

# SOCIAL ACCOUNTABILITY FRAMEWORK FOR SOCIAL PROTECTION IN GHANA

Ghana Civil Society Partnership on  
Social Accountability for Social Protection

August 2021



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## ACRONYMS

AU	African Union
CAADP	Comprehensive African Agricultural Development Program
CFP	Community Focal Person
CG	Capitation Grant
CHAG	Christian Health Association of Ghana
CHPS	Community-based Health Planning and Services
CLASS	Complementary Livelihood and Asset Support Scheme
CLIC	Community LEAP Implementation Committee
CPI	Consumer Price Index
CSC	Community Score Card
CSO	Civil Society Organization
CSU	Client Service Unit
DLIC	District LEAP Implementation Committee
DO	Dug-Outs
DSW	Department of Social Welfare
DSWCD	District Social Welfare and Community Development
DSWO	District Social Welfare Officer
ESP	Education Sector Plan
E-zwich	National Switch and Smart Payment System of Ghana
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GLSS	Ghana Living Standards Survey
GoG	Government of Ghana
GNSPP	Ghana National Social Protection Policy
GPRS	Ghana Growth and Poverty Reduction Strategy
GSFP	Ghana School Feeding Programme
GSOP	Ghana Social Opportunities Project
GSS	Ghana Statistical Service
IBA	Independent Budget Analysis
ICESCR	International Covenant on Economic, Social and Cultural Rights
KPIs	Key Performance Indicators
LEAP	Livelihoods Empowerment Against Poverty
LGCSP	Local Government Capacity Support Project

LIPW	Labour Intensive Public Works
LIPWP	Labour Intensive Public Works Policy
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MLGRD	Ministry of Local Government and Rural Development
MMDA	Metropolitan, Municipal and District Assemblies
MOGCSP	Ministry of Gender, Children and Social Protection
MOF	Ministry of Finance
NGOs	Non-Governmental Organizations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIL	National Health Insurance Levy
NHIS	National Health Insurance Scheme
NSPS	National Social Protection Strategy
OVC	Orphaned and Vulnerable Children
PBB	Programme-based Budget Estimate
PTA	Parent Teachers Association
PMT	Proxy Means Test
RTI	Right to Information
SAF	Social Accountability Framework
SDG	Sustainable Development Goals
SED	Small Earth Dams
SFP	School Feeding Programme
SMART	Specific, Measurable, Achievable, Realistic and Time Bound
SMC	School Management Committee
SP	Social Protection
SPIP	School Performance Improvement Plan
SSNIT	Social Security and National Insurance Trust
STMA	Sekondi Takoradi Metropolitan Assembly
TLM	Teaching and Learning Material
UNDP	United Nations Development Programme
VAT	Value Added Tax

## INTRODUCTION

The Social Accountability Framework (SAF) for Social Protection in Ghana aims to provide a set of standardized frameworks for a coordinated approach to CSO-led monitoring and advocacy to strengthen social accountability, improve service delivery and build stronger state-society relations in the realm of social protection. It has been developed with the goal of strengthening demand-side social accountability interventions through standardized monitoring tools, indicators and reporting templates for each of the five social protection flagship programmes and the social protection sector as a whole to allow for coordinated social accountability efforts by CSOs in Ghana. By anchoring social accountability in a rights-based approach that seeks to empower citizens at the grassroots, this framework is directed at CSO efforts to ensure social protection service users, who often constitute some of society's most marginalized groups, effectively advocate for their rights and needs through increased citizen participation.

The current document offers the main SAF for Social Protection in Ghana. It is divided into various chapters as follows: Chapters 2-4 clearly outline the importance of social accountability, its various components, and its role in the Ghanaian social protection landscape. This is followed by a summary of the methodology used to develop this framework, and its essential building blocks. Chapters 5-7 offers guidelines on how to use selected social accountability tools to gather and report data and create 'inclusive spaces' for dialogue at the national and sub-national levels in order to improve service delivery. Chapter 8 deals with practical methods of building public engagement and advocacy strategy to effectively use and disseminate findings from monitoring tools under this framework. Chapters 10-15 contain annexures with essential extracts of the main tools, indicators and programme descriptions from the individual programme monitoring frameworks. The implementation of this social accountability framework at the social protection programme-level is guided by an accompanying set of five programme-specific monitoring frameworks for LEAP, NHIS, GSFP, LIPW and CG. The individual programme frameworks are abridged versions of this main framework. They entail a brief introduction to social accountability and the respective social protection programme and are followed by chapters on each of the selected tools with programme-specific guidelines and indicators. All programme frameworks contain printable versions of the tools as part of their annexures.

By reinforcing a politics of accountability, social accountability mechanisms can help individuals and communities realise their capacity to effectively engage with service providers in social protection. Through civil society efforts, this framework provides an opportunity for all Ghanaians, especially programme participants, to exercise their rights in ensuring that they are not shortchanged in the implementation of social protection in Ghana and to ensure transparency and accountability in the use of available resources for social protection.

### 1. UNDERSTANDING SOCIAL ACCOUNTABILITY

Broadly speaking, social accountability refers to efforts aimed at achieving meaningful participation of citizens and programme beneficiaries in exercising their rights, through monitoring of programme delivery at various levels. Social accountability is essential in building an environment wherein social protection systems are responsive to citizens' needs and recognize their roles as direct stakeholders.

Depending on the context and objective, there have been various approaches to conceptualizing social accountability. UNDP defines social accountability as “a form of accountability that emerges through actions by citizens and civil society organization [CSOs] aimed at holding the state to account, as well as efforts by government and other actors [media, private sector, donors] to support these actions”.<sup>1</sup> It has also been defined as “an approach towards building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability”<sup>2</sup>.

It can be said that certain components lie at the centre of most conceptualizations of social accountability. One such component is citizen-state engagement or civic engagement between two sets of actors of which one is a holder of power. Typically, the term ‘citizens’ refers to individual users of a given programme or set of services and/or citizens of a given territory at large but can also be interpreted to include civil society organisations and/or the private sector as critical enablers of such engagement<sup>3</sup>. On the other hand, the term ‘state’ often refers to holders and executors of power in the form of “individuals, agencies and organizations” in a given territory or with respect to a set of services being provided<sup>4</sup>. Depending on the context, such holders of power i.e. those being held accountable, may also be located beyond the public sector, in spheres such as the private sector and civil society<sup>5</sup>. In recent times, the role of CSOs as subjects of accountability has increasingly gained prominence with government, donors, the private sector, media, beneficiaries, the general public and among their own staff<sup>6</sup>. Stemming from the stakeholder theory, this approach confers the right to require an account to anyone who could be potentially affected by an organization’s action, and thus places CSOs in a position of mutual accountability with government<sup>7</sup>. In either case, social accountability involves holding a given set of actors “responsible for executing their powers according to a certain standard (whether set mutually or not)”<sup>8</sup>.

Social accountability demands engagement in the form of increased accessibility, contact and communication between two sets of actors. It has been conceptualized as a set of “strategies [that] try to improve public sector performance by bolstering both citizen engagement and government responsiveness”<sup>9</sup> and “an umbrella term for mechanisms that seek to operationalize direct accountability relationships between citizens and the State”<sup>10</sup>.

As such, social accountability does not refer to a fixed pre-determined set of processes and is rather understood as an evolving set of strategies, tools and mechanisms that have been devised and adapted across various contexts based on circumstance, needs and objectives. Table 1 below provides some examples of the different mechanisms and tools known today, that have been broadly classified under four main categories: (1) Participatory policy-making and planning, (2) Budget-related social accountability, (3) Monitoring and evaluation of public services and goods and, (4) Public oversight<sup>11</sup>.

1 United Nations Development Programme, 2010.

2 Malena et al, 2004.

3 Holland et al, 2009.

4 Gaventa et al, 2010.

5 Ibid.

6 Carolei, D, 2020.

7 Kovach et al, 2003.

8 Gaventa et al, 2010.

9 Fox, 2014.

10 Sabates-Wheeler, 2017.

11 Bardhi et al, 2015.

Table 1: Some Examples of Social Accountability Mechanisms and Tools

Government Function	Social Accountability Process	Social Accountability Mechanisms and Tools
<b>Policies and Plans</b>	Participatory Policy Making and Planning	<ul style="list-style-type: none"> <li>• Local Issue Forums</li> <li>• Study Circles</li> <li>• Deliberative Polling and/or Dialogue</li> <li>• Consensus Conferences</li> <li>• Public Hearings</li> <li>• Citizens' Juries</li> </ul>
<b>Budgets and Expenditures</b>	Budget-Related Social Accountability	<ul style="list-style-type: none"> <li>• Independent Budget Analysis</li> <li>• Budget Incidence Analysis</li> <li>• Participatory Budget Formulation &amp; Performance Monitoring</li> <li>• Alternative Budgets</li> <li>• Performance-based Budgeting</li> <li>• Public Education to improve Budget Literacy</li> <li>• Public Expenditure Tracking Surveys</li> <li>• Transparency Portals (budget websites)</li> <li>• Contract and/or Procurement Monitoring</li> </ul>
<b>Delivery of Services and Goods</b>	Social Accountability in the Monitoring and Evaluation of Public Services and Goods	<ul style="list-style-type: none"> <li>• Inputs Tracking</li> <li>• Community Score Cards</li> <li>• Citizens' Report Cards</li> <li>• Public Hearings</li> <li>• Citizens' Charters</li> <li>• Social Audits</li> <li>• Partnership Defined Quality</li> <li>• Client Satisfaction Survey</li> </ul>
<b>Public Oversight</b>	Social Accountability and Public Oversight	<ul style="list-style-type: none"> <li>• CSO Oversight Committees</li> <li>• Local Oversight Committees</li> <li>• Ombudsman</li> <li>• Audit accountability</li> <li>• Engagement with Supreme Audit Institutions</li> <li>• Social Audits</li> </ul>

In their definition, Ringold et al (2012) conceptualize social accountability as a means for citizens “to influence the quality of service delivery by holding providers accountable”<sup>12</sup>. This brings us to another central component that entails the objectives or intended outcomes of social accountability. Without denying the numerous potential impacts of social accountability, this largely consists of accountability, improved service delivery and adherence to certain standards, and stronger state-society relations. It is this component that directly speaks to the nexus between social accountability and the applications of rights in social protection delivery.

## Social Accountability in Social Protection: Towards a Rights-based Approach

To begin with, accountability can be defined as “a relationship between two bodies, in which the performance of one is subject to oversight by another”.<sup>13</sup> Accountability depends on timely access to information, which in turn entails transparency on the part of service providers and their answerability i.e. “the obligation of public officials to inform and explain what they are doing”<sup>14</sup>. Exercising accountability reinforces the principle that states, in the form of service providers, have a duty to provide – thus casting them as ‘duty-bearers’ and that citizens have a right to know and receive – thereby making them ‘rights-holders’<sup>15</sup>.

A human rights-based approach to social protection sees social protection “as an inherent social entitlement or right, rather than as “charity” for programme beneficiaries . It provides a basis for citizens to claim and hold the state accountable for social protection provision. Whether or not citizens feel themselves to have a right to social protection is important, because feeling grateful, rather than entitled, is often reported as a reason for inaction in the face of delivery gaps . In applying rights-based approaches to social protection, states are required to comply with human rights obligations both in the content of their social protection policies as well as in the process by which they implement them. It has been recognized that when rights are part of the political discourse on social protection, citizens and beneficiaries quickly convert social protection interventions into entitlements and not as handouts

Literature on rights-based approach to social protection have outlined the various steps that must be taken by nation states to reflect rights issues in the design and delivery of their social protection programmes. These include:

1. The existence of a legal framework that creates an enabling environment for social protection benefits, ensures the permanence of these initiatives and give rights-holders the legal ability to invoke their rights;

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<sup>12</sup> Ringold et al, 2012.

<sup>13</sup> United Nations Development Programme, 2010

<sup>14</sup> United Nations Development Programme, 2012.

<sup>15</sup> This paragraph is largely derived from the report “Social Accountability in a Changing Region – Actors and Mechanisms” commissioned by UNDP Regional Bureau for the Arab States, 2012.

2. The existence of a comprehensive and coordinated social protection strategy with a long term institutionalized commitment to funding which enables programme implementers to effectively plan and manage the delivery of their programmes and make it easy for beneficiaries to reliably depend on the assistance;
3. The existence of a well-resourced complaints and redress mechanism which enables social protection programmes to collect and process complaints in a simple and effective manner and is easily accessible by all;
4. Transparency and access to information which have potential to reduce and prevent corruption, clientelism and inefficiency. The absence of transparency can impede accountability with effects on public support for social protection investment/funding.
5. Meaningful participation mechanisms that enables beneficiaries and other priority stakeholders to participate in the administration of social protection programmes. This is key as it builds trust and public support behind schemes and ensures that there is a sense of ownership.
6. Adequacy of benefit; this approach instructs that at a minimum, benefit levels should ensure effective access to essential goods and services defined as necessary at the national level. Benefits should at a minimum secure protection against poverty, vulnerability and social exclusion and enable a life in health and dignity.

Oftentimes, decisions taken by key players such as policy makers, political leaders and service providers at various levels do not adequately reflect local contexts. When policies and programmes are implemented without purposive and regular consideration of communities' challenges and needs, they do not have the desired impact and this can, to some extent, result in their failure. In a social protection context, social accountability is an approach that seeks to address the above challenges by ensuring that programmes are responsive to the needs of communities and individuals. It requires dedicated monitoring efforts on the part of communities and individuals who, depending on their characteristics, may be constrained in their ability to do so. Oftentimes, this is the case for social protection programmes as service users who typically comprise of individuals with multiple vulnerabilities arising from inter alia poverty, marginalization, idiosyncratic and/or covariate shocks.

Thus, lack of information, fear of reprisal, perceptions of social protection benefits as 'handouts' or 'gifts', and state inaction can pose significant barriers for such groups to exercise social accountability. CSOs/NGOs can play a critical role in addressing these gaps, by providing support and capacity-building that individuals or communities may require in order to confidently engage with holders of power. This is often an essential component for facilitating civic engagement as such efforts can lead to the creation of spaces and mechanisms whereby citizens can actively communicate their needs and feedback.

CSO participation is also integral in building evidence required to advocate for improved access and quality of service provision. In different contexts, this has taken various forms such as detecting and preventing the abuse of power and/or ensuring operational and governance standards are duly upheld. For example, the city of Porto Alegre in Brazil witnessed the development of the first Participatory Budgeting process in 1989 as part of reform programmes in response to severe inequality in living standards among its residents, particularly those in isolated slums without proper public amenities. In 1995, the Canadian Centre on Policy Alternatives started the exercise of formulating Alternative Federal Budgets as “‘what if’ exercise—what a government could do if it were truly committed to an economic, social, and environmental agenda that reflects the values of the large majority of Canadians”.



Malawi, Sri Lanka and Bangladesh offer successful examples of the use and implementation of the Community Score Card as a social monitoring tool to help communities claim their right to basic services. India offers a powerful example of grassroots social accountability campaigns led by MKSS, a community-based peasant and worker collective. They devised a simple yet highly effective method of social auditing the national public works programme through public hearings called “jan sunways”, which exposed rampant corruption and eventually culminated in the passing of the Right to Information Act, 2005. In the Philippines, a CSO called G-Watch (Government Watch) led an anti-corruption exercise called “Textbook Count Program” to monitor procurement and supply of more than one million school textbooks each year.

Such efforts have significantly contributed to weakening prevailing views of social protection benefits as patronage ('handouts' or 'gifts') and have thereby placed social protection services squarely within a framework of rights in the eyes of service users. At this stage, it must be emphasized that social accountability outcomes greatly depend on "enforcement" i.e. the ability to ensure "action is taken or redress provided when accountability fails".<sup>16</sup> Although typically rooted in legal and policy frameworks, enforcement is also significantly influenced by trust. For sustainable impact in the long run, it is crucial that trust-building between citizens and the state occupy a central position in social accountability.

In this manner, CSO/NGO efforts can provide citizens and communities the traction they need to trigger policy shifts and operational amendments, and gradually move towards demand-based programmes. This builds on a rights-based approach to social protection as citizens and communities are able to step into their role as "active agents in the making and shaping of policies"<sup>17</sup>. It reaffirms the notion of active citizenship where, as opposed to passive beneficiaries, citizens "have not only the right but also the responsibility to hold the state accountable."<sup>18</sup>

In social protection, social accountability mechanisms can help individuals and communities realise their capacity to effectively engage with service providers. By reinforcing a politics of accountability, it can help shift the balance of power between citizens and state actors.<sup>19</sup> This framework thus recognizes that social accountability has the potential to enhance state-society relationships for some of the most vulnerable populations in Ghana.

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16 United Nations Development Programme, 2010.

17 Cornwall & Gaventa, 2000.

18 Sabates-Wheeler et al, 2017.

19 Aslam, 2018.

## 2. LOCATING THE NEED FOR SOCIAL ACCOUNTABILITY IN SOCIAL PROTECTION IN GHANA

In 2015, Ghana introduced a National Social Protection Policy (GNSPP) to provide a framework for delivering social protection, defined as “a range of actions carried out by the state and other parties in response to vulnerability and poverty which seeks to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves”.<sup>20</sup> Towards this end, the policy has identified five national flagship social protection programmes namely Livelihood Empowerment Against Poverty (LEAP), Labor Intensive Public Works (LIPW), Ghana School Feeding Programme (GSFP), National Health Insurance Scheme (NHIS) and, Capitation Grant (CG) on the basis of their demonstrated potential for addressing poverty and prospects for providing integrated services for poor households. Although the mandate for overall technical and operational coordination rests with the Ministry of Gender, Children and Social Protection (MoGCSP), a variety of stakeholders operate at the national and sub-national level to implement social protection programmes.

A key goal of the GNSPP is to build a well-coordinated, inter-sectoral social protection system to ensure coherent, effective and efficient implementation and coordination of programmes. The last decade has seen notable efforts to scale social protection programmes through increased investment and scope. However, this has not been accompanied by improvements in quality of implementation and coverage. The GNSPP acknowledges this gap by stating “To facilitate sequencing and progression of social protection efforts (such as the intended up-scaling, introduction of new interventions and linkage to existing programmes), the policy requires better activation of the demand side.” It widely acknowledges and delineates roles for civil society to address this need for enhancing demand and uptake of social protection programmes. A critical means of achieving this is CSO-led social accountability at various levels.

Over the last decade, relevant accountability instruments have been promoted on the supply side by government agencies and development partners. These instruments have provided the basis for demand-driven accountability efforts have long been promulgated by CSOs. To begin with, the GNSPP policy has laid a foundation for a social protection Monitoring and Evaluation (M&E) framework that would guide its implementation at the policy and individual programme level. One of the elements in the social protection M&E framework is social accountability. It is recognized as instrumental in providing opportunity for all citizens and programme beneficiaries to exercise their rights through meaningful participation in the delivery of programmes.

Aside the above-mentioned M&E framework, the 2015 GNSPP prescribes a role for CSOs/Non-Governmental Organizations (NGOs) in policy and programme monitoring to achieve responsive social development through dialogue and social accountability. Significantly, GNSPP recognizes the contribution of non-state actors in social protection delivery and seeks to encourage this partnership to further improve service delivery. Despite the political and policy space for “activation of the demand side” provided by Ghana’s social protection policy, there has not been enough effort channeled into the development of demand-side interventions that would empower citizens to effectively monitor service delivery and hold the government accountable.

<sup>20</sup> Government of Ghana, 2015.

Citizens' feedback on programme implementation, their experiences and perspectives with service provision is critical in ensuring ownership. Notably, several CSOs in Ghana have actively driven social accountability efforts using a variety of social accountability tools. However, the lack of a coordinated approach has made collation of evidence and standardized aggregation of data on the performance of social protection programmes challenging, as individual CSO tools use different indicators, methods and approaches for monitoring and reporting. Ad hoc monitoring and reporting among non-state social protection stakeholders has also revealed the need for a coordinated means of advocacy. This would allow CSOs to present findings from their monitoring activities to relevant bodies, and systematically advocate for responses vital to effecting policy and programme change.

With this background, this social accountability framework has been developed with the goal of strengthening demand-side social accountability interventions by providing standardized monitoring tools, indicators and reporting templates for each of the five social protection flagship programmes and the social protection sector as a whole, to allow for coordinated social accountability efforts by CSOs in Ghana. In doing so, this framework offers guidelines on how to use selected social accountability tools to gather and report data and create 'inclusive spaces' for dialogue at the national and sub-national levels in order to improve service delivery. By anchoring social accountability in a rights-based approach that seeks to empower citizens especially at the grassroots, this framework seeks to facilitate CSO efforts aimed at ensuring that social protection service users, who often constitute some of society's most marginalized groups, can effectively advocate for their rights and needs through increased citizen participation.

## Legal Basis for Citizen Participation in Social Protection

At the outset, it is important to frame the legal basis for citizen participation in social protection planning and delivery within Ghana's international and national commitments on social protection. As a signatory to various regional and international frameworks, Ghana derives its social protection obligations from the International Covenant on Economic, Social and Cultural Rights (ICESCR), AU Social Policy Framework (2003, Livingstone Declaration (2006), Ouagadougou Declaration and Plan of Action (2004, 2008), AU Heads of State Common Agenda for Action Post-2015, the Sustainable Development Goals of 2015 and more specifically, commitments under Goal 1.3: Implement nationally appropriate social protection systems and measures (Poverty).

Domestically, the 1992 Constitution of Ghana and Directive Principles of State Policy therein offers a strong basis for social protection through provision of equal educational opportunities, development of potential, and contributory schemes for economic security. Article 35(2) provides for a just society and reasonable access to public facilities and services for each resident, whilst Article 35(4) and 37 seek to cultivate respect for fundamental human rights, freedoms and dignity for every individual, including the rights of the disabled, older persons, children and other vulnerable groups. Article 36 guarantees the right to adequate means of livelihood, suitable employment, public assistance and maximum welfare.

More specifically, the legal framework for social accountability and citizen engagement in Ghana can be derived from policies within the social protection sector (e.g. GNSPP, School Feeding Policy, Labour Intensive Works Policy etc.) and from general statutory provisions mandating citizen participation for governance, fiscal accountability, national planning and access to information.

There are grievance redressal mechanisms within individual programmes, legal remedies and independent oversight institutions which serve social accountability functions as well.

In the social protection sector specifically, it can be said that Ghana has been working towards creating an enabling environment. The GNSPP provides a legal basis for linking state and civil society accountability mechanisms and monitoring. It widely acknowledges and delineates roles for civil society to “provide for building the demand side and uptake by beneficiaries of available opportunities and services”. Ghana’s Social Protection M&E Framework<sup>21</sup> reiterates that an opportunity must be provided “for all Ghanaians and less privileged beneficiaries in particular to exercise their rights in ensuring that they are not shortchanged in the implementation of social protection in Ghana. All stakeholders are to be adequately involved in the processes of social protection delivery with proper documentation on feedback received and to ensure adequate response”.

Beyond the social protection sector, certain legal provisions set a general precedent for civic engagement. When it comes to accountability in managing the public financial resources in Ghana, Section 4(i) of the Public Financial Management Act, 2016 (Act 921) enjoins the Minister of Finance to coordinate and mobilize resources including financial assistance from development partners and integrate the resources into the planning, budgeting, reporting and accountability processes provided under the Act. In 2013, the Ministry of Local Government and Rural Development (MLGRD) implemented the Local Government Capacity Support Project (LGCSP) across 46 selected Metropolitan and Municipal Assemblies (MMAs). This project sought to establish Social Accountability units and Client Service units (CSU).<sup>22</sup> It also provided for the development and use of templates and tools for use by participating MMDAs to enhance civic education, communication and participation. Citizen participation in local decision-making and governance has also been mandated through a dedicated section under the Local Governance Act, 2016 (Act 936). It sets out a framework to guide participatory planning and budgeting at the sub-national levels. In particular, Section 40 states that “A District Assembly shall enable the residents and other stakeholders in the district to participate effectively in the activities of the District Assembly and the sub-district structures of the District Assembly. Section 48 (g) of Act 936 also states: A District Assembly shall observe the promotion of effective participation of marginalized groups in public and political life.”

Inclusion in accountability, governance and budgetary processes requires that citizens have the information that is needed to effectively participate. Legislation on access to information can be a means to achieving this by mandating public institutions to set up information-sharing protocols and engage in proactive disclosure of information. In Ghana, the Right to Information Act, 2019 can serve as a pathway for citizens to access information on operational guidelines, standards of service delivery and programme performance. It must be noted that access to information also depends on administrative and political will. Prior to passage of Ghana’s RTI Act, Sekondi Takoradi Metropolitan Assembly (STMA) developed a Service Charter as part of the Open Government

<sup>21</sup> Government of Ghana, 2018.

<sup>22</sup> Open Government Partnership, n.d.

Initiative aimed which included efforts to uphold standards of service delivery in the Assembly. To bolster this initiative, STMA also set up a web-based platform (smartsol), a toll-free line and community noticeboards to “provide platforms for sharing information and also allow citizens to channel their concerns on service delivery and receive feedback within the shortest possible time”<sup>23</sup>. Avenues such as these have significant reformatory potential if sustained and complemented with adequate sensitization and capacity-building of stakeholders.

Other factors that critically influence the environment for civil society engagement include the transparency and independence of bodies such as the Ghana Audit Service and judicial courts. The Ghana Audit Service provides information and analysis on programme performance that citizens may not have the resources or capacity to access, while judicial courts are a vital avenue for holding public offices to account and enforcing compliance with operational standards and statutory rights in service delivery. Strategic litigation led by civil society can be a means of creating legal precedents for social accountability by strengthening common law and jurisprudence using a rights-based approach. Independent bodies such as tribunals, ombudsmen, CSOs and sector-specific entities (e.g. labor unions) can also play an important role in generating evidence for citizen participation. In this regard, “the State also plays a crucial role in creating the enabling environment for civil society development, introducing progressive legislation governing the work of NGOs and protecting the right of assembly”<sup>24</sup>.

## Core Strategies of Social Accountability

It is important to note that space created at the policy and legal level for a rights-based approach to social protection and citizen engagement does not automatically translate to a responsive social protection system and empowerment of service users on the ground. Social accountability outcomes depend on several factors such as answerability and enforceability among service providers. In any given situation, social accountability can entail mitigating a host of challenges and limitations to generate strong evidence for change and to facilitate effective and sustained citizen-state dialogue.

This framework thus provides a set of core principles of social accountability that have informed the guidelines for each of the tools prescribed. With these core principles, CSOs in Ghana can build a strong social accountability approach that helps them foresee some of the above-mentioned challenges and allows them to maximise their social accountability outcomes by:

- **Preparing community and civil society groups to engage** – this includes raising awareness levels among citizens and service users, building their capacity for dialogue with service providers, to monitor implementation and sustain local networks and coalitions.<sup>25</sup> It entails addressing the questions: What are communities’ and users’ information needs that your social accountability activity can respond to? What information and skills would need to be transferred to them for this social accountability activity to be sustainable and effective in the long run?

<sup>23</sup> Open Government Partnership, n.d.

<sup>24</sup> United Nations Development Programme, 2010.

<sup>25</sup> United Nations Development Programme, 2013.

- **Ensuring community-led and driven agendas** – in order to understand the full extent of needs and issues of communities, it is necessary that CSOs, especially at the national level, begin scoping at the grassroots. This approach strengthens CSO initiatives in many ways. First and foremost, it helps “ensure they [civil society actors] are accountable to the citizens and communities, not external actors”.<sup>26</sup> Community-led agendas are also vital to reflect the principle of ‘Do No Harm’ as some CSO actors may be operating in new contexts that have unique characteristics, dynamics and needs. This also involves identifying similar efforts that have been undertaken in the past or present by communities and service providers, methods used, experiences thereof and pertinent outcomes. This knowledge can help CSOs effectively embed their interventions in existing advocacy efforts. Critically, inclusion of communities in civil society planning processes is a steppingstone for subversion of trends that marginalize community priorities and needs and can help realize the essential development principle of “Nothing about us, without us”.



- **Collecting, analyzing and using information** – this includes finding, securing and analyzing information on government activities, translating it into different formats, styles and languages, and sharing it through media and socio-political networks for wider advocacy.<sup>27</sup>
- **Building trust at the local level** – Inculcating a rights-based approach at the community level is insufficient on its own. Impact can be significantly limited by an adverse political and governance environment or resistances to social accountability initiatives among service providers. In other words, “social accountability mechanisms and rights-based legislation must be combined with administrative reforms and politics to transform state-

<sup>26</sup> United Nations Development Programme, 2010.

