

July 15, 2015



Emmanuel Odotei
Agreement Officer Representative, USAID

Subject: Quarterly Report for Cooperative Agreement No. AID-641-A-15-00005—Ghana – Water, Sanitation and Hygiene (WASH) for Health

Dear Mr. Odotei,

On behalf of Global Communities I am pleased to submit our quarterly report for the above mentioned agreement. This report summarizes activities undertaken from April 1, 2015 – June 30, 2015.

Please do not hesitate to contact me or our Country Director, Alberto Wilde, should you have any questions.

Sincerely,

Glenn Moller
Director of Program Operations
International Operations

Cc: Yves Kore, USAID
Alberto Wilde, Country Director, Global Communities/Ghana
Nicholas Bah-Nguah, DFA, Global Communities/Ghana
Bai Kamara, Program Manager, Global Communities/Headquarters

USAID WASH for Health Quarter Report

Program Name/Acronym: Water, Sanitation and Hygiene for Health

Country: Ghana

Donor: United States Agency for International Development

Award Number/Symbol: AID-641-A-15-00005

Reporting Period: April - June, 2015

Submitted To: Emmanuel Odotei /AOR/USAID Ghana

Submitted By: Alberto Wilde



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Name of Project	Water, Sanitation and Hygiene for Health Project
Country and regions	Ghana, Greater Accra, Central, Volta, Northern and Western Regions
Donor	United States Agency for International Development
Award number/symbol	AID-641-A-15-00005
Start and end date of project	February 2015 - February 2020
Total estimated federal funding	US\$ 18,693,256
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Acronyms and Abbreviations

BCC	Behavior Change Communication
BDS	Business Development Services
CBO	Community-Based Organization
CHPS	Community-Based Health Planning and Services
CLTS	Community-Led Total Sanitation
CWSA	Community Water and Sanitation Agency
DA	District Assembly
DWST	District Water and Sanitation Team
EHSD	Environmental Health and Sanitation Directorate
FNGO	Financial Non-Governmental Organization
EMMP	Environmental Mitigation and Monitoring Plan
GDA	Global Development Alliance
GES	Ghana Education Service
GWC	Ghana Water Company
LEAP	Livelihood Empowerment Against Poverty
LNGO	Local Non – Governmental Organization
MLGRD	Ministry of Local Government and Rural Development
MOE	Ministry of Education
MOH	Ministry of Health
MWRWH	Ministry of Water Resources, Works and Housing
NGO	Non-Governmental Organization
PMEP	Project Monitoring and Evaluation Plan
RCC	Regional Coordinating Council
SBCC	Social Behavior Change Communication
SHEP	School Health Education Program
SMC	School Management Committee
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WASH-UP	Water Access, Sanitation and Hygiene for Urban Poor
WATSAN	Water and Sanitation
WSC	Water and Sanitation Committee
WSMT	Water and Sanitation Management Team

Executive Summary

The Water, Sanitation and Hygiene (WASH) for Health Project was awarded in mid-February 2015, and will run through February 2020. The project will be implemented in 5 regions of Ghana (Greater Accra, Central, Western, Volta and Northern). The goal of the project is to accelerate sustainable improvement in water and sanitation access and improve hygiene behaviors in target districts. This goal will be achieved through six mutually-reinforcing objectives, also referred to as components, which translate into the project components and action areas.

Global Communities is the overall lead agency responsible for project management and administration, as well as for implementation of WASH infrastructure development including the implementation of Community Led Total Sanitation as the main approach for use of improved sanitation facilities at the household level within project communities. The Manoff Group Inc., a sub-recipient to Global Communities on this project, will lead the Social Behavior Change Communication (SBCC) interventions under the project. Owing to the close linkage of WASH and public health, the WASH for Health Project will be implemented in close collaboration with other United States Agency for International Development (USAID)-funded health-related projects like Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING), Resiliency in Northern Ghana (RING), Systems for Health, Communicate for Health and Evaluate for Health, which operates within the geographic scope of WASH for Health. Significantly, the project will also collaborate with USAID Global Development Alliance partners, including Rotary International and Coca-Cola.

