

Ghana's experience in CBMS data collection

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Abstract

Since 1983, Ghana has implemented a number of economic recovery programs to stabilize the economy, promote growth, and subsequently reduce poverty. Evaluation of these national poverty reduction programs has been conducted through national surveys—Ghana Living Standard Surveys (4 rounds). These surveys are, however, fraught with some problems such as glossing over some core poverty indicators for communities and individuals, design of questionnaires makes comparison between surveys impossible, and also irregular timing for data collection due to high costs of implementation. To overcome some of these difficulties, a Core Welfare Indicator Questionnaire (CWIQ) was developed. Compared to the GLSS, the CWIQ was easy to administer and included core poverty indicators that were previously overlooked in the former. However, irregular data collection, which plagued the GLSS, also affected the CWIQ. In addition, the CWIQ also showed that very little data on community poverty exists at the district levels. The data shortfall on communities creates problems in designing and prioritizing programs and policies that will alleviate the plight of the rural poor. In this light, CBMS-Ghana proposed to implement a community-based monitoring system (CBMS). One basic characteristic of a successful community data collection is the

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existence of a decentralized governance structure. Ghana has successfully institutionalized the local government concept since 1988 with the objective to ensure that people are directly involved in the decisionmaking process and responsible for their own development. The CBMS used very simple and easy to administer questionnaires on core poverty indicators. Members of the community, using the decentralized structures, were used to conduct the survey in the chosen community in order to create a sense of ownership.

The survey was conducted in three communities of the Dangme West District of the Greater Accra region. The communities were Dodowa, Prampram and Ningo. The sampling unit for the survey was the household. All households within the three selected communities were administered with the questionnaire, a census approach. About 6,000 households were covered in the survey. The questionnaire used had 12 sections and these are as follows: (1) composition and characteristics of households; (2) education; (3) political participation; (4) employment; (5) health; (6) child mortality; (7) housing and shelter; (8) lighting, water and sanitation; (9) income and livelihood; (10) peace and order; (11) access to social and community services; and (12) access to social program(s).

The paper presents Ghana's experience in the CBMS data collection and some preliminary results.

Background

Since 1983, Ghana has implemented a number of economic recovery programs to stabilize its macroeconomy, promote growth, and subsequently reduce poverty. The latest program to be implemented by Ghana in its poverty reduction efforts is the Poverty Reduction and Growth Facility (PRGF). Ghana opted for the enhanced Highly Indebted Poor Country (HIPC) initiative of the Bretton Woods Institutions (BWIs) in February 2001. Consequently, a Poverty Reduction Strategy Paper (PRSP) was prepared and is currently being implemented. The PRSP was prepared in consultation with people at the community level.

The consultation process brought to the fore specific problems

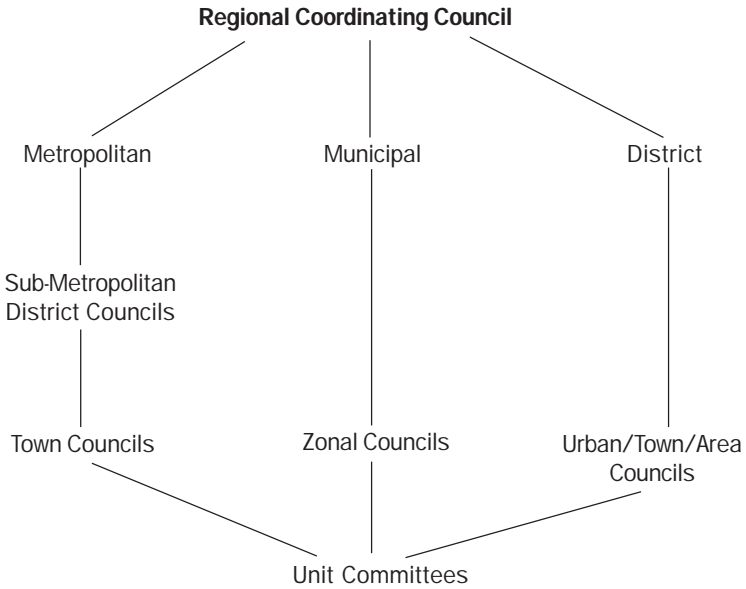
based on the perceptions and demands of the poor especially at the community level which were not considered before in developmental programs. One of the criteria that will be used to judge the successful implementation of the PRSP by the donors is the monitoring and evaluation of programs and policies geared towards poverty alleviation. Though Ghana has benefited from a number of monitoring programs, all these adopted a top-down approach to monitoring and not the bottom-up approach, i.e., from the community to the national level, albeit the fact that a decentralized local government system exists in the country.

