GROWTHAID GHANA PROGRAMME

Strategy 2020 - 2024

Water, Sanitation, Hygiene (WASH) and Neglected Tropical Diseases (NTDs): Filling the gaps, sharing the benefits of integrated programming.
It is my singular pleasure and honour to present GrowthAid’s five-year strategy, 2020-2024.

Our strategy is the outcome of extensive sector analyses and broad stakeholder consultations we had with selected government agencies, civil society organizations, the private sector and development partners.

GrowthAid was established in 2002 with a broad vision of contributing to alleviate poverty among the poorest population of Ghana. In 2016, we re-focused to work exclusively in delivering sustainable WASH services and contribute towards the eradication of NTDs. We are passionate about the poor and under-served in the world who experience WASH poverty and those millions of people who suffer from NTDs largely because they lack access to the most basic WASH services.

Over the next five years, we will work in collaboration with sector stakeholders to provide sustainable, safely managed water, sanitation and hygiene services that mostly support the prevention and management of NTDs.

We invite development partners and other like-minded organizations to support us as we embark on this ambitious journey. We understand it will be a tough one, especially because of the expected funding cliff to the sector. However, we believe it is a journey worth making and this strategy marks the beginning.

I would like to thank all those who supported us in various ways to come this far. Special thanks to our staff and Board of Directors who worked tirelessly to bring this strategy to life.

Joe Lambongang, PhD.

Executive Director
Introduction

1.1 Background

WASH poverty and the prevalence of NTDs remain huge development and public health issues in most countries in West Africa, including Ghana. In 2015, 844 million people lacked basic drinking water in sub-Saharan Africa and the number of people practicing open defecation stood at 220 million (WHO/UNICEF JMP, 2017). It was also reported that 40% of the then world’s 1.6 billion at risk of neglected tropical diseases lived in Africa (WHO, 2016).

Sustainable access to safe WASH is fundamental for the care and prevention of many diseases including NTDs. Even though this has both short and long-term effects in transforming lives and promoting substantial economic and social benefits and development, current global, sub-regional and national investments in WASH are usually insufficient.

Over the past ten years, the Government of Ghana has invested resources into creating an enabling environment for the provision and equitable access to safe water, and sanitation services. Notable among these include the National Water Policy, (NWP – 2007); Environmental Sanitation Policy-2010; NESSAP 2010; Strategic Environmental Sanitation Investment Plan (SESIP-2010); National Water Quality Monitoring Framework (NWQMF-2015); Water Sector Strategic Development Plan (WSSDP-2014). This was done with the view to ensuring that everyone everywhere in Ghana will have access to sustainable water and basic sanitation by 2025.

Another commendable effort is the establishment of a Ministry of Sanitation and Water Resources (MSWR) in 2017. The Government’s intention was to facilitate a stronger alignment, efficiency, and consolidation of various fragmented WASH interventions under a single lead institution. Despite these commendable efforts, not much appears to have been achieved. Ghana is one of the countries that met the MDG target for increasing access to safe water supply while it lagged behind on sanitation. At the beginning of tracking the SDGs in 2015, the proportion of population using safely managed water supply was estimated at 26.9% while 50.9% were receiving basic services (WHO/UNICEF JMP, 2017).

Whereas Ghana’s rapid population growth is a factor that explains the seeming lack of significant progress, the fragmented approach to WASH service delivery coupled with limited capacities to respond to the overwhelming requirements from the various uncoordinated projects have also contributed to the slower progress towards universal and equitable access to WASH services. There are still substantial challenges with coverage, equity in access and financing. There are also gaps in the area of institutional, sectoral and programmatic integration of WASH and health which could have contributed to cost effectiveness and long-term sustainability in dealing with preventable diseases like NTDs.

Based on the context described here, GrowthAid, through this strategy, intends to bridge this programming gap with our integrated WASH-NTD strategy 2020-2024 in support of the campaign for sustainable WASH for all and elimination of NTDs by 2030.
1.2 Who we are

GrowthAid was established in 2002 with a broad vision to help alleviate poverty among the poorest population of Ghana and the world at large.

It has grown from a relatively small organisation to this current status where it occupies a respectable position in the international civil society space.

We are very passionate about the poorest and under-served in the world who experience WASH poverty and the millions of people who suffer from NTDs largely because they lack access to the most basic WASH services.