Within the project start-up period (March-June 2015), key stakeholders at the national level were informed of the awarding of the project to Global Communities. Among these stakeholders are key sector ministries of Ghana, such as the Ministry of Water Resources, Works and Housing (MWRWH), the Ministry of Local Government and Rural Development, the Ministry of Health (MOH), and the five Regional Ministers within the geographic scope of the project. Regional stakeholder/project inception meetings are being planned for July and August 2015 to facilitate in-depth interaction between selected districts in the five regions of project intervention, and to get local authorities and supervising Regional Coordination Councils to assist in driving down the roots of the project. All key project staff have been recruited and are at post to help in the smooth takeoff of WASH for Health. A Behavior Change Communication (BCC) Specialist and three BCC Officers have been recruited by the Manoff Group and are due to report for duty by August 10th 2015. The work plan for FY15 was developed, submitted, and approved by USAID, along with supporting plans like the Environmental Mitigation and Monitoring Plan and the Project Monitoring and Evaluation Plan, all of which were approved by USAID.

Procurement of project logistics and equipment are ongoing to facilitate the smooth implementation of project activities. With an Accra and Sekondi-Takoradi-based office running, and with the Northern Region office opened and resourced, attention is now focused on opening an office in Ho to oversee implementation of project activities in the Volta region.

Introduction

Provision of water and sanitation infrastructure across the country for institutions like schools and healthcare centers has only recently picked up and is being done mostly for newly built institutions as mandated by some policies. This has left a huge deficit of schools, hospitals, and other public institutions in terms of WASH infrastructure, especially latrines. Even in instances where these water and sanitation facilities were built, the poor maintenance culture has left such facilities in a state of disrepair, and in some instances total ruin.

It is not uncommon to come across abandoned, non-functioning boreholes in communities in the countryside, and even in some peri-urban communities in the country. The reasons for such facility failures are varied, ranging from poor siting, to the undesirable taste or color of water, to poor management of the facility itself.

The WASH for Health Project was developed in response to the health effects of inadequate or nonexistent improved water, sanitation, and hygiene services on people across Ghana. Generally, Ghanaian water supply coverage is high, at 85%, but within this huge figure exist marked geographic disparities. Therefore, these health effects are more amplified in some regions than in others. Districts in the Northern, Central, and Volta Regions are among the poorly served in terms of potable water coverage, averaging about 65%. In regard to sanitation, virtually all regions are faring very badly, though it is more pronounced in the Northern, Upper East, and Upper West Regions with nearly 75%¹ of all households lacking access to safe sanitation and practicing open defecation. It is therefore unsurprising that water and sanitation-related diseases appear to top outpatient attendance at healthcare centers. The scourge of cholera has been devastating, recently taking the lives of over 240 people, and infecting almost 30,000 Ghanaians in eight regions. Like most diarrheal diseases, cholera can be prevented through the use of basic safe sanitation, the provision of clean drinking water, and the observation of good hygiene practices. These interventions can lower Ghana's unenviable ranking as the fifth most cholera endemic country.

The goals of the WASH for Health Project are to accelerate sustainable improvement in water and sanitation access and to improve hygiene behaviors in target districts. These goals will be achieved through six mutually-reinforcing objectives, which are referred to as components:

- 1) Increase use of improved household sanitation
- 2) Improve community water supply services
- 3) Improve sector governance and policies
- 4) Expand key hygiene behaviors
- 5) Leverage PPP investment to magnify the impact of United States Government funding
- 6) Improve water supply and sanitation infrastructure for schools and health facilities

Global Communities is the overall lead agency responsible for project management and administration, as well as for implementation of water and sanitation infrastructure development and Community-Led Total Sanitation (CLTS), whereas the Manoff Group leads in social behavioral change communication. Other partners under the agreement include Rotary International and Coca-Cola, both of which are USAID Global Development Alliance partners.

¹ GSS (2013), 2010 PHC Report, page 391

Rotary International will work in close collaboration with the Community Water and Sanitation Agency (CWSA), which is acting as a consultant for their interventions, while Coca-Cola will partner with Water Health International for water supply interventions. Local non-governmental organizations will be engaged to support community mobilization, sensitization, CLTS facilitation, hygiene education, etc. The WASH for Health Project will be implemented in close collaboration with other USAID-funded projects like SPRING, Ghana Systems for Health Project, RING, Communicate for Health, Systems for Health, and Evaluate for Health Projects, as well as any future awards relevant to the goals and objectives of WASH for Health.