<sup>27</sup> United Nations Development Programme, 2013.

citizen relations”.<sup>28</sup> While rights can play a part, they are unlikely to be the primary drivers of change, since state actors are “embedded in local political and bureaucratic processes that often have a different logic to that of the rights-based approach”.<sup>29</sup> Therefore, shifts in public administration are required, by establishing healthy working relationships and trust between service providers and users as opposed to using a confrontational approach. This is particularly relevant for sustainability from a political standpoint. As ruling parties move in and out of public office, it becomes necessary to find allies among ranks of civil servants and administrative staff of programmes, who can be champions of social accountability initiatives and uphold community and CSO partnerships in the event of governance transitions. For this to happen, it is important that service providers see community engagement as complementing their work, and not as a witch-hunt. When governments view civil society actors, especially at the local levels, as partners rather than adversaries, they move closer to internalizing the concept of “government by the people and for the people”.<sup>30</sup>

- Undertaking accountability engagements with governments – this includes using instruments such as scorecards, audits and budget analysis to engage with a government, either by using existing formalized spaces for participation in planning or policy cycles or by developing new ones.<sup>31</sup> Civil society actors should harness opportunities to create spaces for direct contact of service users and service providers, where the latter are required to respond to feedback, undertake joint action to find solutions to local problems.
- Public engagement and advocacy at all levels – this includes advocacy, lobbying and campaigning work to follow up on the delivery of commitments.<sup>32</sup> It includes building partnerships at all levels across government, private, media, civil society, and the general public. Activities in this respect should be accessible by vulnerable sections of society.<sup>33</sup> Chapter 7 elaborates more on this area.

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<sup>28</sup> Aiyar & Walton, 2014.

<sup>29</sup> Ibid

<sup>30</sup> World Vision, 2016.

<sup>31</sup> United Nations Development Programme, 2013.

<sup>32</sup> Ibid

<sup>33</sup> Ringold et al, 2012.

### 3. BUILDING BLOCKS OF THE SOCIAL ACCOUNTABILITY FRAMEWORK FOR SOCIAL PROTECTION IN GHANA

This framework seeks to provide a set of standardized tools for harmonized CSO social accountability through social protection programme-specific and sector-wide monitoring in Ghana. The following sections capture the methodology that underlined the development of this framework.

#### Methodology

This framework seeks to provide a set of harmonized tools for programme-specific and social protection sector-wide monitoring. Given that one of the intended outcomes of this framework is to facilitate the production of CSO mirror reports on social protection in Ghana, it became necessary to ensure that data produced by CSOs monitoring efforts speaks to existing programme M&E frameworks and allows for comparability and effective operationalization. Towards this end, a comprehensive review of existing frameworks was required in order to identify a relevant set of indicators, tools and approaches for application. Using the following methodology, a participatory approach prioritizing the engagement of key state and non-state social protection stakeholders was adopted for the development of this framework:

- a. **Consultations and reviews of existing documents:** A literature review was conducted to understand the landscape of existing social accountability frameworks, tools and best practices that are in place, both globally and at the local level. Following this, World Vision Ghana, convener of the Social Accountability Forum, collaborated with two national CSO platforms: the CSO Platform on the SDGs/SGD 10 and the CSO Platform on Social Protection to host two national level consultations in Ghana - one for the southern sector and the other for the northern sector. The main objective of the consultations was to bring all key state and non-state stakeholders together to contribute to the development of this framework. The consultations thus brought together officials from MoGCSP, LEAP, NHIS, GSFP, CG, LIPW, as well as CSO members from the above-mentioned platforms. Given that the remits of social protection in Ghana are quite broad, it became necessary to limit the scope. At the consultation meetings, "Participants agreed to monitor the government flagship social protection programmes to enable them provide meaningful feedback and ensure value for money in delivery of services. Hence the following were identified: GSFP, CG, LIPW NHIS and the LEAP programmes.
- b. **Establishment of social accountability reference group:** To ensure successful development of the framework, individuals with technical expertise in social accountability and social protection issues in Ghana were brought on board as part of a Reference Group. This group provided the valuable technical support and backstopping throughout the development process.
- c. **Selection of tools:** Based on extensive discussions with CSOs working on social protection issues, three social accountability tools were selected for integration in this framework, namely Independent Budget Analysis (IBA), Input Tracking (IT) and Community Score Cards

(CSC). This decision was based on an assessment of existing approaches used by CSOs in social protection programme monitoring and reporting. Any additional capacity and resource requirements by CSOs for sustainable implementation of selected tools also informed the assessment.

- d. Development of monitoring frameworks for the five flagship programmes:** Bilateral engagements with M&E programme officers were undertaken to facilitate a comprehensive review of M&E frameworks and theories of change at the individual programme-level for LEAP, NHIS, LIPW, GSFP and CG. Similarly, the overarching social protection M&E Framework used by state stakeholders to track sectoral and programme performance was studied. A synthesis and harmonization of findings from this review and previous consultations led to the finalization of indicators for inclusion under two sets of monitoring frameworks - individual monitoring frameworks for each flagship programme and a generic monitoring framework for the overall performance of the social protection sector in Ghana.
- e. Training and pre-testing of the tools:** The individual programme monitoring frameworks containing the selected tools were developed after national consultative meetings and reviews. These were scheduled for testing at district and community levels. A pre-test exercise was conducted which involved training six CSOs and equipping them with the pre-test tools for four flagship programmes, namely LEAP, SFP, NHIS and LIPW. This exercise was conducted in the Greater Accra (Amasaman and Gathavor), Ashanti (Kwamang-Abesewa and Asokwa-Tunsum), Volta (Ho and Hodzo); Bono Ahafo (Wenchi, Awisa, and Koase), and, Upper West (Tumu, Chinchang, Gwollu, Nymati, and Sorbelle) regions of Ghana.
- f. Validation and finalization of the tools:** Learnings from the pre-test exercise were incorporated into an updated framework and set of tools. The updated framework was subsequently validated through a series of workshops held with national and local-level state and non-state stakeholders, in particular, CSO users of this framework. Feedback from these meetings were used to generate the final social accountability framework, individual programme monitoring frameworks and the sector-wide monitoring framework with all tools therein.

In order to make this a living document, efforts have been made to ensure that this framework is both flexible and adaptable, to preserve its relevance and to allow it to reflect prevailing circumstances across time. Dedicated efforts have been made to ensure the framework is technically accessible, simple to use and yet adequate to capture key issues on the ground. The following sub-sections elaborate on the building blocks that define the approach of this framework.

## Ghana Social Protection M&E Framework

This document incorporates key monitoring indicators from the National Social Protection M&E Framework at both programme and sector levels, which serves as the foundation for this social accountability framework. Ghana's Social Protection M&E Framework provides the necessary guidance to enable implementers and stakeholders track performance and monitor progress towards achieving the desired results of social protection programmes as well as for the sector as a whole. Although several stakeholders make up the social protection sector in Ghana, the MOGCSP plays a crucial role in ensuring efficiency, effectiveness and coordination between

programmes. Given that the GNSPP assigns overall technical and operational coordination to MOGCSP, this mandate necessitates the regular sharing of information between the programmes and the MOGCSP on performance against targets monitoring.

The M&E framework seeks to track and assess the strategic and operational objectives of the GNSPP and the production of evidence for improving the design and implementation of interventions. The strategic objectives of the GNSPP include:

1. Provision of effective and efficient social assistance to reduce extreme poverty
2. Promotion of productive inclusion to sustain families and communities
3. Ensuring increased access to formal social security and social insurance

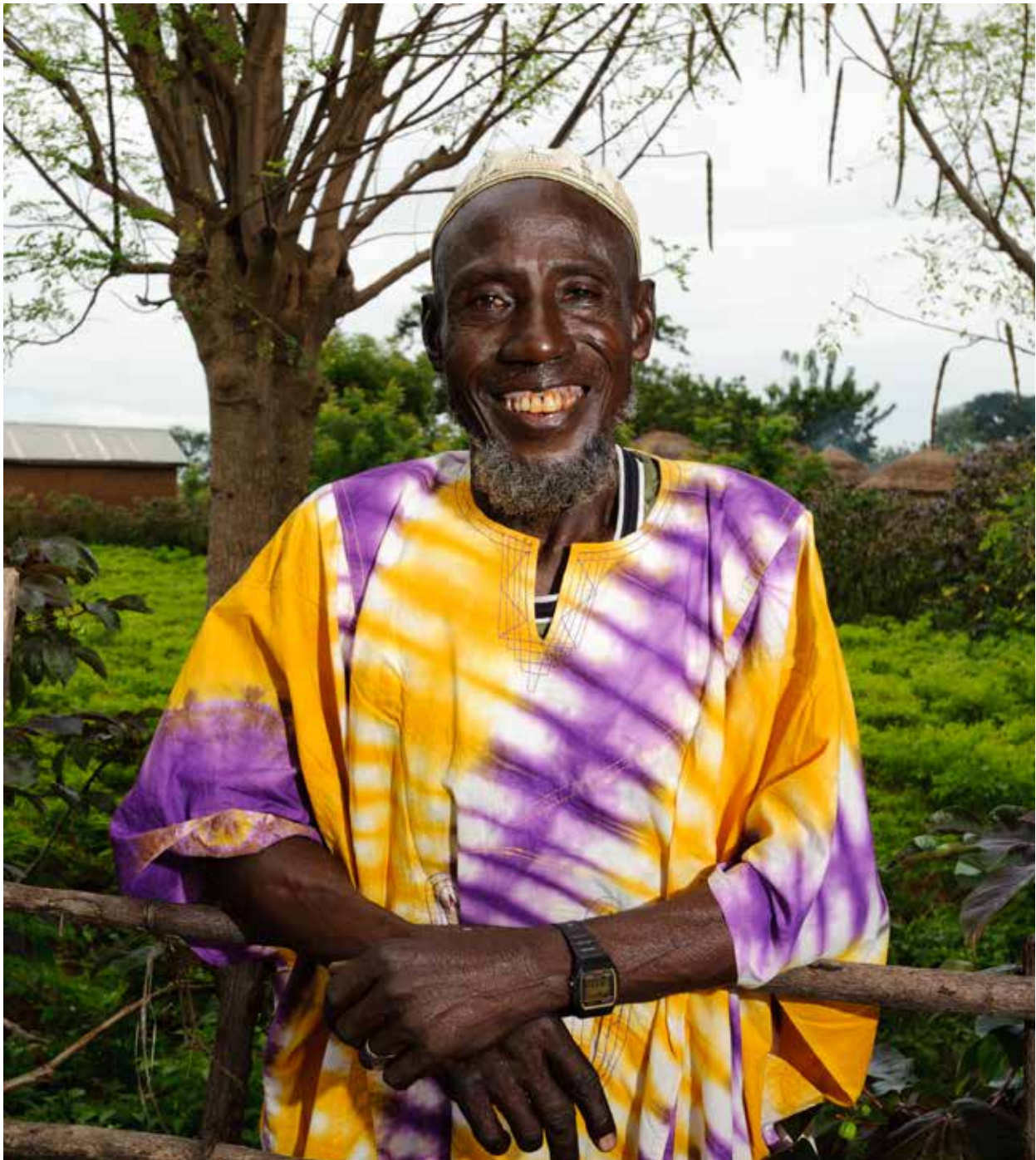
The operational objectives of the GNSPP include:

1. Promotion of enhanced coherence and complementarity of programming in the public sector and non-state constituencies
2. Protection and promotion of socio-economic well-being through improved targeting of beneficiaries
3. Ensuring availability of adequate and reliable funding
4. Engendering public support and ownership of social protection
5. Promoting effective, transparent and accountable processes for efficient and effective resource use
6. Ensuring innovation and continued effectiveness in SP provision through lessons learning, dissemination and integration
7. Mainstream gender, disability and inclusiveness issues in social protection
8. Policy monitoring, evaluation and review

The social protection policy implementation plan provides detailed activities that need to be undertaken by specific stakeholders in order to achieve both the strategic and operational objectives outlined above with great emphasis on the role of CSOs. The short-term policy implementation plan expects CSOs to provide support in sampling citizen and beneficiary perspectives on social protection interventions at the decentralized level by conducting beneficiary satisfaction surveys and programme accountability using quantitative and qualitative tools. In the medium to long term, Civil Society Platforms are expected to carry out mainstream Social Protection project/programme monitoring and evaluation. The policy therefore prescribes the development of a common practice manual for social accountability that has the potential to activate demand side interventions and build the capacity of CSOs and programme participants to hold government accountable.

The following chapters provide a detailed description of the social accountability tools under this framework, namely Independent Budget Analysis, Input Tracking and Community Score Cards.

In line with the core principles for social accountability and GNSPP, the guidelines developed below provide CSOs with information on how to use these tools to create 'inclusive spaces' for dialogue at the national and sub-national levels, and to improve service delivery. Additionally, annexed social accountability frameworks for each flagship social protection programme capture programme-specific tools and indicators. Information gathered and analyzed using these tools shall feed into CSO mirror reports on social protection and advocacy strategies as elaborated thereafter.



## 4. INDEPENDENT BUDGET ANALYSIS

The public sector budget is one of the most powerful national policy instruments, which is not only an economic document but also as a political<sup>34</sup>, social and legal document. It plays a central role in the lives of citizens, who contribute to budgets through taxes to be used as revenue to provide inter alia social protection. The priority any government attaches to social protection programmes is reflected in its national budget. However, budget documents themselves are technical documents that can be extremely complicated. This hinders citizen participation and engagement, often resulting in a glaring lack of public scrutiny on critical budgetary processes that are central to governance<sup>35</sup>. It is therefore crucial for government budgets to be broken down into simpler form so that relevant information and processes can be made available to citizens, to enable them to hold their government accountable in the use of public funds.

Independent budget analysis (IBA) refers to the process where citizens and CSOs analyze the extent to which a government is implementing its policy commitments to social protection through its national budget. IBA can thus be viewed as “both a tool for monitoring state performance as well as for holding it accountable”<sup>36</sup>. By analyzing the adequacy of allocated budgets in comparison to level of outcomes, CSOs can generate strong evidence for increasing social protection budgets in order to meet policy objectives. In this sense, IBA can be a precursor to participatory budgeting as it increases the capacity of civil society to exercise fiscal accountability. Under this framework, the IBA process involves the following components:

- **Allocations, Release and Expenditure:** This aims to analyze whether financial resources allocated have been released in a timely manner, the extent of variance and gaps in allocation and release, and whether they have been spent fully. As an exercise, this strengthens public oversight and accountability on expenditure by allowing CSOs to identify any delays and procedural gaps in financial flows between different actors and levels of governance.
- **Targets:** Mapping national social protection commitments as reflected in law and policy frameworks including annual plans, programme reports, etc. would establish the benchmark of impact and/or outcome that a government has targeted for the year or term. For example, expanding coverage by a certain amount by a given year. Different programmes measure their outcomes through Key Performance Indicators (KPIs) listed in their respective M&E frameworks. This step of the IBA would seek to assess the current level outcomes in relation to budget allocations and any existing targets and policy commitments.
- **Analysis:** A critical step in the entire process, this involves analyzing the current level of allocations in relation to current level of outcomes. In doing so, the analysis will answer the question, is the amount of funds allocated adequate to achieve policy commitments and annual targets? Analysis would also involve detecting trends and gaps across critical stages of budget flows (allocation – release – expenditure) at various levels. It would focus on budget incidence analysis which seeks to answer the questions “who receives what amount of money, and where?” which is an important framework to detect budget equity issues. Evidence generated can then be used for budget advocacy and ongoing efforts to increase fiscal accountability and enhance public spending on social protection programmes.

<sup>34</sup> Kohli, 2012.

<sup>35</sup> Kohli, 2012.

<sup>36</sup> Bardhi & Sparhiu, 2015.

For the purpose of this framework, the IBA tools at the national and sub-national levels have been designed for each individual flagship programme through extensive consultation and review with social protection stakeholders. A separate tool was designed to assist in carrying out IBA for the sector ministry. The tools for each of the flagship programmes and the sector ministry are presented in the annexes. The following sections provide an overview of the steps involved in conducting IBA, with sample tools for reference.

## Capacity-Building for IBA

Budget analysis is a technical area, often considered as the mandate of economic and political experts. However, it must be viewed as a process of social and human rights analysis with the potential to generate evidence for both citizens and government officials on the state of social protection and areas for improvement<sup>37</sup>. At the same time, a significant limitation of budget advocacy is that resource allocation does not necessarily guarantee availability of funding<sup>38</sup>. It is therefore crucial that CSOs build required capacity to successfully engage in IBA and ultimately suggest well-evidenced and well-informed policy changes.

Capacity-building for IBA should involve familiarization with national government budgets and its various components, budgetary cycles, budgetary processes (including formulation and implementation), key actors, existing accountability mechanisms and technical terminology. Ideally, team members engaging in IBA would also seek to build their understanding of the current state of social protection financing, outcomes and any relevant research in this respect. For CSOs without experience in budget analysis, it is important to regularly build the capacity of key staff members in this area.

## Preparation for IBA

**At the outset, it is important to emphasize that “budget analysis is not a one-off activity and needs to be sustained over time to bear results”<sup>39</sup>. Simultaneously, it is crucial to set the scope of data collection beforehand i.e. deciding what will be included and what will not be included. This is derived from the objective of the IBA activity, which under this framework is to analyze the extent to which social protection policy commitments have been translated into national budget allocations, to what extent the funds are being utilized and with what outcomes. This is elaborated further in the form of some guiding questions below<sup>40</sup>:**

- **Allocations:** What percentage of available resources are allocated to the flagship social protection programme and relevant MDA in the fiscal year? On what basis are resources allocated? Who should receive these allocations, when and at what levels? Is social protection prioritized in line with national and international commitments? Are the allocations adequate and sustainable? Here, it may be useful to compare budget estimates and allocations.

<sup>37</sup> Bardhi & Sparhiu, 2015.

<sup>38</sup> Kohli, 2012.

<sup>39</sup> Bardhi & Sparhiu, 2015.

<sup>40</sup> Ibid

- **Release & Expenditure:** How much is actually released to the flagship programme? Who receives the allocations and at what levels? Are there any gaps in the release of funds? This can be ascertained by comparing amount of allocations with amount released for a given period. Are there any delays in the release of funds? At what stage does the delay occur? By how long is the disbursement of allocations delayed in each quarter? How much budget has been spent, by whom and at what levels? Are there any unutilized funds?
- **Targets:** What are the key targets and indicators of social protection programmes? Is available data for these indicators adequately disaggregated (e.g. by gender, age group)? Have previous outcomes from previous fiscal years been adequately captured in national and composite budgets? How do the budget allocations for a given period compare to its targets and outcomes? Based on this, is the budget allocation realistic?

As part of setting the scope of IBA, one must also establish the period of analysis (annual or multi-year), government programme or sector for which analysis is being carried out and at what level (national or sub-national level). Timelines for conducting IBA may be informed by factors such as the availability of data at a given point, or strategic advocacy efforts aimed at releasing independent budget analysis at strategic moments in the budget cycles (e.g. budget formulation period for the next fiscal year).

## Data Collection

This section contains a set of tools that can be used to collect data for the IBA. It is possible that much of the required data may be obtained from the national budget documents such as the programme-based budgets (PBB) and composite budgets. The IBA team must identify and acquire all such national budget documents and other key documents related to social protection programmes such as national plans, annual reports, audit reports, etc. Where data is not available in budget literature, the IBA team may have to elicit this information through guided discussions with stakeholders in the flagship programmes. This would require identifying and approaching the relevant officials within each of the flagship programmes and for the social protection sector that can provide budget data and relevant documents during the IBA. Approaching such officials may require a formal introduction by the CSO along with an introduction to the IBA process and objectives.

### *Monitoring Allocation, Release and Expenditure*

As mentioned earlier, IBA focuses on monitoring budgets allocated at the commencement of a financial year and tracking release and expenditure of these allocations. This is required to determine how effectively the budget is implemented<sup>41</sup>. Table 2 provides the tool for gathering this data for social protection programmes at the national and sub-national level. In this case, key budget items would be pre-listed for each programme under the individual programme SAFs. For a given programme, Budget Proposed refers to budget estimate submitted for the programme as part of MDA Budget Proposal to the Ministry of Finance<sup>42</sup>. This can be found in the budget document compiled and sent by the Executive to the Legislature during preparation of the

<sup>41</sup> Kohli, 2012.

<sup>42</sup> Ministry of Finance, 2019.

national budget. Budget Allocated refers to total amount allocated to a programme by all sources for a given year. Allocation gap is the difference between budget proposed and budget allocated to a programme for the given year. Budget Released refers to the amount of funds released by the Ministry of Finance for the programme. Finally, the Release gap refers to the difference between amount of funds allocated and amount of funds received by the programme for a given year.

*Table 2: Example of IBA Tool for Programme Budget Data on Allocation & Release at the National Level*

INDEPENDENT BUDGET ANALYSIS					
Programme Budget Data on Allocation & Release					
<b>Programme</b>	LEAP/NHIS/GSFP/LIPW/CG				
<b>Level</b>	National/Regional/District				
<b>Facility Name</b>	If applicable				
<b>MMDA/Region</b>	If applicable				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Year</b>					
<b>Key Budget Items</b>	<b>Budget Estimated</b>	<b>Budget Allocated</b>	<b>Allocation Gap</b>	<b>Budget Released</b>	<b>Variance Gap</b>

A central question that IBA seeks to assess under this framework is, ‘By how long is release of allocations delayed in each quarter?’ CSOs can play an important role in monitoring the timeliness in the delivery of public resources intended for beneficiaries and service delivery points. Delays in the release of funds, especially in a decentralized context, can often defeat the purpose of security and social protection that programmes seek to provide. In the case of a school grant, for example, funds released towards the end of an academic term/year may prevent the schools from procuring materials necessary for its functioning and provision of education.

Part I of Table 3 can be used to track timelines of funds released for different programmes in order to identify fiscal bottlenecks in the release of the funds. In some programmes, funds may be transferred in tranches while other programmes may involve single annual transfers. This can also differ from level to level. Data on timeliness of release of funds would typically be obtained with relevant programme officers at the sub-district, district, regional and national level respectively. In the tool below, facilitators can record additional information regarding source of funds (e.g. GoG or donor-funded), challenges accessing funds (especially in the case of Assemblies), previous years’ trends, any attempts made to escalate this issue, and background information on preferred periods of transfer.

Part II of the table also captures data related to programme expenditure at the national and sub-national levels with the aim of unearthing significant variances across budgeted and actual expenditure, challenges in expenditure, and any unutilized amounts. This data can inform analysis on programme progress against annual targets, efficiency and effectiveness among other things. Data under the Timeliness and Expenditure tool can be collected at both the national and sub-national level. For the latter, this can involve data collection at a selected sample of programme offices at various levels (e.g. regional, district, sub-district) to help uncover significant bottlenecks that may affect release of funds and by extension, expenditure from national to sub-national levels.

*Table 3: IBA Tool to Track Timeliness of Release of Funds and Expenditure at national and sub-national levels*

INDEPENDENT BUDGET ANALYSIS				
Tracking Timeliness of Release of Funds & Expenditure				
<b>Programme</b>	LEAP/NHIS/GSFP/LIPW/CG			
<b>Level of Transfer</b>	Funds received at National/Regional/District Level			
<b>Facility Name</b>				
<b>MMDA/Region</b>				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.			
<b>Year</b>				
PART I. Tracking Timeliness of Release of Funds				
Phase of the Release of Fund (e.g. First, Second Tranche)	Amount Received	Date	Period/ Year	Remarks
PART II. Tracking Programme Expenditure				
Key Budget Items	Budgeted Expenditure	Actual Expenditure	Variance	Remarks
Programmatic				
Monitoring and Evaluation				
Human resources				
Administration				
Logistics				
<b>Total</b>				

## Measuring Performance against Targets

Budget or funds are ‘inputs’ that allow social protection programmes to carry out their activities which are ‘outputs’, which have intended effects on the beneficiary groups known as ‘outcomes’. Theoretically, by operating within well-defined legal and policy frameworks and with adequate inputs in the forms of human resources, administrative protocols, funding and other logistics, social protection programmes would result in outcomes that improve the wellbeing of Ghanaians. Each programme measures its outcomes separately through Key Performance Indicators (KPIs) listed in their respective M&E frameworks. The key performance indicators to measure outcomes from all five flagship programmes are integrated in the National Social Protection M&E Framework and are outlined below.

Table 4: Key Performance Indicators for the 5 flagship programmes

Programmes	Existing Indicators
LEAP	<ul style="list-style-type: none"> <li>• Percentage of Extreme Poor on LEAP</li> <li>• Percentage of beneficiaries on Complementary Livelihood and Asset Support Scheme (CLASS)</li> <li>• Percentage of beneficiaries who initiated or expanded a household enterprise</li> <li>• Proportion of beneficiary payments made on time</li> <li>• Percentage of LEAP beneficiaries actively enrolled on the National Health Insurance Scheme</li> <li>• LEAP expenditure on benefits</li> </ul>
NHIS	<ul style="list-style-type: none"> <li>• Percentage of people registered on NHIS</li> <li>• Percentage of indigents registered on NHIS</li> <li>• NHIS expenditure on indigents</li> <li>• Percentage of LEAP beneficiaries registered on NHIS who have active NHIS status</li> </ul>
GSFP	<ul style="list-style-type: none"> <li>• Proportion of Pupils benefiting from the School Feeding Programme</li> <li>• Proportion of Meals Served</li> <li>• Expenditure on GSFP benefits</li> </ul>
LIPW	<ul style="list-style-type: none"> <li>• Percentage of Extreme Poor Persons engaged in LIPW</li> <li>• Percentage of projects completed under LIPW</li> <li>• Average annual earnings of unskilled workers in LIPW</li> <li>• Proportion of beneficiary payments made on time</li> <li>• Expenditure on LIPW benefits</li> </ul>
CG	<ul style="list-style-type: none"> <li>• Expenditure on Education Capitation Grant benefits</li> <li>• Proportion of Capitation Grant released on time</li> <li>• Percentage Increase in School Enrollment</li> </ul>

Source: Derived from National SP M&E Framework, 2018

Based on previous years' performance, KPIs can be used to set targets for succeeding years. Oftentimes, these targets are also derived from national priorities laid down in important policy documents such as annual action plan for the sector/programme and medium-term development plans. In this sense, budget implementation can determine the extent to which these targets and policy commitments can be translated into outcomes (measured by indicators such as the ones above).

Analyzing budget implementation in relation to outcomes is essential to build advocacy around increased funding for vulnerable groups. Previous years' figures or targets for each indicator may be obtainable in MDA-specific composite budget documents, annual progress reports, and through discussion with programme staff at various levels.

### **Analysis and Reporting for IBA**

For data from CSO monitoring to be comparable and collatable, it is imperative that data sources and indicators are uniform. In addition to independent analysis conducted by individual CSOs, joint analysis could then be performed upon larger, combined data sets on a regional or national basis using a variety of data analysis methods. The tools under this framework currently employ variance and trend analysis.



To be effective, IBA must go beyond the national budget to include larger social protection commitments as per legal and policy frameworks. For example, any analysis should compare fiscal obligations as per relevant laws, policies, and international commitments with actual allocations and releases. The analysis would thus seek to answer questions on whether budget allocations are adequate to achieve outcomes and/or targets as per national development plans (e.g. MTDP, annual district plans, etc.). It would also reflect on the

efficiency and effectiveness of budget implementation in terms of actual processes of release and expenditure.

### ***Independent Budget Analysis for Flagship Programmes and MoGCSP***

The social protection policy assigns overall technical and operational coordination to MOGCSP and with this mandate it should be possible for the flagship programmes to provide MOGCSP with key information on budget and budget implementation (budget output/outcomes). With adequate information it should be possible for CSOs to carry out aggregate IBA for the five flagship programmes) for citizens to have a fair view of aggregate allocations to these programmes. The findings of this type of analysis can enable CSOs to ascertain the overall budgetary allocations to these programmes and engage with the Ministry of Finance for more resources.

Table 5: Independent Budget Analysis for the Social Protection Flagship Programmes

INDEPENDENT BUDGET ANALYSIS				
Flagship Programmes				
Ministry/Agency	Expenditure Item	Budgeted	Actual Release	Variance
LEAP	Programmatic			
	Monitoring and Evaluation			
	Human Resources			
	Administration			
	Logistics			
NHIS	Programmatic			
	Monitoring and Evaluation			
	Human Resources			
	Administration			
	Logistics			
GSFP	Programmatic			
	Monitoring and Evaluation			
	Human Resources			
	Administration			
	Logistics			
Capitation Grant	Programmatic			
	Monitoring and Evaluation			
	Human Resources			
	Administration			
	Logistics			
LIPW	Programmatic			
	Monitoring and Evaluation			
	Human Resources			
	Administration			
	Logistics			
Total Percentage in relation to National Budget				
Total Percentage in relation to Gross Domestic Product (GDP)				

After data analysis, key findings for possible engagements with stakeholders can be extracted on a range of issues such as sustainability of funding, prioritization or neglect of programme budget requirements, etc. IBA findings can be further strengthened by reference to evidence in relevant primary and secondary sources including but not limited to current and previous procurement requests, MMDA Composite Budgets, MDA Budget Estimates, Programme-based Budget Estimates (PBB), reports from relevant Parliamentary Select and Standing Committees, budget briefs and research generated by development agencies and CSOs, media and academia. An independent budget analysis report should encompass analysis for the individual programmes, along with the sector at large and should contain key advocacy issues and/or recommendations.

