



REPUBLIC OF LIBERIA
GOVERNANCE COMMISSION

SECTORAL
GOVERNANCE
ASSESSMENT
LIBERIA

ASSESSMENT PROTOCOLS
GUIDELINES FOR ENUMERATORS
COMMUNITY SCORE CARDS IN HEALTH AND EDUCATION SECTORS

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1. Introduction

As per its implementation Act, the Governance Commission (GC) has the main objective “to achieve and maintain a holistic system of good governance that is inclusive, participatory and just, and which promotes national oneness, sound public sector management, efficient and fair allocation and use of resources and a culture of honesty and integrity”. An autonomous agency established to design, formulate, and consult on appropriate policy recommendations, institutional arrangements, and frameworks for submission to the government in order to support the development of good governance practices in Liberia, the GC’s specific mandate areas include, but are not limited to (1) Political and Legal Reforms; (2) Public Sector Reforms; (3) Civic Education, National Identity and National Visioning; (4) National Integrity System; and (5) Monitoring, Evaluation, Research and Publication.

The governance Commission of Liberia is currently in the process of implementing this mandate to monitor and assess the quality of Governance in Liberia in order to produce the first Annual Governance Report of the country. Knowing the importance of good governance in a given sector and within State Institutions, the Governance Commission has selected, for this first initiative and as pilots, two delivering services Ministries, namely the Ministry of Education (MoE) and the Ministry of Health and Social Welfare (MoHSW). The GC, based on lessons learned from this initiative, envisions expanding to other sectors as priorities arise in the next years.

2. Objectives

The comprehensive Governance Assessment will enable the Governance Commission (GC) of Liberia to produce and publish its first annual report on “The State of Governance in Liberia” in mid-2013. It will provide reliable information on the governance situation in the two priority sectors (Health and Education) and will help identify both governance constraints and best practices respectively hindering or boosting the performance of services delivered to citizens. Indeed, beyond its use for the annual governance report, the assessment will also enable to check if the ministries are using their powers given by citizens in accordance with the principles of good governance.

The assessment will have the following specific objectives:

- To identify systemic gaps in governance that require improvement, with the aim to provide evidence-based policy advice
- To establish a baseline against which we can monitor future improvement
- To enhance the awareness about the importance of good governance and the existing internal capacity to enhance it
- To compare sector performance and –to identify institutional ‘champions’ and establish (peer) mentoring? relations between sector ministries
- To improve the transparency and social accountability of the GoL by making these reports public

3. Methodology

A two-pronged approach will be developed and tested in two sectors (Education and Health) and in a limited geographical area in 2012 and early 2013.

3.1 National-level governance assessment

The first prong of the assessment will focus on assessing the quality of governance at the national level. This national-level governance assessment will assess the performance of the participating ministries (Ministries of Education and Health in 2012) on several key governance indicators using a scoring questionnaire and focal group discussions. The assessments will involve all stakeholders within

the sectors including a cross-section of Ministry staff members at national and decentralized levels, and external partners like donors and INGOs, National CSOs and representatives of the Private Sector and Academia.

3.2 Local-level governance assessments

The second prong of the assessment will measure the perceptions/appreciations of citizens regarding the quality of the services provided by the frontline service provider of the participating ministries and related governance issues (e.g. accessibility, equity, etc.). By doing so, the Commission will not only improve the service mindedness and social accountability of the service providing ministries, but will also enhance the awareness of citizens regarding their entitlements to quality services and their ability to hold service providers to account. This second prong will use the Community Score Card instrument which has been adapted to the Liberia context (and the objectives of the aforementioned overall governance assessment) The assessments will involve local communities and local service providers in schools and health facilities and the general public with key users such as patients, pupils and parents.

The Community Score Card

The CSC (Community Score Card) is a participatory assessment tool, used by both service providers and the community in order to improve service delivery at local level.

The CSC will be used by the Governance Commission to gain insight in the perception of ordinary citizens regarding their satisfaction of services provided in the education and health sectors to assess whether these services are provided in accordance with the basic principles of good governance.

The advantage of the Community Score Card is that it not only generates and collects data which are relevant for policy review at national level, but it also informs citizens about their rights and entitlements to good quality services and empowers them to ask questions to front line service providers and to relevant local government authorities.

4. Implementation process

The implementing strategy of the assessment is divided into three distinct phases:

- The first phase for design and tools development
- The second phase as pilot in limited areas
- The third phase for the implementation or expansion targeting all counties of Liberia.

