimately affected cities' resilience and how city leaders responded to community needs. As noted above KIIs will be conducted virtually and recorded, transcribed, and coded so that common themes and the quality of evidence can be identified and assessed, including external validation of evidence where possible and applicable.

Evaluation Question 3: Way Forward

Step 15. Identify barriers/facilitators to the BHC program to inform how USAID could implement programs that sustainably address urban challenges in the future

- a. This step will use the findings from evaluation question 1 that explore the changes in relationships between stakeholders that occurred over the course of the BHC project and how BHC tools contributed to those changes as a basis for identification of factors that either facilitated or hindered the implementation of the BHC program. Specifically, this will involve understanding how the context impacted steps involved in establishing relationships between stakeholders and how these steps changed over time. Contextual factors may or may not begin to be identified from these analyses; either way, these findings will provide important points of focus and direction for further exploration.
- b. Use the survey and KIIs to identify or further explore factors that have either facilitated or hindered effective implementation of the BHC agenda.
- c. Ask for examples of why things worked or why they did not work to understand what are deeply rooted and context-constrained factors.

Analyze

- d. Consider enabling conditions, external and internal, that advanced or hindered BHC's approach. Considering institutional factors, infrastructure, cost, policy, willingness to act, competing priorities, etc.
- e. Identify which factors required multisectoral approaches (as opposed to those that are siloed and operate in one sector)
- f. Formal structures and systems set up to move work forward map these processes, systems and structure and assess the effectiveness of these

Understand systems and approaches to equip future projects to learn, adapt, and improve quickly and effectively to improve chances of sustainability

- a. Ask questions in KIs about what practices they have developed AND institutionalized to capture learnings for future programming
- b. Ask for examples of learning practices adopted (formal, informal, information sharing, use of IT platforms, etc.)

Theory of Change

- a. Ask questions in the KIs about the extent to which the theories of change have informed BHC activities and whether there is evidence to support the theories of change.
- b. Use the systems map in each city to look at the leverage hypotheses and ask questions in the KIs about whether these interventions and/or outcomes will be sustained and whether the leverage hypotheses have guided actions and produced the benefits to the system that were anticipated.

Evaluation Matrix

Questions	Data to Collect	Methodology
<i>Model/Approach/Tools</i> - Stakeholder engagement: how, who, failures, successes. How did engagement between all stakeholders facilitate or hinder implementation and achievement of project goals? - How successful were the tools/assessments in achieving project goals (i.e. what worked and what didn't work)?	- Identifying stakeholders and their connections before and after/during BHC - Characteristics of relationships that exist before and after BHC (e.g., strength, frequency of communication, formal vs. informal, effective) - Steps involved in establishing relationships between stakeholders, how the context impacted these steps and how these steps changed over time - Reasons for effective vs. ineffective relationships or relationships that didn't form - How connections between stakeholders affect different organizational processes/program implementation goals and to what extent these relationships affected the process, efficiency of BHC activities	- Conduct key informant interviews and surveys - Develop network diagrams - Conduct social network analyses (SNAs). SNAs are a highly useful tool for representing relationships and networks, including the number of connections, strength of connections, and other useful metrics. - Develop systems map(s).

<i>Resilience</i> • How does BHC define the concept of resilience, measure it, and contribute to achieving more resilient cities? • How did city leaders better respond to community needs as a result of BHC programming?	• How BHC stakeholders in 2 different cities conceptualize resilience and how this has changed over time • Are the six areas of BHC included in the definition/ conceptualization of resilience • Steps involved in BHC activity design/ implementation ○ Was resilience considered in this process? If so, when (before, during, after)? • Steps city leaders took to respond to prepare for shocks. Where are city leaders at now in preparing for shocks? ○ Was BHC involved in any of these steps?	• Conduct KIIs and surveys • Develop concept map
<i>Way forward</i> • How could the BHC cross-sectoral models in the different country contexts be applied and sustained in the future?	• Steps involved in establishing relationships between stakeholders, how the context impacted these steps and how these steps changed over time • Determine which contextual factors support establishing connections between stakeholders, and which factors inhibit and how to leverage facilitators and navigate around inhibitors • Review theory of change and determine if changes are correlational and may be due to other factors as opposed to mechanistic causal changes that were a result of BHC ○ Validate this during data collection	• Conduct KIIs and surveys • Look at leverage hypotheses and ask questions in KII about whether interventions have produced anticipated benefits