In 2016, we re-focused to work exclusively in delivering sustainable WASH services and contribute to the prevention and management of NTDs. Our vision is driven by the passion to make an impact on the world’s poorest, providing them with dignity and contributing to making sure that no one is left behind.

Introduction

1.2.1 Our Vision

A world where everyone has adequate safe water, sanitation and hygiene on a sustained basis, and where no one dies from preventable diseases.

1.2.2 Our Mission

To contribute in transforming the lives of the poor and marginalized. We do this by collaborating with other organizations to provide essential services and build capacities for poverty reduction initiatives.

1.2.3 Our Core Values

The core values of the organisation are:

**Respect:**
We treat everyone with dignity, respect and champion the rights and contribution of all to achieve a fairer world.

**Accountability:**
We are accountable to those whose lives we hope to see transformed, to those we work with and to those who support us.

**Integrity:**
We act with honesty and conviction and our actions are consistent with openness, equality and human rights.

**Transparency:**
We are creative and agile, always learning, and prepared to break new grounds to accelerate change.

GrowthAid was established in 2002 with a broad vision to help alleviate poverty among the poorest population of Ghana and the world at large.

It has grown from a relatively small organisation to this current status where it occupies a respectable position in the international civil society space.

We are very passionate about the poorest and under-served in the world who experience WASH poverty and the millions of people who suffer from NTDs largely because they lack access to the most basic WASH services.

In 2016, we re-focused to work exclusively in delivering sustainable WASH services and contribute to the prevention and management of NTDs. Our vision is driven by the passion to make an impact on the world’s poorest, providing them with dignity and contributing to making sure that no one is left behind.
Context of WASH & NTDs in Ghana

2.1 Background

Ghana has enjoyed over 25 years of political stability through democratic governance which has resulted in significant economic and social progress. The country attained a lower middle-income status in 2012 and has since been experiencing a growing Gross Domestic Product rate from 3.7% in 2016 to 8.5% in 2017 (GSS, 2018).

Growth has been driven by industry (mostly oil) and agriculture. According to the World Bank (2020) the real GDP growth for 2019 was 6.1%, below initial projections of 7.5%.

As a result of tighter monetary policy and a moratorium on central bank financing of the fiscal deficit, Ghana’s inflation fell to single-digits in 2018. This, together with lower non-food inflation mainly from low services cost in the health, education, and communications sectors, helped to keep inflation in check at 7.9%.

At the same time, Ghana has been experiencing rapid population growth of 2.4% per annum. Given these trends, Ghana’s population is estimated to be about 35 million by 2025 with about 63% living in the urban areas.

A key implication of this phenomenon of rapid population growth, is a rapid rise in the demand for basic services and infrastructure including water, sanitation and hygiene (WASH) and health services that are usually not met by supply.

The economic situation is also expected to be challenged by the risk of fiscal slippage in the lead up to the 2020 election, the growing debt service which continues to burden the fiscal performance and the impacts of the Corona Virus pandemic which crippled even stronger global economies.

Despite the growth recorded, inequality has been increasing in the country and poverty remains prevalent in many areas. The Ghana Poverty and Inequality Report (Government of Ghana, 2016) maintains that inequality has been on the rise in Ghana since 1992. The Upper West region has the highest level of inequality in the country and the largest increase in inequality since the 1990s.

The lowest level of inequality is found in the Greater Accra region. Between these two regions, some districts, communities or groups of people in certain regions (especially in the northern Ghana) are being left behind and are missing out on recent economic growth.

This situation will require deliberate attention to be given to certain regions and districts in the delivery of services and economic activities. National policy will need to address inequalities and ensure that the poorest benefit more equitably. This also brings to the fore, the importance of focusing on regions with high incidence of poverty (like the Upper West, Northern, Central and parts of the Eastern regions). A focus on market-based approaches in the delivery of WASH services might also help to improve employment and help in reducing inequalities.
2.2 Rationale for WASH & NTD Programming

In 2015, a total of 844 million people in the world lacked basic drinking water; and 2.3 billion people lacked basic sanitation service.

Out of this, majority (892 million) were forced to use open defecation and another 856 million use unimproved facilities or structures such as pit latrines without a slab or platform (WHO/UNICEF Joint Monitoring Programme (JMP), 2017).

