



# CIVIC FORUMS

Fostering civil society engagement  
to increase maternal & newborn  
survival in Indonesia

TECHNICAL REPORT  
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## Executive Summary

The United States Agency for International Development-funded Expanding Maternal and Neonatal Survival (EMAS) Program has worked to assist the Ministry of Health (MOH) of Indonesia to reduce the country's high levels of maternal and neonatal mortality. To support these efforts, EMAS has supported the establishment of Civic Forums, or *Forum Masyarakat Madani (FFM)*, in order to channel civil society feedback to the providers of maternal and neonatal health (MNH) services and increase service utilization.

EMAS supported the establishment of Civic Forums as a way to provide for community needs, increase provider accountability for service delivery, and ensure equitable access to high quality maternal and neonatal emergency care. The aim of the Civic Forum is to empower civil society to have an active voice and to hold government and facilities accountable for quality emergency maternal and neonatal health service provision. In addition, the Forums help facilities extend MNH services throughout communities. Civic Forums are expected to fulfill the roles of channeling feedback, leveraging resources, and promoting service utilization in order to contribute to the reduction of maternal and newborn mortality. The organization of each Civic Forum is generally flexible in order to fit with local conditions, however a uniform overall structure encourages grassroots participation at the village level and effective communication at the district level.

Within this report, the effectiveness of Civic Forums are assessed by examining accomplishments with the three Forum roles. EMAS supported Civic Forums to develop dialogue with government, district legislature, and health service providers to address community concerns regarding access and quality of emergency maternal-neonatal care. As a result, community feedback was provided to *puskesmas* and hospitals, which resulted in changes in procedures, policy changes, and increased investments in MCH services. Within the second role of leveraging resources, Civic Forums worked largely with the private sector to build long-term partnerships in order to benefit from corporate social responsibility programming for MNH services. Some Forums focused on information sharing and communications, while others mobilized direct private sector financial support for activities. Finally, Civic Forums worked to collaborate and promote use of MNH services in health facilities. Discussions within the Forums and with outside partners regularly took place to identify problems and effective solutions that would increase mothers' access to MNH services. In addition, Forums worked to inform community members of the availability and benefits of services, and initiated activities to facilitate service utilization.

In order for Civic Forums to achieve sustainability, EMAS has worked to lay a solid foundation related to several key factors. Strong political support from the national government regarding active participation of civil society organizations, and civil society commitment to Civic Forums are key to continued success. In addition, Civic Forums must maintain their capacity to function independently and actively engage in monitoring between the community and facilities, and advocate for system improvements and investment. Financial resources must also be considered, as Civic Forums must continue to fundraise from local businesses and individuals to support their advocacy and other work.

## Introduction

USAID/Indonesia's Expanding Maternal and Neonatal Survival (EMAS) Program is a five-year effort, launched in 2011, that supports the Government of Indonesia to reduce maternal and newborn mortality. EMAS collaborates with Indonesian government agencies (national, provincial and local), civil society organizations, public and private health facilities, hospital and professional associations, and the private sector. EMAS seeks to accelerate reductions in maternal and newborn mortality by improving the quality of EmONC within health facilities and strengthening the referral network to ensure efficient and effective referrals from *puskesmas* to hospitals. EMAS also works to strengthen accountability amongst government, the community and health system by supporting district-level Civic Forums that engage civil society in MNH issues and *pokjas* (working groups) that help resolve issues and barriers identified by health facilities and others that impact maternal and newborn survival.

EMAS is a partnership of five organizations—Jhpiego (lead partner), Lembaga Kesehatan Budi Kemuliaan (LKBB), Muhammadiyah, Save the Children, and RTI International. Over five years, EMAS is working with at least 150 hospitals (both public and private) and more than 300 *puskesmas* across the six provinces (North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi) where nearly 50% of maternal and neonatal deaths in Indonesia occur.

This technical report examines how EMAS has supported the establishment of Civic Forums, referred to as *Forum Masyarakat Madani (FMM)* in Indonesian, as a means of channeling civil society feedback to providers of maternal and neonatal health (MNH) services, as well as encouraging service utilization.<sup>1</sup> The discussion below provides an overview of the Civic Forum's roles, structures, and development, and details EMAS support to creating and maintaining Civic Forums in the project's target districts. The report then summarizes the effectiveness of the Civic Forums in fulfilling their expected roles and, in conclusion, offers some observations on sustainability.

## Background

Citizens and communities have a long history of involvement in public health as partners with government, dating back to the 1978 Alma Ata declaration, which is considered a landmark for acknowledging people's participation in health systems as central to primary health care and for recognizing the role that organized social action plays in securing health gains. Since then, around the world, health policy makers and providers have increasingly recognized that achieving health outcomes depends upon citizens' active engagement: health care is a key example of a service that is "co-produced" by government, providers, and citizens. For example, research has indicated that an active role for civil society is one of the success factors in reducing maternal and child mortality rates.<sup>2</sup> More recently, the role of civil society in promoting accountability among service providers

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<sup>1</sup> This report draws on EMAS documents, interviews, direct field observations, and several focus group discussions.

<sup>2</sup> Kuruvilla, S. et al. 2014. Success Factors for Reducing Maternal and Child Mortality, *Bulletin of the World Health Organisation* 92:533–544. doi: <http://dx.doi.org/10.2471/BLT.14.138131>

and in giving citizens a voice in commenting on service quality has been identified as important, and citizens are widely recognized as essential to good health governance.<sup>3</sup>

In Indonesia, following the downfall of the New Order regime in 1998, civil society organizations (CSOs) have grown rapidly in response to the opening of political space, although various analyses have shown that many of the CSOs that emerged in the *reformasi* period remain dependent upon international donor support and have relatively weak connections to Indonesian society at the grassroots.<sup>4</sup> During this period, the Indonesian government has become more open to direct citizen engagement in service delivery, and more accepting of civil society's role in governance and accountability. This openness has led to support for CSO involvement in improving health outcomes. The government's 2010 report on the Millennium Development Goals noted that a general lack of knowledge and awareness of the significance of safe motherhood contributed to the high rate of maternal mortality. In response, public health officials have encouraged greater involvement and contributions of civil society, both directly and indirectly, to efforts to address high maternal and neonatal mortality. The Indonesian health system endorses engagement of civil society in all stages of healthcare development, either individually or through organized entities.<sup>5</sup>

***EMAS supported the establishment of Civic Forums as a way to provide voice for community needs, increase provider accountability for service delivery, and ensure equitable access to high quality maternal and neonatal emergency care.***

In line with the government's policy vision and associated legal framework, EMAS acknowledged the important roles of CSOs in addressing high maternal and neonatal mortality in Indonesia by building civil society participation into the project's interventions. The Civic Forum is built upon CSOs' shared concerns and interests on issues around high maternal and newborn mortality. Through the establishment of Civic Forums, EMAS fostered CSOs engagement to reframe pregnancy and childbirth as issues of concern to the whole community and empower citizens to gain control of their health outcomes.

EMAS began with 10 districts in Phase 1 in May 2012. Phase 2 expanded the project to 23 districts from October 2013. Phase 3 began in October 2014 and added seven more districts, for a total of 30. EMAS created Civic Forums in each district as the program expanded. This report discusses experience in Phase 1 and 2 districts.

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<sup>3</sup> Brinkerhoff, D.W. and T.J. Bossert. 2008. Health Governance: Concepts, Experience, and Programming Options. Washington, DC: U.S. Agency for International Development, Health Systems 20/20, Policy Brief, February. <https://www.hfgproject.org/wp-content/uploads/2015/02/Health-Governance-Concepts-Experience-and-Programming-Options.pdf>

<sup>4</sup> See Prasetyo, S.A., A.E. Priyono, and O. Törnquist, eds. 2003. *Indonesia's Post-Soeharto Democracy Movement*. Jakarta: Center for Democracy and Human Rights Studies (DEMOS).