This IBA report can be converted into small lobby papers, budget briefs and press statements which would aim to demystify government budgets for citizens so they may know where public resources have been allocated, on what basis, how effectively they have been utilized and ultimately whose interests the government budget serves. Reports can encapsulate citizen and service provider feedback in the form of findings and/or recommendations. Any policy recommendations should adequately reflect on revenue streams including taxation policy, earmarked taxes or levies, foreign aid, etc. These will form the basis of advocacy for increased allocations to social protection programmes to improve service delivery.

Notably, IBA reports can be a tool to facilitate ‘budget literacy’ for citizens and government authorities. Through a planned and targeting information dissemination and advocacy strategy, CSOs can ensure their analysis is presented to key stakeholders in the budget cycle such as Parliament members, relevant Parliamentary Select and Standing Committees, and citizens at large through dissemination among civil society, academia, media, international rights groups and development agencies. In this manner, IBA can be used to generate public debates and influence budget formulation by providing evidence on key issues that parliamentary committees may normally lack access to. Furthermore, IBA reports can be used as the basis of feedback sessions or planned consultations with social protection programmes and their MDAs to demand accountability for and actions in response to issues identified.

## 5. INPUT TRACKING

Inputs are resources allocated to a service delivery point under a specific social protection programme. They are essential elements for delivery of services and take the form of physical assets, funds and services. Input tracking (IT) is the process of assessing the level of actual inputs in comparison to the level of inputs that citizens are entitled to at a service delivery point. This process seeks to answer the question “Do inputs reach the responsible authority at local level from the central government?”<sup>43</sup>

Typically, the first step of IT involves generation of a tracking matrix by deciding which inputs must be tracked. For the purpose of this framework, matrices for input-tracking at the district-level have been designed for each individual flagship programme through extensive consultation and review with social protection stakeholders. With input tracking matrices in place, data gathering is quite simple. The following sections provide an overview of the remaining steps to be followed while conducting IT at the sub-national level.

### Identification & Training of Facilitators

A good facilitating team is required to build relationships with various service providers, gain trust, and mobilize their participation and interest. Unlike the IBA, input tracking can be carried out with a basic level of training for programme staff. A team comprising two people can carry out IT. The key skill in gathering information for input tracking is the ability to relate and communicate well with the service providers, building strong working relationships with whom can be crucial elements in ensuring provision of information and to encourage a spirit of proactive disclosure.

### Identification of Information Providers for IT

IT matrices as part of this framework involve data collection at the district-level for individual programmes, which then allow for compilation of regional or district-level data. A pre-requisite for this step is identification of which facilities to cover under a given programme. The tracking exercises can cover all facilities in a district or a statistically representative sample. This could involve engaging with selected officials through bilateral meetings and/or informal training sessions to introduce the IT method as a constructive process to help advocate for adequate and timely resource allocation from the national level through to the regions to the districts and to the sub districts (depending on the institutional structure). This would require sharing the matrix or list of key inputs to be tracked.

It is important to bring key officials and frontline workers on board for many reasons. A successful IT process depends on cooperation, transparency and responsiveness of service providers. A strong partnership can make this possible, in addition to mitigating any suspicion, reluctance or hostility that service providers may have towards civil society and community monitoring initiatives. This activity allows facilitators to understand programme challenges and constraints from service providers’ perspective, which is needed in order to develop effective solutions.

<sup>43</sup> World Vision, 2016.

It also helps create entry points for future advocacy and liaison. It is therefore beneficial to work with this objective in mind from the outset.

## Data Collection

Input-tracking can be a stand-alone activity or carried out with CSC. In cases where CSC assessment areas (to be discussed below) are influenced by the availability of inputs at a given service delivery point, it is recommended that findings from the IT process be presented during various phases of the CSC process. This will help establish the link between input(s) availability at service delivery point and the actual delivery of services.

IT can be an effective tool for advocacy in situations where a programme clearly outlines the standard input requirements for the different categories of the service delivery points. Such standards may be explicitly stated in national policy documents, programme websites, laws and acts, or annual reports pertaining to the programme. At other times, they may be stated in documents such as operation manuals, budget requisitions, annual plans, annual programme reports, etc. which may not be accessible in the public domain. This would differ from programme to programme. Facilitators may choose to request this data through bilateral communications (in-person or otherwise), or by exercising their Right to Information under Article 21(1) as a fundamental right and freedom under the 1992 Constitution of Ghana. However, it is also possible to carry out IT in situations where there are no such documents to extract or obtain the standard input requirements since some of the service delivery points could determine the quantity of inputs required based on official requisitions submitted for a specific period.

Ideally, supply-side data should be obtainable through multiple sources such as inventories lists and on-site physical inspections (for tangible assets), focus group discussions or interviews with community members, and key informant interviews with service providers. In contexts with sophisticated statutory provisions on the Right to Information, data can be sourced through such channels as well. Multiple sources of data would allow for better triangulation of data on inputs.

The IT matrices track the quantity and quality of inputs required for administration of services including human resources, office equipment, fixed assets and other accessories. As this does not include inputs at the community-level, the main source of data will be key informant interviews with officials at the service delivery points. Table 6 below provides an example of an IT matrix to track the quantity of inputs. In this case, the facilitating team must ask for data against each of the indicators in terms of (a) what has been allocated as per official guidelines, policy, requisitions or allocations; depending on the organization's action planning process, this could also capture any inputs officially 'requested' from the regional/national level or Assemblies, and (b) what has been received at the Service Delivery Point. Depending on the programme, the IT matrices can be expanded to include added relevant inputs.

Table 6: Example of Input Tracking Matrix on Quantity for District and Sub-District Levels

INPUT TRACKING Matrix on Quantity			
<b>Programme</b>	LEAP/NHIS/GSFP/LIPW/CG		
<b>Level</b>	District/Sub-district	<b>MMDA Name</b>	
<b>Facility Name</b>		<b>Location</b>	
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.		
<b>Date</b>	DD/MM/YYYY		
<b>Input</b>	<b>Units Required</b>	<b>Units Available</b>	<b>Remarks</b>
Stationery			
Cars			
Motorbikes			
Computers			
Printers			

Source: Adapted from CARE. (2013). *The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services.*

Table 6 also provides space to capture any additional information under 'Remarks', as any IT exercise can also benefit significantly from qualitative data to provide an accurate picture of challenges and bottlenecks experienced by service providers. Some examples of information that facilitators can explore under this section include previous experiences of requesting/procuring additional inputs; challenges in obtaining a particular resource; current ways in which service providers navigate this shortage (e.g. resource sharing arrangement with other sectors in case of lack of vehicle); and specific ways in which the shortage of this particular input affects their activities or level of impact. Facilitators can also choose to record any significant sources of inputs (e.g. from donor-funded budgets vs. government budgets).

Table 7 provides an example of an IT matrix to ascertain the quality of inputs. In this case, the facilitating team can ask service providers to rate each input in terms of its quality on a scale of 'Bad' to 'Excellent'. Where facilitators have the permission or space to approach other staff within the District office, they may do so to elicit information on quality from specific staff that use certain inputs. Finally, the 'Remarks' section allows facilitators to record any other information with respect to input qualities. For example, challenges in maintaining/repairing inputs; high burden on a resource resulting in rapid wear and tear; etc.

Table 7: Example of Input Tracking Matrix on Quality for District and Sub-district Levels

INPUT TRACKING Matrix on Quality					
<b>Programme</b>	LEAP/NHIS/GSFP/LIPW/CG				
<b>Level</b>	District/Sub-district	<b>MMDA Name</b>			
<b>Facility Name</b>		<b>Location</b>			
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Date</b>	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Stationery					
Cars					
Motorbikes					
Computers					
Printers					
Staff Training					

Source: Author's construct

## Analysis and Reporting for IT

During or after data collection, an analysis to understand the nature and extent of discrepancies (if they exist) can be undertaken. Accompanying points of action can be deliberated upon and listed for each issue in conjunction with service providers and independently as well. Results from this exercise, including the filled IT matrix itself, should then be summarized in a report. This can be presented to relevant state stakeholders to advocate for remedial action, and to non-state stakeholders as part of planned advocacy and public engagement efforts.

It is important to present findings from this activity to respective communities, as it can help raise awareness of citizen and user groups on entitlement levels and any “resource gap”, which directly affects the performance of institutions. Given that information on resource allocation and budgets can be quite inaccessible, dissemination of IT findings can combat information asymmetries as service users grow more aware of programme commitments and their entitlements. Results from respective district-level IT exercises can be shared during CSC activities and interface meetings in communities. In cases where multiple ITs have been conducted in a district or a region, it is possible to aggregate the information for the different service delivery points as per the framework provided in Table 8 below.

Table 8: Example of Aggregate IT Matrix on Quantity and Quality for MMDA/Region

INPUT TRACKING												
Aggregate Matrix on Quality and Quantity												
Programme	LEAP/NHIS/GSFP/LIPW/CG											
Level	National/Regional/District Level											
MMDA/Region												
Fiscal Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Stationery												
Cars												
Motorbikes												
Computers												
Printers												
Staff Training												

Source: Author's construct

When collating IT data for a given area, CSOs can analyze the discrepancies between quantity of inputs required (or required) through comparison with available inputs at service delivery points. Producing aggregate discrepancies for an entire MMDA or region, for a given input (e.g. internet bandwidth for NHIA offices) can provide a strong basis for IT-related advocacy at the regional or national level, and during preparatory phases of national budgets. CSOs can thus work towards step by step processes of providing feedback from this exercise to the relevant stakeholders on a periodic basis.

## 6. COMMUNITY SCORE CARDS

The Community Score Card (CSC) process is a community-based social accountability mechanism which has been described as a hybrid of the social audit and citizen report card techniques. According to Escher (2018), CSC is “a powerful tool to monitor services, empower citizens, and improve the accountability of service providers”<sup>44</sup>. As the name suggests, it involves assessing and scoring the performance of programmes against a set of indicators that measure the quality of services delivered. It is a two-way and ongoing participatory process which seeks to strengthen the mutual understanding between service providers and service users to ensure collaborative actions and to overcome gaps. Under this framework, the CSC process involves three components:

- **Community Scorecard:** A key output that employs a participatory and conversational approach to generating feedback from citizens on the quality and accessibility of services under a programme through techniques such as focused group discussions, scoring and probing. These sessions are used to identify how services are experienced by the users and to generate suggestions on potential improvements.
- **Self-Assessment Scorecard:** A mirror-version of the Community Scorecard, this is used to generate feedback from service providers on the quality and accessibility of services delivered by them, using similar techniques. Reflections on possible solutions or improvements suggested by service providers are also captured.
- **Interface Meetings:** This refers to planned meetings between community members and service providers, wherein results from both scorecards are shared and plans for action are jointly developed. Interface meetings, if convened regularly, can constitute a valuable feedback mechanism between users and providers. They create space for citizen-provider dialogue and engagement, thereby fostering downward accountability and informed decision making.

This methodology relies on well-trained facilitators with excellent communication skills, technical programme knowledge and contextual sensitivity. The CSC is highly participatory and interactive in nature, making it suitable for application in small geographical areas. Although the scoring process is quick and simple, the impact of a CSC rests on successful relationship-building with community stakeholders (including programme beneficiaries) and service providers. At times, this can be challenging as stakeholders are not always available or receptive. The following sub-sections provide practical information on how to conduct CSCs.

### Preparatory Fieldwork and Research

This is a critical phase in the CSC process. It involves preparation of the facilitating team, determining the scope of data collection, community entry and community mobilization. The steps and tasks involved are discussed below.

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<sup>44</sup> Escher, 2018.

## ***Identification and Training of Facilitators***

As mentioned above, a strong facilitating team is required to build relationships with various community-level stakeholders, gain trust and mobilize their participation and interest. Identify and establish team members who can carry out the following tasks:

- Primary facilitator to lead the mobilization, creation of platforms for dialogue among the key stakeholders, to support agenda-setting processes, and to facilitate the CSC, Input Tracking and Interface process with community members and service providers.<sup>45</sup> During interactions, the primary facilitator must be prepared to use engaging methods, examples and/or exercises to help de-construct some of the social protection programme concepts and other concepts like rights, human rights, the role of the state as the protector of rights, etc.
- Secondary facilitator to thoroughly record and document proceedings, developments and learnings at each stage. This will feed into a final report at the end of the activity. Ideally, this person should have knowledge of the local language/dialects. In communities where this is not possible, an interpreter will be required.
- Additional facilitators for support depending on scope and context.

The facilitation team must receive thorough training on the CSC process, its steps and challenges, in addition to technical briefings on the programme being monitored. Confidentiality and privacy protocols for each step of the process should be developed and made available in advance. Trainings should ideally include provision of manuals, facilitation tools (e.g. CSC format for documentation) and resources (e.g. visual aids). Ideally, preference should be given to interactive tools for communication that do not require literacy or high levels of education. This allows facilitators to move beyond barriers of literacy and education during interactions.

## ***Scope***

Determine the scope of the assignment. This includes specifying which flagship programme(s) will be monitored; associated service providers and service delivery points responsible for implementation in a community; district(s) and/or community(s) to be covered and the number of community participants that will constitute a representative sample. Typically, this also involves selection of performance criteria carried out by participants of the CSC process.

For the purpose of this framework, key areas and indicators for each of the flagship programmes have been pre-identified through extensive consultation with social protection stakeholders and existing M&E frameworks. Develop a brief interview schedule with relevant questions against each of these indicators to elicit the right information during interactions.

At this stage, it must be noted that throughout the CSC process, facilitators must create space for participants (both users and service providers) to highlight new indicators and issues. Facilitators should seek to identify any ongoing and/or previous efforts undertaken by community members to improve service delivery. This would include understanding which issues have come up in the

<sup>45</sup> UNICEF, 2018.

past, what methods have community members used to address them, who led those efforts, what was the experience, what were the challenges and finally, what was the outcome. This knowledge can serve many purposes. First, it can be used to inform CSOs' approach to service providers and advocacy, and prevent duplication of efforts (especially if there are ongoing successful initiatives in the community). Secondly, it can help CSOs identify local partners and champions for capacity building. Thirdly, with this knowledge CSOs can locate their social accountability interventions within ongoing advocacy efforts, thereby lending further credibility and sustainability to the process. Finally, and most importantly, it would also ensure that CSOs are in tune with the needs and demands of community members, for integration into CSO accountability tools and mechanisms. Any suggestion in this direction must be adequately explored and captured by facilitators during interactions. This ensures that the social accountability tools under the CSC are products of a participatory and iterative process, which squarely places community members at the center of the feedback loop. This is critical to ensuring inclusion, countering marginalization of community priorities and needs, and realizing the principle of "Nothing about us, without us".

### **Community Entry**

This step involves familiarization with the community context, stakeholders, state and access to services. Here, it must be noted that strong community partnerships are necessary not only for a successful CSC process, but also for sustaining community-led advocacy. It is therefore beneficial to work with this approach from the outset, through the following steps:

- **Connecting with community stakeholders:** Local leaders can serve as strong community entry points and enablers for an undertaking such as this. Local leaders can include traditional leaders, religious leaders, elected representatives, accomplished residents, and members of prominent community-based organizations. As trusted figures, their support can lend credibility to CSO/NGOs present in a community. Their support can contribute to mobilization, outreach and facilitation efforts. Additionally, their feedback can critically inform the scope and direction of social accountability data collection and advocacy efforts. It is therefore important to establish partnerships with local leaders by introducing the NGO/CSO, the CSC process and its benefits.
- **Connecting with service providers:** Bringing key officials and frontline workers on board are an effective way of mitigating suspicion, reluctance or hostility that they may have towards civil society and community monitoring initiatives. This can be done through bilateral meetings and/or informal training sessions that introduce the CSC as a constructive process to help strengthen the programme. In situations where community and service provider relationships are strained, this is particularly important as NGO/CSOs can play a mediating role between the two actors. Initial meetings with service providers are also a useful means of understanding programme challenges and constraints from their perspective, which is needed in order to develop effective solutions. It is crucial to emphasize that the CSC process is "not meant to attack them, but to come up with joint ways to improve performance"<sup>46</sup>. It is important to recognize the different strengths and limitations that come with service providers working at different levels. Community level service providers often have invaluable insights on the local context and challenges. However, they often do not have the authority to effectively address these. At the district level, service providers have in-depth knowledge of programme operations and may effectively be able to identify

<sup>46</sup> Singh et al, 2004.

systemic issues and their causes. They may also be more reticent. However, service providers at this level tend to have the authority that allows them to take steps or initiate internal advocacy for resolution of systemic challenges. Building connections with service providers at various levels can thus strengthen the CSC process in different ways.

- **Community Profiling:** This involves collecting basic data to determine the demographic size and features including gender composition, poverty profile and social profile. It can also be used to identify service delivery points and service providers in contact with the community. This can be done through use of existing data and/or scoping visits and informal interviews with community members, local leaders and service providers. Critically, these interactions are a useful means of detecting power structures and help build a sense of the range of issues experienced within a community. It can also serve as a valuable opportunity to build a network of trust.

### ***Advocacy and Awareness Campaign***

This entails planned outreach and dissemination activities that aims to introduce the CSC process, mobilize participation and commence rights-based empowerment sessions among community members. The steps for this are as follows:

- **Mobilization:** A legitimate CSC process should mobilize participation and interest from a broad range of community members, especially among vulnerable sections. In order to achieve this, a CSO and/or its facilitators should explain the CSC process including its goals, objectives and potential benefits to community members. Here, it becomes important to demonstrate how community members are not simply beneficiaries, but essential stakeholders who can promote improvements in service delivery through active participation. During mobilization efforts, the venue and date for future meetings should be communicated.
- **Empowerment:** An integral component of the CSC is fostering a rights-based approach. In order to strengthen community members' capacity and voices to directly engage with service providers, it is important to ensure community members have a firm understanding of their rights, entitlements and standards of service delivery under a programme. At times this may involve explaining what a right is, why social protection benefits constitute a right, and what their social protection benefits are. In all cases, it entails explaining the programme objectives, eligibility criteria, level of entitlements and grievance redressal mechanisms in place. A CSO that wants to apply CSC in a community must raise awareness of service delivery standards for community members to effectively detect any deviations.
- **Methods:** It must be noted that this kind of knowledge is best built over the course of repeated interactions. Sustained contact is also helpful to gain the trust of community members. The advocacy and awareness campaign/empowerment sessions can thus be carried out through simple interactive techniques such as door-to-door visits, informal group discussions or organized awareness meetings in common areas (e.g. church, schools, etc.) subject to availability of time, resources, community size and number of programme beneficiaries. As mentioned earlier, community members should ideally be approached through an intermediary from the community itself, or through the snowball method wherein one community member is contacted upon reference from another.

## Focus Group Discussions and Scoring

The CSC Scoring process involves conducting Focus Group Discussions (FGDs). This method requires a high degree of facilitation and attentiveness to group dynamics. The steps below provide pointers on how to prepare and conduct FGDs as part of CSCs. Individual programme CSC tools for service users and service providers are available under the annexes below.

### *Preparing for Focus Group Discussions (FGD)*

FGD is a qualitative method of data collection, which involves eliciting thoughts, opinions, experiences and feedback from a group of people on a given topic through guided discussion. While planning FGDs, the facilitating team should consider the composition, size and number of groups to form, in addition to logistical issues, as follows:

- **Composition:** The under-listed factors must be considered during the planning of the focus groups:
  - a. For community settings, the composition of groups can be based on demographic factors such as age group or gender (e.g. youth in one group, women and men in separate groups, persons with disability in another group, etc.).
  - b. Facilitators should be cognizant of socio-cultural context and power dynamics (e.g. community status, religion or tribe). This may require creating separate groups to adequately accommodate such differences.
  - c. Special consideration should be given to certain social groups, such as differently abled individuals, as their needs, experiences and levels of access can be markedly different from the others.
  - d. For service providers, FGD group composition could be based on cadre or workforce group. For example, when working on LEAP, the key service provider at the district level is the District Social Welfare Officer (DSWOs). Depending on the number of service providers available, it may be beneficial to have dedicated FGDs with each cadre. In situations where this is not feasible, a mixed group can be used. However, facilitators should be sensitive to power structures stemming from hierarchies that can restrict frank discussions.
  - e. If needed, facilitators may choose to engage with certain actors bilaterally to ensure their views are adequately reflected.
  - f. Finally, accounting for diversity in terms of experience within a particular group can also be informative. For instance, an FGD for women may consist of single and married women, pregnant women and single mothers, working women (including farmers, vendors, and shopkeepers) and homemakers, young students, those without employment and elderly women. This can help explore how different social roles affect needs, perceptions on quality and level of access.
- **Size:** Typically, in-depth FGDs require small groups of people (e.g. 10-15) and can take anywhere between 30 minutes to a few hours based on the scope and depth of probing. Although technically possible, conducting FGDs with larger groups can be significantly more challenging due to increased chances of off-topic discussions, environmental disruption and less space/time for all members to participate. Facilitators should strive to create a

setting that allows for control over the environment both in terms of physical space and group dynamics.






- **Number:** This would depend on factors such as community size, demographic diversity, and resources available. Larger and/or more diverse communities may require a higher number of groups in order to capture the diversity of experience and opinion. Looking out for evidence of data saturation can be useful to determine the level of representation. Data saturation refers to a situation wherein no new themes (or in this case, issues) are emerging. In other words, the feedback from different participants and groups becomes largely repetitive. It is not always possible to achieve data saturation in the first instance. As CSC findings are not intended for rigorous academic analysis, this kind of representation can be striven for over the course of time.
- **Co-opting Leadership:** An initial meeting with opinion leaders (chiefs, assembly person, etc.) can be convened to inform them about the purpose and expected outcome of the exercise. In the case of service providers, an introductory letter and meeting can be arranged for the officer-in-charge at the respective office, to inform them about the purpose and expected outcome of the exercise. In this manner, leadership in both settings must be informed and co-opted.
- **Organization:** Participants for FGDs can be identified and mobilized such as leaders, community gatekeepers and/or through snowballing. When relying on community networks for mobilization, attention must be paid to those who might be excluded from the reach of these networks. Additional points to consider during organization are as follows:
  - a. Randomized door-to-door household visits can be an effective way of including people who otherwise may not be.
  - b. Identify a focal person who will make the necessary arrangements for community meetings (e.g. communicating the time and location to different groups).
  - c. When organizing FGDs, facilitators should be wary of any specific constraints or opportunity costs that may be barriers to participation. For example, for daily wage earners, daytime meetings may involve missing out on wages for the day. If the meeting venue is too far from the community, CFPs and CLIC members of the LEAP programme for instance may be reluctant to bear travel costs. Similarly, when planning FGDs with a group of women, facilitators must be sensitive to their daily schedules and avoid times when they have heavy child-care or domestic responsibilities.
  - d. Finally, any venue decided upon must be accessible, safe and ideally have basic facilities such as chairs, sanitation, ventilation and lighting.

### ***Scoring by Community Members***

At the outset, facilitators should ensure every participant has a clear understanding of the objectives and process being undertaken. Before proceeding with the questions, the primary facilitator should thoroughly explain the rankings in a language and format that each participant will understand. Table 9 below provides the ranking system which uses smileys to express different levels of agreement or disagreement with an indicator (for example, “The money received from LEAP has enable beneficiaries established business”). The rankings should ideally be translated into simple visual aids that can be understood with little or no literacy. A pictorial view of rankings

can help make the discussions easier at the community level, as it would allow participants to easily comprehend the ranking system. Each smiley or level of satisfaction in turn has a value attached to it. In the end, it is this value that will be used to calculate average scores for different indicators in each focus group, and at the community and district-level.

*Table 9: Ranking of Statements for CSC*

COMMUNITY SCORE CARD					
Ranking Scale for CSC Statements					
Statement	1	2	3	4	5
Expressing Agreement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Smiley					

*Source: Adapted from secondary sources*

The primary facilitator should lead the FGD with the help of guiding questions on each set of indicators. To carry out the scoring, the facilitator can begin by asking participants to allocate scores on each indicator individually. These should be recorded on a large flipchart to facilitate further discussion. It is important that individual reasons for the different scores are discussed. It is worth taking note of individual experiences and record if they are shared by several members in the group or if they seem to be outliers. At this stage, the facilitator can summarize the feedback received so far, and ask participants to agree upon a common score for each of the indicators through discussion. If consensus cannot be reached, the facilitator can choose to proceed by using average scores. Table 11 provides the framework for scoring statements under each indicator.

During an FGD, there is always the risk of certain participants dominating the discussion. When this happens, it can lead to a situation wherein results are biased, and issues faced by participants go undocumented. A good facilitator should be ready to step in and balance the discussion by steering it towards the other participants. It is important to create a safe space within the group – one wherein all members can express themselves freely without fear.

As issues are identified, facilitators can encourage participants to suggest solutions and improvements in the form of concrete actions. These can be prioritized or ranked in order of importance. This step should be thoroughly documented for analysis and reporting during the next stage - interface meetings. In addition to documenting findings, it is important to record other basic information regarding the FGD session according to Table 10 below. This includes the number of participants, date and location of FGD, length of session, community organizers (to support future follow up and activities) and demographic details of the group. Any significant learnings or challenges should also be documented during the sessions.

Table 10: Example of Focus Group Discussion Preliminary Information Form

COMMUNITY SCORE CARD			
Focus Group Discussion - Preliminary Information Form			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Community Organizers</b>			
Programme	LEAP/NHIS/GSFP/LIPW/CG		
<b>Name of Community / Service Provider</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Men/Women/Youth/Service Providers
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	

Table 11: Example of Framework for Scoring Statements under each Indicator

COMMUNITY SCORE CARD			
Focus Group Discussion - Main Tool			
<b>Community / Service Provider:</b>			
<b>Programme</b>		LEAP/NHIS/GSFP/LIPW/CG	
No.	Assessment Area	Score	Remarks
<b>Indicator 1</b>			
1.1	Statement		
1.2	Statement		
1.3	Statement		
<b>Indicator 2</b>			
2.1	Statement		
2.2	Statement		
2.3	Statement		
<b>Indicator 3</b>			
3.1	Statement		
3.2	Statement		
3.3	Statement		

Source: Author's construct

### ***Scoring by Service Providers (Self-Assessment)***

In a similar process of scoring by community members, facilitators should begin this FGD by ensuring that every participant has a clear understanding of the objectives and process being undertaken. The primary facilitator should lead the FGD with the help of guiding questions on each set of indicators. To carry out the scoring, the facilitator can begin by asking participants to allocate scores on each indicator individually. Given the literacy levels, it may also be possible to have service providers fill in their own scorecards, for collection after the session. Should the forms be completed by service providers, facilitators should ensure that the survey/tools are designed to be anonymous. Their answers can be recorded on a large flipchart to facilitate further discussion. It is important that individual reasons for the different scores are discussed. It is worth taking note of individual experiences, especially if they are shared by several members in the group or if they seem to be outliers.

At this stage, the facilitator can summarize the feedback received so far, and ask participants to agree upon a common score for each of the indicators through discussion. If consensus cannot be reached, the facilitator can choose to proceed by using average scores. As issues are identified, facilitators can encourage service providers to brainstorm and propose possible solutions in the form of concrete actions. These can be ranked in order of importance. This step should be thoroughly documented for future analysis and reporting during the next stage - interface meetings. Results of the entire exercise should be summarized and presented to participants at the end of the FGD for final validation. Under this framework, the CSC tools for self-assessment by service providers are the same as those used by community members and can be found in the respective individual programme monitoring frameworks in the Annexes section.

### **Analysis and Reporting for FGD Sessions**

After the scoring process with community members and service providers, it is important to collate and analyze validated results from each of the sessions. In case of multiple FGD sessions in a community or among service providers, scores can be collated according to Table 12 to generate an average for each indicator. The same tool can be adapted to calculate a district average by replacing 'FGDs' with different 'community average' scores.



