

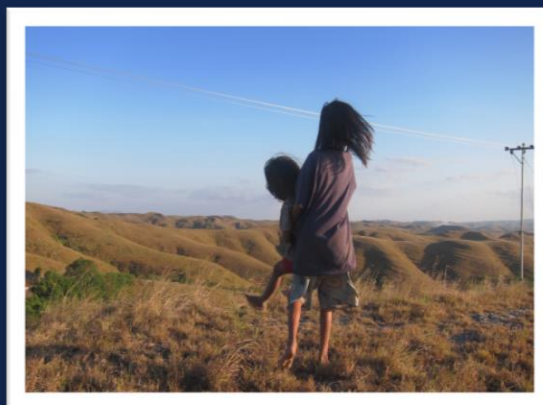
Knowledge Brief

Health, Nutrition and Population Global Practice

SOCIAL ACCOUNTABILITY IN HEALTH IN INDONESIA: AN OVERVIEW OF LEGISLATION

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KEY MESSAGES:

- This brief provides an overview of the national legislation that is most relevant for social accountability policy in basic services, and in the health sector in particular. It identifies gaps in the legal framework as well as entry points for improving social accountability in Indonesia's health sector.
- Social accountability is recognized as important in the health sector as it enables citizens' self-reliance.
- There are a number of health policies in Indonesia that implicitly or explicitly enable social accountability activities, however they are rarely institutionalized and so yield limited benefits.
- As there is already a legal basis in Indonesia's health laws, there are many entry points for social accountability to be included in health programs.

Introduction

Social accountability (SA) refers to citizens' ability 1) to ensure that their government fulfils its obligations and commitments and 2) to hold the government responsible for violating or neglecting those duties. SA excludes voting for public officials, which is traditionally considered vertical accountability. SA may include citizen engagement with public officials, service providers, and policy makers, as well as with international development, civil society, and private sector actors. A commitment to social and gender inclusion usually underpins SA approaches, in recognition of the diversity of citizens' experiences, needs, and preferences, and of the state's responsibility for all segments of the population.

While citizen action is a central element of SA – which includes a range of activities from investigative journalism to mass demonstrations – citizens often lack the information, skills, resources, unity, or security necessary to organize such action. SA initiatives typically begin with efforts by civil society organizations (CSOs) and other development partners to: 1) improve citizens' ability to access and make sense of information related to their rights and entitlements in order to build awareness of grievances and galvanize action; 2) enhance citizens' "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 in independent SA initiatives by developing relevant journalistic and advocacy skills, improving community organizational capacities, and promoting citizen participation in state interventions. This could be through co-developing service charters, engaging

in policy deliberations, program planning through platforms such as multi-stakeholder forums, or jointly implementing programs with service providers.

The response of the State and its partners to citizen action is also critical: it may consist of policy change, improved transparency, or increased budget allocations. The response may involve strengthening horizontal accountability – the ability of one government institution to provide checks and balances on another. SA initiatives often apply a combination of the approaches mentioned above with several state and citizen groups simultaneously. Many programs and policies do not explicitly use the language of “social accountability,” but instead employ approaches like participatory planning or citizen engagement, which create an enabling environment for greater SA.

How Does Social Accountability Relate to Health?

SA has become an increasingly popular facet of development in recent years, especially among programs and policies designed to foster good governance and social inclusion, but also in sectoral initiatives to strengthen basic services, such as maternal and child health. This growing attention is based on the notion that SA is both a fundamental right and an indispensable means of strengthening national health systems.

The health sector has a long tradition of promoting transparency, participation, and inclusiveness that predates the concept of SA. For instance, the Alma Ata Declaration of 1978 states that primary healthcare “requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary healthcare, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate.”

More recently, the UN Secretary-General’s *Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–30)*, a critical supporting document for the Sustainable Development Goals and the *Every Mother Every Child* movement, includes SA as a key element of its Accountability Framework. Moreover, the *Five-Point Call to Action*, which is led by the World Bank, the US Agency for International Development, and the World Health Organization and endorsed by dozens of global health actors, called for the promotion of governance “with citizens’ and community’s participation for accountability” in health sector activities at all administrative levels.

What Policies Enable Social Accountability in Indonesia and How?

In recent years, the Government of Indonesia and its partners have undertaken several efforts to improve SA. Despite the absence of a single SA policy reference, various aspects of SA are incorporated into existing policy and regulatory frameworks. This is especially prominent in policies and regulations related to public service in general, in the context of decentralization, and to specific health sector policies.

The Law No. 25 of 2009 on Public Service (Public Service Law) governs the interactions, expectations, rights, responsibilities, and discretions between all parties involved in service delivery, including between users (citizens) and service providers.

In 2008, the government passed Law No. 14 of 2008 on Access to Public Information (Public Information Law). This law affirms citizen’s access to information from government organizations, including State-Owned Enterprises and it specifies the types of information that should be published publicly and the procedures to obtain such information.

Within the health sector, Law No. 36 of 2009 on the National Health System (Health System Law) lays the legal foundation for Indonesia’s healthcare system, in which all efforts to advance and provide health services are jointly conducted by the central and local governments and citizens (including individuals and organizations).

At the operational level, several key Ministry of Health regulations (*Peraturan Menteri Kesehatan* or *PerMenKes*) include provisions to create a supportive environment within the health sector for community participation:

The provision of health services is one of the functions that has been delegated to district governments as part of the decentralization process. The Minimum Service Standards (*Standar Pelayanan Minimum* or SPM) allow the central government to ensure that each citizen benefits from quality decentralized health services.

