Global Partnership for Social Accountability (GPSA)
Grant Application Form | Word Version

GPSA requires that all grant applications be submitted using an online application form. Applicants may use this Word version to work on the grant proposal offline, and copy and paste its contents into the e-application. Please refer to the GPSA website at www.worldbank.org/gpsa to find the link to the e-application, to download this document and the Application Guidelines.You may contact the GPSA Helpdesk at gpsa@worldbank.org for questions about the grant application process.

PART 1 OF GPSA APPLICATION

SECTION 1: PROJECT BASIC DATA SHEET

1.1 Project Title. Citizen Voice and Action for Government Accountability and Improved Services
1.2 **Country where the Project will be implemented.** Mark all that apply. *[List of participating countries will show in e-application]*
Indonesia
1.3 **Project Overview***[Click on text field in e-application to complete the list of questions below in pop-up window]*
➢ **Recipient/executing organization name.** For mentoring proposals, name of mentor organization.
Yayasan Wahana Visi Indonesia
➢ **Address of recipient organization**. Please make sure address includes the country.
➢ **Country in which applicant CSO is a legal entity**. Please select from list below. *[List of participating countries will show in e-application]*
Indonesia
➢ **Mentee(s) organization(s) name(s)**
➢ **Project Manager**. If manager not appointed yet, indicate name of Project main contact person.
➢ **Phone.** Include country area code.
➢ **Email**of main project contact person.
➢ **Project implementation period: Start date.** Estimated date when the Project would begin receiving GPSA funding; an estimated start date should be anytime after July 1st, 2013. If the Project is already being implemented, please explain so under Part 2: Project Description/Description of Components and Activities
[Upon clicking on text field calendar will appear to select date] October 1, 2013
➢ **Project implementation period: End date.** Estimated closing date should be between 3 to 5 years after Project start date.
*[Upon clicking on text field calendar will appear to select date]*September 30, 2017
➢ **Project geographic sco**pe: Indicate if project will be implemented at the (a) National level or (b) Sub-national level only. If (b), specify geographic areas covered by the project
(b) 3 districts in NTT provinces : Sikka (4 sub-district), Timur Tengah Utara (3 sub-disctrict), Alor (6 Sub-district)
➢ **Requested GPSA Grant amount. Total Project cost.** (in US dollars) Requested amount should range from US$500,000 to US$1,000,000; requests below US$500,000 may be considered depending on the Project's duration and characteristics. GPSA financing may cover 100% of total project cost but it should not exceed 50% of the organization's total operating budget.
USD 950,000
➢ **Total Project cost. (in US dollars)** Overall project cost, including GPSA requested funding.
USD 1,117,309

> ➢ **Financing sources**. Additional financing sources. If yes, please list them and include the budget amount contributed by these sources to the Project.

World Vision: 167,309 USD

SECTION 2: PROJECT OBJECTIVES

2.1 Describe the proposal's core objective(s), distinguishing between the higher-level goals that guide it and the specific, strategic objectives that are expected to be achieved during the project's time frame.

Project objectives describe outcomes by explaining the intended benefits (physical, financial, institutional, social, or other types) to a specific community/group of people or organizations, and/or institutional changes that are to be realized, through one or more interventions. The intended benefits should be:

- ▪ Measurable and
- ▪ Specific.

By reading a PO, one should be able to determine which group is being targeted directly by the project and what they will be doing better or differently as a result of the project interventions. The nature of the outcome(s) described in the PO should be based on a realistic (and evidence-based) assessment of what effect can be achieved with the available resources (and inputs provided by the Project) over the relevant time horizon using the approach being pursued. Outcomes described in the PO will have to be defined later on in the Proposal's results framework, through indicators, which are often, but not always, quantifiable and measurable or observable. Some indicators are qualitative. In some settings, desired outcomes may include changes in people, organizational or institutional processes, practices, behaviors and relationships, which may best be tracked through qualitative data.

[MAX 300 WORDS]

Regional autonomy in Indonesia has affected public health information and financing, while concentrating public service authority in the control of powerful political heads (Bupati). Based on results from empowered village heads, sub district staff and communities via an Oxford University validated approach(See Zeitlin, 2011Appendix 1), this project will combine civic education, a social audit, services scorecard, research and advocacy to extract greater responsiveness from District officials to meet mandated national requirements for maternal and child health outcomes.

Broad dissemination of this service-focused social accountability approach will enable direct citizen engagement with sub and District government. Aggregated community services data to identify service bottlenecks and video of community experiences will be managed through a web-based database for monitoring, national policy analysis, advocacy and media.

The collection of data from the village level is important because it is where the services are being delivered. Many of the service bottlenecks are not addressed due to lack of knowledge of the planning and arrangements at the local level. Making these issues public through the data collected at the village level - which is the evidence that local government arrangements are not enacted - has been demonstrated to improve political, District and community responsiveness. In some cases a higher level of transparency is needed including direction and/action from the Central government.

To support this, the Indonesian Government has committed to increasing access for communities to monitor development progress through the Open Government Partnership. In line with the principles of broadening public access, participation and increasing the transparency of government processes and decision making and as part of the civic education under this approach, WahanaVisi will ensure that information is disseminated about the Open Government Initiative and the commitments made by the Indonesian Government through town-hall style meetings which include District and provincial staff, through facility (clinics/schools) level meetings attended by government, community and service providers, through community talk back radio and through internet access. In addition, information will be provided and communities will be encouraged to access information through the Freedom of Information legislation and mobile technology through SMS complaints to government about services failure will be encouraged.

Project strategic objective: Improved maternal, newborn and child health (MNCH) services
Project level Outcome: Improved Midwives and District Health Offices' response (attitude and behaviour change) on services
Component 0: Simplify information/knowledge related to Services / governance using Open Government Initiative
IO0.1 – Information on relevant health policies and budget are accessible
IO0.2 –Dissemination of data/information using technology
Component 1: Civic education and enabling citizen engagement
IO1.1 - Citizens aware of their rights based on government standards and resources allocation
IO1.2 - CSOs have the capacity to engage with, monitor and influence power holders
Component 2: Citizen engagement with government
IO2.1 - Monitoring and evaluation through participatory M&E tools, central database and national level analysis
IO2.2 –Communities translate knowledge to action, produce, contribute to and monitor service delivery action plans
Component 3: Citizen advocacy for government accountability and improved services
IO3.1 – Local politicians effectively support and represent their constituents
IO3.2 – District and direct service staff increase consultation and improve responsiveness to deliver improved services to all citizens
IO3.3 – Advocacy on systemic barriers, policy reform or enforcement based on aggregated community data analysis

2.2 **Indicate the proposal's focus area.** Please mark all focus areas that apply to this Project.

Social accountability initiative or program	X
CSO Institutional strengthening	
Capacity-building and technical assistance	X
Mentoring [one or more of the above through mentoring]	X

2.3 **GPSA Pillars of Governance.** Which GPSA "pillars of governance" are addressed by the proposal? Mark all that apply.

Pillars of Governance	GPSA Expected Outcomes (Program level)	Pillars addressed by the Project
Transparency	➢ People are able to get more information about government activities and are able to use this information effectively	X
Representation and voice	➢ Peoplehave a mechanism and/or policies through which they can voice their concerns to the government and influence policy	X
Accountability	➢ Governments are more accountable to beneficiaries in delivery of services and in management and use of public resources	X
Learning for improved results	➢ GPSA beneficiaries have greater knowledge and practice of social accountability, and civil society organizations have greater capacity to implement social accountability initiatives	X(this is a required area for all Grant Applications)

2.4 Project Goals and CSO's Mission. Relate your proposal's goals and objectives to your organization's mission, objectives and existing program areas. Explain clearly how the proposal fits within your organization's work. If you wish to attach supporting materials about the Project or your organization's work, you may do so at the end of the application, or you can include a website link in your answer.

[MAX 400 WORDS] Wahana Visi (WV)was established in 1995 to support child-focused development programming through 40 operational offices in over 400 villages in eight provinces, including Papua.

The proposed intervention targets maternal, newborn and child health (MNCH) systems in line with WV's strength in long-

term health and education programming through community awareness and community-driven development solutions. The organization has made a significant investment in facilitation skills through a validated social accountability methodology (Citizen, Voice and Action or CVA) first piloted in 2005. These facilitation skills – which have been identified for further development under the Program Nasional Pemberdayaan Masyarakat (PNPM) - build greater civic knowledge of government systems and policies in line with Indonesia's Musrenbang process and the PNPM program(See Appendix 2).

Facilitating communities in direct engagement with service providers in health clinics and schools while supporting community leadership and advocacy skills to lobby the District is now a core sustainability pillar for the work of WV.
The CVA approach, when compared with standard programming, has attracted higher levels of community participation, motivation and empowerment. It has demonstrated local governance and targeted national policy results in MNCH including annually allocated use of village funds for supplementary feeding and new national breastfeeding regulations. At national level this has been achieved through leading membership of the multi-stakeholder 'Maternal and Child Health Movement'. This successful coalition has been profiled in the 2012 WHO Partnership on Maternal Child and Newborn Health report. WahanaVisi is a joint coalition member with its partner World Vision Indonesia.
http://www.who.int/pmnch/media/news/2012/advocacy_building_coalitions.pdf

Through higher level governance engagement and a dedicated social accountability policy research and budget transparency focus with the Affiliated Network of Social Accountability – East Asia Pacific (ANSA-EAP) together with its country partners like PATTIRO and FITRA, this intervention will build on the strengths of the grassroots success and influence higher levels of governance based on dedicated, rigorous District and national analysis.

