Addis Ababa University

College of Education and Behavioral Studies

Institute of Psychology

The Role of Social Accountability in Promoting Social Inclusion of VulnerableGroups in Addis Ababa

A Thesis Submitted to the Graduate Studies of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Master in Social Psychology

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Declaration

I, the undersigned, declare that this thesis is my original work, has never been presented in this or any other university, and that all resources and materials used herein, have been duly acknowledged.

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This is to certify that the thesis prepared by **Getachew Kindu entitled"The Role of Social Accountability in promoting Social Inclusion of Vulnerable Groups"**is submitted in partial fulfillment of the requirements for the Master of Art in Social Psychology complies with the regulation of Addis Ababa University and meets the accepted standards with respect to originality and quality.

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Abbreviations

AAU:	Addis Ababa University
ANSA-EAP :	Affiliated Network for Social accountability in East Asia and Pacific
AALIC :	Addis Ababa LandInformation Center
CSO:	Civil Society Organization
DESA:	Department of Economic and Social Affairs
ECA:	Economic Commission for Africa
ESAP :	Ethiopian Social Accountability Program
FDRE:	Federal Democratic Republic of Ethiopia
FGD :	Focus Group Discussion
FSS :	Forum for Social Studies
HIDO:	Hiwot Integrated Development Organization
HIV/AIDS:	Human Immunodeficency Virus /Acquired Immuno Deficiency Syndrome
KII :	Key Informant Interview
MBS:	Mass Based Societies
MoFEC:	Ministry of Finance and Economic Cooperation
MoLSA:	Ministry of Labor and Social Affairs
NSPP:	National Social Protection Policy
OECD:	Organization for Economic Co-operation and Development
PLWHA:	People Living with HIV/ AIDS
PPB:	Participatory and Planning Budget
PWDs :	People With Disabilities

RLDS: Regional and Local Development Studies

SA: Social Accountability

SAC: Social accountability Committee

SDG: Sustainable Development Goals

SI: Social Inclusion

SME : Subject Matter Experts

SPSS: Statistical Package for Social Science

TVET : Technical and Vocational Education and Training

UNDESA: United Nations Development for Economic and Social Agency

UNDP: United Nations Development program

UNRSID: United Nations Research Institute for Social Development

Abstract

The major purpose of the present study was to assess the role of social accountability program in promoting social inclusion of vulnerable people in public service delivery at Woreda 4 of Arada sub city.It specifically examinedthe ways and the extent to which social accountability enhances social inclusion of vulnerable groups in public service delivery.In order to address the basic research questions of the study, a descriptive research design was employed. To that effect, the study employed mixed methods in collecting the dataand analysis was made by using both inferential (SPSS version 23.0) and thematic techniques.The selection of samples followed multi-stage sampling procedure. A total of 95 participants were selected using simple random sampling and stratified random sampling techniques coupled with purposive sampling. Generally, the current study revealedthat social accountability program made a contribution for social inclusion of vulnerable groups (PWDs, people living with HIV/AIDS, elders, women, children, and youth) in the process of public service delivery. Specifically, the findings showed that social accountability program enhanced the basic facets of social inclusion which are active and meaningful participation and access to basic services mainly at health (health center) and education (primary school) services. Accordingly, the present study found out that the social accountability program was successful in enhancing the capacity of vulnerable people, enhancing effective interaction between vulnerable groups (or service users) and public service providers, and attitude and behavioral changes of vulnerable groups towards service providers. In general, based on the findings of the study it is concluded that there is a direct link between Social Accountability and Social Inclusion. This implies that social inclusion of vulnerable people is promoted through social accountability in such a way that enhancedparticipation and access to serviceof vulnerable groups are ensured in public service delivery. Hence, social accountabilityshould be integrated and implemented along with each development initiatives and should be institutionalized in all sectors of the public service.

Key words*: Social Accountability, social inclusion, participation, public servic, vulnerable groups*

Chapter 1: Introduction

1.1. Background of the Study

The growing need on public governance and service delivery to be responsive and accountable to citizens has been widely recognized in development strategies and policy discourses such as World Bank's empowerment framework and the Millennium Development Goals (Malena, Forster and Singh, 2004). Read and Manuelyen (2017) noted that the linkage between services delivery and accountability took root with the influential 2004 World Development Report-"Making Services Work for Poor People". Subsequently, a significant number of researches have attempted to pinpoint the reasons for citizens' engagement to hold service providers accountable. In this regard, Bhargava (2015) has made a remark for the emerging motives of governments to engage with citizens because it is acknowledged that citizen engagement improves development outcomes, reduces poverty, and encourages peace by promoting social inclusion.

In light of the above viewpoints, a group of researchers have argued for establishing new forms of engagement between the state and citizen. For instance, Ringold, Holla, Koziol, and Srinivasan (2012) argued that citizens toexert influence, they need to get viable and inclusive mechanisms for participation, access to information about services and the capacity and opportunitiesto use the information and transform it into action.Kohli (2012) also added that there need to be anew form of state-citizen engagement in which citizens' oversight the state and directly participate in the policy making process.

Consequently, many contemporary efforts seek to improve service performance either through strengthening existing accountability mechanisms or creating new channels of accountability (Ackerman, 2005). While attempts to strengthen accountability in basic services are not new, what is new about the current interest is that many emphasize citizen-led accountability, which is termed as social accountability and is used to enhance downward accountability to users of services (UNDP, 2010). Therefore, we find social accountability under this border concept of accountability.

Several literatures and empirical studies have conceptualized social accountability in different ways depending on contexts. In their publication at the World Bank, Malena et.al(2004) defined social accountability as an approach towards building accountability that relies on civic engagement, in which it is ordinary citizens and/or citizen groups who participate directly or indirectly in exacting accountability. Similarly, ANSA-EAP (2010) defines social accountability as actions and mechanisms initiated by citizen groups to hold public officials, politicians, and service providers to account for their conduct and performance in terms of delivering services, improving people's welfare and protecting people's rights.

It is also indicated in a working paper written by Fekade (2014) that the mechanisms for community participation in public service delivery are best understood within the framework of social accountability. Since it is a form of community engagement that builds accountability (ANSA-EAP, 2010), social accountability is described as the principle of a vibrant, dynamic and accountable relationship between states and citizens underpinning efforts to ensure equitable development. To that end, Mohammadi et.al (2010) pointed out that the ultimate goal of social accountability is to develop this relationship into one where entitlements are realized, quality of service provision improved and, ultimately, citizen welfare is advanced by means of structured and meaningful participation of citizens. In relation to this, Camargo and Stah (2016) emphasized that the relationship between citizens and the providers of public services is at the core of the social accountability concept.

Given the above understanding, social accountability aims to empower and build the capacity of citizens to demand better basic public services and hold service providers accountable for poor performance (ESAPII, 2016).In order to achieve this goal, the premise of social accountability is to enable an environment in which citizens can exercise their voice and service providers are answerable to them.

From the empirical points of view, considerable number of literatures explored the results and achievements of social accountability.Based on the case studies conducted in India, George (2003) described the nature of social accountability for its role to improve health service delivery and concluded that social accountability initiatives must

supportiterative processes and constructive relationships that together transform their socialcontexts by making it not only particularly useful to sexual and reproductive health, but also to other areas like mental health and disability. Anotherset of case studies conducted on social accountability initiatives in Asia (Sirkerand Sladjana, 2007) highlights how ordinary people can make a difference by making their voices heard, often backed by the evidence, information and communication strategies.

Evidences also show the experiences of social accountability programs in Africa as well. Governments and development partners are increasingly providing attentionto social accountability mechanisms in the development dialogue (Boydell and Keesbury, 2014)because of its remarkable achievements with regard to promotion of basic service deliveryin Africa (Affiliated Network for Social Accountability (2010) as cited in Ermias, 2014). For example, the social accountability initiative that was implemented from 2010 to 2012 in Tanzania can be mentioned as a successful experience (Roell and Mwaipopo, 2013). Documented evidences also showed that the SA initiatives increased the awareness of especially women, disabled, and youth at regarding on their rights and to claim for accessingbetter social services. Similarly, community members were increasingly participating more actively in meetings organized by the local leaders to hold the local government accountable regarding social services, like water, education and health care provision. In the same way, field observations in Uganda (Bjorkman and Svensson, 2007) indicated the impact of strengthening accountability relationship between health service providers and citizens, and the role of community monitoring practice can play for improving access to and quality of health care.

Taking the Ethiopian case into consideration, over the last ten years the social accountability initiative referred to as the "Ethiopian Social Accountability Program‟ (ESAP) has been operational since 2006. The program has aimed to empower and build the capacity of citizens, communities and community groups thereby improving basic service delivery through community participation and involvement (Samuel, Swain, Khosla, Patnaik,Merga and Gadissa, 2010).

On the other hand, there are prominent researches which examine the effectiveness and impacts of social accountability on vulnerable groups. For instance, Elizabeth and Bell (2015) described in their study that when social accountability is applied at the local level, it is an effective means for making services work for poor people through community monitoring and reporting on the quality of services, with a view to improving their effectiveness in achieving intended results. Thereby, social accountability interventions directed at this aim provide a means to enable the disadvantaged and marginalized in society to express voice, claim rights, and realign state–society relations to influence power distribution.

There are also empirical evidences (Joshi,2013) which showed that failures in public services due to the accountability gaps hurt the most vulnerable, and yet they are the most powerless in exercising their voice. For example, education, which is one of the most promising routes for exiting poverty, is typically characterized by discrimination against girls, the differently abled, age and ethnic and religious minorities in developing countries.

In light of the above understanding, some authors have highlighted the contribution of social accountability practices to improve social inclusion in the delivery of basic services .Thereby, it is argued that social inclusion efforts need to consider accountability demands as important indicators for access to participation , empowerment,and access to public service as well (Joshi, 2013; and Gidley et.al , 2010) and implicitly expressed that social accountability approaches are driven by a need to include services to the excluded.Moreover , contemporary evidence (ESAP II, 2016) also has suggested that social accountability has created more open and inclusive communities in which citizens freely discuss and prioritize their needs, taking into account the special needs of the vulnerable among them, building a stronger social capital.

Furthermore, a research conducted by a group of scholars in UNDP (2013) has emphasized the contribution of social accountability initiatives that can give to social inclusion of vulnerable group in the community. In addition, achievements of social accountability mechanisms and its process for reaching out particular target groups is

highlighted. In this regard, Joshi (2013) puthis view at UNDP working paperand suggested that accessing basic public services to disadvantaged groups has led to a greater awareness of the need to adapt and implement effective social inclusion strategies. Joshi continues his assertion that promoting social inclusion requires tackling social exclusion by removing barriers to people's participation in society and in their local government, as well as by taking active inclusionary steps to facilitate such participation.

In the context of Ethiopia , contemporary empirical evidences such as ESAP II (2016) assessment reportshave claimed that due to the especial emphasis given to vulnerable groups in the course of social accountability, some remarkable results have been achieved in terms of greater inclusion of vulnerable people in communities' everyday life: many schools started offering special needs education for the first time, and leveled the school grounds to make the facilities more accessible to children with reduced mobility. Health facilities improved their services for people living with HIV or disabilities, and government-mandated fee exemptions for healthcare and water were properly allocated to those who needed it most. So thata degree of social inclusion is required in social accountability if disadvantaged community members are to set their priorities, participate and engage fully with decision makers, administrative bodies and service providers at all levels (Khan, 2012). Consequently, citizens particularly vulnerable groups have been enabled to develop the skills to evaluate the services they receive and prioritize which elements most need upgrading, and also citizens have become more confident in interactions with officials and service providers (ESAP II. 2016).

Beyond its contribution for creating participation opportunities, empowerment, and access to services for the vulnerable, social accountability can bring many intangible benefits such as attitudinal and behavioral changes (ESAP II, 2016). Another important assumption described by Joshi (2013) and Tembo (2013) that effective social accountability efforts first require changing individuals' attitudes and values, which then bring about changes in programs. So that social accountability is as much about

changing mentalities, building relationships, and developing capacities as it is about technical tools (Westhorp, Walker, and Rogers, 2012).

However, despite the growing body of researches and evidences that have showed the significant results achieved by social accountability initiatives with regard to its role in improving service delivery, the explicit link between social accountability and social inclusion has not been explored sufficiently. Particularly inthe context of Ethiopia where there exists insufficient and weak mechanisms for vulnerable groups to directly face and hold the service providers and decision makers accountable, the role of social accountability in addressing the questions of social inclusion has not been sufficiently examined. For this reason, given the objective of thisstudy, it is relevant and appropriate to assess and examine whether the routes of social accountability can contribute to social inclusionwithin the Ethiopian context. Therefore, this study aims to fill this gap by looking in to one of the social accountability program and by examining itsimplementation process and approaches in Woreda4 of Arada sub city in Addis Ababa.

1.2. Statement of the Problem

As far as Ethiopia is concerned, existing studies on the issue of social accountability have focused on examining the practice of social accountability (ESAPII, 2013&2016; Samuel et al, 2010; UNICEF, 2016 and Ayliffe, 2018).Some existing studies and empirical evidences (e.g. (e.g. AAU- RLDS, 2013; ESAP II, 2013; Eskender, 2015 ; Ermias,2016; and Bereket, 2016) in the area of social accountability focused on describing the methods,role and contribution social accountability initiatives brought on actual basic service delivery improvement , empowerment , gender and good governance roles.In this respect, few studies also told us that deficiencies in access and quality of basic services and infrastructures are common in most developing countries. However, little (or no) is researched to examine the role of social accountability in promoting social inclusion. In fact, none of the existing studies were dedicated exclusively to explore the link between social accountability and social inclusion.

On the other hand, several researchers studied social accountability in relation to a number of different contexts.For instance, Kohli (2012) studied the issue of social accountability in relation to governance. Kohli mentioned that while several factors contribute to lack of effective and equitable services, the fundamental problems arebroadly related to governance issues where effective accountability mechanisms, transparency, and responsiveness over services are lacking.In this respect, studies by Joshi (2013)identifiedthose failures in public services due to the accountability gaps hurt the most vulnerable the hardest and yet they are the most powerless in exercising their voice.Other study sources like Siliver (2015) indicated that systematic exclusion of the poor or disadvantaged groups from mainstream society can impede social progress and endanger social and political stability.Similarly, ECA (2005b) report pointed out that like most countries in the developing world, African countries including Ethiopia are not the exception and they do have major difficulties in providing effective and equitable public services.

In line withthe above proposition, the contribution of social accountability was studied in several ways. For instance, Ethiopian Social Accountability Program II (2013) base line survey pointed out that special supports and mechanisms are needed such as provision in materials and inclusion of interest in provision, active participation like other members of the community and respect gained from the community, formation and action through associations of vulnerable groups and government measures in universal provision of services and implementation of good governance. AlsoSiliver (2015) noted that as long as both the advantaged and disadvantaged have equal access to or benefit from public facilities and services, they will all feel less burdened by their differences in socio-economic status, thus alleviating a possible sense of exclusion or frustration. Thereby,Ringold et al (2012) argued that citizens to exert agenuine influence, they need to get viable and inclusive mechanisms for participation, access to information about services and the capacity and opportunitiesto use the information and transform it into action.

In the context of Ethiopia, several literatures and research works (e.g, AAU- RLDS, 2013, ESAP II, 2013 , Eskender, 2015 and UNICEF, 2016) have showed that like many developing countries, public service delivery in Ethiopia suffers from weak capacity ofpublic agencies and lack of effective transparency, responsiveness and accountability systems.The situation in Ethiopia is also further described by UNICEF (2016) that despite efforts to expand pro-poor service delivery programs, the utilization of basic services by the poor remains a concern. In this regard, a team of researchers from Addis Ababa University (AAU- RLDS, 2013) who studied the public service delivery situation of Addis Ababa asserted that the disadvantaged are usually excluded from participation in the design and oversight of the policies and programs that affect their lives.

Survey results by UNICEF (2016) showed that poor households in Ethiopia continue to face barriers in accessing basic social services. According to this survey for example, children of poor households often have a lower level of school attendance than their peers (almost 1.8 times lower for primary school attendance in 2014). Similarly, the survey also continued to show its comparison in terms of access to health service between thepoor or vulnerable and the rich one. Accordingly, the proportion of the poorest women who access antenatal care from a skilled provider is three times less than for women from the richest quintiles (24% vs. 77%, in 2014). Moreover, the poor spent a disproportionately higher proportion of their income on out-of-pocket payments to access maternal health care services than their better-off peers (49% of income for the poorest quintile vs. 19% for the highest wealth quintile, in 2008). Access to other services, such as the registration of children at birth, remains low, with more than 90 % of children remaining unregistered (UNICEF, 2011).

Consequently, in most cases, vulnerable groups are the most overlooked in the service delivery and excluded in its process and they have less opportunities to participate in their local government matters and services due to existing obstacles such as lower levels of education, lack of skills, lack of information and lack of social networks (UNDESA, 2009). However, looking into the Ethiopian context, there is lack of adequate studies to show us how the absence of accountably deters inclusiveness of vulnerable

groups in the process of service delivery andparticularly the conceptual and practical link between social accountability and social inclusion has not been well explored.

On the other hand, Article 89(6) of the Ethiopian constitution specifically states that "Government shall at all times promote the participation of the people in the formulation of national development policies and programs; it shall also have the duty to support the initiatives of the People in their development endeavors" (FDRE Constitution, 1994). However, base line survey findings of the Ethiopian Social Accountability Program's (ESAP 2, 2013) indicated that direct involvement and participation of citizens in planning, budgeting, implementation and monitoring of quality of basic public services was very minimal. The results of the baseline survey also added that especially vulnerable people (PLWHAs, disabled, youth, elderly or women) had varying degrees of influence in the various regions across Ethiopia. So that a significant portion of respondents who participated in the survey did not know if there were any direct ways that vulnerable people can influence public service delivery and access services which consider their needs.

Another significant empirical observation comes from Fekade (2014), who asserted that in the case of Ethiopian, the mass-based societies (MBSs) such as the youth, womenand other likeminded associations, which are assumed to be used as an alternative channel for civic engagement, are often seen as dependent on government structures. In this regard, according to the research jointly conducted by Forum for Social Studies (FSS) and Atos Consulting (2012), the role of MBCs, however, is constrained by limited capacity and, as indicated previously, the prevalent perceptions of lack of independence lead toviewing them as one form of government's arms rather than independent entities.

The above empirical evidences are also reinforced by the findings of Eskender (2015) and he argued that there has been low or minimalparticipation, lack of awareness, mistrust of the public sector, passiveness or lack ofculture of civic engagement and low capacity of communities towards participating andimplementing to bring good governance and social accountability. This assertion is consistent withSilver's (2015)

observation that not only they are deprived in the form of material and basic needs such as the inability to afford basic services but also the vulnerable are often without the willingness and capacity to act and psychologically disempowered as they feel excluded from the greater society, and they are discouraged of to participate, contribute and becoming visible.

Generally, though the growing body of theoretical and empirical researches onsocial accountability and its outcomes across different public services sectors in Ethiopia, there are limitedor no research works which intended to specifically study thecontribution and role of social accountability in prompting social inclusion. Even though there are studies (e.g. Fekade ,2014 , Ermias,2014 and Berket ,2016) , baseline surveys (e.g. ESAP II, 2013) and evaluation reports (Samuel, Swain, Merga, and Gadisa, 2010) which explored the concept and practical aspects of social accountability, still no studies are found (done) so far with the objective of explicitly studding whether the links between social accountability and aspects of social inclusion or the specific role of social accountability in promoting social inclusion.Previous emperical studies, however, mainly focused on social accountability in realton to effective service delivery (Fekade,2014), community empworment (Ermias,2014), on gender sensitives of SA (Bereket,2016), and good overnanceand participation (Eskender,2015). Thereby, what makes the present study different from the previos studies is that it is intended to examine the the exlusive and direct link between social accountability and social inclusion and is designed to assess role of social accountability program in promoting social inclusion of vulnerable groups at Woreda 4of Arada sub city in Addis Ababa City administration.

1.3. Research Questions

In this research, the researcher triedto answer the following basic questions:

1.To what extent does social accountability enhance social inclusion of vulnerable groups in public service delivery?

2. How does social accountability enhance social inclusion of vulnerablegroups in public service delivery?

1.4. Purpose of the Study

The general purpose of this research is to assess the role of social accountability program in promoting social inclusion for vulnerable groupsin public service delivery at woreda level of Addis Ababa city. More specifically, the study intends to:-

- Examine the extent of social accountability program to enhancesocial inclusion in terms of participation andaccess to public basic services.
- Explorehow (the ways) of social accountability program enhancessocial inclusion: capacity, interaction, and attitude and behavioral changes.

1.5. Significances of the Study

The findings of this studycan add new practical and conceptual values. To those academicians, researchers and students who are involved in the fields of social psychology, social science and public administration fields, the study can give new conceptual highlight to understand social accountability in terms of its contribution for social inclusion. So that by using this specific study as stepping stone, they can conduct a deeper and broader investigation in the field of study.

Secondly,the findings of the present study may also benefit practitioners, organizations (including HIDO) and professionals who are implementing or intended to implement social accountability programs in such a way that it can be used as a reference to initiate and improve inclusive oriented interventions.

Third, public service administrators and policy planners may benefit from the findings of this study for they are accountable and responsible for planning and setting services standards as well as allocating resources to serve the general public, and theirdecision affects particularly vulnerable section of community.

1.6. Delimitation of the Study

Though social accountabilityis used for a range of purposes at different places, the focus of this study is to assessitsrole inpromoting social inclusion of vulnerable

groupsatworeda 4 of Arada sub city in Addis Ababa. Similarly, though social inclusion has different level and dimensions, in this study social inclusionis considered in terms of participation and access to services in public service delivery.In addition, exploring the ways by which social accountability enhances social inclusion is limited to capacity enhancement, interaction, andbehavioral and attitudinal changes.

1.7. Limitation of the Study

Though the present study had several strengths such as examining and showing the explicit link between social accountability and social inclusion which was overlooked by previous researches and practitioners in the field, using both quantitative and qualitative data as well as triangulating data sources such as FGD and key informants'interviews, it has some limitations. Therefore, in interpreting and using theresults of the current study, the following limitations should be borne in mind.

First, the items of the self-report instruments (questionnaire scales) were susceptible to response set such as social desirability in which participants could respond not on the basis of what they actually observed or benefited from being included or participated in the social accountability program, but on thebasis of what they think are socially acceptable or desirable, where this could have a detrimental influence on the generalizability of results.

Second, though social accountability is used in a broad range of objectives (for good governance, corruption, advocacy, child protection, Productive Safety Net Programs, etc.) and is also used as a parallel mechanism to improve the quality, quantity and access of different public services (Education, Health, Agriculture , Water, Rural Roads), the focus of this study was limited to focus in exploring and examining its contribution for promoting social inclusion within the context of specific public services at health (health center) and education (primary school) services.

Third, though social inclusion has several dimensions and elements (political, cultural, economical, legal, spacial, relational, environmental, physical, and social), only

social inclusion with specific focus on its element of access to public services was treated in the current study, where the information obtained only from this dimension may not give a complete picture about social inclusion.