Table 12: Example of Tool for Collation of average CSC Scores

COMMUNITY SCORE CARD							
Focus Group Discussion - Collation of Average Scores							
Community/District							
Programme		LEAP/NHIS/GSFP/LIPW/CG					
Service Provider:							
No.	Assessment Area	Score				Average	Remarks
		FGD 1 (male)	FGD 2 (female)	FGD 3 (youth)	FGD 4 (elderly)		
<b>Indicator 1</b>							
1.1	Statement						
1.2	Statement						
1.3	Statement						
<b>Indicator 2</b>							
2.1	Statement						
2.2	Statement						
2.3	Statement						
<b>Indicator 3</b>							
3.1	Statement						
3.2	Statement						
3.3	Statement						

Source: Author's construct

The facilitation team should produce a report that analyzes scores, remarks or comments, and other issues raised during all FGD sessions. Key findings, especially for advocacy, should be recorded out for further reference during groundwork and facilitation of interface meetings. Any documents and reports shared with external parties from the CSC process should maintain standards of confidentiality and privacy. It is imperative to protect the identity of individual participants (community members and service providers) especially in sensitive settings or where there is fear of backlash.

## Interface Meetings

Interface meetings are planned meetings or forums between community members and service providers where direct feedback and results from both scorecards processes are shared. As mentioned earlier, this platform gives community members the opportunity to exercise accountability by raising issues with respect to access and provision of services. While interface meetings are an effective space for grievance redressal, it is critical to recognize that their purpose and potential goes beyond this. Interface meetings offer a way to ensure service providers inculcate a practice of participatory planning and action, which rests on the spirit of placing the community at the center of any programme. Oftentimes, social protection programmes operate

on skeletal, under-resourced and/or over-burdened workforces at the frontlines, and this has implications for the quality and extent of services provided at the grassroots. Interface meetings can help off-set this by increasing the amount of time service providers spend with and in communities towards a constructive end. They must therefore be viewed as a means of initiating shifts in public administration towards a rights-based approach through joint action planning.

Interface meetings require significant groundwork and facilitation in order to be productive. Below are a series of pointers to guide the planning and facilitation of interface meetings.

### ***Laying the Groundwork***

This involves conducting pre-interface meetings and consultations with community members and service providers. The objective of pre-interface interactions is to share results from other groups' CSCs. For the facilitator, interface meetings are an opportunity to take note of and address any sticking points, resistances or sensitive issues among stakeholders and explore entry points for negotiation. Service providers may benefit from briefings on such matters, as it will allow them to recognize and address priority issues more efficiently. It must be noted that not all the service providers at the local level may have the authority required to bring in solutions. Hence, it can be useful to involve senior officials in interface meetings if possible. During this period, it is also important to identify champions who understand the pulse of their group and can act as amplifiers and mediators for constructive dialogue between and within various stakeholders. Mobilizing other community stakeholders such as traditional leaders, community-based organizations and local political leaders can also serve this purpose, in addition to lending momentum and legitimacy to the process. In this manner, pre-interface meetings can help build participation, political will and ownership of the CSC process. However, in bringing political leaders, it is important ensure the issues are not politicized or polarized during the meeting.

Other logistical decisions that should be taken beforehand include who will lead the interface meeting; whether any additional facilitation is required; what is an accessible venue to accommodate a large crowd; and who will handle the task of setting up the venue with adequate seating arrangements, sound equipment (microphone/megaphone), facilitation tools such as boards and/or flipcharts, provision of refreshments, and others.

Traditionally, interface meetings are held at the community-level, given their aim to bring service providers closer to the community. Community-based interactions also provide a platform for citizens to derive their strength from numbers in collectively holding service providers accountable. A distinct advantage of community-based interface meetings is that they offer an ideal setting for organizers to ensure that district-based service providers visit community facilities / points of service provision to assess their condition and get a glimpse of community standards of living. Such visits can therefore form a strong basis for accountability and collective bargaining by the community.

In Ghana, CSOs have had success with hybrid modes of interface meetings held at the district level. This has allowed organizers to facilitate "joint meetings" i.e. interface meetings attended by multiple service providers. (e.g. LEAP, NHIS and GSFP officials). Such an approach can be particularly useful if the nature of issues identified at the community involve an intersectoral response or solution. Interface meetings at the district-level would entail more logistical

coordination on part of the CSOs to ensure community members have access to transportation from the community to the district venue. The number of community members attending district-level interface meetings can be critical in determining the outcomes of the meeting, as it is hard to achieve complete community representation at a district-based interface meeting. With too few several community members, service providers will be at risk of treating a small meeting like a ‘grievance forum’ and not an active brainstorming session to produce a joint plan of action. Service providers may also not feel the burden of accountability when interfacing with fewer members as compared to an entire community, where the gravity and effect of issues raised can be quite marked.

While deciding where to conduct an interface meeting, it is important to consider the pros and cons of all locations. Service providers may find it challenging to visit multiple communities for this purpose. However, it is important to remember that interface meetings, and social accountability efforts in general, are aimed at placing service providers amid citizens by subverting the status quo which largely places the ‘burden’ or ‘onus’ of access to service providers on citizens.

### ***Carrying Out Interface Meetings***

At the outset, facilitators should set the agenda and lay ground rules for effective communication (for example, raising of hands). An interface meeting should be structured to allow for presentation of various stakeholders’ feedback from the CSC processes (and IT if available), open discussion and action planning. A good facilitator will moderate the meeting with the aim of ensuring “a productive dialogue between the service users and providers and help them develop a list of actionable changes that can be implemented immediately.”<sup>47</sup>

As participants work together to identify issue and devise solutions, the following aspects should be kept in mind:

- There is a difference between an issue and an action/ solution. For example, ‘LEAP beneficiaries not receiving payments on time’ is an issue whereas ‘Convene a high-level meeting with District Coordinating Directors to address delays in disbursement of funds from the national level’ is an action.
- Any action and/or objective decided upon should be “SMART” – Specific, Measurable, Achievable, Realistic and Time-Bound. It is recommended to start with solutions that are practical and relatively easier to accomplish at the outset. Such goals help demonstrate the possibility of change and reinforce stakeholder commitment to social accountability processes.
- Any action point should include details of the individuals/actors responsible for implementation, follow-up and monitoring

Facilitators can make use of boards or flipcharts to track action points and discussions. When discussions turn unproductive, a good facilitator must be able to steer the participants back on track. In case of differences or friction between stakeholders, facilitators may be required to take up the role of mediators as well, with assistance from local leaders. It is important to stay neutral

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<sup>47</sup> Post, et al, 2014.

at such times in order to mitigate volatility whilst negotiating space for reform. The focus should be on creating an environment conducive for constructive discussion.

Towards the end of the session, all action points discussed should be prioritized in order of relevance and consolidated into a final action plan for vetting. Table 13 contains the suggested format for recording action plans during interface meetings. Finally, it can be worthwhile to end the session on a positive note as when participants leave in good spirits, they will be open to future meetings.

*Table 13: Example of Guideline to record an Action Plan during Interface Meetings*

COMMUNITY SCORE CARD				
Interface Meetings – Recording Action Plans				
<b>Programme</b>	LEAP/NHIS/GSFP/LIPW/CG	Date	DD/MM/YYYY	
<b>Location</b>				
<b>Number of Participants</b>				
<b>Stakeholders Present</b>				
<b>Themes Discussed</b>				
<b>Key Issue(s)</b>	<b>Action(s)</b>	<b>Who will do this (incl. timeframe)</b>	<b>Who will follow-up &amp; monitor</b>	<b>Action Taken</b>

## Analysis and Reporting: FGD and Interface Meetings

The CSC process can generate rich qualitative data for a community, which serves as the unit of analysis. It is essentially a grassroots process that explores individual experiences, challenges and needs in terms of social protection service delivery and programme design. As this kind and depth of data is often not solicited from service providers, it is paramount that CSC reports adequately document these aspects in a clear, concise and lucid format. It is crucial to document issues from the interface meetings and from the FGD sessions report that was developed earlier in order to generate a comprehensive report on all the processes.

In the case of interface meetings, community action plans are the most important documents as they serve as the basis of change and advocacy and lend credibility to the process. Facilitators must share finalized reports and action plans with all stakeholders in a timely manner. As mentioned previously, it is possible that certain service providers will not be able to address/ take action based on issues identified. Therefore, the facilitating team should find ways to ensure that the final CSC report is shared with relevant stakeholders at the higher level for action and advocacy.

## 7. DESIGNING COMMUNICATION & ENGAGEMENT STRATEGIES FOR ADVOCACY

Social accountability mechanisms have the potential to generate a rich body of evidence. However, there is often a risk that reports produced from such mechanisms end up on shelves without further action taken on the findings. To ensure adequate use of evidence generated, advocacy along with public engagement is vital. Advocacy can be described as “working to persuade local, or national government or other entities to grant specific rights, make policy changes, provide money, or create new laws for the good of your cause”<sup>48</sup>. Effective advocacy requires planning, strategizing and persistence. The section provides general strategic tips on using evidence generated by social accountability tools for planning engagement and advocacy efforts, and strengthening social accountability mechanisms<sup>49</sup>, as follows:

1. Producing evidence: CSOs reports on IBA, IT and CSC should offer a thorough, coherent and evidence-based analysis of key issues and recommendations identified. As these reports will be used for advocacy and public engagement, it is important to ensure that they are packaged well. While preparing reports, some key questions to consider are as follows:
  - What are the gaps and issues in the existing system? What is being done to address these gaps and issues (referring to ongoing and/or previous efforts by service users and service providers)? Are these efforts working?
  - What further actions have been identified during social accountability processes and CSO deliberations to resolve these gaps and issues? Provide a step-by-step action plan where relevant. Here, it becomes important to prioritize actions, as many actions presented all at once can risk watering down key messages and advocacy efforts. To mitigate this, actions/recommendations can be categorized as long, medium and short-term goals and included to varying degrees in different communication material based on purpose and audience.
  - Identify the key stakeholders that have the capacity to take necessary action. Produce well-targeted messages for these stakeholders. When captured in the form of reports, writing style should be concise and clear, making them easy-to-use and accessible for policymakers and decision-makers<sup>50</sup>. When evidence is useful and functional, stakeholders become more learning oriented.
  - Provide disaggregated data wherever possible (e.g. district and regional level data, demographics, etc.)

<sup>48</sup> Restless Development, 2017.

<sup>49</sup> International Rescue Committee, 2015.

<sup>50</sup> Court et al, 2006.

2. **Disseminating evidence:** Share the IBA, IT, and CSC reports and monitoring updates widely with all stakeholders involved. This will help them follow progress being made (or not) and decide any future plan of action. Key recipients should include relevant public authorities (at the national, sub-national and district level) followed by community members, CSO forums, CBOs, community leaders and members, academia, and the media. It is imperative that planning of dissemination activities is preceded with clear identification of the audiences at different levels and identification of the best and/or most accessible medium to reach them. Evidence can be made accessible on a variety of platforms such as CSO websites, social media, local radio, TV, news channels, posters, among others. Reports and findings can be launched online and/or through events such as conferences, seminars, consultations with key stakeholders invited.
3. **Networks Approach:** Each CSO may have its own communication, engagement and advocacy strategy and this may vary overtime. For the purpose of this framework, it is important that civil society stakeholders find ways to coordinate advocacy and outreach from the evidence-building stage. A networks approach allows different civil society groups to build and share information, capacities and resources. In some sense, this already takes place at the community and district level through interface meetings. At the national and regional level, this could involve convening meetings to share findings, conduct joint analysis and produce an effective communication and advocacy strategy. Pursuing change requires persistence and resources. Establishing strong networks or movements with multiple partners, who can tap in and tap out through various stages of advocacy, can help sustain motivation and prevent a campaign from losing momentum. It also allows for creative problem-solving, as two heads are always better than one.
4. **Capacity-building:** At the individual CSO-level and within a network, the role of continued learning and capacity-building in advocacy cannot be stressed enough. This involves “understanding specific policy processes, institutions and actors”<sup>51</sup> and building capacity in technical areas (e.g. budgeting, law, evidence-based research, etc.). Knowledge of budgetary and policy processes can help discern entry points and opportunities for influence and advocacy. Knowledge of relevant institutions and actors can reveal critical information on pressure points and incentives involved, time constraints and schedules of policy and decision-makers at formal and informal levels. When it comes to technical knowledge and capacity, this can either be built in-house or accessed through networks and coalitions. Network partners may specialise in different areas or functions such as representation, advocacy, technical inputs, capacity-building, service delivery and social functions. Assessment of a network’s capacities and strengths are useful to enable swift response in the event of change/crisis.

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<sup>51</sup> Court et al, 2006.

5. **Building Strategy:** Results from the social accountability process (IBA, IT, and CSC) can be used to inform ongoing advocacy efforts and develop new strategies to leverage change. When building strategy, there are three broad stages to be kept in mind - agenda setting, implementation and monitoring. As achieving impact through advocacy can be long drawn battle, it is important to avoid exhausting resources and motivation at the first stage. At the agenda-setting stage, “there are multiple pathways through which service users can influence and make demands on public officials and service providers to improve the access and quality of services they receive”<sup>52</sup>. Most often, the strategy employed would depend on the nature of change being pursued, that is policy, programme, legal or fiscal; and available resources and context. For example, in some contexts, CSOs may receive a mandated seat at the table in district assemblies, budgetary planning sessions, parliamentary committees, technical working groups, among others.<sup>53</sup> In other contexts, CSOs may have to rely on indirect advocacy through insider lobbying, voter engagement and media campaigns. The ‘timing’ of advocacy efforts can be planned to coincide with strategic events such as parliamentary proceedings, budget formulation periods, and others. In case of legal advocacy, strategic litigation is a proven method of building progressive jurisprudence and expanding common law, as is the boomerang model at the international level. A good advocacy strategy is multi-pronged and uses a variety of techniques and platforms for targeting.
  
6. **Continued presence on the ground:** After developing and disseminating reports with action plans and/or recommendations, there is the need to stay connected with stakeholders in order to follow up, monitor, and review progress. Capitalize on momentum gained from social accountability mechanisms through prompt follow up with stakeholders. Ensure community members and service providers receive copies of any action plans developed with respect to all social accountability activities. Devise and follow a monitoring plan with the help of Table 14 below. To avoid a situation where everybody’s work becomes nobody’s work, help community members designate an individual or ideally, a group of individuals who can take the lead to follow-up and monitor implementation of the action plan. Furthermore, in order to learn about what worked and what did not, it is important to have strong monitoring and documentation of events as they happen on the ground. Set up systems for measuring outcomes of social accountability tools and processes. Designate key indicators for success. Some examples are process outcomes (e.g. improved transport arrangement for LEAP paydays), institutional outcomes (e.g. regularized bi-monthly interface meetings), policy (e.g. revised standards of service) and empowerment-related outcomes (e.g. increasing community influence on quality of service delivery), to name a few. Advocacy is not only about the big wins, but also the little wins. Staying engaged through the whole process can help CSOs track and document changes from social accountability initiatives. Irrespective of scale of changes, capturing this can result in a portfolio of data that makes a strong case for evidence-based planning at various levels. As the journey to change can be a long one, it is important that CSO organizers and leaders find ways to stay tuned and active through the entire process.

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<sup>52</sup> International Rescue Committee, 2015.

<sup>53</sup> Feka, 2017.

Table 14: Example of Guide to Monitor the Implementation of the Action Plan

ENGAGEMENT & ADVOCACY						
Implementation Monitoring Plan						
Key Findings	Action Points	Implementing Agency	Lead Contact in Implementing Agency / Community	Time Frame	Status	Methods of Reporting on Plan Implementation

Source: Author's construct

- Plan future IBA, IT and CSC cycles: Social accountability is not a one-off activity. They can only trigger change when they are cyclical and iterative. Issues from the social accountability process discussed so far are to feed into the policy, planning and budget implementation process of the institutions responsible for social protection. Hence, there is a need for updated and relevant evidence. In addition, there is also the need to expand the process to bring more stakeholders on board in the interest of sustainability and increased citizen participation. For sustained improvements, CSOs should prepare to transfer ownership of social accountability mechanisms to service providers and communities. Where possible, explore means of institutionalizing two-way communication between civil society and governments (e.g. regular interface meetings). At the community-level, actively seek out strong and able community members from different walks of life who can lead organization and mobilization of future CSC sessions. Mentor such individuals through extensive involvement in planning, implementation and organization of social accountability initiatives to improve their communication, negotiation and documentation skills. Remember that some members may tap in and tap out through the process. Do not be discouraged by this, rather seek to build a strong network of active community members who can helm community-led social accountability and advocacy.

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## ANNEX A

### LIVELIHOOD EMPOWERMENT AGAINST POVERTY (ABRIDGED)

The Livelihood Empowerment Against Poverty (LEAP) is a cash transfer programme aimed at reducing poverty by increasing and smoothening consumption, promoting access to opportunities and access to basic and complementary services for extremely poor and vulnerable households. 54 It is implemented by the Ministry of Gender, Children and Social Protection. The specific objectives of LEAP are as follows:

- To improve basic household consumption and nutrition among children below 2 years of age, the aged (65 years and above without productive capacity) and persons with severe disability;
- To increase access to health care services among children below 5 years of age, the aged (65 years and above without productive capacity) and people with severe disability;
- To increase basic school enrollment, attendance and retention of beneficiary children between 5 and 15 years of age;
- To facilitate access to complementary services (such as welfare, livelihoods and improvement of productive capacity) among beneficiary households

The programme cycle of LEAP involves three main activities, along with a component of case management at each stage. The first stage involves targeting of potential beneficiaries. LEAP employs a combination of poverty, geographical and community-based targeting to select communities and potential beneficiary households respectively. A Proxy Means Test (PMT) is used to determine potential beneficiary households' level of poverty based on a PMT score derived from GLSS. Eligible poor households must have members from the following eligible social categories to be selected for enrolment:

- Elderly aged sixty-five years (65) and above without any form of support;
- Severely disabled persons without productive capacity;
- Orphaned and Vulnerable Children (OVC); and,
- Very poor pregnant women and lactating mothers with infants under 1 year

After sharing results from the targeting and refining them through a process of community validation, qualifying beneficiary households are enrolled on the LEAP register and sensitized on the programme. Each household identifies primary and secondary caregivers whose biometric data is captured to facilitate their access to payment. Payments are then made on a bi-monthly basis to LEAP caregivers in cash who, upon providing fingerprints, can authenticate their identities using biometric-encoded “e-Zwisch” cards at designated pay points or e-Zwisch ATMs. Under LEAP,

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54 Accessed 22<sup>nd</sup> June 2020 from <http://www.mogcsp.gov.gh/index.php/projects/livelihood-empowerment-against-poverty-leap/>

beneficiary households have a set of duties or co-responsibilities that they are expected and encouraged to fulfil to increase access to education, healthcare, nutrition and savings, depending on their household membership. Although not strict conditionalities, the role of co-responsibilities is to ensure that beneficiary households engage in behaviour that optimises investments in human capital development of the household.

Several stakeholders are involved in the implementation of the LEAP programme at the national and sub-national levels. The following list of stakeholders have been identified and mapped based on their roles and their potential for engagement with social accountability efforts at various levels as part of this framework. They may be relevant at different stages including community outreach, relationship-building, data collection (using IBA, IT and CSC tools), implementation and follow-up wherever applicable, and finally, public engagement and advocacy.

*Table 1: LEAP Stakeholders at various levels*

Level	State Stakeholders	Non-State Stakeholders
National	<ul style="list-style-type: none"> <li>Ministry of Gender, Children and Social Protection</li> <li>LEAP Management Secretariat (LMS)</li> <li>Ministry of Finance</li> <li>Ghana Audit Service</li> <li>Parliament and cabinet</li> <li>National Development planning commission</li> <li>National Health Insurance Authority</li> </ul>	<ul style="list-style-type: none"> <li>Citizens</li> <li>LEAP service users, especially the elderly above 65 years of age, PWDs, OVC, Pregnant and Lactating Women</li> <li>LEAP caregivers</li> <li>Civil Society including CSO coalitions, NGOs, Citizen Groups, Think Tanks, Research Institutions</li> <li>Development Agencies/ Partners</li> <li>Academia</li> <li>Media</li> <li>Traditional leaders</li> <li>Faith-based Organizations</li> </ul>
Regional	<ul style="list-style-type: none"> <li>Regional Coordinating Councils (RCC)</li> <li>Regional Social Welfare Department</li> </ul>	
District	<ul style="list-style-type: none"> <li>MMDA</li> <li>District Social Welfare Officers (DSWO)</li> <li>District LEAP Implementation Committees (DLIC)</li> <li>District NHIA officers</li> </ul>	
Community	<ul style="list-style-type: none"> <li>Community Focal Persons (CFP)</li> <li>Community LEAP Implementation Committees (CLIC)</li> </ul>	

The following sections contain the various tools to be used for LEAP Social Accountability monitoring. For a detailed description of these tools, and the steps to implement them at various levels for monitoring, refer to the dedicated LEAP Social Accountability Framework.

## INDEPENDENT BUDGET ANALYSIS

Table 2: IBA information for LEAP Budgetary Allocation at the National Level

INDEPENDENT BUDGET ANALYSIS					
Programme Budget Data on Allocation & Release					
<b>Programme</b>	LEAP				
<b>Level</b>	National/Regional/District				
<b>Facility Name</b>	If applicable				
<b>MMDA/Region</b>	If applicable				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Year</b>					
<b>Key Budget Items</b>	<b>Budget Estimated</b>	<b>Budget Allocated</b>	<b>Allocation Gap</b>	<b>Budget Released</b>	<b>Release Gap</b>
Programmatic					
Monitoring and Evaluation					
Human Resources					
Administration					
Logistics					
Total					

Table 3: Example of IBA Tool to Track Timeliness of Release of Funds and Expenditure at national and sub-national levels

INDEPENDENT BUDGET ANALYSIS				
Tracking Timeliness of Release of Funds & Expenditure				
<b>Programme</b>	LEAP			
<b>Level of Transfer</b>	Funds received at National/Regional/District Level			
<b>Facility Name</b>				
<b>MMDA/Region</b>				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.			
<b>Year</b>				
PART I. Tracking Timeliness of Release of Funds				
Phase of the Release of Fund (e.g. First, Second Tranche)	Amount Received	Date	Period/ Year	Remarks
PART II. Tracking Programme Expenditure				
Key Budget Items	Budgeted Expenditure	Actual Expenditure	Variance	Remarks
Programmatic				
Monitoring and Evaluation				
Human Resources				
Administration				
Logistics				
<b>Total</b>				

Table 4: LEAP Key Performance Indicators

Key Performance Indicator(s)	
Percentage of Extreme Poor beneficiaries on LEAP	
Percentage of beneficiaries on Complementary Livelihood and Asset Support Scheme (CLASS)	
Percentage of beneficiaries who initiated or expanded a household enterprise	
Proportion of beneficiary payments made on time	
Proportion of beneficiaries enrolled on the National Health Insurance Scheme	
LEAP expenditure on benefits	

## INPUT TRACKING

Table 5: IT Matrix to track input quantity at LEAP MMDA-level

INPUT TRACKING Matrix on Quantity			
<b>Programme</b>	LEAP		
<b>MMDA</b>			
<b>Region</b>		<b>Location</b>	
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.		
<b>Date</b>	DD/MM/YYYY		
<b>Input</b>	<b>Quantity Required</b>	<b>Quantity Available</b>	<b>Remarks</b>
Number of Staff (Overall)			
Staff training sessions held			
Computers			
Printers/scanners			
Photocopiers			

Modems/WIFI			
Cars			
Motorbikes/bicycles			
Others (please specify):			
1.			
2.			
3.			
Department has access to internet (Yes/No)			
Department has required Stationery (Yes/No)			
Department has LEAP IEC/SBCC printed materials (Yes/No)			

Table 6: IT Matrix to score input quality at MMDA-level [DSWCD Office]

INPUT TRACKING Matrix on Quality					
Programme	LEAP				
MMDA					
Region		Location			
Name & Designation of Respondent(s)	1. 2.				
Date	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Computers					
Printers/scanners					
Photocopiers					
Modems/WIFI					
Cars					
Motorbikes/bicycles					
Strength of Internet connectivity					
Stationery					

LEAP IEC/SBCC materials available					
Power supply					
Level of digitalization					
Staff Training(s) through LEAP					
Others (please specify): 1. 2. 3.					

Table 7: Aggregate IT Matrix on Quantity and Quality for LEAP

INPUT TRACKING												
LEAP - Aggregate Matrix on Quality and Quantity												
Programme	LEAP											
MMDA/Region												
Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Computers												
Printers/scanners												
Photocopiers												
Modems/WIFI												
Cars												
Motorbikes/ bicycles												
Strength of Internet connectivity												
Stationery												
LEAP IEC/SBCC materials available												
Power supply												
Level of digitalization												






Staff Training(s) through LEAP												
Others (please specify):												
1.												
2.												
3.												

## COMMUNITY SCORE CARD

Table 8: Type of LEAP Questionnaire and where to carry out FGDs

Questionnaire	Place for Carrying out FGDs
LEAP beneficiaries & caregivers	At the communities
DLIC members / DSWOs	At the district level

Table 9: Ranking of Statements for CSC

Statement	1	2	3	4	5
Expressing Agreement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Smiley					

Source: Adapted from secondary sources

Table 10: CSC Questionnaire for LEAP beneficiaries and caregivers at the community level

LEAP COMMUNITY SCORE CARD			
Questionnaire - LEAP Beneficiaries and Caregivers at the Community Level			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Community Organizers</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban

District		Region	
Number of Participants		Group	Men/ women/ youth etc.
Date	DD/MM/YYYY		
Start Time		End Time	
Ranking	Strongly Disagree    1 Disagree                2 Not Sure                 3 Agree                     4 Strongly Agree         5		
No.	Assessment Area	Score	Comments/Remarks
<b>1.0 LEAP Awareness Level</b>			
1.1	Community has been sensitized on the LEAP implementation process (targeting, selection, enrolment, payment, case management and grievance channels, etc.).		
1.2	Selected households were given orientation on the programme by the relevant officer(s) prior to enrolment.		
1.3	LEAP beneficiaries know why they are on the programme.		
1.4	LEAP beneficiaries know how they were selected on the programme.		
1.5	LEAP beneficiaries have been supported to understand their rights and responsibilities as part of the programme.		
1.6	LEAP beneficiaries have received communication and information materials on the programme and on their rights and responsibilities.		
1.7	Beneficiaries are involved in decision making in relation to the LEAP implementation process.		
1.8	LEAP beneficiaries know their community focal persons		

1.9	Community Focal Persons are active and supportive in the delivery of the programme		
<b>2.0 Selection Process</b>			
2.1	The LEAP selection process is free and fair. It does not favor people based on political affiliations.		
2.2	Community members are allowed to identify and prioritize potential LEAP beneficiaries.		
2.3	Selection of LEAP beneficiaries was carried out at the District/Municipal Office.		
2.4	LEAP beneficiaries are satisfied with the selection process.		
2.5	The selection process is transparent.		
<b>3.0 Effective Payment Process</b>			
3.1	LEAP beneficiaries receive their payments on time.		
3.2	LEAP beneficiaries are satisfied with payment process.		
3.3	LEAP beneficiaries have often been asked to give a share of the benefit to people involved in the administrative, payment or selection process.		
3.4	LEAP beneficiaries receive the expected amount in full with no deductions.		
<b>4.0 Case Management</b>			
4.1	Avenues exist for beneficiaries to send complaints and feedback on the programme to the DSW office easily. They know where to go and it is accessible.		
4.2	Officials responsible for LEAP are open to listen to beneficiaries at any time.		
4.3	Officials responsible for LEAP resolve our complaints/grievances in a timely manner.		
4.4	Beneficiaries are satisfied with the way relevant authorities handle complaints/ feedback		

4.5	In case of changes in the household (decreases/increases), beneficiaries know who to talk to.		
<b>5.0 Benefits</b>			
5.1	The money received has helped improved the living conditions of beneficiary households.		
5.2	The money received has enabled beneficiaries to establish a business.		
5.3	LEAP beneficiary households are able to send their children to school because of the LEAP money.		
5.4	The government could consider increasing the money given to beneficiaries.		
<b>6.0 Right treatment of beneficiaries</b>			
6.1	CFP/CLIC members treat beneficiaries with respect.		
6.2	Staff from the Department of Social Welfare and Community Development treat beneficiaries with respect.		
6.3	Community members do not stigmatize LEAP beneficiaries.		
6.4	LEAP beneficiaries are given adequate treatment when they visit the health center.		
<b>7.0 Access to complementary services</b>			
7.1	LEAP beneficiaries are registered and provided with NHIS cards for free.		
7.2	LEAP beneficiaries are supported by relevant officers (DSWO/NHIA) to renew their NHIS cards as needed.		
7.3	LEAP beneficiaries can renew their NHIS cards when it expires.		

*Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.*

Table 11: CSC Questionnaire for DSWO/DLIC member(s)

LEAP COMMUNITY SCORE CARD			
Questionnaire – DSWO/DLIC member(s)			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Location</b>			
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	DSW/CD officers/DLIC
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree      1 Disagree                      2 Not Sure                      3 Agree                              4 Strongly Agree              5		
No	Assessment Area	Score	Comments/Remarks
<b>1.0 LEAP Awareness</b>			
1.1	The LEAP beneficiary communities in the district were sufficiently sensitized on the LEAP implementation process (targeting, selection, enrolment, payment, case management and grievance channels, etc.).		
1.2	Officials responsible for LEAP at the district level gave orientation to beneficiary households prior to enrolment.		
1.3	LEAP beneficiaries know why they are on the programme.		
1.4	LEAP beneficiaries know how they were selected on the programme.		
1.5	LEAP beneficiaries have been supported to understand their rights and responsibilities as part of the programme.		

1.6.	LEAP beneficiaries have received communication and information materials on their rights and responsibilities to the programme.		
1.7	Beneficiaries are involved in decision making in relation to the implementation of the programme.		
1.8	LEAP beneficiaries know their community focal persons		
1.9	Community Focal Persons are active and supportive in the delivery of the programme		
<b>2.0 Selection Process</b>			
2.1	The LEAP selection process is free and fair. It does not favor people based on political affiliations.		
2.2	Community members are allowed to identify and prioritize potential LEAP beneficiaries.		
2.3	The final selection of LEAP beneficiaries is carried out at the LEAP Management Secretariat.		
2.4	LEAP beneficiaries are satisfied with the selection process.		
2.5	The selection process is transparent.		
<b>3.0 Effective Payment Process</b>			
3.1	LEAP beneficiaries receive their payments on time.		
3.2	The structures in place to ensure LEAP beneficiaries receive their payment is very convenient.		
3.3	LEAP beneficiaries complain about deductions or other additional payments they need to make from the money received.		
3.4	LEAP beneficiaries receive the expected amount in full without deductions.		
<b>4.0 Case Management</b>			
4.1	Avenues exist for beneficiaries to send complaints and feedback on the programme to the DSW office easily. They know where to go and it is accessible.		

4.2	DSWCD officials are open to listen to beneficiaries at any time.		
4.3	DSWCD officials resolve beneficiaries' complaints/ grievances in a timely manner.		
4.4	Officials handle complaints/feedback in a manner that is satisfactory to beneficiaries.		
4.5	Officials responsible for LEAP educate beneficiaries on the complaint mechanisms and channels available under the programme.		
<b>5.0 Benefits</b>			
5.1	The grant has helped improved the living conditions of beneficiary households.		
5.2	The money received has enabled beneficiaries to establish businesses.		
5.3	LEAP beneficiary households are able to send their children to school because of the LEAP money.		
5.4	The government could consider increasing the money given to beneficiaries.		
<b>6.0 Right Treatment of LEAP Beneficiaries</b>			
6.1	CFP/CLIC members treat beneficiaries with respect.		
6.2	Staff from the Department of Social Welfare and Community Development treat beneficiaries with respect.		
6.3	Community members do not stigmatize LEAP beneficiaries.		
6.4	LEAP beneficiaries are given adequate treatment when they visit the health center		
<b>7.0 Access to complementary services</b>			
7.1	LEAP beneficiaries are registered and provided with NHIS cards for free.		
7.2	LEAP beneficiaries are supported by relevant officers (DSWO/NHIA) to renew their NHIS cards as needed.		
7.3	LEAP beneficiaries can renew their NHIS cards when it expires.		

8.0 Monitoring			
8.1	Officials responsible for LEAP obtain feedback from beneficiaries frequently.		
8.2	Officials responsible for LEAP respond to feedback from received in a timely manner.		
8.3	DLIC members are active and supportive to the programme delivery.		
8.4	DSWO/DLIC members visit beneficiary communities to discuss issues affecting beneficiaries		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 12: Collation of average CSC Scores for LEAP Beneficiaries and Caregivers

LEAP COMMUNITY SCORE CARD							
Collation of Average Scores for LEAP Beneficiaries and Caregivers							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 LEAP Awareness Level</b>							
1.1	Community has been sensitized on the LEAP implementation process (targeting, selection, enrolment, payment, case management and grievance channels, etc.).						
1.2	Selected households were given orientation on the programme by the relevant officer(s) prior to enrolment.						
1.3	LEAP beneficiaries know why they are on the programme.						
1.4	LEAP beneficiaries know how they were selected on the programme.						
1.5	LEAP beneficiaries have been supported to understand their rights and responsibilities as part of the programme.						

1.6	LEAP beneficiaries have received communication and information materials on the programme and on their rights and responsibilities.						
1.7	Beneficiaries are involved in decision making in relation to the LEAP implementation process.						
1.8	LEAP beneficiaries know their community focal persons						
1.9	Community Focal Persons are active and supportive in the delivery of the programme						
<b>2.0 Selection Process</b>							
2.1	The LEAP selection process is free and fair. It does not favor people based on political affiliations.						
2.2	Community members are allowed to identify and prioritize potential LEAP beneficiaries.						
2.3	Selection of LEAP beneficiaries was carried out at the District/ Municipal Office.						
2.4	LEAP beneficiaries are satisfied with the selection process.						
2.5	The selection process is transparent.						
<b>3.0 Effective Payment Process</b>							
3.1	LEAP beneficiaries receive their payments on time.						
3.2	LEAP beneficiaries are satisfied with payment process.						
3.3	LEAP beneficiaries have often been asked to give a share of the benefit to people involved in the administrative, payment or selection process.						
3.4	LEAP beneficiaries receive the expected amount in full without deductions.						

4.0 Case Management							
4.1	Avenues exist for beneficiaries to send complaints and feedback on the programme to the DSW office easily. They know where to go and it is accessible.						
4.2	Officials responsible for LEAP are open to listen to beneficiaries at any time.						
4.3	Officials responsible for LEAP resolve our complaints/grievances in a timely manner.						
4.4	Beneficiaries are satisfied with the way relevant authorities handle complaints/feedback.						
4.5	In case of are changes in the household (decreases/increases), beneficiaries know who to talk to.						
5.0 Benefits							
5.1	The money received has helped improved the living conditions of beneficiary households.						
5.2	The money received has enabled beneficiaries to establish a business.						
5.3	LEAP beneficiary households are able to send their children to school because of the LEAP money.						
5.4	The government could consider increasing the money given to beneficiaries.						
6.0 Right treatment of beneficiaries							
6.1	CFP/CLIC members treat beneficiaries with respect.						
6.2	Staff from the Department of Social Welfare and Community Development treat beneficiaries with respect.						
6.3	Community members do not stigmatize LEAP beneficiaries.						

6.4	LEAP beneficiaries are given adequate treatment when they visit the health center.						
<b>7.0 Other Complementary Services</b>							
7.1	LEAP beneficiaries are registered and provided with NHIS cards for free.						
7.2	LEAP beneficiaries are supported by relevant officers (DSWO/ NHIA) to renew their NHIS cards as needed.						
7.3	LEAP beneficiaries can renew their NHIS cards when it expires.						

Table 13: Collation of average CSC Scores for DSWO/DLIC member(s)

LEAP COMMUNITY SCORE CARD							
Collation of Average Scores for DSWO/DLIC member(s)							
Name of Community/ District/ Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 LEAP Awareness Level</b>							
1.1	The LEAP beneficiary communities in the district were sufficiently sensitized on the LEAP implementation process (targeting, selection, enrolment, payment, case management and grievance channels, etc.).						
1.2	Officials responsible for LEAP at the district level gave orientation to beneficiary households prior to enrolment.						
1.3	LEAP beneficiaries know why they are on the programme.						
1.4	LEAP beneficiaries know how they were selected on the programme.						
1.5	LEAP beneficiaries have been supported to understand their rights and responsibilities as part of the programme.						

1.6.	LEAP beneficiaries have received communication and information materials on their rights and responsibilities to the programme.						
1.7	Beneficiaries are involved in decision making in relation to the implementation of the programme.						
1.8	LEAP beneficiaries know their community focal persons						
1.9	Community Focal Persons are active and supportive in the delivery of the programme						
<b>2.0 Selection Process</b>							
2.1	The LEAP selection process is free and fair. It does not favor people based on political affiliations.						
2.2	Community members are allowed to identify and prioritize potential LEAP beneficiaries.						
2.3	The final selection of LEAP beneficiaries is carried out at the LEAP Management Secretariat.						
2.4	LEAP beneficiaries are satisfied with the selection process.						
2.5	The selection process is transparent.						
<b>3.0 Effective Payment Process</b>							
3.1	LEAP beneficiaries receive their payments on time.						
3.2	The structures in place to ensure LEAP beneficiaries receive their payment is very convenient.						
3.3	LEAP beneficiaries complain about deductions or other additional payments they need to make from the money received.						
3.4	LEAP beneficiaries receive the expected amount in full without deductions.						

4.0 Case Management							
4.1	Avenues exist for beneficiaries to send complaints and feedback on the programme to the DSW office easily. They know where to go and it is accessible.						
4.2	DSWCD officials are open to listen to beneficiaries at any time.						
4.3	DSWCD officials resolve beneficiaries' complaints/ grievances in a timely manner.						
4.4	Officials handle complaints/ feedback in a manner that is satisfactory to beneficiaries.						
4.5	Officials responsible for LEAP educate beneficiaries on the complaint mechanisms and channels available under the programme.						
5.0 Benefits							
5.1	The grant has helped improved the living conditions of beneficiary households.						
5.2	The money received has enabled beneficiaries to establish a business.						
5.3	LEAP beneficiary households are able to send their children to school because of the LEAP money.						
5.4	The government could consider increasing the money given to beneficiaries.						
6.0 Right Treatment of Beneficiaries							
6.1	CFP/CLIC members treat beneficiaries with respect.						
6.2	Staff from the Department of Social Welfare and Community Development treat beneficiaries with respect.						
6.3	Community members do not stigmatize LEAP beneficiaries.						

6.4	LEAP beneficiaries are given adequate treatment when they visit the health center						
<b>7.0 Access to Complementary Services</b>							
7.1	LEAP beneficiaries are registered and provided with NHIS cards for free.						
7.2	LEAP beneficiaries are supported by relevant officers (DSWO/ NHIA) to renew their NHIS cards as needed.						
7.3	LEAP beneficiaries can renew their NHIS cards when it expires.						
<b>8.0 Monitoring</b>							
8.1	Officials responsible for LEAP obtain feedback from beneficiaries frequently.						
8.2	Officials responsible for LEAP respond to feedback received in a timely manner.						
8.3	DLIC members are active and supportive in the delivery of the programme						
8.3	DSWO/DLIC members visit beneficiary communities to discuss issues affecting beneficiaries.						

Table 14: Guideline to record an Action Plan during Interface Meetings

LEAP COMMUNITY SCORE CARD				
Interface Meetings – Recording Action Plans				
<b>Flagship Programme(s)</b>	Livelihood Empowerment Against Poverty (LEAP)		<b>Date</b>	DD/MM/YYYY
<b>Location</b>				
<b>Number of Participants</b>				
<b>Stakeholders Present</b>				
<b>Themes Discussed</b>				
<b>Key Issue(s)</b>	<b>Action(s)</b>	<b>Who will do this (incl. timeframe)</b>	<b>Who will follow-up &amp; monitor</b>	<b>Action Taken</b>

Source: Author's construct

## COMMUNICATION AND ADVOCACY

Table 15: Guide to Monitor the Implementation of LEAP Action Plan

ENGAGEMENT & ADVOCACY						
Implementation Monitoring Plan						
<b>Key Findings</b>	<b>Action Points</b>	<b>Implementing Agency (e.g. LEAP DSWCD)</b>	<b>Lead Contact in Implementing Agency / Community</b>	<b>Time Frame</b>	<b>Status</b>	<b>Methods of Reporting on Plan Implementation</b>

Source: Author's construct

## ANNEX B

### NATIONAL HEALTH INSURANCE SCHEME

#### (ABRIDGED)

NHIS is a government-funded nationwide social health insurance scheme that aims to ensure financial access to basic health care services for residents without them having to pay out-of-pocket at the point of health care service delivery. Established by the National Health Insurance Act, 2012 (ACT 852)<sup>55</sup>, it is rooted in statutory law, thereby providing a stronger legal basis for social accountability. NHIS is implemented by the National Health Insurance Authority of Ghana.

Unlike other social protection programmes, the NHIS is funded from internal revenue streams including the National Health Insurance Levy (NHIL)<sup>56</sup>, Social Security and National Insurance Trust (SSNIT) contributions, National Health Insurance Fund (NHIF) return-on-investments, and premiums paid by informal sector subscribers. The programme budget is also complemented by government allocations to the scheme.

Every resident of Ghana is eligible for membership under the NHIS by application. Towards financial inclusion and social protection, NHIS subscribers fall into two broad groups – premium-paying and premium-exempt. According to the National Health Insurance Act, 2012 (Act 952), the categories of premium-exempt include the following:

- Children (persons under 18 years of age)
- Persons in need of ante-natal, delivery and post-natal health care services
- Persons with mental disorder
- Persons classified as indigents by the Minister responsible for Social Welfare
- Categories of differently abled persons determined by the Minister responsible for Social Welfare
- Pensioners of the SSNIT Trust
- Contributors to the SSNIT Trust
- Persons above seventy years of age
- Other categories prescribed by the Minister

Additionally, all members of LEAP beneficiary households are eligible for registration and premium-exempt membership under NHIS. LEAP service providers at the sub-national level are responsible for monitoring NHIS membership and renewal of its beneficiaries on a regular basis,

<sup>55</sup> Act 852 replaced the original National Health Insurance Act, 2003 (ACT 650)

<sup>56</sup> NHIL is a 2.5% levy on goods and services collected under the Value Added Tax (VAT)

and together with NHIS District Offices, are responsible for coordinating registration activities. Upon registration at NHIS District Offices (or any other designated points of service), subscribers are issued with biometric NHIS ID Card through which they can access health services at designated and credentialed health care facilities in the country which includes the following categories:

- Community-based Health Planning and Services (CHPS)
- Maternity homes
- Health centres
- Clinics
- Polyclinics
- Primary hospitals (district hospitals, CHAG primary hospitals, quasi- Government primary hospitals and private primary hospitals)
- Secondary hospitals
- Tertiary hospitals
- Pharmacies
- Licensed chemical shops
- Diagnostic centres

In addition to credentialing healthcare providers, the NHIA annually reviews the NHIS Medicines List and Medicines Tariff (derived from the Essential Medicines List) and the NHIS Service List and Service Tariff, which form the basis for financial coverage under the scheme. Any subscriber is therefore eligible to receive access to services covered under these instruments. Healthcare providers are responsible for submitting claims for services provided to subscribers to the NHIA. Recently, NHIA has introduced mobile renewal of NHIS membership to improve accessibility to its services.

Several stakeholders are involved in the implementation of NHIS at the national and sub-national levels. The following list of stakeholders have been identified and mapped based on their roles and their potential for engagement with social accountability efforts at various levels as part of this framework. They may be relevant at different stages including community outreach, relationship-building, data collection (using IBA, IT and CSC tools), implementation and follow-up wherever applicable, and finally, public engagement and advocacy.

Table 1: NHIS Stakeholder mapping at various levels

Level	State Stakeholders	Non-State Stakeholders
National	<ul style="list-style-type: none"> <li>Ministry of Gender, Children and Social Protection</li> <li>National Health Insurance Authority (NHIA)</li> <li>Ministry of Health</li> <li>Ghana Health Services</li> <li>Ministry of Finance</li> <li>National Health Insurance Oversight Committee</li> <li>NHIS Technical Committee<sup>1</sup></li> <li>NHIS Advisory Committee<sup>2</sup></li> <li>Ghana Audit Service</li> <li>Parliament and cabinet</li> <li>National Development Planning Commission</li> </ul>	<ul style="list-style-type: none"> <li>Citizens</li> <li>NHIS Beneficiaries</li> <li>LEAP-NHIS Beneficiaries</li> <li>LEAP Beneficiaries w/o NHIS (if any)</li> <li>Members of the following social groups - indigents, pregnant women and girls, children, persons with disabilities, elderly above 70 years of age</li> <li>Media</li> <li>NGOs in Health and related issues</li> <li>CSOs working on Social Protection and related issues</li> <li>Faith Based Organizations</li> <li>Development Partners</li> <li>Citizen Groups, Think Tanks, Research Institutions</li> <li>Academia</li> <li>Traditional Leaders</li> <li>Assembly members</li> <li>Opinion leaders</li> <li>Private Sector</li> </ul>
Regional	<ul style="list-style-type: none"> <li>Regional Coordinating Councils (RCC)</li> <li>GHS Regional Health Directorates</li> <li>NHIS Regional Offices</li> </ul>	
District	<ul style="list-style-type: none"> <li>MMDAs</li> <li>NHIS District Offices</li> <li>GHS District Health Directorates</li> <li>DSWOs (as they are responsible for facilitating NHIS-LEAP linkages)</li> </ul>	
Community	<ul style="list-style-type: none"> <li>Health care providers at the community level such as CHPS compounds, health centres, clinics, District Hospitals, etc.</li> <li>All NHIS credentialed service providers in the community</li> <li>NHIS Community Agents</li> </ul>	

The following sections contains the various tools to be used for NHIS Social Accountability monitoring. For a detailed description of these tools, and the steps to implement them at various levels for monitoring, refer to the dedicated NHIS Social Accountability Framework.

## INDEPENDENT BUDGET ANALYSIS

Table 2: IBA information for NHIS Budgetary Allocation at the National Level

INDEPENDENT BUDGET ANALYSIS					
Programme Budget Data on Allocation & Release					
<b>Programme</b>	NHIS				
<b>Level</b>	National/Regional/District				
<b>Facility Name</b>	If applicable				
<b>MMDA/Region</b>	If applicable				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Year</b>					
<b>Key Budget Items</b>	<b>Budget Estimated</b>	<b>Budget Allocated</b>	<b>Allocation Gap</b>	<b>Budget Released</b>	<b>Release Gap</b>
Programmatic					
Monitoring and Evaluation					
Human Resources					
Administration					
Logistics					
TOTAL					

Table 3: Example of IBA Tool to Track Timeliness of Release of Funds and Expenditure at national and sub-national levels

INDEPENDENT BUDGET ANALYSIS				
Tracking Timeliness of Release of Funds & Expenditure				
<b>Programme</b>	NHIS			
<b>Level of Transfer</b>	Funds received at National/Regional/District Level			
<b>Facility Name</b>				
<b>MMDA/Region</b>				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.			
<b>Year</b>				
PART I. Tracking Timeliness of Release of Funds				
Phase of the Release of Fund (e.g. First, Second Tranche)	Amount Received	Date	Period/ Year	Remarks
PART II. Tracking Programme Expenditure				
Key Budget Items	Budgeted Expenditure	Actual Expenditure	Variance	Remarks
Programmatic				
Monitoring and Evaluation				
Human Resources				
Administration				
Logistics				
Total				

Table 4: IBA Tool for Key Performance Indicators

INDEPENDENT BUDGET ANALYSIS	
KPIs	
Programme	NHIS
Level	National/Regional/District
Facility Name	If applicable
MMDA/Region	If applicable
Name & Designation of Respondent(s)	1. 2. If applicable
Year	
Key Performance Indicator(s)	
Percentage of people registered on NHIS	
Percentage of indigents registered on NHIS	
Percentage of LEAP beneficiaries registered on NHIS who have active NHIS status	
NHIS expenditure on indigents	

## INPUT TRACKING

Table 5: IT Matrix to track input quantity at the MMDA-level [NHIS District Office]

INPUT TRACKING			
NHIS - Matrix on Quantity			
MMDA			
Region		Location	
Name & Designation of Respondent(s)	1. 2.		
Date	DD/MM/YYYY		
Input	Quantity Required	Quantity Available	Remarks
Staffing			
Overall staff			

Administration			
Staff for registration and issuance of NHIS cards			
<b>Transportation</b>			
Cars			
Motorbikes			
<b>Computers &amp; Internet</b>			
Total Computers			
Computers for registration and issuance of NHIS cards			
Modems / WIFI			
<b>Printers and Stationery</b>			
Total Printers			
Printers for NHIS cards			
Stationery for Printing NHIS Cards			
Other Stationery for Printing (please specify)			
1.			
2.			
General Stationery			
Others (please specify):			
1.			
2.			
District office has access to internet? (Yes/No)			
NHIS printed documents are provided (e.g. Brochures, Manuals, IEC materials, etc.) (Yes/No)			

Table 6: IT Matrix to score input quality at the MMDA-level [NHIS District Office]

INPUT TRACKING					
NHIS – Matrix on Quality					
<b>MMDA</b>					
<b>Region</b>		<b>Location</b>			
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Date</b>	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Cars					
Motorbikes					
Computers					
Computers for registration and issuance of NHIS cards					
Modems / WIFI					
Internet connectivity					
Printers					
Printers for NHIS cards					
Stationery for Printing NHIS Cards					
Other Stationery for Printing (please specify)					
1.					
2.					
General Stationery					
Power supply					
Level of digitalization					
Staff Training(s)					
Others (please specify):					
1.					
2.					
NHIS printed documents (e.g. Brochures, Manuals, IEC materials, etc.)					

Table 7: Aggregate IT Matrix on Quantity and Quality for NHIS

INPUT TRACKING												
NHIS - Aggregate Matrix on Quality and Quantity												
Level	National/Regional/District Level											
MMDA/Region												
Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Overall staff												
Administration												
Staff for registration and issuance of NHIS cards												
Cars												
Motorbikes												
Total Computers												
Computers for registration and issuance of NHIS cards												
Modems / WIFI												
Total Printers												
Printers for NHIS cards												
Stationery for Printing NHIS Cards												
Other Stationery for Printing (please specify)												
1.												
2.												
General Stationery												
Power supply												
Level of digitalization												






Staff Training(s)												
NHIS printed documents (e.g. Brochures, Manuals, IEC materials, etc.)												
Others (please specify): 1. 2.												

## COMMUNITY SCORE CARD

Table 8: NHIS Questionnaires and Places to carry out FGDs

Questionnaire	Place for Carrying out FGDs
NHIS Beneficiaries and Community Members	At the communities
NHIS District Officers	District NHIS Office

Table 9: Ranking of Statements for CSC

Statement	1	2	3	4	5
Expressing Agreement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Smiley					

Source: Adapted from secondary sources

Table 10: CSC Questionnaire for NHIS beneficiaries and community members

NHIS COMMUNITY SCORE CARD			
Questionnaire - NHIS Beneficiaries and Community Members <sup>57</sup>			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Community Organizers</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Men/women/youth
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
No.	Assessment Area	Score	Comments/Remarks
1.0 QUALITY OF HEALTH SERVICE			
1.1	There is equal treatment for both NHIS card holders and out-of-pocket payment patients.		
1.2	Diseases covered by NHIS is elaborate and enough.		
2.0 ACCESS TO HEALTH SERVICE			
2.1	NHIS has enabled NHIS card holders get basic health care easily.		
2.2	LEAP beneficiaries are registered for free.		
2.3	Indigents are registered for free.		
2.4	Health service center (Hospital, Clinic, etc.) is close by.		

<sup>57</sup> This questionnaire is for NHIS beneficiaries and non-beneficiaries, as every citizen is a potential beneficiary.

2.5	All antenatal, postnatal and childbirth related care is free.		
2.6	The NHIS card is useful during a medical emergency (e.g. for ambulance service).		
2.7	The NHIS card is useful to access some basic Oral Care services for free.		
2.8	The NHIS card is useful to access selected Eye Care services for free (e.g. cataract removal, scans, etc.).		
2.9	If admitted to a hospital, the NHIS covers charges for the hospital bed and medical care.		
2.10	The NHIS card is helpful to get ultrasounds, X-rays and other laboratory investigations for free.		
2.11	The NHIS card is helpful to get essential medicines for free.		
<b>3.0 Awareness And Feedback</b>			
3.1	Staffs from NHIS office often come to our community for sensitization.		
3.2	It is easy for beneficiaries to voice complaints to NHIS for redress.		
3.3	It is easy for beneficiaries to obtain feedback from the NHIS office.		
3.4	Staff respond to feedback received in a timely manner.		
<b>4.0 Enrolment</b>			
4.1	It is easy for any person to get a new NHIS card (process of getting a new card).		
4.2	New cards are provided in a timely manner (within a day).		
4.3	It is easy to renew NHIS card (process of renewing the card).		
4.4	It is easy to replace a missing NHIS card		
4.5	The cost of acquiring new/ renewing NHIS card is affordable.		

4.6	NHIS office is close by (accessible) or representatives come here to register people in this community		
<b>5.0 Quality Of Nhis Service</b>			
5.1	NHIS office attends to client fast.		
5.2	NHIS card holders do not pay extra charges for collecting new or renewing cards.		
5.3	NHIS office staffs treat clients with dignity and respect.		

Table 11: CSC Questionnaire for NHIS Officials at the District Level

NHIS COMMUNITY SCORE CARD			
Questionnaire – NHIS Officials at the District Level			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	NHIS official (s) at district
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree      1 Disagree                      2 Not Sure                      3 Agree                              4 Strongly Agree              5		
No.	Assessment Area	Score	Comments/Remarks
<b>1.0 Quality Of Health Service</b>			
1.1	There is equal treatment for both NHIS card holders and out-of-pocket payment patients.		
1.2	Diseases covered by NHIS is elaborate and enough.		
<b>2.0 Access To Health Service</b>			
2.1	NHIS has enabled NHIS card holders get basic health care easily.		

2.2	LEAP beneficiaries are registered for free.		
2.3	Indigents are registered for free.		
2.4	Health service center (Hospital, Clinic, etc.) is close by.		
2.5	All antenatal, postnatal and childbirth related care is free.		
2.6	The NHIS card is useful during a medical emergency (e.g. for ambulance service).		
2.7	The NHIS card is useful to access some basic Oral Care services for free.		
2.8	The NHIS card is useful to access selected Eye Care services for free (e.g. cataract removal, scans, etc.).		
2.9	If admitted to a hospital, the NHIS covers charges for the hospital bed and medical care.		
2.10	The NHIS card is helpful to get ultrasounds, X-rays and other laboratory investigations for free.		
2.11	The NHIS card is helpful to get essential medicines for free.		
<b>3.0 Awareness And Feedback</b>			
3.1	Staffs at NHIS office often go to communities for sensitization.		
3.2	It is easy for beneficiaries to voice complaints to NHIS for redress.		
3.3	It is easy for beneficiaries to obtain feedback from the NHIS office.		
3.4	Staff respond to feedback received in a timely manner.		
<b>4.0 Enrolment</b>			
4.1	It is easy for any person to get a new NHIS card (process of getting a new card).		
4.2	New cards are provided in a timely manner (within a day).		
4.3	It is easy to renew NHIS card (process of renewing the card).		
4.4	It is easy to replace a missing NHIS card		
4.5	The cost of acquiring new/renewing NHIS card is affordable.		

4.6	NHIS office staffs go to register people in smaller communities outside the district capital		
<b>5.0 Quality Of Nhis Service</b>			
5.1	NHIS office attends to clients fast.		
5.2	NHIS card holders do not pay extra charges for collecting new or renewing cards.		
5.3	NHIS office staffs treat clients with dignity and respect.		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 12: Collation of average CSC Scores – NHIS Beneficiaries and Community Members

NHIS COMMUNITY SCORE CARD							
Collation of Average Scores for NHIS Beneficiaries and Community Members							
Name of Community/ District/ Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
1.0 Quality of Health Service							
1.1	There is equal treatment for both NHIS card holders and out-of-pocket payment patients.						
1.2	Diseases covered by NHIS is elaborate and enough.						
2.0 Access to Health Service							
2.1	NHIS has enabled NHIS card holders get basic health care easily.						
2.2	LEAP beneficiaries are registered for free.						
2.3	Indigents are registered for free.						
2.4	Health service center (Hospital, Clinic, etc.) is close by.						
2.5	All antenatal, postnatal and childbirth related care is free.						

2.6	The NHIS card is useful during A medical emergency (e.g. for ambulance service).						
2.7	The NHIS card is useful to access some basic Oral Care services for free.						
2.8	The NHIS card is useful to access selected Eye Care services for free (e.g. cataract removal, scans, etc.).						
2.8	If admitted to a hospital, the NHIS covers charges for the hospital bed and medical care.						
2.10	The NHIS card is helpful to get ultrasounds, X-rays and other laboratory investigations for free.						
2.11	The NHIS card is helpful to get essential medicines for free.						
<b>3.0 Awareness and Feedback</b>							
3.1	Staffs from NHIS office often come to our community for sensitization.						
3.2	It is easy for beneficiaries to voice complaints to NHIS for redress.						
3.3	It is easy for beneficiaries to obtain feedback from the NHIS office.						
3.4	Staff respond to feedback received in a timely manner.						
<b>4.0 Enrolment</b>							
4.1	It is easy for any person to get a new NHIS card (process of getting a new card).						
4.2	New cards are provided in a timely manner (within a day).						
4.3	It is easy to renew NHIS card (process of renewing the card).						
4.4	It is easy to replace a missing NHIS card						
4.5	The cost of acquiring new/ renewing NHIS card is affordable.						