Local government and the decentralization system

The local government system in Ghana began in 1988 and per the decentralization policy is a three-tier local structure. The first level constitutes 10 administrative regions coordinated by the Regional Council. The regions are subdivided into local government assemblies—District, Municipal and Metropolitan. Classification is done according to the size of the population in the area, demographic and ethnic characteristics. The geographical areas of a municipality, for instance, consist of a single compact settlement. The geographical area, population and the ability of the area to provide the basic infrastructure and other development needs from internally generated monetary resources qualify the area as a *metropolis*. A minimum of 75,000 persons is needed for a *district*. There are 110 districts, made up of metropolians, municipalities and districts (Figure 1). In the last quarter of 2004, 28 new districts were created bringing the total number of districts to 138.

The local government assemblies have sub-units such as Zonal, Area, Town and Urban Councils. At the lowest level of the tier are about 16,000 unit committees. The unit committees are at the base structure of the local government system and represent the basic unit of planning and political administration. A unit is normally a settlement or a group of settlements, with a population of between 500 to 1,000

Figure 1. Structure of the local government system in Ghana



in rural areas and 1,500 for the urban areas.

The objective of the local government system in Ghana is to ensure that people are directly involved in the decisionmaking process and responsible for their own development. The District assemblies are therefore to identify community problems and development issues within their communities and to develop mechanisms for solving them.

There are currently no consistent and timely data on poverty at the district and unit committee levels. Lack of data makes it difficult for the district assemblies to identify the needs of the local people and address them sufficiently. A community-based monitoring system (CBMS) could offer the district assemblies with opportunities to assess policies that they have implemented at the local levels, identify problems and basic needs at the village/community levels and how best they can be addressed.

Evaluation of existing poverty monitoring systems

Ghana has conducted four rounds of Living Standard Surveys (LSS), which have been relied on to assess the poverty situation in Ghana over the years. These surveys provide information on poverty trends in the country. They also provide opportunities for policy makers to trace trends in households' well-being over a period of time.

Even though the Living Standard Surveys serve a purpose of providing poverty indicators, they are fraught with problems, some of which include:

- The GLSS misses out on some important poverty indicators;
- Poor design of the questions makes them incomparable over time;
- Due to the high costs of implementing these surveys, their timing has been irregular; and
- The global nature of the Living Standard Surveys makes it gloss over poverty at the community and individual levels thus making it difficult for the average Ghanaian to identify him/herself with some of the results.

There have been attempts to remedy some of the inadequacies of the Living Standard Surveys. For example, the Core Welfare Indicators Questionnaires (CWIQ)—designed to furnish policymakers with a set of simple indicators for monitoring poverty and its impact on living standards in the country—help to fill in the gaps as far as some social indicators of poverty are concerned. Nevertheless, these do not still cover an analysis of poverty at the community levels. At the same time, the problem of regularity of data collection still persists.

In addition, there have been participatory surveys that involved collection of data at the community level. These have, however, been very isolated and not conducted on a consistent level.

Setting up of a CBMS

Ghana has had about 14 years of decentralization and the local government system is currently entrenched in the governance of the country. As mentioned, one of the main objectives of the local

government system is to ensure that people are directly involved in the decisionmaking process and responsible for their own development.