PHASE 3: Review Findings and prepare final deliverables for dissemination (Month 4 - Month 6)

- B. Determine the robustness of results, key drivers and how the above findings may differ by circumstance/context:** This will also involve identifying key drivers such as specific players, specific connections and/or processes that were established that were crucial for facilitating project implementation.
- C. Present and discuss findings and implications:**
 - a. This step is to ensure uptake and application of the evaluation. SPACES will include opportunities to discuss what the data is showing in the data collection and model, the interpretation of the findings and what the data are suggesting, determining the implications for USAID/BHC work and discussing next steps and how to apply these findings to future work.

- b. Specifically, SPACES will present preliminary results to ABHT, USAID Missions, and BHC before drafting any written deliverables.

D. Prepare final deliverables

- a. Final written deliverables consist of an evaluation report, two-page briefs, and a presentation of the findings. The briefs and the summary presentation (and possibly additional infographics) should be targeted to specific audiences: USAID decision-makers and external stakeholders (these will be identified in coordination with ABHT).
- b. Draft versions of the Evaluation Report and the briefs will be shared with ABHT, BHC, and India and Indonesia Missions.
- c. First Draft Evaluation Report and briefs: On a date agreed in the workplan, SPACES will provide a draft version of the evaluation report. ABHT and BHC may provide comments on this draft through USAID. The report should meet the criteria outlined in USAID's Evaluation Policy, and include all elements described in ADS 201mah, USAID Evaluation Report Requirements.
- d. Second Draft Evaluation Report and briefs: On a date agreed in the Workplan, the SPACES will share a second draft evaluation report that considers comments received from USAID based on the first draft report. ABHT will provide comments on this draft.
- e. Final Evaluation Report and briefs: On a date agreed upon in the Work Plan, the SPACES will share a final evaluation report in both Microsoft Word and Adobe Document compatible formats whose content and format reflects comments received from USAID on the second draft report.
- f. Final Presentation: SPACES will share and clear a draft of the presentation for J(b) below

E. Disseminate

- a. All deliverables that are in written format will be in plain, grammatically correct English language; be submitted in an appropriate electronic format (i.e. Microsoft Word, Excel, PowerPoint Presentation, or PDF compatible); and meet all the requirements.
- b. SPACES should prepare a presentation and disseminate the briefs to BHC stakeholders (to be determined with ABHT).
- c. Other communications and publications of the research by SPACES will be cleared by USAID
- d. Upload to the DEC

2. Schedule of Activities and Deliverables

All deliverables will be shared with ABHT within the agreed upon timeline. SPACES will promptly notify the ABHT of any problems, delays, or adverse conditions which materially impair the ability to meet the requirements (see section 7: Risks). All modifications to the required elements of the workplan, whether in evaluation questions, design and methodology, deliverables and reporting, evaluation team composition, schedule, and/or other requirements should be agreed upon in writing by ABHT. Any revisions made will be noted in the SOW annexed to the final Evaluation Report. Timeline below is illustrative and actual dates will be finalized in the work plan and will be mutually agreed upon between SPACES and USAID ABHT.

