

Putting People at the Centre of the Data Revolution



The Case for Citizen Generated Data for SDG Accountability

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Acknowledgment

We acknowledge the work of the lead writer, Jeffrey Brooks Hall and main contributors, Edgar Amooti Kitembo, Deepesh Paul Thakur, Stella Nkrumah-Ababio, Suzanne Cant, Arelys Bellorini and Besinati Phiri Mpepo.

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INTRODUCTION:

The Case for Citizen Generated Data

In September 2015, the world celebrated the adoption of the 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs). These 17 goals provided new momentum to global efforts to advance sustainable development in a wide array of economic, social, and environmental dimensions.

Of course, setting goals is one thing; delivering them is another entirely. In fact, in her former role as the Special Adviser of the Secretary General on Post-2015 Development Planning, Ms. Amina Mohamed called accountability “[the one knot we haven’t tied](#)”. And yet, stakeholders agreed that more than ever before, the emergence of a broad array of new sources of data - a “data revolution” – could help us measure progress and keep stakeholders on trackⁱ.

To date, this “data revolution” has focused primarily on strengthening and modernizing National Statistics Organisations, or “NSOs”. These institutions play the primary national and subnational role in gathering data about the economic, social, and environmental well-being of societies. Their official mandate to scientifically measure key aspects of development; positions NSOs to provide a critical window into governments’ performance in delivering the Goals.

But while analyses by NSOs play a primary role in advancing SDG progress and accountability, other data sources should not be neglected. In fact the Independent Expert Advisory Group on a Data Revolution for Sustainable Development, in their ‘A World That Counts’ⁱⁱ report prepared at the request of the United Nations Secretary-General, recognises the need for non-official data, including Citizen Generated Data – that is information generated by the very communities the Goals are ultimately meant to benefit.

Citizen Generated data can offer an important complement to data collected by NSOs:

- I. Reliance upon Citizen Generated Data is the natural extension of the process of the Goals’ development. In the lead up to the Goals’ passage, nearly ten million people in 194 countries contributed to the development of the Goals through the “My World” initiativeⁱⁱⁱ. Today, our challenge is to ensure that people remain the protagonists in the Goals’ implementation. After all, who is better placed to monitor and measure the success of the SDGs than the people at the centre of the Goals themselves? It is their lives and the lives of their children that depend upon the Goals’ success.

2. Drawing upon Citizen Generated Data isn't just the "right" thing to do; **it also supports development outcomes.** Unlike extractive surveys, it can also empower citizens in processes that help them seek accountability for critical service delivery. The case studies in this paper illustrate how communities have used data from social accountability processes to better inform governments about the performance of SDG-related policies and budgets in the lives of people and to press for greater accountability at the facilities they use every day. Their experiences can offer more texture and detail in key areas than traditionally offered by statistical measures. In addition, communities are increasingly coming together to use their data to help identify and address the more systemic problems that can frustrate broader SDG progress at a regional or national level.

"Non-official data – including citizen-generated data – are especially important for accountability as they can offer a more complex and accurate picture of progress at all levels.

The use of non-official data from different sources can also help to build trust and credibility among citizens regarding the accuracy of official monitoring and reporting on SDG progress.

Further, non-official data can help to ensure that people's perspectives and experiences – including communities or population groups that may be overlooked by official data collection processes – are documented and taken into account in SDG implementation and follow-up and review processes."

Source: Transparency Accountability and Participation (TAP) Network, 2019 – SDG Accountability Handbook

3. Data from these social accountability processes can help show not only "whether" policies are being delivered, but "how" they are being delivered and "why" they are succeeding or failing. Importantly, data generated by communities can help contribute to a better understanding of **lived experiences, particularly of the most vulnerable and marginalised groups**, including children, in ways that can be neglected by broader statistical measures. By prioritising these experiences, especially in fragile contexts, we can better advance the SDG's promise to "leave no one behind"^{iv}.
4. Citizen Generated Data can **contribute to the data revolution and help fill the SDG data gap.** The "A World that Counts"^v report points to the integration of new data (including citizen generated data) with traditional data.

But equipping communities to gather this type of data is challenging work. Social accountability exercises tend to be *hyper-localised* to monitor service delivery in a limited number of facilities. While monitoring might help improve those facilities, its narrow focus rarely provides a *statistically significant data* set to enable national inference on systemic or policy-level issues that underpin a well-functioning health or education system, for example. Until recently, diverse civil society organisations facilitating social accountability processes with similar methods have rarely collaborated at scale and miss opportunities for data aggregation.

In other cases, social accountability approaches may reach a large number of facilities, but rely upon a wide variety of *different monitoring methods that make aggregation difficult*. This *diversity of methods* may lead to good results at the local level, but the data from the monitoring exercises are *not always comparable* and thus *difficult to aggregate*, making it more difficult to diagnose systemic issues. Similarly, the diversity of methods can sometimes *draw upon low quality data* that does not accurately capture the opinions of communities. Finally, there is very little practice, if any, of *National Offices of Statistics managing and curating data and information created outside of their organisations* – as documented in the A World That Counts report^{vi}.

While we recognise these limitations, World Vision’s 15 year experience supporting social accountability in communities has led us to conclude that it may be possible to overcome them. In 2015, World Vision committed to testing a system that supports communities to collect, input, aggregate and deploy citizen generated data at scale, as a method for ensuring greater accountability for SDG delivery^{vii}. Four years later, the results of communities’ work now offer evidence of the potential for citizen generated data to not only impact local facilities, but also help to identify and address broader policy, budget, and systemic issues. Each case study below draws from large sample sizes of hundreds of facilities from each of the countries, and relies upon an approach to social accountability that benefits from a high level of fidelity in its implementation.

WORLD VISION’S APPROACH: “Vertically Integrating” Citizen Generated Data and Advocacy from the Local to National Level

Since 2004, World Vision has helped communities in over 600 hundred programmes across almost 50 countries to apply a social accountability approach called “Citizen Voice and Action” in order to improve the accountable delivery of health, education, and other services critical for child well-being and upon which SDG achievement depends.

In this approach, communities first learn about government’s commitments to key services under local law. Next, communities work constructively with government and service providers to compare reality against government’s own commitments, using a standardised version of the “social audit” that we call “monitoring standards” (see Fig. 1). For example, every government has different standards depending on their context for student-teacher, nurse, or extensions workers-to-population ratios. Helping governments to achieve their own standards through greater awareness and monitoring - including of government’s own staff - is critical to achieving improved services.