The same year in Ghana, about 63% of households had access to improved source of drinking water, while only about 15% had access to improved sanitation and another 17% practicing open defecation. Basic hygiene practices are still very low among Ghanaians.

Available data indicates that as high as 37% of households in Ghana have no water, soap, or other cleansing agent for hand washing (MSWR-MTEF, 2017).

The WASH sector in Ghana is fraught with equity issues regarding access, prioritisation and financing; ineffective governance (multiplicity in coordination); inadequate human resource, capacity, learning and knowledge management.

Neglected tropical diseases are a group of 20 debilitating diseases that affect over a billion people globally, causing chronic disability and death, primarily among the poorest of the world mostly living in tropical and sub-tropical climates.

It is estimated that 25 million Ghanaians are at risk of contracting one or more of these diseases (FHI.360, 2016).

Poverty is increasingly becoming a rural phenomenon in Ghana. About 39% of the rural population in Ghana are poor compared to about 11% in the urban areas.

Concentrations of the population living in poverty are in the poor regions: the Northern and Central regions of the country. Inadvertently, these are the worst hit by WASH poverty and the incidence of NTDs.

Provision of safe water, sanitation and hygiene is critical for the prevention and care for many NTDs but this has often received very little attention in NTD control programmes.

Neglected tropical diseases are a group of 20 debilitating diseases that affect over a billion people globally, causing chronic disability and death, primarily among the poorest of the world mostly living in tropical and sub-tropical climates.

Neglected tropical diseases are a group of 20 debilitating diseases that affect over a billion people globally, causing chronic disability and death, primarily among the poorest of the world mostly living in tropical and sub-tropical climates.
WHO is currently focusing on the following NTDs:

1. Buruli ulcer;
2. Lymphatic filariasis;
3. Chagas disease;
4. Onchocerciasis;
5. Dengue/dengue haemorrhagic fever;
6. Schistosomiasis;
7. Dracunculiasis (guinea-worm disease);
8. Soil-transmitted helminthiasis (ascariasis, hookworm infections, trichuriasis);
9. Human African trypanosomiasis;
10. Leishmaniasis;
11. Trachoma;
12. Leprosy; and

An expanded list could include, endemic treponematoses (yaws), leptospirosis, strongyloidiasis, foodborne trematodiases, cysticercosis and scabies, as well as other tropical infection. GrowthAid will work with and behind the Ghana Health Service (GHS) and its specialized agencies to eradicate NTDs. Our focus will therefore align with those of government.

Over 1 billion of the World’s poorest population is affected by 17 NTDs, which are largely WASH related.

40% of people affected by NTDs are in Africa.

25 million Ghanaians are at risk of contracting one or more of the NTDs.

Ghana’s population with access to improved household toilets is only 14.5%. (Urban - 20%, Rural - 9%)

17% of households in Ghana have no toilet facility and still use the bush or open field for defecation. (Urban - 7%, Rural - 29%)

Basic hygiene (percentage of population having knowledge in HWTS and practicing basic hygiene behaviour change is 9.5%.

As much as 37% of households have no water, soap, or other cleansing agent for hand washing.

62.5% of population has sustainable access to safe or improved drinking water (Urban - 60%, Rural - 65%).

Over 1 billion of the World’s poorest population is affected by 17 NTDs, which are largely WASH related.
Context of WASH & NTDs in Ghana

Poor access to WASH and NTDs contributes to a vicious cycle of poverty and disease, as well as overburdening the inadequate health systems in the country. Although NTDs are not fatal, affected individuals and their households can incur huge health expenditures, indebtedness and become less economically productive. The need to develop integrated WASH and NTD programmes to address these challenges in the country is therefore very critical and calls for a concerted effort from all stakeholders. An integrated approach has been argued to be more cost effective and sustainable over the long term for the prevention, care and ultimately elimination of all NTDs and other preventable diseases and eventually eradicate poverty.

Figure 3: The Linkages between WASH & NTDs

Prevention Includes:
- Access to and use of sanitation facilities in household and other settings (e.g. schools and health facilities) and safe management of faecal waste to reduce human excreta in the environment.
- Safe water supply to prevent consumption of contaminated water, reduce contact with surface water, and enable personal hygiene practices.

