

# Policy Brief: Indonesia

## *Social Accountability in Health: A Review of the Indonesian Experience*

Health, Nutrition, and Population Global Practice  
Social, Urban, Rural, and Resilience Global Practice

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## The Health Challenge in Indonesia

*Though Indonesia's poverty rate halved from 1992 to 2012, inequality continues to rise.* Indonesia has experienced strong economic growth over the last decade and the official poverty rate fell from 24 percent to 12 percent between 1992 and 2012 (World Bank 2014), but the benefits have not been shared equally. During the same time period, the Gini coefficient, a measure of relative poverty, increased from 0.32 to 0.41 (World Bank 2014). Furthermore, between 2003 and 2010, consumption per person of the richest 10 percent of Indonesians grew at over 6 percent per year, compared to at less than 2 percent per year for the poorest 40 percent of Indonesians (Alatas 2016).

*Inequality extends to Indonesia's poor health status, particularly for the country's poor and vulnerable.* The maternal mortality rate remains high at 126 per 100,000<sup>1</sup> live births in 2015, far higher than the Millennium Development Goal target of 102 per 100,000 and higher than many other countries in the region and countries at a similar stage of development (Sacks 2017). While child mortality has steadily declined,

<sup>1</sup> <https://www.worldbank.org/en/country/indonesia/overview>



*“Inequality extends to Indonesia’s poor health status, particularly for the poor and vulnerable”*

the newborn death rate has remained stagnant and is a growing proportion of all deaths – now at almost 50 percent of all under-fives (WHO ND). With great wealth disparity in Indonesia, these issues disproportionately affect the poorest and most vulnerable: the rate of infant and under-five child mortality is three times higher among the poorest 20 percent of households compared to the richest 20 percent (DHS Indonesia 2012).

*Poor households are less likely to have access to basic health services.* For example, there is a twofold difference in the rate of skilled birth attendance coverage between provinces with the highest and lowest levels of skilled birth attendance coverage (Hofman and Kaiser 2002). In addition, home delivery rates are six times higher among the poorest 20 percent of the population compared to the richest 20 percent (Sundara Rajan 2015).

*To improve the country’s health care situation, the Government of Indonesia (GOI) has focused on safety nets and frontline service delivery.* In 2014 the GOI introduced the universal National Health Insurance Program (JKN), which aims to make comprehensive health care accessible to all Indonesians by 2019. The JKN is expected to improve health insurance coverage for the poor and near poor, the self-employed, and those employed in the informal sector. Also in 2014, the GOI issued Law 6/2014 on Villages, which decentralizes power – and direct budget allocations – to the village level.



With an estimated \$12B in funding for villages expected in 2018, the Village Law has tremendous potential to influence local government responsiveness to community needs (Antlöv, Wetterberg and Dharmawan 2016).

*However, efforts to improve the health of all Indonesians face significant obstacles.* Various challenges threaten to undermine government plans to incrementally extend JKN coverage to the entire population, including the low government expenditure on health (only 3.1 percent of total GDP), the complexity of integrating different insurance schemes under a single umbrella, a shortage of trained medical workers, the poor service readiness of Puskesmas (community health centers) and poor access in remote regions. While the Village Law has tremendous potential to reduce poverty and inequality by providing local governments with the autonomy and resources to be more responsive to community needs, there are major obstacles to converting transfers from the central government into tangible development results. The regressive distribution of funds, village governments’ inability to manage the funds, poor mechanisms to promote community participation, and limited data and analytical capabilities prevent further progress. In addition, decentralization has not been shown to have improved sub-national officials’ understanding of local citizens’ needs and preferences (Brinkerhoff and Wetterberg 2012).