Fig. 1: “Monitoring Standards” data generated by citizens

EDUCATION STANDARDS			
AREA:	FACILITY:		
TYPE OF INPUT	STANDARD	ACTUAL	COMMENTS
Basic Education	1:30-35		
Teacher Ratio	1:35		
Health	1:37		
Water	1:2		
Sanitation	1:35		
Safe Roads	1:1		

Communities, including service providers themselves, also have the opportunity to rate their public services against criteria that they themselves generate, using a “community scorecard” (see Fig. 2). Women, children and other often marginalised members of the community are facilitated to participate.

Fig. 2: Scorecard data generated by citizens



Fig. 3: “Action Plan” to improve services, generated by citizens to improve services

Finally, communities engage in constructive, local multi-stakeholder dialogues in which citizens, government, and service providers commit to an “action plan” to improve the service being monitored (see Fig. 3).

ACTION PLAN				
ACTION	WHO WILL DO THIS?	BY WHEN?	RESOURCES/SUB-ACTIVITIES	WHO MONITORS?

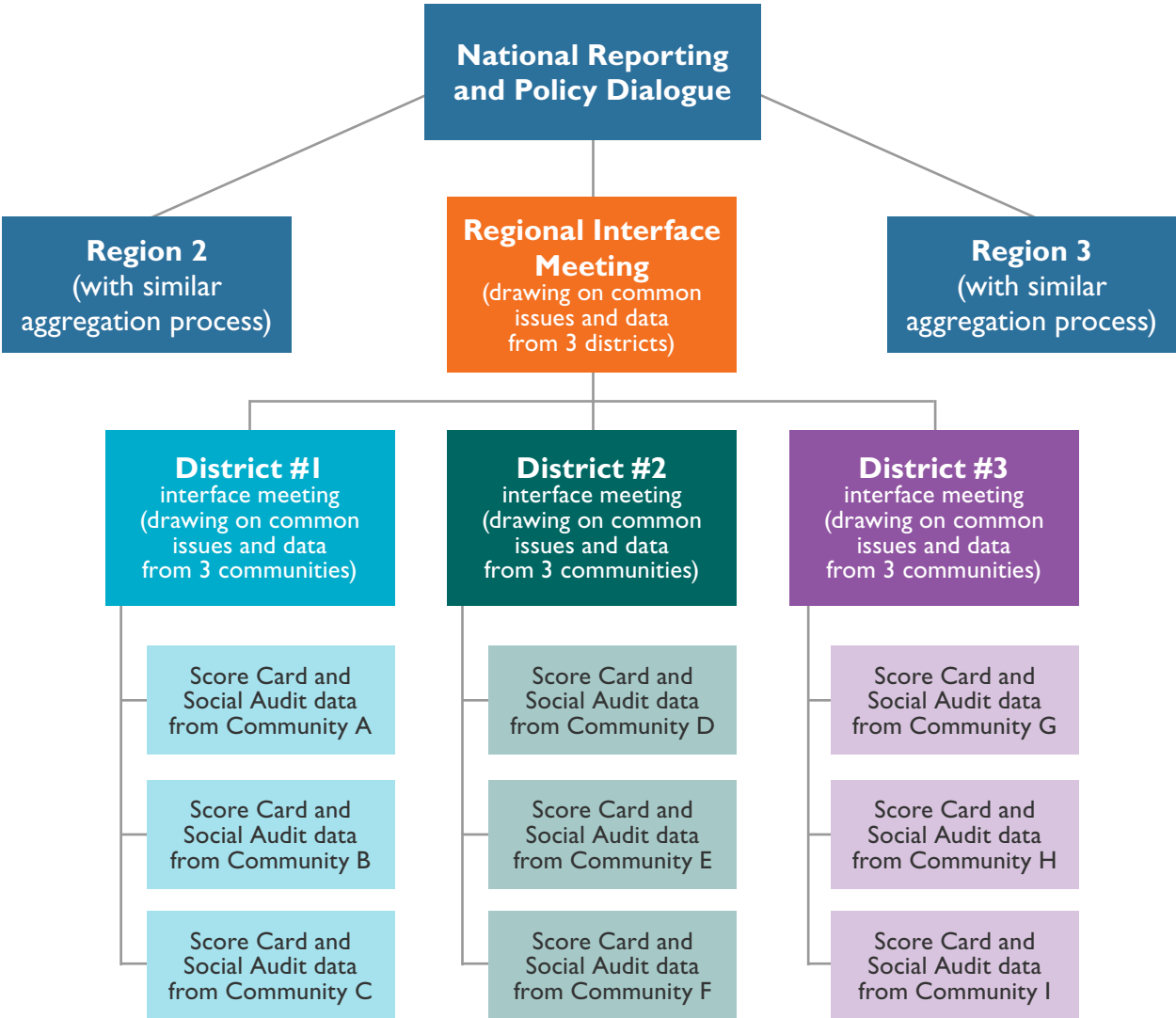
While it is not the primary focus of this paper, it is worth noting that this community-led process has generated impressive results for children and their families within the communities in which it is implemented. Even in the absence of any aggregation of data, communities have worked directly with service providers to improve facilities and services in the places where they live. Communities routinely report improved staffing, infrastructure, better equipment, drugs and other supplies, staff attitudes and higher rates of satisfaction as a result of the “Citizen Voice and Action” process^x. These and other outcome level changes are backed by independent evaluations^x.

But many times, poor service delivery is a more systemic problem that has its roots in weak policy implementation and governance issues such as budget execution at the subnational or national level. Ultimately, these policy and budget issues connect directly to a country’s SDG progress.

To identify and address these types of problems, World Vision is increasingly helping communities to connect with other communities to aggregate the data from the “community scorecard” and “monitoring standards” processes and analyse it to identify patterns. Since communities implementing the CVA approach all use a similar method for tracking service performance through scorecards and mini social audits, it is possible to aggregate and analyse this data for patterns in the performance of public services. These patterns could relate to insufficient staffing, lack of equipment, absence of certain facilities, leakage or misallocation/management of funds or other key drivers of service performance. The standards for these monitoring processes typically derive from policies and budgets designed to deliver on the SDGs.

Next, World Vision helps community representatives present the aggregated results of their monitoring exercises to higher levels of government (see below). This process of helping communities unite horizontally across geographic areas, and then collectively link vertically to higher levels of government helps to illustrate patterns in service delivery failure that may merit a policy or systems-level response. Ultimately, this community-driven process of identifying common issues can feed national-level reporting and dialogue in order to help set national and subnational level priorities, identify high- or low-performing departments and geographies, identify groups of greatest need and better target resources.