Treatment & Care:
- Availability of water for facility-based care and self-care (especially for typhoid and lymphatic filariasis).
- Hygienic conditions for surgical procedures (e.g. for lymphatic filariasis, hydroceles and trachoma trichiasis surgeries).
- Accessible water and sanitation services for individuals with physical impairments and care given.
- Measures to prevent stigma-based exclusion from water and sanitation services, including measures to enable personal hygiene and dignity.

These include:
- Community Water and Sanitation Act, 1998 (Act 564)
- Ghana Water Company Limited, 1993 (Act 461)
- Local Government Act, 1993 (Act 462)
- Local Government Service Act, 2003 (Act 656)
- Community Water and Sanitation Regulation, 2011 (LI 2007)

2.3 The Political, Regulatory & Institutional Environment for WASH

The GoG is committed to a long-term vision of a universal access to safe drinking-water by 2025 and to eliminate open defecation by 2030 in line with the SDGs. The vision finds expression in different policy and regulatory frameworks such as: The Coordinated Programme of Economic and Social Development Policies (2017-2024), the Water Sector Strategic Development Plan (WSSDP) 2012-2025, National Water Policy (NWP) 2007, the National Environmental Sanitation Strategy and Action Plan (NESSAP), 2010 and the Medium Term Expenditure Framework (MTEF) of the Ministry of Sanitation and Water Resources; which provide the frameworks for the sustainable development of Ghana’s sanitation and water sector in the country.

The GoG has established a dedicated Ministry on Sanitation and Water Resources (with its agencies) with the mandate to contribute to improving the living standards of Ghanaians through increased access to and use of safe water, sanitation and hygiene practices and sustainable management of water resources. Several policies have also been enacted to provide the legal framework for the implementation of the water, sanitation and hygiene.

These include:
- Water Resources Commission, 1996 (Act 522)

Even though there is no national policy on NTDs, the Ministry of Health and Ghana Health Service together with their supporting partners have since 2006 put together the Neglected Tropical Diseases Programme and drawn a master plan to work towards the prevention, control, elimination or even eradication of the five most common neglected tropical diseases by 2020 through PCT. There is also an ongoing integration of the other neglected tropical diseases, which rely on IDDM as a strategy. This NTDs master plan is aligned to the WHO AFRO strategy for NTD Control in Africa. Currently, there is no national institutional framework for NTDs control. However, there is NTDs and ICCC that have been inaugurated to oversee the National NTDs Programme. The ICCC works through a taskforce and secretariat to mobilize resources, advocate and provide treatment among others.

The integration of WASH and NTDs at all levels of planning has neither been active nor institutionalised. There is an ongoing but very minimal discussions among some stakeholders in WASH and NTD Sectors on the need to collaborate to effectively advocate for and prioritise WASH/NTD integration to achieve the 2020 NTDs elimination target. These in addition to the context issues will inform our national policy advocacy agenda as well as the design of policies and guidelines for our WASH-NTD interventions.
Context of WASH & NTDs in Ghana

2.4 Stakeholders

Our stakeholder analysis revealed an array of both local and international players in the WASH sector with a mix of focus. Their focus range from direct provision of services, design, financing, research, hygiene promotion, WASH health, WASH education, capacity development and advocacy among others. Stakeholders in the NTDs sector are rather quite few and focus mainly on funding for mass drug administration, morbidity management, operations research and technical capacity support. It is important to note that actors who integrate WASH and NTDs are currently virtually non-existent in the country. We will work together with these existing stakeholders to achieve our vision and SDG goals 6 and 3 by 2030. Also, given the mix of stakeholder focus, we would de-prioritize morbidity management and focus more on the preventive aspects of the WASH-NTD nexus.

The matrix in annex1 provides an overview of some key partners in the WASH and NTD sectors and their areas of focus.

2.5 External Opportunities and Threats

Ghana has a relatively stable economy and is experiencing steady growth in GDP. The country also met the MDG target of reducing extreme poverty from 51.1% in 1990 to about 8.4% in 2014, despite wide geographical and gender inequalities that still exist.

The phenomenal reduction in poverty is great news for the WASH and NTDs sector as many more households may be able to afford basic WASH services, where there are no subsidies, but there are minimal fees or market-based models and options. The population’s ability to pay will invariably improve their access to sustainable WASH solutions. There is existence of huge expertise, technical capacity and external funding and development partners in the WASH/NTDs sector that GrowthAid can take advantage of to contribute immensely to reducing WASH poverty and eliminating NTDs.