Phase	Tasks/Deliverables	Timeline
Phase 1-2: Pre Eval and Start up	Kick-Off Meeting	Week 1
	Evaluation Design and workplan	Week 2
Phase 3: Implementation	Data collection tools	Ongoing from Month 1.5 - Month 4
	Results and iterative presentations (e.g. preliminary findings/midpoint)	Ongoing from Month 3-5

	Analysis	<i>Ongoing from Month 2 - 5</i>
Phase 4: Findings & Final Deliverable submission	Presentation of final version of findings to ABHT	<i>Month 5.5</i>
	Report and Brief Writing	<i>Month 5 - 6</i>
	Submission of First Draft Evaluation Report and Briefs	<i>Month 5</i>
	Submission of Second Draft Report and Briefs	<i>Month 5.5</i>
	Submission of Final Draft Report and Briefs	<i>Month 6</i>
	Final Presentation	<i>Month 6</i>
	Dissemination activities	<i>Month 6</i>

3. SPACES Team Composition, Roles and Responsibilities

- SPACES Team

Dr. Bruce Y. Lee and Dr. Tim Moran have collaborated together for over 5 years and are Co-Principal Investigators of the SPACES consortium. They will share responsibilities in overseeing the project as they both bring different and complementary systems expertise to the team.

Bruce Y. Lee, MD MBA, Co-Principal Investigator (Co-PI)

Dr. Lee is Co-Principal Investigator for the USAID SPACES consortium and has been the Principal Investigator of the USAID-SPACES cooperative agreement since its inception in 2015. Dr. Lee is Executive Director of PHICOR (Public Health Computational and Operations Research), and Professor of Health Policy and Management at the CUNY Graduate School of Public Health and Health Policy. With over two decades of expertise in systems approaches to help decision makers in medicine and public health, Dr. Lee has authored over 240 scientific publications (including over 105 first author and over 85 last author) with well over 90% of the publications on mathematical and computational modeling as well as three books. An international leader in systems science and mathematical and computational modeling, Dr. Lee has considerable experience leading system science consortium, projects and evaluations. His previous positions include serving as Associate Professor of International Health at the Johns Hopkins Bloomberg School of Public Health, Executive Director of the Global Obesity Prevention Center (GOPC), Director of Operations Research at the International Vaccine Access Center (IVAC), Associate Professor at the University of Pittsburgh, Senior Manager at Quintiles Transnational where he led teams that developed economic and operational models for a variety of clients in the pharmaceutical, biotechnology, and medical device industries, working in biotechnology equity research at Montgomery Securities, and co-founding Integrigen, a biotechnology/bioinformatics company. He's worked with a wide range of decision makers [e.g., Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), UNICEF, GAVI Alliance, country Ministries of Health, Bill and Melinda Gates Foundation, State and County Health Departments, Department of Health and Human Services (DHHS), and Department of Homeland Security]. **He will oversee all phases of the project.**

Tim Moran, PhD, Co-Principal Investigator (Co-PI)

Dr. Moran is Co-Principal Investigator for the USAID SPACES consortium and Paul R. McHugh Professor of Motivated Behaviors and Executive Vice Chair in the Department of Psychiatry and Behavioral Science at the Johns Hopkins University School of Medicine. **As Co-Principal Investigator he will also oversee all aspects of the project.** Dr. Moran has led academic consortiums and centers dedicated to bringing systems methods and approaches to a range of different fields in public health. Dr. Moran has received extensive NIH and foundation funding. His work is reflected in over 375 publications. He contributes behavioral expertise to the system science work of the SPACES Consortium.

4. Risks

There are a few potential risks that may lead to problems, delays, or adverse conditions which materially impair the ability to meet the requirements. One risk is the ongoing COVID-19 pandemic, which is likely to continue to limit in-person meetings and workshops, suspend or delay travel, and impact stakeholders' time and accessibility. A second risk is that BHC staff may be occupied with other engagements and responsibilities and, as such, may not be available to work with the SPACES team in the timeline indicated above. A third risk in working with stakeholders across multiple countries and government agencies is that changes in political climates, structures, and personnel may prevent or reduce SPACES' ability to interface with key stakeholders and gather information. As mentioned above, SPACES will work to actively report on and mitigate any delays or issues that may arise as a result of these or other risks.