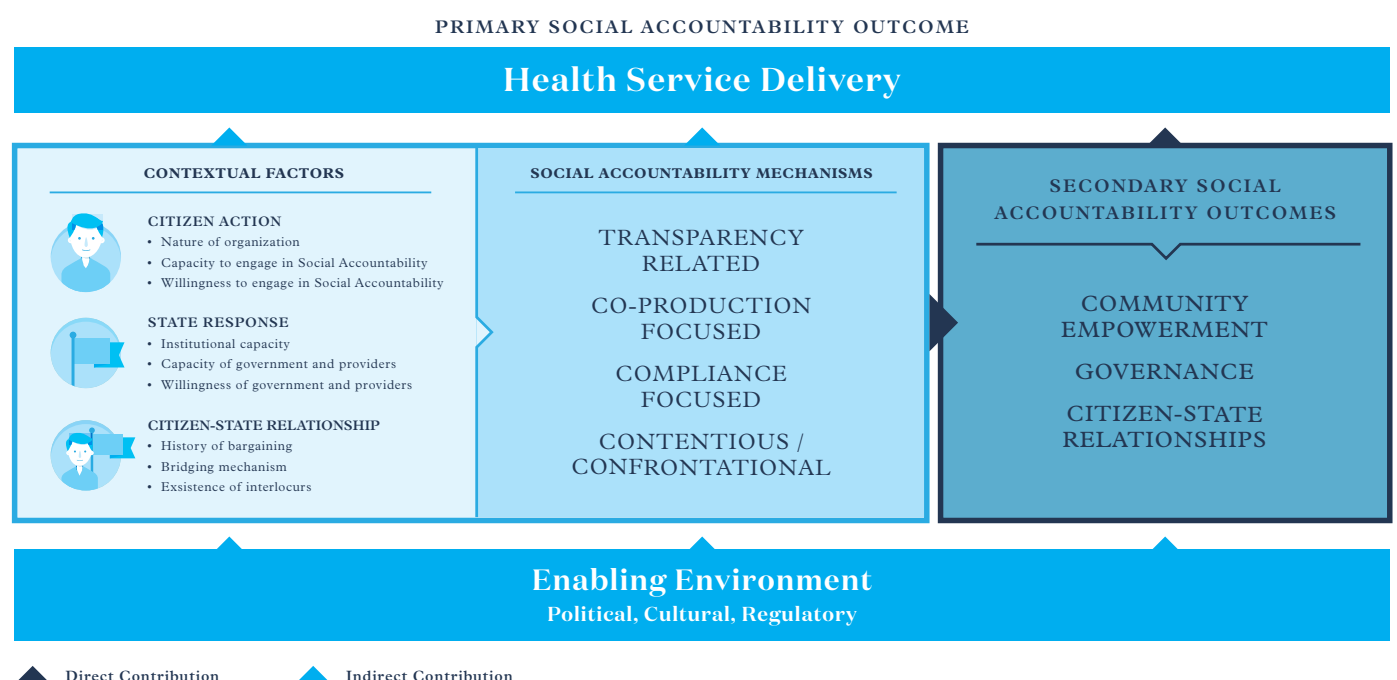
# Why Social Accountability Matters

*Social accountability can improve health-related service delivery by strengthening direct accountability relationships between citizens (the users of health services), the government and service providers (Social Development Department ND). Accountability has traditionally been understood to involve institutions that monitor the performance of other public agencies and branches of government, also known as horizontal accountability (Brinkerhoff and Wetterberg 2015). Yet this type of accountability can be ineffective due to limited capacity, mismanagement, poor transparency and oversight, or a lack of performance incentives. Social accountability, which involves citizens, is perceived to address some of the gaps with horizontal accountability. Social accountability mechanisms can thus further strengthen the implementation of large-scale programs, such as the JKN and the Village Law, and help deliver targeted health outcomes in Indonesia.*

*Social accountability refers to the broad range of actions and mechanisms (beyond voting) that citizens can use to hold public officials to account, as well as government and service provider actions that promote or facilitate these efforts (Social Development Department ND). Social accountability focuses on strengthening both the demand*

side (engaging citizens) and the supply side (institutions, regulations and policies) to increase the responsiveness of government and service providers to citizen needs (Kusumaningrum 2017). While its primary aim is to increase the effectiveness of service delivery, social accountability also strengthens governance and citizen empowerment. Social accountability mechanisms include: (1) transparency and access to information (e.g., awareness campaigns, social audits), (2) co-production (e.g., participatory budgeting, community health associations, minimum service standards), (3) compliance (e.g., public expenditure tracking) and (4) confrontation (e.g., protests, redress mechanisms). Their effectiveness depends on the enabling environment and a series of supply- and demand-related factors. Social accountability mechanisms alone cannot completely fill gaps in health services delivery, but they may work well under certain conditions and are most effective in conjunction with horizontal accountability measures (Social Development Department ND, Kusumaningrum, Joshi, Ringold, Brinkerhoff & Wetterberg). The remaining sections will examine the impact of social accountability mechanisms in Indonesia's health sector.