ANSA-EAP was established in 2008 and plays a regional leadership role through the establishment of national Convener Groups in Cambodia, Mongolia, Java-Indonesia, Southeast Sulawesi-Indonesia, Mongolia, Northern Luzon-Philippines, and Mindanao-Philippines. It also has helped to set-up sub-networks focusing on procurement monitoring, service delivery, extractive industries, and on youth. In all, through these Convener Groups and sub-networks, ANSA-EAP maintains a regional network of over 40 social accountability partner organizations. ANSA's affiliate in the proposed intervention includes ASTEKI, which is part of a national network of independent media organizations. ASTEKI's members have been part of multi-stakeholder forums or dialogues on development and governance issues at the district and provincial levels.

PATTIRO established on April 17, 1999 aims for social justice and fulfillment of citizens' basic rights by promoting good governance and public participation in Indonesia, particularly at the local level. Their attention is focused at public service improvement, planning and budgeting system development, and capacity improvement of relevant stakeholders (governance apparatus, legislative members and press, and citizens). To achieve these goals, PATTIRO works with NGOs, donor organizations, government institutions, legislatives, and private sectors that share the common goals by providing services on research, training, assistance, and model development. The underlying principles behind their strategies are those of social transformation, accountability, transparency, democratization, and equality.

SEKNAS FITRA (Indonesia Transparency Budget Forum) focuses on budget as an essential tool to safeguard and guarantee the public good. It was formed in September 1999 as an autonomous, non-profit organization, to promote good governance and to support the right of the public to be involved in budget processing from budget arrangement to its evaluation. It seeks to become the foundation for discourse and budget transparency activities in Indonesia.

2.5 Project Beneficiaries. Please identify the project's beneficiaries. *[Click on text field in e-application to complete the two sub-questions]*

2.5.1 Project's main direct beneficiaries. People benefiting directly from the Project's outcomes. This involves identifying people for whom the project is intended to bring changes, e.g. population from targeted areas benefiting from improved access to or use of specific services, and for whom the change in policy or practice will make a difference in their lives. If the project intends to engage people from poor and vulnerable groups, please make sure to explain clearly how are they going to be engaged in the Project, including what is expected in terms of outcomes that will benefit these specific groups.

[MAX 250 WORDS]

The targeted population to be supported by funding through the GPSA is 52,011 across 36 villages in the 3 Districts of (Timor Tengah Utara, Sikka, Alor**)** and 13 sub-districts in NTT province. Those potential 13 sub-districts are Teluk Mutiara, Kabola, Alor Tengah Utara, Pura, Alorbarat Laut and Lembur in ALOR District ; Miomaffo Tengah, Bikomi Selatan, Insana Barat in TTU District and Nelle,Koting, Kangae and Alok Barat in SIKKA District. As the intervention targets the facilities, direct beneficiaries are all users of the targeted Posyandu, Puskesmas and District hospitals.

For higher level District, regional and national lobbying the project will leverage the experience of existing practitioners and community data across 3 provinces (NTT, Central Sulawesi and DKI Jakarta) covering 44 sub districts, 257 villages, and 478,176 people, currently funded by World Vision Canada and European Union.

Wahana Visi is currently collecting community feedback at service facility level for services in sub Districts covering a total population of 478,176 people. There are many common issues raised by communities across these facilities. The higher the sample of people complaining about the same issue, the more likely that government is to address the issue, especially if it requires some national government intervention due to failures at the provincial and district level. WV is leveraging the increased scale of its intervention to amplify the voice of communities in order to pressure government to act where persistent services issues are not being properly managed such as the village midwife program. Wahana Visi's total project area covers 8 provinces, 43 districts, 150 sub-districts and over 400 villages.

The added value of extending the targeted sites to include the additional 52,011 funded by GPSA are: 1) ability to reach greater scale for evidence of systemic governance bottlenecks to advocate for change to the Indonesia Government, 2) Partnership with WB to demonstrate a participatory approach for upscale through the PNPM program, 3) Strong evaluation approach using the evaluator that is currently funded by DFID/3IE to address 'under what circumstances' social accountability works through a Realist synthesis. This evaluation approach, when combined with the Oxford random control trial, will help demonstrate the value to major donors of this social accountability approach for inclusion in the nationwide PNPM program. Two other countries have adopted this social accountability approach within the curriculum of their national community development training institutes: India and Uganda, 4) The World Bank's support of this partnership with ANSA EAP and the potential to partner with local Indonesian partners like PATTIRO or FITRA, who are experts on budget transparency, and 5) Commitment of GOI to implement the Open Government initiative that invites participation from civil society (including citizens) to monitor and improve the quality of public services.

The CVA approach uses facilitation of sex and age disaggregated focus groups to ensure the participation and voice of marginalized groups including women and children, and the disabled.

2.5.2 Project's indirect beneficiaries. Wider community benefiting from potential Project outcomes and impact. For Projects focusing on governance reforms, expected outcomes and impacts may benefit the country as a whole.

[MAX 100 WORDS] Users of the service are the direct beneficiaries, but the social capital spillover for the broader community and the practical governance lessons benefit the wider District, provincial and national community. Local leaders supported through this approach have successfully contested higher level leadership positions to influence stronger governance outcomes.

 Communities empowered with tangible ways to access better health and education have used the approach, without NGO facilitation, to target more difficult service areas, where government commits less resources and support, such as water access and community policing with demonstrated success including direct community lobbying at District level for inclusion in budgets. For example, in Cilincing, just outside Jakarta, the approach has influenced the allocation of village budgets – a fixed annual allocation for supplementary feeding has been agreed and included through the feedback and data collection of the methodology.

 In Sikka, District level allocation for a permanent allocation of midwifes has been achieved and supplementary feeding has been included in the village budget, which has increased to Rp 2,000,000 a year. In TTU, annual allocations for incentives for health cadres have been made from village budgets and additional financial support of Rp 15,000 increasing to Rp 20,000 per month per cadre has been allocated from the Health Operational Support Unit (BOK) which is directly funded by the

national government. The approach has improved the quality and success of the proposals submitted through the existing Musrenbang and PNPM process. As discussed, the approach could potentially be replicated at scale in Indonesia through the PNPM. This would expand the benefits of improved services planning based on community knowledge and participation nationally.

SECTION 3: PROJECT DESCRIPTION

3.1 Sectors of Focus. *[Click on the text field in the e-application to mark your answer(s)]*

Please mark the sector(s) of focus of the proposal		Mark proposal's scope for the sector(s) indicated		
		National	Regional (in-country)	District/Local
Core public sector focus	Transparency/Access to Information			X
	Budget Accountability			X
	Procurement			X
	Anti-corruption			
	Other (please specify)			
Sector focus	Education			
	Health and nutrition			X
	Social protection			
	Water and Sanitation			
	Energy			
	Transport (roads/public transport)			
	Natural resources			
	Other (please specify)			

3.2 **Project Strategy.** The Project must spell out a clear strategy to generate changes and deliver tangible results. The *strategy in this context* refers to the courses of action that will be prioritized and taken by the Project to achieve its expected outcomes. The Project's strategy is broader than the choice of specific social accountability "tools" or mechanisms, and should also consider other dimensions such as constituency-building (including national and sub-national level options), alternatives for engaging with the state, communications and outreach, among others.
[Click on text field in e-application to complete the 5 sub-questions in pop-up window]

3.2.1 Summary of Project strategy. Describe the governance and/or development issues that will be addressed by the project ("What?") Summarize the project's strategy to achieve the proposed changes and reforms. ("How?") If the Project's focus is institutional strengthening of CSO(s) only, please summarize the Project's institutional development strategy. In which ways will it link with the implementation of social accountability activities by beneficiary CSO(s)?

[MAX 200 WORDS]

The project targets improved local and district MNCH planning, drawing on national policy advocacy where regional autonomy implementation and national policy directives intersect.

Key governance issues in the area of MNCH to be addressed are:
1) Information flows,
2) Community consultation for appropriate services planning,
3) Knowledge by services and local governance players of their functional roles and responsibilities under the system to properly facilitate service delivery,
 4) Identification of human resources knowledge, skills and capacity constraints
5) Political responsiveness to community demands

6) The role of the village heads in consultations with Districts,

7) Information on coordination and management of infrastructure and financial resources, and

8) Information related to supervision, monitoring, and evaluation.

These issues will be addressed specifically on key MNCH policies such as the mandated village midwife, the role of the village head in ensuring safe accommodation for the village midwife, the role for the community in ensuring the midwife's safety and cultural acceptance in the community, the training, incentives and functioning of the health cadres, accessibility of mandated government provision of supplementary feeding to malnourished children in the Posyandu:

1) **A**) Information flows need to be addressed **from the District, sub-district and village to the community** on government MNCH policies and their implementation via the social accountability tools including the monitoring standards (ie mandated village midwives) and through District support to civic education (including civic education **both <u>for and conducted by</u>** players in local governance such as the village head, cadres, midwives, sub-District and District Health Office head) **B**) These information flows also need to be addressed **from the community to village head, Sub-District and District Health staff** through the community scorecard on services to ensure improved District planning especially for marginalized communities with worse health indicators and capacity

2) A critical weakness of District health planning is the failure to conduct regular community consultations for services planning. Recent research on the Village Based Midwife Program (VBMP) by Wahana Visi and the SEAMEO Regional Centre for Food and Nutrition at the University of Indonesia in Nias[1] Island has illustrated the lack of knowledge of the District Health Office about key bottlenecks for MNCH services. Indeed, use of the social accountability methodology helped to convince DHO staff of root causes for services failure and, as a result, the DHO has agreed to work in close collaboration with WV to address issues such as the program planning, orientation of stakeholders, monitoring, and evaluation.

