

Application

Preliminary Question

In which language are you submitting the application (check one)?

Please note that each country has the option of either submitting an application in English, or in their native language if they are unable to pay for translation into English. For applications submitted in the native language, OGP will pay for the translation into English before passing on to the judges.

- English
- Native language (please mention)

If you are submitting in your native language and it is non-Latin based language, you will have the option of uploading a PDF file at the end of this application. Please follow the questions and word limits mentioned in the application template.

A. THE TEAM

The following information is required to capture a basic understanding of those responsible for your initiative and any partnerships that have helped you to meet your goals.

INITIATIVE NAME (required)

Provide the name of the initiative that your team is submitting for consideration of the 2015 Open Government Awards. If the initiative is operating under one or more alternate name(s), provide the name that is most commonly recognized.

Pencerah Nusantara (The Guiding Lights of the Archipelago)

THE NOMINATION (required)

Begin by describing how this initiative was selected. For example, mention any nomination or consultation process held with civil society partners or others when selecting the initiative.

[100 words]

The nomination of Indonesia's entry for Open Government Awards 2015 is an outcome of rigorous consultation process involving OG Indonesia team consisting of government and CSOs. Public were invited to participate in online and offline nomination. To ensure outreach, government and CSOs were also asked to submit nominees by consulting their networks. A panel of four juries was selected by OG Indonesia team to represent civil society, government, academician, and youth. Using the criteria set out by OGA2015, the panel chose Pencerah Nusantara (The Guiding Lights of the Archipelago), over seven other nominees, to represent Indonesia in the OGA2015.

Is this initiative included in your country's OGP National Action Plan?

(Applicants can choose initiatives from within OR outside their OGP National Action Plans)

- Yes
- No

GOVERNMENT POINT OF CONTACT (required)

Provide the name, title, phone number(s), email address(es) and mailing address of a single point of contact for the purposes of communicating with your team. The person should be the senior most individual responsible for overseeing the application requirements.

Please also provide the name and professional title of the government official responsible for implementing the initiative, if different from above.

POC for Application
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TYPE OF APPLICATION (required)

We strongly encourage applicants to submit a joint application from a government agency and a civil society organization. Only submit a joint application if a civil society organization was involved in either designing, implementing or monitoring the initiative jointly with the government.

Is this a joint application?

- Yes
- No

If yes, please fill out the "civil society point of contact" field below.

CIVIL SOCIETY POINT OF CONTACT

Please provide the name and title of a single point of contact at the organization. By providing these details you acknowledge that you are jointly applying with a civil society organization for the 2015 Open Government Awards.

Anindita Sitepu, Programme Director, Center for Indonesia's Strategic Development Initiatives (CISDI)

OTHER PARTNERSHIPS (optional)

If you are partnering with one or more other government agencies, private sector entities, media etc., please list each partner. In 250 words or less, provide a brief narrative of the partnership and the role each partner plays in your initiative.

Partnership is central to Pencerah Nusantara (PN). During its inception stage, led and facilitated by the Office of the President's Special Envoy on MDGs, partners from civil society (e.g. Midwives Association, Medical Doctors Association, among others), private sector and philanthropies (such as GE Foundation, Indofood, Nestle), academic institution (Medical School at University of Indonesia) were gathered and asked to share their views on the conditions and challenges facing primary healthcare services in Indonesia and their priority issues. The outcome of this discussion, reflecting diversity of perspectives, then served as a conceptual basis and framework, upon which PN was designed as an intervention model.

To maintain such rich perspectives, the partners are then invited to be involved in every phase of the implementation, including public introduction, dissemination, recruitment, training, execution, and monitoring-evaluation. During the public introduction for example, partners with background in conventional and new media become strong support for outreach to promote the programme. During recruitment, partners act as interview panelists, providing input on competencies. In the training, partners like CSOs and Universities are directly involved in creating and implementing modules focusing on the needed skills and knowledge.