4.1 Phase 1: Design and tools development

The design and tools development phase includes:

The advocacy process

The advocacy process to get on board the concerned Ministries and the establishment of the implementing structures will be done through the Advisory Committee and the National Technical Team. The Advisory Committee will serve as a 'critical friend', lending support and advice to the Governance Commission in the design, development, and implementation of its approach and methodology to the assessment of good governance. The Advisory Committee will be an "advisory only" body, and shall not make decisions. It will offer critical advice and support to ensure that the instrument used to assess the process of resource management; service delivery; and security and safety are developed within the Liberian context and meet international standards and best practices.

The Advisory Committee will provide specific advice and support to the Governance Commission as follows:

- Advise on the design of the overall Governance Assessment Approach;
- Provide critical inputs on the development of the methodologies and indicators to be applied when conducting the Governance Assessments;
- Assist the Commission to define Liberia specific standards of good governance;
- Provide comments and feedback on draft findings and governance assessment reports;
- Assist the Commission in disseminating its annual governance reports;
- Assist the Commission to promote the importance of and adherence to principles of Good Governance in Liberia.

Membership :

Membership of the Advisory Committee will comprise of:

3 Academia with relevant scientific credentials and experience (education, health and political science)

3 Senior government officials from the planning departments of relevant service providing ministries

1 Senior government official from the Ministry of Planning and Economic Affairs

1 Person from the judiciary (Associate justice from the Supreme Court)

3 Parliamentarians (including chair of the Senate standing committee on health, chair of the House standing committee on education and the chair of the committee on governance)

3 Representatives from Civil Society

1 representative from the Donor community

The Chair of the Commission shall invite the membership of the Advisory Board.

Meetings will be held four times a year or on invitation by the Governance Commission.

A quorum shall be a minimum of eight members.

Minutes will be taken by the Governance Commission's Programme Manager and, following approval at the next Committee meeting, will be published as decided by the Advisory Committee of the M&E unit of the Governance Commission.

The design and development of tools

The identification/definition of indicators and the design of the questionnaires for the CSC have been conducted in two stages. First, desk studies on successful experiences in other countries and previous studies have enabled the proposition of a preliminary list of indicators with the corresponding questions. This first draft was subsequently refined by a team composed of technical staff from the concerned Ministry and the GC M&E unit to provide the final indicators and the questionnaires of the CSC.

The training of the enumerators

The training session included:

- An initial in-house training to transfer the needed knowledge, the steps/activities to be undertaken and the various tools to use for the CSC (2 days).
- A field test in rural places close to Monrovia to confront enumerators with local settings and realities, and apprehend eventual constraints to take into account for further improvements during the implementation (2 days).
- Feedbacks on the results of the field test to both improve the conduct of the process and the questionnaire/indicators (1 day).

The training of enumerators and the field test of these tools have been held between October 16 and 20, 2012. The test run has been conducted in 3 sites around Monrovia. The staff of the GC M & E unit has received training in data entry and analysis using the computerized model for the National Governance Self-Assessment.

4.2 Phase 2: Data collection phase

This phase can be summarized as follows:



Preparation

The preparation starts with the selection of the target communities in consultation with the Ministries of Education and Health and the logistical preparation for data collection in the field.

By the National Technical Team (NTT)

The GC and collaboration ministries shall establish a National Technical Team to assist with tailoring the generic assessment model to the specific requirements of each sector ministry. The team shall consist of the at least three technicians from the Commission and 3 high level technician from each ministry (one deputy or assistant minister and two technical experts in information management, planning or M & E)

Before the field mission, the national technical team composed by the GC M&E and the participating ministries' technical staff has ensured:

- To select the sites/communities where the CSC assessment will be conducted (see details on selection process below).
- Organize the Implementing Team (Enumerators, Supervisors, and Coordinators).
- All the needed equipment (transportation arrangement, computers etc.) and tools (sufficient copies of questionnaires, reporting tools,...) are prepared and available.
- Implementing budget is secured.

A “**planning session**” with the participating ministries and all enumerators should be organized before the field mission to finalize the selection of the targeted communities in each County. During this meeting, the tentative agenda of the process will be revised and the logistical arrangements will be done accordingly. This will avoid misunderstandings and will ensure that the concerned local staff at

the health facility or at the school within the chosen communities will be informed and ready to collaborate with the Enumerators. We will also use this meeting to share responsibilities especially to designate who will be responsible for informing in advance all local authorities concerned about the assessment.

