Improving public accountability in the Indonesian health sector: the case of the online complaint handling system LAPOR!

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Thesis submitted in accordance with the requirements for the degree of

Doctor of Philosophy
of the
University of London

May 2022

Department of Global Health and Development

Faculty of Public Health and Policy

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

No funding received

Declaration of own work

I, Lua Pottier, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed: Lua Pottier Date: 19 May 2022

Abstract

Accountability relationships in the health sector have been influenced by political shifts towards decentralization of government health structures, and the development of digital public space as a new focus for increasing public accountability. In 2013, Indonesia launched a national online complaint handling system called *Online Citizen Aspiration and Complaints Service* (LAPOR!). This system provides Indonesians with an online mechanism to request information or submit complaints about any type, or policy-level, of public service provision, including health services.

This qualitative case study sought to examine the macro context LAPOR! is operating in alongside an illustration of LAPOR!'s functioning in specific organizations on different policy levels. The aim of the study was to gain an understanding of the perceived role of LAPOR! as an accountability mechanism in the Indonesian health sector. A total of 40 semi-structured interviews in Jakarta, Semarang Central Java, and Medan North Sumatra were held between August 2019 and February 2020. Non-participant observation and document review also contributed. LAPOR! and the complaint handling context were found to be complex and evolving. The findings identified good practices, implementation challenges and unintended consequences to complaint handling in Indonesia.

The study also developed and piloted a Complex Accountability Systems Framework to operationalize assessing public accountability using a systems approach. The framework combines political, organizational and social dimensions of accountability with the interactions between policy, accountability mechanism, institutional arrangements and data. This offers a flexible approach to identifying synergies and interactions of the component parts in different contexts, while also accounting for the cross-cutting influences of leadership, multi-level power dynamics, and the complexities inherent in accountability mechanisms in the health sector.

The findings from this study and this framework are potentially useful to policymakers in Indonesia, actors in countries seeking to introduce online complaint handling, and researchers of accountability systems in complex settings.

Acknowledgements

A sincere and heartful thank you is dedicated to my primary supervisor, Dr Neil Spicer (LSHTM), and to my Indonesian supervisor, Dr Elizabeth Rukmini (formerly of Atma Jaya Catholic University). Without your support I would not have made it this far. I am grateful you both took a chance on me, and truly honoured that you spent so much time and energy assisting me throughout the entire research process.

Thank you to my secondary supervisors, Dr Marco Liverani for your insights and suggestions, and Dr Mishal Khan for being there in case of need.

To my team of Indonesian language teachers under the able leadership of Ibu Fifi. You are the main reason I chose this topic – all those hours we spent discussing health politics over newspaper articles and speculating about whether or not all these governance reforms can actually make a difference. Thank you.

To my interview respondents and key supporters who took the time to help me understand the complexities of Indonesia over avocado coffee in Medan and salted caramel mocha in Semarang, it turns out our time together really was the best part of this research. Thank you for your candour and contributions to this study.

To my research assistants and Vicki. You were the wind beneath my (data collection) wings. Thank you for all your hard work.

To my core household crew. Coldplay said it best in their song “the Scientist”: *‘Nobody said it was easy / No one ever said it would be this hard.’* Thank you for agreeing to join me on this journey, and more crucially, for sticking with me when the going got tough. You were integral to my completing this dissertation. I’d like to extend a special thank you to the youngest member of the family for setting up a household complaint handling system to improve the accountability of meal planning. It’s gratifying to know those many hours of co-working we spent together during COVID-19 home-schooling days were mutually enriching.

Finally, a big shout out to my research peers, close friends and family for being there through thick and thin. I cannot imagine how I would have come this far without all our coffee and cake in London, paratha in Singapore, boba in Jakarta, and midnight milk-tea in Macau. Not to mention all the hours of texting and checking in on me from the Philippines, Canada, Malaysia, Australia, East Timor, Indonesia, France, Spain, Switzerland, Singapore, Ukraine, UK and the US. If you’re wondering if I’m referring to you, yes, I am. Thank you truly deeply from the bottom of my heart.

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List of acronyms and abbreviations

Bappenas	Ministry of National Development Planning
BPJS-Kesehatan	Social Security Administrator for Health, the national social health insurance body
HICs	High-income countries
KOICA	Korea International Cooperation Agency
KSP	Executive Office of the President of the Republic of Indonesia
LAPOR!	Online Citizen Aspiration and Complaints Service
LMICs	Low-and-middle income countries
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
OGP	Open Government Partnership
SP4N-LAPOR!	The new name for LAPOR! reflecting its new status as technological standard for all complaint handling systems in Indonesia
UNDP	United Nations Development Programme

1 Chapter 1 Introduction

1.1 Introduction

There is growing global interest in investigating how best to incorporate citizen feedback into quality improvement of public services and policymaking. Online complaint handling systems are being promoted as mechanisms of participatory accountability suited to all areas of the public sector, including health. In 2013, Indonesia committed to promoting accountability in the public sector by launching a national online complaint handling system called *Online Citizen Aspiration and Complaints Service* (LAPOR!). Within the first two years of LAPOR!'s operation, the sector with the highest number of received complaints was the health sector.

Indonesia's experiences in implementing LAPOR! could offer valuable insights into good practices, implementation challenges and unintended consequences of public sector complaint handling to countries considering such an endeavour. Additionally, due to the volume of health complaints, LAPOR! is an interesting case study into the extent to which complaint handling can provide a systematic method by which citizens can hold government actors and health service providers to account for the quality of health services offered.

1.1.1 Health sector accountability concepts

Lack of accountability is seen by the United Nations Development Programme as being the single most important factor for failures in public service delivery, including health (UNDP Global Center for Public Service Excellence, 2016). Accountability can be broadly defined as the state of being answerable, or responsible for, an action or a service towards another (Barbazza and Tello, 2014; Van Belle and Mayhew, 2016a) Transparency, access to information and public awareness play an essential role in the building of accountability systems (Bartsch et al., 2009). Within such accountability systems, the use of accountability mechanisms which incorporate citizen feedback have been shown to provide the impetus for governments to improve the quality and accessibility of public service delivery (UNDP Global Center for Public Service Excellence, 2016).

Accountability systems which aim to make citizens central protagonists rather than tokenistic participants, and ultimately serve as a catalyst for change and system improvement are known as participatory accountability systems (De Weger et al., 2022; Sandhya and Khanna, 2021; Siregar et al., 2017). Participatory forms of accountability are bottom up, external to organizations and involve clients in decision-making ((Cleary et al., 2013), Marinetto (2011) and Hill & Hupe (2009) as cited in Gilson, 2015). Studies show that participatory accountability systems in the health sector rely on an array of instruments, methods and practices to regulate the answerability between the health system

and citizens who avail of its services (Cleary et al., 2013; Goeschel, 2011; Pine and Mazmanian, 2015). Determining who is answerable to whom for what is a key challenge in the health sector.

Following the Alma-Ata declaration on primary health care in 1978 which sought to involve citizens' voice in health priorities (WHO, 2004), the main actors in the health sector were seen to be government actors, health service providers and citizens who avail of health services. The core relationships between these three sets of health sector actors are influenced by the decentralization of government health structures (Barbazza and Tello, 2014; Devarajan et al., 2007). The direction and flow of influence and oversight between government actors, health service providers and citizens is popularly depicted using a principal-agent theory inspired diagram, Key relationships of power: the long and short route of accountability (World Bank and Oxford University Press, 2003) (Chapter 2, Figure 2.2).

Assessments of decentralization and governance of district level health service delivery continue to rely on the principal-agent theory and this diagram specifically (Abimbola et al., 2017). However, in many countries this decentralization is not a complete devolution of power and financial autonomy to lower policy levels. Instead, situations of partial decentralization arise in which national government actors continue to exert direct influence on sub-national government actors through budget transfers and budgetary allocations (Devarajan et al., 2007). Health sectors characterized by partial decentralization can lead to a lack of clarity about which policy level is ultimately responsible for the quality of care citizens are receiving. This has contributed to the recognition that accountability needs to move beyond purely financial decentralization or devolution and be included in the processes of policy implementation (Priyadarshi and Kumar, 2020).

Approaches have begun to emerge which build on the principal-agent theory to better understand the complexities facing government actors, health service providers and citizens in real world settings. The multidimensional framing of public accountability is one such approach. It uses political, organizational, service provider and social perspectives to account for the interdependence of health sector actors and relationships (Van Belle and Mayhew, 2016a). Within this multidimensional framing, the political dimension encompasses the regulatory and institutional processes designed to enhance public trust; the organizational dimension is characterized by responsiveness to stakeholders; the provider dimension is concerned with the quality of health services; and the social dimension refers to viewing accountability as an instrument for enhancing equity and social justice for communities. Using this framing provides for the possibility that a health sector actor can have simultaneous accountability relationships within and between dimensions. This allows for a more dynamic approach to accountability than the initial principal-agent theory was able to encompass.

The development of online, digital, information communication technology (ICT) based mechanisms of participatory accountability are also on the rise. Complaint handling systems are increasingly being implemented as the participatory accountability mechanism of choice in countries seeking to strengthen public sector service delivery through improved transparency and accountability (Brewer, 2007; Rumbul, 2015; UNDP Global Center for Public Service Excellence, 2016). Online complaint handling systems share this same aim but seek to move citizen engagement online to reposition the power balance between individuals and institutions and improve accessibility (Rumbul, 2015; UNDP Global Center for Public Service Excellence, 2016).

Merely moving complaint handling online does not necessarily overcome the power differentials between health service providers and citizens (Cleary et al., 2013). There are substantial challenges to implementing complaint handling in the health sector due its information asymmetry and complexity. Information asymmetry in the health sector is a bigger problem than in other social sectors as health issues are "often high profile and demand public responses." (Walt et al., 2008, p. 309). As such, achieving the desired public response to complaints is often complicated by situations of partial decentralization as described above and by the complexity of the health sector's polycentric governance. Polycentric governance refers to a situation in which decisions and oversight takes place through increasingly complex webs of actors on all policy levels (Healy and Walton, 2016). Given these factors, determining who is ultimately answerable or accountable for health sector public complaints can be problematic.

There is little documented evidence as to the extent to which complaint handling can serve an accountability purpose in the health sector within countries who have only recently started public sector complaint handling. Indonesia's recent experiences with implementing public complaint handling place it in a good position to contribute to this body of knowledge.

1.1.2 Context of public complaint handling in Indonesia

Indonesia has a population of over 270 million people in 34 provinces stretching geographically across 17,000 islands and four time-zones. Since transitioning to a democratic form of governance at the turn of the century, Indonesia has been undergoing extensive governance reforms. One of the first steps taken was the establishment of an anti-corruption commission in 2002 and the decentralization of public services in 2004 which transferred responsibility for public services to local governments.

The year 2004 also saw the passing of Law no. 29 of 2004 on Medical Practice which laid the foundation for establishing and enforcing minimum ethical and service standards in the health sector through professional regulation. Operationalization of this law was through the Indonesian Honorary Council of Medical Discipline (MKDKI), the body designated to investigate and rule on malpractice

complaints against doctors and dentists. In 2005 the Indonesian Medical Council (KKI) was setup to be responsible for the professional registration of doctors and dentists and ensuring those registered provide quality medical services.

In 2008, Indonesia became a founding member of the Open Government Partnership, following which, there was an acceleration of reforming governmental processes to be more transparent and accountable. The widespread introduction of citizen complaints as a tool to monitor public service standards occurred through Law no. 25 of 2009 on Public Service. This law mandated all Indonesian public service providers to adopt minimum service standards to ensure transparency, and to establish complaint handling systems to encourage accountability and citizen engagement.

Government organizations and providers of public services, including health services, on all policy levels were required to implement this law within a set time-period. There was also a provision for the establishment of LAPOR! as a national online complaint handling system. This law resulted in the development of organization-specific complaint handling systems within government organizations alongside the piloting of LAPOR!. LAPOR! was officially launched as the national complaint handling system in 2013, by which time most government organizations already had functional in-house complaint handling systems in place.

LAPOR! is currently housed within, and logistically managed by, the Ministry of Administrative and Bureaucratic Reforms. However, it also receives political support and oversight from the Executive Office of the President (KSP) and the Ombudsman. LAPOR! aims to encourage public service user feedback through a dedicated website linked to social media accounts and a web application, all of which accept complaints, suggestions for service improvement or requests for information relating to public services including health. The goal is for LAPOR! to facilitate direct communication between public service providers, government organizations, and citizens without the need for a lengthy (in-person) bureaucratic process. The hope was that by doing so, the relationships between the three could be improved, emerging issues could be resolved in a systematic way, and the complaint handling process could contribute to system-wide improvements.

LAPOR! is dedicated to the entire public sector, however, starting in 2015, the top categories of received reports were related to health issues. Many of the complaints were directed towards the recently established national health insurance body, Social Security Administrator for Health, known as BPJS-Kesehatan (Siregar et al., 2017). This led to the interest in studying LAPOR!'s contributions to health sector accountability. Specifically, how effective Indonesian health sector actors perceive LAPOR! to be in soliciting citizen feedback on the health system's daily functioning and their service expectations, and the extent to which these actors use received complaints as input into

organizational quality improvement processes. This would be a relevant addition to a deeper understanding of the use of complaint handling systems as a participatory accountability mechanism in the health sector given Indonesia's size and diversity.

1.2 Study aim and objectives

The aim of this study was to examine the extent to which LAPOR! is perceived by government actors, health service providers and civil society to be an effective mechanism of public accountability in the Indonesian health sector**.**

The multidimensional framing consisting of political, organizational and social perspectives proposed by Van Belle and Mayhew (2016) and an adaptation to Clegg et al. (2017)'s hexagonal socio-technical systems framework were drawn on to structure the development and addressing of the following objectives:

Objective 1: Examine the establishment and evolution of LAPOR! and complaint handling systems in Indonesia from a political perspective

Objective 2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an organizational perspective

Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge

Objective 4: Identify enablers and barriers to the implementation of LAPOR! as a public accountability mechanism in the Indonesian health sector

Objective 5: Identify lessons learned and recommendations for introducing online complaint handling systems for accountability purposes, and propose a conceptual framework suited to assessing complex accountability systems with socio-technical elements

1.3 Significance of the study

Indonesia has the fourth largest population in the world, diverse local contexts, and a partially decentralized health system engaged in digitizing health records and introducing universal health coverage. There is stated national level political commitment to using LAPOR! as the national complaint handling system with sub-national connections to all service providers and government organizations. The goal is to use complaint handling as the mechanism to hold public service providers to account and in doing so, improve the quality and performance of the public sectors, including health.

Within this context, LAPOR! is set to become one of the largest complaint handling systems in the world from both a technological and scope of undertaking standpoint. This makes Indonesia's experiences in implementing LAPOR! relevant to public sector discourse relating to citizen engagement as an external accountability mechanism and complaint handling as a form of participatory accountability. This case study can provide a descriptive snapshot of LAPOR! during its formative years. It offers a glimpse of its evolution and organizational perspectives regarding LAPOR!'s transition from being one of many complaint channels to being the standard for all public service complaint handling systems. This could be advantageous for national and local policymakers when forming directions for the future development of public service complaint handling in Indonesia. The insights gained from examining this case study of LAPOR! could also be of value to actors in countries who are working to strengthen public sector service delivery through online complaint handling.

As the health sector is a key area of public service provision, LAPOR! is similarly well placed to offer insights into the extent to which public complaint handling can contribute meaningfully to accountability in the health sector in Indonesia. Past research on LAPOR! has focused on technological aspects (Napitupulu et al., 2020; Prasetyaningtias et al., 2018; Putro et al., 2020; Rindani and Puspitodjati, 2020; Siradjuddin and Abdullah, 2019) or e-governance and management aspects (Mahendra et al., 2014; Mursalim, 2018; Nengsih et al., 2017). There have not been any systematic examinations into how government or service providers perceive the usefulness of LAPOR! in soliciting citizen feedback for policymaking, nor how citizen groups are using LAPOR! to hold government and service providers accountable. To the best of the researcher's knowledge, this study into the perceived influence of LAPOR! on accountability in the health sector is the first of its kind. As such, the findings of this study could be of use to the national policymakers in Indonesia as well as actors in countries exploring implementing online complaint handling in the health sector. It is worth noting that the literature on complaint handling and quality improvement of health services, and indeed the findings of this study, suggest that the link between receiving feedback and improving the quality of health services is not guaranteed and is in fact quite vexed. However the hope is that the findings from this study may at least contribute to the body of knowledge on using digital technologies as a mechanism of participatory accountability in the health sector.

Finally, this case study offers two contributions to the conceptual framing of health sector accountability. The first is the addition of an extra-long route of accountability to the World Bank's principal-agent inspired diagram *Key relationships of power: the long and short routes of accountability* to account for situations of partial decentralization. The second is a method of assessment which emerged through the course of the data analysis which is suited to examining accountability systems that operate in complex contexts. The proposed Complex Accountability

System Framework provides a way to operationalize assessing public accountability using a systems approach. This framework combines elements of an accountability system (policy, accountability mechanism, institutional arrangements and data) with three overarching dimensions of accountability (political, organizational and social), and suggests methods to approach the analysis using a whole-of-system approach. These conceptual contributions could be useful to researchers seeking to assess accountability mechanisms in complex health sector settings.

1.4 Scope of the study

This study used qualitative research methods to gain an understanding into the extent to which citizens' input through LAPOR! was perceived by health sector actors to have an influence on public accountability in the Indonesian health sector. This involved assessing the Indonesian complaint handling landscape and LAPOR! specifically from the political, organizational, and social dimensions of accountability, and from the interactions between eight socio-technical elements of complaint handling systems, namely policy, goals, infrastructure, technology, processes, actors (people), culture and data.

The choice of a multidisciplinary approach to this exploration of LAPOR! was influenced by my background. My educational background is a combination of political science and health care management, and I have had a non-traditional career path. I have worked on a range of social development and health projects in cooperation with national government actors, academic institutions and grassroots communities in both Eastern Europe and South East Asia. This background has led to an interest in governance and accountability mechanisms in the public sector, which in turn influenced my curiosity in this current topic of study.

In light of the availability of pre-existing research on the technological aspects of LAPOR!, this study focused on the interactions between the social and technological aspects of LAPOR!. Specifically, the study looked at how the overall functioning of complaint handling and LAPOR! were perceived politically, organizationally, and socially. LAPOR! is dedicated to soliciting citizen engagement regarding the entirety of the public sector, however, this study focused only on the complaint handling aspects most relevant to the health sector. The study did not seek to identify specific shortcomings in health sector performance. Instead, it sought to determine the extent to which health sector actors were open to using the feedback collected through complaint handling systems to improve quality of services or patient safety.

Finally, the study did not attempt to create a representative sample of the sub-national realities across the Indonesian archipelago. Instead, the study locations were purposefully chosen to ensure a rich

source of comparable data by which to form an understanding of the realities and potentialities of complaint handling in relation to the health sector.

1.5 Outline of the study

This study consists of eight chapters. Table 1.1**Error! Reference source not found.** below provides an o verview of the chapters' content.

Table 1.1 Overview of chapters and content

Chapter	Overview of chapter content
Chapter 1 Introduction	Overview of the study
Chapter 2 Literature Review and Descriptive context	Part 1 presented literature related to the public accountability in the health sector and complaint handling systems. Part 2 provided essential background context on Indonesia and LAPOR!
Chapter 3 Methods	Introduced the three conceptual frameworks used and the qualitative research methods Presented details around the purposeful selection of Semarang, Central Java and Medan, North Sumatra and the choice of organizations and respondents for semi-structured interviews
Chapter 4 Results	Political dimension of LAPOR! and complaint handling landscape (Used to address Objective 1)
Chapter 5 Results	Organizational dimension of LAPOR! and organizational complaint handling (Used to address Objective 2)
Chapter 6 Results	Social dimension of LAPOR! and perspectives on the act of complaining and complaints data (Used to address Objective 3)
Chapter 7 Discussion	Considerations regarding LAPOR! and the Indonesian complaint handling system; description of how to apply the complex accountability system framework (Used to revisit Objectives 1-3, and to address Objectives 4 and 5)
Chapter 8 Conclusion	Summary of key messages from the study

1.6 Conclusion

This chapter provided an overview of this study into the extent to which LAPOR! has been perceived by health sector actors to be an effective mechanism of public accountability in the Indonesian health sector. This chapter introduced key contextual ideas related to the domain of public accountability in the health sector and the socio-political context of public complaint handling in Indonesia. The study aim and objectives were presented followed by a brief description of the significance and scope of the study and a summary table with the outline of the main chapters. This chapter sought to lay the

foundation for the detailed description of the research and considerations that will ensue starting in Chapter 2.

2 Literature Review

2.1 Introduction

This chapter consists of two literature reviews. The first was a review of literature on public accountability in the health sector and online complaint handling systems. The second was a review of literature relating to Indonesia, the Indonesian health sector, and LAPOR! the national online complaint handling system.

The method of narrative review was chosen for both literature reviews due to its ability to present a broad perspective and to be synthesized across disciplines (Noble and Smith, 2018). The study of LAPOR! brings together the research domains of public accountability in the health sector and online complaint handling. Details of the literature review methods can be found in Chapter 3, Section 3.4.1.

The use of narrative review for the first review of literature provided a way to describe the broad trends in the development of accountability in the health sector and the evolution of public sector complaint handling (Green et al., 2006). These ideas were used to develop the objectives this study sought to address, namely the extent to which LAPOR! is perceived by government actors, health service providers and civil society to be an effective participatory mechanism of public accountability in the Indonesian health sector.

The second narrative literature review was conducted to provide a solid starting point for anyone seeking to understand the dynamics present in the Indonesian health sector, and the historical context of LAPOR!. The narrative review method was used to bring together different sources of information and ideas and synthesize them in a readable format (ibid.). This was used to develop the descriptive context essential to understanding the results of this case study.

The first narrative review begins in Sections 2.2 with a descriptive overview of health governance and public accountability in the health sector; the focus on including citizens and citizen engagement mechanisms in health sector accountability processes; and the challenges faced when doing so. An outline of the conceptual framings of health sector accountability relationships can be found in section 2.3. The evolution of complaint handling begins in section 2.4. It introduces public sector complaint handling; the differences between the stated goals of complaint handling in different countries and provides an overview of the emerging field of complaints data governance and use.

The second review begins in section 2.5 with an outline of Indonesia's decentralized government structures, the health sector's multi-level policy dynamic, challenges due to a partially decentralized health financing system, and the strategic direction towards e-health. Sub-section 2.5.5 introduces LAPOR! and provides a brief overview of the context around its establishment.

2.2 Health governance and public accountability

Modern health sectors are characterized by polycentric governance, with decisions and oversight taking place in increasingly complex webs of actors on all policy levels (Healy and Walton, 2016). Governance can be defined as being concerned with how actors in a given system function, and reasons for these behaviours (Pyone et al., 2017). Accountability can be broadly defined as the state of being answerable, or responsible for, an action or a service towards another (Barbazza and Tello, 2014; Van Belle and Mayhew, 2016a).

Accountability plays a significant role in health sector legitimacy and the two are inextricably linked through a network of complex relationships between government officials, health care providers and patients (Paina and Peters, 2012; Siddiqi et al., 2009). In low-and-middle-income countries (LMICs), these core relationships are in turn influenced directly or indirectly by the political shift towards a decentralization of government health structures (Barbazza and Tello, 2014; Devarajan et al., 2007), the push for citizen participation in setting goals for primary health care (Cleary et al., 2013; Hall and Taylor, 2003; Mulumba et al., 2021), and the development of digital public space as the new focus for measures to strengthen citizen voice and increase public accountability (Goswami and Pinto, 2021).

Lack of accountability is seen by the United Nations Development Programme as being the single most important factor for failures in public service delivery, including health (UNDP Global Center for Public Service Excellence, 2016). The underlying commonality between the above definitions of governance and accountability is that both are concerned with the relationships and corresponding responsibilities between actors towards others. Thus, if these two definitions are combined, public accountability in the health sector can be described as "the state of being answerable for the functioning of health service provision by those in positions of power, both politically and organizationally, towards those availing of those services." This was used as the definition of public accountability in this study.

The following sections synthesize the evolution of accountability in the health sector. First by examining the formal accountability relationships between government actors and health service providers, then by looking at the inclusion of citizen engagement in health priority setting to reposition the power structures of the health sector, the enabling environments needed for citizen engagement and finally links between accountability and public sector legitimacy.

2.2.1 Government actors and health service providers as key health sector actors

There are challenges to ensuring accountability in complex health systems (Naher et al., 2020). One of the first steps when establishing accountability mechanisms is to determine who is answerable to whom for which services. The health sector can be said to have begun with the formal relationship between the national (or central) government actors and health service providers (Paina and Peters, 2012; Siddiqi et al., 2009). The political shifts towards decentralization of government health structures have contributed to moving the relationships between government actors and health care providers to sub-national levels (Barbazza and Tello, 2014; Devarajan et al., 2007). Thus adding local government actors to the original core of health sector relationships between national government actors and health service providers. The relationship between government actors (on all policy levels) and health service providers continues to be characterized by top-down, internal accountability focused on compliance to rules, prevention of harm, performance metrics and sanctions for transgressions (Goeschel, 2011; Pine and Mazmanian, 2015). This accountability relationship has perhaps remained stronger than other health sector accountability relationships as it is the most clearly defined. This is likely due to legal service compacts which make use of fiscal and programmatic areas that can be evaluated against service standards and organizational goals (O'Hagan and Persaud, 2009; Peckham, 2014).

This relationship between government actors and health service providers has strong ties to organizational performance monitoring. This type of performance monitoring is necessary to identify the gap between the policy standards and current realities (O'Hagan and Persaud, 2009) On the other hand, too much emphasis on evaluating organizational performance based on a static set of metrics can lead to less transparency and accountability for actions (Pine and Mazmanian, 2015). Relatedly, organizations which are tasked to develop accountability infrastructure beyond their current technological skills and capacities often face challenges with overburdening their human resources (ibid.).

Lee and You (2011) describe organizational accountability as involving an interplay between responsiveness, defined as conformance to legal and institutional demands, and value-creation, defined as meeting the expectations of multiple stakeholders and creating new and appropriate benefits at a high level (Lee and You, 2011). An organization can only achieve this balancing act between responsiveness and value-creation if there is a conscious intention to pursue the management and use of multiple sources of knowledge to improve organizational processes and create a culture of accountability and learning (Cleary et al., 2013; O'Hagan and Persaud, 2009; Pine and Mazmanian, 2015; Smith-Merry et al., 2017). The main factors influencing organizational accountability can be summarized as organizational policy level and type, organizational peers and

inter-organizational networks, the extent of transparency in budgeting and financial management, and the presence of a policy champion (Lee and You, 2011; Liverani et al., 2013; Siddiqi et al., 2009).

2.2.2 Addition of citizens to list of key health sector actors

Due to the characteristics of the accountability relationship between government actors and health service providers above, health service providers can be said to operate in a highly regulated environment with a great deal of information asymmetry (Brinkerhoff, 2004). To bridge this information gap and reposition the power structures of the health sector, the Alma-Ata declaration on primary health care in 1978 sought to involve citizens' voice in health priority setting and increase health system responsiveness to community needs (Cleary et al., 2013; Hall and Taylor, 2003). This means citizens began to be considered key stakeholders in the health sector.

In settings with institutional openness to citizen engagement, citizen feedback has been shown to help improve the quality and accessibility of public service delivery, increase state legitimacy in the eyes of society, and strengthen accountability through citizen monitoring of public service performance at point of delivery (UNDP Global Center for Public Service Excellence, 2016). Thus the addition of citizens to the set of accountability relationships between government actors and health service providers was envisioned to be the catalyst for changes for the better with regards to health service provision.

There are critiques towards combining accountability measures with change agendas. Kushner (2005) argues that change and accountability are in fact competing political agendas. Using accountability measures for organizational performance monitoring can be perceived by organizations as a form of risk. This leads to risk-aversion strategies in order to avoid sanctions for performance shortcomings (Kushner, 2005). Promoting change on the other hand requires a focus on reflection and learning from experiences. This in turn necessitates the creation of safe spaces which tolerate failure and risk taking within which to experiment with changes and innovations (ibid.). Despite these opposing outcomes, it is increasingly common to implement accountability measures in low-trust environments with the stated intention of promoting modernization and reform agendas (ibid.).

The grassroots level is considered to be where meaningful multi-stakeholder partnerships can be formed between community leaders and government representatives (Ruano, 2013), thus opening the possibility for citizen engagement in accountability mechanisms to be a relationship building measure contributing positively to citizen trust in government. However, Cleary et al (2013) point out that using citizen engagement as an external accountability mechanism presupposes that the citizens have a culture of voluntary participation and sufficient capacity to provide meaningful input, and that the service providers receiving the input are open to it (Cleary et al, 2013).

2.2.3 Enabling environments needed for citizen engagement

Citizen engagement in the health sector is based on the concept that people have the right to contribute to issues of public interest that directly affect them(Wiles et al., 2022). Health sector reforms promoting patient-centered care appear to view the patient as an empowered consumer engaging in a responsive and participatory process with healthcare professionals (Hall et al., 2018; Simborg, 2010; Wiles et al., 2022). This concept was likely influenced by the shift towards consumer empowerment that began with the consumer rights movement in the 1960s (described below in sub-section 2.4.1). In this empowered consumer paradigm, the patient is an actively engaged, knowledgeable, and rational consumer who is fully informed and, ideally, free to choose health service providers that meet their needs and expectations (ibid.). The health service providers are thus nudged to solicit citizen feedback on their provided services and take improvement measures accordingly to ensure patient satisfaction with received care – measures which would in turn contribute to continued utilization of their health services. The assumptions underpinning this paradigm likely influenced the development of the principal-agent model of health sector accountability relationships (described in sub-section 2.3.1 below).

While there is little doubt that the engagement of citizens in healthcare priority setting, service delivery and decision-making regarding their own care is both necessary and needed to accelerate positive changes to health-care delivery (as introduced in sub-section 2.2.2 above), the operationalization of this engagement remains a work in progress. On one hand, citizens are at the forefront of processes to take ownership of personal health and even self-manage health conditions through health technologies ("Empowering consumers to manage their health," 2017; Iliffe and Manthorpe, 2020; Simborg, 2010; Spiridon et al., 2018). On the other hand, purely consumeristic approaches to health care can create unintended consequences with societal impact. The trend to refuse routine childhood vaccinations against vaccine-preventable diseases in the absence of compelling medical reasons leading to community outbreaks is one such unintended consequence (Iliffe and Manthorpe, 2020).

Furthermore, health service providers have shown a high potential for resistance to performance oversight through citizen engagement as it adds another layer of accountability to an already demanding package of internal and external mechanisms (Cleary et al, 2013). Studies have shown that organizational performance is negatively affected when there are multiple, potentially conflicting accountability relationships simultaneously at play (Lee and You, 2011). This appears to be compounded when the accountability demands are set without a realistic analysis of the web of technical, social and organizational resources already in place (Pine and Mazmanian, 2015). These are perhaps contributing reasons as to why studies show that the inclusion of citizens into decision

making regarding health sector standards and services has remained slow and mired in challenges. (Han et al., 2021; Mohseni and Lindstrom, 2007; Mulumba et al., 2021).

Studies have demonstrated that the prerequisite for including citizens into health-related processes is institutional openness to adopt governance approaches that enable and sustain responsiveness to citizens' public service provision needs (Baez-Camargo, 2019; Cleary et al., 2013; UNDP Global Center for Public Service Excellence, 2016). Institutional openness is sometimes measured through examining the extent to which accountability mechanisms have been formalized through national and organizational legal frameworks (Duran, 2016; Goeschel, 2011). Another measure of institutional openness is through determining the extent to which accountability mechanisms are incorporated into organizational culture and processes (Cleary et al., 2013; O'Hagan and Persaud, 2009).

A further possible reason for slow incorporation of citizens into health processes is related to the diversity of the grassroots communities and their historical contexts which affect public trust and their perceived right to health (Mohseni and Lindstrom, 2007; Mulumba et al., 2021). In such settings, civil society is often engaged to assist with capacity building of citizens or government actors. Civil society organizations receive donor-funding for projects to improve citizens' ability to make sense of their rights and health service standards, and to help citizens advocate for those rights through a variety of accountability mechanisms (Kusumaningrum et al., 2018). The intended results of these types of citizen engagement projects are increased access to quality health services due to holding service providers to account, the 'thickening' of alliances and networks, and the perception that the government is responsive and accountable (Gaventa and Barrett, 2012; Martin Hilber et al., 2020).

There are also concerns that the source of funding changes who participates and to what ends (Devarajan et al., 2011). For example, marginalized groups are not always represented in donor-funded civil society organizations, and therefore, broader conditions of inequality are at risk of remaining unaddressed (ibid.). This is somewhat balanced by the evidence that supporting civil society organizations on information related initiatives, performance benchmarking of local levels of government, and strengthening compact mechanisms between government and service providers can lead to institutional strengthening (Devarajan et al., 2011; O'Hagan and Persaud, 2009). In any case the main responsibility for engaging with citizens and determining their perceptions of the public sector often falls to the front-line actors.

2.2.4 Links between accountability and public sector legitimacy

A desire for greater public sector legitimacy often forms the reason for governance and administrative reforms towards accountability. This process of becoming more accountable necessarily involves "changing deeply entrenched mutual expectations in a society" (Holmberg and Rothstein, 2011, p.

540). There is a view that identifying and understanding the motivation of those working in public service is a prerequisite for managing public service provision (Zubair et al., 2021) and that strongly motivated senior health officials are an essential part of policy reform processes (Liverani et al., 2013). However, according to Bennett et al. (2012), it is time to shift from the model of an individual policy champion to a collective institutional capacity to influence policy (Bennett et al., 2012).

Developing this capacity for public positioning of issues to influence broader political priorities relies on the strength of the actors involved (Shiffman and Smith, 2007). This brings in the role of bureaucrats. Front-line bureaucrats are a key set of actors in advancing health reform agendas in Southeast Asian countries (Pisani et al., 2016). Front-line actors in contexts with low quality governance and limited resources have the opportunity to use their interactions with citizens for informal payments or bribes (Naher et al., 2020). Discretion of front-line actors such as these thus fills the space between the overall policy goals and their implementation (Lipsky (1980) cited in Gilson, 2015). Citizens are the ones best placed to notice how big this gap is. Studies show public sector legitimacy is perceived as weaker in situations where government agencies have yet to fully incorporate broad public engagement in policymaking (Bennett et al., 2012). This means the extent to which citizens have the ability to provide feedback on the difference between expectations and experiences in turn influences citizens' perceptions of public sector legitimacy.

Regulations and policies can play an important role in reform processes and decreasing the amount of discretion an actor can use inappropriately and get away with. Although it is worth noting that top-down regulatory based approaches to combating corruption in low-middle-income countries (LMICs) have largely failed (Naher et al., 2020). Studies from high-income countries (HICs), however, have shown that regulations that are able to operate responsively, along a spectrum or pyramid of incentives and sanctions are most likely to create the environment in which deeply entrenched mutual expectations can change (Carney et al., 2017; Healy and Braithwaite, 2006) This requires the institutionalization and diversification of relationships with funders, policy makers and other policy actors (Bennett et al., 2012, p. 201).

2.3 Conceptual framings of accountability relationships in the health sector

Van Belle and Mayhew (2016) characterize the accountability relationships between health system actors using their respective policy levels and the corresponding mode of governance (Van Belle and Mayhew, 2016b). Countries with decentralized public service delivery experience all of these accountability relationships though the actual distribution and mix depends on the socio-political context. Table 2.1 below illustrates the relationships as consisting of a hierarchical, vertical accountability relationship between public institutions on different policy levels (for example, national

level with sub-national level); collaborative, horizontal accountability relationship between public institutions on the same policy level; and networked, partnership style accountability relationship for collaborations between public institutions and non-state actors, usually civil society. (Van Belle and Mayhew, 2016b).

Table 2.1 Health system accountability relationships (adapted from Van Belle and Mayhew, 2016)

Description of actors involved	Modes of Governance	Type of Accountability Relationship
Institutions on different policy levels	Hierarchical	Vertical
Institutions on the same policy level	Collaborative	Horizontal
Collaboration between public institution and non-state actors	Networked	Partnership

According to Smith et al. (2012), the health sector relationships in most countries operate a mix of accountability processes that have developed through what they describe as a blend of historical accident and political expediency. They identify four classes of accountability mechanisms:

1. Market-based systems of choice, in which patients and insurers exert pressure by deciding who to buy services from.
2. Systems of electoral accountability, in which relevant authorities are subject to periodic electoral scrutiny.
3. Direct incentives through managerial control or payment mechanisms.
4. Accountability of providers to professional oversight and control (Smith et al., 2012, pp. 46–47)

From these broad conceptualizations come specific angles of accountability relationships. For example, Siddiqi et al. (2009) take an organizational view of accountability, and see it as differing depending on the organization. They categorize it according to whether the decision is internal or external to an organization, and identify three levels of assessment, namely national, health policy formation and policy implementation. The broad questions they recommend using during assessment are concerned with the role of media, oversight mechanisms, and effective enforcement of accountability processes (Siddiqi et al., 2009, p. 22). Bartsch et al (2009) expand on the idea of external accountability when citing ideas of Grand and Keohane (2005) which emphasize peer accountability, referring to actors being answerable to others on the same level; and public reputational accountability, referring to when a negative reputation can have negative impacts on activities (Bartsch et al., 2009). Social

accountability is defined as an approach to building accountability that relies on civic engagement (Siregar et al., 2017).

In all these different aspects of accountability, transparency, access to information and public awareness are seen as playing an essential role in the building of accountability systems. (Bartsch et al., 2009). UNDP's Global Center for Public Service Excellence lists eight characteristics by which to increase the relevance of citizens in public sector accountability relationships, a brief paraphrasing of which is as follows:

1. Involvement of citizens and civil society organizations into a critical mass which can strengthen social accountability;
2. Use of different mechanisms including information communication technologies to expand opportunities for citizen participation;
3. Have pressing social concerns as a motivation for engagement, or have the engagement initiated by the state and implemented by bureaucracy;
4. Short term engagement that is usually donor driven versus long term commitment in which the citizen engagement is integrated into governance processes;
5. Citizen engagement as a process of confrontation and accommodation between state and citizens (depending on the context engagement can be constructive, confrontational or disruptive);
6. Engagements can range from informal to formal with clear rules and norms;
7. Citizen engagement can take place with or without the mediation of civil society organizations;
8. Can take place on local, regional, sector, national or global levels depending on the objectives of the engagement. (UNDP Global Center for Public Service Excellence, 2016, p. 4)

2.3.1 Principal-agent theory inspired model of health sector relationships

Discussions of accountability in health care settings are not complete without an examination of the 'principal-agent' theory to frame the accountability relationships. The framework used to introduce this theory is drawn from the World Development Report 2004 which presented a framework depicting the long and short routes of accountability (World Bank and Oxford University Press, 2003).

The World Development Report 2004's seminal framework is based on a conceptualization of five facets of accountability (Figure 2.1 The five facets of accountability (World Bank and Oxford University Press, 2003)Figure 2.1) using a 'principals/agents' model to describe the types and directions of roles and responsibilities between 'principals' (clients, citizens, and policy makers) and 'agents' (policy makers and service providers). The 'principals' are seen to have the role of delegating, financing and

enforcing responsibilities in relation to the ‘agents’, while the ‘agents’ are seen to have the role of performing responsibilities and providing information to the ‘principals’ (World Bank and Oxford University Press, 2003). In other words, the principal sets the expectations or incentives for the agent, and the agent acts on behalf of the principal. (ibid.)

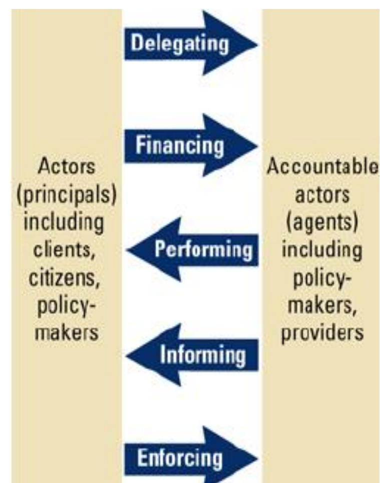

Figure 2.1 The five facets of accountability (World Bank and Oxford University Press, 2003)

Because the focus of the model is on the type of relationship between two actors, the same actor can fill the role of principal in one set of relationships, and the role of agent in another. For example, policymakers can be seen as agents in relation to citizens, or principals in relation to service providers. In this example, citizens, as principals, have expectations of responsiveness from the government, and the incentive takes the form of the public trust and likelihood of political re-election in the future. The government, as the agent, acts on behalf of the citizens to establish and incentivize meeting minimum standards of public services through contracts and compacts with service providers. Thus the government becomes a principal in relation to the service providers, who in turn offer services on behalf of the government as agents.

This model in effect looks at three categories of key actors in relation to the provision of public services: the government / state (politicians, policy makers), service providers (organizations, front line workers) and citizens (clients, coalitions). A diagram for approaching their power and accountability relationships was created known as the *Key relationships of power: the long and short route of accountability* (Figure 2.2).

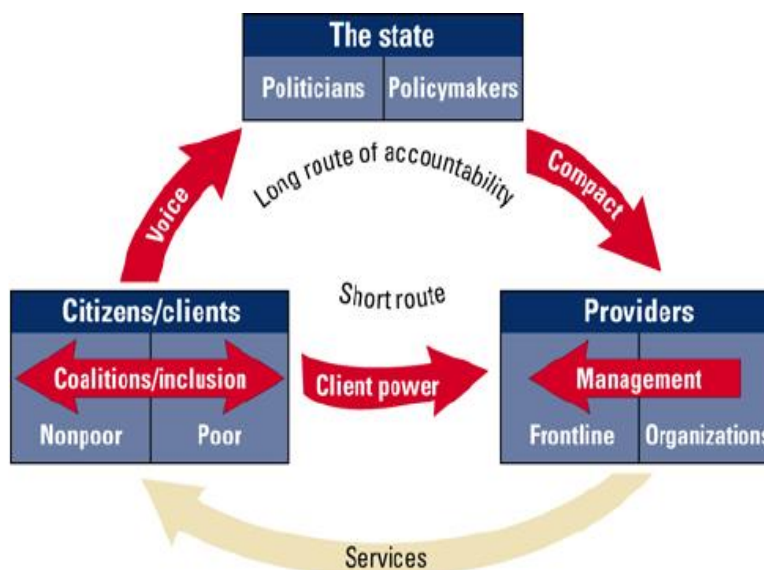

Figure 2.2 Key relationships of power: the long and short routes of accountability (World Bank and Oxford University Press, 2003)

In this diagram, citizens can be either individuals or non-state organizations/coalitions and potentially engage in two types of power relationships. One type of power relationship is towards the government, in the form of citizens voice and/or a democratic process of election of political representatives (referred to as the long route of accountability); the other type is towards public service providers in the form of client power which could either involve giving feedback through complaints systems on quality of services, or through decisions regarding which service providers to use (referred to as the short route of accountability). The government's relationship with citizens involves listening to their input and then using that as a basis or influence into the type of compact or agreements the government actor has with service providers. Meanwhile, service providers provide services to citizens, and while they do receive some direct feedback from citizens, their primary area of influence is one of internal organizational performance monitoring, particularly of front-line workers. (World Bank and Oxford University Press, 2003)

Studies that use the relationships between principals and agents for examining health sector relationships tend to highlight the relevance of information asymmetry in health systems (Pyone et al., 2017). The principal-agent theory has also been used to analyse decentralization and governance of sub-national levels in LMICs, particularly the governance of information systems and district level service delivery (Abimbola et al., 2017). This is relevant for the current research as Indonesia is decentralized. However, as the complexity and types of relationships influencing the interconnections between the government, health service providers and citizens continue to evolve, approaching accountability from other angles has also begun to emerge.

Devarajan et al (2007) contributed to the depiction of power and accountability between citizens, service providers and the government by introducing the concept of partial decentralization. Partial decentralization is defined as situations in which local governments do not have full discretion over all aspects of their budgets, with the result that they are not able to be held fully accountable for allocations and outcomes (Devarajan et al., 2007). This weakens the accountability relationship between citizens and local policymakers as the local and national officials shift the responsibility and reasons for poor service quality between government levels (ibid.). Health sectors characterized by partial decentralization can lead to a lack of clarity about which policy level is ultimately responsible for the quality of care citizens are receiving. The relationships between national and sub-national officials therefore become an influential factor in the quality and type of accountability relationships that reflect local contextual issues. This has contributed to the recognition that accountability needs to move beyond purely financial decentralization or devolution and be included in the processes of policy implementation (Priyadarshi and Kumar, 2020).

This in turn influences the accountability relationship between citizens and health service providers. In certain contexts, citizens have little power by which to influence health services directly (due to a lack of choice regarding which health service to use) or indirectly (due to the lack of a mechanism to influence government oversight of the health services). In such situations health service providers tend to focus more on their relationships with central authorities than they do with the citizens who are their patients (Mills, 1994). Peckham (2014) suggested that the more diversified and fragmented the accountability system in the health sector, the more this creates a context that ultimately favours a stronger centralized accountability (Peckham, 2014). This is reflected in the tension between the desire for greater local autonomy and innovation through decentralization of services and the central political responsibility for establishing regulations with significant implications for local implementation (Cleary et al., 2013; Goeschel, 2011; Peckham, 2014).

Van Belle and Mayhew (2016) proposed a multidimensional framing of public accountability in health systems to account for the interdependence of actors and relationships, and the complementarity of professional, organizational, political and social perspectives in terms of accountability (Van Belle and Mayhew, 2016a). The framework used a nested approach to situate the health service provider dimension within the organizational dimension within the political dimension within the social dimension. See Figure 2.3 for a depiction of these dimensions. This allows for a dynamic approach towards examining accountability relationships between and within dimensions. In other words, it builds on the principal-agent theory to depict the reality that a single actor can be simultaneously accountable professionally in a horizontal type of relationship with peers within the provider dimension, vertically with a supervisor or association in the organizational dimension, serve as a civil

servant with the associated political accountability affiliations, and be in partnership with civil society actors in the social dimension.

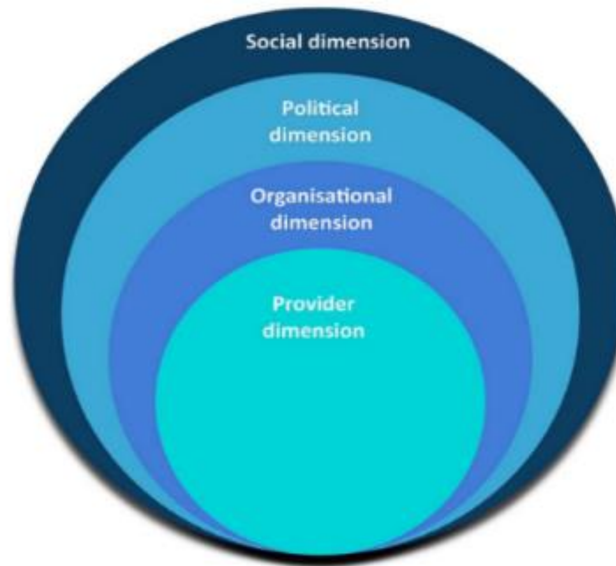

Figure 2.3 Multidimensional frame of public accountability in the health sector (Van Belle and Mayhew, 2016)

This framework provides an overarching framing by which to approach the multi-level and multi-stakeholder accountability interactions present in the health sector, however it falls short of providing a method for evaluating or operationalizing the analysis of public accountability within or between dimensions. Based on this, the current study into LAPOR! sought to pilot a method by which to approach the complexities of public accountability systems in a systematic way.

Both of the conceptual frameworks from this section were adapted and used to frame the data collection and data analysis of this study. An extra-long route of accountability was added to the Figure 2.2's diagram depicting the key relationships of power to account for situations of partial decentralizations (details in section 3.3.1). This is a relevant addition to this study as the Indonesian health sector is partially decentralized as will be demonstrated in section 2.5.3. The multidimensional framing was condensed into three dimensions (political, organizational, social). This was done as the organizations in Indonesia are required to be both responsive to citizens and concerned with the quality of care. Details regarding these adapted frameworks can be found in Chapter 3, section 3.3.

2.4 Participatory accountability mechanisms in the health sector

Accountability systems which aim to make citizens central protagonists rather than tokenistic participants, and ultimately serve as a catalyst for change and system improvement are known as participatory accountability systems (De Weger et al., 2022; Sandhya and Khanna, 2021; Siregar et al., 2017). Participatory forms of accountability are bottom up, external to organizations and involve

clients in decision-making ((Cleary et al., 2013), Marinetto (2011) and Hill & Hupe (2009) as cited in Gilson, 2015). Participatory accountability mechanisms are being combined with the development of digital public space as the new focus for measures to strengthen citizen voice and increase public accountability (Goswami and Pinto, 2021). In other words, the development of online, digital, information communication technology (ICT) based mechanisms of participatory accountability are on the rise.

Complaint handling systems are one such participatory accountability mechanism of choice in countries seeking to strengthen public sector service delivery through improved transparency and accountability (Brewer, 2007; Rumbul, 2015; UNDP Global Center for Public Service Excellence, 2016). The processes that govern complaint handling systems contain the five elements that Mees and Driessen (2019) consider crucial for an accountability mechanism: clear responsibilities and mandates; promotion of transparency, political oversight, citizen control, and checks and sanctions (Mees and Driessen, 2019). Complaint handling systems rely on citizen participation to serve as form of external accountability mechanism by which to hold service providers to account for the quality and safety of services offered.

2.4.1 Complaint handling systems

The earliest health sector complaint handling systems were found in professional regulatory bodies. In countries which passed medical acts to regulate the standards, competencies and ethics of the practicing health professionals, there were usually corresponding clauses obliging the regulatory body to investigate and assess complaints received regarding unprofessional behaviour. (Breen et al., 2016; Leslie et al., 2021; O'Donovan and Madden, 2018). This type of professional regulation-based complaints system remained dominant until the consumer rights movement largely spearheaded by Ralph Nader in the 1960s and 70s in the United States. ("Digital History: Ralph Nader and the Consumer Movement," 2021; "Ralph Nader," 1996; Fernando, 2012). Nader believed that ordinary citizens were best placed to campaign for quality improvements to make safer products and workspaces. As such he was instrumental in both laying the foundation for consumer rights councils which influenced the public sector, including health, to become more responsive to consumers' perspectives and needs, and in establishing legal protections for whistle-blowers (ibid.).

The influence of this rights movement can be seen in the evolution and introduction of citizen complaints systems into decentralized public service delivery in the United States (Brewer, 2007; Pramusinto, 2014), and in the changes to the health complaints system in Australia that began in the early 1980s (Breen et al., 2016). To illustrate, Australia responded to the widespread dissatisfaction with the regulatory body style complaints system by establishing health specific commissions or

offices responsible for managing health-related complaints. For example, New South Wales set up a Health Complaints Unit with the Department of Health (ibid.)

Complaint handling in the health sector has continued to evolve and these days brings together diverse domains of management and ethics, quality improvement and patient safety, grievance redress and sanctions, and policy-making (Carney et al., 2017; McCreaddie et al., 2021; Pine and Mazmanian, 2015; van Dael et al., 2020). Health complaint resolution methods range from investigation, conciliation, mediation or simply providing information (Carney et al., 2017).

The health sector complaint handling regulatory frameworks and overall landscape varies widely by country, particularly in terms of governance arrangements. England, New Zealand and Australia have a dedicated health Ombudsman to manage health complaints (Healy and Walton, 2016) whereas other countries include health complaints under the public sector complaint umbrella. In any case the health complaint handling system technologies are largely the same as for the other public sectors, ranging from a complaints box at the entrance of a service provider office, to a dedicated service desk, to online websites and platforms accessible by smart phones and through social media.

There are substantial challenges to implementing complaint handling in the health sector due its information asymmetry and complexity. Information asymmetry in the health sector is a bigger problem than in other social sectors as health issues are “often high profile and demand public responses.” (Walt et al., 2008, p. 309). As such, achieving the desired public response to complaints is often complicated by situations of partial decentralization as described above. There are additional complications due to the health sector’s polycentric governance. Polycentric governance refers to a situation in which decisions and oversight takes place through increasingly complex webs of actors on all policy levels (Healy and Walton, 2016). Health sector characterized by this form of governance are quite complicated.

To date there has been limited documented success with combining case-by-case complaint resolution with using complaint case data for system-wide improvements (van Dael et al., 2020). This could be related to the reality that complaint handling systems, similar to the health system, can be characterized by multiple diverse objectives (Carney et al., 2017). On the one hand, there is a stated purpose to use complaint handling to curb the arbitrary use of administrative power and provide oversight of government or service providers (Kerrison and Pollock, 2001). On the other, studies have shown complaint handling is expected to resolve individual cases, prevent future occurrences through changes to the system, improve public trust and professional accountability, and manage risks (Carney et al., 2017). There are further differences in the justification and stated goals of public complaint handling according to the country category in which the complaint handling system is implemented.

LMICs appear to focus more on how complaint handling can improve public sector responsivity to citizens' needs, while high-income countries HICs focus more on how complaint handling can track patient satisfaction with services and patient safety implications for quality improvement.

Stated complaint handling goals in literature from LMICs

The limited number of studies on introducing complaints handling systems into LMICs tend to cite reasons relating to (democratic) governance aspects such as accountability, transparency, strengthening citizens' 'voice' and improving government responsiveness through developing a culture of complaint handling (Camargo and Jacobs, 2013; Gurung et al., 2017; Harrison et al., 2015; Pramusinto, 2014; Thi Thu Ha et al., 2015). There is evidence that even in LMICs with established national legal frameworks supporting using complaint handling systems, there are challenges in operationalising and translating the relevant policies into functional infrastructure and further delays in using the complaints received for public service quality improvement (Hammoud et al., 2021). This suggests that the socio-political and cultural context of the country needs to be assessed alongside the complaint handling to better understand the implementation challenges (Harrison et al., 2015) and choice of complaint handling goals. The reasons for establishing public sector complaint handling system goals in LMICs appear to be more government-control oriented, with a primary aim of complaint handling to use citizen feedback as a method to uncover potential misuses of power or a lack of service provision. Despite this, the language used to describe complaint handling in these settings appears to be optimistically oriented towards relationship building between government and citizens.

Stated complaint handling goals in literature from HICs

Literature on complaint handling systems in HICs reflects the societal trend of incorporating consumer models and consumeristic market concepts into healthcare (Allsop and Jones, 2008; Rosenthal and Schlesinger, 2002; Schauffler et al., 2001). Complaints and complaint systems in HICs have become intertwined with the concept of patient satisfaction (Brewer, 2007) and expectations as to consumer entitlements rather than citizens' rights to health (Allsop and Jones, 2008). Complaint handling systems aimed to develop processes by which to formally respond to individual complainants with an explanation or an apology, and while complaints may be used for service improvement, the system is considered fundamentally different from incident management systems which are largely internal and primarily dedicated to quality monitoring and patient safety (McCreaddie et al., 2021; van Dael et al., 2020). As a result, in recent years the stated goals for complaint handling systems in the health sector in HICs have maintained the original focus on how patient complaints are indicative of system or individual failings but have evolved to include the element that complaints could (and should) be

incorporated into quality improvement mechanisms (Allsop and Jones, 2008; Brewer, 2007; McCreaddie et al., 2021; Paterson, 2002; Schlesinger et al., 2002; Yahui Hsieh, 2012). Understanding patient experiences is increasingly being linked to changes which improve patient safety and increase the quality of care in the health sector (Harrison et al., 2015).

Regardless of country category, there is little documented evidence as to the extent to which complaint handling can serve an accountability purpose in the health sector within countries who have only recently started public sector complaint handling. Indonesia's recent experiences with implementing public complaint handling place it in a good position to contribute to this body of knowledge.

2.4.2 Online complaint handling systems

Online complaint handling systems share the same aims as in-person complaint handling systems but seek to move citizen engagement online to reposition the power balance between individuals and institutions, and to improve accessibility. (Rumbul, 2015); UNDP Global Center for Public Service Excellence, 2016). The intention is to provide anyone with access to the Internet with a method to engage directly with government officials. (Mazanderani et al., 2021).

Studies from HICs have critiqued the use of online spaces believing it to be disproportionately used by one homogenous group within society, a fact which has the potential to distort the government's perception of public needs and public attitudes (Rumbul, 2015, p. 1). From another perspective, online feedback has been considered both a conversation with service providers and an expression of care for the improvement of services by both the one providing the feedback and the one receiving it (Mazanderani et al., 2021). In any case, the move towards digitization and online engagement is increasingly widespread globally.

There is a similar process taking place within organizations as the paradigm relating to evidence-based decision-making transitions into data-driven decision-making (involving data analytics) and trickles over into what is being coined data-driven accountability (Pine and Mazmanian, 2015). Using Pine and Mazmanian's (2015) definition, the data-driven accountability infrastructure includes all the associated technical, social and organizational components needed to implement the required knowledge work to provide transparency and evidence of corrected actions to the public and other stakeholders (ibid.). Online complaint handling systems are intended to do this by bringing together actors and online technology that cuts across policy levels and organizations.

In the health sector, merely moving complaint handling online does not necessarily overcome the power differentials between health service providers and citizens (Cleary et al., 2013). The power

differentials between citizens and providers are also a potential barrier or source of self-censoring that are at odds with the ideals of engaging citizens in external accountability mechanisms. In communities where the relationships between health service providers and citizens was poor, community members reported feeling scared to raise complaints or engage (ibid.).

From the perspective of managing complaints, in countries in which the citizen feedback mechanisms exist in isolation and implementation lacks standardization there are concerns that accountability has less influence on public sector legitimacy (Sutherns, 2020). This suggests there are challenges to implementing online complaint handling due to the socio-technical aspects. A system in which humans and technology interact is a socio-technical system. When these interactions take place in the context of a complex system, the system is called a complex socio-technical system (Clegg et al., 2017). A key challenge in the development of socio-technical systems is the tendency for the development focus to be on the technical (software/hardware) requirements and associated processes for using the technical product rather than on the human behavioural contexts (ibid.). In other words, the focus is on the "what" and "how" of the information-technology product, rather than on the "what for" and "why" of the people using or aiming to benefit from the system.

In response to this gap, Clegg et all (2017) proposed a hexagonal socio-technical systems framework with six socio-technical principles which combine social elements (people, culture, goals) and technical elements (technology, infrastructure, processes) by which to approach the examination of complex socio-technical systems (Figure 2.4) (Clegg et al., 2017). The framework illustrates that changes to any element will cause changes to the other elements in the system which in turn cause additional changes in the original element. Thus, due to the system's interactive nature, there are multiple concurrent interactions among the elements with resultant changes that are dynamic and difficult to accurately predict (Clegg et al., 2017).

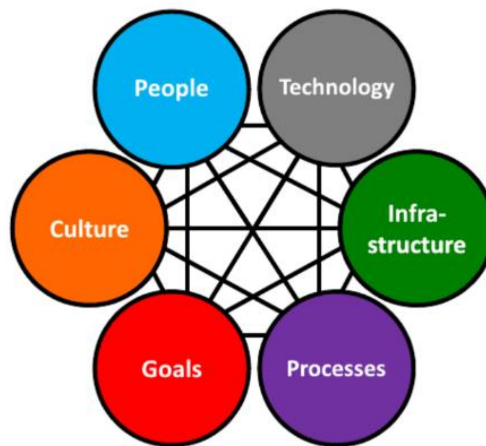

Figure 2.4 Hexagonal socio-technical systems framework (Clegg et al., 2017)

This framework was adapted for the purposes of this study to provide a conceptual basis by which to approach evaluating complaint handling from a socio-technical perspective. The adapted framework added a policy element to account for the overarching influence of policies on complaint handling functioning in Indonesia, and a data element, which is a key complaint handling system output and potential source of system input. Additional details and a depiction of the adapted framework are presented in Chapter 3 Section 3.3.