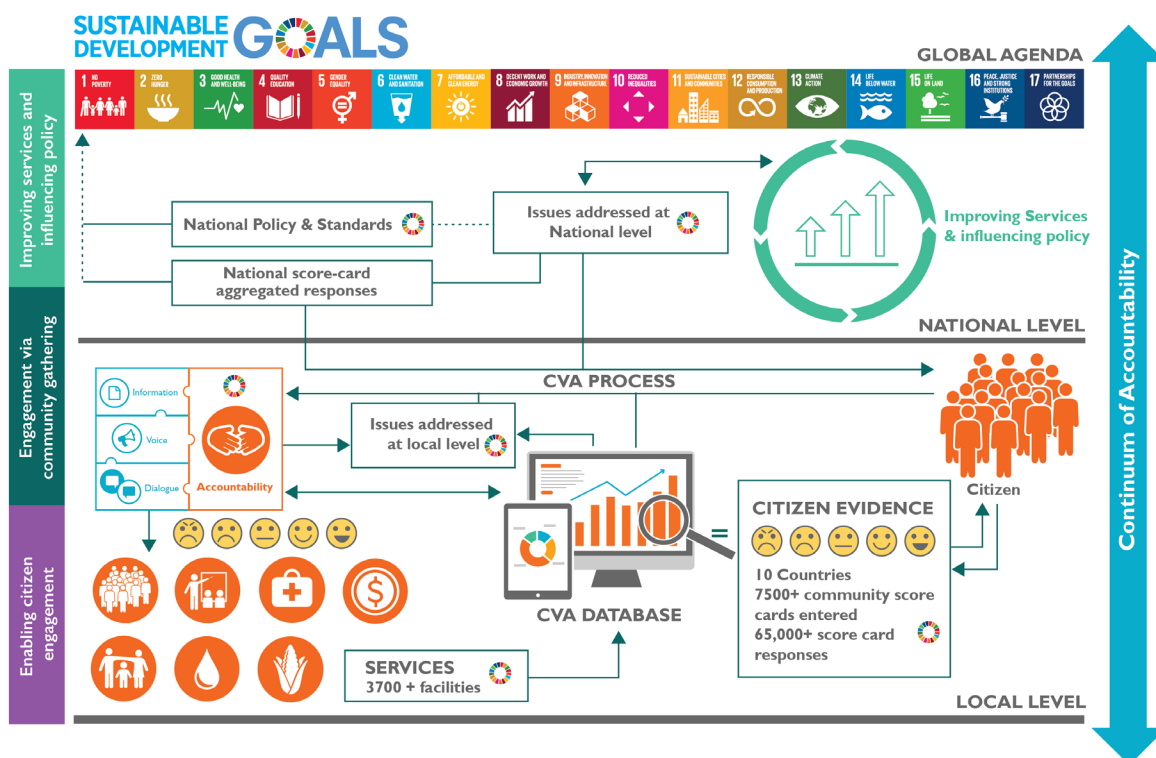
Fig. 4: World Vision’s model of linking locally-driven monitoring and data to higher-level decision makers:



World Vision tends to borrow the term “vertical integration”^{xi} to refer to this strategy of combining community-based monitoring through social accountability and advocacy from the local to the national level. This practice has its roots in the experience of civil society groups in Uganda who worked together to use scorecards and social audits to systematically document the absence of clinic midwives and the effect these staffing shortages were having on communities. Ultimately, that campaign led to a \$19 m national budget allocation for 6172 new health workers^{xii}. The aggregation of data, its strategic deployment as part of an advocacy campaign with policy makers at every level of government, and international pressure can have substantial national governance impact.

World Vision has begun to support the replication of this “vertical integration” strategy in several other countries although it has yet to become the norm. Sometimes, communities have united to influence district-level policies and budgets in devolved systems. In Bangladesh, communities aggregated data to illustrate a pattern of poor WASH services at community clinics and persuaded sub-district governments to deliver more water tanks. In other places, communities have united to advocate at the regional level. For example, in Armenia, communities documented a pattern of doctors’ absenteeism and persuaded the Ministry of Health to adjust the doctor’s compensation formula to incentivize attendance.

Given these promising experiences, World Vision increasingly works to help local partners and communities to increase this practice to leverage citizen generated data for accountability and subnational influence. Toward this end, World Vision has developed the beta version of an online database that collects scorecard and social audit data. Today, with thousands of scorecards and social audit results in the database from World Vision’s programme areas, advocates can generate reports that visually illustrate the most pressing issues for policymakers.



THE SPECIAL CASE OF SDG INDICATOR 16.6.2: An Ideal Candidate for Citizen Generated Data?

Among all the SDGs and their inter-related targets and indicators, one opportunity stands out for its direct relationship to citizen generated data: SDG indicator 16.6.2. This indicator measures “citizen satisfaction with public services” in order to capture progress towards target 16.6, which aims to “develop effective, accountable and transparent institutions at all levels”^{xiii}.

When considered in the broadest terms, “citizen satisfaction with public services” is typically the main focus of community scorecards, which civil society groups around the world use to help communities generate dialogue and advocacy for improved services^{xiv}. Scorecards typically ask communities to score public service performance according to a variety of indicators. These indicators include both general measures of satisfaction, as well as indicators generated by communities themselves that provide a more detailed look at specific aspects of service delivery. In most cases, civil society groups work to disaggregate the findings from scorecards by focus groups, so that the opinions of men, women, children, and the most vulnerable groups can be safely facilitated and considered independently. If properly coordinated and aggregated, the work of these CSOs and communities could offer a critical “ground-truth” complementarity data from NSOs designed to report on indicator 16.6.2.



In Uganda, for example, World Vision has helped roughly 8,500 men, women, service providers and children report on their satisfaction with more than 700 schools across 26 districts.

Legend
 5 = “Very Good”
 4 = “Good”
 3 = “Just OK”
 2 = “Bad”
 1 = “Very Bad”

Their work has helped to improve staffing, resourcing, and ultimately, academic performance^{xv}. Today, focus groups representing these communities and facilities rate their satisfaction average, at “three” out of “five” on a five-point scale (see Fig.5).



6 CLEAN WATER AND SANITATION



Ensure availability and sustainable management of water and sanitation for all

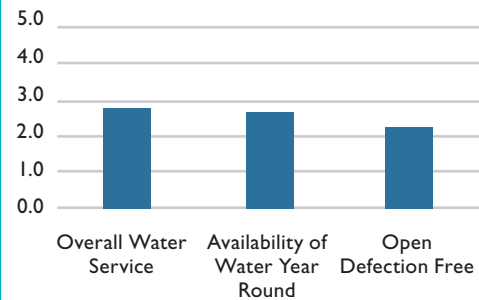
In Ghana, service users used scorecards to rate their satisfaction with water services. Importantly, this data can help illustrate progress towards SDGs in a balanced manner – by examining the perspectives

and responsibilities of service providers and service users. In this example, it is clear that communities chose to measure progress towards ending open defecation. In their scores, they recognize important action remains to be taken by both service users and service providers towards a clean water and sanitation environment (see Fig. 6).



