*Case study*

# Community Engagement in Participatory Budgeting. A case study in Somali Region of Ethiopia


## ABSTRACT

PARTICIPATORY BUDGETING AIMS TO DEMOCRATICALLY ALLOCATE PUBLIC MONEY FOR LOCAL SERVICES, ENABLING COMMUNITIES TO DECIDE HOW PUBLIC FUNDS ARE SPENT AND MONITORING OF THE SERVICES. THIS CASE STUDY DESCRIBED THE PROCESS AND OUTCOME OF THE PILOT OF PARTICIPATORY BUDGET AND PLANNING IN THE HEALTH SECTOR IN 6 PROJECT WOREDAS (DISTRICTS) IN SOMALI REGION OF ETHIOPIA. THE SOCIAL ACCOUNTABILITY COMMITTEE MEMBERS WERE SELECTED USING THE WORLD BANK'S FRAMEWORK ON ACCOUNTABILITY. THE COMMUNITY MEMBERS ACTIVELY PARTICIPATED IN ALL STAGES OF THE BUDGETING PROCESS LEADING TO THE DEVELOPMENT OF WOREDA HEALTH JOINT ACTION PLANS (JAP) WHICH ARE COMMUNITY PRIORITIZED HEALTH ACTIVITIES. EIGHTEEN (49%) OF THE 37 ACTIVITIES IN THE JOINT ACTION PLANS WERE INCLUDED IN THE WOREDA HEALTH ANNUAL BUDGET WHICH RANGED FROM 29% TO 80% ACROSS THE 6 WOREDAS. IN ADDITION, DURING THE FIRST HALF OF THE FISCAL YEAR, IMPLEMENTATION HAS STARTED IN 10 (56%) OF THE 18 JAP ACTIVITIES BUDGETED IN THE ANNUAL HEALTH WOREDA PLAN AND RANGED FROM 0% TO 75% ACROSS THE 6 WOREDAS. THE STUDY HIGHLIGHTED THE FEASIBILITY OF ENGAGING THE COMMUNITY IN PARTICIPATORY BUDGET PLANNING PROCESS WHICH RESULTED IN ALLOCATION OF WOREDA ANNUAL BUDGET TO SOME OF THE PRIORITIZED ITEMS IN THE JOINT ACTION PLANS. IN THE BID TO ENSURE SUSTAINABILITY, GOVERNMENT OWNERSHIP AND ENSURE CITIZENS' PARTICIPATION, THE FUND FOR THE PARTICIPATORY BUDGETING PROCESS SHOULD BE INCLUDED IN THE WOREDA ANNUAL BUDGET AND PROPORTION OF THE ANNUAL BUDGET SHOULD BE DESIGNATED TO THE IMPLEMENTATION AND MONITORING OF THE JOINT ACTION PLANS THROUGH APPROPRIATE LEGISLATION.



*Keywords:* Participatory budgeting, joint action plan, health, woreda


## 1. INTRODUCTION

Citizen participation in governance and public service delivery is increasingly being implemented in many countries in order to improve accountability and government performance.[1,2] Community participation in priority setting in health systems particularly in resource setting has gained importance in view of government failure to provide adequate public-sector services for their citizens .[3] Incorporation of public views into priority setting is perceived as a means to restore trust, improve quality of healthcare and health outcomes, better accountability, and more efficient use of resources .[4,5]

Participatory budgeting (PB) aims to democratically allocate public money for local services, enabling communities to decide how public funds are spent and monitoring of the services.[6.] Participatory budgeting (PB) is a type of citizen engagement in which ordinary people decide how to allocate part of a municipal or public budget through a process of democratic deliberation and decision-making. Participatory

budgeting allows citizens or residents of a locality to identify, discuss, and prioritize public spending projects, and gives them the power to make real decisions about how money is spent.[7,8]

Participatory budgeting entails a multi-stage process, which typically concludes with citizens deliberating among themselves and with government officials to allocate funds for public goods based on their priorities [7]. The implementation of participatory budgeting has had several variants or models across countries and tailored to the different local context. [9,10] In Ethiopia, the concept for participatory budgeting involves the establishment of Social Accountability Committee made up of representatives of citizens including women and marginalized groups organized to participate in all social accountability processes.[11]