In the reverse, we observe a downturn in the funding to the WASH & NTD sector that could be attributed in part to the “Ghana beyond aid Agenda” which is a policy shift from aid to trade. This policy shift, the opportunities and challenges it comes with, calls for rethinking in WASH/NTDs financing. It presents opportunities for strengthening private sector participation and the deployment of business models for sustainable WASH financing.

The threat of insecurity is also real in the sub-region. The political de-stabilization due to Boko Haram insurgency which started in Nigeria is now spreading across the sub-region. This combined with Jihadist-induced conflicts from North Africa make the sub-region a volatile zone. When they occur, conflicts disrupt work in communities and funds are diverted from development work to managing them. These further limits the ability of governments to provide social services.

Cholera outbreaks have also become an annual feature of the country’s calendar. These and other public health emergencies divert attention and resources from normal development work. However, they are also opportunities to do more in WASH and COVID-19, like Ebola before it, destroyed health systems and shattered economies of all affected countries including Ghana. Going forward, a lot of investments will have to be made in building/strengthening health systems.
Strategic Focus

3.1 GrowthAid’s Unique Value

Addition

There are organisations supporting WASH interventions and others supporting NTDs. Our uniqueness lies in our strength to pool these efforts together to develop, implement and promote integrated and sustainable WASH and NTD services. We will do this through direct service planning, provision and innovations, advocacy, operations research, mobilisation of efforts for collaboration with WASH/NTDs actors and knowledge management, among others.

We believe that change can occur in the long-term when there is:

- **Adequate government leadership and responsiveness** to improve the supply end of WASH and NTDs elimination services. This will include supporting systems strengthening and the establishment of an enabling environment for active private sector participation and the involvement of other development partners.

- **Sustained, coordinated policy advocacy** that will promote the rights of citizens and marginalized/differently abled groups and influence government at all levels to prioritize sustainable WASH services for all and the eradication of NTDs in line with national and WHO priorities and timelines.

- **Effective co-ordination and harmonisation of effort among institutions** to streamline and focus the planning and implementation of WASH and NTD interventions in a manner that will maximize the desired outcomes.

- **Adequate and effective motivation and monitoring mechanism** to ensure collaboration between the WASH, health and NTD stakeholders as regards planning, implementation, monitoring and evaluating programmes.

- **Active citizen participation** in the planning process for WASH delivery and demand for social accountability from duty-holders and service providers to provide sustainable services.

We acknowledge the underlying challenges in the WASH and NTD sector which also present adequate opportunities for transformational change. These challenges include: inadequate government prioritisation and financing of WASH and NTDs, weak collaboration and sector leadership, weak mechanisms for WASH accountability, weak inter-agency/organizational collaboration, overreliance on donor funding support, poor data, learning and knowledge management and weak monitoring mechanisms to mention, a few.

- **Pathway 1** Right and sustained levels of WASH services

- **Pathway 2** Attitudinal changes

- **Pathway 3** Commitment from Government

- **Pathway 4** Collaborative efforts from other stakeholders

- **Pathway 5** Strong WASH governance & social accountability at the local level

We acknowledge the underlying challenges in the WASH and NTD sector which also present adequate opportunities for transformational change. These challenges include: inadequate government prioritisation and financing of WASH and NTDs, weak collaboration and sector leadership, weak mechanisms for WASH accountability, weak inter-agency/organizational collaboration, overreliance on donor funding support, poor data, learning and knowledge management and weak monitoring mechanisms to mention, a few.
Strategic Focus

3.3 Our Strategic Objectives (SOs)

Based on our context analysis and existing programmes and interventions by government and other stakeholders in the WASH and NTD sector, we seek to achieve the following three core objectives and outcomes:

SO1: Improve access to sustainable, safely managed WASH services for all: Our aim is to ensure that no one is left behind in our quest to promote the right to dignity and good health. There are grave inequalities in access to safe WASH services among the different sexes, rural areas versus urban, rich and poor and even regions in Ghana. We will work together with local government authorities and other stakeholders to reach the unreached/ hard to reach and remote areas within the country with improved WASH services. We will identify, test and scale up business models that will ensure the provision of efficient and sustainable WASH services in partnership with the private sector. We will seek to achieve the following outcomes.