As evidenced from the Living Standard Surveys currently available in the country, however, very little data on community poverty exist at the district levels. The only available data on the districts are those collected by the sectoral departments for their central offices and not for the district planning offices. This major constraint in the development process makes it difficult for targeted interventions to alleviate poverty in the communities. In addition, such policy interventions use a 'top-down approach' since they often have very little analysis of the priorities and perceptions of the people in the communities.

Against this background, a community-based poverty monitoring system (CBMS) has been proposed that will inform policymakers, on a timely basis, of the effects of policies on the standard of living of people at the community level. This will hopefully complement the efforts of the decentralized system and achieve the main objective of local people becoming directly involved in policies that best address their needs.

The objectives of the CBMS-Ghana are:

- To offer communities with simple and easy-to-collect poverty indicators to determine the prevailing standards of living;
- To offer district planning offices with up-to-date core set of welfare indicators for the assessment of poverty status at the communities;
- To provide policymakers with data to be used for the prioritization of projects and effective planning and monitoring of developmental programs in the various communities;
- To improve the capacity at the district and unit committee levels in the collection, processing and analysis of data collected at the local levels;

- To strengthen the flow of information and dissemination of poverty data from the national to the committee level; and
- To test a locally feasible data processing system, without necessarily relying on central government resources.

Methodology

Welfare indicators

Poverty in Ghana is multi-dimensional and characterized by low income, malnutrition, ill health, illiteracy, insecurity and isolation. Most of the welfare indicators tie in with the Minimum Basic Needs Approach identified in the literature as capturing the multi-dimensional characteristics of poverty. The main areas of concern to be covered by the CBMS are health, water and sanitation, income and livelihood, basic education and literacy, shelter, peace and order and political participation.

Design of survey instrument

A draft household questionnaire was prepared by the CBMS-Ghana Team and presented in a workshop at the District Assembly Office. Comments and suggestions raised during the workshop were used to improve the questionnaire. The final copy was then printed for the main survey.

Data collection

The CBMS was pilot-tested in three communities in the Dangme West district, namely Dodowa, Prampram, and Ningo. To create a sense of ownership and final take-over of the system by the local authorities, enumerators used for the data collection were selected from the electoral areas within the communities. The District Planning Office and the Deputy District Coordinating Director supervised the collection of data at the local level. The CBMS-Ghana Team provided training and overall supervision.

The basic sampling unit for the pilot test was the household. The collection of data was undertaken through a census covering

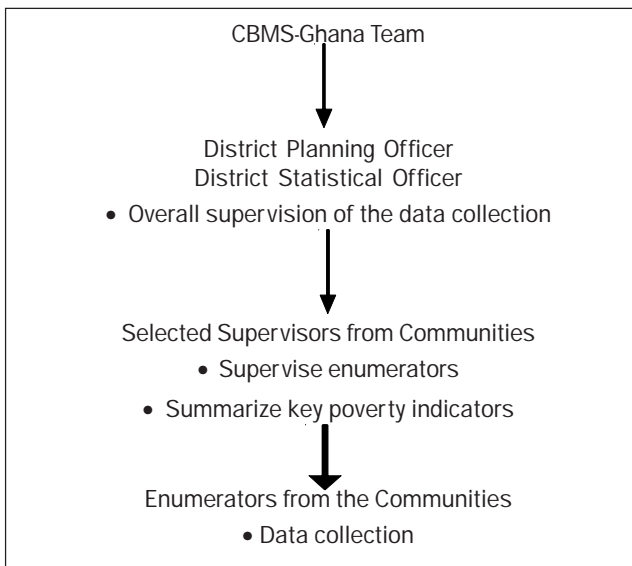
about 6,000 households in the 3 selected communities in the Dangme West district. Figure 2 shows a schematic diagram of the process of training and data collection.

The pilot area (Dangme West District)

The Dangme West district is located in the southeastern part of Ghana in the Greater Accra Region. The district has a total land area of about 1,442 square kilometers. It shares boundaries with the Yilo and Manya Krobo districts on the north west, Akwapim North district on the west, Tema Municipality on the south west and Dangme East district on the east. The Volta River and the Atlantic Ocean wash the northeastern and the south portions of the district, respectively. The district capital, Dodowa, is about 25 kilometers from Accra, the capital of Ghana.

