Introduction

Social accountability (SA) initiatives are measures that engage citizens or civil society organizations (CSOs) directly in the process of ensuring that governments fulfill their responsibilities, including quality service delivery. Efforts to promote SA typically aim to:

1) **Improve citizens’ ability to access and make sense of information** in order to build awareness of their rights and entitlements and to galvanize action to address their grievances;

2) **Enhance citizen “voice”** by developing feedback mechanisms, such as citizen report cards or community scorecards, to allow citizens to convey their perspectives on the performance of public officials to the state; and

3) **Prepare communities to engage with officials and service providers directly in SA initiatives** by developing relevant skills and improving community organizational capacities. These initiatives then promote citizen participation in state interventions, whether through co-developing service charters, engaging in policy deliberations, program planning through platforms such as multi-stakeholder forums, or joint program implementation.

An emerging body of evidence from several lower- and middle-income countries such as Indonesia suggests that SA initiatives have in some cases been able to contribute significantly to improved citizen awareness of their rights, community participation in decision-making, health service utilization and satisfaction, service provider responsiveness, and even population health outcomes, though these results are highly context-dependent, and the evidence base is far from conclusive about which SA initiatives work best.
Social Accountability Programs on Health in Indonesia

A core function of SA initiatives is to increase the availability and accessibility of information about citizens’ rights and the corresponding government systems and services to uphold those rights. The Indonesian Maternal and Newborn Health (MNH) Project (1999–2004) provides a notable early example of ministries and their partners formulating creative solutions to these communication challenges. The MNH Project engaged a wide range of stakeholders to popularize safe motherhood practices in Indonesia effectively pioneering a new family-centered approach to building demand for quality health services. In addition to educating women and men to reduce the risks associated with pregnancy, the project’s SIAGA (ALERT) campaigns – including Desa SIAGA (ALERT Village), Bidan SIAGA (ALERT Midwife), and Wartawan SIAGA (ALERT Reporter) – taught Indonesians around the country that high-quality reproductive healthcare was a right. Since the end of the MNH Project, the SIAGA concept has seen numerous iterations, with support from a diverse array of ministries and bilateral donors, and in 2010 a decree (1529/Menkes/ SK/X/2010) made local governments responsible for supporting Desa SIAGA, and gave it an explicit community empowerment component.

The Australian-funded Local Governance Innovations for Communities in Aceh (LOGICA, 2009–2014) and Australian Community Development and Civil Society Strengthening Scheme (ACCESS, 2003–2014) programs in eastern Indonesia both included information dissemination activities to stimulate community-led advocacy efforts to improve governance and public services. ACCESS supported the establishment of 232 community complaint centers across 15 districts. The commitment to raise community awareness is also central to the World Bank-funded Citizen Voice and Action for Government Accountability and Improved Services (started in 2014) program in East Nusa Tenggara. Through the program’s civic education activities, CSOs and government officials provide citizens with the opportunity to learn about their rights and the service standards and accountability systems that are in place to secure those rights. In addition to educating citizens, this interface with officials is also intended to increase transparency within local governments. Programs such as CVA used community scorecards to generate collaborative assessments of public service performance at the community level. Citizens develop measureable performance criteria for specific services or facilities, and program staff then facilitate discussions between citizens and service providers to reach an agreement on the final performance criteria. Community members and providers separately fill out the scorecards and meet to review their responses, during which they learn from one another’s perspectives and jointly develop measures to address any problem areas.

Operated through Open Government Indonesia, LAPOR, an online complaint-handling portal that serves as a nationwide grievance redress mechanism for all public services, is integrated with over 70 government institutions and receives hundreds of complaints or queries every day, though the system has not been rolled out in most local governments. Over 300,000 reports were made in 2013, and a similar number was predicted to be made in 2014. Within a subsample of 62,527 such reports made before May 2013, the highest proportion (19 percent) was related to bureaucratic reform and governance, followed by infrastructure (17 percent), and education (15 percent). The government had resolved 53 percent of these reports by May 2013, while 25 percent were still under investigation, and the remaining 22 percent had not been processed.

