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Citizen Voice and Action: Improving Basic Services Through Social Accountability Approach

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Accountability & Social Accountability




Accountability

Obligation of power-holders to account for or take responsibility for their actions.




Social Accountability

An approach towards building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability.



Mechanisms of social accountability can be initiated and supported by the state, citizens or both, but very often they are *demand-driven* and operate from the bottom-up.





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CITIZEN VOICE AND ACTION

Citizen Voice and Action (CVA) is a social accountability approach designed ***to improve dialogue and relationship between communities and government, in order to improve services***, like health care and education, that impact the daily lives of children and their families.



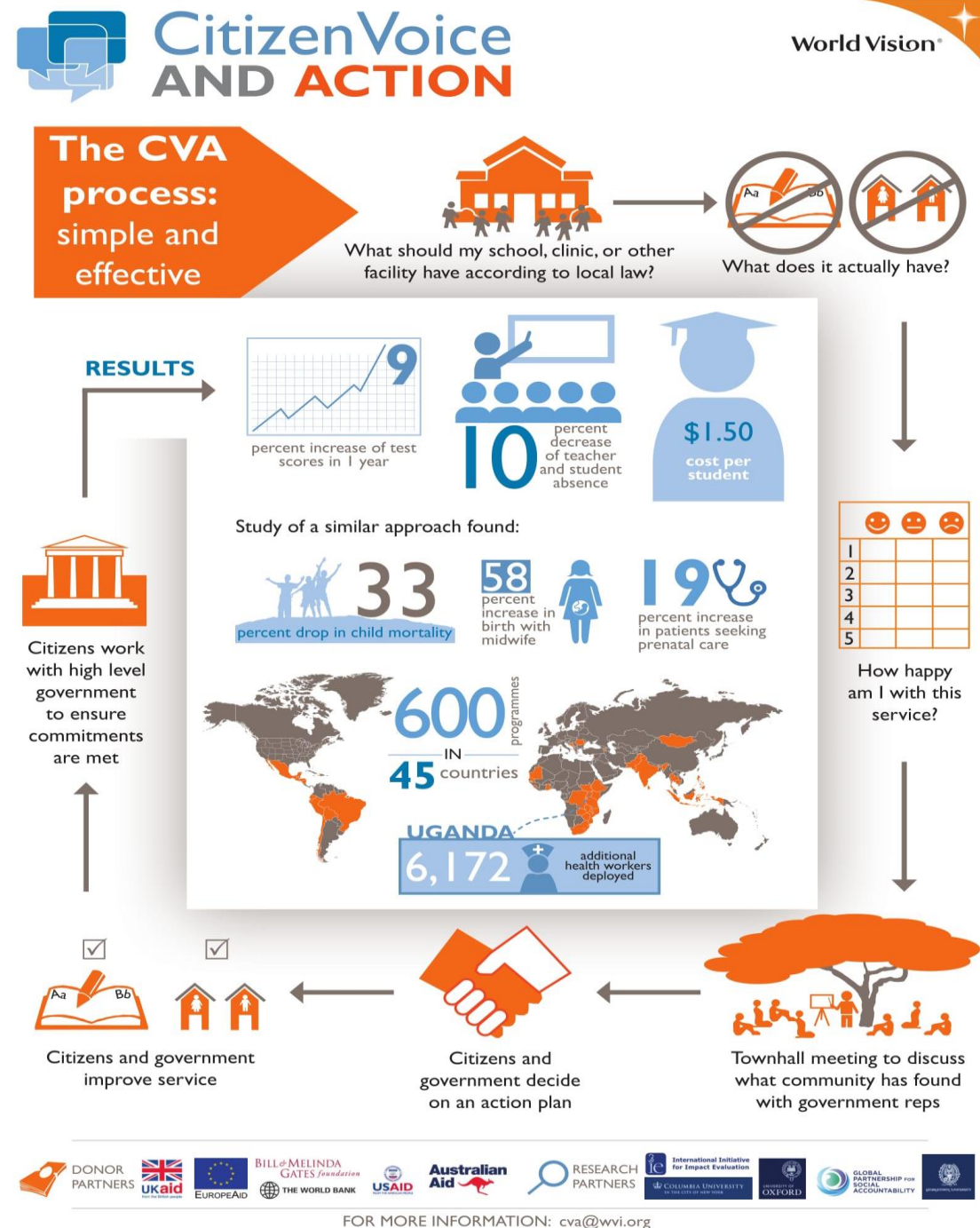
CVA Process and Results

• Standard Monitoring

- What should my school, clinic or other facility have according to government regulation?
- What does it actually have?
- What should be done to improve it?

• Score Card

- What is the ideal criteria of my school, clinic or other facility?
- How happy am I with the service at my school, clinic or other facility?
- What should be done to improve it?