Legend
5 = "Very Good"
4 = "Good"
3 = "Just OK"
2 = "Bad"
1 = "Very Bad"

Fig. 6: Satisfaction of 953 Water and Sanitation Service Users in 82 Ghanaian Communities



If properly coordinated among a variety of civil society groups and properly supported by governments and donors, empowering exercises like these could potentially yield results for SDG reporting as well as for communities themselves. But when further refined, these datasets can also tell a richer story that can help to illustrate progress towards a variety of other Goals and targets as well. As illustrated in the case studies below, communities can generate data that provides a deeper look at the Goals' performance for vulnerable groups, highlights critical gaps in government's signature policies, and creates new partnerships between citizens and governments towards shared priorities.



Everyone Counts is a partnership founded by CARE International, World Vision International and Kwantu, aimed to take social accountability to scale at a national level, within and across sectors. It seeks to enable citizens to have a meaningful role in influencing decisions by amplifying collective voices through coalitions using large sets of citizen-generated data to mobilise effectively around improving services. Informed by context-driven political economy analysis, the coalitions will push forward the concerns of citizens through constructive dialogue with service providers, key influencers and decision makers, making governments more responsive to the real concerns of local people, especially the most vulnerable.

CITIZEN GENERATED DATA IN UGANDA: Community-Based Monitoring Can Unmask the Inequalities in Service Delivery that Undermine Progress for the Most Vulnerable Groups



Uganda CVA score card process

One of the primary critiques of the Millennium Development Goals was that the Goals relied too heavily upon aggregated measures that masked inequalities within societies^{xvi}. For example, upwardly trending education or health performance can mask gender or income-based disparities that must be addressed if the SDGs are to be achieved.

Data generated through social accountability approaches can help unmask these inequalities, by focusing on the ways that services are performing for specific groups of users. For example, SDG 4, which focuses on inclusive and quality education, specifically targets gender disparities in education (target 4.5) and, in particular, the ways that physical structures at schools address those disparities (indicator 4.A).



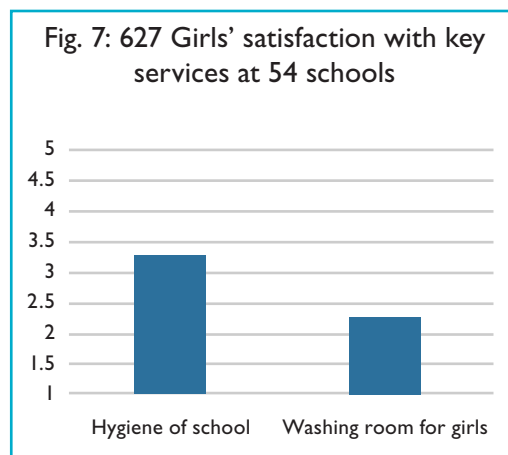
Ensure inclusive and quality education for all and promote lifelong learning

Target 4.A: Build and upgrade inclusive and safe schools

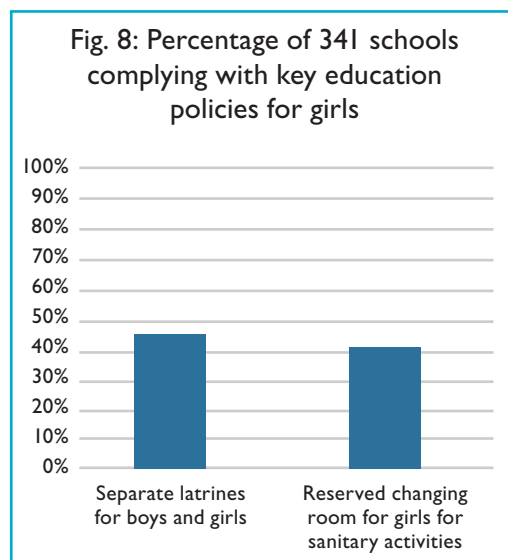
Target 4.5: Eliminate all discrimination in education

As highlighted, World Vision has helped more than 8,000 men, women, service providers and children in Uganda report on their satisfaction with more than 700 schools in 26 Districts. Overall, these communities rate their satisfaction average - around three out of a five-point scale (see Fig. 5).


A closer look at the data generated by communities shows that important challenges remain. In addition to measuring overall satisfaction through the community scorecard, subsets of schools also measured satisfaction with key elements of school services. For example, a subset of schoolgirls specifically sought to measure their schools' hygiene and the availability of a washroom. Girls rated these facilities much lower than the aggregate measures of satisfaction shown (See Fig. 7).



Communities also conducted social audits of these facilities, which revealed that these low ratings are likely related to the complete absence of separate latrines or changing rooms for girls in primary and secondary schools (See Fig. 8).



For the Government of Uganda, this is an important finding. Not only does SDG indicator 4.A.1^{xvii} specifically measure the degree to which schools provide “single-sex basic sanitation facilities”; the absence of these facilities clearly has had an impact on girls’ satisfaction with schools. This low satisfaction could lead to absenteeism or even dropouts, given that research shows that girls often miss school when schools fail to provide proper facilities like these^{xviii}. Thus, this combination of scorecard data and social audit data, all generated by users themselves, signals a critical gap for policy-makers to fill if SDG 4 is to be equitably achieved in Uganda.



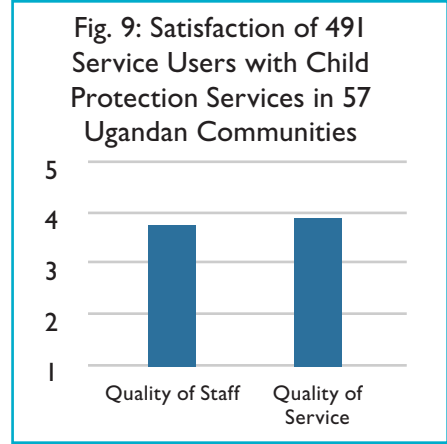
Target 16.2: Protect children from abuse, exploitation, trafficking and violence

The SDGs are all interconnected in a variety of ways: the same absence of crucial hygiene facilities at Ugandan schools that undermines the educational aspirations of Goal 4 also affects the safety of children, especially girls, as foreseen in Goal 16 as it relates to

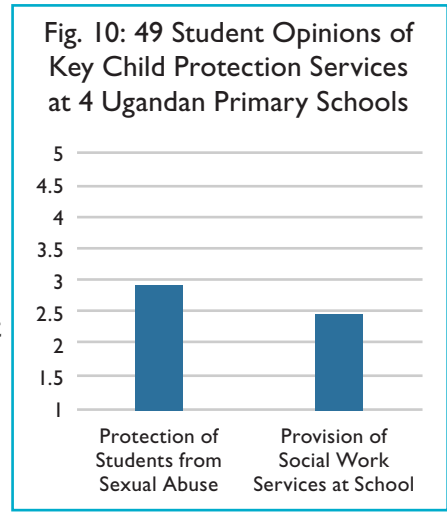
violence against children. Research tells us that the absence of facilities like these can lead to abuse and exploitation of these children^{xix}.

