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PERFORMANCE EVALUATION OF THE GHANA WASH FOR HEALTH (W4H) ACTIVITY

Summary of Findings and Recommendations

DECEMBER 2019

This publication was produced for review by the United States Agency for International Development. It was prepared by Tetra Tech.

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PERFORMANCE EVALUATION OF THE GHANA WASH FOR HEALTH (W4H) ACTIVITY

SUMMARY OF FINDINGS AND RECOMMENDATIONS[1]

DECEMBER 2019

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[1] This document is a summary of the full end-term performance evaluation report prepared for the United States Agency for International Development by the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project under Task Order number AID-OAA-TO-16-00016 of the Water and Development Indefinite Delivery Quantity Contract (WADI), contract number AID-OAA-I-14-00068.

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ACRONYMS AND ABBREVIATIONS

BaSIS	Basic Sanitation Information System
CLTS	Community-Led Total Sanitation
CSR	Corporate Social Responsibility
CWSA	Community Water and Sanitation Agency
DP	Development Partner
EHA	Environmental Health Assistant
EHO	Environmental Health Officer
EQ	Evaluation Question
FGD	Focus Group Discussion
GC	Global Communities
GOG	Government of Ghana
HCF	Healthcare Facility
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MMDA	Metropolitan, Municipal, and District Assembly
MOU	Memorandum of Understanding
MSWR	Ministry of Sanitation and Water Resources
NL	Natural Leader
OD	Open Defecation
ODF	Open Defecation Free
SDG	Sustainable Development Goal
SOW	Statement of Work
USAID	United States Agency for International Development
W4H	Water, Sanitation, and Hygiene for Health
WASH	Water, Sanitation, and Hygiene
WSMT	Water and Sanitation Management Team

1.0 PROJECT BACKGROUND

1.1 OVERVIEW

The Water, Sanitation, and Hygiene for Health (W4H) Activity is a five-year (February 2015–September 2020) US$19M cooperative agreement funded by USAID/Ghana and implemented by Global Communities (GC) in partnership with The Manoff Group and USAID Global Development Alliance partners Rotary International and The Coca-Cola Africa Foundation. USAID/Ghana commissioned the USAID Water, Sanitation and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) to undertake this performance evaluation at the start of the activity's final year.

The goal of W4H is to accelerate sustainable improvement in water and sanitation access and improve hygiene behaviors in 15 target Metropolitan, Municipal, and District Assemblies (MMDAs). While the challenges are multiple and W4H has many component parts, the overarching framing of the activity is fairly straightforward: by enabling effective supply and fostering demand, sustainable access to improved sanitation, safe water, and hygiene products will be enhanced. By the end of the program, 60,600 Ghanaians are expected to have gained access to improved sanitation and 66,600 to an improved drinking water source.

1.2 EVALUATION PURPOSE, DESIGN, AND METHODOLOGY

As per the Statement of Work (SOW), the primary objectives of the evaluation were to: 1) inform both the implementing partner and USAID/Ghana if the approaches employed by GC are successfully meeting the activity's goal of expanding and ensuring *sustainable* access to water and sanitation services; 2) inform the need for any course corrections or reemphasis of priorities to the activity in its final year of implementation; and 3) assess the approach to and progress of implementation to inform future USAID/Ghana water, sanitation, and hygiene (WASH) programming. The evaluation did not focus on review, validation, or verification of GC targets under the cooperative agreement, nor on the internal organization (finance, management, and deployment of staff) of delivery.

To achieve its objectives, the evaluation answered the following five evaluation questions (EQs):

1. How successfully has the joint policy developed by USAID and Government of Ghana (GOG) served the purpose for which it was developed? Are there other existing policy gaps within the WASH sector in Ghana?
2. To what extent are W4H sanitation achievements likely to be sustained?
3. To what extent have W4H's approaches to private sector engagement for sanitation access expansion been successful?
4. What gaps exist in strengthening local governance systems to sustain water services in the country?
5. To what extent has W4H achieved an increase in schools, health centers, and household members practicing basic handwashing behaviors?