**Figure 1.** Social accountability in health ecosystem framework.



## The Indonesian Experience

*This brief examines four social accountability projects in Indonesia's health care sector:* Citizen Voice and Action for Government Accountability (CVA), Australian Community Development and Civil Society Strengthening Scheme (ACCESS), Local Governance Innovations for Communities in Aceh (LOGICA) and KINERJA focus on improving health services delivery from both the demand and supply sides. This paper evaluates the projects' mechanisms, their efficacy in improving social accountability, how they influence the quality of service delivery and their broader benefits.

*Indonesians began actively participating in community-driven development projects long before the concept of social accountability emerged.* Before the launch of the 1998 *Reformasi* era, President Suharto launched the Program for Left-behind Villages (*Inpres Desa Tertinggal*), which issued block grants to poor villages to help citizens design their own pathways out of poverty (Guggenheim, 2006). The World Bank funded a number of related community-driven development programs, including the Village Infrastructure Project, the Kecamatan Development Program and the National Community Empowerment Program (PNPM). The Healthy and Smart Generation component of the latter program (PNPM Generasi) focused on building the demand-side by involving citizens from rural communities in decisions about strengthening established health indicators (Kusumaningrum 2017).

*Citizen Voice and Action (CVA)* has been implemented by WahanaVisi Indonesia with support from World Vision since March 2014. Funded by the World Bank, the project aims to improve maternal, neonatal and child health services in 60 villages at the village and sub-district

levels in three districts of East Nusa Tenggara province (Wahana Visi).

CVA employs social accountability mechanisms including transparency, compliance and coproduction to improve service delivery from both the supply and demand perspectives. CVA uses civic education (transparency) to introduce citizens to their tangible rights to service according to local laws. The communities then use a scorecard system (compliance) to qualitatively rate the service of their local clinic against the criteria they generate (co-production). The results of these activities form the basis of an evidence-based dialogue between communities, government and service providers (co-production).

***“ACCESS’ efforts have improved access to clean water for nearly 14,000 people, improved access to sanitation for over 25,000 people and improved awareness of hygiene for almost 10,000 people”***

In this dialogue, stakeholders commit to an action plan designed to improve the facilities, and monitor the implementation of this plan over time (Wahana Visi).

Since its launch three years ago, CVA has shown some positive outcomes. Having facilitators routinely visit members of the communities to inform them about minimum services standards at clinics and health posts has increased the awareness

of mothers in remote villages in Nusa Tenggara of the standard health services they are entitled to, and enabled them to engage in more critical dialogues with healthcare providers. This has produced service improvements ranging from health workers showing up on time and midwives becoming consistently available in the village, to increased budgets for maternal health and subsidized delivery kits to increase the safety of childbirth (Wahana Visi).

*ACCESS Phase II* began in 2010 to strengthen citizens' social capital in order to improve local democratic governance and local development impacts in 20 districts in Eastern Indonesia. Much of its work involves empowering communities to recognize their strengths and assets, supporting civil society representatives to take action, advocating to the government and implementing initiatives to improve living standards (ACCESS 2013-2014).

ACCESS primarily applies the social accountability mechanisms of coproduction and transparency. As an example of the former, ACCESS has been working on building local constituencies to engage in constructive dialogues with their local governments to ensure they can obtain the necessary resources for village development. ACCESS provides capacity-building training for civil society organizations (CSOs) that is focused on internal governance and management systems, outcome mapping, community organizing, monitoring and evaluation, and trains community facilitators on participatory village development planning and budgeting competencies. Transparency mechanisms have included supporting the establishment of 232 community complaint handling centers in 15 districts (Akatiga 2013), which allow individuals to provide feedback on ba-

sic services and raise issues that require government support, such as domestic violence. Program-trained village cadres review and respond to these complaints, mediate conflicts, and advocate for improved regulation and service charters (Kusumaningrum 2017).

ACCESS' efforts have improved access to clean water for nearly 14,000 people, improved access to sanitation for over 25,000 people and improved awareness of hygiene for almost 10,000 people (ACCESS 2013-2014). The program has also strengthened civic engagement in three ways. First, it supports community-led initiatives to address local development challenges, including a poverty database, village planning and budgeting process, and health preparedness initiatives. Second, it has increased the participation of women in action planning, which makes it more likely that the community will address issues relevant to women and children. Finally, ACCESS developed a complaints handling mechanism to improve governance by promoting greater accountability for services delivered.

*LOGICA 2 Phase II* started in January 2012 to help provincial and district gov-

ernments in Aceh improve living standards in health, education and family wellbeing by delivering more effective services. It works directly with service delivery institutions, including health clinics and hospitals, to develop structures and systems to set and deliver minimum service standards that are responsive to communities' needs.

