

Case Study and Stories on Kirkos Sub-city Health Center

Project Title and Period: Advancing Social Accountability through collaboration, networking and empowerment of citizen /ESAP 2/ Project, January 2012 - June 2015.

Implementing Agency: - Save Your Generation Ethiopia (SYGE)

Objective of the project: - To contribute for the enhancement of health service delivery at Kirkos Sub-city, Woreda 11 of Addis Ababa City Administration.

Methodology: Citizen Report Card (CRC) was applied to monitor the Health Center services. Stratified systematic sampling and purposive sampling was used to select 2% of the population (which consist diversified service user and providers) of the Woreda, accordingly the sample was 960 households.

Target beneficiaries: Direct: **Male** 3,518 **Female** 5,294 **Total** 8,812
Indirect: **Male** 7,036 **Female** 10,588 **Total** 17,624

Interface meeting agendas: - During the process identified basic issues are:

- ✚ Scarcity of medicine/drugs supply especially for those that are considered very poor and are entitled to have free medical services;
- ✚ The health center is not accessible for PWD particularly those who use wheelchairs;
- ✚ No water for delivery room and the toilet.
- ✚ The delivery room setting is not appropriate for pregnant woman; no separate room for mothers before and after delivery;
- ✚ Poor sanitation of toilets; and the health center compound and ;
- ✚ Ethical and behavioral problem of health professionals.

Success /out-puts/

- ✚ More than anything the awareness of citizen groups has dramatically increased they are able to know their rights, entitlement and responsibilities and during the process their demanding capacity enhanced and the citizen were also part of the solution because they are able to feel as owner of the health center;
- ✚ The attitude of service providers towards the service users has also improved due to their increased awareness;
- ✚ Service providers and service users have started to see one another as allies for better quality public basic services improvements;
- ✚ Joint service improvement action plans have been developed and implemented through the involvement of citizens, local governments & CBOs in two Wereda health centers;
- ✚ Developed a new drugs management and procurement manual;
- ✚ Participation of women and vulnerable groups has been ensured;
- ✚ Improved trust, confidence and communication between service provider and community;
- ✚ Improved the community and service providers to understand their rights and responsibilities; and to improve service providers and official responsiveness.
- ✚ At this time majority of the Health Center identified issues have improved.

Case Story 1: *“Previously we were not ready to listen to any complaints, we almost close our door to opinions from the community and we didn’t have any mechanism to know sincere public opinions regarding the services we provide. Now a bridge between us and the community is made through the SA program. We listen to and trust what the community says. Together, we were able to improve the sanitation of our toilet, availability of drugs, delivery room management and so on. Our prime duty is to satisfy our customers. Based on the feedback from service users on the issue of drugs availability, we have now developed a new drugs management and procurement manual together with a citizen member from the Social Accountability Committee (SAC), to ensure that citizen’s considerations were taken into account. This manual describes how the drugs store should be managed and what the procurement rules are.*

As such, the drug stocks are now carefully monitored and if a drug runs out, two months ahead of time the pharmacists will procure additional stock. If the drugs are not available from the central government provisions, the procurement will be done directly from private drug suppliers” **Mesfin Beyene Kirkos Woreda 11 Health Center Head.**

Case Story 2: *“I had no idea about social accountability. After SA was introduced, I become proactive and started to demand my entitlements. I became a member of SAC. There was no access for physically disabled people at the Woreda 11 Health facility. Together with my colleagues we have demanded for access and the service providers considered the case and constructed a ramp”* **Firehiwot Mamo, a lady with physical disability.**

Lesson Learned

- There is high demand for discussion related to social accountability and break the silence about accountability.
- Good opportunity for vulnerable groups to appeal their service demand
- Working with various stake holders in a collaborative manner unquestionable because it helps to use various resources that exist in such networks which contribute to the improvement of the service.
- The close relationship with the different stake holders like SAC, CBOs, Citizen Groups, Service Providers, concerned officials and partners is found to be very encouraging for sustainability because of the openness and mutual benefit nature of the project.
- Because of the relative newness of accountability concepts in general CRC in particular, extra emphasis should be placed on awareness raising and sensitization at both community and local government level.

Challenge faced

- The signing of the project implementation agreement with Addis Ababa BOFED took longer time
- Staff turnover within Woreda Administrators.

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