Striving for maximum impact and potential escalation, PN teams build their action plans taking into account the current conditions, community needs, and synergise them with partners programmes. Partners like philanthropies, are willing to provide the teams with technologies to enhance the team's ability to serve more target groups and improve access to services. Partners are also involved in monitoring and evaluation process.

B. THE INITIATIVE

The Open Government Partnership (OGP) is prepared to celebrate a range of successful applicants for the Open Government Awards. This year's theme is Improving Public Services through Open Government. Please visit here for more clarification on the theme. To qualify for recognition, we need to understand the various elements of success of your initiative and its sustainability over time. Please answer the following questions:

PROBLEM DEFINITION (required)

In 200 words or less, please identify the specific problem your initiative intended to solve. Why was this problem important to solve at a particular time and what were the challenges posed by your national (or local) economic or political context?

There are more than 9500 primary health centres in Indonesia, but less than 50% of them are functioning, especially in remote areas. This poses serious challenges as the National Health Insurance system is put in place in 2014 as the country's commitment to improve the quality of people's health. At the core is strengthening the primary healthcare service as it functions as the gatekeeper of community health, both in terms of preventive and promotive efforts. Significant challenges that need addressing include unequal distribution of skilled health workers, poor management system, lack of political will, and poor access to healthcare services. These lead to more structural problems such as poverty, maternal mortality, malnutrition – altogether creating a vicious cycle, in which health services fail to reach the marginalised in peripheral areas where the Government mechanism falls short. Pencerah Nusantara (PN) is a model that is meant to strengthen the role of primary healthcare centres in delivering services to deprived, marginalised communities, by means of sending health professionals to provide optimal delivery of services and management. At the centre of PN initiative is to revitalise primary healthcare services through collaboration aiming to deliver greater efficiency and more responsive and affordable public services.

INITIATIVE DESIGN (required)

In 250 words or less, describe your initiative's goals and objectives. How did it aim to improve public service delivery, who was it intended to benefit (specify the target population), and why was it important to use open government approaches to achieve this goal? If your initiative was designed to improve access or services for disadvantaged or marginalized groups, provide details on this here. Describe any innovations in the design of the initiative.

Pencerah Nusantara (PN) is an inter-professional collaboration practice initiated by the Office of President's Special Envoy on MDGs, implemented in seven community-based health centres in six deprived regions/municipalities. PN aims to revitalise primary healthcare centres by deploying teams of health professionals equipped with skills to engage key stakeholders and develop the capacity of local health providers, to collaborate in an effort to improve the community's health status.

The main beneficiary of PN is communities in marginalised and geographically isolated areas which make them difficult to access healthcare services. PN teams deployed in those areas proactively carry out home visits and 'mobile health services', bridging the distance between people's homes and healthcare facility, thus increasing access to services.

Strengthening the management of the primary healthcare centres requires accountability and transparency, as they are responsible for implementing promotive and preventive efforts. Without accountable business process, the community will suffer from lack of quality services. PN supports local healthcare providers run their business process more effectively and become information hub for the community, encouraging participation and providing health education and knowledge to all.

Simultaneously, PN also aims to empower local communities, particularly targeting women and youth, as they are often left behind in the decision making for their own livelihood. For example, it is through reproductive health education programmes, that the women in the villages are encouraged to discuss not only health issues but also social issues and entrepreneurship, making them aware of their rights to development as citizens.

INITIATIVE OUTCOMES (required)

In 450 words or less, explain how your initiative was able to demonstrate one or more of the following results:

- Citizens have better access to information on the public services to which they are entitled, and/or information on the performance of public service providers
- Governments are better at asking for and responding to feedback or complaints by citizens on the quality of public services
- Citizens have ways to actively participate in the design and delivery of public services
- Citizens have mechanisms to monitor and oversee public works and services

Initiatives should also provide evidence if the initiative was able to expand access to public services to a larger population than before or if the quality and efficiency of public services has improved.