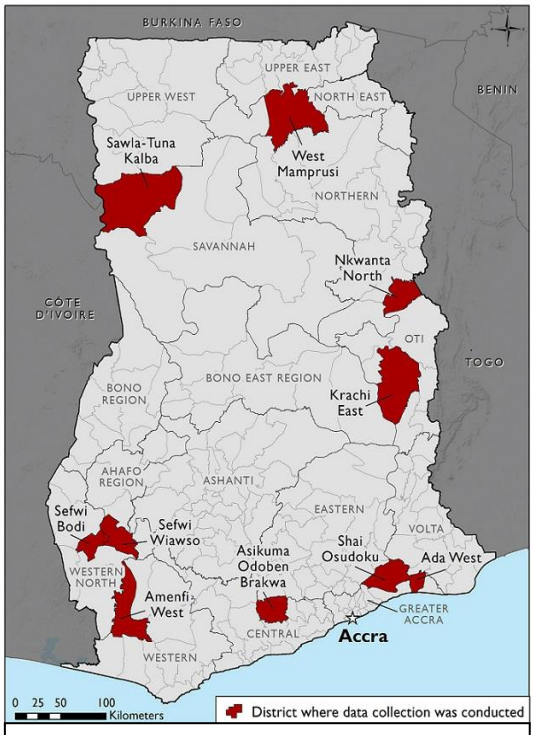

Figure 1: W4H Districts Visited by Evaluation Team

The evaluation team reviewed contractual deliverables and related documents produced by W4H, GOG, and development partners (DPs) and conducted national and local-level key informant interviews (KIIs), focus group discussions (FGDs), and site observations in 10 of the 15 MMDAs in which GC is active (see Figure 1). The team conducted a total of 90 KIIs/FGDs, 75 percent of which were with stakeholders in the ten MMDAs visited. Approximately 25 percent of respondents were female.

2.0 FINDINGS AND CONCLUSIONS

2.1 OVERVIEW

By the end of the Millennium Development Goal period in 2015, Ghana had made significant progress in providing access to improved water supply to 89 percent of the population, but 19 percent of the population did not have access to sanitation facilities and only 15 percent used improved sanitation facilities.[2] Based on the evaluation, the W4H activity is making a meaningful contribution to addressing Ghana's WASH service delivery backlog. GC is innovative and exploratory particularly in its relationships with the private sector, but also cautious in contributing on the national stage.

Briefly, in response to the five EQs above:

- The GOG's comprehensive set of policies and strategies needs to be updated into a policy framework appropriate to deliver Sustainable Development Goal (SDG) 6, aimed at ensuring access to WASH services for everyone. The real need, however, is to ensure that institutional structures and linkages are fit-for-purpose to support MMDAs in ensuring service provision. With regard to the Pro-Poor Sanitation Guidelines, a USAID/GC-supported GOG framework to guide efforts to target those who cannot afford or manage their basic sanitation services, some influence on sector players is emerging. More ownership is needed, however, by the government agencies with a responsibility for sanitation that would ideally champion the approach.
- Through GC's efforts with local Environmental Health Officers (EHOs), community members are well aware of the benefits of investing in and maintaining household toilets, as well as the health and environmental benefits of a community-wide approach to sanitation. Durable, easy to install, and affordable, the Digni-Loo developed by GC makes a significant contribution to household options for sanitation sub-structures. Greater local authority involvement and ownership at more senior levels is needed, however, to strengthen the sustainability of sanitation gains.
- GC has forged excellent relations with national-level private sector actors to advance their contribution to sanitation service delivery. Strategies are emerging to synchronize supply and demand by aggregating demand at the MMDA level and determining distribution modalities down to the household level.
- While beneficiaries have appreciated GC-supported water supply infrastructure, the evaluation team noted some gaps in local governance systems, particularly local government engagement, that may limit the sustainability of these services. A promising example with high potential for sustainability is the W4H-supported piped water system implemented in Sawla Tuna Kalba District, which serves communities in the town of Tuna.

[2] WHO/UNICEF Joint Monitoring Program (JMP), Progress on drinking water, sanitation and hygiene: 2017 update and Sustainable Development Goal baselines, 2017.

- GC's implementation approach to handwashing behavior change relies on Natural Leaders (NLs)[3] as a key entry point to sensitize communities to the importance of investing in and maintaining handwashing facilities. Messages appear to have been well received.

Specific findings from each EQ are explored in greater detail below. Some high-level recommendations are woven into the narrative and indicated in **bold**. Section 3 contains a full list of recommendations.

2.2 EQ1: POLICY GAPS AND THE PRO-POOR GUIDELINES

Over the past two decades, the GOG has developed a wide array of policies and strategies aimed at enhancing the effectiveness and efficiency of the WASH sector. These now need to be **updated into a policy framework appropriate to deliver SDG 6** aimed at ensuring access to WASH services for everyone. The vast majority of interviewees expressed a general lack of understanding of how the different policy and strategy documents fit together into a coherent whole. Thus, these revised policies and strategies would be expected to influence resource allocation at both the local and national levels;[4] clarify the modalities by which services would be delivered, particularly in poor communities; underscore the expected role of the private sector and ways in which the state would encourage, enable, and oversee these contributions; and emphasize the exit or at least modified strategies of DPs in the age of Ghana Beyond Aid, a new GOG manifesto that recognizes Ghana's changed status as a lower-middle income country.[5]

The onus of ensuring service provision for WASH is vested in local government, with national-level institutions providing policy and monitoring frameworks. The challenge is to ensure that MMDAs are sufficiently versed in their responsibility, are actively building up their capacity and have obligated (and received) sufficient resources to discharge their roles and responsibilities, and have the means to develop and analyze data that would support decision-making around resource allocation. Thus, although consolidation and refinement of policies would help, the real need is to **ensure that institutional structures and linkages are fit-for-purpose**.