1.8. Operational Definition of Terms

In this study:

- **Accountability** refers to the process by which public officials, who are service providers, respondwith appropriate answers to service demands from vulnerable community groups, inform about andjustify their plans of action, their behavior and results, and are sanctioned accordingly.

- **Attitude and Behavioral changes** refer to the change in perception of vulnerable groups (service users) towards service providers and government office decision makers. These include as getting confidence or self-esteem to discus and interact with service providers.

- **Capacity Enhancement** refers to vulnerable individuals' or groups' ability to improve their accountabilityseeking capacity orincrease their own ability to demand for better services and hold the services providers accountable.

- **Client power** refers to the direct influence vulnerable groups can have on service providers.

- **Empowerment** refers to the expansion of capabilities of vulnerable people to participatein, negotiate with, influence, control, and hold accountable institutions that affect their lives (World Bank,2002)
- **Extent of participation**refers to the level of participation of vulnerable groups at each stage of the social accountability program which includes participation in awareness rising sessions about their entitlements, interface meeting with service providers, joint planning and decision making with service providers, participation monitoring and evaluation of the services against the services standards.

- **Interaction** refers to the way in which vulnerable groups exchange opinions, views and act toward public service providers and mutually influence one another.
- **Local government** refers to government bodies (personnel and heads of sector offices) who are assigned to implement administrative issues at Woreda level in Addis Ababa city Administration.
- **Participation** refers to a process that enables vulnerable groups to be included and involved in planning, interaction, sharing information, decision-making, and monitoring and evaluation in the process of public service delivery.
- **Public basic service** refers to publicly provided basic service such as education, health, water and sanitation and the similar.
- **Public service providers** refer to non-elected public sector employees who provide services at public service delivery centers and institutions (E.g at health centers and schools).
- **Social Accountability** refers to the process by which vulnerable individuals or groups who are users of public service are included, participated and empowered to voice their needs and preferences; and capacitated to efficiently interact with service providers and administrative bodies.
- **Social Inclusion** refers to the process of improving access to participation and social services to vulnerable people through enhanced capabilities, interaction, and attitudinal and behavioral changes to fulfill normatively prescribed social roles, broadening social ties of respect and recognition.
- **Vulnerable groups** refers to individuals or a group of individuals who are or may be in need of support for social services by reason of age , disability, sex, poverty or illness and who is unable to afford maximum expenses to get basic social services. In this study vulnerable refers to women, PWD, PLWHA,, elders, youth and children.

Chapter 2: Review of Related Literature

2.1. Conceptual Background of Social Inclusion

The concept and meaning of social inclusion (SI) has been evolved some what beyond its initial theoretical origin and tends to be explored by different scholars and researchers within different contexts at different periods. As Gidley et.al (2010) pointed out the notion of social inclusion can be dated back at least to the nineteenth century sociologist Weber and regarded it for the importance of social cohesion. From then, the term has been conceptualized in many ways. For instance, Lombe (2007) tried to describe social inclusion as the realization that everyone has essential dignity and everyone has something to contribute.Therborn (2007)also described it asa multi-dimensional process aimed at lowering economic, social and cultural boundaries between thosewho are included and excluded, and making these boundaries more permeable. Moreover, UNDESA (2009) looks socialinclusion asdynamicphenomenon, as its boundaries are changing over time, space, and inquality.

In looking at social inclusion in a wider view, Silver (2015)defined social inclusion as one of a multi-dimensional, relational process of increasing opportunities for social participation, enhancing capabilities to fulfill normatively prescribed social roles, broadening social ties of respect and recognition, and at the collective level, enhancing social bonds, cohesion, integration, or solidarity. In a specific target sense,social inclusion is viewed by Silver (2015) as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respectfor rights.

In most of the definitions of social inclusion the concept of full participation in all aspects of life lies at the center. For instance, SI is described by UNDESA (2009) as being characterized by societal elements that wouldinclude the active participation by citizens, equality of opportunities, and basic levels of wellbeing. In the same way Gidley

et.al (2010) discusses social inclusion as a process by which efforts are made to ensure equalopportunities for all in order to enable full and activeparticipation in all aspects of life, including civic, social, economic, and political activities, aswell as participation in decision-making processes.

Given its principle of equal opportunities for all, the process of social inclusion can pertain to a variety of social groupings (Gidley et.al, 2010). In this sense, social inclusion takes on the issue of participation and the voice of the most marginalized (Joshi, 2013). On the other hand, considerable numbers of studies haverevealed thatfailures in public service due to lack of accountability hurt the most vulnerable the hardest, and yet they are the most powerless in exercising their voice (Joshi, 2013 and Malen et.al, 2004). For example, education which is one of the most promising routes for exiting poverty is typically characterized by discrimination against girls, the differently abled, and ethnic and religious minorities in developing countries. Similarly, access to health care (ill health is one of the main reasons why people fall into poverty) is often denied to the weakest and most vulnerable groups. Social exclusion thus exacerbates the impacts of poor services on the marginalized. To counter this process, social inclusion initiatives target those groups that are at the bottom on different social hierarchies (physical ability, gender, power, income, socio-cultural discrimination, health status etc.) (Joshi, 2013).

Therefore, in the context of social inclusion,Dugarova (2015) highlighted that meaningful participation is not only about giving vulnerable individuals or groups a voice at the table; it is about strengthening their capacity to influence decision-making processes and exercise their claims on external actors and institutions that affect their lives. In this sense, participation is a prerequisite for inclusive development.Again Dugarova emphasized that participation is a process that enables have-not's citizens, those who are excluded from decision-making process, to be included in future. It is the strategy that have-nots involve in sharing-information, and join to set priorities and goals (Mohammadi et. al., 2010)

In broader views, Aparicio (2013) asserts that social inclusion represents people's capabilities to exercise their human rights and a set of civil liberties that enable them to participate in society. Social inclusion has also been seen as a foundation for shared prosperity that characterizes the process of improving abilities, opportunities and dignity of the disadvantaged through access to services and spaces (UNRISD, 2015). These views of SI are consistent with the basic elements that UNDESA (2009) identified for an inclusivesociety in which SI is defined as the one where there isactive social participation, widespread sense of shared life experiences,equal opportunities and enjoyment of basic levels ofwellbeing.

Generally, in discussing social inclusion, it is alsoneeded to be aware of the multispectral nature of "inclusion": inclusion of whom (for example, vulnerable or social groups or communities), inclusion forwhat (services and resources, for decision making), and inclusioninto what (public service delivery system or space, whether political, social or cultural), how, for what purpose and on what terms (Dugarova, 2015).

2.2. Theoretical Background of the Study

In the previous sections of this paper, it is proposed that social accountability practices contribute to improve social inclusion of vulnerable groups in the delivery of public services.And it is also highlighted that social accountability approaches are driven by a need to include services to the vulnerable (Malena et.al., 2004).Thereby, in the context of social accountability,social inclusion can be understood asthe process of improving the terms of participation and access to resources and services in society for people who are disadvantaged on the basis of age, sex, disability, social and economic status, through enhanced capacitates and opportunities, voice and respect for right (United Nations, 2016). Similarly, contemporary evidence (ESAP II, 2016) also shows that social accountability has created more open and inclusive communities in which citizens freely discuss and prioritize their needs, taking into account the special needs of the vulnerable among them, building a stronger social capital. The frameworks of this study, therefore, are based on the supposed theoretical perspectives which are discussed in the section given below.

Generally, social inclusion can be understood as pertaining to a nested schema regarding degrees of inclusion. As Gidley et.al (2010) depicted, there are three theoretical perspectives which interpret three levels of social inclusion. While the Neoliberal notion of social inclusion is interpreted as access and is regarded as the narrowest theoretical perspective, the broader interpretation regards the Social Justice idea of social inclusion asparticipation; whereas the widest theoretical interpretation involves the Human Potential lens of social inclusion as empowerment

2.2.1. Neoliberal Theoretical Perspective

Gidley et.al (2010) linked the narrowest interpretation of social inclusion with the ideology of Neoliberalism which began to take hold in the 1980s. From the perspective of neoliberal ideologies, increasing social inclusion is about investing in human capital and improving the skills shortages. Neoliberalism can be differentiated in its interest in the state enforcement of liberalism. In other words, one of the ways that this theory may appear is through the notion of access to social inclusion. Hence, according to Gidley et.al (2010), this perspective regarded access as a sufficient expression of social inclusion of human beings as autonomous rational decision makers free from social power imbalances.

The central point in this theoretical perspective is consistent with the notion given by UNDESA (2009) that social inclusion provides opportunities for skills and capacity development through investing in human capital and creating access for social services. Therefore, according to this theory in order to encourage equal and all-inclusive opportunity for development, there must be workable and context based mechanism which facilitates equal access to public facilities and services for the benefit of the vulnerable. On the other hand, some sources (e.g. ESAP II, 2016) also associate the use of SA tools (e.g.Community Score Card-CSC) with the enhancement of citizens' skill and capacity to evaluate the services they receive and prioritize which elements most need upgrading. Thereby, SA allows citizens to become more confident in interactions with officials and service providers. Therefore, it is postulated that social accountability has

also contributed to createa more open and inclusive social environment in which citizens freely discuss and prioritize their needs, taking into account the special needs of the vulnerable among them, building a stronger social capital.

2.2.2. Social Justice Theoretical Perspective

Gidley et.al (2010) proposes that a broader interpretation of social inclusion is identified through Social Justice Ideology. This thought asserts that increasing social inclusion isabout human rights, egalitarianism of opportunity, human dignity, and fairness for all. In this context, the primary aim of social inclusion is to enable all human beings to participate fully in society with respect for their human dignity. In this perspective, community engagement and participation are the core elements. Furthermore, this theory can also be linked to the notions of community sustainability and contextualized within paradigmatic conceptions of participation (Gidley et.al, 2010).In exemplifying its emphasis for participation, this theory is noted by Gidleyet.al (2010) that social inclusion pertains to the ability to participate in the key activities of the society in which they live.

In the context of this theoretical perspective, social inclusion can be thought as the process of improving the terms of participation in society for people who are disadvantaged on the basis of age, sex, disability, social and economic status, through enhanced opportunities, access to resources, voice and respect for rights (United Nations, 2016). Similarly McNeil and Malena, (2010) asserted that because social accountability is closely related with community participation, it encourages citizens especially vulnerable groups to participate in public decision making, resource allocation and expenditure tracking as well as monitoring of government performance. Therefore, social accountability is serving as a tool for social inclusion by involving people to demand better services and monitor government performance.

This involvement of the poor and vulnerable groups in public service delivery chains from grass root or local to macro level is visible (Malena et.al, 2004). For instance, one of the SA tool such as participatory budgeting and planning ensures citizens participation in

analysis and formulation of public budget at different administrative levels. Thereby, unlike other participatory approaches, social accountability expands the horizon of participation towards macro level. When viewed in this way, addressing social exclusion (or in other words insuring social inclusion) through greater citizenparticipation is at the core of social accountability (Tamsin Ayliffe, Ghazia Aslam &Rasmus Schjødt, 2017).

2.2.3. Human Potential Empowerment Perspective

From the perspective of human potential ideology, increasing social inclusion goes beyond merely justice and human rights and seeks to maximize the potential of each human being. In this respect (Gidley et.al, 2010) asserted that employing models of possibility instead of models of deficiency, human potential approaches centre on the interpretation of social inclusion as empowerment. Such a perspective foregrounds the notion that all human beings (whether mainstream or marginalized) are multi-dimensional beings who have needs and interests that go well beyond their role in the political economy of a nation. Here, social inclusion valorizes difference and diversity, pointing to collective individualism. Through this, for example, education can be understood as transformative, facilitating one's potential for 'a life of common dignity.

Similarly, in light of the above perspective, social accountability initiatives can contribute to empowerment, particularly that of vulnerable people. In the context of SA, empowerment is defined as the expansion of assets and capabilities of poor people to participate in negotiation with, influence, control, and hold accountable institutions that affect their lives (World Bank, 2002). The underlying logic of empowerment and accountability approaches is that where people have a stronger voice, they are more able to influence decisions about their lives and the distribution of resources (Khan, 2012,). Therefore, a degree of empowerment is required if community members are to set their priorities, participate and engage fully with decision makers, administrative bodies and service providers at all levels (Khan, 2012). Moreover, Malena, et.al (2004) observed that by providing critical information on rights and entitlements and

introducingmechanisms that enhance citizens' voice, socialaccountability initiatives serve to enhance both these key determinants of empowerment

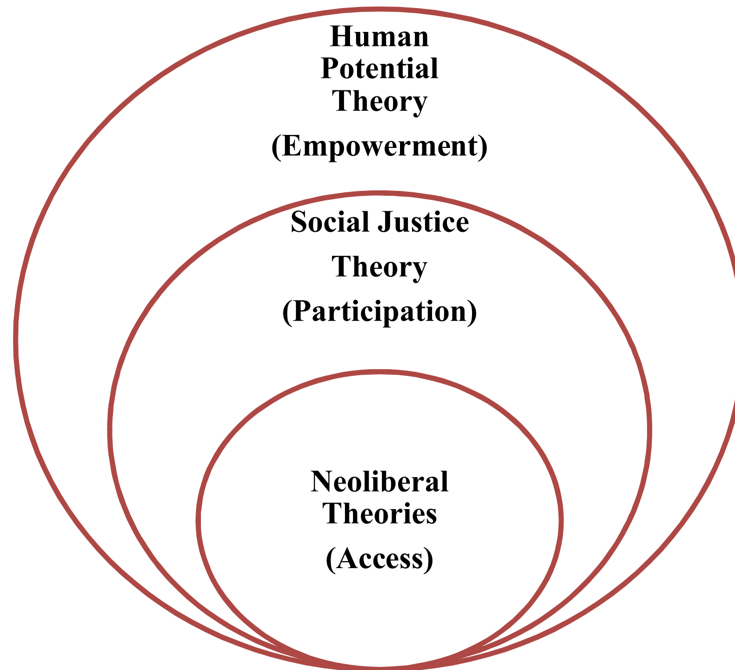

Figure 1: Spectrum of Ideologies Underlying Social Inclusion Theory, taken and adopted from Gidley et.al (2010).

2.3. Social Inclusion through Social Accountability

According to UNESCO 2012 statement, any society should incorporate mechanisms that enable citizens to participate in decisions that affect their lives and ultimately, their common future (Gidley et.al, 2010). Protection and empowerment of the vulnerable and marginalized, and eliminating discrimination based on attributes, such as gender, age, disability, and socio-economical status are to be taken as priority tasks to ensure social inclusion (UNDESA, 2009). That is because an empowered community has the ability to influence decisions and changes in the larger social system (Enklund, 1999).Indeed, there might be a set ofways to promote social inclusion and remove impeding obstacles. To that end, social accountability can be seen in that domain and taken as an approach that reinforces social inclusion In this regard, at the core of SA initiatives there aredifferent

tools and approaches that enhance citizen's ability to make choices and set priorities regarding service delivery improvement and other issues affecting their life.

Social accountability initiatives can contribute to social inclusion of vulnerable groups in three ways. First, as already mentioned, the initiative can target demand accountability for an outcome that benefits a particularvulnerable group. Joshi (2013) mentioned gender budget analysis as an example and show how public expenditure is skewed against women. By doing so, the resulting public pressure can then lead to reforms that increase spending on women or ring-fence funds for women.

Second, the processes through which the accountability initiative works could have special mechanisms to reach out to vulnerable groups. In this regard, Malena, Forster, and Singh, (2004) claim that due to the existing obstacles such as lower levels of education, lack of skills, lack of vocational training, lack of information, and lack of social network, vulnerable groups have fewer opportunities to participate in local governance matters. On the other hand, since these groups of people are most reliant on government services and least equipped to hold government officials to account, they have the most to gain from social accountability initiatives. So that their participation in the accountability demands could result in both including them in wider socio-political processes as well as empowering them within their communities (Joshi, 2013).

To empirically validate the views described in the above paragraph, for instance, the impact assessment conducted by the World Bank (World Bank, 2009) on SA interventions in India revealed that citizens are the key drivers in social accountabilityand initial stages of all social accountability interventions work to build their accountability-seeking capacity. The report also justified that information on rights and entitlements to service delivery served as catalyst in spurring citizen action. However, citizens especially vulnerable people often do not know that these rights and entitlements exist in the first place and addressing these information asymmetries is a critical first step.The World Bank (2009) report argued that this increase in information and awareness then initiates a series of behavior changes within the practices of citizens, individually and collectively. Then, they develop "information-seeking behavior", seeking out information on service

delivery from service providers that they normally would not. By doing so, relationships between service users and providers can be shifted(World Bank, 2009).In this regard, similar practical experiences from India showed thatin one of its villages named Andhra Pradesh, parents analyzed information on the funds available to the community, about budget allocations and expenditures on textbooks and other learning materials for the village school. Similarly, the same practice was exercised in another village where wage seekers analyzed the actual costs for materials and wages for planned Rural Employment Project works in their community (World Bank, 2009).

Third, the outcomes of the accountability demands could end up benefitting particular groups more than others; for example, changes in the timings at which health services are offered could lead to better access for day laborers (Joshi, 2013). In this regard, social accountability tools, such as community scorecards, specifically focus on creating constructive spaces for face-to-face dialogue between service users and frontline service providers (World Bank, 2009). Through this heightened understanding and dialogue, citizens develop a sense of ownership over these service entitlements and then exhibit "accountability-seeking behavior"in instances when they did not have access to them. Service users begin to openly question and challenge information and service providers about service delivery lapses. Over time, as the described by the World Bank (2009), this combination of increased information and accountability, leading to behavior and institutional changes, can hasten the achievement of concrete development outcomes (World Bank, 2009).Generally, it is reinforced by Agarwal et al(2009) that social accountability is as much about changing mentalities, building relationships, and developing capacities as it is about technical tools.

The available literatures also offer a few glimpses of empirical experiences in Africa as well. For example, by using one of SA tools, community monitoring of health services in Uganda led to some outcomes that particularly benefitted the poor and marginalized, such as the posting of information about free services provided by health centers (Bjorkman and Svensson, 2009). Similarly, this empirical notion has beenalso observed in Ethiopian Social accountability Program 2 (ESAP II) implementation. In this case, ESAP II (2016) assessment report described SA tools as non-confrontational way of

helping all those involved in seeing the problem from the point of view of 'the other'. In addition the findings of ESAP II assessment indicated that SA interventions have brought "intangible benefits" such as behavioral and attitudinal changes. According to the report, those changes have been observed on both services users and providers in such a way that service providers are able to understand how their behavior (e.g. their lack of communication or their dismissive attitude towards a patient, a student or a water collector) makes it difficult for the service user to access the service. Moreover, the ESAP II report added that service users also get to understand how service users have a limited budget, are unable to provide a service when, for example, a sick child is brought to a clinic after suffering at home for three days, when the authorities are not made aware of a water point being damaged or a frontline staff member has been absent for months without anybody reporting this (ESAP II, 2016).

Social accountability initiatives employ different tools and approaches to reach out vulnerable groups and ensure their inclusion in the public service delivery. These SA tools increase citizens' engagement and ability to make choices and set priorities regarding service delivery improvement and other issues affecting their life. Among the tools developed and tested, community score card, citizens report card, participatory planning and budgeting , social auditing and gender responsive budgeting are significant ones in the Ethiopian context and other sub Saharan African counties (Ermias,2014). As a matter of fact, social accountability tools, for example community score card , can particularly address inequality and other forms of discrimination (e.g. from access to services) in the society by empowering traditionally excluded in the mainstream social, economic and political system (Ackerman, 2005).

Community score card is a tool through which citizens can monitor the quality, access, efficiency and effectiveness of community based public services (Ermias, 2014). The tool enhances people voice about demand and needs regarding basic service and facilitates dialogue between service user community and service providers

Citizen's report card, one of the powerful tools helping community members provide feedback to service providers and local administrative bodies regarding quality and

adequacy of public services. The tool specifically addresses defiance's of service by participation and engagement of different social groups' mainly vulnerable and marginalized groups in the society. The other most important SA tool Participatory Planning and Budgeting (PPB) is a significant mechanism ensuring equitable public resource allocation. PPB bridges the gap between the government's budget and other resource allocations and the community demands (Ahmad, 2008). This approach facilitates citizens participate directly or through organized groups in the different stages of the budget cycle, namely budget formulation, decision-making, and monitoring of budget execution (ESAP II, 2013).

Generally speaking through the above mentioned social accountability tools and mechanism, community members are at the driver seat of the program. Thus, SA pre-supposes enhancing capacity of individuals, groups and communities to create a platform for wider community involvement in local development activities and public delivery improvement activities (Ermias,2014).

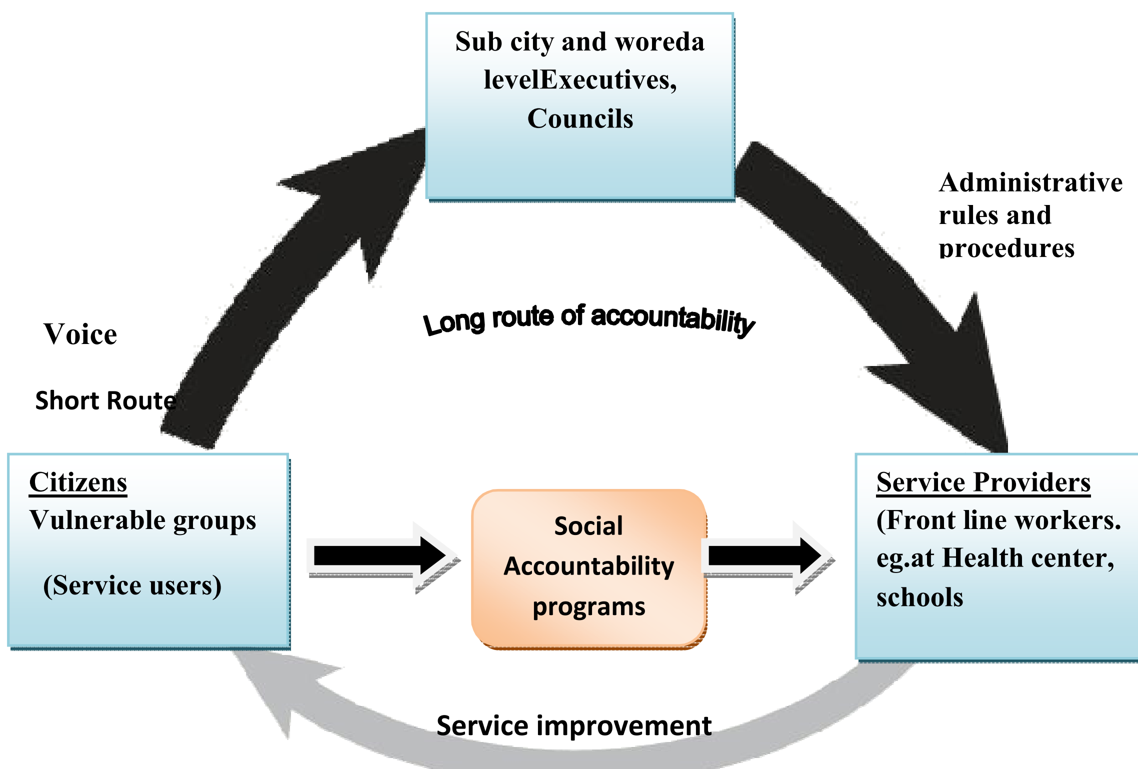

Figure 2:*Model for social accountability routes in the provision of public services to vulnerable groups: adopted fromWorld Bank 2003.*

2.4. Review on Empirical Experiences

In the previous sections of this study, it has been noted that both social accountability and social inclusion leverage participatory approaches and provide opportunities for those who have been silenced or marginalized to have their voice heard. This section discusses how these two issues are linked each other and assesses empirical evidences to justify the contribution of social accountability in promotingsocial inclusion considering the global, African and Ethiopian experiences.