Outcome 1. Communities and institutions (especially Health care facilities and schools) in our focus areas have access to sustainable, safely managed, water, sanitation and hygiene and are using them to improve health and educational outcomes.
Outcome 2. Incidence of WASH-related diseases reduced in our focus areas.
Outcome 3. Innovative WASH-NTD models developed and scaled-up.

SO2: Support the prevention and management of NTDs: The association between WASH and NTDs, and the benefit of WASH for broader health and development outcomes has been clearly established. We will work to mobilize efforts for collaboration between the WASH and NTD sectors to ensure that WASH investments and interventions are tailored towards supporting the prevention of NTDs and are also well targeted to NTD endemic areas. We will also support treatment programmes for existing cases in the areas of mass drug administration, morbidity and disability management, surveillance and assessment surveys and operational researches. The anticipated outcomes include:

Outcome 1. Awareness about the transmission of GHS/GrowthAid-focused NTDs improves in our focus regions.
Outcome 2. GHS (through the specialized programmes) receive the necessary logistics and financial support required to break the transmission of selected NTDs in our focus regions.
Outcome 3. Government and sector stakeholders adopt the integrated approach for the delivery of WASH and management of NTDs.

SO3: Strengthen GrowthAid’s governance and organizational effectiveness:

During the period of this strategy, we shall strengthen the BoDs by recruiting new directors, clarifying roles and responsibilities and establishing committees to provide critical support to the Board of Directors and management in line with our Vision and Mission. We will also invest in strengthening organizational structures and systems that facilitate effective strategic planning, management and delivery. Growth will be progressive and tied to resource flow. Where necessary, we will invest in the establishment of regional offices to facilitate effective programme implementation and business development. The outcomes we anticipate include:

Outcome 1. A functioning BoDs and supporting sub-committees are established and are effectively supporting the business of the organization.
Outcome 2. Key organizational policies, programme planning and financial management systems and mechanisms are in place and used to support operations.
Outcome 3. A highly motivated and competent set of staff and Associates are available and work towards achieving the mandate of the organization.
Outcome 4. A Programme Sustainability Account (PSA) has been established with not less than US $ 800,000 by 2024.
Strategic Focus

Anticipated Impacts

We acknowledge that in the five years of this strategy, we can only work towards achieving the stated outcomes and might not be able to contribute meaningfully towards achieving the desired transformational change. With this in mind, we will ensure that these plans roll into the next five-year planning period where we will make deliberate connections with, and intensify our work towards, the following anticipated impacts:

Direct safely managed WASH & NTD services
Inclusive WASH services targeted at the extremely poor and hard-to-reach populations.
WASH business modelling and social enterprises. This involves identifying, testing, marketing and scaling up workable WASH solutions that are affordable, viable and sustainable in partnership with financial institutions and private sector.
Quality WASH services for institutions (schools and health facilities).
Culturally sensitive hygiene promotion and Behaviour Change communication (BCC) models that integrate WASH & NTDs and support general disease prevention and make communities the change agents.
Support Mass Drug Administration (MDA) for the preventive chemotherapy treatment of five NTDs.
Support in morbidity and disability management of infected cases.
Social inclusion programmes that empower WASH - poor and NTDs affected communities by addressing stigma and discrimination.

Policy Advocacy and Influencing
Provide leadership for the creation or strengthening and institutionalisation of platforms that facilitate active stakeholder engagement on WASH-Health nexus issues to improve health outcomes.
Build capacity (skills, tools and platforms) for rooted advocacy to address social inequities, especially in the delivery of WASH services.
Advocacy for active private sector participation in the WASH business.

Research and Knowledge Management
Support modelling and operational research on WASH and NTDs at all levels.
Work with other stakeholders to advance knowledge and learning on WASH and NTDs.
Take advantage of national and global platforms to disseminate learning around WASH and Health.