Given the hidden nature of violence against children, policy makers should pay special attention to data sources that help shed light on this phenomenon. Data generated by citizens through social accountability exercises can add new insight into the problem and advance efforts towards SDG target 16.2 (See Fig. 9).

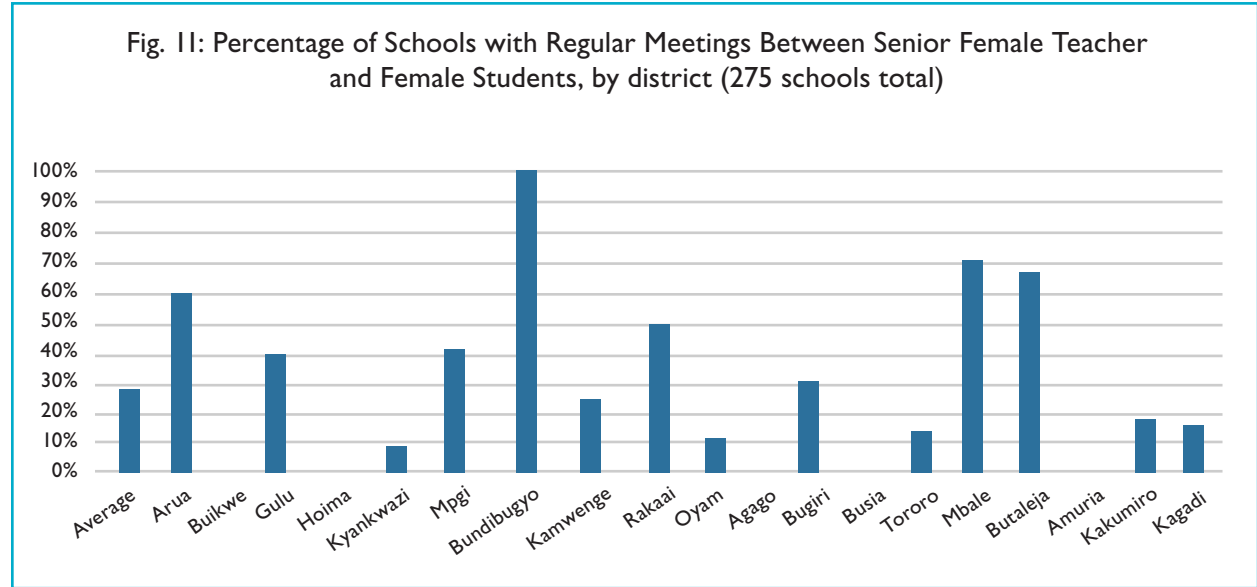
Legend
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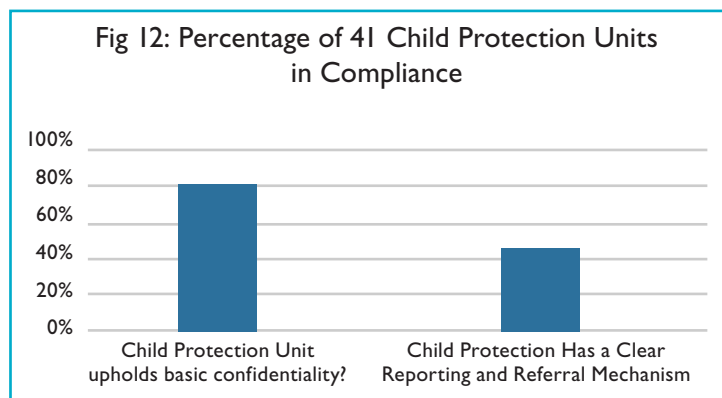
And yet, when we focus on scorecards submitted by students with specific indicators related to critical areas of child protection in schools, we find much lower satisfaction. In particular, students report a frightening lack of protection from sexual abuse (See Fig. 10). As communities focus in on narrower issues, the size of the reporting sample shrinks. Nonetheless, the issues these communities raise can serve as a starting point for further research and analysis by civil society, academics, and policy makers.



Looking with even greater detail at compliance with policy, it is clear that in most cases, schools in many districts are not convening regular meetings between female students and a senior female teacher (See Fig. 11). These required meetings are meant to serve as a safe space for students to report abuse or exploitation. In their absence, violence in schools can often go unreported.



Unsurprisingly, this absence of safe spaces for reporting and referral extends to the official “Child Protection Units” in many cases. Community monitoring revealed that these mechanisms rarely exist and those that do, have only loose rules around confidentiality (See Fig. 12). Shortcomings like these can lower the likelihood that children or caregivers will actually use these services.



Key Learning

Ultimately, data like this, generated by communities themselves, offer a much more detailed look at the types of challenges that can undermine progress toward SDGs 4 and 16. Of course, in a country as large as Uganda, the size of this dataset is still relatively small. However, it is sufficient to merit a closer look by government officials charged with delivering the SDGs. Deeper studies of the trends identified here can help governments design further research and statistical measures that can reveal key areas of underinvestment or policy failure. Further, citizen generated data offers the additional benefit of mobilising communities to action. After all, communities themselves have participated in identifying the problem and in many cases, are already actively working to solve it. Governments can build upon this mobilisation in order to accelerate progress and address the issues that merit a more systemic response.