In looking at the global context, the concept of social integration to create an inclusive society was establish as a key goals ofsocial development in the World Summit for Social Development held in March 1995 (UNDESA, 2009). In this summit, member states made a commitment to promote social integration through fostering inclusive societies that are stable, safe, just and tolerant, respectfordiversity, and equality of opportunityand participation of all people including is advantaged and vulnerable groups and persons.

Following the Copenhagen Declaration in 1995, significant policy commitments was made in theMillennium Declaration (2000), and embodied social inclusion principles as well as theobjectives and goals set out in the Copenhagen Declaration.(UNDESA,2009). Moreover, the second UN summit on Decade for the Eradication of Poverty (2008–2017)further reiterated the need for more inclusive approaches to overcome poverty in its multiple dimensions (Dugarova ,2015). More recently, the Report on the World Social Situation 2016brings social inclusion into focus.(UN,2016).

At the same time, social inclusion has been given attention by Sustainable Development Goals (SDGs) (UNDP, 2015). In the SDGs, the Open Working Group's 2030 Sustainable Development Goals, such as Goal 8, 10, 11, and 16 refer to inclusion aspects. Specifically, Goal 10 refers to empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status (Silver, 2015). Similarly, Social inclusion is also a

new outcome area in UNICEF's Strategic Plan for 2014–2017(UNICEF, 2014). The work undertaken under the banner of social inclusion constitutes UNICEF's contribution to reducing child poverty and discrimination.

From the above points, it can be noted thatthe trends of attention given to social inclusion has been growing and there has been a renewed interest in social inclusion, with a number of policies and programs having been implemented around the world, which highlighted the need for the simultaneous promotion of productivity, poverty reduction and greater inclusiveness (Dugarova ,2015). According to Dugarova, in some countries social programs are now evolving towards a social inclusion framework, which incorporates access to basic services, particularly health and education, are requiring the active participation of beneficiaries in relevant programs; and with an overarching goal to reduce poverty and vulnerability, particularly among the most disadvantaged groups.

Generally,UNDESA (2009) broadly asserted thatsocial inclusion can be approached as an overarching cross-sectoral concept, which is then be incorporated, as an objective and a process, into sectoral policies, strategies, programs, and other initiatives. To exemplify this perspective in terms of Ethiopian context, Ethiopia launched its National Social Protection Policy (NSPP) in 2014 (MoLSA, 2012).The policy mainly focuses those at risk because of social and natural problemsand specifically on the vulnerablewhich includes children, women, people with disabilities, elderly people, and individuals incapable of securing their livelihood by working, and the underemployed. One of the interventions specified in the policy document is to improve access to health, education and other social services for the most vulnerable in the form of health fee waivers, subsidized health insurance and specialized services for people with disabilities (PWDs), together with support from an expanded social work system. In line with this policy scheme , social accountability measures along with other governance efforts is mentioned as a strategy to address access to service inequalities especially for vulnerable children.(UNICEF,2014 & UNECEF, 2016).

As pointed out by Ayliffe et.al (2017),many citizens across Africa including Ethiopia, especially those from disadvantaged groups have felt incapable of engaging

with public actors and so that they are unable to influence public decisions or demand fair treatment, and powerless to improve their own lives. Consequently, there have beenstrong needs for social accountability mechanisms to be adapted in ways that serve to empower these groups. In this regard, the growing interest on utilizing SA tools in many developing countries is due to the fact that social accountability is based upon empowering ordinary citizens—in particular, disadvantagedcitizens with the least voice and influence—to know and exercise theirrights, obtain information and knowledge, make their voices heard,negotiate change, and hold public power holders to account(Mcneil and Malena,2010).These aspects of empowerment and the promotion of citizen rights are a finaland crucially important potential benefit of social accountability approaches in addressing social inclusion challenges.

2.5. Social Accountability in Ethiopia

The concept of social accountability and good governance has grown in the last decade. In 2005, following the freezing of direct budget support to Ethiopia in the aftermath of the May 2005 election, donor agencies designed a project called Protection of Basic Services (Fekade, 2014). As part of the project, a social accountability component was incorporated. While this component was designed to enhance the transparency of the budget process, and to strengthen the capacity of citizens and civil societies to engage in these processes, itwas also aimed to support the piloting of selected tools and approaches to strengthen voice and accountability in the context of decentralized service delivery (Fekade, 2014).

The first phase of this SA program or ESAP1 is the earliest recorded experience of SA initiative in the Ethiopian government service deliveryapproach (Berket, 2016). This program piloted the SA approach on a smaller scale, method, tools and principles by covering 86 woerda and four service providing sectors. The evaluation of the first phase of the SA program (ESAP1) revealed that citizen engagement, i.e. bridging citizen's needs and concerns with the service providing sectors' planning, budgeting, implementation and monitoring could work and be beneficial to all stakeholders (Berket,2016).

Henceforth, as it is indicated in ESAP II (2013) document a more elaborate and effective second phase of the SA program (ESAP II, was launched in 2012 and covered 232 woredas in the country as part of the second phase of the PBS. The Management Agency (MA), a multi-donor trust fund under the World Bank, was established and coordinating ESAP II in partnership with the government of Ethiopia. The program was practiced in to a nationwide level through 49 local implementing partners which are local Civic Society Organizations (CSOs) and community members (citizens) with joint assistance from the Management Agency and supervision by Ministry of Finance and Economic Cooperation (MoFEC).In so doing, over the last few years, the social accountability initiative referred to as the Ethiopian Social Accountability Program phase 2 (ESAP II) was implemented. The program aimed to target, participate, empower and build the capacity of citizens, communities and particularly includes vulnerable groups thereby improving basic service delivery (Samuel, Swain, Merga, and Gadissa, 2010).

Based onthe evaluation reports of ESAP II, it is noted that the special emphasis given to vulnerable groups led to some remarkable results in terms of greater inclusion of vulnerable people in communities' everyday life (ESAP II, 2016). To mention the few of ESAP II (2016) reports testified that citizens have developed the skills to evaluate the services they receive and prioritize which elements most need upgradingachievements gained due to the SA program, for example, many schools started offering special needs education for the first time, and leveled the school grounds to make the facilities more accessible to children with reduced mobility. In addition, health facilities improved their services for people living with HIV or disabilities, and government-mandated fee exemptions for healthcare and water were properly allocated to those who needed it most(ESAP2, 2016).Notably it was also described that as the result of SA program interventions, citizens have become more confident in interactions with officials and service providers.

Generally, it can be asserted that social accountability can be taken as an effective mechanism to create more open and inclusive communities in which citizens freely discuss and prioritize their needs, taking into account the special needs of the vulnerable among them, and building a stronger social capital. Moreover, as observed from ESAP II

evaluation outcomes mentioned above, social accountability mechanisms have been successful in increasing trust and collaboration among community members.(ESAP 2, 2016).Despite all these, there are limited or no studies which specificallystudying the links between social accountability and social inclusion, both in concept and geographical respect, and the explicit role of social accountability initiatives for social inclusion of vulnerable groups in public service delivery in the context of Addis Ababa. Thus, this study aims to fill this gapby looking into one of the social accountability program in the setting of Addis Ababa.

2.6. Summary of Theoretical and Emperical Perspectivies

This section is especially devoted to drawing implications of the reviewed literatures for the current study. Accordingly, the insight that can be drawn from the above mentioned theoretical and emperical understandings is that social accountability approaches can reinforce social inclusion in a particularly relevant manner. Specifically, it was highlighted that social accountability practices contribute to improve social inclusion in the delivery of basic services. Hence, it was argued that social accountability efforts need to consider social inclusion as important indicators for access to participation, empowerment, and access to public service as well (Joshi, 2013; and Gidley et.al, 2010) and implicitly expressed that social accountability approaches are driven by a need to include services to the excluded.

Generally, based on the theoretical and empirical insights obtained from the reviewed literatures, the following conceptual model was designed by the researcher.This conceptual model was intended to show the linkage and the directions of relationships among the variables of the present study. In this schematic diagram the relationships between the two variables were displayed for the purpose of simplicity and clarity.

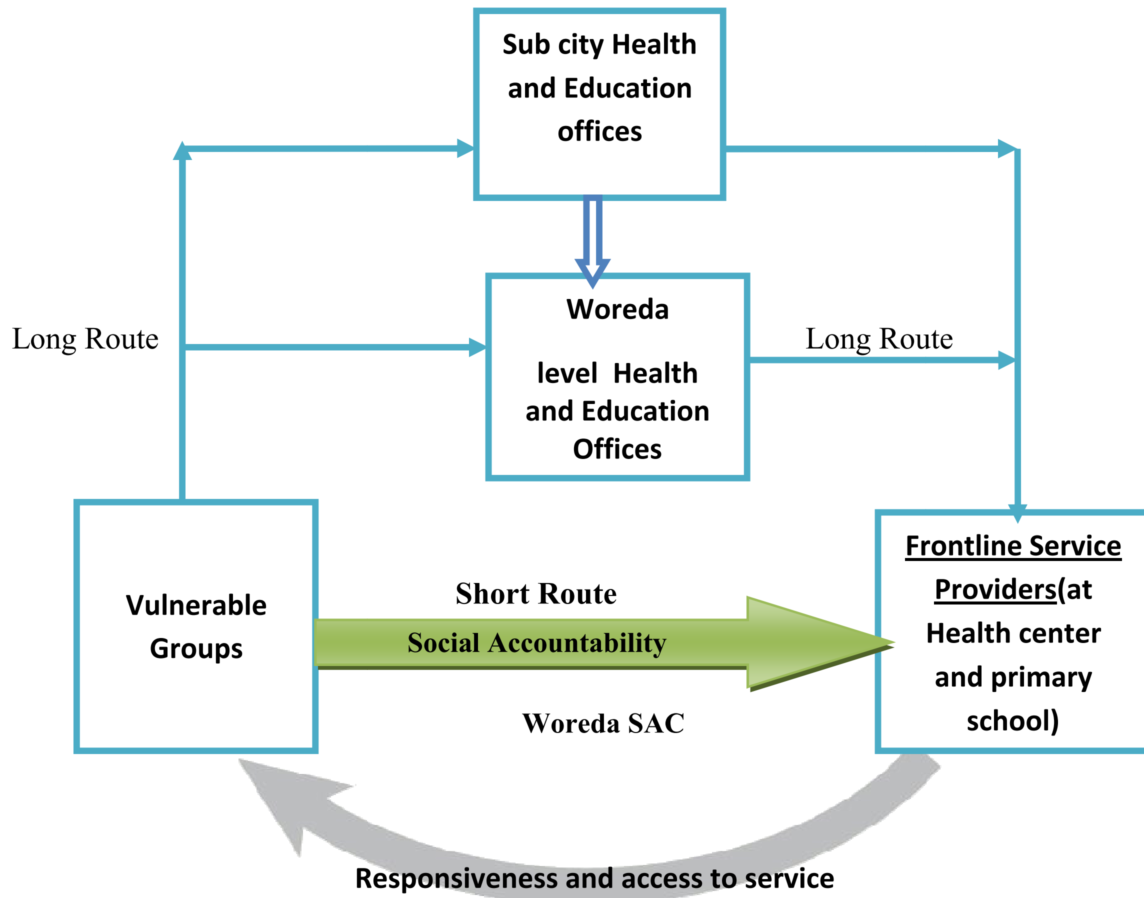

Figure 3:*Social Accountability Conceptual Framework for Social Inclusion of vulnerable groups in the public service: adopted from World Bank 2003*

Chapter 3: Research Methodology

3.1. ResearchDesign

In this study, descriptive survey design was employed. The rational for choosing this study design is that the problems identified and the research questions raised in this study matches the theoretical arguments forwarded by scholars in favor of descriptive design. For instance, Oritnau Cited by Negalegne (2010) described three determinants for the research method to be descriptive. These are:

A) If the nature of the initial research problem is to describe the characteristics ofphenomena under investigation.

B) If the research questions focus on issues like what, how and who elements.

C) If the type of questions used to ask respondents are about what they think,fell and do.

Therefore, the present study was descriptive in nature as the study tried to describe the situation and extent to which social accountability contributes in promoting social inclusion based on the information collected through data instruments. Since the study was conducted at one point in time in a specific area having descriptive purpose, the researcher utilized a cross sectional study methods in collecting the primary data from participantsof the study. To get more complet and comprehensive understanding of the research problem, mixed -method type of data collection was employed and analysis was made from primary and secondary data. The rationale for selecting this type of research method is due to the strong believe that neither quantitative nor qualitative methods are sufficient by themselves to capture the trends and details of this specific research situation(Tashakkori & Teddlie, 2003). Thereby, this research approach enabled the researcherto collect, analyze and integrate both quantitative and qualitative data.Therefore, a mixed approach with survey questionnaire, focus group discussions and key informant interview was carried out and secondary data was collected from the SAprogram implementing organization and analyzed.

3.2. Participants and Description oftheStudy Area

3.2.1. Description of the Study Area

Arada sub city is one of the oldest commercial and historical centers of Addis Ababa. According to the 2007 Population and Housing Census, the total population within the sub city is around 211,501 (male= 99,165, female= 112,336), which is 7.72 % of the entire population of the city. The administration area of Arada sub city is covered by 9.9 Km square. In terms of density, Arada sub city is also the second most densely populated area (18,340 persons per km2) in the city.It is one of among the ten sub cities located in the central part of Addis Ababaand also one of the most important parts of the city.It is surrounded by five sub cities. It is located south of Gulele, west of Yeka, north of Lideta and Kirkos and east of Addis Ketema sub cities. In Arada sub city, currently there are ten woredas. Concerning the economy the subcity residents engage in diverse activities, including trade and commerce, manufacturing and industry, home makers of different types, civil administration, transport and communication, social services like education and health, hotels, catering services.

In terms of social services, the sub city hosts different social (Municipal) services that can be used to promote the wellbeing of the community. So that Arada sub city provides and manages social services such as health institutions, primary and secondary schools ,water supply, dry waste plate (collection point) etc.(AALIC, 2014). For instance, to mention a few, in the sub city there are several education centers whose majority are owned and administered by the government. According to Addis Ababa Integrated Land Information Center (2014), in the sub city there were 126 schools which includes like kindergartens, from elementary to preparatory schools. On the other hand, in the sub city there are 105 health institutions (including the 10 hospitals) and 93 of them are private owned.

3.2.2. Participants

The target participants of this study were drawn from the following four major groups: vulnerable groups' representatives (women, parents, people with disabilities, elders, people with HIV positive, youths, and children) who weredirectly participating in various activities of the social accountability program, representatives from public service providers , program personnel who coordinated the social accountability program in the study area, and experts who have had a lot of experiences in social accountability programs. Therefore, participants of the study were active participants of the program and those who have had adequate experience and knowledge working on the SA program in the study areas.

The SA program employed two social accountability tools, Community Score Card (CSC) and Participatory Planning and Budgeting (PPB). As it is pointed out in the implementing organization (i.e, HIDO) project document, the project was aimed at strengthening the capacities of community groups (with special attention to vulnerable people) groups and government to work together in order to enhance the qualities of education and health services delivered to citizens (HIDO 2015 Report). It is also indicated that the project seeks to give voice to the needs and concerns of all citizens on the delivery and quality of education and health services asthese services put foundations for human holistic development and social welfare.

3.3. Study Variables

Independent variable: The independent variable is the social accountability program. **Dependent /outcome variable**: is social inclusion as defined by scholars (for example, Gidley et.al , 2010 ; Silver 2015 ; and UNRISD,2015) the process of improving access to participation and social services to vulnerable people through enhanced capabilities , interaction , and attitudinal and behavioral changes.

3.4. Sampling Techniques

In this study, theresearcher has at least few basic reasons to focus on Arada sub city and specifically to undertake the study at woreda 4 in the sub city.First, as the center and oldest part of the city, Arada sub city has been a place for several public and private services providers and institutions. But most of the residential areas in the sub city have been slums where a large number of venerable people have resided. Even though some parts of the slum areas in the sub city have been demolished for "re-development" purpose, it has been observed that still there have been a large number of residents who are mostly dependent on the government's basic social service such as health centers and schools. For example, the total population within woreda 4 was 25,305(m- 11524, f-13,779) which was the second biggest number of population and constitutes 11.96 % of the total population in the sub city (CSA, 2007). Therefore, Arada sub city was purposely selected as a study site because it would allow the researcher to assess and examine the social inclusiveness of vulnerable groups in the delivery of public services within the context of the social accountability program.

Second, Arada sub city has been one of the area among the five sub cities where social accountability program has been implemented since October 2013 under the title of "Social accountability for better social services" at five sub-cities of Addis Ababa city government,namely, Addis Ketema, Arada , Kirkos , Kolfe-Keraniyo and Yeka (HIDO, 2015 report). Accordingly, in Arada sub city the selected woreda (woreda4) where the study was conducted was identified as an operational area of the social accountability program which was implemented by a local non- governmental organizations, named as Hiwot Integrated Development Organization (HIDO). The SA program was an initiative geared to enhance public basic service delivery through strengthening the capacity of community groups and the local government to work together in order to enhance the qualities of education and health services delivered to citizens.

As it was indicated in HIDO's (2013) project document, HIDO has been implementing the social accountability program in three Woredas (Woreda 1, 2, and 4) of Arada sub city.Eachworada hadequal numberof social accountability group members,and the SA members at each woreda were categorized intwo groups: service users (vulnerable group) and service providers which included employees from Semen Health center and Tibeb Edget primary school. This category is based on the two major sides of the SA program, the 'demand' and 'supply' sides (Fox, 2014). In the 'demand' side, it targets members of the first group who were supported by the project to understand (and put into practice) their entitlements and rights with respect to access forparticipation and use of basic public services. HIDO's social accountability program aimed to empower and build the capacity of these groups to demand better basic public services. On the 'supply' side, HIDO's social accountability programhas engagedservice providers and government officials with the aim of making them more accountable: to develop and establish mechanisms and procedures to listen and respond to citizens' voices, demands and priorities.

Given the above categories, this study followed multi-stage sampling procedures. First, by using simple random sampling, one study woreda (woreda 4) was selected from the three woredas of Arada sub city where the SA program was implemented. As it is mentioned above, inworeda 4 (the selected study area) there were two SA groups. The first group (service users or community group) had 96 social accountability members who were represented from seven different community groups: women, youths, PLWHA, PWDs, elders, parents, and school children. The second group (the service providers group) had also 16 members who were represented from Semen Health Center and Tibeb Primary school. Hence , in order to assess and understand the specific role of SA in promoting social inclusion particularly for vulnerable groups, participants from the first groups (service users or vulnerable groups) were selected by using stratified random sampling (lottery sampling) techniques. But first, the sample size of respondents for the quantitative data was determined based on the following formula (Yamane, 1967).

$$n = \frac{N}{1 + N(e)^2}$$

Where,

- **'n'** is number of respondents to be selected for quantitative data

- **'N'** is the total members (the sample population) of the first SA group members at the selected woreda (woreda 1).

- **'e'** is the precision level. A 95% confidence level is taken and e=0.05

Therefore, based on the above formula,

$$n = \frac{96}{1 + 96(0.05)^2} = 77$$

77 participants were sampled from the first social accountability group to fill the survey questionnaire. However, to ensure the representation of participants from each of the sub groups with proportion to the size of members in each sub-group, the sub-groups were stratified and sample was taken from each stratum by using stratified random sampling method. This was carried out based on Bowley's (1926) proportional allocation method.

$$n_i = n\frac{N_i}{N}$$

Where n represents sample size; N_i represents population size of the ith strata and*N* represents the population size. In this study, N = 96; n= 77. According to Bowley, this methodis usedtoobtain a sample that can estimate size of the sample with greater speed and a higherdegree of precision.Therefore, the allocation of a given sample of size n to different stratum was done in proportion to their sizes. i.e. in the i^{th}stratum.On the other hand, according to HIDO's 2015 report document, the participants (service recipients' groups) weresub-groupedbased on seven categories and conducted their own discussion on a regular bases.The size of eachcategory along with thesample size taken fromeach stratum based on the above method is mentioned as follows:

S/no.	Strata (Categories) of participants	Population Size of each category (N_i)	Sample taken from each stratum(by Bowley's method)
Stratum 1	Elders	11	9
Stratum 2	Women	13	10
Stratum 3	Children	13	10
Stratum 4	Parents	37	30
Stratum 5	PLWHA	7	6
Stratum 6	Youths	9	7
Stratum 7	PWDs	6	5
Total		$\sum N_i=96$	$\sum n_i=77$

Whereas, for the purpose of qualitative data, focus group discussions (FGDs) were employed to gain a unique insight and information as well as using the groups as units of analysis. In light of this, by using purposive sampling technique, 14 participants wereselectedfrom the social accountability programbased on their active participation, knowledge and experience in working with the social accountability program in the study area.Indeed, two focus discussions were organized by using a discussion guide consisting of 10 semi-structured items which were developed by the researcher. In each FGD, a maximum of seven individuals were participated.Moreover, four key informants were selected and interviewed for this study: one program stafffrom the implementing organization /HIDO/, one experienced SA members who was assigned to lead the SA committeeand two social accountability experts who have hadrelatively long experiences in workingat differentSA programs. Thus, a total of 18 participants (14as focus group discussants and 4 as key informants) were involved asthe source for the qualitative data.

3.5. Data Collection Instruments

In the this study, having understood the need to triangulate and complement the collected data from both quantitative and qualitative data collection methods, self-

administered questionnaire (what the study participants say, they think, feel and act), Focus Group Discussion (FGD) and Key Informant Interview (KII) were employed as instruments for data collection.

3.5.1. Questionnaire

In this study, the researcherdevelop and employed a five point Likert scale self-administered questionnaire which was translated into Amharic by a language expert and filled by the respondents after its final version was checked by researcher. The questionnaire was designed to assessthe role of social accountability in promoting social inclusion for vulnerable individuals or groups based on two major themes under which few specific dimensions such as level of participation, access to services, capacity enhancement, interaction, and behavioral and attitudinal changes were assessed. Generally, the questionnaire has two major themes under which a total of 37 items were developed and administered to be filled by the sampled participants.