Through the W4H activity, USAID/Ghana and GC supported the Ministry of Sanitation and Water Resources (MSWR) to develop a framework to target those who cannot afford or manage their basic sanitation services. Participatory processes with sector stakeholders produced the Pro-Poor Sanitation Guidelines, launched in June 2018 (only a year prior to this evaluation). The principles underpinning the guidelines assume that the community-led total sanitation (CLTS) approach will be used as the primary entry point to target poor and vulnerable individuals and households.

Although there is growing recognition of the guidelines' potential value, there was limited evidence that other sector players both in government and amongst DPs are using the guidelines in support of reaching the poor and vulnerable. There does appear to be increased awareness of sector actors generally of a needed conversation around subsidies, technology choices, and recognition that a key objective goes beyond basic sanitation to ensuring that communities have a path to rise up the sanitation ladder. However, the pro-poor guidelines have not been sufficiently owned by the government agencies, like CWSA and MMDAs, that would ideally champion the approach. Furthermore, all MMDAs are

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[3] Natural Leaders have been identified in each of the communities in which GC works as enthusiastic champions of WASH service delivery.

[4] Funding for the WASH sector has seen a downward trend in relation to GDP over the past three years (0.5 percent in 2017, 0.3 percent in 2018, and 0.1 percent in 2019). According to the Sanitation and Water for All High-Level Meeting assessment report, Ghana requires US$386M annually to achieve SDG 6 by 2030. The 2019 budget allocates only US$50 million (13 percent of required amount).

[5] Ghana Beyond Aid has been trademarked and branded as the WISER Ghana project (where "WISER" stands for "wealthy, inclusive, sustainable, empowered, and resilient").

required to draft and gazette sanitation by-laws to include issues on pro-poor targeting and incorporate a pro-poor targeting strategy in their sanitation plans; this has not happened since the launch of the guidelines. **Incorporating a pro-poor framework into refined and consolidated existing policies and strategy documents** would create greater coherence.

2.3 EQ2: SUSTAINABILITY OF SANITATION ACHIEVEMENTS

According to GC, the W4H target for access to improved sanitation of 60,600 Ghanaians is likely to be exceeded, and the majority of communities visited by the evaluation team have attained ODF status with a clean environment ("no visible signs of excreta within the community" as per the GOG ODF verification protocol), hygienic toilets, and handwashing stations. In line with the CLTS emphasis on reducing open defecation, GOG's emphasis on the ground is on counting toilets and communities that are ODF, without necessarily establishing the longer-term support to ensure these efforts are maintained.

Little attention has been given to the durability of latrines—a key cause of slippage. In response, early in the project GC embarked on research and design of a technology option that could provide affordability, ease of installation, and durability, resulting in production of the Digni-Loo. Interviewees considered the Digni-Loo to be a possible "game changer" for household sanitation.

The Digni-Loo comes as a slab with one ring and a vent pipe for easy installation. Additional rings can be purchased to lengthen the lining at the time of installation. The Digni-Loo is appropriate for areas with loose soil and difficult terrains and can be moved when the pit is full. Priced at roughly US$80, the Digni-Loo is considered to be affordable and more reasonably priced (at point of sale but also in terms of life cycle costs) as compared to other sub-structure latrine options on the market (e.g., masonry ventilated improved pits, biofil digesters, and septic tanks). The Digni-Loo is seen both as an entry point and an aspirational product, with the hope that households will construct a superstructure whose durability matches the sub-structure. While strategies to roll out the Digni-Loo are being determined, GC and Environmental Health Officers and Assistants (EHOs/EHAs) have trained households in the construction of latrines using local materials. More innovations, however, around the **use of appropriate local materials for smaller communities and homesteads** will support sustainability.

The quality of initial triggering stages of CLTS is high. Interviews with community members (particularly in the smaller communities) suggested a high level of participation, particularly of headmen and women. The evaluation team noted that community-level interviewees recalled the messages from triggering. Ultimately, however, the quality of triggering could be affected by limited harmonization of messages of WASH implementers, but also across WASH, health, and education departments within the MMDAs.

Photo 1: Household latrines vary in durability.