Dangme West district is one of the hottest and driest parts of the country. Temperatures are appreciably high for most parts of the year, with the highest during the main dry season (November–March) and the lowest during the short wet season (June–August). The absolute

Figure 2. Schematic diagram of training and data collection



maximum temperature is 40 degrees Celsius. Mean annual rainfall increases from 762.5 millimeters on the coast to 1,220 millimeters in the north and northeast close to the foothills of Akwapim Range.

The dependence of farmers for rains for their farm activities makes farming a vulnerable occupation. Periodic main crop failures are common phenomena even in the better-watered northern parts. The predominant vegetation type found in the district is the short-grass savannah interspersed with shrubs and short trees, a characteristic of the sub-sahelian type. The soils are highly elastic when wet but become hard and compact when dry and then crack vertically from the surface. This renders the soil unsuitable for hand cultivation. The main occupational activity of the economically active population is agriculture (crop farming, livestock and fishing).

The total population of Dangme West district is 98,809 (2000 Population and Housing Census). Generally, the district has a lower population density than the average for the country or 55.3 persons per square kilometer against the national average of 63 persons per square kilometer. Of the total population in 2000, 48.2 percent are males and 51.8 percent females. The dependency ratio (proportion of the population aged 0-14 and above 65 years old to the economically active population aged 15-64 years old) is 79 percent. The Dangme West district is more rural than urban. According to the 2000 population census, 76 percent of the population live in rural areas while 23.6 percent live in the urban areas.

Planned activities

Data processing and validation techniques

Preliminary data processing and analysis is currently being done by the CBMS-Ghana team. Validation of the data will be done at a joint meeting/workshop with the District Chief Executive, representatives from the Area councils, Assembly members, District Planning Officers, opinion leaders in the community and the enumerators. At the meeting, the results of the survey will be discussed and explanations sought for particular trends in the data.

A detailed analysis of the data and report will then be done by the CBMS-Ghana Team.

Problems encountered

The following are some problems encountered:

- (a) The enumerators identified by the representative electoral areas had low educational level and were inexperienced. Thus, teachers within the electoral area were used to administer the questionnaire.
- (b) Enumerators demanded higher compensation for administering the questionnaires because they claimed they had to travel for long distances to visit households and also had to visit households a number of times before getting them.
- (c) In Ningo, the community was not properly demarcated so it was very difficult for the enumerators to administer the questionnaires.

Preliminary results

This section presents results for two communities surveyed: Dodowa and Prampram.

Demography

Table 1 shows that there are more than 2,000 households in the surveyed area. Dodoma has a higher number of population than Prampram. In both areas, female has a higher proportion over male.

In terms of marital status, those who have been never married have the highest proportion.

Education

Table 2 shows that more than 30 percent of households said that the reason for their children not attending is school is financial as they cannot afford to do so followed by parents deliberately refusing to send their children to school.

Table 1. Social and demographic characteristics of sample

Indicator	Dodowa	Prampram
Household/Demographic Characteristics		
No. of Households	2,415	2,319
Population	8,408	8,849
Male (%)	47.3	44.8
Female (%)	52.7	55.2
Marital Status (%)		
Married	34.3	35.3
Informal/Loose Union	7.4	4.5
Divorced/Separated	7.3	3.6
Never Married	47.4	52.7
Widowed	3.6	3.9

Table 2. Reasons for not ever attending school (%)

Reasons	Dodowa	Prampram
Parents deliberately refuse to send child to school	29.2	27.3
Cannot afford	33.1	37.5
No importance of Education	5.8	2.9
Not interested	2.7	9.6
School too far	0.7	2.2
Others	28.5	20.6

Participation in electoral process

Table 3 shows that more than 40 percent of the population in Dodowa did not participate in electoral process as compared to only 11 percent in Prampram.

Employment

Table 4 shows that majority of the people in the two surveyed areas are employed in the industries of agriculture, forestry and fishing, and wholesale and retail.