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CVA in Indonesia: 'Citizen Voice and Action for Government Accountability and Improved Service' Project in NTT

Focus Issue: MCH

- High rate of IMR in NTT: 57/1000 National: 34/1000 (SDKI 2007)
- High rate of MMR in NTT: 306/100,000 National: 228/100.000 (SDKI 2007)
- Poor basic services on MCH

Objective

To improve MCH services at village and sub-district level

Time

4 years (2014 – 2018)



Project Location

District	Sub District	Village	District	Sub District	Village	District	Sub District	Village
Kupang	Taebenu	Baumata	Sikka	Nita	Nita	Timor Tengah Utara	Miomafo Tengah	Tuabatan
		Baumata Utara			Nitakloang			Akomi
		Baumata Timur			Tebuk			Bijaepasu
		Oeltua			Lusitada			Noenasi
		Kuaklalo			Wuliwutik			Nian
		Oeletsala			Riit			Tuabatan Barat
		Bokong			Nirangkliung			Sone
		Oebola			Mahebora		Insana Tengah	Letmafo Timur
	Fatuleu	Ekateta		Doreng	Waihawa			Lanaus
		Camplong 2			Wolonterang			Tainsala
		Sillu			Watumerak		Miomafo Barat	Fatunisuan
		Oebola Dalam		Lela	Watutedang			Sallu
		Kuimasi			Lela			Eban
		Naunu			Iligai		Insana Barat	Saenam
		Tolnaku			Sikka			Subun
	Takari	Oesusu		Koting	Baopaat			Lapeom
		Tuapanaf			Ribang			Usapinonot
		Hoeknutu			Koting A			Banae
		Oelnaineno			Koting B			Nifunenas
		Benu			Koting C			Subun Bestobe

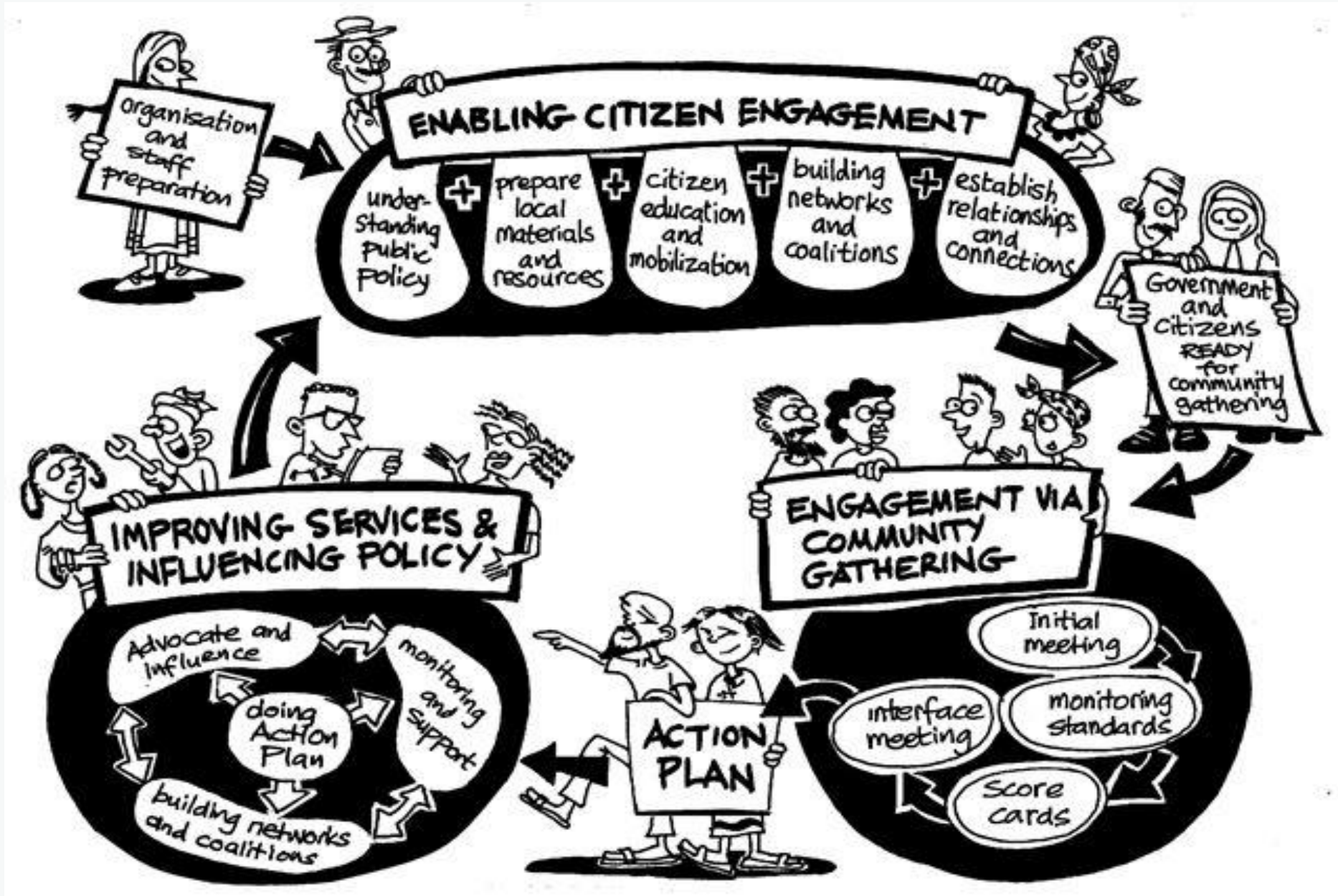
# Health Facilities							
District	Sub District	Village	Posyandu	Polindes	Poskesdes	Pustu	Puskesmas
3	11	60	211	29	10	26	13
Kupang	3	20	100	1	2	22	4
Sikka	4	20	65	15	5	3	4
TTU	4	20	46	13	3	1	5





MAIN ACTIVITIES

CVA Phases and Activities



CVA Phase 1: ENABLING CITIZEN ENGAGEMENT

- CVA Training for 312 Village Facilitators (135 M and 177 F) from 60 villages in 3 districts.
- Civic education at 60 villages in 3 districts attended by 9,680 people (3,202 M and 6,478 F) in 2015 to 2017.