Interviews with GC staff at the local level suggested that post-ODF sustainability monitoring and support was less in evidence as a systematic element of the W4H activity. In the minority of communities where households have the wherewithal and are likely to reconstruct toilets, this may not be a problem. The use of over 6,000 NLs to follow up with households, however, appears to be effective for reinforcing messaging and enforcing agreed

household-level commitments. Community members were well aware of the benefits of investing in and maintaining household toilets, as well as the health and environmental benefits of a community-wide approach to sanitation. Community by-laws are helpful in reinforcing these messages and clarifying expectations on the part of the household. The evaluation team found that small remote communities will generally continue to invest in construction of toilets (even if rudimentary) due to community reinforcement and mutual accountability.

While EHOs/EHAs are keenly grateful for the support and welcome a solid working relationship with GC staff, local authority involvement in and ownership of WASH at more senior levels have generally been weak. This will ultimately affect the sustainability of WASH systems. GC's provision of facilities or support is not tied in any way to the performance of the MMDA, beyond dedicating staff time to the activity.

W4H data is captured and reported to the GC head office in Accra in real time. The evaluation team sighted copies of weekly reports that confirmed regular capture and reporting of a rich cache of data that should be used to inform and influence decision-making at the local level. The GC and GOG Basic Sanitation Information System (BaSIS) is not currently linked to an effective MMDA monitoring and evaluation (M&E) system. As per the Memorandum of Understanding (MOU) signed between each MMDA and GC, MMDAs are meant to integrate data and results into planning. The evaluation team did not observe this in any meaningful way, nor was it clear that MMDA budgets were being increased to facilitate M&E. While the evaluation team agrees with the GC comment that "using data for planning and decision-making is rarely practiced by local governments due to political economy considerations," undoubtedly some MMDAs are able to take these next steps. As such, **W4H processes and activities could be more anchored within MMDA Water and Sanitation Plans**, which do not themselves adequately address sustainability for sanitation.

2.4 EQ3: SUCCESSFUL APPROACHES TO PRIVATE SECTOR ENGAGEMENT FOR SANITATION

Most GOG policy and strategy documents refer to the private sector as service providers or latrine artisans and stress the need to build their capacity to carry out these functions. In contrast, a key goal of the W4H activity is to strengthen "public-private partnerships (PPPs) to magnify the impact of USG investments" and to maximize impact through market-based approaches for sanitation service delivery (W4H Activity Monitoring and Evaluation Plan [AMEP], p. 8). W4H has excellent and emerging relations with national-level private sector actors. This provides the corporate sector a strategic partnership that both delivers commercial benefits and perceived reputational gains through contributions to the SDGs.

With this emphasis, the W4H activity has successfully engaged several large-scale manufacturers. A strategic relationship with the plastics company Duraplast is based on clear business benefits to the company. Duraplast initially supplied vent pipes for discounted sanitation facilities, then expanded into manufacturing the Digni-Loo toilet per GC's specifications. As a further example, Ghacem Limited (a Ghana-based cement producer) and GC leverage existing cement distribution networks to supply households at prices below the market rate. Demand is aggregated at the MMDA level through the EHOs/EHAs working in coordination with the NLs. The key challenge is how best to aggregate demand and limit transaction costs, synchronizing supply and demand to ensure a viable business opportunity, while meeting the needs of poorer households. More traditional corporate social responsibility (CSR) activities (i.e., providing funding for the construction of WASH facilities in selected communities), while helpful in meeting short-term targets and community needs, are "not necessarily game changers" in the sector, as noted by GC. Only by **appealing to companies through a clearer commercial business case**, as with the GC strategy, are they likely to reach scale and have a wider impact.

After extensive research and development work, the Digni-Loo was formally launched and introduced to the Ghanaian sanitation market in June 2018. Duraplast is the only company manufacturing the product and only manufactures it based on orders received. Duraplast sees the product as belonging to GC and has not formulated its own plans to produce, market, and deliver the product to suppliers. Interest in Digni-Loo received a major boost when the government, through the GOG Community Water and Sanitation Agency (CWSA), with support from the World Bank's Rural Sanitation and Water Supply Programme, placed a large order for Digni-Loo. As a result, the manufacturer created more molds and expanded production capacity to approximately 1,800 units per month. At the time of the evaluation, the company was on course to supply an order of 20,000 Digni-Loos placed by CWSA by November 2019.

Photo 2: Digni-Loo in a W4H community

In the evaluated MMDAs, the Digni-Loo is not yet on the open market for sale by local businesses. At the time of the evaluation interviews, GC was still refining the strategy and roll-out through identified distributors and sanitation entrepreneurs. The intent is to employ a local distributor model with active NLs in a micro-entrepreneur scheme. W4H has developed promotional videos to support the marketing of the product.