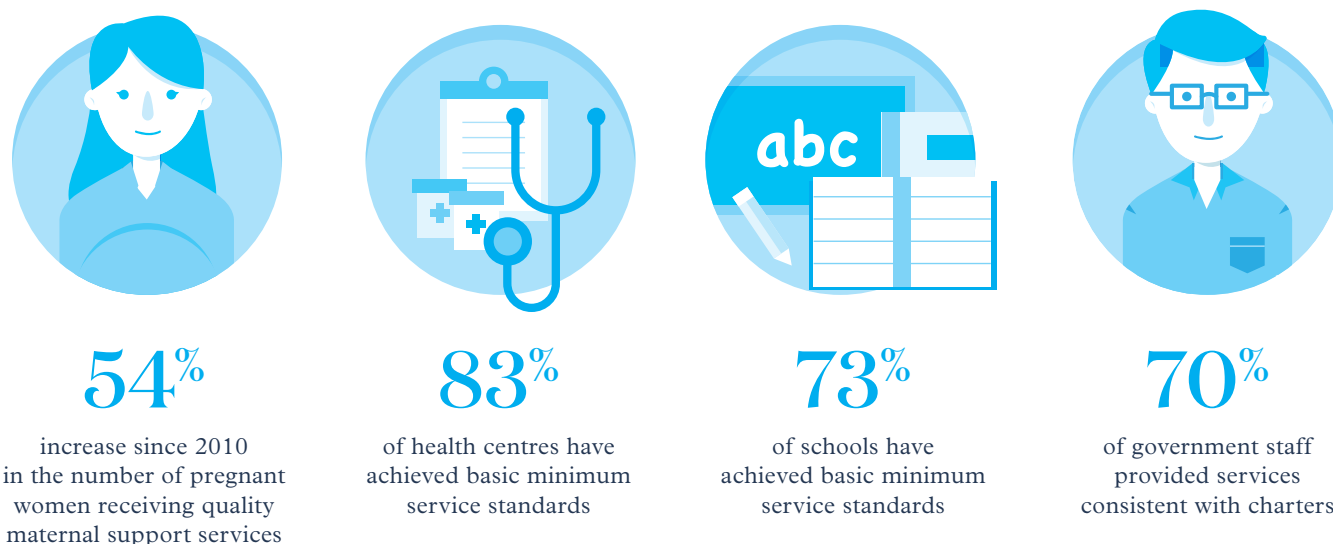
As part of a larger program focused on governance and service delivery, LOGICA 2 employs social accountability mechanisms focused on co-production, compliance and transparency. In terms of co-production, LOGICA2 has employed community mobilizers to support community participation and contribution to the development of village action plans through village planning forums. This includes supporting village cadres to develop innovations at the village level and creating strategies to increase the representation of women in formal decision-making roles, including on school committees and in village government. LOGICA 2 has also used compliance-focused mechanisms including citizen satisfaction and customer feedback surveys to hold health service units accountable. Finally, LOGICA 2 has employed transparency-focused mechanisms focused

on raising community awareness of gender equity and helping women take on formal leadership roles.

LOGICA 2 has helped improve community empowerment and strengthen governance. For example, local-level innovations have increased opportunities for women to be active in village decision-making processes, and for the local population to articulate their needs to government and service providers (Suhirman, Suryaningati and Kelly 2012). The program has also led to new supporting regulations and increased government funding for frontline service reform. These developments have led to a 54 percent increase since 2010 in the number of pregnant women receiving quality maternal support services, and 83 percent of health centers and 73 percent of schools have achieved basic minimum service standards. In addition, 70 percent of staff in 163 government frontline services centers have demonstrated that the services they provide to the public are consistent with published service charters (Suhirman, Suryaningati and Kelly 2012).

*Kinerja*. Supported by the US Agency for International Development, *Kinerja* started in 2010 to create service delivery

**Figure 2.** Social accountability efforts contribute to strengthened community empowerment and governance.



innovations that combine demand- and supply-side interventions at the district government and community levels. Working with local organizations, it provides technical assistance to local government and public service delivery units. Kinerja works in 24 districts in five provinces to support frontline service delivery improvements in health, education and business licensing. The program also implements a series of cross-sectoral interventions that were designed to create incentives for improved local service delivery performance by giving citizens a more effective voice in public service delivery; supporting performance management systems in local governments; and increasing competition through benchmarking, competitive awards and public information (Kinerja 2015).