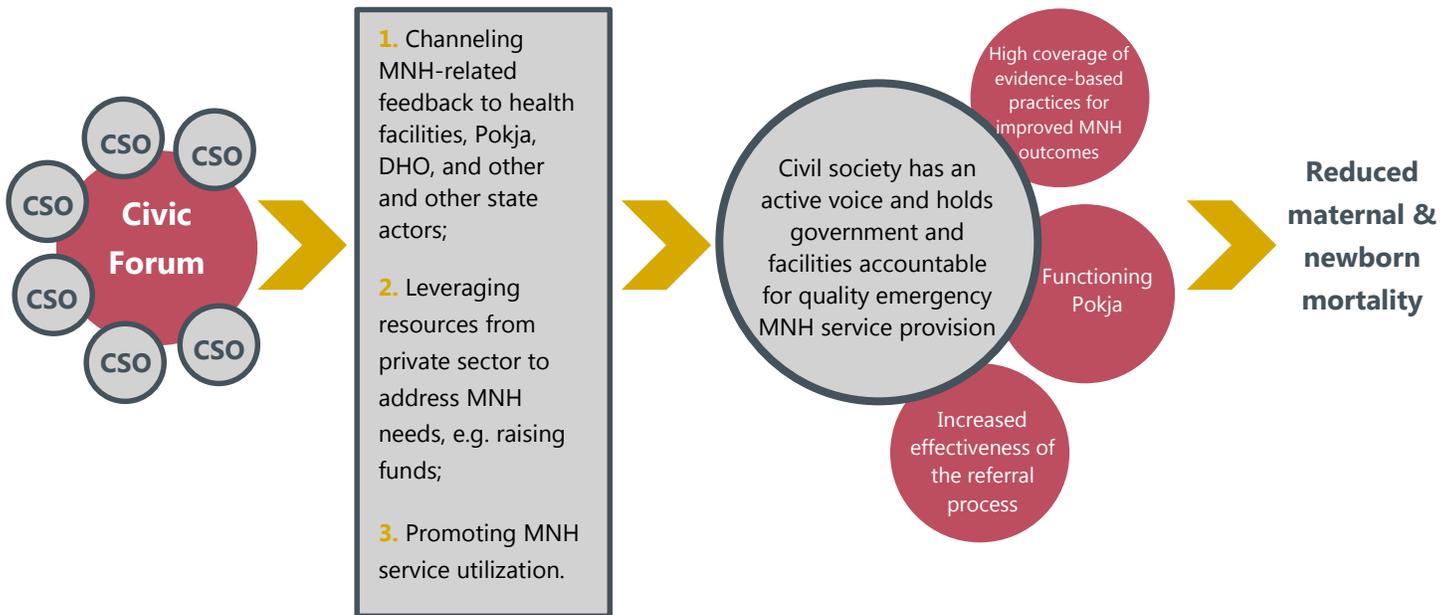
<sup>5</sup> As stipulated in Law No. 39/2009 on Health and in the law on minimum service standards.

## Description

### Purpose of the Civic Forum

By supporting the development of Civic Forums, EMAS aimed to empower civil society to have an active voice and to hold government and facilities accountable for quality emergency maternal and neonatal health service provision, as well as to help facilities to extend MNH services to communities. Combined with other project interventions – including high coverage of evidence-based MNH best-practices, increased effectiveness of case referral process, and a fully functioning inter-sectoral working group (*pokja*) at the district level – EMAS intended for a fully developed and active Civic Forum to contribute to the reduction of maternal and newborn mortality. The Civic Forum was expected to fulfil three roles: providing feedback, leveraging resources, and promoting service utilization. Figure 1 illustrates the planned causal pathway.

**Figure 1. Causal pathway: Civic Forums' contributions in the improvement of maternal and newborn survival**



EMAS supported Civic Forums in several ways to be a stronger link between government, facilities, and the community to advocate for and help families gain access to quality facility-based care for mothers and newborns. First, EMAS **worked with local CSOs that were already supportive of MNH** issues in establishing Civic Forums. Second, the project **provided direct support to build CSO capacity**, through assessments, development of action plans, and provision of materials, among other efforts.

***With EMAS support, all Civic Forums were expected to reach a set of functional benchmarks that indicated that the forums were consistently able to fulfill core functions, including: holding regular meetings, disseminating information, participating in drafting facility service charters, and soliciting citizen feedback on emergency MNH service.***

Third, EMAS aimed for broader impact by **supporting established Civic Forums to mentor other CSOs** through a mentoring approach. The mentoring approach has been a critical part of EMAS's expansion approach in all parts of the program, based on peer-to-peer mentoring of counterparts (whether Civic Forums, *pokjas*, clinicians, etc.) in other districts/cities. Once functional criteria were met, EMAS encouraged Civic Forums to build on these accomplishments, with the expectation that some would take on an additional role to mentor new Civic Forums in districts that were or aspired to implement the EMAS program. To enable the program to better track and project future mentoring readiness, EMAS established a set of mentoring readiness criteria defining whether or not a Civic Forum was prepared to mentor others (see Box 1). The mentoring strategy proved successful; by 2015, all 23 Phase 1 and Phase 2 Civic Forums had achieved mentoring status and were prepared to mentor Phase 3 districts.<sup>6</sup> By the end of 2015, all seven Phase 3 districts had established Civic Forums.<sup>7</sup>

#### **Box 1. Civic Forum Mentoring Criteria**

1. At least 30% budget for activities are covered by sources other than EMAS funding
2. Have established good collaboration with the district *pokja* and local media
3. Have been active in soliciting and communicating community feedback on MNH services using participatory methods
4. Have demonstrated proven contributions to the development of local policies to address maternal and neonatal health and survival
5. Have experience in facilitating the development of service charters in health facilities

### **Structure of Civic Forums**

Although EMAS specified and monitored Civic Forum roles and criteria, the structure of the Civic Forum was left relatively flexible to ensure fit with local conditions. A suggested structure was introduced by the project to encourage grassroots participation at the village level, while also

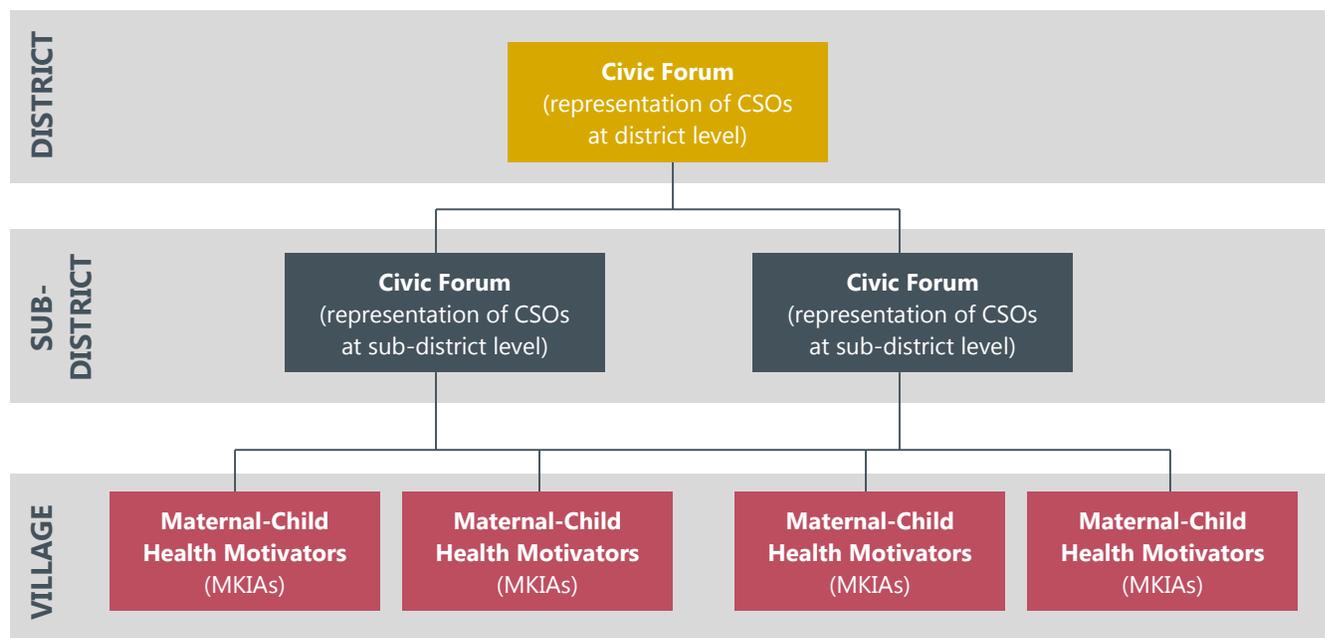
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<sup>6</sup> EMAS. 2015. *Quarterly report: Year 4, Quarter 2*, April 30.