4.6	NHIS office is close by (accessible) or representatives come here to register people in this community						
<b>5.0 Quality of NHIS Service</b>							
5.1	NHIS office attends to client fast.						
5.2	NHIS card holders do not pay extra charges for collecting new or renewing cards.						
5.3	NHIS office staffs treat clients with dignity and respect.						

Table 13: Collation of average CSC Scores – NHIS District Officials

NHIS COMMUNITY SCORE CARD							
Collation of Average Scores for NHIS District Officials							
Name of Community/ District/ Region							
No.	Assessment Area	Score				Average	Remarks
		FGD 1	FGD 2	FGD 3	FGD 4		
		_____	_____	_____	_____		
<b>1.0 Quality of Health Service</b>							
1.1	There is equal treatment for both NHIS card holders and out-of-pocket payment patients.						
1.2	Diseases covered by NHIS is elaborate and enough.						
<b>2.0 Access to Health Service</b>							
2.1	NHIS has enabled NHIS card holders get basic health care easily.						
2.2	LEAP beneficiaries are registered for free.						
2.3	Indigents are registered for free.						
2.4	Health service center (Hospital, Clinic, etc.) is close by.						
2.5	All antenatal, postnatal and childbirth related care is free.						
2.6	The NHIS card is useful during a medical emergency (e.g. for ambulance service).						

2.7	The NHIS card is useful to access some basic Oral Care services for free.						
2.8	The NHIS card is useful to access selected Eye Care services for free (e.g. cataract removal, scans, etc.).						
2.9	If admitted to a hospital, the NHIS covers charges for the hospital bed and medical care.						
2.10	The NHIS card is helpful to get ultrasounds, X-rays and other laboratory investigations for free.						
2.11	The NHIS card is helpful to get essential medicines for free.						
<b>3.0 Awareness and Feedback</b>							
3.1	Staffs from NHIS office often come to our community for sensitization.						
3.2	It is easy for beneficiaries to voice complaints to NHIS for redress.						
3.3	It is easy for beneficiaries to obtain feedback from the NHIS office.						
3.4	Staff respond to feedback received in a timely manner.						
<b>4.0 Enrolment</b>							
4.1	It is easy for any person to get a new NHIS card (process of getting a new card).						
4.2	New cards are provided in a timely manner (within a day).						
4.3	It is easy to renew NHIS card (process of renewing the card).						
4.4	It is easy to replace a missing NHIS card.						
4.5	The cost of acquiring new/ renewing NHIS card is affordable.						
4.6	NHIS office staffs go to register people in smaller communities outside the district capital.						
<b>5.0 Quality of NHIS Service</b>							
5.1	NHIS office attends to client fast.						

5.2	NHIS card holders do not pay extra charges for collecting new or renewing cards.						
5.3	NHIS office staffs treat clients with dignity and respect.						

Table 14: Guideline to record an Action Plan during Interface Meetings

NHIS COMMUNITY SCORE CARD				
Interface Meetings – Recording Action Plans				
<b>Flagship Programme(s)</b>	National Health Insurance Scheme (NHIS)	<b>Date</b>	DD/MM/YYYY	
<b>Location</b>				
<b>Number of Participants</b>				
<b>Stakeholders Present</b>				
<b>Themes Discussed</b>				
<b>Key Issue(s)</b>	<b>Action(s)</b>	<b>Who will do this (incl. timeframe)</b>	<b>Who will follow-up &amp; monitor</b>	<b>Action Taken</b>

Source: Author's construct

## COMMUNICATION AND ADVOCACY

Table 15: Guide to Monitor the Implementation of NHIS Action Plan

ENGAGEMENT & ADVOCACY						
Implementation Monitoring Plan						
<b>Key Findings</b>	<b>Action Points</b>	<b>Implementing Agency (e.g. NHIS District Office)</b>	<b>Lead Contact in Implementing Agency / Community</b>	<b>Time Frame</b>	<b>Status</b>	<b>Methods of Reporting on Plan Implementation</b>

Source: Author's construct

## ANNEX C

### GHANA SCHOOL FEEDING PROGRAMME

#### (ABRIDGED)

The Ghana School Feeding Programme (GSFP) is a multi-sectoral programme initiated in 2005 under the Comprehensive African Agricultural Development Programme (CAADP) Pillar III and as a response to the Millennium Development Goals (MDGs) to reduce poverty and increase social security for the rural poor in Ghana. Accordingly, GSFP provides an opportunity to pursue Ghana's commitment to the Sustainable Development Goals (SDGs) 1, 2 & 4 which seeks to end poverty in all its forms everywhere, end hunger, achieve food security and improve nutrition while promoting sustainable agriculture and lastly, ensuring inclusive and equitable quality education opportunities. The core objective of GSFP is to provide children in public primary schools in the poorest areas of the country with one hot, nutritiously adequate meal per day, using locally grown foodstuffs. Specifically, this is to increase enrolment, attendance and retention at the basic level of education and boost domestic production. Currently, covering all the 270 districts in Ghana. On GSFP, the Social Accountability Framework would be used to strengthen accountability systems, improve adherence to set standards, and build stronger citizen ownership of GSFP at the community level.

The GSFP uses poverty geographical targeting and the quota system based on the level of deprivation and vulnerability, budget constraints and other educational outcomes. Basically, two set of criteria are used to select schools for the GSFP, namely, the primary and the secondary criteria.

- The primary criteria include scores on low school enrolment rate; attendance and retention rate especially for girls; willingness of the community to put up basic infrastructure (e.g. kitchen, storeroom), provide potable water and to contribute in cash or kind. The programme also considers the high level of hunger, food insecurity and vulnerability status; and existence of an SMC and/or PTA.
- The secondary criteria entail high drop-out rate, low literacy levels, high communal spirit/ or community management capability. Presence or planned provision/expansion of health and nutrition interventions.

These factors are used to determine and rank schools on their levels of vulnerability. Based on the final approved quota for a district, schools are selected using the ranking criteria and schools with high vulnerability levels are enrolled onto the programme. The SAF can help strengthen, monitor, communicate and advocate best practices regarding this.

With procurement, caterer advertisements are published and caterers who meet the mandatory criteria (such as proof of business registration) are screened, interviewed and subsequently, selected as caterers upon scoring 60 percent of the assessment at the interview level. The caterers serve all pupils of selected public primary and kindergarten schools with one hot meal containing about 30 percent of the Daily Recommended Allowance. They are also required to source about 80 percent of ingredients from the local community. Caterers pre-finance the feeding and then, request for funds after each school term. The National Secretariat issues disbursement after

examining the relevant monitoring tools. On this, social accountability is critical to in monitoring adherence to the protocols concerning procurement, meals and payments.

Several stakeholders are involved in the implementation of GSFP at the national and sub-national levels. The following list of stakeholders have been identified and mapped based on their roles and their potential for engagement with social accountability efforts at various levels as part of this framework. They may be relevant at different stages including community outreach, relationship-building, data collection (using IBA, IT and CSC tools), implementation and follow-up wherever applicable, and finally, public engagement and advocacy.

*Table 1: GSFP Stakeholders at various levels*

Level	State Stakeholders	Non-State Stakeholders
National	<ul style="list-style-type: none"> <li>• Ghana School Feeding Programme National Secretariat</li> <li>• National Food Buffer Stock Company</li> <li>• Ministry of Education</li> <li>• Ghana Education Service</li> <li>• Ministry of Food and Agriculture</li> <li>• Food and Drugs Authority</li> <li>• Ministry of Gender, Children and Social Protection</li> <li>• Ministry of Finance</li> <li>• Ghana Audit Service</li> <li>• Parliament</li> </ul>	<ul style="list-style-type: none"> <li>• Pupils in beneficiary public basic schools</li> <li>• School Management Committee</li> <li>• Parent Teachers Association (PTA)</li> <li>• Traditional Leaders</li> <li>• Assembly members</li> <li>• Community members</li> <li>• Media</li> <li>• NGOs in Education</li> <li>• CSOs working on Social Protection and related issues</li> </ul>
Regional	<ul style="list-style-type: none"> <li>• Regional Coordinating Office (RCO)</li> <li>• Ghana Education Service – Regional Office</li> <li>• GSFP Regional coordinators</li> </ul>	<ul style="list-style-type: none"> <li>• Faith Based Organizations</li> <li>• Development Agencies/ Partners</li> </ul>
District	<ul style="list-style-type: none"> <li>• Metro/Municipal/District Assembly</li> <li>• Ghana Education Service – District Office</li> <li>• Nutrition Department-District office</li> <li>• GSFP Zonal Coordinators (ZC)</li> <li>• District SFP Implementation Committee (DIC)</li> <li>• District Desk Officer (DDO)</li> </ul>	<ul style="list-style-type: none"> <li>• Citizen Groups, Think Tanks, Research Institutions</li> <li>• Academia</li> <li>• Caterers</li> <li>• At the Community Level:</li> <li>• Local Small Holder Farmers (SHFs)</li> <li>• Farmer Based Organizations (FBOs)</li> </ul>
Community/ School	<ul style="list-style-type: none"> <li>• School Implementation Committee (SIC)</li> <li>• School Management Committee (SMC)</li> <li>• Head Teachers (HT)</li> <li>• Class Teachers (CT)</li> <li>• SHEP Coordinators</li> </ul>	

The following sections contains the various tools to be used for GSFP Social Accountability monitoring. For a detailed description of these tools, and the steps to implement them at various levels for monitoring, refer to the dedicated GSFP Social Accountability Framework.

## INDEPENDENT BUDGET ANALYSIS

Table 2: IBA information for GSFP Budgetary Allocation at the National level

INDEPENDENT BUDGET ANALYSIS					
Programme Budget Data on Allocation & Release					
<b>Programme</b>	GSFP				
<b>Level</b>	National/Regional/District				
<b>Facility Name</b>	If applicable				
<b>MMDA/Region</b>	If applicable				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Year</b>					
<b>Key Budget Items</b>	<b>Budget Estimated</b>	<b>Budget Allocated</b>	<b>Allocation Gap</b>	<b>Budget Released</b>	<b>Release Gap</b>
Programmatic					
Monitoring and Evaluation					
Human Resources					
Administration					
Logistics					
<b>TOTAL</b>					

Table 3: Example of IBA Tool to Track Timeliness of Release of Funds and Expenditure at national and sub-national levels

INDEPENDENT BUDGET ANALYSIS				
Tracking Timeliness of Release of Funds & Expenditure				
<b>Programme</b>	GSFP			
<b>Level of Transfer</b>	Funds received at National/Regional/District Level			
<b>Facility Name</b>				
<b>MMDA/Region</b>				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.			
<b>Year</b>				
PART I. Tracking Timeliness of Release of Funds				
Phase of the Release of Fund (e.g. First, Second Tranche)	Amount Received	Date	Period/ Year	Remarks
PART II. Tracking Programme Expenditure				
Key Budget Items	Budgeted Expenditure	Actual Expenditure	Variance	Remarks
Programmatic				
Monitoring and Evaluation				
Human Resources				
Administration				
Logistics				
<b>TOTAL</b>				

Table 4: IBA Tool for Key Performance Indicators

INDEPENDENT BUDGET ANALYSIS	
KPIs	
Programme	GSFP
Level	National/Regional/District
Facility Name	If applicable
MMDA/Region	If applicable
Name & Designation of Respondent(s)	1. 2. If applicable
Year	
Key Performance Indicator(s)	
Proportion of Pupils benefiting from the School Feeding Programme	
Proportion of Meals Served	
GSFP expenditure	

## INPUT TRACKING

Table 5: IT Matrix to track input quantity at GSFP Regional Office

INPUT TRACKING			
GSFP - Matrix on Quantity at Regional level			
Region		Location	
Name & Designation of Respondent(s)	1. 2.		
Date	DD/MM/YYYY		
Input	Quantity Required	Quantity Available	Remarks
Stationery			
Cars			
Motorbikes			
Computers			
Printers			
Staff Training(s)			

Table 6: IT Matrix to score input quality for GSFP at the Regional level.

INPUT TRACKING					
GSFP – Matrix on Quality at Regional level					
Region		Location			
Name & Designation of Respondent(s)	1. 2.				
Date	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Stationery					
Cars					
Motorbikes					
Computers					
Printers					
Staff Training(s)					

Table 7: Aggregate IT Matrix on Quantity and Quality of Inputs at GSFP Regional Office

INPUT TRACKING												
GSFP - Aggregate Matrix on Quality and Quantity at Regional level												
Region												
Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Stationery												
Cars												
Motorbikes												
Computers												
Printers												
Staff Training(s)												

Table 8: IT Matrix to track input quantity at School level

INPUT TRACKING			
GSFP - Matrix on Quantity at School Level			
<b>Region</b>			
<b>District</b>			
<b>School Name</b>			
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.		
<b>Date</b>	DD/MM/YYYY		
<b>Input</b>	<b>Quantity Required</b>	<b>Quantity Available</b>	<b>Remarks</b>
Handy measures			
Serving plates			
Cups			
Hand washing equipment (e.g. soap, veronica buckets)			
Food warmers			
Cooking utensils			
Kitchen is available for cooking meals at the school			
Potable drinking water			
Water supply			
IEC materials on GSFP-related COVID-19 safety protocols			
Others (please specify): 1. 2. 3.			

Table 9: IT Matrix to score input quality at School level

INPUT TRACKING					
GSFP – Matrix on Quality at School level					
<b>Region</b>					
<b>District</b>					
<b>School Name</b>					
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Date</b>	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Handy measures					
Serving plates					
Cups					
Hand washing equipment (e.g. soap, veronica buckets)					
Food warmers					
Cooking utensils					
Kitchen meets required criteria					
Potable drinking water					
Water supply					
IEC materials on GSFP-related COVID-19 safety protocols					
Others (please specify): 1. 2. 3.					






INPUT TRACKING												
GSFP - Aggregate Matrix on Quality and Quantity at School level												
Region												
Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Handy measures												
Serving plates												
Cups												
Hand washing equipment (e.g. soap, veronica buckets)												
Food warmers												
Cooking utensils												
Kitchen is available at the school and meets required criteria												
Potable drinking water												
Water supply												
IEC materials on GSFP-related COVID-19 safety protocols												
Others (please specify):												
1.												
2.												
3.												

## COMMUNITY SCORE CARD

Table 10: GSFP Questionnaires and Places to carry out FGDs

Questionnaire	Place for Carrying out FGDs
Parents/Community Members	At the communities
School Authorities	At the school
Pupils	At the school
Caterers/Staffs Supporting the Caterers	At the district capital or central location <sup>4</sup>

Table 11: Ranking of Statements for CSC

Statement	1	2	3	4	5
Expressing Agreement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Smiley					

Source: Adapted from secondary sources

Table 12: CSC Questionnaire for GSFP Parents and Community Members in GSFP Catchment Areas

GSFP COMMUNITY SCORE CARD			
Questionnaire – GSFP Parents and Community Members in GSFP Catchment Areas			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Community Organizers</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Men/Women/Youth

<sup>4</sup> 58 Facilitators may bring about 10-15 caterers from different GSFP schools in the district to the district capital or central place for the FGD. The number for the FGD will depend on the number of caterers in the region

<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
<b>No.</b>	<b>Assessment Area</b>	<b>Score</b>	<b>Comments/Remarks</b>
<b>1.0</b>	<b>Teaching and Learning</b>		
1.1	The quality of education (teaching and learning) in public schools is high.		
1.2	The quality of teaching and learning in public schools are better compare with those at private schools.		
1.3	The school feeding programme has improved learning in the SFP schools		
<b>2.0</b>	<b>Coverage and Benefits</b>		
2.1	The school feeding has enabled pupils who could not afford to buy food get fed at the school.		
2.2	Households with children benefiting from school feeding have their expenses on feeding reduced.		
2.3	The school feeding programme has covered all basic schools in the community.		
<b>3.0</b>	<b>Quality and Quantity of Food Served</b>		
3.1	The quantity of food served on the average at the school under SFP is enough for an average pupil.		
3.2	We (as a group) are satisfied with the quantity of food served		
3.3	The quality of food served at the school under SFP is good		

3.4	We (as a group) are satisfied with the quality of food served		
3.5	Parents/Community members are satisfied with the school feeding programme as a whole.		
<b>4.0</b>	<b>Enrolment and Retention</b>		
4.1	Parents transfer their children from non-school feeding schools to school feeding beneficiary schools		
4.2	School feeding has helped increase enrolment.		
4.3	School feeding has helped improved attendance.		
<b>5.0</b>	<b>School Facilities and Academic Performance</b>		
5.1	There is adequate potable water in the SFP school.		
5.2	There are adequate hand washing facilities in the school		
5.3	Sanitation facilities in the SFP school is adequate.		
5.4	The increase in enrolment is putting pressure on school facilities		
5.5	The increase in enrolment is putting pressure on teachers.		
5.6	Increase in enrolment due to school feeding has an impact on academic performance.		
<b>6.0</b>	<b>Awareness/Communication</b>		
6.1	Community members were oriented on the SFP objectives and their role by the relevant officer(s) before the start of the programme.		
6.2	Parents/Community members are aware of issues concerning the school feeding programme in their school.		
6.3	It is easy to get information on the SFP.		

6.4	Community members know where to go to obtain information on the SFP.		
6.5	A school management committee exists in the community and it is functional.		
<b>7.0</b>	<b>Case Management</b>		
7.1	Parents/Community members know the officers or persons responsible for receiving complaints/ feedback on the programme		
7.2	Community members know where to go when they have complaints and it is accessible		
7.3	The officer or person in charge of receiving complaints/ feedback responds in a timely manner.		
7.4	Community members are satisfied with the management of complaints/ feedback by the programme.		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 13: CSC Questionnaire for School Authorities in GSFP Schools

GSFP COMMUNITY SCORE CARD			
Questionnaire – GSFP School Authorities			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of School</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>			
<b>Date</b>	DD/MM/YYYY		

Start Time		End Time	
<b>Ranking</b>	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
No.	Assessment Area	Score	Comments/Remarks
<b>1.0</b>	<b>Teaching and Learning</b>		
1.1	The quality of education (teaching and learning) in public schools is high.		
1.2	The quality of teaching and learning in public schools are better compare with those at private schools.		
1.3	The school feeding programme has improved the quality of teaching and learning in the SFP schools		
<b>2.0</b>	<b>Coverage and Benefits</b>		
2.1	The school feeding has enabled pupils who could not afford to buy food get fed at the school.		
2.2	Households with children benefiting from school feeding have their expenses on feeding reduced.		
2.3	The school feeding programme has improved the health of the pupils.		
2.4	The school feeding programme has covered all basic schools in the community.		
<b>3.0</b>	<b>Quality and Quantity of Food Served</b>		
3.1	The quantity of food served at the school is enough for an average pupil.		
3.2	We (as a group) are satisfied with the quantity of food served.		
3.3	We (as a group) are satisfied with the quality of food served.		
3.4	Pupils are served with repetitive meals.		
3.5	School Authorities are satisfied with the school feeding programme as a whole		
<b>4.0</b>	<b>School Caterer/cooks</b>		
4.1	The caterer (s) follow the school meal planner and abides by the weekly menu		

4.2	The caterer observes all required hygienic cooking procedures.		
4.3	The caterer has a kitchen in the school and all required cooking equipment.		
4.4	The caterer uses the handy measures.		
4.5	The caterer has received training from GSFP.		
<b>5.0</b>	<b>Enrolment and Retention</b>		
5.1	Parents transfer their children from non-school feeding beneficiary schools to school feeding beneficiary schools		
5.2	School feeding has helped increase enrolment.		
5.3	School feeding has helped improved retention in schools.		
5.4	School feeding has helped improved attendance.		
<b>6.0</b>	<b>School Facilities and Academic Performance</b>		
6.1	There is adequate potable water in the SFP school.		
6.2	There are adequate hand washing facilities in the school.		
6.3	Sanitation facilities in the SFP school is adequate.		
6.4	The increase in enrolment is putting pressure on school facilities		
6.5	The increase in enrolment is putting pressure on teachers.		
6.6	Increase in enrolment due to school feeding has an impact on academic performance.		
6.7	Food is served on time and it does not affect teaching and learning		
<b>7.0</b>	<b>Awareness</b>		
7.1	School Authorities were given orientation on the objectives of the GSFP.		
7.2	School Authorities were given orientation on their role and responsibility under the GSFP.		
7.3	There exist a GSFP School Implementation Committee (SIC) in the school and it is functional.		
7.4	The GSFP SIC members have received an orientation on their roles and responsibilities		

7.5	Information on school feeding programme are easily obtained or provided by SFP.		
<b>8.0</b>	<b>Case Management</b>		
8.1	School Authorities are able to send complaints/feedback to the appropriate GSFP officer(s) for redress.		
8.2	Complaints and feedback are responded to in a timely manner.		
8.3	School authorities are satisfied with the management of complaints/ feedback by the relevant officer(s).		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 14: CSC Questionnaire for GSFP Pupils

GSFP COMMUNITY SCORE CARD			
Questionnaire – GSFP Pupils			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of School</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Boys/girls
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree    1 Disagree                2 Not Sure                 3 Agree                     4 Strongly Agree         5		

No.	Assessment Area	Score	Comments/Remarks
<b>1.0</b>	<b>Coverage and Benefits</b>		
1.1	The school feeding has enabled pupils who could not afford to buy food get fed at the school.		
1.2	The school feeding programme covers all basic schools in the community.		
<b>2.0</b>	<b>Quality and Quantity of Food Served</b>		
2.1	We (the pupils) are satisfied with the quantity of food served.		
2.2	We (the pupils) are satisfied with the quality of food served.		
2.3	Pupils are served with repetitive meals.		
2.4	All the pupils are served without discrimination.		
<b>3.0</b>	<b>Enrolment and Retention</b>		
3.1	Parents transfer their children from non-school feeding beneficiary schools to school feeding beneficiary schools.		
3.2	School feeding has helped increase enrolment.		
3.3	School feeding has helped improved retention in schools.		
3.4	School feeding has helped improved attendance.		
<b>4.0</b>	<b>School Facilities and Academic Performance</b>		
4.1	There is adequate potable water in the SFP school.		
4.2	There are adequate hand washing facilities (water and soap) in the school.		
4.3	Sanitation facilities in the SFP school is adequate.		
4.4	There is enough bowls and plates for serving all pupils		
4.5	The increase in enrolment has created congestion in the school.		
4.6	Food is served on time and it does not affect teaching and learning.		

4.7	Pupils are tasked to support the SFP (carrying water, firewood, washing cooking utensils etc.) and it affects teaching and learning.		
<b>5.0</b>	<b>Awareness and Case Management</b>		
5.1	Pupils are aware of the weekly menu.		
5.2	The caterer/cook follows the weekly menu.		
5.3	Pupils are informed of changes or challenges concerning the school feeding programme		
5.4	There is a GSFP School Implementation Committee (SIC) in the school, and it is functional.		
5.5	Pupils know where to send complaints/ feedback on the school feeding programme.		
5.6	Pupils are satisfied with the handling of complaints/ feedback by the relevant authority		
5.7	Pupils are satisfied with the school feeding programme.		

Table 15: CSC Questionnaire for Caterers and their staff

GSFP COMMUNITY SCORE CARD			
Questionnaire – GSFP Caterers and their staff			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Caterer(s)</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Caterers/cooks
<b>Date</b>	DD/MM/YYYY		

Start Time		End Time	
<b>Ranking</b>	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
No.	Assessment Area	Score	Comments/Remarks
<b>1.0 Training and Supervision</b>			
1.1	Training was organized by GSFP for caterers before commencing the service.		
1.2	Training was organized by GSFP for the supporting staff (cooks, etc.) before commencing the service.		
1.3	Training is often organized by GSFP for caterers after commencing this work.		
1.4	Training is often organized by GSFP for supporting staff (cooks, etc.) after commencing this work.		
1.5	Caterers were properly trained on the handy measures.		
1.6	Monitoring team often inspect health certificate in the school.		
1.7	Monitoring team often inspect quality and quantity of food.		
<b>2.0 The Process</b>			
2.1	Following the handy measures is cumbersome.		
2.2	It is often difficult to get locally produced goods from suppliers.		
2.3	The facility at the school to prepare meals is convenient (kitchen, cooking utensils, etc.).		
2.4	Food is prepared at the school.		
2.5	It is difficult to acquire food warmers for serving meals.		
2.6	There are enough bowls and plates to serve the children		
2.7	Supporting staff are adequate to serve the food within the shortest possible time.		

<b>3.0 Contracting and Payment</b>		
3.1	This job as a caterer is mainly obtained because one has to know someone in government.	
3.2	There is transparency in the contract awarding process.	
3.3	Caterers pre-finance the contract and later paid by GSFP.	
3.4	Cost of pre-financing the project is high.	
3.5	After submitting the request for payment, the amount is paid on time	
<b>4.0 School Facilities</b>		
4.1	There is adequate portable water in the SFP school.	
4.2	The quality of water is good for drinking.	
4.3	Sanitation facilities in the SFP school is adequate.	
4.4	Hand washing facilities in the school are adequate.	
4.5	Hand washing is supervised in the school.	
4.6	There is a kitchen available at the school for caterers use	
<b>5.0 The Feeding</b>		
5.1	Food quality is good	
5.2	Food quantity is enough for the average pupil.	
5.3	Pupils are served with the school menu.	
5.4	The setup of the caterer is often hygienic.	
5.5	There is an adequate number of bowls for the pupils.	
5.6	All the pupils are served without discrimination.	
5.7	School authorities should be served.	
5.8	School authorities are served.	
<b>6 Awareness and Case Management</b>		
6.1	Caterers are aware of the objectives of the SFP programme.	

6.2	Information on school feeding programme is easily provided to caterers.		
6.3	Caterers have a means of sending complaints to the appropriate authorities for redress.		
6.4	SFP Staff respond to feedback received in a timely manner.		
6.5	Officers from school feeding programme come to monitor the school feeding at least once in a term.		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 16: Collation of average CSC Scores for Parents & Community Members in GSFP Catchment Areas

GSFP COMMUNITY SCORE CARD							
Collation of Average Scores for GSFP Parents & Community Members in GSFP Catchment Areas							
Name of Community/ District/ Region							
No.	Assessment Area	Score				Average	Remarks
		FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Teaching and Learning</b>							
1.1	The quality of education (teaching and learning) in public schools is high.						
1.2	The quality of teaching and learning in public schools are better compare with those at private schools.						
1.3	The school feeding programme has improved learning in the SFP schools						
<b>2.0 Coverage and Benefits</b>							
2.1	The school feeding has enabled pupils who could not afford to buy food get fed at the school.						
2.2	Households with children benefiting from school feeding have their expenses on feeding reduced.						

2.3	The school feeding programme has covered all basic schools in the community.						
<b>3.0 Quality and Quantity of Food Served</b>							
3.1	The quantity of food served on the average at the school under SFP is enough for an average pupil.						
3.2	We (as a group) are satisfied with the quantity of food served						
3.3	The quality of food served at the school under SFP is good						
3.4	We (as a group) are satisfied with the quality of food served						
3.5	Parents/Community members are satisfied with the school feeding programme as a whole.						
<b>4.0 Enrolment and Retention</b>							
4.1	Parents transfer their children from non-school feeding schools to school feeding beneficiary schools						
4.2	School feeding has helped increase enrolment.						
4.3	School feeding has helped improved attendance.						
<b>5.0 School Facilities and Academic Performance</b>							
5.1	There is adequate potable water in the SFP school.						
5.2	There are adequate hand washing facilities in the school						
5.3	Sanitation facilities in the SFP school is adequate.						
5.4	The increase in enrolment is putting pressure on school facilities						
5.5	The increase in enrolment is putting pressure on teachers.						
5.6	Increase in enrolment due to school feeding has an impact on academic performance.						
<b>6.0 Awareness and Case Management</b>							
6.1	Community members were oriented on the SFP objectives and their role by the relevant officer(s) before the start of the programme.						

6.2	Parents/Community members are aware of issues concerning the school feeding programme in their school.						
6.3	It is easy to get information on the SFP.						
6.4	Community members know where to go to obtain information on the SFP.						
6.5	A school management committee exists in the community and it is functional.						
<b>7.0 Case Management</b>							
7.1	Parents/Community members know the officers or persons responsible for receiving complaints/ feedback on the programme						
7.2	Community members know where to go when they have complaints and it is accessible						
7.3	The officer or person in charge of receiving complaints/ feedback responds in a timely manner.						
7.4	Community members are satisfied with the management of complaints/ feedback by the programme.						