3.5.2. Focus Group Discussion

In this study, FGD was employed because itwould allow the researcher to gain deep insights on how social accountability could contribute in promoting social inclusion for vulnerable people based on two major themes under which participation and access to services, capacity enhancement, interaction, attitudinal and behavioral changes were included.To guide the focus-group discussions, 10 semi-structured items were developed bythe researcher. Therefore, in this FGD guide, items which assessed the opportunities and extentof access to participation and services created for vulnerable groups in the public service delivery, the level ofcapacity enhancement, the extent of interaction,and behavioral and attitudinal changes were included.

3.5.3. Key Informant Interview

In the present study, KII was used as it allowsgetting knowledge-based and experience-backed insightson SA programs and specifically on its role and contribution for inclusion of vulnerable groups. Thus, a KII guide consisting of 8semi -structured

items were developed and administered by the researcher. Moreover, additional secondary source of data (i.e. government policy documents and official reports, and published documents from HIDO and others were analyzed.

3.5.4. Instrument Validation Procedure

In order to obtain valid and reliable data, the face and content validity of the data collection instruments (the survey questionnaire, FGD and KII) was established. In doing so, four (one female and three male) subject matter experts (SMEs) were identified and contacted. The SMEs were selected based on their experience with the subject matter of the research topic, their expertise and qualification. For instance, while one of them was PhD student in Addis Ababa University studying on public service efficiency , and three of them were working as senior level employeesin international and local non-governmental organizations and managing social accountability programs (one workingin European Union Ethiopia office as Monitoring and Evaluation Specialist in social accountability programs, one in Save the Children International working as social accountability specialist, and one working as Executive Director at Gurage People's Self-Help Development Organization). A draft copy of the data collection instruments was sent to each SME to judge the relevance of items under each constructs, adequacy, appropriateness, and clarity of each item and directions of theinstruments. The draft instrument with the list of 38 questionnaire items (along with Personal Information section),10 FGD items and 8 KII items were given to the SMEs. The responses and feedback obtained from the SMEs were carefully reviewed; appropriate changes as well as revisions were made on theinstructions, item wordings, redundant items, item orderings, and concept clarification so as toimprove the overall quality of the instruments. Accordingly, six questionnaire items, six FGD items and four KII items were modifiedin line with the constructs of interest.

3.5.5. Pilot Testing

To check the reliability and practicality of the questionnaire as well as to detect and improve the defects of the data collection instruments, pilottest was conducted in a different Woreda (woreda 5) located in Gulelle Sub city where parallel program was also

operational by other organization.The pilot test was carried out to 22 participants (m-13, f-9) who were similar in terms of categories (vulnerable groups) as the main study sample.

In the current study, the reliability of the questionnaire scales was established using Cronbach Alpha (α). In doing so, primarily the data was collected from the participants of the pilot study and entered into SPSS 23.0 version. Then, Cronbach Alpha coefficient was computed for each them (construct) of the questionnaire. As a result, the reliability in terms of Cronbach's alpha was calculated to be 0.78 for examining extent of SA program to enhance SI sub scale, 0.69 for capacity sub scale, 0.74 for interaction sub scale, and 0.87 for attitudinal and behavioral changes sub scale. Based on the results of the reliability test, items especially under capacity sub scale were critically examined for their relevance, wordings and grammar of the questions. According to the rule of thumb in computing the reliability of a questionnaire, Cronbach Alpah level of $\geq$ 0.7 is considered as an acceptable value and indicator of a reliable scale. Thereby, totally threeitem were deleted and also another four items were revised by restructuring, editing and rephrasing them in a more logical and meaningful manner.

3.6. Data Collection Procedures

The primary quantitative data was collected through survey questionnaire using a structured and the pre-tested questionnaire. First, the questionnaire was translated into Amharic (as this study was conducted in Addis Ababa all participants of this study at least can speak and listenAmharic). Second, the participants were asked to give their free consents to participate in this study, and accordingly their participation was based on their agreement. At the outset, the participants were informed about the purpose of the study. In doing so, the participants of the main study were oriented on the value of providing correct responses for each item of the questionnaire.

Finally, the questionnaire was administered to participants who were sampled for the main study. For those participants who were totally unable to read and write in Amahric, the researcher in collaboration with his assistant data enumerators (representatives of

each group assisted the researcher) read the questionnaire items for them and record their responses properly. But, prior to questionnaire administration, the assistant data collectors were familiarized with eachitem of the questionnaire and an orientation was givenfor an hour long orientation on how to record the responses of theparticipants, how to minimize social desirability effects and how to reduce inaccurate responses. Then after, the questionnaire was administered to participants in aface-to-face approach, where the main researcher was simultaneously available and involvedat each stage of data collection along with one assistant data enumerator to elaborate the purpose of the questionnaire and clear out any doubts that the participants may raise on some items of the questionnaire.

Regarding the qualitative data, in order to identify the necessary concepts and themes from qualitativedata, FGDs and KIIs notes were typed and audio recorded. The data was transcribed with care and was organized in accordance with the major themes described in the discussion guides.Similarly, so as to secure the confidentiality of the participants' responses, both in thetranscription and analysis of FGD and KII data, the participants' actual names werenot be used, instead their names were coded as P1, P2, P3,and P6..

3.7. Data Analysis Procedures

In this study, data analysis techniques were triangulatedand complemented from both quantitative (inferential)and qualitative (thematic) methods.

For Quantitative Data

Thequalitative data collected through questionnaire wasanalyzed using Statistical Package for the Social Sciences' (SPSS) version 23. Data cleaning was performed to check for frequencies, accuracy, and consistencies and missed values and variables. Any logical and consistency error identified during data entry was corrected after revision of the original completed questionnaire. The cleaned and edited data was madeready for appropriate statistical analysis. Frequency and percentages was generated and analyzed. The result of the analysis was also presented using tables.

For Qualitative Data

FGDs and KIIs notes were analyzed by transcribing and coding the responses of informants. Responses were organized by arranging them under the major themes identified in the discussion guide. So that thematic analysis method was employed to analyze the opinions and responses of informants and, thereforethe degree of consensus or differences of responses was summarized and synthesized by the themes or patterns that emerged.

3.8. Ethical Issues

This study was carried as per the ethical code of the School of Psychology. Prior to the assessment, the researcher received a support letter from the institute (Institute of Psychology) and was given to organization and administrative bodies where the study was conducted.While undertaking the assessment, the objective and purpose of the study was explained to all participants and oral consent was obtained from all respondents. In the same way, the right of respondents' attempting to answer all or some of the questions was maintainedand confidentiality of the information was also maintained by omitting their names and personal identification or privacy. In addition, the interview was conducted in a way that did not violate their privacy and confidentiality information.On top of that, the participants were assured that their responses will be kept confidential and used only for research purposes.

Chapter 4: Results

This section of the study intends to present the various findings of the study based on the data collected through qualitative and quantitative methods. Generally, the results of the present study were organized and presented in accordance with the major themes of the research questions. Therefore, it is classified in to three major parts. The first part deals with the demographic characteristics of the respondents (sex, age, level of education, monthly income, family size, physical and HIV status). The second part assesses the degree to which social accountability programenhances social inclusion in public service delivery. In this section the findings of the study are also triangulated and presented in light of the specific indicator of social inclusion such as participation and access to public services. Finally , in the last section of the finding how (the ways) social accountability enhances social inclusion was analyzed in terms of enhancing capacity of the target groups, enhancing interaction between service users (participants) and providers, attitude and behavioral changes of vulnerable groups towards service providers.

4.1. Descriptive Characteristics of Respondents

Demographic background of the respondents is important to understand the existing situation of the survey population. Generally, according to the project document of HIDO, mostparticipants of the social accountability program in the study area were drawn from different age and social categories where elders, women, children, PWDs, PLWHA, and parents are included. So that, as it can be seen in the table 4.1 below, more than half of (54.5%) of the study participants are females and the rest (45.5%) are male. Based on this figure, it can be said that women were properly targeted and included with significant number. In addition, it can also be noted from the figure that ithas reflectedthe practical image of social accountability program in which women are usually considered as one of the primary targets in the program. Moreover, the presence of PWDs, elders, PLWHA, youth and children in the program reinforces the notion of visibility and opportunity for participation which are among of the basic indicators of social inclusion.

On the other hand, 45.5 %) of the participants in the study are identified to be between the age ranges 30-45.

Table 4.1 Sex and Age of the Respondents

			Sex		
			Male	Female	Total
Age category of respondents	7-18	Count	7	3	10
		% of Total	9.1%	3.9%	13.0%
	19-29	Count	2	5	7
		% of Total	2.6%	6.5%	9.1%
	30-45	Count	11	24	35
		% of Total	14.3%	31.2%	45.5%
	46-58	Count	8	8	14
		% of Total	10.4%	10.4%	20.8%
	>58	Count	9	2	11
		% of Total	11.7%	2.6%	14.3%
Total		Count	35	42	77
		% of Total	45.5%	54.5%	100.0%

Looking into study participants based on specific social categories other than sex, we can see from Table 4.2 below that the most vulnerable groups such as elders, children, PWDs, PLWHA and women were represented and included in the social accountability program.

Table 4.2 Classification of respondents

Categories of the respondents	Frequency	% of respondents form the total sample population
Elders	9	11.7
People with disabilities	5	6.5
People living with HIV/AIDS	6	7.8
Children	10	12.9
Youths	7	9.1
Parents	30	38.9
Women	10	12.9
Total	77	100 %

With regard to the composition of the participants, one of the key informants who hasbeen a mmeber of Woreda 4 social accountability committee (SAC) described that:

> *The very reason of targeting the most vulnerable groups in the social accountability program was because members of these groups have been mostly affected by the services delivered by public service providers. Therefore, it was needed to establish a social accountability group comprised from the most vulnerable groups such as PWDs, Elders, PLWHA, Idir members and others so that opportunity was created to those groups to voice the challenges they face while they are trying to access the services. Also in this social accountability program, these social groups were able to get chances to request services for their special needs and demand for appropriate services from, for example, the health center.*

In the same way if we look at the education level of participants, it is showed that 48.1 % of respondents attended either primary (1-8 grade) or secondary (9-12) education whereas 16.9 % of the participants of this study have not attended formal education so that they are either they can only read and write or not. Again, here the result of the study shows that it is only 35.1 % of participants who attended TVET level or tertiary level education (diploma and above).

Table 4.3: Respondents by educational level

		Frequency	Percent
Level of education	Read and write only	5	6.5
	1-8 grade completed	14	18.2
	9-10 grade completed	9	11.7
	11- 12 grade completed	14	18.2
	College graduate or TVET graduate	27	35
	cannot read and write	8	10.4
	Total	77	100.0 %

Regarding monthly income, the data shows majority of respondents' (63.7%) earned an income which is below 1650 birr. Out of which, 39 % of female participants have an

income level below 1651 birr whereas only 24.7 % of male respondents' are identified to be in the stated category. Besides, 57.2% of respondent's have more than 5 individuals in their families.

4.2. Major Descriptive Findings

4.2.1. The extent to which social accountability program enhances social inclusion of vulnerable groups in public service delivery

As the primary principles of social inclusion, participation and access to social services are considered as an indicator under this section. Similarly, the main focus of social accountability programs is to create opportunities for participation of vulnerable groups and to increase responsiveness and subsequently improve access to public services. So that, in the present study participants' access for participation, the level of participation , awareness on their entitlements, getting chances of voicing for better services, and access for basic services were assessed. Hence, the findings of the study in respect to the above stated points were dealt as follows.

Table 4.4Gender and access to participation in public service delivery process

			Sex		Total
			Male	Female	
Degree of responses	Strongly Disagree	Count	1	0	1
		% of Total	1.3	0.0	1.3%
	Disagree	Count	1	1	2
		% of Total	1.3	1.3	2.6%
	Uncertain	Count	4	1	5
		% of Total	5.2	1.3	6.5%
	Agree	Count	14	17	31
		% of Total	18.2	22.1	40.3%
	Strongly Agree	Count	15	23	38
		% of Total	19.5	29.9	49.4%
Total		Count	35	42	77
		% of Total	45.5%	54.5%	100.0%

To find out access and level of participation for vulnerable groups, respondents were asked whether social accountability program created chances for access to participation in process of service delivery and about knowledge of their entitlements for use of public services. As a result, 89.7% (52.97% female and 42% male) of the participants indicated thataccess to participation in the process of services delivery was improveddue to the social accountability program which also enabled them to engage in other local development activities. In addition, the above figure showed that as compared to men participants,female respondents tend to show their agreement at a higher level. This indicates that social accountability program encourages and gives emphasis to women who are basically targeted as vulnerable groups with the community. In elaborating this finding, as it was noticed form the statement of one of the key informants who has been actively engageing in the social accountability program that:

> *The social accountability program targeted different segments of the community particularly those who are disadvantaged, forgotten by the community, and vulnerable groups such as PLWHA, elders, PWDs, children, women and youths.The good thing of social accountability program was that rather than claiming as we already know the problems of those groups, they were engaged in the whole process and were able to identify their own problems or deficiencies related to service provision, suggest possible solutions to those problems and they were also engaged to be part of the solution too. The relevance of giving chances for participation to those vulnerable groups was that service providers would be able aware of and understand problems that they could not look in the shoesof vulnerable people.*

In addition, to determine whether access to participation has significant relationship with PWDs, PLWHA, within the context of social accountability program, Chi-squarevalue was computed as shown in the Table 4.5 below.

Table 4.5Summary of Chi-square to determine relationship between vulnerable groups and participation			
	Pearson Chi-Square value	df	Asymptotic Significance (2-sided)
PWDs	29.857	4	.000
PLWHA	16.086	8	0.041

Statistically significant relationships (Assym.Sig. 2-sided) wereobtained between PWDs and access to participation scores (29.857)= 0.000, $p< .05$), as well as between PLWHA and access to participation scores (16.086) = .041 , $p < .05$).This means that since both score (the probabilities) are certainly less than the cut-off value of .05. Thus, it can be concluded that there is a statistically significant relationship between PWDs and getting access to participation and PLWHA and access to participation. This implies that due to the social accountability program, PWDs and PLWHA were enabled to get access to participation in public service delivery.

Table 4.6 Respondents' participation in the stages of social accountability										
Degree of responses	Participation in awareness sessions		Participation on service performance assessment		Participation in interface meeting with service providers		Participation in Joint action planning and decision making		Participation in monitoring	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Never	3	3.9	5	6.5	7	9.1	17	22.1	15	19.5
Rarely	22	28.6	19	24.7	17	22.1	8	10.4	13	16.9
I don't know	5	6.5	3	3.9	5	6.5	6	7.8	5	6.5
Occasionally	27	35.1	21	27.3	20	26	19	24.7	19	24.7
Often	20	26	29	37.7	28	36.4	27	35.1	25	32.5
Total	77	100%	77	100 %	77	100%	77	100%	77	100%

In connection with the findings described in the above table , the level of their participation was ranged from getting seviceinformation and awarnesson their entitlements and recieving trainings on how toassessand rate service delivery performance through interface meetings and joint action planning with services providers (at the health center and primary school) , making decisions and monitoring of implementations together with service provider.Therefore, as it is described in Table 4.5 above, 35 % of the participants responded that they often attend at all stages of social accountability program. Whereas 25.65 % of the respondents replied that they were able to participate

occasionally in most of (if not all) the stages of social accountability program, 14.29 % of respondents never participated in any of the phases of social accountability program although they were among the 96.1 % of the participants who were able to receive information on their entitlements and rights and toolsof social accountability. In connection to this, a key informantwho has been the member of SAC at woreda 4 of Arada sub city pointed out that:

> *These groups are targeted and approached because they need special attention and support. Indeed the program has created chances to present their problems facing while they were trying to access basic services in their respective areas.Members of each group were made aware of who are the service providers and entitlements of service users as well as what is expected from providers and how to make them accountable. Even awareness sessions were organized in the morning at the health center (Semen Health center at woreda 4) in the waiting room. After each group identified and prioritized the service deficiencies prevailed at the health center(Woreda 4 Semen Health center) and Tibeb Edget primary school, representatives of each group brought the identified service gaps to the woreda level SAC so that interface meetings were conducted with frontline service providers and heads (such as Medical Directors and school principals and teachers).*

In relation to the findings mentioned above, secondary sources (HIDO 2015 annual summary report) indicated that as the primary focus the program, representatives from each vulnerable were engaged in each stage of the social accountability process . Initially, after they were properly aware of their entitlement and rights for access to service and the service standards, they were also trained to get the skills of howto assess and evaluate the service performance which was followed by interface meetings. According to the report, this stage considered as a breakthrough platforms by social accountability program participants because of its opportunity to provide constructive, collaborative and participatory interactions between serviceproviders and service users. The resultant Joint Reform Agenda/Action Plan countersigned by both service providers and service users demonstrated responsiveness and accountability of service providers and empowerment

of service users. In relation to this, also participants of the focus group discussion described the process of participation in the program and the changes observed at Tibeb Edget primary school:

> *At the beginning of the program, several awareness rising session were organized and provided to students , teachers and supporting staffs about the objective, expectations, roles and responsibilities of teachers, service standards and rights of students as well. Consequently, students have begun to ask and report, for instance, when a teacher misses the class. Other classic example to mention about the results achieved due to the social accountability program is that our students were eating their lunch in the field where the students were facing strong sunlight and dust. After the program, however, students and their parents started to ask the school to build a new lunch eating room. As a result, in the school (with government's allocated budget)in collaboration with parents, a new lunch eating room was built which i can say an "appetizer".*

Table 4.7 Inclusion of the views of vulnerable groups and access to social services

		Inclusion of views in the planning and implementation phases		Improvement of access to social services	
		Frequency	%	Frequency	%
Degree of responses	Strongly Disagree	2	2.6	1	1.3
	Disagree	1	1.3	4	5.2
	Uncertain	5	6.5	13	16.9
	Agree	30	39.0	28	36.4
	Strongly Agree	39	50.6	31	40.3
	Total	77	100 %	77	100%

Furthermore, to specifically identify whether the views and demands of vulnerable groups were considered in the process of service delivery or not, respondents were asked to what degree their views were included in the planning phase of social accountability. As it can be seen in the Table 4.6 above, 89.6.% of participants (strongly agree 56.6 % and agree 39%) responded that their views were recognized and included in the

planning stage in which action plans are formulated and budget is allocated to enhance the quality and accessibilityof the service delivery. As a result, 76.7% participants reported that their access to services was improved as compared to the time before they started to participate in social accountability program.In relation to this; the key informant who was coordinating the social accountability program added that:

> *Social accountability was serving as mechanism to create effective discussion between service users (the vulnerable groups) and service providers at local public basic services (mainly Health and education sector) and development planning. Consequently service providers become more open to critical review and are prepared to listen to what the beneficiaries say about their service delivery performance. This change has motivated service users to be more active in engaging in the planning and monitoring phase of the social accountability program by which the views and prioritized services needs of vulnerable groups have been properly considered and included in the joint action plan to address the service gaps. Thereby, vulnerable groups' successfully influenced the delivery of public services to be inclusive for their needs and enhanced to have better access for services.*

Besides the above figuresand qualitative reports that can be seen above, the focus group discussants expressed that:

> *We have observed that social accountability program has created a sense of ownership among communities or service users in such a way that it has enabled service users to participate and directly provide their views and feedbacks on the deficiencies and strengths of service providers. The views and demands of service users especially the vulnerable ones are useful to improve the deficiencies of service providers. For example, before the program was started, the health center did not have a user friendly toilet for PWDs. This problem was not noticed by the health center. But after the program was started, comments were given by participants particularly from PWDs. Indeed, this feedback was taken seriously and action was taken immediately and managed by the health center.*

In general, data collected from both quantitative and qualitative data sources indicated that there are tangible results to show increasing trends of meaningful

participation of vulnerable groups'inpublic basic service delivery and in local development activities as well. Furthermore, the results showed that social accountability program facilitated an opportunity and access to participationfor vulnerable groups' inthe community. Here, findings from project documents of the organization (HIDO) also stated that the program activities were designed to involve people from the most vulnerable groups by giving emphasis for social inclusion and gender sensitivity.Thus, focus group discussants of described the changes that have been achieved following the social accountability program as the following:

> *Compared to the previous times when social accountability program was not applicable, currently service sector offices particularly the health center and the primary school are considering the service users as key stakeholder in various community development activities. Social accountability program initiated a new platform for interaction between service providers and vulnerable groups. Consequently, closer relationship was created and service providers become serious to listen the views and feedback the service users. Apparently, social accountability has helped us (the service providers) to know the community (the service users) in a better way. In addition, the program encouraged those groups to take the lead in looking at and evaluating the performance of our services, and they frequently came to our offices and reflect their grievances and feedbacks. Generally, participants of the program hold a regular meeting with service providers and local administrative bodies to discuss about different matters. Particularly, the training provided on social accountability tools and techniques by HIDO assisted participant's engagement with local administrative bodies and decision makers. Thus, through their engagement, the vulnerable community groups are able to express service gaps as well demands congregated through their respective group discussions.*

4.2.2. Ways in which social accountability program enhances social inclusion of vulnerable groups in public service delivery

4.2.2.1. Enhancing the capacity of vulnerable groups

As one of the major aims of social accountability program, improving the capacities of vulnerable groups is generally considered as a mechanism that enhances meaningful participation and access and use of basic public services. Specifically, social accountability involves building the capacity of individuals and groups to improve their skills to efficientlyevaluate service performances, for effective interaction and communication. In addition, through enhancing their skills and confidence in using social accountability tools, they would be able to participate in decision making and build strong relationships with local public service providers as efficiently as possible. Thereby, in the present study the skills and the ability to evaluate and monitor the existing services by using social accountability tools, and the ability to interact and communicate with service providers were assessed.

Table 4.8 Participants' ability to assess service status against services standards

			Sex		Total
			Male	Female	
Degree of responses	Strongly Disagree	Count	0	1	1
		% of Total	0.0	1.3	1.3%
	Disagree	Count	2	1	3
		% of Total	2.6	1.3	3.9%
	Uncertain	Count	4	2	6
		% of Total	5.2	2.6	7.8%
	Agree	Count	12	15	27
		% of Total	15.6	19.5	35.1%
	Strongly Agree	Count	17	23	40
		% of Total	22.1	29.9	51.9%
Total		Count	35	42	77
		% of Total	45.5%	54.5%	100.0%

As it can be observed from the above table 4.7, 87% (37.6 % male and 49.4 % female) of the participants agreed and indicated that as the result of their engagement in the social accountability program, they were able to develop appropriate skills which enabled them to evaluate the local services (services at the health centers and primary school) based on the service standards.