2.4.3 Complaint handling system data governance and use is an emerging domain

Case-by-case resolution of complaints is the initial purpose and a key result of the complaint handling process. As complaint handling systems continue to move into digital online spaces and expand their potential scopes of coverage, the amount of data collected and generated through such systems will continue to increase. Transforming that data into useful information or evidence that can be of use to health sector actors is an emerging area of research, as is data governance.

Given the growing interest in improving patient safety and experiences in clinical settings, there is a growing body of literature around complaint data use specific to the health sector. Analyzing aggregate complaints data can suggest patterns and trends that would otherwise be missed if only looking at individual data points. On the other hand, working to balance the benefits of analyzing and sharing big data with the need to protect the individuals contributing the data is an increasingly relevant aspect of the domain of data governance (Floridi, 2018; McMahon et al., 2020; Thompson et al., 2015).

Data considerations from the broader domain of data governance appears to hold true for data generated through complaint handling systems. Staunton et al., (2021) identified five data related issues which need to be addressed at national and institutional levels: “an understanding of the

importance of personal information; data protection; improved data quality; transparency in data use; and improved accountability in data use." (Staunton et al., 2021, p. 1).

Studies from HICs demonstrated that organizational approaches to complaints data range from methods for complaints data management and analysis tailored to the health sector and organizational policymaking needs, to the benefits of using aggregated complaint data to identify specific health service areas in need of quality improvement or to ensure patient safety (Harrison et al., 2016). This study of LAPOR! and its impact on public accountability in the health sector includes an objective to examine how complaints data is approached within Indonesian organizations, therefore available literature on complaints data uses in the health sector was included into this review.

Four domains of complaint data use emerged from the literature, namely complaints data management; investigations into complainant profiles; use of complaints as a performance monitoring tool; and as input to policymaking. These four domains progress from being purely informative (in the data management and investigation into complainant characteristics domains) to serving as a knowledge base for higher level thinking processes and decisions (in the performance monitoring and input to policymaking domains). Complaint data management is primarily concerned with standardizing the classification of complaints to allow for comparison and additional analysis. Understanding the contextual information around complainants and non-complainants can contribute to identifying reasons for the types of complaints received. Many studies discuss using complaints data as a tool for performance monitoring. However this performance monitoring is often centred on individuals rather than on the systems within which the individuals operate. There is evidence of a gradual shift towards using complaints to identify gaps between policy ideals and reality, and subsequently use that as input to policymaking to address or close identified gaps. See Table 2.2 for a summary table of the domains of complaints data, the areas of focus and the corresponding studies.

Table 2.2 Complaints data domains of use

Domain	Main area of focus	Relevant literature
Complaints data management	Standardization of complaint taxonomies and hierarchies of classifications	• By topic category or type of complaint (Montini et al., 2008; Powers and Bendall-Lyon, 2002; Reader et al., 2014; Schauffler et al., 2001) • By recipient of the complaint such as specific services, hospital units, procedures, or individuals (Javetz and Stern, 1996; Kuosmanen et al., 2008) • By year or geographic location (Kuosmanen et al., 2008) • By individual complaint cases or complaints of public concern (Kerrison and Pollock, 2001; Paterson, 2002).

Investigation into complainant profiles	Identification and understanding characteristics of complainants	• Barriers and facilitating factors relating to complaining behaviours (Adamson and Seelos, 1994; Gal and Doron, 2007; Gurung et al., 2017; Hsieh, n.d.; Jiang et al., 2014; McCreaddie et al., 2021; Yahui Hsieh, 2012) • Demographics/profiles of complainants and non-complainants (Cleary et al., 2013; Gal and Doron, 2007; Gurung et al., 2017; McCreaddie et al., 2021; Pramusinto, 2014)
Performance monitoring tool	Use of complaints data content as a tool for identify areas of service quality weakness	• Service quality improvement (Allsop and Jones, 2008; Brewer, 2007; Hsieh, 2011a, n.d.; Javetz and Stern, 1996; Paterson, 2002; Rosenthal and Schlesinger, 2002; Schlesinger et al., 2002; van Dael et al., 2020; Walton et al., 2014; Yahui Hsieh, 2012) • Performance monitoring and accountability come next (Kerrison and Pollock, 2001; Paterson, 2002; Pramusinto, 2014; Rosenthal and Schlesinger, 2002; Scott and Grant, 2018; Yahui Hsieh, 2012) • Patient safety and/or consumer protection (Kuosmanen et al., 2008; Reader et al., 2014; Schauffler et al., 2001; Van Dael et al., 2021); • As input to improve the complaint handling systems (Adamson and Seelos, 1994; Healy and Braithwaite, 2006; Pearce et al., 2021; Thi Thu Ha et al., 2015)
Input to policymaking	Aggregate analysis of complaints data to inform policy or regulatory aspects	• Identification of complaint patterns to inform changes needed in legal mandates, healthcare policies or regulatory environments governing aspects of healthcare (Dew and Roorda, 2001; Hsieh, 2011b, n.d.; Javetz and Stern, 1996; Kerrison and Pollock, 2001; Schauffler et al., 2001; Schlesinger et al., 2002; Walton et al., 2014) • As contribution to organizational or health sector forward / strategic planning purposes (Hsieh et al., 2005; Kuosmanen et al., 2008; Montini et al., 2008; Pearce et al., 2021; Thi Thu Ha et al., 2015; van Dael et al., 2020)

2.5 Outline of Indonesia's governance context and health sector

Indonesia has undergone rapid, comprehensive and ambitious large-scale reforms in all areas of political and economic life since the transition from authoritarian rule to democracy in 1998. President Suharto stepped down after 31 years in power during the aftermath of the Asian financial crisis. This ushered in an era of widespread changes beginning with the holding of democratic national level elections which also started a process of broadening participation in policymaking (Aspinall, 2014). In 2001 the process of decentralizing financial and political processes began through the redistribution of the strongly centralized decision-making power down to the sub-national levels (Dowling and Yap, 2008; Kurnia, 2012; Pisani et al., 2016; Silva-Leander, 2015). This reform-minded approach to national

development has continued over the years, with recent mid-term development planning initiatives focusing both on developing the village level and on supporting technological innovation and smart cities (Bappenas, 2020).

Indonesia has also been actively involved in public health goals and initiatives. The global health goal to promote well-being across all ages of the population without financial hardship (WHO-SouthEast Asia, 2019) relies heavily on the successful implementation of a system of universal health coverage and social welfare. Drawing on a legal process that began with the passing of the National Social Security Law and the subsequent establishment of BPJS-Kesehatan, Indonesia's National Medium-Term Development Plan (RPJMN) for 2020–2024 aims to increase access to quality health services toward universal health coverage with an emphasis on strengthening primary health care and eliminating extreme poverty (Bappenas, 2020).

2.5.1 Description of decentralized government structures

Indonesia has five administrative levels. The first level is the national level, housed in the Special Capital Region of Jakarta (DKI Jakarta), which sets the overall vision and strategic direction of the country through policies and laws. The second level is the provincial level consisting of 34 provinces[1]. The third level consists of Regencies (*kabupaten)* and Cities (*kota)* with 514 units (416 regencies and 98 cities). The fourth level is the district or municipality level with 7,230 districts and the fifth level is the village (*desa)* level with 83,449 villages, 8, 488 of which are urban villages (*kelurahan)* (Ministry of Home Affairs, 2020, p. 2281). Figure 2.5 presents a diagram of the administrative levels and a depiction of their vertical relationships to each other using data from the Ministry of Home Affairs (2020).

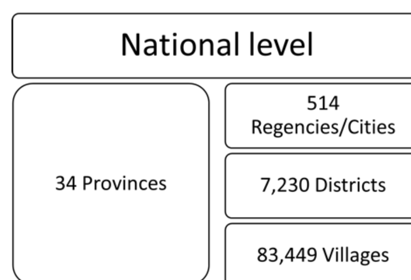

Figure 2.5 Administrative levels in Indonesia (author's work based on data from Ministry of Home Affairs, 2020)

The provincial government serves as a strategic coordinating body between the first and third administrative levels but does not have hierarchical oversight over the third level (Nasution, 2016). The third level is the one usually referred to when talking about local governments. It is also referred

[1] DKI Jakarta has provincial status, so is considered one of the 34 provinces.

to as the district government. This is the level to which the decentralization regulations transferred the responsibilities for implementing basic public services (education, health and infrastructure development) and ensuring quality of care. (Kurnia, 2012; Nasution, 2016; Pisani et al., 2016; Silva-Leander, 2015). In other words, the third (regency/city) level has direct hierarchical oversight over the public services provided on both the fourth and fifth levels. The idea was to encourage ownership for socio-economic development on the levels with the greatest stake in their success and facilitate bottom-up development (Nasution, 2016).

The Indonesian administrative system uses an hierarchical structure for classifying organizational leadership with management responsibilities (World Bank, 2018). This structure has 4 ranks for civil servants, known as echelons. Ministers are beyond the echelon ranks. Director Generals in government ministries, heads of national agencies, and provincial governors hold the rank of echelon I; national ministerial director levels or sub-national senior leadership in regency or cities hold the rank of echelon II; national level ministerial sub-division heads or sub-national district and village leadership hold the rank of echelon III or echelon IV (ibid.,)(Purwanto, 2020). The senior leadership of government organizations, civil servants who are ranked echelon I and echelon II are responsible for the overall performance of the organization, while civil servants who are ranked III and echelon IV are responsible for ensuring compliance with relevant policies and daily operation of technical systems. These civil servants are in turn supported by unranked technical staff.

2.5.2 Health sector characterized by multi-level policy dynamic

The Indonesian health sector has five administrative levels corresponding to the political administrative levels, it also shares the multi-level policy dynamic in which both national policymakers and local governments hold policymaking roles. The Ministry of Health (MOH) on the national level sets the national health policy and priority focus areas, it has oversight over specialist hospitals and vertical hospitals on the national and provincial levels. The local government (on the regency/city level) sets the local health policy and priorities based on the national policies, however due to decentralization, there is discretion to set additional priorities or tailor the implementation of national policies according to local realities. This level has oversight over general hospitals, district level community health centers (*puskesmas)* and village level health posts (*posyandu*). Figure 2.6 presents a depiction of the national level contribution to the local government health policy directions, and the subsequent trickle down to health centers and health posts on the lower administrative levels in relation to Figure 2.5 above.

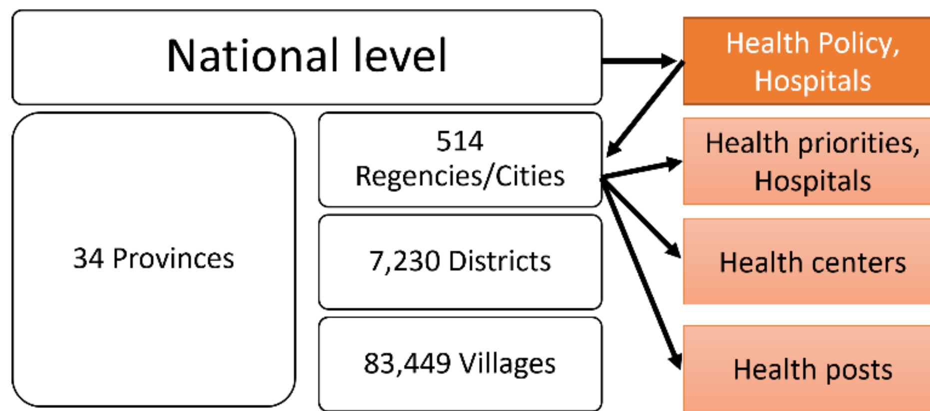

Figure 2.6 National level health policy trickles down via regency/city level health policymaking (author's work based on data from Ministry of Home Affairs, 2020)

The public health system comprised 2,791 hospitals, 649 maternity hospitals, 5,155 community health centers with in-patient capacity and 5,745 community health centers without in-patient capacity in 2019 (*Indonesia Infrastructure Statistics 2019*, 2019). Hospitals on national, provincial and local government levels have a variety of ownership structures including army, police, local government and state-owned enterprises (Bappenas, 2019).

Furthermore, there is a growing private sector which has both private hospitals and private health clinics on various administrative levels. In recent years there has been an annual increase of 7% in the number of private health care facilities compared to only a 2% increase in public ones (Bappenas, 2019). Private health service providers are considered to offer higher quality care compared to the public system and when given the choice outpatients choose to visit private providers (Tandon et al., 2021). The reality seems to be a little less clear cut as evaluations of both public and private facilities have revealed shortfalls in meeting service standards, readiness indicators and even abilities to accurately diagnose basic health issues (Bappenas, 2019; *Health Profile Indonesia 2019*, 2019), aspects which studies have found to be compounded by inadequacies in complaint handling following medical errors (Harrison et al., 2015). In any case, urban areas continue to be increasingly dominated by private health service providers while the rural areas rely on the public health system's network of community health posts (*posyandu*), health centers and different classes of tertiary referral hospitals (*Health Profile Indonesia 2019*, 2019).

Law no. 29 of 2004 on Medical Practice established the Indonesian Honorary Council of Medical Discipline (MKDKI) and designated it to investigate and rule on malpractice complaints against doctors and dentists. This law also led to the establishment of the Indonesian Medical Council (KKI) in 2005 as the body responsible for the professional registration of doctors and dentists and ensuring those registered provide quality medical services. This law ensured the institutionalization of an

accountability mechanism in relation to individual medical professionals. However, in terms of a system of public accountability, there are additional layers of complexity to the structures of the health sector. Interestingly, there is no binding accountability relationship between the MOH and the provincial or local governments, or their corresponding health offices. Instead, the provincial level health offices report on their provincial hospitals and the cross-jurisdictional issues concerning district level health care to their provincial government but not the MOH (Nasution, 2016). Meanwhile, the local government health offices are responsible for the primary health care facilities and the procurement of medical supplies for their individual districts (Coe et al., 2017), and are only obliged to report to their district government, but not to the provincial health office or the MOH. The local government apparatus itself is accountable to the Ministry of Home Affairs (MOHA), though there is an expectation that health services comply with minimum standards set by the MOH (Bappenas, 2019; Nasution, 2016).

As an example of how this set up can lead to a lack of quality assurance, the MOH developed Minimum Service Standards to guide health service provision and provide a basis for performance monitoring of health facilities on all administrative levels. However, given the convoluted reporting lines described above, there is no single mechanism to ensure the service standards are being met, or to identify gaps between primary and tertiary care (Bappenas, 2019; *Health Profile Indonesia 2019*, 2019). Furthermore, local policymaking relating to health is very much intertwined with electoral politics (Aspinall, 2014).

2.5.3 Health financing issues reflected a situation of partial decentralization

In 2018, Indonesia briefly attained upper-middle-income country category (UMIC) and joined Thailand as the only other country in South-East Asia to enjoy this distinction (Tandon et al., 2021). Despite this achievement, Indonesia's total health expenditure in 2018 remained the lowest among South-East Asian countries with only 2.8% of the GDP allocated to health (World Health Organization Global Health Expenditure database, 2021). For comparison, Thailand allocated 3.8%, the Philippines 4.4% and Vietnam 5.9% (ibid.) and the WHO's international benchmark is a minimum allocation of 5% of GDP to ensure adequate universal health coverage.

At the time of this study, there were concerns about how to ensure the mobilization of adequate amounts of domestic funding for national health programming given Indonesia's change in country categorization: Being categorized as a middle income country meant that Indonesia was no longer eligible to receive donor funding for a number of key public health programs including HIV/AIDs, Tuberculosis (TB), malaria and immunizations (Bappenas, 2019). This reduction in funding was predicted to have a negative impact on health outcomes. This was plausible as even with donor

funding and on-going support, Indonesia has remained globally one of 10 countries with the highest numbers of unvaccinated children and has continued to have perniciously high rates of TB (Coe et al., 2017; Mboi et al., 2018). Due to the economic impact of COVID-19, Indonesia was re-categorized to the LMICs group in 2022 ("World Bank Country and Lending Groups – World Bank Data Help Desk," 2022). This implies that the question of how to secure sustainable domestic health financing for health programs has decreased in urgency though not in importance.

According to information from Indonesia's National Health Accounts, approximately 77% of local government's health financing comes from national government funding sources (Ministry of Health, 2018). Given that a significant share of the local government budget is allocated from and earmarked for use by the national government (Bappenas, 2019; *Health Profile Indonesia 2019*, 2019), the national government essentially retains a measure of control over local level public services, thus creating a situation of partial decentralization (Devarajan et al., 2007). On the other hand, even if funding is nationally allocated by the MOH to implement a specific health program through a local health office, as mentioned above, the health office is only accountable to the local government, and the local government in turn is only accountable to the Ministry of Home Affairs. Therefore, the MOH has little actual control over the budget absorption or outcome of the local level health programming.

Compounding the complex financing situation is the addition of the national health insurance agency, BPJS-Kesehatan. BPJS-Kesehatan is external to the financing structures mentioned above yet is integral to the financing of public health services and medicine on local levels. It also represents a substantial recentralization of health financing (Pisani et al., 2016). BPJS-Kesehatan was established in 2014 as the national social health insurance system that united all previous insurance schemes and in doing so became the world's largest single payer system ("Universal health care offers challenges and opportunities in Indonesia," 2019). As a quasi-governmental structure, BPJS is both public and private while being neither. It has also experienced a tremendous amount of implementation challenges on all fronts.

On the political side, BPJS-Kesehatan has faced trials in navigating the national expectations of providing full health coverage for the entire population with the realities of conducting large scale health financing reform across 34 provinces. On the health service provider side, there have been contentious issues with regards to BPJS-Kesehatan's implementation of strategic purchasing relationships with health service providers. For example, issues related to long delays on BPJS-Kesehatan's side in approving payments to service providers (Dewi et al., 2018) and evidence of fraud on providers' side in relation to billing BPJS-Kesehatan (Michaela et al., 2021). On the citizens side, there have been challenges relating to adverse selection in the self-employed category (PBPU) in

which a smaller proportion of healthy people enrol as compared to people with health conditions. This process leads to a situation of chronic severe budget deficits as the pool of premiums isn't large enough to cover the costs of care.

Overall, the health financing arrangements between national and local governments can be characterized as deeply fragmented and based on asymmetric information sharing between actors. This makes it difficult to coordinate care, conduct performance monitoring or determine lines of responsibility through which to enforce accountability measures and quality assurance practices. Regulations exist recommending soliciting community feedback to supervise quality of healthcare through complaint handling, however these recommendations are rarely institutionalized in relation to finances or facility performance (Kusumaningrum et al., 2018).

2.5.4 Strategic direction of health ecosystem towards e-health and digitization

In the attachment to the MOH Regulation no. 46 of 2017 on National e-health strategy, subsection 3, the magnitude of complexities facing the digitization of the health sector and the implied challenges of harmonizing it are described as follows:

> "*The condition of a very complex health system ecosystem become one of the obstacles, of which there are currently more than 2,000 hospitals and more than 9,000 Puskesmas [community health center]. Other than that, various kinds of health care facilities that have been utilizing information and communication technology, including hospital management information system, Puskesmas information system, clinics, private doctor's practices, pharmacies, laboratories, opticians, health insurance, and the pharmaceutical industry, are not interconnected with each other (not interoperable) …. the implementation of e-health in Indonesia still requires a lot of reinforcement*." (p. 12)

In other words, health information systems and data exchange lack coordination and standards. Due to the prior lack of a mandate for a unifying electronic health information system, each level of health facility has its own data management system, and often each vertical reporting line has its own set of indicators. As a result even routinely collected health data is rarely able to be aggregated systematically (Mboi et al., 2018) and there are frequent and legitimate concerns about data timeliness and quality. The WHO has been supporting the MOH in developing electronic record capabilities using the DHIS2[2] system in the health facilities under its oversight on the national and provincial level, however the health facilities that are not within the MOH's jurisdiction were not obligated to ensure that data systems can link and exchange data with each other. The result was a

[2] DHIS2 is the second version of the District Health Information Software, which is an open source, web-based platform used in over 60 countries as a health management information system

growing number of information technology systems in hospitals and clinics, often with private sector involvement in the design, but without a coherent regulatory framework to ensure interoperability with MOH information systems.

These complexities in the health sector demonstrated above reflect a trend noted by Barbazza and Tello (2014) in which the movement from a strongly centralized governance structure organized on vertical lines of accountability to one of multiple actors and levels of authority leads to a conceptually confusing context for health governance functions (Barbazza and Tello, 2014, p. 9). Devarajan et al. (2007) expanded on this when referring to a governance trap that occurs in situations of partial decentralization in which local leaders and central-level bureaucrats develop self-reinforcing incentives to pass the blame for performance shortcomings to each other (Devarajan et al., 2007).

Given the diversity of Indonesia's local government approaches in delivering health services and the reliance on central budget allocation to fund activities which creates the context of partial decentralization, governance in the health sector is a constant pendulum swinging between committing to quality improvement of health services or to using the multiple (valid) factors to justify the existence of service delivery that fails to meet minimum standards. This in turns leads to a reduction in overall accountability and erodes public trust in government. The mitigation of these elements is one of the underlying reasons for the establishment of LAPOR! – LAPOR! is intended to contribute to building the relationship between the government and citizens while increasing public accountability.

2.5.5 Overview of Online Citizen Aspiration and Complaints Service (LAPOR!)

President Yudhoyono served as president of Indonesia from 2004-2014 and was considered Indonesia's first truly poll-driven politician who regularly used public surveys to guide his actions on issues of importance (Aspinall et al., 2015, p. 15). President Yudhoyono reportedly discovered the power of citizen feedback after joining social media and enjoying a direct connection with his many followers on Twitter and Facebook. He personally took the time to read through and respond even to critical remarks he received (ibid.). This likely laid the foundation for the public commitment to establish the *Online Citizen Aspiration and Complaints Service* (LAPOR!) as part of the Open Government Partnership.

Indonesia was one of eight founding member countries of the Open Government Partnership in 2011 and signatory to the Open Government Declaration, which includes conditions of "seeking ways to make their governments more transparent, accountable, and effective," ("About OGP | Open Government Partnership," 2018) and "seeking feedback from the public to identify the information of greatest value to them, and pledge to take such feedback into account to the maximum extent

possible." ("Open Government Declaration | Open Government Partnership," 2018). One of the key commitments under this partnership is the establishment of the LAPOR! to support the concept of public accountability (Open Government Partnership, 2016).

The Indonesian Ministry of Home Affairs defines public accountability as the national and local governments being accountable for financial transparency and organizational performance (Fatoni, 2020). It further states that accountability is the main objective of public sector reform and that the government is responsible to the community directly or indirectly because the source of funds used by the government in running the government comes from the community (ibid., pg.105). The timeframe for establishing community feedback mechanisms through complaint handling systems also coincided with the establishment of BPJS-Kesehatan and the roll out of universal health coverage.

Prior to the establishment of LAPOR!, there was no single mechanism to solicit 'public service' complaints. Rather there were independent complaint mechanisms with a narrow mandate. In the health sector there was a mechanism to submit complaints about individual doctors through the Indonesian Honorary Council of Medical Discipline (MKDKI) and the Indonesian Medical Council (KKI) as described in sub-section 2.5.2 above.

Within this context, LAPOR! was designed to be a national complaint handling system. The aim of LAPOR! was to encourage public service user feedback through a dedicated website linked to social media accounts and a web application, all of which accept complaints, suggestions for service improvement or requests for information relating to public services including health. The goal was for LAPOR! to facilitate direct communication between service providers and citizens without the need for a lengthy (in-person) bureaucratic process, and in doing so improve the relationships between community and government, resolve emerging issues and contribute to system-wide improvements.

The coordination and management of LAPOR! has evolved since it was first conceived in 2011. LAPOR! is currently housed within, and logistically managed by, the Ministry of Administrative and Bureaucratic Reforms. However, it also receives political support and oversight from the Executive Office of the President (KSP) and the Ombudsman. In terms of institutional partnerships, as of 2021 LAPOR! was connected with 34 Ministries, 96 government Institutions/Agencies and 493 local governments (LAPOR website, 2021).

International donors are actively involved in supporting LAPOR!'s continued expansion. USAID provided substantive technical assistance relating to the technology and system development and integration with pre-existing organizational complaint handling systems("Democratic Resilience and Governance | Indonesia | U.S. Agency for International Development," 2020); GIZ has worked closely

with the Ministry of Administrative and Bureaucratic Reform as it has developed the various roadmaps relating to LAPOR! national expansion and outreach (giz, 2020); United Nations Development Programme (UNDP) and Korea International Cooperation Agency (KOICA) have also entered the national complaints sector to provide support for the implementation of LAPOR! as the technological standard for Indonesian governmental complaint handling systems (UNDP, 2019).

According to LAPOR! statistics cited in Siregar et al. (2017), a majority of LAPOR! users were 31-45 years old, and 80% of reports were filed from the island of Java (Siregar et al., 2017). Previous research conducted by Sadat (2014) showed that the majority of LAPOR! users between April and June 2014 were men (86.5%), educated to degree level (59.3%), and 46.6% were private sector workers (Sadat, 2014). It is unclear if or how these demographics have changed since then.

In 2013, the top topics for complaints were infrastructure and bureaucratic reforms, but by 2015, the top category of complaints had changed to be related to health issues (Siregar et al., 2017) The more recent research relating to LAPOR! has focused on technological aspects (Napitupulu et al., 2020; Prasetyaningtias et al., 2018; Putro et al., 2020; Rindani and Puspitodjati, 2020; Siradjuddin and Abdullah, 2019) or e-governance and management aspects (Mahendra et al., 2014; Mursalim, 2018; Nengsih et al., 2017).

Despite LAPOR!'s stated purpose to contribute to public accountability, there have not been any systematic explorations into how government or service providers perceive the usefulness of LAPOR! in soliciting citizen feedback for policymaking, nor how citizen groups are using LAPOR! to hold government and service providers accountable.

2.6 Conclusion

This chapter presented an overview of the research domains most relevant to the study into the extent to which LAPOR! and the data it generates contribute to public accountability in the Indonesian health sector, and provided the descriptive context of Indonesia and LAPOR!.

This study is seeking to contribute to two research domains: Public accountability mechanisms in the health sector; and digital and online complaint handling systems in governance contexts. Correspondingly, the literature reviewed in this chapter provided an overview of the current discourse in these two areas.

Public accountability mechanisms in the health sector are concerned with the benefits and drawbacks to incorporating citizen feedback as an external accountability mechanism and using participatory accountability measures to provide input to decisions around system-wide improvement of health service quality and patient safety.

Complaint handling systems that use online and digital processes to solicit citizen engagement into public sector performance monitoring are on the rise around the world. Complaint handling in the health sector is characterized by simultaneous different objectives and goals, and this is also reflected in the difference in overarching priorities for complaint handling in LMICs compared to HICs. Data governance of complaints data is not as well developed as other aspects of complaint handling. Studies on complaints data in the health sector show that the foundation needed to move beyond case-by-case resolution and make use of aggregate health complaints to inform organizational quality improvement measures and policymaking has started to be formed primarily in HICs.

This study has drawn on three conceptual frameworks to guide it. The *Key relationships of power: the long and short routes of accountability* (World Bank and Oxford University Press, 2003) informed the selection of interview respondents. The *Multidimensional frame of public accountability in the health sector* (Van Belle and Mayhew, 2016) provided an overarching framing by which to approach the multi-level and multi-actor accountability interactions present in the health sector. The *Hexagonal socio-technical systems framework* (Clegg et al., 2017) provided a method by which to approach evaluating complaint handling from a socio-technical perspective to account for the multiple concurrent interactions among complaint handling elements. Details regarding how these three frameworks informed this study are presented in Chapter 3 section 3.2.

The descriptive, contextual overview of Indonesia provided background information essential to understanding this study. Indonesia has a multi-level policy dynamic as a result of decentralization. The health sector is characterized by complex accountability and financing relationships which reflect a governance system of partial decentralization. Partial decentralization reflects the ongoing influence of the national level government actors on local level service delivery. Similar to the wider public sector, the health sector is engaged in digitization of records and services and ongoing reforms to improve service delivery. Within this context, LAPOR! was established to serve as the national online complaint handling system and a mechanism to promote public accountability. Within the first years of use, complaints and reports about the health sector dominated those submitted to LAPOR!. To date the research on LAPOR! has mainly focused on its functioning from a technological perspective or a managerial perspective. Therefore this study was conceptualized to examine the extent to which LAPOR! as a complaint handling system, and as a source of direct data from citizens, has contributed to public accountability in the Indonesian health sector.

3 Chapter 3 Methodology

3.1 Introduction

This chapter presents the study design, conceptual frameworks, research methods and other research considerations used to examine the extent to which LAPOR!, Indonesia's national online complaint handling system, has been perceived by health sector actors to be an effective mechanism of public accountability in the health sector.

This is a multi-disciplinary study seeking to contribute to health policy and systems research through two main fields. First, health sector governance and specifically the role of public accountability in the health governance ; and second, the field of public sector complaint handling and specifically the role of online complaint handling as a mechanism of citizen engagement in the public sector.

The study design is descriptive case study and the study was framed using adaptations of three conceptual frameworks: 1) The *Key relationships of power: long and short route of accountability* (World Bank and Oxford University Press, 2003*)*; 2) The *Multidimensional frame of public accountability in the health sector* (Van Belle and Mayhew, 2016b); and 3) The *Hexagonal socio-technical system framework* (Clegg et al., 2017). Details of the study design are in Section 3.2 and the conceptual frameworks can be found in Section 3.3.

The research methods chosen for this study are semi-structured interviews informed by non-participant observation, and document analysis of laws and regulations. Details of these methods are in Section 3.4. The remainder of the chapter demonstrates the data analysis process, the strategies used to ensure reliability and validity, the mitigation measures for study bias, reflexivity and information about study ethics and related approvals.

3.2 Study design

The study design chosen for this research is descriptive case study with an embedded, single-case design. The case study provides a method to conduct an in-depth study into a phenomenon within its contextual conditions (Yin, 2009). It further suggests data collection techniques to cope with situations with many variables of interest; relies on multiple sources of evidence; and benefits from the prior development of theoretical propositions to guide data collection and analysis (ibid., p.18).

This descriptive case study design is suited to the examination of the extent to which LAPOR! has an impact on the Indonesian health sector. One of the strengths of the case study design is its ability to describe an intervention within its real-life context (ibid.) LAPOR! and complaint handling are relatively recent occurrences in Indonesia, and there has not yet been any study into LAPOR! as an accountability mechanism in the health sector. The case study approach allows for a description of the macro context

LAPOR! is operating in alongside an illustration of LAPOR!'s functioning in specific organizations on different policy levels. In other words, LAPOR! can be examined from within the context of the Indonesian complaint handling landscape, and from the perspective of its functioning within national and local government organizations and health service providers.

A case study can also provide insights or enlighten situations without a clear set of outcomes (ibid.). LAPOR! is characterized by multiple diverse objectives which can be a source of confusion when seeking to assess its functioning as a mechanism of accountability and the extent of its impact on the health sector. As such, the descriptive analysis offered by the case study can provide a way to identify the meaning given to LAPOR! in the context of complaint handling processes in the Indonesian health sector, and by extension the nature and consequences of those meanings.

In other words, the case being described is LAPOR! as an accountability mechanism in the Indonesian health sector. The Indonesian complaint handling landscape is the context within which LAPOR! operates, and the embedded units of analysis are the organizations with health sector responsibilities on different policy levels that use LAPOR!. The corresponding theory under examination in this study is that LAPOR! can provide a systematic way for citizens to hold government officials and service providers to account for the quality of health services in Indonesia.

Qualitative research methods were chosen to collect data for this descriptive case study of LAPOR!. The goal of qualitative research is to examine the values and meanings assigned to experiences, behaviors, interactions and processes of a purposefully selected group (Kitto et al., 2008). In doing so, qualitative research aims to make analytical generalizations that can benefit settings with similar contexts (ibid., Yin, 2009). Qualitative research is also suited to a case study design as conducting a case study requires continuous interactions between the issues being studied and the data being collected (Yin, 2009). These characteristics make qualitative research suitable for a case study of LAPOR! as the goal of this study is to gain an understanding of the extent to which health sector actors on the national and local levels perceive LAPOR! to be an effective mechanism of public accountability. In doing so, the intention is to use this study to provide analytic generalizations regarding the use of online complaint handling systems as a mechanism of participatory accountability in the health sector in countries seeking to introduce online complaint handling.

The qualitative research methods chosen for this study were semi-structured interviews informed by non-participant observation and document review. These methods were selected for their flexibility as research instruments. This proved important as it allowed for adjustments to the study to be incorporated according to evolving understandings of complaint handling and public accountability in

Indonesia. A more detailed discussion of the data collection, analysis and ethical considerations can be found in the sections following section 3.3.

3.2.1 Research Focus

This case study of LAPOR! and complaint handling provided a snapshot of a complex, evolving intervention into public accountability mechanisms in Indonesia. However, the focus of this study was originally intended to be centered around the uses of health-related complaints data. During the data collection process, it became evident that the distribution of health- related complaints was not as broad as I had initially assumed it to be. I had based my initial study focus on the uses of complaints in the health sector on LAPOR! website's reporting that health complaints were the category which consistently received the most complaints. As it turned out, most health-related complaints within LAPOR! were directed only towards BPJS-Kesehatan, and therefore this volume of complaints about health was not similarly reflected in most of the governmental organizational complaint handling systems.

While health was consistently in the top 10 topics of complaints which government organizations received on all policy levels, the actual number of complaints relating to health was small compared to the overall number of public sector complaints. This meant that study respondents' handling of health complaints did not differ greatly from their handling of other public sector complaints. This and the small number of participating health service providers in the study became contributing reasons behind the decision to broaden the study to focus on LAPOR! as a whole, rather than focus only on the uses of health complaints data.

This change in study focus contributed to the selection of the purposefully chosen study locations as described in sub-section 3.4.2 below. The selection drew on examining a location with developed complaint handling infrastructure and a contrasting location with complaint handling infrastructure that was still the in the process of being established. Given the heterogeneity of the archipelago and difficulties in accessing comparable data on the less developed islands (as described in sub-section 3.4.2 below), it is possible that adding additional study locations could have provided a more representative view of complaint handling across Indonesia. It would be interesting for future researchers to conduct a similar case study of other locations and island groupings.

The following conceptual frameworks were drawn on to define and guide this case study.

3.3 Conceptual frameworks

This section describes the adaptations to the three conceptual frameworks most influential in the framing of the data collection and data analysis processes.

3.3.1 Key relationships of power: the long and short routes of accountability framework

The World Bank's *Key relationships of power: the long and short routes of accountability framework* (World Bank and Oxford University Press, 2003) as introduced in Chapter 2 section 2.2.2 (Figure 2.2) was combined with a study by Devarajan et al. (2007) on partial decentralization. Devarajan et al. (2007) described situations of decentralization in which citizens continue to turn to the national government for issues concerning local service delivery as being indicative of a partially decentralized system (Devarajan et al., 2007).

As described above in Chapter 2 section 2.4.3, the complexities of the Indonesian health financing system have led to a situation of partial decentralization in the health sector. Therefore, to ensure a policy analysis approach concentrating on accountability that is suited to such situations, an adapted framework was developed to depict the 'extra-long' route of accountability in situations of partial decentralization based on the two sources above. This adaptation involved the addition of a 'national level state' actor category as proposed by Devarajan et al. (2007) to the World Bank's *Key relationships of power: the long and short routes of accountability framework* (World Bank, 2003). This resulted in two potential paths for the long route of accountability: the long route (from the original World Bank framework, going from citizens to the state actor to the service providers), and the extra-long route (going from citizens to the national level state actors to the sub-national state actors to the service providers). See Figure 3.1 below for a visual depiction.

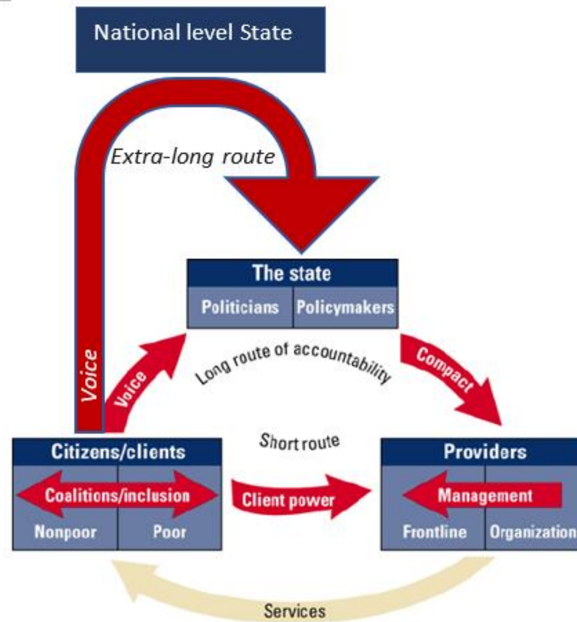

Figure 3.1 Extra-long route of accountability in states with partial decentralization (author's adaptation from World Bank (2003) and Devarajan et al.,(2007))

For the purposes of this study, the expression of citizen 'voice' is represented by the complaints that citizens file through LAPOR! or the organization-specific complaint handling systems. When the complaints are filed through LAPOR!, they go through the extra-long route as the LAPOR! system is housed on the national level. When the complaints are filed through organizational complaint handling systems, they either go through the long route of accountability by being filed in the provincial or local government complaint handling systems, or the short route of accountability by being filed directly with health service providers.

This adapted framework served to inform the selection of the four actor categories from which to invite respondents for interviews, namely, national level state actors, sub-national state actors, service providers and citizen level actors. These categories are referred to in this study as national government, sub-national government, health service provider and civil society. The relationships between these four actor categories as depicted in Figure 3.1 above were used to frame the initial draft of the topic guide for use in the semi-structured interviews. Once the interview process began and the complexities of the Indonesian complaint handling landscape began to emerge, the following additional conceptual frameworks were included to provide perspectives and methods of analysis more suited to evolving, complex systems.

3.3.2 Multidimensional frame of public accountability

Van Belle and Mayhew (2016)'s *Multidimensional frame of public accountability* as introduced in Chapter 2 section 2.2.2 (Figure 2.3) was drawn on to account for emerging complexities and assist in gaining insights into the processes and relationships at play in the Indonesian context.

In this framework, the **political dimension** refers to the regulatory and institutional processes designed to enhance public trust; the **social dimension** refers to viewing accountability as an instrument for enhancing equity and social justice for communities; the **organizational dimension** is concerned with responsiveness to stakeholders; and the **provider dimension** is concerned with quality of care (Van Belle and Mayhew, 2016a).

For the purposes of this study, an adaptation of this framework combined the organizational and provider dimensions into a single organizational dimension. This was due to organizations conducting complaint handling in Indonesia being both concerned with responsiveness and with quality of care.

The resulting three dimensions in this adapted framework, namely the political, organizational, and social dimensions, were used to inform the broad topics of the interview topic guide, and contribute to structuring the analytical framework during data analysis. These dimensions were also used as the overarching framing for each of the three results chapters. Thus, Chapter 4 uses the political dimension as the overarching frame, Chapter 5 uses the organizational dimension and Chapter 6 uses the social dimension.

3.3.3 Hexagonal socio-technical system framework

Clegg et al. (2017)'s *Hexagonal socio-technical system framework* as introduced in Chapter 2 section 2.3.2 (Figure 2.4) was adapted to include two additional elements (policy, data) to better reflect the specifics of online complaint handling systems. The policy element accounted for the regulatory requirements and high-level goals which influence complaint handling system function, while the addition of an external output element, complaints data, was used to account for its potential as input into the complaint handling system. See Figure 3.2 below for a depiction of a complaint handling system and its socio-technical elements and their relationships.

As the data element is a direct result of the functioning of the socio-technical system, the relationship is represented by a large unidirectional arrow. However, as the data can also serve as an input to the complaint handling system, despite that input not being a given or a requirement, the arrow representing its potential input is smaller. The main socio-technical elements of the system (policy, actor, culture, goals, infrastructure, processes and technology) are so intertwined and interdependent

as to be essentially inseparable from the function of the system, whereas the complaints data is connected and influential but to a lesser degree.

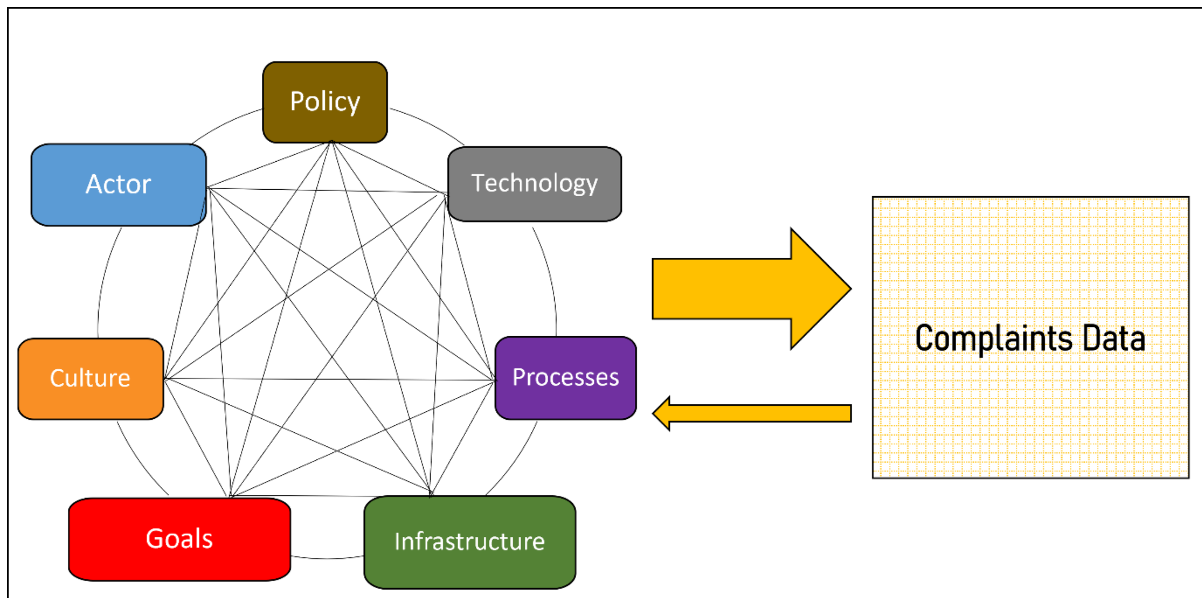

Figure 3.2 Socio-technical elements of online complaint handling system (author's work adapted from Clegg et al., 2017)

This adapted framework was used to inform the topic guide topics and the data analysis of interview data. It was also used to structure the content of the results chapters. Each of the three results chapters followed a similar flow of looking at the policy, goals, infrastructure, technology, processes, actors, culture and complaints data. This allowed for a deeper assessment of the individual socio-technic elements to gain a richer understanding of how the system functions both granularly within organizations and in the wider context of society.

3.3.4 Conceptual frameworks used to structure the findings chapters

There are two common approaches to the structure of the three findings chapters. As described in section 3.3.2, the first approach involved adapting the dimensions from the accountability operational framework developed by Van Belle and Mayhew (2016) to the overall framing of each chapter: Chapter 4 examines the political dimension; Chapter 5 looks at the combined organizational and health service provider dimension; and Chapter 6 focuses on the social dimension.

In Van Belle and Mayhew's framework the dimensions are nested within each other, however for the purposes of these chapters they are presented as complementary and intertwined, and in an order more similar to the priorities of the government structures found in Indonesia. In other words, in Chapter 4, the political dimension is examined through higher-level political aspects which provide the primary regulatory impetus behind the actions and policy choices within the dimension of

organizations and health service providers presented in Chapter 5, which in turn influence and are influenced by the perspectives on citizen engagement as found in the wider social dimension as examined in Chapter 6.

The second approach was described in section 3.3.3 and involved the adaptation of the hexagonal socio-technical system framework developed by Clegg et al (2017) to the specifics of the online complaint handling systems found in Indonesia. The framework was adapted to reflect the key elements most relevant to understanding the complexities and interactions across the political, organizational and social dimensions of online complaint handling that emerged during the process of data analysis (Figure 3.2 Socio-technical elements of online complaint handling system (author's work adapted from Clegg et al., 2017)).

Each chapter section has been structured to correspond to one of the socio-technical elements and demonstrate findings relevant to that element: The regulatory requirements and intentions (policy element) and interpretation of the policies (goals element); a breakdown of the complaints handling mechanism into the complaint handling landscape (infrastructure element) and software (technology element and processes element); and the human factors influencing the institutional arrangements around using the complaint handling mechanism (actors element, culture element); and finally the main output of the system, namely complaints content and complainant profiles (complaints data element).

To summarize, each of the three results chapters was framed according to a dimension of accountability: political, organizational (including health service provider) or social, and then structured into findings relating to each of the eight main socio-technical elements contributing to complaint handling systems, namely policy, goals, infrastructure, technology, processes, actors, culture and complaints data.

A summary of the objectives, the corresponding dimension used to address the objective in the results chapters and the discussion chapter, and an overview of the socio-technical elements as applied to online complaint handling systems which were used to structure the analysis of the results chapters and the cross-cutting considerations in the discussion chapter can be found in Table 3.1 below.

Table 3.1 Overview of objectives, the corresponding dimensions and the socio-technical elements

Objective	Dimension	Socio-technical elements of online complaint handling systems
Objective 1: Examine the establishment and evolution of LAPOR! and complaint handling	Political	Policy: Regulatory frameworks mandating the establishment of complaint handling systems in government organizations for the

systems in Indonesia from a political perspective		purpose of citizen engagement and supervision of public service delivery Goals: High-level goals and purposes of complaint handling and complaints data as understood from regulatory frameworks by officials Infrastructure: The Indonesian complaint handling landscape and infrastructure Technology: Technological aspects of the online complaint handling systems, including LAPOR! Processes: The standard operating procedures guiding the complaint handling processes Actors: Key actors involved in both complaint handling systems and health sector oversight, primarily government officials, health service providers and civil society Culture: Culture within which the actors operate politically, socially and within their respective organizations Data: Complaints data content & analysis, Complainants and non-complainants
Objective 2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an organizational perspective	Organizational	
Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge	Social	
Objective 4: Identify enablers and barriers to the implementation of LAPOR! as a public accountability mechanism Objective 5: Identify lessons learned and recommendations for introducing online complaint handling systems for accountability purposes, and propose a conceptual framework suited to assessing complex accountability systems with socio-technical elements	Cross-cutting themes and insights from all three dimensions and all eight socio-technical elements	

3.4 Research methods

This section provides details about the research methods: literature review methods, justification for choice of study locations and organizations from which interview respondents were drawn, the role of non-participant observation of events in the selection of respondents, the semi-structured interview respondent profiles and procedures, and the document analysis of laws and regulations.

3.4.1 Literature review

This study used two forms of narrative literature review. The first was a narrative literature review of public accountability in the health sector and online complaint handling systems. The second was a review of literature relating to Indonesia, the Indonesian health sector, and LAPOR! the national online complaint handling system.

The first narrative literature review was conducted to understand the breadth of the existing literature on the domains of public accountability in the health sector and online complaint handling systems. Narrative reviews are characterised by the ability to present a broad perspective and to be synthesized across disciplines (Noble and Smith, 2018). This is suited to this descriptive case study of LAPOR! in the context of the Indonesian health sector because there is more than one background research domain involved. A narrative review made it possible to understand and highlight the trends and patterns in each research domain (Paré and Kitsiou, 2017).

Identifying the gaps in knowledge that emerged from that review formed the basis for developing the objectives this study seeks to address, namely the extent to which LAPOR! is perceived by government actors, health service providers and civil society to be an effective mechanism of public accountability in the Indonesian health sector**.** The literature review also contributed to the development of adaptations to existing conceptual frameworks related to health sector accountability relationships, and a new method of analysis for socio-technical accountability systems operating in complex contexts.

The second narrative literature review was conducted to provide a solid foundation for anyone seeking to understand the dynamics present in the Indonesian health sector, and LAPOR! as an intended mechanism of public accountability for the public sector, including health. Article reviews are literature reviews which synthesize literature in a field without collecting or analysing any primary data (Paré and Kitsiou, 2017). The review undertaken for this study could be considered a mini-article review as it is not a full length article in its own right, however it synthesized the existing literature on Indonesia's governance and administrative systems, the key trends and challenges in the health sector, and provided an initial overview of LAPOR!. Indonesia is not yet a common research destination for health governance topics, and its public sector complaint handling was only established in the past

decade. Therefore, it is hoped that this work can serve as a clear outline and introduction to the Indonesian health sector.

Search method

The narrative literature searches for public accountability in the health sector and online complaint handling took place using online databases. The databases used were PubMed, EMBASE, Global Health, SCOPUS, Cochrane Library, and Google Scholar. Further identification of relevant articles took place by hand searching through cited references of relevant literature.

The following keywords were used in different combinations for identifying literature relevant to public accountability in the health sector: *health accountability, public accountability; social accountability; external accountability; participatory accountability; data driven accountability; accountability relationships; health answerability; accountability mechanisms; citizen feedback health*.

The following keywords were used in different combinations for identifying literature relevant to online complaint handling systems: *complaints management systems; complaints handling system; online complaints systems; public sector citizen engagement; healthcare complaints mechanism; health complaints data governance; health complaints uses; performance monitoring complaints.*

Additional references for both were identified through the use of the "what's new" article subscription service through Pubmed. This subscription service emails links to newly published articles which fit the pre-selected key words drawn from the list above. These articles were then reviewed in a similar way to the articles identified through manual online searches.

The narrative review for the Indonesian section took place using the same online databases as above, but also included grey literature reports from the Asian Development Bank, Bappenas (Indonesia's national development agency), the Indonesian Ministry of Health, the Indonesian Ministry of Home Affairs, the Organization for Economic Cooperation and Development (OECD), the Open Governance Partnership, Oxford Business Group, Thinkwell Global, World Bank, and World Health Organization.

The keywords used for identifying relevant literature in both online databases and grey literature were variations of "Indonesia" and the following; *country brief, country health status, health sector review, national health accounts, health financing, immunization, universal health coverage, key health indicators, burden of disease, ehealth / mhealth, egov/mgov, social protection, demographics, LAPOR!, public sector complaint handling, open governance*.

Inclusion and exclusion criteria

Studies on public accountability concepts in the health sector with a preference for those in LMICs were included. Studies on online complaint handling systems and their uses in the health sector were included regardless of country category due to the comparatively small number of studies on this topic. There were no restrictions on year or type of study design in the included references. The language was restricted to English. References that were not available online or which did not provide full-text options were excluded. References were selected based on title and abstract scanning for relevance, followed by a full text review.

Studies on Indonesia published from 2000 to the present were included without any restrictions on the type of study design. Only the most recently published reviews and reports from the Indonesian government and development partners on Indonesia were included. The languages of the articles and reports included in this review were English and Indonesian. References that were not available online or which did not provide full text options were excluded. References were selected based on title and abstract scanning for relevance, followed by a full text review.

3.4.2 Selection process for study locations

To ensure study locations and organizations most applicable to this study of LAPOR!, purposeful sampling techniques were used. Purposive or judgement sampling refers to the selection of respondents with the greatest relevance to the study (Mohd. Ishak and Abu Bakar, 2014).

There were two intentions underlying this choice. One was to select study locations on different islands with differing demographic profiles so as to solicit perspectives from a wide range of backgrounds. The second was to compare perspectives from the national level against those from at least two sub-national levels to better understand the workings of LAPOR!'s multi-level complaint handling system. To provide for a range of experiences, the two sub-national locations were chosen at different stages of complaint handling implementation. One study location was chosen based on the existence of established, active complaint handling through LAPOR!. The other study location was chosen based on still being in the process of establishing LAPOR!. In this way the diversity of complaint handling experiences and stages of development could contribute to identifying good practices or implementation challenges. Thus, this purposeful sampling strategy was selected so as to account for potentially relevant variation between locations and policy levels while also ensuring the presence of factors deemed enabling to conducting this study.

Selection process for determining study locations

Indonesia is an exceptionally diverse archipelago, therefore the following three pragmatic considerations were used to select the sub-national study locations:

1) **Population density and level of development**. The number of complaints filed online may or may not be directly correlated to the size of the population and level of development. However, an assumption was made that islands with larger populations and better telecommunications infrastructure would have citizens using online complaint handling systems. Java is the most densely populated island with 56% of the country's population of 270 million. It also has the highest levels of infrastructure development in Indonesia ("Statistics Indonesia," 2018) and hosts the seat of the national government in Jakarta. Sumatra is the second most densely populated island with 20% of the total Indonesian population or around 42 million people (OECD and Asian Development Bank, 2020) and has a reasonably advanced level of infrastructure development. Culturally and religiously, the provinces on Sumatra have a greater variation than those found on Java. Therefore, Java and Sumatra were chosen as the islands within which to choose study locations.

2) **Urban setting with availability of comparable organizations**. Indonesia is undergoing a rapid process of urbanisation. In 2017, 55% of the population lived in urban areas, up from 45% in 2005 (OECD and Asian Development Bank, 2020). Urban settings also tend to attract public service providers, government organizations and civil society organizations. Furthermore, provincial and local governments tend to work in parallel from the same city, usually the provincial capital. Therefore, to ensure the availability of respondents to interview from a variety of organizations, the researcher decided to focus on identifying two capital cities from the available provinces located on Java and Sumatra to compare against views from the national capital of Jakarta.

3) **Locations actively engaged with LAPOR!.** The researcher drew on contacts in the Office of the President of the Republic of Indonesia (KSP RI) and in donor-funded technical assistance projects who were knowledgeable about LAPOR! to recommend two types of capital cities: one type with active, institutionalized LAPOR! complaint handling, and the other still in the process of incorporating LAPOR! into government processes. Based on cross checking the recommendations from these two groups with each other and additional checking of online websites, Central Java's capital city of Semarang and North Sumatra's capital city of Medan were selected.

In summary, based on the intention to have study locations on different islands, and in one location with established active LAPOR! complaint handling, and the other in the process of setting up LAPOR! complaint handling, Jakarta (capital of Indonesia), Semarang (capital of Central Java) and Medan (capital of North Sumatra) were selected.

The provincial and local governments of both Central Java and North Sumatra have established institutional arrangements with LAPOR!, an active civil society, and in both provinces there is ongoing

technical assistance engagement through programs funded by USAID and GIZ relating to improving the quality of public service provision, including health services. On the other hand, Semarang's relationship with LAPOR! has been functional for a few years while Medan was still in the process of getting LAPOR! incorporated into government processes. See Table 3.2 for additional demographic characteristics of the Central Java and North Sumatra.

Table 3.2 Characteristics of Central Java and North Sumatra (author's compilation, sources in table)

Central Java	North Sumatra
As of 2017, Central Java had ~13.5% of total population of 270 million (Global Data Lab, 2021) As of 2019, Semarang city population was 1,832,670 ("Semarang Population 2022 (Demographics, Maps, Graphs)," 2022)	As of 2017, North Sumatra had ~5.37% of the total population of 270 million (Global Data Lab, 2021) As of 2019, Medan city population was 2,310,522 ("Medan Population 2022 (Demographics, Maps, Graphs)," 2022)
Main population groups: • Javanese (97.9%) • Sundanese (1.4%) • Chinese (0.4%) • Other (0.3%) (BPS Census, 2010)	Main population groups: • Batak (45%) • Jawanese (33%) • Nias (7%) • Melayu/Malaysia (6%) • Minag (3%) • Chinese (3%) • Acehnese (1%) • Banjar (1%) • Other (2%) (BPS Census, 2010)
96.64% of the population identifies as Muslim, the others identify as: • 2.97% Christian; • 0.20% Hindu; • 0.18% Buddhist; • 0.01% other (BPS Census, 2010)	66% of the population identifies as Muslim, the others identify as: • 31% as Christian; • 2% as Buddhist; • 1% as Other (BPS Census, 2010)
84.53% of Central Java's population reported accessing the internet from their private home (BPS data, 2015)	77.92% of North Sumatera's population reported accessing the internet from their private home (BPS data, 2015)
Central Java has 29 *kabupaten* and 6 cities (total of 35 on 3rd administrative level)	North Sumatra has 25 *kabupaten* and 8 cities (total of 33 on 3rd administrative level)
Population density is 1,058 people/sq. km (BPS, 2021) 5.1% of population has unmet health needs (BPS, 2019)	Population density is 200 people/sq. km (BPS, 2021) 4.2% of population has unmet health needs (BPS, 2019)

3.4.3 Organizational selection process and resultant profiles

Purposeful selection of organizations took place to ensure the presence of perspectives on LAPOR! and complaint handling from a range of organizational actors and policy levels. This was done so that the organizations from which respondents were drawn would have the most relevance to addressing the study objectives and reduce the risk of perspectives being dominated by a single point of view.

The following five steps were taken to identify organizations to invite to join the study:

1) **Selection of actor categories based on adapted conceptual framework**. The initial selection of organizations drew on the four categories of actors depicted in Figure 3.1 Extra-long route of accountability in states with partial decentralization (author's adaptation from World Bank (2003) and Devarajan et al.,(2007)), namely national government, local government, health service providers and civil society (to represent citizens).

2) **Use of non-participant observation.** The researcher lived in Jakarta from 2015-2020 and attended public events of interest. The main contribution of these events was to inform the content of the topic guide and contribute background knowledge and contextual understanding. These events also served as a source of information about organizations active in the health sector or public service and complaint handling. This information was applied to the mapping of actors and the initial list of organizations to approach for interviews. The following list is of attended events with the most relevance to this study.
    - GovPay Summit on Urban Tech and Digital Identity (January 2018)
    - Center for Strategic and International Studies hosted National Health Financing for Universal Health Coverage (January 2019)
    - Poverty Action Lab hosted conference on encouraging civic participation in transparency and accountability programs to improve health outcomes (September 2019)
    - UNDP and KOICA hosted launch of SP4N-LAPOR (September 2019)
    - MOH-hosted health sector innovation parade on 'Building a Health Digital Ecosystem for a Healthier Life' (November 2019)
    - LAPOR! public service award ceremony (December 2019)

3) **Identification of organizations with health sector relevance and complaints in LAPOR!.** A preliminary list of ministries, government agencies and organizations with relevance to health sector oversight or health service provision was developed for the national level and for Semarang and Medan. This list was then contrasted with the knowledge gained from attending public events and publicly accessible information on LAPOR!'s website to identify organizations which also had an institutional partnership with LAPOR! and received

complaints through LAPOR!’s system. This became the initial list of organizations to contact with an interview request.

4) **Equivalent types of organizations were approached on different policy levels**. When an interview was conducted with a national level organization, ministry or civil society organization, the equivalent representative organization was also approached in the two subnational study locations for an interview. While this was not strictly necessary from the perspective of seeking data saturation, it was pursued to allow for the comparison of views from the different policy levels of the same overall organization.

The list of organizations accepting or rejecting interviews was constantly being updated throughout the course of the data collection process. Generally speaking, the participating organizations were purposefully selected based on their actor category (national government organization, local government organization, health service provider, or civil society), policy level (national/sub-national), and relevance to both the health sector and LAPOR!.