Table 17: Collation of average CSC Scores for GSFP School Authorities

GSFP COMMUNITY SCORE CARD							
Collation of Average Scores for GSFP School Authorities							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Teaching and Learning</b>							
1.1	The quality of education (teaching and learning) in public schools is high.						

1.2	The quality of teaching and learning in public schools are better compare with those at private schools.						
1.3	The school feeding programme has improved the quality of teaching and learning in the SFP schools						
<b>2.0 Coverage and Benefits</b>							
2.1	The school feeding has enabled pupils who could not afford to buy food get fed at the school.						
2.2	Households with children benefiting from school feeding have their expenses on feeding reduced.						
2.3	The school feeding programme has improved the health of the pupils.						
2.4	The school feeding programme has covered all basic schools in the community.						
<b>3.0 Quality and Quantity of Food Served</b>							
3.1	The quantity of food served at the school is enough for an average pupil.						
3.2	We (as a group) are satisfied with the quantity of food served.						
3.3	We (as a group) are satisfied with the quality of food served.						
3.4	Pupils are served with repetitive meals.						
3.5	School Authorities are satisfied with the school feeding programme as a whole						
<b>4.0 School Caterers and Cooks</b>							
4.1	The caterer (s) follow the school meal planner and abides by the weekly menu						
4.2	The caterer observes all required hygienic cooking procedures.						
4.3	The caterer has a kitchen in the school and all required cooking equipment.						
4.4	The caterer uses the handy measures.						

4.5	The caterer has received training from GSFP.						
<b>5.0 Enrolment and Retention</b>							
5.1	Parents transfer their children from non-school feeding beneficiary schools to school feeding beneficiary schools						
5.2	School feeding has helped increase enrolment.						
5.3	School feeding has helped improved retention in schools.						
5.4	School feeding has helped improved attendance.						
<b>6.0 School Facilities and Academic Performance</b>							
6.1	There is adequate potable water in the SFP school.						
6.2	There are adequate hand washing facilities in the school.						
6.3	Sanitation facilities in the SFP school is adequate.						
6.4	The increase in enrolment is putting pressure on school facilities						
6.5	The increase in enrolment is putting pressure on teachers.						
6.6	Increase in enrolment due to school feeding has an impact on academic performance.						
6.7	Food is served on time and it does not affect teaching and learning						
<b>7.0 Awareness</b>							
7.1	School Authorities were given orientation on the objectives of the GSFP.						
7.2	School Authorities were given orientation on their role and responsibility under the GSFP.						
7.3	There exist a GSFP School Implementation Committee (SIC) in the school and it is functional.						
7.4	The GSFP SIC members have received an orientation on their roles and responsibilities						

7.5	Information on school feeding programme are easily obtained or provided by SFP.						
<b>8.0 Case Management</b>							
8.1	School Authorities are able to send complaints/feedback to the appropriate GSFP officer(s) for redress.						
8.2	Complaints and feedback are responded to in a timely manner.						
8.3	School authorities are satisfied with the management of complaints/ feedback by the relevant officer(s).						

Table 18: Collation of average CSC Scores for GSFP Pupils

GSFP COMMUNITY SCORE CARD							
Collation of Average Scores for GSFP Pupils							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Coverage and Benefits</b>							
1.1	The school feeding has enabled pupils who could not afford to buy food get fed at the school.						
1.2	The school feeding programme covers all basic schools in the community.						
<b>2.0 Quality and Quantity of Food</b>							
2.1	We (the pupils) are satisfied with the quantity of food served.						
2.2	We (the pupils) are satisfied with the quality of food served.						
2.3	Pupils are served with repetitive meals.						
2.4	All the pupils are served without discrimination.						
<b>3.0 Enrolment and Retention</b>							

3.1	Parents transfer their children from non-school feeding beneficiary schools to school feeding beneficiary schools.						
3.2	School feeding has helped increase enrolment.						
3.3	School feeding has helped improved retention in schools.						
3.4	School feeding has helped improved attendance.						
<b>4.0 School Facilities and Academic Performance</b>							
4.1	There is adequate potable water in the SFP school.						
4.2	There are adequate hand washing facilities (water and soap) in the school.						
4.3	Sanitation facilities in the SFP school is adequate.						
4.4	There is enough bowls and plates for serving all pupils						
4.5	The increase in enrolment has created congestion in the school.						
4.6	Food is served on time and it does not affect teaching and learning.						
4.7	Pupils are tasked to support the SFP (carrying water, firewood, washing cooking utensils etc.) and it affects teaching and learning.						
<b>5.0 Awareness and Case Management</b>							
5.1	Pupils are aware of the weekly menu.						
5.2	The caterer/cook follows the weekly menu.						
5.3	Pupils are informed of changes or challenges concerning the school feeding programme						
5.4	There is a GSFP School Implementation Committee (SIC) in the school, and it is functional.						
5.5	Pupils know where to send complaints/feedback on the school feeding programme.						

5.6	Pupils are satisfied with the handling of complaints/ feedback by the relevant authority						
5.7	Pupils are satisfied with the school feeding programme.						

Table 19: Collation of average CSC Scores for GSFP Caterers and their Staff

GSFP COMMUNITY SCORE CARD							
Collation of Average Scores for GSFP Caterers and their Staff							
Name of Community/ District/ Region							
No.	Assessment Area	Score				Average	Remarks
		FGD 1	FGD 2	FGD 3	FGD 4		
1.0 Training and Supervision							
1.1	Training was organized by GSFP for caterers before commencing the service.						
1.2	Training was organized by GSFP for the supporting staff (cooks, etc.) before commencing the service.						
1.3	Training is often organized by GSFP for caterers after commencing this work.						
1.4	Training is often organized by GSFP for supporting staff (cooks, etc.) after commencing this work.						
1.5	Caterers were properly trained on the handy measures.						
1.6	Monitoring team often inspect health certificate in the school.						
1.7	Monitoring team often inspect quality and quantity of food.						
2.0 Process							
2.1	Following the handy measures is cumbersome.						
2.2	It is often difficult to get locally produced goods from suppliers.						
2.3	The facility at the school to prepare meals is convenient (kitchen, cooking utensils, etc.).						

2.4	Food is prepared at the school.						
2.5	It is difficult to acquire food warmers for serving meals.						
2.6	There are enough bowls and plates to serve the children						
2.7	Supporting staff are adequate to serve the food within the shortest possible time.						
<b>3.0 Contracting and Payment</b>							
3.1	This job as a caterer is mainly obtained because one has to know someone in government.						
3.2	There is transparency in the contract awarding process.						
3.3	Caterers pre-finance the contract and later paid by GSFP.						
3.4	Cost of pre-financing the project is high.						
3.5	After submitting the request for payment, the amount is paid on time						
<b>4.0 School Facilities</b>							
4.1	There is adequate portable water in the SFP school.						
4.2	The quality of water is good for drinking.						
4.3	Sanitation facilities in the SFP school is adequate.						
4.4	Hand washing facilities in the school are adequate.						
4.5	Hand washing is supervised in the school.						
4.6	There is a kitchen available at the school for the caterers use						
<b>5.0 Feeding</b>							
5.1	Food quality is good						
5.2	Food quantity is enough for the average pupil.						
5.3	Pupils are served with the school menu.						
5.4	The setup of the caterer is often hygienic.						

5.5	There is an adequate number of bowls for the pupils.						
5.6	All the pupils are served without discrimination.						
5.7	School authorities should be served.						
5.8	School authorities are served.						
<b>6.0 Awareness and Case Management</b>							
6.1	Caterers are aware of the objectives SFP programme.						
6.2	Information on school feeding programme is easily provided to caterers.						
6.3	Caterers have a means of sending complaints to the appropriate authorities for redress.						
6.4	SFP Staff respond to feedback received in a timely manner.						
6.5	Officers from school feeding programme come to monitor the school feeding at least once in a term.						

Table 20: Guideline to record an Action Plan during Interface Meetings

GSFP COMMUNITY SCORE CARD				
Interface Meetings – Recording Action Plans				
<b>Flagship Programme(s)</b>	Ghana School Feeding Programme (GSFP)	<b>Date</b>	DD/MM/YYYY	
<b>Location</b>				
<b>Number of Participants</b>				
<b>Stakeholders Present</b>				
<b>Themes Discussed</b>				
Key Issue(s)	Action(s)	Who will do this (incl. timeframe)	Who will follow-up & monitor	Action Taken

Source: Author's construct

## COMMUNICATION AND ADVOCACY

Table 21: Guide to Monitor the Implementation of GSFP Action Plan

ENGAGEMENT & ADVOCACY						
Implementation Monitoring Plan						
Key Findings	Action Points	Implementing Agency (e.g. District Education Office)	Lead Contact in Implementing Agency / Community	Time Frame	Status	Methods of Reporting on Plan Implementation

## ANNEX D

### LABOUR INTENSIVE PUBLIC WORKS

#### (ABRIDGED)

The Labour Intensive Public Works (LIPW) is one of the five flagship social protection programmes of Ghana. It is a public works programme designed to provide targeted rural poor households with access to employment and income-earning opportunities. LIPW is component of the Ghana Social Opportunities Project (GSOP). It is implemented by the Ministry of Local Government and Rural Development (MLGRD).

The central objective of LIPW is to maximize local employment while rehabilitating productive assets, which have the potential to generate local secondary employment effects and protect households and communities against external shocks. This pertains particularly to seasonal labour demand shortfalls during the agricultural off-season from December to July, and through rehabilitation and maintenance of public or community infrastructure, and climate change mitigation related assets. At present, LIPW activities are centered on:

- Rehabilitation, spot improvement and maintenance of rural feeder and access roads;
- Rehabilitation of Small Earth Dams (SED) and Dug-outs (DO) and associated infrastructure;
- Climate Change Mitigation activities such as fruit tree and woodlot cultivation, soil and water conservation;
- Small scale rural waste management activities including waste collection, segregation and composting; and,
- Any other eligible public works or activities with high labor content and capacity to generate productive employment.

The Labour-Intensive Public Works Policy (LIPWP)<sup>59</sup> prescribes that all Implementing Agencies, Districts and Communities should identify areas where opportunities exist for the application of labour-intensive technique as a more effective tool to reduce unemployment, build local capacities and promote local economic development. For purposes of targeting, the district profile, which includes poverty index and local resource base and the district development are used. The common targeting mechanism is also used as an additional tool to identify active labour force in LEAP beneficiary households for possible engagement. In the selection of labour for engagement, priority is given to the “active extreme poor” and the unemployed youth who are willing and ready to work.

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<sup>59</sup> Government of Ghana, 2015.

It must be noted that LIPW fixes the wage rate for jobs generated through the programme above the national minimum wage but below the agricultural wage rate with the aim of attracting only the extreme poor to the programme<sup>60</sup>. The process of setting the wage rate is critical in public works programmes as it determines who the programme attracts. The national minimum wage rate itself plays a critical role in whether or not the programme's objective of smoothening consumption is being met. For any public works programme, it is essential that accountability and/or advocacy efforts critically consider whether the current national minimum wage rate is indeed adequate for acquiring basic needs (i.e. a living wage) and the effects of inflation.

Several stakeholders are involved in the implementation of LIPW. The following list of stakeholders have been identified and mapped based on their roles and their potential for engagement with social accountability efforts at various levels as part of this framework. They may be relevant at different stages including community outreach, relationship-building, data collection (using IBA, IT and CSC tools), implementation and follow-up wherever applicable, and finally, public engagement and advocacy.

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<sup>60</sup> The World Bank, 2017.

Annex 5 Table 1: LIPW Stakeholders at various levels

Level	State Stakeholders	Non-State Stakeholders
National	<ul style="list-style-type: none"> <li>Ministry of Local Government and Rural Development</li> <li>National Development Planning Commission</li> <li>GSOP National Coordinating Office (NCO)</li> <li>Rural Development Coordination Unit (RDCU)</li> <li>Ministry of Employment and Labor Relations</li> <li>Ministry of Finance</li> <li>Ghana Audit Service</li> <li>Parliament and Cabinet</li> <li>Roads and Highways</li> <li>Public Works and Housing</li> <li>Ministry of Food and Agriculture</li> <li>The Ministry of Environment, Science, Technology and Innovation</li> <li>Ministry of Education</li> <li>Ministry of Gender, Children and Social Protection</li> <li>Vocational Training Institutions</li> <li>Ghana Statistical Service</li> </ul>	<ul style="list-style-type: none"> <li>Citizens</li> <li>LIPW beneficiaries</li> <li>LIPW-LEAP beneficiaries</li> <li>LEAP beneficiaries w/o LIPW (if any)</li> <li>CSOs working on Social Protection and related issues</li> <li>Labour Unions</li> <li>Development Agencies</li> <li>Citizen Groups, Think Tanks, Research Institutions</li> <li>Academia</li> <li>Media</li> <li>Traditional leaders</li> <li>Assembly members</li> <li>Opinion leaders</li> <li>Private sector</li> </ul>
Regional	<ul style="list-style-type: none"> <li>Regional Coordinating Councils (RCCs)</li> <li>GSOP Regional Coordinating Offices</li> </ul>	<p><i>At the community level:</i></p> <ul style="list-style-type: none"> <li>Private Contractors</li> <li>Site Supervisors</li> </ul>
District	<ul style="list-style-type: none"> <li>District Assemblies (DA)</li> <li>District Planning Officer (DPO)</li> <li>GSOP Zonal Coordinating Office (ZCO)</li> </ul>	
Community	<ul style="list-style-type: none"> <li>Community Facilitators</li> </ul>	

The following sections contains the various tools to be used for LIPW Social Accountability monitoring. For a detailed description of these tools, and the steps to implement them at various levels for monitoring, refer to the dedicated LIPW Social Accountability Framework.

## INDEPENDENT BUDGET ANALYSIS

Table 2: IBA information for LIPW Budgetary Allocation at the National level

INDEPENDENT BUDGET ANALYSIS					
Programme Budget Data on Allocation & Release					
Programme	LIPW				
Level	National/Regional/District				
Facility Name	If applicable				
MMDA/Region	If applicable				
Name & Designation of Respondent(s)	1. 2.				
Year					
Key Budget Items	Budget Estimated	Budget Allocated	Allocation Gap	Budget Released	Release Gap
Compensation					
Goods and Services					
Assets					
<b>TOTAL</b>					

Table 3: Example of IBA Tool to Track Timeliness of Release of Funds and Expenditure at national and sub-national levels

INDEPENDENT BUDGET ANALYSIS	
Tracking Timeliness of Release of Funds & Expenditure	
Programme	LIPW
Level of Transfer	Funds received at National/Regional/District Level
Facility Name	
MMDA/Region	
Name & Designation of Respondent(s)	1. 2.
Year	

PART I. Tracking Timeliness of Release of Funds				
Phase of the Release of Fund (e.g. First, Second Tranche)	Amount Received	Date	Period/ Year	Remarks
PART II. Tracking Programme Expenditure				
Key Budget Items	Budgeted Expenditure	Actual Expenditure	Variance	Remarks
Programmatic				
Monitoring and Evaluation				
Human Resources				
Administration				
Logistics				
TOTAL				

Table 4: IBA Tool for Key Performance Indicators

INDEPENDENT BUDGET ANALYSIS	
KPIs	
<b>Programme</b>	LIPW
<b>Level</b>	National/Regional/District
<b>Facility Name</b>	If applicable
<b>MMDA/Region</b>	If applicable
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.If applicable
<b>Year</b>	
Key Performance Indicator(s)	
Percentage of Extreme Poor Persons engaged in LIPW	
Percentage of projects completed under LIPW	
Average annual earnings of unskilled workers in LIPW	
Proportion of beneficiary payments made on time	

## INPUT TRACKING

Table 5: IT Matrix to track input quantity at LIPW Regional Office

INPUT TRACKING LIPW - Matrix on Quantity			
MMDA Name			
Facility Name		Location	
Name & Designation of Respondent(s)	1. 2.		
Date	DD/MM/YYYY		
Input	Quantity Required	Quantity Available	Remarks
Stationery			
Cars			
Motorbikes			
Computers			
Printers			
Number of staff			
Staff Training(s)			

Table 6: IT Matrix to score input quality at LIPW Regional Office

INPUT TRACKING LIPW – Matrix on Quality					
MMDA Name					
Facility Name		Location			
Name & Designation of Respondent(s)	1. 2.				
Date	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Stationery					
Cars					
Motorbikes					
Computers					
Printers					
Staff Training(s)					

Table 7: Aggregate IT Matrix on Quantity and Quality for LIPW






INPUT TRACKING												
LIPW - Aggregate Matrix on Quality and Quantity												
MMDA/Region												
Fiscal Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Stationery												
Cars												
Motorbikes												
Computers												
Printers												
Number of staff												
Staff Training(s)												

## COMMUNITY SCORE CARD

Table 8: LIPW Questionnaires and Places to carry out FGDs

Questionnaires	Place for Carrying out FGDs
LIPW beneficiaries	At the communities
LIPW Officials	District LIPW Office

Table 9: Ranking of Statements for CSC

Statement	1	2	3	4	5
Expressing Agreement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Smiley					

Source: Adapted from secondary sources

Table 10: CSC Questionnaire for LIPW Beneficiaries and Community Members

LIPW COMMUNITY SCORE CARD			
Questionnaire – LIPW Beneficiaries and Community Members			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Community Organizers</b>			
<b>Name of Project</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Men/women/youth
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
No.	Assessment Area	Score	Comments/Remarks
<b>1.0 Citizen Engagement and Participation</b>			
1.1	The community is sufficiently sensitized on the LIPW implementation process.		
1.2	The community is involved in the selection of the sub-project/asset.		
1.3	The beneficiaries were involved in decision making in relation to the sub-project/ LIPW implementation process.		
<b>2.0 Selection and Targeting</b>			
2.1	The beneficiaries from LEAP households were prioritized in the selection of LIPW beneficiaries.		

2.2	The targeting process was transparent		
2.3	Women were given equal opportunities in the selection process		
<b>3.0 Site Supervision Arrangements</b>			
3.1	The site supervisors relate well with the workforce		
3.2	Tools /light equipment are provided for the work.		
3.3	Beneficiaries are being over tasked (i.e. made to over work)		
<b>4.0 Payment</b>			
4.1	Beneficiaries are paid promptly		
4.2	Beneficiaries receive their wages in full (based on the number of days they have worked)		
4.3	The wage rate is comparatively fair (as compared to other tasks that are being paid for)		
4.4	Beneficiaries are satisfied with the mode of payment		
<b>5.0 Environmental and Social Safeguards</b>			
5.1	Beneficiaries are provided with protective clothing/ Personal Protective Equipment (PPEs).		
5.2	Beneficiaries suffer loses in terms of assets or means of livelihood as a result of the siting of the sub-project.		
5.3	Beneficiaries have the opportunities to make complaints.		
5.4	Grievances are addressed and on a timely basis.		
5.5	There are enough provisions to encourage female participation.		

5.6	There are enough provisions to protect the rights of female participants.		
<b>6.0 Satisfaction with the Projects</b>			
6.1	The sub-project / asset is a priority of the community.		
6.2	The community is satisfied with the quality of the asset.		
6.3	The asset is meeting the needs of the community/the assets will meet the needs of the community when completed.		
6.4	There are enough provisions to promote community ownership.		
6.5	There are enough provisions to ensure sustainability (continuous maintenance) of the project/asset.		
<b>7.0 Case Management</b>			
7.1	Avenues exist for beneficiaries to send complaints/feedback to the relevant authorities. They know where to go and it is accessible.		
7.2	Officials responsible for LIPW are open to listen to beneficiaries at any time.		
7.3	Officials responsible for LIPW resolve beneficiaries' complaints/grievances in a timely manner.		
7.4	Beneficiaries are satisfied with the way relevant authorities handle complaints/feedback.		

*Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.*

Table 11: CSC Questionnaire for LIPW Service Providers at District Level

LIPW COMMUNITY SCORE CARD			
Questionnaire – LIPW Service Providers at District Level			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	LIPW officer
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree 1 Disagree 2 Not Sure 3 Agree 4 Strongly Agree 5		
No.	Assessment Area	Score	Comments/Remarks
<b>1.0 Citizen Engagement and Participation</b>			
1.1	The community is sufficiently sensitized on the LIPW implementation process.		
1.2	The communities are involved in the selection of the sub-project/asset.		
1.3	The beneficiaries were involved in decision making in relation to the sub-project/LIPW implementation process.		
<b>2.0 Selection and Targeting</b>			
2.1	The beneficiaries from LEAP households were prioritized in the selection of LIPW beneficiaries.		
2.2	The targeting process was transparent		
2.3	Women were given equal opportunities in the selection process		
<b>3.0 Site Supervision Arrangements</b>			
3.1	The site supervisors relate well with the workforce		
3.2	Tools /light equipment are provided for the work.		

3.3	Beneficiaries complaint of being over tasked (i.e. made to over work)		
<b>4.0 Payment</b>			
4.1	Beneficiaries are paid promptly		
4.2	Beneficiaries receive their wages in full (based on the number of days they have worked)		
4.3	The wage rate is comparatively fair (as compared to other tasks that are being paid for)		
4.4	Beneficiaries complain about the mode of payment		
<b>5.0 Environmental and Social Safeguards</b>			
5.1	Beneficiaries are provided with protective clothing/Personal Protective Equipment (PPEs).		
5.2	Measures are in place to compensate community members that do suffer loses in terms of assets or means of livelihood as a result of the siting of the sub-project.		
5.3	Beneficiaries have the opportunities to make complaints.		
5.4	Grievances are addressed and on a timely basis.		
5.5	There are enough provisions to encourage female participation.		
5.6	There are enough provisions to protect the rights of female participants.		
<b>6.0 Satisfaction with the Projects</b>			
6.1	The sub-projects / assets are often the priority of the communities.		
6.2	The communities are satisfied with the quality of the assets.		
6.3	The assets are meeting the needs of the communities		
6.4	There are enough provisions to promote community ownership.		
6.5	There are enough provisions to ensure sustainability (continuous maintenance) of the project/asset.		

7.0 Case Management			
7.1	Avenues exist for beneficiaries to send complaints/feedback to the relevant authorities. They know where to go and it is accessible.		
7.2	Officials responsible for LIPW are open to listen to beneficiaries at any time.		
7.3	Officials responsible for LIPW resolve beneficiaries' complaints/grievances in a timely manner.		
7.4	Beneficiaries are satisfied with the way relevant authorities handle complaints/feedback.		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 12: Collation of average CSC Scores for LIPW Beneficiaries and Community Members

LIPW COMMUNITY SCORE CARD							
Collation of Average Scores for LIPW Beneficiaries and Community Members							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Citizen Engagement and Participation</b>							
1.1	The community is sufficiently sensitized on the LIPW implementation process.						
1.2	The community is involved in the selection of the sub-project/asset.						
1.3	The beneficiaries were involved in decision making in relation to the sub-project/LIPW implementation process.						
<b>2.0 Selection and Targeting</b>							
2.1	The beneficiaries from LEAP households were prioritized in the selection of LIPW beneficiaries.						

2.2	The targeting process was transparent						
2.3	Women were given equal opportunities in the selection process						
<b>3.0 Site Supervision Arrangements</b>							
3.1	The site supervisors relates well with the workforce						
3.2	Tools /light equipment are provided for the work.						
3.3	Beneficiaries are being over tasked (i.e. made to over work)						
<b>4.0 Payment</b>							
4.1	Beneficiaries are paid promptly						
4.2	Beneficiaries receive their wages in full (based on the number of days they have worked)						
4.3	The wage rate is comparatively fair (as compared to other tasks that are being paid for)						
4.4	Beneficiaries are satisfied with the mode of payment						
<b>5.0 Environment and Social Safeguards</b>							
5.1	Beneficiaries are provided with protective clothing/Personal Protective Equipment (PPEs).						
5.2	Beneficiaries suffer loses in terms of assets or means of livelihood as a result of the siting of the sub-project.						
5.3	Beneficiaries have the opportunities to make complaints.						
5.4	Grievances are addressed and on a timely basis.						
5.5	There are enough provisions to encourage female participation.						
5.6	There are enough provisions to protect the rights of female participants.						
<b>6.0 Satisfaction with Projects</b>							
6.1	The sub-project / asset is a priority of the community.						
6.2	The community is satisfied with the quality of the asset.						

6.3	The asset is meeting the needs of the community/the assets will meet the needs of the community when completed.						
6.4	There are enough provisions to promote community ownership.						
6.5	There are enough provisions to ensure sustainability (continuous maintenance) of the project/asset.						
<b>7.0 Case Management</b>							
7.1	Avenues exist for beneficiaries to send complaints/feedback to the relevant authorities. They know where to go and it is accessible.						
7.2	Officials responsible for LIPW are open to listen to beneficiaries at any time.						
7.3	Officials responsible for LIPW resolve beneficiaries' complaints/grievances in a timely manner.						
7.4	Beneficiaries are satisfied with the way relevant authorities handle complaints/feedback.						

Table 13: Collation of average CSC Scores for LIPW Service Providers at the District level

LIPW COMMUNITY SCORE CARD							
Collation of Average Scores for LIPW Service Providers at the District level							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Citizen Engagement and Participation</b>							
1.1	The community is sufficiently sensitized on the LIPW implementation process.						
1.2	The community is involved in the selection of the sub-project/asset.						
1.3	The beneficiaries were involved in decision making in relation to the sub-project/LIPW implementation process.						

2.0 Selection and Targeting							
2.1	The beneficiaries from LEAP households were prioritized in the selection of LIPW beneficiaries.						
2.2	The targeting process was transparent						
2.3	Women were given equal opportunities in the selection process						
3.0 Site Supervision Arrangements							
3.1	The site supervisors relate well with the workforce						
3.2	Tools /light equipment are provided for the work.						
3.3	Beneficiaries are being over tasked (i.e. made to over work)						
4.0 Payment							
4.1	Beneficiaries are paid promptly						
4.2	Beneficiaries receive their wages in full (based on the number of days they have worked)						
4.3	The wage rate is comparatively fair (as compared to other tasks that are being paid for)						
4.4	Beneficiaries are satisfied with the mode of payment						
5.0 Environment and Social Safeguards							
5.1	Beneficiaries are provided with protective clothing/Personal Protective Equipment (PPEs).						
5.2	Measures are in place to compensate community members that do suffer loses in terms of assets or means of livelihood as a result of the siting of the sub-project.						
5.3	Beneficiaries have the opportunities to make complaints.						
5.4	Grievances are addressed and on a timely basis.						
5.5	There are enough provisions to encourage female participation.						

5.6	There are enough provisions to protect the rights of female participants.						
<b>6.0 Satisfaction with Projects</b>							
6.1	The sub-projects / assets are often the priority of the communities.						
6.2	The communities are satisfied with the quality of the assets.						
6.3	The assets are meeting the needs of the communities						
6.4	There are enough provisions to promote community ownership.						
6.5	There are enough provisions to ensure sustainability (continuous maintenance) of the project/ asset.						
<b>7.0 Case Management</b>							
7.1	Avenues exist for beneficiaries to send complaints/feedback to the relevant authorities. They know where to go and it is accessible.						
7.2	Officials responsible for LIPW are open to listen to beneficiaries at any time.						
7.3	Officials responsible for LIPW resolve beneficiaries' complaints/ grievances in a timely manner.						
7.4	Beneficiaries are satisfied with the way relevant authorities handle complaints/feedback.						

Table 14: Guideline to record an Action Plan during Interface Meetings

LIPW COMMUNITY SCORE CARD				
Interface Meetings – Recording Action Plans				
Flagship Programme(s)	Labour Intensive Public Works (LIPW) Programme	Date	DD/MM/YYYY	
Location				
Number of Participants				
Stakeholders Present				
Themes Discussed				
Key Issue(s)	Action(s)	Who will do this (incl. timeframe)	Who will follow-up & monitor	Action Taken

Source: Author's construct

## COMMUNICATION AND ADVOCACY

Table 15: Guide to Monitor the Implementation of LIPW Action Plan

ENGAGEMENT & ADVOCACY						
Implementation Monitoring Plan						
Key Findings	Action Points	Implementing Agency (e.g. LIPW Regional Office)	Lead Contact in Implementing Agency / Community	Time Frame	Status	Methods of Reporting on Plan Implementation

## ANNEX E

### CAPITATION GRANT

#### (ABRIDGED)

In 2004, Ghana adopted a school fees abolition policy, the Capitation Grant (CG), to spur the attainment of universal access to the basic education goal under the Ghana Growth and Poverty Reduction Strategy (GPRS II) and meet its Millennium Development Goal (MDG) targets (2 and 3). CG is a subsidy paid by the government per student per term to cover general stationery and management, office machinery, first aid, building maintenance, sports fee, culture fee, sanitation fee, postage, textbook user fee, practical fees, furniture maintenance and tools maintenance for government primary and JSS schools.