Table 3. Participation in electoral process (percent)

Participation/Reason	Dodowa	Prampram
Yes	57.2	88.9
No	42.8	11.1
Reasons for not participating		
No reason	15.6	7.4
Not interested	8.7	15
Sick on admission	3.4	11.9
Identification in doubt	11.9	1.9
Seasonal migrant	6.6	20
Other	53.8	43.8

Table 4. Type of Employment activity (Industry) (percent)

Activity	Dodowa	Prampram
Agric/Forestry/Fishing	29.7	27.8
Mining & Quarrying	2.2	2.2
Manufacturing	7.1	2.5
Construction	8.9	4
Transport/Storage	4.9	3.1
Wholesale/Retail trade	29.3	26.8
Finance/Insurance/Services	4.5	1.7
Electricity, gas & water	1.7	1.2
Community/Social service	10.9	25.6
Fish processor	0.8	5.2

Health

Fever/malaria is the sickness that most of the people suffered (Table 5).

Housing and shelter

Compound house is the most common type of dwelling for the two areas (Table 7).

Table 5. Type of sickness/injury suffered (percent)

Sickness/Injury	Dodowa	Prampram
Fever/Malaria	68.5	70.2
Gastro-intestinal/Diarrhea	6.4	9.1
Injury/Accident	3.8	3.3
Dental	0.7	0.7
Skin condition	4.7	2.3
Eye	2.3	1.9
Ear, Nose or Throat	1.9	1.2
Coughing	5.7	4.7
HIV/AIDS	0	0.1
Other	6.1	6.4

Table 6. Health provider consulted (percent)

Health Provider	Dodowa	Prampram
Private hospital/clinic	11.6	24.5
Public hospital/clinic	30.1	42.0
Community health center	13.7	7.0
Private doctor/dentist	1.2	3.1
Missionary hospital/clinic	5.4	1.5
Pharmacist/drugstore	33.2	17.1
Traditional healer	2.8	2.5
Spiritual healer	0.5	0.5
Other	1.5	1.8

Table 7. Type of dwelling

Type	Dodowa	Prampram
Separate house	16.3	11.3
Semi-detached house	11.7	17.7
Flat/Apartment	3.7	5.6
Compound house (rooms)	64.5	63.4
Huts/buildings (same compound)	2.9	0.7
Huts/buildings (different compounds)	0.6	0.3
Other	0.3	1

Lighting, water and sanitation

Main source of lighting in the two areas is electricity (Table 8) while the main fuel used by household for cooking is charcoal (Table 9).

On the other hand, main source of drinking water are from public outdoor tap and piped into dwelling or compound (Table 10).

Table 8. Main source of lighting

Source	Dodowa	Prampram
Electricity	58	62.2
Generator	0.6	0.3
Kerosine/Gas lantern	38.2	35.2
Candles/torches	1.3	0.8
Biogas	0.2	0
Osono	1.6	1.1
Other	0.2	0.4

Table 9. Main fuel used by household for cooking

Fuel used	Dodowa	Prampram
Wood	23.7	11.2
Charcoal	63.7	72.9
Gas	11.1	14.3
Electricity	0.2	0.1
Kerosine	1.2	0.9
Other	0.2	0.6

Table 10. Main source of drinking water

Source	Dodowa	Prampram
Piped into dwelling or compound	35.9	47.9
Public outdoor tap	40.1	50.5
Borehole	6.4	0.2
Protected well	15.2	0.1
Unprotected well, rain water	0.5	0.3
River, lake, pond	1.1	0.4
Vendor or truck	0.4	0.6

Meanwhile, dumping is the main method that the household used in disposing their garbage (Table 11).

Peace and order

Most of the households experienced no conflict.

Access to social and community services

Table 12 shows that majority of the households have no access to basic social and community services such as banks, post office, telephone, and money lender.

