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**ACCESS TO SANITATION AND SAFE WATER:
GLOBAL PARTNERSHIPS AND LOCAL ACTIONS**

The dilemma of sanitation coverage in Ghana

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Sanitation, according to Ghana Community Water and Sanitation Agency, is the safe disposal of faecal matter through the provision of Ventilated Improved Pit (VIP) latrines to small communities and Kumasi Ventilated Improved Pits to small towns. This is in line with the Agency's goal of improving the standard of living of small communities and small towns in the country. This paper gives account of the problem of sanitation coverage in the country. First, a brief history of the types of sanitation facilities, who provided them and how they were managed in the small communities and small towns before the inception of Community Water and Sanitation Agency. It also takes a look at the strategies that Community Water and Sanitation Agency adopted in the provision of sanitation facilities and the issues of data collection in the country. Finally, I have tried to give my views on the way forward in the country's attempt at getting data on sanitation facilities.

Introduction

In Ghana, sanitation is defined as the safe disposal of fecal matter. Sanitation coverage has been a problem in the country; on the surface, it seems small. The CWSA national coverage is 10% from 1994 to date. This 10% covers both household and institutional latrines for small communities and towns in which the Agency operates. However, when critically assessed, sanitation coverage maybe higher if other technologies are taken into consideration. Apart from the latrines the Agency subsidized for construction, individuals and NGOs have also constructed some which have not been captured in the national data.

In Ghana, sanitation is never mentioned by name by people pressed to answer nature's call. Open defecation maybe common with children but not with adults who do not want to be seen defecating. As soon as a Ghanaian child becomes a teenager in the rural areas, the person makes sure not to defecate in the open except when in the bush or on the farm. In the Brong-Ahafo Region, open defecation is not common but the percentage coverage is not known. What has gone wrong? What can be done to solve this problem of coverage?

This paper gives an overview of the problems faced in trying to account for Sanitation Coverage in Ghana.

A brief history

Different types of sanitation (safe disposal of fecal matter) facilities have always existed in the country albeit their standard. These include public toilets constructed by the then various local councils. They were free for all and they were cleaned by men engaged by the Environmental Health Department. Individual households, which could afford, had bucket latrines. However, these were said to be unhygienic; in short, they did not prevent diseases because they were used by so many people and the mode of disposal was not hygienic. In every district capital public toilets were constructed at different locations. In the villages, community members constructed trench latrines at vantage points away from human activities. There were, and still are, such latrines in villages in the Brong-Ahafo Region. Normally, there are two of such latrines for men and women. Where it was one, community members had a way of using it.

According to the National 2003 Demographic and Health Survey (Ghana Statistical Services 2004) 42% households in Ghana have traditional pit latrines, 26%, KVIP and 11% have flush toilets, while 20% have no facility.

Several Sanitation Stakeholder Workshops, the most recent being the MOLE XVIII Conference in June, 2007, have been held in the country to come out with strategies to salvage the sanitation situation in the country. The theme of the Mole conference was Bridging the Sanitation Gap to Reach the MDGs which shows that Sanitation is top on the national agenda. In 2005, the National Community Water and Sanitation

Agency organized a National Sanitation Workshop in Kumasi at which Metropolitan, Municipal, and District Assemblies and the Private stakeholders in the sanitation sector were represented to discuss the way forward to meet the Millennium Development Goals. At the Agency level, Software and Technical forums are organized yearly with sanitation as the focus of discussions.

The national workshops have resulted in world tours to countries which are believed to have succeeded in achieving greater and better coverage than Ghana. Politicians have been co-opted for these tours to show the political will to solve the sanitation problem in the country.

There is the need for one organization to take the lead role in the collation of data on sanitation in the country. This body is by statute the Ministry of Local Government, Rural Development and Environment but do they have the financial capacity and human resources to lead in the process? How is sanitation data captured by Ghana Statistical Services?

At the recent Mole Conference, all the stakeholders including the private sector operators were present to find the way forward in the country's search for improved sanitation. What action has been taken after these workshops? These are questions that this paper needs to be answered.

Approaches/strategies

In 1994, when Community Water and Sanitation Division (now Agency) was established, the strategy was to provide subsidized pilot household sanitation facilities to rural communities in the Division's areas of operations. The approach was for the householder to contribute 50% of the cost of the facility and the Government of Ghana to pay 50% of the cost for the labor and the construction materials. Latrine artisans were trained by the Division in all the districts of operation. Institutional latrines were also constructed with the beneficiary schools contributing in-kind for KVIPs.

The Community Water and Sanitation Program 2/1 approach sought to eliminate the subsidy because the initial facilities were supposed to have generated enough interest through demonstration. However, it was argued that the subsidy should be retained for communities which have applied for water and in which 50% of households would request for latrines. The subsidy would cover the cost of the slab, vent pipe and the workmanship associated with the installation.