3) Weak knowledge of roles, responsibilities and programs coupled with inadequate decentralized autonomy of programming. The Nias research has identified weak District health and village head knowledge (for example the role of the village head in provision of midwife accommodation under the midwife policy was unknown by the village leaders, stakeholders within the DHO have different understanding on VBMP with respect to its planning, management, implementation, and monitoring and evaluation.

4) Identification of human resources knowledge, skills, and capacity constraints. By way of example, village midwives are not able to handle a normal delivery due to weak knowledge and skills, program plans or guidelines of the VBMP from the DHO are difficult to access even with the cooperation of the DHO and, consequently, there are poor supervision and monitoring issues, high staff turnover resulting in weak procurement knowledge ie midwifery kits, few midwives are aware of their roles on community mobilization for health promotion and monitoring, only half the midwives interviewed felt they had a full orientation of the VBMP .

5) Political responsiveness to community demands. Social accountability relies to an extent on the capacity and response of government. For example, in fragile contexts, low government capacity makes such interventions too challenging. However, in WV's experience where communities are mobilized, knowledgeable, and unified and the village head also has governance knowledge and confidence, that collective action coupled with lobbying to the District by the village head can play a role in ensuring mandated budgetary allocation of permanent village midwives and supplementary feeding which are key MNCH issues.

6) The role of the village heads in local governance. With the decentralization and democratization processes since Reformasi, village heads have played a much stronger role in the governance processes including allocation of

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[1]Groundwork for Strengthening the Rural Health System: How to Revitalize the Roles of Village Midwives? Nias District – North Sumatera Province, Wahana Visi and SEAMEO Regional Centre for Food and Nutrition at the University of Indonesia,

resources. However, over the same period the capacity of communities has declined. (World Bank, Local Level Institutional Study, 2013)[2] This research indicates that despite PNPM there appears to be a need for high quality facilitation to support greater community engagement with village heads.

7) Coordination and management of infrastructure and financial resources ie (from actual examples in Nias) building construction of health clinics takes place without allocation for water supply or DHO fails to coordinate with the Governmental Electric Supply Company (PLN)

8) Supervision, monitoring and evaluation. Confusion at DHO level over its role in selection and recruitment of village midwives that are paid centrally. The DHO feels it has no control over the process of selection and recruitment, which is undertaken by national MoH through the Provincial Health Office. This has implications for monitoring and accountability. The perception of the DHO that it has no role in the selection and recruitment process of village midwives contradicts new regulations by the MOH Head of Human Resource Bureau (MoH, 2012). Below is actually the flow of selection-recruitment process of VMs that requires the active involvement of DHO within it:

Through an Oxford validated social accountability methodology (See Zeitlin, 2011, Appendix 1), local political representation will be strengthened – supported by more knowledgeable and empowered communities – to directly lobby Districts for mandated services. While the Oxford study has assisted in demonstrating the direct impact of the scorecard on improved education outcomes, the study is limited in providing more in depth analysis on the 'how' of the scorecard process. That is, what mechanisms or triggers within the scorecard process lead to change. To help build this knowledge the intervention will draw on the latest research in this area from the Institute of Development Studies and the World Bank[3] to build greater understanding of the mechanisms that underpin these interventions and the causal chains for impact based on a strong theory of change, which will be tested through monitoring and evaluation. The research provides detailed guidance to staff to help them unpack the black box of social accountability especially through analysis of assumptions on key components such as the quality and accessibility of information provided to communities, their motivation, and capacity to feedback and the incentives for government to respond. To ensure this research is utilized and that there is rigor in the analysis of theory versus implementation, a professional evaluator currently researching related material, will help guide staff at the outset of the project implementation through monitoring of data against a ToC and the final evaluation.

The approach complements and strengthens existing government participatory processes through the Musrenbang and the PNPM program. For example, via the Musrenbang and PNPM communities are involved in submitting proposals for preferred infrastructure projects. The quality and success of these proposals has been improved through the civic education and stakeholder engagement processes of the social accountability methodology. To address fundamental governance barriers, aggregated village data will be analyzed to identify service bottlenecks and national-local governance dynamics specific to MNCH services. For example, the following community data has been collected using the methodology and can be expected to come up in the proposed intervention:

Knowledge, experience, and perception of the mothers related to VBMP, health cadres, other health staff and services obstacles, Knowledge, perception, and experiences of the midwives related to their roles and functions. In addition, data on the technical or supply side is also collected both ahead of and in response to community feedback such as expectations of the midwives, their perceived roles and functions, motivating and de-motivating factors of being midwives (managerial back-ups, living within the community). Staff engaged through the methodology have often times never had performance or governance indicators shared with them nor have they been asked their own perceptions of the service they are required to provide and the constraints they face. This data is shared through the stakeholder meetings, action planning and ongoing advocacy under the methodology with the Heads of sub and District health offices and their staff, health cadres, midwives, government empowerment agency officials, village

heads.

By way of example from current community data, ANSA's partnership will support Wahana Visi staffs to analyze and target key locally identified issues such as the support, training and incentives for local health cadres to see whether national directives exist against existing regional initiatives. Target networks for partnership-building have substantive presence and engagements at all levels - village, district, sub-national and national. This will ensure greater priority and agreement of lower level planning in higher planning processes which is one observed weakness of the Musrenbang process. At the same time, PATTIRO/FITRA will also increase Wahana Visi Indonesia capacity on budget accountability and transparency.

Many of the successful social accountability activities are modeled on the Philippines, where ANSA-EAP is based. For example, recent announcements by the Governor of Jakarta to make his mobile contact accessible so that communities could SMS him, complaints mechanism have been done at a local level more than 6-8 years ago in the Philippines (Naga City) While there are good partners in Indonesia, the state of Indonesian civil society and the level of social accountability is very weak by comparison to the Philippines and India. ANSA will share best practices with Wahana Visi staff through field visits, lectures and ongoing coaching and mentoring. This will have wider benefit to other agencies in Indonesia.

PATTIRO is experienced since 1999 of implementing programs in 9 provinces (Banten, DKI, West Java, Central Java, DIY, East Java, South Sulawesi, South Sumatera, and NTB) and 19 districts (Serang, Tangerang, Lebak, Bandung, Garut, Semarang, Pekalongan, Magelang, Solo, Kendal, Blora, Bojonegoro, Jogja, Surabaya, Malang, Gresik, Jeneponto, Pare-Pare, Bone, and Palembang) in Indonesia. These programs carry various themes, such as: improvement of access to public services (education and health) for the poor, gender budgeting, community participation strengthening, strengthening of information transparency, voter education, mid-term development planning and transparency mechanism of oil revenues. Applying these principles and values in their model development service, PATTIRO develops public complaint management model based on research results on public service. The model is accommodated by the local government into an applicable complaint mechanism. Another example is that PATTIRO develops oil and gas revenue transparency model –a system that makes oil and gas revenue transparent- with local government. The organization also carries out publications and campaigns as part of knowledge dissemination, a form of accountability of PATTIRO's implemented programs, and citizen education on specific themes. Moreover, they developed innovations and tools that evaluate institutional performance and monitor project implementation. Examples of these are the Public Expenditure Tracking Survey (PETS), Citizen Report Card, User Based Survey and Budget Analysis Tools.Throughout the eleven years of working for Indonesia, the network has cooperated with various local and international agencies and organizations. Some of which are the Ford Foundation, Transparency and Accountability Project, UNFPA, European Commission, Brookings Institute, and Partnership for Local Governance among others. The network has also spread to various places in Indonesia. This network is referred as the PATTIRO RAYA.

Since 2000, FITRA has performed activities that concern state budget analysis and citizens' participation in Jakarta as well as Banten, Depok, Solo, Maluku, Papua, Kupang and other regions in Indonesia. With guidance from a National Board and Secretary, the FITRA networks were created to coordinate and oversee these regional concerns. Because the national budget is supposed to cater to the needs of the people, FITRA engages citizens to promote accountability and transparency in the use of the state budget. Supported by Kemitraan, they called for greater budget allocation to health and education while the DRSP-USAID gives them support in their transparency and accountability budget programs and advocacies.

The financial payment to ANSA has been arranged on a fee for service arrangement. Detailed contracts will be drawn up to establish the service and the cost. As part of the operational planning for the nature of these contracts, Wahana Visi's partner World Vision International has agreed to fund initial project staff to Manila for an immediate study exchange (July) to review best practice, including the facilitation methods of other scorecards, and explanations from ANSA's network partners of their budget monitoring practices. The total amount allocated to ANSA will be reviewed through the experience collected on this fee for service arrangement. It may be that some allocation can be re-allocated to partners such as PATTIRO/FITRA after the initial operational planning and study exchange meeting.

3.2.2 Strategy for building multi-stakeholder support. What is the strategy for building multi-stakeholder support for the project? Which strategic pathways will be used? (e.g. coalition-building, use of networks, targeted outreach to change

agents across diverse stakeholder groups, such as private sector, media, others; strategic coordination of local and national civil society monitoring interventions; use of transnational networks and coalitions; use of international standards and independent monitoring mechanisms; among others) If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities for building multi-stakeholder support for its social accountability work."

[MAX 200 WORDS]

This proposed project will be closely working and coordinate with UKP4 and other stakeholders management groups to ensure the Open Government Initiative is incorporated in the project implementation especially in simplifying and disseminating the information and data related to services/governance.