The National Technical Team also ensures that each of the Implementing teams of enumerators will bring with them an “Official letter of authority/introduction” signed by the national authorities of the participating Ministries and the Governance Commission.

i. Selection of target communities

The method used is a quota sampling. Since we are conducting a pilot and given the tight timeframe to capture enough information representing the situation in the country including differences on the service delivery performance, the team has considered the following criteria for choosing the sample population:

First stage of stratification (Selection of Counties):

- The (socio-economic strength) Or, the service delivery performance? of the counties according to the two sectors (Performing county, Mid-performing County, Low Performing County), based on data collected at national level such as the quality of buildings/infrastructure, the level of access (number of users), the level of success (pass rate in education sector, maternal mortality rate for health center,....).
- The spatial distribution of the counties (Urban/ Suburban / Rural)

Given its importance in the country, the county of Montserrado with the Capital Monrovia has been selected by default. It will also be used as reference to express the gaps existing between the Capital county and other counties. Apart from Monrovia, the 4 other selected counties are spread throughout the country: 02 counties on the seaside and 02 highland counties, namely River Cess in the South Eastern, Grand Bassa in the South Central, Nimba in the North Central and Gbarpolu in the North Western. Two of the 4 counties are in the low performing category which represents the situation of most of the counties in Liberia.

Spatial distribution		Performance of the counties			
		Very high	High	Middle	Low
Sea side Counties	South Central	Montserrado		Grand Bassa	
	Western				Bomi
Highland counties	North central		Nimba		
	North western				Gbarpulu

In total, 40 Communities within these 5 Counties are targeted with a standardized ratio of 8 Communities per County which means that we will not aggregate the data and analysis but rather, we will try to emphasize the differences or similarities between counties.

Second stage of stratification (Selection of Communities):

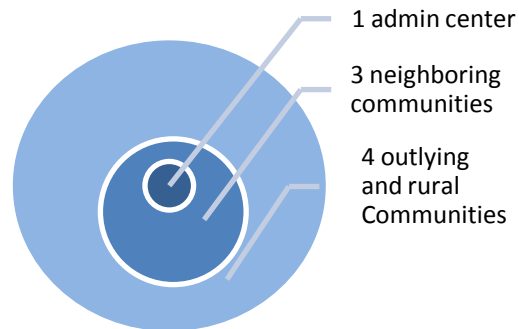
Well before the implementation process starts, the Program Manager of GC M&E unit (or a representative of the unit) will visit each county administrative center to announce and introduce the CSC exercise and meet with the county education and health officers to select the participating communities in the county. If a physical visit can't be organized on forehand, the team leader can meet with the technical staff at the ministry in Monrovia to select the participating communities provided that the ministry has the relevant information on the location of all primary schools and health facilities in each participating county. Since this is not a service availability survey but a

performance survey we will select those communities and citizens that actually make use of a primary school or health facility, i.e. we will not include the most remote communities that have no access to these facilities. In order to select the participating communities per county, the Program Manager, together with the district health and education officer (or the ministry staff in case a field visit can't be organized), will take the following steps:

- A. Map all the primary health and school facilities in the county.
- B. List the communities that have both a health facility and a primary school, or are within a range of 10 kilometers of a community with both facilities.

C. From this list of communities, select eight communities using the following criteria:

- The administrative center;
- Three (3) neighboring communities to the administrative center;
- Four (4) outlying communities in the rural areas, equally spread over the county (i.e. not in one geographical cluster and not only the easy accessible ones).



An alternative could be to select them randomly from the list of communities in the rural areas.

If the administrative center is large and has more primary schools and health facilities, select one ward that has both facilities.

The team leader will plan the actual CSC together with the county staff, ask for contact details of the primary school principal and health facility manager of each participating community and ask the county staff to inform the participating community leaders, school principals and health facility managers.