Strategic Partnerships
Strong partnerships with local government authorities and ministries, agencies and departments relevant to WASH and NTDs (i.e. Ministry of Health (MoH), Ghana Health Services (GHS), Ministry of Sanitation and Water Resources, NTD Programme, National Malaria Control Programme, Ministry of Education, Ghana Education Service, etc.) to ensure programme sustainability.
Partnerships with existing non-government stakeholders, donor partners and the private sector.
New partnerships that will widen our influence and impact in contributing to ending poverty.
Strategic Focus

3.5 Geographical scope and Target groups

We aim to work in the poorest districts/regions of the country. These are the 5 northern regions of Ghana—(Upper East, Upper West, Northern, Savannah and North East Regions) and the Central Region. In addition, we will be donor aware and sensitive to their specific needs. Based on this, we might be able to work in other areas where WASH poverty is high and NTDs are prevalent.

Our target population is the rural poor and vulnerable population in the hard-to-reach areas of the country who have no or very limited access to improved WASH services. We also aim at reaching the population in the highly NTD endemic areas of the country. This second target may extend to some urban dwellers. The population include children, women, men, the elderly, people living with disability and other vulnerable people in the community.

3.6 Learning and Knowledge Management

We are very passionate about communicating and sharing our lessons and success stories on integrated WASH and NTDs to the outside world. We will build an active internal engagement, communication and learning system that ensures proper documentation and sharing of learning with staff and partners. Externally, we will maintain a very active website where our activities and stories are well documented and shared. We have subscribed membership on networks like the NGO Network on Neglected tropical diseases. We will also support the creation and maintenance of active membership with other relevant networks where we can learn and share knowledge.

3.7 Monitoring and Evaluation

We are very passionate about communicating and sharing our lessons and success stories on integrated WASH and NTDs to the outside world. We will build an active internal engagement, communication and learning system that ensures proper documentation and sharing of learning with staff and partners. Externally, we will maintain a very active website where our activities and stories are well documented and shared. We have subscribed membership on networks like the NGO Network on Neglected tropical diseases. We will also support the creation and maintenance of active membership with other relevant networks where we can learn and share knowledge.

3.8 Measuring our success

The success and change we desire to see will be evidence-based linked to our Strategic Objectives and anticipated outcomes. We will actively seek feedback through ‘Voices from the field’ activities, feedback from community and partner organisations. Through our routine independent audits and programme/project evaluations too, we will have unbiased views about our success and challenges.

4.2 Funding & Budget Requirements

We require approximately US$8 million (equivalent of GHC41.6 million) over the period of five years to effectively implement this strategy. We estimate the funding requirement per strategic objective (SO) to be as follows: SO1 will take 50%, SO2 is estimated to take 20% and SO3 will be 30% of the total funding requirement.

To ensure continuity of business, a department for business development is envisaged. We will resource this department with the requisite personnel and budget to implement a resource mobilization strategy which will be developed to support the business development efforts.

Resources

4.1 Our Human Resources

GrowthAid's aim is to attract a mix of experienced staff to deliver its strategy. We will identify, recruit and train a set of core staff with the competence to develop and grow the business to ensure continuity. As we develop new businesses, we will recruit staff whose contracts will be tied to the life of such businesses as project staff. In addition, we will identify and retain Project Associates who will be available on call at short notice to provide surge capacity support when required. See Annex 1 for the suggested organizational structure.
### Annex 2

#### Strategic Focus: Stakeholder Analysis

<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE</th>
<th>THEMATIC / DESCRIPTION</th>
<th>LOCATION</th>
<th>COLLABORATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Aid</td>
<td>International NGO</td>
<td>Direct WASH services, WASH BCC promotion, WASH in institutions (schools, health), WASH advocacy and policy influence</td>
<td>Easter, Volta, Central, Upper West &amp; Upper East Regions</td>
<td>Global Affairs, Canada, HSBC, Conrad N. Hilton Foundation, etc</td>
</tr>
<tr>
<td>Global Affairs, Canada</td>
<td>International Governmental</td>
<td>WASH</td>
<td>Northern Upper West, Upper East, Volta &amp; Central Regions</td>
<td>WaterAid, The Netherlands, UNICEF</td>
</tr>
<tr>
<td>World Vision International</td>
<td>International NGO</td>
<td>WASH Health and Nutrition</td>
<td>Nation-wide</td>
<td>USAID, FHI 360</td>
</tr>
<tr>
<td>USAID</td>
<td>International Governmental</td>
<td>WASH NTDs Mass drug administration &amp; morbidity management</td>
<td>Northern Western Eastern Volta Greater Accra Central Regions</td>
<td>Global Communities World Vision International, CWSA, FHI 360, AIM Initiative</td>
</tr>
<tr>
<td>Rotary International</td>
<td>International Private Donor</td>
<td>WASH Infrastructure,</td>
<td>Northern Western Eastern Volta Greater Accra Central Regions</td>
<td>Public-Private Partnership</td>
</tr>
</tbody>
</table>