Box 3.1 Organizational actor category definitions

The definitions of the organizational actor categories as used in this study are as follows:

Indonesian health sector actor referred to the main health sector actor groups depicted in Figure 3.1 Extra-long route of accountability in states with partial decentralization (author’s adaptation from World Bank (2003) and Devarajan et al.,(2007)). These are the national, provincial and local level government actors who are primarily responsible for oversight, policymaking and operationalization of health service provision as depicted in Chapter 2 section 2.4.2 (Figure 2.6); Health service providers; and civil society on behalf of citizens.

National government referred to the national level ministries or government agencies based in Jakarta. The national government oversees LAPOR! and also sets the national health sector priorities. These perspectives were needed to address Objective 1: Examine the establishment and evolution of LAPOR! and complaint handling systems in Indonesia from a political perspective

Sub-national government referred to the provincial and local government organizations and agencies based either in Semarang or North Sumatra. The local governments both use LAPOR! and oversee local level health service provision. These perspectives were needed to address Objective

2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an organizational perspective

Health service provider referred to hospitals and organizations whose functions contributed to health service provision. These were hospitals, medical accreditation agencies for health care workers, charitable organizations which provide health services and BPJS-Kesehatan, the national health insurance provider. This grouping did not include any pharmaceutical, medical equipment, digital health start-ups or private sector companies. This category is directly involved in implementing patient safety and quality of health care services. This perspective was needed to address Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge

Civil society referred to organisations independent from the Indonesian government. These were non-governmental, non-profit civil society organizations, members of academia, and organizations with programs funded by (foreign aid) donors. This grouping did not include for-profit companies. Civil society is involved with capacity building of local governments, promoting complaint handling to citizens, and advocating on citizen's behalf with local governments to resolve complaints. This perspective was needed to address Objective 4: Identify enablers and barriers to the implementation of LAPOR! as a public accountability mechanism

Organizational profiles

The 40 interview sessions consisted of 72 respondents from 36 organizations located in Jakarta (National Capital Region), Semarang (Central Java) and Medan (North Sumatra).

There were 17 governmental organizations of which 8 were national level governmental organizations and 9 were sub-national. The other two actor categories consisted of 7 health service providers, and 12 civil society organizations. See Table 3.3 for an overview of the actor category, organizational type, number of organizations and number of interview sessions.

Few health service providers agreed to join this study. Even with the Indonesian research permit (see section 3.9.1 for details), most interview requests directed towards hospitals and community health centers in Jakarta, Semarang and Medan were rejected. As a result, only one hospital per sub-national location was achieved and none in Jakarta. To protect the anonymity of the two participating hospitals while ensuring a health service provider perspective that was distinct from the other actor categories,

the health service provider category was expanded to include medical organizations whose function contributed to health service provision (medical accreditation agencies, charitable health services and BPJS-Kesehatan).

Table 3.3 Overview of actor categories, organizational information and corresponding number of interview sessions

Actor category	Type of Organization	Number of participating organizations	Interview sessions held
National level of government	Ministry and government agency	8	11
Sub-national level of government	Provincial government ministry or agency and local government offices	9	9
Health service provider	Medical organizations, hospital, BPJS-Kesehatan	7	8
Civil Society	Civil Society Organizations, academics, technical assistance projects (donor funded)	12	12
	Totals:	**36**	**40**

In each of the three study locations, there were more interviews with government organizations than with the other actor categories. This was not an intentional feature of data collection, however it did provide for an opportunity to compare the perspectives of government officials on different policy levels towards LAPOR!. Table 3.4 presents a detailed breakdown of the interview sessions by study location and actor category.

Table 3.4 Breakdown of interview sessions by study location and actor category

Study Location	Number of interview sessions by actor category			Total interview sessions by location
	Government organization category	Health service provider category	Civil society category	
National level (Jakarta)	11	3	8	**22**
Semarang, Central Java	5	2	1	**8**
Medan, North Sumatra	4	3	3	**10**
Total interviews by actor category:	**20**	**8**	**12**	**40**

3.4.4 Semi-structured interview respondents and interview process

Semi-structured interviews were chosen as the interview method because understanding LAPOR! involved approaching different types of organizations on different policy levels in different study-locations. It was necessary to use an interview method which was responsive to emerging ideas unique to the specific organizations on differing policy levels, while also maintaining a structure by which to compare overarching topics and themes relating to LAPOR! across all the interviews. Semi-structured interviews fulfilled this requirement due to their flexible, iterative structure; and ability to explore reactions, views and impacts while still maintaining a comparable structure that can be used for each interview (Adams, 2015; DeJonckheere and Vaughn, 2019; Doody and Noonan, 2013; Kobori et al., 2008; Noor, 2008).

Selection process for interview respondents

The inclusion criteria for the interview respondents was working-age individuals familiar with LAPOR! and organizational complaint handling, and currently employed in government organizations involved in health sector decision-making, heath service related organizations, or non-profit civil society organizations active in the public sectors. The exclusion criteria was individuals unfamiliar with LAPOR! or organizational complaint handling and uninvolved with the health sector, regardless of organizational background.

Once the organizations were identified, the following steps were taken to identify the interview respondents:

1) **Government organizations and health service providers selected the primary interview participant.** Any interview requests for interviews were first assessed by the organizations' public information department. Following an administrative process of verifying the legitimacy of the research and interview request, the public information departments endorsed the interview and referred the request to the senior official of the internal department deemed most relevant. Given the hierarchical nature of government organizations, the senior official would be the one to determine who would participate in the interview. Unexpectedly, in many cases the senior official accepted the interview personally and included additional participants to provide technical knowledge as needed. Details of this unconventional semi-structured interview format can be found in the sub-section discussing the interview process below.

2) **Civil society organizations recommended individuals based on inclusion criteria.** For civil society organizations, the interview requests were more direct as there were no public

information office gatekeepers. Contacting the civil society organization's email address and having a follow-up phone call was generally enough to secure an interview with an individual working in that organization based on the inclusion criteria above.

3) **Recommendations for additional interview prospects**. Recommendations for relevant organizations or individuals to interview were requested at the end of each interview session. Suggestions were added to the list of organizations to evaluate and if deemed relevant, were contacted following these same steps. A few of the interview respondents kindly recommended the researcher to colleagues and counterparts in the other study locations, allowing for a more streamlined interview request process.

Profiles of interview respondents

The individuals assigned by their organizations to participate in the interviews were predominately senior or mid-level officials. This meant they held an echelon rank of I or II according to the Indonesian administrative scale introduced in Chapter 2 section 2.4.1, and held the following titles: Commissioner (or Deputy Commissioner), director (or deputy director), or head (of organization or department).

The common practice was for these high-ranking officials to assign subordinates from their departments to participate in this type of research related interview on their behalf. However, in the current study, many of these assigned officials chose to personally join the interview session as the primary interview respondent. They invariably also invited subordinates from their department to participate in the same interview session. This unconventional interview session format is described in more detail in the sub-section following this one and in section 3.8 on reflexivity.

The large number of interview respondents included in this study is an unexpected outcome of the official interview request process in government organizations. A related aspect is the unusual interest in participating in the interviews by higher-ranking officials both government and non-government. This resulted in the overall number of respondents holding senior positions (n=41) being higher than the number of respondents from technical levels (n=31). See Table 3.5 for a breakdown of the respondents by their organizational seniority and location.

Table 3.5 Interview respondent seniority by organization type and location

	National / Sub-national Government		Health service provider		Civil society	
Study Location	Senior	Technical	Senior	Technical	Senior	Technical
Jakarta	7	6	3	1	7	7
Semarang	10	3	3	3	1	0
Medan	4	5	3	3	3	3
Totals:	**21**	**14**	**9**	**7**	**11**	**10**

An additional point of interest is the gender distribution of the interview respondents. The interview respondents were predominately men, with 53 men compared to only 19 women. In terms of seniority, 12 of the 19 women held senior positions in their organizations, 5 of which were in a government organization on the national level and 4 of which were in a government organization on the sub-national level. This distribution appears to be broadly reflective of the gender distribution typically found in workplaces in Indonesia[3].

Thus, the interview respondents in this study can be described as mainly men, in high-ranking positions, working in government organizations on national and sub-national levels. See Appendix 1: Interview respondent profile for additional details regarding the 72 respondents.

3.4.5 National and sub-national Interview processes

The three stages of interviews consisted of national level interviews and two separate data collections trips to both Semarang and Medan. The national level interviews began in Jakarta in September 2019. The first data collection trips to Semarang were in November 2019 and to Medan in December 2019. Interviews then continued in Jakarta from December to February 2020, and the second trips to Semarang and Medan took place in February 2020.

Interview session details

All the semi-structured interviews took place in-person with the researcher. Most of the interviews took place in the private meeting room or personal offices of the primary interview respondent. There were five interview sessions which took place in the corners of quiet cafes at the request of the interview respondent.

[3] The Indonesian Minister of Manpower, Ida Fauziyah, reported during a webinar in April 2021 that there is low labour force participation of women in Indonesia: 53.13 percent women compared to 82.41 percent men. In the same webinar, the central stastics bureau (BPS) showed only 30 percent of women held managerial positions. ((“Break the glass ceiling of gender equality at work,” 2021)

The length of each session varied, but the average length was between 60 and 90 minutes. The interviews were recorded using the researcher's laptop computer and a small external microphone. There were three interview sessions in which recording was refused and interview notes were taken instead.

At the beginning of each interview session, there was a short verbal introduction to the study to complement the written information sheet and informed consent form. This form was signed by all individuals present in the interview session who contributed to the interview session. Further details about this informed consent form can be found in section 3.6 Reliability and Validity, in section 3.9 Ethics, and in Appendix 2: Information sheet and informed consent form.

Each interview session followed a similar structure using the topic guide, though the details and order of the questions differed according to the flow of the interview. The development and on-going updating of the topic guide is discussed in section 3.6. The final version of the topic guide used can be found in Appendix 3: Semi-Structured Interview Topic Guide.

Addition of part-time research assistants

Four part-time research assistants were hired on an intermittent basis to help with the scheduling of the interview sessions through the public information offices, and with the transcription of the interviews. The research assistants were selected through an interview process following an advertisement placed on the student message board at Atma Jaya Catholic University by the local research supervisor. The selected research assistants all signed a memorandum of agreement which can be found in Appendix 4: Research Assistant Agreement of Understanding.

Each research assistant was responsible for approaching a different sub-set of the list of organizations identified in the steps above. Once an interview was successfully arranged, the researcher and the research assistant would attend the interview in-person. The primary roles of the research assistant during the interviews were to monitor that the audio recording was functioning properly so the researcher could focus on building rapport with the interview respondents, and to provide as needed translation from Indonesian into English, or from English into Indonesian.

Following the interview, the researcher and research assistant would discuss reflections on the session and if needed, modify the interview approach or style for future interviews. As most of the interviews were in Indonesian, the research assistants also did the interview transcription. The assistant who attended the interview transcribed that interview according to a transcription guide developed for this purpose. The transcription guide the researcher initially developed and subsequently modified

with input from the research assistants can be found in Appendix 5. Additional details on the transcription are in Section 3.6.1 Strategies used to ensure reliability.

Unconventional interview sessions

The addition of subordinates to the interview session at the request of the primary interview respondent led to an unconventional format of interviews. The interview sessions thus consisted of the primary interview respondent and between one to five additional interview participants from the same organization. These additions to the interviews were often the technical complaint handling officers who reported directly to the primary interview respondent, and they contributed to the interview on an as needed basis when asked by the primary interview respondent. This held true for interview sessions on both the national and sub-national government levels. Of the 40 interview sessions, 19 were conducted with this unconventional interview format. The implication of this experience is examined reflexively in Section 3.9.

Language considerations

The language of the interviews was determined by the interview participants at the start of the session. In general, Indonesian is the preferred language for work related purposes, and this was reflected in the majority choosing Indonesian as the language of choice for the interviews. In some cases, the interview began in English and then switched to Indonesian, or were a mixture of Indonesian and English.

To account for this preference and reduce the risk of misunderstandings, prior to the interviews, the researcher had taken intensive Indonesian lessons and developed the ability to conduct the interviews in Indonesian for the purposes of data collection. To further ensure the accuracy of the interview discussions, at least one research assistant who could help with as needed translation was also present for most of the interview sessions. A part-time translator was later hired to translate the anonymized transcripts into English to further ensure that there was a minimum of misunderstandings relating to language.

3.4.6 Document analysis

While a literature review seeks to identify what is known about the research domain and use it to develop sharp questions to examine it further (Yin, 2009), document review can either serve as a source of evidence for use in the research or inform the contextual understanding of the reality within which the research takes place (Harvey, 2022). For this study of LAPOR!, both types of document review were utilized. Laws and regulations served as a source of evidence, and the grey literature

reports and organizational publications were used to increase the contextual understanding of the complaint handling landscape.

The document review of Indonesian national laws and regulations with relevance to citizen engagement, monitoring of public services and complaint handling took place during the same timeframe as the semi-structured interviews. See Appendix 6: List of documents used during document review process for the listing of documents used in this study.

The inclusion criteria for the laws and regulations to review were laws passed following the year 1998 up until the time of the data collection in 2019; national laws and regulations referencing public service administration, citizen participation, accountability, quality improvement of public services and/or complaint handling. Laws that were not referred to during the interviews and which did not fit the inclusion criteria were excluded. The results of this document review of relevant policies were used to inform the interview topic guide and as a source of data in the three results chapters' sections on complaint handling policies.

These laws and regulations were identified through two methods.

1) When interview respondents referenced a law or regulation, a note was made. Following the interview, the list of laws mentioned throughout the course of the interview were identified online through the official government website.

2) The national government website which hosts the official versions of all Indonesian laws and regulations has a search function. This search function allows for advanced searching using keywords as well as the possibility to filter results by ministry or government agency. This function was used to search for laws and regulations that had not been mentioned during the interviews.

To enhance the contextual understanding within which LAPOR! operates, additional documents in the category of grey literature were read as a source of background information. This included the LAPOR! website and organizational brochures and publications relating to complaint handling. The list of these documents can also be found in Appendix 6: List of documents used during document review process.

3.5 Data analysis process

The Framework method of analysis was used to structure the qualitative content analysis of the semi-structured interview transcripts. This method of analysis provides a systematic and flexible approach to analysing data which has similar topics or key issues (Gale et al., 2013). This makes the method suited to an in-depth yet comprehensive analysis of semi-structured interviews and other similarly

themed text-based documents (Leal et al., 2015). This method of analysis was suited to this case study of LAPOR! as the primary data collection method was semi-structured interviews complemented by document analysis of laws and regulations.

There are five stages to this method of analysis, namely familiarisation with the data, coding, the development of an analytical framework to categorize the codes, the charting of categories of codes into themes and sub-themes, and the interpretation of the data to identify patterns and trends (Gale et al., 2013; Ritchie and Spencer, 1994; Spencer and Ritchie, 2011). These five stages took place in a non-linear fashion throughout the data collection process and again once the interviews had been completed. Details of how the stages were applied are as follows:

1) **Familiarization stage**

The 40 interviews took place in-person and were audio-recorded. The recordings were transcribed in accordance with a transcription guide developed specifically for this purpose in the days immediately following the interviews.

Initial reflections on the interview process and content were recorded manually in a notebook following each interview. Additional reflections about the study locations following each visit to Semarang or Medan were also added to this notebook. These reflections highlighted key ideas and themes to examine in more detail in upcoming interviews and were also used to inform the data coding process.

Laws and regulations referred to by interview respondents were identified on official government websites and included as a source of data to analyse in subsequent stages.

2) **Coding stage**

The software NVivo was used during the coding process for both interview transcripts and the document review of legal policies and regulations. NVivo enabled systemizing the transcript coding process and the organization of codes into categories forming the analytical framework.

NVivo was also used to code the laws and regulations identified through the interviews using similar codes to those used on the interview transcripts. This facilitated the corroboration of statements made during the interviews.

3) **Development of the analytical framework**

Every 5-10 interviews, the working analytical framework was reviewed. Categories from the initial codes and the emerging themes from the familiarisation stage were assessed and added to if necessary. The resultant working analytical framework of categories and codes was applied to

subsequent interviews. Following all the interviews, the categories and codes were applied to the entire set of transcripts and policies.

A combination of inductive and deductive approaches to coding was used to ensure important aspects of the data were identified. The deductive approach entailed moving from the general to the particular, or from a theory to an expanded understanding of that theory; while the inductive approach moved from the particular to the general, or from empirical observations to the forming of concepts and theories based on them (Woiceshyn and Daellenbach, 2018). In this study, the deductive approach initially drew on the adapted conceptual framework from section 3.2.1 depicting the extra-long, long and short routes of accountability. This framework was used to frame the general understanding of accountability relationships in the health sector and to inform the development of the topic guide used to examine complaint handling in the Indonesian health sector.

During the interview process, observations that emerged revealed complexities in the accountability relationships and complaint handling landscape which could not be adequately understood using that framework. This led to the addition of the conceptual frameworks from section 3.2.2 and section 3.3.3, namely the multidimensional frame of public accountability in the health sector and the adaptation to the hexagonal socio-technical system framework, to aid in understanding the dynamics of the Indonesian context. Using these conceptual frameworks to expand understanding into how accountability is influenced by multiple dimensions and complaint handling consists of socio-technical elements in a complex system, demonstrated that additional observations and findings emerged which did not quite fit into the existing conceptual frameworks.

The inductive approach was again drawn on to use these observations to develop a new framework suited to assessing complex accountability systems (presented in section 7.4). In this way the deductive and inductive approaches were used iteratively and in a complementary manner. The main purpose of this iterative process was to aid in the identification of patterns and build a meaningful perspective without compromising the richness and dimensionality of the collected data (Leung, 2015).

4) **Charting process**

Drawing on the categories and codes comprising the analytical framework, this process used NVivo to structure the categories into themes and sub-themes.

5) **interpretation of the data**

Based on the identified themes and sub-themes, characteristics, similarities, differences, and the mapping of processes and relationships took place. This was done to highlight interesting patterns and unexpected elements, and flag inconsistencies in the data in need of additional examination.

Identified points of interest were compared against ideas found in the literature. Following this process of thematic content analysis, a selection of representative quotes from the transcripts and reviewed policies were chosen to substantiate the presentation of the findings in the results chapters.

3.6 Reliability and Validity

3.6.1 Strategies used to ensure reliability

Reliability in qualitative research is concerned with consistency (Leung, 2015). The goal of reliability is to minimize the presence of errors and bias during the operations of the study (Yin, 2009). This study used the following strategies to ensure reliability during the data collection and analysis processes:

1) Indonesian language lessons prior to data collection
2) Audio-recordings of interviews
3) Use of a topic guide to structure the interviews
4) Transcription procedures
5) Translation of transcripts into English
6) Use of software to aid in transcription, coding and thematic analysis

Details of the strategies are as follows:

1) Indonesian language lessons prior to data collection

Prior to beginning data collection, the researcher attended 12 months of intensive Indonesian language lessons to reduce the risk of misunderstandings during the interview sessions. The aim of gaining this language skill was to better understand the respondents during the interview process. A secondary motivation was to be able to offer the choice of using English or Indonesian for the interview sessions given the preference for using Indonesian in official settings.

2) Audio-recordings of interviews

Audio-recording of interviews were made to ensure that an accurate and complete record of what was said was available to revisit during the data analysis. Respondents consented audio recording in 37 of 40 Interview sessions. The three interview sessions in which recording was refused had interview notes taken instead. The recording was made using the researcher’s laptop computer and a small external microphone. Individual audio files were given to the relevant research assistant on a USB stick following the interview for transcription purposes. The USB stick with the audio recording was returned following completion of the transcription.

3) Use of a topic guide to structure the interviews

While each interview proceeded slightly differently depending on the actor category and policy level of the respondent, a topic guide was used in order to provide a general structure of topics to be covered during the interview.

Initially the topic guide was based on the adapted conceptual framework involving the extra-long, long and short routes of accountability, the results of the preliminary literature review and informal conversations with technical assistance project staff and members of the Executive Office of the President of the Republic of Indonesia (KSP). As mentioned in section 3.4.5, the interview sessions began on the national level in September 2019 followed by sub-national interviews which began in November 2019. Following reflections on the initial national level interviews, a rather substantial set of topic guide revisions took place prior to beginning the sub-national interviews in November 2019. See Appendix 3: Semi-Structured Interview Topic Guide for a copy of the final topic guide. This version of the topic guide remained largely unchanged for the remainder of the data collection process which ended in February 2020.

4) Transcription procedures

A transcription guide was developed to provide details of expectations and standards used during transcribing. This was done because the interview transcriptions were mainly completed by different research assistants. Four part-time, intermittent research assistants were hired to assist with scheduling interviews, as needed translation during the interviews and transcription of the interviews as most interviews were in Indonesian. The assistants signed agreements to maintain confidentiality and not use any study related data or information for private purposes. Appendix 4 contains the research assistant agreement template

The audio recordings of the interviews were used for the transcription. The researcher developed an initial set of guidelines and transcription standards based on work by (Dresing et al., 2015; Moore and Llompart, 2017) to ensure the transcripts followed a similar structure regardless of who was transcribing. Once transcription began, the research assistants contributed suggestions to improve or clarify the guidelines. The final transcription guide can be found in Appendix 5.

The transcription guide covered

- Transcript security considerations (password protection, use of USB sticks and email)
- The coding matrix for respondents and guidelines on anonymizing the transcription
- Formatting requirements for the transcript, and the requirement to use a time-stamp to indicate a change of speakers to ensure the transcript was easy to navigate and for ease of quality control spot-checking

- Standardized approaches to literal language transcription; use of italics to indicate change of language from Indonesian to English or vice versa; and how to transcribe pauses, noises, and overlapping conversations
- Additional notes were provided regarding writing expanded notes in cases of no audio recording
- Transcription references were included in the transcription guide in case the transcribers needed more information.

The researcher did random spot checking of the quality of the transcription work completed by using a point in time on the audio recording and comparing it to the transcribed time and text in the written transcript. The transcriptions appeared to align with the audio recordings. In cases of ambiguity during data analysis, the original audio recording was used as the data source.

5) Translation of transcripts into English

As an additional mechanism to ensure adequate and complete understanding of the interviews, a professional translator translated the Indonesian portions of all the transcripts into English. The translation method was a combination of literal translation and faithful translation. Literal translation is when the sentence content is translated word-for-word, while faithful translation attempts to convey the contextual meaning of the original text (Ordudari, 2007). The translator was encouraged to make notes in the translation, and also to ask any clarifying questions that arose during the translation process. In terms of quality control, although back translation is a popular method of quality control for translating materials (Colina et al., 2017), it is more suited to surveys or primary sources of data. The quality control method used to evaluate the translated transcripts in this study was comparison of translation with source material. This was conducted similarly to the quality checking of the transcripts, using a time-stamped moment in the translation compared against the original text in the transcription. The comparison drew on personal knowledge of the languages, or as a back-up, a free online translation tool. This method was chosen as the researcher was able to use the original transcripts of the interviews for much of the preliminary data analysis, and primarily used the translated transcripts as a reference to double-check understandings of what was said in any cases of uncertainty. The translated transcripts were also used for the selection of representative quotes.

6) Use of software to aid in transcription, coding and thematic analysis

Computer software was used for the transcription, coding and thematic analysis processes to ensure a systematic approach and provide a convenient method of undertaking iterative review processes. The free online transcription tool "oTranscribe" was used to facilitate the transcription of interview audio recordings. There is a guarantee of privacy as the audio file and the word document transcription remain on the transcribers' own computer at all times during the transcription process.

This tool allows for the speeding up and slowing down of the audio speed, an easy pause function, and provides a time stamp function to ensure the transcript is easy to navigate. NVivo software was used to aid in the systemization of coding transcripts and the organization of codes into categories that formed the analytical framework. NVivo provided many tools to assist in the data summarization and comparison of codes while developing the analytical framework for data analysis.

3.6.2 Strategies used to ensure validity

Validity refers to 'how accurately the account represents participants' realities of the social phenomena' (Creswell and Miller, 2000, p. 124). Validity can be defined as the extent to which the study's findings are trustworthy, credible, confirmable and how dependable or accurate the data is (Yin, 2009). This study used the following strategies to ensure validity during the data collection and analysis processes:

1) Purposefully selected study locations
2) Interviewed respondents from a variety of constituencies and locations
3) In-person interviews
4) Preferred language of respondent with possibility of translation
5) Private setting
6) Rapport building with interview respondents
7) Exercising flexibility and adaptiveness
8) Triangulated findings using multiple sources
9) Reflective process
10) Informed consent
11) Indonesian research permit and ethics approval
12) Data management
13) Mitigating bias
14) Supervisory visit
15) Iterative refinement of the analytic framework used for thematic analysis
16) Use of quotes from interviews
17) Comparison of study findings to related literature

Details of the strategies are as follows:

1) Purposefully selected study locations

To ensure study locations and organizations with the greatest relevance to this study of LAPOR!, the two sub-national study locations were chosen using three criteria: a. Population density and level of development; b. Urban setting with availability of comparable organizations c. Locations actively engaged with LAPOR!. The choice of purposeful sampling techniques were used to account for potentially relevant variation between organizations and policy levels while also ensuring the presence of factors deemed enabling to conducting this study. Details can be found in section 3.4.2.

2) Interviewed respondents from a variety of constituencies and locations

There were semi-structured interviews with 72 respondents from 36 organizations in three locations. This was a broad range of respondents from different actor categories, policy levels, locations, and

organizational seniorities. This was a deliberate feature of the data collection designed to ensure a variety of viewpoints and perspectives from which to understand the workings of the Indonesian complaint handling system and LAPOR! specifically. The profiles of the respondents can be found in section 3.4.4 and Appendix 1: Interview respondent profile.

3) In-person interviews

All the semi-structured interviews took place in-person, The length of each session varied but was generally between 60 and 90 minutes. In-person interviews were suited to this study because they gave the opportunity for the researcher to build rapport through the informal moments that occur during the interview involving humour, eye contact, body language and other types of non-verbal communication. Building rapport was necessary as the interview respondents were assigned by their organizations, and the interviews required some effort to go beyond the public relations messaging that was present at the start of the interviews.

4) Preferred language of respondent with possibility of translation

The language of the interviews was determined by the interview respondents. The choice of language of interview was offered to the interview respondents so that they could feel comfortable to speak freely and elaborate on the points they wished to make, or use nuances to convey their thoughts and ideas in the language they felt most at east in. The majority chose Indonesian as the language of choice for the recorded interviews. To further ensure accuracy of the interview discussions, a research assistant was present to help with as needed translation for most of the interview sessions.

5) Private setting

All the interviews took place in private. Most of the interviews were in the meeting room or personal offices of the primary interview respondent. Five interview sessions took place in the corners of quiet cafes at the request of the interview respondents. The private settings were sought so that the interview respondents could be assured that what they shared during the interview would not be overheard, and they could feel comfortable to speak openly. In a few of the organizations, the interview respondent chose to publicize the occurrence of the interview on their organizational website’s news section. However, this was the personal choice of the interview respondent beyond the researcher’s control. On the researcher’s side, every care was taken to ensure that the anonymity and privacy of the interview respondents were protected to the best of the researcher’s ability.

6) Rapport building with interview respondents

During the interview sessions, the researcher used various methods to build rapport with the interview respondents. The most basic methods were by maintaining a respectful tone and polite ways of expressing the interview questions, clearly communicating the purpose of the interview and explaining how the answers to the questions would be used. Additional attempts to build common ground relied on modelling the sincerity and openness that was hoped for in the session. As many of the interviews took place in organizational settings, this type of rapport building was necessary to go beyond the official messaging of the respondents who sought to only show their organization in the best possible light.

7) Exercising flexibility and adaptiveness

Conducting qualitative research can be challenging. The researcher endeavoured to maintain open lines of communication with individuals involved in the research process and asked for help when encountering unanticipated events or interview setbacks. For example, discovering the challenge of arranging interviews with organizations which, following informal conversations with the local supervisor, resulted in the hiring of four part-time research assistants to ensure timely completion of data collection.

8) Triangulated findings using multiple sources

Constant comparison took place between interviews from different policy levels and study locations, and of interview data with laws and regulations. The semi-structured interview data was compared against the interview data from the other types of organizations on different policy levels and different study locations during the reflective processes following the interviews. This was done to corroborate views and perspectives from individual respondents, and also to identify issues that were of concern to more than one type of organization. This then informed the refinement of the analytic framework as part of the thematic analysis process. Further comparisons between interview data and concepts found in the national laws and regulations identified through the document analysis were undertaken to confirm statements made during the interviews.

9) Reflective process

A reflective process involving an informal conversation with the research assistant who attended the interview directly following the interviews was incorporated into the interview process. These conversations were not audio-recorded, but notes were taken as needed. The insights from these conversations were used to modify the topic guide or adjust aspects of the interviewing process to ensure better quality interviews. The researcher also personally reflected on emerging ideas and

evaluated the interview process after every 3-5 interviews and following each visit to the sub-national study locations. These reflections were used to add depth to the data interpretation during data analysis. Section 3.8 provides reflexive considerations on the data collection process.

10) Informed consent

Written informed consent was received from all individuals present in the interview session who contributed to the interview session. The informed consent form was developed using a template provided by Atma Jaya Catholic University. A copy of this form can be found in Appendix 2: Information sheet and informed consent form. The use of the information and the informed consent form was intended to give the interview respondent assurance that the interview data would only be used for the study purposes, and encourage them to speak openly during the interview.

11) Indonesian research permit and ethics approval

Details of the Indonesian research permit and ethics approvals received through LSHTM and Atma Jaya Catholic University can be found in section 3.9, and in Appendix 7: Ethics approval. Similar to the informed consent form, the ethics approvals and research permit showed interview respondents that this study and the researcher had adhered to the proper channels. This gave them the confidence to accept the interview request and share their views freely as they saw fit.

12) Data management

Data security of the interview content was ensured through the storage of all original audio files on the researcher's computer in an encrypted section of the hard-drive, along with password protection of all word documents relating to the transcripts and the translations, all of which were emailed to and from the researcher directly. Additional data management steps taken to ensure the security the interview data and respondent information be found in sub-section 3.9.3. The information given at the beginning of the interview sessions gave an overview of the data management steps taken in this study. This was to further reassure the interview respondents that the data would be used only for this study, the study itself had gone through the official vetting processes, and their participation in this research would kept anonymous and private.

13) Mitigating bias

Measures were taken to identify and manage the following types of study bias: the potential for responder and researcher bias that came from elite interviewing, acquiescence bias and cultural bias. Details can be found in section 3.7. The reason for mitigating study bias is to increase the likelihood

that the collected data is accurate and as true a reflection of reality as is possible given the constraints of human powers of investigation.

14) Supervisory visit

In November 2019, Dr Neil Spicer joined six interview sessions in Semarang to increase his contextual understanding of the interview processes. Following each the interview sessions, there was an informal reflection and review of the interview and suggestions on techniques to try in upcoming interviews. Further reflexive thoughts on this visit can be found in section 3.8. The supervisory visit was designed to check in on the interview process and provide an external perspective regarding the rigor of the data collection.

15) Iterative refinement of the analytic framework used for thematic analysis

Ongoing iterative high-level analysis of themes and ideas that emerged from interview sessions took place every 3-5 interview sessions. The notes from the on-going reflections following interviews and analysis were used to structure thoughts surrounding the interview processes and develop ideas to pursue in subsequent interviews. This iterative process was suited to this study as it used a combination of inductive and deductive data analysis techniques as described in section 3.5.

16) Use of quotes from interviews

Anonymized quotes from interview respondents were noted during the coding and thematic content analysis process described in section 3.5. Representative and illustrative quotes that could substantiate the narrative flow were then included into the results chapters. The quotes were chosen to reflect both positive and negative views, majority opinions and dissenting counter arguments. The best quote to demonstrate the idea being shared was selected, though some care was taken to choose quotes representative of the full range of views within and between actor categories, policy levels or locations.

17) Comparison of study findings to related literature

The thematic organization of findings from the current study were compared against the current areas of focus and discourse in the domains of public accountability and complaint handling as presented in Chapter 2. Similarities and differences in study findings to the literature are discussed in Chapter 7 section 7.3. This step provided the basis for assessing the possibility for this study to contribute analytic generalizations to the domain of complaint handling in the context of public accountability.

3.7 Study limitations

This is the first study to approach complaint handling in Indonesia from the perspective of public accountability in the health sector. It is also a reflection of Indonesian organizational decision makers' perspectives on interactions between people, technology and data in the very final moments leading up to the COVID-19 pandemic. After the onset of COVID-19, society in general and health sector actors specifically were forced to interact with digital technologies and make use of data for risk assessments on a daily work life basis. This has had an immediate and irreversible impact on the digital maturity levels in societies around the world. This study captures the moment in time just before this forced transition took place. The following reflections relate to the overall study process and limitations.

Constraints due to being a stand-alone study

This was a stand-alone research project not affiliated with any larger or ongoing research projects. This allowed for greater flexibility in topic selection and data collection processes, but lacked the benefits of being part of a multi-stage research with attendant consultative research teamwork. Some respondents were unsure if this lack of wider affiliation with an established research project meant that I would be a 'parachute' researcher who swooped in to gather data and then left. Interestingly, though I had been living in Indonesia prior to beginning the research, it was only during the process of data collection and seeking depth of understanding from people from diverse governmental levels and civil society that I began to appreciate their wariness towards researchers who take a snapshot of a situation and then draw conclusions from it. The bureaucratic realities in Indonesia were incredibly complex and constantly in-flux, so I could see how drawing strong conclusions based on a sliver of information without adequate contextualization could be seen as disrespectful. As a result of that realization, throughout the iterative content analysis process I was conscious of needing to place the statements made by respondents into a time and space that took into account the wider context of constant change. To ensure a 'whole-of-system' perspective was one of the main reasons I drew on systems thinking when developing the *Complex Accountability System Framework* to use when assessing complaint handling and specifically LAPOR!.

Benefits and drawbacks of the Indonesian research permit process

Research conducted in Indonesia requires a research permit. The application and approvals process for this permit is quite lengthy and is subsequently valid for less than one year. On the positive side, following the approval of the research permit, organizations included in the research application's approved study locations were encouraged to approve requests for information and interviews. However, there were often additional administrative requirements and provisions to prove and validate the research approval prior to the scheduling and holding of interview sessions. As an

illustration of the length of time that could be required to arrange interviews, the interview sessions with BPJS-Kesehatan, took over four months of weekly follow-ups to successfully arrange.

The constraint of working alone on this study also meant there was a limit as to how much could feasibly be accomplished within the permissible allotted time frame for data collection under the research permit. This reality was reflected in the decision to focus the research in two provinces that are easily accessible (politically, geographically and travel cost wise) from Jakarta, and have a certain amount of readily available statistical information and pre-existing data generated through LAPOR!. This was further reflected in the decision to hire four research assistants on an intermittent basis to help with the scheduling of the interview sessions. Ultimately the ability to conduct an adequate number of interviews was due to persistence in going through the official administrative channels and to the kindness of interview participants to reach out and vouch for the researcher to their peers and sub-national counterparts following the interview sessions.

Limitations of the research scope

The depth of the research as related to the health sector was limited by the small number of interviews with health service providers. During the data collection period I approached health sector actors from the four stakeholder groups as defined in sub-section 3.4.3 above. For each stakeholder group I initially approached up to five organizations per category to request interviews. The acceptance rate of the governmental and civil society organizations category was quite high. The governmental organizations approached all agreed, and only two of the civil society organizations declined the request due to logistical or time related reasons. However, the acceptance rate among hospitals and community health centers was low - only one hospital in each of the sub-national study locations accepted the interview request. The reason for refusal provided by the others was lack of time to participate. As a result of this high refusal rate and time constraints relating to the validity of research permit within which to complete data collection, the resulting interview sample was dominated by the other stakeholder groups. It is possible the findings would have been able to identify challenges and issues around complaint handling more specific to the health sector if there had been more participation by hospitals and community health centers.

The original research intention was to conduct mixed methods research and combine interviews with a retrospective complaints data analysis. However, the novelty of receiving a request for an aggregate, anonymized complaints dataset and the lack of regulation around conducting complaints data analysis led to almost a full year of periodic requesting and follow-up before being provided with a dataset. The raw data was largely open text fields in the style of a short message service (SMS) text message, and therefore would require extensive data cleaning before any analysis was possible. Through my brief examination of the dataset and some conversations around how to approach analyzing this type of data, I gained a better understanding as to why my interview respondents viewed the complaints

data as anecdotal. Unfortunately, the dataset was received near the end of the interview process which coincided almost to the day with the onset of the COVID-19 pandemic in Indonesia. I subsequently became heavily involved in consulting work mobilizing emergency funding for pandemic response and took a six-month study leave. Due to time and energy constraints when I returned to my studies, I ultimately decided to focus only on the qualitative aspects for the purposes of this dissertation. While the qualitative approach allows for greater versatility and is suited to descriptions of understudied areas and topics such as this one, it's possible that some of the significance of considerations and results were limited without a quantitative counterpoint.

*Unexpected respondent profiles in the semi-structured interview*s

The study respondents also held more elite, senior positions in their government structures than originally envisioned. Thus, the study unintentionally became a reflection of the type of top down, vertical system which complaint handling systems are attempting to disrupt by being bottom-up sources of feedback from citizens. On the other hand, the interviews captured a rare insider view into national and sub-national government perspectives on complaint handling during a time of transition. The interviews coincided with the passing of the central mandate to integrate technologically, or replace the in-house organizational complaint handling system entirely with LAPOR!. Government officials were still processing the implications of what this requirement meant in terms of the future of complaint handling within their organizations and more broadly for Indonesia, and consequently shared candid thoughts regarding both that perhaps would otherwise have been kept private.

3.8 Study bias and mitigation measures

The methodological requirements for qualitative research are elaborated in Appleton and King (2002) and involve personal characteristics of the researcher, the main ones being adherence to ethical research behaviour to protect privacy, confidentiality and prevent being coerced; and the ability to be flexibly proactive yet responsive to the evolving needs of the inquiry. The potential for responder and researcher biases cannot be completely avoided when it comes to conducting qualitative interviews (Galdas, 2017; Sarniak, 2015), especially when the researcher is a foreign woman conducting interviews with senior Indonesian officials who also happened to be stakeholders involved closely in the systems under exploration. As a general mitigation measure, the researcher made it clear that the study was not aligned with any sub-groups financially or politically, and was sincerely interested in understanding the interview participants' views on complaint handling in Indonesia, LAPOR! and the data generated therein. The aim of the study was to generate useful insights and learning that could also be of benefit to organizations such as theirs.

A key aspect of bias in this study was due to the predominance of elite interviewing. Elite interviews refer to the power asymmetry and differences in relative privilege between interviewer and interview participant (Mikecz, 2012). The Indonesian research permit process and preliminary interest in the research topic by the Executive Office of the President of the Republic of Indonesia (KSP) afforded a method to gain access to national level government ministries and agencies. Consequently, the interview sessions in this study were primarily with government officials in senior positions in their organizations. One measure of elite ranking depends upon the reputation of the interview participant within the organization (Empson, 2018), which in the current sample, the primary interview participants all had. To mitigate the bias inherent in elite interviewing involved the use of document review in addition to the semi-structured interviews. Furthermore, the selection of semi structured interview respondents involved a broad range of key informants from different policy levels (national and subnational) and organizational types (government, service providers and civil society).

Conti and O'Neil state that "*Studying those in positions of power invokes similar types of methodological problems as studying those excluded from power networks: problems of access, problems of authority in the interview setting, problems related to language, style and cultural capital*" (2007:68). These proved to be valid concerns, especially as the interview participants were skilled communicators who had reached their positions in large part by being politically savvy. There was an advantage to being an 'outsider', as it was possible to approach situations from a place of genuine curiosity and ask questions that were considered sensitive (Walt et al., 2008). In any case, the researcher relied heavily on iterative modifications to the topic guide, checking of interview findings against the document review findings to corroborate statements made during the interviews, and a reflective process to improve interviewing skills as the interview sessions progressed.

To reduce the potential for acquiescence bias, in which interview participants agree with the interviewer to be polite and friendly (Sarniak, 2015), and social desirability bias, in which interviewees will give the answer they think the researcher wants to hear, or the one that presents themselves in the best light (Sarniak, 2015), care was taken to start with general, high-level, 'safe' questions, and then proceed to the more topic sensitive questions through a combination of indirect questions and approaching the topics from a variety of directions. Consideration was also given to researcher body language and taking care not to present an indication as to 'right' or 'wrong' answers.

Cultural bias, which involves making assumptions about motivations and influences from the standards of one's own culture (Sarniak, 2015), was present for both the researcher and the interview participants. The researcher grew up in Asia and was living in Indonesia prior to beginning the research process, so this allowed for a deeper awareness of some of the unconscious biases and prejudices that

were contextually present prior to beginning the interviews. During the interviews, care was taken to approach the interview participants from a proper position of respect and professionalism, and to not take offense when interview participants made statements that reflected their underlying assumptions about the background of the researcher. Following each interview session, the researcher and the research assistants held informal de-briefings in a location unrelated to the interview session and without any recording devices. The main purpose was to assess how the interview went from their perspective and develop ideas for improving future interviews. This was not a source of formal data, rather it was to provide a sounding board for ideas and feedback for the researcher. As the research assistants were Indonesians, this process helped to identify and limit some of the cultural blind spots that would otherwise have remained unmitigated.

3.9 Reflexivity and positionality

The background I brought to this research is that of a mid-career health and development practitioner. I come from a political science and health care management background, and I worked on community health development and social integration projects for different organizations while living in Eastern Europe and Asia before becoming an accidental academic in Ateneo de Manila University in the Philippines. I worked there for seven years in the Health Sciences Program and the Development Studies program, lecturing, developing new courses, and participating in multi-disciplinary health research.

When I moved to Indonesia, I brought along the desire to continue contributing to Asian academia and to multi-disciplinary research related to health. However, lack of Indonesian language skills was an immediate obstacle to both. Consequently, I enrolled in Indonesian language lessons at the Atma Jaya Catholic University. One of the language exercises we used was reading and discussing newspaper articles. As my language teachers knew that my masters was in health care management and my bachelors was in political science, they selected newspaper articles related to health and politics for me. At that time BPJS-Kesehatan and health financing issues were hot news. There were also opinion pieces relating to the challenges of improving the quality of health service delivery given poor sub-national budget absorption and extreme regional infrastructure and human resources disparities. In other words, while learning Indonesian, I also received an invaluable immersion into the health governance topics of greatest public concern at that time.

I first learned about LAPOR! in the context of Indonesian digital innovations leading the way towards a modern and prosperous society through accountable public sector development. I was intrigued by the notion that an online complaint handling system could be expected to fulfil such a lofty ambition. As the years went by, the number of health sector complaints submitted to LAPOR! overtook the

number of complaints in the other public sector categories. This and my evolving contextual knowledge about the health sector (thanks to the language classes) led to a curiosity about the extent to which LAPOR! was contributing to public accountability in the health sector.

A less complex topic would perhaps have been a more logical entry point for my debut in the Indonesian research scene given my lack of direct experience relating to either public accountability or online complaint handling. However, in the spirit of all great undertakings, I did not let these minor details stop me. I spoke to friends, and friends of friends, to see how useful such research would be to those involved in implementing LAPOR!. As it turned out, there was a surprising amount of interest from both development partners (foreign aid donors) and national government officials in finding out how effective LAPOR! is at what it does. At that time, I decided to pursue a proposal to study how the health complaints data received through LAPOR! was being used for accountability purposes in the health sector. Atma Jaya Catholic University agreed to be my Indonesian institutional base and provided me with in-country supervision and troubleshooting of data collection issues that arose. It was through the medical program of this university that I selected the research assistants who assisted with the data collection logistics.

My assumption was that since LAPOR! was receiving large numbers of health-related complaints, someone must be using those complaints to hold organizations to account. I also assumed at least some organizations would be using them as evidence to make changes in health service delivery processes, or perhaps even for local policymaking purposes. Therefore, the initial proposal and study focus was on the "Uses of complaint management system health reports in Indonesia." This title can be found on the Indonesian research permit and other research documentation that was used during the data collection.

The reality of the complaint handling landscape came as a bit of a shock when I began data collection and discovered that every organization had their own in-house complaint system operating alongside LAPOR!. This made the landscape inherently more complex and messier than I had imagined it would be. While trying to untangle the complaints data from the wider complaint handling system and organizational contexts, I realized it would in fact be more straightforward to pursue a broader descriptive study of LAPOR!. As a result, this study pivoted to become a case study of LAPOR! which examined how it is viewed politically, socially and by organizations that use it, and the extent to which LAPOR! is perceived to be effective as a mechanism of accountability.

This initial focus on health complaints data influenced the types of topics prioritized for discussion during the first 15 or so interview sessions. For example, during those interviews, the high-level goals of complaint handling questions were not pursued in as much detail as the types of health complaints

received and the reasons for why there was such shallow complaints data analysis available. It is possible that if the study had not begun with the complaints data focus, the overwhelming amount of information concerning all the other aspects of complaint handling would have completely overshadowed the complaints data aspects during the thematic analysis process. As it was, the considerations relating to complaints data were as weighty as those relating to the other aspects of complaint handling.

Reflections on the interview context

The senior profile of governmental interview respondents was a surprise. During the proposal development process, I was privileged to have access to government officials who were working on the development of LAPOR! through my pre-existing contacts in the donor community. However, during the data collection and interview processes, I went through the official administrative channels to request interviews in organizations, and the primary respondent for most semi-structured interviews was assigned by the organization's public information department. Perhaps the topic of this study sparked the curiosity of the assigned primary respondent. Instead of assigning a lower ranking respondent from within the department to take the interview as is often the case. in almost half of the interviews, the primary respondent attended in person. He also invited at least one but often up to four additional interview participants to accompany him.

Because of this, the format of the interview sessions was largely unconventional, and many of the interviews started off with a very formal, organizational representation feel. Each interview session began with a self-introduction, then some time spent explaining the confidentiality and anonymity procedures. Next, I expressed my belief that Indonesia's experiences in developing citizen feedback mechanisms through complaint handling was worth documenting and that I was primarily interested in the impact of complaint handling on health sector related decision making. The interview participants would generally follow up by asking about the organizational selection process and then invariably display pride that their organizations, and specifically they themselves, had been chosen for the interview session. Following this, the interview participants gave the impression of being open and forthcoming in their answers.

Due to the unconventional format of the interview sessions, it required some effort to facilitate the flow of the interview to go deeper than the initial offering of opinions that were merely in line with the official messaging from the organization. In other words, it was clear that in the beginning of the interview sessions the interview respondents took care to highlight the positive aspects of their organizations' management of complaint handling systems.

The impact of being a foreign female researcher interviewing senior government officials, the majority of whom were men, ended up being less of an issue than might have been expected. Despite the stereotypes surrounding negative attitudes towards women in countries where the dominant religion is Islam, the interview sessions were consistently cordial and respectful. The primary interview respondent and the secondary respondents took care to listen to the questions I posed and ask for additional clarifications when needed. I was fortunate to be able to build rapport with the interview respondents through my use of Indonesian when conducting the interviews, and through my sincerity in seeking an understanding of how Indonesians systems interact and the respondents' roles in these systems.

Through these and other rapport building techniques, the respondents appeared to feel comfortable to engage in a deeper conversation and dialogue that went beyond their public relations messaging. We discussed the ideals of citizen engagement through complaint handling compared to the realities, they shared the types of challenges they faced trying to implement complaint handling, and in some cases even acknowledged when an idea or perspective I offered was new or not yet under consideration. They appeared to trust that I would handle the information they shared with appropriate sensitivity, and also expressed interest in the research results. Their interest in the results seemed to be less related to the complaint handling aspects and more how their peer organizations and national or sub-national counterparts answered the questions posed during the interview, perhaps reflecting the underlying power dynamics inherent in the political system.

I was further privileged to receive a supervisory visit by Dr Neil Spicer. During this visit, there was a marked difference in how the interview sessions were received. As a foreign male with a serious academic title, the presence of the research supervisor lent an air of importance to the sessions that was not there when I was alone or accompanied by a research assistant. At the end of interview sessions in which Dr Spicer was present, a few of the organizations requested photographs with the research team and (despite our protests) published news of the interview on their organizational websites. While these sessions felt more like a public relations event compared to the other interview sessions, comparatively more internal documents and publications were provided for corroboration during the interviews. This and the change in attitude depending on who attended the interviews proved to be a useful point of comparison and contributed to understanding the role of perceptions in the overall research.

Reflections on differences in interview session participants

The unconventional interview session format led to the presence of a range of work levels from within the organization participating in the interview sessions. The interviews took place in the private offices

of the primary respondents or in small conference rooms in the organization, and the interviews were attended by the primary respondent and between one and four additional participants, generally lower ranking than the primary respondent. This afforded me the chance to observe the dynamics present within the organizational hierarchies. Elements I observed included the amount of thought that went into answering the interview questions, and which questions were answered by whom. It seemed that when the primary respondent had an active interest in the interview topic, it directly impacted the extent of knowledge they expressed on the subject and the extent to which the other interview participants were called on to contribute.

Primary respondents with a prior interest in the role of complaint handling systems in public service provision and the collected data were more likely to answer a question I asked and then request elaboration by the interview participants with a technical job function. Primary respondents to whom the topic was of less perceived relevance were more likely listen to the introduction and then leave the interview session part way through, handing over the entire interview to their invited interview participants. These substitutes were often their subordinates or involved in the technical aspects. This contributed additional insights into the role of organizational leadership on complaint handling processes, and the level of importance they afforded to the work of their technical staff. It seemed that the senior leadership within the organizations that had an active interest in topics relating to complaint handling and citizen engagement also had motivated technical staff and the overall prioritization and quality of complaint handling that took place in their organizations was higher compared to those to whom it was a mere formality.

Reflections on civil society

I discovered I had underestimated the power of civil society as hybrid actors with close associations with local government, local communities and foreign aid donors. I had initially included civil society organizations into the study to use them as a proxy for representing citizens perspectives, however it quickly became apparent that the civil society network was more of a force to be reckoned with than I had originally considered. I gained a better appreciation for the types of positive contributions civil society had been making to smoothing the introduction of complaint handling processes in cooperation with government agencies while also ensuring that citizen's voice and needs were not lost in the momentum. On the other hand, I also got the impression that for governmental organizations and health service providers who were sincerely motivated to build their capacities and improve complaint handling, the presence or absence of civil society organizations' support was not a key factor in their decision making around those aims.

These two observations made me realize that for social transformation and administrative or bureaucratic reform to take place actions were required on three key levels of society: individual, community and organizations, and unless one is willing to wait for organic change on all those levels, a catalyst of some sort was required. Technical assistance as funneled through civil society, despite the (often valid) criticisms it receives, could serve as that catalyst. However, incorporating the required changes is still ultimately the responsibility of all three levels, not just the organizations offering assistance. This is a nuance which can potentially lead to a lack of sustainability in programs that rely heavily on external efforts. Given these considerations and the amount of support LAPOR! has received over the years from external sources, it will be interesting to see how LAPOR! continues to evolve in the coming years and how (or if) it manages the transition to full domestic sustainability.

3.10 Ethics considerations

3.10.1 Indonesian research permit

Conducting research in Indonesia requires a research permit. The application and approvals process for this permit is quite lengthy and is heavily administrative in nature. In addition to personal information, the permit requires full information on research protocols and guarantees of funding, a list of study locations beyond which it is not permissible to deviate, and a written agreement with an in-country university to serve as a supervisory body.

Once approved, the research permit is valid for 10 months from the time of application, while the application consideration, permit issuance and subsequent registration take approximately 3 months. This left just over 7 months to schedule and complete all the semi-structured interviews. When scheduling interviews with organizations, it was necessary to first send a copy of the researcher's passport, the research permit, the research proposal, the topic guide and an information request detailing the type of information being sought during the interview. If approved, the organization would then assign a respondent and the actual coordination to find a common time for the interview would begin. This lengthy administrative process and short data collection time were the primary motivations behind hiring the part-time research assistants.

An interim and final research report are required to apply for an exit permit at the end of the data collection period and the researcher is required to leave the country as the final step. See Appendix 8: Indonesian Research Permit for the approved permit used during this study.

3.10.2 Ethics considerations on interviewing senior government officials

As described above in sub-section 3.4.3, the requests for the governmental organizations were endorsed through their respective public information department and referred to the senior official

of the internal department deemed most relevant. This senior official was the one to determine who participated in the interview.

It is likely that the research permit approval process involved informing relevant government organizations about the upcoming interview requests as a form of advance notice. Therefore, when I approached the governmental organizations and presented the research permit among the other documents they requested, the gatekeeping that is often associated with interviewing government officials was streamlined. I did not get the impression that there was any obligation to accept the interview requests, however given the vetting process of the research permit, it is plausible that the governmental organizations felt comfortable to accept the request as all of the proper administrative procedures had been followed.

Furthermore, while I was careful not to reveal specifics about which other organizations I was interviewing, at the end of each interview I did ask interview respondents for recommendations for other relevant organizations to approach. It is conceivable that there was an informal evaluation of the interview process and topics covered that was shared without my knowledge to organizations the respondents had recommended, which may have also contributed to granting me access to a more senior profile of interview respondents than I was anticipating.

Given the senior profile of these respondents and the (critical) points of view I received, I took extra pains to organize and present the findings as fairly and accurately as possible. I did not censor any of the views I received, but given the potential sensitivities around the topics, I was conscious to keep the findings as factual as possible given the qualitative nature of the interview process. I am hopeful that the results of this research may be of use to all four categories of interview respondents, but especially to the participating senior government officials. If nothing else, I hope this work can provide these senior government officials with a basis for further dialogue and conversations on enhancing public accountability in the public sector in general and the health sector in particular.

3.10.3 Ethics approvals from LSHTM and Atma Jaya Catholic University

Atma Jaya Catholic University in Jakarta served as the in-country supervisory body of this study as part of the Indonesian research permit. This university subsequently also conducted the review necessary for obtaining local ethics approval.

Local ethics approval through Atma Jaya Catholic University was approved on 21 March 2019 (FR-UAJ-26-13/R0). LSHTM ethics approval was granted on 13 May 2019 (16331 /RR/14035). An ethics amendment was submitted and subsequently approved by both universities (LSHTM reference

number 16331 /RR/16502, UAJ reference number 0001L/III/PPPE.PM.10.05/01/2022) to include additional research methods. See Appendix 7: Ethics approval for copies of the letters of approval.

3.10.4 Ethics considerations around data management and protection

Informed Consent

All 40 of the interview sessions had signed consent forms by the primary interview respondent and any additional interview participants who contributed during the interview. At the start of every interview, an introduction to the study and the types of topics the interview would cover was provided. This was followed by a brief overview of the steps that would be taken to ensure the privacy and anonymity of the interview participants. Finally, assurances were made that the interview content shared would be used purely for the purposes of this study. Following this introduction, the interview respondents were invited to review the bilingual informed consent form, and if there were no further questions, requested to sign it.

For many of the interview participants, even the act of giving informed consent and recording the interviews was perceived as a potential risk due to the seniority of their positions. Consequently, there were three iterations of the informed consent form in the first weeks of interviewing before an acceptable version was finally developed with the assistance of the supervisor from Atma Jaya Catholic University. The version ultimately deemed acceptable was used for the remainder of the data collection process. See Appendix 2: Information sheet and informed consent form for the final version of informed consent.

Data management procedures

For all of the data collected over the course of this study, the following additional steps were taken to safeguard the privacy and anonymity of interview participants:

1) **Interview setting**: All of the government official and health service provider interviews took place in the private offices of the primary interview respondents. This also held true for the interview sessions which included additional interview participants on the request of the primary interview respondent. For the interviews with civil society, the majority took place in the civil society offices. There were five interview sessions which took place in non-office structures at the request of the respondent.

2) **Interview respondent personal information**: Names and contact details were saved separately from the audio recordings, the transcripts, and the informed consent forms. The list of initial contacts was also kept separately from the data collection audio files and the

audio files were kept separately from the anonymized transcripts. During interviews, if the interview respondent asked who else had been interviewed, the researcher took care to give general answers.

3) **Interview transcripts**: All the audio recordings were transcribed and directly anonymized in the language of the interview, when possible, by the research assistant who attended the interview session. Transcripts which were Indonesian or primarily Indonesian were translated into English using a single professional translator. During the transcription process, participant identifiers were used to represent the interview respondents. The identifier used a standardized combination of letter and numerical value to ensure anonymity while still providing convenience for data analysis purposes.

4) **Presentation of data**: Information regarding interview respondents was aggregated by organizational category. During the write-up of the interview results, care was taken to ensure interview respondents were not identifiable directly or through their roles in their organizations.

5) **Data storage and communication with research assistants and translator**: The research assistants and the translator signed an agreement of understanding which included a confidentiality clause before commencing work with interview data. The audio recordings were given to the research assistants on a USB stick which was returned following the transcription. All the transcripts and translations used unique password protected word documents emailed directly to and from the researcher. The storage of contact information, interview data, transcripts and initial analysis made use of an encrypted part of the researchers' laptop as well as on an encrypted external hard-drive.

3.11 Conclusion

This chapter presented the approaches used to study the extent to which LAPOR! is perceived as an effective mechanism of accountability in the Indonesian health sector.

The primary data collection method was semi-structured interviews with government officials, health service providers and civil society organizations. This was complemented by non-participant observation of public events to inform the selection of organizations and the topic guide, and by document analysis of laws and regulations relevant to complaint handling. The purposeful sampling procedures used to select Medan (North Sumatra) and Semarang (Central Java) as the sub-national study locations were described in sub-section 3.4.2, and the selection of organizations was described

in sub-section 3.4.3. The profiles of the semi structured interview respondents were presented in sub-section 3.4.4 and an overview of the interview session processes were listed in 3.4.5. The document analysis and selection methods for inclusion of laws and regulations were in sub-section 3.4.6.

The data analysis technique drew on the five-stage framework analysis method. This method was chosen for its suitability to the analysis of semi-structured interviews, which were the primary source of data in this study. The computer software NVivo was used to organize the coding and structure the thematic analysis of the interview transcripts and the laws and regulations used in the document analysis.

To ensure reliability and validity of the study, the researcher conducted all 40 interviews in person. A topic guide was developed and modified as needed following interview sessions. Each interview was approximately one hour long and took place in the language of choice of the primary interview participant, which was generally Indonesian. A research assistant was present at interview sessions in case of need for translation. A transcription guide was developed to standardize the transcription process of the interview sessions. The transcription took place in the language of the interview and used a free online tool called "oTranscribe." Transcripts that were predominantly in Indonesian were subsequently translated by a professional translator. Quality control spot checking occurred for both the interview transcripts and the translated documents. In any cases of uncertainty in terms of the transcripts, the original audio file was considered the primary source. Data security of the interview content was ensured through the storage of all original audio files on the researcher's computer in an encrypted section of the hard-drive, along with password protection of all word documents relating to the transcripts and the translations, all of which were emailed to and from the researcher directly. The full list of strategies used to ensure reliability and validity are in section 3.6.