CITIZEN GENERATED DATA IN BANGLADESH: Community-Based Monitoring Can Help Government Advance Signature Policies by Demonstrating Where Investment Is Most Needed



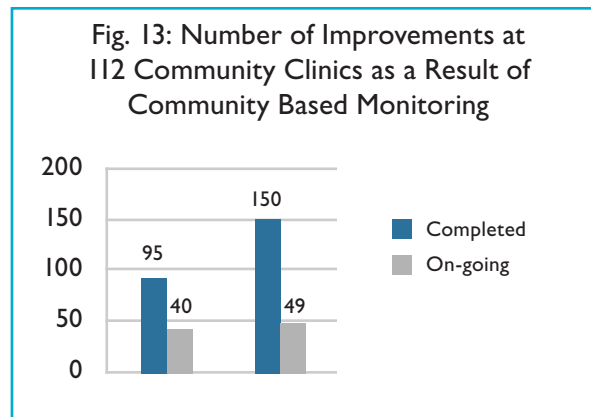
*Meeting of the Chunkuri Village
Citizen Voice in Action in,
Dacope, Bangladesh --
part of the Nobo Jatra program.*



Ensure healthy lives and promote well-being for all at all ages

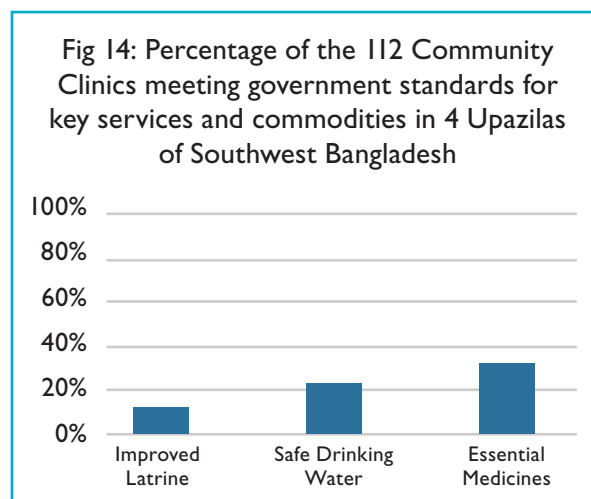
Since their revival in 2009, “Community Clinics” have served as a hallmark policy of the Government of Bangladesh for the advancement of basic health services, and as the government’s primary strategy for the achievement of SDG 3^{xx}. The ambition of these clinics is remarkable. Roughly 14,000 Community Clinics now operate across Bangladesh and are designed to provide a range of critical health, nutrition and family planning services to Bangladeshis within a distance equivalent to a half hour walk.

Since 2015, World Vision has supported community-level monitoring of 112 clinics in four sub-districts (“upazilas”) of southwestern Bangladesh. These 112 clinics are designed to serve roughly 670,000 people out of a total population of roughly 900,000 in the four sub-districts. More than 19,000 people participated in monitoring these clinics and generating data about their performance.



As a result of this local level monitoring, communities were able to help ensure a variety of changes at clinics. While an evaluation of the work is still pending, early evidence suggests that this social accountability approach has led to more than 200 improvements at these facilities in just two years (see Fig. 13). Communities themselves prioritized these improvements. Results included new water tanks and latrines, better medical equipment, and greater transparency.

But in addition to these local level successes, community level monitoring also illustrated critical patterns in service delivery that merit attention if the Government of Bangladesh is to fulfil its ambition to provide health care to the poorest.



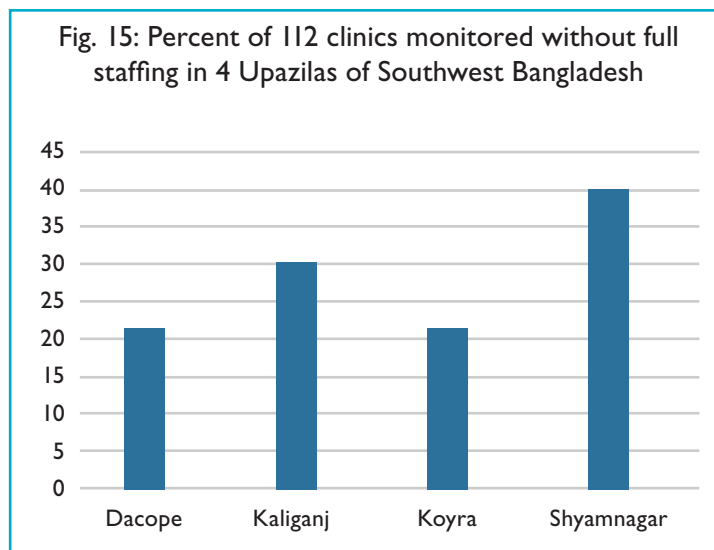
For example, communities collected data from 112 clinics that revealed that only 22 per cent had safe drinking water and only 13 per cent had a latrine (See Fig. 14). It would not be surprising that a clinic with no water and no latrine is unlikely to attract the expected numbers of users and has the potential to further spread

disease rather than cure it. The lack of water is not the only problem clinics face. Many also lack basic medicines. In 2018 – nearly 3 years into the SDG period, community-generated data revealed that 34 per cent of the monitored clinics experienced drug stock-outs.

In another citizen generated data collection exercise, 112 communities ranked their greatest concerns about the quality of services at their clinics. Unsurprisingly, citizens cited the lack of water and sanitation as the biggest shortcoming of the clinics. They faulted broken and contaminated tube wells.

Even if medicines and services are available, clinics cannot effectively function if qualified staff are not present to attend to the sick. Community-based monitoring in Khulna and Satkhira recently revealed that the vast majority of 112 clinics did not have the required staff (See Fig. 15).

Their community data demonstrates a pattern of underperformance in the four upazilas. Based on the results of these monitoring exercises, communities have begun to press government for changes to solve the systemic issues illustrated in the broader patterns. In all four sub-districts, communities have convened sub-district dialogues in which they have revealed the results of their monitoring exercises.



These dialogues have begun to lead to changes. For example, across the upazilas, in response to community demands, government officials from higher levels of government have more closely monitored clinic staff to ensure better attendance. Infrastructure has also improved. In Dacope, the upazila government delivered new water tanks across the upazila, in response to the evidence-based advocacy of the communities. In Kalliganj, the upazila government ordered changes to local government budgeting to ensure safe drinking water at the clinics. The Koyra upazila government has taken up key issues related to staffing and infrastructure with the Ministry of Health. In another indication of success, officials from two additional upazilas requested that World Vision extend support for community monitoring into the clinics within their jurisdiction.

Key Learning

This type of relationship – in which government proactively seeks the active participation of its citizens to help advance a policy that should benefit them – is critical to the spirit of “partnership” that underpins the SDGs. But this partnership has so far been underutilised. A more effective approach would institutionalise the social accountability approaches and the data they generate. To date, communities and civil society have been less successful in their efforts to persuade government to proactively and systematically embrace citizen generated data. For example, Bangladesh’s Open Budget Meetings and other local level mechanisms could easily draw upon these sources, but so far have not done so. As illustrated in the next case study, other countries are already beginning to take these steps. Further, civil society could strengthen their data sets by combining them.

