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POLICY BRIEF

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# ALL HANDS IN THE COMMUNITY BOWL

## EVIDENCE USE FOR IMPROVED SANITATION IN GHANA

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## SUMMARY & KEY MESSAGES

This policy brief draws on the lessons emerging from a case study that explored the role of civil society in Ghana acting as a knowledge broker using government evidence around basic services, focusing on the sanitation sector. The case focuses on two initiatives promoted by the Ghana Centre for Democratic Development (CDD-Ghana): the I Am Aware (IAA) initiative and the District League Table (DLT).

The policy brief describes the interventions used to ensure that the evidence emerging from the DLT strengthened the confidence and capabilities of citizens to engage in evidence-based advocacy. It also describes the ways in which the evidence influenced performance in sanitation service delivery, particularly at the district level. The interventions included process facilitation - building and strengthening trust, relationships, a sense of ownership and understanding between district assemblies and civil society organisations; as well as knowledge brokering - deliberately enabling and supporting the linkages between supply and demand of the evidence.

The brief concludes by proving recommendations to build on experiences to date and further strengthen the role of CSO-generated evidence in policy recommendations.


# Background

Civil society has a long history of supporting service delivery in Ghana through the provision of financial support, conducting research, providing technical advisory support, designing and implementing projects and other initiatives. The sanitation sector has been a particular area of focus for civil society support because of the poor levels of service delivery and, particularly, inequities in sanitation provision in the country. In 2015, the Joint Monitoring Programme (JMP)[1] ranked Ghana as the second lowest in the world, with only 15% of the population provided with basic sanitation. These services only reached 1% of the poor, 19% of which practised open defecation (Ntow, 2019; World Health Organisation (WHO) & United Nations Children's Fund (UNICEF), 2017). With the support of civil society and development partners, there have been improvements in basic sanitation service provision, which moved from 15% in 2015 to an estimated 21% in 2018 (Ghana Statistical Service, 2018).

This policy brief draws on the lessons emerging from a case study that explored the role of civil society in promoting the use of evidence in strengthening the performance of the sanitation sector in Ghana. The case focuses on two initiatives promoted by an NGO, the Ghana Centre for Democratic Development (CDD-Ghana): the I Am Aware (IAA) initiative and the District League Table (DLT).

CDD-Ghana initiated the IAA initiative[2] in 2011 as a tool to empower citizens to better demand for public accountability through increasing their access to free, user-friendly information on the provision of public goods and services within their respective local districts. IAA focuses on sector-based input and output indicators in six sectors[3]. Information related to citizen feedback on service delivery performance is assembled and disseminated through a variety of different channels including radio, town hall meetings and the use of SMS text messages (Jones et al., 2019). The NGO also works with and has trained CSO partners in the local districts who, in turn, train and support other citizen groups in governance, accountability literacy training and in the use of data to demand better services. These include citizens' social action groups, parent teacher associations, farmer-based organisations and women and youth groups.

1 The JMP was established by UNICEF to track country progress towards achieving MDG targets and is a universally recognized source of evidence for tracking country coverage in water and sanitation.

2 For further information: http://www.iamawareghana.org

3 These include education, health, water, sanitation, security and governance

In 2014, the District League Table (DLT)[4] was launched by CDD-Ghana, through the IAA initiative in partnership with UNICEF Ghana. The DLT focuses on outcome indicators from the six sectors, aggregating the data into a single index. This is then used to rank all districts in the country. The data originates from decentralised local service delivery department reports sent to centralised ministries, departments and agencies (MDAs) responsible for the sectors. Dissemination takes the form of information bulletins, using infographics comparing the quality of service in a particular district to the national average. Citizens can also request for data from the IAA using a free SMS platform. For sanitation, the performance indicator used is Open Defecation Free (ODF) certification, which is the percentage of communities certified as ODF. This is a composite indicator, informed by multiple input indicators ranging from sanitation facilities (such as latrines and handwashing facilities) to behaviours such as evidence of handwashing practices. The multiple input indicators mean different sectors and Ministries are engaged, including health, education and sanitation.

## How the evidence was used

The IAA initiative and the DLT have been successful in contributing to strengthening evidence use in a number of different ways, particularly at the district level. Examples of these different uses are described below.