The types of study limitations and potential for bias were discussed in the context of the overall data collection process in section 3.7, as was the reflexivity and positionality of the researcher and its influence on the study in section 3.8. The challenges of interviewing 'elites' were examined, as was their preference for an unconventional interview session format involving the attendance of additional interview participants at their request. The interview sessions therefore required some effort to go beyond the initial offering of opinions that were merely in line with the official messaging from the organization with the goal of impressing the researcher and showing the organization in the best possible light. This unconventional interview format provided an avenue for additional insights into the perception and level of importance given to the topic of complaints systems and data generated therein within organizational hierarchies. Ultimately, the interviews provided a rich source of data concerning successes and challenges concerning complaints systems in Indonesia, the types of

accountability purposes the data generated through LAPOR! is being used for, and the factors contributing to its use. These findings will be discussed in subsequent chapters.

In terms of ethics, each interview session included an overview of the ethical procedures to ensure anonymity and confidentiality, information about the study, and the signing of a written informed consent form prior to the start of the interview session. Ethics approval for the research was obtained through both LSHTM in the United Kingdom and the Atma Jaya Catholic University in Indonesia. Research conducted in Indonesia requires a research permit. This was also obtained prior to the start of data collection. These were covered in section 3.10.

4 Chapter 4 Political aspects of the evolution of LAPOR! and the complaint handling landscape

4.1 Introduction

This is the first of the three findings' chapters in this study examining the extent to which LAPOR! is perceived by government actors, health service providers and civil society to be an effective mechanism of public accountability in the Indonesian health sector**.**

This chapter used the political dimension as the overarching framing to address Objective 1: Examine the establishment and evolution of LAPOR! and complaint handling systems in Indonesia from a political perspective. Table 4.1 provides an overview of the structure that is followed in this chapter. Addressing this Objective was initially intended to capture how LAPOR! was used to manage health complaints. However, during the interview process it emerged that there was currently no differentiation in the handling of health complaints and complaints from other public sectors. Consequently, Objective 1 was broadened to examine the perspectives of health sector actors towards the complaint handling landscape in general and LAPOR! in particular.

As discussed in Chapter 3, sub-section 3.3.4, each of the three results chapters was framed according to a dimension of accountability: political, organizational (including health service provider) or social, and then structured into findings relating to each of the eight main socio-technical elements contributing to complaint handling systems, namely policy, goals, infrastructure, technology, processes, actors, culture and complaints data.

The political dimension refers to the regulatory and institutional processes designed to enhance public trust (Van Belle and Mayhew, 2016a). Using this as the framing, this chapter demonstrates the regulatory aspects that have contributed to the complaint handling system development and landscape, the coordination challenges and complex lines of authority between national and sub-national actors, the impact of digital maturity gaps on the functioning of online complaint handling systems, and the lack of attention given to complaints data due to their perceived anecdotal and low-quality nature.

Table 4.1 Chapter structure by objective, dimension and socio-technical elements

Objective addressed in this chapter	Dimension	Socio-technical elements of online complaint handling systems
Objective 1: Examine the establishment and evolution of LAPOR! and	Political	Policy: Regulatory frameworks mandating the establishment of complaint handling systems in government organizations for the purpose of citizen engagement and supervision of public service delivery

complaint handling systems in Indonesia from a political perspective		Goals: High-level goals and purposes of complaint handling and complaints data as understood from regulatory frameworks by officials Infrastructure: The Indonesian complaint handling landscape and infrastructure Technology: Technological aspects of the online complaint handling systems, including LAPOR! Processes: The standard operating procedures guiding the complaint handling processes Actors: Key actors involved in both complaint handling systems and health sector oversight, primarily government officials, health service providers and civil society Culture: Culture within which the actors operate politically, socially and within their respective organizations Data: Complaints data content & analysis, Complainants and non-complainants

The following sections correspond to the order of the socio-technical elements listed in Table 4.1.

4.2 Policy: Legal foundations of complaint handling began in bureaucratic reform measures

There were seven laws and regulations that emerged as most influential to the establishment of complaint handling systems as mechanisms of public accountability and quality improvement of public services. A summary of these policies is in Table 4.2 below and relevant details and views of respondents on these policies are presented in the following sections.

Table 4.2 Legal frameworks for establishing complaint handling systems

Law, Decree or Ministerial Declaration	Relevance to complaint handling systems
Law no. 30 of 2002 on the Corruption Eradication Commission	Legal basis for establishment of an independent corruption eradication commission.
Law no. 32 of 2004 on Local Government	Mandated decentralized management of public services and introduced the concept of subsidiarity
Law no. 37 of 2008 on Ombudsman of the Republic of Indonesia	Established the Ombudsman as final arbiter between government and citizens with regards to conflicts regarding public service provision

Law no. 25 of 2009 on Public Service	Considered the primary legal framework mandating the establishment of complaint handling systems in public service providers
Presidential Regulation no. 76 of 2013 on Public Service Complaints Management	Operationalization of Law no. 25 of 2009. In it, LAPOR! was established as the national, integrated complaint handling system but regulation fell short of mandating its use by all ministries and agencies.
National Development Planning Agency (Bappenas) Ministerial Regulation no. 14 of 2017 on One Development Plan Data ("One Data Policy") and Presidential Regulation no. 39 of 2019 on One Data Indonesia	Legal basis for requiring the harmonization and interoperability of all types of data between all policy levels of ministries and government agencies
Presidential Regulation no. 95 of 2018 on Electronic Based Government System	Legal mandate to integrate all complaint handling systems into a centralized collection of public service complaints data and information. Affirms LAPOR! as the standard for this integration in terms of business processes, data, technology and security.

4.2.1 Anti-corruption and decentralization laws laid groundwork for public accountability

Law no. 30 of 2002 on the Corruption Eradication Commission provided the initial foundation for the development of public accountability in Indonesia through the establishment of the independent agency dedicated to anti-corruption (KPK). The mandate of this agency included monitoring state governance. This law was followed by Law no. 32 of 2004 on Local Government then set the stage for the establishment of complaint handling systems and has four relevant legal contributions: The first contribution was in how the Law linked mandatory government affairs with basic public services. The Additional Explanation section of this law, subsection 3, stated that: *"Mandatory government affairs are government affairs related to basic services such as basic education, health, the fulfillment of minimum living needs, basic environmental infrastructure."* (p. 46). This definition of mandatory government affairs confirmed that the responsibility for the oversight of the health sector on the sub-national level was not optional, rather it was a key area of responsibility of sub-national government agencies.

The second contribution, in the same section of the law as the point above, included the requirement for the lowest level of government that can resolve an issue relating to government affairs to resolve it, stating: *"The level of the government that handles a part of the affairs is the level of government that is closer to the impact or consequence of the affairs handled. Thus, the accountability of … government to the public will be more secure."* (p. 46). This idea of subsidiarity, or having the authority to solve an issue on the level in which it was raised, was a key tenet underlying the establishment of multi-level complaints systems, it was also a mechanism designed to encourage responsiveness on the part of local level government officials.

The third contribution, in Article 11 (1) of this Law, stated the need for government affairs to be accountable and integrated within and between government bodies: *"The administration of government affairs is divided based on the criteria of externality, accountability, and efficiency with attention to the harmony of relations between government structures."* (p. 5) This article showed that the priorities of handling government affairs include being accountable for those issues under their responsibility and require working well with other levels of government structures.

Finally, the fourth contribution came from Article 135 (1) of the Law, which set up initial accountability relationships between vertical (central) powers and horizontal (regional) ones, stating: *"Guidance and supervision of the management of regional civil servants shall be coordinated at the national level by the Minister of Home Affairs and at the regional level by the Governor."* (p. 31) The idea that sub-national civil servants would receive supervision from both the Minister of Home Affairs on the national level and the governor on the regional level was one of the early iterations of what has since become complex vertical and horizontal reporting structures within and between levels of government.

The concept of public service and the methods by which to hold civil servants to account continued to be expanded on through subsequent laws. Law no. 37 of 2008 on Ombudsman of the Republic of Indonesia established the Ombudsman as the final arbiter between government and citizens, and Law no. 25 of 2009 on Public Service directly provided the structure and guiding principles for handling the interactions between civil servants and citizens through the use of complaints handling system mechanisms. This law also introduced the initial requirement for all organizations to establish complaint handling systems as well as the concept for a nationally integrated complaint handling system. Additional details around the impact of this law are presented in the context of the organisational dimension in Chapter 5.

4.2.2 LAPOR! should "bridge the relationship between public, government, policy maker through complaint handling"

A member of national civil society described the process of establishing LAPOR! as being primarily spearheaded by a division in the Office of the Presidential Staff near the end of term of President Susilo Bambang Yudhoyono (often referred to by his initials 'SBY') with the purpose of directly connecting citizens with policy makers: *"LAPOR! was the idea of UKP4 [the Presidential delivery unit for Development Monitoring and Oversight] at the end of SBY's period. It was supposed to … bridge the relationship between public, government, policy maker through [digital] complaint handling."* (20N). The concept of how a bridge between public, government and policymakers in the form a national complaint handling system was first publicly shared in the context of the Open Government Partnership and related commitments which began in 2008.

This was later codified into legal regulations through Law no. 25 of 2009 on Public Service. However, it wasn't until Presidential Regulation no. 76 of 2013 on Public Service Complaints Management that LAPOR! was officially established. In this regulation, additional details on the complaints management process to be followed were provided as well as the obligation for all levels of government agencies to develop a complaint handling system. In Article 18 of this regulation, there was a stipulation to establish a National Public Service Complaint Management System (p. 8). Article 18 subsection 2 states that "*National complaint management is an integrated management of complaints at each organization within the framework of a public service information system*" (p. 9). Subsection 3 of this article went on to say that the future implementation of this "*integration of complaints management*" systems would take place in stages according to Ministerial regulation (p. 9). The Ministry for Administrative and Bureaucratic Reform was tasked with developing a roadmap for the implementation of the national complaints system. This national complaint handling system was named the *Online Citizen Aspiration and Complaints Service,* better known by its catchy acronym "LAPOR!" which means "to report" in Indonesian.

Presidential Regulation no. 76 of 2013 provided the seeds for a set of challenges discovered over the course of this research. The interpretation of this regulation by government organizations was that they could either develop their own agency specific complaints facilities or make use of the national complaint platform (LAPOR!) that was in the process of being developed. The regulation's stated intention to integrate all complaints systems as stated in Article 18 was interpreted to mean that organizations could develop in-house complaint handling systems and then form an organizational partnership with LAPOR! to fulfil that requirement. The resulting complaints management landscape was overwhelming to say the least. For the most part, each organization on all policy levels developed their own complaint handling system with different sets of technological specifications. None of the

organizations that participated in this study chose to use LAPOR! as their organizations' primary complaint handling system. There was also no initial design to ensure systems were able to be interoperable technologically with the national complaints system, so for many of the agencies that have officially partnered with LAPOR!, this has meant a duplication and/or doubling of complaints handling systems and responsibilities. See Figure 4.1 below for a depiction of this complaint handling systems that have emerged within organizations that participated in this study.

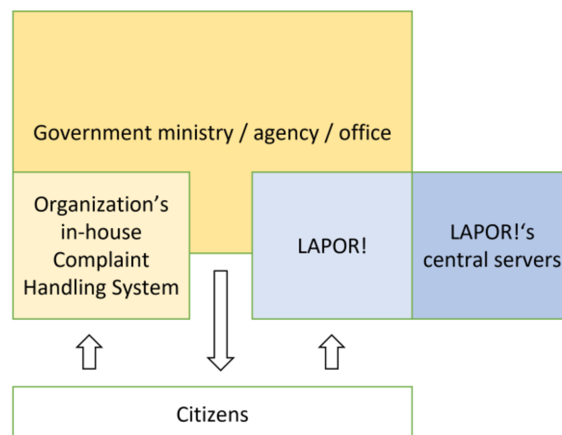

Figure 4.1 Depiction of the parallel complaint handling systems in governmental organizations (author's work based on interview data)

A sub-national government official in Medan gave the example of a typical provincial government with oversight over line-ministries, and on the same horizontal line of authority as Mayors and their government offices, each with their own complaints system:

> *"For example, if the provincial government has around 60 OPDs [line ministries], there must be 60 complaint service units. Yes so. That's the mandate of the Presidential Decree, that regulation. Likewise in the mayor's office, as well as everyone else. Now, after everyone has a complaint service unit based on IT technology, they should be integrated. … in the link which is centralized [on the national level]."* (M1)

In acknowledgement of the fragmentation and complexity in the complaint handling landscape as described above due to the lack of interoperability between the unique complaint handling technological systems of the government organizations, the requirement for technological integration of all complaint handling systems as referred to by the respondent above was put in place in 2018.

4.2.3 LAPOR! established as national complaint handling standard in 2018

The policies which created the regulatory framework around interoperable government data were the National Development Planning Agency ('Bappenas') Ministerial Regulation no. 14 of 2017 on One Development Plan Data ('One Data Policy') (and recent follow up Presidential Regulation no. 39 of

2019 on One Data Indonesia). These two One Data Policies mandated the harmonization and interoperability of all types of government data between all policy levels of ministries and government agencies. In doing so, these policies formed the basis for the transition to an e-government system that was laid out in Presidential Regulation no. 95 of 2018 on Electronic Based Government System.

Presidential Regulation no. 95 of 2018 on Electronic Based Government System further mandated the integration of the technological aspects of all public service complaint systems. Article 67 of this regulation required all government agencies be integrated into an interoperable complaints database so that data and information was easily accessible. The Article reaffirmed governmental commitment to accountable public services which are carried out according to service standards, the integration of all complaint handling systems on all governmental levels, and the development of a central database of complaints information accessible through a digital application.

> "*For fast, transparent and accountable public services … Public services are carried out in accordance with the provisions of laws and regulations. … Integration of public service complaint services [refers to] a. the use of data and information on public service complaints in Central Agencies, in Local Government, and/or between Central Agencies and Local Governments; b. maintenance of an integrated database for the use of data and information public service complaints; and c. implementation of the integrated public services complaint application system.*" (Presidential Regulation no. 95 of 2018, Article 67, pg57-58)

This mandate for complaint service integration and centralized collection of all public service complaints data and information in effect provided the legal basis for LAPOR!, already established as the national complaint handling system in Presidential Regulation no. 76 of 2013 on Public Service Complaints Management described above, to become the official complaint handling system standard in terms of business processes, data, technology and security on all governmental levels. See Figure 4.2 below for a depiction of how organizational complaint handling was intended according to this change in regulation.

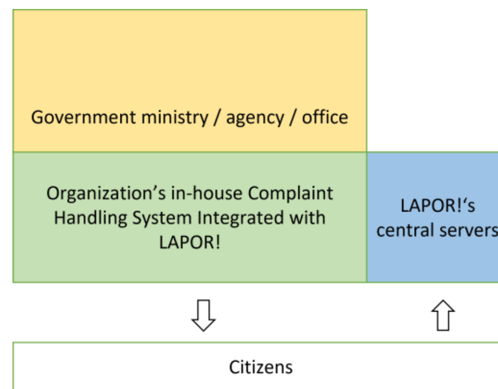

Figure 4.2 Integrated complaint handling system in governmental organizations (author's work based on interview data)

Following the ratification of this regulation, LAPOR!, now renamed LAPOR!-SP4N, received an increased amount of political scrutiny and the topic of complaint handling system integration was a recurring one throughout the interview process.

4.3 Goal: use complaint handling "to really understand what people have been saying"

A national government official expressed the view that using complaint handling to understand the public is a strategic asset. "*It is a strategic asset for the government to really understand what people have been saying, regardless of the state of LAPOR! right now*." (3N). The vision of how to make full use of this strategic asset through a nationally integrated complaints handling system was explained by a different national government official using three key concepts: integration, synergy and sustainability.

4.3.1 Concept of complaint handling system integration and multi-level synergies

When describing what was meant by the first concept, integration, the government official explained that it referred to the harmonizing of all the standard operating procedures and business processes of all the public complaints systems so that the systems could interact easily with each other: "*We integrate all complaints management systems belonging to ministry, local government, and other national agencies such as BPJS, etc. We integrate the system and SOP [standard operating procedure], their procedures, and the complaint business process*." (6N) This integration of technological systems was the mandate found in Presidential Regulation no. 76 of 2013 on Public Service Complaints Management. It has not yet been fully implemented, however according to this respondent, it is the necessary first step.

The second concept, synergy, was described as both a horizontal synergy between sectors on the same governmental or administrative level, and a vertical synergy between different government levels.

This synergy refers to the ability of organizations to coordinate and communicate to resolve issues raised through the complaints.

> "*Horizontal synergy means there is a synergy between sectors, on the same government level. … although the complaint is addressed to one institution, … [they work together to resolve it regardless of authority lines] … it will help to solve many issues. That's what horizontal synergy is about. About vertical synergy, it means there is a synergy across different government levels. Between regency and province. Or between province and central government*." (6N)

The combination of these two concepts sets up the technological and social integration of complaints systems to provide a mechanism for government organizations to work together in a synergistic way regardless of administrative level. See Figure 4.3 below for a system map of how these concepts are envisioned as applying to LAPOR!. All agencies and ministries and public service providers are integrated with a centralized LAPOR!-SP4N server, and then have cooperative relationships within and between policy levels to resolve citizen complaints.

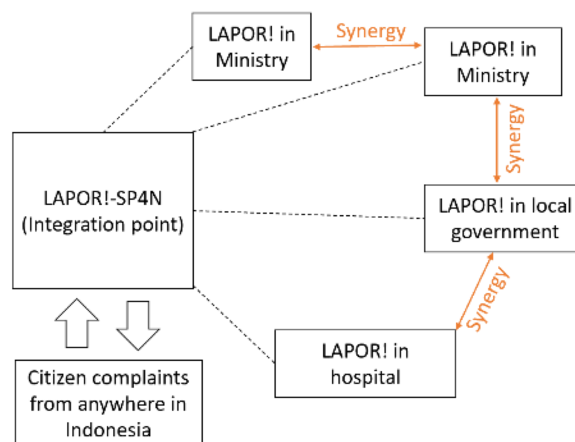

Figure 4.3 System map of LAPOR! as nationally integrated complaint handling system (author's work based on interview data)

4.3.2 Concept of complaint handling system sustainability

Once the first two concepts are effectively implemented, the respondent believed the third concept was possible. Namely, complaint handling that welcomes input from the public and becomes a sustainable way of ensuring ongoing quality improvement efforts of public services, further making use of the database of complaints data to contribute to policy making on all levels of government.

"*Having complaint management, the quality of public service is open for correction by the public. This will lead to improvement efforts. So, there is a sustainability for the [complaint] case, and sustainability for improving public service. … Those complaints that we manage will be put together as one big data and centralized. … This information can then be used as reference for policy-making. Bappenas, Ministries, local governments, even the President can look at the database from this integrated complaint system and use it to make policies. That's the big vision*." (6N)

The current complaint landscape is quite messy compared to this view of how a responsive government can benefit from an engaged population in ensuring public services offered on all levels of government are up to standards, and further use the aggregation of complaints as evidence for policymaking and ultimately sustainable development. This national government official offered a final positive view of the complaint landscape saying that the inclusion of all agencies into a single complaint handling system database is a step In the direction of sustainable development.

"Actually [LAPOR!-SP4N] is the same model [as LAPOR!], but hopefully with a bigger database. Because it will include all institutions, local governments, ministries, as well as other national agencies. We will have all the data in there. … Sustainable development—This is our main goal for every complaint that we receive". (6N)

The development of LAPOR! has been broadly following the trajectory of the above vision with the integration of systems currently underway. Respondents expressed concerns about the implementation of technological integration, cooperation between agencies and scepticism regarding the likelihood of complaints data contributing to sustainable development. These concerns are demonstrated in later sections.

4.4 Infrastructure: complaint handling landscape suffers from regional gaps and fragmentation

Despite the proliferation of organizational complaint systems, according to a member of national civil society, the regional level still had gaps in complaints system coverage. "*If we imagine the map of complaint systems … at the regional level, there are still many empty spaces* (18N). This was explained by a national government official as being a result of regional autonomy, which allowed regions to decide how to develop their own complaint handling mechanism.

"*Regarding the complaint handling mechanism policy, this is the autonomy of each region. So every region can develop its own system. The next step is connecting to the system. Like [name of sub-national complaints system] to LAPOR!. Integrating systems*." (5N)

The connection of regency or city level complaint handling systems to LAPOR! as part of the national integration plan may be the current complaint handling system priority, however, a significant portion of the Indonesian population live in villages. The regulatory gap that only requires complaint handling systems to be established down to the regency or city level means that complaint systems in general and LAPOR! in particular do not cover the full population. As one member of national civil society put it "*LAPOR! hasn't been able to reach people all over Indonesia. People in the village cannot use LAPOR! application, only at regency level or city. That's why if we talk about effectiveness, LAPOR! is not an effective system to take public complaints."* (18N) In addition to the coverage gap described above, there is also the issue of duplication of complaint handling systems.

4.4.1 Organizational challenges: 'We tend to have multiple complaints in multiple complaint handling systems'

As illustrated in the policy section above, all the government organizations and health service providers approached for participation in this study reported more than one complaint system in their organization. As a national level government official described it, "*we tend to have multiple complaints in multiple complaint handling systems*." (1N). A sub-national health service provider in Medan offered the perspective that having multiple complaint systems was the best way to show their commitment to welcoming complaints from the public and improving the quality of service offered:

> "*We welcome any complaints. …. That's exactly the objective of having three digital complaints systems including LAPOR and [organization's own system]. We want to collect as many inputs as possible from the public. … Because of these complaint systems we understand what we should improve next. We keep developing*." (M8)

This respondent felt that multiple complaints systems encouraged a deeper understanding of areas in need of improvement. However, not all the respondents agreed with the idea that it is better to have more than one complaint system in an organization. A member of national civil society expressed that the benefit of having a complaints system to guide organizational improvement is lost when there are too many systems to manage, and it can lead to a lack of capacity to do even basic evaluation tasks.

> "*Ideally, with the hierarchal complaint units, each institution can have a goal to evaluate their performance. But I think it's too naive for that now, because we already have too many systems. Let alone that, they can't even analyse their own budget performance*." (20N)

This raised the concern that the number of complaints systems negatively impacts the organizations' ability to self-evaluate and conduct data analysis on even something as concrete as budget expenditures.

4.4.2 Regional differences: “Each province is different”

Another element which added to the overall complexity was the fact that each government organizations’ complaint handling system was located in different departments. A national government official (4N) pointed out that in many ministries the complaints system was in the public information bureau, whereas in the provinces, the complaint system was housed anywhere from an organisational bureau to the Communication and Information Office to a dedicated Complaints Center. According to this respondent “*Each province is different*.” (4N) This flexibility and variation in location of the complaints system led to coordination challenges.

A national government official remarked on the difficulty of governmental coordination, whether specifically for complaint handling or other inter-agency affairs, saying, “*Coordination is a word that we discuss a lot but is hard to make happen. … It’s difficult to have coordination between these tables [within this organization], let alone between institutions.”* (8N). The difficulty in coordination was often related to communication. A different national government official shared that “*many issues are not handled only because the communication process doesn’t work well, not because the complaint process is ineffective*.” (10N) This view was echoed by another national government official who was similarly open about the challenge of encouraging fellow bureaucrats to initiate communication and coordination relating to complaint handling, stating that despite all the talk, “*they still work separately*” (9N).

As a step towards addressing these coordination and communication issues, sub-national government officials in Medan shared that in order to keep complaints processes moving, they have created unofficial communication channels among key actors using WhatsApp. “*Outside the existing system, we have created a WhatsApp group for operators and liaison officers to communicate so we can push to move forward if there is a delay in responding to a complaint*.” (M2) At the time of this study, the use of chat applications for work communication purposes was quite well established in Indonesia compared to the reliance on email that other countries preferred.

4.5 Technology: Development of LAPOR! is like “sailing while building the raft we are on”

The bulk of organizational complaint channels were communication information technology based through the traditional forms of complaining, namely by post or in-person, were still supported. A national government official praised this trend towards using information technology in complaint handling saying, “*the good thing about LAPOR! or IT system is that it doesn't recognize things like decentralization*” (3N). The positive aspect of information technology not recognizing policy levels or other types of physical boundaries was somewhat offset by the negative aspects around duplication or lack of harmonization of systems and complaint channels.

4.5.1 Organizations view LAPOR! as merely one of many complaint channels

A national government official situated LAPOR! within the complaints landscape as merely one option among others for complaint submission. "*There are many kinds of complaint reports. One of them is from SP4N-LAPOR!, but it is only one of the instruments among others*." (4N) A different national government official reported having seven complaint channels under their direct supervision, "*We have phone channels, SMS, email, WhatsApp, [postal] mail, information corner, and LAPOR!*" (2N). This reflected the reality that each organization had its own in-house complaint system with its own social media channel (Twitter, Instagram, Facebook), short messaging service (SMS) number, phone channel, website, and smart phone application in addition to in-person complaining options, and a separate connection to the LAPOR! system.

One distinction reported by respondents between LAPOR! and an organization's in-house complaint system was that LAPOR! was centralized and top-down in nature. A sub-national government official in Medan observed "*LAPOR! is different [from organizational in-house complaint systems]. LAPOR! is centralized. From the central level the report will be shared to regions, and in regions we will share to OPD [line ministries].*" (M2) Organizational complaint handling systems tend to be more specialized, in the sense that the complaints they attract are from individuals already familiar with their organization who know to file the complaint directly to them.

For a national health service provider this was essentially a question of scope, with LAPOR! being potentially accessible by anyone anywhere in Indonesia, compared to their in-house complaint system which would likely primarily attract dissatisfied users of their health services. "*LAPOR! is used by all Indonesians to channel complaints for all institutions in Indonesia, while [organizations' complaint system] belongs to [organization] and it's only accessed by [organization's patients]. That makes them different*." (13N) The ability of Indonesians anywhere in the country to file complaints through LAPOR! was a deliberate design feature, as was the centralization of the technological aspects such as application and system maintenance.

4.5.2 LAPOR! designers hope it can become a nationally accessible one-stop public complaint application

A national government official described the technological design of LAPOR! as aiming to provide benefits to organizations who chose to use LAPOR! as their main organizational complaint handling system. These benefits were listed as being a method for efficient use of organizational resources and user friendliness due to the technical maintenance which took place elsewhere, allowing the use of LAPOR! to be similar to the use of applications such as Gmail.

"*If LAPOR! can be designed to fit the purpose [of organizational complaint handling], it can save [organizations'] money. They don't need to waste resources and then it will work like Gmail – you can just use it but you don't need to care too much about how it is maintained*" (3N)

The benefits to individual organizations for centralizing the technical and software aspects of the complaint handling system were believed by a different national government official to be potentially motivating reasons for entire local governments to voluntarily integrate with LAPOR!.

"If we see today like maybe in every local government they have their own public complaints management … in the future we want to integrate all of them into LAPOR! … there will be no other application so public doesn't need to go 'oh where I need to send my complaint to', just go to LAPOR!" (1N)

This benefit of an integrated general complaints application to accept all complaints from the general public were what respondents called the "no wrong door policy". A national government official explained this policy as the referral function in LAPOR! which allowed those wishing to complain to file any complaint, directed towards any government agency, anywhere in Indonesia, through LAPOR!'s application and have that complaint reach its intended recipient.

"*The LAPOR! system was developed to have one admin [administrator]. This admin will refer the request to the relevant ministry. Therefore, people won't have to worry about where to submit complaints. … just submit it [to LAPOR!] and the national admin will distribute it to the right ministry. This is the 'no wrong door policy'*." (9N)

The intention behind this type of targeted referral system was expanded on by a national government official, who said the goal was a complaint referral process that was so integrated, a person could complain about infrastructure issues to a health center and then seamlessly get a response from the correct government agency:

"*If someone comes to complain to the city administration, he's not supposed to get an answer such as, "No, this is beyond our authority." Instead, [the complaint] should be accepted and disposed to the responsible agency. Ideally, we need integration so that people can report anywhere – in fact they can come to Puskesmas [community health center] to complain about a broken road*." (5N)

The idea to create a digitally accessible application to provide a mechanism for ensuring all complaints were distributed to their intended recipient was in response to difficulties in determining the correct agency to file a public complaint due to complex lines of authority as will be demonstrated in a later

section. Despite the benefits respondents shared above, there were substantial technological requirements to integrate the extensive web of sub-national complaints systems with the central level. A national government official had a slightly tongue in cheek analogy regarding LAPOR!'s evolution and on-going development, saying "*it's like sailing while building the raft we are on*". (1N)

The innovation of using information technology for complaint handling services was elaborated by a member of national civil society who believed "*the strength of LAPOR! is it provides a system which is able to confirm the complaints and become a database to change policy or to solve cases*." (18N). On the other hand, a sub-national health service provider in Medan observed during discussions about the challenges of integrating complaint handling systems, "*In the future they should be integrated, One Data [referring to the policy promoting data interoperability] is better. But for now, the short-term need is to synchronize the data, so anyone can get the data*" (M8). However, there were some concerns raised by members of civil society who find the suggestion that all complaints from all levels of society pass through LAPOR! to be an unnecessary re-centralization of power.

> "*Let's just imagine, if in one village, there are five hundred issues received … and all submitted to the central, it could explode. Right? … It's too much. To solve the problem, they share the responsibility. Central government authority, local government authority, village authority. The objective is to minimize the problems that grow in society because we realized that Indonesia is an archipelago, which makes it difficult to reach out to the entire country*." (18N)

The tension between innovations that sought to solve one set of problems, for example how to encourage mutual cooperation between government agencies on different administrative levels to resolve public service issues that cross lines of authority, and the policy inertia that led to government authorities preferring to maintain the status quo unless pressured to the point of no other option but to change, was a recurring theme in many of the interviews for this study.

Another aspect that frequently emerged during discussions was how local government organizational complaint handling had become very much intertwined with the brand of the sub-national governments and organizations. On one hand this was positive as it ensured full ownership of the complaint handling by local governments (see the pen portrait on Semarang and Central Java in later sections for more details on how this looked in practice). On the other hand there was a lack of sustainability and institutionalization. When there was a change in power on local levels, the branded complaint handling system and all related processes were not guaranteed to continue functioning as before. From a purely political perspective, local governments were loathe to integrate with LAPOR! and potentially lose their complaint handling brand and credit. While discussing this issue, a member of national civil society expressed uncertainty about the chances of success for all systems to integrate

with LAPOR!, saying, *"[LAPOR!] is modern, it's a digital system, but don't take it as purely bureaucratic breakthrough, it has to be put into a much bigger context of social transformation. It may work. It may not."* (17N). The uncertainty regarding the success of a nationally integrated complaint handling system pushed by national level powers was also felt by a different member of national civil society.

This respondent raised what they saw to be two strategic issues facing LAPOR!, one related to the regulation to establish the nationally integrated complaint handling center and complaints data database through the expanded LAPOR!-SP4N system, and the other related to the question of how to encourage use of complaints data in quality improvement of public services. The respondent mused, "*First, how to advance the establishment of a national public service complaint handling center through SP4N and LAPOR!. And second, how to encourage data use for improving public service quality*." (20N) These are issues without straightforward answers. A national government official suggested that one way to work towards resolving emerging issues relating to integration would be to create an independent institution whose only role would be to focus on managing LAPOR!.

> "*According to the state regulation on complaints, the objective is to create integration. So, although there are many channels to file a complaint, we don't want people feel that they are being ping-ponged. … Ideally there should be an independent institution that focuses on managing LAPOR*." (5N)

The state regulation required all existing complaint handling systems begin the process of integrating or becoming interoperable with LAPOR!, but it is becoming clearer that complaint handling is more of a full time job than a part time add-on, especially if LAPOR! attains its technological goals involving databases and big data analytics. This respondent's recommendation that the governance of LAPOR! be given to an independent institution whose only mandate is managing LAPOR! and its data may well gain in merit as time goes by.

4.6 Processes: "Indonesia is a little different from other countries…"

Indonesia has multi-level policy dynamic with both national policymakers and local governments holding policymaking roles. This was significant as there was also a somewhat unusual approach to the development of processes such as standard operating procedures, business processes, information sharing and coordination both within and between organizations. The approach was unusual namely because even when experimenting with introducing new processes in the context of a new system, regulations and policies must be passed prior to any actions or processes being implemented.

4.6.1 When introducing new processes "the law must come first"

A national government official felt that government mentality and the need for the law to come before the experimentation and refinement of what works sets Indonesia,

> "*Indonesia is a little different from other countries in terms of government mentality. In other countries, they try [processes] first, and the law follows accordingly. But here, it's the other way around. The law must come first* (10N).

Starting with the law and then refining the implementation only worked well when the policy itself was comprehensive and well-thought through. A sub-national health service provider in Medan offered the view that the public service system would benefit from a government that was able to craft good policy. "*If the government is strong and respectful and able to make a really good policy, I think it will change the service system."* (M7) This respondent's belief that a government with good policy making abilities was strong and able to improve public services was contrasted to the view of a member of national civil society who felt that policies in Indonesia fall short of this ideal.

This respondent felt that policymaking tended to shift the burden around but not actually resolve the issue it was meant to. "*I feel that Indonesia often makes a leaky policy. It means the policy doesn't solve the problem, but only moves the burden around*." (18N) A sub-national health service provider in Medan shared a downside of working in a hierarchical set-up that required comprehensive policies to guide their work, pointing out that the lower the level, the more technical, the less concrete guidance was available. "*Top-down [systems] get more technical below. For example, we're here at the lower level, we work on technicalities, but as there's no guidance from above about how to manage this data, it is difficult."* (M7). The unintentional blind spots in policies due to being primarily top down yet being necessary prior to the handling of highly technical issues can be problematic, such as the approach towards complaints data which will be demonstrated in later sections.

Another challenge related to this type of top-down system and the requirement of an official legal framework to guide all interactions and subsequent actions was related to the relationships between national policy makers and sub-national implementers. The traditional relationship between national and sub-national governmental organizations was one in which the national level set the policy and regulations which the sub-national level then followed and set their own policies and regulations to guide implementation according to their local contexts. This relationship was described by a sub-national health service provider in Medan: "*The regulation is from the central government and the local government must follow and implement it."(*M8). However, there are some underlying issues to this system due the power dynamics between national and sub-national actors. As a member of national civil society described it, "*it's a matter of power relations. … the central government almost*

always perceives themselves as more important, more powerful than the local government." (17N) The importance of power relations was not only found in the vertical relationships between central and local governments, but also in the lines of authority between organizations on the same level.

4.6.2 Complex lines of authority can lead to complaint handling delays

Information technology systems may not recognize decentralization, however the individuals using the system needed to be very well versed in the relevant levels and lines of authority when it came to distributing complaints correctly. See Figure 4.4 LAPOR! complaint handling processFigure 4.4 for a simplified depiction of the LAPOR! complaint handling flow. The flow shows a three-part complaint handling procedure to determine the submitted complaint's level of acceptability, its veracity and finally the agency most suited to its resolution.

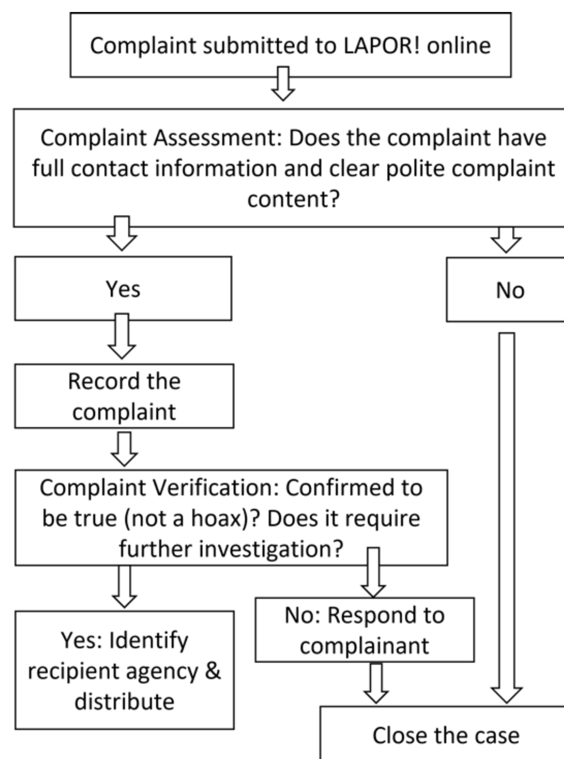

Figure 4.4 LAPOR! complaint handling process (author's work based on interview data)

A national government official described the verification process in terms of receiving and distributing reports to LAPOR! as the hardest part of the job in the beginning, involving a heavy reliance on the glossary that listed agency levels.

> "*We have to go through the glossary for every complaint that we receive, to see whether it's for local government or central government. But, after a while, we got used to it and we memorized the glossary. But that's the hardest thing in the [complaints] verification process. To verify the content and then figure out where it's addressed to*." (7N)

The workload to identify the correct level of government to receive LAPOR! complaints was quite labour-intensive. A sub-national government official in Medan confirmed that there were clear rules around only responding to reports that were within the area of organizational authority, and that the concepts of being clear and on target were hallmarks of LAPOR!'s functioning.

> "*if the report is beyond the authority of local government, it should be returned to the central government. … We're not supposed to answer complaints addressed to [a different sub-national organization] because it's beyond our authority. So that's how LAPOR works, clear and must be right on target*." (M2)

There was a strong sense of needing to respect the lines of authority that were part of the bureaucratic culture, however, a member of national civil society disagreed that this was necessarily a sign of respect, saying, "*sometimes decentralisation cause sectoral ego."* (20N) This respondent was referring to situations in which things being 'beyond our authority' were used as reasons to pass a complaint back and forth between sectors, organizations and governmental levels rather than finding a way to resolve it. This topic was also covered in Chapter 5 when discussing the organizational dimension of standard operating procedures.

Mapping the lines of authority and reporting relationships to develop an overview of the accountability relationships between the main actors in complaint handling systems and the health sector as reported by respondents is depicted below in Figure 4.5. The solid lines and direction of arrows between actors depicts relationships with an obligation to report, the dotted line refers to a relationship or connection which lacks a binding reporting requirement in either direction.

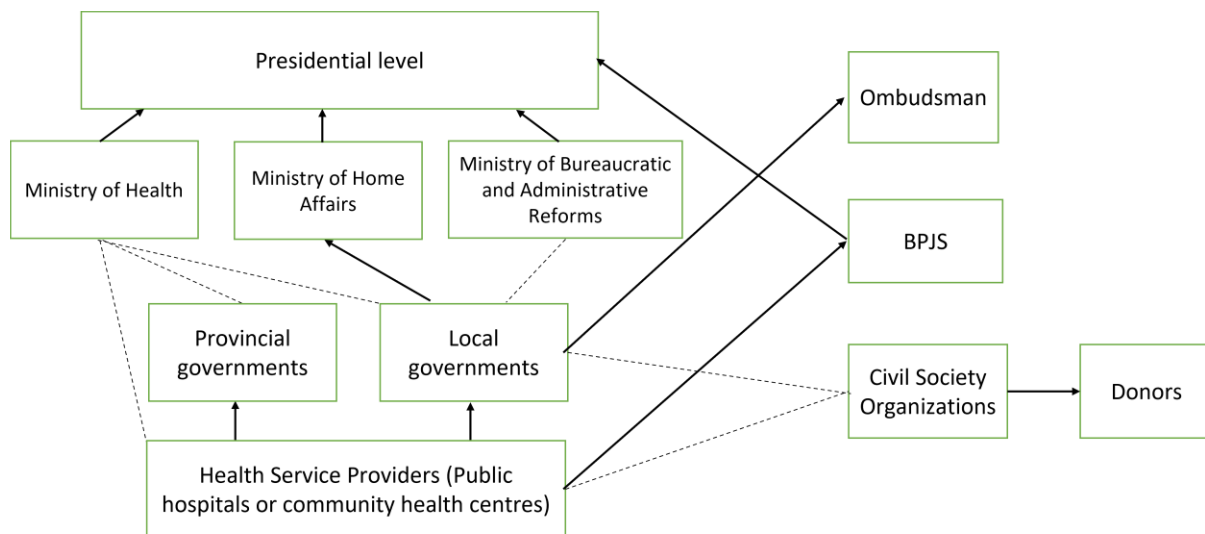

Figure 4.5 Mapping of accountability relationships for main complaint handling system and health system actors (author's work based on interview data)

A national government official offered a frustration relating to the lines of authority and the lack of ability to follow up on complaints once they were referred to the 'correct' agencies. The respondent shared that when complaints regarding hospitals are submitted to the Ministry of Health but due to lines of authority which place regional hospitals and health centers under the provincial or local governments, the complaints are referred down 'as is'. No suggestions for resolution are included in the referral as it is officially not their area of responsibility.

> *"We will refer [the complaint] to the local government to respond … about their hospital service or puskesmas [community health center] service. We cannot offer solutions toward the complaint because regional hospitals and puskesmas are not directly under the Ministry of Health, but under the regional government*." (2N)

While it made sense that the most appropriate government service provider responded to a complaint regarding service in their area of responsibility, there was an underlying sentiment that perhaps this type of adherence to lines of authority is a little too rigid. A lack of sanctions was reported as a reason why some individuals make use of rigid adherence to processes and lines of authority to avoid complaint resolution. A sub-national health service provider in Medan stated "*that's why it's better to be quiet. Do it, there's no sanction. Not do it, also no sanction. So why do it."* (M7) A national government official felt this sentiment is exactly why there needs to be a better system of sanctions in place. This respondent reiterated the importance of organizational leadership to push for things to run according to policy and develop sanctions in cases of non-compliance: "*We need policy. Policy from the leader to push and put pressure, including sanctions. … That would be effective.*" (10N) The question of how likely sanctions or other similar policy changes were to take place depended heavily

on the political and organizational culture which will be demonstrated below and in Chapter 5 when discussing the organizational dimension.

4.7 Actor: "…And the most important thing, the leaders' commitment"

One national government official placed LAPOR! in the context of the bigger political governance system and stated that the commitment of leaders was the most important element of that system. "*LAPOR is only an instrument … for the national complaint handling system. … And only one instrument from a bigger system. In the system, it's supposed to have human resources, budget regulation. And the most important thing, the leaders' commitment."* (5N) This respondent also felt that the degree of commitment a leader showed was reflected in the quality of complaint handling in that organization.

> *"You can say whether [complaints system] is effective or not actually depends on the response from the agency. I can put it this way, for example there are thousands of complaints from people related to health issues. But if the target agency doesn't respond well, what's the point?*"
> (5N)

This ability and commitment of organizations to respond to complaints, or in other words active complaint handling, was considered by a member of national civil society to be "*one of the most important forms to show that the state is present among the people, apart from public service itself*." (20N). A sub-national government official in Semarang stated that the governor's desire to learn what public services people needed was the impetus for that location to take complaint handling seriously. "*When we started in 2016 … it was the governor's effort to see …what kind of public services people really need*." (S2) Respondents from both national and sub-national levels expressed that the commitment of government leaders made the difference in creating a well-functioning system and good policies, a sentiment which they also applied to LAPOR!.

The view of the effectiveness of a complaints system relying on leadership to guide how well recipient agencies respond to the complaints was strengthened by a member of sub-national civil society in Medan. The respondent believed the only way to change organizational priorities was through a leader who took the time to truly understand the full range of issues, technical matters and service needs. "*We need a leader who truly understands. Most leaders only know how to make promises. They don't really know health issues, … technical matters, [or] service*." (M6) Given that government organization leaders were often senior career politicians, finding one that also had topic knowledge, digital skills and a deep understanding of public service was understandably challenging.

A national government official bemoaned the fact that senior leadership was not always supportive or interested in complaints or complaint handling even though people usually only file complaints

when they are sincerely concerned about an issue. "*Not many of my leaders are concerned about complaints. Complaints are only considered social media chats or something random. … Usually people file a complaint for real. They're concerned about something*."(10N) This was further confirmed by another national government official who shared that in their line of command "*If the report comes from the top, they [superior officials] tend to be positive. But if the report comes from bottom, they tend to ignore it*." In addition to the internal organizational culture, individual officials had varying degrees of willingness to take initiative when it came to complaint handling.

4.7.1 Government officials: "if we do something without regulation, it feels dangerous"

The topic of government officials and taking initiative was a sensitive one. Historically speaking the taking of initiative was dangerous, and according to one of the national government officials, that cultural and institutional memory was still present in the current generation of government officials.

> "*During the Soeharto era, 35 years ago, we couldn't work. Taking initiative would be fatal. So even now if we do something without regulation, it feels dangerous. Even if it's for a good cause. This culture is a consequence of our past*." (10N)

That echoes of the past continued to influence choices in the present day represented one aspect of the conversation around taking initiative. The national government's stated commitment towards anti-corruption represented another. A member of national civil society shared some of the challenges of becoming an elected local official in terms of the campaign financing and the pressure to have a return on investment which took the focus away from non-political considerations.

> "*In the context of Indonesian government, to be elected you have to... you have to disperse a huge amount of money. How do you manage to get it back? If you have to be transparent? If you have to be accountable? So politically speaking, there is not really an incentive for local government to be really innovative*." (17N)

The questions facing local government leaders on how to navigate governance while also maintaining integrity and accountability often resulted in complicated situations in which government officials either preferred to do nothing rather than risk making a mistake or doing something that resulted in legal proceedings. A member of sub-national civil society shared that in Medan, "*The officials are afraid of making mistakes. Some local governments don't spend their budget because they're afraid. … They're afraid of getting jailed*." (M5) The fear of being jailed due to being creative with budget spending was not an empty one. Corruption was still an ongoing challenge within government structures during the study period, and in fact the Mayor of Medan was arrested on corruption charges a few weeks before data collection was due to take place there.

Even in cases in which the officials appeared to be operating with good intentions, there were sanctions for going beyond official regulations. A sub-national health service provider shared the experience of government officials in Medan who used their budget for something other than its assigned purpose and received sanctions for it.

> "*They did something, outside the budget and finally had to receive sanction. I know some of them well. One thought what he had done was good. We have budget, why don't we use it? Or if we don't use it, why don't we use it for something else better? He dared to do something, but it was wrong*." (M7)

Examination of factors around being punished for unsanctioned budget use and the connections between a hard stance against such acts and eradicating corruption was beyond the scope of this study. However, It was clear that there were many structural aspects that created opportunities for the wrong kind of discretion within government structures. In an example given by a member of sub-national civil society in Medan, access to health budget information is restricted. Division heads may be aware of their own program information but there was no transparency in the overall system.

> "*So for example, he works in health agency, it's possible he doesn't know about the budget allocated for health agency. … if he's at certain level and he may know about the programs in his division. … His subordinates do not know. That's why if they say the budget is wrongly targeted, we believe them. Because the system is not participative … to their staff, let alone to us*." (M4)

The internal compartmentalization of government agencies and lack of transparency was an ongoing area of bureaucratic reform so it was perhaps little wonder that these same agencies were experiencing challenges when attempting to handle complaints from the public.

4.8 Culture: "Whether we force it or not, the systems have to change. The question is, how soon?"

A national government official linked the openness of society and democracy with the technological changes that were being promoted through Indonesia's national vision involving Industrial Revolution 4.0's incorporation of smart digital technologies. The respondent also felt it was inevitable that complaint handling systems would change to in response to this shift.

> "*Complaint mechanisms are affected by Transformation 4.0 [referring to Industrial Revolution 4.0]. … Society is more open and democracy in Indonesia is also improving. Given this situation, complaint systems cannot be left behind. … Whether we force it or not, the systems have to change. The question is, how soon?*" (10N)

The impact of rapid technological transformation has influenced all aspects of Indonesian society including complaint handling. A member of national civil society used Indonesia's position in the global e-government index to highlight that Indonesia only took a few short years of development to be in a position to be compared against high income countries who had spent decades to reach a similar point.

> "*If you look at the index of e-government throughout the world, Indonesia is among the lowest in terms of the technological readiness and human resource capacity. But, you know, for European countries, including UK, and US, it took decades for them to come to this age. For us it's simply years*." (17N)

Despite Indonesia's low rank against global benchmarks for e-government, the fact that it was comparable to high-income countries at all is a testament to its ability to rapidly transform. The motivation behind pushing for such accelerated social transformation was offered by this same respondent as being related to Indonesia not wanting to be 'left behind'.

> "*You have to follow or you will be left behind. That is the choice. Otherwise, if you have to follow this social transformation in a natural way, it will, you know, take years and years and Indonesia will be very, very left behind. So it's a matter of genuine intention and willingness to really push Indonesia in a certain direction as far as the elite can go, the government is serious with that.*" (17N)

This respondent clearly felt that there was strong governmental ambition to force a social transformation using technology rather than wait for the progression to take place organically. There are positive and negative aspects to forcing an accelerated societal transformation.

4.8.1 "In the current era, technology can no longer be abandoned"

On the positive side, a sub-national government official in Semarang expressed enthusiasm for the current technology available as it helped speed up the complaints response process, and was a sign of the times.

> "*In fact, this technology is very helpful. Very helpful. Now that with the current technology, social media has been developed, with LAPOR!, SMS, gateways that are already connected, all of which help us be able to quickly follow-up. Because now in the current era, technology can no longer be abandoned*." (S8)

However, the idea that technology is the foundation for being able to respond quickly to complaints submitted to LAPOR! and social media was not fully shared by those outside official government circles. A member of national civil society offered the view that LAPOR! required a certain amount of digital

literacy in order to be used, which was why it was important to have locally tailored complaints systems to complement LAPOR!.

> "*LAPOR! is usually only for those who can access it, due to technology literacy factor. That's why LAPOR! must be complemented with other complaint mechanisms. The other complaint mechanisms should be developed by the local government or each regional head*." (18N)

A national government official also felt there was a downside to forcing the adoption of technologies without accounting for the corresponding digital maturity of those responsible for managing the system. When describing a report filing process in a governmental organization the respondent described how the online aspect was for show only, "*We file a report, then we will receive a response informing us where to go … but only the cover shows online [processes], behind it, everything is still offline*." (8N) The image of being technologically advanced while in reality still relying primarily on manual processing unfortunately remains quite commonplace.

4.9 Data: "there're no instructions"

Leadership views on the importance, or lack thereof, of complaint handling was also reflected in their views on complaint data. As the output of the complaint handling system after complaint cases were closed, aggregate complaint data was both the lowest priority area and the component with the least amount of policy regulation. A national government official confirmed that there was no policy regulating the data analytics process and in fact "*there're no instructions for data analytic integration*" (9N), meaning organizations were not obligated to do anything other than the simple tallying of numbers of complaints. This led to considerable grey area and contradictory views nationally and sub-nationally as to how best to approach the use of complaint data.

4.9.1 "Data analysis to formulate policy? no they don't have it yet"

A national government official candidly shared that there had been no evaluations to date on whether or how LAPOR! data had been used by organizational leaders. "*How much does the report of LAPOR! to the top [decision makers] affect policies? Actually we haven't measured it*." (2N) There was an implied belief that LAPOR! complaints data lacked impact on organizational decision makers. A member of sub-national civil society in Semarang confirmed that the government was not yet conducting data analysis to formulate policy, saying "[*government] has [shallow data analysis] from the agency cluster, but the data analysis to formulate policy, no they don't have it yet*." (S5) A member of national civil society also thought that the government had yet to engage in true evidence-based policy making, stating "*I'm really sorry to say but on the government level I don't think they have acknowledged the importance of evidence-based [decisions]; it's only about their political interest*."

(19N). The aspect of political interest and the role it played in government decisions and policy making was mentioned by other respondents.

A member of national civil society held the perspective that the political aspects of policy making must be brought together with the evidence-based or technocratic ones before sub-national government officials would be able to make use of complaints data.

> "*The question becomes why the use of data by the local government is so low and one of the answers is that, well, every policy is political. … [there is a need to] find the balance or find the bridge between technocratic decision making and political decision making. It's not something like a 'versus'—'political decision making versus technocratic.' It has to be brought together."* (17N)

The question of how best to bring together political and technocratic decision making was partially addressed by a national government official who felt that redirecting the attention of senior leadership to the benefits of data analysis could overcome some of their current resistance to engage with it. The respondent suggested that rather attempting to inspire decision makers with reports of raw complaints data, a better approach would be to introduce them to the potential uses and benefits of analysing complaints data.

> "*if you want them to use LAPOR! data, it is better look at it from the perspective of problem owners … go straight to the top, like, the problem owners, for example, the health directors, and then we tell them that there are valuable data that you can get from LAPOR!, and then give them examples*." (3N)

The idea to approach the 'problem owners' and present possible ways to use LAPOR! data reflected the top-down bureaucratic culture that continued to be a mainstay feature of government structures. A sub-national government official in Semarang claimed that the government was increasingly placing value on data and using it as a 'spearhead' for policy making, which was why there was a need for good quality data. "*Data is very valuable. And this data is now the spearhead. So, the government is very concerned with that data. That's why the data must be good, correct, and valid*." (S8) The increasing interest of the government to use data was seen to be raising the standards and expectations around data that could be collected through LAPOR!. As a national government official explained, "*In order to make a policy, the data used must be comprehensive …[regardless of if it is from] LAPOR! or [organizations' own complaints system]*" (10N). The need for comprehensive complaints data brought up the question of validity.

4.9.2 "I think it is not very easy to generate quality data"

Respondents from government organizations reported the belief that the quality of the complaints data collected through LAPOR! and other complaints systems varied widely but tended to be low quality. Government officials on the national level were especially sceptical about the data quality from LAPOR!. Adjectives such as 'incidental', 'sporadic', 'shallow' and 'anecdotal' were used to describe LAPOR! data. A national government official admitted to not looking into the data quality issue in much detail but intuitively felt that it wasn't easy to get quality data from complaints systems in general. The respondent felt that not every issue had good data and by implication not all data needed to be used.

> "*I don't know, perhaps I am missing the point … that this can be proxy data for health care … I haven't explored it but intuitively I think it is not very easy to generate quality data … of course we also need to understand what kind of data is populated by LAPOR!. Perhaps not every issue has quality data*." (3N)

The lack of focus and attention on complaints data appeared to stem from a lack of confidence in the validity of the data. One national government official stated that the main issue with LAPOR! data was its questionable validity, "*I'm not sure how valid they are. … [the main issue is] the data validation, the accuracy*." (9N) In support of this view, a national government official pointed out that complaints data was not collective data and that citizens were more likely to air personal matters rather than those of public concern. "*Sporadic data, instead of collective data. They say anything through complaint channel, and mostly personal matters. Not public*." (10N). These views were reflective of the type of perspectives that many respondents from all policy levels held regarding complaints data.

The lack of trust in the validity or usefulness of complaints beyond case-by-case resolution seemed to be stronger around data from LAPOR! compared to organizations' in-house complaint systems. However, when asked directly, respondents claimed they trusted both LAPOR! and their in-house complaint system data, it was just their in-house verification and validation process was more stringent so required less work before complaint resolution. A sub-national health service provider in Semarang shared that due to their ability to give feedback and request additional information, both LAPOR! and their in-house system were trusted. "*Our answer is we trust both systems because if we receive information that we're not so sure, we will give feedback, or ask for more detailed information*." (S7). Meanwhile, a national government official made the point that complaints data and analysis of complaints data cannot be compared to traditional research with cultivated sample sizes.

> "*Here the data we have is from complaints and they are all real. We don't search for the sample, instead the sample comes to us. Unlike in common research where you determine*

the proportion and how big the margin of error is and then argue about the reliability of the result. Here, we have bypassed this argument because we don't pick the sample to provide the data, rather the data are sent to us in the form of complaint, that's what we use for study sample." (6N)

The respondent believed that because complaints were submitted voluntarily, they were a 'real' study sample compared to the traditional methods of sampling that involved proportions and margins for error. However, it was unclear whether this would be a compelling enough argument to sway the negative perceptions relating to complaints data quality held by a majority of the respondents.

Box 4.1 Pen portrait: Provincial and local government

Semarang and Central Java are 'role model' government level supporters of complaint handling processes

A government official in Semarang stated that the mission in Semarang was "*to establish a reliable government for improving public service, so we can give the best to the community*." (S3) Complaint handling has been a key aspect of this mission and has resulted in the local governments in the province of Central Java and Semarang City receiving national level awards for being exemplary in their public complaint handling.

There were three factors that contributed to their success:

1. **Public commitment of organizational leadership to engage in complaint handling**: According to a government official in Semarang, the first complaint handling evaluation that took place in early 2016 in Semarang revealed that only 2 out of 21 received complaints had been handled. Further research revealed that a lack of regulation around complaint handling and the need for commitment from local organizational leadership were identified as main reasons. Subsequently, the Mayor, the Vice Mayor, and the Regional Secretary among other senior government agency heads publicly signed an agreement to respond to citizen complaints. Organizations were forced to harmonize their approaches, and a government official reported that "*now it is handled by a system with regulations. It's clear who handles the complaints, the steps, the SOP, everything is clear*." (S5)

2. **Capacity building for multi-organizational cooperation**: Complementing this political commitment was the collaboration with civil society organizations through a task force to build capacity of organizations and promote citizen participation. Through the partnerships and public commitment to responsiveness, the message was conveyed that the government was serious about complaint handling. A member of national civil society described Central Java and specifically Semarang government structures as "*the role model for working with CSO and involving the bureaucracy*" (20N). This appeared to have worked well, according to a member of civil society, "*the complaint handling had increased ever since*." (S5)

3. **Integration and centralization of emergency services**: The cross-sectoral integration of emergency services was the next level of multi-agency coordination. A member of civil society explained that emergency services used to be separated. "*The health agency had one, the fire department had one, Semarang [city government] had one. Every agency had*

its own emergency service. Now it has been integrated into emergency call service 112. … all have been centralized." (S5) A government official in Semarang described the motivation behind the integration of emergency services as being due to an effort to lower the number of complaints received about the fragmentation of services, "*and we also try to improve the healthcare service for the public. [the emergency services are] simpler, and people are happy*." (S4)

4.10 Conclusion

This chapter used the political dimension as the overarching framing to assess four areas: the regulatory requirements and intentions as demonstrated by the policy element and goals element; the complaints handling mechanism as demonstrated by the infrastructure element, technology element and processes element; the institutional arrangements around using the complaint handling mechanism as demonstrated by the people element and culture element; and the complaints data as represented by the complaints data element. The following are the key findings which emerged from this assessment:

4.10.1 Understanding the wider policy context offered insights into the complaint handling landscape

The laws, policies and regulations most relevant to complaint handling systems and their relationship to public service provision evolved through regulatory frameworks governing decentralization, social welfare, the establishment of independent oversight institutions (the Ombudsman and Anti-Corruption Commission), public service provision reforms and policies mandating data interoperability. The health sector has its own related set of policies mandating complaint handling in health service providers and regulating digital health and the emerging health technology ecosystem.

The establishment of the Anti-Corruption Commission (KPK) in 2003 first introduced public accountability through monitoring state governance. This was followed by Law no. 32 of 2004 on Local Government which legally mandated decentralized subsidiarity, encouraging local governments to take ownership for resolving issues that occur on the levels closest to them. It also defined democratic life as being responsive to citizen feedback and suggestions on public service improvements and complaints. Law no. 25 of 2009 on Public Service added to these concepts through the conceptualization of establishing complaint handling systems in public service providers in the interests of public interest, participation and accountability. Sanctions for lack of compliance and the reaffirmation of the Ombudsman as final arbiter were also included.