#### Strategic Focus: Stakeholder Analysis

<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE</th>
<th>THEMATIC / DESCRIPTION</th>
<th>LOCATION</th>
<th>COLLABORATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH Alliance (ICCO, WASTE, RAIN, Akvo, SIMAVI (Chair of the Alliance) and AMREF)</td>
<td>International Alliance based in the Netherlands</td>
<td>Water &amp; Sanitation</td>
<td>National</td>
<td>WASH Alliance partners in Ghana, CSO reps, govt, private sector, &amp; independent experts</td>
</tr>
<tr>
<td>World Bank</td>
<td>International Multilateral</td>
<td>Water and Sanitation</td>
<td>National</td>
<td>MMDAs, CSOs</td>
</tr>
<tr>
<td>The Netherlands Government</td>
<td>International Governmental</td>
<td>WASH in institutions i.e. school, health facilities, etc.</td>
<td>Northern Upper West Upper East Volta &amp; Central Regions</td>
<td>UNICEF, Global Affairs Canada</td>
</tr>
<tr>
<td>MSWR &amp; (EHSD, WRC &amp; CWSA)</td>
<td>Governmental (National)</td>
<td>WASH</td>
<td>Nation-wide</td>
<td></td>
</tr>
<tr>
<td>CONIWAS</td>
<td>Coalition (National)</td>
<td>WASH capacity support</td>
<td>Nationwide</td>
<td>all sector actors</td>
</tr>
<tr>
<td>Research Institutions - (KNUST, UG IWMI)</td>
<td>Research</td>
<td>Research</td>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Maple Consult</td>
<td>Private Sector/ research (Local)</td>
<td>WASH</td>
<td>National</td>
<td>with all key Donors, implementers</td>
</tr>
</tbody>
</table>
### Strategic Focus: Stakeholder Analysis

<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE</th>
<th>THEMATIC / DESCRIPTION</th>
<th>LOCATION</th>
<th>COLLABORATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trend</td>
<td>Private Sector/research</td>
<td>WASH</td>
<td>National</td>
<td>with all key Donors, implementers</td>
</tr>
<tr>
<td>Global Communities</td>
<td>International NGO</td>
<td>WASH</td>
<td>Northern Western Western, Eastern, Volta, Greater Accra, Central Regions</td>
<td>USAID, Rotary, International, CWSA</td>
</tr>
<tr>
<td>SightSavers, Ghana</td>
<td>International NGO</td>
<td>Technical support for NTDs</td>
<td>Northern Upper West</td>
<td>DFID NTD Programme</td>
</tr>
<tr>
<td>WHO Country Office in Ghana; WHO Regional Office for Africa (AFRO)</td>
<td>International multilateral</td>
<td>Technical and financial support for NTD control, Consignee for NTD drugs, DSA equipment and supplies from donors and partners</td>
<td>Nation-wide</td>
<td>GHS, MOH</td>
</tr>
<tr>
<td>AIM Initiative, Canada</td>
<td>International NGO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| DFID                                          | International governmental| NTDs Technical and financial support for lymphatic filariasis (LF) post-treatment surveillance (PTS) onchocerciasis (oncho) mass drug administration (MDA) and disease specific assessments (DSAs) and trachoma dossier preparation | Greater Accra Region | Sightsavers Centre for Neglected Tropical Diseases (CNTD) - Liverpool NTD Programme |
| FHI 360                                       | International NGO         | NTDs - technical and capacity support |                         | USAID NTD Programme                                                           |
| Volta River Authority                         | Public Corporation        | Funding for Social transmitted Helminths (STH) MDA in Volta and Eastern Regions | NTDs along the banks of the Volta Lake/River | NTD Programme                                                                |
Address
17 Community 4 RD, Plot 4/MKT/A/11,

Digital address
GT-014-5677 GN014, Tema.

Country
Ghana

Telephone
+233 303209006

Email
info@growthaid.org