The intervention will build on the success of a 2-years multi-stakeholder coalition, GKIA (GerakanKesehatanIbudanAnak), the Maternal and Child Health Movement, which has demonstrated effective coalition building, networking with media and the private sector through a strong strategy focus on existing Indonesian Government MNCH frameworks, policy and implementation gaps. Given the coalition's rapid policy wins, it was profiled as a case study in the 2012 WHO Partnership on Maternal Child and Newborn Health report.http://www.who.int/pmnch/media/press_materials/pr/2012/20120717_asia_pacific_dialogue/en/index3.html

Strong national relationships with the Ministry of Health, the Ministry of People's Welfare and the Special Envoy to the Indonesian President on the MDG will be leveraged in concert with sub-national, District and provincial level contacts to simultaneously address policy and implementation gaps on critical MNCH service blockages such as the national village midwife policy, and the support, role and training of poshyandu and puskesmas health cadres.

The current partners that WV works with and are likely to be engaged through this project include: Local CSOs in District level, such as: (in TTU) Yabiku (YayasanAmnautBifeKuan), Plan Indonesia, YMTM (YayasanMitraTaniMandiri), Bengkel APPEK, Apendikkumi, LPA, LakmasCendana Wangi, (in Sikka) Yaspem, Yakkestra, Sanres, Dian Desadan TRUK-F,JPIC (in Alor)Yayasan,Lendola.

At province level: PIAR, Bengkel APPEK, LPA, Forum Academia, RumahPerempuan, LBH APPIK dan CIS Timor.

To bring greater focus on the governance-related analysis, ANSA will support targeted processing of aggregated quantitative and qualitative field data, for example, on the permanent allocation of midwives and the existing data on the cost benefits of health cadres to build support for a targeted policy advocacy agenda on core MNCH staffing and related issues.

3.2.3 Strategy of constructive engagement. What is the proposal's strategy of constructive engagement with the state (executive, legislative, judicial/national, sub-national, local, regional)? What actors are expected to use what type of information related to or generated by the Project, and how these actors will use such information? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities for constructive engagement with the state.

[MAX 200 WORDS]

The CVA methodology is premised on more robust state engagement to ensure non-confrontational dialogue and do no harm principles, which are critical when supporting the facilitation of communities engaging directly with government. This approach has been applied and adapted in more than 30 countries with the key learning that significant time and specific skills are needed to ensure effective and non-threatening engagement with local and national government. Successful engagement has also been supported through the organisation's trusted, long-term grass roots presence and a reputation for action on behalf of communities.

By engaging and supporting local political leadership with demonstrated integrity to understand government systems and service impediments, the approach has helped to support an often times missing link in local governance – the capacity, knowledge and confidence of local politicians to effectively represent their constituent's service needs. Community support

is paramount for this engagement to work, but there are limits to participation, which is why local leaders with limited policy and systems knowledge need support. After intense but successful lobbying for a village midwife, one elected village head stated that the approach gave him "*more confidence and knowledge to speak at the District (with the) support of the community members and the community health clinic.*"(Elected Du village head YosephMarianus, Sikka, Flores, July 2012)

It is important to note that the tools used in the approach offer an opportunity to address both supply side and demand-side governance issues. The monitoring standards tool (a simple chart with government quantitative indicators such as midwife per village) provides a forum for services staff to reflect on performance indicators established by government, identify what constraints they are facing in achieving these indicators and what more can be done to improve performance.

This information is then shared in a stakeholders meeting with key decision makers in government such as health inspectors, sub and District health officials. In Armenia, the results of this meeting led to a new incentive structure for doctors, which linked their pay to mandated twice monthly visits to rural areas. This is an action taken by government in direct response to community demand facilitated through the social accountability approach. The governance/monitoring response and structure of a critical medical service for rural communities was changed in response to the community's ability to lobby – with the support of health clinic staff – for improved services. The monitoring standards and the community scorecard incorporate the technical aspects and managerial aspects of supply-side governance and also capture the dynamism of community needs and demands. Importantly, the approach provides a forum for interaction between demand-side and supply side by facilitating direct engagement between communities and key government decision makers.

The implementation of the community scorecard (CSC) and monitoring standards has shown that government incentives to act upon information provided by the people increase once joint action plans are implemented and monitored by the community. By integrating performance indicators into action plans, the CSC synthesizes government's requirement to measure standards with the communities' assertion of their needs. There are three main factors that may be identified as incentives for government to act:

> a. Data accuracy for government agencies. Mothers and children as the end-users of government services can provide and validate data that the government needs to measure on performance standards at the district level.

> b. Outputs from the Community Scorecard as inputs to the planning process. Given government's limited resources, planning for the purchase of medicines or health services at the right amount, quality, quantity, and delivery time can strengthen government procurement processes. This enables government to plan accordingly and based on community needs.

> c. Sustaining and strengthening the constructive engagement approach between government and its citizens. This will make government programs more grounded and based on needs, thereby having stronger public support since government institutions become more credible to the public.

It is also worth noting that there is a political incentive for elected village heads – to get re-elected. The fact that community members, as voters, are strongly voicing their concerns to village heads and demanding that village heads act on their behalf – as has occurred through this approach – is an incentive to village heads to stay elected. The strength in this approach lies in facilitating the transfer of soft skills such as knowledge, confidence and advocacy to help communities themselves demand a say in existing and future budget allocations for services and greater accountability for those allocations. We know that this is currently not happening under PNPM as the facilitators are primarily organizers and logisticians, though the PNPM Support Facility is planning to move in this direction. 4PNPM facilitators do not have sufficient time to do quality facilitation of community engagement with the government.

Using this approach, Wahana Visi will not be speaking on behalf of communities, as is often the case, but will be providing

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[4]Antlov, Hans, 2013. Discussion on the PNPM PSF planning for improving PNPM facilitators skills so the they are 'empowerment' facilitators. May 21.

the data of community voice on services to government and will be supporting communities to directly advocate to government. We know from the results in improved budget allocations that community demand in itself has acted as an incentive especially to village heads to ensure communities have a say in the allocation of village budgets.

Through the GPSA intervention, the approach will be expanded in Indonesia to ensure community access to knowledge of budgets, including civic education on the Open Government Partnership. This will include invitations to local government to share what this means with community, what tangible rights and access they have under Indonesia's commitment to this multi-lateral initiative and requests for presentations on village, sub-District and District budgets. Likewise, civic education under the approach will be expanded to include information and support to access information under the Indonesia's Freedom of Information Law. In India, Wahana Visi's international partner World Vision has empowered communities to submit applications through the Right to Information Act using this social accountability approach. Lessons will be drawn from the Indian experience to expand activities related to FOI in Indonesia. Learning exchanges and capacity building by ANSA EAP on best practice in budget monitoring will also be undertaken and collaboration with Indonesian CSO PATTIRO will be explored.

3.2.4 Communications and outreach strategy. What is the communications and outreach strategy for attracting the attention of different audiences, including the media? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' communications and outreach capacities.

[MAX 200 WORDS] WV and ANSA EAP have existing communications and outreach strategies with demonstrated success for engaging across a range of audiences for concrete results via media and development actors.

Use of outreach and mainstream newspapers, radio and social media enhanced the achievements of results from the 'Maternal and Child Health Movement', of which the partner applicant is a leading member:

- o Enactment of Government Regulation on Exclusive Breastfeeding + the Acceleration Plan for Exclusive Breastfeeding 2012 – 2014
- o The coalition has been instrumental in focusing the Indonesian Government's attention on the follow-up to the ten recommendations of the Commission on Information and Accountability, and preparing and discussing a Country Accountability Framework and Roadmap towards achieving these
- o The first ever joint NGO/Government national National Health Day Celebration 2012
- o Government consultation and engagement of CSO/NGOs for the Scaling Up Nutrition movement

At local level, the information collected through the CVA approach has been and will be shared through talk shows on community radio (radio komunitas) to increase dissemination of government standards and planning process while engaging a wider audience and participation. Through a web based database video stories will be collected at village level and shared with local and national media.

3.2.5 Choice of social accountability mechanisms and tools. What are the specific social accountability mechanisms or tools implemented or employed in the project? How will they contribute to the proposed outcomes? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities to design and implement social accountability mechanisms and tools.

[MAX 400 WORDS]

Tools and evidence
Citizen Voice and Action (CVA) combines several elements of social accountability: civic education, a community score card, a social audit using national service standards, an interface meeting which brings all stakeholders together, and community driven advocacy. The scorecard alone has demonstrated direct impact on education outcomes in a randomized control trial led by Oxford University. (See Zeitlin, 2011, Appendix 1).

Description
Civic education is provided about government structures, citizenship rights and obligations, the accountability requirements of elected governments via service delivery and, primarily, quantitative national standards such as student -teacher ratios/nurses per head of population based on policy and documents agreed by government.

The nature and quality of the information provided to communities is crucial. Key, specific information from policy documents such as student -teacher ratios are distilled and captured in colorful translated materials appropriate to an audience that includes illiterate community members. It is also presented orally in meetings as well as brochures and shared through the media on talk back radio. The pilot projects established the importance of quality, accurate, and accessible information. Through mistakes by staff, training now emphasizes that communities and service providers know that it is agreed information that comes directly from government. This is vital for its credibility and acceptance. These lessons are also reflected in recent research by the Institute of Development Studies in unpacking the causal chains including the quality and dissemination of information to communities that lead to change in social accountability interventions.

With service stakeholders including government officials, communities compare local reality against these national government commitments through a social audit. WV's experience of these face-to-face stakeholder meetings play an important role in bringing together key political and bureaucratic decision makers. This approach is supported by the research suggesting that power and political processes are key to shaping social accountability outcomes. (O'Meally, 2013)

Communities develop their own age and sex disaggregated scorecard which qualitatively rates the services of their local clinic or school and provides community generated performance measures for monitoring a service. This encourages participation of the most marginalized including ethnic groups and those with disabilities. It promotes understanding that government should perform to standards and that communities have a role in demanding accountability to these standards beyond the electoral cycle. Community understanding of relevant data collection for government purposes, advocacy and lobbying skills are supported.