This report covers the first few months of the project, and presents mainly start-up activities dominated by consultations. Included are discussion of the development of the work plan, the program monitoring and evaluation plan, and the environmental mitigation and management plan, as well as the water quality and assurance plans, which will guide the implementation of the project.

Implementation Activities by Program Objective and Expected Results

Drawing from the project goal and objectives which have been translated into the components of the project, and consequently into action areas, this section elaborates on the expected implementation activities and expected results.

Water

For a holistic approach to enhanced positive impact on health indicators, most water supply interventions will be paired with Component 1 activities. We will also assist communities not directly targeted for CLTS where we can complement other USAID-funded programs or address a critical need. In planning community water supply interventions, we will collaborate with local government structures and stakeholders, including the regional CWSA, District Water and Sanitation Teams (DWSTs) and District Assemblies (DAs) as well as the Ghana Water Company. Since District Water and Sanitation Teams and Regional CWSA offices are responsible for long-term support to Water and Sanitation Committees, their involvement in all aspects of WASH for Health hardware and software interventions will help establish them as a service authority and resource for communities. We will review existing water and sanitation plans and obtain relevant data on water supply infrastructure to inform our activities. By the end of implementation, the following results are expected to have been achieved:

- 50 Manual Drilled Boreholes
- 110 Machine Drilled Boreholes
- 50 Boreholes Rehabilitated
- 1 Small Town Water Supply System

Sanitation

WASH for Health proposes a comprehensive approach that lays the foundation for effective, demand-led CLTS by building strategic alliances with local government counterparts, improving CLTS facilitation skills, and building a practical sanitation market that offers low-cost technologies and a variety of financing options before triggering demand. Over the life of the project, 10,100 household latrines are expected to be constructed by households in the five regions, including latrines that the poorest of the poor will be supported to build.

Capacity Building and Governance

Our work with key government institutions such as the CWSA, the Ghana Education Service, and the Ghana Health Service indicates that sustainable WASH service delivery must involve all relevant stakeholders, including the poor and the most vulnerable in key decision making from project design through implementation and post-construction management. WASH for Health will apply our experience supporting the Ministry of Local Government and Rural Development in developing governance structures for sustainable management of WASH services by strengthening and interlinking structures at the community, district, and regional levels.

Social Behavior Change Communication

The Manoff Group's approach to communication for social and behavior change helps projects achieve sustainable impact by considering the context in which change is to take place and setting specific behavior change goals to guide implementation decisions of all project components. WASH for Health will work closely with statutory government departments and agencies like the CWSA and the Environmental Health and Sanitation Directorate and with projects like Communicate for Health, Systems for Health, SPRING, and RING so that the project's behavior change strategy reinforces and extends their efforts. The strategy and its implementation will be based on solid evidence on nutrition and WASH, appropriate theory, effective social and behavior change communication approaches, a strong sense of local culture, and participation by all relevant stakeholders.

Improved Water Supply and Sanitation Infrastructure for Schools and Health Facilities

Providing water and sanitation infrastructure in schools and health facilities has immediate positive impact on the health of patients, healthcare workers, students and teachers, while also reinforcing the CLTS process and WASH for Health hygiene messaging. Beneficiary schools and health centers will be selected in close coordination with USAID, USAID-funded projects being implemented in the same geographic space like SPRING and Systems for Health and governmental institutions like the Ghana Water Company, the CWSA, the Ghana Education Service and the School Health Education Program for school infrastructure, and the Ghana Health Service for health facilities like the Community-based Health Planning and Services (CHPS) Compounds.

By the close of implementation the following are expected to have been completed under this component:

- 40 Institutional water supplies (Schools-20 & CHPS Compounds-20)
- 45 Institutional latrines (Schools-25 & CHPS Compounds-20)

All institutional latrines that will be provided under WASH for Health will be accessible to the disabled as well as gender sensitive, allowing for separate toilet facilities for males and females, and women's facilities will have a changing room to ensure privacy, a particular concern for young women. All the institutional latrines will have hand washing facilities and may include rainwater harvesting tanks with taps, Veronica buckets or other appropriate infrastructure, depending on the availability of water and drainage capacity.