The budget process in Ethiopia is guided by a directive, known as the Financial Calendar, issued by the Ministry of Finance and Economic Cooperation (MoFEC). The fiscal calendar runs from July to June annually. Based on the principles of fiscal federalism, fund transfers are made from the federal to the regional governments and from the regional governments to woredas( districts). At the woreda level each of the woreda sectors are provided indicative annual budget based on how much is allocated to each woreda. Each sector then allocates the budget based on their plan and priorities in term of recurrent and capital expenditures and submit to the woreda cabinet for approval.[12,13] A previous study in Somali Region found that the woreda planning and budgeting process was without active participation of the community members and suggested more participatory and inclusive process to ensure greater accountability.[12]

This study aimed to describe the process and outcome of the pilot of participatory budget and planning in the health sector in 6 project woredas (districts) in Somali region.

## 2. CASE REPORT

This woreda level participatory planning and budget project implemented between January 2021 – December 2021 has three essential components: (i) participatory development planning (ii) participatory open budget session and (iii)participatory monitoring of implementation of approved health activities. These are in line with the Ethiopia budget planning cycles. Table 1 shows the timeline for the annual budget process at the regional and woreada levels.

**Table 1: Timeline for the regional and woreda annual budget and planning process**

| Timeframe | Major activities |
|---|---|
| October -March | Annual budget preparation by regional government sector bureaus. |
| Dec - Jan | Preparation/revision of woreda budget subsidies distribution formula by Regional Bureau of Finance (BoF) |
| Jan | The regional cabinet approves the annual woreda budget subsidies distribution formula. |

| | |
|---|---|
| Jan- Feb | Regional BoF makes a call to regional government sector bureaus to submit their annual budget requirement |
| Feb | Regional BoF announces the estimated amount of subsidies that will be distributed to woredas |
| Feb-march | Regional government sector bureaus submit their annual budget requirement and requests to BoF. |
| April -June | Preliminary annual budget preparation at woreda and regional level |
| June | Preliminary annual budget approval at woreda and regional |
| June -July | The woreda and regional parliament approves the draft budget proclamation and approves the annual budget for implementation. |
| July | BoF announces the approved annual budget. |
| July -August | BoF distributes the approved annual budget to regional executive organs |
| Starting August | Monitoring and auditing of regional sector bureaus and woreda administration offices. |

**2.1. Participatory Planning.** This involved activities conducted between January 2021-April 2021 which culminated into the development of the woreda Joint Action Plan for the health sectors in the 6 pilot woredas. It focused on the involvement of the community members in the prioritization of health activities( to be funded in the annual budget.

The major players in participatory planning and budgeting processes are the local citizens who took part through the Social Accountability Committees(SAC).To ensure inclusive participation, key community platforms/ structures and administrative structures at woreda and kebele (sub district) level were identified, guided by the World Bank's framework on accountability: administrators, healthcare officials, healthcare providers and citizens.[7] Some of the community structures which represented the citizens included men' group, women's group, youth groups and vulnerable population specifically the physically challenged.

Each of the groups nominated their representatives as members of the social accountability committee (SAC) in each woredas through voting. Those selected who were key to participatory planning and budgeting process were:

- Budget makers at woreda level: (Woreda Health Officer and Woreda Finance Officer and representative of the Woreda Administrator)

- Service providers: (Head of the health facilities))
- Citizens: (representative of men, women's group and youth including vulnerable population where applicable)
- Local leadership: (traditional or religious leaders) .