Table 4.9 Respondents' confidence and competence on skills of communication and interaction

		Confidence Improvement		Communication skill improvement		Enhanced ability to interact with service providers	
		Frequency	%	Frequency	%	Frequency	%
Degree of responses	Strongly Disagree	2	2.6	1	1.3	1	1.3
	Disagree	2	2.6	5	6.5	4	5.2
	Uncertain	6	7.8	6	7.8	12	15.6
	Agree	27	35.1	34	44.2	32	41.6
	Strongly Agree	40	51.9	31	40.3	28	36.4
	Total	77	100 %	77	100%	77	100 %

In the same way, respondents were asked in relation to what specific skills they acquired which enabled to freely express their demand, to confidently communicate and interact with service providers. Thus, as it can be seen from their responses, the majority (from 78% -87 %) of respondents specified (agreed and strongly agreed) that their confidence and communication skills wasimproved due to social accountability program.

On the other hand, the above table 4.8 showed that, still 15.39 % of the participants responded that they were not sure about whether their skills were improved or not, whereas 6.49% of the respondents reported that they did not agree with the responses of the majority which means that their skill was not improved despite their participation in the social accountability program. In relation to this, a key informant who has long years of working experience in coordinating and managing social accountability programs described the contribution of social accountability program with regard to capacity development in the following way:

What makes social accountability different from other traditional community development approaches is that it has its own unique tools which are scientifically

proven approaches. These tools are designed aiming to enhance the service users particularly the vulnerable segment of the community to aware of their entitlements and formally claim it as a right to get from the service providers. To enhance the capacity of those specific groups such as children with special needs, pregnant mothers, PWDs to the intended extent, different trainings related to entitlements and the right to access to services and how to use the tools in order to evaluate the service gaps are provided. The trainings compounded with the tools have enabled to the extent that those groups were able to identify the available services and deficiencies, and able to demand the appropriate services. Especially those empowered vulnerable groups have been able to influence and holding the public service provider (the government) accountable to deliver the services as per the standard. However, these achievements varies from place to place and project to project depending on the facilitation capacity of implementing organizations which are coordinating social accountability program across different sub cities of Addis Ababa and in the regions as well.. Over all, social accountably has meaningfully contributed to enhance the voice for the voiceless and citizens' engagement in general.

In light of the above findings , through enhancing the competence and skills of the participants, social accountability program assisted the target groups to efficiently engage and interact with their own group members, effectively approaching service providers at health centers and schools, and also providing feedback to woreda and sub city officials. In doing so, participants have developed the skills to use social accountability tools to evaluate the services they receive and prioritize which elements most need upgrading.

Table 4.10 Participants' capacity in using social accountability tools to evaluate service performance					
			Sex		Total
			male	Female	
Degree of responses	Strongly Disagree	Count	0	1	1
		% of Total	0.0	1.3	1.3%
	Disagree	Count	1	1	2
		% of Total	1.3	1.3	2.6%
	Uncertain	Count	6	5	11
		% of Total	7.8	6.5	14.3%
	Agree	Count	15	16	31
		% of Total	19.5	20.8	40.3%
	strongly agree	Count	13	19	32
		% of Total	16.9	24.7	41.6%
Total		Count	35	42	77
		% of Total	45.5%	54.5%	100.0%

Thus, as it can be seen from the participants' responses described above in Table 4.9, 81.9 % (in which 45.5 % of them are female) of participants in the sample agreed that they participated in evaluating the quantity, quality and accessibility of service provided (at Semen Health center and Tibeb Edget primary school) by usingCommunity Score Card (CSC) whichis the most widely used social accountability tool. In relation to this, one of the key informants emphasized and described that:

> *In the first place participants of social accountability program monitored each section of the health center for example, drug store, delivery room, and laboratory and the primary school to look at the situation of service performance. We have been also confident to speak out feedback for inadequate service delivery and to prescribe or suggest what we think is best for them and suggest solutions on how to fix the problems. This indicates that the service users are not only recipients but also they have a stack to improve the service delivery through engaging in planning and monitoring process.*

At the same time, this enhanced capacity of the service users has helped service providers to learn directly from vulnerable groups (from service users in general) about their performance (what works and their deficiencies) and helped them to improve the deficiencies step by step. In relation to this, one the focus group discussants witnessed that:

> *After we were made aware of the objective of social accountability along with our responsibilities, we conducted interface meetings with service users who evaluated the services rendered by the health center. The service users were comprised from vulnerable groups such as PLWHA, PWDs, Youths and women.Based on the evaluation results, agreement was reached by acknowledging and prioritizing the existed service gaps. This process has enabled us to critically evaluate ourselves so that we can deliver better services to the community. As an example, there was a huge complain on services of the Card Delivery Section (patient registration department) specifically on the behavior of the staffs and lack of sufficient space to accommodate large number of service users at a time. Accordingly, the Card Section room was demolished and renovated with a newer and wider space. Also on-job training of how to treat or handle service userswas provided to the Card Section staffs along with administrative measures (in the form of oral and written warning). Above all, the service users are not only our clients and providing feedbacks but also they become part of solution to improve our services.*

4.2.2.2. Enhancing interaction between vulnerable groups and public service providers

In this study, interaction is also considered as an indicator of social inclusion in which vulnerable groups (study participants) are able to maintain intimacy within their groups and consistent relationship with public service providers. Similarly, one of the discourses of social accountability is to create platforms for discussions and dialogues through which both service users and providers come on board to interact in an objective manner. These interactions would be efficiently facilitated and held across at the stages of

the social accountability program so that the demands and views of those vulnerable groups are heard and recognized in the planning and implementation phases. In doing so, the social accountability program have played a pivotal role in proving support to create an inclusive environment for direct and continuous interaction between vulnerable groups and public service providers.

Table 4.11Participants' access for direct interaction with service providers			
		Frequency	Percent
Degree of responses	Disagree	3	3.9
	Uncertain	8	10.3
	Agree	30	39.0
	Strongly agree	36	46.8
	Total	77	100.0 %

Thus, according to the survey findings described above in table 4.10, 85.8 % of participants responded that they were able to interact with service providers during various discussions and planning sessions. In relation to this, the program coordinator who was also the key informant for this study explained that:

The existence of social accountability program has assisted service users especially vulnerable groups to directly involve with service providers and reflect the problems at the spot during the meetings. Across all the stages of the social accountability process, representatives of each vulnerable group are participated. At each stage, both sides of the participants (users and providers) have had interactions on regular bases in which arguments and negotiations were occurred when they were trying to reach at a consensus on identification and prioritization of service deficiencies. At the beginning phase of their interaction, they were afraid and didn't believe that their opinions and concerns were heard and seriously taken by the service providers because to most of them this was the first moment for having a direct and face to face interaction with senior government officials and service providers.

On the other hand, the effectiveness of those interactions between service users and providers is highly depended on the facilitation skill and resource capacity of implementing organizations. In line with this, one of the key informants stated the following.

> *"The effectiveness of social accountability program in creating spaces for discussions or meetings between vulnerable groups (or service users) and service providers is partly depended on the available resources and also affected by the facilitation skill or implementation capacity of the organizations - implementer of the social accountability program. Despite various trainings were provided to the participants (including vulnerable groups) of the social accountability program, further and continuous efforts should be maintained to efficiently create favorable platforms for regular discussions which allowvulnerable groups to have much stronger participation and to make their voice heard"*

Table 4.12Responses on opportunity for access to service information and expression of service gaps

		Direct Access for service information		Expression of service gaps	
		Frequency	%	Frequency	%
Degree of responses	Disagree	2	2.6	4	5.1
	Uncertain	5	6.5	9	11.7
	Agree	33	42.9	32	41.6
	Strongly Agree	37	48	32	41.6
	Total	77	100 %	77	100.0 %

Moreover, as it is noted above in table 4.11 , among the significant number (90.9 %) of respondents who indicated interactions with service providers has been enhanced due to social accountability program, 83.2 % of respondents agreed it was the effect of these interactions that an opportunity was created a direct access for service information and express the existing service gaps.

Table 4.13 Participants' response to interaction , mutual understanding and joint planning with service providers							
		Existence of Continuous Interaction		Better mutual understanding between service users and providers		Joint action plan developed with service providers	
		Frequency	%	Frequency	%	Frequency	%
Degree of responses	Strongly Disagree	2	2.6	-	-	-	-
	Disagree	8	10.4	4	5.1	8	10.4
	Uncertain	13	16.9	15	19.5	6	7.8
	Agree	19	24.7	25	32.5	34	44.1
	Strongly Agree	35	45.5	33	42.9	29	37.7
	Total	77	100%	77	100 %	77	100 %

In the same way, respondents were asked whether systems for continuous interaction with service providers and their group members have been maintained by social accountability program. As it can be seen in the Table 4.12, 70.2% respondents specify that social accountability program has contributed to maintain a continuous interaction between them and service providers. Consequently, 75.4% of participants responded that their continuous interaction has created better understanding of issues raised on both sides. Therefore , it can be argued that this situation has enhanced and led the vulnerable groups (participants) to engage in joint action planning and evaluation sessions with the respective service providers (in most cases with Health centers and school). Accordingly, the data shows 78.8 % of the participants indicated they were involved in joint action planning with representatives of service providers (health center and school). On this regard, discussants of the FGD delivered a verdict which reinforces the above data:

Generally, social accountability created a better interactive environment and hence it brought better mutual understanding between service users and providers. It also added a sense of ownership among service users. For instance, the community (service users) engaged in the planning, in contributing inputs and improving the facilities of the health center. Moreover, the feedbacks, comment and support given by the SAC contributed to improving the service performances

at the health center.Hence, the views and prioritized services needs of vulnerable groups have been properly considered and included in the joint action plan to address the service gaps. Therefore, every staff in service providers become more open to critical review and are prepared to listen to what service users say about their service delivery performance. For instance, I internalized how to be accountable for what I do. I have realized that I should not just sit in my office and receiving my salary without doing anything, but I have to make efforts to deliver the quality service and am expected to achieve results.Thereby, we can say that social accountability is an effective way through which vulnerable groups' interact with service providers and influence the delivery of public services to be inclusive for their needs.

Generally speaking,the above results illustrate that social accountability program has brought changes in terms of creating conducive environment which enhanced the interaction vulnerable groups with public service providers and local administrative officials. This is considered as a breakthrough to promote and ensure inclusive and accessible public services for vulnerable groups.

4.2.2.3. Attitude and Behavioral Changes of Vulnerable Groups

In this study, the attitude and behavioral aspects of vulnerable groups in the context of social accountability program is considered as an important factor for successful social inclusion. In this respect, it is assumed that effective social accountability efforts first require changing individuals' attitudes and values, which then bring about changes in programs.That is because meaningful participation and actions of community groups in the program are directed by their attitudes, if their attitude is positively changed towards service providers and vice versa, it is more likely, that they divert their behavior in more meaningful way. This would lay the foundation of social inclusion and it is more likely that they start to actively interact with the service providers as well as participating more in their local government matters which affect their lives.

Table 4.14 Respondents' perception on the right to demand service and service information					
		Having interest for seeking service information from service providers		Change of perception about the rights to demand adequate service	
		Frequency	%	Frequency	%
Degree of responses	Disagree	4	5.2	5	6.5
	Uncertain	4	5.2	1	1.3
	Agree	35	45.5	37	48.1
	Strongly Agree	34	44.1	34	44.1
	Total	77	100 %	77	100.0 %

As it can be observed fromthe data showed above in table 4.13 , 89.6 % participants responded that they were encouraged and more interested in seeking service information from services providers after they started to participate in the social accountability program. In relation to this change, 92.2 % of the participants responded that their interest for seeking service information has increased due social accountability program by which they meant to argue that this was changed after they were aware of their rights to demand for adequate service delivery.

Table 4.15 Respondents' view towards service providers and expectation of answers for their demands					
		Participants' views towards service providers		Participants' expectation of response from service providers for demand	
		Frequency	%	Frequency	%
Degree of responses	Strongly Disagree	2	2.6	-	-
	Disagree	1	1.3	6	7.8
	Uncertain	7	9.1	8	10.4
	Agree	32	41.6	25	32.5
	Strongly Agree	35	45.5	38	49.3
	Total	77	100 %	77	100.0 %

Furthermore, participates were asked whether their views towards service providers and expectation of proper responses from service providers is changed or not.

Consequently, as it can be seen in the table 4.14 above, 87.1 % of respondents specify that their view towards services providers especially with responsibilities and for being accountable has been changed after they were informed about the responsibilities and the duties of providers. Thereby, 81.8 % respondents indicated that they expect appropriate responses for their demands from service providers in line with the service standard and available budget or resources. In this regard, focus group discussant mentioned that

> *In most cases the community (especially the most vulnerable) wrongly perceived that access to medicines in the health center relied on the willingness of frontline workers without knowing or noticing the absence or deficiency of the prescribed medicines in the pharmacy at health center. In addition, service users misunderstood that they were not allowed to get the service because they thought they were poor. Following the start of social accountability program, however, discussion platforms has been created by which we have been able to aware and convince service users about the challenges the health center was facing and how the process and system of purchasing the medical inputs. Consequently, mutual understanding was created and they started to think that every service user has equal rights to get the services regardless of he /she is poor or not.*

Table 4.16 Respondents' tendency for collaboration and awareness of challenges faced by service providers

		Awareness of challenges faced by service providers		Tendency of participants to collaborate with service providers	
		Frequency	Percent	Frequency	Percent
Degree of responses	Disagree	7	9	3	3.9
	Uncertain	6	7.8	9	11.6
	Agree	32	41.6	40	51.9
	Strongly Agree	32	41.6	25	32.4
	Total	77	100 %	77	100.0 %

As it can be seen above in table 4.15 , while 83.2 % of the respondents specify they aware of the challenges faced by services providers (like health center and schools) after they became involved in the social accountability program, as a result 84.3 %

respondents indicated that their tendency to collaborate with service providers has been improved. Here, respondents during the FGD revealed that that,

> *We realized that service users particularly active participants in the social accountability program become aware of their entitlements and the right to get information access and quality service. On the other hand, we also observed that those service users have become one of the major actors and stakeholders in our efforts to improve the service delivery of the health center (Semen Health Center). For instance, the health center didn't have sufficient budget to purchase medicines. The SAC members (social accountability committee) went to the sub city office and negotiated with the decision makers. Consequently, additional budget was secured to purchase the needed medicines. Moreover, the health center was affected by shortage of electric supply which was a serious challenge to deliver its services. In his case also the collaborative spirit of the SAC members played a significant role to get a generator from the sub city.*

Table 4.17Frequency of respondents about their confidence during interaction with service providers

		Frequency	Percent
Degree of responses	Disagree	2	2.6
	Uncertain	5	6.5
	Agree	33	42.9
	Strongly agree	37	48
	Total	77	100.0 %

Finally, participants were asked whether social accountability program has contributed to improve their confidence in such a way that they are able to avoid their fear and freely discuss or interact, voice their concerns , demand better services and special focus from service providers. Thus, 90.9% respondents indicate they have been able to develop confidence to the extent that they have started to evaluate the services providers, seeking proper responses and holding them accountable for their actions based on the service standards.

Chapter 5: Discussion

In this section, the findings of the study are analyzed in light of the research questions together with theoretical explanations and the existing body of literature in the area.The discussion is categorized in two major parts. In the first part, the extent to which social accountability enhances the social inclusion of vulnerable groups was dealt in terms of selected dimensions and theoretical perspectives of social inclusion. In the second part of this section, attempts were also made to interpret the findings of the second research question which is how (the ways of) social accountability enhances social inclusion of vulnerable groups in public service delivery.

5.1. The Extent to which Social Accountability Program Enhances Social Inclusion of Vulnerable Groups

5.1.1. Access to Participation

The present study reveals findings concerning how the social inclusion of vulnerable groups is enhanced due to the existence of social accountability program in terms of participation within the public service delivery.

First, reports from quantitative findings of the study indicated thatdue to the social accountability program, significant number of vulnerable groups in the study area are enabled to get access for participation in the process of public service delivery (at Health center and primary school). In the same way, reports of FGD participants described that participation of vulnerable groups in matters of public service delivery has been increased with the operationalization of social accountability program in the study area.

Second, it was noticed from both the quantitative findings and key informants that social accountability program enhanced better access for participation of community groups who are considered as disadvantaged or forgotten. The findings also revealed that vulnerable people were allowed to be involved in the service performance evaluation, interface meetings, and joint action planning sessions. To that effect, they were able to directly and efficiently voice their demand for better access and quality services (at the

health center and primary school) and also they gradually become part of the solution as well.

Hence, one of the few developments that were grown as a result of the social accountability program has been direct relationship between vulnerable groups and service providers in the process of public service delivery. In this regard, the quantitative finding of the study showed that vulnerable individuals and groups were able to get opportunity for direct discussion with service providers to give feedbacks and opinions to influence the decision of public services.According to the findings from FGDs, this consistent form of direct interaction was not the case before the introduction of social accountability in woreda 4 of Arada sub city.

The findings of the present study are consistent with several literatures. For instance, in light of the current study, contemporary empirical evidences such as ESAP II (2016) study reports claimed that due to the especial emphasis given to vulnerable groups in the course of social accountability, vulnerable people were enabled to be actively engaged in the discussions and meetings with service providers and local government officials on matters of service delivery and related issues. Similarly,according to ESAP I evaluation report (Samuel et.al.2010), it is indicated that service performance assessments and interface meetings were employed as initial steps in social accountability programs and are considered as breakthrough platforms which provided direct constructive, collaborative and participatory interactions between service providers and service users. As a result Joint Reform Agenda/Action Plan is developed that both service providers and service users'countersigned to demonstrate the responsiveness and accountability of service providers and empowerment of service users. Likewise, McNeil and Malena, (2010) asserted that because social accountability is closely related with community participation, it encourages citizens especially vulnerable groups to participate in public decision making, resource allocation and expenditure tracking as well as monitoring of government performance.

Generally, this implies that social accountability is serving as a tool for social inclusion by involving people to demand better services and monitor government performance. In relation to this, the findings of this study are in a position to justify and

consistent with the theoretical notion of Human Justice Theory(Gidley et.al, 2010). This theory asserts that the primary indicator of being socially included is the ability to participate fully in society with respect for their human dignity.Thereby, through improving the terms of participation in society for people who are vulnerable (on the basis of age, sex, disability, social and economic status), social inclusion opportunities such as access to resources, voice and empowerment are enhanced (United Nations, 2016). Similarly, Hoffmann (2014) suggested that social accountability interventions have been proven critical approaches to enable meaningful participation among all citizens. Generally, apart from getting aware of their entitlements, access to direct engagement with service providers was enhanced due to social accountability program.

On the other hand, though getting access for participation is the first step and essential milestone for the social inclusiveness of vulnerable groups, having mere access to participation does not mean it ensures inclusion of vulnerable groups in the public service delivery. However, enhancing the participation of vulnerable groups is a critical first step which allows them initially to be aware of their entitlements and seeking out the right information on service delivery from service providers. In this sense, social accountability program in the study area has enabled the target groups (61 % of the participants) to directly engage with public service providers (Health center and Primary school) at different platforms such as service performance assessment, interface meetings, joint action planning and decision making, and in regularly visit and monitor public service centers.

Consequently, the existences of participation platforms and tools in social accountability program facilitated the recognition and inclusion of their views by the service provider mainly in the planning and implementation phases of the public basic service delivery at the health center (Semen Health Center) and the primary school (Tibeb Edget Primary school). Therefore, findings of the present study indicated that this recognition and practice of inclusion by the service providers and local decision making bodies in the study area (Woreda 4) has increased since the time (since 2013) social accountability program was started at a full-fledged scale. Here, empirical study findings, for instance, Ermias (2014) also pointed out that participation of community in local

development activities, planning and monitoring of public basic service delivery process is increased due to the contribution of social accountability program. Thus, generally it means that the processes through which social accountability program worked have been used as platforms to ensure inclusion and active participation of vulnerable groups.

Generally, the findings of the present study showed the role of social accountability program through which vulnerable groups have been allowed to have a direct voice to influence the decisions of services providers and getting better access for equal public services. In this respect, the most recent study conducted by Ayliffe (2018) indicated that social accountability processes around the Productive Safety Net Program have contributed to some improvements in both service delivery and state-citizen relations by raising citizen awareness and confidence; promoting direct dialogue between citizens and kebele officials (the lowest level of the administrative structure); and enabling citizens to bring local implementation issues to the attention of woredaofficials.

On the other hand, from the quantitative finding about (17%) respondents did not agree with the proposition that social accountability program is as chosen mechanism to create opportunities for participation. In this regard, it can be suggested that it would be appropriate to further investigate other available mechanisms or approaches within the community or local government structures which may be employed in a better way to enhance the participation of vulnerable groups.

Similarly, the findings of the current study are not consistent with the previous research literatures. For instance, contrary to the present study, ESAPII (2013) pointed out that despite the existence of social accountability programs significant number of vulnerable groups were either they were not given the chance for participation or not active especially at planning stage to influence the public service delivery.Hence, though the rights holders (vulnerable groups) have sensed their entitlements for access to public services, but if they are overlooked to get a space for meeting or discussion with the service provider and to make their voice to be heard,it would be hard to influence public service providers and achieve what they need, that is, better improve access for quality service (such as health services and primary education).

5.1.2. Access to Public Social Services

The qualitative findings of this study revealed that social accountability program has contributed in reducing the barriers for participation and improved access to public social services. So that, it is appropriate to look into the changes in the study area regarding vulnerable groups' access to public service delivery.

First, the findings obtained from quantitative data showed that social accountability has contributed to the responsiveness of services providers to the feedback and demands of service users (vulnerable groups). This positive change of responsiveness has resulted to improvement of access to public basic services (health service delivery at health center and education service at primary school). Second, reports of the FGD informants also generally described that the most vulnerable groups especially those who could not afford the expenses for medical costs were accessed to get the health services such as medical treatments and medicines which are now covered by the health center (or refunded by the government to the health center). In addition, the FGD participants disclosed that the trend of sending clients or service users to private health institution is reduced than before because the services provided at health center (Semen Health center at woreda 4) have been improved due to the contribution of social accountability program.

Similarly, the result of the present study is also consistent with numerous previous research finding. For instance, ESAP II (2013) evaluation report stated that service providers begun to value with seriousness citizen’s feedback and started to incorporate the views of the vulnerable people in the planning phase and also availing special support to vulnerable groups including employment opportunities for women and youth and support for orphan and vulnerable children. In the same way, Samuel et.al (2010) delineated in their ESAP I evaluation report thatin the areas where the first ESAP was implemented, there was an improvement in basic service access, quality and adequacy. Therefore, these and other similar empirical research evidences implied that an enhancement in access to basic services through social accountability and removal ofaccess costs would result in benefiting the disadvantaged, since their difficult socio-

economic situation disallowsthem from switching service providers and going to private sectors.

The finding of the present study is generally related with theoretical literatures. For instance, in the context of Neoliberal theoretical perspective, Gidley et.al (2010) pointed out that increasing social inclusion is aboutcreating equal access of social services to vulnerable groups through investing in human capital and improving the skills shortage. According to this perspective social inclusion is about positively striving to meet the needs of vulnerable people and taking deliberate action to create an environment where the full range of vulnerable groups have similar access to public services along with others. Similarly, another prominent study conducted by Joshi (2013) explored the relationship between social inclusion and social accountability. Joshi described social accountability in terms of enhancing social inclusion through access to basic services for the vulnerable peopleand he specifically mentioned the contribution of social accountability in reaching out vulnerable groups and enhances their participation in wider socio-political processes as well as empowering and benefiting them within their communities.