Numerous interviewees, particularly at the District Assembly level (as well as GC staff and DPs), noted that conflicting approaches to subsidies by different stakeholders even in adjacent communities are creating confusion for households. Action taken by government agencies or other DPs or through CSR efforts, have the potential in the short term to distort the market if a heavily subsidized, ill-targeted approach is adopted. In response, GC, which provides the product to suppliers at cost, is seeking to time its interventions after the phase-out of the GOG-World Bank scheme that provides the sub-structure Digni-Loo to households for free.[6]

2.5 EQ4: STRENGTHENING LOCAL GOVERNANCE TO SUSTAIN WATER SERVICES

The W4H activity installed 203 boreholes in communities, schools, and health care facilities (HCFs) by the end of 2018. While beneficiaries appreciated these systems, the evaluation team noted some gaps in local governance systems that are likely to affect the sustainability of services.

Like most DPs, W4H engaged private sector firms to drill boreholes and install water systems. The W4H Accra or regional offices drew up and monitored construction contracts. The evaluation team noted that a few systems were malfunctioning during site observations. In two cases, systems had stopped working within only a few months of the initial installation. GC staff should follow up to **determine if the systems are working and, if not, if the Facility Management Plans are effectively supporting their upkeep**. W4H should **revisit any obligations of the construction contractor through some form of guarantee or delayed final payment.**

[6] The CWSA-World Bank program is expected to have ended in November 2019, but even so, although 16,000 (of the 20,000 planned) Digni-Loos have been received by MMDAs at the time of the evaluation, several MMDAs noted that a significant number had not yet been distributed to communities.

At the community level, W4H trained Water and Sanitation Management Teams (WSMTs) to manage newly installed facilities. The evaluation team met with a number of WSMTs during community visits and generally found that committee members understood their responsibilities and took these seriously. In a few communities, the handover process to WSMTs occurred before tariffs and other governance elements had been fully agreed within the community. This has led to some confusion or even willful nonpayment by users and conflicts over the times of day when taps would be locked.

Photo 3: Water tank in the Tuna system

A promising example of a piped water system has been supported by W4H in the district of Sawla Tuna Kalba, which serves communities in the town of Tuna. Albeit still a new system (having only been handed over to the community in June 2019), the evaluation team noted the competence and professionalism through a local Water Board with oversight from the MMDA with efficient monitoring system, fiscal transparency around tariffs, and satisfied customer base. Further study is warranted on how this particular system has become such a model operation to understand the factors needed for replication.

In terms of data collection, the MMDAs visited by the evaluation team do not appear to have a functioning M&E system for installed water systems. W4H, on the other hand, has been refining relatively simple and straightforward systems and collecting data through an Open Data Kit tablet-based application on a regular basis. To support local ownership and an emerging exit strategy for W4H, GC should plan to turn over all their data to the MMDAs and **train MMDA staff in these ODK-based M&E systems** to enhance their oversight and inform how best to allocate scarce resources.

Little evidence emerged of MMDAs dedicating resources to monitor water infrastructure. **Capturing more information from the 15 MMDAs** on their allocation and actual release of budget for water services would be helpful. More study is also needed to **determine whether communities are charging and collecting tariffs in sufficient amounts to maintain and repair water points**. To manage breakdowns, GC could **link up with SkyFox or other programs aimed at providing communities with spare parts at a reasonable and published price and in a timelier manner using mobile ordering systems.**[7] Without such systems in place, repairs could remain untenable and significantly delayed for many communities.

2.6 EQ5: INCREASE IN BASIC HANDWASHING BEHAVIORS

Communities have by-laws discouraging open defecation (OD); however, these are usually silent on the need for handwashing facilities, perhaps due to minimal emphasis on handwashing in the GOG ODF Verification Protocol. GC's implementation approach to handwashing behavior change relies on NLs as a

[7] SkyFox is a registered company in Ghana that has been piloting and expanding a range of WASH and water-related services across Ghana and the region. The SkyFox system was originally piloted under the CWSA-IRC SMARTerWASH program with the aim of aggregating demand for parts suppliers, creating more transparency in terms of prices for communities in need, and feeding work to registered artisans.

key entry point to sensitize communities to the importance of investing in and maintaining handwashing facilities. Messages seem to have been well received. Clearly tracking increases in hand washing behavior is notoriously difficult and thus proxy indications are needed. Across most communities, handwashing facilities were observed near or adjacent to the toilet, indicating that handwashing facilities have been maintained since W4H-related ODF declaration. Some instances of cracking containers, children breaking the Tippy-Taps, and containers being sold to recyclers suggest that further messaging and support may be needed. Across all communities, interviews revealed that soap was readily available and inexpensive from local kiosks and shops. Ash, as an alternative, was clearly available.

