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Update on Ghana EVIDENCE BASED ADVOCACY

[Voice for Change Partnership (V4C)

Building vibrant CSOs for advocacy]



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DIALOGUE AND DISSENT

The Dutch government has set up a policy framework focusing on strengthening CSOs' capacity for lobbying and advocacy:

- Voice of citizens
- Interface of state, citizens and market
- Reducing inequality
- Coherence between local and global policy agendas
- Checks and balances in society:
 - Dialogue
 - Watchdog



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HOW WE LOOK AT ADVOCACY

- **Evidence**



Collaboration



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FOCUS AREAS

Food and Nutrition



Resilience



Water, Sanitation & Hygiene



Renewable Energy



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OUR POSITIONING

- We work at national, regional and district level to address issues from different perspectives
- We link to international and local debates and issues
- Inclusion and equity are key elements
- Instead of stressing challenges and difficulties, we focus on solutions and results, which requires collaboration
- Evidence helps, so we use data and good working examples

Three Program Pillars

<u>Capacity Development</u>	<ul style="list-style-type: none">• Capacity development trajectory for selected CSOs in all countries• Centred around five capability dimensions
<u>Evidence Creation & Dissemination</u>	<ul style="list-style-type: none">• <u>Generation of evidence</u>• <u>Adaptation & contextualising of existing evidence</u>• <u>Elaboration of knowledge products</u>• Access to portals and other sources of information sharing• Dissemination of results, evidence and insights generated by the project
<u>Evidence Based Advocacy</u>	<ul style="list-style-type: none">• Evidence-based advocacy plans and activities per theme and country building upon existing activities• In-country focus with international spin-off• Combination of formal and informal meetings & events & multi stakeholder platforms including governments and businesses,



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Capacity Dimensions

- Leadership,
- Use of evidence,
- Thematic knowledge,
- Advocacy
- Organisational Sustainability/Business development.

Evidence Creation and Dissemination

- In-country assessment of needs for knowledge products as part of Design of TOCs realised
-
- Provision of evidence and knowledge products on basis of needs of CSOs started.

Monitoring and Evaluation

- Monitoring protocol including contextualised indicator framework (in alignment with TOCs and advocacy plans and activities) available and introduced in country teams
- Basic monitoring data available as per Monitoring protocol and CSO's introduced in Monitoring Protocol

Strengthening Capacities of CSOs for Sanitation and Hygiene (WASH) EVIDENCE BASED ADVOCACY



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Voice for Change (V4C) Project - WASH

What?

- **Goal:** *Increased CSO participation, voice and influence for an improved WASH services and sustainable access to all in Ghana.*
- **Specifically:** *To ensure increasing equity and access to sustainable, equitable and affordable Sanitation and Hygiene services and products.*

When?