In addition, UNDESA (2009) elaborated that access to public infrastructure and facilities (such as public schools and health facilities, community centers etc.) encourageall-inclusive participation. When public basic services are partly or fully put into place, they will create conditions for people to have a sense of belonging by not suffering the painful consequence of being unable to afford them. As long as vulnerable groups have equal access to or benefit from these public facilities and services, they will all feel less burdened by their differences in socio-economic status, thus alleviating a possible sense of exclusion or frustration.

On the other hand, though the findings of the present study showed social accountability program contributed to increase the responsiveness of service providers and access for services to the vulnerable groups in the study area, it is difficult to say that all the positive changes were resulted due to the effect of social accountability program

since there might be also other contributing factors or mechanisms within the context of local governance and community structure. In addition, it is also important to note that access alone does not necessarily ensure use of public facilities, as unequal relations within communities and households may inhibit the use of facilities by vulnerable groups. In this respect, therefore, further researches are needed to examine how unequal power relations within the community affect utilization of available or accessible services

5.2. The waysused by Social Accountabilityto Enhance Social Inclusion

5.2.1. Capacity Enhancement

The findings obtained from analysis of qualitative data indicated that social accountability combined with its major tools such as community score card (CSC)has enhanced the capacity of vulnerable groups to efficiently assess the quality and accessibility of services at the health center and primary school. Thereby, they were able to evaluate the services they received and prioritized which elements most need upgrading. For example, in the study area where social accountability program is operated, selected representatives (i.e. focal groups) of the target communities (vulnerable groups) were trained and provided technical support by HIDO (implementing organization) on how to use the Community Score Card. Each group discussed service delivery problems in their community, from these discussions developed performance indicators andrated the performance of service providers. Representatives from differentvulnerable groups then reviewed anddiscussed each other's performance indicators, ratings and reasoning, agreed upon acommon list of performance indicators and reconciled the ratings to develop a final servicedelivery performance score.

Similarly, as the findings obtained from self-report questionnaire scales indicated, the majority (87 %) of respondents gave their verdict that due to their engagement in the social accountability program ,they were able to acquire the techniques by which they evaluated the performances of two basic services provided in their district ,at the health center (Semen Health center) and Tibeb Edget Primary school .

Thus, both quantitative and qualitative findings of the present study revealed important implications. First, the social accountability program has built confidence and enabled citizens to rate the performance of the service providers objectively. Through this activity, they have been able to provide their views and feedbacks on the deficiencies and strengths of service providers. Second, as the findings obtained through FGD and key informant clearly revealed that social accountability process was seen as empowering experience through which they were able to effectively communicate, interact and influence the decisions of local service providers.

In light of this, the findings obtained from qualitative data are consistent with the previous research and theoretical literatures. For instance, ESAP II (2013) assessment report revealed that the capability of citizens (those who participated in ESAP II) to assess the quality of services delivered were positive that they had developed the capability to the extent of evaluating the performance of basic services based on the services standard. Within the same context, O'Neill (2007) asserted that for citizens to exercise voice and fulfill their role in accountability relationships, they not only need to be aware of their rights, responsibilities and entitlements but must have the requisite skills and capacity to effectively exercise social accountability tools , and also feel empowered to use these tools. Similarly, Samuel et al. (2010) pointed out that social accountability tools (eg.CSC) involve holding a number of focus group(there are separate groups for children, women, elderly, youth, people living with HIV/AIDS or disabilities, etc.) discussions (FGDs) about the problems that are encountered with a specific public service. Consequently, they were able to articulate their needsand values through their participation in each stage of social accountability program and influence the decisions and alter perceptions of service providers including their incentive to hear and respond to citizen's needs and demands (Samuel et al., 2010).

Generally, implications of the findings of the present study are consistent with the existing body of literatures. For instance, Malena et al.(2004) asserted that the social accountability program has succeeded in empowering the most vulnerable people.Similarly, Gidley et.al (2010) indicated that human potential empowerment theory

assumes that successful social inclusion goes beyond merely justice and human rights and seeks to maximize the capacity and empower each human being through employing models of possibility instead of models of deficiency. In connection to this, Goodman et al. (1998) noted that building community capacity becomes a key factor in the ability of communities to be included.

5.2.2. Enhancing Interaction

The current study reveals basic findings regarding the changes observed from the interaction between vulnerable groups and service providers.

First, findings obtained from quantitative data indicated that vulnerable groups' interaction with public service providers was substantively high (85.5%). This means that the respondents perceived themselves as actively engaging with service providers in a range of activities which includes assessment of service performance, interface meetings, joint action planning, and monitoring of services performances. In other words this means that the program smoothened participants opportunity for interaction with public service providers at the health center and primary school.

Second, the findings obtained from both the qualitative and quantitative data revealed that due to the existence of such interaction opportunities, vulnerable groups were able to get access for direct service information from service providers. This means that vulnerable groups were able to evaluate and compare the actual service performance with the expected service performance from providers. In addition, getting access to interaction with service providers enabled vulnerable groups to provide their opinions and feedback on the existing service deficiencies. For instance, interface and planning meetings with service between vulnerable group representatives and service providers wereorganized in the program to jointly review the service delivery performance scores and discuss service delivery deficiencies. In connection to this, some literatures (e.g. ESAP II, 2016) also associated the use of SA tools (e.g. Community Score Card-CSC) with the enhancement of citizens' skill and capacity to evaluate the services they receive and prioritize which elements most need upgrading. So that, SA allows citizens to

become more confident in interactions with officials and service providers. Therefore,social accountability tools have allowed vulnerable groups to formally discuss their concerns and demands with basic service providers as well as with their own groups' member and to work together for improved delivery thus building social capital.Furthermore, it is postulated that social accountability has also contributed to create a more open and inclusive social environment in which citizens freely discuss and prioritize their needs, taking into account the special needs of the vulnerable among them, building a stronger social capital.

Third, findings obtained from the analysis of the quantitative and qualitative data indicated that those different meetings and discussions facilitated by social accountability program were considered by the majority of the participants as breakthrough platforms for interactions. This means that they provided a forum for meaningful participation and constructive dialogue between representatives of the group and service providers. So that, service users (vulnerable groups) were able to express service delivery problems and performance of the service provider based on objective and verifiable evidence collected through social accountability tools. Most significantly, as the findings obtained from FGD and KII disclosed that service providers also have got an opportunity to explain on what services they provide; how they do their work and the constraints they faced while providing the services.In relation to this, the current finding is consistent with research literatures. For instance, ESAP II(2013) evaluation report pointed out that public service providers who participated in the study claimed that social accountability program created significant contribution to have constructive interaction with citizens to learn about their needs and demands.

Forth, the findings revealed that the relationship between the group and the providers of public services was improved due to the mutual understanding created between them. This means that this enhanced relationship created an enabling environment to vulnerable groups in such a way that their opinions and feedback were considered and included as priority tasks during jointaction plan through which quality of service provision improved

and, ultimately, citizen welfare is advanced by means of structured and meaningful participation of citizens.

Generally ,the findings of the present study illustrated thatsocial accountability program has brought changes to vulnerable groups in terms of creating conducive environment which enhanced interaction with public service providers and local administrative bodies. This has been a very instrumental step and considered as a breakthrough to enhance inclusion in terms of participation of vulnerable people and ensure access to public services.

5.2.3. Attitude and Behavioral Changes

The findings of the present study indicated that social accountability program has changed the perception of vulnerable groups towards public service and providers after they were aware of and understanding their entitlements and right with regard to access to public service. Large percentage of respondents (89 %) and few participants in the FGD affirmed receiving orientation facilitated by HIDO (implementing organization) on their constitutional rights to adequate and properly delivered basic public services.According to the findings obtained from quantitative and qualitative data, participants begun to exercise their constitutional and legal rights by demanding answers and remedies from service providers. In addition, they were enabled to aware of the responsibilities of service providers. In other words, this means that, theservice users (vulnerable groups) developed the confidence that encouraged them to approach service providers at the health center and primary school without fear, which was not the case before. Thereby, they have begun asking the service providers to deliver the expected services as per the service standard. For example, focus group discussants at Tibeb Edget primary school explained that social accountability program made service users sit together with their service providers, discuss issues and ideas freely without hesitation. In this regard, issues that hadn't been discussed prior to the social accountability program were identified and reported in an open forum involving students, parents, teachers and the education sector officestaff. Particularly, students have begun frequently reporting when teachers missed or absent from teaching class and about teachers and students discipline. Other focus

group discussants explained that service users, such as PWDs and women, at Semen Health center also went directly to the Medical Director office and provide their feedback about deficiency of the laboratory services.

As the result, based on the analysis of the findings, this enhanced understanding and confidence has resulted in better engagement of vulnerable in the process of essential public service sectors, from a planning to monitoring and collaboration to improve the services. Moreover, the findings from FGD indicated that as service providers began to value with seriousness citizen's feedback and the attitude of vulnerable groups towards service providers was improved. Consequently, the findings obtained from FGDs and quantitative indicated thatsocial accountability program enhanced the tendency of vulnerable groups (service users) to understand the challenges faced by service providers in the process of service delivery. This tendency led them to feel the burden on service provides and increased the sense of ownership and engagement of citizens in basic services delivery. Therefore, apart from realizing their right to quality services, users were also moreaware of their responsibilities and the potential of collaboration and mobilizing community resources toimprove these services.

Similarly, the focus group discussants in the present study witnessed that one of the considerablechanges brought about by the social accountability program was that it resulted a sense of genuine mutual understanding, sense of ownership and partnership to improve the quality and quantity of the service delivery both at the health center and the primary school.

In light of this, the findings obtained from qualitative data are consistent with previous researches For instance, Samuel et al., (2010) pointed out that social accountability program has made important contribution to the empowerment and self-confidence ofservice users who are better able to express their opinions and make open complaints toevaluate service providers without fear. Similarly, Westhorp et al(2012) pointed out that social accountability is as much about changing mentalities, building relationships, and developing capacities as it is about technical tools. In addition, beyond its contribution for creating opportunities for participation, empowerment,

andaccess to services for the vulnerable, social accountability can bring many intangible benefits such as attitudinal and behavioral changes (ESAP II, 2016).

Chapter 6

Summery, Conclusion and Recommendations

6.1. Summery

The major purpose of the present study was to assess the social accountability programin promoting social inclusion of vulnerable people in public service deliveryat Woreda 4 of Arada sub city. Based on this major purpose, the study investigated the two research questions: To what extent does social accountability enhances social inclusion of vulnerable people terms of participation and access to public basic services and how (the waysof) social accountability program enhances social inclusion of vulnerable people in public service delivery.

In answering the two research questions, descriptive survey design was employed. And to get a more comprehensive understanding of the research problems, information was collected through mixed type of data collection instruments. Therefore, a mixed approach with survey questionnaire, focus group discussions and key informant interview was carried out and secondary data was collected from the SA program implementing organization. In the study, a total of 77 participants were selected throughsimple random sampling and stratified random sampling techniques to fill the survey questionnaire. For the purpose of qualitative data, focus group discussions (FGDs) and Key Informant interview (KII) were employed to gain a unique insight and information as well as using the groups and key informant as units of analysis. In doing so , 14 participants for the FGDs and four KIIs were selected based on their active participation, knowledge and experience in working with the social accountability program.In addition, both quantitative and qualitative data were generated from primary sources using both quantitative (questionnaire scales) and qualitative (FGD and KII) methods. In order to address the basic research questions in the study, data were analyzed using both inferential (SPSS version 23.0) and thematic techniques.

Within this broader inquiry, the present study attempted to answer the two research questions and brief summary of the discussion is presented as follows.

First, the results of the current study revealed that social accountability program implemented in Woreda 4 of Arada sub city contributed for social inclusion of vulnerable groups (PWDs, people living with HIV/AIDS, elders, women, children, and youth) in the process of public service delivery. Specifically, the findings from the quantitative and FGDs showed that social accountability program enhanced better access for participation of community groups who are considered as disadvantaged or forgotten. Subsequently, this implied that vulnerable people were allowed to be involved in the service performance evaluation, interface meetings , and joint action planning sessions in which they were able to directly and efficiently voice their demand for better access and quality services provided at the health center and primary school and also they gradually become part of the solution as well. Hence, in looking at the findings of the present study, it was indicated that social accountability program enhanced the voice, demands and concerns of vulnerable people to be seriously considered and included in the planning and budgeting of public services mainly at health center and primary school. Thereby, these findings imply that one of the basic intrinsic values of social accountability is to create enabling condition in which vulnerable groups are engaged and included as active citizens and promoted true partnerships between them and public service providers in the provision of service delivery.

Second, the results of the present study showed that the response of service providers to the demands and priorities of vulnerable people was improved due to the social accountability program implemented at Worda 4 of Arada sub city. As a result, the findings revealed that vulnerable groups' opportunity for better access to and use of public services was enhanced. Indeed, as the findings of the study verified thatsocial accountability program enhanced social inclusion of vulnerable groups by enhancing participation and access to services in public service delivery.

Third, as it was disclosed in the result and discussion sections, those vulnerable groups were capacitated and empowered due to social accountability program. To that effect, vulnerable people were able to acquire the techniques and skills of how to evaluate and rate service performances using the existing service standards. Hence, as the findings obtained through FGD and key informant clearly revealed that social accountability process was seen as empowering experience through which they were able to effectively communicate, interact and influence the decisions of local service providers. In addition, social accountability tools have allowed vulnerable groups to formally discuss their concerns and demands with basic service delivery as well as with their own groups' member and to work together for improved delivery thus building social capital.

Fourth, the finding of the present indicated that social accountability program brought changes to vulnerable groups by creating conducive environment for interaction with public service providers and local administrative bodies.In addition, the findings obtained from both the qualitative and quantitative data revealed that due to the existence of such interaction opportunities, vulnerable groups were able to get access for direct participation with service providers. This means that vulnerable groups were able to evaluate and compare the actual service performance with expected service performance. In addition, getting access to discussion with service providers enabled vulnerable groups to provide their opinions and feedback on the existing service deficiencies.

Finally, the findings illustrated that beyond its contribution for creating opportunities for participation and access to services for the vulnerable people, social accountability also brought intangible benefits such as vulnerable groups' attitude and behavioral changes towards service providers. Generally , the findings of the present study verified the proposition made at the beginning of this study that there exists a direct and strong link between social accountability program and social inclusion in such a way that the recognition and practical responses given by the public service providers (mainly health center and primary school at Woreda 4 of Arada sub city) to the voice and demands of the vulnerable can be taken as a valid evidence for the contribution of social accountability to promote social inclusion.

6.2. Conclusion

The present study had two major objectives. The first was to examine the extent to which social accountability program enhances social inclusion of vulnerable people.The second was to explore the waysof social accountability program and how they enhance social inclusion. Based on discussion and summary of the findings indicated earlier, theresearcher draws the following conclusions, and their corresponding implications:

First, the result of the present study revealed thatthe social accountability program which has been implemented in Woreda 4 of Arada sub city enhanced the participation of vulnerable groups (PWDs, people living with HIV/AIDS, elders, women, children, youth) in public service delivery (mainly at the health center and primary school). This means that they gained a better chance to amplify their voice and concerns, claim entitlements, andtoexert influenceon decisions of public service providers.This also means that enhanced participation of vulnerable groups has a direct impact in making their concerns and demands to be acknowledged and seriously considered in the planning and implementation process of public service delivery.This impliesthat social accountability can enhances the social inclusion of vulnerable peopleby creating enabling conditions for active and meaningful participation to the extent that they are considered as integral part of public service delivery process, significantly influencing importantdecisions affecting their lives.In the contrary, it implies that traditional mechanisms of participation, for instance simply creating forums for citizens to become involved in shaping services will not guaranteesocial inclusion of vulnerable groups in the public service delivery process. This implies that without special efforts being made to embed an inclusive approach irrespective of socio-economic, physical and health status, age, and gender, public service providers may not be responsive to the needs of more vulnerable or disenfranchised users.

Second, thefindings also indicated that vulnerable groups' access to better public service (mainly at health center and primary school) at woreda 4 of Arada sub citywas improved by social accountability program.This means thatsocial accountability contributes to improve the responsiveness of public service providers (mainly at the

health center and primary school) to the demands and voice of serviceusers, particularly for vulnerable groups.This implies social accountability enhances inclusion of vulnerable groups in accessing and using public services. This also implies that inclusion of vulnerable groups for efficient access and use of public services enhances their opportunities and abilities that are needed to fully participate in other societal development activities. In the contrary, this implies that vulnerable groups are mostly excluded and forgotten in the process of service delivery as they lacks the capacity and resource to use the services or claim their entitlements and hold service providers accountable for the service they provide , to be responsive , and indeed tobe socially inclusive. Besides, it implies that their lacks a solid and vibrant mechanism which interconnects disadvantaged groups with public services providers and local government administrators.Generally, this leads to imply that social accountability cam be taken and used as a standalone mechanism or can be integrated with the existing accountability mechanisms to create better acces for public services to vunerable groups.

Third, it was found out that social accountability programenhanced the skill and confidence of vulnerable groups to objectively evaluateand rate the performance and quality of the services provided at the health center and primary school.It was also indicated that vulnerable groups' communication skill was improved which allowed them effectivelyinteract with service providers and government official at the woreda and sub city level.This means that they can provide their views and feedbacks with confidence in front of service providers. This also means with this enhanced capacity, vulnerable groups caninfluence service providers and decision makers to be responsive in favor of their demands and to take corrective measures for service deficiencies.This implies that vulnerable individuals and groups are needed to be empowered to effectively advocate their demands and to hold service providers accountable for their services.This also implies that informed and empowered citizens want to be involved in the service delivery planning , budgeting, and monitoring process. In the contrary, it implies that given to strengthening the capacity of ordinary citizens to participate directly in public services delivery process, it seems that empowerment does not work on its own: an empowered citizen requires capable and responsive service providers and decision makers whom they

can hold to account. On the other hand, however, empowerment is needed if vulnerable groups are to participate and engage meaningfully with service providers in service delivery process and other development activities. Thus, the underlying logic of capacity enhancement and social accountability programs is that where vulnerable people have a stronger skill and confidence, they are more able to influence decisions about services and are more able to hold public service providers and government officials to account for their actions.

Fourth, the result also revealed that social accountability program brought changes to vulnerable groups in terms of creating an enhanced interaction with public service providers and local administrative officials. This means that representatives of vulnerable people andservice providers at woreda 4 of Arada sub city can sit face-to-face to review service delivery performance and jointlyaddress service delivery deficiencies. This implies means that these interaction platforms need active participation of vulnerable groups and constructive dialogue between them and service providers. This alsoimplies that needs, opinions, and feedbacks of vulnerable groups are considered and included as priority tasks during planning and delivery of services through which quality and access to services is improvedand ultimately citizen welfare is advanced by means of structured and meaningful participation of citizens.

Finally, the result also depicted that beyond its contribution for enhanced participation and access to services for vulnerable groups, social accountability program at Woreda 4 of Arada sub city contributed to attitude and behavioral change of vulnerable groups towards their entitlement and public service providers. This means that vulnerable groups are aware of theirrights; understand the responsibilities of service providers and to hold them accountable for the service they provide. This also means that the perception of service users (vulnerable groups) towards public services and providers has been changed and begun askingthe service providers at the health center and primary school to deliver the expected services as per the service standard.This implies that social accountability program can enhance the confidence of vulnerable groups andto develop the courageto approach service providers without fear, which was not the case before. This also implies

that service providers begun to notice and give recognition for the voice and demands of vulnerable people which is the initial and critical step for social inclusion. As social inclusion theory assumes, to promote social inclusiveness of vulnerable people, first and foremost, they need to be noticed, recognized, and have their own voices. In the contrary, this implies that there is no possibility of having a voice if an individual or group is not accounted for and represented in the processes that make up formal society such as public service delivery process.

6.3. Recommendations

On the basis of the discussions of the major findings made above and the conclusions drawn, the researcher forwards the following suggestions.

(1) Practitioners, community development workers and public service professionals should develop a standard social inclusion operational guidelinein their social accountability programs to ensure a consistent emphasis on inclusion of vulnerable people and to assess programs for their inclusion. In doing so, the grass root community groups including vulnerable peoples should besufficiently reached out and provided intensive capacity building in a consistent manner in order toregularly assess the quality and coverage of the basic services they receive from the programs.

(2) Practitioners, community development workers and public service professionals should anticipate and understand the governance and political contexts when they try to implement social accountability programs because it is affected by the power dynamics within the government administration and public service delivery structure. Therefore, key and relevant stakeholders at the sub city and city level should be mapped out and able to be engaged at each stage of the program implementation in order to achieve the intended objectives and to ensure its sustainability.

(3) Public administrators and policy makers should mainstream social accountability programs into all public service sectors and development programs at woreda, sub city and regional levels to ensure efficient and sustainable inclusiveness of vulnerable

groups across all types of public service delivery. This can be done either by integrating itand act symbiotically with already existing governance mechanisms or implementing it as a standalone scheme along with other traditional accountability methods. Indeed, to do this, it is needed to make sure that social accountability should be budgeted and integreated with the activity plans of each service sector.

(4) Public administrators and policy makers should exert a coordinated effort to improve the work ethics and change the attitude of front line public service workers towards service users' in general vulnerable people in particular. In doing so, a joint monitoring system which encompasses representatives of vulnerable groups should be established andalso a capacity enhancement package is needed to be developed and resourced.

(5) Academia, researchers and students in the field of social and community psychology, social work, public administration and political science should conduct a comparative study to examine the relative usefulness and gaps of social accountability as compared to other existing traditional mechanisms in the public governance structure. Moreover, the usefulness or effectiveness of social accountability tools and approaches should be tested for interventions in other development fields other than public service delivery.

(6) The present study has also some implications for future research. In this sense, future research should beconducted by academia, researchersand studentsto expand the scope of the present study by incorporating key aspects of social accountability and social inclusion such aseconomic political empowerment,good governance, social justice,and social influence. These issues, in one way or another and directly or indirectly , are also the concerns of social psychology, community psychology, sociology, political science and other social science disciplines. For instance, in the context of social accountability there is also psychology of inclusion issues (such as empowerment, interaction, self-esteem, decision making,influence); sociology of inclusion (social structure and consideration of diversity); in political science (humanjustice, governance structures, entitlements and the right to access).Therefore,

it is recommended that social accountability should be included as a topic or a subject matter in those disciplines and future researches should be advanced in those mentioned areas.

Reference

AALIC.(2014).Annual publication of Addis Ababa City Administration Integrated Land Information Center.

AAU-RLDS (2013).Governance and Public Service Delivery: The case of water supply and roads services delivery in Addis Ababa and Hawassa Cities, Ethiopia. January 2013. Adis Ababa University

Ackerman, J. (2005). *Social Accountability in the Public Sector: A Conceptual Discussion*. Draft paper prepared for the World Bank.