If there are any baseline indicators to measure the outcomes of the initiative, please describe them in detail. If the initiative was included in the OGP Action Plan, please describe how this did (or did not) contribute to the initiative's success.

Pencerah Nusantara (PN) strengthens the public service in community health centres in deprived and least developed areas aiming both the quality of services and beneficiaries satisfaction. Health centres are made able to deliver patient-oriented services in effective, efficient, transparent, communicative, participatory and sustainable, supported by the internal management and community.

PN Baseline Assessment indicates that 100% of villages in deployment area has initiated "Desa Siaga" ("Alert Village"), an initiative to build community-based health surveillance system. However, not all of them have reached the level where the local communities have readiness, ability and willingness to prevent and tackle health problems independently. Facilitated by PN and relying on the process of community empowerment, series of intervention are commenced to encourage people to actively participate in the healthcare reform.

Community Health Survey, carried out by PN, is administered at the end of each programme year to gather health-related data at the sub-district level with the involvement of local inhabitants. This participatory approach builds ownership and community approval on the survey's results. The survey reveals that communities are lacking basic knowledge on healthy lifestyles, like sanitation and nutrition. PN also administers a Community Satisfaction Survey to measure community knowledge about available services, their loyalty and satisfaction to public service to which they are entitled. The results shows that communities want their health centres to function not only curatively, but also as a hub for health education.

Once the data are analysed, another "Survey Mawas Diri (SMD)" ("Self-Awareness workers") is conducted under the supervision of influential people in the community and the village's health workers. It aims at building community shared responsibility towards health status and service conditions. As the continuation of SMD, "Musyawarah Masyarakat Desa" ("Village Meeting") is held to determine priority issues, design strategy and feasible action plans and to identify and mobilise available local resources.

At the beginning of each year, each health centre is obliged to hold a cross sectoral workshop involving Badan Penyantun Puskesmas, a forum that gathers all community members who are concerned about health and health service delivery. This forum is a valuable partner in implementing health interventions as it functions as not only a watchdog but also an ambassador of health and an extension of healthcare workers in disseminating health promotion messages to the public.

PN also conducts the Sustainability Potential Assessment that indicates the emergence of participation and shared sense of ownership. Monitoring and evaluation shows significant improvement in achievement of the minimum service standards, including: an improvement in the centre's management, health promotion activities, nutrition interventions, and delivery of basic medical treatments. Various community-based health units are now available in each village with full support of local inhabitants.

INITIATIVE SUSTAINABILITY (required)

In 200 words or less, please describe any plans for scaling up or sustaining the initiative. Base your description of the strategy on the information provided in the previous sections, such as how you intend to leverage your current success and increase your reach or capacity. Address any threats or operational challenges to your initiative and describe how you manage those risks on a regular basis.

Since its inception, Pencerah Nusantara (PN) has been designed to be the pilot for up-scaling at the national level. The selection of the seven locations were to provide comprehensive representativeness of the country's diversity.

Within three years of implementation, PN resource team has created a number of inter-related spatial dimensions to provide spaces for growth and scaling up. Advocacy, political engagement, and public participation are integral parts of the PN programme to create wider and stronger political space for health services. In parallel, the organisational capacity and partnership model are being improved, successfully partnering with a number of private sector organisations and philanthropies to ensure future sustainability of the programme.

After three years of implementation, sufficient evidences on the betterment of public health service delivery in the seven designated areas has become the basis for the Ministry of Health (MoH) to take up the model and scale it up as a national programme: Nusantara Sehat (NS, literally Healthy Archipelago). NS is an evidence of scaling up of PN, launched by the President himself, and directly monitored by the Executive Office of the President. The PN resource team teams up with the MoH team to ensure NS performance.

VALIDATION OF CLAIMS (required)

While it is strongly encouraged that each initiative includes an implementing partner, such as a Civil Society Organization, private sector agency, media entity, etc., it is not a requirement. However, you are required to secure and upload documents from at least two credible nongovernmental actors, who can attest to the veracity of the claims made in your application.

