

## Case study



### Ghana

Translating district level innovations to influence national policy and action



#### Context

Local and district level innovations and initiatives have catalysed national level shifts and action for WASH in HCF in Ghana. Local ownership of health services and monitoring data have strengthened accountability and responsiveness to community demands. Strengthening the evidence base for WASH in HCF through improving costing data has enabled greater integration of WASH in HCF into core national strategies, including the *Ghana National Healthcare Quality Strategy*.<sup>14</sup>

▲ Patients at the Kassena-Nankana West District Health Center, Ghana. October 2018.

▼ Michael Asagewe, Nurse, can now wash his hands before he treats patients at the Wuru CHPS in Ghana. October 2018.



#### Barriers

Two primary barriers to progress on WASH in HCF were identified:

- **Lack of costing data and standards for WASH in HCF.** This data gap on the cost of WASH in HCF had multiple implications. Without clear costing data to guide and target resource allocation, it has been difficult to secure much needed government and donor commitments. The lack of costing data has also held back effective inclusion of WASH in HCF in broader national strategies for health.
- **Lack of accountability of duty bearers to citizen's demands and feedback** can impede the delivery of people-centred healthcare. WaterAid Ghana identified a gap in the inclusion of WASH in localised approaches, such as the community scorecard for the accountability of health. Developed in 2018, the community scorecard engages and empowers community members to give regular feedback and propose solutions for addressing a number of quality areas, including WASH. The feedback mechanisms are linked to the national health management information systems (HMIS), meaning that it can be reviewed at facility, district and national levels.

14. MoH Republic of Ghana (2016). *Ghana National Healthcare Quality Strategy (2017-2021)*. Available at: [moh.gov.gh/wp-content/uploads/2017/06/National20Quality20Strategy20Ghana.pdf](https://moh.gov.gh/wp-content/uploads/2017/06/National20Quality20Strategy20Ghana.pdf) (accessed 24 Mar 2022).

## Approach

WaterAid Ghana worked with partners and the government to develop the country's first national, costed strategy on WASH in HCF – which was published in 2020. The strategy included a comprehensive framework for coordination and implementation, including O&M financing. WaterAid is also supporting community feedback on WASH in HCF to be part of district Health Management Information System (HMIS) monitoring.

WaterAid Ghana worked to create an interface for community engagement with rights holders. In Wa Municipality of the Upper West region of Ghana, WaterAid trained communities to carry out WASH in HCF assessments, monitoring and management using approaches like the 'community scorecard' and WASH management committees. WaterAid also worked simultaneously with duty bearers to promote accountability to the human rights to WASH in HCF.

WaterAid Ghana worked with district assemblies to develop long-term costed, strategic plans for sustainable WASH in HCF, and district officials to develop integrated WASH and health budgets. This process aimed to establish what it would cost to ensure full access to WASH services in all HCF in the respective district. Based on this data, WaterAid Ghana worked with district officials to conduct life-cycle costing analysis to estimate WASH and waste management costs and financing sources required to provide and maintain these services up to 2030.

## Evidence of change

WaterAid Ghana was able to support the use of district level data and good practice to shape and influence national policy and financing decisions for health. Ghana Health Services is now planning for a national rollout of the community scorecard and engagement to improve quality, uphold health users' respect and dignity, and improve WASH and IPC. The monitoring of this scorecard will be collected through DHIS-2. This also means that the data can be immediately reviewed at the facility, district and national level. Communities continue to make changes – Kalvio Gugoro advocacy group gathered WASH evidence on their HCF and supported the community to organise a health forum. The community advocated to the District Health Services to provide services, such as electricity, drugs, a refrigerator, water and sanitation facilities, to make the facility fully functional upon completion. The community also initiated the construction of latrines and communal clean up exercises of public spaces.

A national, costed WASH strategy with a comprehensive blueprint for coordination and implementation is being disseminated across districts and regions to support improved planning and decision making for WASH in HCF. Next steps include validating this plan at regional level and engaging with development partners to support it. Finally, costs for WASH infrastructure and recurrent O&M are set out in the WASH strategy, with 80% of the projected costs financed from domestic resources. At the district level, partners have supported the development of long-term WASH plans, making budget commitments to address shortfalls.

### Life-cycle costing for sustainable WASH in HCF

Using a life-cycle costing approach in WASH refers to the assessment of all costs necessary for delivering and sustaining long term water and sanitation services and hygiene behaviours at the HCF and to the population it serves.

Life-cycle costs include not only the initial, often one-off costs of installing new infrastructure or promoting practices, but also the short and long-term costs of maintaining and supporting these services and behaviours long into the future. Some examples of these costs are spare parts for minor and major maintenance or replacement, water, sanitation, waste management officer/technician salaries, local area mechanics, recurrent technical training of national and sub-national water and health staff, repeat sanitation and hygiene promotion, ongoing monitoring etc.



Patients being treated at the Kassena-Nankana Health Center in Ghana. October 2018.



## Key lessons

- A rigorous process to select and gather data.** During the costing work, it was important to be clear on what data the District Health Directorate needed to collect and use.
- Comprehensive analysis of funding.** To move plans into implementation stage, it is essential to identify possible opportunities to fill financing gaps – across district, national and global funding sources.
- Accountability.** Public commitments made by the district to achieve universal access to WASH by 2030 have increased momentum and accountability. WaterAid Ghana has supported follow up by community leaders and partners to ensure that the commitments are fulfilled. For example, an integrated WASH and health budget and monitoring plan was developed for each district.
- A national costed strategy** to direct a clear plan of action and accountability enabled inclusion of WASH in HCF into key national policy and strategy documents, such as the national strategies for Healthcare Quality and AMR strategies.
- Recognise the community's role in improving the quality and accountability of health services.** WaterAid supported a continuous process of coaching and mentoring to build community capacity, so they were able to claim their rights at the district or regional level.
- Prioritise long term sustainability in community engagement.** WaterAid Ghana's approach ensured that the community kept moving forward without any input. The community selected volunteers for capacity building who then shared their learning with the community. The community formed and supported advocacy teams to demand better health services from duty bearers.

## Conclusion and recommendations

District level improvements such as the creation of long term strategic, costed plans for WASH in HCF and the community scorecard initiative were catalysts for national change in Ghana. On the basis of this work, we recommend:

- Government and development partners that should ensure strong links between district level evidence and national and regional level decision making and planning.
- Integrated processes for community-level monitoring and accountability into national monitoring mechanisms and HMIS. Ensure these processes are supported by investment in empowering communities to take on monitoring activities and claim their rights and training of duty bearers to be responsive to their demands.
- To prioritise the collection and assessment of WASH in HCF life-cycle costing data to inform a national costed strategy for WASH in HCF.