Several localities and programs have developed their own grievance redress mechanisms. Yogyakarta, for example, launched its Unit for Information and Complaint Services (UPIK) in 2004. As of 2014, UPIK was receiving an estimated 4,000 messages a year from citizens and reportedly responding to an estimated 97.5 percent of them. Meanwhile, the USAID-funded Kinerja (2010–2015) program supported Puskesmas to establish their own complaint-handling mechanisms, using various methods such as suggestion boxes and SMS.

Mechanisms such as LAPOR and UPIK do not necessarily provide data that are representative of the entire patient population, as some groups might be more comfortable or capable of providing feedback than others. Programs such as ACCESS, LOGICA, and Kinerja have actively sought out patient input through structured client feedback instruments, including complaint surveys and citizen report cards. While such surveys require significant financial and human resource investment, they can capture voices that are the least-often heard by government officials, especially in contexts where it is not customary to openly criticize authorities. By producing population-based estimates of citizens’ experiences and perceptions of public services, these tools can offer useful insights for policy makers and health center management, and provide communities with evidence to improve their policy-advocacy efforts.

SA initiatives also necessitate an ‘empowerment’ element to prepare citizens to engage the state directly in institutionalizing improvements. Empowerment focuses on building both citizens’ capacity to demand accountability and state capacity to address community concerns. Many of these activities follow directly from
awareness- and voice-building exercises. In order to realize the full potential of its complaint centers, for instance, ACCESS trained village cadres to respond to complaints, mediate conflicts, and advocate for improved regulations and service charts. Meanwhile, Kinerja convened 73 multi-stakeholder forums focusing on health across its 20 partner districts to act upon the common issues raised in complaint surveys. These forums brought together citizens and local governments to develop action plans and service charters that would institutionalize measures to improve service standards, after which the forums monitored the implementation of these charters. In addition to producing 61 charters with Puskesmas, these activities cultivated a culture of cooperation between community members and their local governments, a precedent that has since been replicated beyond the program areas. The USAID-funded Expanding Maternal and Newborn Survival (EMAS, 2012–2017) similarly developed service charters through citizen forums, but also convened multi-stakeholder oversight committees (Pokjas) composed of influential actors to monitor service effectiveness and mobilize support for improvements.

Another common approach is to develop citizens’ ability to contribute to SA. Kinerja, for example, trained 281 citizen journalists and supported a fellowship program, journalism festivals, and other public events to incentivize their continued professional development. These journalists developed 1,106 media products, including articles and documentary videos. Other programs train volunteers to participate in existing government systems, such as village health post (Posyandu) cadres, or to facilitate community group discussions and planning meetings. Programs such as ACCESS also invested in strengthening citizens’ organizational capacities as part of community mobilization efforts. This involved promoting networking among different groups to support knowledge sharing and coalition building, improving CSO management and governance systems, and mainstreaming social-inclusion principles to secure accountability for all citizens. The ultimate goal of these efforts is to prepare citizens to work together on SA initiatives beyond the scope of the initial program.

The World Bank funded Healthy and Smart Generation component of PNPM (Generasi, 2007–2012) illustrates how citizens can participate directly in decision-making related to strengthening health service provision. This community-driven development program issued yearly block grants to villages to improve education and maternal and child health outcomes through a combination of providing facilitation and incentives and empowering communities to decide how to allocate the funds. The community had to meet 12 health and education targets in order to qualify for the subsequent year’s block grant. If the community exceeded the targets, it qualified for a performance bonus. Trained facilitators and volunteers also organized focus group discussions, inter-village meetings, and consultation workshops to enable community members to identify bottlenecks within the program and share lessons learned on an ongoing basis. The final evaluation of program implementation found that, compared to control areas, program areas had improved on a number of health-seeking behaviors, including more frequent weight checks and participation in parenting and pre-natal class even after eight years of implementation. Program areas also had more cadres at community health posts and experienced increased participation in health education meetings, though there were mixed results concerning the quality of health services.