You are only allowed to upload one file. If you have multiple documents, please zip them into a single file first. The file types that are allowed to be uploaded have an extension of .ZIP, .PDF, .DOC, .DOCX, .XLS or .XLSX.

Validation of Claims.zip

C. THE PITCH

The following information allows each applicant to make their strongest (and final) case for consideration.

BEST CASE (required)

In 250 words or less, please present the most compelling facts for why your initiative should be recognized. This is an opportunity to distinguish your initiative, based on any factors that you have not had the opportunity to describe in the previous sections. What is your best argument for why your initiative has achieved a meaningful outcome? What elements of the initiative make it different and better than others that have been tried and tested? Be creative and concise.

Pencerah Nusantara (PN) was designed to change the face of the nation through reforming the provision of public service in health to become more equitable, to reach those who are most vulnerable. This vision stretches the boundary of public service from producing policy to ensuring implementation of different policies. With Indonesia's archipelagic geographical setting – 17,000+ islands, 254 million people, equitable public service remains a significant national challenge as well as one of the most important national priorities.

To bridge this gap, healthcare services must be holistic, inclusive and participatory in its approach, which include and put into practice principles of sustainable partnerships.

Bearing this principle, for the past four years PN has built a network of multiple partners - an inter community involvement and collaboration with different stakeholders (philanthropy, private sector, civil society organizations, academia, national and sub national government institutions and the media). This network of partners continues to strengthen and expand along with PN model. Each partner contributes expertise in different areas, but with the common understanding towards a full transformation of primary healthcare services in Indonesia.

PN also has successfully harnessed multiple sources of energy from the public, with civic engagement and youth participation at the core. Youth, or early-career health professionals below 30 years of age, are the main carriers of change. This new form of activism remains a strong point of PN, which triggers new spirit of reform in the respective locations where PN is serving.

VIDEO SUBMISSION or ADDITIONAL DOCUMENTS (optional)

OGP does not offer a venue for applicants to meet our judges during the application process. In order to provide the opportunity for making a personal connection, you are encouraged to upload a short video to complement your application. You may also depict an individual participant in your initiative and describe his or her experience. We do not need to know actual names or personal details. Take this opportunity to tell a story, to connect with our panel of experts, so that they might better understand your attention to specific needs.

Video submissions should follow these guidelines:

Maximum length of 3-4 minutes.

Please focus on personal presentations; it's not necessary to develop a sophisticated or polished video.

Here are some logistical and technical suggestions:

Video cameras, digital cameras, and phones are easy ways to record a video. Laptop and desktop computers can typically record video through Skype or other software. If possible, set to a low resolution to reduce file size. This will enable an easier video uploading process. If you are having difficulty uploading the video file, try logging out of the application and logging back in using another internet browser.

Here are general suggestions for delivering a high-quality video pitch:

Introduce yourself and your initiative. Focus on describing your intended benefits and/or services and how they have been effective. What is unique about your initiative, partners, or technical approach? Keep your description and language simple.

* NOTE

If the burden of developing a video presentation is either prohibitive or might not reflect the best characterization of your initiative, then you are not required to submit one, and the judges are instructed not to discount your application because it may not include a video. You may upload additional documents instead, such as proof of implementation and results if you wish. This could take the form of evaluation or audit reports, citizen surveys, media reports etc. that would provide additional validation for judges. We hope that this option offers a new and inventive way in which you can best express the results of your work.

You are only allowed to upload one file with a maximum of 3 pages. This file must be in English or in your native language. If you have multiple documents, please zip them into a single file first. The file types that are allowed to be uploaded have an extension of .ZIP, .PDF, .DOC, .DOCX, .XLS or .XLSX.

Investment and Outcomes.pdf

Full Submission Of non-Latin Based Native Language

If your language is Latin based, DO NOT use this upload field. Please use the application above.

You are only allowed to upload one file with an extension of .PDF