Progress Report by Program Objective or Result Areas

Water Supply

The water supply component of the project will rely on point water sources, which include manual well drilling, machine drilling of boreholes, and rehabilitation of broken boreholes. A small town water supply system is also envisaged where feasible and sustainable. However in the quarter, owing to the lengthy process of selection of beneficiary districts, no activities were undertaken in terms of water supply. This drilling for water is a locational activity and can be very site specific, relying on geophysical information collected on the ground.

Improved Sanitation

The team started developing latrine technology options based on three main technologies: lined Mozambique, lined rectangular and unlined Mozambique Ventilated and Improved Pit technologies. These options are to be marketed to people in project communities to either construct themselves or be supported to construct in the case of the 'poorest of the poor'. Development of 12 posters that will be used to make it easier for households to quantify the materials needed for the construction of latrines have commenced. The three technologies mentioned earlier will be constructed using a roof and wall mix to attain the 12 models as shown in the table below.

Technology	Models
Lined Mozambique	Lined Mozambique with brick super-structure with iron roof
	Lined Mozambique with brick super-structure with thatch roof
	Lined Mozambique with brick super-structure with bamboo roof
	Lined Mozambique with bamboo super-structure with bamboo roof
Lined rectangular	Lined rectangular with brick super-structure with iron roof
	Lined rectangular with brick super-structure with thatch roof
	Lined rectangular with brick super-structure with bamboo roof
	Lined rectangular with bamboo super-structure with bamboo roof
Unlined Mozambique Ventilated and Improved Pit	Unlined Mozambique VIP with brick super-structure with iron roof
	Unlined Mozambique VIP with brick super-structure with thatch roof
	Unlined Mozambique VIP with brick super-structure with bamboo roof
	Unlined Mozambique VIP with bamboo super-structure with bamboo roof

Criteria for selecting and supporting the 'poorest of the poor' are being developed. Of immediate mention is the work with community members in the identification of the most vulnerable, reviewing the Livelihood Empowerment against Poverty selection criteria. Approaches for sanitation marketing are also being developed. This is to help people afford the construction of household latrines. Mechanisms under consideration include the following:

- In-kind payment toward latrine construction
- Credit schemes
- Village Savings and Loans Associations
- Sanitation entrepreneurs (latrine artisans and local materials suppliers)
- Use of Micro-finance Institutions/Financial Non-Governmental Organizations/ Informal Money Lenders

Capacity Building and Governance

Under this component, no activities were undertaken. Until the closing part of the quarter, the local level partners (in the districts and communities) who will benefit from the component were not yet established.

Social Behavior Change Communication

The recruited BCC Specialist and 3 Officers for the Manoff Group are due to report at the latest on August 10th 2015 to kick start local behavior change education activities. Meanwhile, preliminary talks have been held with Communication for Health (another USAID-funded project) on the possibility of developing a mass media program on cholera and Ebola as these diseases are yet again on the rise after parts of the country experienced recent flooding. Meetings have also been scheduled with the Health Promotion Unit of the Ghana Health Service in the same vein.

Terms of reference are being drafted as part of the process for procuring Local Non-Governmental Organizations to undertake CLTS/BCC activities in yet-to-be-identified beneficiary communities. Similarly, terms of reference have been developed for engaging a local non-governmental organization or other suitable organization to undertake the training of the water and sanitation committees. A literature review is underway to inform the drafting of a terms of reference for baseline studies. Input is currently being sought from the Manoff group to complete the Terms of Reference.

Improved WASH Infrastructure for Institutions

Under this component, implementation activities are yet to commence. In the ensuing quarter, stakeholders in the selected districts will be engaged to select communities to benefit from the WASH for Health interventions. This activity will also help identify institutions (schools and CHPS Compounds) in need of interventions in those communities.

