

# Social Accountability: the Ethiopian Experiment

By Dr Samuel Tadesse

After a focus group discussion with the evaluation team<sup>1</sup>, Ato Lemma, a schoolteacher in Hakim, Hararge asked rhetorically, “What do I want for my family and myself? And what do my friends and neighbors want? What do you want for your family and yourself?” and answered his question by saying, “Isn’t it a healthy, happy and prosperous life.”

How can this be achieved? To have a healthy, happy and prosperous life one would need to have access to clean water, good basic education, good healthcare, clean air, food, shelter and income generating opportunity. Most of all one needs to have the freedom to choose. This is true regardless of whether one lives in the developed or developing world.

Water, education, healthcare, clean air and land are shared resources and in most countries governments control their provisions and availability. Government’s produce and supply or regulate these resources. However, in most developing countries availability, quality and access are constrained by lack of government resources, weak supervision and management of government resources or corruption and indifference.

It is also constraint by citizens’ incomplete understanding of their citizenship rights, responsibilities and entitlements to public basic services. Around the world, including Ethiopia, citizens fear public officials and civil servants. Many citizens are afraid to challenge these public officials and public servants regarding their service delivery performance.



Likewise, public officials and civil servants have incomplete understanding of their duties and accountability to citizens. Community involvement in the planning, budgeting and implementation of public basic services delivery is at best limited or absent. Public forums where public officials, public sector service providers and citizens meet tend to be dominated by public officials speech making. No serious and systematic attempted is made to gather data on the problems and priorities of citizens neither do public officials provide useful information that citizens can use to address their service needs.

Local government officials in Dire Dawa city administration and Kombolcha Woreda of Oromia articulated their understanding of their responsibilities as follows, “Earlier we thought we were just accountable to our supervisors. As a result of the social accountability initiative and the government reforms layered on the same, now we know accountability is a two-way street, between service providers and users i.e. officials and citizens and also between us and our subordinates within the system.”

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<sup>1</sup> The evaluation of the Pilot Social Accountability Project was carried out by Dr. Samuel Tadesse, Team Leader, Biraj Swain, Social Accountability Expert, Merga Afeta, Project Design, Implementation & Management Expert, Gadissa Bultosa, M&E Expert under contract with IPE International, New Delhi, India and the World Bank, Addis Ababa, Ethiopia. Sihdartha Patnaik provided program management support from New Delhi, India.

In both developed and developing countries, availability, access and quality of basic public services require citizens' participation individually and as citizen groups. More can be achieved when citizens band together to solve their communities' problems in partnership with their local governments. In this context strong social capital is a prerequisite to solving community problems. Unstable and divided communities seldom reach consensus on community issues and thus achieve little result. Another prerequisite is economic, social and political freedoms to make choices.

Development agencies and civil society groups introduced *social accountability* in the early 1990s. Social accountability was used as a mechanism to build a community's social capital, and to inform and educate citizens of their constitutional rights, and responsibilities. It was also used as a means to inform citizens about their public basic service entitlements and service standards and engage communities with public officials and service providers to demand more and better quality public basic services. Communities are mobilized and trained to assess the availability, quality and equitable delivery of public basic services using different social accountability tools. In India, Brazil, South Africa, Ethiopia and many other countries different social accountability tools have been developed and used to evaluate public sector service delivery performance. Among the tools most used are Community Score Card (CSC), Citizens Report Card (CRC), Social Audits and Participatory Public Expenditure Tracking (PPET). For definition and how each of these tools are used see Table 1.

In the social accountability paradigm the principal actors are Civil Society Organizations (CSOs). CSOs mobilize and galvanize communities to participate in the social accountability initiative. They train the communities on selected social accountability tools to evaluate service delivery performance. Simultaneously they work with the relevant public basic service providers and train them to self-evaluate their service delivery performance preferably using similar performance indicators as those used by the community in scoring the performance of the public basic service providers.

Because all community members cannot be given intensive training on how to use the social accountability tools and evaluate service delivery performance, the community is asked to select from among their ranks individuals who can represent them and be their collective voice. These individuals are separate from elected councils. They have no political status. In the case of Ethiopia, the men members of the community selected 6 to 12 individuals to represent them. Similarly, women chose 6 to 12 women to represent them. The youth and vulnerable groups such as the disabled and the elders were also



represented in a similar manner. These selected community representatives are provided intensive training on the Community Score Card, as well as on service standards and how to measure service quality and access and how to list and prioritize the community's public basic service delivery problems and concerns. After they identify the issues and prioritize them, they report back to the community to obtain feedback and get the community's agreement and concurrence. The women representatives report to the community women, the men representatives report to the

community men and the youth and the vulnerable groups representatives do the same. Next these groups of community representatives meet and review and discuss their scoring of basic services delivery performance. After discussing the rationale for their scores they consolidate their scores using consensually agreed-on performance indicators.