Kinerja follows a series of steps to involve citizens, service providers and local sectoral agencies in planning and carrying out a series of interventions across a number of social accountability mechanisms. The preparation phase of the project utilizes the transparency-focused mechanism by building stakeholders' political commitment, including through a memorandum of understanding in which the district executive agrees to address the outcomes of a survey to be conducted, as well as to train stakeholders and allocate resources. Through the co-production approach, Kinerja convened 73 multi-stakeholder fo-

rum across 20 partner districts to raise awareness of citizen's rights, adopt and adapt tools, and formulate action plans, after which the forums monitored the implementation of these plans (Kusumaningrum 2017). Next, a compliance-focused mechanism involves surveying service delivery units and their users to identify complaints related to effectiveness, responsiveness, efficiency, human resources and logistics. To support capacity building and ensure sustainability, Kinerja trained 281 citizen journalists and supported a fellowship program and various public events to support their continued professional development (Kusumaningrum 2017).

Health service delivery improvements have included the addition of chairs in health center waiting rooms, a reduction in wait times, changed hours of operation, better availability of medicines, and an upgrade to the management and registration process. There have also been advances in staff attitudes and service orientation, increased availability of doctors, increased attendance and accountability of midwives in rural posts, and differentiated and customized services for women and the elderly. In addition, some respondents have attributed Kinerja interventions to the decline in the number of maternal deaths, much lower levels of infant malnutrition and 100 percent use of medical personnel at births (Kinerja 2015).

## Key Lessons Learned

*Social accountability is not only about citizen participation to improve service delivery; government and healthcare providers play an essential role in successful implementation of social accountability.* For example, LOGICA 2 focuses on improving government capacity by using minimum service standards and civil service competency. This program provides training on a variety of topics ranging from formulating service standards to the roles and functions of village government staff. In turn, these supply-side interventions have helped citizens play a more effective role, which has improved government capacity and responsiveness, and enhanced the effectiveness of social accountability mechanisms.

*The enabling environment and key contextual factors contribute to the impact of social accountability.* Broad social, cultural and political factors have a pivotal impact on the effectiveness of social accountability interventions. On the supply side, this includes public officials' receptiveness to citizen inputs (as well as their willingness and capacity to engage in social accountability), and organizational structures, systems and processes that en-

able citizen engagement. Key demand-side factors include citizens' ability to participate in planning meetings, express their concerns, and participate with state actors in assessing service delivery performance and problems. Cross-cutting both supply and demand is knowledge and awareness of citizen rights, as well as the corresponding government systems and actions to ensure that information is available and accessible (Kusumaningrum, Malena, Forster and Singh).

Within the context of middle income countries, the level of decentralization affects the extent to which local officials are willing (and able) to respond to social accountability processes. Without sufficient motivation and support systems, local officials may prefer to focus their attention upwards rather than downwards. A major challenge to social accountability efforts is thus the attitude of many public officials that government affairs are their exclusive domain. This challenge can be addressed by introducing incentives from the national or regional government to encourage service providers to recognize and

respond to feedback from users (Singh 2004). For example, ACCESS strengthened Indonesia's legal and institutional framework, in particular by facilitating participatory and responsive planning and budgeting processes based on commonly agreed social poverty maps. These changes enabled village development plans to be integrated and facilitated through district-level planning. The CVA project focused on the supply side, by using civic education (transparency) to educate citizens about their legal rights to services. Finally, LOGICA 2 supported the training and mentoring of community representatives and informal leaders to raise awareness about marginalization,

*“Broad social, cultural and political factors have a pivotal impact on the effectiveness of social accountability interventions”*

facilitation, advocacy, leadership, proposal writing and action planning. In light of these experience, it is important for national and regional governments to provide the necessary support to ensure the success of social accountability initiatives. This can take the form of providing information on citizens' rights, mechanisms to hold service providers accountable, or developing accessible complaint handling mechanisms.

*Social accountability is an iterative, long-term solution.* Each social accountability initiative builds off of the outcomes of previous social accountability initiatives to strengthen the implicit and instrumental outcomes of social accountability (Grandvoinet, Aslam and Raha 2015). The success of past interventions creates an enabling environment for a more sustainable social engagement. Through ACCESS, for example, local governments are exposed to effective methodologies and practices to strengthen their processes and systems to meet citizen and market needs (ACCESS 2013). Over time, project participants became more aware that transparency, participation and accountability determine the effectiveness of programs, so they became more supportive of increased citizen engagement in development processes. In turn, citizens tend to gain a higher level of trust and confidence in their governments, which leads to more effective engagement. In order to remain sustainable, social accountability interventions require local government support, mentoring and skills transfer. For example, an effective means towards sustainability is when the district government issues regulations to enact sustained citizen engagement in government decision making processes. To be effective, regulatory support needs to be complemented with repeated applications and interactions, long-term investment in joint action and trial and error, and mutual learning.