Community Water and Sanitation Program 2/2, Small Towns Water Supply Project (STWSSP), is in progress in small towns and yet the sanitation subproject has not begun.

However, community members are using their traditional facilities and some individuals have also constructed VIP latrines without subsidy but these have not been captured by the Agency.

The Agency has realized the need for a more vigorous promotion and efficient management for the desired impact to be made so the services of consultants/technical assistants is being sought to provide support to the participating small towns in the marketing and delivery of both household and institutional latrines, school teacher training and hygiene promotion.

In the STWSSP approach, hygiene and sanitation delivery will be based on integrated systematic social marketing techniques by a consultant supported by the Regional Water and Sanitation Team, the District Assembly, the Water Supply Development Board, Schools and Latrine Artisans.

Household beneficiaries will be given some sanitation assistance which will cover the cost of the slab, ring beam, vent pipe and the cost of artisans. Institutional latrines will be given a subsidy of 90% of capital cost, 5% will be contributed by the institution/PTA and 5% by the district.

These policies are in the right direction but still the delay in implementation has affected sanitation delivery.

Issues

Sanitation strategies in the country have changed over the years. The question is how do we capture the number of sanitation facilities in the country? Do we include the locally constructed and used ones or do we capture the accepted and standard ones only for coverage purposes?

It has been written in the general guidelines for sanitation that the proposed technology options of 1-2 seater KVIP, pour flush and Ecosan for households and 4- seater, 6- seater, 8- seater, and 10- seater KVIP for the institutional latrines with hand washing facilities will be adopted. However, a low cost improved traditional latrine will be considered with approval from CWSA/World Bank.

Can we then go back and capture sanitation facilities including those approved by these two institutions? If this is done, sanitation coverage will improve considerably. It has been proposed that due to space constraints a common latrine can be constructed and shared by 3-5 households living in the same area. This technology allocates a compartment to each household to ensure proper maintenance.

Coverage will still be a problem in the above approach. How do we capture a facility used by several households?

In 2005, United Nations International Children's Education Fund sponsored a working visit to the Afram Plains District for selected staff of CWSA and other stakeholders in Sanitation delivery to understudy the Afram Plains Development Organization's Water and Sanitation Mapping. This approach involves all stakeholders in the community in the decision making process of who needs a latrine, where it should be constructed and how many latrines the community needs. The Assemblyman is thus responsibly for the collection of sanitation data for the District Assembly to capture. However, to date, nothing has been done to replicate the model because of financial constraints.

Views

In my opinion, we should reconsider what sanitation coverage is as a country by reconsidering the standards of the sanitation facilities. We should capture ALL sanitation facilities whether they are KVIPs, VIPs, public latrines, trench, or what ever name it is given by the community provided it is a hygienic way of excreta disposal. There should be a body which coordinates the collection of data on sanitation facilities. As it is, several actors including individuals are involved in the provision of sanitation facilities in the country but each keeps its data.

CWSA is under the Ministry of Works and Housing, Environmental Health and the District Assemblies are under Ministry of Local Government and Rural Development and NGOS are private sector entities. These are all involved in the provision of sanitation facilities. There needs to be collaboration in the capture of sanitation coverage.

In the Western Region, specifically, in Osei Kojokrom a town at the border between Ghana and the Ivory Coast, the latrines are constructed with wooden boards. Each household had its own latrine and children were made to defecate into chamber pot which emptied by either the older child or mother.

The technology options should be revisited taking into consideration the soil formation of the regions. In the North, specifically Upper East Region, the soil situation is such that VIP latrines are not feasible.

In 1999, on a study visit to Benin, we found that people were encouraged to construct sanitation facilities that they could afford.

When the clips from Bangladeshi were shown some of them were poorer than those in the Western Region because the latter were wooden structures through which one could not be seen whereas the former were made of plastic transparent structures.

In Ghana, where there are no sanitation facilities in the communities, the people dig holes, do their thing and cover up the faces for fertilizer as it is done in other countries. This should be encouraged.

WATSAN mapping approach which seeks to involve community members in the collation of water and sanitation data should be implemented by Ministry of Local Government, Rural Development and Environment with financial help from the other stakeholders.

Conclusion

A lot has been done in sanitation delivery in Ghana. We only need to reconsider what we mean by a sanitation facility. It is however gratifying to note that Community Water and Sanitation Agency is now considering the possibility of some traditional latrines being included in the country's coverage. The visit of the high powered team to countries which have had "better" sanitation coverage will also help the country reconsider our standards.

Sanitation is not a step-child as is being peddled by some in this country. We are just being modest.

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