5. Budget Notes

- The budget incorporates the anticipated costs of all staff (outlined in section 6 and annex). it is expected that the evaluation will be conducted remotely.
- The budget assumes:
 - 6 Month project, start date pending on receipt of contract and funding
 - All Activity Areas (0-6) are included in the evaluation
 - The geographic locations for the evaluation are maintained to Makassar.
 - No travel
- Budget table with line items and corresponding details are provided in separate attachment

H – SUMMARY INFORMATION ABOUT SPACES TEAM MEMBERS

Bruce Y. Lee, MD MBA, Co-Principal Investigator (Co-PI)

Dr. Lee is Co-Principal Investigator for the USAID SPACES consortium and has been the Principal Investigator of the USAID-SPACES cooperative agreement since its inception in 2015. Dr. Lee is Executive Director of PHICOR (Public Health Computational and Operations Research), and Professor of Health Policy and Management at the CUNY Graduate School of Public Health and Health Policy.

With over two decades of expertise in systems approaches to help decision makers in medicine and public health, Dr. Lee has authored over 240 scientific publications (including over 105 first author and over 85 last author) with well over 90% of the publications on mathematical and computational modeling as well as three books. An international leader in systems science and mathematical and computational modeling, Dr. Lee has considerable experience leading system science consortium, projects and evaluations. His previous positions include serving as Associate Professor of International Health at the Johns Hopkins Bloomberg School of Public Health, Executive Director of the Global Obesity Prevention Center (GOPC), Director of Operations Research at the International Vaccine Access Center (IVAC), Associate Professor at the University of Pittsburgh, Senior Manager at Quintiles Transnational where he led teams that developed economic and operational models for a variety of clients in the pharmaceutical, biotechnology, and medical device industries, working in biotechnology equity research at Montgomery Securities, and co-founding Integrigen, a biotechnology/bioinformatics company. He's worked with a wide range of decision makers [e.g., Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), UNICEF, GAVI Alliance, country Ministries of Health, Bill and Melinda Gates Foundation, State and County Health Departments, Department of Health and Human Services (DHHS), and Department of Homeland Security]. **He oversaw all phases of the project.**

Tim Moran, PhD, Co-Principal Investigator (Co-PI)

Dr. Moran is Co-Principal Investigator for the USAID SPACES consortium and Paul R. McHugh Professor of Motivated Behaviors and Executive Vice Chair in the Department of Psychiatry and Behavioral Science at the Johns Hopkins University School of Medicine. **As Co-Principal Investigator he also oversaw all aspects of the project.** Dr. Moran has led academic consortiums and centers dedicated to bringing systems methods and approaches to a range of different fields in public health. Dr. Moran has received extensive NIH and foundation funding. His work is reflected in over 375 publications. He contributes behavioral expertise to the system science work of the SPACES Consortium.

Sheryl Siegmund, MS, Director of Operations

Ms. Siegmund is Director of Operations for the USAID SPACES consortium and PHICOR at the CUNY Graduate School of Public Health and Health Policy. Ms. Siegmund has directed operations for the SPACES consortium since its inception in 2015, including all SPACES pilot awards. She has over 15 years of experience managing the operations for complex multi-level projects. She has over 14 peer-reviewed scientific publications in systems approaches. **Ms. Siegmund assisted the PI with managing project operations, developing and maintaining timelines, coordinating partners, maintaining the project resources and infrastructure, documentation, communicating among the team members, and producing reports and presentations.**