Healthcare professionals noted increased public awareness around the need to wash hands at critical times, and the evaluation team's numerous informal discussions with men, women and children largely confirmed this. Communities reported specific positive experiences from practicing good hygiene, largely including health benefits but also cost savings from reduced illness. Although community members and health authorities believe behavior change has contributed to reduction in illness, as yet no irrefutable data validates this claim.

With regard to WASH in schools, W4H has provided schools with toilet and handwashing facilities and engaged in hygiene education and promotion. All schools under the W4H activity benefited from rainwater harvesting tanks sited close to the latrines. The activity provided 470 Veronica Buckets to beneficiary schools to promote healthy handwashing habits among pupils and teachers (W4H FY18 Annual Report). During the rainy season, water is available for handwashing, but pupils face huge challenges in the dry season, except in schools with a water point nearby or where authorities buy water from private vendors. Other schools task children with fetching water from the community borehole when there is no water in the rainwater harvesting system.

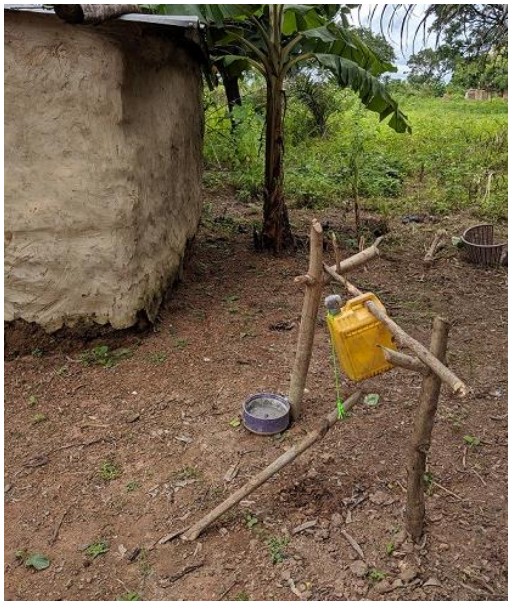

Photo 4: A household Tippy-Tap in Krachi East

In terms of financing, schools depend on capitation grants that are set at only GHS4.00 per pupil per year, of which GHS1.00 is allocated to maintain WASH services. Not only are the capitation grants generally insufficient to ensure maintenance of WASH facilities, the release of funds is often delayed. Under these circumstances, the sustainability of these investments thereby is difficult to ensure.

The W4H activity provided mechanized boreholes with water filtration systems for 12 HCFs across Ghana. These efforts have brought improved water closer to the health facilities to enhance delivery of health services and for handwashing. The systems are not always piped into the HCF directly, however, so staff and patients may still be required to access water from a tapstand somewhere on the property. In terms of an integrated approach, a number of HCFs that the team visited did not have any or adequate latrines, and staff were not aware of any plans for such investments to be made. Thus, the program of work could be more integrated with the connection between WASH services and effective health services delivery more clearly established.

A key observation is that only through the **coordination of the provision of WASH across institutions (schools and HCFs) <u>and</u> communities** will behaviors, infrastructure, and services be sustained for lasting benefit. According to people interviewed in OD communities, community members without toilets seek to access the school toilets, breaking the locks and doors in the process and

destroying handwashing stations. The evaluation team observed directly two instances where older school toilets had been vandalized. Comprehensive or integrated community WASH programs may reduce instances of vandalism, avoid negative impacts on community cohesion, and support consistent handwashing for pupils both at home and at school. Data collection by healthcare professionals would then also be more meaningful around the links between handwashing, reduced OD, available water and health outcomes.

While the indicators for measuring W4H achievements are helpful, the evaluation team notes that **future emphasis on sustainability should be reflected in the number of people having access to integrated, functioning WASH services across all primary areas of life**—at the household/community, school, and HCF level as an aspirational target. The ultimate goal would, thus, be to strive for "Sustainable Sanitized Communities" status, as per the GOG ODF Verification Protocol.

2.7 CONCLUSIONS

Overall, the evaluation team finds that GC is having a positive impact and contributing to expanding sustainable access to water and sanitation services across Ghana. The evaluation team also recognizes that many of the sustainability challenges noted throughout this report are beyond the control of GC alone. The team notes that the questions posed in the evaluation SOW are the correct ones—starting with identification of the policy gaps that need to be addressed for a more functioning and integrated system, that then ensures that gains made in access to services and the subsequent public health and other societal benefits can be sustained.