<sup>7</sup> EMAS. 2015. *Results and Achievements: Year Four Summary*, October 2014-September 2015.

ensuring effective communication at the district level (see Figure 2). The civil society organizations in each respective district largely self-organized based on shared interests and individual capacities, resulting in a less hierarchical formal structure than that presented in Figure 2. Leadership of the forum was appointed based on agreement among the CSO members. The members sometimes also jointly selected representatives to manage specific activities. For example, in Banyumas, Civic Forum members organized themselves into several divisions with specific assigned tasks, such as division on publication, division on outreach, etc. In contrast, the Labuhan Batu Civic Forum had no structured divisions or specific distribution of tasks among organization members. All issues were collectively discussed in the quarterly meetings, leaving it up to each organization how they wanted to tackle the issues in accordance with their individual programs.

**Figure 2. Standard Organizational Structure of Civic Forum**



EMAS support for the Civic Forum development was mainly focused at the district level. As Civic Forums strengthened, some also expanded their networks down to the sub-district level. For example, in Banyumas, the Civic Forum was established at the district level in 2012, as well as in ten of 27 sub-districts. By 2016, sub-district Civic Forums had been established in each Banyumas sub-district.

At the village level, the Civic Forum has been represented by Maternal Child Health Motivators (*Motivator Kesehatan Ibu dan Anak*/MKIA). MKIAs are members of CSOs engaged in the Civic Forum who worked on a voluntary basis in the villages where they live. Their primary role has been to encourage pregnant women to utilize MNH services, by assisting mothers and their families to understand the importance of regular pregnancy checks at health facilities. The number of MKIAs in each district varied substantially, depending on the reach of the CSOs participating in the Civic Forums. In Banyumas, for example, each sub-district had at least one MKIA at the village level.

Throughout the EMAS program areas, MKIAs played an important role in reaching pregnant women and serving as a link between Civic Forums and the village community. In many cases of MNH emergencies, MKIAs also helped health providers by referring mothers or babies to the appropriate facilities. With the help of MKIAs, the program has been able to reach impressive numbers of pregnant women and communities. In Year 2, for example, EMAS oriented 1154 MKIAs, who then worked one-on-one with over 1700 pregnant women and reached nearly 30,000 people through community-level events throughout the year. During Year 4, over 1,600 MKIAs participated in orientations on MNH issues. In total, 2,750 MKIAs have supported close to 8000 pregnant women across EMAS districts. Strong MKIA from Phase 1 and Phase 2 districts are now providing mentoring support to Phase 3 MKIA.<sup>8</sup>

EMAS also nurtured MKIAs as the channel for the voices of mothers and families in the communities. In the monthly meetings with the Civic Forums, MKIAs bring issues and problems facing the community in terms of access and quality of MNH services in the facilities. Whenever possible, Civic Forum members formulate solutions promptly in the regular meetings with MKIAs. When needed, the Civic Forum also brings issues that it cannot address alone to the meetings with the district *pokja*, or with health facilities.

***Examples of problem-solving efforts on which MKIAs and Civic Forums have collaborated include<sup>9</sup>:***

- Coordinating with relevant agencies to obtain ID cards for villages (Serang)
- Forging a partnership between MKIAs and village midwives (Malang)
- Forging a partnership between MKIAs and health facilities (Pinrang)
- Organizing a health fundraiser (Banyumas)
- Organizing blood donor activities (Pinrang, Tegal)
- Initiating standby cars and ambulances for pregnant women to use in emergencies (Tegal)

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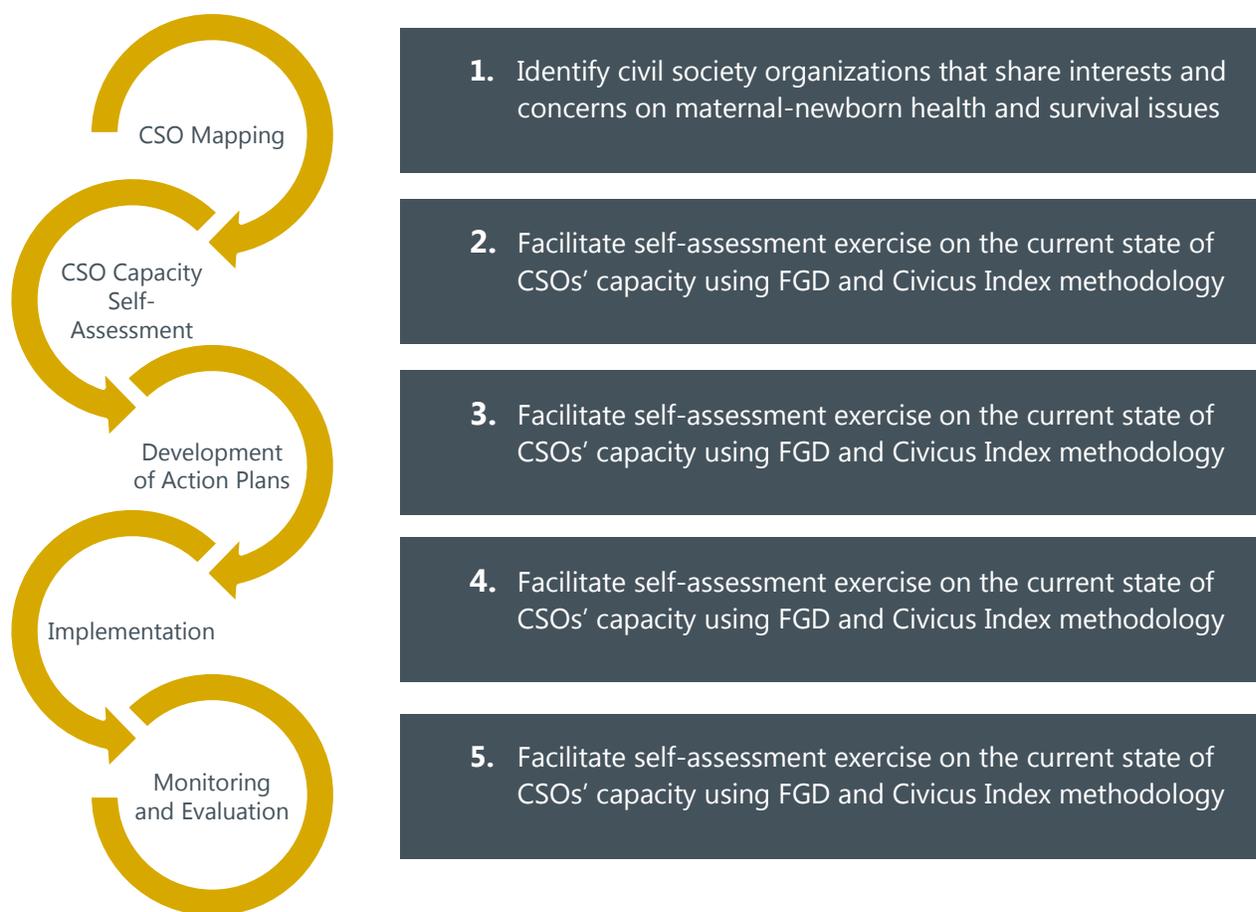
<sup>8</sup> EMAS. 2015. *Results and Achievements: Year Four Summary*, October 2014-September 2015.

<sup>9</sup> Jain, R. 2014. *Expanding Maternal and Neonatal Survival: An Analysis of the Civic Forums and POKJAs*. July. Jakarta: EMAS.

## Developing and Strengthening Civic Forums

EMAS supported a series of activities in the development and strengthening of Civic Forums, summarized in Figure 3. These activities were integrated and built on each other, starting from the identification of relevant CSOs to assessment of their capacities, as well as formulation and implement of action plans.