CVA Phase 2: CITIZEN ENGAGEMENT THROUGH COMMUNITY GATHERING



- Initial meeting at 60 villages in 3 districts attended by 5,896 people (1,701 M and 4,195 F)
- Standard monitoring of 211 Posyandu, 29 Polindes, 10 Poskesdes, 26 Pustu & 13 Puskesmas attended by 5,896 people (1,701 M and 4,195 F)
- Score Card for 211 Posyandu, 29 Polindes, 10 Poskesdes, 26 Pustu & 13 Puskesmas attended by 6,468 people (1,715 M and 4,753 F)
- Interface meeting at 11 sub-districts attended by 1,657 people (708 M and 949 F)



CVA Phase 3: IMPROVING SERVICES & INFLUENCING POLICY

- Dialogue with local parliament (DPRD) and district government at 3 districts attended by 1,276 people (624 M and 652 F)
- 2,493 points of action plan has been agreed and published.
- Annual monitoring of action plans.
- Budget and policy analysis on MCH.

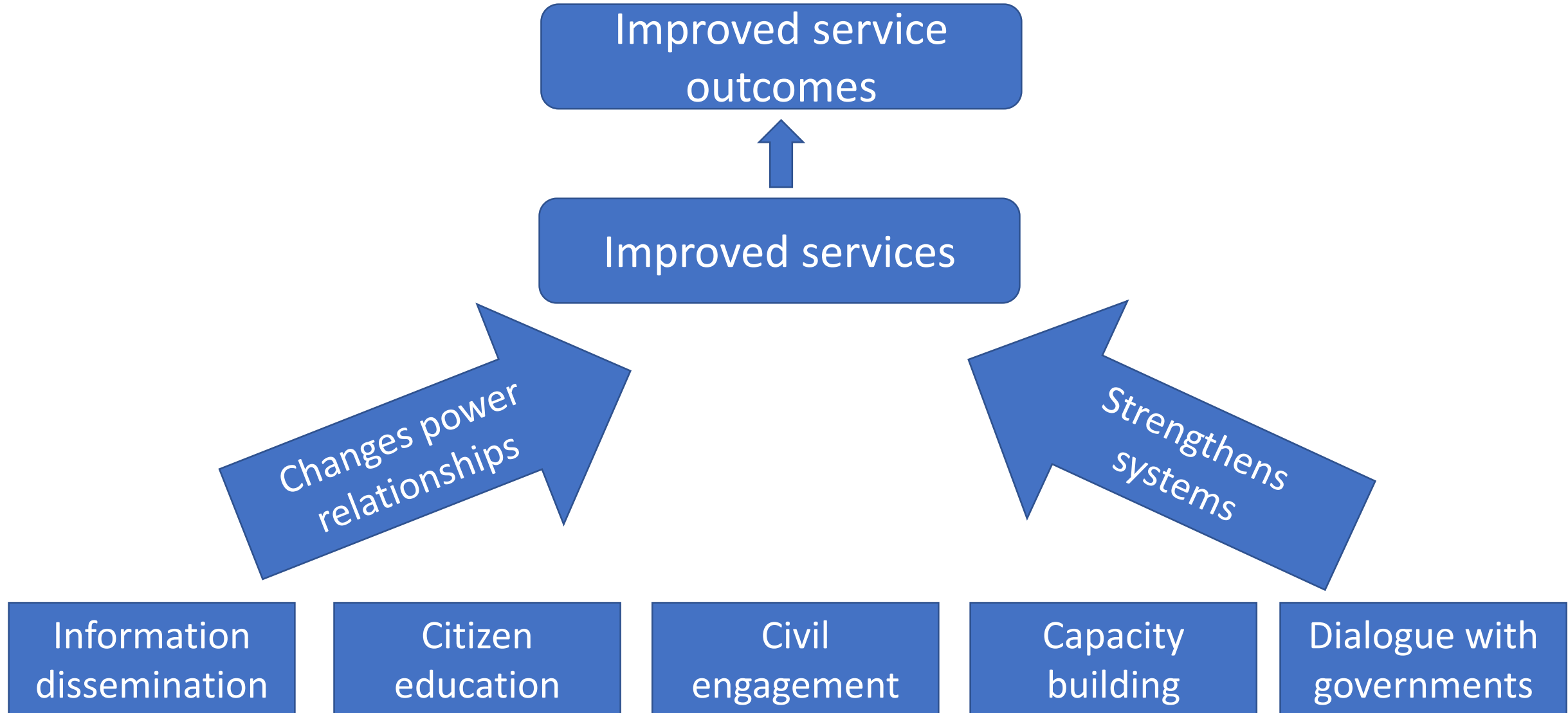


RENCANA AKSI DESA OEBOLA					
NO	KEGIATAN	PENANGGUNG JAWAB	WAKTU	SUMBER DAYA	SIAPA YANG AKAN MEMONITOR
RENCANA AKSI POSYANDU					
1	Melakukan peningkatan kapasitas seluruh kader setiap posyandu dengan pelatihan atau penyegaran sistem 5 meja posyandu secara berkala dan rutin	Pemerintah desa	TA 2016	Dinkes, PNPM GSC, dan dana desa	Kades, bides, Fasdes CVA, Kadis dinkes
2	Memastikan kehadiran aparat desa dan PKK di setiap tanggal posyandu	Aparat desa dan PKK desa	Mulai Oktober 2015	Aparat desa, PKK, dan PNPM GSC	Kader, fasdes CVA, dan bides
3	Pengadaan peralatan atau perlengkapan posyandu yang belum lengkap dan penggantian yang sudah rusak/tidak layak pakai, khususnya di posyandu Butin	Pemdes, Dinkes, PNPM GSC	TA 2016	Dinkes, PNPM GSC, dan dana desa	Kades, bides, dan Fasdes CVA
4	Nakes puskesmas sekali sebulan melakukan kunjungan pelayanan kesehatan ke desa pada saat tanggal pelaksanaan salah satu posyandu di Oebola	Tenaga kesehatan (Nakes) puskesmas Camplong	Mulai Oktober 2015	BOK Puskesmas dan Dinkes	Kades, bides, Fasdes CVA, Camat
5	Pembangunan gedung posyandu permanen (posyandu yang dibangun harus mudah dijangkau oleh masyarakat (ibu bayi balita partisipan posyandu)	Pemdes, Pemda	TA 2017	Pemda, PNPM GSC, swadaya masyarakat desa	Kadis Dinkes, Camat, puskesmas, dan Kades
6	Melakukan pemeriksaan kehamilan dengan menggunakan tespec dan pelayanan KB (suntik/obat KB) tidak dipungutt biaya atau gratis	Pustu	TA 2016	Dinas kesehatan, puskesmas	Camat, puskesmas, kades, bides, dan fasdes CVA
7	Memastikan kader posyandu harus aktif dan rajin ke posyandu	Pemdes	Mulai Oktober 2015	Kader posyandu, desa, masyarakat	bides, kades, dan fasdes CVA
<div>  GLOBAL PARTNERSHIP FOR SOCIAL ACCOUNTABILITY </div> <div> Suara dan Aksi Warga Negara untuk Akuntabilitas Pemerintah dan Peningkatan Layanan Kesehatan Ibu dan Anak </div> <div>  Wahana Visi Indonesia a partner of World Vision </div>					

A photograph of a community meeting or gathering. In the foreground, a woman is seen from the back, sitting on the ground. To her left, another woman is sitting on a wooden stool, holding a baby. In the background, a group of people are gathered, some sitting and some standing, in what appears to be an outdoor or semi-outdoor setting with wooden walls. The entire image is overlaid with a semi-transparent orange shape that contains the word "OUTCOMES" in white capital letters. At the bottom of this orange shape is a white downward-pointing chevron.