Marie Martinez, MSPH, Project Manager

Ms. Ferguson is the coordinator for the USAID SPACES consortium and PHICOR Project Director at the CUNY Graduate School of Public Health and Health Policy. She has a MSPH from the Johns Hopkins Bloomberg School of Public Health. Ms. Ferguson has coordinated the SPACES consortium since its inception, coordinating 11 pilot projects in diverse regions and sectors ranging from market systems, political economy, health supply chains, and education. She also co-authored the seminal SPACES MERL Systems and Complexity White Paper. She has extensive experience in project leadership and expertise in applying systems approaches. She has over 15 peer-reviewed scientific publications in the field of systems science including systems models. **She assisted the PI with coordinating the overall project such as establishing and maintaining timelines, facilitating communications within the SPACES team and between SPACES, ABHT and BHC, documentation and communications among team members, and managing all phases of the project.**

Sarah Bartsch, MPH, Senior Researcher

Ms. Bartsch is PHICOR Project Director at the CUNY Graduate School of Public Health and Health Policy. **She has experience with and expertise in social network analysis and helped guide these aspects of the project. She also helped analyze, interpret, and present these findings.** She has published over 85 scientific publications (including over 25 first author) in the field of systems science in peer-reviewed scientific journals and has over a decade developing mathematical and computational models to assist a wide range of decision makers in public health. These publications span work focused on the United States, internationally, including several developing countries, as well as globally. Her work primarily focuses on various infectious diseases and healthcare-associated infections, the effects of patient sharing on hospital networks and supply chains for vaccines.

Kevin Chin, MPH, Research Assistant

Kevin L. Chin, MPH, is a Research Assistant and Senior Analyst with Public Health Informatics, Computational, and Operations Research (PHICOR), the Artificial Intelligence, Modeling, and Informatics for Nutrition Guidance and Systems (AIMINGS) Center, and the Center for Advanced Technology and Communication in Health (CATCH), headquartered at the City University of New York (CUNY) Graduate School of Public Health and Health Policy. He has been a part of the team since January of 2022 and brings over a decade of management consulting and legislative analysis experience with some of the nation's leading healthcare providers. **Mr. Chin supported the social network analysis and write up of the findings.**

Jessie Heneghan, MCP, Research Associate

Jessie Heneghan is a Research Associate and Senior Analyst for Public Health Informatics, Computational, and Operations Research (PHICOR), the Center for Advanced Technology and Communication in Health (CATCH), and the Artificial Intelligence, Modeling, and Informatics, for Nutrition Guidance and Systems (AIMINGS) Center at the City University of New York (CUNY) Graduate School of Public Health and Health Policy. Jessie has a background in applying systems thinking approaches to urban planning, design, and climate resilience research projects that she applies to her work at PHICOR. **Ms. Henneghan supported the social network analysis and write up of the findings.**

Colleen Weatherwax, MS, Research Assistant

Colleen Weatherwax, MS is a Programmer and Senior Analyst for Public Health Informatics, Computational, and Operations Research (PHICOR), the Artificial Intelligence, Modeling, and Informatics for Nutrition Guidance and Systems (AIMINGS) Center, and the Center for Advanced Technology and Communication in Health (CATCH), headquartered at the City University of New York (CUNY) Graduate School of Public Health and Health Policy. Her current research focuses on designing and implementing computational models of communicable and non-communicable diseases, with a focus on COVID-19 and employee burnout. **Ms. Weatherwax supported the social network analysis and write up of the findings.**

Megan McGlynn Scanlon, Chief Operating Officer / Project Lead

Ms. Scanlon has nearly 20 years of experience across nine countries focused on civil society/nonprofit organizations, networks, and systems and the development and execution of international and community development programs. Between 2010-2015 she led a series of World Bank and Australian Aid research and development initiatives in Indonesia, including work with the World Bank's flagship support facility for sub-national development. She has undertaken and overseen numerous mixed methods action-oriented research projects, including field research throughout Indonesia. **Ms. Scanlon**

led the GKI research team starting in March 2022 and oversaw all aspects of data collection and analysis.