Agarwal, S., Heltberg, R., and Diachok, M. (2009). Scaling-up social accountability in World Bank operations. Washington, DC: World Bank.

ANSA-EAP .(2010). A manual for trainers of social accountability.Published in 2010 in Manila, Philippines.

Aref, Fariborz , Redzuan and Ma'rof . (2009). Community Leaders'Perceptions toward Tourism Impacts and Level of Community Capacity Building in Tourism Development.Journal of Sustainable Development.Bol 2. No3.

Aparicio,R.(2013). Social Inclusion within the Framework of the Multidimensional Measurement of Poverty in Mexico.UNESCO. Paris, France.

Ayliffe, T.(2018). Social Accountability in the delivery of social protection: Ethiopian case study.

Ayliffe, T., Aslam ,G., and Schjødt,R. (2017) : Social Accountability In The Delivery Of Social Protection September 2017 . *Working Paper.*United Kngdom

Bajraktari, E. (2016). Citizen Engagement in Public Service Delivery: The Critical Role of Public Officials. UNDP Global Centre for Public Service Excellence

Berket, G. (2016). Gender Sensitiveness Of Social Accountability Program: The Case Of Libo Kemkem Woreda Of South Gondar. Unpublished Master's Thesis, Addis Ababa University, Department of public administration and development management

Bhargava,V. (2015). The Governance Brief: Engaging Citizens and Civil Society to Promote Good Governance and Development Effectiveness.

Björkman ,M. and Svensson ,J.(2007): Power to the People: Evidence from a Randomized Field Experiment of a Community-Based Monitoring Project in Uganda

Bowley, A.L.(1926). Measurement of precision attained in sampling. *Bull.Internatinal Statistic Institute.* Amsterdam, V.22

Boydell, V., and Keesbury,J. (2014). Social Accountability: What are the Improving Family Planning and Reproductive Health Programs? A Review of the Literature, Working Paper. Washington, DC.

Camargo.C.B, and Stahl,F. (2010). Social Accountability: A practitioner's Handbook .Basel Institute on Governance.

CSA .(2007). The 2007 Hosing and Population Census of Ethiopia

Dugarova , E.(2015),.Social Inclusion, Poverty Eradication and the 2030 Agenda for Sustainable Development prepared for the UNRISD project on Post-2015 Development Agenda . October 2015

ECA.(2005). Economic Report on Africa 2005 Meeting the Challenges of Unemployment and Poverty in Africa. Addisa Ababa, Ethiopia.

Elizabeth D. G., and Bell, W. (2015). Accountability for Children's Rights: *With special attention to social accountability and its potential to achieve results and equity for children*. Child Rights & Social Accountability • *Working Paper* • UNICEF Human Rights Unit, Programme Division.

Enklund, L.(1999). From citizens perspective towards community empowerment.An analysis on Health Promotion from citizen perspective. Accadamic Desssertation. Faculty of Medicine of the University of Tempere. Tempere.

Ermias Emiru.(2014).The role of Social Accountability program in community empowerment the case of Addis Ababa Women Association social accountability program. Addis Ababa University, school of Social Work.

ESAP II .(2016). Promoting Basic Services: Ethiopia Social Accountability Program.*Rapid Assessment Sustainability and institutionalization*.Management Agency Multi Donor Trust Fund. Ethiopia.

ESAP 2. (2013). Ethiopia Protection of Basic Services Social Accountability Program, social accountability guide,Management Agency of ESAP 2

Eshetu Bekele.(2011). Social accountability mechanisms in enhancing good governance.*Prepared for the Informal Interactive Civil Society Hearing of the General Assembly.* (UN LDC IV) New York, April 1, 2011.

Eskender Tilahun. (2015). An assessment of the sustainability of social accountability civic engagement in ensuring good governance and participation: Adet Town. Unpublished Master's Thesis, Addis Ababa University, Department of Public Administration and Development Management

FDRE .(1994). The constitution of the Federal Democratic Republic of Ethiopia

Fekade,T. (2014). Civic Engagement for Effective Service Delivery in Ethiopia: Tools, opportunities and challenges. UNDP working paper . Addis Ababa.

Fox, J. (2014).Social Accountability: What does the evidence really say?Global Partnership for Social Accountability, World Bank, p.17.

George ,A. (2013). Accountability in Health Services: Transforming Relationships and Contexts

Gidley, J, Hampson, G, Wheeler, L and Bereded-Samuel, E (2010). Social inclusion: Context, theory and practice, *The Australasian Journal of University-Community Engagement*, vol. 5, no. 1.

Goodman R, Speers M, McLeroy K, Fawcett S, Keegler M, Parker E, Smith S, Sterling T & Wallerstein N 1998, 'Identifying and Defining the Dimensions of Community Capacity to Provide a Basis for Measurement', *Health Education and Behaviour*, vol. 25,

Henrard,F., and Mitterle,A.(2008). Governance and quality guidelines in Higher Education: A review on governance arrangements and quality assurance guidelines. OECD.

HIDO .(2015). Quarter Report , Hiwot Integrated Development Organization Report

Hoffman, K.D (2014).The Role of Social Accountability in Improving Health Outcomes: Overview and Analysis

INVOLVE. (2012).Diversity and Inclusion: What's it about and why is it important for public involvement in research? *National Institute for Health Research*. UK.

Jayal, N. G. (2008).New Directions in Theorizing Social Accountability?IDS Bulletin Volume 38 Institute of Development Studies

Joshi, A. (2013) .Reflections on Social Accountability.Catalyzing democratic governance to accelerate progress towards the Millennium Development Goals.UNDP.

Khan, S., (2012).Topic Guide on Empowerment and Accountability, Governance and Social Development Resource Centre, University of Birmingham, UK

Kohli. D. S,.(2012). Manual on social accountability: concepts and tools. *Center for Budget and Governance Accountability* .New Delhi.

Lister, S. (2010)*:* Fostering Social Accountability: From principles to Practice. Guidance Note.UNDP.Oslo Gevernance.

Lombe, M. (2007) Presentation given at *Expert Group Meeting on Creating and Inclusive Society: Practical Strategies to Promote Social Integration. Paris, France.*

Malena,C., Forster ,R., and Singh,J. (2004).Social Accountability: An Introduction to the Concept and Emerging Practice. . Social Development paper No.76. Washington,DC. The World Bank.

McNeil and Malena (2010). Demanding good governance, Demanding *good governance: Lessons from Social Accountability Initiatives in Africa* .World Bank 2010.

Mekonen, M. (2007).Major theme of Building Democratic Order and Good Gove Ethiopia Conference on Economic commission for Africa, October 2-4, 2007.

Mohammadi, S. H., Norazizan ,S., and Ahmad ,N. (2010). Citizens' Attitude toward's Local Government and Citizen's Participation in Local Government. *Journal of American Science.*

MoLSA (2012): National Social Protection Policy OfEthiopia, Final Draft

Negalegne Mamo. (2010). Current status of decentralized governance and self-administration

O'Neil, T. (2007) The Social Dynamics of Neopatrimonialism: Themes from the literature London: Overseas Development Institute (unpublished).

Read ,L. and Atinc ,T. M. (January 2017). Information For Accountability: Transparency And Citizen Engagement For Improved Service Delivery In Education Systems.

Ringold,D., Holla,A., Koziol,M. , and Srinivasan, S. (2012). Citizens and Service Delivery :Assessing the Use of Social Accountability Approaches in the Human Development Sectors. The World Bank. Washington, DC.

Roell, M., & Mwaipopo, E. (2013).Social accountability program in Tanzania: Best Practices in Mwanza. Tanzania.

Samuel Taddesse, Swain, B., MergaAfeta, and Gadissa Bultosa.(2010). Evaluation Report, Final.*Evaluation and Design of Social Accountability Component of the Protection of Basic Services Project, Ethiopia,* June 2010. Infrastructure Professionals Enterprise (P) Ltd Green Park Main, New Delhi, India

Samuel Taddesse, Swain, B., Khosla, R., Patnaik, S., MergaAfeta, and Gadissa Bultosa. (2010). PBS II Social accountability Program: Phase 2 implementaion Plan.*Evaluation and Design of Social Accountability Component of the Protection of Basic Services Program, Ethiopia,* October 2010, udtaed June 2011. Infrastructure Professionals Enterprise (P) Ltd Green Park Main, New Delhi, India

Schedler, A. , Diamond,L. and Planter,F.M.(1999). The self-Restraining State: Power and Accountability in New Democracies. United Kingdom.

Silver ,H. (2015). The context of social inclusion, Working Paper No. 144. Department of Economic & Social Affairs.United Nations.New York.

Sirker, K. and Cosic,S. (2007). Empowering the Marginalized: Case Studies of Social Accountability Initiatives in Asia.Public Affairs Foundation Bangalore, India and World Bank Institute, Washington, DC

Tashakkori, A. and Teddlie, C. (2003).Handbook of Mixed Methods in Social and Behavioral Research. Thousand Oaks, CA: Sage.

TECS (2012). Mass Based Societies in Ethiopia: Prospects and Challenges. A research conducted through the partnership between Forum for Social Studies (FSS) and Atos Consulting, Addis Ababa, Ethiopia.

Therborn, G. (2007) Presentation. Expert Group Meeting on Creating and Inclusive Society: Practical Strategies to Promote Social Integration. Paris, France.

UNDESA .(2009**).**Creating an Inclusive Society: Practical Strategies to Promote Social Integration (draf).Unpublished raw data.

UNDP. (2010).Fostering Social Accountability: From Principle to Practice. *Guidance Note.Oslo Governance Centre Democratic Governance Group Bureau for Development Policy. Norway,*Oslo.

UNDP.(2013). Reflections on Social Accountability.Catalyzing *Democratic Governance to Accelerate Progress towards the Millennium Development Goals.*

UNICEF. (2016). Social Protection: Access of the poor and vulnerable to basic social services. Good practices: Linking safety net clients with complementary social services. Addis Ababa, 2016

UNICEF.(2011). Economists and Economic Policy: Bringing children into development strategies

UNICEF (2014): 2014 annual results report, social inclusion. New York , USA.

UNICEF (2016). 'Ethiopia. Social Protection: Access of the poor and vulnerable to basic social services. Good practices: Linking safety net clients with complementary social services. Addis Ababa, 2016

United Nations .(2010). Leaving no one Behind: the imperative of inclusive development. *Report on the world social situation.* Economic and Social Affairs.United Nations. New York

United Nations. (2016). Leaving No One Behind: the imperative of inclusive development. *Report on the World Social Situation*. New York.

UNRISD.(2015). Social Inclusion, Poverty Eradication and the 2030 Agenda for Sustainable Development*Working Paper 2015-14.* Geneva, Switzerland.

Westhorp ,G., Walker, B., and Rogers, P .(2012). Under what circumstances does enhancing community accountability and empowerment improve education outcomes, particularly for the poor? A Realist Synthesis.Protocol. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Woldeab, T., Degefa, T. , Fenta, M. , and Bamlaku, A.(2013). Governance and Public Service Delivery: The case of water supply and roads services delivery in Addis Ababa and Hawassa Cities, Ethiopia.

World Bank (2002): A Framework For Empowerment: Summary Poverty Reduction Group, World Bank, May 2002.

World Bank Development Report 2004 (2003): Making services work for poor people

World Bank (2009).Assessing the impacts of social accountability in India.South Asia Sustainable Development Department. India.

Yamane, Taro. (1967): Statistics: An Introductory Analysis, 2nd Ed., New York: Harper and Row.

Annex -1

Addis Ababa University
Institute of Psychology
Social Psychology Department
Survey Questionnaire for participants of Social Accountability Program

Introduction

Hello, my name is Getachew Kindu,I am studying Master of Social Psychology at Addis Ababa University. Currently, I am working my thesis on the "**The Role of Social Accountability Program in Promoting Social Inclusion for Vulnerable Groups**": The Case of Hiwot Integrated Development Organization /HIDO/ in Arada Sub city. The overall purpose of this study is for partial fulfillment of the requirements for the Degree of Master of Social Psychology in Addis Ababa University. Hence, you are kindly requested to provide thoughtful and honest responses. Your honest responses will help the research to have valuable information. Indeed, the data collected here will be only used to understand the research questions and to fulfill the intended research objectives. Finally, the researcher wants to assure you that this research is intended for academic purposes. Therefore,the information that you provide will be used only for research purpose and will be confidential.Your participation on this study is totally dependent on your willingness hence place give me your oral consent to proceed.

Instructions:

This questionnaire has five parts. The first part deals with personal information of respondents. The second part deals with the extent that Social Accountability program enhances participation of vulnerable groups. Part three focuses on assessing the respondents' capacity enhancement resulted in their involvement at SA program. The subsequent part, part four focuses on assessing the respondents' extent of interaction with services providers in the SA program. Finally, part five of the questionnaire deals with participants attitudinal and behavioral changes. All the questions need answers. I kindly ask you to answer all the questions carefully to the best of your knowledge and experience and select appropriate choice that reflects your opinion by marking the best of your choice by putting "√" on the list of choices under each question. I thank you for your collaboration.

Section 1. Personal information

Code :_________	
1. Sex	1. Male
	2. Female
2. What is your age in years?	
3. Level of Education	1. Only read & write
	2. Attended primary (1- 8 grades)
	3. Attended 9-10 th grades
	4. Attended 11-12th grades
	5. Attendcollege including vocational and technical school
	6 Cannot read and write
4. Family size	
5. Are you with any disability?	1. No 2. Yes
6. Monthly income (in ETB)	1. <586
	2. 586-1650
	3. 1651-3145
	4. 3145-5195
	5. >5195
7. Are you HIV positive?	1- No 2. Yes 3. I don't know

Section 2: Questions to assess the extent to which social accountability program enhances social inclusion for vulnerable groups in public service delivery

	Questions	Degree of responses				
		Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
8	SA program created chances for you to participate in the process of public services delivery.					
9	You participated in the basic steps of social accountability process					

10. Based on your replay for question 9, how do you rate your level of participation in the implementation process of the SA program?

Basic steps of the SA program implementation	Degree of participation				
	Often (5)	Occasionally (2)	I don't Know (3)	Rarely (2)	Never (1)
10.1. You participated in awareness rising trainings provided in the SA program					
10.2. You participated in assessment of services (services of health center and school)					
10.3. You engaged in interface meetings with services providers					
10.4. You engaged in joint action planning and made decisions with service providers					
10.5. You participated in monitoring of service status after the joint action plan					

	Questions	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
11	You are informed about your entitlements for access to better services because of your participation in the SA program					
12	Your views for demanding better services are considered in planning phase of service delivery.					
13	You don't think SA is taken as chosen mechanism to create participation opportunities					
14	Your access to social services improvedafter you started to participate in SA program.					
15	SA program increased your chance of participation in development activities.					

Section 3: How the mechanisms of social accountability program enhance social inclusion of vulnerable groups in public service delivery?

3.1. Questions to assess capacity enhancement of the respondents involved in the SA program.

	Questions	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
16	You developed the skill to assess service status against services standards due to your engagement in social accountability program.					
17	You developed the confidence to express your demands to service providers and local decision makers.					
18	Your skills of how to communicate with service providers and local decision makers improved					
19	Your ability to interact with other individuals and groupshas been enhanced					
20	You efficiently assessed the adequacy of the actual service provided at health centers or schools.					
21	Your capacity of using SA tools to evaluate service improvement has been improved.					

Section 3.2. Questions to assess the interaction of participants with service providers

	Questions	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
22	Your access for direct interaction with service providers (like health center and school) enhanced via the social accountability program.					
	Your direct interaction with local service					

23	providers allowed you to receive service information					
24	Your direct interaction with service providers has allowed you to express the existing service problems.					
25	Your direct interaction with service providers has allowed you to develop a joint action plan to improve the service gaps					
26	Ways for continuous interaction with service providers and local administrative bodies created by the SA program					
27	Social accountability does not enhance interaction between service providers and receivers					
28	Direct interaction allowed vulnerable groups to create better mutual understanding with service providers					
29	SA program improved the interaction between students and teachers					

Section 3.3. Questions to assess the attitude and behavioral changes of participants towards public service providers

	Questions	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
30	You are now more interested in seeking information on services delivery from services providers than before you participated in this SA program.					
31	Your perception about the rights to demand for adequate service delivery has been changed.					
32	Your view towards service providers has changed after you are informed about your entitlements					
33	You expectappropriate responsesfor your demandsfrom service providers.					

34	You well aware of the challenges faced by services providers (like health center and schools) after you were involved in the SA program.					
35	Service providers improved responses for requests of better service due to the SA program.					
36	Your tendency to collaborate with service providers has been improved					
37	You feel confidencewhenyou discuss with services providers and local administration officials.					

Annex -2

Focus Group Discussion (FGD) checklists.

Section 1.Questions to assess the extent to which social accountability program enhances social inclusion for vulnerable groups in public service delivery

1.1. Do you clearly understand citizens' entitlements and rights to hold service providers accountable for their service delivery performance?

1.2. Did you attend trainings, discussions and planning sessions with vulnerable groups in the SA program? Do you think they are sufficiently included in the discussions?

1.3. Do you think direct participation of service users (particularly vulnerable groups) with service providers has been the result of the SA program?

1.4. Does direct participation of vulnerable groups with service providers has improved responsiveness and access to service delivery?

Section2.How the mechanisms of social accountability program enhance social inclusion of vulnerable groups in public service delivery?

Theme.2.1. Questions to assess capacity enhancement of the participants involved in the SA program.

2.1.1. Do you think the capacity of service users (vulnerable groups) to monitor and assess the quality of basic services has been improved due to the SA program?Please discus the capacity of service user to monitor.

2.1.2. Do you think vulnerable citizens have developed the skill to effectively communicate with service providers? Please discuss with evidences.

Theme 2.2.Questionnaire to assess the interaction of respondents with service providers

2.2.1.. Does the SA program have improved the level of interactions among service users, service providers, and local government officials? Please discuss.

2.2.2. What is the significance for having continues interaction with service users who are vulnerable groups? Please discuss what and how.

Theme 2.3.Questions to assess the attitude and behavioral changes of participants towards public service providers

2.3.1. Has the SA program changed the relationship between service providers and the service users? How? Would you explain it with few practical examples?

2.3.1. Do you think vulnerable citizens have developed the confidence to raise their voice and assess public service delivery? If yes, what are your evidences?

Annex- 3

Key Informant Interview (KII) checklist

Section 1.Questions to assess the extent to which social accountability program enhances social inclusion for vulnerable groups in public service delivery

1.1. Can you describe the role of social accountability programs in enhancing citizens' awareness about their entitlements and rights on public services? Can you explain it further?

1.2. How do you observe the role of social accountability programs in enhancing participation of vulnerable groups? Please explain it the extent of participation created by SA.

1.3. What benefits do you expect from engagement of vulnerable groups in social accountability programs?

Section2.How the mechanisms of social accountability program enhance social inclusion of vulnerable groups in public service delivery?

2.1. What prospects do you see in social accountability tools and approaches to enhance the capacity of vulnerable groups?

2.2. Is implementation of SA programs facilitating an enabling environment for interaction between service users (peculiarly for vulnerable groups) and service providers? How?

2.3. Do you believe the responsiveness and answerability of woreda level service providers and government officials can be changed due to their engagement with vulnerable groups?

2.4. Do you think social accountability should be taken and used as a suitable mechanism to create opportunities for social inclusion of vulnerable groups? Please explain how.

2.5. Do you have anything to say about the role of social accountability program in promoting inclusion of vulnerable groups in public service delivery?

አዲስ አበባ ዩኒቨርሲቲ
የጥናት እና ድህረ ምረቃ ፕሮግራም
በስነ-ባህሪይ ተቋም
የማህበራዊ ስነ-ባሕርይ ትምህርት ክፍል
ለማህበራዊ ተጠያቂነት ፕሮግራም ተሳታፉዎች የተዘጋጀ መጠይቅ

መግቢያ:
ሰላም! ጌታቸው ክንዱ እባላለሁ :በአዲስአበባዩኒቨርስቲ: በማህበራዊ ስነ-ባሕርይ ትምርት ክፍል የማስተረስፕሮግራም እያጠናሁእገኛለሁ:: በአሁኑሰዓትየመመረቂያጥናቴን " የማህበራዊተጠያቂነት ፕሮግራም : ለችግር ተጋላጭ ለሆኑ የማህበረሰብ ክፍሎች: ማህበራዊ ተካታችነትን(ተጠቃሚነት) ለማሻሻል ያለውሚና " በሚል የጥናት አርዕስት በአዲስአበባ- አራዳክፍለከተማ ወረዳ 4 ውስጥ ሕይዎት የተቀናጀ የልማት ድርጂት በሚተገብረው ፕሮጀክት ላይእየሰራሁእገኛለሁ::የዚህመጠይቅአላማበአዲስአበባዩኒቨርስቲበማህበራዊ ስነ-ባሕርይ ትምርት: የማስተርስፕሮግራምለማጠናቀቅ የመመረቂያፅሁፍየሚውልነው:: ስለሆነም : የሚሰጡት መረጃ በደንብ አስበውበት እና እርስዎ ትክክል ነው የሚሉትን እንዲሆን በአክብሮት እጠይቃለሁ:: ምክንያቱም: ጥናቱ የታሰበውን ዓላማ ማሳካት የሚችለው: እርስዎ በሚሰጡት እውነተኛ መረጃ ላይ መሰረት ያደረገ በመሆኑ ነው:: በመጨረሻም: ይህጥናትለትምህርትእናለምርምርአላማብቻየሚውልሲሆንየሚሰጡትመረጃሚስጥራዊነቱየሚጠበቅይሆናል:: ስለሆነም: በዚህ ጥናት ላይ መረጃ በመስጠት የሚያደረጉት ተሳተፎ ሙሉ በሙሉ በእርስዎ ነፃ ፈቃደኝነት ላይ የተመሰረተ በመሆኑ ፈቃደኛ መሆንዎን እባክዎ በቃልዎ ያረጋግጡልኝ::

መመሪያ:
ይህ መጠይቅ አምስት ክፍሎች አሉት ። የመጀመሪያው ክፍል የተሳታፊዎች (የአገልግሎት ተጠቃሚዎች) ግላዊ መረጃ ላይ የሚያተኩር ነው::ሁለተኛው ክፍል:ማህበራዊ ተጠያቂነት ፕሮግራም: የተሳታፊዎችን (የአገልግሎት ተጠቃሚዎች) የተሳትፎ ሁኔታ ለማሳዳግ ያለውን ሚና በተመለከተ የሚዳስስ ሲሆን፤በክፍል ሶስት ደግሞ: በማህበራዊ ተጠያቂነት ፕሮግራም ምክንያት ተሳታፊዎች ያገኙትን የአቅም መጎልበት በተመለከተ የተሳታፊዎችንአስተያየት የሚዳስስ ነው::በአራተኛው ክፍል: የማህበራዊ ተጠያቂነት ፕሮግራም ተሳታፊዎች (የአገልግሎት ተጠቃሚዎች) ከአገልግሎት አቅራቢዎች ጋር የሚያደረጉትን የግንኙነት መስተጋብር የሚዳደስስ ነው:: በመጨረሻም: በክፍል አምስት በማህበራዊ ተጠያቂነት ፕሮግራም ምክንያት : የተሳታፊዎችን(የአገልግሎት ተጠቃሚዎችን) የባህርይ እና የዝንባሌ ለውጥን ይዳስሳል :: ስለሆነም በመጠይቁ የተዘረዘሩት ጥያቄዎች በሙሉ መልስ የሚያስፈልጋቸው ሲሆን :ካለዎት ልምድና እውቀት አንጻር ትክክለኛ ነው ብለው የሚያምኑበትን ምላሽ እንዲሰጡኝ በትህትና እየጠየቅኩ:ትክክለኛ ነው ብለው የመረጡትን መልስየ "√" ምልክት ያስቀምጡ::ለሚደረግልኝ ትብብር በቅድሚያ አመሰግናሁ::