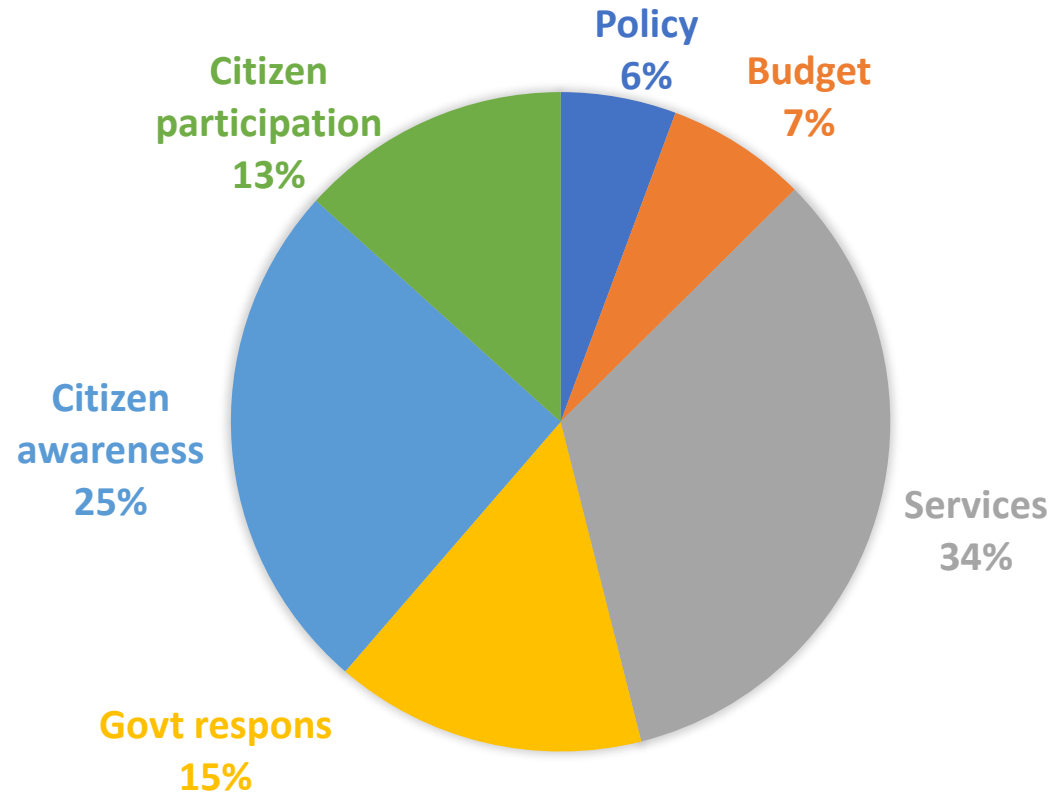
OUTCOMES

How CVA improves service quality and service outcomes

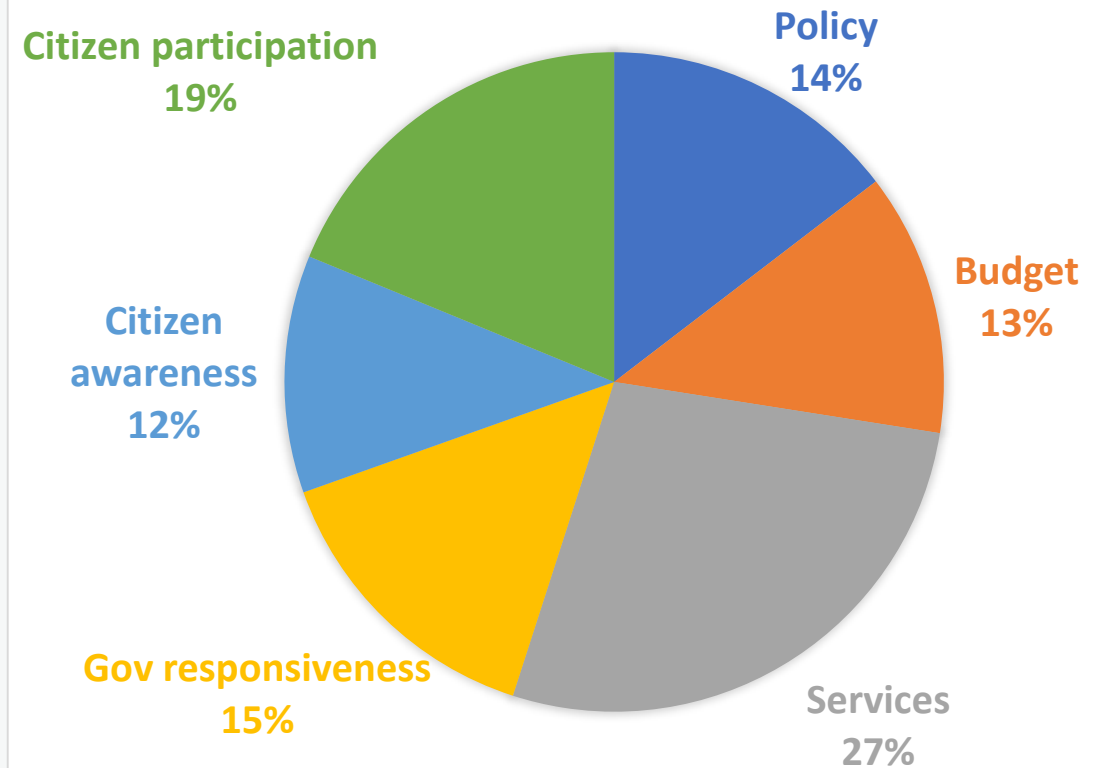


Changes Reported by Respondents

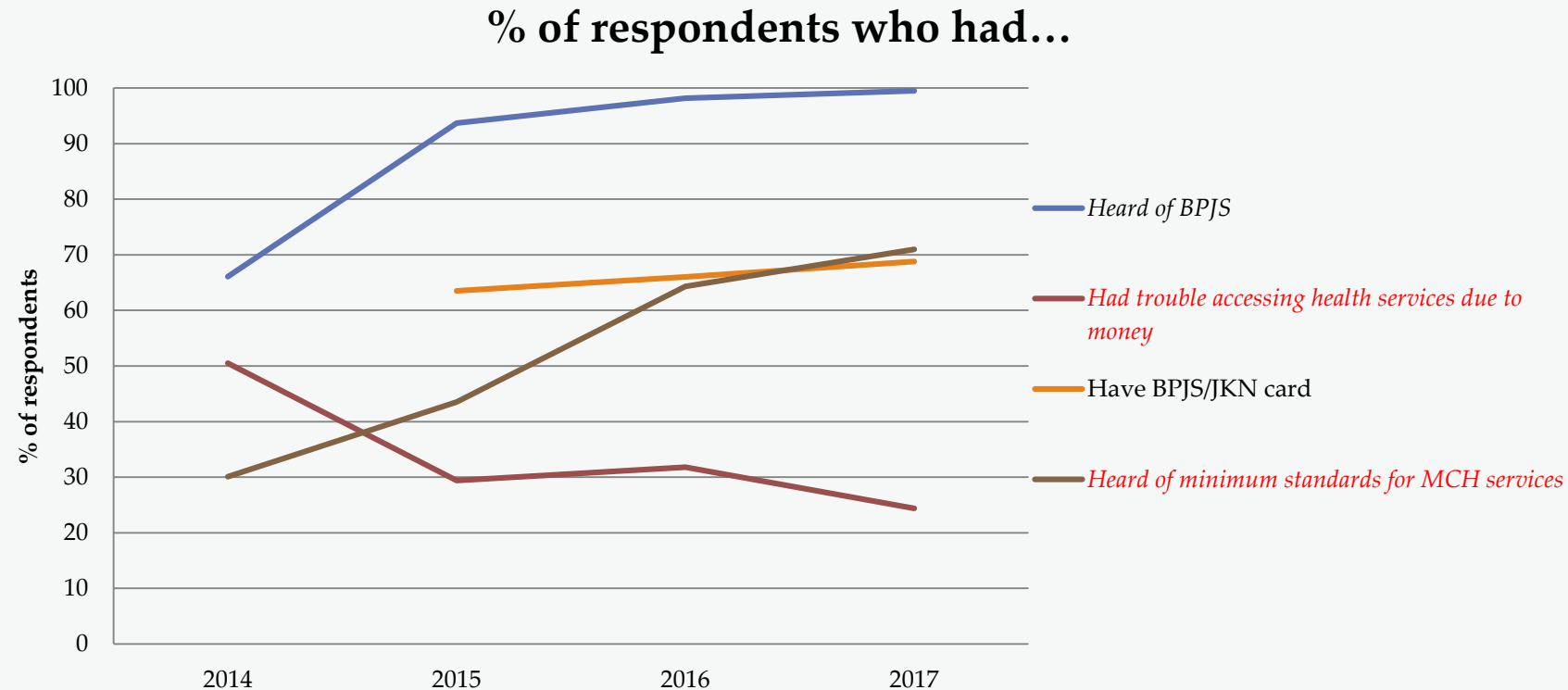
2015 ALL CHANGES