Seema Patel, Chief Executive Officer / Technical Adviser

Ms. Patel, the CEO of the Global Knowledge Initiative, is a highly experienced systems design specialist with decades of work in the global development and social impact sectors. She has expertise in systems strategy, multi-stakeholder partnerships, innovation mobilization, participatory design, organizational development and change management, and network mobilization. **Ms. Patel provided oversight to the GKI research team, particularly during the first round of informational interviews and resilience framework compilation, and informed design of data collection instruments within the program constraints.**

Boris Ristovski, MA Systems & Network Data Analyst

Mr. Ristovski is an experienced IT specialist and researcher conducting quantitative and desk research (design and data collection, analysis, graphical and interactive visualization). He has extensive experience designing and conducting network analyses for multi-stakeholder groups. **He was responsible for building databases, structuring data for network analyses and setting up interactive network visualizations in Kumu. Boris led the quantitative data analysis and assisted the design of data collection instrument**

Nelti Anggraini, Social Researcher

Ms. Anggraini is an Indonesian national social researcher with 15+ years in development research and advisory experience. She has extensive field experience at the district level and below on topics including frontline health services, community-based health and education programs, water and sanitation, social protection, and village governance. She has extensive experience in qualitative research techniques including facilitating focus group discussions, semi-structured interviews, immersion, and participant observation. **Ms. Anggraini led on key informant interviews for the evaluation as well as initial qualitative data coding and analysis.**

Karno B. Batiran

Mr. Batiran has 18 years of experience of community organizing and facilitating at village level in the Makassar, South Sulawesi, Indonesia region. He also has extensive field research experience. **Mr. Batiran supported translation and quantitative data enumeration on the evaluation.**

Levriana Yustriani

Ms. Yustriani is an Indonesian national social researcher in the areas of media, youth, political participation, higher education and knowledge sector, and government and institutional reform. She also has experience in Monitoring and Evaluation. **Ms. Yustriani supported development of Indonesian-language KII instruments and testing, and initial qualitative data frameworks.**

Lila Sari, Social Researcher

Ms. Sari is an Indonesian national PhD candidate in political science at the Australian National University, with research focused on the variations of clientelism politics in the health sector at the subnational level in Indonesia. She also has extensive experience in donor project management having worked for the AusAID/ Australian Embassy, DANIDA, and DfID/ British Embassy Jakarta. **Ms. Sari supported qualitative data coding and analysis.**

I – SIGNED DISCLOSURES OF CONFLICTS OF INTERESTS

I – Signed Disclosures of Conflicts of Interests

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Bruce Y Lee
Title	Executive Director, Professor
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☒ Team Leader ☐ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity	

design or previous iterations of the activity.	
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I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

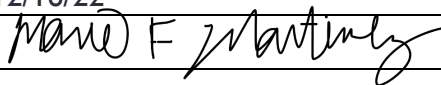
Date	12/16/2022
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Marie F. Martinez
Title	Project Director
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☒ Team Leader ☐ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
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Date	12/16/22
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Sheryl Scannell
Title	Director of Operations
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
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Date	12/16/22
Signature	<i>Sheryl Scannell</i>

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Colleen Weatherwax
Title	Programmer Analyst
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
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Date	12/16/22
Signature	Colleen Weatherwax

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Kevin L Chin
Title	Research Assistant
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 7. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 8. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 9. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity	

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CONTINUED If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 10. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated. 11. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated. 12. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.	

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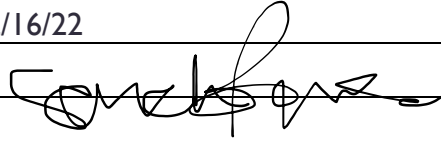
Date	12/16/22
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Sarah Bartsch
Title	PHICOR Project Director
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 13. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 14. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 15. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity	

design or previous iterations of the activity.	
CONTINUED If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 16. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated. 17. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated. 18. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Date	12/16/22
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Timothy H. Moran
Title	Professor
Organization	Johns Hopkins Bloomberg School of Public Health
Evaluation Position	☒ Team Leader ☐ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 19. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 20. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 21. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	