CITIZEN GENERATED DATA IN INDONESIA: Moving Towards the Institutionalisation of Community-Based Monitoring



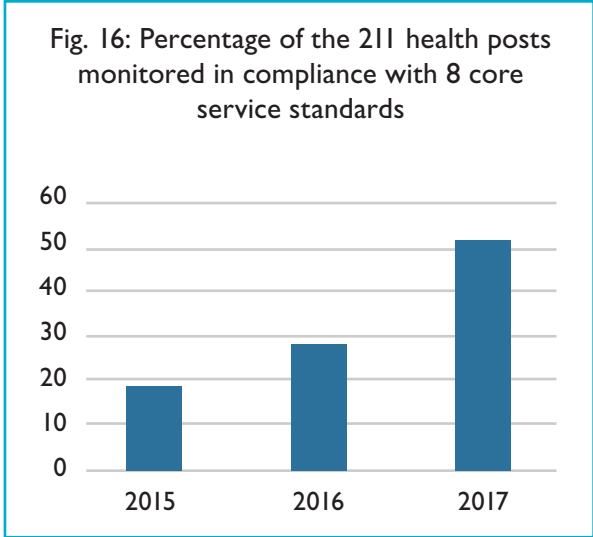
Community score card, Indonesia

Over the past 19 years, Indonesia has increasingly decentralised service delivery and opened new spaces for citizen participation. With this decentralisation has come greater local authority for local governments to manage and improve critical services provided through Indonesia's community-based health care system.

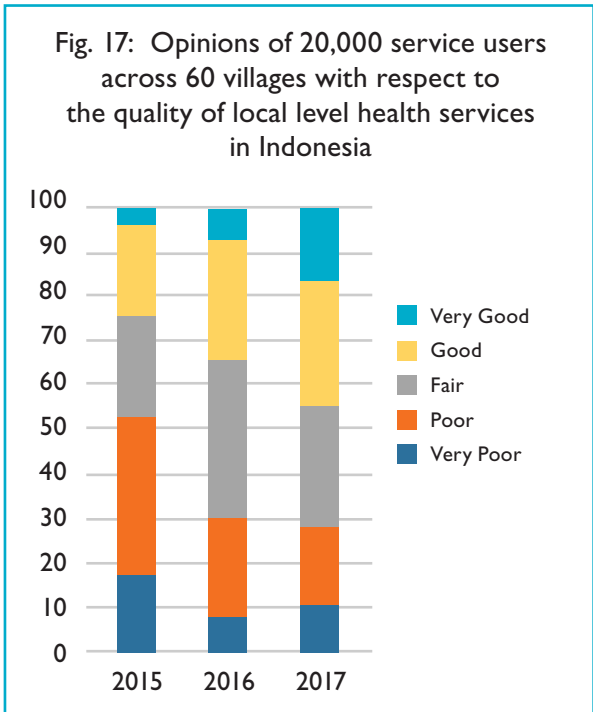
Yet inequalities have remained, especially in the eastern parts of the archipelago. The mortality rate of children under five years of age is 50 per cent higher in East Nusa Tenggara than the national average. Stunting also affects Eastern Indonesians at a higher rate. The poverty of eastern Indonesia correlates with poor health outcomes. For example, the infant mortality rate among the poorest fifth of Indonesians is double the rate of the richest fifth.

In light of these regional inequalities, World Vision, in partnership with the World Bank's Global Partnership for Social Accountability, focused on equipping communities in East Nusa Tenggara to monitor local health services and ensure that they perform according to government standards^{xxi}. Beginning in 2015, World Vision equipped citizens from 60 villages in three districts to monitor the provision of maternal and child health care services in 211 local health posts – or *posyandu*, as they are known in Indonesia. In total, these health posts serve approximately 95,000 of Indonesia's poorest people.


Communities used the social audit (as part of the “Citizen Voice and Action” process) to measure compliance with a set of eight service standards and found that health clinics often failed to provide the services defined under Indonesian law. In particular, communities documented that health officers frequently failed to visit expectant and new mothers, and that the equipment in facilities was often missing. Communities judged a clinic to be noncompliant in the event it met fewer than 75 per cent of these service standards. But over the course of three years, as a result of community monitoring, the compliance rate more than doubled (See Fig. 16).



Unsurprisingly, community satisfaction with clinics also rose (See fig 17). More than 20,000 citizens across the 60 villages participated in scorecard exercises between 2015 and 2017, of a total population of roughly 93,000 across the villages covered. Only 24% of the participants rated their services as “good” or “very good” on a five-point scale in 2015; two years later, 45% rated their services as “good” or “very good”^{xxii}.



This change in service compliance and citizen satisfaction correlates with government responsiveness and increased budgets for maternal and child health services. After collecting data, the communities prioritized actions for government to take to improve services. In total, communities identified 2,493 actions. Over three years, government delivered on 1,597 of these. Another 311 were deemed by communities to be “in progress”. Nearly half of these actions required additional budget, which was allocated from a variety of government sources.



Target 2.2: End all forms of malnutrition

Indicator 2.2.2 is the “prevalence of malnutrition among children under 5 years of age, by type”

Communities aggregated their data to demonstrate critical patterns related to health service delivery that merits a response from national or regional Ministry of Health officials. For example, stunting rates in East Nusa Tenggara are among the highest in Indonesia – nearly half of all children under 5 were considered stunted in 2015^{xxiii}. Yet, communities found that only about half of clinics had the equipment necessary to measure a baby’s height and weight. This kind of data, generated by communities, can help the government of Indonesia better target its work to achieve SDG 2, which focuses on nutrition and its associated stunting target (2.2)^{xxiv}. The Ministry of Health has shown interest in adopting the approaches to strengthen its long-term frontline service delivery program^{xxv}.

Key Learning

The point to illustrate is twofold; firstly, that strategic advocacy using citizen data can have national governance impact and secondly, that some governments are moving to institutionalise citizen feedback mechanisms. This kind of adoption, within the health system itself in the case of Indonesia, could help to realise the potential for citizen generated data to contribute to SDG reporting and accountability and provide a pathway for other countries. Eventually, with support from key stakeholders at the United Nations, donors, civil society and governments, institutionalization of citizen generated data could become the rule rather than the exception.

CONCLUSION:

Put People at the Centre, Leave no Child Behind

Nearly four years ago, the world made an ambitious promise to advance the well-being of the poorest, furthest behind and most vulnerable communities – through better investments, better coordination and critically, better listening to those “at the centre” of the SDGs, communities themselves. Citizen generated data can contribute to this promise, by helping governments zero in - from the bottom up - on the obstacles to SDG achievement. In particular, drawing from this dataset can build partnerships between communities, civil servants and elected leaders that help troubleshoot key policies, advance accountability, and unmask the lived experiences of marginalised groups, including children, women and girls. Not only can citizen-generated data help to report on the SDG indicators framework adopted by the global community; it can also provide an opportunity for communities to be the protagonists of the story of the SDGs, by opening spaces for them to use the data they produce to advance their interests and improve the services on which they depend.