The capacity strengthening of civil society groups through the IAA initiative coupled with access to DLT data strengthened the confidence and capabilities of citizens to engage in evidence-based advocacy. This created pressure points on government actors to improve service delivery, particularly at the sub-national level. Strengthening the capabilities of the civil society groups also resulted in increased engagement with district assemblies (DAs) around the quality of the evidence.

The DLT is also used by civil society organisations (CSOs) to influence District Medium Term Development Plans. An evaluation carried out for the IAA found that the four districts sampled had integrated citizen priorities in their plans and three of these had commenced service delivery improvements. A good example of this is from the Garu Tempane District where a local NGO, Rural Initiative for Self-Empowerment - Ghana (RISE Ghana) and a citizens group, the IAA Social Action Group, used the data to write a petition which was successful in convincing the District Assembly to allocate resources and construct a toilet and urinal in the Garu market (Jones et al., 2019).

Ranking of districts using the DLT has created a sense of competition among district officials. District Assemblies that perform poorly on the DLT are flagged at the national level and peer pressure from other districts together with the evidence informed advocacy from civil society act as incentives to improve service delivery.

## Ways in which use of evidence was enabled

The evidence in itself did not bring about the changes described above. CSOs and government stakeholders deliberately used a number of different types of interventions (Table 1) to strengthen capabilities, motivation and opportunity to use evidence.

**These interventions included:**

**Process facilitation** geared towards building and strengthening trust, relationships, sense of ownership and understanding between DAs and CSOs. This involved creating spaces for dialogue (workshops, meetings etc) to allow for co-creation of the methodologies and approaches used to generate the evidence as well as jointly engage in sense making of the evidence.

**Knowledge brokering**, deliberately enabling and supporting the linkages between supply and demand of the evidence. The IAA/DLT initiatives provided higher levels of brokered knowledge more appropriate for decision making. This includes the shift from evidence at input/output level to outcome levels and sourcing, synthesising, analysing and disseminating the evidence through fact sheets, score cards, briefing notes and forums. Also essential were the investment in training citizen groups to use the data in evidence-based advocacy.

4 Previously tested in Latin America

**Table 1** Interventions used to enable evidence use

| Evidence use interventions | Effect – change mechanisms activated that enabled use of evidence |
|---|---|
| Workshop to review the indicators and to explore new ones for inclusion in the DLT performance assessment | CDD-Ghana and UNICEF organise an annual methodological review consultative workshop, with government data-producing agencies at the central government level responsible for all sectors assessed in the DLT, to review the indicators and to explore new ones for inclusion into the DLT performance assessment. The workshops enable building of relationships, and create a sense of ownership**,** ultimately strengthening evidence uptake from the findings of the DLT |
| Training of citizen groups to analyse and utilise data to demand accountability and better services as well as governance and accountability literacy more broadly | Increases awareness of the potential of evidence as well as the ability to analyse and use evidence |
| Active advocacy by CSOs and citizen groups for government to support the use of evidence | Dialogue and engagement processes enable agreement between and ownership of the evidence by partners as well as district staff |
| Convening of regular meetings with sectors at district level | Interaction with districts allows for the development of *relationships* between CSOs and District Assemblies, therefore strengthening *trust* in the evidence and building *abilities* and *confidence* of district staff to use the evidence |
| Annual national launch of the DLT hosted by CDD-Ghana and UNICEF and regional and district-level engagements after the analysis of the report/production of the scorecard | The regional and district-level engagements include town hall meetings, meetings with government officials, specific policy planning meetings, for e.g. district annual Medium Term Development Planning (MTDP) planning meetings. These forums engage and enable citizens in understanding the data for their own social action together with the media, and provide a space for interaction and engagement with politicians and sector-based bureaucrats. |
| Providing access to data and analysis in user friendly formats | This allows individuals to understand and relate to the evidence |
| Presenting the evidence in comparative formats through using a ranking system for districts | Promoting awareness of the evidence and appreciation of the value of evidence, leading to the improved institutionalisation of evidence use by making it a part of professional norms and cultures and thereby creating/strengthening motivation for use |
| CDD/UNICEF promoting DLT uptake to have the DLT used as an additional criterion for the DPAT | |
| Allocation of national budget based on the provision of data and reports | |

A number of external factors enabled the success of these interventions. These included the culture of inclusivity in the country, with already established platforms and mechanisms for consultation and participation as well as the well-established collaborative relationships between different stakeholders. In addition, the country has a relatively well-developed civil society with capabilities to address challenges in the sanitation sector. Furthermore, there was external and internal pressure for improvements in the sector. However, none of this might have been sufficient without the drive provided by newly elected President Nana Addo Danquah Akuffo-Addo, who championed the changes necessary to improve performance of the sector.