How the approach fosters collective action and local governance
By ensuring the participation of all stakeholders, including local politicians and bureaucrats, CVA has acted, in the words of one chief medical officer, as an "audit system" for services. This has helped the community, service staff, politicians and bureaucrats to respond to critical issues such as understaffing, absenteeism, lack of equipment and poor attitudes, which especially deter women seeking health services. Importantly, a more highly motivated and vocal community, has been demonstrated in Indonesia, to help pressure the village head to in turn pressure the District for services. The village heads have stated that they have "more confidence and knowledge" to lobby the District from the approach. But they also recognize the importance of having the support of their constituents in undertaking their representations. In other countries, District officials have cited the influence of the local MP (akin to the village head in Indonesia) prior to the approach being undertaken. But they have stated that the District is much more likely to respond to the MP when they have clear evidence of community support for particular representations. The relationship between the two arms of government, political and bureaucratic, is important to achieving the end services outcome. The approach is helping to build and support this relationship.

Use of aggregate data for national policy influence
The data collected through CVA community activities at village and sub-District is aggregated, interpreted and patterns identified to advocate for change to sub national and national government policy and practice such as:
- Legal reforms of Kenyan MP discretionary funds
- Reform of Uganda's free education policy which prevented community- led school funds for midday meals
- Reform of the pay structure for Armenian doctors to link mandated visits to rural clinics to salary
- A Zambian Government promise to introduce a ban on cheap local alcohol affecting educational outcomes among both teachers and students.

3.3 Social Accountability Tools. Please select the social accountability tools and mechanisms that are expected to be used during the Project's lifetime. Mark all that apply. This information will be used for knowledge and learning across GPSA's activities.*[Click on text field in e-application to mark your answer(s)]*

Social Accountability Tools and Mechanisms	
Transparency and Access to Information	
Develop policy proposals to advance new, modify or reform existing transparency and access to information legislation or regulations (national, state/provincial, municipal, sector)	X
Develop information and communications materials to make public information accessible to targeted audiences	X
Submission of requests for access to public information	X
Develop online database to display public information in accessible, understandable formats	X
Independent budget analysis (national, state/provincial, municipal, sector)	X
Use of Supreme Audit Institution reports/other Oversight Agencies' reports & data	
Other(s) Please specify:	
Voice and Representation	
Develop civic application to display public information **and** engage citizens or targeted audiences through the use of ICT tools (e.g. crowd-sourcing, SMS)	X
Capacity-building of CSOs, CSO networks and/or targeted citizen groups	X
Setting-up or strengthening state-civil society councils or committees	X
Use of formal public petition process or organization of informal collective petition process (e.g. using web-based petition tools)	
Use of formal citizen participation mechanisms (e.g., public hearings, participatory rulemaking processes, etc)	X
Other(s) Please specify:	
Accountability	
Develop online civic application to monitor government's enforcement of transparency/ATI policies	
Develop web-based civic application to monitor (national, state, municipal, sector) public programs and institutions	X
Independent budget monitoring (including budget expenditures tracking, budget process monitoring)	
Design and implement community scorecards to assess service delivery (availability of inputs, service quality)	X
Design and implement social audits of public policy/public program implementation, community-based monitoring of public works' execution	X
Independent monitoring of procurement and contracting processes	
Design and implementation of complaints handling or grievance redress mechanism	
Collaboration with accountability institutions (e.g. Ombudsman Office, Supreme Audit Institution)	
Use of international standards and monitoring mechanisms to monitor (national, state/provincial, municipal, sector) country's compliance, enforcement and implementation of policies and programs	
Other(s) Please specify:	

3.4 Summary of Project Components. *[Click on text field in e-application to complete the three sub-questions]*

3.4.1 Project Summary. Please provide a general description of the proposal's main components, including their key objectives, activities, beneficiaries and stakeholders that will be engaged. You will be able to provide detailed information about each component in Part 2: Project Components.

[MAX 500 WORDS]
Component 0: Simplify information/knowledge related to Services / governance using Open Government Initiative
IO0.1 – Information on relevant health policies, standards and budget are accessible
IO0.2 – Dissemination of data/information using technology and media

This component will focus on gathering the information of existing policies including budget expenditure on MNCH programs and services entitlements. Afterwards, the data will be analyzed to identify gaps and opportunities for improving public services. Those data and information will be further disseminated to communities and relevant partners using technology for advocacy purposes. This project will seek support from AKIL (Asia Knowledge Innovation Lab) which focuses on using ICT to improve Social Accountability and citizen feedback mechanisms aligned with this project's component.

Component 1 – Civic education and enabling citizen engagement
IO1.2 - Citizens aware of their rights based on government standards and resources allocation
IO1.3 - CSOs have the capacity to engage with, monitor and influence power holders
Community users to a service such as a health clinic are invited to participate in information sessions on government structures and standards for service delivery, which have been collated from policy and other documents agreed by Government at the time of dissemination. Simple, accessible information on tangible elements of service delivery, i.e. numbers of staff, drug and equipment availability are provided; in Indonesia, the national policy provides for permanent allocation of midwives in all villages.

From the invited participants or existing motivated community groups, CSO working groups are established to disseminate the information to the broader community via as many mediums as possible including community radio.

Component 2: Citizen engagement with government
IO2.1 - Monitoring and evaluation through participatory M&E tools, central database and national level analysis
IO2.2 –Communities translate knowledge to action, produce, contribute to and monitor service delivery action plans

Using the scorecard, skilled facilitators help age and sex disaggregated groups envisage what is important to them in a service, which become the service performance criteria. They vote on the criteria based on the reality of the service to date and the total of the voting determines a generic 'smiley' score (good, bad, ok, very good, very bad).

To elicit participatory action, a broader discussion is promoted on the criteria and how communities might assist themselves in promoting a better service. Finally, proposals to promote change involving collective action are established from each group, and shared with the wider community, including government officials and local politicians, as part of an action planning meeting.

The action plan is an implicit commitment or agreement by all stakeholders. Recent research on community monitoring suggests that where an agreement or contract exits accountability is more easily extracted. (Olken 2013, Appendix 4)

Component 3: Citizen advocacy for government accountability and improved services
IO3.1 – Local politicians effectively support and represent their constituents
IO3.2 – District and direct service staff increase consultation and improve responsiveness to deliver improved services to all citizens
IO3.3 – Advocacy on systemic barriers, policy reform or enforcement based on aggregated community data analysis

Local politicians are an active part of the information, mobilization, and data generation under Strategic Objective 1 and 2.Based the results in Indonesia, the activities of these 2 objectives help politicians to play their role in effective local planning and governance (see Lessons learned). After effective – if persistent – lobbying District officials have acted to improve services. Where they haven't or action to resolve issues requires higher level government engagement, facility data is interpreted and analyzed for national advocacy on relevant national policy reforms, issues of regulatory enforcement or other national government actions.

3.4.2 Summary of Lessons Learned. Summarize what lessons have been learned from previous experiences in the project's sector or area, including projects carried out by your organization or by other actors in your own country, or from other countries. Explain how the project design has taken these lessons into account.

[MAX 250 WORDS]
In most communities where this methodology has been applied, the role of elected local elected representatives has been crucial to the project outcomes of increased government accountability. Many local elected representatives are not aware of national policy requirements on service delivery or the responsibilities and functions of various officials and agencies in the effective operation of the service. Yet in many governance systems these elected representatives do have a role in service delivery – they are responsible for ensuring their constituent's needs are met and this assists with District planning processes. But elected officials do not necessarily have the confidence to lobby the District effectively on behalf of their

constituents.

The CVA approach has helped politicians to play their role in effective local planning and governance. For example in the village of Du on Sikka, Flores Island, the elected official, Yoseph Marianus, cited CVA activities as the source of participation and motivation in his community around the allocation of a midwife. This galvanized his lobbying effort in concert with the sub-District. After several failed approaches to the District, a midwife was permanently allocated to the village, but only after intense lobbying citing national policy on midwife allocation and additional government funding available to enforce the policy (For similar experience in other countries see Appendix 5, p 17).

Influencing increased health staffing numbers, especially the distribution of midwives to promote accessible skilled birth deliveries, is a critical factor in achieving the project's long term goal of improved maternal and newborn and child health (MNCH) governance and, ultimately, MNCH outcomes.

3.4.3 Alternatives Considered. What alternative interventions were considered in the design of this project? What were the pros and cons of such alternatives? Please include at least one alternative considered. Explain the reasons why the chosen project design is the most appropriate.

(MAX 250 WORDS) Wahana Visi has piloted the intervention based on two decades of governance research and its international partner's application of the approach in 30 countries. An alternative social accountability methodology was not considered given that the evidence to support its impact was based on a rigorous impact evaluation led by Oxford University. However, an alternative option included a simpler design based on capacity building of smaller agencies in order to disseminate the methodology more broadly (which is still included but on a more limited basis).

The weakness of this proposal was that there was less opportunity to expand or innovate using the data aggregation for more significant advocacy, policy and media purposes without the support of a technical leader in the field such as ANSA, as proposed in the current project. Another design explored with a different partner included too many complementary activities. The current proposal marries ANSA's technical knowledge, networking, regional and national insight with an effective, and replicable grassroots approach in order to lobby for national change where authorities fail to deliver their service obligations under regional autonomy.