Discussion

Most general policies and health sector regulations use internal, top-down monitoring as their main accountability mechanism. For example, the Ministry of Health has to appoint an independent agency to accredit *Puskesmas* (Primary Health Care Facilities), and there is no provision to include a community representative as part of the accreditation authority. Despite accommodating the conceptual prioritization of a community’s needs, the regulations also rely on internal, top-down mechanisms to be implemented. For example, all *Puskesmas* staff primarily answer to the head of *Puskesmas*, who then reports to the

district health office. There is no provision to channel community feedback directly to the district health office: the community's main interaction is with *Puskesmas*' managers and staff. The evaluation of SPM, among others, is hierarchical: the provincial government evaluates the district, and the central government evaluates the province. However, the government has introduced a nationwide public service grievances platform called LAPOR! that communities can use to express their complaints to a central manager, who then directs the complaints to the appropriate institutions and monitors the responses.

Even though the regulations recommend the use of community feedback and complaint-handling mechanisms, these are not institutionalized in healthcare facilities' internal accountability mechanisms for finance and overall performance. For example, there are no regulations regarding community participation in *Puskesmas*' financial and budgetary decisions. When regulations include statements that recognize community members or professional organizations' role in monitoring the implementation of healthcare services, they do not provide details of which mechanism providers should use to address the feedback.

Most policies mainly prioritize the procedural aspects of service delivery and how the state, through its public service units, can be held accountable to how citizens perceive the quality of services. However, there appears to be a significant policy gap in how health service units can be held accountable to health outcome targets. As an instrument of the central government in a decentralized governance system, primary accountability for SPM lies internally in the relationship between central and local governments: the central government is the principal and the local government is the agent. None of the regulations require external accountability between the government and communities or citizens, except by vaguely acknowledging that communities can use SPM as basis to assess government performance in health services and to access information on annual SPM targets.

Social Accountability Entry Points in the Health Sector

The World Bank Social Accountability Sourcebook (the Sourcebook) posits three levels on which SA initiatives in health can be created: the policy, strategy, and operational levels. Using this framework, this brief offers the following potential SA entry points:

Policy level. While Indonesia's national policy framework provides a strong foundation for SA in the health sector, this framework lacks detailed guidance on the incentives

and procedures that are necessary for service providers and local officials to effectively address citizen feedback. Supporting the development and provision of more detailed policy guidance and technical assistance to subnational governments on linking social and horizontal accountability mechanisms could help secure citizens' role in critical health sector strengthening efforts, from informing service provider performance reviews to influencing budget allocation decisions. The current paradigm in the policy framework still views community participation as a way to pool resources in order to implement activities rather than as an indispensable aspect of service delivery governance.

Despite the importance of the private sector in Indonesia's healthcare system, national policies providing for SA in healthcare have insufficient detail regarding the roles, responsibilities, and accountability obligations of private, for-profit actors relative to public service providers and citizens. Addressing this gap in the national SA framework would help to ensure that all healthcare providers are accountable to patients, and promote private–public partnerships that can enhance citizen voice and improve health outcomes.

Strategy level. Entry points at this level depend primarily on resource allocation, from planning to tracking and reporting. Recognizing the emergence of new modalities of fiscal transfer, especially the Budget Allocation for Specific Purposes (*Dana Alokasi Khusus* or DAK) and village funds (*Dana Desa*), SA initiatives in health should consider focusing on the requirements and prioritization of those transfers and on linking them with existing horizontal accountability mechanisms in public financial management.

DAK is usually allocated to help local governments achieve national priorities as set out in the Annual Government Workplan (*Rencana Kerja Pemerintah* or RKP). In 2016, for example, DAK for the health sector focused on reducing maternal mortality, infant mortality, and malnutrition, and on achieving equitable family planning services, among other priorities. According to the Permenkes 43/2016, DAK will be allocated based on local governments' capacity to meet SPM targets. When SA initiatives have the same focus as DAK priorities and are built on adequate information about the DAK from their districts, then citizen awareness, voice, and empowerment can help ensure that local governments adhere to their stated health goals.

- In addition to DAK, the Village Law and the distribution of the village funds presents opportunities to stimulate SA in health services. This modality can be set with a particular focus on community empowerment and participation as recognized by a number of policies detailed above as well as in the Ministry of Health's

Strategic Plan 2015–2019 (Rencana Strategis or Renstra Kesehatan). The village funds can be utilized to increase communities' capacity to identify their own health needs and to make expenditure decisions accordingly. The central government can facilitate this process by institutionalizing key health priorities (reducing maternal mortality, infant mortality, and malnutrition, and providing equitable family planning services) into the Village Law's implementing regulations, manuals for village facilitators, and village-level accountability mechanisms by making sure that these will complement DAK and other fiscal streams. The ongoing World Bank assessment of the village fund accountability system would offer more insights on ways to pursue these opportunities.

Operational level. The minimum health service standards can be an effective tool for operationalizing SA in the patient–provider relationship. Greater support for citizens' capacity to engage meaningfully and confidently with health planners and providers to improve service quality would help ensure that this SPM mechanism is used to its maximum potential. Investments in citizen capacities, however, are often only as effective as the state's capacities and willingness to engage with citizens. Efforts to prepare service providers and local officials to solicit routine citizen feedback on services, and to work with citizens to develop solutions that work for everyone, should be mainstreamed into all health system strengthening programs – not just those focused on governance or SA. Preparing local governments in this way must go beyond creating standards and conducting training; providers and officials must be incentivized to work with citizens and to improve their services while at the same time being given reasonable assurances that negative feedback will not necessarily threaten their job security. SA is a complex process that requires the alignment and harmonization of all stakeholders at the policy, strategic, and operational levels.

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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 (forthcoming).

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