The social accountability committee (SAC) in each of the six project woredas has 12 individuals selected as members , 3 from each of the four categories. The project took special account of the participation of women in the planning and budgeting process. Women's participation in the decision-making process was ensured in the project, each SAC has a minimum of two women and two of the six Social Accountability Committees headed by women. The SAC members were then trained by the member of the regional SAC Technical working group using the national guideline on participatory planning and budgeting process including the development of joint action plan.[14]

The second step of the participatory planning and budgeting process in the pilot project after the selection and orientation of the SAC members was the development of the Joint Action Plan (JAP) for the health sector. The development of woreda joint action plans is the critical activity and cornerstone of social accountability and a benchmark to monitor and evaluate the SA program. This occurred through the participatory processes of mapping of health infrastructure, supply and human resource, health problem identification and prioritization, and intervention identification and prioritization using available data and information generated or provided by the members. This was done during a 2 -day participatory meetings in each of the project woredas. Through the various community platforms and groups, announcement was made to invite the local people and representatives of various citizens groups to participate in the town hall meeting. The SAC members chaired the participatory meetings and regional Social accountability Technical Working Group members facilitated the meetings using the concept of Participatory Rapid Appraisal (PRA) exercises.[15] Ensuring local citizens' participation in the development planning process was one of the key dimensions of the project. About 100 participants attended the participatory meeting in each woreda and included women and other vulnerable population like the physically challenged. They actively participated in discussions and gave their opinions clearly and raised issues related to their concerns to be prioritized. At the end of the meeting a draft JAP for the health sectors for each woreda were developed. The draft was then further discussed by the SAC members with technical support by the facilitators who assessed their technical feasibility to ensure they were in accordance

with the service standards. The final JAP for each woreda was then approved by the woreda health office head and the SAC chairman.

**2.2. Participatory Open budget session:** This was conducted between May 2021 and June 2021 which coincided with the period of preliminary annual budget preparation and approval at the woreda level. Each Woreda Social Accountability Committee participated in the pre-budget discussion and budget hearing process in each of the woreda to lobby for the inclusion of consolidated W-JAP in their respective health sector plans before the submission of the annual woreda health budget proposal to the woreda cabinet/council.

**2.3.Participatory monitoring of implementation of Approved health activities:** This was conducted after the budget approval. It focused on the monitoring of activities in the annual approved health budget for the woredas. The SAC members had monthly and quarterly review meetings to follow up on the outcome of the approved health woreda budget and identified which activities in the JAP were included in the annual budget and set up monitoring system for the project implementation. The analysis of the woreda Joint Annual Plans and approved annual Woreda health budget as detailed in Table 2 shows that 18(49%) of the 37 activities in the JAP were included in the woreda health annual budget. Some of the heath activities in the JAP included rehabilitation of health facilities, procurement of equipment and supplies, recruitment of additional staffs and providing of incentives for outreaches, supervision and night shift ,installation of water and toilets in health facilities, maintenance of ambulance, community awareness campaign to promote health seeking behaviour, procurement of generators, procurement of motorcycle for outreaches and supervision.

During the 1st half of the year, implementation has started in 10 (56%) of the 18 JAP activities budgeted in the annual health woreda plan and ranged from 0% to 75%.

**Table 2: Analysis of Joint Action Plan (JAP) and approved annual health budget for each woreda**

| Name of Woreda | Number of activities in the JAP | Number of activities in the JAP included in the woreda annual budget n (%) | Number and percentage of activities in the Annual budget being implemented during 1st half of the year n (%) |
|---|---|---|---|
| Danot | 5 | 4(80) | 3(75 |
| Kebridahar | 4 | 3(75) | 1(33) |
| Bohr | 6 | 2(33) | 0(0) |
| Kalafo | 8 | 4(50) | 3(75) |
| Kebribeyah | 7 | 2(29) | 1(50) |
| Awbare | 7 | 3(43 | 2(67) |
| | 37 | 18 (49) | 10(56) |

### 3.1 DISCUSSION

The study explored the process for the implementation of Participatory Budget and the outcome of the community engagement through the inclusion of the Joint Action Plan in the annual health budget in the 6 project woredas. This to our knowledge is the first study on participatory budgeting in the region.

