



# Promising Practices

## On the human rights-based approach in German development cooperation. Local governance: Accountable public services in Indonesia

### Background

As a vast country with a population of over 240 million, spread out over about 6,000 inhabited islands, Indonesia faces enormous challenges with regard to the provision of equal access to quality services. Decentralisation has shifted the responsibility for most public services to about 500 districts and municipalities.

The provision of primary services such as education, health, access to clean water and sanitation continues to present daunting challenges. In 2009, twenty-three percent of the population had no access to an improved water source and only 55 % were using improved sanitation. Health services showed highly unequal distribution, while on average 100,000 people shared 13 physicians. Raising the quality of primary education remains a fundamental task pending solution.

The government acknowledges the need to increasingly inform and involve the public in improving service delivery and has issued related laws and bylaws. However, implementation remains difficult due to a rather inflexible bureaucracy and distrust between citizens and administration. Further obstacles to customer friendly services are intransparent procedures and a weak internal control system.

The Support for Good Governance (SfGG) project supported by former GTZ, now Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), aimed at increasing the accountability of the public sector, supporting the creation of a performance-based civil service and promoting anti-corruption initiatives – with strong efforts to strengthen civic involvement. Between 2000 and 2009, SfGG was jointly implemented by the State Ministry of Administrative Reform and GTZ. Cooperation partners

included civil society organisations, local governments, and the National Institute of Public Administration (training centre of the administration). The overall goal of SfGG was the improvement of public service delivery for all Indonesian citizens. It has three strategic areas of operation:

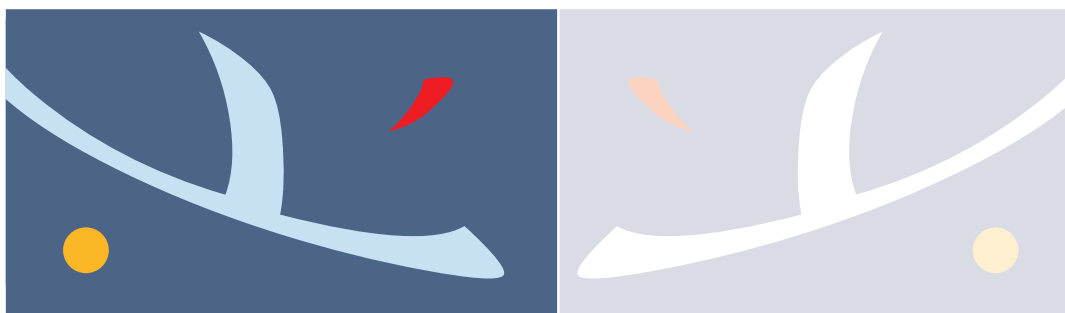
1. improvement of public services through civil society participation,
2. civil service reform including anti-corruption measures, and
3. enhancing the control function of watchdog NGOs regarding public services.

### Towards a human rights-based approach

The access to affordable and adequate basic resources and services such as sanitation and education is a human right. One of the main objectives of SfGG is to strengthen the demand side in public service delivery, leading to more participation and empowerment of the citizenry, to greater transparency and accountability and less corruptions.

To that end, SfGG and its partners developed a participatory method for the identification and analysis of weaknesses in service delivery. The method targets the Service Unit as lowest level of service provision. Service units at the national, provincial or district/ municipal level have applied this method. The approach consists of three simple steps:

1. Participatory development of a representative complaints questionnaire during a 2-day-workshop with service users (80 %) and service unit staff (20 %) led by trained facilitators,



2. Complaint survey conducted by service units with a minimum of 80% of service users. Communication of the results of all steps to the public through various means (posters, newspaper advertisements, radio etc.), followed by
3. Joint complaints analysis by service unit/ sectoral agency and service users that distinguishes between problems that can be solved by the unit itself and those that need support from higher levels of responsibility (2-day-workshop).

Outcomes of this process were a Service Charter, publicly signed by the head of the service unit, and Recommendations directed at political decision-makers. Follow-up surveys were to monitor the progress being made.

The process involved multiple stakeholders. The political leadership initiated the process by allocating a budget and putting together two teams, one within the local administration for the overall coordination and quality control, and one within the service unit to actually carry out the complaint survey.

Civil society organisations were always part of the managing team. They also acted as watchdogs and advocated for marginalised groups to make sure the process was transparent and inclusive. In most cases more women than men took part in the process.

External facilitators trained by SFGG supported the teams. Once local teams had gained experience with the process, they could repeat the process without external facilitation.

The service unit was responsible for implementing the Service Charter and conveying the survey results to the head of the administration for further action. The latter communicated the recommendations for political decision-makers to the respective authorities at district and national level.

Facilitation and communication were important for complaints to be understood by all sides and for a constructive discussion thereafter. First, service users needed to be informed about their rights and the duties and functions of the service units as well as principles of good governance. Second, mediation between complainants and more reluctant service unit staff was important. For instance, doctors in particular were often hesitant to accept critique, even if it was founded on evidence. Third, intensive communication with the public through advertising workshops, public display of survey results, the use of radio, TV, internet, and other means mobilised service users to get actively involved.

As regards the scope of application, a total of 485 service units in 75 districts and municipalities (a significant number) applied this participatory method, reacting to the complaints of 480,000 respondents. Of the 485 service units involved, 82% provided basic services such as education (51%), health care (29%), and water (2%). A fair number of districts and municipalities continued to expand the approach into new sectors, often at their own costs. A few service units at provincial and national level (the customs bureau) also successfully applied the method.

### Human rights framework

The International Covenant on Economic, Social and Cultural Rights (ICESCR) establishes a number of human rights related to public service delivery, such as the right to the highest attainable standard of health (art. 12), the right to water and sanitation (art. 11 in conjunction with art. 12) and the right to education (art. 13 and 14).