There were further provisions for establishing a national public service complaint handling system (LAPOR!) to harmonize all systems. Presidential Regulation no. 76 of 2013 on Public Service Complaints Management operationalized Law no 25 of 2009 and included additional details and timelines for the mandated complaint handling systems to become functional. Article 18 of this regulation addressed the issue of integration of organizational complaint handling systems with LAPOR!, however at the time the regulation came into force, the method of integration was interpreted as organizations developing and installing in-house complaint handling systems and then forming an organizational partnership with LAPOR!, a reality which led to an incredibly complex multi-level siloed complaint handling landscape. To rectify this situation, Presidential Regulation no. 95 of 2018 on Electronic Based Government System, was passed mandating all complaint handling systems become interoperable or integrated with LAPOR! (renamed LAPOR!-SP4N) and further set LAPOR! as the technological standard for complaint handling systems.

4.10.2 Mandating integration with LAPOR! raised technological and political concerns

According to Presidential Regulation no. 95 of 2018 on Electronic Based Government System, LAPOR! was the mandated standard in terms of business processes, data, technology and security in the management of public complaints. The minimum requirement for this integration was data interoperability so that all complaints data and processes were available on the LAPOR! databases, alternatively, organizations had the option to remove their in-house systems and transfer all complaint handling to the LAPOR! system.

LAPOR! was intended to become the nationally integrated, multi-level, collaborative, online complaint handling system with a 'no wrong door' policy which could accept complaints from any location to any public service provider, and guarantee delivery to the correct recipient organization. This system would be maintained using a centralized large database and dedicated technology and information dashboards, with a user interface and functionality that was 'as easy to use as Gmail.'

While respondents demonstrated political awareness on all policy levels that the process of integration must begin despite misgivings and technological concerns around the scope of such an undertaking. One of the main issues that emerged was in relation to the strong brand that local governments had developed around their in-house complaint handling systems which they were quietly reluctant to risk losing, relatedly civil society expressed their concern that integration of complaint handling was an unnecessary recentralization of power by national level actors who would essentially control the software, the servers and all related complaint handling data.

4.10.3 Using technology for bureaucratic reform led to gaps in social transformation

Over the past decade, in the name of bureaucratic reform and social transformation which was envisioned to lead to a modern, prosperous country, a certain amount of 'digital leapfrogging' has taken place during the roll out of online digital complaint handling systems. The main issue appeared to be that complaint handling systems with a digital basis, including LAPOR!, and the other electronic tools of e-governance that were introduced, required a certain baseline of digital literacy and competence that was not widely present among the senior leadership of public service organizations or the general public.

In combination with the stated hesitancy of the current generation of government officials on all policy levels to take initiative without the protection of a published legal and regulatory framework, this digital literacy gap has negatively contributed to the coordination and information sharing practices within and between organizations, in turn strengthening the siloed organizational structures and fragmentation of the complaint handling landscape. Relatedly, the combination of a policy gap around methods for in-depth complaint data analysis and the lack of digital maturity around how such data could be used as a source of information has led to a situation in which complaint handling data was shown to have received the least amount of complaint handling attention.

Respondents reported viewing complaints data as anecdotal and sporadic at best. To date there had not been any official research into the extent to which complaints data had been included into policymaking or quality improvement of services due to the assumption by the national level technological designers that it had little operational value.

5 Chapter 5 Disunity in Diversity: LAPOR!'s impact on organizational complaint handling

5.1 Introduction

This is the second of the three results chapters in this study examining the extent to which LAPOR! is perceived by government actors, health service providers and civil society to be an effective mechanism of public accountability in the Indonesian health sector**.**

This chapter used the organizational dimension as the overarching framing to address Objective 2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an organizational perspective. Table 5.1 provides an overview of the structure that is followed in this chapter.

As discussed in Chapter 3, sub-section 3.3.4, each of the three results chapters was framed according to a dimension of accountability: political, organizational (including health service provider) or social, and then structured into findings relating to each of the eight main socio-technical elements contributing to complaint handling systems, namely policy, goals, infrastructure, technology, processes, actors, culture and complaints data.

The organizational dimension is concerned with responsiveness to stakeholders, and has been combined in this study with the provider dimension which is concerned with quality of care (Van Belle and Mayhew, 2016a). Using this as the overarching framing, this chapter demonstrates the challenges around managing multiple complaint handling systems within an organization and the resultant impact on complaint handlers' work-loads, the impact of organizational leadership and mentality on the responsiveness and attitude toward the volume of complaints received, the metrics used to measure complaint handling success which can detract from the quality of complaint handling, and the conflicting views regarding whose responsibility it is to conduct complaint data analysis for policy making purposes.

Table 5.1 Chapter structure by objective, dimension and socio-technical elements

Objective addressed in this chapter	Dimension	Socio-technical elements of online complaint handling systems
Objective 2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an	Organizational	Policy: Regulatory frameworks mandating the establishment of complaint handling systems in government organizations for the purpose of citizen engagement and supervision of public service delivery Goals: High-level goals and purposes of complaint handling and complaints data as understood from regulatory frameworks by officials

organizational perspective		Infrastructure: The Indonesian complaint handling landscape and infrastructure Technology: Technological aspects of the online complaint handling systems, including LAPOR! Processes: The standard operating procedures guiding the complaint handling processes Actors: Key actors involved in both complaint handling systems and health sector oversight, primarily government officials, health service providers and civil society Culture: Culture within which the actors operate politically, socially and within their respective organizations Data: Complaints data content & analysis, Complainants and non-complainants

The following sections correspond to the order of the socio-technical elements in Table 5.1.

5.2 Policy: Every public service provider must have a complaint handling system and publicly accessible minimum service standards

Six laws and regulations had the most bearing on organizational complaint handling systems and processes. A summary of these policies is in Table 5.2 below. Relevant details and views of respondents on these policies are presented in the following sections.

Table 5.2 Legal frameworks for setting up organizational complaint handling systems

Law, Decree or Ministerial Declaration	Relevance to complaint handling systems
Law no. 25 of 2009 on Public Service	Provided guidelines for organizational complaint handling processes and sanctions, and introduced the requirement for organizations to develop publicly accessible minimum service standards
Ministry of Administrative and Bureaucratic Reform's Ministerial Regulation no. 53 of 2011 on Guidelines for Bureaucratic Reform Quality Assurance and Monitoring and Evaluation	Detailed the requirement for government organizations to be accountable for organizational performance and improve the quality of public services through an 8-step quality assurance framework
Law no. 24 of 2011 concerning the Social Security Administrative Body (Badan Penyelenggara Jaminan Sosial / BPJS)	BPJS-Kesehatan was established as the national social health insurance body and began the roll out of universal health coverage through 13 branch offices around Indonesia, and partnerships with health care facilities on primary and tertiary levels

Presidential Regulation no. 76 of 2013 on Public Service Complaints Management	Required organizations to establish functional organizational complaint handling systems within 12 months, and provided additional details on the complaints management processes for all levels of government agencies such as standard operating procedures and timelines for complaint resolution
MOH Ministerial Regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling	Provided guidelines on how to categorize complaints and the ministerial echelon level responsible for supervising complaint handling
MOH Ministerial regulation no. 13 of 2017 on Integrated Community Complaints Handling in the Ministry of Health Environment	Provided additional information regarding the reporting requirements for complaint cases

5.2.1 Minimum service standards intended for 'reference assessment of service quality'

Law no. 25 of 2009 on Public Service not only established the initial requirement for complaint handling mechanisms in government agencies, it also provided the legal basis for establishing minimum service standards. These service standards were envisioned as being the points of reference for citizens when evaluating the quality of public services they received, and also the minimum standards which government service providers are obligated to provide. Article 1 subsection 7 of this law stated,

> "*Service standards are the benchmark to be used as guidelines for service delivery and a reference assessment of service quality as an obligation and a promise [government agencies] made to the community in the context of quality service that is fast, easy, affordable, and measurable*." (Law no. 25 of 2009 on Public Service, p. 4)

This introduced the concept of having a reference or benchmark against which to evaluate the quality of services, and by extension, as a measurement for the performance of organizations providing public services. This organizational performance measurement concept was further developed in the Ministry of Administrative and Bureaucratic Reform's Ministerial Regulation no. 53 of 2011 on Guidelines for Bureaucratic Reform Quality Assurance and Monitoring and Evaluation Guidelines. Article 4 subsection 1 of this law listed eight elements that make up the quality assurance and monitoring and evaluation framework for government agencies:

> "*Quality assurance, monitoring and evaluation using 8 (eight) areas of change consist of:*
>
> *a. Mindset and Work Culture (Change Management)*
>
> *b. Structuring of Laws and Regulations*
>
> *c. Organizational Structuring and Strengthening*
>
> *d. Management Arrangements*

e. Structuring the Apparatus HR Management System

f. Strengthening Supervision

g. Strengthening Performance Accountability and

h. Improving the Quality of Public Services" (Ministry of Administrative and Bureaucratic Reform's Ministerial Regulation no. 53 of 2011 on Guidelines for Bureaucratic Reform Quality Assurance and Monitoring and Evaluation Guidelines Article 4, subsection 1, p. 4)

These areas of change subsequently became the areas relating to administrative reform and were further regulated by individual ministries and government agencies. In Presidential Regulation no. 76 of 2013 on Public Service Complaints Management, Article 20 provided detailed instructions on how public service providers were expected to set up complaint facilities, complaint handling mechanisms and standard operating procedures for managing complaints (p. 9).

5.2.2 Ministry of Health linked public complaints with quality improvement of health services

The MOH released two ministerial regulations relating to complaint handling and quality improvement. The first one, Ministerial regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling, gave general and broad guidelines on how to categorize complaints and the level of authority responsible for supervision. Article 1 subsection 1 of this regulation classified public complaints within the MOH into two main categories. The first category was 'public complaints requiring a degree of supervision,' referring to personal or individual complaints in which government officials or the organization is at fault due to deviations from service standards or abuses of authority. The second category was 'public complaints not requiring a degree of supervision,' referring to complaints that provide feedback on how to do things better through suggestions and constructive criticism, or in other words general service complaints that can be useful for improving the governance or quality of public services (Article 1, subsection 1, p. 2-3).

Article 5 of this ministerial regulation assigns the oversight for implementation of complaints handling to Directorate Head level (echelon I) and Deputy Head level (echelon II). "*Each head of the echelon I and echelon II units of the Ministry of Health conduct guidance and supervision of the implementation of these Regulations.*" (Ministerial regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling, Article 5, p.4) This meant that in the official hierarchy of organizations, the responsibility for ensuring good complaint handling fell to those leaders who are only one level lower than the Minister or Head of Agency. As will be demonstrated in later sections, this provided the legal basis for the strong influence of senior leadership on the quality of organizational complaint handling and the value and importance placed on the complaints that are received.

The second one, Ministerial Regulation no. 13 of 2017 on Integrated Community Complaints Handling in the Ministry of Health Environment, expanded on the above complaint handling guidelines to include complaint data reporting requirements. According to the reporting requirements in Ministerial Regulation No. 13 of 2017, the monthly complaints handling report needed to "*at least contain information about the number and date of the complaints, brief contents of complaints, handling status [rejected, in process, or completed] and the results of handling*." (Ministerial Regulation No. 13 of 2017, p.18) These reporting requirements were similar to those found in the regulations of other ministries and government agencies. Only two of the 17 government organizations that participated in this study reported conducting a level of analysis deeper than the level required by these regulations. None of the existing policies included guidance or requirements for analysis of aggregate complaints data for patterns or trends, or for any further use of complaints following the monthly reporting tally.

As a national government official shared regarding the lack of deeper analysis of complaints data, *"If we talk about data, [ideally] everything is processed –the complaint, the answer, and then input as data to be analysed. But no, we are not there yet. Only [complaint] information, answer, we save it, that's it."* (9N) This reflects a gap in organizational complaint handling processes which fail to analyse aggregate complaints data from either the personal or the public categories.

BPJS-Kesehatan is independent from the MOH and has its own set of policies and regulations, including around complaint handling. More information and details around its complaint handling practices will be demonstrated in Box 5.1 pen portrait of an organization.

5.3 Goal: use public expectation complaints for "improving governance and community services"

'Public complaints not requiring supervision' that fit the Ministry of Health Ministerial Regulation no.49 of 2012 on Guidelines for Integrated Community Complaints Handling were repeated again in Ministerial Regulation no. 13 of 2017 on Public Service Complaints Management definition of "*containing information in the form of suggestions, constructive criticism, and so on which is useful for improving governance and community services*." (Ministerial Regulation no. 13 of 2017, section C sub-section 8, p.8). The vision of how this category of complaints could be used for ongoing quality improvement of service standards was explained by a national government official using the tension between the concepts of 'zero complaint' and 'public expectations complaint'.

5.3.1 Concept of 'Zero Complaint'

The national government official explained that a zero complaint is a complaint about an offered service which is actually in accordance with established service standards and not a violation or case

of organizational failure. In other words, a complaint the organization has ‘zero’ need to be immediately concerned about.

> “*Zero complaint refers to all complaints related to the established service standards. …I will give an example … A waiting room must be comfortable and nice. Let’s say the head of the agency sets up a standard that a waiting room must have a good air circulation. Therefore, it needs an air-conditioner or a fan, and to have comfortable seats. This standard is formalized as a regulation in the form of decree issued by the head of the agency. If somebody files a complaint … [saying the room] was hot and uncomfortable, ... And the complaints officer checked and found that the air conditioner or fan was on [in accordance with the regulated standard] when the person made the complaint, it would mean that this complaint cannot be categorized as a violation. … this is what we mean by ‘zero,’ there’s no violation against the regulation.* (5N)

The investigation and comparison of complaint content to minimum service standards to determine whether the organization is at fault should be the first step of organizational complaint categorization. The second step for complaints which do not involve breech of standards involved moving them into what the government official referred to as Public Expectation complaints.

5.3.2 Concept of ‘Public Expectation Complaint’

This same respondent described public expectation complaints as those when the public expect more, or have a higher expectation, than what is offered by the current standards. This category of complaints accumulates over time and eventually can reach a point where the standards of service are consistently lower than the public expectations.

> *“The complaint still counts but will not be considered a mistake made by the institution. If many people filed a complaint about service that actually met the standard, it means the public expectation is higher and finally the institution, for example the hospital, would have to analyse the complaints data: ‘Why have we received this many complaints about uncomfortable waiting rooms although we have met the [required] standard? There are 100 similar complaints in one month and [this number of complaints] increased by 1000 after one year.’ This means the current standard of service is far below public expectation”.* (5N)

The purpose of the public expectation category of complaints is to track the number of complaints filed around the same issue despite the organization meeting the required service standards. This serves as an indicator that the minimum service standards no longer meet the minimum of public

expectation. This difference between expectation and reality is the source of many problems in service provision as will be demonstrated below.

5.3.3 Concept of complaint management service sustainability

A national government official from a different organization placed the role of complaint managers as needing to discover why there is a gap between citizens' expectation and service provision reality. "*Between expectation and reality. ... I have good expectations but the reality is different, it means there's a problem…. There's a gap. This is what we need to find out –why there is gap between expectation and reality*." (10N) Once that gap has been identified, the service standard itself needs to be upgraded which will lead to quality improvements. As the national government official who described the concepts above described the process of upgrading service standards as follows,

> *"If the standard, or the norm is not suitable anymore, it needs changing and updating. … It should be formalized as the new regulation. … [Once this happens] the complaint management has reached service sustainability. Because many people filed the same complaint, the waiting room quality has been improved"* (5N)

The dynamic movement between standards and expectations leading to changes in standards forms the basis for the concept of complaint management service sustainability. It refers to the commitment of organizations to take the expectations of their patients and citizens into consideration, and once it is clear that the current norm no longer meets their needs, to make the necessary changes to raise the standards and change the norms. The tipping point which determines when the current service standards are no longer adequate is not actually pre-determined. The government official described the process as one in which the number of complaints goes between the two categories of zero complaints and public expectation. Service Standards are designed to offer a baseline quality of service according to prevailing norms and values. However, society and citizens are ever-evolving, therefore service standards have a similar requirement to evolve to meet these changing needs and establish new baseline norms. The determination of when to do what is reported to be a combination of complaints data analysis and intuition.

> "*That's why the number [of complaints], 1000, 2000, and so on is actually racing between zero and expectation. Zero refers to the norm, the standards, the regulations. According to the Zero Complaint perspective, the norms and [social] values should be in line. So, when a standard is set, it is ideal at that time. However as time goes by, changes occur and values change. The gap created by the lag between norms and values creates complaints –probably most of them are Public Expectation complaints. But these complaints are working to keep the norms and values in line. If the standards or the norm is not suitable anymore, it needs to be updated.*

This change can be tracked through statistical data management as one of the methods. That's why I said it's all mixed between [complaints] data, logical analysis and a little bit of feeling." (5N)

The interplay of norms and values in establishing minimum service standards, and the role of public complaints in serving as a feedback mechanism to ensure the tension between norms and values is still within acceptable ranges, is one method of encouraging a cycle of quality improvement of services.

5.4 Infrastructure: "complaint systems are in a state of apparent death. They're in between being dead and alive"

While all 17 governmental organizations interviewed confirmed the existence of functional complaint handling systems in their organizations, respondents gave the impression that organizational complaints systems are essentially just a formality in many organizations. A national government official reported that in their opinion organizational complaint systems were so shallow their only purpose was to serve as a display counter for the number of received complaints and thus demonstrate a complaint handling system exists. *"[organizational] complaint systems are in a state of apparent death. They're in between being dead and alive. They are only a display counter [for complaints]. There's no deeper substance. Only to show we have a complaint system."* (10N) This implied that for many organizations, complaint handling was more for show than a significant organizational priority.

A member of national civil society who has been supporting government agencies with capacity building relating to the LAPOR! system shared that government officials appeared to feel confined by the required reporting structures, lacked confidence in the complaints data quality and did not have a customer service mindset.

"[government officials report] feeling stuck with the rather rigid and time-intensive reporting structures, are unsure about the quality of the underlying data, but are also not really thinking creatively about what's possible … not necessarily looking to how do customer service, like complaint-handling customer service" (14N)

National level messaging around complaint handling have sought to address this by promoting a public-service oriented view of complaints.

5.4.1 "government administrators are allergic to complaints"

A national government official explained that the number of complaints an organization receives is not necessarily a straight reflection of perceived quality of service, it could also reflect the degree of public engagement or level of awareness about government services and programs. However,

determining which of those possibilities is most likely is not currently possible given reporting requirements that only involve quantitative tabulations of complaints.

> *"If we don't receive any complaints, there are two possibilities. First, our performance is good, so no complaints. … The second option is we are not known. How would they complain if they didn't know our program existed? … Having a lot of complaints [also] indicates two things. First, the level of public participation. The public is responding to our programs, either positive or negative. … they're aware of our programs. Second, they file a complaint because of our poor performance. … [We can't be sure which] because LAPOR! doesn't have an integrated big data system that could provide analysis for us to see how our program performance is by evaluating the number of complaints we receive. The most we can see is the quantitative aspect, but we cannot get an in-depth understanding. We can't tell whether they complain because they care or because they're disappointed."* (9N)

Few respondents demonstrated an understanding of how looking for reasons behind whether an organization is receiving, or not receiving complaints could be a valuable source of information about services. The general sentiment of government officials was a preference to not receive complaints. This was summed up by a sub-national government official in Medan who said, *"if there are many complaints, it doesn't necessarily mean bad service, just like not getting many complaints doesn't necessarily mean good service. …but in general, government administrators are allergic to complaints."* (M1).

Two sub-national government officials in Semarang attempted to focus on providing an upbeat view on receiving complaints. One said, *"It's better if there are many complaints—we are happier, because we will know what the people want."* (S8) The other official who shared a similarly positive view stated *"[it means] there's room to make a complaint. [the organization] responds quickly, and earns the trust of the public, and so, the complaints keep coming."* (S5) Two other sub-national government officials expressed the view that it was hard to tell what the number of complaints meant, confirming the view of the national official above who highlighted the pitfalls of shallow quantitative-based complaint analysis. One sub-national government official in Semarang expressed the sentiment that *"Lower [numbers of complaints] doesn't mean [service is] better. … are [the public] satisfied with our services? or are they just sick of filing reports?"* (S3) This was reiterated by a government official Medan, who said *"this year we cannot confirm whether the low number of complaints is the result of good service [provision] or is because people don't file a complaint, or maybe some other factors."* (M2) Not knowing the reasons for complaints or lack of complaints made it difficult for respondents to evaluate the quality of their organization's service delivery in the eyes of the service users. It can also lead to

a loss of public trust, either in the organization or in the complaint channel. A national government official felt that while resolving complaints can lead to an increase in trust, poorly functioning complaint handling mechanisms can lead to a decrease in trust in the complaints system.

> *"The complaint channels were created to meet the regulation. But it's not followed up by good responses. That's why the function of complaint system is still questioned. This is something that makes the public lose their trust in complaint channels."* (10N)

The loss of trust in complaint channels as a result of lack of good responses by the organization was reported to be higher among health service providers.

5.4.2 "They're afraid there'll be more problems and then we'll accuse them of being guilty"

The view of health service providers on the number of received complaints tended towards the need for self-protection and feelings of defensiveness. One sub-national health service provider in Medan did not agree to a recorded interview due to the topic being related to complaints and the sensitivities in that organization around complaint handling. A sub-national health service provider with provider oversight responsibilities in Medan provided additional insight into this experience stating that many health service providers believed complaints are a sign of bad service, and they were worried about future repercussions if it appeared they were guilty of something. Despite the stated motivation of the oversight agency being to make improvements in the field in cooperation with the providers, the respondent felt strongly that health service providers mainly associated complaints and oversight with fear.

> *"Many [health service providers] think that if they receive many complaints, it means they're bad. It's not actually true. We don't see it that way. We want to identify the real problem in the field. Because they're in charge in the field. So whether it is the administration, or medicine, we just want to make improvements. As I said earlier, they're afraid there'll be more problems and then we'll accuse them of being guilty."* (M8)

Not all hospitals or health service providers were wary about receiving large numbers of complaints. The health service providers who had a service improvement mindset appeared to be open to using the number of received complaints as a catalyst for making changes.

One sub-national health service provider in Semarang described the number of complaints as being an eye-opening experience that led to extensive changes in both service provision and in internal complaint handling. "*We used to have a lot of complaints and often we were exposed in the news, it was 'WOW, we need to improve the system.' And then we also improved the complaint system."* (S6) The motivation to make internal changes doesn't always come from the number of complaints but

rather the quality of the complaint. Another sub-national health service provider in Semarang explained that complaints that are quite serious can trigger an internal evaluation on processes. *"Sometimes there are no complaints for a while and suddenly one comes and BOOM, it's a very serious one. [These serious complaints] make us re-evaluate what we need to do. Because some complaints are light. Some are serious."* (S7) These examples illustrate the impact that attitude towards complaint handling can have on organizational motivation to improve provided services rather than merely following regulations for the sake of compliance with standard operating procedures.

5.5 Technology: "LAPOR! is not supported by appropriate [organizational] infrastructure"

At the time of this study, the software and programming of LAPOR! had been upgraded and updated twice since it was first developed. During the time the interviews were taking place in 2019, LAPOR! version 3, was in the process of being rolled out in organizations on sub-national levels to replace version 2. This software updating was both part of the government's commitment to continuous quality improvement and was in recognition of constraints and issues that emerged over the past years of implementing organizational complaint handling systems.

A member of national civil society listed three possible reasons why previous versions of LAPOR! (Versions 1 and 2) led to feelings of dissatisfaction in organizations. First, government officials often viewed it as an online platform rather than a system of public service management. Second, perhaps as a result of the first reason, LAPOR! was not always supported by an organizational complaint service unit and third, there was a shortage of appropriate infrastructure in terms of trained human resources and/or actual hardware.

> *"LAPOR! is not seen as the best because it's only seen as an online platform, instead of as an integrated part of our public service management. Very often LAPOR! is not complemented by a complaint service unit [in the organization], which is why it works slowly. … LAPOR! is not supported by appropriate [organizational] infrastructure."* (20N)

The acceptance and integration of LAPOR! into organizational functioning was both a technical and a social challenge.

5.5.1 "30 to 35 percent of complaints are archived"

On the side of technical challenges, LAPOR!'s existing dashboard incentivizes the rapid movement of complaint cases through processing stages to case closure. The intended features of LAPOR! from an application point of view were to receive complaints from the public, provide a mechanism for distribution and response to the intended organizational recipient, and provide an organizational overview of the status of the complaints by collating them into a tri-colour dashboard display.

A national government official described the three stages of complaint resolution on the LAPOR! dashboard as red, yellow and green. The red category referred to complaints that have not yet been responded to. Yellow referred to complaints that have been at least replied to. While green referred to complaints that have been followed up on and/or resolved.

> *"When we click to open [a received complaint], we start the assessment according to the SOP. If [the complaint] is not responded to within the period of time as regulated in the SOP, the colour remains Red. If it's been responded to, or at least replied to, it turns Yellow. If [the complaint] has been followed up and resolved, the colour is Green.* (9N)

This dashboard allows for a simple visualization of the current state of complaint handling in a given organization. However, the dashboard was overly simplistic. A sub-national government official in Medan raised the concern that in this dashboard, any governmental response is considered a response and immediately moves the complaint into the 'in process' category, even if the response is a punctuation mark like a full stop or a single out-of-context word. After the allocated time for managing in-process complaints expires, if the complainant has not known to respond to the full stop or out-of-context word and no further interaction has taken place, the system considers the complaint to be ended by virtue of lack of complainant response and is considered 'Finished'.

> *"The weakness of this [dashboard] system is even a dot is considered an answer. …. When the [line ministry] types [a word such as] 'not', the complaint will automatically proceed to yellow. I'm worried the person who submitted the report will [see the word] and think, 'Oh I don't need to do anything, I'm not sure what's going on.' And as a result, this report will be considered finished after ten days."* (M2)

There are a few other scenarios in which a filed complaint can fall into the 'finished' category and be closed without the original issue necessarily being resolved. A national government official shared that between 30 and 35 percent of received complaints are dismissed and archived due to the complainant failing to respond adequately within an allotted time frame.

> *"Because the Law [no. 25 of 2009, the Civil Service law] states that if the [complaint] report is not sufficient [meaning there is some required information missing from it]… and if [the complainant] doesn't complete the report within a certain period of time, the report will be dismissed. This is mostly why 30 to 35 percent of complaints are archived."* (7N)

The use of a set time-period beyond which a complaint is considered finished is also applied on the sub-national level. A government official shared the view that complaints are considered finished

when there are no more responses from the complainant, regardless of the complainant's level of satisfaction with the complaint resolution.

> *"We consider [the complaint] finished when the [complainant] is satisfied with the answer or they don't want to continue. For example, if they are not satisfied [with the response to their complaint], but they don't respond further, we consider it finished."* (M2)

Closing complaints merely due to inactivity on the complainants' side is not an accurate reflection of the spirit behind encouraging rates of case closure in complaint handling systems. Compounding this issue is the very short turn-around time for verifying, resolving and closing complaint cases. A national government official shared that every complaint the organization receives had to be processed and closed within 8 working days. "*Every complaint or aspiration that goes to [the organization] must be verified within five working days. … And then within three days, it has to be closed."* (9N) The vulnerability of a system that has such a strong focus on moving complaints quickly through to case closure is it risks closing cases without truly addressing or resolving them to the satisfaction of the complainant.

5.5.2 "We want to create an 'eagles-eye' view [of LAPOR! data] for the whole institution"

In recognition of this vulnerability and risk, a member of national civil society described the complaint handling evaluations they conducted in which three aspects of organizational complaint handling were examined: the organizational response rate, or how quickly the organization engaged with the complainant; feedback from complainants on their complaint experiences with the organization; and finally the rate of case resolution or case closing.

> *"We do simple analysis to evaluate the quality of [organizational] complaint handling, to see if it is good or not. … We check the response rate, and then the feedback from the people who file a complaint. And the solving rate."* (20N)

As a result of this research into the organizational systems and complainant experiences, the respondent reported that their main conclusion was that organizational complaint handling would benefit from the automation of some of the functions that are currently manual. As an example of LAPOR! elements that are currently manual, a national government official conveyed that LAPOR! has been limited in what it has to offer the organization in terms of access to raw complaints data. The system only allowed for the viewing of individual complaints and their handling status,

> *"It's a bit difficult with LAPOR! because the raw data is with them. Actually, we can download the data from there but we can only analyse the complaints data one by one … we can see which complaints have been followed up, which complaints have not. But that's all. … We want*

to be able to access more data so we know how our [complaint handling] performance is, and what most complaints are about, which topics deserve attention. … We need to know those things. Unfortunately, it's not possible right now with this dashboard." (9N)

Given the desire by some organizations to have more in-depth access to their complaints data, the automation of functions could be beneficial. A different member of national civil society stated that the proposed dashboard that resulted from the above complaint handling evaluation suggested automating the recording of basic information on the status of received complaints. This in turn would allow for the automatic calculation of complaint handling statistics, such as the average number of days required to resolve a complaint. This average could then be compared against the benchmark average as stated in the SOPs. This type of automation would make it a lot easier for government officials and the public to access timely and accurate complaint handling information and potentially use it for other purposes.

> *"There are simple analyses that could be done automatically. [The system] could record when the complaint is received, when the complaint is responded to, and the resolution. All the dates would be recorded, and then the system could analyse how many cases have been completed and on average how many days the complaints took to be resolved. Because it's clearly stated in the SOP how many days [a complaint] should take to be resolved. So, that's our idea for a dashboard … If we have it, anyone can use it, both public and local governments. And it would cover anywhere in Indonesia where the local government is connected to the central LAPOR! system."* (20N)

The suggestion to automate the basic data analysis and reporting functions would help to alleviate the findings relating to challenges with organizational human resources, and increase its overall user-friendliness and usefulness to both senior and technical officials in organizations.

This point appeared to have made its way into the LAPOR! design process, as demonstrated by a national government official involved in the design of LAPOR! who said, *"we want to create an 'eagles-eye' view [of LAPOR! data] for the whole institution … the main consideration is to make the data more accessible for anyone on the level of the institution*" (1N). If these modifications to LAPOR! were to take place it would likely also be an incentive for sub-national organizations to move ahead with integrating their current complaint handling technologies with the latest version of LAPOR! as per the requirements of Presidential Regulation no. 95 of 2018 on Electronic Based Government System as described in Chapter 4.

5.6 Process: "The most important thing when a complaint is received is the process"

The service elements needed in a complaint handling system were stated most succinctly by a national government official who said, *"what we really need is promptness, accuracy and responsiveness [with intention of] improvement. If those don't exist, then there's no such thing as a complaint service."* (10N) The guidelines for ensuring these processes took place were found in the complaint handling Standard Operating Procedures (SOPs) that were adopted and adapted in each organization.

5.6.1 SOPs share similar standards but were tailored to each organization

As mentioned in the Policy section above, the minimum standards around complaint handling were developed and then further elaborated and tailored within each ministry and agency initially in the form of regulations and then in standard operating procedures. The broad strokes of the resultant SOPs are the same, but the so-called flavour differs by organization. A national government official described clarity around the complaint processing process as being the most important aspect and extolled the benefits of a well-thought through SOP for allowing clarity and simplicity in implementing complaint handling.

> *"The most important thing when a complaint is received is the process. Who will respond to that, be able to answer it correctly and give a solution. … Having SOPs makes everything clear. However, the SOP must be well-thought through. We have to see if the SOP will cause trouble for people. It has to be as simple as possible."(*4N)

The idea was that SOPs could help with the day-to-day organizational management by making all processes clearly regulated. While the respondent organizations all had more than one unique complaint handling system to manage, the reported processes were largely similar and had commonalities. See Figure 5.1 below for a simplified depiction of the main processes that complaint handlers used for active complaint handling for both in-house organizational complaint handling system or the organizational connection to LAPOR!.

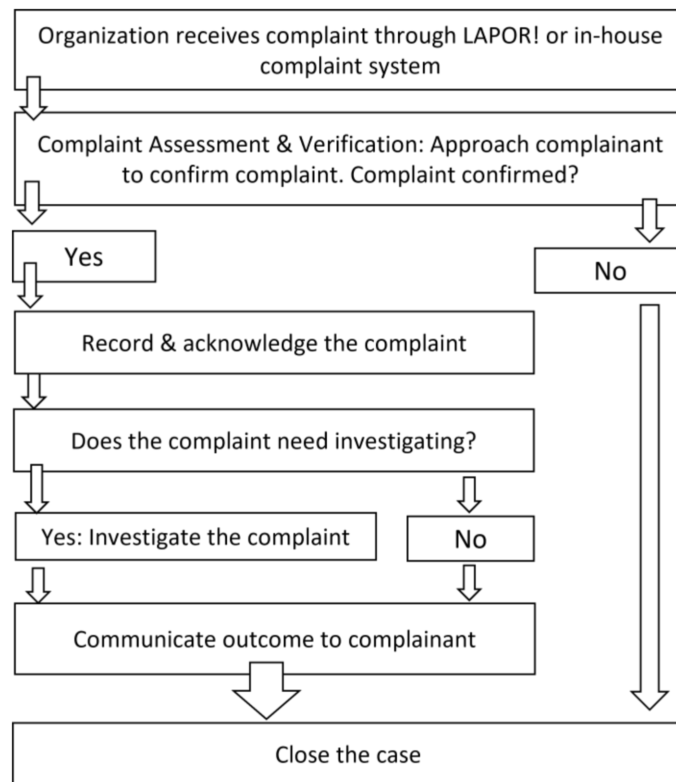

Figure 5.1 Commonalities found in organizational complaint handling flow (author's work based on interview data)

The complaint assessment and verification process involved determining if the complaint included the necessary information about the complainant and the complaint, and if it was written in polite and complete language. In cases of uncertainty, contact could be initiated with the complainant to fill in missing information. Complaints that did not successfully pass this level were not recorded into the complaints tally and were automatically considered closed. Only once the assessment and verification process was successfully completed was the complaint officially recorded and subsequently reported on.

Determination was then made as to the type of complaint, either a complaint indicating a potential organizational mistake that required investigation or a complaint which did not require investigation, perhaps due to being a request for information or a public expectation complaint in which the organization was following the minimum standards adequately, but the public was expressing a desire for a higher standard. Following the investigation or in cases which didn't require investigation, the complaint handler was obliged to reach out to the complainant and report on the outcome of the case. If the complainant did not respond or was satisfied with the outcome, the case was closed. Each of the above steps was covered by detailed SOPs developed by their organizations and used by complaint handlers to guide all complaint handling communications and processes.

A national government official described the process of setting up their in-house complaints system as first involving the SOP and then introducing and raising awareness about the complaint system to the general public.

> *"The first thing we did was create the SOP [Standard Operational Procedure] of the complaint handling mechanism. … The second thing, …, we entered public spaces to introduce ourselves, including the channels that people could use to make a complaint."* (8N)

There seemed to be a generally held belief that the SOP was the most important variable in the complaint handling system. Consequently, SOPs were updated and modified relatively regularly as challenges emerged. For example, a common challenge faced by sub-national government officials on the technical level occurred when they referred complaints from the local government complaint system to organizations within their jurisdiction but which were ignored, and they had no mechanism by which to force a response. A sub-national government official in Semarang shared that their solution to this issue was to update the SOP so that complaints without organizational responses within an allotted time frame would be automatically sent to the head of the unresponsive organization. *"We're in the process of arranging a new SOP to handle complaints if they are not followed up [by relevant organizations]. Those complaints will be automatically directed to the head of the agency through the existing system."* (S2) This updating of the SOP to create a structured solution to a problem demonstrates the versatility of SOPs and the creative ways they could be used.

5.6.2 "SOP is also one of the [organizational] defence mechanisms"

A member of national civil society reported feeling guilty about inadvertently contributing to development of SOPs that were ultimately not used for the benefit of those people it was meant to assist.

> *"SOP is also one of the [organizational] defence mechanisms. I feel so guilty … one of my assignments was to help make this standard operating procedure. What I didn't realise at that moment was that [several districts] actually used this SOP to frustrate the people."* (17N)

The deliberate use of SOP to hinder or obstruct the complaint handling process can sometimes take the form of strict adherence to SOP requirements. One example is when the legal regulation stipulated the need for the complainant to provide extensive personal data ostensibly for verification purposes and to thwart hoax reports. According to a national government official, the lack of provision of personal data is often used as a reason to reject the complaint. *"When a complaint comes, we will ask*

for personal data, if they don't give it, we will drop it. We drop it immediately." (8N) A sub-national government official in Medan also shared a similar story, citing not enough information or rude complaints as a reason to reject complaints, *"the common reasons [to reject complaints] are not enough information, different address, rude [content in the complaint], or the picture [of the incident or complaint] is not accurate."* (M2) Another example of SOPs not being utilized in the spirit intended was shared by a national health service provider. The respondent explained their intentional prioritization of other SOPS deemed to be more important than the complaints handling ones when deciding which processes to complete.

> *"There's an SOP for complaint management, but this SOP has ten processes. [we usually implement the SOP] until [number] eight but not the last two processes … We have 30 SOPs. The other SOPs are much more important than this one."* (11N)

The need for prioritization of some SOPs over others, or indeed the partial completion of SOPs, due to the sheer number of required regulations to be followed shouldn't serve as a justification for the misuse or deliberate circumvention of SOP requirements, however it does provide insight into the complexities that serving as a civil servant can entail.

5.6.3 "there is a complaint, how can it be closed, what's the solution?"

The most common form of evaluation to determine how successful an organization was in complaint handling was reported to be by the number of complaints cases closed. As a national government official put it, the focus was on whether complaints were closed or not, because the purpose of complaint handling was to resolve problems and then record and summarize the resolution.

> *"We only focus on the big themes, like whether the [complaints] cases are closed or not. … the complaint task is mostly to resolve. To resolve the problem. … for example, there is a complaint, how can it be closed, what's the solution. … Then everything is recorded and recapitulated."(*2N)

This view was expanded on by a national government official who described the focus on case closure as being due to a combination of two main things. First, keeping things simple through low expectations for performance metrics in complaints handling, and second, being more concerned about the organizational image than the quality of their offered services. The only organization this government official felt had made an effort to offer quality services was BPJS-Kesehatan.

> *"Simple numbers and simple expectations … how many complaints and whether [the organization] already solved the complaint or not. Actually, they're worried that their institution will get a bad name [due to poor complaint handling], but they don't think how*

> *to improve the quality of their public service. Except for BPJS, in some ways I think they have made an effort.* (5N)

The attraction to using a quantitative approach in calculating the number of complaints closed can lead to an overly narrow definition of success or failure when it comes to performance monitoring of complaint handling. According to a member of national civil society, even the performance monitoring of technical assistance projects was partly linked to the number of complaints the government closes. *"[project] performances are measured in part based on how many complaints the government is following up on that were completed in the 60-day window allowable by law."* (14N) A sub-national government official in Semarang lamented that due to this focus on defining successful complaint handling only by numbers of cases closed rather than using complaints data as input into decisions and policy making, complaint handling is not being used effectively. *"Complaints are supposed to be a portrait for policy making in the future. But [complaint handling] has not been used effectively. [Organizations] only focus on closing cases, but then don't use [complaint content] in decision making."* (S5) With the strong focus on closing cases there was little evidence of complaint data for use in organizational policy making as a standard procedure. Factors contributing to this gap are examined in the section below.

5.7 Actor: "More tasks. We don't add staff, but we have heavier work-loads"

Human resources management is a challenge in any organization, and this held especially true when navigating the maze of large multi-level bureaucratic government apparatus introducing complaint handling systems. Respondents strongly felt that complaints handling systems were not a core business priority of most government organizations and this was reflected in the interpretation and implementation of the ministerial decree around complaint handling roles within organizations.

5.7.1 "the regional policy has not determined to provide salaries for operators"

According to a national government official, there were ministerial decrees listing the job descriptions of the four main roles required for complaint handling that were developed in coordination with the three oversight agencies of LAPOR!.

> *"The job descriptions of every [LAPOR!] admin and operator officials in the agency are regulated in the [Ministry of Administrative and Bureaucratic Reform's] Ministerial Decree no. 62 of 2018. [This decree] was not only discussed by the Ministry of Administrative and Bureaucratic Reform but also discussed with KSP [the Office of the Presidential Staff], and the Ombudsman. … In this Decree, it clarifies the job descriptions of the role of supervisor, chairman, and the admin and operator officials. The internal monitoring [of the*

organizational complaint handling] is conducted by the chairman and the supervisor of public service providers." (7N)

Though the Ministry of Bureaucratic Reform's Ministerial Decree no. 62 of 2018 provided the framework for a minimum of two technical (administrative) officers (the admin and the operator) and two management officers (the supervisor and the chairman), the reality was the technical management of the complaint handling processes has trickled down to becoming an assigned function of a single civil servant. This was reported in both of the sub-national study locations. According to (M4) a member of sub-national civil society in Medan, the LAPOR! admin is a appointed through local government decree (Mayoral, Regent or Governor) and tends to be under the directorate of communication and information technology. A sub-national government official in Semarang confirmed this also happened in their city and shared that the reality of complaint handling was more work rather than more staff.

The respondent described it as "*More tasks. We don't add staff, but we have heavier work-loads."* (S3). This was echoed by a sub-national government official in Medan saying *"For this entire agency, we only [have] one person. This person is also the one who provides the information when someone needs it.*" (M9) A related challenge to only having a single person in charge of the complaint handling process is the loss of institutional memory when that person changes positions, an issue which was also present in both sub-national locations.

In Medan, a sub-national government official stated that the lack of regional policy requiring a salary for complaint system operators was the main problem. The operators tended to be middle managers, and when they got promoted, they left behind the complaint handling tasks.

> *"The problem is the regional policy has not determined to provide salaries for operators. This is our problem. The operator is selected from middle level staff, so sometimes they get promoted. When they move, somebody else will replace them. This becomes a problem. But if we pay them, maybe they will want to stay and take responsibility."* (M2)

The situation in Semarang was similar except that organization of one sub-national government official mobilized internal funds to offer additional payment for the person in charge of complaint handling. Unfortunately, they found that even with the additional payment in recognition of the difficulty of complaint handling, it didn't guarantee continuity once that person shifted internally. *"PICs [Persons in charge] get paid because [complaint handling is] not their main task. Although it's only an additional task, it's quite difficult. The main risk is when the PIC is relocated. … We must start from zero again."* (S2)

5.7.2 "how to develop human resources to use the IT is another problem"

Not only was the need for consistent human resources to run the complaint handling system a recurring theme throughout the interviews, the need for a specific skill set was also highlighted. The skills most often lacking in the available human resources were lack of digital technical skills and lack of soft communication skills, both of which heavily impacted the entire complaint handling ecosystem. A national government official listed the lack of strong information technology (IT) skills among available human resources as being a cause of a lot of human error in the complaint handling system, *"how to develop human resources to use the IT is another problem … we keep finding a lot of human error in the system; there's a lot of human error"* (5N). In addition to the gaps in digital skills, a member of national civil society highlighted the gaps in skills to communicate properly among lower-level technical staff.

> *"At the lower technical level, it is really important to have complaint handling skills. Very often the complaint handling doesn't work well only because the staff don't have the skills to communicate properly. For example, staff should have responded or answered a complaint by saying that the [relevant] policy has not been issued yet, instead they ignore [the complaint] or give a boilerplate non-answer."* (20N)

In addition to the need for communication skills, the need for adaptive methods of summarizing complaints data was also suggested as being required for good complaints handling by a member of national civil society.

> *"In using any kind of complaints data, it's very difficult to predict what's going to be useful in advance. It's going to be one of those situations where you need to have a very adaptive kind of summary abilities"* (14N)

This need to combine complex thinking abilities with technical know-how for complaint handling to be effective highlighted the issues relating to the interrelatedness and interactions between the social and technical aspects of the complaints systems. A national government official praised the national government's good intentions around complaints handling but was clear that complaints handling processes also had to include human resources development and a good leader in charge of the complaints handling unit.

> "*The government's good intention to create complaint channels as part of democracy is very positive. But we can't only open the channels. It must be accompanied by improving the quality of human resources who manage the system. In order to be effective, it has to be supported by the mutual understanding of the leaders who are in charge in this complaint unit."* (10N)

The interconnectedness of human resources management with leadership in determining the success of complaint handling was demonstrated by a member of national civil society who felt there was poor coordination between the technical (administrative) team and the management (supervisory) team within organizations. *"The Administration team is supposed to only work as messengers while the management team should handle the complaint resolution … It doesn't work well often"* (20N). Coordination challenges between the different teams within the organization were not unique to complaint handling, however respondents' views that that complaint handling was often viewed as a formality as presented earlier in this chapter meant that the complaint handling coordination within organizations was likely even more challenging given their perceived lack of importance. As a sub-national government official in Semarang stated regarding the two key influences in organizational complaint handling, *"some provinces are good [at complaint handling], some are bad. Why? One, because of their human resources. Two, the commitment of their regional head." (*S5)

5.8 Culture: "We need to change the mindset as a government. Instead of asking to be served, we should serve"

The organizational work culture and structure were reported to have an impact on the attitude towards complaint handling within organizations and LAPOR! both nationally and sub-nationally. A national government official expressed the view that *"I think [organizations] need to start seeing [complaint handling] from the point of view of having LAPOR! as just part of their grand strategy to improve their public services."* (3N). To change organizational perceptions around the function of LAPOR! from an additional burden to an essential part of improving public services will require a significant change in mentality.

5.8.1 "what's the real orientation, the award or the public service?"

The concept of service, and specifically who was serving whom, was also in need of a paradigm shift according to a number of national and sub-national government officials. A sub-national government official in Semarang described the issue as being rooted in the bureaucratic culture, stating, "*The bureaucratic culture in Indonesia –speaking of the majority—is still a culture in which they want to be served."* (S1) A national government official was more direct in calling for this change, saying *"We need to change the mindset as a government. Instead of asking to be served, we should serve."* (4N) A sub-national government official in Medan expressed indignation that fellow civil servants did not share a service-oriented mentality. *"The system is called 'Servant'. It means we have to serve. It's impossible if they don't care. We're here to serve.*" (M9) A different national government official also questioned the motivation behind organizations pursuit of service awards. In this respondent's view

some organizations appeared to be more interested in the award than in delivering the best public service,

> *"what's the real orientation, the award or the public service? The purpose of award is to motivate [organizations] to compete for delivering the best public service. But sometimes they pursue the award first before the public service itself."* (10N)

The question of purity of motives when offering services to the public often comes back to the question of leadership. This also held true in relation to seeing the value in complaint handling.

5.8.2 "People have to know that complaints represent Indonesia's voice. So, they have to be taken seriously"

A national government official offered the view that organizational valuing of complaints systems required three things: a leader committed to paying attention to complaints, the initiation of using complaints data as a point of reference for planning organizational programs, and the acknowledgement that complaints deserve to be taken seriously because they represent the voice of citizens.

> *"First, complaint systems …need a leader. … [who treats the complaint system as] the first variable they pay attention to when they occupy their position in an institution. Second, there's a need to initiate using complaint as references when conducting program planning. My third point, people have to know that complaints represent Indonesia's voice. So, they have to be taken seriously"* (10N)

For these three criteria of successful integration of complaint handling into organizational priorities to take place, the relevant regulations and standard operational procedures (SOPs) need to be aligned with, and supported by, the organizational work culture and senior leadership. This respondent went on to describe how work culture and structures were inextricable from each other. The structures were bound by regulations, while the style of the organization was due to culture or mentality. The interaction between the structure and culture was complex, but the respondent felt that a single strong regulation could serve as the dominant variable that would help 'force' complaints handling to become part of the policy making processes.

> *"In the professional world, there's work culture … and structure. Structure refers to regulations and being bound by regulations. But if [the organization is] disorganized, it's because of mentality. … It's very complex. But out of the many variables, we need a dominant variable that affects the culture and the structure. We need one regulation that*

forces the complaint system … to become one of the important parts in policy making process. We need to strengthen this." (10N)

The role of regulations on organizational structure and work culture could be an entry point for changing the perspective around complaint handling to a broader one that included inclusion into organisational policy making.

5.9 Data: "**the reason we haven't done [in-depth analysis] is because there's no urgency to do it."**

As demonstrated in the policy section above, there were no policies or regulations guiding organizational uses of complaints data. On one hand, there was an official view that complaints should be taken into consideration when formulating policies, as expressed by a sub-national government official in Semarang, *"Because healthcare service cannot be separated from the public, … both negative complaints and positive complaints should be taken into consideration to make a new policy."* (S4) On the other hand, due to a lack of explicit policies detailing how to take positive and negative complaints into consideration when policymaking, exactly how organizations are expected to implement this was unclear.

5.9.1 "All this time we only present how many cases are closed and how many cases are still in the process"

This lack of clarity was particularly apparent when enquiring which level of organization was responsible for ensuring data analysis and use of complaints data took place. When asking at the national level about the use of complaints data, a government official stated that the extent of their analysis was a simple tally of cases closed and how many were still in process because there wasn't any urgency to do more in-depth analysis. *"All this time we only present how many cases are closed and how many cases are still in the process … I think the reason we haven't done [in-depth analysis] is because there's no urgency to do it."* (2N) This was confirmed by another national government official who explained that the national government has been focused on the technology and business process sides of LAPOR! and complaint handling, so it was up to the sub-national organizations to collect, process and use the complaints data.

> *"[if sub-national organizations want to know] what is the top ten category [of complaints] in their institution they need to get the data and they need to process it by themselves …so the ones that really use the data of the LAPOR! is the local government and the institutions, the ministry, or the other institutions"* (1N)

The perspective that the analysis and use of complaint data was the responsibility of the sub-national organizations was subsequently rejected by sub-national respondents. Respondents from the sub-national level were adamant that any use of data would be on the national level. A sub-national health service provider in Medan was surprised at the question of whether or not they used complaints data for policy making, responding *"We? Make policy? So, actually the branch doesn't read the data."* (M8) A sub-national health service provider in Semarang shared that due to service level agreements, their role was to complete the data and any analysis would take place centrally. *"Data analysis takes place at the head office level … it's related to SLA [service level agreement]. We have standards and the data we have to complete."* (S7). A national government official from an oversight organization further stated that in-depth analysis is the responsibility of organizations but even in situations where there was a request for assistance with data analysis, there hadn't been much subsequent use of the data or analysis.

> *"In depth analysis is usually conducted by the institution separately. We can also do it [for the organization], but only by request. … our data analysis hasn't gone that far [for organizations] to utilize the data. We still need to push it there."* (7N)

The national view could be summarized as organizations were responsible for their own data analysis, while the sub-national view was there was no regulation or requirement for either in-depth data analysis or policymaking which made data analysis and policy making the function of the national level. Furthermore, there was vagueness around which complaints would potentially be used, an issue which was a source of concern for a member of national civil society. This respondent questioned the extent and type of follow-up complaint cases receive, expressing the belief that LAPOR! hadn't reached the appropriate level of relevance for its complaint cases to be used as the basis for policy changes.

> *"What kind of [complaint] cases will be followed up? The minister said, 50% [of complaint cases] have been followed up, but what kind of follow up? What kind of cases can be picked for use in policymaking? LAPOR! hasn't reached that level." (*18N)

The question of how to determine which types of complaint cases had a broader usefulness to the organization or for policy making was fundamentally a question of the mindset regarding data. A national government official called for a change in mindset to appreciate the importance of data and highlighted the benefits of becoming measurable thanks to increased use of data.

> *"We really need a change in mindset. There should be a collective awareness about how important data is. Because if we work based on data, it will be more measurable than if we work incidentally and randomly, no conceptual base"* (10N)

A member of national civil society had the opinion that the ministry in charge of overseeing LAPOR! seemed to have drafted SOPs for government organizations without referring to best practices relating to complaint handling and use of complaints data in other sectors. *"I don't think [the ministry in charge of LAPOR!] was looking at … applying best practices from other sectors to the complaints data."* (14N) This respondent felt that learning from other sectors would have been of benefit to government organizations implementing complaint handling systems.

5.9.2 "Learning organisations? I think they do not yet exist [in Indonesia]"

Regarding the ability of organizations to reflect and build up institutional memory, a national health service provider stated that it is rare for organizations to have an attitude of learning, *"it's uncommon here. Learning organisations? I think they do not yet exist [in Indonesia]"* (11N). The wide-spread lack of internal organizational reflection was also mirrored in the way all organizational information remained siloed unless there was a memorandum of understanding or a regulation requiring it to be shared externally. As a national government official expressed humorously, "*we only share and report [complaints data] according to instructions in the law. Not because "Let's hang out and share information." No. We do it, but only when it's instructed by Law."* (2N) The reality of organizational cooperation and potential for synergy was that information sharing only take place between organization when there were clear legal frameworks and requirements to do so.

In the view of a member of national civil society, a bigger issue than lack of legal requirements to share data was when there was no one in the organization who was interested in any kind of complaints data analysis. *"Reports and nice visualizations only go so far if you don't have people who are actually demanding [complaints data analysis] and that's—that's a bigger problem."* (14N) The lack of interest in the results of complaint handling on the national level appeared to also be reflected on the grassroots level. A sub-national health service provider in Medan confided that the community health centers in that location had a simplified digital complaint system consisting of two emojis, one representing good service and the other representing bad service. Not only was there no space to add a written comment to explain the choice of emoji, there was also no openness on the part of the health center service providers to consider that the service they provide would benefit from receiving feedback from the public.

> *"Puskesmas [community health centers] provide services in accordance with regulations. Their own regulations. So, when people complain, [the health center staff] use the*

regulation as an excuse, 'the service we have performed is in accordance with the regulations.' That's also why [the health centers] have a complaint system only represented by emoji symbols –good and bad. No space for written complaints. They say 'We follow the directions of the health agency and [accreditation bureau] to perform our services. We've done our best, in accordance with the regulation. But sometimes the public are still not satisfied. They always find something to complain about.' … That's how they always respond –that they have followed the regulation." (M6)

The lack of interest in engaging in complaint handling on the grassroots level is likely due to a wider variety of structural factors than are found on the national and province/district levels due to aspects such as accessibility, geography and health worker availability. Fortunately, this lack of interest in complaints didn't hold true for all levels of health service providers.

5.9.3 "Maybe we will become like Facebook and finally realize how valuable the data pile is"

At least one sub-national health service provider in Semarang had developed a system of classification and analysis of complaints data for internal use in their organization. The respondent described their approach as clustering and separating the complaints into those that can be immediately resolved and those requiring additional time.

> *"We cluster the issues, such as management issues, service issues, infrastructure issues and facility issues. ... After that we review which items require immediate follow up and which ones are still our homework. Infrastructure and facility issues are considered homework because it depends on our finances. If we don't have enough money, we can't solve those. But if it's a communication problem, we're able to handle it immediately and mostly we do. … As a [health service provider] we have to be effective and efficient, so if we are able to [resolve complaints], why wouldn't we.* (S6)

The initiative shown by this health service provider to classify, analyse and make changes based on the received complaints was unusual. The general trend of organizational complaint handling was described as 'case by case' by a member of national civil society.

> *"The handling process [for health service providers] is usually case by case. For instance, a case involving patients [complaining about quality of care], they handle it case by case rather than drawing conclusions and identifying a policy that needs improving."* (18N)

In an attempt to build the capacity of organizations to go beyond the basics of case by case complaint handling, local governments arranged partnerships with civil society to provide trainings on how to conduct complaints data analysis as part of the process of technical integration with LAPOR!. When

asked about the impact of capacity building training on data analysis of complaints in governmental organizations, a member of national civil society divulged that sub-national government officials rarely conducted complaints data analysis following the training. *"I must admit the local governments only do it during the training. But after that, they focus on resolving the complaints instead of doing the analysis."* (20N) An immediate result of the de-prioritization of complaints data analysis was that the quality of reporting on complaint handling was reduced to a list of broad complaint categories and associated numbers of cases closed.

A different member of national civil society described the typical reporting style as a newsletter rather than an evidence-based evaluation of trends.

> *"[Complaint data reports] are more of a newsletter, based on what was going in the system rather than "okay we have seen a 20% reduction in complaints or reports from health care sector from one month to another." It is not a numbers-driven kind of reporting system."* (14N)

Despite these rather negative findings relating to the data analysis of complaints data, there did appear to be occasional use of complaints data to trigger an in-depth study of a topic that emerged from the complaints. A national government official described the process as involving a rough high-level analysis of the complaints to identify complaints with a similar root cause, or alternatively, repeat complaints about the same issue. This was then used as the basis for developing either a policy brief or a stand-alone study.

> *"We find that some [complaint] issues have a core problem. Therefore, the complaint repeats but the problem is the same. The problem could lie in the policy. If that's how we analyze it, we make a policy brief. … or we predict what will bring such complaints, then we step in and conduct a study on the issue that needs a deeper look. … From the context of the complaint, or from the context of data management, we will draw some conclusions … we give meaning to the data differently."* (5N)

Going beyond the surface of the complaint to include the context of the complaint was a method used to give meaning to complaint data and draw conclusions that differed from the usual ways of interpretation.

Other organizations shared alternative ways they used the topics of complaints data to investigate issues despite not doing in-depth data analysis of the complaints data, for example based on current issues published in news outlets in print or online. A sub-national government official in Semarang

gave the example of a complaint not directly involving their organization, however due to its importance to public discourse, they got involved with coordinating and mediating a resolution.

> *"Maybe a complaint was not addressed to us, but got a lot of public attention, for example a complaint about [name of health service provider] … then we specially do some kind of coordination with [the health service provider]. So, the [use of] complaint data in this case … is based on monitoring public discourse."* (S1)

The use of hot topics in the news to inform organizational interventions or follow-up was also found on the national level. The same organization that looked into the context of complaints and for root causes of issues also reported acting based on current issues. *"We don't only act based on data, actually, but also based on current issues. But we will keep the data for later on."* (5N) The idea of keeping data for future use was elaborated by a national government official from a different organization who felt that the value of the data wasn't yet fully appreciated, and that perhaps it was necessary to go through a 'facebook phase' to discover its usefulness. *"Maybe we will become like Facebook and finally realize how valuable the data pile is, maybe we still need to go through that phase."* (9N) Though this official made the above statement in a partly joking manner, a member of sub-national civil society in Medan is fully confident that complaints data can be used as input for policy making provided organizations agree to share their data. *"if there's a question whether the [complaints] data can advocate policy or not, the answer is yes. On one condition, that every institution is willing to share the data."* (M4). The value and usefulness of complaint data for policy making or influencing public discourse was still in its infancy but the seeds of future uses were apparent in a few organizations.

Box 5.1 Pen portrait: Organization

BPJS-Kesehatan as a model organization on responding to complaints
BPJS-Kesehatan has been operational as the national health insurance provider for Indonesia since 2014. In 2015, It began to receive the highest number of complaints of any organization in LAPOR!, and subsequently began to prioritize complaint handling through the development of a multi-level, HQ-branch office integrated complaint handling system. Respondents consistently mentioned BPJS-Kesehatan as being an aspirational example of good organizational management of complaint handling: responsive to individual complaint cases, and making use of aggregate complaints in relation to service purchasing contracts with health service providers (hospitals and community health centers).

Three factors which contributed to BPJS-Kesehatan being a model for organizational management of complaint handling were as follows:

1. **Transparency of information regarding service provision and patient satisfaction**: A national level BPJS-Kesehatan respondent stated that BPJS-Kesehatan implemented a policy of transparency

and shared relevant financial and organizational information on its website. *"The BPJS-Kesehatan is very transparent about financial management, the number [and type] of health facilities that we are in partnership with, as well as the participant satisfaction rates that we have achieved."* (13N) A sub-national BPJS-Kesehatan respondent shared that one result of this level of transparency was that community health centers in that location were showing initiative to improve their services. *"Because of BPJS, puskesmas [community health centers] are racing to be the best, starting from their service provision. They couldn't be careless anymore, they couldn't scold patients. They have to smile."* (M6) In effect this transparency has caused health service providers to improve the quality of offered services so as to maintain their patient referral status with BPJS-Kesehatan.