- **Start:** 2016
- **End:** 2019

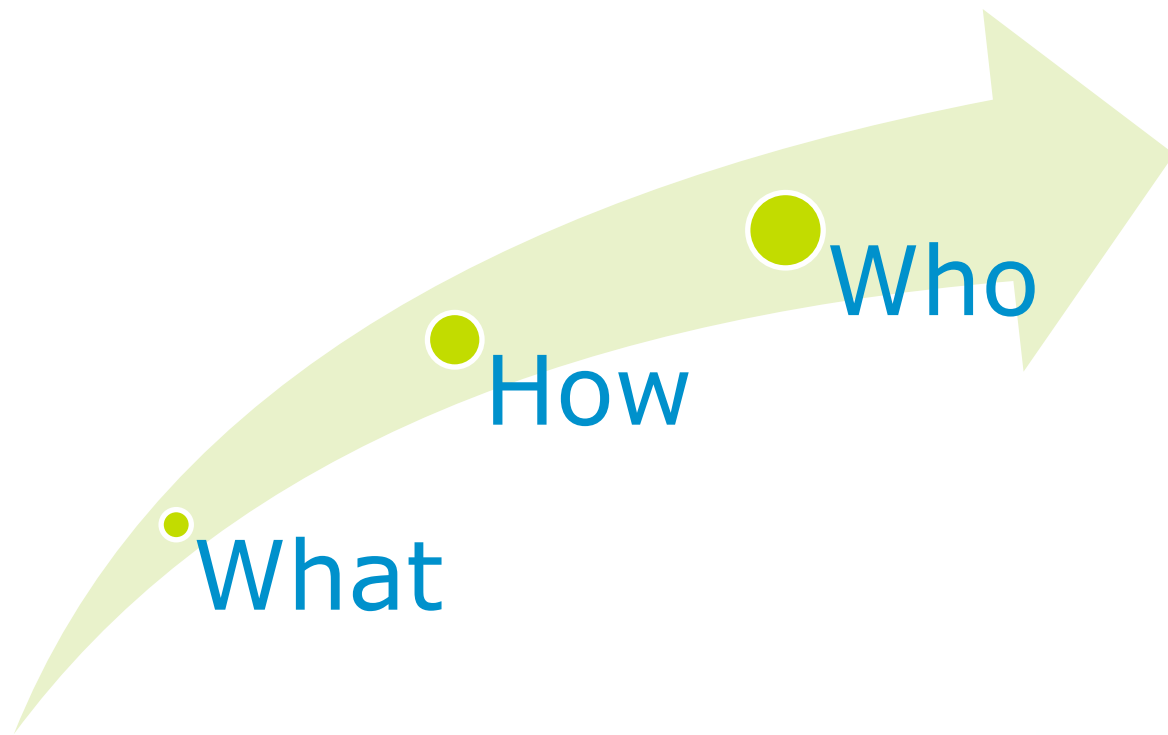
Partners?



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V4C



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SNV

WASH - Statistics

- 17 million Ghanaians drink water that is not safe (2013 GLAAS)
- 19% of Ghana's population practice open defecation and 58% use shared latrines (WHO/JMP 2015).
- More than 5 in 6 Ghanaians do not have access to improved sanitation
- 3,600 children under five die annually in Ghana from diarrhoea (WHO 2015 – Global Health Observatory data repository)
- US\$290 million a year lost in Ghana due to poor sanitation
- US\$79 million a year lost in Ghana due to open defecation (WSP World Bank 2012 – Economic impacts of Poor sanitation in Africa – Ghana)



WASH – Water and MDG

- MDG target overachieved
- Water coverage inequity still exist between urban and rural coverage and even between the wealthy and poor class in the community. women and girls especially suffer most
- Drinking water quality remains a major problem in most parts of Ghana

WASH – Sanitation and MDGs

- The MDG target for sanitation was not met.
- WASH related diseases are common in the country as a result of poor sanitation and hygiene and use of unsafe water
- As with water, there are rural and urban disparities.
- Open defecation is still a major problem nationally, though some districts and regions have made remarkable progress.
- Marginalised and vulnerable groups in urban centers and rural areas who need WASH services most, lack the voice to speak on issues and also lack representation in decision-making process
- There are several advocacy efforts by CSOs and partners to improve WASH service delivery but they seem uncoordinated and only in few instances are they backed by real evidence



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WASH – Hygiene and MDGs

- There was no specific target on hygiene in the MDGs, however its health benefits are significant and linked to adequate water and sanitation
- Data from over 50 countries (“including Ghana”) show low levels of handwashing in many countries. In sub-Saharan Africa, in the 38 countries for which data are available, it is at best 50%
- In many parts of the developing world, up to 4 out of 10 schools and healthcare facilities lack basic water, sanitation and hygiene facilities

Moving from MDGs to SDGs

Goal 6: Ensure availability and sustainable management of water and sanitation for all



Means of Implementation



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SDG Goal 6

- **Goal 6:** Ensure availability and sustainable management of water and sanitation for all
- **Target 6.1:** By 2030, achieve universal and equitable access to safe and affordable drinking water for ALL
- **Target 6.2:** By 2030, achieve access to adequate and equitable sanitation and hygiene for ALL, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Major Challenges – Massive inequalities persist

