International Medical Corps’ Commitment in Accountability: Community Participation delivers Impact, Initiatives in Ethiopia

Since 2003, International Medical Corps has operated integrated humanitarian emergency and development programs in several food-insecure areas of Ethiopia. These include Wolayita, Amhara, Tigray, Oromia, Somali and Gambella regional states.

To increase our interventions’ quality and impact, International Medical Corps Ethiopia began focusing on ensuring accountability towards the people we serve. All staff, managers, volunteers, consultants, and partners received training workshops on accountability topics. These sessions introduced the theory and principles of humanitarian accountability, some key considerations for applying humanitarian accountability principles in practice, and the latest tools and systems available to achieve accountability.

In February 2013, International Medical Corps-Ethiopia country mission, in cooperation with HAP, conducted an organizational Rapid Accountability Assessment (RAA) based on the perceptions and opinions of International Medical Corps staff. The RAA’s purpose was to establish a baseline understanding of our country program’s systems and practices as related to humanitarian accountability. To complement the feedback captured in the RAA, International Medical Corps gathered additional data directly from affected communities, partners, and other stakeholders. The data went into an organizational self-assessment, which provided further insight on the quality of our systems and practices by including the perceptions of the people we aim to assist and other stakeholders. This information was used for strategic planning, and helped establish a workplan to strengthen accountability systems and improve the quality of services provided. The self-assessment process also provided an opportunity to raise awareness of International Medical Corps Ethiopia’s commitments, operational principles, and standards among staff, communities, and partners.

International Medical Corps used the findings from both assessments to develop guidelines, procedures, and tools for information sharing, community participation, and community-based complaints & response procedures. The current case study focuses on the successes, challenges and lessons learned during the implementation of International Medical Corps Ethiopia’s community participation guidelines, which were piloted in the multi-sectorial resilience-building interventions for drought-affected areas of Wolayita zone.

Wolayta is one of thirteen zones in Ethiopia’s Southern Nations, Nationalities and Peoples
Region, covering an area of 4,471.3 km². It is home to 1,750,569 people, of which 273,088 (15.6%) are children under five years old. Wolayita zone is divided into lowland, midland and highland agro-ecological areas, and is affected by chronic and cyclical food insecurity. Food insecurity is particularly prevalent during the “hunger gap” period between March and June, and also during November-December. Chronic drought, high population density (364 people per square km), arable land shortages, and declining land fertility are among the underlying causes of cyclical food insecurity and malnutrition. Within Wolayita Zone, Damot Pullasa and Boloso Sore are among the 12 districts most affected by food insecurity and malnutrition. The deep-rooted nature of these problems requires program interventions which address malnutrition's underlying causes, going beyond the scope of traditional emergency response interventions. To develop these interventions, International Medical Corps engaged in discussions with drought-affected communities, to develop sustainable solutions to the recurring issues in Damot Pullasa and Boloso Sore. Donors and partner organizations were also invited to participate in community-level meetings, that contributed to the design and planning of the resilience program. As a result of these discussions, the European Commission's Humanitarian Aid and Civil Protection department (ECHO), decided to issue a multi-year, multi-sector program focused on resilience-building activities to address the immediate, intermediate, and root causes of malnutrition.

The affected communities’ participation was a key factor in identifying the lack of clean water as a priority need, requiring intervention as part of a comprehensive program to address malnutrition. This reinforced International Medical Corps' belief that the people we assist often have a better understanding of their own needs than do outside experts. To prepare for the needs assessment, local community representatives were consulted about the place, date, and time that best suited community members, to identify needs through focus group discussions. During the needs assessment process, communities learned about International Medical Corps’ mission and values, the assessment's purpose, and how the information collected would be used. International Medical Corps staff took special care to explain how any proposed intervention would be dependent on donor funding, to avoid raising expectations that could not be met. The focus group discussions created an environment for individuals and groups to speak openly using their local language. Separate discussions were held with people of different genders and ages, and also with people from particularly vulnerable and marginalized groups. All groups shared opinions on their needs and priorities, and their responses were validated by the end of discussion period. The group discussions identified availability of safe and clean water as one of the major problems during the group discussion.

International Medical Corps next invited community water committee representatives along with other stakeholders, take part in the program design and implementation. Together they identified specific locations to rehabilitate water sources such as boreholes, hand dug wells, and springs; planned hygiene and sanitation activities; developed beneficiary selection criteria; and decided on health education topics. Community members were also invited to take part in program monitoring.