2016 ALL CHANGES



Increased knowledge and awareness of communities, local health staff and local government on service standards.

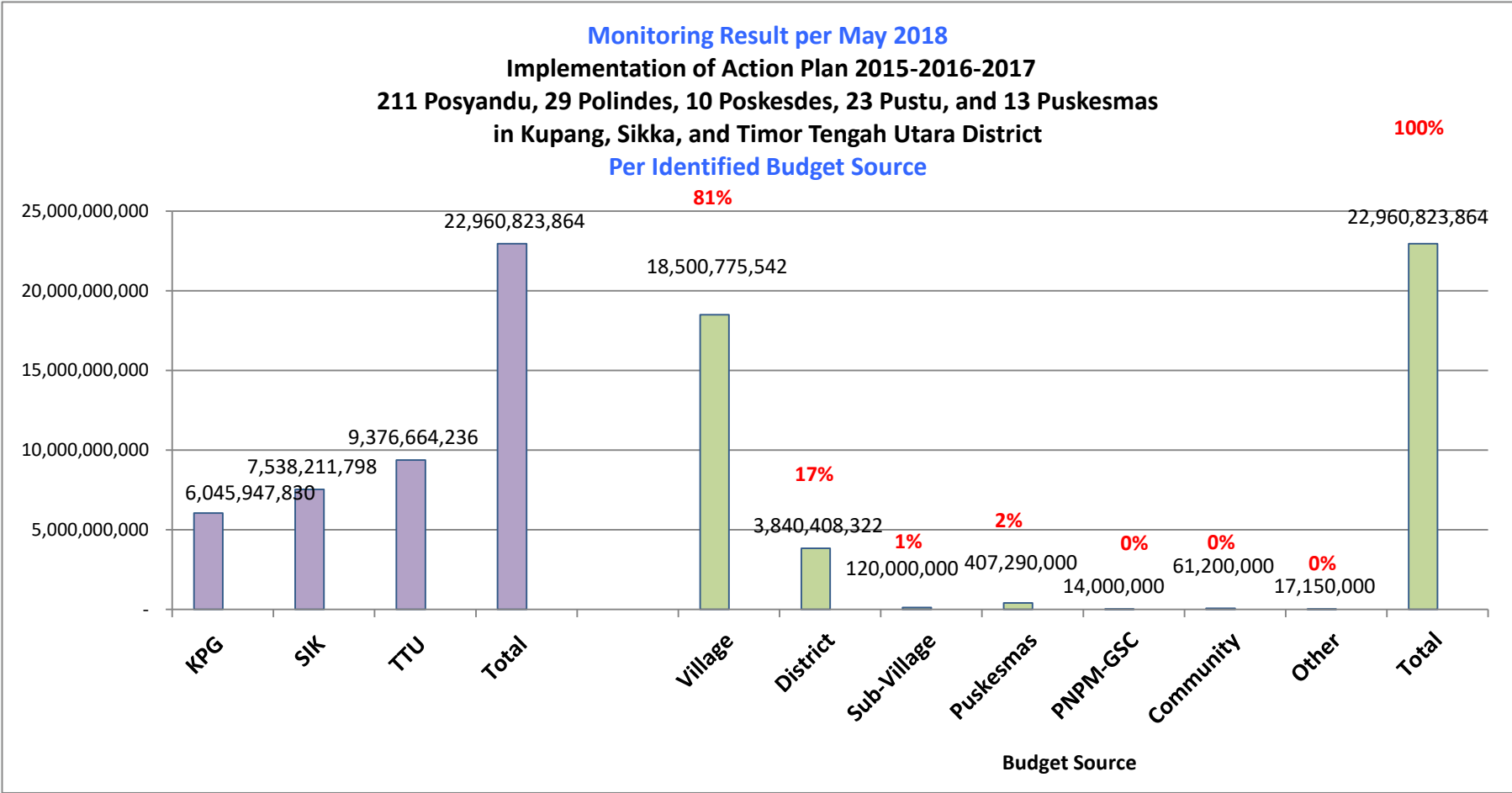


“Now we know that there are standards that have been regulated by the government for MCH services in Posyandu, Polindes and Puskesmas. We are grateful to conduct a monitoring based on the standard. I hope we don’t have negative perception on this activity, but instead using the moment for self-reflection to improve our service”