In OGI, there are several national partners (govt and CSOs) who are ready to support in strengthening open government such as Keminfo, KIP, UKP$, Pattiro, SeknasFitra. UKP4 is leader to promote open government in Indonesia so we can ask their support if we have any local office government that "show unsupportive response" in open government.

SECTION 4: PROJECT IMPLEMENTATION

4.1 Capacity-Building: Please explain and justify how you are planning to address your organization's – or mentee(s) CSOs - capacity-building throughout the Project's lifetime. Capacity-building areas may include organizational areas (financial management, ICTs, etc) or core areas related to the achievement of the Project's objectives (e.g., sector/policy analysis, such as poverty or budget analysis, etc.) Indicate whether your plan to request external support for this purpose; if you have already identified external support please explain.

This question must refer to the recipient's or mentee's capacity-building and institutional strengthening activities. Capacity-building activities related to the implementation of social accountability activities, and targeted at the Project's direct external beneficiaries must be described in Section 3: Project Description, under the appropriate Component. If the Proposal focuses on Institutional Strengthening of beneficiary CSO(s)' only, and this issue has already been addressed under a Component, you may skip this question indicating "Question answered in Component X".

[MAX 400 WORDS]

A global team of partner practitioners, including researchers, applying this social accountability approach in 30 countries, supports Wahana Visi's capacity building program. The program includes training in the methodology and ongoing mentoring and resources on theory, practice, and evidence building of social accountability interventions.

Based on the research and applied learning of a former World Bank social adviser and other staff, World Bank activities in The Gambia and the scorecard approach of CARE in Malawi, a face-to-face training was designed by a professional and reputable facilitator emphasizing peer-to-peer and applied learning in 2005. The 4-day training includes 1.5 days application of the methodology in the community to build the facilitation skills and confidence of the local facilitators, who have been more highly rated by local communities than existing less-educated local facilitators under the Indonesian Government's PNPM program.

The training is supported by ongoing online resources, mentoring of staff, field exchanges, workshops and best practice lessons. Through research partnerships with the UK Department for International Development, Oxford University, Columbia University, 3ie, AusAID, and independent academics, an increased understanding of social accountability's impact on development outcomes is being collected to share with field staff. In turn, field staff, are testing and refining an existing theory of change (See Appendix 6) through applied learning.

ANSA's knowledge of social accountability through a dedicated research capacity and its peer network will bring focus to both the theory of change expected through the project while supporting specific national governance and policy objectives on MNCH which the project seeks to address. ANSA representatives will travel to the site locations to support field staff on analysis of aggregated data and associated policy implications.

4.2 Role of Partners. Describe the Project's proposed implementation arrangements with external actors/partners; and proposed roles and types of contribution to the Project. For Mentoring proposals, clearly describe mentoring and partnership arrangements between mentor organization and mentee(s) CSO(s).

[MAX 400 WORDS] Wahana Visi is responsible for field work project implementation with communities based on its existing project activities using the CVA methodology in 4 Districts in 3 provinces.Expansion of activities across 56 villages and 13 sub-Districts within these Districts will enable greater ability to collate community data at scale and will support more credible advocacy to regional and national government on service impediments.

A dedicated provincial WV coordinator will act as liaison between field staff, current national WV advocacy staff, and partners such as ANSA/PATTIRO/FITRA to ensure a smooth flow of communications, data and analysis between village, sub-district, District and provincial level. She/he will engage local partners and travel to the site locations to observe results, support engagement with District/provincial government and analysis of aggregated data and policy implications.

Based on existing WV and ANSA networks, ANSA will support stakeholder mapping and analysis at the district and national levels in relation to specific government MNCH functions at sub-District, District and provincial level and a strategic planning process with field staff for feedback of aggregate data.

Based on the results of the data collection, ANSA will support further action research in the field coupled with more systematic research on the roles and local-national governance dynamics of the targeted Districts when compared to official government technical guidelines for service functions. This is a partnership that marries WV's validated social accountability capacity, grassroots presence and a strong relationship at all government levels to ANSA's dedicated social accountability research and policy capacity in order to leverage community voice for accountability and practical, detailed understanding of service blockages for effective policy advocacy.

PATTIRO/FITRA will support this project by providing technical assistance on budget monitoring for accountability and transparency. They will also assist project staff to build networks and knowledge on the Indonesian bureaucracy and system. The existing Open Government Initiative will facilitate the process of data/information collection.

4.3 Monitoring, Evaluation and Learning. You are suggested to answer the following questions after you have completed the Project's Results Framework (refer to required attachments)

[Click on text field in e-application to answer the 3 sub-questions below]

4.3.1   Monitoring. Please describe the Project's monitoring system, including the specific methods and tools that will be used. Justify how the proposed methods and tools are adequate to the problem(s) being addressed by the project. What resources will be needed to rollout and implement the monitoring system? E.g. financial, human, technical, use of ICTs, etc. Will external support be needed? If yes, please explain. Please make sure to address all these questions.

[MAX 500 WORDS]

The CVA methodology, which includes community qualitative and quantitative monitoring of services, was developed based on participatory monitoring and evaluation tools. National government indicators or standards such as midwives per village are measured by facility staff against their local facility and shared with the community. These standards help communities understand tangible rights to service access and quality based on the government's own commitments. The quantitative 'social audit' at individual facilities is aggregated for inclusion in sub-district, District and provincial planning and used to support lobbying for regional fulfillment of national commitments to service access and quality. Qualitative community indicators are collected to monitor the performance of individual facilities against government policy standards. In the words of one chief medical officer, the community knowledge and feedback through the methodology acts as an 'audit system'.

To reinforce the participatory M&E, Wahana Visi has developed a suite of simple quantitative and qualitative project monitoring tools for field staff, which take into account the realities of quality field data collection and the complexity of measuring the intangible processes associated with social accountability interventions including advocacy and influence. A one page diagrammatic theory of change (ToC)(See Appendix6) has been developed based on the existing research available, organizational field data collection and action research. This ToC will be refined using the most up-to-date analysis in the area by the Institute of Development Studies which has developed an initial causal chain for the impact of social accountability interventions as well as that undertaken by the World Bank in its recent resource paper Mapping Context for Social Accountability. This detailed research helps to unpack the assumptions underlying scorecard interventions such as those used by WV especially with a focus on the interrelated components of information, feedback and response. Through applied learning, field staff will test the causal chain with their own experience to help refine the theory of change and assess progress regularly.

Simple excel spreadsheets have been developed to collate key indicators on available service data (See Appendix7) for pre and post intervention analysis. To assess any contribution to the pre and post quantitative data change, interviews by field staff are carried out with District officials, elected representatives and services staff with priority placed on the key decision maker's assessment of contribution. In trying to influence authorities to act in order to improve service delivery, the decision maker's reasoning cannot be known without direct one-on-one interviews. Surveys of user satisfaction and a rating of community interaction with government using an influence and engagement matrix are also employed to monitor progress.

To reinforce quality data collection and provide a platform of multi-stakeholder M&E analysis, the village data will be captured via mobile phones at site during key community meetings and uploaded to a web-based database with planned interagency access and storage of video footage of community services feedback for media purposes and monitoring. While the database is an internal project monitoring tool, the medium-term intention is that the database could be accessible to other NGOs and potentially the public, pending security assessments. This would be to promote interagency and community learning and access to community owned data. The database can automatically generate a range of bar graphs and reports based on selected criteria from the inputted data.

External technical support will be used to ensure connectivity to mobiles to the existing database and support interfaces between the database and video access points such as You tube for media and case study purposes. This proposed project will further explore the possibility of using mobile applications as part of monitoring government response on action plans by citizens. Wahana Visi will work together with Government officials involved in OGI to highlight the best way to maximize

the OGI website and the community data and analysis that WV is collecting. To complement and making most of the usage of ICT, this project will explore grants funding provided by SEATTI (Southeast Asia Technology and Transparency Initiative) which support organizations that use or intend to use technology and media platforms to empower citizens in their respective countries to hold their public institutions transparent and accountable. Indonesia is one priority country given the basis as the state member of Open Government Partnership. Service delivery is one of priority topic SEATTI is looking to support. At the **Service Delivery** topic, support can be also directed to initiatives that promote transparency in the attempt to improve service delivery in the public sector. This can be undertaken in movement that enforce the authority in providing necessity information that previously (and usually) be made unavailable to public access. Through the use of technology, citizen engagement will be enhanced by improving the accessibility of obtaining the required information.

4.3.2	**Evaluation.** Describe the intervention's evaluation methods. Why these are adequate to evaluate the intervention expected intermediate and final outcomes? What resources will be needed to design and implement the proposed evaluation(s) Will external support be needed? If yes, explain. Please make sure to address all these questions.

[MAX 500 WORDS]

The proposed evaluation approach builds on an existing evidence base for the intervention methodology (see Zeitlin, 2011 for education outcomes using this methodology and Bjorkman, 2009 for health outcomes from a similar methodology)(Appendix 8). It also builds on a realist synthesis currently being undertaken examining the circumstances in which community accountability and empowerment improve service outcomes in education (See research protocol http://www.dfid.gov.uk/r4d/Output/191758/Default.aspx) Importantly, it will draw on the latest research on a theory of change for social accountability interventions. (Joshi, 2013, O'Meally, 2013) This latest research is the most detailed guidance to date for agencies seeking to unpack the black box of causality in social accountability interventions and highlights key assumptions that need to be analysed through implementation. These include the nature, quality and dissemination methods of information, the triggers for those receiving the information to actually use it via feedback and collective action; and the need for political will in order for government to respond.