## Challenges and barriers to evidence use

After four years of implementation, limitations can be seen from not fully incorporating the DLT in the performance management system of DAs with incentives/ rewards for good performance. DLT partners have been advocating for the DLT to be linked to allocations from the District Development Fund (DDF) to strengthen utility of the evidence. Similarly, districts feel that the DLT process should be better integrated into DA assessments used for the District Performance Assessment Tool (DPAT).

Inadequate capabilities continue to hinder the use of the evidence from the DLT. This includes:

- The limited understanding of non-state data producers of policy processes of how, when and which government institutions are responsible for policy processes and the use of evidence;
- Limitations in the skills and knowledge of government and non-governmental stakeholders to apply the evidence to policy decisions and changes in practice with regards to public service provision;
- A lack of social champions and processes to sustain and carry forward the discussion and debates catalysed when the annual DLT reports are released;
- Insufficient resources allocated to evidence generation, resulting in gaps in the types of evidence generated. As such, the data does not cover the entire sanitation chain and the limited scope of the DLT indicators being tracked reduces the ability to see the overall bigger picture around sector performance;
- Weaknesses in the overall data ecosystem and governance infrastructure, which includes insufficient coordination from the national level to enable the upscaling of the work being done at the District level. This includes modalities to access to use the significant levels of evidence generated by civil society (which feed into their own monitoring systems for reporting to their funders).

## Recommendations for the future

In Ghana, as in many countries, NGOs have demonstrated the ability to undertake high quality research using results and evidence-based approaches. However, this evidence is not always recognised as credible or legitimate by government in the accountability processes.

The DLT campaign, drawing on IAA evidence, is an example of overcoming this barrier to provide sustained evidence that has become institutionalised within government, at various levels. To build on the successes and experiences to date and further strengthen the role of CSO-generated evidence in policy interventions, it is recommended that:

- CSOs working to influence evidence to policy practice in Ghana must strive to build partnerships with government, strengthen collaboration, trust and broad ownership of the evidence. This would improve the prospect for evidence uptake;
- Non-state data producers and evidence uptake intermediaries (such as CSOs/academia/media) need to improve their understanding of how, when and which government institutions and other actors use evidence to inform policy design, implementation and monitoring, so they are better equipped to use these opportunities to advance evidence uptake;
- CSOs in Ghana must take advantage of critical political/policy moments in sectors as entry points to develop timely policy relevant evidence that responds to policy makers' priorities and broad government incentives structures;
- CSO evidence producers and champions must actively advocate for demand for evidence use in government, and the capacity to supply the evidence; and
- CSOs should also build capacity and provide support to strengthen awareness and public demand for accountability to motivate evidence use.

# Research Methodology

*This brief draws on case study research carried out for the project, 'Evidence in practice: documenting and sharing lessons of evidence-informed policy making and implementation in Africa", supported by the Hewlett Foundation.*

*The case study research was guided by an analytical framework that combines two different frameworks: i) the Science of Using Science's framework that looks at evidence interventions and outcomes from a behaviour change perspective (Langer et al., 2016) and the Context Matters framework that serves as a tool to better understand contextual factors affecting the use of evidence (Weyrauch et al., 2016). The framework approaches evidence use from a policy makers' perspective (i.e. from a demand rather than supply perspective). The framework takes into account contextual influencers and breaks down an evidence journey into the ways in which evidence is generated, the interventions taken in order to ensure evidence use, the change mechanisms that arise as a result and the relationships between the evidence journey and the immediate and wider outcomes that emerge.*

Findings emerging from the research are also shared through videos and a published book: '*Using Evidence for Policy and Practice – Lessons from Africa*', Goldman, I and Pabari, M (eds), with 39 contributing authors

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