CONTINUED**If yes answered above, I disclose the following facts:**

Real or potential conflicts of interest may include, but are not limited to:

- 22. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated.
- 23. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated.
- 24. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

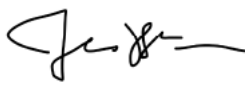
Date	12/16/22
Signature	Tim Moran

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Jessie Heneghan
Title	Research Associate
Organization	PHICOR (Public Health Informatics, Computational, and Operations Research) at the City University of New York (CUNY) Graduate School of Public Health and Health Policy
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	The Building Healthy Cities (BHC) Program in Makassar, Indonesia
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 25. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 26. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 27. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity	

design or previous iterations of the activity.	
CONTINUED If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 28. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated. 29. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated. 30. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.	

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Date	12/16/22
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

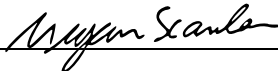
Name	Megan McGlynn Scanlon
Title	Chief Operating Officer / Program Lead
Organization	Global Knowledge Initiative
Evaluation Position	☒ Team Leader ☐ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	
CONTINUED	

If yes answered above, I disclose the following facts:

Real or potential conflicts of interest may include, but are not limited to:

4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated.
5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated.
6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.

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Date	12/19/2022
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Boris Ristovski
Title	Consultant (Data Visualization and Analysis)
Organization	Global Knowledge Initiative
Evaluation Position	☒ Team Leader ☒ Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-OAA-A-15-00064
USAID Activity(s) Evaluated <i>(Include activity name(s), implementer name(s) and award number(s), if applicable)</i>	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☒ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s)	

being evaluated, including involvement in the activity design or previous iterations of the activity.	
CONTINUED If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.	

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Date	12/19/2022
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

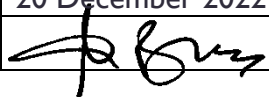
Name	Karno B. Batiran
Title	Consultant (Translation & Enumeration)
Organization	Global Knowledge Initiative
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	
CONTINUED	

If yes answered above, I disclose the following facts:

Real or potential conflicts of interest may include, but are not limited to:

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5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated.
6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.

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Date	20 December 2022
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Levriana Yustriani
Title	Consultant (Qualitative Analyst)
Organization	Global Knowledge Initiative
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	
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If yes answered above, I disclose the following facts:

Real or potential conflicts of interest may include, but are not limited to:

4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated.
5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated.
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Date	20 December 2022
Signature	 Levriana Yustriani

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

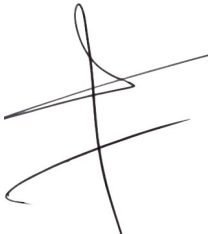
Name	Nelti Anggraini
Title	Consultant (Interviewer/Analyst)
Organization	Global Knowledge Initiative (GKI)
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	
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If yes answered above, I disclose the following facts:

Real or potential conflicts of interest may include, but are not limited to:

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5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated.
6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.

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Date	December 20th, 2022
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Lila Sari
Title	Consultant (Qualitative Analysis)
Organization	Global Knowledge Initiative
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-A-15-00064
USAID Activity(s) Evaluated (Include activity name(s), implementer name(s) and award number(s), if applicable)	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	
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If yes answered above, I disclose the following facts:

Real or potential conflicts of interest may include, but are not limited to:

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5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated.
6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.

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Date	21 December 2022
Signature	

USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Seema Patel
Title	CEO
Organization	Global Knowledge Initiative
Evaluation Position	☒ Team Leader ☐ Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-OAA-A-15-00064
USAID Activity(s) Evaluated <i>(Include activity name(s), implementer name(s) and award number(s), if applicable)</i>	Building Healthy Cities JSI
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s)	

being evaluated, including involvement in the activity design or previous iterations of the activity.	
CONTINUED If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose activity(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose activity(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular activities and organizations being evaluated that could bias the evaluation.	

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Date	12/20/2022
Signature	

**U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523**