One evaluation methodology provides a very strong framework, Realist Evaluation, for the importance of analysis of context, mechanisms and their relationship to outcomes, which have been highlighted by Joshi and O'Meally.

A realist evaluation (Pawson and Tilley, 1997) is proposed for this intervention. Realist evaluations are designed to develop, test and refine theories about the mechanisms by which interventions generate their outcomes, the contexts in which they do and do not work, and the differentiated patterns of outcomes that they generate. The evaluator for this intervention completed her dissertation under the supervision of Ray Pawson.

In realist evaluation, the term 'outcome' includes short, medium, and long term outcomes. In this three year evaluation, both short and medium term outcomes will be investigated. 'Mechanism' refers to causal powers or processes that generate outcomes (rather than interventions themselves or activities used within interventions). Realist approaches see the 'causal powers' of interventions as involving an interaction between a resource, opportunity or requirement introduced by an intervention and the 'reasoning' of a subject, in such a way as to generate a changed decision, which generates different behavior, which generates different outcomes. In this evaluation, the 'reasoning' of locally elected officials, communities, and District officials will be the focus of attention. 'Context' implies particular features of context that affect whether mechanisms fire, or which mechanisms fire.

During the design phase, the lead evaluator will train field staff in the realist approach to help ensure data collection against the theory of change. The evaluator will also play a monitoring role through the project's lifespan and conduct the final evaluation.
The methods to be used will include:
- o Training of data collectors in the realist approach for improved field and research analysis

- o During training, realist refinement of the broad CVA theory of change (eghypothesising the mechanisms that are expected to fire for communities, local officials and district officials for MNCH in Indonesia, and the

features of context that might affect whether or not those mechanisms do fire at local and District levels)

- o Designing an evaluation which can utilize the existing, tested data collection tools and which can incorporate diverse, locally appropriate outcome indicators

- o Refinement, if required, of the existing data collection tools (for example, by writing additional questions for interviews) to ensure that data is collected against the refined theory of change

- o A monitoring visit incorporating reflection both on the project (e.g. extent and quality of implementation) and the emerging findings from the evaluation. The latter can be fed into project learning (see next section)

- o In the final evaluation, analysis of qualitative and quantitative data against the refined theory of change. This provides both overall findings (eg the extent to which service delivery has improved; changes in provision of resources or attendance of staff) and disaggregated analyses of the situations in which, and mechanisms by which, different outcomes have been generated in different Districts.

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Pawson, R and Tilley, N. 1997 Realistic Evaluation, SAGE. London

Zeitlin A et al, 2011. Management and Motivation in Ugandan Primary Schools: Impact Evaluation Final Report, Centre for Study of African Economies, University of Oxford and Economic Policy Research Centre, Makerere University. October, Forthcoming

4.3.3   Knowledge and Learning. Describe the proposal's approach to knowledge and learning (K&L) including type of learning products (case study, how-to notes, lessons learned report, etc), and who will be responsible for it? Will researchers or academic institutions be involved in any way?

Specify how the information produced through monitoring and evaluation will be used to feed into the proposed intervention, adapting it and improving its likely effectiveness and impact. What resources will be allocated to develop and implement the proposed K&L system? Does the organization have an existing K&L system that will be used to support the project's K&L activities? Will external support be needed? If yes, explain. Please make sure to address all these questions.

[MAX 500 WORDS]

The Knowledge and Learning plan is two-fold:

1) Improving the methodological practice and implementation through ANSA's support to field staff
2) Increasing the evaluative capacity of local staff to identify the context, mechanisms and outcomes of the intervention as per the evaluation methodology detailed in Section 4.3.2

Core functions of partner applicant, ANSA, include dissemination of social accountability knowledge and learning through a range of research, technical manuals, expert panels, peer exchanges, and workshops. ANSA's origins via the World Bank Institute are premised on being a 'connector of knowledge and learning'.

While ANSA's implementing partner WV has access to its global partner's social accountability capacity building program detailed below, WV's social accountability practice will be strengthened through access to ANSA's specialist advisers and links to other grassroots practitioners. ANSA will play a crucial role in:

(1) identification and matching of further CSOs and professional organizations on the proposed initiative
(2) partnership building based on either formal or informal agreements or policy issuances from government partners

(3) development and designing of social accountability learning and training activities for integration into existing K&L systems of Wahana Visi

(4) Informal coaching sessions to include new cost effective innovations to the CVA methodology especially through processing experiences, knowledge generation and social media applications (using ANSA experience such as Check My School)

(5) The strengthening of independent local monitoring partnerships for maternal and child health, which will complement the successful work of WV's membership in national coalition The Maternal and Child Health Movement

ANSA's role will strengthen an already good social accountability program developed through WV's international partner and Wahana Visi's local practice based on:

⬚ Face-to-face trainings in the CVA methodology developed by a professional and reputable facilitator
⬚ Online competency assessments and interactive e-learning materials through an internationally accessible LMS (Learning Management System).
⬚ For the past two years, an annual workshop on the results of the CVA approach has been conducted in Indonesia for all CVA practitioners across 3 provinces. (ANSA will play a key role in supporting and developing this existing learning exchange through external speakers)
⬚ Facilitation of international speakers, practitioner gallery walks and field visits to promote a strong culture of peer-to-peer learning.
⬚ An international network of CVA practitioners through a Facebook page, the free internet tool, crowd map, and an existing international database of community data developed for global access.

The additional value that Wahana Visi brings to ANSA is access to an evidence-based standardized social accountability methodology, which has been effectively developed at scale, replicated across several provinces in Indonesia and across 30 countries.

To effectively enact this plan activities are integrated into existing components, especially monitoring and evaluation staff capacity building, and measured in the Results Framework.

4.4 Sustainability. Please consider the following questions in your answer about the project's sustainability:
Do you expect that the intervention(s) implemented by the Project will continue beyond the duration of the Project? Is sustaining the intervention beyond the duration of the GPSA funding a condition to sustain any positive outcomes? If yes, how do you plan to ensure the sustainability of the intervention(s)? If the project will be implemented as a pilot, or in a specific geographic area (local or regional level) please explain if it could be replicated or scaled up at a broader level, and how could this be carried out.

[MAX 200 WORDS]

The intervention is an integrated part of the current programming and strategic five-year scale up plan of one of the partners to the application, WV. While this work will continue beyond GPSA funds, progress will be much slower.In addition to more rapid expansion of social accountability activities, this proposal will support a stronger knowledge base and evaluative capacity for field and national staff, and, ultimately, the community for whom they are working.

As a core sustainability approach of the implementing partner, the methodology has demonstrated greater community participation, empowerment, and motivation than standard community programming employed in the past. Case studies are documented of the way in which communities have learnt to document evidence of government neglect and effectively advocate to government for services using the skills they have gained through the CVA approach. (Appendix8 CVA Publication)

Nurturing community capacity to engage with government is the most sustainable way to ensure long term benefits of the

development agency after it exits a community. Moreover, the partnership with ANSA will have a multiplier effect for the funder as ANSA will leverage the results of the project through its extensive network of affiliates.

PART 2: PROJECT COMPONENTS

The proposal may have a maximum of 3 components; in addition, all proposals must include a Knowledge and Learning (K&L) component. Please note that you will be able to provide further information about your K&L plan in question 4.5.1 (Monitoring, Evaluation and Learning). The table below explains the rationale for designing a K&L component and offers some guiding questions for this process:

Guidance for designing the K&L component

One of GPSA's key objectives is to contribute to the generation and sharing of knowledge on social accountability, as well as to facilitate knowledge-exchange and learning uptake across CSOs, CSOs' networks, governments and other stakeholders. *GPSA's Knowledge Window* will seek to put the best knowledge on social accountability tools, practices, and results in the hands of practitioners and policy-makers in order to enhance the effectiveness of SAcc. Support will cover:

(1) Development of a global platform for knowledge management, exchange and networking, and

(2) Other knowledge and learning activities aimed at developing and nurturing practitioner networks and peer learning, especially South-South exchanges, and filling research gaps. The Knowledge Platform will provide support to GPSA Grantees through knowledge and learning throughout the project cycle. The knowledge management platform will generate a site for learning, peer to peer exchanges and networking, providing ongoing support to project implementation. Other knowledge and learning activities, including S-S workshops, specific events and knowledge partnerships, etc., will help grantees perfect SAcc projects and provide them with access to expert and peer knowledge about SAcc lessons learned and good practices to feed into their projects.

Consistent with these objectives, *GPSA requires that grant proposals include a K&L Component, whereby applicants develop a K&L plan that will enable them to approach the proposed interventions as opportunities for improving their knowledge about the strategies and pathways for advancing transparency, accountability and civic engagement. Special emphasis should be made on learning mechanisms, including those available to the recipient and beneficiary CSOs, and also to key external audiences.*

Some key questions to answer in designing the K&L Component are:
- ✓ What are our K&L needs and priorities? What types of K&L resources do we already have? Are they effective in achieving the objectives for which they were developed? Do we need to improve them or generate new resources?
- ✓ Who are the specific audiences or groups that we would like to engage in our K&L plan? What are their specific needs and what are the objectives we seek to accomplish in terms of K&L devised for them?
- ✓ If the proposal includes an operational component for implementing a social accountability intervention, what mechanisms will be developed to generate K&L derived from the intervention? How do we devise K&L opportunities that are realistic within our time and resource limitations, and that may help us to generate useful feedback along an analysis – action – reflection continuum?
- ✓ If the proposal includes capacity-building/training activities designed for specific audiences, what types of K&L products would be useful to develop in order to (i) generate ongoing and dynamic learning opportunities beyond single, one-time capacity-building events; (ii) ensure that such products are utilized by our intended audiences in an effective manner?