- More than 70% countries have universal access policies with measures for poor populations, However,
- Less than 60% countries specifically monitor progress of populations living in poverty
- Less than 30% of countries consistently apply finance measures to reduce rich-poor disparity
- MDG efforts:
 - ❑ failure to identify, plan and monitor efforts for “disadvantaged” groups
 - ❑ Richer populations often benefit first, widening inequality

(Source: GLAAS 2013/2014 Country Survey)



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Major Challenges - Capacity of country institutions charged with planning, implementation and oversight

- Internal monitoring results are frequently not reported or acted upon
- MDG efforts:
 - ❑ Increasing country-led planning
 - ❑ Weak regulatory oversight and corrective actions
 - ❑ Disparities in service qualities
 - ❑ Neglect for WASH in public places



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Major Challenges – Efficiency in Financing of WASH

- Is financing allocated to sanitation improvements adequate to meet MDG target?
- Huge financing gaps between budgets and plans, with 80% of countries indicating insufficient financing
- MDG efforts:
 - ❑ Less than half of countries reported using indicators to track expenditure against established baseline data for water and a less than a third for sanitation

Our Advocacy Efforts so far

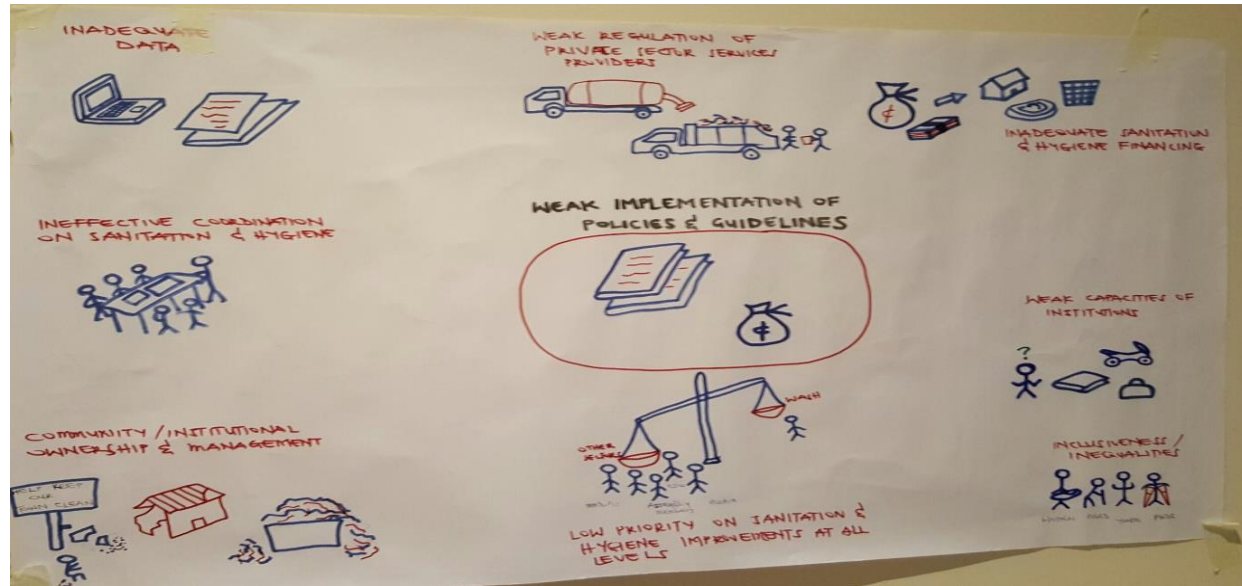
- Capacity development of selected CSOs through face-face meeting which addresses the 5 capability dimensions
- Launch of Voice for Change Project
- District level engagements to identify key stakeholders, introduce project to districts