The next critical step in the process is the ‘Interface Meetings’ between public basic service providers and community representatives, considered by many participants a breakthrough platform. This is the face-to-face interaction between the service providers and community representatives to review each others rating of service delivery performance including the quantity, quality and equitable access. These interface meetings require careful facilitation so that they don’t deteriorate into fingerprinting. They require skilled facilitators that control the agenda and guide the conversation to result in cooperation and collaboration and foster partnerships between the service providers and the community they serve. The scores of both parties are reviewed carefully and the ratings are then reconciled using agreed-on performance indicators<sup>2</sup>.

In addition to agreeing on the ratings and status of public basic service, the service providers and the community representatives develop *joint action plans* for service delivery performance improvements. A representative of the service provider and representative of the community sign the joint action plan<sup>3</sup>. Actions needed to improve the quantity; quality and equitable access are grouped into immediate, intermediate and longer-term actions. These action plans also identify the resources required, how much the government will put in and what citizens will contribute. For instance, if crowded classrooms or lack of latrine for girls and boys in a school are the main concerns of the community, the community may agree to supply labor and some of the material for the construction of additional classrooms and/or separate latrines for boys and girls and the remaining resources come from the service provider. In some cases,

Survey Sample Size		
	Pilot Areas	Control Areas
<b>Number of Regions &amp; Fed. Cities</b>	9	9
<b>Number of Woredas (Districts)</b>	22	15
<b>Number of Kebeles (Villages)</b>	44	25
<b>Number of Focus Group Discussions</b>	124	61
<b>Number of Key Informant Interviewed</b>	122	74
<b>Number of Citizens Surveyed</b>	275	141

<sup>2</sup> Performance indicators are identified and filtered and refined at different points. For instance, the selected community representatives initially identify performance indicators that represent the concerns of their group. Next these indicators are adjusted when the men, women, youth and vulnerable groups meet and reconcile their scores. Likewise service provider identify performance indicators appropriate for their sector when they self-assess their service delivery performance. Finally a common set of performance indicators is identified when service providers and service users meet. These indicators are far more superior than centrally determined service delivery performance indicators because they incorporate citizens preference and priorities.

<sup>3</sup> The counter-signed joint action plan forms a social contract between service providers and citizens and should be considered a very important enforceable legal document.

local governments have reallocated resource from other sectors and activities to correct the high priority service delivery deficiencies in the affected sector.

The benefits of social accountability are numerous. For instance, in our survey of citizens, service providers and focus group discussions and key informant interviews citizens, public officials and service providers that participated in the social accountability project, which was piloted in selected districts and towns around Ethiopia between January 2008 and June 2009<sup>4</sup>, resoundingly said that the social accountability initiative has:

- Created deeper understanding of citizenship rights and responsibilities,
- Created understanding of entitlements and service standards,
- Provided an objective means for assessing service delivery performance,
- Improved the interaction between service providers and service users
- Created community ownership of basic services'
- Built social capital, and
- Improved the quality of basic services.

Social accountability provides a mechanism for citizens to contribute and to participate in improving the performance of public basic service delivery for their community. It promotes and fosters transparency and accountability and partnerships between service providers and the communities being served.

Both men and women and youth groups surveyed indicated that their participation in the program has benefited them personally and their community. For instance, as shown in Box 1, women of Dangila, Kebele 05 benefited from a revamped and reorganized health clinic as a result of the women's association participation in the social accountability pilot initiative.

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<sup>4</sup> The Social Accountability project was piloted in 9 regional states, and 86 woredas and towns.

### **Box 1: Women benefit from improved of health center**

My name is Hulu-agarish Taizaz. Currently I am the Speaker of the House for Dangila City Council. I am lucky to have participated in the pilot social accountability project in Dangila City Administration. First when the project was introduced into our Woreda by Amhara Development Association (ADA), I was working as Head of the Dangila Woreda Women's Affair office. As a result I had direct and frequent working relations with the Woreda Women's Association, which was one of the implementing partner for ADA. I was hired to be a facilitator in Kebele 05 where I am a resident. I was given training on (a) how to facilitate focus group discussions, (b) how to use social accountability tools to evaluate the performance of basic services (in this case a health center), and (c) how to moderate the interface meeting between the women group and the health center staff.

I facilitated the focus group discussion for 25 women that met twice to discuss and rate the performance of the Dangila Health Center. Together we determined that the Health Center was very old (established in 1960) and its service provision was very poor. It was understaffed and had acute shortage of essential drugs, sanitation supplies and equipment. Patients, including expecting mothers, were obliged to bring their own bed sheets and blankets when admitted in the health center. Night duty for emergency and laboratory services were almost non-existent. There was no Ambulance service at all. The health center has not provided any of the services it was supposed to provide to patients. As a result the towns people either traveled to other towns or to private health clinics to seek treatment at greater cost. Poor families and the elderly that could not pay suffered as a result.