While there are many opportunities, there are also a number of real challenges to making the use of Citizen Generated Data a norm rather than just an ideal, including political will to use the data, data scale, quality, interoperability and resourcing. As such, to fulfil its potential, stakeholders from across society must take action including:

1. Scale

Civil society organisations using similar approaches should collaborate to facilitate scale, building and contributing to platforms that allow for larger comparable data, analysis, and deployment. In addition, governments should increasingly institutionalise social accountability practice while donors can incorporate social accountability and citizen generated data into their results frameworks of bilateral and multilateral aid programs.

2. Interoperability

In line with the vision of the Independent Expert Advisory Group on a Data Revolution for Sustainable Development that statistical systems should consider managing and curating data and information created outside of their organisations, National Statistics Organisations should develop work streams on non-official data and find solutions to the question of ‘good enough’ data size, quality and interoperability with non-official sources.

3. Political will

Governments proactively embrace citizen generated data and social accountability approaches in particular, by institutionalising social accountability into planning and budget processes and recognising its contribution to citizen empowerment and putting people at the centre of SDGs. In addition, the United Nations can better emphasise the complementarity between citizen generated data and national statistics and create an objective-driven task force to test and refine processes that harmonise data streams, including through SDG progress dashboards.

4. Research

Since this is an emerging field, investment should be made to capture and nurture best practices. Academics should help; by studying the ways that citizen generated data makes a difference, and steering CSOs and governments towards better, evidence-based practice.

Listening to communities – especially women, children and the most vulnerable groups – may not be a simple process, but it is worth it. By empowering and enabling communities to have a direct voice, governments, civil society, and donors can better understand the complexity of delivering on a global agenda, adapt accordingly, and fulfil the promise of putting people at the centre of the SDGs.

Endnotes

ⁱ Elizabeth Stuart, Emma Samman, William Avis, and Tom Berliner, The data revolution Finding the missing millions, Overseas Development Institute (2015), available at <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9604.pdf>

ⁱⁱ See A World That Counts; Mobilising the Data Revolution for Sustainable Development, Independent Expert Advisory Group on a Data Revolution for Sustainable Development

ⁱⁱⁱ See the “My World” Survey results, available at <http://vote.myworld2015.org/>

^{iv} See, e.g., UN Committee for Development Policy, *Leaving No One Behind* (2018) available at https://sustainabledevelopment.un.org/content/documents/2754713_July_PM_2_Leaving_no_one_behind_Summary_from_UN_Committee_for_Development_Policy.pdf

^v The World that Counts, Report of the UN Secretary General’s Independent Expert Advisory Group on a Data Revolution for Sustainable Development

^{vi} The World that Counts, Report of the UN Secretary General’s Independent Expert Advisory Group on a Data Revolution for Sustainable Development

^{vii} See World Vision International, *Grassroots to Global Seven Steps to SDG Accountability*, (2015) available at https://www.wvi.org/sites/default/files/Grassroots%20to%20Global_Report_FINAL.pdf

^{viii} See Citizen Voice and Action, available at <https://www.wvi.org/socialaccountability>

^{ix} See, e.g., Sue Cant, “Scaling Social Accountability: Evidence from Asia, Africa and the Caucasus”, World Vision International, 2019, available at <https://www.wvi.org/social-accountability/publication/scaling-social-accountability-evidence-asia-africa-and-caucasus>

^x See research on World Vision’s “Citizen Voice and Action” that includes Abigail Barr, Frederick Mugisha, Pieter Serneels, and Andrew Zeitlin, *Information and Collective Action in Community-based Monitoring of Schools: Field and Lab Experimental Evidence from Uganda* (Forthcoming), Marta Schaaf, Stephanie Topp, and Moses Ngulube, *From favours to entitlements: community voice and action and health service quality in Zambia*, Health Policy Plan (2017); Keren Winterford, *A positive notion of power for citizen voice and state accountability*, Development in Practice (2014).

^{xi} See Jonathan Fox, Joy Aceron and Aránzazu Guillán, “Doing accountability differently. A proposal for the vertical integration of civil society monitoring and advocacy”, U4, (2016), available at <https://www.u4.no/publications/doing-accountability-differently-a-proposal-for-the-vertical-integration-of-civil-society-monitoring-and-advocacy>

^{xii} See, e.g., Jillian Larsen, “Uganda: Winning Human Resources For Health”, International Budget Partnership (2015), available at <https://www.internationalbudget.org/wp-content/uploads/case-study-full-uganda-human-resources-for-health-2015.pdf>

^{xiii} Goal 16 seeks to “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”.

^{xiv} Community Score Cards are a social accountability approach first developed by CARE in Malawi in the 1990s. Since their introduction nearly 30 years ago, they have become one of the most ubiquitous tools used by CSOs to help communities measure and monitor the performance of services.

^{xv} See Andrew Zeitlin, Lawrence Bategeka, Madina Guloba, Ibrahim Kasirye, and Frederick Mugisha, “Management And Motivation In Ugandan Primary Schools”:, Centre for the Study of African Economies, 2011, available at <http://www.iig.ox.ac.uk/output/reports/pdfs/iiG-D10-UgandaPrimarySchoolsImpactReportFinal.pdf>

^{xvi} See, e.g., United Nations, Millennium Development Goals Report (2015), available at [https://www.un.org/millenniumGoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](https://www.un.org/millenniumGoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

^{xvii} SDG Indicator 4.A.1: Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-ex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)

^{xviii} See UNESCO, *Global Guidance on Addressing School Related Gender Based Violence* (2016) at 50.

^{xix} See UNESCO, *Global Guidance on Addressing School Related Gender Based Violence* (2016) at 50.

^{xx} SDG 3 is to “ensure healthy lives and promote well-being for all at all ages”.

^{xxi} For more, see *Improving Maternal & Child Health in Indonesia through Social Accountability (and improving our practice)*, 2019 at <https://www.thegpsa.org/stories/improving-maternal-child-health-indonesia-through-social-accountability-and-improving-our>

^{xxii} *Ibid*, 2019

^{xxiii} See *A Nutrition Crisis in NTT*, available at https://www.unicef.org/indonesia/Eng_NTT_lowres2.pdf

^{xxiv} “By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”

^{xxv} See Independent Evaluation Group, *Engaging Citizens for Better Development Results*, World Bank Group, 2018, available at https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/Engaging_Citizens_for_Better_Development_Results_FullReport.pdf