Table 11. Method of refuse disposal

Method	Dodowa	Prampram
Collected	8.7	4.0
Dumped by household	72.2	76.9
Burned by household	16.2	14.2
Buried by household	2.2	4.3
Other	0.7	0.7

Table 12. Access to social services

Service	Dodowa	Prampram
Bank Account		
Yes	39.8	39.2
No	60.2	60.8
Post Office		
Yes	25.8	19.8
No	74.2	80.2
Telephone		
Mobile phone		
Yes	16.3	16.0
No	83.7	84.0
Land line (home)		
Yes	4.2	7.5
No	95.8	92.5
Land line (public)		
Yes	23.5	38
No	76.5	62
Money lender (Susu)		
Yes	20.2	25.1
No	76.5	74.9

Appendix A. CBMS household questionnaire in Ghana

CEPA **COMMUNITY-BASED MONITORING SYSTEM** **CRDI**  **IDRC**
HOUSEHOLD QUESTIONNAIRE

A - GENERAL INFORMATION

QUESTIONNAIRE REF. NUMBER

ENUMERATOR'S NAME: _____

RESPONDENT'S NAME AND ADDRESS: _____

REGION: _____

DISTRICT: _____

ENUMERATION AREA (EA): _____

TOWN/VILLAGE: _____

HOW LONG HAS THE HOUSEHOLD BEEN IN THE TOWN/VILLAGE OR EA

SINCE (YEAR)

DATE OF INTERVIEW:

FROM TO:

ANY COMMENTS: _____

C – EDUCATION							
Member ID	8	9a	9b	10a	10b	11	
	Can [NAME] read and or write any language?	Has [NAME] ever attended school? Yes 1 No 2	If No to [9a] why? Parents deliberately refuse to send child to school 1 Can not afford 2 No importance of education 3 Not interested 4 School too far 5 Other (specify) 6	Is [NAME] currently in school? Yes 1 (Move to 11) No 2	If No to [10a] why? Working on farm 1 Go to sea (fishing) 2 Can not afford 3 Completed 4 Sick/disabled 5 Poor in studies 6 Other (specify) 7	What is the current grade or highest grade [name] completed? None 00 Pre-School 01 P1 11 P2 12 P3 13 P4 14 P5 15 P6 16 L6 32 JSS1 17 JSS2 18 JSS3 19 Voc./Tec./Com. 34 Teacher 35 Training 36 Nursing 37 Tertiary 37	M1 20 M2 21 M3 22 M4 23 SS1 24 SS2 25 SS3 26 S1 27 S2 28 S3 29 S4 30 S5 31 L6 32 U6 33 Apprenticeship .. 38 Non-formal 39

G - CHILD MORTALITY

1. How many children do you have of your own?
2. Did you loose any child before the age of 5 years?
 Yes 1
 No 2
3. If Yes, how many and at what age (list them)

No. of children	Age (in months) at which child was lost. (0 = before birth)
1	
2	
3	
4	
5	
6	
7	
8	

4. Did the household lose any mother as a result of childbirth?
 Yes 1
 No 2

H - HOUSING AND SHELTER

1. In what type of dwelling does the household live?
 Separate house 1
 Semi-detached house 2
 Flat/Apartment 3
 Compound house (rooms) 4
 Huts/buildings (same compound) 5
 Huts/buildings (different compounds) 6
 Other (specify) 7
2. How many rooms does this household occupy?
 (Do not include bathrooms, toilets, kitchen)
3. What is your present occupancy status?
 Own 1
 Renting 2
 Provided rent free 3
 Perching 4
 Other (specify) 5
4. What is the material of the roof of the house?
 Mud 1
 Thatch 2
 Wood 3
 Iron Sheets 4
 Cement/Concrete 5
 Roofing tiles 6
 Asbestos 7
 Other (specify) 8

5. What is the material of the walls of the house?
- 1 Mud/Mud bricks
 - 2 Stone
 - 3 Burnt bricks
 - 4 Cement/sandcrete
 - 5 Wood/Bamboo
 - 6 Iron sheets
 - 7 Cardboard
 - 8 Other (specify)
3. What is the main source of drinking water?
- 1 Piped into dwelling or compound
 - 2 Public outdoor tap
 - 3 Borehole
 - 4 Protected well
 - 5 Unprotected well, rain water
 - 6 River, lake, pond
 - 7 Vendor or truck
 - 8 Other (specify)