The women group realized that they benefit the most from an improved health center. They were happy to evaluate the service delivery performance of the Health Center using the Community Score Card. They evaluated every aspect of the health center and rated the services as very bad and gave it a score of zero on all aspects. The social accountability project benefitted the women in two ways: first, they were able to air their voice and got opportunity to be heard in public on the issue that affected their life and livelihoods. Secondly, they benefitted the most from the resulting improvement of the health center as mothers and caretakers of their families. After the interface meetings the woreda government resolved most of the problems of the health center quickly. Especially the maternity section was better organized and a fully trained midwife was hired. In addition, the clinic was supplied with all the necessary drugs and supplies. Patients no longer have to bring their own bed sheets and blankets. The Dangila Health Center now operates 24 hours a day and seven days a week. The services of the health center have improved significantly and the number of service users has increased by many folds since the implementation of the joint action plan.

*Recorded by the Social Accountability Evaluation Team in February 2010*

While CSOs have mobilized and galvanized communities to participate in the social accountability initiative, businesses and business leaders seem to have been left out. Businesses have social responsibility to participate and to contribute to improvements of the quality and availability of basic public services both as users of these services for their families, their businesses and their employees and as corporate citizens.

Businesses in a community can play a vital role in ensuring their activities do not pollute the water the community depends on, or degrade the land or the forest resources, which people depend on for growing their food and use for fuel or pollute the air people breath. In many parts of Ethiopia the rivers and lakes are polluted and are causing untold amount of misery and suffering on downstream communities as a result of tanneries, breweries, alcoholic beverage manufacturers, horticulture industries and chemical companies dumping toxic waste into the water system. This has results in the loss of livestock and in mysterious sickness in children, women and men that use the water.

Businesses should as well be interested in improving the quality of basic education in their community, as it will provide them with a pool of talented and employable labor force. They can provide scholarships to encourage competition among students and enhance scholastic performance. They can also provide internship program to talented students to give them practical experience. Businesses can recognize good teachers by giving awards and honoring these teachers in public. This has the effect of motivating teachers and to sharpen their teaching skills. Businesses should also participate to shape the curriculum taught in classrooms.

Furthermore, not all businesses can afford to run a health clinic for their employees. Instead, they should actively participate and contribute to improve the healthcare system in their community. Good healthcare means lower absenteeism by their employees and more productivity.

*Engaging in social accountability is everybody's business!*

**Table 1: Selected Social Accountability Mechanisms and Tools**

Below are selected social accountability mechanisms and tools that have been used in many countries as entry points at different stages to promote and foster effective, efficient and equitable basic service delivery.

**Participatory budgeting**

This involves direct participation by citizens and citizens groups in the basic services budget formulation processes to influence the amount and priorities of budgets allocated to basic services delivery. Participatory budgeting usually occurs at the local level but can be applied at higher levels of government. Another approach to participatory budgeting is when civil society actors prepare alternative budgets with a view to influencing budget formulation by expressing citizen preferences.

**Public expenditure tracking**

This involves citizen groups tracking how the local government actually spends funds, with the aim of identifying leakages and/or bottlenecks in the flow of financial resources or inputs. Typically, these groups employ the actual service users (assisted by CSOs) to collect and publicly disseminate data on inputs, expenditures and basic service delivery performance. Information is disseminated through media, publications and public meetings.

**Participatory performance monitoring and evaluation (M&E)**

This entails citizen groups or communities monitoring of the implementation and performance of public basic services and evaluating their impact, often according to indicators they themselves have selected. This is achieved through participatory M&E tools and, at a more macro level, through public opinion surveys, public hearings or citizens' report cards. The findings of participatory M&E exercises can be publicly disseminated and presented to local government officials to demand accountability and lobby for change.

**Citizens' report cards**

Citizen report cards are surveys that compile service users' opinions on their satisfaction with service delivery, quality and equity. A key component is interface meetings where citizens can engage with government officials to address their concerns regarding service delivery, quality or equity.

**Community Score Card**

Community Score Card is a tool where community members evaluate their access to basic services and the quality of services they receive. It also includes a self-assessment of service delivery and performance by services providers. The access, quality and equity of basic service delivery are assessed using community developed performance indicators assisted by the SAIP.

Ultimately, the effectiveness and sustainability of social accountability mechanisms is improved when they are "institutionalized" – that is, when the government has incorporated these mechanisms into its practices and when the state's own mechanisms of accountability are rendered more transparent and open to civic engagement. It is also improved when citizens groups and community based organization and membership-based organization actively and routinely use social accountability mechanisms and tools to assess service providers' performance, advocate and negotiate for change and participate in basic services planning and delivery.