2. **Integrated, bottom up complaint handling system with a lot of data**: According to a national government official, BPJS-Kesehatan's multi-level complaint handling system was quite good. *"[BPJS-Kesehatanesehatan] have built a pretty good complaint management system in my opinion. And it's quite complicated since … they established an integrated complaint management system from central to regions. I think they're pretty successful."* (5N) Complaint handling in the BPJS-Kesehatan system took place at the lowest level possible, for example starting from the hospital where the service was provided, and was only raised to a higher level in cases which required coordination and a resolution or redress related decision. A team of BPJS-Kesehatan branch office respondents described the process as follows.

> *"If you need to make a complaint when you're at the hospital, you can go directly to the service center in the hospital. There are some hospital staff who are standing by to receive complaints. And then the hospital staff will coordinate with our officer who is also in the hospital. And if it's necessary to coordinate with our division unit, we will coordinate … but the completion process [for complaints] is in the branch office. We receive all reports, inventory them [and determine] which cases must be completed in head office or which cases need further escalation"* (13N)

The combination of in-person solicitation of complaints within the health service provider and the mechanism for immediate resolution or escalation as needed appeared to be a functional system to overcome both the fear of filing health complaints and also by-passed the digital literacy issue of complainants. The respondents continued to encourage the use of online complaint channels but appeared to have found a functional stop-gap measure to ensure complaint handling was increasingly embedded into the service provision experience.

3. **Structured complaint data analysis processes**: A national level BPJS-Kesehatan respondent stated that *"administration, premium issues, health services, and pharmaceutical services. … Participants mostly complain about those four issues.* (12N) With regards to complaint data analysis, a sub-national BPJS-Kesehatan respondent described using the received complaints as the basis for rewards or warnings to hospitals to incentivize better service provision. *"We take initiative. If we see the data is strange… The complaints are our grounds to gather all the hospital PICs [persons in charge of complaints]. We present the results [of complaint categorization] to them. Sometimes we give them rewards, or warnings, not punishment. … [the message is] Let's improve our performance to increase participant satisfaction."* (M8) Also in the spirit of improving performance, a BPJS-Kesehatan respondent stated they conduct a survey to check in on the handling of issues of most concern, "*Every month we conduct a survey for {category of participants whose premiums are paid by the local government} about serious complaints."* (S7) The regular survey served to highlight progress in resolving long standing issues.

5.10 Conclusion

This chapter used the organizational dimension as the overarching framing to assess four areas: the regulatory requirements and intentions as demonstrated by the policy element and goals element; the complaints handling mechanism as demonstrated by the infrastructure element, technology element and processes element; the institutional arrangements around using the complaint handling mechanism as demonstrated by the people element and culture element; and the complaints data as represented by the complaints data element. The following main themes emerged from this assessment:

5.10.1 Fragmented complaint handling landscape resulted in siloed data systems within organizations

Following the mandate to develop complaint handling systems, government organizations developed their own independent in-house systems at the same time that national level actors were developing and piloting LAPOR! version 1. Since then LAPOR! had been under constant design improvements to bring it closer to the goal of being a nationally integrated no-wrong-door complaint handling mechanism with a simple user interface. At the time of the study in 2019-2020, LAPOR! version 2 was primarily in use and Version 3 was in the process of being rolled out.

For many local governments, the initial integration with LAPOR! took the form of adding LAPOR! into their organization as an additional, technologically separate, complaint handling system. In this way, the requirement for connection with a national complaint handling system was seen as being fulfilled, but contributed to creating a multi-layered, fragmented and siloed complaint handling landscape both within organizations and between policy levels. Each of the 36 organizations approached for this study had a minimum of two distinct technological systems dedicated to complaint handling, both of which were actively receiving complaints. In other words, in each organization there were multiple complaints from multiple systems without any official system interconnections. Aside from manual content comparison, there was no way of knowing which complaints were duplicated and which were unique.

5.10.2 Narrow metrics of success tempted organizations to find complaint handling shortcuts

The nationally promoted ideal of using mutual cooperation and support between government organizations and through donor-funded civil society projects to strengthen organizational complaint handling capacities and promote citizen supervision of service standards was often rejected on the ground. The inflexibility of bureaucratic structures and the historical incentives around rigid adherence to Standard Operating Procedures, both of which were understandable to a certain degree

in this context, led to implementation traps that incentivized looking for complaint handling shortcuts through the rigid application of formulas to close complaint cases legally but without necessarily resolving the issue.

The primary metric of complaint handling success was the number of complaint cases closed within the legally allowable timeframe. This metric was seen as a barrier towards ensuring the quality of complaint responses or the level of satisfaction in the resolution by the complainants. Through the deliberate misuse of the standard operating procedures or exploitation of loopholes in the online systems to close complaint cases due to reasons such as complainant inactivity, certain organizations were able to maintain an image of organizational compliance to complaint handling services despite there being very low actual organizational commitment to complaint handling or case resolution.

There was a corresponding lack of transparency around the complaint handling details in terms of number or percentage of complaints received that were rejected before, during and after verification. Similarly, regarding the number of archived complaints, it was unclear how many had been automatically closed by the technological system and how many had been intentionally marked as closed. Given the reportedly high numbers of human error discovered during evaluations of complaint handling processes, the challenges around organizational human resources and the reported lack of inclusion of in-person complaints into the overall complaint tally, it is conceivable that the current complaint case tallies were not a true representation of the complaints being filed by the public.

5.10.3 Underinvestment in the non-technological aspects of complaint handling systems caused complaint handler management challenges

Online or digital complaint handling systems inherently involve many interactions between technology and people; however, at the time of the study, there had been a consistent underinvestment in the human resources side of the Indonesian complaint handling systems beyond a few basic trainings. The policy which required a civil servant be assigned as complaint handling operator lacked the requirement to create a separate job function with corresponding allocation of renumeration and/or ongoing skills training. Relatedly, as there was little institutionalization of complaint handling functions and government organizations were in a constant state of flux in terms of job positions, when the civil servant in charge of complaint handling inevitably changed positions, the institutional memory relating to complaint handling was invariably lost.

In reflection of this policy gap and in light of government officials being loathe to take initiative beyond what was clearly laid out in policies and regulations, a majority of the organizations in this study flagged a lack of quality human resources to manage complaint handling as being one of the most pressing organizational complaint handling challenges. Relatedly, senior management in many

organizations were reported to lack understanding as to the need for dedicated complaint handlers with technological, data analysis and communication skills. There was also an underestimation of the complaint handling workload on assigned complaint handlers. The result being that the daily management of complaint handling was often assigned to people who both lacked the necessary skills and who already had full time duties in the organization, or to a single individual to manage the complaint handling requirements of all the complaint channels being used in the organization.

Furthermore, underneath the public display of support for digitization and largely hidden within the bureaucratic folds of organizations were shadow organizational systems whose sole purpose was to bridge the digital maturity gaps within organizations. Depending on the size of this digital maturity gap, the bridging system was as minor as coming up with paper-based data visualization methods to provide easier interpretation of complaint handling dashboard information for managers, or as major as an entirely offline and manual processing system with an online 'front'.

5.10.4 Attitude of organizational leadership towards complaint handling determined the value assigned towards received complaints

A key determining factor in the degree of functionality and prioritization of organizational complaint handling was found to be the attitude of senior organizational leadership towards complaint handling and the meaning assigned to the volume of complaints. For the most part, government organizations and health care service providers were reportedly 'allergic' to receiving complaints as complaints were widely accepted to be an indication of poor-quality service. This contrasted with the view of a minority of government official respondents who felt it is impossible to draw definitive conclusions about the volume of received complaints without additional information: The presence of large numbers of complaints could either indicate poor quality service or a successfully engaged citizenry, and conversely small numbers of complaints could mean good quality service or citizens who lack trust in the organization to respond or resolve complaints.

In organizations with senior leadership that viewed complaints in a more positive light, there was more support towards the complaint handling processes, handlers and more interest in complaint outcomes. Conversely, organizations with leadership which preferred a formulaic, compliance-based approach to complaint handling were more likely to demonstrate an aversion towards receiving feedback from citizens in the form of complaints. Health service providers were especially sensitive to receiving complaints, a finding which held true even for those health service providers which made an effort to view the receiving of complaints positively and from a holistic perspective.

Few government organizations engaged in systematic reflection or substantive internal learning processes. This was possibly an extension of the issue regarding not doing anything not clearly laid out

in policies and guidelines, or perhaps given the sheer number of SOPs to follow and heavy workloads, there was simply no additional time or energy to engage in higher level or in-depth analysis. Only two respondent organizations used complaints topics and 'hot' service issues reported in major newspapers as an alternative method of staying on top of issues of public concern and to form the basis for ongoing advocacy or mini studies.

6 Chapter 6 Mind the Gap: Citizens' reality, LAPOR! and the vision of public participation

6.1 Introduction

This is the third and final results chapter in this study examining the extent to which LAPOR! is perceived by government actors, health service providers and civil society to be an effective mechanism of public accountability in the Indonesian health sector**.**

This chapter used the social dimension as the overarching framing to address Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge Table 6.1 provides an overview of the structure that is followed in this chapter.

As discussed in Chapter 3, sub-section 3.3.4, each of the three results chapters was framed according to a dimension of accountability: political, organizational (including health service provider) or social, and then structured into findings relating to each of the eight main socio-technical elements contributing to complaint handling systems, namely policy, goals, infrastructure, technology, processes, actors, culture and complaints data.

The social dimension refers to viewing accountability as an instrument for enhancing equity and social justice for communities (Van Belle and Mayhew, 2016a) (Chapter 3, sub-section 3.3.3.). As described in Chapter 3, Box 3.1, health sector actors referred to the national, provincial and local level public sector government actors who are primarily responsible for oversight, policymaking and operationalization of health service provision in Indonesia as depicted in Chapter 2 section 2.4.2 (Figure 2.6); Health service providers; and civil society on behalf of citizens.

This chapter demonstrates challenges around the tensions between encouraging citizen participation in performance monitoring; safeguarding the rights and safety of complainants; focusing on verifying the legitimacy of incoming complaints to filter out false reports; and evaluating the undercounting of complaints due to lack of documentation for in-person complaints. Furthermore, how a lack of understanding as to how understanding the profiles of complainants and non-complainants is an important source of information for complaint handling system managers was examined. The multi-faceted role that civil society plays on the supply side, supporting the development of organizational complaint handling skills in local government organizations and health service providers, and on the demand side, raising awareness through different activities to encourage the public to file complaints was also demonstrated.

Table 6.1 Chapter structure by objective, dimension and socio-technical elements

Objective addressed in this chapter	Dimension	Socio-technical elements of online complaint handling systems
Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge	Social	Policy: Regulatory frameworks mandating the establishment of complaint handling systems in government organizations for the purpose of citizen engagement and supervision of public service delivery Goals: High-level goals and purposes of complaint handling and complaints data as understood from regulatory frameworks by officials Infrastructure: The Indonesian complaint handling landscape and infrastructure Technology: Technological aspects of the online complaint handling systems, including LAPOR! Processes: The standard operating procedures guiding the complaint handling processes Actors: Key actors involved in both complaint handling systems and health sector oversight, primarily government officials, health service providers and civil society Culture: Culture within which the actors operate politically, socially and within their respective organizations Data: Complaints data content & analysis, Complainants and non-complainants

The following sections correspond to the order of the socio-technical elements in Table 6.1.

6.2 Policy: Citizens have the right to supervise and complain about public service standards

Of the law and regulations already examined in above chapters, five provided the key guidelines around community participation in the form of supervising public services provision. A summary of these policies is in Table 6.2 below. Relevant details and views of respondents on these policies are presented in the following sections.

Table 6.2 Legal frameworks for citizen participation in the form of public service complaints

Law, Decree or Ministerial Declaration	Relevance to complaint handling systems
Law no. 32 of 2004 on Local Government	Linked democratic life to the absorption of aspirations, improvement of community

	participation in government services and the resolution of public complaints
Law no. 25 of 2009 on Public Service	Affirmed the rights of the public to be aware of the public service standards, supervise their implementation; submit complaints, receive responses to these complaints and escalate complaints if services do not improve.
Presidential Regulation no. 76 of 2013 on Public Service Complaints Management	Requires organizations to provide protection to complainants primarily through allowing their identity or complaint to remain confidential
MOH Ministerial Regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling	Affirmed the view of complaints as both public participation and a type of supervision over health service provision requiring organizational responsiveness
Ministry of Administrative and Bureaucratic Reform Ministerial Regulation no. 3 of 2015 on Performance Evaluation Guidelines for Public Service Providers	Built on concept of community supervision of public services, included the pursuit of community satisfaction and the resolving of public service complaints into public service providers' evaluation targets

6.2.1 "Public complaints are one of the forms of community participation in the supervision of implementation of public services"

The legal framework promoting citizen participation in public affairs and government services was first linked to public complaints in Law no. 32 of 2004 on Local Government in the context of democratic life. The additional explanation for Article 27 of this law clarified that the term 'democratic life' referred to involving the public in making suggestions for public services and resolving public complaints. "*What is meant by 'democratic life' in [Article 27, paragraph 1] included, among other things, the absorption of aspirations, improvement of participation, as well as following up on public complaints*" (Law no. 32 of 2004 on Local Government in the context of democratic life, p. 55). The basis for this type of participation through public complaining was further developed in Law no. 25 of 2009 on Public Service.

Article 18 of Law no. 25 of 2009 on Public Service laid out the rights of the public to be aware of the public service standards, supervise their implementation; submit complaints, receive responses to these complaints, escalate complaints if services did not improve, and be the recipients of quality public services. "*The public has the right to:*

a. Know the content of the service standards;

b. Supervise the implementation of these service standards;

c. Receive a response to complaints submitted;

…

h. Complain about [organizations] that deviate from service standards and/or do not improve services to the [supervisory organizations] and Ombudsman; and

i. Receive quality service in accordance with the principles of and service goals." (Law no. 25 of 2009 on Public Service, Article 18, p. 16)

There was an implied responsibility for the public to become aware of the service standards so as to effectively supervise their implementation and file complaints about deviations as needed; however there did not seem to be any official provisions made towards this end.

In the health sector, the preamble of the MOH's Ministerial Regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling reiterated the concept that public complaints were to be viewed as both public participation and a type of supervision over health service provision requiring organizational responsiveness. "*Considering: a. that public complaints are one of the forms of community participation in the supervision of implementation of public services, it is necessary to get a response quickly, precisely, and [which] can be accounted for*." (Ministerial Regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling, preamble, p. 1).

The definition of 'community' referred to in the above term 'community participation' can be found in Article 1 Subsection 4 of this same regulation, and was defined as "*individuals, community organizations, political parties, institutions, government ministries/agencies, and local governments*." (Ministerial Regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling, p. 3) This broad definition of community perhaps contributed to the comparative lack of focus on the profiles of complainants that respondents demonstrated.

Another area in need of additional policy guidance and follow up was the area of safeguarding complainants. Presidential Regulation no. 76 of 2013 on Public Service Complaints Management, laid the responsibility for complainant protection with the organizational leadership.

"*The leadership of the organization has an obligation to protect the complainants by guaranteeing confidentiality during the complaints process, (1) In the event that it is necessary or the complainant asks for protection, the leadership of the [organization] is obliged to provide protection to the complainants during the complaint management process. (2) The protection as referred to in paragraph (1) is in the form of guaranteeing the confidentiality of the identity of the complainan*t." (Article 15, subsection 1, p. 8)

Complainant protection by the organization was defined in the above subsection as offering a guarantee of confidentiality for the complainant. In later sections in this chapter, findings relating to the broad definition of community and the limited concept of security were examined in the context of barriers towards complaining behaviour.

6.2.2 "If people want to file complaints, it means trust [in us]."

Complaint handling systems can influence the degree of public trust in government. The Ministry of Administrative and Bureaucratic Reform expanded the concept of community supervision of public services in Ministerial Regulation no. 3 of 2015 on Performance Evaluation Guidelines for Public Service Providers. In the Regulation's Attachment, Section B Subsection 2, the public service providers' evaluation targets were listed as a combination of increasing service provider compliance to service standards, the publication of minimum service standards, the pursuit of community satisfaction and the resolving of public service complaints:

"1*. Increased compliance levels of public service providers;*

2. Increased publication of public services according to service standards;

3. The realization of community satisfaction;

4. Increased resolution of public service complaints;" (Ministerial Regulation no. 3 of 2015 on Performance Evaluation Guidelines for Public Service Providers, p. 5)

The pursuit of community satisfaction through resolution of public complaints was viewed positively by a sub-national government official in Semarang who felt that complaints represent a supervision of reality by service users. *"Because of complaints … we can say there is supervision of reality … directly from users of public services."* (S1) This idea of engaging users of public services in performance monitoring was further confirmed by a national government official who expressed wanting to make citizens 'agents of complaints.' The idea was to encourage expressing complaints as a form of public participation with the aim of continuously improving the quality of public services.

> *"We want to make [people] agents of complaints. They will be the agent in their community … to encourage people around them to file complaints. Because filing complaints is one form of public participation to improve [public] services. That's why we keep encouraging society to express their aspirations and complaints, to keep improving public service quality."* (7N)

Respondents felt there was a clear relationship between the functioning of organizational complaint handling systems and the degree of public trust in the government. In the same regulation attachment of Ministerial Regulation no. 3 of 2015 on Performance Evaluation Guidelines for Public Service Providers as above, in Chapter 11, Section A, Subsection 3, the stated aim of ongoing quality

improvement through performance evaluation related to increasing public trust in government through meeting community needs and public expectations. "*Improving the quality of public services aims to increase public trust in the government according to community needs and expectations*" (Ministerial Regulation no. 3 of 2015 on Performance Evaluation Guidelines for Public Service Providers, Chapter II, Section A, Subsection 3, p. 9).

Relating to this, a sub-national government official in Semarang felt that successful complaints resolution led to higher public trust. *"If people submit reports or complaints … and [the complaints] are resolved, then it affects and increases the level of trust. Trust in society and [towards the government] .. if people want to file complaints, it means trust [in us]."* (**S1**)

6.3 Goal: Engaged citizens participating in performance monitoring of public services

A sub-national government official in Medan reflected that complaint systems were an important way for all government levels to assess their performance and provide an easier way for citizens to interact with them. *"Complaint systems are very important for the government to assess their performance. From the central government to the lower levels. … We also expect that the complaint system will be easier for the people to interact with."* (**M2**) While this respondent mentioned performance monitoring on all levels, other respondents felt it is primarily geared towards monitoring local government levels.

6.3.1 "once we know who performs and who does not, there is so called social punishment and it is politically very, very effective"

A member of national civil society supports the view the main contribution of complaints systems to the performance evaluation of local governments is through the social stigma that results from poor reviews. This so-called social punishment is reported to be a very effective form of political pressure.

> *"One of the most important roles of the complaint system is that at least we know which local government performs and which local government does not perform. And in the Indonesian context … legal incentives or disincentives are there, but they're not that effective. … One of the most powerful functions of this kind of [complaint] system is that once we know who performs and who does not, there is so called social punishment and it is politically very, very effective.* (17N)

The use of complaints and complaint handling, specifically the public or social shame of having performance be on display through publicly accessible complaints, to hold local governments to account was considered to be one of complaint handling's strongest features. A member of sub-

national civil society in Medan made the statement, *"Here I confirm that Medan has improved … the officials here, they're afraid to be reported."* (M4)

A government official in Semarang brought in the element that complaints reveal how the public evaluates public health services down to the community health center level. "*With the complaints we can see how the public actually evaluates us …. [including] on how our service is in puskesmas [community health centers]."* (S4) On the topic of evaluating health services, a member of national civil society provided the insight that good performance in the health sector relies on one of three things: a good leader, good mid-career bureaucrats who hold the administrative rank of echelon II or echelon III, or in the case of urban areas, the presence of a strong, independent civil society:

> *"First, leadership is very important but there are also instances where the leaders are not so good, … then eschelon II, eschelon III, if you know the bureaucracy, mid-career level of bureaucracy, If they are pretty good, then the health sector can … still perform well. Otherwise, in cities... leadership is not that important, mid-career bureaucrats are not that important, but what matters is the strength of civil society, to keep pushing the government. At some point, the government has no choice but to do better and better."* (17N)

The starting point for civil society to encourage improvements on the government's side has traditionally been related to the governmental financial transparency and budget use; however with the increased use of complaint handling for all types of public services, civil society has also begun to realize there is a need to expand their advocacy work to include complaints.

6.3.2 "Since Indonesia is so vast, it's a bit more transparent at the national level, but still a bit closed below"

A member of national civil society stated that their organization periodically measures transparency, participation, and accountability, with one of main metrics for all three being public accessibility of budget information.

> *"Every two years we conduct measurements of transparency, participation and accountability. We focus on policy, system and policy … we see if information about [government] budgets are accessible to the public."* (18N)

The connection between the transparency and accountability of government budgets and complaint handling appears to be partly related to having LAPOR! as a way of complaining about issues relating to the government budget. A member of sub-national civil society in Medan expressed excitement that it is possible to use LAPOR! to ask how the national budget of Indonesia is allocated. *"I'm happy we have LAPOR! now and [the national budget] is public. Because we can give input and ask, "Where*

is the money going?" (M4) The member of sub-national civil society in Medan who spoke about focusing on the accessibility of government budgets above believes an ideal vision of society is one in which there is a critical and active community that is involved in the planning and monitoring of the budget, and a government that is responsive to input from the community.

In contrast, the current reality according to this respondent is still in the beginning stages of achieving this vision, while there is movement towards transparency on the national level, the sub-national levels remain opaque.

> *"If a critical and active community emerges on the societal level and is actively involved in the processes of budget planning, monitoring, implementation and so on, and on the other side, on the technocratic level or government, … we hope they will show responsiveness. If both [the community and government sides] run well, then this is the best state that we expect. We're getting there. People are starting to be critical, and some of the local governments are responsive. Since Indonesia is so vast, it's a bit more transparent at the national level, but still a bit closed below."* (18N)

The description of a responsive government working with active communities is further expanded on by this respondent, who feels that it is important to 'level up' and systematize community needs through complaint handling to ensure the issues reach the level of policy makers. The respondent further stated the role of social accountability was wider and should cover multi-sectoral issues, not just budgetary ones.

> *"If we talk about levelling up, it means we talk about bigger problems in general. We need to systemize the needs and make sure all the complaint results reach the policy maker. … About social accountability, it's wider and covers all issues. … not only about budget but also sectoral issues."* (18N)

Systematizing the needs of the community and promoting a comprehensive vision of social accountability requires an evidence base that can be used for advocacy. A member of national civil society stated that complaints data was the basis for the advocacy they use to develop dynamic democratic structures and could also serve as data for use in government policymaking.

> *"The advocacy pattern or civil society movement which later develops dynamic democratic structures in Indonesia … or when the government makes a new policy, even the village administration, it has to be based on data, and where does the data come from? From the people, from the complaints they file through complaint mechanisms."* (18N)

Findings relating to the use of complaints data for policy making was discussed in Chapter 4. Those relating to the people who are expected to complain are presented below.

6.4 Infrastructure: "the people in Java have more awareness in using complaint channels than people in the outer islands"

The complaint handling system infrastructure was mirrored by the level of development of the locations in which it can be found. A national health service provider described the reality of health facility disparities across Indonesia and the concentration of tertiary facilities on the island of Java as a contributing reason as to why there was more utilization of complaints channels in Java compared to other locations. In smaller locations complaints tended to be handled directly in the hospital at the time of the adverse event.

> *"Because most hospitals, including the most complicated ones used as referral hospitals, are located on Java Island. Yes, this means that the people in Java have more awareness in using complaint channels than people in outer islands. People in outer islands will confront the hospital directly if they have a complaint, and finished, they will accept it. They don't need to use complaint channels. But in Java, the number of [national health insurance] participants is high and so is the number of hospitals, including vertical hospital, national referral hospitals…so everything is here.* (13N)

The implication of this view was that only those living in populous urban areas were able to fully benefit from available complaint handling services. However, a member of national civil society believed that complaint channels are the best way for vulnerable populations who traditionally have very little power or voice to change their situations.

> *"[Complaint handling systems] are the only way out for vulnerable groups, like the poor or others who don't have an exit strategy for other services. For example, when they experience bad service in puskesmas [community health centers], the only way to change the situation is through the complaint channel."* (20N)

Despite this view that complaint handling systems can benefit those who need help the most, respondents reported that not all local level organizations were open to receiving support regarding complaint handling.

6.4.1 "Social media and newspapers or Facebook, that is where you can see many people complain about our health system"

A member of sub-national civil society in Medan expressed frustration at the response of their local health service providers to their assistance. The health service providers they worked with were not

open to receiving any substantive capacity building support, nor did they allow the civil society organization access to their complaint handling systems. The respondent expressed the belief that the role of the public in complaint handling processes was not being fully prioritized.

> *"We assisted four hospitals regarding complaint handling –we don't know how they applied [the skills we trained them on]. But the first private sector hospital was not open to us even though we really wanted to help. …. We could only give them information and gave the forms. But they didn't give us room to be involved in their complaint management. In Puskesmas [community health centers], the complaint management is very simple … they usually just provide a suggestion box, with emoji symbols. That's it. That's how they do complaint management. But we never see how the puskesmas manage the number of emojis and so on. We never see it, although we know they have quarterly meetings with all Puskesmas heads. However, the public's role is actually ignored."* (M6)

This respondent went on to theorize that this pessimistic attitude could be a result of relying on the priorities of the organizational leaders when implementing policies.

> *"This is about policy [implementation]. I don't know how it is supposed to work because it's about goodwill, right? The goodwill of the health agency head. We actually mentioned it in 2016, but [the health agency] didn't have data on how many complaints they'd received. They didn't record it. This is also one of our concerns. Because the health agency is supposed to be a place that we can rely on.* (M6)

A national health service provider observed that one of the outcomes of this lack of openness can be seen in how complaints about health are often only shared through social media rather than through organizational complaint handling systems. *"Social media and newspapers or Facebook, that is where you can see many people complain about our health system."* (11N)

On the other hand, BPJS-Kesehatan, the national health insurance provider, appeared to have found a way of bridging the gap between service providers and complainants. A national health service provider shared the view complaints directed to BPJS-Kesehatan reflected the quality of health service provision the complainants received as they use BPJS-Kesehatan as a proxy to complain about received services or medicine from health service providers. *"There's a link between health care services and complaints from the [BPJS-Kesehatan] participants because most of their complaints are about received health services and medicine."* (12N) In response to the high volume of received complaints, BPJS-Kesehatan set up a system of complaint handling support in hospitals. A sub-national health service provider in Medan reported that BPJS-Kesehatan had a team of seven to work on complaint

handling in cooperation with 60 hospitals. *"[BPJS-Kesehatan] have seven staff in a team. Seven staff to work with 60 hospitals [on complaint handling]. Yes, 60 hospitals. What they do is to assist people who need healthcare."* (M8)

This type of support was a necessity as the ability of people to file complaints regarding received services was often limited by their digital capacities to access and effectively use online complaint systems such as LAPOR!. This was likely a contributing factor to the respondents' view that when it came to complaining about health services, if people managed to overcome their fear of complaining, there was still demand for in-person complaining.

6.4.2 "More people visit our office to file a complaint [compared to online]. Up to 30 per day"

A sub-national government official in Semarang shared that in their organization, *"most of the complaints [we receive] are face-to-face."* (S8) This view was echoed by a sub-national health service provider in Medan who said they get up to 30 in-person complaints every day, *"it's true, more people visit our office to file a complaint [compared to online]. Up to 30 per day."* (M8) There were a few reasons offered as to why in-person complaining continued to be a strong complaint channel. The first reason was related to technological breakdowns. A member of sub-national civil society in Medan shared a personal experience in which their attempt to use an online system linked to a government agency was unsuccessful as the system was down. After going in-person to the office, the government agency confirmed that their online system didn't work.

> *"I had some transactions with [name of government agency], but when I accessed their [online] system, I couldn't open it, so eventually I still had to visit their office. I finished queuing and asked them, 'Why can't I open your application?' 'Yes, you cannot. There's a problem." They said that. It often happens with our government."* (m5)

There were accepted unfinished technological challenges in consistent online government services which led to the continued demand for in-person options. The second reason was due to gaps in complaint case documentation. A national health service provider said they evaluated two areas of complaint handling systems, the first concerned the extent to which the complaint handling system was functional, and the second involved the degree of documentation that took place around complaint cases.

> *"The problem is, first, whether the [complaint handling] system is working. The second, if the system is working, is whether it is well-documented or not. Like if there is a person in the front office … but he or she just receives the complaints without writing a report. Most complaints happen this way – [the person] will help solve the patient's problem, maybe ring the physician or*

go to the office and meet the director and basically solve the problem directly. But I don't think [the front office person] will write a complaint report. Or maybe he'll write a complaint report, but this report will not be kept." (11N)

If this complaint handling system is functioning well but lacks documentation for all complaint cases, even those that are easily resolved by the frontline complaint recipient, issues arise. The main issue was it could result in an under-counting of the volume of complaints of a certain topic or even mask the presence of significant complaint topics. A member of national civil society confirmed that the documentation of resolved in-person complaints was only likely to take place if it turned out to be a case requiring problem-solving beyond what could be immediately offered. This respondent defined 'case' as when the complaint had a wider application to a group, rather than a one-off issue.

"People come to make a complaint and then these complaints are sorted and put in the system if the complaint turns out to be a case and needs problem solving. 'Case' usually refers to an issue that directly touches the interests of certain groups, but many other groups might join in social solidarity because the problem is real." (18N)

This seemed to suggest that the only truly relevant complaints were those that touched on broader issues with wider societal implications.

6.5 Technology: LAPOR! was designed to serve as feedback from citizens and be used as a tool for advocacy

A national government official stated that at its core, LAPOR! was designed to serve as feedback from citizens. *"What we have in mind is that LAPOR! will close the feedback loop from the users [meaning] the citizens"* (3N).

6.5.1 "If the complaint is made openly, through LAPOR! or Facebook, it will get an immediate response"

In cases in which the government lacked the political will to respond to citizen feedback, a member of national civil society believed that people need to raise their voices individually or through civil society and the media.

"If the government has no such willingness to really, you know, responsively deal with any public complaints, then our only alternative is to work with people. Civil society has to have a voice – and has to raise their voice, and raise their pressure, and [encourage] the media to voice those complaints. Otherwise, nothing will happen." (17N)

A member of sub-national civil society in Medan supported the view that governments respond to public pressure saying that LAPOR! has had a positive impact on the speed of organizational responses to complaints filed publicly. The respondent went on to say that this is a compelling reason to build the capacity of citizens to speak up 'properly'.

> *"According to our observations, if complaints are filed quietly and secretly, they won't be heard and will just be gone with the wind. But if the complaint is made openly, through LAPOR! or Facebook, it will get an immediate response. What does this mean? It means the government is scared when people speak up. That's why we're here to educate people to speak up properly. Not angrily."* (M4)

Civil society organizations use LAPOR! to facilitate the empowerment of the community to raise their voices and file complaints. A member of national civil society described the focus of their community program as being for the village community leadership to introduce how to use publicly accessible LAPOR! data, combine it with other research data and advocate for changes based on it. This organization also does a manual tabulation of LAPOR! data based on the sector, the length of time needed for resolution and location.

> *"[The program is] for the village community, not the government. … we introduce LAPOR!, how to use data from LAPOR!, and combine it with research results from our local partners. … we use the data for advocacy and also for public campaigns … The complaint data is used for a trigger. Because now we can only access the complaint data manually. We request data [from LAPOR!], then we analyse it manually but it's very limited. … It is report data [meaning number of complaints], and then the sector and … how long it took to be responded to, and the [complaint resolution] status … based on the location we choose."* (20N)

This respondent further hoped that promoting the development and adoption of an information dashboard in LAPOR! would make it easier to evaluate organizational complaint handling performance, and that the dashboard data could be either useful for policy making on the government side, or as an impetus for further research on the civil society side.

> *"We hope [the proposed dashboard] will be for the public to see the performance of [government agency] complaint handling, and that the data can be used to advocate for a [new] policy, or at least as a trigger for further research."* (20N)

6.5.2 Civil society supports the implementation of LAPOR! in local governments

A member of national civil society described the work their partner civil society organization was doing to support the implementation of LAPOR! in local governments as being a combination of helping with drafting the local policy framework to support complaint handling and encouraging its implementation.

> *"One of our partners, [name of organization], has been doing a lot of the work on the supply side, helping local governments and a couple of ministries … in developing an enabling policy framework for them to use LAPOR! and to [promote] its use. … One is making sure they have a policy in place to authorize the use of LAPOR! as one of many complaint channels at the local level, for that entire local government. So that's everything from the health department to the education department."* (14N)

A different member of national civil society shared the scope of their work as promoting the use of the latest version of LAPOR!, strengthening local civil society organisations in the area of using complaints data, introducing local governments to the use of data as evidence for policy making, and introducing the concept of multi-stakeholder dialogues around complaints topics.

> *"We have worked in 17 regions to promote the complaint channel, LAPOR-SP4N. We also strengthen the capacity of [civil society organizations] in using complaint data or research data to develop policy briefs for the government. … We introduce how to use data as basic evidence to make policies in the local government. … so we introduce data analysis, how to write proper policy briefs, and we also introduce how to arrange multi-stakeholder dialogues that are really based on the topics of complaint data analysis."* (20N)

This member of civil society was on the frontline of promoting the transition from fragmented siloed technological complaint handling systems to the integrated landscape with LAPOR!'s expanded centralized database (LAPOR!-SP4N) at its core. A different member of national civil society shared the view that LAPOR! was not currently citizens' first choice for filing complaints and was only utilized if other complaint channels had not been successful. The respondent went on to state that they used LAPOR! data to host thematic forums similar to the multi-stakeholder dialogues described above, or they held a case-specific forum to nudge the stakeholders towards a resolution.

> *"Usually the public will only use LAPOR! if other complaint channels are stuck or can't resolve the problem. The [complainants] can get assistance from civil society organizations to help them to access or to connect with LAPOR! …[on the civil society organization's side] through accessing the LAPOR! application, the complaints can be identified and systemized just like what we do in the villages [during Complaint Week]. Then [civil society organizations] can build*

thematic forums to discuss all the complaints. That's one pattern. The other pattern is developing specific forums to promote [resolving] a single case." (18N)

Based on this respondent, LAPOR! appears to be serving as a backup complaint system for when organizational level complaint handling breaks down. A sub-national government official in Medan offered an opposing view in defence of LAPOR! stating that due to the public visibility of its complaints, LAPOR! was revealing public services that need improving. *"Having LAPOR!, there are things that we need to improve. The public monitors it."* (M2)

6.6 Processes: Multi-stakeholder complaints dialogues, forums and Complaints Week

Civil society played an active role in promoting the use of complaints systems to the public often in partnership with the government. A member of national civil society described their current capacity building program as being all encompassing, *"We don't only work with CSO or grassroots, we also assist the government to have soft skills in resolving complaints."* (20N) This wide range of approaches to supporting the development of complaint handling skills was reinforced by a national member of civil society from a different organisation who stated their research advocacy was focused on influencing technocratic and political aspects of the government while also working on capacity building for grassroots levels.

"[Relating to] government including executive branch and legislation, we aim to influence both technocratic aspects and political aspects. That's why [our organisation]'s advocacy research is directed towards [those aspects]. Meanwhile on the bottom level, meaning society and the community, we develop organizing and capacity building activities." (18N)

While there were national level partnerships between civil society and government organizations, the implementation activities mainly took place on district and city levels.

6.6.1 "we all sit together in a dignified democratic space to discuss based on measurable things"

A sub-national government official in Semarang stated that they had a partnership with a national civil society organisation that has branches around Indonesia, the primary function of which was to allow the organisation to monitor their public service complaint handling with the aim of giving input for improvement, in addition to facilitating multi-stakeholder discussion forums to discuss and resolve complaint topics.

"We are in partnership with [name of the civil society organisation]. They supervise our public service practice and give us input on it, and also organise discussion forums of multi stakeholders to discuss issues that are trending [complaint] topics and find solutions." (S3)

A member of sub-national civil society in Semarang shared their experience as working with a national level civil society organisation to give the regional line ministries feedback on their complaint handling.

> *"The program that we currently work on with [name of civil society organization] is to give feedback on the complaint to each [line ministry/government] agency [in this location]. … Last month we held a multi stakeholder forum in [location] with the agencies and we presented them with an analysis of the [tally of] complaints received."* (S5)

A member of national civil society shared a similar process of bringing together stakeholders and the general public for a 'public consultation forum'. The forum topics were determined based on the types of complaints the local government had received over the previous three months, and the purpose of the activity was to start a dialogue between civil society, the community and the local government on the resolution of these issues.

> *"We also encourage collaboration between civil society, the grassroots community and the local government through a multi stakeholder dialogue or as [the Ministry of Administrative and Bureaucratic Reform] calls it, FKP [public consultation forum]. This forum assembles all three parties to discuss priority public service issues based on the complaint data analysis. So, for example the complaint data analysis shows that over the past three months we have had certain complaint topics. These will be the basic topics for our dialogue."* (20N)

These multi-stakeholder processes were described by this respondent using the term 'dignified democracy'. *"Multi-stakeholder dialogues that promotes evidence-bases for data analysis … this is dignified democracy. … where public or the people have data and we all sit together in a dignified democratic space to discuss based on measurable things."* (20N) The assertive nature of civil society organizations in encouraging involvement in public policy creation was summarized by a member of national civil society whose organization was primarily involved in advocacy of citizens' rights. *"We are involved in the process of public policy making related to health. We are invited to be involved or we ask to be involved. … or we create and encourage [opportunities for involvement].* (15N)

6.6.2 "Public feedback has been accommodated directly by the village administration and recorded into the planning documents that will get budget allocations for the 2020 budget"

One area in which this assertiveness could be seen was in the organization of Complaints Week. The legal requirement to offer public complaint handling through LAPOR! only extended to the district and city levels despite the large number of villages that fall administratively below those levels. See Figure 6.1 for a depiction of this coverage gap.

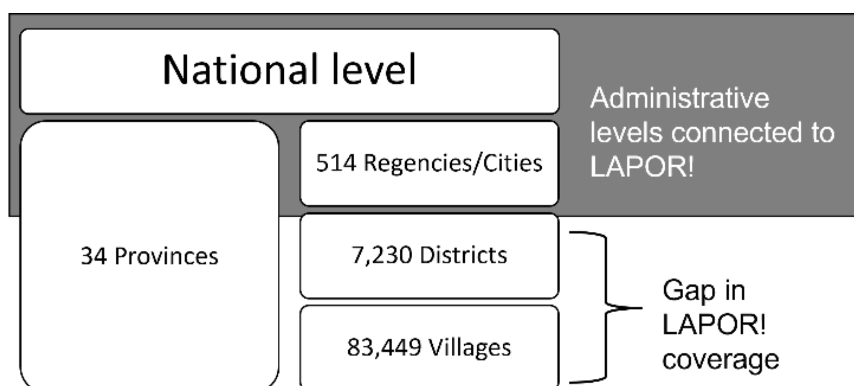

Figure 6.1 LAPOR! complaint handling coverage gap by administrative level (author's work based on interview data)

Civil society organizations have stepped up to fill that gap through the holding of so-called 'Complaint Weeks'. A member of national civil society described the process of the Complaint Week as a five-day time period during which those who lived in the village were invited to come to a central stand and submit written in-person complaints and suggestions for improvement in the main public sector areas such as health and education. Following this collection of feedback, the items were prioritized and discussed during a village forum that included village leaders, and in best case scenarios, the suggestions were incorporated into the village budget planning document for the upcoming year.

> *"We open space for to the public for a week. … People come to deliver their complaints and aspirations which will be processed by the village forum committee. The classifications are based on sectoral issues … infrastructure, health, education, sanitation, etc. Those items will be discussed in the village forum. … then a priority classification is made… for example suggestion to include items into the [District Government Annual Work Plan] and [Village Budget] 2020 … In [name of the village], 56% of the complaint week items have been incorporated in [village budget] 2020. It means the public feedback has been accommodated directly by the village administration and recorded into the planning documents that will get budget allocations for the 2020 budget."* (18N)

The details of how 56% of items were successfully incorporated into village planning and budgets was described by this same respondent. Using an example from a village which collected 437 complaints, the respondent explained how data was first distributed to the relevant government authorities and then used as the basis for advocacy efforts until it was incorporated into local policy with budget allocation.

> *"For example, there are 437 complaints and public aspiration. We can resolve 7 of them directly, 127 go to [village authorities], 98 go to [village budget] 2020, then 59 are handed over to the regency because it's their authority, 146 are saved to be taken into consideration*

in [village budget] 2021. … . All of them are part of the data collection process from the complaint week. [As a follow up] the regency coordinator and community organizer advocate for the data to the local administration until it results in policy. This policy will get budget allocation." (18N)

Civil society played a crucial role on the grassroots level in facilitating the collection of complaints, distributing the data to decision makers and then following up with consistent advocacy to ensure the data was used.

6.6.3 "I learned a lot from these complaints. … Even so, sometimes the community is never satisfied, right?"

For the most part, civil society respondents expressed excitement about the potentials of the complaint dialogues, forums and involvement in policy making processes, however a few sub-national government respondents in each location were less enthusiastic. When asked about the impact of complaints, a sub-national government official in Medan let slip that while they engage with the community and learn from the complaints, the community is never satisfied. *"We are with the community … I learned a lot from these complaints. … Even so, sometimes the community is never satisfied, right?* (M3) The sub-national government official in Semarang had more of a growth mindset when it came to forums and direct input from the community. This respondent took the seriousness of the complaint to be an indication that additional 'socialization' and supervision was required.

> *"Forums are tools that we can use to provide input from the community to the government. So it's like a follow-up … How many, for example, are "How come the assistance was not appropriate?" This means we must see it as a warning, and there has to be more socialization, more supervision."* (S8)

In addition to these concerns, a member of national civil society expressed unease about the level of involvement of civil society in the public complaint handling processes due to the reliance on donor funding for many of their activities. The respondent's concern was that once the funding ends, so did the pressure and technical support that civil society offered. *"The problem with civil society pressure in Indonesia is that it's not really genuine. Meaning that [civil society organisations] are not independent … They are too dependent on donors, so when the donors cut the funding, activities collapse."* (17N) The concerns about the reliance on external forces rather than on intrinsic motivations to change social norms and behaviours do not have any easy resolution.

6.7 People: 'Our culture is not a culture that complains'

There were many expectations around public participation in filing complaints, however the respondents reported that compared to the size of the population, the number of complainants was

comparatively low. Culture and access were the reasons discussed regarding disparities in complaining behaviours in different locations.

6.7.1 "No one wanted to complain about health. They are afraid their children will get poor [health] treatment"

A national health service provider felt that people's mentality was a bigger barrier to complaining than access. *"In remote areas, the problem is not about the facility. The problem is the way people think*." (11N) A national government official felt that ignorance also played a role in disincentivizing complaining, "*most people are not well informed and say 'Where should we go to file a complaint?' Maybe if one of their relatives is knowledgeable, they will ask them for help."* (4N) A different national government official offered the view that Indonesians were worried about hurting the recipient's feelings if they complain, so even filed complaints have softer more roundabout wording. The respondent felt that this would naturally change as time goes by and the younger generation becomes more open than the older generation, and by inference, would be more likely to actively engage in filing complaints.

> *"Indonesians –it is not our custom to complain. They're afraid to hurt others' feeling if they complain. They complain with softer language. Not as straightforward as Westerners. But I think it's a matter of time. It will change in time. Nowadays the younger generations are more open and knowledgeable. Different from older people. Now it's better*". (7N)

The feeling that the younger generations are more technologically saavy and open, and therefore 'better' than the older generation when it comes to daring to complain was a consideration for other respondents, however for most the biggest barrier was thought to be Javanese culture.

A sub-national government official in Semarang expressed the view also heard from respondents on the national level that the dominance of Javanese culture prevented complaining. "*The obstacles are challenges from the people, like Indonesian people, … especially the Javanese. Our culture is not a culture that complains."* (S1) The idea that Javanese culture was the main culprit was further elaborated by a member of national civil society, who shared that in the very hierarchical and formal Javanese culture it is 'morally unjustified' to complain to those who are socially superior to you.

> *"In Javanese culture, it is morally unjustified for you to raise any complaint to your elites. 'Javanese people- they are like this' [is a common saying]. … So [people] feel insecure in raising any complaints because of their culture.* (17N)

This view was reiterated by a national health service provider who put the concept of lower social income class, Javanese culture and fear of offending those in the medical profession together and

theorized that people would feel worried about complaining and then receiving poor medical care as a result.

> *"The consumer empowerment of the lower class is very low … like Javanese, they're reluctant to make a complaint because they would feel bad about it, and afraid if they make a complaint, they will not be treated well."* (13N)

This reported fear around filing complaints relating to health was reiterated by other respondents who confirmed that the number of complaints filed relating directly to health service provision was much lower than those filed relating to the amount of time spent queuing or other tangential services indirectly related to health service provision. A member of national civil society who was familiar with the status of collective complaints shared that fear was the main reason people avoided complaining directly about health, namely fear that complaining would result in medical professionals deliberately providing poor care to their children in the future. *"[name of civil society organization] was trying to make a collective consumer complaint especially for health, … No one wanted to complain about health. They are afraid their children will get poor [health] treatment" (*16N).

A different member of national civil society felt fear is only one of many possible reasons why people are not willing to file complaints. This respondent believed that Indonesian citizens are just generally less active in filing service-related complaints compared to high income countries which contributes to Indonesia's middling position in the global consumer empowerment index.

> *"Why our consumers are not willing to make a complaint, there are many issues to look into, maybe they're afraid or pessimistic their complaint will not be followed up. … they're afraid if they file a complaint they will be sued in response, or maybe they don't really understand the complaint channel and where they have to go and what to prepare if they file a complaint. … In terms of the character of Indonesian consumers regarding complaints, we have a lower grade compared to developed countries. In the Consumer Empowerment index, Indonesia ranks in the middle [compared to other countries.]"* (15N)

The lack of understanding around how to file complaints or lack of optimism that anything would change as a result of complaining add to the picture of a population uncertain of the benefits to complaining. On the other hand, a few respondents shared a couple of darker reasons as to why people are potentially hesitant to officially file reports in LAPOR! or organizational complaints systems.

6.7.2 “The question is not what the complaint is but who raised the complaint. And that becomes really personal and raises the issue of security”

A member of national civil society shared that due to the precedence of interpretating the legal clauses of laws in different ways, there was a valid risk that a complaint could be interpreted as legally compromising the rights of the complaint recipient and thereafter result in a negative consequence for the complainant. The main point the respondent made was that the lack of legal complainant safeguards was a serious issue in need of prioritization.

> *“It's also very common due to the multi-interpretative clauses in the current laws –the law on blasphemy for example, or the law on data privacy …that any complaints that can be seen to compromise someone's faith will come back to [the complainant] … the question is not what the complaint is but who raised the complaint. And that becomes really personal and raises the issue of security. … I have very serious concerns on this issue, even if the gentleman from the Office of the President maintains that they'll ensure privacy [of complainants]. But, well, who knows? If [the complaint] deals with other people maybe, but what if the complaints deal with one of them? Who will make sure that [government officials] don't use that information to, you know, find who is the culprit?”* (17N)

The potential for legal entanglements appeared to be a significant contributing barrier in complaining behaviours. This same respondent felt that the concept of efficacy, or how effective filing a complaint was in achieving the purpose the complainant had in mind was equally important. The idea being if complaining was effective, it would encourage more complaints, and conversely if it was not effective or had a negative consequence, then it would disincentivize the act of complaining.

> *“Whether people participate [in filing complaints] or not really depends on, of course, their knowledge, their capacity to participate but also the degree to which the complaint they file escalates and comes back to them and affects them. … Efficacy, it comes back to the issue of efficacy. If the efficacy [of complaining] is high, I believe then participation will also be high. And the other way around is true as well.”* (17N)

The motivation and desire of potential complainants for high efficacy in the solving of problems has a shadowy side as well. As shared by a member of sub-national civil society in Medan, there is a culture of using additional unofficial payments to smooth and speed up administrative processes that are often slow and ungainly. *“One more thing about the culture here, people don’t bother to stay involved in long processes. They want to take shortcuts and say, ‘I will pay, even if it’s expensive’.”* (M5). A national government official confirmed that complaining was often seen as a last resort when all other options, including the one mentioned above involving payment as a means of problem resolution,

have been exhausted. *"People file a grievance when they don't know anywhere else to go. If they can resolve it on their own, they will not file a grievance. Because they know it takes time to process and they have to wait."* (4N). Many of the barriers to complaining demonstrated above appear to be structurally integrated into the fabric of society and long-standing relationships. Social transformation activities were thus considered an integral part of promoting complaint handling system utilization.

6.8 Culture: Complaint system socialization activities aim to increase public participation in complaining

During the interview process, there were frequent references to the need for 'socialization'. The concept of 'socialization' used by government officials in Indonesia is the sociological definition of the term, namely the process of introducing and internalizing norms and new ways of thinking and behaviours to groups of people. 'Socialization' played a large role in the relationships between government organizations and the community and mostly involved partnerships with civil society.

6.8.1 "Most people don't know where to go to file a complaint, so they're silent. I think that's sad."

A national government official expressed that while the business process was most crucial to complaint handling, A close second was raising awareness and educating people on how to use complaint systems through socializing activities. The respondent felt if socialization did not take place, only those people with digital confidence or who were familiar with the organization would complain.

> *"The most important part [of complaint handling] is the business process. That's first. The second most important thing is socializing it to the people. Most people don't know where to go to file a complaint, so they're silent. I think that's sad. Usually the people who file complaints are those who are familiar with IT [information technology], or are people who are familiar with the institution."* (4N)

The lack of digital literacy which led to a silencing of people who had grievances was a reason that socialization was seen as so important. A member of sub-national civil society in Semarang confirmed that following intense awareness raising events and activities, the number of complainants increased. However, the respondent was quick to mention that the successful engagement could also have been because city-dwellers are more digitally active in general, the complaint handling system functions well, and there was enough government support and prioritization of complaint handling processes to incentivize complaining behaviours.

> *"Intense socialization has resulted in high public participation in [name of location]. Or maybe because it's an urban area so the society is more active. In addition to that, the system is also*

working well information technology-wise. And having a good [government leadership] team as well behind it who takes it seriously." (S5)

This also confirmed the positive influence that committed leadership has on encouraging complaint handling system utilization. A member of national civil society revealed their use of public service announcement style online advertisements to encourage people to file complaints so that they could support the troubleshooting of LAPOR! complaint handling processes as a result of issues arising through higher numbers of incoming complaints to process.

"We've also been supporting advertisements to promote LAPOR! so they have complaints coming in. Because that's the thing. We need to generate significant amount of incoming complaint traffic to help improve the government's ability to handle that traffic. … if those complaints aren't coming in that isn't possible to do. So, you know we work on both sides." (14N)

Working both the supply and demand side of complaint handling was seen as a complaint handling capacity building method. On the other hand, not all respondents were excited by rising numbers of complaints. A sub-national government official in Medan suggested the more aware people became about their rights to public services, the more critical they became about the service quality.

"The more aware people are, the more they understand … because we keep shouting about how public services are the right of the people, they become more critical of the implementation of public services provided by the government." (M1)

The increase in public knowledge about rights which apparently led to higher expectations about received public services was not seen as a positive outcome of the socialization activities.

6.8.2 "The problem also comes from the people. When they know it's free, they make fake reports."

Hoax prevention was an area of concern cited by respondents on all policy levels. A sub-national government official in Semarang shared that they were supported by community volunteers to verify received complaints. *"We are supported by the community and have volunteers working with us … when we receive a complaint and are afraid it's just hoax, these volunteers help to check."* (S3) A national government official indicated that there was a limited amount of trust towards received complaints and before any action was taken there needed to be a field visit to verify the veracity of the complaint. *"We don't easily trust the complaints [we receive], we need to go to the field and verify the issue. If it's proven, we will find a solution, and make a policy."* (4N) This stringent verification process of received complaints was deemed necessary, though it was not possible to verify the view that most submitted complaints were untrustworthy. Though the view was held by many respondents,

unlike for other topics covered during the interview, there was no additional evidence offered to support these particular statements.

A sub-national health service provider in Medan believed that because filing complaints was free, people filed fake reports or submitted false information. The respondent felt that people needed more awareness about when and how to file complaints in the same way that organizations needed to improve their capacity and technological networks to receive complaints.

> *"The problem also comes from the people. When they know it's free, they make fake reports. Fake information. In one day we received 2000 calls but only 2 calls were real. On one hand they must have awareness, and the other hand, we need to improve our capacity and network."* (M7)

Views such as these regarding the ignorance or wilful misuse of complaint channels were a primary motivation behind the 'socialization' activities designed to encourage new norms and behaviour change in the reporting of 'real' issues.

A sub-national government official in Medan described frustration at the lack of impact of complaint system socialization events and wondered if it was a question of needing additional awareness raising activities or community sanctions in the case of lack of public participation.

> *"We expect the public to participate by reporting a real issue. We use social media to provide information about everything, so we expect the people to participate by joining in and promoting our program. … We really want public participation. I don't understand, in some regions … they usually accept things quickly. But [in this location], they need repetitive explanation. I don't understand why … Maybe we need to campaign and socialize [participation] more. And create punishment to discipline them. … Socialization, campaigns, and then apply sanctions or punishments for violators."* (M2)

This respondent was clearly not intending to sound quite that harsh regarding punishments for lack of public participation, but it was apparent that encouraging the right kind of public participation was a source of frustration.

6.9 Data: "the presence of public complaints is the first indicator as to whether an institution has done its job or not. … Whether the service is good or bad is another thing"

Very little research has been undertaken into the profile or motivations of people who filed complaints and aspirations either through LAPOR! or other organisational complaint systems. The respondents in this study confirmed that complaint handling mainly focused on the business processes and supply

side issues with only two respondents reporting knowledge about the people who took the time to submit complaints to their organizations.

6.9.1 Gaps in understanding the potential use of complainant data: “But what for? Why should we know the number of male and female users?”

Of the two respondents that displayed some knowledge about the profiles of complainants to their organizations, one was a sub-national health service provider in Semarang who stated that knowing the background of the complainants was important, and that highly educated people were their usual complainants. *“Actually, background is important. Here, people who complain a lot are mostly highly educated.”* (S7) The other was a national government official who described the interest in complainants and non-complainants as beginning with curiosity about complaining behaviour by geographical location. This curiosity led to a mini-study to understand the impact of geography on complaining behaviour, and the discovery that the presence of complaints was the first indicator when determining if public services were indeed being provided in a given location.

> *“We learned that people who file complaints live around the province capital or in a city that allows them to access information or visit our office easily. So, we wondered ‘Did we receive any complaints from the outskirts? From villages or even further afield?’ We conducted a mini study in remote areas, and we found that according to the people there, ‘Why would we file a complaint if we didn’t receive any public services? … What complaint would we file and to whom?’ This is why we have concluded that the presence of public complaints is the first indicator as to whether an institution has done its job or not. … Whether the service is good or bad is another thing.”* (6N)

An investigation into the profiles and behaviours of those who complain in remote areas led to the discovery that the presence or absence of complaints indicated whether or not public service providers were doing their basic job functions, though could not indicate the quality of those services. This was an unusual case of research into complainant profiles and behaviours.

For the most part, the respondents displayed ignorance or confusion about why the profile of complainants would be of interest or useful. During an interview session in Semarang, the senior government official in the room stated that while there had been no survey into the profile of the complainants, it would be interesting to conduct one. At which point, a technical level official who was also part of the interview session appeared genuinely curious and asked the senior official what purpose such a survey would reveal. The senior official in turn invited the interviewer to respond to the question, suggesting that this was an area that had not yet been considered very deeply.

Respondent 1: "No, we haven't conducted such a survey [into the profiles of complainants]. No. But I think it's interesting so we can be more… uh..."

Respondent 2: "…Analytical?"

Respondent 1: "Yes! It's interesting."

Respondent 2: "But what for? Why should we know the number of male and female users?"

Respondent 1: … <gestures an invitation to Interviewer to answer>. (S2)

The question of why it was important to understand the profiles of complainants appeared to be an unexamined one on all levels of respondent organizations. A national government official expressed that only the age range of the complainant, and not the full profile, was important for the tailoring of awareness raising activities. *"Actually the [complainant] profile itself is not important. The only importance is in the age range, which will help us to determine a strategy to plan socialization activities."* (7N) A national government official from a different organization stated that in LAPOR! there was limited information about the profile of the complainant. The respondent implied that this was not overly unusual as even in the Ombudsman, which has a reputation for being very thorough in verification of complaints and complainants, the information on complainant profile is similarly limited.

> *"In LAPOR!, to my knowledge, there's not much information about the profile of people who file a complaint. There is no information about [if they are] male or female, their age, or how much their income is. But even the Ombudsman doesn't have information about [complainant] income, only gender, place of origin, and contact number."* (5N)

The complaint handling systems appeared to lack a standard for demographic information from complainants, with different systems and organizations collecting different categories of information and with differing degrees of importance assigned to each. A member of sub-national civil society in Semarang who worked with various government agencies in that location stated that government agencies there *"just handle the complaints. There is no analysis of the complainants or those who file the complaints."* (S5)

6.9.2 "It's more important to know what the complaint is about"

The view of a sub-national health service provider in Medan was that it was not important to know any aspect of the profile of the complainant as only the content of the complaint was needed.

> *"It's more important to know what the complaint is about. It doesn't matter whether there are more men or more women complaining, it's really not important. The most important thing is the information that they give us … Sometimes it is a husband or the children who are representing the patient to make a complaint, meaning it's their parents or family who need treatment."* (M8)

Focusing only on the content of the complaint was sometimes felt to be the only option. A sub-national government official in Medan claimed that funding or resource scarcity was the main reason why there was not more attention paid to the profiles of complainants. The respondent felt that upgrades would be taken in the future but for now the only requirements to file complaints were the national identification number and a valid email address.

> *"We don't have such detailed information [on the profile of complainants]. We can only determine the gender by the name. And check the age from the ID. But it's not in the list. … as I told you earlier, we don't have enough funds to support or upgrade. … We built this [organizational complaint handling system] in 2016 and this is what we could develop. The user can file complaints with NIK [national identification number] and email. We don't require more information from them."* (M2)

The organizational complaint handling system required the bare minimum of personal information from complainants. However, not everyone in Medan who availed of public services had a national identification number or email address so even the bare minimum had unintentional structural exclusion.

A sub-national government official in Semarang stated that in their location, often the complainant only left a phone number. *"Sometimes the individual who files a complaint only leaves a phone number. … Just a mobile number … no detailed address for privacy reasons."* (S4) There were valid issues around preserving the anonymity and privacy of complainants as described in earlier sections, on the other hand, as demonstrated by the mini-study mentioned above, dedicated research into complaining behaviours and those who complain would allow for greater understanding into the factors and barriers influencing the goal of encouraging people to participate in ongoing quality improvement of public services.