4. How far is this main source of drinking water

Distance Distance Code

I - LIGHTING, WATER AND SANITATION

1. What is the main source of lighting for your dwelling
- 1 Electricity
 - 2 Generator
 - 3 Kerosine/ Gas lantern
 - 4 Candles/torches
 - 5 Biogas
 - 6 Osono
 - 7 Other (specify)
5. How does your household get rid of rubbish/refuse?
- 1 Collected
 - 2 Dumped by household
 - 3 Burned by household
 - 4 Buried by household
 - 5 Other (specify)

2. What is the main fuel used by the household for cooking?

- 1 Wood
- 2 Charcoal
- 3 Gas
- 4 Electricity
- 5 Kerosine
- 6 Other (specify)

DISTANCE CODE

- Yard.....1
- Metre.....2
- Kilometre.....3
- Mile.....4

6. What type of toilet is used by household?

- 1 Flush toilet (WC)
- 2 Covered pit latrine
- 3 Uncovered pit latrine
- 4 Pan/bucket
- 5 KVIP
- 6 No toilet (bush)
- 7 No toilet (beach)
- 8 Other (specify)

J. INCOME AND LIVELIHOOD

1. During the past 12 months, did you or any member of your household engage in work/activities to earn income?

- Yes 1
- No 2

2. Allocate household source(s) of income (last 12 months)

i) Employment/Wage	
ii) Household farming	
iii) Household fishing	
iv) Non-farm self employment	
v) Rental	
vi) Remittance	
vii) Other income(s)	
Total	

3. Allocate household Expenditure sources (last month)

i) Food expenditure (Actual)	
ii) Food expenditure (imputed) (consumption from own farm or as wage income)	
iii) Expenditure on Housing (actual and Imputed)	
iv) Non-Food expenditure (actual)	
1. Education	
2. Health	
3. Water	
4. Lighting	
5. Garbage/refuse disposal	
6. Toilet facility	
7. Transport	
8. Other (specify)	
v) Other non-food expenditure	
1.	
2.	
3.	
vi) Expenditure on Remittance(s)	
TOTAL	

K. PEACE AND ORDER

1. In the past 12 months, have you or anyone else in your household been a victim of a violent crime [such as physical/sexual assault (rape or defilement) pickpocketing (robbed or spouse abuse)]?
 - Yes 1
 - No 2

4. In general, when these problems occur (in question 1 and 3), who do you go for help first?
 - Community/Village Authorities 1
 - District Authorities 2
 - Police Station 3
 - Relative(s) 4
 - Elderly Person in Community 5
 - Chief fisherman 6
 - Other (specify) 7

2. If yes to Question 1, specify type of violent crime?

3. What is the major cause of conflict in your community?
 - No conflict 1
 - Indebtedness 2
 - Ethnic conflict 3
 - Political differences 4
 - Marriage 5
 - Land dispute 6
 - Chieftaincy 7
 - Religion 8
 - Fishing dispute 9
 - Stealing 10
 - Destruction of farms by cattle 11
 - Other (specify) 12

L. ACCESS TO SOCIAL AND COMMUNITY SERVICES

1. Does any member of the household have access to the following social and community services.

Social & Community Service	Yes ... 1 No 2	How far is this from your home (km)
1. Bank Account		
2. Post Office Address		
3. Telephone		
(i) Mobile		
(ii) Land Line (home)		
(iii) land line (public)		
4. Susu		

M. ACCESS TO SOCIAL PROGRAMME

1. Did you benefit from any of the following national programmes?

Programmes	Yes --- 1	No --- 2
Social Investment Fund (SIF)		
Village Infrastructure Project (VIP)		
Poverty Alleviation Fund		
Others (specify)		