**Figure 3. EMAS Support to Strengthening Civic Forums**



As the first step of Civic Forum development, EMAS assisted the district *pokja* for improvements of maternal-neonatal survival to conduct a *stakeholder analysis to map local CSOs based on their level of influence and interest with regards to maternal-neonatal health and survival*. This step often required the EMAS team to raise awareness among government officials about the importance of having active citizen partners in addressing MNH and survival issues. CSOs identified ranged from national organizations with local chapters to local groups. Examples of national organizations include Muhammadiyah and Nahdatul Ulama's women's organization Aisyiyah, and the nationally mandated women's organization *Pembinaan Kesejahteraan Keluarga (PKK)*, which exists in every village. The EMAS team and local counterparts classified CSOs into four groups, based on an assessment of their degree of influence and interest in MNH (see Table 1). CSOs categorized in the "High Influence, High Interest" quadrant became the first priority to be approached in order to organize the Civic Forum.

**Table 1. Stakeholder Mapping for Identification of Priority CSO Partners in EMAS Program**

	<b>HIGH Interest</b>	<b>LOW Interest</b>
<b>HIGH Influence</b>	Highest priority group. Their participation and endorsement are critical.	Important group to be involved. Need specific awareness raising strategies to increase their interest in maternal-neonatal health/survival issues.
<b>LOW Influence</b>	May be a valuable group to be involved. Need specific capacity building interventions to improve their leverage.	Least relevant group to be involved.

The EMAS team then facilitated a self-assessment workshop with the identified CSOs to evaluate the capacity and readiness of CSOs in the district to perform their designated roles. EMAS used a Civil Society Index (CSI) questionnaire developed by CIVICUS, customized to accommodate specific aspects of promoting maternal-neonatal survival, as detailed in Box 2 below.<sup>10</sup>

Following the CSI self-assessment, EMAS facilitated focus group discussions (FGDs) to assist the Civic Forums members to further analyse CSI assessment results, identify organizational challenges indicated by CSI scores, and develop strategies to address those challenges. Through FGDs, the Civic Forums explored primary contributors to the maternal/neonatal deaths in each district and formulated action plans to address the problems. The CSO members then assigned themselves responsibilities for carrying out activities in the agreed-upon action plans. Through the Civic Forum, EMAS provided technical support to enable CSOs to plan and implement activities effectively, such as providing information on minimum standards for MNH services

**Box 2: Description of Civic Forum Stages**

**STAGE 1: Embryo**

- Relies on EMAS funding
- holds an annual evaluation meeting
- takes initiative from external stakeholders.

**STAGE 2: Early development**

- Finances 20-30% of activities
- initiates relationships with potential partners
- tracks specific indicators
- has an advocacy strategy in place
- has organized a campaign to reduce MMR & NMR

**STAGE 3: Developing**

- Finances 30-50% of budget activities
- cooperates with groups/institutions
- undertakes program evaluation with participatory methods
- organizes some meetings and fundraising independently
- forum is included in district meetings and campaigns for EMAS at broader level

**STAGE 4: Developing well**

- Finances 90% of budget activities
- benefits from partners
- develops plans with clear M&E indicators
- independently organizes meetings
- forum members proactively facilitate activities related to decision making

**STAGE 5: Adult**

- Almost all activities financed independently
- cooperates with partners to reduce MMR & NMR
- evaluations are well planned, documented & involve wide group of stakeholders
- meetings are documented & involve different groups
- local government makes public decisions & forum feedback is used to influence decisions
- Forum has ability to carry out activities independently, with strong network & program with measurable indicators.

<sup>10</sup> CIVICUS is a global alliance of non-profit organizations with members in over 100 countries and headquartered in South Africa. The alliance is dedicated to strengthening citizen action and civil society around the world. See <http://www.civicus.org>.

and training in methodologies to conduct monitoring and promote accountability of public services.

Once each Civic Forum had developed an action plan, EMAS facilitated quarterly meetings in each district to review progress and implementation. EMAS developed a dashboard to objectively assess and monitor the level of Civic Forum development. The selected criteria define and assess the capacity of a Civic Forum across various factors that are believed to affect their effectiveness, such as their ability to self-finance, the level and extent of their external partnerships, as well as their ability to monitor services, organize communities and influence MNH policies. As Figure 4 indicates, all Phase 1 and Phase 2 Civic Forums had achieved a level of financial independence, as well as initiative to establish partnerships and advocacy campaigns, by 2016 (Stage II).<sup>11</sup>

**Figure 4. Summary of Civic Forum developments according to dashboard criteria**

	<b>STAGE 1: EMBRYO</b>	<b>STAGE 2: EARLY DEVELOPMENT</b>	<b>STAGE 3: DEVELOPING</b>	<b>STAGE 4: DEVELOPING WELL</b>	<b>STAGE 5: ADULT</b>
<b>Phase 1</b>	<b>ALL ACHIEVED</b>	<b>ALL ACHIEVED</b>	Asahan	Cirebon, Tegal, Sidoarjo	Banyumas, Serang, Deli Serdang
<b>Phase 2</b>	<b>ALL ACHIEVED</b>	<b>ALL ACHIEVED</b>	<b>ALL ACHIEVED</b>	Bulukumba, Gowa, Bogor, Kota Semarang, Brebes, Cilacap, Jombang, Malang, Tangerang, Langkat	Karawang, Pasuruan, Labuhan Batu
<b>Phase 3</b>	<b>ALL ACHIEVED</b>	Tuban	Indramayu, Pekalongan, Grobogan, Wajo	Nganjuk	Madaling Natal

To further advance the capacity of Civic Forums, EMAS convened provincial and national workshops to facilitate experience sharing across all Civic Forums and to highlight and promote best practices. Starting in 2013, Muhammadiyah organized an annual national Civic Forum meeting in Jakarta. Through these meetings, Civic Forums were exposed to new concepts and ideas regarding how to have better linkages at the provincial level, private sector collaborations, and methods for monitoring public services.

<sup>11</sup> From EMAS. 2015. *Results and Achievements: Year Four Summary*, October 2014-September 2015.

## Box 2: Civil Society Assessments

The World Alliance for Citizen Participation (CIVICUS) has conducted civil society assessments in many countries. The CIVICUS methodology assesses civil society on four dimensions:

- **Structure** explores the breadth and depth of citizen participation, the characteristics of CSO, the relations among and between CSOs, and sufficiency in terms of resources (including human, financial, infrastructure, and technology literacy).
- **Values** that civil society practices and promotes. Values assessed on this dimension include democracy, transparency, tolerance, gender equality, and non-violence.
- **Impact** of activities pursued by civil society actors. This dimension explores the effect of civil society action and how effective it is in resolving local community problems and in serving the common good.
- **Environment** in which civil society exists and functions. Analysis of this dimension seeks to understand whether and how much Civic Forum activities will be supported by the local political, socioeconomic, and socio-cultural context. This particular dimension also assessed civil society's relations with the state and private sector actors.

Other research has assessed these dimensions for Indonesia as a whole.<sup>1</sup> The Civil Society Assessments used for EMAS Civic Forums drew on the CIVICUS methodology. In each intervention district, 15-25 leaders from community-based organizations were asked to evaluate almost seventy indicators related to civil society's readiness to address maternal-newborn health. After these responses were aggregated by district, civil society representatives clarified and deepened the gathered information through focus group discussions.<sup>2</sup>

A district's aggregate score for each of the four dimensions could range from a minimum of zero to a maximum of 3. Average scores for Phase 1 and Phase 2 districts are graphically represented in the form of a "civil society diamond" – a CIVICUS convention – in Figures 5a and 5b.<sup>3</sup> Differences in the diamond's shape and size allow for comparisons of conditions that potentially support or inhibit Civic Forums in exercising their intended roles in terms of promoting maternal-neonatal survival. As the figures show, both Phase 1 and Phase 2 districts were weakest in their structural dimension, with neither district average reaching the midpoint of the scale. Average impact scores were also comparable. While Phase 1 districts were on average weaker on the values dimension than their Phase 2 counterparts, they faced a more conducive environment. The generally more challenging environment in Phase 2 districts may have impeded the effectiveness of Civic Forums in Phase 2 districts, especially as these Forums also had less time to consolidate accomplishments.