A critical component of participatory budgeting is the selection of the community representatives which is expected to be inclusive from various categories of community structures. In the study, the community representatives were selected by the community members themselves through voting and they represented different community structures in the woredas. This is unlike studies in Bangladesh which reported that the selection of the community representative engaged in the budget discussion in most of the Union council/ parishad were either the members of the political party or their relatives or local elites which made the SAC process paper-based activity and not achieve the expected aspiration of the community.[14,16] Studies have reported that when participatory processes become politicized it leads to deficient and non-meaningful participation. [17,18,19] The studies suggested that to ensure high level of citizen participation, and inclusive participatory process, selection of the citizen should be done openly to avoid any political interference as done in our study.[17,18,19.]

In this study, the training and orientation provided to the woreda health officers who are members of the SAC on the importance of community participation in woreda planning and budgeting helped in ensuring inclusive

participation and engagement of the community representatives in the in the prioritization of the health needs. This is unlike studies in Tanzania where health professionals were reported to have a tendency to dominate priority settings and limited the involvement of the community members.[20,21]

Similarly, the orientation and training provided for the citizens who are SAC members helped in ensuring effective participation of community members during the prioritization and budgeting process which has been reported a major challenge in participatory budgeting as reported in many studies.[20,22,23] These studies reported that most community members or their representatives, particularly in the rural areas could not participate fully in the planning process at the grassroots level because they have not been exposed to formal training in planning and budgeting process skills, knowledge and confidence. [20,22,23]

In the study, about half of the joint action plans (JAP) were included in the annual woreda health budget which is however lower to finding in a previous study in Ethiopia which reported allocation of annual budget to more than 60% of the activities of the JAP. [24] Most studies that evaluated participatory budgeting outcomes did not provide information on the proportion of community prioritised interventions that were funded as done in this study. Most evaluation only reported improved allocation of funding to public services prioritised by the community and in some instances shifting of expenditure focus to local needs such as clinics, roads repair and water as opposed to what had earlier being prioritized such as vehicles and office equipment.[25-29]

There were no agreed criteria used by the woreda council in deciding the activities in the JAP that were included or excluded in the budget. This is unlike other studies where defined criteria are used to rank demands and allocate funds, and vote on the investment plan presented to be included in the budget.[25,30] The studies suggested that such criteria need be as transparent as possible and subject to popular debate, in order to avoid possible distortion of community/citizen preferences under the guide of "technical" analysis. [25,30] Budgetary constraint which was the reason given for not accommodating all the proposed community priorities activities in the JAP into the annual budget is similar to other studies which reported that budget constraints led to citizen's proposals not materializing and was noted to begin to weigh on the public confidence in the process. [25,26,30]

In the study, the JAP was only based on the annual budget funded from the block grant from Federal government unlike other studies where additional resources were provided to implement the joint action plan including use of locally generated revenues.[31,32]

This study is project-based implementation and faces the challenge of sustainability and ownership. This is concern raised in some many studies which emphasized that social accountability mechanisms that were introduced externally, project-based and short term without government ownership are not usually sustainable and faced with limited political will for implementation. [32,33]

**Conclusion**

The study highlighted the feasibility of engaging the community members in participatory budget planning process which resulted in allocation of woreda annual health budget to some of the prioritised health items in the Joint action plans.

**Ethical Approval**

The approval for the study was provided by the Somali Regional Bureau of Finance

**Consent**

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

**Recommendations:**

In the bid to ensure sustainability, government ownership and ensure citizens' participation in participatory budgeting, the followings are suggested:

- Fund for the participatory budgeting process especially to fund the activities of the citizens in the process (awareness, meetings, trainings) should be included in the woreda annual budget.
- Proportion of the annual budget should be designated to the implementation and monitoring of the Joint action plans through appropriate legislation.
- Implementation of participatory budgeting should be one of the key indicators for evaluating performance of the annual woreda health budget.

**Limitations of the study**

The study was based on a pilot project implemented in only 6 woredas in the region. Whilst this was limited in its geographical coverage it provided opportunity for better understanding of engaging community and other stakeholders in participatory planning and budgeting at the woreda(level) in the health sectors. This will provide the guidance for implementation in other sectors and in scaling up into more woredas.

***Disclosure statement***

No potential conflict of interest was reported by the authors

***Disclaimer***: The view expressed in the articles are those of the authors and not that of the affiliated institutions

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