Part 2 of the e-application requires the following information to be completed for each component. If you are working on your application offline, please copy and paste the table below in this document for each component included in the proposal.

Component 0: Simplify information/knowledge related to Services / governance using Open Government Initiative
[MAX 30 WORDS]
Description of Component. The component's description must summarize its main objectives and activities, beneficiaries and

other key stakeholders that will be engaged.

[Max 350 WORDS]

Objective: To ensure that information and data related to health services/governance are made available to citizen in simplified manner using technology and media ready for civic education.

Beneficiaries: All users 50,000 per village and sub District service facilities (Puskesmas/Posyandu) are the targeted beneficiaries as well as village and sub-District heads. District and provincial officials are key stakeholders.

Activity 0.1.1	Data Collection
Activity 0.1.2	Data Analysis
Activity 0.1.3	Source, translate and simplify key issues & entitlements in health policy documents

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Output 1Community and local authorities at village and sub-district level understand the information/data on budget and policies on health related

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

USD

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 08/1/2013
End date: 07/31/2017

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.
Along this analytic exercise it is important to be aware that *the processes that lead from activities to outputs to outcomes are not linear or always logic*, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The key assumptions are willingness of government officials to provide data and information required for Civic Education.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don'thold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to *identify risks in a realistic manner*, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

A medium risk is that government officials and service providers do not engage. In some communities this has occurred previously with individual officials, but in the majority of communities government have been persuaded to participate based on existing mandated programs and processes such as Musrenbang and PNPM.   To mitigate against this risk, preparatory meetings will be held jointly with junior and senior officials to ensure higher level buy-in and junior level compliance. Evidence of impact from the approach will be shared in the meetings to encourage participation for demonstrated development outcomes.

Component 1:– Civic education and enabling citizen engagement	
[MAX 30 WORDS]	
Description of Component. The component's description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.	

[Max 350 WORDS]

Objective: To ensure an enabling environment before direct citizen engagement with government is facilitated. Communities and government are knowledgeable and prepared for direct engagement using the CVA methodology.

Beneficiaries: All users 50,000 per village and sub District service facilities (puskesmas/posyandu) are the targeted beneficiaries as well as village and sub-District heads. District and provincial officials are key stakeholders.

Activity 1.1.1	Conduct sensitization/orientation workshops/meetings for key government officials and partners on key standards
Activity 1.1.2	Conduct TOT training of 72 community members and leaders on CVA and public policy

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a

change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

Output 1: Community and official awareness of government health policies, commitments and standards increased

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

USD 129,670

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 08/1/2013
End date: 07/31/2017

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.
Along this analytic exercise it is important to be aware that *the processes that lead from activities to outputs to outcomes are not linear or always logic*, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The key assumptions are willingness of government officials and communities to engage in civic education through CVA information sessions.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to *identify risks in a realistic manner*, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

A medium risk is that government officials and service providers do not engage. In some communities this has occurred previously with individual officials, but in the majority of communities government have been persuaded to participate based on existing mandated programs and processes such as musrenbang and PNPM. To mitigate against this risk, preparatory meetings will be held jointly with junior and senior officials to ensure higher level buy-in and junior level compliance. Evidence of impact from the approach will be shared in the meetings to encourage participation for demonstrated development outcomes.

Component 2:

[MAX 30 WORDS] Citizen Engagement with Government

Description of Component. The component's description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

[Max 350 WORDS]

Objective: To facilitate direct engagement between citizens and government for service improvement.

Beneficiaries: All users 50,000 people in villages and sub District service facilities (puskesmas/poshyandu) are the targeted beneficiaries as well as village and sub-District heads. District and provincial officials are key stakeholders This component covers the direct engagement of community and government using the CVA tools: the monitoring standard, services scorecard and action planning.

Activity 2.1.1	Train field staff on theory of change and data collection
Activity 2.1.2	Facilitate training of 1800 community members in CVA
Activity 2.1.3	Facilitate initial meeting between the community and service providers
Activity 2.1.4	Facilitate monitoring standards with stakeholders (community and government respectively)
Activity 2.1.5	Facilitate the score card process with stakeholders
Activity 2.1.6	Facilitate interface meeting
Activity 2.1.7	Action plans published and shared with stakeholders
Activity 2.1.8	Monitor & Support implementation of stakeholder action plans

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

Output 2.1 Mutual agreements between citizens and service providers on monitoring standards and action plans.
Output 2.2 Officials lobbied and service changes monitored

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

USD 452,949

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 08/1/2014
End date: 07/31/2017

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that *the processes that lead from activities to outputs to outcomes are not linear or always logic*, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The key assumptions are willingness of government officials and communities to engage with one another and come to joint agreements.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to *identify risks in a realistic manner*, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

A medium risk is that government officials and service providers do not engage. In some communities this has occurred previously with individual officials, but in the majority of communities government have been persuaded to participate based on existing mandated programs and processes such as musrenbang and PNPM. To mitigate against this risk, preparatory meetings will be held jointly with junior and senior officials to ensure higher level buy-in and junior level compliance. Evidence of impact from the approach will be shared in the meetings to encourage participation for demonstrated development outcomes.

Component 3:	
[MAX 30 WORDS] Citizen advocacy for government for accountability and improved services	

Description of Component. The component's description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

[Max 350 WORDS]

Objective: To ensure effective lobbying for service improvement.

Beneficiaries: All users 50,000 people in villages and sub District service facilities (puskesmas/posyandu) are the targeted beneficiaries as well as village and sub-District heads. District and provincial officials are key stakeholders

Activity 3.1.1	Dialogue with government on policy implementation gaps identified during community gatherings
Activity 3.1.2	Organise sub-district, District, and provincial meetings to present findings

Activity 3.1.3	One-on-one lobbying meetings with key officials using community data	
Activity 3.1.4	Participate in regional/international social accountability learning workshop	
Activity 3.1.5	In conjunction with multi-stakeholder partners and ANSA affiliates conduct local, district level auditing, research, and analysis on MNCH policy reform or enforcement	
Activity 3.1.6	Facilitate CVA and ANSA team site visits for data collection oversight and analysis	
Activity 3.1.7	Training of field staff on evaluation methodology and data collection and End of project evaluation	

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

Output 3.1 Advocacy and policy influence achieved at district and national level based on findings from CVA processes at local level

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

USD 112,665

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 08/1/2014
End date: 07/31/2018

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that *the processes that lead from activities to outputs to outcomes are not linear or always logic*, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The key assumption is that communities will persist in lobbying efforts and that government will respond to community and stakeholder pressure.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don'thold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to *identify risks in a realistic manner*, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

A medium risk is that government officials and service providers do not engage. In some communities this has occurred previously with individual officials, but in the majority of communities government has been persuaded to participate based on existing mandated programs and processes such as musrenbang and PNPM. To mitigate against this risk, preparatory meetings will be held jointly with junior and senior officials to ensure higher level buy-in and junior level compliance. Evidence of impact from the approach will be shared in the meetings to encourage participation for demonstrated development outcomes.

PART 3 OF GPSA APPLICATION: PRELIMINARY ORGANIZATIONAL ASSESSMENT

This section covers information that is required in order to carry out a preliminary assessment of your organization's management and governance capacities. In the event the proposal is selected for grant funding, please note that the organization will be required to undergo a full due diligence assessment. As part of the latter, the organization may be required to receive training on fiduciary aspects related to the management of the GPSA grant.

Type of CSO. Indicate what type of civil society organization is the recipient organization. For purposes of the GPSA CSOs include legal entities that fall outside the public or for profit sector, such as non-government organizations, not-for-profit media organizations, charitable organizations, faith-based organizations, professional organizations, labor unions, workers' organizations, associations of elected local representatives, foundations and policy development and research institutes. Include year of establishment as a legal entity.
YayasanWahana Visi Indonesia is non-government organization with its legal statue, registered in Department of Justice and human rights, no.AHU-AH.01.08-542 dated 19 November 1998.
Activity Reports. Does the Organization publish an annual activity report on its website? If so, please attach the file at the bottom of this page or provide the link to the website. If not, indicate "No".
No
Prior WB experience. Does the Organization have prior experience with a World Bank-financed project or grant implementation? If so, please specify and include project names, funding amounts and years of implementation (e.g. 2005-2009). If not, indicate "No".
No
Financial Reports. Does the Organization have financial audit reports? If yes, please attach at the bottom of this page a

copy of each of the two most recent audited financial statements and procurement reports. If not, indicate "No".
Yes

Public Audit Reports. Are the audit reports public and/or published on the website? If so, please provide the link. If no, please state so in the space below.

No

References. Provide at least 3 referencesthat can attest to your organization's management and implementation capacity. Include names of persons, positions, organizations and contact information (telephone and e-mail). References may include people from government, CSOs and donor organizations.

1. **WayanDarmawan – Head of Bappeda at province**
2. **PetrusKeron – Head of Unit 1 (education, health,economy) in Bappeda at province**
3. **IbuSiska – Head of family health unit in District Health Office of Sikka**
4. **Dr. DellyPasande – Head of District Health Office of Sikka**
5. **Frans Ratrigis – Head of Village Community Empowerment Agency (BPMD) District of TTU**

For proposals that include mentoring arrangements,
if the Mentor Organization is submitting the application only, please attach a letter of support from the Mentee Organization(s) at the end of the application.

ATTACHED FILES

Please download the required attachments from the online grant application. Fill out the templates offline and upload them.

- Proposal Budget template
- Project Team template
- Project Results Framework template

If you wish to add supporting materials about the proposal or your organization's work, you may do so by clicking on "attached files" at the bottom of Part 1 of GPSA Application.