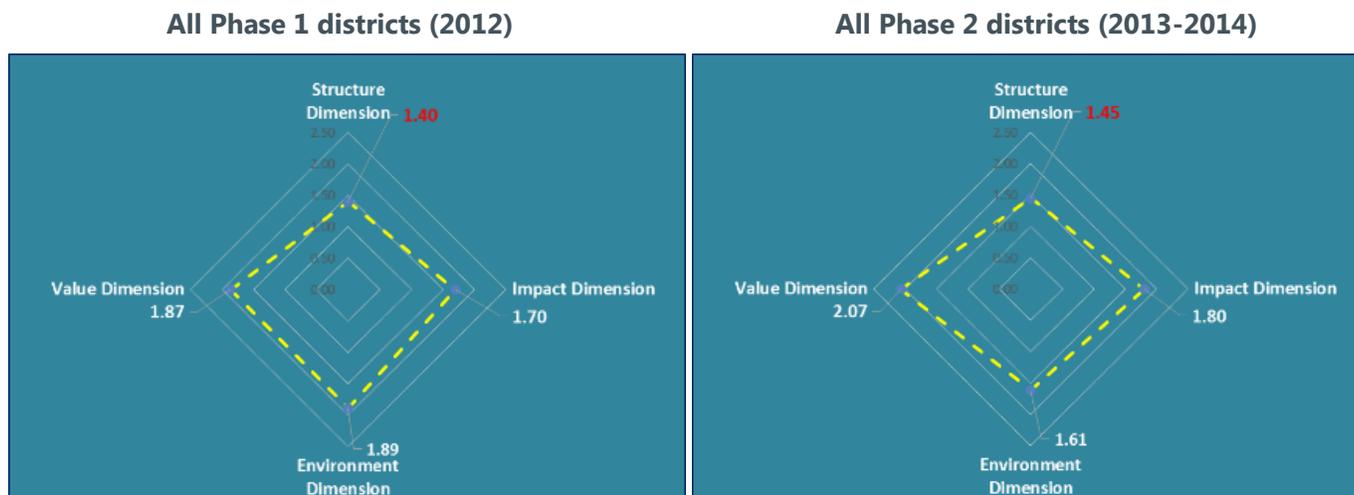
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<sup>1</sup> Ibrahim, R. (2006). *Indonesia civil society 2006. A long journey to a civil society*. CIVICUS Civil Society Index report for the Republic of Indonesia. Jakarta: Indonesian Civil Society Alliance for Democracy (Yappika) and CIVICUS. [http://www.civicus.org/new/media/CSI\\_Indonesia\\_Country\\_Report.pdf](http://www.civicus.org/new/media/CSI_Indonesia_Country_Report.pdf)

<sup>2</sup> For more details on the methodology and specific results by district, see EMAS reports entitled *Hasil pengukuran Indeks Masyarakat Sipil di 10 Kabupaten/Kota Phase 1 Program EMAS (2012)* and *Hasil pengukuran Indeks Masyarakat Sipil di 13 Kabupaten/Kota Phase 2 Program EMAS (2013-14)*.

<sup>3</sup> From *Hasil pengukuran Indeks Masyarakat Sipil di 10 Kabupaten/Kota Phase 1 Program EMAS (2012)* and *Hasil pengukuran Indeks Masyarakat Sipil di 13 Kabupaten/Kota Phase 2 Program EMAS (2013-14)*.

**Figure 5. Average Civil Society Index (CSI) Scores before EMAS**



However, the averages across Phase 1 and Phase 2 districts conceal significant differences between individual districts. For example, the scores for villages in the two districts included in the EMAS qualitative evaluation – Banyumas and Labuhan Batu – are presented in Table 2.<sup>4</sup> There was clear variation between the two villages assessed in Banyumas district, with lower scores for the urban village on all dimensions. However, scores for Labuhan Batu were consistently lower than both Banyumas locations. While all Banyumas scores except the urban structural dimension exceeded the 1.5 halfway point, Labuhan Batu fell below the halfway mark on both the structural and environmental dimensions.<sup>5</sup>

**Table 2. Civil Society Index scores before EMAS for selected villages in Banyumas (Phase 1) and Labuhan Batu (Phase 2) districts**

	DISTRICT		
	Banyumas Village 1 (rural)	Banyumas Village 2 (urban)	Labuhan Batu
Structure	1.74	1.40	1.16
Values	2.41	2.00	1.70
Impact	2.12	1.85	1.57
Environment	1.92	1.70	1.31

<sup>4</sup> From *Hasil pengukuran Indeks Masyarakat Sipil di 10 Kabuapten/Kota Phase 1 Program EMAS (2012)* and *Hasil pengukuran Indeks Masyarakat Sipil di 13 Kabuapten/Kota Phase 2 Program EMAS (2013-14)*.

<sup>5</sup> For Phase 1 districts, CSI scores were assessed in two locations. For Phase 2, only one location was assessed in each district.

## Effectiveness of Civic Forums

For this report, assessment of the effectiveness of Civic Forums examines accomplishments in each of the three forum roles set out by EMAS: channeling feedback, leveraging resources, and promoting service utilization. The following sections discuss Civic Forum achievements in each role.

### Channeling community feedback regarding MNH services

EMAS supported the Civic Forums to proactively develop dialogue with government, district legislatures, and health service providers to address community concerns regarding access and quality of emergency maternal-neonatal care. Civic Forums participated in drafting of service charters, to ensure that members were aware of the services that should be available at each facility.

In all districts, the Civic Forum conducted monthly meetings with MKIAs to gather feedback from the community regarding MNH services provided by health facilities in the district. The Civic Forum then discussed the issues directly with health facilities or reported to district level authorities through quarterly meetings with the district *pokja*. EMAS also assisted Civic Forums to develop collaborations with mass media to convey community concerns and feedback regarding emergency maternal and neonatal services.

Until 2014, EMAS worked with some Civic Forums to implement special initiatives to harness community feedback and advocate for improvements in service delivery. These public monitoring efforts included a Community Report Card (CRC), Community Score Card (CSC), and FGDs. For CRCs, EMAS staff worked with Civic Forums to design and implement a community survey to identify shortcomings in MNH services and provide quantitative feedback on priority improvements. For CSCs and FGDs, EMAS supported Civic Forums to lead structured deliberations in which community members scored and ranked elements of MNH services. Table 3 summarizes Civic Forum activities in channeling community feedback regarding MNH services.

***Service Charter: A service charter is a public announcement from public and private facilities that specifies certain standardized maternal and neonatal health services that should be available at the facility and identifies performance measures related to those services.***