CSC Team

The actual survey will be carried out by 10 teams of three enumerators each (total of 30 enumerators) and 3 teams of supervisors (each team composed by 3 persons including 1 from MOE, 1 from MOHSW and 1 from GC). The Program Manager of GC M&E unit will ensure the general coordination and supervision of the process. Two teams of 3 enumerators will cover one County, each team will conduct 4 Community Score Card exercises in four communities

The Implementing Team (IT)

The implementing Team (Enumerators and Supervisors) ensures:

- ✚ To have enough preliminary information about the Community where the CSC will take place. This information includes but is not limited to:
 - The national indicators of the targeted sectors to develop a broad understanding of the sector and the issues that could be raised during the exercise.
 - The general information on the targeted district/village and especially on the concerned sectors: population figures by gender and age group, ethnic groups, access, number of schools, number of health centers, etc.
- ✚ To have and bring all needed tools and paper work:
 - 250 CSC education and 250 CSC health questionnaires per team (60 per community for 4 communities and a few extra)
 - 20 CSC questions for the discussion on health and 20 CSC questions for the discussion on education (4 per community + a few extra)

- 5 health manager and 5 school principal questionnaires
- 30 questionnaires for health staff and 30 questionnaires for education staff
- letter of authority/ introduction, badge
- Flipcharts, markers, masking tape, scissors, calculators, note books
- At least 100 pens (collect them after the CSC but they will nevertheless get “lost”)

This preparation phase will last one week.

Data collection

a. Overall organization:

The field data collection will take place within a continuous period of 20 days. For this, as stated before, two teams of enumerators will cover one County doing 4 communities each. Each team of enumerators will stay for an average of 5 days in a community (2 half days for travel including the preparatory meeting at the beginning of their visit and 4 days for organizing and conducting the data collection. The 3 days of data collection will be used as follows:

One day for the service providers' assessment:

1. Interviewing the primary School Principal (or acting manager if absent)
2. Interviewing the Health Facility Manager (or acting manager if absent)
3. Interviewing all professional teaching staff from the primary school (including the principal)
4. Interviewing all professional medical staff from the health facility (including the manager)

This implies that the manager of the school or health facility will fill out two questionnaires. One as principal and one as teacher/medical staff (even if he/she is the only person in the facility).

Two days for the users/citizens Focus Groups using the CSC users' questionnaire: 2 Focus groups Women and Youth for the first day and the remaining groups with Men and Leaders for the second day. ***One person should not participate twice in the process (i.e. If one person has already participated as LEADER, he/she should not participate as MEN or WOMEN or YOUTH).***

b. Daily agenda:

Day 1: Arrival day: Preparatory Meeting

Upon arrival in the community, the team of enumerators will have a preparatory meeting with the local authorities including the superintendents and the mayor plus the health facility manager and the school principal. This meeting with the local authorities will be used to:

1. Announce and explain the purpose of the visit and the assessment (Carrying a letter from the GC and Ministries authorizing them by name to conduct the exercise). As these authorities have already been informed well in advance (at least one week), this session will be done to remind them of the process and reinforce what they have already understood;
2. Explain the CSC exercise (explain and show the different questionnaires used and explain the selection process of the participants (see below);
3. Ask the local authorities to nominate 15 people whom they consider to be “leaders”. This can be the chief/headmen, religious leaders, opinion leaders, retired teachers/ government staff, civic society/community leaders, etc. Ask them to invite these people to the “local leaders” group meeting on day 3;
4. Decide on a time and location for the 4 group meetings (which will take place on day three and four). E.g.:
 - Group meeting 1 (Local leaders): day 3 9.00-12.00
 - Group meeting 2 (women): day 3 14.00-17.00
 - Group meeting 3 (youth): day 4 9.00-12.00
 - Group meeting 4 (men): day 4 14.00-17.00

5. Make all necessary preparations for the group meetings.

Day 2: Service Providers interviews and selecting participants for the group meetings.

On day two, there will be two main activities:

- A. Two enumerators will conduct the interviews of the local service providers as described below.
- B. The third enumerator will select and invite the participants for the three remaining group meetings, as described below (the participants for the fourth group meeting are the local leaders, selected by local authorities on day 1).

