



IRINGA DISTRICT COUNCIL

A BRIEF PRESENTATION ON EXPERIENCE DRAWN FROM SOCIAL ACCOUNTABILITY MONITORING EXERCISE IN IRINGA DISTRICT COUNCIL

1.0 INTRODUCTION

One of the Government obligatory responsibilities is to provide quality Socio - economic services to its people – citizens. Other responsibilities include that of ensuring peace and order is maintained among its people in the country. Due to the magnitude of the government roles, with limited financial resources, there are NGOs like TACOSODE which assist the government in fulfilling its obligation of providing social services to the people. TACOSODE has also equipped people in its project areas to perform social accountability monitoring especially in health services provision. The basis on which people undertakes social accountability monitoring exercise is their participation in identification, planning, monitoring and evaluation of the services provided. This participation makes them understand health requirements and therefore what and how much services they need. Unfortunately this project is only implemented in 5 wards and in 10 villages. This presentation examines and compares situations in TACOSODE served villages and those villages that are not served by TACOSODE in the Iringa District Council.

2.0 COMMUNITY AWARENESS ON SOCIAL ACCOUNTABILITY MONITORING

In villages where Social Accountability Monitoring exercise is practiced, people are brought on board from the planning phase in which they explain what they want, and how they will get their wants addressed. They are also asked what will be their contribution and other requests that they request the government to provide. Issues about staff shortages are raised and request the government to allocate staff, while they agree to construct staff houses for staff allocated to their facilities. Sometimes there is stiff discussion among them during planning, for example a request for constructing a placenta pit is raised, and that this should be done by the District! In discussing this they finally agree that construction of this placenta is in fact their own responsibility and not the District Medical Officer.

They finally agree that while they are responsible for infrastructure development (providing building materials that are locally found, e. g. bricks, sand and collecting stones) the district

should support them by providing required staff, medical facilities and other materials that are not locally found, these include iron sheets, etc.

3.0 DIFFERENCES BETWEEN VILLAGES THAT TACOSODE WORKS AND THOSE ONES WITHOUT TACOSODE

Observing on what is happening in the villages with regard to services availability, the following is a true scenario:

a) In villages where TACOSODE works, there are health facility committees which work very close to the facility health services providers. This is not the case in villages that are not served by TACOSODE. The health committees are the mediators between the health facilities functions and the Village government – the health committees are sub committees under the village government standing committee called Social Services and Self-reliance Committee, one of the three standing committees of the Village government.

b) The role of the Health facility committee is to monitor that the facility operates and people are being provided with the health services according to their needs. Where these services are not made available they meet with health services providers who inform the committee on why health services are not offered to fullest level. The reasons given if acceptable are communicated to the people for their awareness while solutions are worked out. This monitoring function guarantees facility health workers to be asked by the community where services happen to become an ordinary.

c) If at the facility there are no basic drugs (not available), the health subcommittee would be called by respective chairperson to discuss and request funds mainly through CHF to purchase the missing drugs so that sick persons don't miss the services from the health facilities.

d) There is more transparent on functions and use of funds of the health facility. On 4th January 2017, there was a planning meeting at Kihanga village, where during planning discussion the people agreed that the health facility should present a report on income and expenditure for them to discuss. Truly, after the planning meeting was adjourned, another meeting was conducted where a quarterly health facility income and expenditure report was presented by the health staff and villagers discussed it. This was very good positive practice that the community had acquired.

e) With regard to the social accountability monitoring role by the community, this is largely a reflection of community ownership of the social services provision, and the assurance that everybody works to fulfill his/her responsibilities. This is what the government wants to see implemented by all public institutions and justify their existence.

In determining development course for the people, their involvement is necessarily unquestionable. Community involvement in the identification, planning and implementation is vital in ensuring that problems identified are truly theirs and therefore they will fully take part in the implementation to solve the problems. Where this is a real scenario, then the

community is not only the beneficiary but also the owner of the entire process. This is a good lesson to take on board for application in other areas.

TACOSODE's approach to implement their accountability project has been much on facilitating the District Council to conduct public dialogues towards discussing challenges emanated from the SAM exercise, but also TACOSODE has been involving villange leaders and selected local CSOs to implement the project at the ground. This approach facilitated positive and meaningful engagement at local, district and as well as the National level.

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