**Table 3. Civic Forums' Activities Channeling Community Feedback Regarding MNH Services**

PROVINCE	DISTRICTS			
Phase 1	North Sumatera	<p><b>Asahan</b></p> <p>Facilitated CSC (in 2014) and communicated the findings to <i>Bupati</i> and district legislative. Conducted joint monitoring survey (in 2015). Conducted bi-monthly meetings with MKIAs and quarterly meetings with <i>pokjas</i>.</p>	<p><b>Deli Serdang</b></p> <p>Conducted Joint Monitoring (in 2013-2014), bi-monthly meetings with MKIAs and quarterly meetings with <i>pokjas</i>.</p>	
	Banten	<p><b>Serang</b></p> <p>Facilitated CSC (in 2014), bi-monthly meetings with MKIAs and quarterly meetings with <i>pokja</i>.</p>		
	West Java	<p><b>Bandung</b></p> <p>Conducted CRC (in 2013), bi-monthly meeting with MKIAs, quarterly meeting with <i>pokja</i>, meetings with health facilities and governments at sub-district level on as needed basis.</p>	<p><b>Cirebon</b></p> <p>Conducted CRC, ad-hoc monitoring to health facilities, quarterly meetings with <i>pokja</i>, meetings with DHO and district legislative on as needed basis.</p>	
		Central Java	<p><b>Banyumas</b></p> <p>Conducted FGD with health facilities' management and users. Incidental visits and dialogue with community members. Collaborate with mass-media/journalists to publish issues and progress related to MNH services in the district.</p>	
	East Java	<p><b>Malang</b></p> <p>Members of Civic Forum held meetings/dialogues with MKIAs and health facilities on as-needed basis.</p>	<p><b>Sidoarjo</b></p> <p>Members of Civic Forum held meetings/dialogues with MKIAs and health facilities on as-needed basis.</p>	
		South Sulawesi	<p><b>Pinrang</b></p> <p>Conducted CRC (in 2013), monitoring survey to health facilities (in 2015), quarterly meetings with <i>pokja</i> and dialogue with MKIS/health facilities on as-needed basis.</p>	
	Phase 2	North Sumatera	<p><b>Labuhan Batu</b></p> <p>Members of Civic Forum held meetings/dialogues with MKIAs and health facilities on as-needed basis.</p>	<p><b>Langkat</b></p> <p>Conducted monthly consultative meetings with the Medical Association and Midwives Association at district level, FGD with community members (in 2015), and hearings with district legislative as needed</p>
		Banten	<p><b>Tangerang</b></p> <p>Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i>, and meetings with health facilities and governments at sub-district level on as-needed basis.</p>	
		West Java	<p><b>Karawang</b></p> <p>Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i>, and meetings with health facilities and governments at sub-district level on as-needed basis.</p>	
		Central Java	<p><b>Kota Semarang</b></p> <p>Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i>, and meetings with health facilities and governments at sub-district level on as-needed basis.</p>	<p><b>Cilacap</b></p> <p>Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i>, and meetings with health facilities and governments at sub-district level on as-needed basis.</p>
East Java			<p><b>Pasuruan</b></p>	<p><b>Blitar</b></p>

South Sulawesi	Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i> , and meetings with health facilities and governments at sub-district level on as-needed basis.	Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i> , and meetings with health facilities and governments at sub-district level on as-needed basis.
	<b>Jombang</b>	
	Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i> , and meetings with health facilities and governments at sub-district level on as-needed basis.	
	<b>Bulukumba</b>	<b>Gowa</b>
	Conducted CSC in addition to regular methods (i.e. monthly meetings with MKIAs and quarterly meetings with <i>pokja</i> ).	Conducted monthly meeting with MKIAs, quarterly meeting with <i>pokja</i> , and meetings with health facilities and governments at sub-district level on as-needed basis.

All Civic Forums channeled community feedback to *puskesmas* and hospitals, particularly with regards to the cleanliness, friendliness and responsiveness of providers. Some districts also reported changes in procedures in response to community feedback. In Bulukumba District, South Sulawesi Province, Civic Forum dialogues with the district hospital director and collaborations with local mass media successfully influenced the DHO to conduct an audit to investigate the reasons behind maternal death cases that occurred in 2014. A similar scenario unfolded in Gowa, where the Civic Forum pushed the DHO to conduct maternal death audits in their district.

In some districts, community feedback also prompted significant policy changes. In Serang, the Civic Forum provided community feedback that alerted *Badan Penyelenggara Jaminan Sosial* (BPJS), the agency charged with administrating the national social health insurance scheme, *Jaminan Kesehatan Nasional* (JKN), to several implementation problems. As a result of these efforts, BPJS announced that those seeking to utilize JKN could use a family card to qualify in the absence of their own, thereby reducing significant barriers to use. In addition, BPJS modified regulations on when newborns could be covered under JKN – they are now covered at birth as opposed to at day 7 of life. These changes subsequently became national policy.

### ***Civic Forums have successfully advocated to:***

- Resolve issues with BPJS
- Conduct death audits
- Increase staffing in JKM
- Negotiate with communities to increase facility deliveries
- Build long term partnerships with the private sector
- Promote use of MNH services within health facilities

Advocacy by other Civic Forums resulted in increased investments in MCH services. In Bandung District, active meetings and dialogue among Civic Forum, MKIAs, *pokja* members, and health facilities resulted in improved availability of midwives and ambulances. The Civic Forum in Cilacap prioritized increasing facility deliveries across the district. Facing initial resistance from a village head, who felt that women should deliver at home due to transportation costs, the Civic Forum collaborated with the head of the local *puskesmas* to identify solutions. These discussions led to the provision of free ambulance transport from the *puskesmas* for any woman unable to pay. The Civic Forum then worked with the community, media and religious organizations, with the support of the *puskesmas* and village head to ensure awareness of this new service. After these changes, a substantial increase in facility deliveries was reported.

### **Leveraging private sector resources to address MNH needs**

EMAS supported Civic Forums to build long-term partnerships with the private sector. During the past decade, some Indonesian and multinational companies have increased corporate social responsibility (CSR) programming and support for social enterprise initiatives. These initiatives presented potential opportunities for civil society to raise funds from and collaborate with private firms to improve MNH services. EMAS held workshops with Civic Forums to introduce these concepts and strategies for establishing linkages with private sector actors, including both firms and non-profit organizations.

To leverage private resources, some Civic Forums in both Phase 1 and Phase 2 districts implemented specific activities to address maternal-newborn survival issues in collaboration with private sector actors (Table 4). Many of these collaborations centered on information-sharing and communications. Notably, the Civic Forum in Deli Serdang collaborated with one of Indonesia's biggest cellular network providers (PT Indosat) to provide a SMS Gateway that regularly broadcast updated information on MNH topics to village midwives and community-based health volunteers (MKIAs and *posyandu* cadres). In Cirebon and Cilacap Districts, the Civic Forums collaborated with local television and radio stations to conduct talk-show programs to raise public awareness on MNH issues in the district.

Other Civic Forums were able to mobilize direct private sector financial support for their own activities. The Civic Forums in Semarang City and Sidoarjo, Pinrang, and Langkat Districts, successfully obtained CSR funds from local private companies to support events to raise public awareness on MNH issues. In Bulukumba, the Civic Forum launched a media campaign to encourage families to give birth in health facilities, raising funds from local businesses to print and display banners throughout the district.

**Table 4. Civic Forum Activities in Leveraging Resources from the Private Sector to Address MNH Needs**

PROVINCE		DISTRICTS	
Phase 1	North Sumatera	<b>Asahan</b>	<b>Deli Serdang</b>
		Have not implemented specific activities in this role	Collaborates with PT Indosat to provide SMS-Gateway service that can be used to exchange information between MKIAs and Civic Forum and health providers.
	Banten	<b>Serang</b>	
		Collaborates with several private entities, such as PT. Indosat, PT.Krakatau Steel, to organize awareness raising events and other activities addressing MNH issues.	
	West Java	<b>Bandung</b>	<b>Cirebon</b>
		Have not implemented specific activities in this role	Collaborates with local TV and radio stations to implement regular talk shows on MNH issues.
	Central Java	<b>Banyumas</b>	
		Have not implemented specific activities in this role	
	East Java	<b>Malang</b>	<b>Sidoarjo</b>
		Have not implemented specific activities in this role	Collaborated with some companies (such as PT La Tulip) to organize community awareness raising event using CSR funding.
South Sulawesi	<b>Pinrang</b>		
	Collaborated with some state owned companies/BUMN (such as State Electricity Company) to organize community awareness raising event using CSR funding.		
Phase 2	North Sumatera	<b>Labuhan Batu</b>	<b>Langkat</b>
		Have not implemented specific activities in this role	Collaborated with some companies to organize community awareness raising event using CSR funding.
	Banten	<b>Tangerang</b>	
		Worked with some non-profit organizations to organise blood donation events and community-ambulance in the villages	
	West Java	<b>Karawang</b>	
		Have not implemented specific activities in this role	
	Central Java	<b>Kota Semarang</b>	<b>Cilacap</b>
		Collaborated with some companies to organize community awareness raising event using CSR funding.	Collaborates with local TV and radio stations to implement regular talk shows on MNH issues.
	East Java	<b>Pasuruan</b>	<b>Blitar</b>
		Have not implemented specific activities in this role	Have not implemented specific activities in this role
South Sulawesi	<b>Jombang</b>		
	Have not implemented specific activities in this role		
South Sulawesi	<b>Bulukumba</b>	<b>Gowa</b>	
	Collaborates with local TV and radio stations to implement regular talk shows on MNH issues.	Worked with non-profit organizations to organize maternity classes for mothers, and public awareness raising events.	