Further, rights codified in the International Covenant on Civil and Political Rights (ICCPR) have an immediate bearing on local governance, such as the right to liberty and security of person (art. 9) or the right to take part in the conduct of public affairs (art. 25). All of these rights are concretised in General Comments.

Human rights standards are complemented with cross-cutting human rights principles: non-discrimination and equality of opportunities, participation and empowerment, transparency and accountability.

## Achievements and impact

### Changing power relationships

In the process, citizens became more aware of their entitlements to adequate services. They experienced that their opinion mattered and that their complaints led to actual changes. They were empowered from recipients to rights-holders.

On the supply side, political decision-makers and service providers learned to be accountable to citizens but also experienced the benefits of receiving regular feedback and suggestions, which helped them to seek improvement and prioritise action. Increased public control is a strong motivator for public providers to actually fulfil demands.

The survey results also helped local authorities to back their arguments for more support from central government. By proving the actual need, the public water supply company in Pemalang, Central Java, for example, succeeded in convincing the Ministry of Health to provide it with additional funds for the expansion of the clean water system to achieve the related MDG indicator.

### Improved basic services

Repeated complaints surveys in selected service units showed that customer satisfaction with public service delivery had improved: The average rate of complaints per question sank from 36% to 24%. More importantly, service users complained even less about those issues that had been the main cause for concern

during the first survey and had been tackled by Service Charters and Recommendations (the average complaint rate sank by 18 percentage points from 44 % to 26 %). Crucially, marginalised and underserved groups also benefited from improvements.

### Improved governance practices

While the brunt of complaints related to service quality, about 15 % of all complaint statements were directly targeting poor governance such as lacking access to information, discrimination in service provision or illegal fees. Repetition surveys have shown that service users complained on average 10 percentage points less about related problems, from 26 % down to 16 %. Another result of the method is that all service units involved established complaints handling teams that continued receiving and following up on complaints after the survey had been completed. Because of greater transparency, elite capture and corruption were impeded and available funds were invested in a more needs-oriented way.

In most cases, facilitators succeeded in convincing stakeholders of the benefits of the participatory approach and of committing themselves to increased transparency and accountability. The fact that civil society organisations were often invited to take part in the implementation of the complaint surveys is an indication of increased reciprocal trust.

### Local ownership of the mechanism

A number of districts and municipalities expanded the implementation to new sectors or reserved funds in their budgets for applying the method, after the end of the project phase.

### National political endorsement

The positive effects were also perceived at national political level. In 2004, the Ministry of Administrative Reform officially endorsed the method in a Circular Letter, promoting it throughout Indonesia. A 2009 Ministerial Regulation further upgraded the legal status by instructing all service providers at national, provincial and district/ municipality levels to improve their services through this complaints-based method.

### Example: Health Services

#### 1. Typical complaints about services of Local Health Centres (PusKesMas)

At the time, the following complaints were among the top complaints in 60 service units:

- lack of medical personnel,
- lack of discipline/skills/information sharing of medical personnel,
- lack of medication, lack of variety; intransparent pricing, medication too expensive.

#### 2. Typical content of a Service Charter:

- To counter the lack of doctors, the service unit will revise the schedule of doctors and create on-call services.
- To counter the lack of discipline, the service unit will publish a schedule of doctors' availability.
- To counter the lack of certain medication, the service unit will expand its ordering.

#### 3. Typical content of Recommendations:

- Request to the Head of District/ Municipality for further staff allocation from the national government.
- Request to increase budget allocation for procurement of medication.

In addition, the Ministry included citizen participation and control also in other directives and bills regarding public services.

The Ministry of Administrative Reform has been promoting the participatory complaints mechanism beyond the lifespan of the SfGG project. By 2013, application of the method at national level extended to the Ministry of Marine Affairs and Fisheries. A 2013 evaluation showed that using the mechanism helped several service units improve the quality of their services as well as the infrastructure of their units and that citizen participation was crucial in designing improved public services.



Participatory complaints survey.

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Satisfaction feedback counter at the exit door of a local Water Supply Company.



## Challenges

The method, in order to produce lasting change, required active involvement of citizens and a change of mindset on the side of the administration. Overcoming mutual distrust was a major issue.

Hence the main challenges were the following:

- For service units to retain the flow of constant communication with their clients beyond the facilitated application of the method;
- For service units to involve critical advocacy groups rather than more convenient NGOs in the whole process to hear the perspective of marginalised and underserved groups;
- For civil society to take a more active role in monitoring the improvements that had been promised.

## Lessons learned

Citizen control is a powerful instrument for improving governance and actual quality of public services. Participatory complaint surveys are an effective method for citizens to monitor public

service delivery, provide feedback to service units and create a culture of citizen engagement and government accountability.

The method is not without prerequisites. Facilitating a meaningful exchange between rights-holders and duty-bearers requires, on the part of the facilitator(s) solid background knowledge on the scope of services, trust from all sides and strong facilitation skills. Training sufficient facilitators among governmental and NGO partners is a critical requirement for ensuring application beyond the project lifespan.

As for SfGG, it was fundamental working concurrently with both rights-holders (citizens) and duty-bearers (public service providers) to achieve the desired change in behaviour and power relations, which, in turn, resulted in better public services. Using a facilitated dialogue on complaints as an entry point to improving services reduced the fear of criticism on the side of service providers – even in a harmony-oriented Asian cultural context. It has led many service units to revamp their complaints systems and use complaints as a positive impetus for improvement.

Assuring political backing of the approach at an early stage (through a Ministerial Circular Letter) was instrumental for promoting the approach and enabling service providers to allocate their own funds for the application of this method.

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