A joint program monitoring visit was conducted in 2014. The monitoring team, comprised of International Medical Corps and government representatives, visited rehabilitated water points
and met with the community water sanitation hygiene committee (WaSHCO). The WaSHCOs are responsible for managing of the local project interventions, and receive materials and training from International Medical Corps. The monitoring team observed committee members to be engaged in various activities supporting water point rehabilitation. Terefe Kursa, a WaSHCO representative in Damot Pullasa woreda, explained to the joint monitoring mission how he became involved in the water committee. He was first nominated by community members in his village, and has since become the committee’s chairman. The committee he chairs has six other members who were also elected by the community, including two technicians, a cashier, a secretary, and two members who observe the committee’s work. Together with other WaSHCO members, he has been fully engaged in International Medical Corps program activities supporting rehabilitation of his village’s hand-dug well. He mobilized the community to contribute locally available materials for fencing the scheme, which is needed to keep the well clean and protect it from damage. The committee has recently taken over management of the rehabilitated well from International Medical Corps, and the community has started using the water for drinking and other household uses. Terefe explained to the visitors that the groundwater levels can range from eight feet below ground during the rainy season, to as much as sixty feet during the dry season. He also explained that before the well was repaired, for more than one year women and children had to walk several additional miles each way to fetch clean water. The three or four hours spent fetching water each day prevented many young girls from attending school. Terefe reminded everyone, especially the men present, of how important education is for girls. He concluded by stating that “International Medical Corps provided me a training on how to manage this water scheme, on how to keep the sanitation of the water scheme, and on water financing that would be used for maintenance of the hand dug well if broken,” and by explaining that the program also provided tool kits and skills training to the committee for performance of needed maintenance.

The joint monitoring mission participants were interested to hear from Terefe how his participation in the rehabilitation work helped to benefit the work of International Medical Corps; Teref’s very short response was that “now we own the work, International Medical Corps provided the skills and the materials to rehabilitate broken water points in our village, and International Medical Corps encouraged us to own the activity, now we can continue having clean water, our children and the community is free of disease such as diarrheal disease and we own the water point.”

International Medical Corps’ support of the WaSHCO for water point rehabilitation and management has led to increased local ownership of the resilience program. The monitoring committee was very impressed by the impact of beneficiary involvement in project implementation, as the committee members have clearly assumed responsibility for the program’s quality and outcomes.

International Medical Corps programs in Ethiopia are evolving from provision of direct assistance to beneficiaries, to communities themselves carrying out the interventions with guidance and support from International Medical Corps. As observed by Dennis Walto, Vice President of Program Innovation and Performance and member of the monitoring mission, “We no longer own the wells, the water nor the health impact. We no longer direct the trained nurses, the health centres with new latrines and running water nor the wide-scale vaccination initiatives. The health and well-being of Ethiopia’s children clearly belongs to the Ethiopians”. International Medical Corps Ethiopia still has an important role to play in developing and implementing programs, but this is
becoming a supporting role as local communities take the lead and ownership.

International Medical Corps has faced several challenges affecting the success of community participation processes in Ethiopia. These include community perceptions towards humanitarian organizations, staff competence, trust, time pressures, project delays, and two-way communication. These factors can all impact the relationship between the organization and the people we aim to assist.

International Medical Corps faced a specific challenge in that some communities lacked confidence to take on responsibility for the water points’ management. This was due in part to lack of training on how to manage the water points, but was also due to community members having limited or no prior experience in development projects’ planning, development, and implementation. Training workshops on maintenance and water financing built the WaSHCO members’ capacity and confidence, but ultimately it was their engagement in project activities which convinced them of their own capacity to take ownership.

This change in perception did not take place overnight. It took time to develop sufficient trust, and to create an environment where members of the affected community understood and believed in the greater possibilities afforded by meaningful participation. It is unlikely that any agency will be successful if it approaches a community demanding their full participation in project activities within a short time period.

Another barrier noted during early implementation stages was the difficulty in promoting community participation in water resources management activities without providing material incentives. Other programs in the same communities use different incentives to promote participation, which created expectations that International Medical Corps would also provide these. The water resource management project does not include stipends or other incentives, so project staff relied on continuous discussion and follow-up to engage community members. Eventually over time, community members developed a clear understanding about the benefits from their active involvement in the project.

Another lesson that International Medical Corps-Ethiopia staff learned about accountability, as it relates to community engagement and participation, is the need to recognize the inherent power imbalance between aid providers and recipients of humanitarian assistance. Not only is local participation a gradual process, but like any strong relationship it requires an atmosphere of open trust and respect in order to flourish. Before achieving full local ownership programs pass through the following different levels of community participation:

- **Informing**: telling people about the organization and the project. This is one of the first steps, and is necessary preparation for more active involvement.
- **Consulting**: giving people choices about what happens in the project and a chance to shape design.
- **Deciding together**: creating opportunities for people to make decisions about the project’s direction.
- **Acting together**: creating opportunities for people to actively develop and deliver the project.
- **Supporting others to take the lead**: empowering people to take ownership of the project, making final decisions and delivering activities with some independence.

Participation provides the basis for a dialogue with people affected by a crisis, on what is most
needed and how that might best be provided. It involves discussing together, deciding together, and working together on programs. The people we aim to assist are often the best judges of their own interests, and on what is the most appropriate humanitarian response. By ensuring that intended beneficiaries and their representatives participate in the design, implementation and monitoring of programs, International Medical Corps reinforces its commitment to accountability, empowers communities, fosters a sense of inclusion, and leads to more sustainable outcomes.

*Picture: community information sharing session*