However, many Civic Forums found this role challenging. Almost half of the Civic Forums presented in Table 4 did not report activities related to leveraging private sector funds. This pattern stands in marked contrast to the consistent levels of reported activities for channelling community feedback (Table 5), suggesting that Civic Forums prioritized their advocacy role over cultivating linkages to private sector actors. This finding also reflects the difficulties in accessing CSR funds from local businesses.

### Promoting MNH service utilization

In all districts, Civic Forums and MKIAs collaborated to promote use of maternal-newborn health (MNH) services in health facilities. Civic Forums and MKIAs met regularly to identify and seek solutions to problems that prevent mothers from accessing MNH services. Midwives or *puskesmas* staff were also invited to sub-district meetings to provide updated information regarding MNH care. To promote MNH service utilization, Civic Forums organized two types of efforts. First, they sought to inform community members of the availability and benefits of services. The priority message in most districts was promoting delivery in health facilities. To this end, some districts implemented special initiatives to encourage facility delivery and use of MNH services, such as conducting talk show programs in local radio or TV stations (Cirebon, Cilacap). A number of these communication efforts were supported by private sector funds (see prior section).

Second, Civic Forums initiated activities to facilitate service utilization by reducing obstacles to and providing support for women to access services. Examples included advocating for supportive village regulations (Banyumas, Labuhan Batu) and collaborating with a local midwifery school to deploy final year midwife-students to villages so that they could help monitor pregnant women (Jombang).

Several of these efforts stand out as demonstrating the considerable resourcefulness and commitment of Civic Forums.

- The Civic Forum in Deli Serdang District, North Sumatera Province, identified delays in transfers of women in labour as a significant obstacle to facility utilization. In response, the **Civic Forum set up transit houses, which are community-owned houses near health facilities**. Full-term pregnant women from distant villages stay at the transit houses until they enter the active stage of labour. Through a series of dialogues initiated by Civic Forum representatives, the local community agreed to look after the pregnant women who stay in the transit houses and provide free food and transportation until the women's delivery date.
- Recognizing that women commonly delivered at home due to transportation costs, the Civic Forum in Cilacap District prioritized increasing facility deliveries across the district. Discussions with the *puskesmas* head **led to the provision of free ambulance transport from the *puskesmas* for any woman unable to pay**. The Civic Forum then worked with the community, media and religious organizations, with the support of the *puskesmas* and village head to ensure all were aware of the new arrangement. As noted above, Cilacap has reported a significant increase in facility deliveries since these changes.

- In Serang, the **Civic Forum and MKIA joined together to develop a small-scale SMS-based system in three sub-districts to improve monitoring of pregnant women in their villages**. The system tracks vital information about the mother (age, expected date of delivery, condition and birth plans, as well as family resources). MKIAs submit data to the system, managed and monitored by the Civic Forum. With this information, the Civic Forum has been better able to monitor vulnerable and high-risk women. The Civic Forum has discussed extending this system with one of the largest mobile network operators in Indonesia. In addition, the Serang **Civic Forum initiated and facilitated communication with key stakeholders at the district level and the local legislature (DPRD) to raise their awareness of MNH issues and the EMAS program**. As a result, the DPRD is allocating an additional budget of Rp 3 billion (US\$300,000) to the district health office to provide ambulances to the mentoring *puskesmas* to improve pregnant women's access to health facilities.
- The **Banyumas Civic Forum organized and administered a fundraising campaign to ease costs associated with facility delivery**. Village decrees stipulated a minimum family contribution of Rp 1000/month, although some households contributed larger amounts. Funds collected totalled Rp 106 million in early 2016. Mothers who gave birth in health centers receive Rp 150,000 and those who delivered in the hospital would be given Rp 250,000. Provision of these funds was intended to encourage women to deliver at health facilities. The incentive money can be used by the mother to reimburse delivery charges or for the purpose of her family during her hospitalization.
- In Blitar District, the **Civic Forum launched a new program that aims to assist women to register for JKN**. The campaign was developed to motivate the community, especially high-risk pregnant women, to register for insurance. The cost of registration for JKN is covered by donations and managed by the Civic Forum in collaboration with a local religious organization (*Baitul Maal Amanah Jatinom*).
- To further reduce obstacles to service utilization, the Civic Forums and MKIAs actively raised awareness of the JKN and how to register. The GoI introduced JKN in 2014, the third year of EMAS implementation. Whereas the previous birth-financing scheme *Jampersal* was free, JKN requires a small premium, making it challenging to convince families to register for JKN. EMAS identified general lack of awareness among many families about the advantages of health insurance – and about JKN, in particular – as an obstacle to facility utilization. In response to this challenge, EMAS collaborated with Civic Forums to organize workshops with BPJS to help Civic Forums better understand the JKN scheme and policy, so they can assist communities in accessing health insurance. As a result of these workshops, **Civic Forums and MKIAs developed action plans to better disseminate information about JKN in their areas**. There was also strong collaboration among Civic Forums and DHOs, who worked to orient both facilities and communities to JKN through a variety of events and meetings at the sub-district level. MKIAs initiated solutions to potential barriers, for example, arranging for JKN registration premiums for poor families to be paid for through a community fund in Semarang. MKIAs have also arranged for BPJS staff to conduct additional information campaigns within communities.

## Factors Influencing Effectiveness of Civic Forum

EMAS experience in fostering development and strengthening of Civic Forums suggests that effective fulfillment of expected roles resulted from interactions among multiple factors. While the majority of these factors relate to the demand side of civil society engagement, they point to the importance of government openness and capacity for collaboration—the supply side—for effective fulfillment of civil society roles in improving MNH.

### Shared interests and power among members of Civic Forum

Members of Civic Forums in EMAS intervention districts represent diverse interests and come from a variety of backgrounds, which include faith-based organizations (such as Muhammadiyah, Aisyiyah, Muslimat NU, etc.), women and child rights advocacy organizations, and youth organizations. Collaboration among CSOs involved in the Civic Forums was facilitated when members perceived that they had sufficient commonality of interests and that the mission of the Civic Forum was aligned with their individual organization's mission. This convergence is obviously linked to the CSOs' understanding of the maternal-neonatal survival issues and their recognition of the benefits of combining efforts in a coalition. Equally important, effective Civic Forums promoted a culture of power-sharing and equal voice among the CSOs participating in the forums. A team approach and consensus-based decision-making underlie the success of Civic Forums that accomplished their designated roles and contributed to MNH outcomes.

### Government's willingness to work with CSOs

Synergistic relations between the Civic Forum and government are fundamentally based on trust and mutual respect. The early experiences of the Labuhan Batu Civic Forum are instructive. At the beginning, this Civic Forum opted to publicly voice issues and findings regarding MNH services through the media, instead of through dialogue with government and health facilities. This approach created tensions with the district government, which perceived the Civic Forum as being "confrontational." As a result, there was a long period of no communications between the Civic Forum and the district government, particularly with the district health office and the *Bupati*. After the Civic Forum members adjusted their behaviours and put more efforts into positive and non-confrontational engagement with the government and health facilities, however, communications improved. With this change, the issues and concerns brought by the Civic Forum got more attention and productive responses from local officials and health facilities. By early 2016, the head of the district health office demonstrated a high level of trust in the information provided by the Civic Forum, as reported by a FGD participant in Labuhan Batu:

***The head of DHO in Labuhan Batu, he might not know everything [going on] in the community as Labuhan Batu is very large area... [Before,] he received reports from the head of puskesmas who might not report according to the situation in the community... [After] the Civic Forum was formed in the community... we report, we give [information], and Alhamdulillah (thank God) the head of DHO would***

***listen and show concern about this and he suggested improvements in reports... it used to often happen that data from midwives only copied the previous report, simply replacing the title... after reporting our concern as a community, they started to change ... (participant in Labuhan Batu FGD).***<sup>12</sup>

Government's willingness and capacity to collaborate are also dependent on public officials' attitudes and the political sensitivity of maternal-neonatal mortality issues. The experience of many Civic Forums in EMAS districts suggested that communications and collaborations with the *Pokja*, health facilities and private sector actors were much smoother when the district government – especially the *Bupati* – had explicitly recognized the importance and strategic value of addressing maternal-neonatal mortality issues.