Box 6.1 Pen Portrait: Civil Society

Civil society organizations in Medan and North Sumatra are model advocates for citizens
Many civil society organizations in Medan and North Sumatera were established shortly following the Tsunami in 2004, as a result the overall maturity and longevity of the organizations found there were higher than in other parts of Indonesia. While not all civil society organisations were created equally or have conducted themselves in aspirational ways, the organizations that were committed to serving the community in Medan were doing so in effective ways.

Three factors from positive examples of civil society organizations stood out:

1. CSOs follow up on public complaints on behalf of the community: Civil society organizations with strong community building programs provided a service to follow up on complaints with government organizations. A member of sub-national civil society in Medan stated that without

their assistance in following up with the government, complaints would not be acted on. *"According to our observation. If we don't assist, … [the local government] will just make excuses … [saying] 'Okay, we will follow up.' But it is only a formality."* (M4) Due to the expectation of assistance and given the volume of complaints, this organization had a team of volunteers whose main task was to tabulate reports of complaints.

> *"In Medan, if we don't do anything for public complaints, [the public] think we have taken a bribe. 'Why are you silent? Did you get bribed?' Even if it is because we are actually busy with another case. So, we have a team of volunteers whose task is to tabulate complaints."* (M4)

Following the tabulation, the civil society organization would follow up sometimes by filing a follow-up complaint in LAPOR!.

> *"Usually we tabulate and ask [the local government], for example, 'Why do you have 17 reports this month? And none has been responded to?" And they answer, "We have many complaint channels. We receive direct complaints …" … Since we have LAPOR! now, … [for example] my letter on budget allocation was not responded to, I used LAPOR! and complained directly to the mayor saying 'why hasn't my letter to your office been responded to for nearly a month?' After I used LAPOR!, someone immediately contacted me, 'I apologize …'.* (M4)

2. CSOs use variety of methods to encourage response to complaints: Personal connections with government officials, targeted use of the media, and involvement of public figures are some of the methods civil society used to encourage the local government to resolve complaints and respond to issues. A member of civil society described the pressure between government levels and their own lobbying efforts as being a very effective method of getting complaint issues resolved.

> *"Unfortunately some districts don't take [complaint handling] seriously unless the central government … gives a direct order to 'Please follow up.' So [complaint issue resolution] requires synergy. Not only from us. But also from the central government level. We don't protest in the street. We lobby. We make press releases. We ask online media to write about the issues. We cooperate with media and other CSOs. And if we don't succeed to lobby the policy makers, we contact public figures who are respected by local government heads [and involve them]. That's what we do in North Sumatera and ... It's very effective."* (M4)

3. CSOs offer of technical assistance and acting as role models for local government: Civil society not only provided external pressure on the local government with regards to complaint handling, it also provided support. A government official was quite appreciative of the support their organization received from civil society.

> *"We work intensively with [name of CSO]. Did you meet [name of member of that CSO]? He often tells us, 'If you have any problems [with the system], report it through LAPOR!. If there's no response, let me know." So, we get a lot of technical support."* (M2)

A member of civil society also mentioned the need for civil society to act as role models for the government officials in the context of improving integrity and upright behaviour. *"Our mayor was recently arrested [for corruption]. Before his arrest, we used to contact the mayor frequently and he was very responsive. So you just can't tell. … We always try to be an example, like our staff don't take any tokens from any social activity. Previously, people from the government took everything [referring to activity freebies]. Now we don't let them."* (M5) A government official from Medan confirmed that public service provision there is still 'really bad', due mainly to the bureaucratic mentality and 'lack of morality'.

> *"I think that for the people of Medan … public service is indeed still far from expectations. … because of our bureaucratic mentality, and, in my opinion, I always accuse us as having a lack of morality. Especially our government services. That's why our public service is really bad."* (M1)

A member of civil society offered the view that Medan was a complicated place and it was not always productive to just blame the government for a lack of services.

> *"Medan is actually complicated. We also educate the people to not always blame the government. … The government needs us and we need the government*. (M5)

Civil society networks in Medan actively worked to serve both the needs of the community and the needs of the local government through encouraging responsiveness to complaint handling and modelling providing service from a foundation of integrity.

6.10 Conclusion

This chapter used the social dimension as the overarching framing to assess four areas: the regulatory requirements and intentions as demonstrated by the policy element and goals element; the complaints handling mechanism as demonstrated by the infrastructure element, technology element and processes element; the institutional arrangements around using the complaint handling mechanism as demonstrated by the people element and culture element; and the complaints data as represented by the complaints data element. The following main themes emerged from this assessment.

6.10.1 Reasons for continued demand for in-person complaining services remained under-researched

Despite efforts to move complaint handling online in Medan, Semarang and Jakarta, there was a continued demand for in-person complaining and complaints filed using short messaging services (SMS), especially among the older generation. Organisations which regularly received and resolved large volumes of complaints preferred online methods of complaint handling because any complaint filed in-person would require manual input. Furthermore, in-person complaints that were easily resolved at the moment of filing often weren't documented, resulting in a systematic undercounting of topics of public concern that had been filed in-person.

The assumption on the organizational side appeared to be that citizens did not know how to file complaints online, did not have a culture of complaining due to Javanese culture, or did not file complaints due to fears around receiving poor quality health treatment as a result of complaining against health service providers. Interestingly, public social media platforms such as Facebook were seen to be attracting an increasing number of health care related complaints which received almost immediate organizational response due to the need to preserve the public image. Additionally, the village level reported successes in holding activities that collected in-person citizen input and complaints, and then facilitated multi-stakeholder dialogues which resulted in the incorporation of citizen feedback into policymaking. Respondents reported that activities and events such as these were quite effective at publicly highlighting areas in need of quality improvement and in turn providing the needed social pressure for local governments to allocate resources to improve the situation. These

elements suggest that there were additional factors and barriers influencing the complaining behaviours than have been considered.

6.10.2 Complaint verification processes created concerns around complainant protection

Socialization events aimed to increase the number of complaints the public filed. Following such events there did tend to be an influx of complaints, perhaps in the interest of trying out the complaint handling service. However, there was a disconnect between the encouragement for the public to file complaints and the reception by the organizations' complaint handlers. There was a widespread belief in the need for stringent complaint verification processes because all incoming complaints were initially assumed to be false reports or hoaxes. As demonstrated in Chapter 5, there did not seem to be available data regarding the percentage of overall complaints that ultimately proved to be false or hoaxes, but there was deep concern over this potential in government organizations.

On the complainant side, there was a lack of legal safeguards for online complainants who did not fit the whistle-blower criteria or for whom investigation of the complaint could be a conflict of interest for the organizations or government officials. In the wider community there was a precedence of legal repercussions for statements people made in online spaces which were perceived as offensive. This had not yet occurred in relation to complaints submitted through official online channels, however, the potential had not been adequately addressed in the complaint handling regulatory frameworks. Additionally, while LAPOR!'s online complaint submission form included an option for the complaint to remain anonymous from public view, the complaint verification process involved direct contact between the recipient organization and the complainant. This was perceived as a procedure which could conceivably serve as a disincentive to report sensitive information on the part of a complainant.

6.10.3 Aggregate complaints data analysis and complainant characteristics neglected as a source of knowledge to improve complaint handling processes

Very little research had been undertaken into the profile or motivations of people who filed complaints and aspirations either through LAPOR! or the in-house organisational complaint systems. For the most part, respondents on both national and sub-national level demonstrated a lack of prioritization into the collection and analysis of the profiles of complainants and non-complainants.

The complaint handling systems appeared to lack a standard for demographic information from complainants, with different systems and organizations collecting different categories of information and with varying degrees of importance assigned to each. Consequently, the management of online complaint handling systems continued to be based on incomplete knowledge regarding citizens' preferences or contexts in relation to complaining. The reasons offered for certain complaint handling

elements, such as the ongoing demand for in-person complaining, were merely impressions and assumptions the respondents made but which had not been investigated through dedicated research.

There was a further demonstrated lack of understanding on all policy levels as to how such information about complainant profiles and their reasons to complain (or not) could be useful to organizations. This is perhaps a reflection or natural offshoot of the dominant view that complaints data was anecdotal which in turn reinforced the equally prevalent case-by-case complaint handling mindset.

7 Chapter 7 Discussion

7.1 Introduction

This study sought a deeper understanding about using online complaint handling systems as tools of public accountability in the health sector. Specifically, the study looked at how health sector actors perceived the influence of LAPOR! on the accountability relationships between government actors, health service providers and citizens in the Indonesian health sector.

This chapter summarizes the key findings from assessing the perceived effectiveness of LAPOR! according to dimension of accountability: political, organizational (including health service provider) or social, and by the eight main socio-technical elements contributing to complaint handling systems, namely policy, goals, infrastructure, technology, processes, actors, culture and complaints data.

A further interpretation of these results in comparison to perspectives from the literature review (Chapter 2) contributes to a richer understanding of the Indonesian complaint handling context and was used to address Objective 4: Identify enablers and barriers to the implementation of LAPOR! as a public accountability mechanism in the Indonesian health sector. This interpretation also formed the basis for offering analytic generalizations and theoretical contributions regarding using complaint handling as a mechanism of participatory accountability in the health sector. This was used to address Objective 5: Identify lessons learned and recommendations for introducing online complaint handling systems for accountability purposes, and propose a conceptual framework suited to assessing complex accountability systems with socio-technical elements.

This chapter concludes with a section on recommendations for further study and reflections on study limitations.

7.2 Indonesian complaint handling system and health sector context summary

This section presents a summary of the key findings from the three results chapters. An outline of the findings from the results chapters alongside the corresponding objective the chapter sought to address is presented in Table 7.1. A narrative synthesis of the results and a comparison of the two sub-national study locations is presented in the sub-sections below.

Table 7.1 Key findings from results chapter by study objective

Chapter	Objective	Key findings
Chapter 4	Objective 1: Examine the establishment and evolution of LAPOR! and complaint handling systems in Indonesia from a political perspective	• Understanding the wider policy context offered insights into the complaint handling landscape • Mandating integration with LAPOR! raised technological and political concerns

		• Using technology for bureaucratic reform led to gaps in social transformation
Chapter 5	Objective 2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an organizational perspective	• Fragmented complaint handling landscape resulted in siloed data systems • Narrow metrics of success tempted organizations to find complaint handling shortcuts • Underinvestment in the non-technological aspects of complaint handling systems caused complaint handler management challenges • Attitude of organizational leadership towards complaint handling determined the value assigned towards received complaints
Chapter 6	Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge	• Reasons for continued demand for in-person complaining services remained under-researched • Complaint verification processes created concerns around complainant protection • Aggregate complaints data analysis and complainant characteristics neglected as a source of knowledge to improve complaint handling processes

7.2.1 Complaint handling landscape and regulatory frameworks

The concept of complaint handling as a mechanism for citizen engagement and public accountability in Indonesia had been evolving and crystalizing since 2004 in the context of decentralization and later in public sector and governance reform. LAPOR! became operational in 2013 as Indonesia's national online complaint handling system, joining a burgeoning landscape of recently developed, technologically stand-alone complaint handling systems in sub-national government organizations and public service providers. In 2018, LAPOR! was officially declared the technological standard for complaint handling and the mandate to integrate all organizational in-house complaint handling systems with LAPOR! was passed.

The issue of the integration of organizational complaint handling systems with LAPOR! was a recurring topic of interest on all policy levels. Despite national level optimism, sub-national government officials from organizations with strong public commitments to complaint handling and certain civil society organizations were not convinced centralized complaint handling integration would be beneficial. Concerns ranged from doubts about the ability of the national level to technologically manage the scale of national integration, to shortcomings in LAPOR! as a complaint handling system, to concerns that this was a move towards recentralizing political power. Meanwhile the national level viewed the integration process as a way of harmonizing the fragmented complaint handling landscape and

offering a service to local governments to enable them to focus purely on the complaint handling aspect rather than deal with technological system maintenance issues.

Organizational complaint handling processes were found to be broadly similar across policy levels and organizational types as the details, timeframes for complaint handling and metrics of success were nationally regulated. However, organizational implementation of the complaint handling standard operating procedures and attitudes of technical level staff had demonstrated differences depending on the extent to which the organizational leadership saw the value in complaint handling. For organizations with a low prioritization of complaint handling, managing the in-house complaint system and LAPOR! was perceived as an additional workload and burden. For many organizations, complaint handling was a formality involving the bare minimum required for compliance. For the minority of organizations with leaders who grasped the potential benefits of complaint handling, resources were allocated to improve their complaint handling techniques. There was also evidence that attempts were made to go beyond the minimum requirement to close complaint cases quickly, and that these organizations sought to include learning and identification of insights from the types of complaints received.

Despite detailed instructions on complaint handling technology and processes, there was a lack of guidance or instructions on complaint data use practices, or privacy and protection guidelines beyond the basic provision of confidentiality to complainants upon request. None of the existing policies included guidance or requirements for analysis of aggregate complaints data for patterns or trends, or for any further use of complaints following the monthly reporting tally. This in turn led to a gap in organizational complaint handling processes which failed to analyse aggregate complaints data from either the personal or the public complaint categories. Consequently, there were only isolated incidents in which organizations conducted analysis of complaint cases beyond calculating the number of complaint cases in a given sector or topic.

Civil society organizations were more likely to make the effort to collect and analyze public online complaints and use the results for advocacy purposes. Regarding the protection of complainants, there was a lack of adequate legal safeguards for complainants who did not fit the definition of whistleblower. This was further complicated by the complaint handling requirement to adequately verify complaints whether filed through LAPOR! or through organizational complaint handling systems to ensure the validity of the complaint – a process which could see the recipient organization sending representatives to conduct in-person visits to the homes of complainants prior to the official investigation of the complaint itself.

7.2.2 Accountability and complaint handling in the health sector

Indonesian health service providers operate in a highly regulated environment characterized by complex accountability relationships. Public health service providers were directly accountable to local governments, had service standard mandates from the Ministry of Health, service compacts with BPJS-Kesehatan, and were further mandated by law to solicit feedback directly from patients who avail of their health services. Few health service providers consented to join this research, and the ones that did appeared to feel a great deal of pressure from the oversight structures and standard operating procedures governing the health sector even before the discussion had turned to complaint handling.

Given the number of regulations health service providers were required to meet on a daily operational basis, complaint handling was often deprioritized in favour of meeting requirements with stronger sanctions for lack of compliance. Within this context, to display sincere institutional openness and responsiveness to complaint handling on the part of health service providers was an unusual, outlier response rather than the norm. However, the health service providers who prioritized complaint handling did so in an exemplary manner and were part of the minority of study respondent organizations mentioned above who went above and beyond the minimum complaint handling requirements and metrics of success.

At of the time of the study, civil society had not yet conducted any collective complaint actions concerning the health sector despite the number of individual complainants who approached them for advocacy assistance in reaching complaint resolutions with health service providers. The main issue appeared to be community members' fears of potential future retributions when seeking health care if they were to participate in any health-related group complaint actions.

7.2.3 Complaint handling comparison of the two sub-national study locations

Semarang (Central Java) and Medan (North Sumatra) were purposefully chosen as the sub-national study locations due to being broadly similar in terms of population size and infrastructure development, but on separate islands and consisting of different ethnic group population profiles. Both local governments had in-house, locally branded, complaint handling systems as well as partnerships with LAPOR!, and both locations had active civil society partnerships relating to complaint handling.

The complaint handling system and partnership with LAPOR! had been operational for a few years longer in Semarang compared to Medan. Complaint handling in Semarang seemed to be well established into the fabric of local government's social image and governance style, while in Medan complaint handling was still in the process of becoming institutionalized and rationalized. In Semarang, the government officials and respondents from health service providers were likely to respond to

questions about the purpose of complaint handling with a citizen-centric answer, saying complaint handling was a system for collecting citizen feedback on quality of services and a measure of citizen satisfaction with government performance. Whereas in Medan, all three categories of respondents (government officials, health service providers and civil society) were likely to respond with a government centric answer, mentioning budget transparency and accountability or the use of complaint handling to identify high and low performing local governments.

In both Semarang and Medan, the information siloes between organizations and policy levels were evident, as was the fragmented complaint handling landscape resulting from the combination of unique in-house organizational complaint handling systems and LAPOR! as a separate system. However, in Semarang, there were more complaints being filed overall and more active complaint handling and engagement between government actors and health service providers as compared to Medan. Similarly, Semarang was farther along in the process of integrating local government public services into a centralized emergency response unit and creating government organizational norms around data sharing. In Medan, all the public services remained independent and if coordination between agencies took place it was through informal channels based on the personal contacts of complaint handlers within organizations.

There was still wide-spread demand for in-person complaining in both locations, however the reasons appeared to differ. In Medan, civil society felt that citizens did not trust that a complaint filed digitally directly to organizational complaint handling systems would be resolved. According to the organizations there, in the eyes of the public in Medan, the only guarantee for a response to a complaint filed online was if it was through public social media platforms (for instance Facebook or Twitter). Whereas in Semarang, the main obstacle to filing online complaints was believed to be related to the technological (lack of) capacity in the older generations, either due to lack of knowledge or lack of comfort in using online technologies and thus preferring the satisfaction of a face-to-face interaction when it came to complaining or seeking information.

7.3 Discussion of findings from this case study of LAPOR! as compared to the studies on public accountability and complaint handling

This section provides an interpretation of findings from the LAPOR! case study in comparison to the perspectives from the literature review (Chapter 2). The structure is organized according to considerations by health sector actor category: government actors, health service providers and citizens. These considerations contribute to a richer understanding of the Indonesian complaint handling context and were also used to address Objective 4: Identify enablers and barriers to the implementation of LAPOR! as a public accountability mechanism in the Indonesian health sector.

7.3.1 Government actor category

When addressing Objective 1: Examine the establishment and evolution of LAPOR! and complaint handling systems in Indonesia from a political perspective, it emerged that the government actors on the national and sub-national levels were broadly concerned with complaint handling in the public sector as a whole rather than a specific focus on the health sector. This meant that the complaint handling processes for health-related concerns followed the same complaint handling procedures as for the other public sector complaints.

The literature demonstrated that there are differences between public sector and health sector complaining due the amount of information asymmetry in the health sector (Walt et al., 2008), which implies there would be differences in approaches to complaint handling. However, this was not yet a topic of discussion among government actors. Instead, the two main areas of ongoing discussion among the government actors on the national and sub-national levels were: the question of which complaint handling model was the best fit for Indonesia (sub-section 7.3.1), and how to balance the regulatory constraints pursuing accountable health service provision with organizational discretion to provide services as they saw fit (sub-section 7.3.2).

7.3.1.1 Best fit complaint handling model for Indonesia remained unclear

Technological development was seen as a necessary next step to avoid Indonesia falling behind globally; however, there were concerns that the increased use of online technologies as the impetus for social transformation would compound the existing entrenchments of development and infrastructure disparities. This appeared to have been reflected to a certain degree in the complaint handling landscape in Indonesia.

Following the mandate to develop complaint handling systems, government organizations on all policy levels began to develop their own technologically unique, branded, in-house complaint handling systems according to their own means. The organizations with more resources and technological capacities developed very advanced systems, while others with fewer resources developed more basic ones. During this same period, national level actors were developing and piloting LAPOR! version 1 as the national complaint handling system. While the branded in-house complaint systems have undergone technological maintenance over the years, few have undergone the degree of ongoing technological design transformations that LAPOR! has. LAPOR! has been under constant evolution to bring it closer to the goal of being a nationally integrated, no-wrong-door complaint handling mechanism with a simple user interface. At the time of the study in 2019-2020, LAPOR! version 2 was primarily in use and Version 3 was in the process of being rolled out. Additionally, Presidential

Regulation no. 95 of 2018 on Electronic Based Government System had recently been released which mandated the technological integration of all complaint handling systems with LAPOR!.

LAPOR! vs branded in-house organizational complaint handling systems

For many local governments, there had been an initial integration with LAPOR! in the form of an institutional partnership and the addition of LAPOR! into their organization as a supplementary, technologically separate, complaint handling system. In this way, the requirement for connection with a national complaint handling system first mentioned in Presidential Regulation no. 76 of 2013 on Public Service Complaints Management was seen as being fulfilled. Unfortunately, this creative solution to meeting the regulatory requirement of integration contributed to creating a multi-layered, fragmented, and siloed complaint handling landscape both within organizations and between policy levels. Each of the 25 government organizations and health service providers approached for this study had a minimum of two distinct technological complaint handling systems, both of which were actively receiving complaints. The desire to simplify the complaint handling landscape was conceivably one reason behind the mandate to integrate the multitude of complaint systems into a single centralized system. This appeared to confirm what studies found concerning the greater the fragmentation and diversification of systems, the more likely a stronger centralized accountability system was to develop (Peckham, 2014), particularly in contexts where the citizen feedback mechanisms existed in isolation from each other (Sutherns, 2020).

Prior to the passing of the law requiring organizational complaint handling systems to be redesigned to become technologically interoperable with LAPOR! or abandoned, there had been no public discussion about which model of complaint handling – LAPOR!'s centralized, no-wrong door, one stop shop model or the branded, locally-tailored, smaller-scale organizational model – was a better fit for Indonesia. Civil society organizations and a few sub-national government officials expressed views that LAPOR! would require huge technological capacity in order to handle being integrated with all existing complaint handling systems. They also felt that the mandate to integrate with LAPOR! was an unnecessary recentralization of power.

The national level government officials in turn felt that the resistance of local governments to fully merge their in-house complaint handling systems with LAPOR! was in fact motivated by fears that their individual complaint handling 'brand' would be lost or weakened through association with LAPOR!. From their perspective, the local government complaint handling systems were so intertwined with the images of mayors and governors, any attempts to establish a complaint handling system that was independent of local leadership's legacy would be viewed as a threat. The argument in favour of complaint system integration was based on the fact that the design of LAPOR! was

intended to cut through policy levels and provide a service to local governments and their constituents, not undermine the principles of decentralization. The hope was that local government attitudes would change once the benefits of an integrated, synergistic complaint handling system were experienced.

Unclear which model had a better chance of long-term sustainability

The question of which model had a greater chance for system sustainability was not clear. On one hand, political power change on the local level had been proven to negatively impact previously well-established complaint handling practices, suggesting that a certain amount of decoupling of complaint handling from local government political brand would be wise. On the other hand, LAPOR!'s independence from national government changes in power had not yet been put to the test. The risks to the sustainability of public service complaint handling associated with placing it all into a single national system that could potentially not survive a political change are not insignificant. Furthermore, LAPOR! was clearly a national government initiative, so a full integration with local complaint handling systems could potentially strengthen the governance trap outlined by Devarajan et al (2007) in which the roles and responsibilities of national and sub-national officials become intermingled in the eyes of the public and it becomes less clear who to hold accountable for poor quality service provision (Devarajan et al., 2007). This would also play into the inherent tension of decentralized systems which the literature describes as being between the desire for local levels to have autonomy and ownership for services offered and the national need to provide strategic priority setting which has significant impact on local level implementation options (Cleary et al., 2013, Goeschel, 2011; Peckham, 2014).

Adding additional complexity, the oversight of LAPOR! was legally shared by three national level actors (the Executive Office of the President, the Ombudsman and the Ministry of Administrative and Bureaucratic Reform). However, the choice of housing the operational servers and responsibility for performance monitoring of the systems within the Ministry of Administrative and Bureaucratic reform, rather than the Ombudsman, appeared to reflect an underlying belief that LAPOR! was more aligned with bureaucratic reform and the use of citizens to provide a measure of control over government services to prevent misuse of power, rather than a participatory approach whose primary aim was to involve citizens in the protection of their rights, needs and safety.

Given the strong opinions in support of and against both models on national and local levels, a conversation around a best fit complaint handling model which included stakeholders from all policy levels would have been an important aspect to include in the policymaking decisions. The outcome of such a dialogue could have served to strengthen the support for LAPOR! to become the single public complaint handling system for all public service providers in all sectors, or conversely strengthen the argument for allowing other complaint handling systems to continue to co-exist with LAPOR! in a more

diversified complaint handling landscape. The literature on the topic of public sector legitimacy highlights how accountability and legitimacy become an area of heightened concern in situations where government agencies have yet to fully incorporate broad public engagement into policymaking (Bennett et al., 2012). This appeared to fit the research setting as despite efforts to encourage citizen or stakeholder engagement through complaint handling, consultative engagement was not yet being effectively utilized on the highest levels concerning issues relating to the national strategic development of complaint handling.

Interestingly, the evidence that this type of consultation is essential to assessing progress and overcoming service delivery issues in Indonesia was found on the village level as demonstrated by the grassroots civil society-led complaints week and multi-stakeholder dialogues. These activities initially began as way to fill the gap left by LAPOR!'s lack of coverage down to the village level and in acknowledgment of digital literacy differences between older and younger generations. Civil society worked to employ a systematic consultative process involving soliciting community complaints and suggestions and then facilitating public events to discuss raised topics with local government leadership, with the result that citizen input was included into local development plans and budget allocations. This process was referred to as an example of 'dignified democracy' and could perhaps have been used a model for how to approach national decision making about complaint handling models. This example is also one of the better arguments against moving too quickly in shifting all complaint handling into purely online spaces regardless of branding or complaint handling model.

7.3.1.2 Current complaint handling regulatory frameworks unable to adequately balance regulatory constraints with actor discretion

Complaint handling in the health sector can ideally solicit citizen feedback on health service experiences; use responsiveness to complaints to further the political goal of increasing public sector legitimacy; and use the complaint content to contribute to the organizational goals of quality improvement of services. To achieve all these objectives using a single tool is an ambitious task, however the literature accepts that complaint handling in the health sector involves diverse objectives, requires the ability to navigate multiple disciplines and employs a variety of resolution methods (Carney et al., 2017; McCreaddie et al., 2021; Pine and Mazmanian, 2015; van Dael et al., 2020).

Political and cultural contexts of the Indonesian regulatory frameworks

Over the past 20 years, Indonesia has undertaken political decentralization and reforms of public service delivery including health, developed minimum service standards, introduced citizen engagement through complaint handling and has introduced universal health coverage. Health policymaking bears similarities to the interplay between national and local health policies in high

income countries described in the literature as promoting subsidiarity and tailored care through decentralization of health services, while still maintaining a strong strategic national development plan that steers and directly influences local level service provision.(Cleary et al., 2013; Goeschel, 2011; Peckham, 2014).

Adequately robust policies and regulatory frameworks are considered pre-requisites for complaint handling implementation success. However evidence from LMICs show implementation challenges continue to exist even with legislature in place (Hammoud et al., 2021). In such cases, understanding the political and cultural contexts within which the complaint handling regulatory frameworks are operating has been suggested as being an important way to gain insights into complaint handling implementation (Harrison et al., 2015). Indonesia has a multi-level policy dynamic and a culture of hesitancy on all policy levels to take initiative without the protection of a published legal and regulatory framework. Consequently, the Indonesian regulatory framework for complaint handling systems had national and sub-national, and sector-specific policies and implementation guidelines. These were then translated into standard operating procedures (SOPs) and processes on the organizational level. This level of formalization into national and organizational legal frameworks, is considered a positive measure of institutional openness to accountability (Duran, 2016; Goeschel, 2011).

For the most part, the organizational SOPs were similar, due to having detailed guidelines laid out in the national laws regarding legally permissible processing timelines and procedures. Indeed, the differences between SOPs were mainly related to specific complaint handling features tailored to organizational needs or technological differences due to perceived shortcomings with the version of LAPOR! in use at the time. On the other hand, the main metric of success introduced through national policies and used to measure organizational complaint handling performance in SOPs was related only to the speed and volume of cases closed. There were no provisions for investigations into the quality of the responses to the complaints or the extent to which the needs of complainants had been met or issues resolved. Furthermore, there were few sanctions or negative consequences for operating complaint handling systems as mere formalities, resulting in the ability of government officials and health service providers to exercise discretion when determining how much to prioritize complaint handling SOPs within their organizations.

Tensions between actor discretion and regulatory constraints in complaint handling

Interactions that have a certain amount of actor discretion are the ones that form the basis for conversations on accountability and its role in promoting system change. Actors with discretion are often found on the frontline of bureaucratic administrative interactions with the public, and given the

political desire for public sector legitimacy, are seen to require regulatory constraints and scrutiny to encourage upright behaviour. In this study, organizations used their actor discretion both positively and negatively. On the positive side, there were organizations that used their leeway to go above and beyond the minimum requirements of complaint handling to design comprehensive complaint handling systems in order to use citizen feedback as a strategic input. On the negative side, organizations were found to deliberately misuse the complaint handling standard operating procedures, exploit loopholes in the regulations or make calculated decisions based on the repercussions or sanctions (or lack thereof) to guide their complaint handling implementation behaviours. Determining how to respond or adjust the complaint handling regulatory frameworks in light of such extremes becomes challenging as it is tempting to reduce the amount of actor discretion in the entire system by adding additional regulations and sanctions to counteract the negative use of discretion – a knee jerk reaction which was incidentally suggested by more than one respondent.

There was tension between innovations that sought to solve one set of problems, for example how to encourage mutual cooperation between government agencies on different administrative levels to resolve public service issues that cross lines of authority, and the policy inertia that led to government actors preferring to maintain the status quo unless pressured to the point of no other option but to change. This was a recurring theme in many of the interviews for this study. This is perhaps a reflection that despite being developed on the premise of participation, the complaint handling structures remained entrenched in top-down organizational or political norms. It could also confirm what Kushner (2005) identified in terms of accountability and change as being competing political agendas. Kushner's view is that accountability is unlikely to lead to wide-spread changes and reforms due to its provoking of risk-aversion strategies in organizations. At best, accountability can lead to incidental improvements along the lines of improving what the organization is already doing, as opposed to changing processes and promoting innovations (Kushner, 2005). Both these elements were in evidence in the Indonesian complaint handling context.

The question thus becomes one of how to increase the number of organizations with proactive work cultures and capacities for transparency, abilities to meet national service standards, cooperation with peers, sincerely responding to citizen complaints, and innovating new ways to improve service provision. This is already challenging given Indonesia's diverse socio-political context, however in light of Kushner's identified tension between accountability and change, it becomes even more difficult to answer. Ironically, a step in the direction of an answer may lie in increasing the amount of discretion organizations have in certain areas, rather than a blanket increase in regulations and sanctions. In the literature this is known as responsive regulation. This refers to regulations that operate responsively

along a pyramid with incentives and sanctions which can escalate or de-escalate according to the needs of the situation (Carney et al., 2017; Healy and Braithwaite, 2006).

Responsive regulations assume a baseline of organizational maturity and proactivity to engage in self-regulation, and a corresponding ability of external forces to discern when to nudge an organization back onto track or alternatively to enforce increasingly severe consequences. This may not work as intended in the Indonesian context at the current time. For example, there are available sanctions in the complaint handling policies but inconsistent application of these on the ground. On the other hand, providing space for organizations with a demonstrated capacity for self-regulation the chance to conduct organizational policy experimentation prior to the passing of a binding legal regulation would be potentially beneficial in helping organizations identify what type of incentive/sanction mix would best suit the needs of their type of organization. The results of their policy experiment could then be shared with the policy drafters, and when relevant, incorporated into the regulation that would subsequently become the regulatory framework. The incentive would be for organizations to reach a level of self-regulation that would qualify them to conduct policy experimentation which would in turn give them power to contribute to shaping the content of national regulation. In other words, national leadership should consider how to use actor discretion as an incentive for organizations to contribute to developing a more compelling force of persuasion to encourage the spirit of complaint handling. This could potentially be more effective than relying on negative control measures to constrain the temptation of organizations with less ability to self-regulate, thus unintentionally encouraging them to find ways to circumvent the regulatory requirements.

7.3.2 Health service provider category

When addressing Objective 2: Examine the influence of LAPOR! and health sector organizations' complaint handling mechanisms on institutional priorities and processes from an organizational perspective, the challenges health service providers face became apparent. Even without taking external accountability mechanisms into account, the health service providers feel a lot of pressure due to the web of internal accountability regulations (sub-section 7.3.2.1).

7.3.2.1 Health service providers struggled to navigate the webs of accountability

For strong public accountability, the roles and responsibilities of actors need to be clear; there needs to be an evaluation and streamlining of processes to avoid over-burdening organizations, particularly health service providers who already operate in a highly regulated environment; and finally, citizens needed to be empowered and trusted to have what the literature describes as sufficient capacity to provide meaningful input (Cleary et al., 2013), and be provided with legal protections accordingly.

Roles and responsibilities of health sector actors were difficult to untangle

When assessing the clarity of roles and responsibilities of actors, the mapping of relationships of organizations with both complaint handling and health sector responsibilities showed an asymmetry between accountability functions of national level organizations and sub-national counterparts. National policies and regulations were passed to sub-national levels; however sub-national organizations did not have a reciprocal reporting line. This led to some confusion about which policy level was most responsible for implementing which aspects of regulations. It also added to the complexity already inherent in the fragmented complaint handling landscape and 'sectoral egos' between policy levels or organization types, which in turn caused complaint handling delays or gaps between which multisectoral complaints could slip by and be neglected. Literature showed that one way to compensate for complex accountability networks such as this one is through a toolkit of compliance and performance monitoring mechanisms that could be applied responsively and on an as needed basis to ensure transparency and the breaking down of data siloes (Mees and Driessen, 2019; Pine and Mazmanian, 2015). Indonesia did in fact have a large number of performance monitoring mechanisms, the more pressing issue appeared to be inconsistent implementation of the available tools and mechanisms.

Health sector organizations' felt overburdened by complaint handling requirements

Assessing the institutional arrangements in organizations showed that senior leadership in both governmental organizations and health service providers had a strong influence on the quality (or lack thereof) of organizational complaint handling. Ownership and commitment to complaint handling appeared to be strongly influenced by the size of their web of accountability and the volume of performance indicators that their organization was expected to comply with. The wider the web and the greater the number of requirements needing to be followed, the higher the likelihood that complaint handling would be deprioritized in favour of meeting requirements with stronger sanctions for lack of compliance. This was in line with studies which have shown that organizational performance is negatively affected by multiple simultaneous accountability relationships, and that in such organizations, there is resistance to performance oversight through citizen engagement due to the set of pre-existing and demanding set of internal and external performance measures (You and Lee, 2011).

Studies have suggested in the case of health service providers that an overemphasis on measuring performance based on a static set of metrics can lead to less transparency and accountability for organizational actions (Goeschel, 2011; Pine and Mazmanian, 2015). It seems that in addition to the above, there was also a loss of opportunity for quality improvement. The lack of sanctions for poor complaint handling, the versatility of SOPs which created a tool vulnerable to the motivation of the one making use of it, and the feeling of being overburdened due to multiple requirements led to a loss

of opportunities to take the interactions with complainants to a higher level and promote understanding in creating the types of health service provision that met the needs of both.

Moving public accountability online was seen to be a solution to addressing challenges that resulted from attempting to implement the above requirements of public accountability into the existing institutional arrangements; however, that in turn led to the complications relating to the digital maturity levels of those expected to use the digital systems (sub-section 7.3.5). For complaints and complaints data to drive better quality in health facilities, the metric of organizational success for complaint handling would need to extend beyond the accumulation of closed cases, and rather aim to advance understanding and gain insights into patterns of public expectation concerning services or the performance of organizations in the eyes of the community. The current narrow metric of success reinforced case-by-case complaint handling thinking and was in danger of falling into conclusions which the literature describes as distortion of the perception of public need and public attitude (Rumbul, 2015).

7.3.3 Citizens' category

When addressing Objective 3: Examine the attitudes of health sector actors towards online complaint handling and the complaints data from a social perspective and the extent to which complaint handling is being used for advocacy, policymaking and as a source of organizational knowledge. It emerged that the online aspect of complaint handling is not currently serving its citizen empowerment purpose (sub-section 7.3.4) and there is limited evidence of organizations conducting reflective learning from complaints data analysis (sub-section 7.3.5).

7.3.3.1 Online complaint handling system fell short of empowering people to engage

Online complaint handling systems were seen as the method to empower citizens from all walks of life and locations to engage in public service supervision. Online complaint handling was also thought to be a solution to complex webs of accountability and relationships that characterize the government structures through their ability to bypass policy levels by providing anyone with an internet connection direct access to any organization. As such, it was believed to have the greatest potential to fulfil the intended policy goal of citizen supervision and performance monitoring of public services and in doing so provide evidence to measure the gaps between policy standards and current realities (O'Hagan and Persaud, 2009).

The results of the current study found that the online aspect of Indonesian complaint handling achieved some measure of success but ultimately fell short of its intended goal to serve as a stand-alone feedback mechanism linking the community with the government and health service providers.

The main contributing elements to this were underinvestment in organizational complaint handling human resources capacities and a lack of comprehensive safeguards for online complainants.

Underinvestment in organizational complaint handling human resource capacities

Organizationally speaking there were a couple of problematic areas relating to online complaint handling. First, officials from many government organizations lacked enough technological background to understand how best to take full advantage of the opportunities and benefits of online systems. In extreme cases, organizations had an online façade but in fact most processes continued to take place manually offline. Second, lack of quality human resources for complaint handling was an ongoing issue. This likely contributed to the evaluations of organizational complaint handling which revealed a significant amount of human error in the digital complaint handling processes. Third, complaint handling reports only included a very shallow tally of complaint cases closed and their top topics. There was little transparency around the actual complaint verification and management process in terms of number of complaints received that were rejected and the reasons for the rejection, or the number of complaints closed automatically by the system due to inactivity, and the corresponding reasons for the inactivity. This appears to affirm the recommendation from studies on socio-technical system development which suggested that the technological skills and capacities required for setting up digital systems needed to be identified and developed within a realistic analysis of the technical, social and organizational resources already in place (Pine and Mazmanian, 2015).

Civil society partnerships were employed as one way to build organizational complaint handling capacity. While there was no question that civil society continued to play an essential role in developing organizational capacities, their support was influenced by the presence of donor funding and the resulting need to be accountable to donors. This helped to keep program objectives clear and focused on one hand, but also led to situations where organizations, particularly sub-national health service providers, received trainings and support for complaint handling that they otherwise wouldn't have requested and were not actually open to or interested in receiving.

Lack of comprehensive safeguards for online complainants

Despite efforts to move complaint handling online in Medan, Semarang and Jakarta, there was a continued demand for in-person complaining and complaints filed using short messaging services (SMS). While it had not been directly researched, the assumption on the organizational side was that citizens did not know how to file complaints online and did not have a culture of complaining due to Indonesian cultural aspects. On the other hand, there appeared to be a growing trend to post complaints on public (non-dedicated) social media platforms as a way of ensuring quick organizational

response, suggesting that there are additional contributing nuances to online complaining that are worthy of consideration.

From an individual complainant perspective, due to the stringent complaint verification processes, if the complaint was filed online, the complainant could expect a home visit from a representative of the organization. If the person went in-person to the organization to complain, the initial verification process was already considered complete. Similarly, if the complaint was filed online and contained angry language, it was filtered out and rejected immediately. If the same amount of anger were expressed in person directly to the organization, the complaint issue may still be addressed. Therefore, in-person complaining appeared to offer both a greater measure of privacy (as it avoided the home visit) and an immediate gratification (expressing dissatisfaction directly to a listening person) which incentivized the continued demand for in-person complaining beyond the lack of knowledge or comfort with using online systems.

An additional disincentive to using online systems was found in the existing laws. The legal frameworks offered a very minimum of security for the act of online complaining through LAPOR! or in-house systems, essentially just the option to have the online complaint remain out of public view. Beyond that there was little protection for complainants who did not fit the whistle-blower criteria or for whom investigation of the complaint was perceived as a conflict of interest to the organization. This was conceivably a disincentive to report sensitive information online due to a (valid) fear of potential future repercussions on the part of the complainant. This risked contributing to what the literature described as a source of self-censoring that is at odds with the ideals of engaging citizens in external accountability mechanisms (Cleary et al., 2013). The confidence to file complaints without fear future repercussions is a fundamental prerequisite and at the heart of the question of the extent to which citizens are able to hold government officials and service providers to account through complaint channels.

7.3.3.2 Complaint data excluded from being used as a source of organizational knowledge

Indonesia is facing a double burden of development and technological challenges. Significant gaps in the national infrastructure and communications connectivity, especially in terms of remote areas and Eastern Indonesia, remain hard to overcome. Relatedly, widespread socio-technical and digital maturity gaps exist due to the relatively low level of capacity of the general population to interact with the emerging digital technologies beyond the basics of navigating a smart phone. While these are common challenges typical for low technology environments in LMICs, the digital data context in Indonesia is quite different from other LMICs.

Indonesia has invested heavily in innovation and technological development since the mid 2000's. The technology ecosystem included successful private sector start-ups such as Go-Jek, as well as governmental innovations in the areas of e-governance and Smart Cities. Furthermore, there is an abundance of current and historical national and provincial level conventional data housed in the national statistics body (BPS) as well as in local government level data collection mechanisms. The mid-term development planning in Indonesia has data governance priorities such as how to regulate and manage data integration, promote standards and interoperability between information systems; and establish big data analytics including data cleaning, machine learning, and data quality assurance measures (Bappenas, 2019).

Consequently, the challenges facing Indonesian leadership were both similar to those being faced in lower income countries in terms of regional disparities and human development inequities, while also being similar to challenges with regards to data governance and technology management as faced by higher income countries with established technology infrastructure and (comparatively) digitally mature populations.

Complaints data was considered irrelevant for planning or development purposes

When assessing Indonesian complaints data and the extent to which it was used, it appeared that the speed of digital innovation evolution and the accumulation of digital data had outpaced the regulatory frameworks seeking to guide its use in Indonesia. Conventional data access and use was primarily regulated through the BPS which had a paywall and an online evaluation system to authorize use for research purposes. However, there was no comparable repository or gatekeeper for unconventional data such as complaints data. As a result, the use of unconventional data remained largely unregulated. As an illustration, LAPOR! complaints data was in the public domain, however there was no official mechanism for requesting an anonymized dataset, nor policy guidelines or constraints around its use in the event it was provided. The literature offers five key areas regarding data which would be highly relevant to take into consideration when mitigating this policy gap: an understanding of the importance of personal information; data protection; improved data quality; transparency in data use; and improved accountability in data use. (Staunton et al., 2021)

Essentially, the legal frameworks around complaint handling focused on the technology and case handling processes but omitted in-depth data analysis and use guidance. Without clear policy guidance and instructions for organizations on how to implement analysis of complaints data and incorporate the results into organizational processes, complaints data was effectively seen as irrelevant for planning or development purposes by organizations and policymakers

Organizations rarely make use of complaints data to improve organizational processes

A direct result of this lack of policy guidance on how to use complaint data was an overall lack of capacity within the current complaint handling systems on all policy levels to interact with the complaints data beyond the basics of data management and shallow tallies of topics. Complaint data was predominately seen as a compilation of unrelated, anecdotal cases inappropriate for use beyond case-by-case resolution due to not being statistically valid data. This view overlooked the fact that each complaint represented a valuable, voluntary contribution from people with lived experiences relating to accessing public services who felt strongly enough about their experiences to overcome the cultural barriers and fears around complaining to submit their complaint.

Numerous studies have shown that in the spirit of improving the experiences of patients and public service users, complaint cases are worth analysing to identify patterns and trends indicative of citizens' perceptions of system strengths or weaknesses for use as input into strategic planning and system development goals (Hseih et al., 2005; Kuosmanen et al., 2008; Montini et al., 2008; Pearce et al., 201); Thi Thu Ha et al., 2015; van Dael et al., 2020). This suggests that while improving patient safety and quality of care is increasingly being linked to understandings of patient experiences (Harrison et al., 2015), there is also the need to determine how best to weigh the received complaint against the organizational perspective. This is especially true in relation to health care complaints which come from a context characterized by information asymmetry and power differentials. Only through an ongoing reflective process will it be possible to balance the organizational need to protect its service providers while also show responsiveness to the voluntary contribution from patients.

Studies suggest an organization can only achieve the balancing act between responsiveness and value-creation if there is a conscious intention to pursue the management and use of multiple sources of knowledge to improve organizational processes and create a culture of accountability and learning (Cleary et al., 2013; O'Hagan and Persaud, 2009; Pine and Mazmanian, 2015; Smith-Merry et al., 2017). This was reflected in the current study, for the minority of organizations who made use of complaints data, the crucial aspect seemed to be that data analysis was not about blindly following formulas or rules, but rather about being open to reflecting and learning from the public. Conversely, the exclusion of complaints data as a source of organizational knowledge risks overlooking and disregarding structural factors in the organisational processes that were causing discomfort among those using their services, for example issues relating to service availability, access or discrimination. These structural factors are worth identifying as they exert influence on citizens' concepts of public sector legitimacy and trust in organizations (Cleary et al., 2013; Gilson, 2015).

7.3.4 Factors and barriers to using LAPOR!

A comparison of findings from the results chapters and the considerations above was undertaken to address Objective 4: Identify enablers and barriers to the implementation of LAPOR! as a public accountability mechanism in the Indonesian health sector. This analysis showed that the factors contributing to use of LAPOR! are related to the attitudes of political and organizational leaders towards complaint handling and the need for an enabling environment which can be created through partnerships with civil society organizations (sub-section 7.3.6). Barriers to the use of LAPOR! are related to the digital maturity gaps in society, policy gaps around complaint data use and citizen hesitancy to file complaints relating to the health (sub-section 7.3.7).

7.3.4.1 Factors contributing to use of LAPOR! influenced by leaders and civil society

Online complaint handling systems offer a common framework by which to solicit citizen views on the most pressing public service needs in diverse settings. It further offers a method by which to draw out thoughts and information from citizens towards the enrichment of common understandings of service issues, thus ensuring citizen engagement goes beyond the tokenistic participation described in studies by Sandhya and Khanna (2021) and Siregar et al., (2017). Finally, it can offer a space for government officials to work together across sectors and policy levels to engage peers and stakeholders in strengthening public service provision and patient safety.

When assessing the extent to which LAPOR! was able to meet those ideals and serve as a mechanism of public accountability in the health sector in Indonesia, the following factors appeared to be part of the enabling environment in which complaint handling took place. In other words, when the following conditions were met politically, organizationally, and socially, citizens were more likely to submit complaints to LAPOR! and organizations were more likely to be responsive in complaint handling:

1) **Political factor: Public commitment to complaint handling by senior government officials.** Locations with government officials who publicly demonstrated their commitment to complaint handling and created pressure on heads of agencies within their jurisdiction to do the same reported higher rates of complaint handling system utilization. There is an element of external pressure rather than intrinsic motivation to this type of political pressure, but it appears to create the foundation for institutional openness to complaint handling. Institutional openness is what the literature described as a necessary foundation and precondition for enabling and sustaining responsiveness to citizens' public service provision needs (Baez-Camargo, 2019; Cleary et al., 2013; UNDP Global Center for Public Service Excellence, 2016).
2) **Organizational factor: The extent to which organizational leadership prioritized and valued complaint handling within their organizations.** Organizations play a pivotal role in complaint

handling system. Organizations with senior leadership who saw the value in complaint handling were more likely to mobilize organizational resources in terms of socio-technic capacity building; cultivate a mentality of learning and service within civil servant ranks; and display openness to coordinate with others in the spirit of collective endeavours. This fit with studies that showed public accountability of service organizations required a combination of formalized legal frameworks and an incorporation of mechanisms, and an accountability minded work culture into organizational processes (Cleary et al., 2013, O'Hagan and Persaud, 2009).

3) **Social factor: The capacity of civil society to support government and service provider organizations to improve complaint handling, and to work with communities to encourage filing of complaints.** Local governments and civil society organizations which had solid and positive partnerships promoting complaint handling services to citizens through socialization events, multi-stakeholder forums and grass-roots complaints weeks had a higher number of submitted complaints and better outcomes for including complaint topics into development plans. The support to government was complemented by working directly with citizens to make use of the complaint handling services available to express their feedback on services received. Civil society also provided follow-up advocacy on behalf of citizens to ensure complaints were adequately responded to. This reflected studies that demonstrated that accountability strengthening often begins on the grassroots level with civil society organizations working to improve citizens' ability to advocate for their rights (Kusumaningrum et al., 2018).

7.3.4.2 Barriers to using LAPOR! linked to wider societal issues

Indonesia has experienced rapid technological advancement which in turn has influenced almost all aspects of Indonesian society including complaint handling. While there are many positive aspects to the technological developments, there were a few unintended consequences which contributed to the barriers negatively impacting the ability of LAPOR! to contribute to system-wide improvements in the health sector.

1) **The digital maturity gaps of people both within organizations and in the general population have led to difficulties in understanding how best to use complaint system technology.** Online complaint handling systems were seen as a tool to break down geographic and policy level barriers, however this presupposed a baseline of digital literacy by complaint handlers and complainants. Gaps in digital abilities were a barrier for organizational leadership to appreciate the technical skills required to best utilize the complaint handling system and the full range of possibilities by which complaint handling could serve as a source of useful information. Also, these gaps were seen as an additional barrier for the older generation to file complaints online. This is in line with studies which found the human behavioural contexts are often the least

prioritized when developing digital systems (Clegg et al., 2017), which can lead to the development of accountability infrastructure beyond the current technological skills and capacities of those expected to manage and use it (Pine and Mazmanian, 2015).

2) **The policy gap on guidance for how organizations should conduct aggregate complaint data analysis and incorporate results into organizational development planning or policymaking.** The laws and regulations guiding complaint handling only required a very basic tally of number of complaint cases closed and the top 10 broad complaint topics. Consequently, complaint data was viewed at best as a compilation of sporadic and anecdotal isolated cases, or at worst a collection of potential hoaxes and fake reports. The focus in organizations remained primarily on case-by-case resolution of complaints, and the potential uses of deeper analysis of aggregate complaint data sets had not yet been realized. Furthermore, due to the lack of detailed policy guidance around complaint data analysis, there was a corresponding lack of clarity around which policy level was responsible for incorporating insights from complaint data analysis into policymaking.

   Sub-national levels felt it was the role of national level organizations, particularly those vertically above them. Meanwhile national level organizations felt it was the role of sub-national organizations who were closest to the issues and to whom tailoring the policies made the most sense. On one hand this could reflect the need for clear roles and responsibilities between actors, on the other the literature suggests when local and national officials shift the responsibility or reasons for poor service quality (or in this case lack of complaint data analysis and use) between government levels it could indicate the presence of a governance trap commonly found in cases of partial decentralization in which responsibility is shifted between levels as a way of avoiding addressing the issue (Devarajan et al., 2007).

3) **Community reticence around filing health related complaints and health service provider sensitivity to receiving complaints**. Complaint handling in the Indonesian health sector was not shown to be strongly differentiated from complaint handling in the public sector. This is a shortcoming of the complaint handling system as the emotions run high in health sector complaining whether online or in-person, and health service providers were not eager to receive any form of complaint. This study showed that health sector actors believed community members preferred not to complain about health issues unless absolutely necessary out of fear they would receive poorer healthcare in the future. Health service providers in turn were quite sensitive about receiving complaints and conducting complaint handling due to their already heavy regulatory burdens. Taken together, these aspects suggest the Indonesian health sector itself is

a barrier towards the implementation of complaint handling. This appears to be a common experience during the early stages of implementing complaint handling in the health sector. Even in the many countries which now have annual increases in the number of health complaints received and handled, their formative years included a fair share of defensive health providers who viewed complaints negatively and/or as a distraction from their core services (Allsop and Jones, 2008; Hsieh, 2012; Reader et al., 2014)Furthermore, in countries with a weaker governance context and lower rankings in consumer empowerment, it was not unusual for communities to have a fear of complaining about health services (Clearly et al., 2013).

7.4 Implications for theory and conceptual frameworks

There are two contributions to theory from this study: The *Extra-long route of accountability in states with partial decentralization* (Figure 3.1) and the *Complex accountability systems framework* (Figure 7.1).

7.4.1 Extra-long route of accountability in states with partial decentralization

The first is a contribution to the principal-agent theory inspired diagram on the *Key relationships of power: long and short routes of accountability* (World Bank and Oxford University Press, 2003). An additional 'extra-long' route of accountability was added to the original diagram, linking citizens directly to national government to account for situations of partial decentralization (section 3.3.1, Figure 3.1). Devarajan et al., (2007) described partial decentralization as being when citizens continue to turn to the national government for issues concerning local service delivery.

The extra-long route of accountability in states with partial decentralization (Figure 3.1) depicts the presence of two government (state) actors, one national and the other local. Citizens are principals to both the national and the local government actors, and the influence is similar for both. Citizens use their voice and electoral powers to influence the government actors on both levels. The extra-long route of accountability depicts the responsivity to citizens' voice through the financial or oversight influence the national government actor exerts on the local government actor. The local government actor is influenced directly by both citizens and the national government actors, and in turn represents those interests when negotiating with health service providers.

In the context of this study, citizens' voice takes the form of filing public service complaints. The national government actor, as an agent working on behalf of the citizens, is responsive to complaints filed through LAPOR!. This responsiveness can take the form of direct action, or in cases involving sub-national service provision, by exerting oversight and pressure on the local government actors to respond to the complaint and solve the problem. In this relationship, the national government becomes the principal, and the local government becomes the agent, working on behalf of the

national government to resolve the received service complaint. The local government actor remains principal in relation to the health service provider agent in the form of performance monitoring and service provision agreements. These in turn are also influenced by the expectations or complaints from citizens in addition to the expectations from the national government.

The addition of the extra-long route of accountability was intended to provide a visual illustration of the influential relationship between national and sub-national government actors in relation to the previously identified key health sector accountability power relationships.

7.4.2 Complex accountability systems framework

The second theoretical contribution is directly from this case study of LAPOR! and the Indonesian complaint handling landscape in the form of the complex accountability systems framework (Figure 7.1). This framework was developed to operationalize assessing complex accountability systems by taking multidimensionality and socio-technical complexities into consideration in a systematic way. The application of this framework was piloted on the analysis of this case study of LAPOR! in the context of the health sector, and used to identify the considerations that are in section 7.3 and 7.5.

The *Complex accountability systems framework* drew on groupings of the socio-technical system elements from the adaptation of the hexagonal socio-technical systems framework by Clegg et al. (2017), and three of the four dimensions of accountability drawn from the framework developed by Van Belle and Mayhew (2016).

The four mini triangle components in Figure 7.1 (below) correspond to groupings of socio-technical system elements plus data. The three outer perimeter sections correspond to the overarching political, organizational and social dimensions within which the triangle components operate. This proposed framework is a method of meso analysis, bringing together the macro accountability dimensions with the micro socio-technical elements in a way that makes an assessment of the accountability system easier to approach.

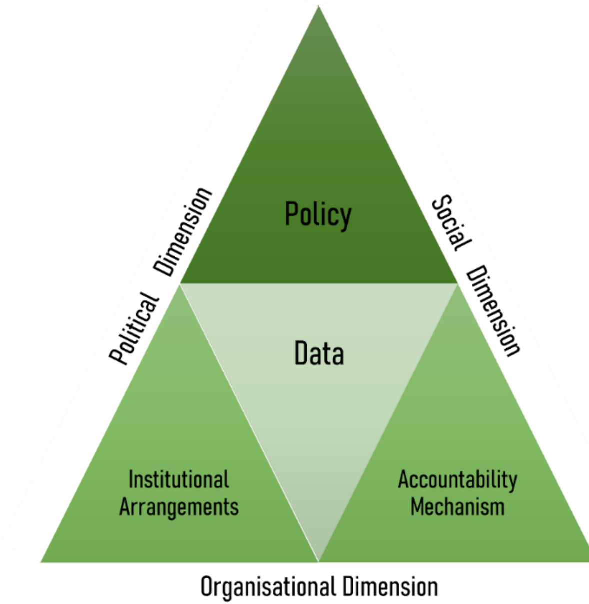

Figure 7.1 Complex Accountability Systems Framework (author's work)

This framework places the accountability dimension in proximity to the accountability system components with the most influence on their functioning. In other words, the mini-triangle components that make up the three corners of the triangle are most strongly influenced by, and influential to, the two dimensions that lie on their left and right sides. This is not to say the remaining dimension not directly touching the mini triangle does not exert influence, rather that the influence is comparatively less.

To illustrate from the perspective of the dimensions, the political dimension has the most influence on the policies guiding the accountability system and the types of institutional arrangements between actors within and between policy levels; the organizational dimension has the most influence on the institutional arrangements within and between organizations and the organizational aspects of the accountability mechanism; and the social dimension has the most influence on the community perceptions of the policies and their interactions with the accountability mechanism.

To illustrate from the perspective of the mini-triangle corner components, the policy component primarily influences the relationships between the political dimension and the social dimension through regulatory frameworks linked to public sector legitimacy; the institutional arrangement component mainly influences the relationships between the political dimension and the organizational dimension by forming the web of accountability relationships within which organizations operate and the extent to which politicians can be held to account; and the accountability mechanism component most directly influences the relationship between the

organizational dimension and the social dimension by providing the actual accountability mechanism which is managed by organizations and utilized by citizens.

Data, as the output of the system, has a cross cutting role across all three of the mini-triangle components as well as the three macro dimensions. As such data sits in the center of the framework and can be considered equally influenced by, and influential to, all the dimensions and mini triangles.

Another cross-cutting feature of this framework is that of power. The power dynamics of the three macro dimensions influence the overall dynamics of the public accountability system. For example, the political dimension reflects the complex power relations between national and sub-national actors; the organizational dimension reflects the hierarchical power relations within organizations; and the social dimension reflects the impact of power differentials between community and officials.

Similarly, power dynamics are an underlying feature of the functioning and interactions of the mini triangles. Institutional arrangements demonstrate the power dynamics of leadership within vertical structures and between horizontal peers; the power of policies is to motivate actors to comply or subvert; the accountability mechanism has the ability to give power to citizens; and finally, data has the power to be a source of support or opposition to the entire system.

Complex Accountability Systems framework as applied to the Indonesian complaint handling systems

This complex accountability systems framework was applied to the current study of LAPOR! in the following way. The mini-triangle components were used to structure an assessment of the complaint handling system components individually, and within the context of their interactions with the other socio-technical elements that made up the mini-triangle components. The insights gained from this assessment were then examined from the perspective of the overarching dimensions of accountability which highlighted influences and factors from the wider societal context that otherwise may not have been considered. This is reflected in Chapter 4 focusing on the political dimension, Chapter 5 on the organizational dimension and Chapter 6 on the social dimension.

There are three main advantages to using this as a method of assessment for a complex accountability system:

1) The framework provides a flexible, multi-method approach to examining an accountability system. Each of the components can be analysed individually according to their socio-technical elements to provide insights on specific areas of the accountability system. Alternatively, comparative analysis can take place with other components to gain deeper understanding into the interactions between the elements. For example, the influence of the regulatory framework on the institutional arrangements or on functioning of the accountability mechanism, or both.

Another method of component analysis can be to identify how individual components of the accountability system are affected according to an overarching dimension. For example, the institutional arrangements component can examine the impact of decentralization on accountability relationships if viewed from the political dimension, or the impact of senior leadership on institutional arrangements if examined from the organizational dimension.

2) The framework can be used to identify gaps or implementation blind spots in the accountability system. For example, in the case of the current study when analysing the regulatory frameworks concerning the mini-triangle components, it emerged that there were detailed regulatory frameworks addressing the institutional arrangements and the accountability mechanism components; however, there were policy gaps in the data component relating to data analysis and use. Similarly, there was stated political will (political dimension) and organizational compliance (organizational dimension) towards establishing online complaint handling systems; however, the scope of the systems did not extend down to the village level (social dimension). Thus, there is a demonstrated a social dimension gap in fulfilling LAPOR!'s goal to be easily accessible to everyone, everywhere in Indonesia.
3) The framework provides a systems approach to understanding the interactions, power dynamics, and complexities inherent in an accountability system. If an accountability system can be studied as a whole, then the synergies and interactions of its component parts can be better appreciated. Another benefit to a systems approach is the possibility to examine the impact of shocks or changes on either the individual components, or the entire system, or both. This in turn can improve the resilience and adaptability of the accountability system as unintended consequences or areas in need of additional attention can be identified more quickly and easily. For example, when complaint handlers shift to different positions, there is an immediate impact on the institutional capacity to respond to complaints due to factors in the institutional arrangements which do not enable institutional memory, and in the accountability mechanism which requires specialized technical and social skills for effective complaint handling.