Head of Village, Waihawa Village, Sikka District

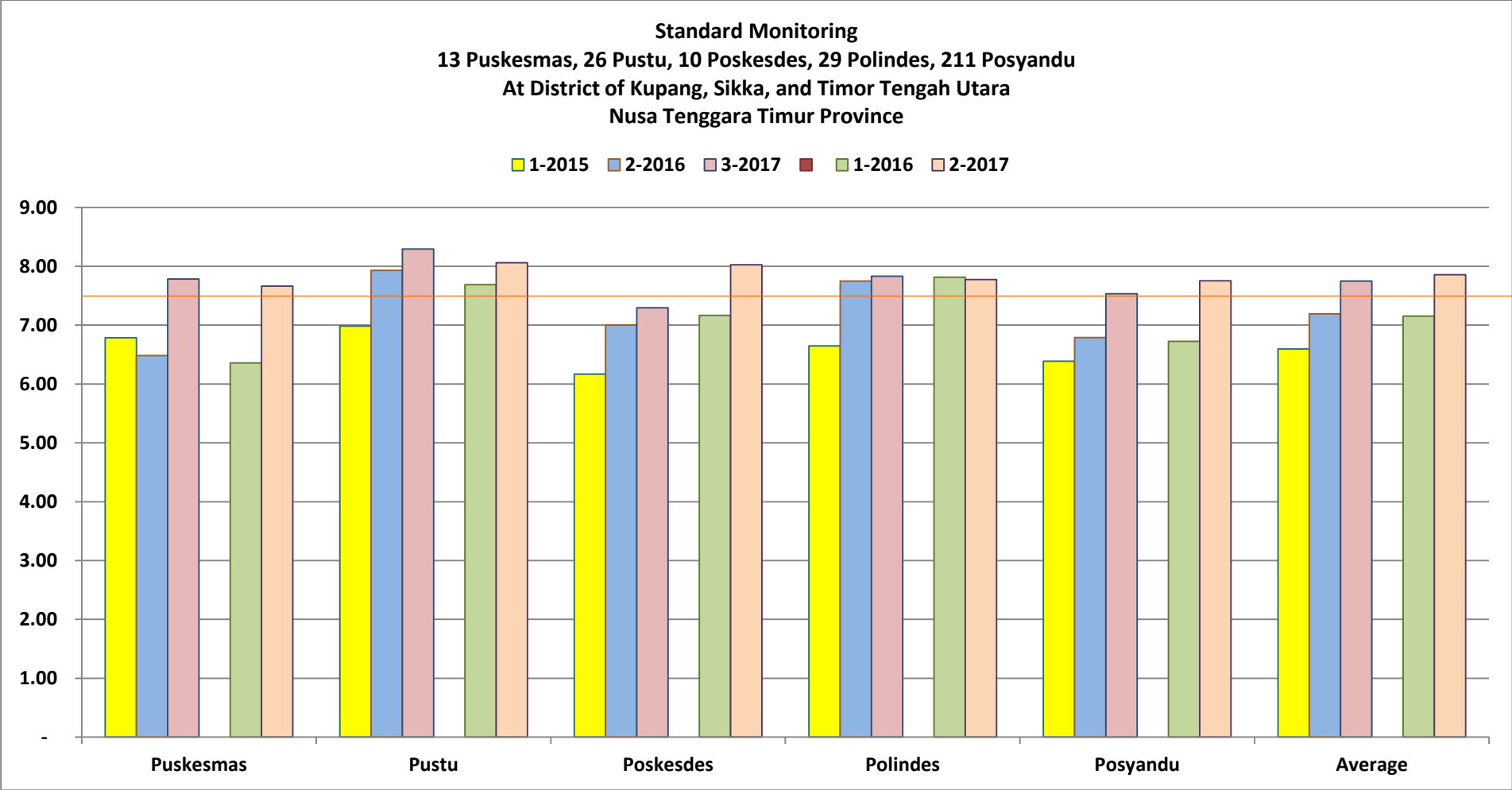


Village budgets for health services have increased, allowing provision of new inputs to improve health services at village and Puskesmas including recruitments of village midwives, equipment, building infrastructure, electricity and water provision, training and stipends for voluntary village health staff.