ክፍል 1፡ ግላዊ መረጃ

ኮድ :______	
1. ጾታ	1. ወንድ
	2. ሴት
2. እድሜ	
3. የትምህርት ደረጃ	1. መጻፍና ማንበብ ብቻ የሚችል
	2. ከ1ኛ- እስከ 8ኛ ክፍል ያጠናቀቀ
	3. ከ9ኛ- እስከ 10ኛ ክፍል ያጠናቀቀ
	4. ከ11ኛ-12ኛ ክፍል ያጠናቀቀ
	5. የኮሌጂ ወይም የቴክኒክ እና ሙያ ትምህርትያጠናቀቀ
	6. መጻፍና ማንበብ የማይችል
4. የቤተሰብ ብዛት	
5. የአካል ጉዳት ችግር አለብዎት ?	1. የለም 2. አዎ
6. ወረሃዊ የገቢ መጠን (በብር)	1. ከ586 ብር በታች
	2. ከ586- 1650 ብር
	3. ከ1651-3145ብር
	4. ከ3146-5195ብር
	5. ከ5196 ብር በላይ
7. በደምዎ ውስጥ የኤች.አይ.ቪ. ቫይረስ አለ?	1.የለም 2. አዎ 3. አላውቅም

ክፍል 2፡ ማህበራዊተጠያቂነትፐሮግራም ፤ለችግር ተጋላጭ የሆኑ የህብረተሰብ ክፍሎችን ማህበራዊ ተካታችነት በምን ያህል ደረጃ ማሻሻል እንደሚችል ለመዳሰስ የቀረቡ ጥያቄዎች

	ጥያቄዎች	የምላሽ ደረጃ				
		በጣም እስማማለሁ (5)	እስማማለሁ (4)	እርግጠኛ አይደለሁም (3)	አልስማማም (2)	በጣም አልስማማም (1)
8	ማህበራዊ ተጠያቂነት ፕሮግራም ፡ መሰረታዊ በሆኑ አገልግሎቶች አሰጣጥ ላይ መሳተፍ እንዲችሉ እድል ፈጥሯል፡፡					
9	የማህበራዊ ተጠያቂነት ፐሮግራም፡ መሰረታዊ ሒደቶች ላይ መሳተፍ ችለዋል፡፡					

10. ለጥያቄ ቁጥር 9ለሰጡት መልስ መነሻ በማድረግ ፤ የተሳትፎ ደረጃዎን ከሚከተሉት የማህበራዊ ተጠያቂነት መሰረታዊ ሒደቶች(ደረጃዎች) አንፃር እንዴት ይገልጹታል?

የማህበራዊ ተጠያቂነት ፕሮግራም መሰረታዊ ደረጃዎች	የተሳትፎ ደረጃ				
	ሁሌም (5)	በአብዛኛው (4)	አላውቅም (3)	አልፎ አልፎ (2)	አልተሳተፍኩም (1)
10.1. በማህበራዊ ተጠያቂነት ፕሮግራም የግንዛቤ ማስጨበጫ ስልጠና ላይ መሳተፍ ችለዋል፡፡					
10.2. በአገልግሎት አሰጣጥ ሁኔታ ዳሰሳ መሳተፍ ችለዋል፡፡ (በጤና ጣቢያ እና በትምህርት ቤት አገልግሎት አሰጣጥ)					

	ጥያቄዎች	በጣም እስማማለሁ (5)	እስማማለሁ (4)	እርግጠኛ አይደለሁም (3)	አልስማማም (2)	በጣም አልስማማም (1)
11	በማህበራዊ ተጠያቂነት ፕሮግራሙ በመሳተፊዎ ምክንያት ፡ የተሻለ አገልግሎት የማግኘት መብት እንዳለዎ መረጃ ማግኘት ችለዋል፡፡					
12	የተሻለ አገልግሎት እንዲኖር የሰጡት ሃሳብ በእድ ዝግጂት ሂደት ላይ መካተት ችሏል፡፡					
13	ማህበራዊ ተጠያቂነት ፕሮግራም የአሳታፊነት እድሎችን ለመፍጠር ተመራጭ ዘዴ አይደለም፡፡					
14	የማህበራዊ ተጠያቂነት ፕሮግራሙ ፡ መሳተፍ ከጀመሩ በኋላ ማህበራዊ አገልግሎት አቅረቦት ተሻሽሏል፤					
15	ማህበራዊ ተጠያቂነት ፕሮግራም ፤ የልማት እንቅስቃሴ የሚያደረጉትን ተሳትፎ እንዲጨምር አድርጓል፡፡					

10.3. ከአገልግሎት ሰጭ አካላት ጋር ፤በአገልግሎት አሰጣጥ ዙሪያ የፊት ለፊት ውይይት ላይ መሳተፍ ችለዋል ፡፡					
10.4. ከአገልግሎት ሰጭ አካላት ጋር ፤በጋራ የተግባር እቅድ ዝግጂት ላይ መሳተፍ ችለዋል ፡፡					
10.5. ከተግባር እቅዱ በኋላ ፤በአገልግሎት አሰጣጥ ሁኔታ ክትትል ላይ መሳተፍ ችለዋል፡፡					

ክፍል 3፡-የማህበራዊ ተጠያቂነት ፕሮግራም ዘዴዎች፤ ለችግር ተጋላጭ የሆኑ የህብረተሰብ ክፍሎችን፡ማህበራዊ ተካታችነት እንዴት ሊያሻሽሉት ይችላሉ ?

3.1. ተሳታፊዎች ያገኙትን የአቅም መጎልበት በተመለከተያላቸውን አስተያየት ለመዳሰስ የተዘጋጁ ጥያቄዎች

	ጥያቄዎች	በጣም እስማማለሁ (5)	እስማማለሁ (4)	እርግጠኛ አይደለሁም (3)	አልስማማም (2)	በጣም አልስማማም (1)
16	በማህበራዊ ተጠያቂነት ፕሮግራሙ ውስጥ በመሳተፍዎ፡ የአገልግሎት አሰጣጡን ሁኔታ ካገልግሎትደረጃዎች አንፃር ለመዳደሰስ የሚያስችል ክህሎትማዳበር ችለዋል፡፡					
17	ሃሳብዎን፡ ለአገልግሎት ሰጭዎች እና ውሳኔ ሰጭ አካላት ለመግለጽ የሚያስችል በራስ መተማመን አዳብረዋል ፡፡					
18	ከአግልግሎት ሰጭዎች እና አመራሮች ጋር ለሚያደርጉት ግንኙነት ያለዎት የመግባባት ክህሎት ተሻሽሏል፡፡					
19	ከሌሎች ግለሰቦች እና ቡድኖች ጋር መስተጋብር የማድረግ ችሎታዎ ተሻሽሏል ፡፡					
20	በጤና ጣቢያ ወይም ትምህርት ቤት ላይ የሚሰጡ አገልግሎቶችን በበቂ ሁኔታ ለመዳሰስ ችለዋል፡፡					
21	የማህበራዊ ተጠያቂነት ዘዴዎችን በመጠቀም፡ የአገልግሎት አሰጣጡን መሻሻሉን ለመገምገም የሚያስችል አቅምዎ ጎልብቷል፡፡					

3.2 : የማህበራዊ ተጠያቂነት ፕሮግራም ተሳታፊዎች (የአገልግሎት ተጠቃሚዎች) ከአገልግሎት አቅራቢዎች ጋር የሚያደረጉትን መስተጋብር ለመዳስስ የተዘጋጀ

	ጥያቄዎች	በጣም እስማማለሁ (5)	እስማማለሁ (4)	እርግጠኛ አይደለሁም (3)	አልስማማም (2)	በጣም አልስማማም (1)
22	በማህበራዊ ተጠያቂነት ፕሮግራም ምክንያት ፡ ከአገልግሎት ሰጭ አካላት ጋር (ጤና እና ት/ቤትን ጨምሮ) የሚያደርጉት የቀጥተኛ መስተጋብር እንዲሻሻል አድጓል፡፡					

23	ከአገልግሎት ሰጭዎች ጋር የቀጥታ ግንኙነት መስተጋብር ማድረግ መቻልዎ፤ ስለ ሚሰጡት አገልግሎት መረጃ ለማግኘት ችለዋል፡፡					
24	ከአገልግሎት አቅራቢዎች ጋር የቀጥታ የግንኙነት መስተጋብር ማድረግ መቻልዎ፤ በአገልግሎት አቅርቦት ላይ የሚታዩ ችግሮችን መግልጽ ችለዋል፡፡					
25	ከአገልግሎት ሰጭዎች ጋር የቀጥታ መስተጋብር በመኖሩ ፡ የአገልግሎት አሰጣጥ ችግሮችን ለማሻሻል ፡ የጋራ የተግባር እቅድ ዝግጂት ላይ መሳተፍ ችለዋል ፡፡					
26	በማህበራዊ ተጠያቂነት ፕሮግራም ምክንያት፡ ከአገልግሎት ሰጭዎች እና የአስተዳዳር አካላት ጋር ተካታተይ የሆነ መስተጋብር እንዲኖር መንገዶች ተፈጥረዋል፡፡					
27	በማህበራዊ ተጠያቂነት ፕሮግራም፡ በአገልግሎት ተጠቃሚዎች እና አገልግሎት ሰጭዎች መካከል ያለው መስተጋብር ሊያሻሽል አይችልም፡፡					
28	ድጋፍ የሚያስፈልጋቸውን (ለችግር ተጋላጭ)የሆኑ የማህበረሰብ ክፍሎች ፤ ከአገልግሎት ሰጭዎች ጋር ቀጥተኛ መስተጋብር እንዲኖራቸው በማስቻል፡ የተሻለ መግባባት እንዲፈጠር አድርጓል፡፡					
29	የማህበራዊ ተጠያቂነት ፕሮግራም ፡ በተማሪዎች እና በመምህራን መካከል ያለውን መስተጋብር እና ግንኙነት እንዲሻሻል አስተዋጽኦ አድርጓል፡፡					
3.3 ፡ በማህበራዊ ተጠያቂነት ፕሮግራም ተሳታፊዎችን(የአገልግሎት ተጠቃሚዎች) በአገልግሎት ሰጭዎች ላይ ያላቸውን የባህርይ እና የዝንባሌ ለውጥን ለመዳሰስ የተዘጋጁ ጥያቄዎች፡፡						
	ጥያቄዎች	በጣም አስማማለሁ (5)	እስማማለሁ (4)	እርግጠኛ አይደለሁም (3)	አልስማማም (2)	በጣም አልስማማም (1)
30	በማህበራዊ ተጠያቂነት ፕሮግራሙ መሳተፍ ከጀመሩ በኋላ፡ አገልግሎት አቅራቢዎች ስለሚሰጡት አገልግሎት መረጃ የማግኜት ፍላጎትዎ ጨምሯል፡፡					
31	በበቂ ሁኔታ አገልግሎቶችን የማግኜት መብት ላይ ያለዎት ግንዛቤ እና					

	አመለካከት ተለዉጧል፡፡					
32	አገልግሎት የማግኜት እና የመጠየቅ መብት እንዳለዎ ከተገነዘቡ በኋላ ፡ አገልግሎት ሰጭዎች ላይ ያለዎት አመለካከት ተለውጧል፡፡					
33	የተሻለ አገልግሎት ለማግኘት ለሚያቀረቡ ጥያቄዎች፡ ከአገልግሎት አቅራቢዎች ተገቢ የሆነ ምላሽ ይጠብቃሉ፡፡					
34	በማህበራዊ ተጠያቂነት ፕሮግራም መሳተፍ ከጀመሩ በኋላ፡ አገልግሎት አቅራቢዎች የሚያጋጥሟቸውን ችግሮች ለመገንዘብ ችለዋል፡፡					
35	በማህበራዊ ተጠያቂነት ፕሮግራም ምክንያት ፡ አገለግሎት ስጭዎች እና አስተዳደር አካላት፤ አገልግሎትን በተመለከተ ለሚቀርቡ ጥያቄዎች ምላሽ ሰጭነታቸው ተሻሽሏል፡፡					
36	ከአገልግሎት አቅራቢዎች ጋር ትብብር ለማድረግ ያለዎት ዝንባሌ ተሻሽሏል፡					
37	ከአገልግሎት ሰጭዎች እና አስተዳደር አካላት ጋር ወይይት ሲያደረጉ በራስ የመተማመን ስሜት ይሰማዎታል፡፡					

ጊዜዎን ወስደው ስለሰጡት መረጃ ከልብ አመሰግናለሁ፡፡

የቡድን ተኮር ውይይት መመሪያ ጥያቄዎች

ክፍል 1 ፡ ማህበራዊተጠያቂነትፕሮግራም ፤ለችግር ተጋላጭ የሆኑ የህብረተሰብ ክፍሎችን ማህበራዊ ተካታችነት በምን ያህል ደረጃ ማሻሻል እንደሚችል ለመዳሰስ የቀረቡ ጥያቄዎች

1.1. ለችግር ተጋላጭ የማህበረሰብ ክፈሎች ከሆኑ አገለግሎት ተጠቃሚዎች ጋር ስተናዎችን፤ ውይይቶችን እና የእቅድ ዝግጂቶች ላይ በጋራ ተሳትፋችኋል? አዋ ከሆነ፡ እነዚህ ማህበረሰብ ክፍሎች በበቂ ሁኔታ ተሳትፈዋል ብላችሁ ተስባላችሁ?

1.2. የዜጎችን ወይም አገልግሎት ተጠቃሚዎችን አገልግሎት ለማግኘት ፡ አገልግሎት ሰጭዎችን(አቅራቢዎችን) የመጠቅ መብት እንዳላቸው በግልጽ ትገነዘባላችሁ?

1.3. አገልግሎት ተጠቃሚዎች በተለይም ለችግር ተጋላጭ የማህበረሰብ ክፍሎች ከአገልግሎት አቅራቢዎች እና ወረዳ አስተዳዳሪዎች ጋር የቀጥታ ውይይት ማድረግ የቻሉት በማህበራዊ ተተያቂነት ፕሮግራም ምክንያት ነው ብለው ያስባሉ?

1.4. የአገልግሎት ሰጭዎች (አቅራቢዎች)ከዜጎች በተለይም ለችግር ተጋላጭ የማህበረሰብ ክፍሎች ጋር የቀጥታ ውይይት ማደረጋቸው የአገልግልት አሰጣጥ ምላሽ ሰጭነት እና ተጠያቂነትን አሻሽሏል ብለው ያስባሉ?

ክፍል 2፡ የማህበራዊ ተጠያቂነት ፕሮግራም ዘዴዎች ፤ ለችግር ተጋላጭ የሆኑ የህብረተሰብ ክፍሎችን ፡ማህበራዊ ተካታችነት እንዴት ሊያሻሽሉት ይችላሉ ?

2.1. ተሳታፊዎች ያገኙትን የአቅም መጎልበት በተመለከተ ያላቸውን አስተያየት ለመዳሰስ የተዘጋጁ ጥያቄዎች

2.1.1 የአገልግሎት ተጠቃሚዎች በተለይም የችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች የአገልግሎት አሰጣጡን ጥራት ለመዳሰስ እና ክትትል ለማድረግ የሚያስችል አቅም መሻሻል የቻለው በማህበራዊ ተጠያቂነት ፕሮግራም ነው ብለው ያስባሉ?

2.2.2 የአገልግሎት ተጠቃሚዎች በተለይም የችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች ፡ ከአገልግሎት ሰጭዎች ጋር ውጤታማ የሆነ የተግባቦት ለማድረግ የሚያስችል ክህሎት አዳብረዋል ብላችሁ ታስባላችሁ? አወ ከሆነ ፡ አሳማኝ መረጃችሁ ምንድን ነው?

2.2፡ የማህበራዊ ተጠያቂነት ፕሮግራም ተሳታፊዎች (የአገልግሎት ተጠቃሚዎች) ከአገልግሎት አቅራቢዎች ጋር የሚያደረጉትን መስተጋብር ለመዳሰስ የተዘጋጀ መጠይቅ

2.2.1. የማህበራዊ ተጠያቂነት ፕሮግራም በአገልግሎት ተጠቃሚዎች ፤ አቅራቢዎች እና የመንግስት አስተዳደሪዎች መካከል ያለውን የግንኙነት መስተጋብር ደረጃ አንዲሻሻል ማድረግ ችሏል ?

2.2.2. ከአገልግሎት ተጠቃሚዎች በተለይም ለችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች ጋር ተከታታይ የሆነ መስተጋብር መኖሩ ጠቃሚነት አለው አለው? ካለው፡ ምን አይነት ጥቅም ፡ ለማነ እና እንዴት?

2.3፡ በማህበራዊ ተጠያቂነት ፕሮግራም የተሳታፊዎችን(የአገልግሎት ተጠቃሚዎች) የባህርይ እና የዝንባሌ ለውጥን የሚዳስሱ ጥያቄዎች፡፡

2.3.1. የማህበራዊ ተጠያቂነት ፕሮግራሙ ፡በአገልግሎት አቅራቢዎች እና ተጠቃሚዎች መካከል ያለው የግንኙነት ሁኔታ ተለውጧል? እንዴት?ተጨባጭ በሆነ ምሳሌ መግለጽ ይችላሉ?

2.3.2. አገልግሎት ተጠቃሚዎች በተለይም ለችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች ድምፃቸውን ለማሰማት እና የአገልግሎት አቅርቦቱን ሁኔታ ለመዳደስ የሚያስችል በራስ መተማመን አሳድገዋል ብለው ያስባሉ? ከሆነ፡ እባክዎ በማስረጃ አስዳግፈው ያብራሩት?

የቃለ መጠይቅ ማድረጊያ መመሪያ

ክፍል 1 ፡ ማህበራዊተጠያቂነትፕሮግራም ፤ለችግር ተጋላጭ የሆኑ የህብረተሰብ ክፍሎችን ማህበራዊ ተካታችነት በምን ያህል ደረጃ ማሻሻል እንደሚችል ለመዳሰስ የቀረቡ ጥያቄዎች

1. የማህበራዊ ተጠያቂነት ፕሮግራም ፡ የዜጎችን በተለይም ለችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎችን ፡ ማህበራዊ አገልግሎቶችን የማግኘት መብት በተመለከተ ያላቸውን ግንዛቤ እንዲጨምር አድርጓል ብለው ያስባሉ? የህን ጉዳይ ስፋ አድርገው ሊገልጡት ይችላሉ?

2. የማህበራዊ ተጠያቂነት ፕሮገራምን፡ ከችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች ተሳትፎ ጋር በተያያዘ እንዴት ይረዱታል?

3. ለችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች በማህበራዊ ተጣየቂነት ፕሮገራም ውስጥ ተሳትፎ ማድረጋቸው ምን ጥቅም ይኖረዋል ብለህ ትገምታለህ?

ክፍል 2፡ የማህበራዊ ተጠያቂነት ፕሮግራም ዘዴዎች ፤ ለችግር ተጋላጭ የሆኑ የህብረተሰብ ክፍሎችን ፡ማህበራዊ ተካታችነት እንዴት ሊያሻሽሉት ይችላሉ?

4. የማህበራዊ ተጠያቂነት ዘዴዎች እና ስልቶች፡ ለችግር ተጋላጭ ለሆኑ የማህበረሰብ ክፍሎችን አቅም ለማሻሻል ምን ያህል ጠቃሚነት አላቸው ብለው ያስባሉ?

5. የማህበራዊ ተጠያቂነት ፕሮግራም ተፈፃሚ መሆን ፡ በአገልግሎት ተጠቃሚዎች (በተለይም ለችግር ተጋላጭ የሆኑ የማህበረሰብ ክፍሎች) እና አግልግሎት አቅራቢዎቾ መካከል መስተጋብር እንዲሆኖር ምቹ ሁኔታዎችን መፍጠር ይችላል ? እንዴት?

6. የአገልግሎት ሰጭዎች እና የወረዳ የመንግስት አስተዳዳሪዎች፡ ምላሽ ሰጭነት እና ተጠያቂነት ሊለዎጥ የቻለው ለችግር ተጋላጭ ከሆኑ የማህበረሰብ ክፍሎች ጋር መስተጋብር ማድረጋቸው ነው ብለው ያምናሉ?

7. ማህበራዊ ተጠያቂነት ፡ ለችግር ተጋላጭ ለሆኑ የማህበረሰብ ክፍሎች የማህበራዊ አካታችነት እድሎችን ሊፈጥር የሚችል ምቹ ዘዴ ነው ብለው ያስባሉ? አዎ ከሆነ ፡ እንዴት?

8. ማህበራዊ ተጠያቂነት ፕሮግራም ፡ ለችግር ተጋላጭ ለሆኑ የማህበረሰብ ክፍሎች፡ ማህበራዊ ተካታችነትን(ተጠቃሚነትን) ለማሻሻል ለሚጫዎተውሚና የሚናገሩት ንገር አለ?

Participants in the Focus Group Discussion and Key Informants Interview

Participants of Group Discussion- Group 1		
No.	**Name Participants**	**Position**
1	Yeshigult Asefa	SAC member
2	Dagim Tefera	Health Officer
3	Sofiya Kedir	Member of Women Association and participants in SA
4	Misrak Alemu	Health Officer
5	Embet Abateneh	Health professional
6	Bekelech Daba	Parent
7	Tigist Asefa	BSC Nurse
Participants of Group Discussion- Group 2		
1	Yeshimebet Mandefro	Parent Teacher student and Association member
2	Zewdnesh Yadeta	Parent Teacher student and Association member
3	Melaku Muydela	Teacher
4	Melkam Feleke	Teacher
5	Emshaw Tibbebu	Teacher
6	Bizuayehu Getachew	Teacher
7	Kalkidan Fekadu	Student
Key Informant Interview Participants		
1	Bayeh Deribew	SAC Chairman (Woreda 4 -Arada Sub city)
2	Serkalem Ayele	Social accountability Program Coordinator at HIDO
3	Gebrye Kefyalew	Social Accountability Specialist - European Union (EU)
4	Yeshimebet Aynie	Social Accountability Specialist- Save the Children International

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