Citizens and Service Providers
Taking Action
Social Accountability Monitoring
Acknowledgement

First and foremost I would like to thank the Regional and District Council Authorities, Councilors, Council Health Management Teams (CHMT), Ward Committees and the Media, without whom the SAM exercise, reports and this booklet would not have been possible.

I am also very grateful to the health service providers, social accountability teams, Community Based Organisations (CBOs) and the citizens who have been and are still implementing social accountability monitoring (SAM) in almost 20 districts in Tanzania Mainland.

To our funding partner, DANIDA, we thank you for being with us in this successful journey of transforming communities by impacting them with social accountability monitoring skills.

My sincere appreciation goes to all Sikika staff members for facilitation of SAM in communities since 2012. The SAM implementation could not have been well accomplished without commitment and dedication of all staff members.

Mr. Irenei Kiria
Executive Director
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About this booklet

This picture book is a popular version, published in order to inform our readers and connect them visually with real citizens and health service providers who are engaged in implementing Social Accountability Monitoring (SAM), from numerous communities in Tanzania. We believe that through pictures, our readers would easily comprehend SAM concept, the process and outcomes, and design it to fit their purpose.

The collected pictures were taken during the implementation of SAM in selected districts and communities where Sikika facilitated the exercise since 2012. They are from Iramba, Simanjiro, Mpwapwa, Kondoa, Kilolo, Kilwa, Kibaha, Singida Rural, Lindi Urban, Kigoma Uijiji, Temeke, Ilala and Kinondoni districts.
Citizens and Service Providers Taking Action

Sikika and Social Accountability Monitoring

Social Accountability Monitoring (SAM) is an approach which refers to a broad range of actions and mechanisms that citizens, councilors, communities, media and civil society organizations can use to hold public officials and public servants accountable. (Public Service Accountability Monitor -PSAM)

Sikika works with the citizens to reinforce accountability, promote governance, enhance better public resources management and improve the delivery of quality health services to the citizens.
The Social Accountability System–PSAM

To achieve a full circle, the PSAM model used by Sikika consists of 5 organized steps that influence each other, starting from the planning stage to the oversight role. These steps are fundamental for public resource management.

1. Planning and Resource Allocation
2. Oversight
3. Realization of Human Rights & Capabilities
4. Expenditure Management
5. Performance Management

Public Integrity

These steps are interconnected, ensuring a comprehensive approach to public resource management.
Sikika’s key Implementation Steps

1. Setting Implementation roadmap & Introduction at LGAs
2. Introducing SAM to Community & Stakeholders
3. Election of SAM team members
4. Training Analysis & Field Verification
5. Feedback meetings with key stakeholders
6. Agreed action & Monitoring
Engagement with Health Stakeholders

The first Stakeholders meeting is meant to introduce SAM to the service providers and other duty bearers at the selected districts. It is important to acquire consent from the authority for better understanding, support, smooth implementation of agreed actions and sustainability.
Introducing SAM at the Community

Kilwa

Kondoa

Lindi Urban
Citizens are engaged in electing their own SAM representatives who will be accountable to them. They are responsible for impacting SAM knowledge to fellow citizens, monitor the delivery of public service and report the progress during the community statutory forums and to the district authority.
Each team is composed of about 15 people, elected by groups that they represent. They are Councilors, Citizens, Council Health Management Team (CHMT), Council Management Team member (CMT), representatives from Health Facility Governing Committee (HFGC), PLHIV, People with disability, Ward Executives and CBOs.
The Teams are trained on the five social accountability key steps: (1.) Strategic Planning and Resource Allocation, (2.) Expenditure Management, (3.) Performance management, (4.) Public Integrity Management and (5.) Oversight. Later, they learn how to analyze their districts reports before field verification visits, meant to monitor the actual performance.
During training, SAM team members are equipped with presentation skills. After every session, members are required to present what they learned from Council reports: Strategic Plans, Implementation reports, Medium Term Expenditure Framework (MTEF), CAG’s report and other reports. It is also an opportunity for the teams to discuss and share experiences from their communities.
Visiting Health Facilities

SAM team members do visit health facilities within their district to learn from health service providers and community members on the delivery of public health services. Besides, teams compare what is written from the Council health plans, reports and class analysis against reality at the health facilities.
Response from Service Providers

SAM teams share with specific facility the findings from plans and reports for discussion. Service providers at the facility level offer clarification.
SAM teams present findings from reports, analysis, and field verification to all stakeholders. The purpose is to seek explanation, clarification, and justification.
Response from Key Stakeholders

It is important for the key stakeholders to provide explanation, clarification and justification for decision or action taken on behalf of the citizens. This is a forum where the duty bearers and the SAM teams reach consensus and agree the on way forward.
Action Plan

SAM teams & service providers jointly draw an action plan for implementation. This document indicates measures or activities that need to be done, responsible entity and timeframe.

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<thead>
<tr>
<th>No</th>
<th>ACTION PLAN</th>
<th>RESPONSIBLE</th>
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<tbody>
<tr>
<td>1.</td>
<td>Review and use the Planning and Reporting (PlanRep) database to avoid mistakes in new plans and implementation reports.</td>
<td>CHMT</td>
</tr>
<tr>
<td>2.</td>
<td>Improve record-keeping in the Department of Health. It is advised that key CHMT members should have approved copies of plans and budget.</td>
<td>CHMT/ CMT</td>
</tr>
<tr>
<td>3.</td>
<td>Sikika should provide SAM report to all key stakeholders for implementation purpose</td>
<td>SIKIKA/ SAM Team</td>
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<td>4.</td>
<td>Oversight bodies to receive the report, identify system-related issues and share them at the decision making meetings to improve health services.</td>
<td>CMT/ Councilors</td>
</tr>
<tr>
<td>5.</td>
<td>SAM team to continue with implementation monitoring and report back to the community and the relevant authority, at least once per quarter.</td>
<td>SIKIKA &amp; SAM Team</td>
</tr>
<tr>
<td>6.</td>
<td>Council &amp; Stakeholders to follow SAM system during implementation to improve accountability and health service provision</td>
<td>CMT &amp; Stakeholders</td>
</tr>
<tr>
<td>7.</td>
<td>CMT agreed to work on issues raised by SAM team, views and recommendations from the team will be resolved within a period of one year.</td>
<td>CMT</td>
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Taking Action and Results

SAM teams conduct a monitoring exercise following a joint action plan. The following pictures document a situation before and after SAM interventions. (Below) an Incinerator reconstructed at one of the health facilities.
...Taking Action and Results

Chemba

Kiteto

...a new toilet and a delivery bed after SAM team interventions.
...Taking Action and Results

Medicine & commodities were found placed on the floor before SAM interventions.

A new cabinet is now used to store medicine.
Conclusion

Sikika’s social accountability approaches contribute to the improvement of community participation and accountability which are fundamentals for improving transparency, strengthening systems and improve health service delivery.
Sikika works to enhance health and public finance systems through social accountability monitoring and advocacy at all government levels.