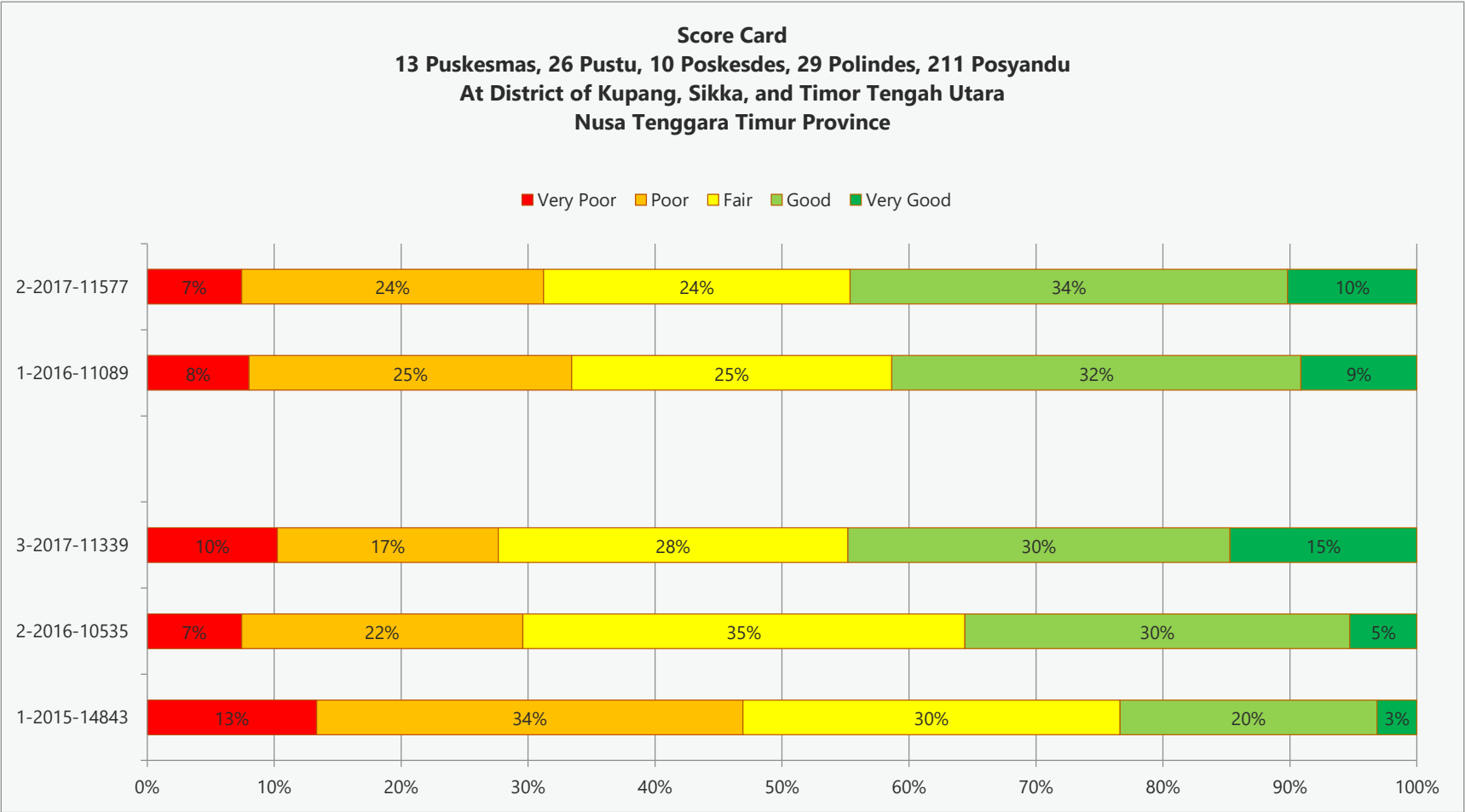
Increased proportion of MCH facilities that achieve service standards.

56% Posyandu achieved service standard in 2017 compared to 26% in 2015; 69% Puskesmas achieved service standard in 2017 compared to 15% in 2015; 85% Pustu achieved service standard in 2017 compared to 77% in 2015.



Increased proportion of 'good/very good' and decreased proportion of 'poor/very poor' ratings by communities for MCH facilities.

45% participants rated 'good and very good' for MCH services at village through sub-district level in 2017 compared to 23% in 2015; 27% participants rated 'poor and very poor' for MCH services in 2017 compared to 47% in 2015.



Behavioral changes or trends identified were found to have 'great significance' for improving child and maternal health.

Increases in giving birth at health services rather than at home, increased immunization of children; an increase in use of Posyandu services to provide health checks for infants and pregnant mothers.



"Because of Citizen Voice and Action, we already visit pregnant mothers and postpartum mothers three times every month to give vitamin injections and education regarding health, family planning and exclusive breastfeeding. Now pregnant mothers already come at least four times to check on their pregnancies and to give birth at Puskesmas."

Noenasi Village Midwife, TTU District



OTHER RELATED CHANGES

INCREASED CONFIDENCE AND CAPACITY TO PARTICIPATE/ENGAGE

"To be honest, although I am a Posyandu cadre and a member of BPD, I am not confident to facilitate any meeting at the village. But after I learned from the CVA process, I feel more confident to talk in front of the public."

Village Facilitator, Nita Village, Sikka District

INCREASED OPENNES TOWARD CRITIQUES AND FEEDBACK

"I think this activity (monitoring standard) has challenged me to be better in providing services. So far, I have tried to give the best for the mothers and the children in this village, but I realize that there must be some shortages. I guess we are more realize that we need to work as the standard in the regulation. So please correct me to be better."

Village Midwife at Nitta Village, Sikka District

IMPROVED RELATIONSHIP BETWEEN COMMUNITIES, SERVICE PROVIDERS AND LOCAL GOVERNMENTS

"That's what I experienced .. If there was a meeting at the village office, and there was a dialogue with health officer at the meeting, although what we felt was very annoying, we were afraid to spoke up. We were afraid that we will be grumbled.... So we kept quite. But after the presence of Citizen Voice and Action, we have spoken up... And it was well accepted by the health officers including the village midwife."

U-5 Mother at Nitta Village, Sikka District

“

“With the community assessment on Puskesmas, Pustu Polindes and so on, we – including service providers – begin to develop ourselves and improve our service”

Head of District Health Office, TTU District

“Previously, we thought that everything was fine. So the internal control of the District Health Office in supervising the performance of Puskesmas, Pustu and Polindes was rather loose. We only received a fine report. But with the complaints from communities, we are more introspective”

Head of District Health Office, Kupang District

“In our opinion, there are changes especially on our health workers. They also learn to see themselves, by being assessed by the community including assessing the standards of a health service”

Head of District Health Office, Sikka District

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THANK YOU!