The utilization of the capitation grant has been designed to empower the schools to effectively use financial resources to plan and carry out school quality improvement activities. The process of planning activities should be participatory and transparent. The grant is therefore expected to serve as an opportunity to help build school level capacity to effectively implement fiscal decentralization -which is a long-term goal of the government. The capitation grants are to be used to support the implementation of School Performance Improvement Plans (SPIPs). Some of the key activities to be undertaken are:

- Enrolment Drives
- Provision of Teaching and Learning Material
- School Management (including T&T and stationery)
- Community and School Relationship
- Support to Needy Pupils
- School and Cluster based In-Service Training
- Minor Repairs
- Payment of Sports and Culture Levies

The SPIP is to be prepared by the Head teacher/Staff with the approval of the School Management Committee (SMC). It is to cover the whole academic year but broken down into terms. The SMC is to oversee the implementation of the SPIP. The SPIP is then forwarded to the District Director of Education (DDE) for review and approval. The review will ensure that the activities to be undertaken are in line with the Education Sector Plan (ESP) and other priority areas of education.

Several stakeholders are involved in the implementation of CG at the national and sub-national levels. The following list of stakeholders have been identified and mapped based on their roles and their potential for engagement with social accountability efforts at various levels as part of this framework. They may be relevant at different stages including community outreach, relationship-building, data collection (using IBA, IT and CSC tools), implementation and follow-up wherever applicable, and finally, public engagement and advocacy.

Annex 4 Table 1: CG Stakeholder at various levels

Level	State Stakeholders	Non-State Stakeholders
National	<ul style="list-style-type: none"> <li>Ministry of Education</li> <li>Ghana Education Service (GES)</li> <li>Ministry of Gender, Children and Social Protection (MoGCSP)</li> <li>Ministry of Finance</li> <li>Ghana Audit Service</li> <li>Parliament and cabinet</li> <li>National Development Planning Commission</li> </ul>	<ul style="list-style-type: none"> <li>School Management Committee (SMC)</li> <li>Parent Teacher Association (PTA)</li> <li>Citizens</li> <li>Capitation Grant beneficiaries and their families/parents</li> <li>Media</li> <li>NGOs in Education</li> <li>CSOs working on Social Protection and related issues</li> <li>Faith Based Organizations</li> <li>Development Agencies</li> <li>Citizen Groups, Think Tanks, Research Institutions</li> <li>Academia</li> </ul> <p><i>At the community level:</i></p> <ul style="list-style-type: none"> <li>Traditional leaders</li> <li>Assembly members</li> <li>Opinion leaders and Community members</li> </ul>
Regional	<ul style="list-style-type: none"> <li>Regional Coordinating Council (RCC)</li> <li>Regional Coordinating Office (RCO)</li> <li>Ghana Education Service –Regional Office</li> <li>Regional Officer in Charge of Capitation Grant</li> </ul>	
District	<ul style="list-style-type: none"> <li>MMDAs</li> <li>District Director of Education (DDE)</li> <li>Assistant Director Supervision</li> <li>Circuit Supervisors (CS)</li> <li>District Accountants</li> <li>District Education Offices (DEO)</li> </ul>	
Community/ School	<ul style="list-style-type: none"> <li>Head Teacher</li> <li>Teachers</li> </ul>	

The following sections contains the various tools to be used for CG Social Accountability monitoring. For a detailed description of these tools, and the steps to implement them at various levels for monitoring, refer to the dedicated CG Social Accountability Framework.

## INDEPENDENT BUDGET ANALYSIS

Table 2: IBA information for CG Budgetary Allocation at the National level

INDEPENDENT BUDGET ANALYSIS					
Programme Budget Data on Allocation & Release					
<b>Programme</b>	CG				
<b>Level</b>	National/Regional/District				
<b>Facility Name</b>	If applicable				
<b>MMDA/Region</b>	If applicable				
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Year</b>					
<b>Key Budget Items</b>	<b>Budget Estimated</b>	<b>Budget Allocated</b>	<b>Allocation Gap</b>	<b>Budget Released</b>	<b>Release Gap</b>
Programmatic					
Monitoring and Evaluation					
Human Resources					
Administration					
Logistics					
<b>TOTAL</b>					

Table 3: IBA Tool to Track Timeliness of Release of Funds and Expenditure at national and sub-national levels

INDEPENDENT BUDGET ANALYSIS	
Tracking Timeliness of Release of Funds & Expenditure	
<b>Programme</b>	CG
<b>Level of Transfer</b>	Funds received at National/Regional/District Level
<b>Facility Name</b>	
<b>MMDA/Region</b>	
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.
<b>Year</b>	

PART I. Tracking Timeliness of Release of Funds				
Phase of the Release of Fund (e.g. First, Second Tranche)	Amount Received	Date	Period/ Year	Remarks
PART II. Tracking Programme Expenditure				
Key Budget Items	Budgeted Expenditure	Actual Expenditure	Variance	Remarks
Programmatic				
Monitoring and Evaluation				
Human Resources				
Administration				
Logistics				
<b>TOTAL</b>				

Table 4: IBA Tool for Non-Financial Data on CG Programme Targets at National level

INDEPENDENT BUDGET ANALYSIS	
KPIs	
<b>Programme</b>	CG
<b>Level</b>	National/Regional/District
<b>Facility Name</b>	If applicable
<b>MMDA/Region</b>	If applicable
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.If applicable
<b>Year</b>	
Key Performance Indicator(s)	
Expenditure on Education Capitation Grant	
Proportion of Capitation Grant released on time	
Percentage Increase in School Enrollment	

## INPUT TRACKING

Table 5: IT Matrix to track input quantity at school level

INPUT TRACKING			
CG - Matrix on Quantity			
<b>MMDA Name</b>			
<b>School</b>		<b>Location</b>	
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.		
<b>Date</b>	DD/MM/YYYY		
<b>Input</b>	<b>Quantity Required</b>	<b>Quantity Available</b>	<b>Remarks</b>
Stationery			
Computers			
Printers			
Sport facilities			
Playing ground			
First Aid facilities			
Canteen/eating place			
WASH facilities (washrooms, hand washing facilities, etc)			
Desks and chairs for pupils			
Tables and chairs for teachers			
Textbooks			
Registers			
Writing board			
chalk			
Board cleaner			
Exercise books			
Staff Training(s)			

Table 6: IT Matrix to score input quality at school level

INPUT TRACKING					
CG – Matrix on Quality					
<b>MMDA Name</b>					
<b>School</b>		<b>Location</b>			
<b>Name &amp; Designation of Respondent(s)</b>	1. 2.				
<b>Date</b>	DD/MM/YYYY				
INPUT	QUALITY				
	Bad	Poor	Fair	Good	Excellent
Stationery					
Computers					
Printers					
Sport facilities					
Playing ground					
First Aid facilities					
Canteen/eating place					
WASH facilities (washrooms, hand washing facilities, etc)					
Desks and chairs for pupils					
Tables and chairs for teachers					
Textbooks					
Registers					
Writing board					
chalk					
Board cleaner					
Exercise books					
Staff Training(s)					

Table 7: Aggregate IT Matrix on Quantity and Quality for CG

INPUT TRACKING												
CG - Aggregate Matrix on Quality and Quantity												
Level	National/Regional/District Level											
MMDA/Region												
Fiscal Year												
Input	Required			Available			Discrepancy (%)			Quality (Bad, Poor, Fair, Good, Excellent)		
	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C	Point A	Point B	Point C
Stationery												
Computers												
Printers												
Sport facilities												
Playing ground												
First Aid facilities												
Canteen/eating place												
WASH facilities (washrooms, hand washing facilities, etc)												
Desks and chairs for pupils												
Tables and chairs for teachers												
Textbooks												
Registers												
Writing board												
chalk												
Board cleaner												
Exercise books												
Staff Training(s)												






Source: Author's construct

## COMMUNITY SCORE CARD

Table 8: CG Questionnaires and Places to carry out FGDs

Questionnaire	Place for Carrying out FGDs
Parents/Community members	At the communities
School Authorities-Head-teachers and Staffs	At the school
Pupils Benefiting from Capitation Grant	At the school
District Director of Education, District Education Office Officials, Circuit Supervisors	District Education Office

Table 9: Ranking of Statements for CSC

Statement	1	2	3	4	5
Expressing Agreement	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Smiley					

Source: Adapted from secondary sources

Table 10: CSC Questionnaire for CG Parents and Community Members

CG COMMUNITY SCORE CARD			
Questionnaire – CG Parents and Community Members			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Community Organizers</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Men/women/youth
<b>Date</b>	DD/MM/YYYY		

Start Time		End Time	
Ranking	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
No.	Assessment Area	Score	Comments/Remarks
<b>1.0 QUALITY OF EDUCATION</b>			
1.1	The quality of teaching and learning in public schools is improving.		
1.2	The quality of teaching and learning in public schools are better than the private schools.		
1.3	Capitation grants have improved the quality of teaching and learning in public schools.		
<b>2.0 ACCESS TO BASIC EDUCATION</b>			
2.1	Capitation grants have made public basic school education completely free.		
2.2	One of the things that normally prevents parents from enrolling children in school is the payment of fees.		
2.3	Pupils are dropping out of school despite capitation grant.		
<b>3.0 AWARENESS</b>			
3.1	The head-teacher/school authorities discuss with the community or parents the challenges facing the school.		
3.2	The head-teacher/school authorities discuss with the community or parents the school development plan.		
3.3	The head-teacher/school authorities provide(s) adequate information on financial administration of schools.		
<b>4.0 LEVIES AND SUPPORT TO SCHOOL</b>			
4.1	Parents are made to pay some money to the school authorities despite capitation grant.		

4.2	Parents/ Community members should support the development of the school.		
4.3	Parents/ Community members are supporting the development of the school (communal labour, fundraising activities etc.) despite capitation grant.		
<b>5.0 TRANSPARENCY</b>			
5.1	The head teacher/ school authorities explain(s) the uses of the capitation grant to the parents at any forum (e.g. PTA meeting etc.).		
5.2	Parents are involved on decision regarding the implementation of the capitation grant.		
5.3	Parents/ Community members are satisfied with the implementation of capitation grant.		
<b>6.0 SCHOOL FACILITIES</b>			
6.1	School building is in good condition and does not need repairs.		
6.2	The furniture in the school is enough for all the pupils.		
6.3	Teaching and learning materials are provided by the school to the pupils.		
<b>7.0 CASE MANAGEMENT</b>			
7.1	It is easy for parents to voice complaints to the School for redress.		
7.2	It is easy for parents to obtain feedback from the school		
7.3	The school authorities respond to complaints received in a timely manner.		

*Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.*

Table 11: CSC Questionnaire for CG School Authorities (Head teacher and Staff)

CG COMMUNITY SCORE CARD			
Questionnaire – CG School Authorities (Head teacher and Staff)			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of School</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Headteacher and staff
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree    1 Disagree                2 Not Sure                 3 Agree                     4 Strongly Agree         5		
No.	Assessment Area	Score	Comments/Remarks
1.0 ADEQUACY			
1.1	The capitation grant is adequate such that the amount released can cover all the expenses needed by the school for the academic year.		
1.2	The capitation grant is adequate that the school should not levy additional fees.		
1.3	The capitation grant is adequate to implement activities in the School Performance Improvement Plan (SPIP).		
1.4	There are no deductions from the capitation grant at the district level.		
1.5	There are no deductions from the capitation grant at the regional level.		

<b>2.0 TIMELINESS</b>			
2.1	The capitation grant is released within the first week of the term.		
2.2	The capitation grant is released on time to pay for the sports fee such that the school is able to participate in sports.		
2.3	The capitation grant is released on time to pay for the culture fee such that the school is able to participate in culture programmes in the district.		
2.4	The capitation grant is released on time to enable the school to procure all the needed materials at the beginning of the term.		
<b>3.0 QUALITY OF TEACHING AND LEARNING</b>			
3.1	The quality of teaching and learning in public schools is improving.		
3.2	The quality of teaching and learning in public schools are better than the private schools.		
3.3	Capitation grants have improved the quality of teaching and learning in public schools.		
<b>4.0 LEVIES AND ACCESS TO BASIC EDUCATION</b>			
4.1	Capitation grants have made public basic school education completely free.		
4.2	One of the things that normally prevent parents from enrolling children in school is the payment of fees.		
4.3	The introduction of capitation grant has helped increased enrolment in the school.		
4.4	Additional levies are needed from parents to improve education quality in the school.		
<b>5.0 AWARENESS</b>			
5.1	The head teacher/ school authorities explain(s) the uses of the capitation grant to the parents at any forum (e.g. PTA meeting etc.).		

5.2	Parents are involved on decision regarding the implementation of the capitation grant.		
5.3	The head-teacher/school authorities provide(s) adequate information on financial administration of schools.		
5.4	The school is always informed of the amount of capitation grant it will receive by the beginning of the term.		
<b>6.0 TRANSPARENCY</b>			
6.1	Should there be the need for deductions from the capitation grant by the regional or district offices the school is adequately informed.		
6.2	The regional and district offices provides adequate reasons for the deductions from the capitation grant.		
6.3	SPIP committee in place and members are adequately informed about the uses of capitation grants.		
6.4	District Education Oversight Committee (DEOC) is adequately informed on financial administration of schools.		
6.5	The district officers monitor capitation grant at least once in a term.		
6.6	Auditing of the capitation grant is very comprehensive and at least once a year.		
<b>7.0 CASE MANAGEMENT</b>			
7.1	It is easy for School Authorities to voice complaints to the district or regional level for redress.		
7.2	It is easy for School Authorities to obtain feedback from the district or regional office.		
7.3	District or Regional officers respond to complaints received in a timely manner.		

*Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.*

Table 12: CSC Questionnaire for Pupils receiving CG

CG COMMUNITY SCORE CARD			
Questionnaire – Pupils receiving CG			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of School</b>			
<b>Name of Community</b>		<b>Type of Community</b>	Rural/Urban
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	Boys/girls
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree      1 Disagree                      2 Not Sure                      3 Agree                              4 Strongly Agree              5		
No.	Assessment Area	Score	Comments/Remarks
<b>1 Awareness</b>			
1.1	Pupils are aware of the capitation grant.		
1.2	The head teacher/ school authorities have told us about the capitation grant.		
1.3	Our parents have told us about capitation grant.		
1.4	Capitation grant has enabled pupils who could not afford school fees to go to school.		
<b>2 Teaching and Learning</b>			
2.1	The teachers in this school are doing their best to teach us.		
2.2	There are enough teachers to handle all the classes (or all the subjects) in the school.		
2.3	Teaching and learning materials are enough for all the pupils in this school.		

2.4	The school provide us with textbooks		
2.5	Our parents procure textbooks for us		
2.6	The school provide us with exercise books.		
2.7	Our parents procure exercise books for us.		
<b>3 Effectiveness of Capitation Grant</b>			
3.1	Our parents are made to pay some money to the school authorities despite capitation grant.		
3.2	Pupils are dropping out of school despite capitation grant.		
3.3	Pupils are made to work during classes' hours to generate income for the school.		
3.4	Capitation grant has improved the quality of teaching and learning in public schools.		
<b>4 School Facilities</b>			
4.1	School building is in good condition and does not need repairs		
4.2	The furniture in the school is enough for all the pupils		
4.3	Pupils have to bring additional furniture from home.		
4.4	Pupils have to sit on floor because of inadequate furniture		
<b>5.0 CASE MANAGEMENT</b>			
5.1	It is easy for pupils to voice complaints to teachers/ headteacher.		
5.2	It is easy for pupils to obtain feedback from teacher/ headteacher.		
5.3	Teacher/headteacher respond to complaints received in a timely manner.		

Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.

Table 13: CSC Questionnaire for MMDA Education Officials

CG COMMUNITY SCORE CARD			
Questionnaire – CG MMDA Education Officials			
<b>Name of Facilitators</b>	Facilitator 1 Facilitator 2 Facilitator 3		
<b>Name of Authority/ Office</b>		<b>Location</b>	
<b>District</b>		<b>Region</b>	
<b>Number of Participants</b>		<b>Group</b>	District Education Director / District Education Oversight Committee/Circuit Supervisor/District Education office officials
<b>Date</b>	DD/MM/YYYY		
<b>Start Time</b>		<b>End Time</b>	
<b>Ranking</b>	Strongly Disagree	1	
	Disagree	2	
	Not Sure	3	
	Agree	4	
	Strongly Agree	5	
No.	Assessment Area	Score	Comments/Remarks
1.0 QUALITY OF EDUCATION			
1.1	The quality of teaching and learning in public schools is improving.		
1.2	The quality of teaching and learning in public schools are better than the private schools.		
1.3	Capitation grants have improved the quality of teaching and learning in public schools.		
2.0 ACCESS TO BASIC EDUCATION			
2.1	Capitation grants have made public basic school education completely free.		

2.2	One of the things that normally prevents parents from enrolling children in school is the payment of fees.		
2.3	Pupils are dropping out of school despite capitation grant.		
<b>3.0 AWARENESS</b>			
3.1	The head-teacher/school authorities discuss with the community or parents the challenges facing the school and send report to the district office.		
3.2	The head-teacher/school authorities discuss with the community or parents the school development plan.		
3.3	The head-teacher/school authorities provide(s) adequate information on financial administration of schools to community members or parents		
<b>4.0 LEVIES AND SUPPORT TO SCHOOL</b>			
4.1	Parents are made to pay some money to the school authorities despite capitation grant.		
4.2	Parents/ Community members should support the development of the school.		
4.3	Parents/ Community members are supporting the development of the school (communal labour, fundraising activities etc.) despite capitation grant.		
<b>5.0 TRANSPARENCY</b>			
5.1	The head teacher/ school authorities explain(s) the uses of the capitation grant to the parents at any forum (e.g. PTA meeting etc.).		
5.2	Parents are involved on decision regarding the implementation of the capitation grant.		

5.3	Head teachers/ school authorities adequately provide the necessary information on the implementation of capitation grant to the officials responsible for CG at the district level.		
5.4	Head teachers/ school authorities provide timely information on the implementation of capitation grant to the officials responsible for CG at the district level.		
5.5	Official responsible for CG at the district level are satisfied with the level of transparency on capitation grant by school authorities.		
<b>6.0 SCHOOL FACILITIES</b>			
6.1	School authorities use CG to carry out minor repairs on school buildings.		
6.2	School authorities use CG to procure furniture in the schools.		
6.3	School authorities use CG to procure teaching and learning materials for the schools		
6.4	Official responsible for CG at the district level are satisfied with the implementation of capitation grant by school authorities.		
<b>7.0 CASE MANAGEMENT</b>			
7.1	It is easy for the district official in charge of CG to voice complaints to the regional level for redress.		
7.2	It is easy for the district official to obtain feedback from the regional office.		
7.3	Regional officers respond to complaints received in a timely manner.		

*Source: Author's construct based on inputs from the consultation meetings and review of other secondary information.*

Table 14: Collation of average CSC Scores for CG Parents &amp; Community Members

CG COMMUNITY SCORE CARD							
Collation of Average Scores for CG Parents & Community Members							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 QUALITY OF EDUCATION</b>							
1.1	The quality of teaching and learning in public schools is improving.						
1.2	The quality of teaching and learning in public schools are better than the private schools.						
1.3	Capitation grants have improved the quality of teaching and learning in public schools.						
<b>2.0 ACCESS TO BASIC EDUCATION</b>							
2.1	Capitation grants have made public basic school education completely free.						
2.2	One of the things that normally prevents parents from enrolling children in school is the payment of fees.						
2.3	Pupils are dropping out of school despite capitation grant.						
<b>3.0 AWARENESS</b>							
3.1	The head-teacher/school authorities discuss with the community or parents the challenges facing the school.						
3.2	The head-teacher/school authorities discuss with the community or parents the school development plan.						
3.3	The head-teacher/school authorities provide(s) adequate information on financial administration of schools.						

4.0 LEVIES AND SUPPORT TO SCHOOL							
4.1	Parents are made to pay some money to the school authorities despite capitation grant.						
4.2	Parents/ Community members should support the development of the school.						
4.3	Parents/ Community members are supporting the development of the school (communal labour, fundraising activities etc.) despite capitation grant.						
5.0 TRANSPARENCY							
5.1	The head teacher/ school authorities explain(s) the uses of the capitation grant to the parents at any forum (e.g. PTA meeting etc.).						
5.2	Parents are involved on decision regarding the implementation of the capitation grant.						
5.3	Parents/ Community members are satisfied with the implementation of capitation grant.						
6.0 SCHOOL FACILITIES							
6.1	School building is in good condition and does not need repairs.						
6.2	The furniture in the school is enough for all the pupils.						
6.3	Teaching and learning materials are provided by the school to the pupils.						
7.0 CASE MANAGEMENT							
7.1	It is easy for parents to voice complaints to the School for redress.						
7.2	It is easy for parents to obtain feedback from the school						
7.3	The school authorities respond to complaints received in a timely manner.						

Table 15: Collation of average CSC Scores for CG School Authorities (Head teacher and Staff)

CG COMMUNITY SCORE CARD							
Collation of Average Scores for CG School Authorities (Head teacher and Staff)							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Adequacy</b>							
1.1	The capitation grant is adequate such that the amount released can cover all the expenses needed by the school for the academic year.						
1.2	The capitation grant is adequate that the school should not levy additional fees.						
1.3	The capitation grant is adequate to implement activities in the School Performance Improvement Plan (SPIP).						
1.4	There are no deductions from the capitation grant at the district level.						
1.5	There are no deductions from the capitation grant at the regional level.						
<b>2.0 Timeliness</b>							
2.1	The capitation grant is released within the first week of the term.						
2.2	The capitation grant is released on time to pay for the sports fee such that the school is able to participate in sports.						
2.3	The capitation grant is released on time to pay for the culture fee such that the school is able to participate in culture programmes in the district.						
2.4	The capitation grant is released on time to enable the school to procure all the needed materials at the beginning of the term.						

<b>3.0 Quality of Teaching and Learning</b>							
3.1	The quality of teaching and learning in public schools is improving.						
3.2	The quality of teaching and learning in public schools are better than the private schools.						
3.3	Capitation grants have improved the quality of teaching and learning in public schools.						
<b>4.0 Levies and Access to Basic Education</b>							
4.1	Capitation grants have made public basic school education completely free.						
4.2	One of the things that normally prevent parents from enrolling children in school is the payment of fees.						
4.3	The introduction of capitation grant has helped increased enrolment in the school.						
4.4	Additional levies are needed from parents to improve education quality in the school.						
<b>5.0 Awareness</b>							
5.1	The head teacher/ school authorities explain(s) the uses of the capitation grant to the parents at any forum (e.g. PTA meeting etc.).						
5.2	Parents are involved on decision regarding the implementation of the capitation grant.						
5.3	The head-teacher/school authorities provide(s) adequate information on financial administration of schools.						
5.4	The school is always informed of the amount of capitation grant it will receive by the beginning of the term.						

6.0 Transparency							
6.1	Should there be the need for deductions from the capitation grant by the regional or district offices the school is adequately informed.						
6.2	The regional and district offices provides adequate reasons for the deductions from the capitation grant.						
6.3	SPIP committee in place and members are adequately informed about the uses of capitation grants.						
6.4	District Education Oversight Committee (DEOC) is adequately informed on financial administration of schools.						
6.5	The district officers monitor capitation grant at least once in a term.						
6.6	Auditing of the capitation grant is very comprehensive and at least once a year.						
7.0 Case Management							
7.1	It is easy for School Authorities to voice complaints to the district or regional level for redress.						
7.2	It is easy for School Authorities to obtain feedback from the district or regional office.						
7.3	District or Regional officers respond to complaints received in a timely manner.						

Table 16: Collation of average CSC Scores for Pupils receiving CG

CG COMMUNITY SCORE CARD							
Collation of Average Scores for Pupils receiving CG							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Awareness</b>							
1.1	Pupils are aware of the capitation grant.						
1.2	The head teacher/ school authorities have told us about the capitation grant.						
1.3	Our parents have told us about capitation grant.						
1.4	Capitation grant has enabled pupils who could not afford school fees to go to school.						
<b>2.0 Teaching and Learning</b>							
2.1	The teachers in this school are doing their best to teach us.						
2.2	There are enough teachers to handle all the classes (or all the subjects) in the school.						
2.3	Teaching and learning materials are enough for all the pupils in this school.						
2.4	The school provide us with textbooks						
2.5	Our parents procure textbooks for us						
2.6	The school provide us with exercise books.						
2.7	Our parents procure exercise books for us.						
<b>3.0 Effectiveness of Capitation Grant</b>							
3.1	Our parents are made to pay some money to the school authorities despite capitation grant.						
3.2	Pupils are dropping out of school despite capitation grant.						

3.3	Pupils are made to work during classes' hours to generate income for the school.						
3.4	Capitation grant has improved the quality of teaching and learning in public schools.						
<b>4.0 School Facilities</b>							
4.1	School building is in good condition and does not need repairs						
4.2	The furniture in the school is enough for all the pupils						
4.3	Pupils have to bring additional furniture from home.						
4.4	Pupils have to sit on floor because of inadequate furniture						
<b>5.0 Case Management</b>							
5.1	It is easy for pupils to voice complaints to teachers/ headteacher.						
5.2	It is easy for pupils to obtain feedback from teacher/ headteacher.						
5.3	Teacher/headteacher respond to complaints received in a timely manner.						

Table 17: Collation of average CSC Scores for CG District level officials

CG COMMUNITY SCORE CARD							
Collation of Average Scores for MMDA Education Officials							
Name of Community/ District/Region		Score				Average	Remarks
No.	Assessment Area	FGD 1	FGD 2	FGD 3	FGD 4		
<b>1.0 Quality of Education</b>							
1.1	The quality of teaching and learning in public schools is improving.						
1.2	The quality of teaching and learning in public schools are better than the private schools.						
1.3	Capitation grants have improved the quality of teaching and learning in public schools.						
<b>2.0 Access to Basic Education</b>							
2.1	Capitation grants have made public basic school education completely free.						
2.2	One of the things that normally prevents parents from enrolling children in school is the payment of fees.						
2.3	Pupils are dropping out of school despite capitation grant.						
<b>3.0 Awareness</b>							
3.1	The head-teacher/school authorities discuss with the community or parents the challenges facing the school and send report to the district office.						
3.2	The head-teacher/school authorities discuss with the community or parents the school development plan.						
3.3	The head-teacher/school authorities provide(s) adequate information on financial administration of schools to community members or parents						

4.0 Levies and Support to School							
4.1	Parents are made to pay some money to the school authorities despite capitation grant.						
4.2	Parents/ Community members should support the development of the school.						
4.3	Parents/ Community members are supporting the development of the school (communal labour, fundraising activities etc.) despite capitation grant.						
5.0 Transparency							
5.1	The head teacher/ school authorities explain(s) the uses of the capitation grant to the parents at any forum (e.g. PTA meeting etc.).						
5.2	Parents are involved on decision regarding the implementation of the capitation grant.						
5.3	Head teachers/ school authorities adequately provide the necessary information on the implementation of capitation grant to the officials responsible for CG at the district level.						
5.4	Head teachers/ school authorities provide timely information on the implementation of capitation grant to the officials responsible for CG at the district level.						
5.5	Official responsible for CG at the district level are satisfied with the level of transparency on capitation grant by school authorities.						
6.0 School Facilities							
6.1	School authorities use CG to carry out minor repairs on school buildings.						
6.2	School authorities use CG to procure furniture in the schools.						

6.3	School authorities use CG to procure teaching and learning materials for the schools						
6.4	Official responsible for CG at the district level are satisfied with the implementation of capitation grant by school authorities.						
<b>7.0 Case Management</b>							
7.1	It is easy for the district official in charge of CG to voice complaints to the regional level for redress.						
7.2	It is easy for the district official to obtain feedback from the regional office.						
7.3	Regional officers respond to complaints received in a timely manner.						

Table 18: Guideline to record an Action Plan during Interface Meetings

CG COMMUNITY SCORE CARD				
Interface Meetings – Recording Action Plans				
<b>Flagship Programme(s)</b>	Capitation Grant (CG)	<b>Date</b>	DD/MM/YYYY	
<b>Location</b>				
<b>Number of Participants</b>				
<b>Stakeholders Present</b>				
<b>Themes Discussed</b>				
Key Issue(s)	Action(s)	Who will do this (incl. timeframe)	Who will follow-up & monitor	Action Taken

Source: Author's construct

## COMMUNICATION AND ADVOCACY

Table 19: Guide to Monitor the Implementation of CG Action Plan

ENGAGEMENT & ADVOCACY Implementation Monitoring Plan						
Key Findings	Action Points	Implementing Agency (e.g. District Education Office)	Lead Contact in Implementing Agency / Community	Time Frame	Status	Methods of Reporting on Plan Implementation