2. What was the nature of benefit?

- Financial 1
- Extension 2
- Other (specify) 3

3. Did you benefit from any social programme organised directly by the District/local community?

- Yes 1
- No 2

4. Did you benefit from any social programme organized directly by an NGO.

- Yes 1
- No 2

5. Is the household/individual a registered Health Insurance member.

- Yes 1
- No 2

6. If No why ?

7. Have you ever benefited from the Health Insurance Scheme?

- Yes 1
- No 2

Comments

- The paper outlines an interesting and comprehensive pilot project to introduce CBMS in Ghana. The analysis of the findings is still at an initial stage: therefore, the interpretation of data as well as the possible implication of the findings for development interventions at the local level could not be discussed in detail at this stage.
- The research opens an excellent opportunity to link CBMS with decentralization policies in Ghana. Although the process of decentralization is given substantial political attendance, there is a lack of data on community poverty at the district level. This also includes the lack of information on perceptions and priorities of the poor themselves. It would be good if the paper could point out more strongly the implications of this situation not only for the quality of decentralization efforts but also for the implementation of PRSP strategies in Ghana.
- CBMS –as the paper rightly points out – can provide communities and authorities with necessary data. However, it is often not only the availability of data but also the accessibility of and readiness to utilize such data by different relevant stakeholders at the local and regional level, that is important. The efforts of the CBMS team in Ghana to involve the district assemblies in the questionnaire development and research supervision is an important step to create ownership already at a very early stage. The paper could stress this fact in a more methodological manner, as this is clearly an important strength of the project's approach.
- However, it might be worthwhile to also add another paragraph on the issue of community empowerment (or even empowerment of local institutions). Even with better available data at the local

level, such a process would also require greater financial autonomy. It would be interesting to know the authors' ideas on how one could lobby for such support in the Ghana context, whether through government channels or through NGOs and international donor agencies.

- In more specific terms, the paper could provide some more explanation on certain methodological issues such as:
 1. The selection of only one district (rather than a comparison between two districts with different characteristics).
 2. The lack of sufficiently educated community members to undertake survey research and the respective methodological implications if mainly school teachers are mobilized for such research (this would be an important reflection as many other countries would face similar problems for data collection through community members themselves).
 3. The information received through open-ended questions on reasons for certain choices/ patterns (e.g., utilization of private versus public health providers), or respectively, the importance of the conducted focus group discussion to receive more qualitative information on critical issues.

- Overall, the research highlights some interesting areas that the overall CBMS approach could try to incorporate more strongly into data collection efforts elsewhere as well. In this respect, the paper could provide in more detail findings of questions on peace and order, access to social community services and access to social programs.

- In particular, the issue of trust in different institutions and a ranking of their respective quality in providing the services that they are assigned to, could be an important means to strengthen the mechanism at the community level to evaluate institutions relevant to people and to provide them with tools to better insist on services they are entitled to, especially in the field of social development. Some more reflections on the importance of the

above-listed issues for CBMS could provide the basis for some overall recommendations for further improving the CBMS approach.

- More clarification on where the information comes from and who gets interviewed should be provided. The low level of education also poses a serious challenge to dissemination. Maybe the team could consider Burkina Faso's experience of using pictorial graphs and pictures to convey information back to the community.
- Provide more in-depth explanation regarding the choice of questions and possible answers as some questions and answer choices such as those pertaining to rape, sexual aggression and marriage are very intriguing.
- If the local authorities have already seen the results, provide information on what their reactions were. Political dialogue at the local level is very important and sometimes this was often lacking.
- It was suggested to use NGOs for dissemination.
- It is important that the survey be carried out in a local language/dialect because majority of the population may not understand English.
- Provide details on the costs of sustaining inquiries at a local level.
- The value added to the project through seeking reasons for actions was commended, noting that this suggests policy responses. However, in attempting to identify reasons at all, one must specify them in much more detail because oversimplifying them can have a negative impact. Having follow-up questions to gather more information on reasons also provides a scope to expand CBMS.
- Check for consistency the questions across different types of surveys.
- Given that some questions usually asked in the validation process were already included in the survey, provide information if the team still plan on including these questions in the validation process.
- Provide details on whether the data processing would be done manually or via computerization.