The two enumerators conducting the interviews of local service providers will dedicate half a day for each of the facilities (i.e. half day for the primary school and half day for the health facility). The data collection will be divided into two parts:

A. Service providers interviews

Part 1a: Interviews with the School Principal. One enumerator will have an individual interview with the School Principal (or acting principal if not present) using the relevant questionnaire for this purpose. This interview will last an average of 1 hour. The enumerator asks the questions and records the responses or the principal can fill out the questionnaire individually. If the principal is only absent for that day, the enumerator can come back any other day during that week to try again. If he/she is absent for a longer period, the enumerator can interview the acting principal/most senior teacher **See: Questionnaire for primary school Principal.**

Part 1b: Questionnaire for all professional staff of the primary school (including teachers and the principal, excluding cleaners, cooks, security staff, etc.). (*Enumerator: check that the exercise doesn't coincide with the regular classes, the ideal is to conduct them right after the last class has come to an end*). Each of the professional staff fills out a questionnaire. Depending on the number of staff and their availability you can either do this together in a group (*advantage: you only need to explain once and can answer questions that might be relevant to everyone*)

Set up for all staff group interviews:

Session 1: Introduction

1. Welcome and introductions
2. Purpose of the CSC exercise and how the responses will be used by the GC (stress confidentiality)
3. Explain the questionnaire

Session 2: Questionnaire

4. Fill out the Education or Health questionnaire (40 minutes)

All the professional staff members fill out the questionnaire themselves, both the closed and open questions. The enumerators clarify questions if necessary. After all have completed the questionnaire, the enumerator collects them. **See: Questionnaire for Professional staff Education.**

Part 2a: Interview with the health facility manager. This interview will follow the same sequence as part 1a above **except with a different questionnaire.** **See: Questionnaire for health facility manager.**

Part 2b: Questionnaire for all professional health staff. This interview will follow the same sequence as part 1b above **except with a different questionnaire.** **See Questionnaire for health staff.**

B. Selection of participants for the CSC exercise

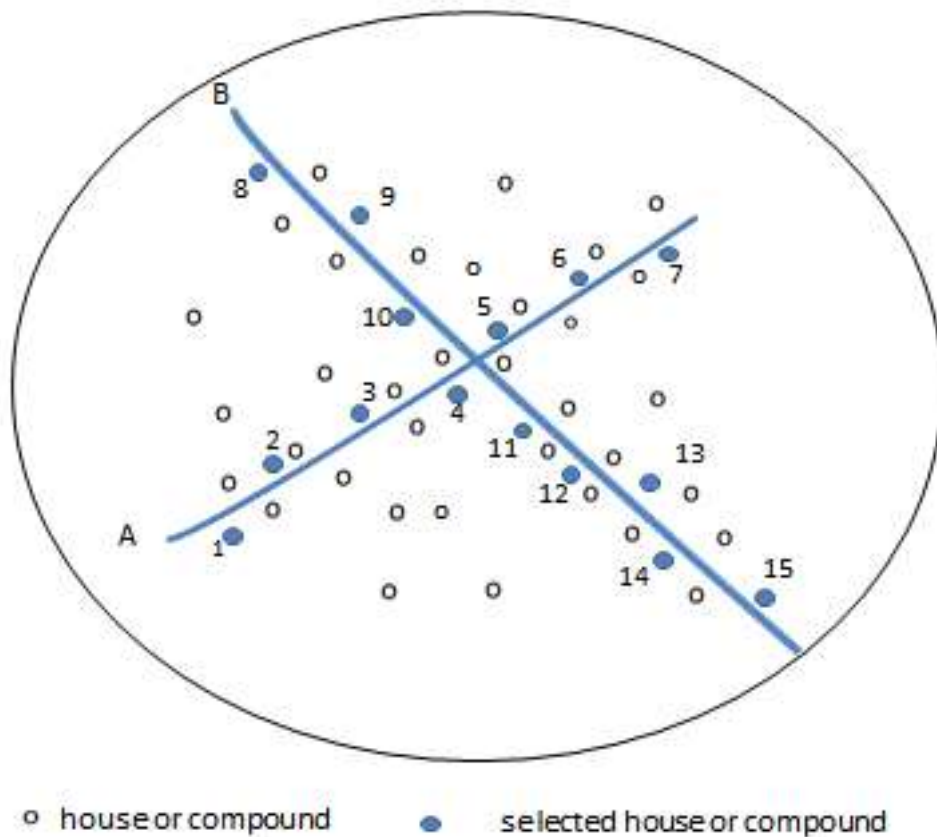
The third enumerator will on day two select and invite the participants for the three citizen focus group meetings: “women”, “men” and “youth” (The “leaders” group should be constituted by the local authorities but might need assistance and a check to see whether it is actually done).

How to select the participants randomly:

It is important that in each group we have a representative selection of the people living in the community? (to stick to same terminology). If we would ask the community worker or the headman to

select these participants we might only end up with his friends who might have a particular view about health or education. To avoid this, the enumerator will have to select the participants randomly. We will do this in the following way (see figure 1):

Figure1: Example of walking transects to select households and participants for the (group) CSC (to stick to same terminology) meetings in a certain community?