- **The Journey.....**

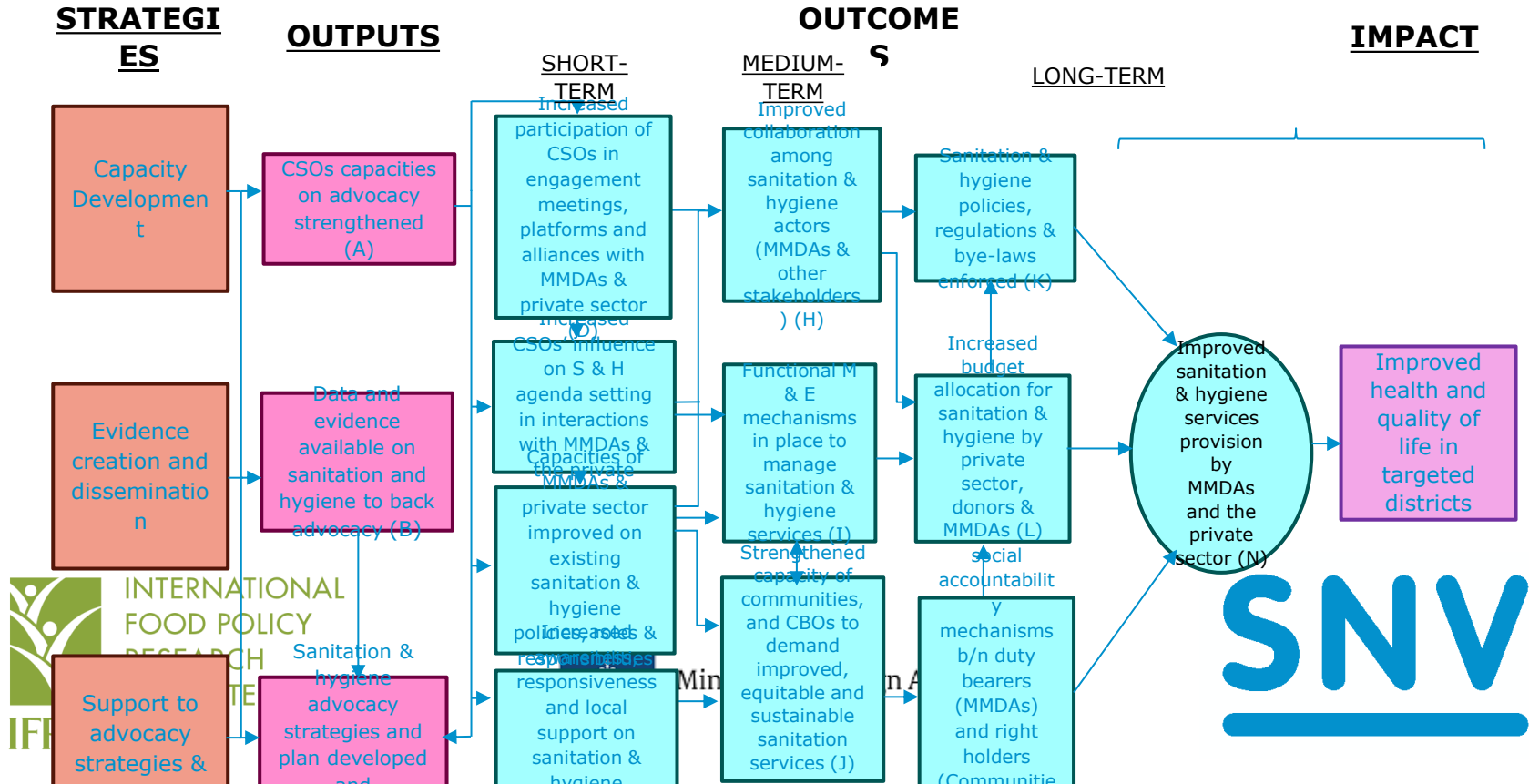
- Capacity development of selected CSOs in:

- ☐ Advocacy thematic document preparation (Context Analysis, Theory of Change, Advocacy Plan)
- ☐ Advocacy strategies
- ☐ Monitoring and Evaluation
- ☐ Documentation
- ☐ Media Engagement including press kit, etc

- Develop Rich picture based on context analysis and problem identification



• Theory of Change



- **Develop WASH thematic Advocacy Plan**
- Problem description
- M&E Framework
- Resource Planning
- Engagement strategy

- **District level engagements as preliminary work for full evidence based advocacy in 2017**
- Problem description
- M&E Framework
- Resource Planning
- Engagement strategy

- **Our target stakeholders?**



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Thank You



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