Key Program Lessons to Build Future Opportunities

Formulate comprehensive SA strategies rather than using isolated SA tools and activities. Programs are more productive at promoting SA when they deploy multiple approaches that reinforce one another by supporting citizen engagement and state responsiveness in tandem. Furthermore, SA programs are more effective when they are designed or adapted for the specific needs, preferences and constraints of the local population and implementing partners. Policy initiatives can reinforce programmatic gains by institutionalizing solutions and securing an environment that enables long-term SA. For example, development partners can work with government partners to issue national and local service standards based on available programmatic evidence, to formalize successful performance monitoring mechanisms beyond the pilot phase, and to create budgetary space to incubate ongoing innovation and scale solutions with proven track records.

Promote links between social accountability and other forms of accountability, such as internal and horizontal accountability. In addition to providing street-level officials and service providers with constructive feedback, citizens can also contribute to internal government oversight mechanisms, such as performance evaluations, and thereby help to improve the checks and balances between different levels and sectors of government. In the context of ongoing decentralization, national and provincial governments will increasingly depend on citizens and civil society to monitor and engage with local governments. This would require making internal government decision-making and accountability processes more transparent and accessible to the public. Such links may also enhance transparency around budgetary provision, ensuring that citizens understand (and are able to monitor) the channels that finance service delivery. More evidence is needed to guide efforts to link SA with other forms of accountability.
Cultivate intersectoral, multi-group partnerships. Programs are more effective when they aim to strengthen cooperation and coordination by engaging all segments of the local population, together with citizens’ groups, academic institutions, and multiple bodies and levels of government, including service providers, local authorities, and policy makers. The diversity of partners helps enhance the credibility of capacity-building projects and investments at the community and government levels, and increases the likelihood that the results will endure beyond the program period. Cultivating trustworthy and productive relationships with diverse partners may require multiple stages of program implementation, and may be facilitated by stakeholder mapping and political economy analysis. Existing programs also tend to overlook the need to improve the capacity of frontline service providers to influence policy makers or elected officials, which is especially important when the provider’s responses to community grievances and aspirations depend on government decisions.

Be sensitive to existing power dynamics within the community and civil society. SA initiatives that give locally appointed councils, forums, and facilitators decision-making authority without taking local power dynamics into account risk elite capture and social exclusion—which can disempower the very populations being targeted. The emphasis on patients as a core concerned group may overlook other parts of the community that have no access to services. However, efforts to include marginalized segments of the population risk exacerbating social tensions and undermining programmatic legitimacy. These risks reinforce the need for a variety of approaches, and for engagement with stakeholders such as higher-level officials, provincial CSOs, and media organizations, which can provide counterweights to local elites. Engaging multiple stakeholders can reduce the risk that program implementers and other external actors will override the community’s interests.

Be patient: results take time to materialize and, when they do, it is hard to attribute changes to specific programs, especially in the short term. SA programs require patient and sustained investment. Community members and leaders should manage their expectations accordingly. In the short- and medium-term, investments that focus on changing government officials’ perceptions of citizen involvement, and increasing providers’ capacity initiatives. Monitoring and evaluation teams should be incorporated into the early stages of program planning to ensure that evaluation strategies are sensitive to program to earn and nurture trusting relationships with multiple stakeholders, may enhance the sustainability of SA objectives; these evaluations should include both quantitative and qualitative data. An impact evaluation of Kinerja noted that randomized control trials might not always be suited to such large-scale and complex programs due to both political and logistical constraints. Monitoring and evaluation designs should be designed to reflect the iterative and adaptive nature of SA programs. Evaluation schedules, program indicators, and measurement instruments should not only anticipate program adjustments but, where possible, should directly feed back into these adjustments.

References


This HNP Knowledge Brief highlights the key findings from a study by the World Bank on the “Healthy Participation, Healthy People: A Review of Social Accountability Initiatives in Indonesia Policies and Programs” by Chris Laugen, Clara Siagian, Cyril Bennouna and Santi Kusumaningrum (2018).

The Health, Nutrition and Population Knowledge Briefs of the World Bank are a quick reference on the essentials of specific HNP-related topics summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the regions. For more information on this topic, go to: www.worldbank.org/health.