1. The enumerator will walk along a line (could be a road) through the village (like line A above) and will select each third compound or house along the line (this could be each second house for a small village or each fifth for a big village/town). In other words, while walking, you select one house and skip the next two, select one and skip the next two, etc. This way, you select households randomly until you have crossed the village (in the example above, until house number 7 along line A). Then you start on a new line (line B) and do the same, selecting each third house or compound. You repeat this exercise (line C and more) until you have sufficient participants.
2. At the first house/compound you have selected, you introduce yourself, explain why you are there (showing the official letter of introduction from national ministries and the GC if necessary?) and ask if there is a “youth” in that household who is around. A youth is defined as someone between 15 and 35 and can be either male or female.
3. If so, you ask to speak to that person. When you meet the person:
 - a. introduce yourself(explain that you are an enumerator from the Governance Commission)
 - b. check if the person is between 15 and 35 years of age
 - c.

- d. explain that the Governance Commission wants to know the satisfaction level of citizens about education and health services in the community in order to improve them
 - e. explain that the person is invited to participate in a group interview/discussion (a group made up of +/- 15 youths) about the health and education services that will take about 3 hours and that will take place on [date] at [time] and at [location] (*enumerator: include the date, time and place chosen*).
 - f. Ask if the person is willing and able to participate. If yes, you record the name of the person on the list for "youth".
4. If there is no "youth" or the "youth" is not willing or able to participate, you can check if there is a man or a woman (above 35 years of age) in the household who is willing to participate. If so, you follow the same procedure as under point 3 (except for point 3b) and record the name under the list "men" or "women" depending on their gender.
 5. Note that from each household that you select in the above way, only **one** person can participate, in one of the three groups.
 6. You continue along the line to the next house/compound that you select in the above-described way and repeat the exercise under point 3 until you have invited 15 youths who have confirmed their participation in the meeting. Please make sure that you select a fairly equal number of male and female youth participants.
 7. You do the same as above for the group of "women" and the group of "men", until you have 15 confirmed participants for each group.
 8. When selecting men & women, only select households that have children at the primary school

Day 3 and Day 4: Users/Citizens Focus Groups

Users/Citizens Questionnaire and Focus Group discussion

The users or citizens' group discussion is expected to have an average of 15 participants for each interest groups of the community (women, youth, leaders, men).

We plan to use the same groups to discuss governance issues related to both sectors: Health and Education. One group meeting will take place in the morning, the other one in the afternoon (the same for day 2).

The users or citizens' group discussion will last an average of 3 hours.

1. The first half hour will be in plenary session to explain the process and the rules of the game for the exercise (e.g. confidentiality of the individual questionnaires?)
2. After this, the participants will fill out the education questionnaire individually **see: *Community Score Card citizens for education***, followed by a group discussion focusing on five questions about education services in this community. **See: *Education CSC group discussion questions***.

Set up for citizens' focus groups:

Session 1: Introduction

1. Welcome and introductions
2. Purpose of the CSC exercise
3. Explain the programme of the meeting and rules of the game

Session 2: Education

4. Filling the education questionnaire
5. Education discussion

Session 3 Health:

6. Filling the health questionnaire
7. Health discussion
8. Closure

3. The same will be done for the health questionnaire and group discussion questions. **See *Community Score Card citizens for Health and the Health CSC group discussion questions.***
- One enumerator will lead the whole process. He/she will welcome the participants, introduce the team and the purpose of the CSC and explain the CSC process and rules of the game.
 - After that, he/she will hand out the Education questionnaires (every participant will have one) and read each question and if necessary explain the questions. The other two enumerators will mainly help illiterate participants to fill out their questionnaire.
 - The individual questionnaires filled out by the 15 participants are collected by the enumerators.
 - During the group discussion sessions, the lead enumerator will read out each of the Education questions and facilitate the discussion, encouraging every participant to express their views (don't hand out the open questions). One of the other enumerators will take notes of the participants' responses.
 - After completing the education part, the same procedure will take place for the health questionnaire and discussion.

Reporting

The team should ensure to finalize data compilation from individual questionnaires and from group discussions for any given community before moving to the following community. Those finalized reports and completed forms/questionnaires will be the main outputs? (inputs)/tools to be checked by the Supervisors during their monitoring visits.