Effective, functioning operating environments require clearer designation of roles and responsibilities, more coordinated linkages and incentives, and greater levels of dedicated resourcing. Instead there is a reliance on programs like W4H to fund and deliver basic services in Ghana without clearly embedding these programs in the wider institutional context. With Ghana recently declared as a lower-middle income country, the contribution of DPs is shifting with interventions like W4H required to position itself going forward as part of the Ghana Beyond Aid or WISER Ghana movement. Work is needed for the GOG at all levels to prepare for these shifts.

Due to a perceived neutrality with good relationships across the sector, GC could contribute more to national debates based on the learning generated from its own programs and projects. GC local-level staff are viewed by local counterparts as professional and helpful. The evaluation team also experienced local staff members in this way and questioned whether GC staff could be encouraged to make more explicit use of this social capital by seeing themselves as more than project coordinators or administrators, but rather as agents of change in the sector. This would suggest, for example, a **greater advocacy role at the local level** for the benefits of investing in WASH services by supporting the uptake of data and data collection methods, participating more actively in local planning exercises, and strategically flagging the critical steps and resources required to sustain the gains made in the communities that have benefited from W4H support. This could help maximize their influence at more senior levels to ramp up local ownership and local problem-solving.

3.0 RECOMMENDATIONS

Based on the findings and conclusions presented in Section 2.0 above and the full report, the evaluation team provides the following recommendations for GC, USAID/Ghana, and the wider DP community going forward. Short-term recommendations are presented in five categories aligned with the evaluation questions: policy gaps, sanitation sustainability, sanitation and the private sector, local governance and water services, and handwashing behavior change and institutional support. Under longer-term

recommendations, the team proposes considerations for designing future investments in the Ghanaian WASH sector and for advancing the work of W4H.

3.1 SHORT-TERM RECOMMENDATIONS

1) Policy Gaps

a) General Policy Recommendations

1. Support the MSWR and Ministry of Local Government and Rural Development through training materials and capacity building to cascade policies and strategies more effectively down to the local level.
2. Systematically track budget allocation and actual spending on WASH at the MMDA level, and support and advocate for efforts for tracking at the national level with other stakeholders.

b) Pro-Poor Guidelines

1. Specify roles of different stakeholders with regard to how best to implement the guidelines.
2. Work with the MSWR to disseminate the guidelines further to MMDA staff.
3. Develop an M&E framework to monitor implementation of the guidelines.
4. Create a simple standalone checklist to support implementation of the guidelines.
5. Keep records and promote record-keeping regarding guideline implementation, including the households identified, any inconsistencies with other social welfare registers, and an explanation of why and what kinds of support individual households received.

2) Sanitation Sustainability

a) Situate the implementation of WASH interventions more effectively within MMDA systems and structures to facilitate greater ownership and more effective planning, monitoring and data collection, and, ultimately, funding allocations.

b) Develop a strategy to share the data collected by W4H more effectively with MMDAs.

c) Clarify incentives for communities for achieving ODF. Where possible, this could be about sequencing support with other investments (for schools, boreholes for communities, etc.).

d) Actively share the findings from the WASHPaLS studies, when completed, on the performance envelope of CLTS effectiveness and the subsidy analysis with MMDAs to inform the selection of and help negotiate targets for intervention communities and to determine how best to allocate resources for follow-up with communities to ensure they remain ODF.

e) Strengthen the understanding of EHOs in the various levels of the CLTS ladder to undertake post-ODF monitoring and support communities to move up the sanitation ladder.

f) Where possible and relevant, support further sharing between MMDAs (mainly at the EHO level) in adjacent MMDAs to generate cross-learning, greater ownership, and some level of competition.

g) With USAID support, advance discussions on expanding the reach of BaSIS to all regions as well as support the process of harmonization of data at the national level.

h) Situate the Sanitation League Tables more prominently in discussions with MMDAs to foster competition.

i) Based on the W4H experience, revisit the design of the GC-MMDA MOU to consider an explicit set of activities to build MMDA capacity to strengthen their role in planning, budgeting, implementing, and monitoring sanitation activities, as well as to note increasing contributions year-on-year to show commitment and foster local ownership.

j) Log specific dates for the CLTS stages (from when triggering started to when the community was declared ODF). This will help to clarify expectations around behavior change in communities and factors that determine relapse. Analysis of timelines could then inform the levels of effort needed for different kinds of community contexts.

3) Sanitation and the Private Sector

a) Clarify both the economics and finances of different technologies (Digni-Loo and local construction for sub-structure) in terms of life cycle costs, direct or hidden subsidies in the system at present, and who currently pays for what. As possible, compare to other existing and emerging technologies to understand possible positioning in the market from a financial perspective.

b) Clarify the strategy for the roll-out of the Digni-Loo and determine which partnerships for social marketing would be of most use.

c) Accelerate the process of marketing for wider audiences beyond the pro-poor target.

d) Clearly spell out the separate strategies for different private sector engagement (CSR for non-WASH related companies and market development for companies like Unilever, Ghacem, and Duraplast; local private sector distributors; artisans; and private sanitation entrepreneurs).