*The impact of social accountability occurs at the interface between supply and demand.* Kinerja demonstrated interventions at this interface by designing an incentive system for health providers that was based on citizen voice in public service delivery. Similarly, LOGICA 2 helped local institutions set minimum service standards that are responsive to community needs. CVA allowed CSOs and government officials to educate citizens about their rights and entitlements, as well as the service standards and accountability systems that are in place to secure those rights, which improved local government transparency (Kusumaningrum 2017).



# The Path Forward

As Indonesia is still relatively new to social accountability, a strong path forward requires (i) translating best practices from lessons learned into national policy impact, while (ii) continuing to refine the thinking about effective social accountability approaches in the country's health sector.

## TRANSLATE KEY LEARNINGS FROM THE FIELD INTO NATIONAL POLICY IMPACT.

*Inform the national policy framework on social accountability.* A national-level social accountability strategy can help clarify countrywide priorities and provide regulatory guidance to support local social accountability efforts. Efforts leading to a national level framework have already begun to take place. The national government's Medium Term Development Plan (RPJMN) provides a regulatory umbrella that enables a frontline approach to strengthening decentralized service delivery. Lessons learned from the CVA project as well as other SA project have been used to inform the frontline service delivery as one of the National Development Planning Agency's main programs in the RPJMN. However, while Indonesia's national policy framework provides a strong foundation for social accountability in the health sector, the framework lacks detailed guidance on the incentives and procedures that are necessary for service providers and local officials to address citizen feedback effectively (Kusumaningrum 2017). Hence, Indonesia's policy framework could benefit from a deeper examination of lessons learned through rigorous, evidence-based studies that produce specific guidance for local governments and service providers.

*Strengthen the impact of current national policies.* Lessons learned from social accountability experiences can also leverage the scale of current policies (such as JKN and the Village Law) to achieve widespread impact. Poor citizen awareness of their rights and benefits has obstructed the implementation of JKN (EIU 2015). Complaint handling mechanisms can help address this shortfall by giving people the opportunity to transform information into action. Likewise, Village Law funds can be used to increase the community's capacity to identify its health needs and monitor health outcomes according to minimum health standards. To ensure that the community actively participates in village-level development decisions, and that funds are used more effectively to improve health outcomes, the full 'accountability loop' should be employed: citizen education, use of community score cards in key sectors, participatory budgeting and the facilitation of effective dialogue among relevant stakeholders.

## CONTINUE TO REFINE THE THINKING ABOUT SOCIAL ACCOUNTABILITY APPROACHES IN THE HEALTH SECTOR.

*Draw on best practices from other areas.* Exploring experiences in other contexts, countries and sectors can stimulate fresh thinking about breakthrough solutions. For example, the World Bank-funded BOS (Bantuan Operasional Sekolah) initiative, one of the largest programs at the Indonesian Ministry of Education, is an operational fund that is managed transparently by schools across the country and is publicly reported to the community. In Kenya, the Making Voices Count initiative focuses on leveraging the power of new technologies to empower citizens to make government more effective and accountable (Leighninger 2016).

*Extend social accountability to the policy arena.* Social accountability approaches are likely to fail if influential groups that are concerned about losing their influence have no incentives to implement them (Kusumaningrum 2017). Power asymmetries in the policy arena can allow influential groups to capture policies that serve their narrow interests, which may impede efforts to implement the social accountability agenda (World Bank 2017). To counteract these tendencies, the World Bank Global Partnership for Social Accountability supported TWISA social accountability project in Tajikistan emphasizes the importance of effectively navigating the policy arena. According to TWISA's project leads, nurturing shared goals and strategies, as well as productive multi-stakeholder working relationships, takes much more of the project's time than implementing a stand-alone social accountability tool (Aliberdieva 2014). However, these types of non-technical efforts are critical for implementing sustainable social accountability policies and practices. When extending social accountability to the policy arena, it is important to consider more than simply which social accountability approaches are used; how they are selected and implemented also helps determine their success.



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