Civic Forum members also noted, however, that it was important for them to maintain independence. According to the FGDs carried out for the EMAS qualitative evaluation, several Civic Forums opted not to lobby for formal recognition through state decrees. By remaining informal, Civic Forums found it easier to mobilize and to signal they were not beholden to the political interests of their local governments.<sup>13</sup>

### **Involvement of well-connected and respected figures in the Civic Forum**

This factor is particularly important to build Civic Forum's credibility as the representative of community voice in interactions with governments and health providers. The presence of well-recognized local figures also raised Civic Forums' visibility among private sector entities, as pointed out by those forums that successfully established collaborations with private companies.

Strong leadership also improved Civic Forum members' commitment. The Civic Forum is a coalition of CSOs with members involved on a voluntary basis. Members need to be committed as individuals to ensure that there is consistent turnout at meetings and that they are dedicated enough to fulfill action plans. The energy behind a strong Civic Forum came from key individuals, not simply the creation of a formal organization. Ultimately, it was the members who made things happen and leaders were needed to inspire and articulate the vision for others to follow.

### **Continuous communication among members and with external stakeholders**

As a hub of communities and state actors (including governments and health providers), Civic Forums naturally send and receive a lot of information. Therefore, a good system of communication through multiple channels is essential. Monthly meetings were conducted to facilitate information exchange and coordination among members all Civic Forums. Some Civic Forums also suggested communication through informal means as another important element for effective internal communication and coordination. The Civic Forum in Banyumas District, for example, utilized the smart-phone application Whatsapp to maintain and expedite sharing of information among members. Civic Forums also used bi-monthly meetings with MKIAs and quarterly meetings with

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<sup>12</sup> Martha, E. 2016. *Qualitative Report: EMAS Program Evaluation*, March (p. 58-59).

<sup>13</sup> Martha, E. 2016. *Qualitative Report: EMAS Program Evaluation*, March.

district *Pokjas* to facilitate exchange of information from the community to the state actors, and vice versa.

### Collaboration with local mass media

By regularly conveying information to the general public, the media can serve as a public education tool to promote utilization of MNH services as well as to counter popular misconceptions regarding MNH care. The level of attention the Civic Forum received from local mass media influenced the degree of awareness among communities about what could be done to improve MNH service quality and their entitlements to these services.

By publicizing the views and voices of the communities, the media also played a large role in creating an environment of political pressure on the government and allowed Civic Forums to disseminate alternative viewpoints to advocate for improvements. The publicity created by the local media also supported the authority and legitimacy of the Civic Forums to work for the target groups it intended to serve.

## Challenges for the Future

While one of the core strengths of civil society groups is their voluntary and independent nature, this strength poses challenges to maintaining collective action over time. Naturally, all organizations have a certain life cycle, including coalitions of CSOs such as the Civic Forums. Voluntary organizations have to continue to motivate the commitment and engagement of members to survive. The lifespan of a coalition is closely tied to its goals or objectives. As new issues emerge, new coalitions are formed, and it may be a mistake to use an existing coalition for a new purpose. Similarly it can be counter-productive to keep a formal CSO alive, once the fire has gone out. It is more important to sustain the relationships and commitments among CSOs towards the maternal-neonatal mortality issues, than the organization itself.

Nevertheless, EMAS has established solid foundations for sustainability of the Civic Forums after the EMAS program concludes. EMAS considers sustainability to be related to political support, commitment, capacity, and resources. A description of these factors as they relate to Civic Forums, together with the challenges, is provided below.

**Political support:** There is strong support from the national government for active participation of CSOs in addressing maternal-neonatal mortality issues. Civic Forums are included in the 2015 National Collaborative Improvement Guidelines, enacted under a Ministerial Decree in late 2014. The Indonesian government will roll these guidelines out across the entire country, which will facilitate the persistence of existing Civic Forums and the establishment of new ones.

**Civil society commitment:** Muhammadiyah, the lead EMAS partner in the development and strengthening of Civic Forums, is committed to continued support for Civic Forums after the completion of EMAS, as part of their larger strategy to further develop and strengthen civil society in Indonesia. In 2014, Muhammadiyah initiated and developed an MOU among faith-based organizations and facilities to commit to maternal and newborn survival as a priority issue. The

signing of the MOU was witnessed and endorsed by the Minister of Health, and paves the way for faith-based facilities/organizations to utilize mentors for improving quality and increasing community engagement through Civic Forums. Other member CSOs have stated their commitments to continue contributing to Civic Forums beyond the life of EMAS.

EMAS has provided support for the CSOs' commitments to keeping the Civic Forums active at the district level through links to the national Maternal-Child Health Movement (*Gerakan Kesehatan Ibu dan Anak/GKIA*). GKIA is a civil society coalition established by a group of NGOs in 2010 with a goal of improving the health of mothers, children and adolescents in Indonesia. GKIA includes more than 25 organizations, ranging from international and national NGOs, universities, UN agencies, and health professional associations that share concerns and interests related to maternal-child-adolescent health issues in Indonesia. As EMAS concludes, Civic Forums will link to GKIA.

**Capacity:** EMAS has established the capacity of Civic Forums within 23 EMAS-supported districts to date, with continuing support for strengthening Phase 3 Civic Forums in seven more districts during the project's final year. Phase 1 and Phase 2 Civic Forums are functioning independently, with minimal facilitative support from EMAS. Civic Forums have demonstrated that they are actively engaged in monitoring services, serving as the liaison between community and facilities, and advocating for system improvements and investment. They are also adept at overseeing the work of the MKIAs in assisting families to access health facilities and JKN for maternal deliveries. Many Civic Forums are very active on social media sites like Facebook and Whatsapp, which will help assist with sustainability. Some have also become adept at connecting with new partners in the private sector.

To date, members from all Phase 1 and Phase 2 Civic Forums have mentored other districts. These Civic Forum mentors will continue to be available and ready to mentor new Civic Forums, including in non-EMAS districts. To support mentors, EMAS has developed detailed guidelines outlining the process for establishing and running a new, additional Civic Forums.

**Resources:** Civic Forums are comprised of CSOs who are already active within a district. As Civic Forums operate on a volunteer basis, the ongoing costs of this entity are relatively small. Civic Forums have been supported through a mix of EMAS program funds and other funding sources. EMAS has funded the costs of holding quarterly meetings, and has also supported Civic Forums to tap into existing village or advocacy budgets for all other activities such as advocacy, visits to hospitals, media outreach, etc. Civic Forums will also continue to fundraise from local businesses and individuals to support their advocacy and other work.

**In summary,** there are promising signs of Civic Forums being sustained beyond EMAS. With strong national political support and continued leadership shown by local community, government, and private sector leaders, Civic Forums will continue to have an active voice in MNH service delivery and to hold providers accountable as a means of further improving the health of women and infants across Indonesia.

## Conclusion

Indonesia has made significant strides toward decentralized democratic governance that provides substantive roles for citizen engagement, although various commentators have noted that the political forces of dominant elites and patronage remain problematic.<sup>14</sup> As EMAS demonstrates, when government policy makers and the interests of ordinary citizens converge, as in the case of reducing maternal and neonatal mortality, new opportunities for positive state-society cooperation emerge. EMAS capitalized on these to support civil society engagement through the mechanism of Civic Forums, and drew upon the convening power and existing capacity of several prominent Indonesian civil society groups to create district-level civil society coalitions that mobilized around MNH issues to work with communities, local government officials, providers, and the private sector to pursue improved access to services for mothers and newborns. EMAS also benefited from the commitment of local officials and providers to supporting reforms. The program combined clinical interventions with governance process tools and approaches to lay the groundwork for sustainable changes in MNH service delivery, demonstrating the value of health systems strengthening strategies to improving health outcomes.

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<sup>14</sup> See Antlöv, H. and A. Wetterberg. 2011. Citizen engagement, deliberative spaces and the consolidation of a post-authoritarian democracy: The case of Indonesia. ICLD Working Paper No. 8. Visby: Swedish International Center for Local Democracy.