4) Local Governance and Water

a) Document the (STK) Tuna community water supply model carefully to understand what factors have led to emerging success.

b) Clarify through the MOU with MMDAs who is responsible for providing oversight for future systems involving MMDA engineers more consistently from the start.

c) As appropriate, link to other parts and artisan maintenance supply systems (like that of the SkyFox SMS reporting system and artisan matching aimed at reducing downtime of handpumps).

d) Follow up with beneficiary communities, schools, and HCFs to determine if the systems are working and, if not, whether Facility Management Plans are effectively supporting their upkeep.

e) Revisit the obligations of the construction contractors through some form of guarantee or delayed final payment.

5) Handwashing Behavior Change and Institutional Support

a) Handwashing

1. Continue to ensure and monitor that water is available through an integrated approach (water, sanitation, and hygiene).

2. As a best practice case, study and document Takuka in West Mamprusi to understand factors of success for handwashing behavior change, maintenance of clean toilets, sustainability of water facilities, and management of wastewater.

b) Schools/HCFs

1. Work with MMDAs and District School Health Education Program (D-SHEP) to prioritize post-ODF monitoring to ensure that handwashing practices are sustained and to avoid relapse. (As noted earlier, the ODF verification protocol is largely silent on handwashing.)
2. Clarify roles and responsibilities with education and health authorities about the maintenance of WASH facilities in supported institutions.
3. Ensure that all schools and HCFs have Facility Management Plans in place to comply with implementation requirements and ensure a proper handover to beneficiary institutions through head teachers, Health In-Charge officers, etc.
4. As with recommendation above under Local Governance and Water, revisit contract management for construction to ensure that facility managers have recourse in case of system failure. (This might mean holding back a portion of the final payment for the first three to six months.)
5. Support schools to engage PTAs in innovative ways of operating and maintaining WASH facilities in light of the new government policy of not levying fees for pupils. At the national level, GC and partners should advocate for appropriate funding for WASH in schools by joining ongoing initiatives for increased sector financing.
6. Ensure that schools with toilet provision have viable access to safe water nearby to facilitate/promote handwashing.

3.2 LONG-TERM RECOMMENDATIONS

a) Policy Gaps

1. Update policies and strategies to reflect the more ambitious targets of the SDGs. This effort could provide the opportunity to consolidate and refine, making policies and strategies more accessible to those needing to apply them.
2. With efforts to consolidate the WASH sector policy and strategy documents, incorporate the Pro-Poor Sanitation Guidelines into these documents as a part of a more coherent whole.
3. Track guidance on gender aspects and marginalized households through GOG policies and strategies to clarify guidance.
4. Promote greater structural alignment between MSWR and MMDAs to facilitate effective implementation and monitoring of policy effectiveness. Toward this end, place greater emphasis on the MMDA Water and Sanitation Plans (M/DESSAP) as planning tools and the Regional / MMDA Inter-Agency Coordinating Committee for Sanitation (R/M/DICCs) as maintained forums post-project for guiding implementation at the local level.
5. Put in place structures and systems to ensure that policy monitoring, data capture, and learning influence policy more systematically through support to the MSWR and through more purposeful debate in sector forums.
6. Support the MSWR to strengthen the coordination and alignment of DP programs and activities. Forge linkages to (or at least greater awareness of) health, education, environment, and other programs that intersect with WASH.

7. Provide a facilitated conversation with key players about application of the Pro-Poor Sanitation Guidelines and any gaps in the policy through future WASH sector forums to ensure ownership and uptake.
8. Provide easy access to Livelihood Empowerment Against Poverty (LEAP) and other social welfare databases for community organizers and MMDA officials to cross-check recipients.

b) Programmatic Considerations

1. Negotiate reasonable and increasing targets for MMDAs in terms of funding allocations and other resource commitments to be met over a gradual period to foster greater local ownership. Phase out MMDAs not meeting these targets from the program. Review MMDA local ownership through a comparison of UNICEF and other approaches to working with local government.
2. Design post-ODF support and monitoring in collaboration with MMDAs.
3. Track progress on access to sanitation by wealth quintiles. Facilitate this process through implementation of the Pro-Poor Sanitation Guidelines.
4. Ensure a facilitated conversation with key players about the role and use of subsidies to support households through future sector forums.
5. Support the clarification of the CWSA remit and criteria for and approach to taking over viable community-managed schemes.
6. For WASH interventions, coordinate school provision, healthcare provision, and ODF triggering for more comprehensive coverage in communities to aim more deliberately for "Sustainable Sanitized" communities.

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