Using a whole of system analysis, the solution to dedicate more resources to attracting quality human resources (to address the accountability mechanism component) might be suggested alongside steps to inspire the organizational leadership to ensure institutional memory through elevated understanding of the benefits of complaint handling (to address the institutional arrangement component), or perhaps policy changes to raise the profile of complaint handling positions to become aspirational career-wise and reduce the number of complaint handlers changing jobs in the first place (policy component). In summary, this framework offers a flexible approach to analyze a complex

accountability system, and accounts for the cross-cutting influences of leadership and multi-level power dynamics on the processes and interactions of the accountability system.

7.5 Recommendations for further study and implementation of complaint handling systems

Online complaint handling systems are being promoted as mechanisms of participatory accountability suited to all areas of the public sector, including health. This study showed implementing online public sector complaint handling can be perceived as a systematic way to hold government actors and health service providers to account, but there are some steps that could be taken prior to and during the implementation process that would be potentially helpful to policymakers.

Prior to implementing a national complaint handling system

This case study of LAPOR! and its role in promoting public accountability in the Indonesian health sector identified three elements worth considering prior to the development and launch of a national complaint handling system.

4) **Determine the high-level goal of the complaint handling system:** Before developing a complaint handling system, it is useful to determine if complaint handling is the best mechanism for the goal. If the goal is for complaint handling to be health sector control oriented, the primary aim of complaint handling is to use citizen feedback as a method to uncover potential misuses of power or a lack of service provision. For this type of system, there would need to be very strong protection measures in place for both the complainants and those who investigate the complaints. This goal is also more likely to trigger health service providers to employ risk-aversion strategies in order to avoid sanctions for performance shortcomings (Kushner, 2005). Therefore, the implementation of such a system would likely require an institution such as the Ombudsman to oversee the complaint handling processes and serve as an external enforcer towards health service providers. There are shortcomings to such external pressured based models of reform. Instead of supporting service providers to develop an intrinsic motivation to improve, the most that can be hoped for is service providers doing better at what they are already supposed to do. The most common outcome from this model is service providers get better at justifying why they are doing things the way they do (Kushner, 2005).

   In contexts with weak overall governance, it can be tempting to shift the responsibility for health sector control onto the shoulders of citizens in the name of citizen engagement and quality improvement. However, the prerequisite for complaint handling success is institutional openness to feedback. Without that, there is little scope for success. As such, the need for effective governance cannot be substituted by citizen supervision of services, and other health reforms

may be required before the implementation of complaint handling. If complaint handling implementation is to go ahead regardless, then the legal protection for citizens who file complaints needs to be very robust.

On the other hand if the primary complaint handling goal is to increase the quality of care in the health sector, then a full understanding of patient experiences is important (Harrison et al., 2015). Applying this understanding to organizational perspectives requires mature organizations which can self-regulate and have the motivation to provide quality service. This model necessitates the creation of safe spaces which tolerate failure and risk taking within which to experiment with changes and innovations (Kushner, 2005), and likely a pyramid of responsive regulations with incentives and sanctions which can escalate or de-escalate according to the needs of the situation (Carney et al., 2017; Healy and Braithwaite, 2006).

5) **Governance mechanism and best fit model of complaint handling for the context.** The governance and best fit model of complaint handling depends heavily on the socio-political context within which it operates as well as the goal of the system as discussed above. Complaint handling in the health sector is different from complaint handling in the other public sectors due to the information asymmetry inherent in the health system and the high emotional stake that potential complainants have in their experiences with the health system. The governance of complaint handling for the health sector would likely benefit from taking this into consideration. For example, does it make more sense to have organization specific complaint handling so that patients complain directly to the health service provider? Or does it help to have the complaints submitted through an unrelated complaint handling system such as LAPOR!? Or would it be more beneficial to have a public sector complaint handling mechanism that did not include health, and instead have a dedicated complaint handling system within LAPOR! or the Ombudsman focused only on health sector related complaints? Once the answers to these questions have been determined, the type of complaint handling and governance may become clearer.

6) **Socio-technical assessment of organizational capacities compared against a mapping of the current web of accountability for health service providers.** Once the goal and the type of complaint handling model have been broadly identified, the locations and organizations involved would benefit from a comprehensive mapping of the socio-technical elements to determine the current realities and capacities. Review of the existing webs of accountability to streamline the internal/external reporting and oversight mechanisms would help identify areas that could be streamlined. This would contribute to avoiding the overburdening of organizations with multiple

simultaneous accountability requirements in addition to complaint handling. This assessment and review can then be used as the foundation to determine the type of capacity building, human resources and metrics of success that would need to be implemented for the complaint handling system to succeed.

During complaint handling implementation

This case study of LAPOR identified three elements worth considering during complaint handling implementation.

1) **Metrics of complaint handling success that go beyond number of cases closed:** Make use of metrics to determine complaint handling success which reflect the high-level complaint handling goal. For complaint handling systems that have citizen supervision of services as the goal, beyond case-by-case resolution of complaint cases, the metrics could include number of unique complainants by geographic location or number of service providers which received complaints. For complaint handling systems with more of focus on understanding patient experiences to improve quality and patient safety, the metrics could include number of complaints that were included as evidence to justify changes in service provision processes.

2) **Consider how best to weigh received complaints against the organizational perspective:** Given the emotional intensity of healthcare experiences, the highly regulated environment and the amount of information asymmetry, determining how to investigate, weigh and otherwise reconcile the received complaint with the organizational integrity can be extremely difficult. This is true within organizations which have the maturity to self-regulate, let alone within organizations with front-line service providers who are guided by motivations other than public service. The same difficulty applies when trying to figure out if the complaint is from citizens who are adequately empowered to stand up for their rights, or if the complainant is lashing out as an expression of grief and anger at a poor health outcome as a form of retaliation. In any case, complaint handling is a tool like any other. It is neutral in and of itself, but depending who is using it and their motivations for doing so, it can be a source of positive changes or negative. Therefore, it becomes necessary to have ongoing reflective processes within the organization to determine how to be open and responsive to the contributions of complaints while still maintaining organizational value-creation and the ability to shield staff from inappropriate targeting if deemed necessary.

3) **Develop regulatory guidelines for complaint data analysis and use:** In settings which rely heavily on regulations to guide their actions, there is a need to focus as much on the complaints data aspects as on the technological processes. This requires the creation of guidelines for in-depth complaints data analysis, and perhaps drawing on the experiences of other countries to appreciate the benefits to understanding profiles and experiences of complainants on quality improvement processes.

These considerations are for actors in countries with an interest in strengthening public sector service delivery and the health sector specifically through online complaint handling. Table 7.2 provides a summary of the main considerations prior to and during complaint handling implementation.

Table 7.2 Fundamental complaint handling considerations and potential methods of investigation

Fundamental complaint handling considerations	Potential methods of investigation or intervention
Prior to implementing complaint handling	
Balance regulatory constraints with organizational/actor discretion	Trial a system of responsive regulations that provide flexibility in moving between incentives and sanctions, rather than a purely punitive system
Provide adequate legal protection for complainants	Develop legal safeguards to ensure the public's ability to file complaints without fear of future repercussions, particularly for complainants who do not fit the category of whistle-blowers
Determine the best fit complaint handling model for the setting	Consultative dialogue with a cross section of relevant stakeholders including from the lowest policy levels
Assess the existing organizational accountability requirements	Review the existing webs of accountability to streamline the internal/external reporting and oversight mechanisms to avoid overburdening organizations with multiple simultaneous accountability requirements in addition to complaint handling
During complaint handling implementation	
Identify metrics of complaint handling success	Consider elements beyond number of cases closed within legally allowable timeframes, for example include periodic qualitative assessments into the complainant's experiences with complaint handling
Consider how best to weigh received complaints against the organizational perspective	As part of ongoing reflective processes within the organization include dialogues to determine how to be open and responsive to the contributions of complaints while still maintaining organizational value-creation including the ability to shield staff from inappropriate targeting if deemed necessary

Develop regulatory guidelines for complaint data analysis and use	Encouraging the use of aggregate complaint data as one of the types of input into organizational strategies relating to quality improvement through providing guidelines for in-depth analysis and the benefits to understanding profiles and experiences of complainants

Recommendations specific to the Indonesian complaint handling context

There are three pressing research areas for the Indonesian complaint handling context. 1) there is a need to develop a complaints taxonomy and analysis method for LAPOR! complaints data. 2) Research on the national level into the complainants and those who use LAPOR! the most (and least) would be valuable to complement the initial research in this area by (Sadat, 2014). 3) it would be worthwhile to conduct a descriptive study similar to this one but focused on the other island groups or on remote and border regions.

Additional recommendations for further study in the Indonesian complaint handling context are structured according to overarching topic by the main actor groups used in this study. The specifics of these recommendations can be found in Table 7.3 below.

Table 7.3 Recommendations for further study by actor category

Actor category	Topic	Recommendation for further study
National government	Governance of LAPOR!	In light of upcoming integration of LAPOR! with all other government complaint handling systems and the scale of that operation, research into the best governance structure for LAPOR! would be timely. For example, the feasibility of establishing an independent institution to manage LAPOR! and its data full time
	Policy gaps around complainant protection and complaint data analysis	Legal research into the type of safeguards that would create an enabling environment for online complainants Study how to strengthen the complaint handling regulations to include guidance for in-depth complaint data analysis and how to use the results as a source of information for service improvements Research into how best to regulate unconventional data so that anonymized aggregate data sets may be easily accessible to researchers

Sub-national government	Complaint handling human resources	Research into the human resources needs of organizations with complaint handling requirements to identify what type of reforms need government policymaking support to effect changes and create an easier situation to attract quality complaint handlers Research into how to expand the metrics of complaint handling success to include elements relating to the quality of complaint handling
Health service provider	Complaint handling as part of organizational strategy	Study the health service providers who have prioritized complaint handling and identify the enabling factors that led to their prioritization given the constraints inherent in the health sector
Civil society	Retrospective complaint data analysis	Conduct a retrospective complaint data analysis to identify the types of complaints the health sector has been attracting and compare against other measures of health sector performance and regional disparities Research into the factors and barriers of complaining to verify the organizational assumptions around complainant motivations and fears and gain insights into how to ease the transition from in-person complaining to online complaining in line with government complaint handling priorities

7.6 Conclusion

This chapter presented a synthesis of Chapters 4, 5 and 6 which demonstrated findings relating to LAPOR! and complaint handling from the political, organizational, and social dimensions. This synthesis was then assessed from the perspective of related literature as introduced in Chapter 2. The contribution of a principal-agent relationship depicting the extra-long route of accountability to account for states with partial decentralization, and a complex accountability system framework as a method of assessing complex public accountability systems. Finally, suggestions for considerations before and during the implementation of complaint handling systems and areas for future research in the Indonesian context were made. This was followed by study limitations and reflections on the study.

8 Chapter 8 Conclusion

Indonesia has the 4th largest population in the world, diverse local contexts, and a partially decentralized health system engaged in introducing universal health coverage. Indonesia has also publicly committed to promote transparency and accountability in the public sector through online complaint handling. LAPOR! was established in 2013 as a national level, independent, multi-agency complaint handling system to promote public accountability. This system provides Indonesians with an online mechanism to request information or submit complaints about any type or policy-level of public service provision, including health.

Global dialogues concerning public accountability mechanisms in the health sector discuss the role of citizen engagement and participatory accountability mechanisms in improving health service delivery. Discussions revolve around the benefits, drawbacks, and prerequisites to incorporating citizen feedback as an external accountability mechanism to monitor the performance of health service providers. There are further discussions around the societal challenges to using participatory accountability measures to provide input to decisions around system-wide improvement of health service quality and patient safety. Complaint handling systems that use online and digital processes to solicit citizen engagement to promote accountability of public service providers and government officials are an important component of such discussions.

This case study of LAPOR! and complaint handling in Indonesia sought to contribute insights into how complaint handling systems and analysis of complaints data can provide a systematic way by which to engage citizens in holding public service providers, including health service providers, to account. This study brought together ideas concerning socio-technical complexities drawn from Clegg et al. (2017) and ideas on the multi-dimensionality of public accountability in the health sector from Van Belle and Mayhew (2016) to examine Indonesia's experience with introducing online complaint handling and LAPOR! specifically. The results of this case study of LAPOR! were structured into three chapters according to dimension: political, organizational, and social, and each of the chapters was further structured into eight socio-technical elements: policy, goals, infrastructure, technology, processes, actors, culture and data.

The results of assessing complaint handling and LAPOR! from the political dimension found that the political goal of Indonesian complaint handling was to be a bridge between citizens and government. Complaint handling systems were intended to promote system-wide service improvements through synergies between organizations in the form of cooperative complaint resolution for multi-sectoral issues. Ultimately the aim was to use complaints data for sustainable development through the integration of issues that arise into policy making. In other words, the vision was to use LAPOR! to

increase transparency and accountability through promoting the sharing of information between and within government levels and in doing so bring about social transformation.

However, the complaint handling reality had not yet reached that standard. There were political concerns about the mandate to integrate all complaint handling systems with LAPOR! due to the perception it was an unnecessary re-centralization of power to the national level. There were also concerns that the emphasis on using digital technologies as the main complaint handling method were serving to increase the digital divide and further entrench regional disparities, rather than the ideal of using online methods to provide easy access to all.

The results of assessing complaint handling and LAPOR! from the organizational dimension found that there was a distinction between complaints that report wrongdoing of individuals and require investigation, and complaints that report a mismatch between public expectations about the service, or the service provision environment and the minimum standards regulated by law. Organizational complaint handling was expected to respond to both kinds of complaints; however, the vision was to use the public expectation complaints as input when determining changes to the minimum service standards.

In reality, this use of complaints data as organizational policymaking information rarely took place. The complaint handling metric of success in organizations was narrowly defined to only evaluate the number of complaint cases closed within the legal allowable timeframe. This metric unintentionally incentivized case-by-case resolution and a very shallow report tally of complaint topics. The attitude of senior leadership was found to heavily influence the prioritization (or not) of complaint handling within organizations as well as the value assigned towards the received complaints. Widespread under-investment in the non-technological aspects of complaint handling within organizations contributed to a lack of quality human resources to manage the complaint handling tasks. This in turn contributed to the pursuit of complaint handling shortcuts by organizations more focused on complying with the minimum requirement to provide complaint handling than in discovering the benefits that quality complaint handling could provide.

The results of assessing complaint handling and LAPOR! from the social dimension found that the act of complaining was intended as a form of public participation in supervising the standards of public service provision. The more citizens complained, the more successful the engagement was seen to be. In effect, the number of complainants and volume of complaints were envisioned as an indication of effective democratic governance processes and a sign of public trust.

While there was evidence to suggest citizens filing complaints publicly online was considered an effective method of providing political pressure and ensured timely response by recipient organizations, there was also a persistent continued demand for in-person complaint handling services. There was also a policy gap around providing safeguards for complainants who did not fit the whistle-blower category, leading to concerns regarding the stringent organizational complaint verification processes for online complaints. Complainants were shown to be more reluctant to file health related complaints as compared with complaints to other public sectors. However due to a lack of on-going analysis of complainant characteristics or reasons for certain complaining behaviours, the underlying reasons were unclear but were widely suspected to involve fears of future repercussions when seeking healthcare. In general, aggregate complaints data analysis and complainant characteristics were neglected as a source of knowledge to improve complaint handling processes.

This study sought to contribute to conceptual framings of public accountability systems in two ways. The first is the addition of a principal-agent relationship to the World Bank (2003)'s *Key relationships of power: long and short routes of accountability* linking citizens directly to national government to account for situations of partial decentralization as described by Devarajan et al., (2007). The addition of the extra-long route of accountability was intended to highlight the influential relationship between national and sub-national government actors on health sector accountability relationships. The second was a proposed framework to operationalize assessing public accountability using a systems approach. The *Complex Accountability Systems Framework* was developed by combining the main conceptual frameworks used to shape the study, namely the multidimensional framing of accountability by Van Belle and Mayhew (2016) and the hexagonal socio-technical systems framework by Clegg et al. (2017).

The proposed framework has four central components: policy, accountability mechanism, institutional arrangements, and data; and three overarching dimensions: political, organizational and social. Combining variations of assessments concerning the inner elements and the outer dimensions provides a 'whole-of-system' approach to the assessment of accountability systems in complex contexts. The application of the *Complex Accountability Systems Framework* was piloted on the analysis of the Indonesian complaint handling system in the context of the health sector.

Seven fundamental complaint handling system considerations emerged from this pilot assessment. These considerations can be summarized as the need to 1) find ways to balance regulatory constraints with organizational actor discretion to encourage quality complaint handling; 2) conduct contextual analysis through consultative processes to determine the best fit complaint handling model for the country setting; 3) identify metrics of complaint handling success that can capture both quantitative

and qualitative aspects; 4) assess and streamline existing health service provider accountability requirements to avoid overburdening organizations; 5) provide adequate legal protections for complainants so as to incentivize complaining about sensitive topics which are likely to be areas in need of reform; 6; consider how best to weigh received complaints against the organizational perspectives in terms of evaluating the voluntary expression of lived experiences against the expertise and standard processes of the organization; and 7) to develop regulatory frameworks supporting in-depth complaint data analysis for organizational use drawing on the experiences and complaint data analysis methods already developed in other countries.

Overall, this study demonstrated that complaint handling systems such as LAPOR! are perceived by Indonesian health sector actors to be a systematic method by which to hold government and health service providers to account for the quality of health services offered.

The extent to which LAPOR! was able to contribute to public accountability in the Indonesian health sector depended on the presence of enabling factors on three levels: political, organizational and community. These enabling factors are: 1) The creation of an enabling environment through public commitment to complaint handling by national and local government officials, 2) The extent to which organizational leadership prioritized and valued complaint handling within their organizations, and 3) the capacity of civil society to support government and service provider organizations to improve complaint handling through technical assistance; to encourage communities to participate in filing complaints; and to provide follow-up advocacy and facilitation of complaint resolution as needed. Locations with these enabling factors had a higher likelihood of active complaint submission and handling.

Unfortunately, there was limited health system-wide improvement from LAPOR! due to limited organizational openness to receive complaints and a lack of national policies on complaint data analysis and use. The most successful examples of complaint handling being incorporated into policymaking for public sector system improvement were found on the village level. Civil society solicited complaints and suggestions (including those directed towards the health sector) directly from citizens and then facilitated a consultative multi-stakeholder forum aimed at resolution of issues. The results of these complaint handling activities showed an incorporation of citizens' input into the following year's local development planning to a much greater degree than was found in any of the online complaint handling processes involving LAPOR!.

A lack of adequate investment in socio-technical elements likely contributed to the online complaint handling systems falling short of their intended goal to serve as a stand-alone feedback mechanism linking the community with the government and health service providers. Instead, the instances of

complaint handling success were due to the utilization of both in-person and online complaint handling methods. This suggested that while online complaint handling was seen as the way of the future, the present context continued to require both in-person and online complaint options for public sector complaint handling.

Given the public commitment to accountability and progress that has been evident in Indonesia since the turn of the century, Indonesia's experiences will undoubtably continue to be a source of insights relevant to countries considering how best to incorporate citizen feedback into quality improvement of health services.

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10 Appendices

10.1 Appendix 1: Interview respondent profile

Session	Actor category	Study Location	Type of interview session	Organizational seniority (senior/ technical)	Gender (male/ female)	audio recording (yes/no)
1	national government	Jakarta	individual	technical	male	yes
2	national government	Jakarta	individual	technical	male	yes
3	national government	Jakarta	individual	senior	male	yes
4	national government	Jakarta	individual	senior	female	yes
5	national government	Jakarta	individual	technical	male	yes
6	national government	Jakarta	individual	senior	male	yes
7	national government	Jakarta	multi-person	senior technical	male female	yes
8	national government	Jakarta	individual	senior	male	yes
9	national government	Jakarta	multi-person	senior technical	male male	yes
10	national government	Jakarta	individual	senior	male	yes
11	national government	Jakarta	individual	technical	male	no
12	sub-national government	Semarang	multi-person	senior senior technical	female male male	yes
13	sub-national government	Semarang	multi-person	senior technical	male male	yes
14	sub-national government	Semarang	multi-person	senior senior	male male	yes
15		Semarang	multi-person	senior	male	yes

	sub-national government			senior	male	
				senior	female	
				senior	female	
16	sub-national government	Semarang	multi-person	technical	male	yes
				senior	female	
17	sub-national government	Medan	individual	senior	male	yes
18	sub-national government	Medan	multi-person	senior	male	yes
				technical	male	
				technical	male	
				senior	male	
				technical	female	
19	sub-national government	Medan	individual	senior	male	yes
20	sub-national government	Medan	multi-person	technical	male	yes
				technical	female	
21	health service provider	Jakarta	individual	senior	male	yes
22	health service provider	Jakarta	individual	senior	male	yes
23	health service provider	Jakarta	multi-person	senior	female	yes
				technical	male	
24	health service provider	Semarang	multi-person	senior	female	yes
				technical	male	
				senior	male	
25	health service provider	Semarang	multi-person	senior	male	yes
				technical	male	
				technical	male	
26	health service provider	Medan	individual	senior	male	yes
27	health service provider	Medan	individual	senior	female	no
28	health service provider	Medan	multi-person	senior	male	yes
				technical	male	
				technical	male	
				technical	male	

29	civil society	Jakarta	individual	technical	male	yes
30	civil society	Jakarta	multi-person	senior technical technical	male female female	yes
31	civil society	Jakarta	multi-person	technical senior technical	female female female	yes
32	civil society	Jakarta	individual	senior	male	yes
33	civil society	Jakarta	multi-person	senior technical senior	male male female	yes
34	civil society	Jakarta	individual	senior	male	yes
35	civil society	Jakarta	individual	technical	male	yes
36	civil society	Jakarta	individual	senior	female	no
37	civil society	Semarang	individual	senior	male	yes
38	civil society	Medan	multi-person	senior technical	male male	yes
39	civil society	Medan	multi-person	senior technical	female male	yes
40	civil society	Medan	multi-person	senior technical	male male	yes

10.2 Appendix 2: Information sheet and informed consent form

Lembar Persetujuan *(Informed Consent)*

Wawancara tentang *Uses of complaint management system health reports in Indonesia*

Peneliti mengenai data dari sistem pengelolaan pengaduan di Indonesia meminta saya untuk berpartisipasi dalam penelitiannya. Penelitian tersebut bertujuan untuk bisa lebih memahami sistem analisis data dari sistem pengelolaan pengaduan dengan tujuan untuk memajukan kualitas sistem kesehatan di Indonesia. *(A researcher on data from the complaint management systems in Indonesia asked me to participate in their research. The research aims to better understand the data analysis system of the complaints management system with the aim of advancing the quality of the health system in Indonesia.)*

Saya akan dimintai pendapat melalui wawancara tentang siapa pemangku kepentingan utama (individu/lembaga) yang berpotensi mengakses dan menggunakan data pengaduan kesehatan; dalam keadaan apa dan mengapa para pemangku kepentingan ini memilih untuk memakai (atau tidak memakai) data pengaduan kesehatan; dan bagaimana data pengaduan kesehatan sedang digunakan. Identitas akan saya jaga kerahasiaannya, hasil rekaman suara tidak akan diperdengarkan kepada pihak ketiga, yang akan dipublikasikan hanyalah dialog wawancara dalam bentuk tulisan, dan catatan anonim dari wawancara ini akan disimpan di server yang aman di London School of Hygiene dan Tropical Medicine di Inggris. Saya juga akan mendapatkan apresiasi dari peneliti setelah berpartisipasi dalam penelitian ini. *(I will be interviewed about the main stakeholders (individuals / institutions) who have the potential to access and use health complaints data; under what circumstances and why these stakeholders choose to use (or not use) health complaint data; and how health complaint data is being used. My identity will be kept confidential, the results of the sound recording will not be made public to third parties, only the dialogue from interviews will be published in written form, and anonymous records from these interviews will be stored on a secure server in the London School of Hygiene and Tropical Medicine in the United Kingdom. I will also get appreciation from researchers after participating in this research.)*

Setelah saya mendapat penjelasan lengkap mengenai isi penelitian ini, saya diberi kesempatan untuk bertanya dan pertanyaan saya pun, jika ada, telah dijawab oleh peneliti, maka saya yang bertanda tangan di bawah ini menyatakan bersedia berpartisipasi dalam wawancara tentang Uses of complaint management system health reports in Indonesia, dengan penuh kesadaran dan tanpa paksaan dari pihak manapun. (After I received a full explanation of the contents of the study, I was given the opportunity to ask questions and my questions, if any, have been answered by the researcher, then I, the undersigned, stated that I am willing to participate in this interview about the uses of health complaints data in Indonesia, with full awareness and without coercion from any party.)

(tempat, tanggal, *place, date*) _________________

Responden penelitian (research respondent):

____

10.3 Appendix 3: Semi-Structured Interview Topic Guide

Semi Structured Interview Topic Guide for PhD Dissertation
Lua Pottier, London School of Hygiene and Tropical Medicine in cooperation with Atma Jaya University

The following list is a sample of the type of questions and topics that the semi-structured interview intends to cover:

A. What are the guiding principles behind complaints systems (LAPOR! or the institution's own complaint system)?
    a. What kind of tool is the data generated through complaints systems?
        i. Is data generated through complaints systems a tool intended to improve the quality of public health service by seeking to encourage high standards of administrative behaviour and decision making in a variety of contexts?
        ii. Or is data generated a tool for accountability and used to assess the behaviour of administers by others?
        iii. Or is data generated a tool that is used as an aid for decision making purposes?
        iv. Or is it used for some other purpose (institutional image, public relations etc)
    b. What is the institution's complaint system's administrative structure?
        i. How many offices or admins are there managing data generated through the complaints system?
        ii. Who / which institutions are involved in design, system improvement of the complaints system?
    c. What are the minimum service standards and key performance indicators for the complaints system?
        i. What complaints system performance targets are set? (ie timeliness in dealing with grievances, or user satisfaction)
        ii. what happens if the targets are not met?
        iii. What system is in place to ensure compliance with complaint system minimum service standards?
    d. How does the top level decision-maker interact with health complaints data?
        i. Do they request specific information or data?
        ii. Is it used for performance monitoring of individuals or institutions?
    e. What public reporting obligations are there (annual report, weekly account, daily snapshot)?
    f. What is the communication strategy related to the complaints system? How is data that is generated from this complaints system shared with others?

B. Main stakeholders involved in complaints systems that also have health responsibilities
    a. Who are the main organizations and agencies involved in managing and responding to health-related complaints?
        i. What are the hierarchies and institutional relationships between these institutions?
    b. What are the terms of agreement between institutions relating to use of data generated through health complaints systems, such as LAPOR! or the institutions' own system?
    c. How does having decentralized government structure impact the use of data generated through complaints systems such as LAPOR! or the institution's own complaints system?

C. Health Data generated through complaints systems such as LAPOR! or the institution's own complaints system
    a. What are the mandates to systematically review and/or use complaints data?
    b. How are trivial or misconceived reports handled? Is there any review of rejected reports to ensure filtering is applied correctly but not overly stringent?

c. How many reports can be immediately resolved? How many reports are 'signposted' or referred to a different institution or agency? How many reports are rejected?
d. How many complaints are received monthly? What are the top 10 topic areas receiving complaints?
e. Is any data visualization or analysis software used to process the received complaints?
f. Are there clearly identified people responsible to review and analyze the health complaints /reports?
g. Is the complaints review/analysis process seen as a useful one? Or is review/analysis seen as an additional burden on officials?

D. Learning from health data generated through complaints systems
   a. Is there a systematic post analysis of the received health reports/complaints on a regular basis?
      i. Are there collective reviews of the health complaints being received? If yes, who organizes / facilitates the review?
      ii. Are there meetings at regular intervals to analyse the collection of reports? If yes, who participates in such meetings?
      iii. What types of formal/informal methods of inter-organisation learning from data generated through lapor exist? (ie analysis of data, reports, workshops, case studies, networks of health and social care)
   b. What opportunities are there for government ministries and agencies to learn from the health data generated through LAPOR or the institution's own system?
   c. Is the use of health data generated through complaints systems established by legislation?
   d. In what circumstances does use of complaints systems generated health data take place and what actors/institutions are involved? In your opinion, how could health data generated through complaints systems be more useful to decision-makers?
   e. What would be helpful and interesting for you if you were to get information/data from a complaints system, how regularly, what format etc ?

E. Perceptions of health data generated through LAPOR! or institution's own complaints system
   a. How important is it to know the profile of the people who submit complaints?
   b. Does the profile of the people who submit reports influence the perception of the data?
   c. What type or format of health data would be useful and relevant for policy makers?
   d. Is the digital divide an issue the government is considering in relation to e-systems? (receiving complaints only from those with digital skill, capability and accessibility of communications technology)

F. Challenges to LAPOR! and complaint handling systems

   a. How could LAPOR! Be strengthened? how suitable is it for organizations?
   b. What are the challenges to using LAPOR! or complaint handling in general?

10.4 Appendix 4: Research Assistant Agreement of Understanding

This Agreement of Understanding is between Lua Pottier (hereafter referred to as “Researcher”) and _________________ (hereafter referred to as Research Assistant “RA”). This agreement is considered valid once the acceptance has been signed by both parties.

The Researcher and the RA agree to the following:

1. The RA will support the data collection work according the specific responsibilities listed below.
2. The RA will receive a lump sum IDR3,500,000 for organizing, attending and (high quality) transcribing of 10 interviews according to the transcription guide provided. Half of the lump sum will be given after successful completion of 5 interview transcriptions and the remaining half after the successful completion of the other 5.
3. This agreement covers the period of August to October 2019 with the possibility of extension or addition of interviews if both parties are interested. The estimated amount of work required is 1.5 months full time work performed intermittently over a 3-month time period.
4. The RA agrees that (i) information or data furnished by or obtained through work for the Researcher shall only be used for the purposes of work conducted under this Agreement; (ii) s/he will keep in confidence, safeguard and protect, and not otherwise disclose or use any data or information regarding the semi-structured interview data or other work conducted under this Agreement; (ii) except for the efficient performance of this Agreement, the RA shall not make any copies, or permit any copies to be made, of the data or transcripts without the written consent of the Researcher; (iii) the RA further agrees that all intellectual properties, files, documents and copyrights belong to the Researcher unless expressly agreed otherwise in writing; and (v) upon completion of this Agreement or request of the Researcher, whichever occurs first, shall return all interview data and transcripts, and copies thereof, promptly to the Researcher.

Specific Responsibilities of the RA:

- Assist in the planning, coordination and arrangements of 10 fieldwork interviews;
- Set up interview appointments with government officials, health service providers, civil society organizations and other relevant people in Jakarta, Medan, Semarang, and/or Bojonegoro;
- Attend* the interviews to take field notes and provide minor translation as needed;
- Directly following each interview, transcribe the recordings of the interview (in the language of the interview) according to the provided transcription guide and ensure confidentiality of interview content;
- Provide additional fieldwork support or travel as needed.

* If the interviews take place outside of Jakarta, cost of travel (by citilink) and hotel will be covered for a maximum of 2 trips.

Acceptance – By signing below the RA and the Researcher accept the terms of this Agreement

Signature		
Printed name		Lua Pottier
Date		

10.5 Appendix 5: Transcription Guide

Transcription Guide

This document is intended to serve as a guide when writing the transcription / expanded notes of in-depth interviews (IDI) as part of data collection for the dissertation on "Use of Health Complaints Data in Indonesia".

Please transcribe or write expanded notes immediately following the IDI. For a one-hour IDI, it may take between 6 – 8 hours to transcribe and/or one day to write up expanded notes.

Part 1: Transcript Security

Main steps to follow

1) Password protect the word document using the password we agree on
2) Save the file using the stakeholder code (below) and number of interview in that category as the file name (i.e. "IDI-JNG1")
3) Email the completed transcript as a password protected file to me at lua.pottier@lshtm.ac.uk

Steps to include password on document:

1) Select "File" from the Microsoft tool bar at the top of the page.
2) Select "Info"
3) Select "Protect Document"
4) Select "Encrypt with Password"
5) A screen will pop up asking you to enter a password. Type the password we agreed on
6) Click "OK"
7) Another screen will pop up asking you to retype the password to confirm.
8) Type the password again and click "OK"
9) Save the document.

Steps to determine stakeholder code & filename (coding matrix section redacted from appendix)

Part 2: Document format

Please follow this format for the transcription:

- Word document
- Calibri size 12-font
- Entire document left-aligned
- No indents
- No page breaks
- Single space
- Standard word doc margins (top, bottom, right, and left)
- Page numbers on bottom of page

On the transcription word document itself please include the following **Transcription header** (add to the top of the word document before beginning transcription) and **these two document sections**:

(Transcription header)

Stakeholder code / interview number: ____

Date of interview: ____

Transcribed by:____

Time IDI started: ____

Time IDI ended: ____

Section 1 Interview summary

Interview summary could include: location, overall atmosphere/situation, respondent's overall body language, how many people are in the room, major disruptions taking place, and anything worth taking note of. (We can decide together what to add here based on our post-interview reflection.)

Section 2 Interview Transcription

The anonymized transcript

<u>Part 3: Transcription tools and instructions</u>

Transcription tools:

- Recommend using otranscribe.com for transcription purposes (free, online, doesn't save content on its website)
- Use the website to play the audio file, adjust the speed as needed and use the time-stamp function.
- Anonymize the transcript and follow the transcription rules below as you go along
- Time-Stamp: use the time-stamp function at the beginning of every change in speaker

<u>Time-stamp example</u>

R: 12:32 I'm not really sure. (...) I think we don't really do in-depth data analysis yet, so...

I: 13:05 I see. What kind of information does the required report have on it?

- When you are finished with your transcription session, select all, then cut and paste into the password protected word document to save
- Do not use the export function of the website (because it does not export into .doc)

Transcription instructions to ensure consistency:

1. **Anonymizing data**: if a name or identifying place is mentioned throughout the interview, change it as you transcribe. I.e. change "Hi my name is Agus." → "Hi my name is [name of the respondent]" or "when I was working in [name of the organization]" or use judgement to protect privacy but not lose content, i.e. ""in my job as [job position] in [government] I came to know that KSP is responsible for this and MenPan is responsible for this. We think this is a good distribution of labor."
2. **Paragraph change**: Each time the speaker changes, start a new paragraph and add a time-stamp.
    a. Begin the paragraph with "I:" for interviewer or "R:" for respondent.
    - Indicate with number if a different interviewer asks a question i.e "I1" or "I2" or a different responder answers "R1" or "R2".
3. **Literal language transcription**: Transcribe word for word in the language the interviewee uses. If it is a specific term, acronym or dialect, use square brackets to explain with the term refers to the first time it appears. (i.e. BPJS-K [the national social health insurance agency])
    - Use *italics* to indicate a change in language (from English to Indonesian words or vice versa) For example: "It's like *susah* [difficult], you know?"
4. **Pause in answer**: If there is a pause in the answer use parentheses and 3 dots: (...).

5. **Disruptions / unclear audio**: Take note on any major disruption (i.e. loud noises for more than a few seconds that obscure the interview, interruption from third person, etc.) and put it in the transcription.
    - There are people who talk loudly outside the room that disturb the audio. Put on a timestamp to indicate when the disruption starts and when it ends in *italic*
        - *[00:20] Disruption #1 started → [00:22:10] Disruption #1 ended.*
    - Unclear words: When you hear words that you are unsure of, put the words in brackets with questions marks in the beginning and the end. For example: ?[operational]?
        - For unintelligible passages use "inc." to mean incomprehensible and give the reason (i.e. (inc. fighter jets flew by overhead / loud noise)
6. **Using a grunt or noise as an answer**: Noises by the interviewer, like "uh-huh, yes, right" etc. are not transcribed. Noises and monosyllabic answers by the person being interviewed are transcribed with an interpretation, e.g. "Mhm (affirmative)" or "Mhm (negative)".
7. **Special emphasis**: Words with a special emphasis are CAPITALIZED (i.e. I am SO happy to talk to you) or lengthened "i.e. okayyyyyy, let's talk about that". (use a similar style to what you would use to convey emotion during text messaging)
8. **Spell out numbers, symbols and abbreviations** such as percent and meter etc. are spelled out (instead of % or m) and spell out numbers one to twelve (after twelve, use numbers, ie 230)
9. **Quotations in interview:** If direct speech is quoted in a recording, the quote is put in quotation marks:i.e. 'and then I said "Well, let's see about that."'
10. **Speech overlaps**: use // to mark speech overlaps. At the start of an interjection use // The simultaneous speech is within // and the person's interjection is in a separate line, also marked by //. I.e. I: Okay, and what you expect regarding collaboration //between organizations?// [00:02] R: //SO far, I don't have// any concrete ideas (...)
11. Write "end of interview" at the end of the transcript to indicate that the interview and transcript are completed.

Part 4: Final thoughts

The difference between a transcript and expanded notes is: a transcript is a verbatim rendition of the IDI while expanded notes include only a summary of what transpired during the IDI. Expanded notes are only written up if the participant did not consent to being audio-recorded (in which case both of us should take written notes during the interview).

During the audio-recording of interviews, I'll ask you to make sure the audio-recording is working and also take notes in case the audio-recording gets lost/spoilt/difficult to hear. (if that happens, we can combine our written notes taken during the interview). In general we will do our best to audio record all the interviews but I may need your help to facilitate the interviewee agreeing to that.

If you have suggestions on additions or improvements to this transcription guide, please feel free to let me know and we can update it.

References for this document:

Dresing, Thorsten/Pehl, Thorsten/Schmieder, Christian, 2015. Manual (on) Transcription. Transcription Conventions, Software Guides and Practical Hints for Qualitative Researchers, 3rd English Edition. ed.

Moore, E., Llompart, J., 2017. Collecting, Transcribing, Analyzing and Presenting Plurilingual Interactional Data. https://doi.org/10.14705/rpnet.2017.emmd2016.638

10.6 Appendix 6: List of documents used during document review process

10.6.1 Laws, Presidential Regulations and Ministerial Regulations

The following laws, regulations and ministerial regulations were reviewed.

Law and Presidential Regulation
Law no. 9 of 1998 on Freedom of expression in public
Law no. 30 of 2002 on the Corruption Eradication Commission
Law no. 32 of 2004 on Local Government
Law no. 14 of 2008 on Public Information Disclosure Act
Law no. 37 of 2008 on Ombudsman of the Republic of Indonesia
Law no. 25 of 2009 on Public Service
Law no. 24 of 2011 concerning the Social Security Administrative Body (Badan Penyelenggara Jaminan Sosial / BPJS)
Presidential Regulation no. 76 of 2013 on Public Service Complaints Management
Presidential Regulation no. 95 of 2018 on Electronic Based Government System
Presidential Regulation no. 39 of 2019 on One Data Indonesia
Ministerial Regulation
Ministry of Administrative and Bureaucratic Reform Ministerial Regulation no. 53 of 2011 on Guidelines for Bureaucratic Reform Quality Assurance and Monitoring and Evaluation
Ministry of Health Ministerial Regulation no. 49 of 2012 on Guidelines for Integrated Community Complaints Handling
Ministry of Administrative and Bureaucratic Reform Ministerial Regulation no. 3 of 2015 on Performance Evaluation Guidelines for Public Service Providers
National Development Planning Agency (Bappenas) Ministerial Regulation no. 14 of 2017 on One Development Plan Data (“One Data Policy”) and
Ministry of Health Ministerial Regulation no. 13 of 2017 on Integrated Community Complaints Handling in the Ministry of Health Environment

10.6.2 Publications and Reports

The information contained in the following list of reports was compared against information gained through the interviews.

Ombudsman RI, 2016. *Kualitas Pelayanan BPJS Kesehatan (BPJS-Kesehatan Quality of Service)* (Policy Paper). Ombudsman Republic of Indonesia.

Ministry of Home Affairs General Secretariat of Information Center, n.d. *Set of laws and regulations related to the management of public complaints*. (Book). Ministry of Home Affairs.

Ministry of Home Affairs General Secretariat of Information Center, August 2019. *Monitoring and evaluation of the scope of complaint and aspirations to the Ministry of Home Affairs*. (Report). Ministry of Home Affairs.

Giz Transformasi Project, n.d. *Integrating LAPOR! with a citizens’ complaint system.* (Report).

10.7 Appendix 7: Ethics approval

10.7.1 LSHTM Ethics approval (16331 /RR/14035)

London School of Hygiene & Tropical Medicine
Keppel Street, London WC1E 7HT
United Kingdom
Switchboard: +44 (0)20 7636 8636

www.lshtm.ac.uk

Observational / Interventions Research Ethics Committee

Ms Lua Pottier
LSHTM

22 May 2019

Dear Ms Lua Pottier

Study Title: The uses of complaint management system health reports in Indonesia

LSHTM Ethics Ref: 16331

Thank you for responding to the Observational Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

Approval is dependent on local ethical approval having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type	File Name	Date	Version
Investigator CV	CVPottier2019	10/01/2019	1
Advertisements	Pottier_RecruitmentEmail_LEO	10/01/2019	1
Local Approval	Pottier_LocalethicsApproved_UAJ	04/04/2019	1
Covering Letter	ethicsResponseCoverLetter_8May2019	08/05/2019	1
Protocol / Proposal	Pottier_studyProtocol_LEO.v1.0	12/05/2019	1
Protocol / Proposal	Pottier_InfoSheet_LEO	12/05/2019	2
Protocol / Proposal	Pottier_InformedConsent_LEO	12/05/2019	2
Protocol / Proposal	Pottier_draftTopicGuide_LEO	12/05/2019	2
Investigator CV	CV_ER_localResearchCounterpart	12/05/2019	1
Information Sheet	Pottier_InfoSheet_LEO	12/05/2019	2
Information Sheet	Pottier_InformedConsent_LEO	12/05/2019	2
Local Approval	UAJ_ethicsApproved_unofficialTranslation	13/05/2019	1

After ethical review

The Chief Investigator (CI) or delegate is responsible for informing the ethics committee of any subsequent changes to the application. These must be submitted to the Committee for review using an Amendment form. Amendments must not be initiated before receipt of written favourable opinion from the committee.

The CI or delegate is also required to notify the ethics committee of any protocol violations and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) which occur during the project by submitting a Serious Adverse Event form.

An annual report should be submitted to the committee using an Annual Report form on the anniversary of the approval of the study during the lifetime of the study.

At the end of the study, the CI or delegate must notify the committee using an End of Study form.

Page 1 of 2

All aforementioned forms are available on the ethics online applications website and can only be submitted to the committee via the website at: http://leo.lshtm.ac.uk

Additional information is available at: www.lshtm.ac.uk/ethics

Yours sincerely,

Professor John DH Porter
Chair

ethics@lshtm.ac.uk
http://www.lshtm.ac.uk/ethics/

10.7.2 Local Ethics Approval from Atma Jaya Catholic University (FR-UAJ-26-13/R0)

UNIVERSITAS KATOLIK INDONESIA
ATMA JAYA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT
Institute of Research and Community Service
Jalan Jenderal Sudirman 51, Jakarta 12930, Indonesia
Telepon : + 62 21 570-3306, 572-7615. ext. 139
Fax. : + 62 21 572 7461
Website : http://www.atmajaya.ac.id
E-mail : lppm@atmajaya.ac.id

4 April 2019

Nomor : 0415/III/LPPM-PM.10.05/04/2019
Hal : Persetujuan *Ethical Clearance*

Kepada Yth.
Dr. Elisabeth Rukmini
Atma Jaya Catholic University of Indonesia
Jl. Jenderal Sudirman 51, Jakarta 12930

Dengan hormat,

Setelah melakukan *peer review* terhadap proposal penelitian berjudul:

"***Uses of Complaint Management System Health Reports in Indonesia***"

dengan ini kami sampaikan bahwa Komisi Etika Penelitian Universitas Katolik Indonesia Atma Jaya menyatakan bahwa proposal laik etik untuk dilaksanakan, sesuai masukan dari Tim Komisi Etika Penelitian terlampir.

Diharapkan setelah pelaksanaan, Saudara dapat memberikan laporan beserta uraian pelaksanaan penjaminan aspek etika penelitian tersebut.

Demikian kami sampaikan, atas perhatian dan kerjasamanya kami ucapkan terima kasih.

Hormat kami,

Dr. Alexander Seran, MA
Ketua Komisi Etika Penelitian Unika Atma Jaya

UNIVERSITAS KATOLIK INDONESIA
ATMA JAYA

FR-UAJ-26-13/R0

ETHICS COMMISSION
Research and Community Service Center
Atma Jaya Catholic University of Indonesia

ETHICAL CLEARANCE FORM FOR RESEARCH

A. General:

1. Title of Research: Uses of Complaint Management System Health Reports in Indonesia
2. Name of Head of Research: Dr Elisabeth Rukmini
3. Head of Subject Matter Expert: Lua Pottier, PhD candidate in London School of Hygiene and Tropical Medicine
4. Name of Research Institution: Atma Jaya Catholic University of Indonesia
5. Address of Research Institution: Jl. Jendral Sudirman 51, Jakarta 12930

   Contact Number:

   Fax : n/a

   E-mail : elisabeth.rukmini@atmajaya.ac.id, lua.pottier@lshtm.ac.uk

6. Emergency contact person: n/a
7. Emergency contact number: n/a
8. Research commencement date: 1 June 2019
9. Duration of research: 11 months

The information given in Part B and so forth is solely based on the Protocol or other required documents attached in this Ethics Consent Form. When the information given is different than of the Protocol or other required documents, revise the Protocol and the related documents.

B. Research Team

a. Is there a list of the research team members? Yes
b. Does the list include the types of expertise? Yes
c. Does it include the *Curriculum Vitae* of the Head of Research? Yes
d. Are there any team members who are experts in the research topic? Yes

UNIVERSITAS KATOLIK INDONESIA
ATMA JAYA

FR-UAJ-26-13/R0

C. The Research Subjects

a. How are the subject's general health condition? Well
b. What is the subject's age? Age 18-65 (working age adults)
c. Can the subject sign the Informed Consent Form on his/her own? Yes
d. If no, who can sign the informed consent form on his/her behalf? n/a
e. Are there any criteria for the subject's inclusion? Yes
f. Are there any criteria for the subject's exclusion? Yes
g. Is there any relation between the subject and the researcher? No
h. If yes, what is the relation? n/a

D. Treatment/intervention to the subject

a. Does the protocol mention the kinds of treatment given to the subject? n/a
b. If yes, what are the treatments? ....
c. Is there any explanation on the dosage given? n/a
d. Is there any explanation on the frequency of treatment? n/a
e. Is there any explanation on the duration of the treatment? n/a
f. Is there any explanation on the potential risks? n/a
g. Is there any explanation on measures to reduce risks? n/a

E. Specimen collection

a. Is there any specimen taken from the subject? No
b. If yes, what are the types of specimens taken? ....
c. Is there any explanation on the number of specimens taken? n/a
d. Is there any explanation on the frequency of collection? n/a
e. Is there any explanation on the methods of collection? n/a
f. Is there any explanation on the methods of handling? n/a
g. Is there any explanation on the potential risks during collection? n/a
a. Is there any invasive procedure given to the subject? n/a
b. If yes, what are the invasive procedure? n/a

F. The narration script for the Informed Consent

1. Does the narration script of the Informed Consent explain about:
   a. The summary of the research? Yes

C:|etiko|form03

b. The treatment given to the subject? n/a
c. The benefits for the subject? n/a
d. The potential danger? n/a
e. The rights to withdraw from the research? Yes
f. The availability of an incentive for the subject (if yes)? No
g. The types of incentives given (if yes)? n/a

2. Procedure for the delivery of the explanation to the research subject
   a. Who will deliver the explanation? Lua Pottier
   b. When will it be explained? Prior to the interview with key informants
   c. Where will the explanation be delivered? At the interview location
   d. Who will sign? The interview subject will sign, or alternatively, record consent to participate
   e. Who will witness the signing? Lua Pottier and/or a research assistant (to be determined closer to commencement of the research)

G. Subject confidentiality

a. Is there any explanation on the subject confidentiality? Yes
b. Is there any explanation on the specimen confidentiality? n/a
c. Is there any explanation on the data confidentiality? Yes

UNIVERSITAS KATOLIK INDONESIA
ATMA JAYA

FR-UAJ-26-13/R0

H. Statement

I, whose name is mentioned below:

Name : Elisabeth Rukmini

Job title : Vice Rector for collaboration, research, & strategic planning

Acting as : Head of the Research

Title of the Research : Uses of Complaint Management System Health Reports in Indonesia

have read, filled out, and understood the content of this form and responsible for the implementation of the said research according to the Research Protocol and the whole content of this form.

Jakarta, 21 January 2019

(Head of the Research)

C:\etiko\form03

UNIVERSITAS KATOLIK INDONESIA

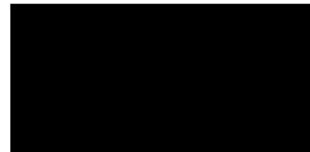
ATMA JAYA

FR-UAJ-26-13/R0

I. Response from the Members of Ethics Commission

(Members of the Ethics Commission filled out this section by responding to the points mentioned above and reviewing the Protocol or other required documents)

Please continue the research there's no ethical principals violation found in this proposal.



Jakarta, 21 Maret 2019

Name : Felians Rima

C:\etiko\form03

10.7.3 LSHTM Ethics amendment approval (16331 /RR/16502)

London School of Hygiene & Tropical Medicine
Keppel Street, London WC1E 7HT
United Kingdom
Switchboard: +44 (0)20 7636 8636

www.lshtm.ac.uk

Observational / Interventions Research Ethics Committee

Ms Lua Pottier
LSHTM

13 January 2020

Dear Lua,

Study Title: The uses of complaint management system health reports in Indonesia

LSHTM Ethics Ref: 16331 - 1

Thank you for your application for the above amendment to the existing ethically approved study and submitting revised documentation. The amendment application has been considered by the Observational Committee.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above amendment to research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

Approval is dependent on local ethical approval for the amendment having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type	File Name	Date	Version
Local Approval	Pottier_LocalethicsApproved_UAJ	21/03/2019	1
Other	Lua_InformedConsent_Nov19	10/09/2019	2
Other	Pottier_studyProtocol_LEO.v2.0	27/11/2019	2

After ethical review

The Chief Investigator (CI) or delegate is responsible for informing the ethics committee of any subsequent changes to the application. These must be submitted to the Committee for review using an Amendment form. Amendments must not be initiated before receipt of written favourable opinion from the committee.

The CI or delegate is also required to notify the ethics committee of any protocol violations and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) which occur during the project by submitting a Serious Adverse Event form.

An annual report should be submitted to the committee using an Annual Report form on the anniversary of the approval of the study during the lifetime of the study.

At the end of the study, the CI or delegate must notify the committee using an End of Study form.

All aforementioned forms are available on the ethics online applications website and can only be submitted to the committee via the website at: http://leo.lshtm.ac.uk

Additional information is available at: www.lshtm.ac.uk/ethics

Yours sincerely,

Professor Jimmy Whitworth
Chair

ethics@lshtm.ac.uk
http://www.lshtm.ac.uk/ethics/

Improving health worldwide

10.7.4 Local ethics amendment approval from Atma Jaya Catholic University (0001L/III/PPPE.PM.10.05/01/2022)

UNIVERSITAS KATOLIK INDONESIA
ATMA JAYA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT
Institute of Research and Community Service
Jalan Jenderal Sudirman 51, Jakarta 12930, Indonesia
Telepon : +62 21 570-3306, 572-7615, ext. 139 / 427
Website : http://www.atmajaya.ac.id
E-mail : lppm@atmajaya.ac.id

Number :
Subject :

Dear,
Ms. Lua Pottier
London School of Hygiene & Tropical Medicine
Kappel Street, London WCIE 7HT
United Kingdom

After conducting a peer review of the research proposal entitled:

"Uses Of Complaint Management System Health Reports in Indonesia"

We are pleased to inform you that the Research Ethics Committee of Atma Jaya Catholic University of Indonesia hereby grants the ethical approval for the above-mentioned proposal, in accordance with the recommendation provided by the team from the Research Ethics Committee, as attached.

We hope that upon completion of the project, you will be able to provide us with a report and relevant description in relation to the assurance of the ethical aspects of the research.

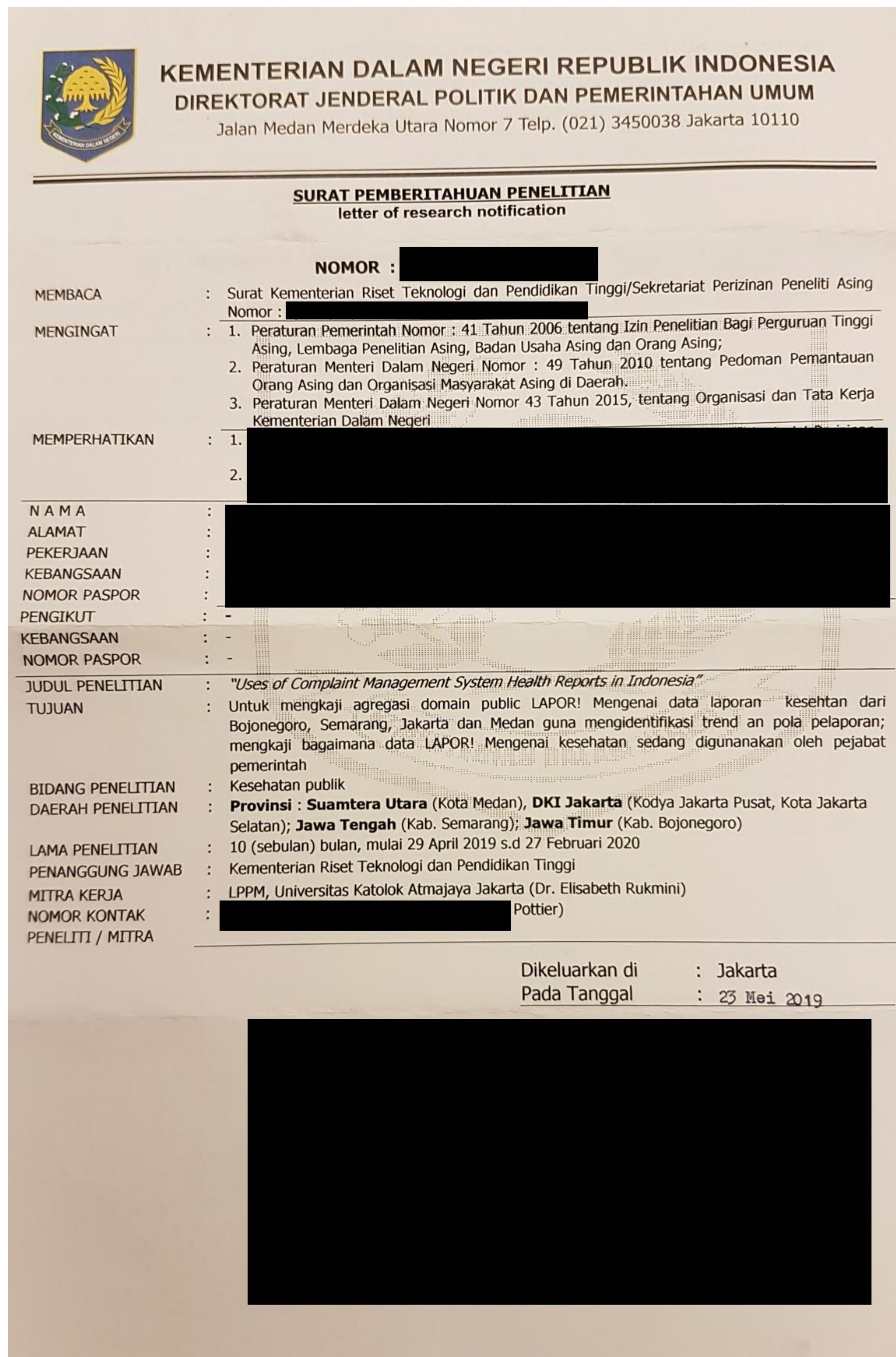
We thank you for your attention and cooperation.

Sincerely yours,

Dr. Mikhael Dua
Chairperson of Research Ethics Committee of
Atma Jaya Catholic University of Indonesia

Purnomolugi Ursila Nilamsari, M.Si.
Secretary

10.8 Appendix 8: Indonesian Research Permit



KEMENTERIAN DALAM NEGERI REPUBLIK INDONESIA
DIREKTORAT JENDERAL POLITIK DAN PEMERINTAHAN UMUM
Jalan Medan Merdeka Utara Nomor 7 Telp. (021) 3450038 Jakarta 10110

SURAT PEMBERITAHUAN PENELITIAN
letter of research notification

NOMOR :

MEMBACA : Surat Kementerian Riset Teknologi dan Pendidikan Tinggi/Sekretariat Perizinan Peneliti Asing Nomor :

MENGINGAT :
1. Peraturan Pemerintah Nomor : 41 Tahun 2006 tentang Izin Penelitian Bagi Perguruan Tinggi Asing, Lembaga Penelitian Asing, Badan Usaha Asing dan Orang Asing;
2. Peraturan Menteri Dalam Negeri Nomor : 49 Tahun 2010 tentang Pedoman Pemantauan Orang Asing dan Organisasi Masyarakat Asing di Daerah.
3. Peraturan Menteri Dalam Negeri Nomor 43 Tahun 2015, tentang Organisasi dan Tata Kerja Kementerian Dalam Negeri

MEMPERHATIKAN :
1.
2.

NAMA :
ALAMAT :
PEKERJAAN :
KEBANGSAAN :
NOMOR PASPOR :
PENGIKUT : -
KEBANGSAAN : -
NOMOR PASPOR : -

JUDUL PENELITIAN : *"Uses of Complaint Management System Health Reports in Indonesia"*
TUJUAN : Untuk mengkaji agregasi domain public LAPOR! Mengenai data laporan kesehtan dari Bojonegoro, Semarang, Jakarta dan Medan guna mengidentifikasi trend an pola pelaporan; mengkaji bagaimana data LAPOR! Mengenai kesehatan sedang digunanakan oleh pejabat pemerintah
BIDANG PENELITIAN : Kesehatan publik
DAERAH PENELITIAN : **Provinsi** : **Suamtera Utara** (Kota Medan), **DKI Jakarta** (Kodya Jakarta Pusat, Kota Jakarta Selatan); **Jawa Tengah** (Kab. Semarang); **Jawa Timur** (Kab. Bojonegoro)
LAMA PENELITIAN : 10 (sebulan) bulan, mulai 29 April 2019 s.d 27 Februari 2020
PENANGGUNG JAWAB : Kementerian Riset Teknologi dan Pendidikan Tinggi
MITRA KERJA : LPPM, Universitas Katolok Atmajaya Jakarta (Dr. Elisabeth Rukmini)
NOMOR KONTAK PENELITI / MITRA : Pottier)

Dikeluarkan di : Jakarta
Pada Tanggal : 23 Mei 2019