Project Management

Start-up Activities

The USAID WASH for Health Project was ushered in with start-up activities to prepare relevant stakeholders for implementation and, to a large extent, help incorporate the project activities into their schedules moving forward. Key project staff participated in the mandatory post-award meeting with USAID, and were briefed on new regulations that came with the award, such as the 2CFR 200. Various USAID officers gave briefings on their areas of interest in the WASH for Health Project; the statements were rounded off by the Agreement Officer's Representative.

Following that initial meeting, stakeholder consultations began at the national level to secure buy-ins, and letters were sent out to all major stakeholders at the national, regional, and district levels. Stakeholders like the Ministry of Local Government and Rural Development, the Ministry of Water Resources, Works and Housing, all 5 Regional Coordinating Councils and their Environmental Health Units received letters informing them about the USAID WASH for Health Project, its overall goals, objectives, and scope.

For the sake of coordination and cohesion, meetings were held with other USAID-funded projects currently being implemented in the five regions (Greater Accra, Central, Western, Northern and Volta). The projects included the following:

- Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) Project (implemented by JSI Research & Training Institute and operational in the Northern and Upper East Regions covering fifteen districts in all)
- Ghana Systems for Health Project (implemented by University Research Co., LLC (URC) nationwide but with a focus on the Northern, Volta, Western, Central and Greater Accra Regions)
- Resiliency in Northern Ghana Project (implemented by Global Communities in 17 districts in the Northern Region)
- Evaluate for Health (implemented by Management Systems International and operational across all USAID-funded health projects in the country)

As part of the agreement for the WASH for Health Project, Global Communities is to collaborate with USAID Global Development Alliance partners including Rotary International and Coca-Cola. Consequently, preliminary meetings were held with officials of the two groups with a goal of establishing common ground for complementing and supplementing efforts. Water Health International, which is implementing some water projects on behalf of Coca-Cola in the country, was also engaged to ascertain possible areas of collaboration.

District Selection

The meetings with various USAID implementation partners provided a clear picture of what is happening where and when, so the WASH for Health project can join in efficiently and effectively. Armed with the previously proposed district selection criteria and guided by the fore-knowledge of possible collaboration with existing projects, the district selection was completed. The indicators considered included wasting, stunting, incidence of cholera, water and sanitation service coverage, as well as the potential to complement existing projects. Data for the selection was sourced from various organizations and reports including the following:

- a) Stunting data obtained from the 2008 Multi-Indicator Cluster Survey Report (the more recent 2011 report is aggregated at the regional level only, and does not provide necessary district-level data);
- b) Cholera data obtained from the Disease Surveillance Department, Ghana Health Service (as of 26th October, 2014);
- c) Water and Sanitation coverage data obtained from the Ghana Statistical Service 2010 Population & Housing Census Report;
- d) Wasting data obtained from the Ghana Health Service District Health Information Management Systems (2014);
- e) Regional Environmental Health Unit priority districts for CLTS interventions; and
- f) CWSA coverage statistics for the year 2014.

Additional criteria considered in the selection included the feasibility of manual well drilling, the presence of the United States Peace Corps, and the opportunity to reinforce past USAID projects like the Ghana WASH Project which was implemented between 2010 and 2014 by a consortium made up of Winrock International, Relief International, and Adventist Relief Agency.

The full list of districts in the five regions and their respective data on stunting, wasting, water and sanitation coverage, and incidence of cholera (2014) is presented in Appendix 1 with the selected districts shaded. A summary of the selected districts is also shown in Table 1.

Table 1: Summary of Selected WASH Districts

Northern	Central	Western
West Mamprusi East Mamprusi Karaga Yendi Bole Sawla-Tuna-Kalba Gushiegu Kpandai	Twifo-Ati Mokwa Twifo Hemang Lower Denkyira Assin North Asikuma Odoben Brakwa Upper Denkyira West Ajumako, Enyan Essam	Amenfi West Amenfi Central Bodi Amenfi East Sefwi Wiawso Sefwi Akantonbra Mpohor Amenfi West
Volta	Greater Accra	
Agotime Ziope (Kpetoe) Adaklu Nkwanta North Nkwanta South Krachi East	Ada West Ada East Shai-Osudoku	

The selected districts (including the tentative ones for the Northern Region) are all shown on Map 1. The list of selected districts has been submitted to USAID for approval, which must occur before selection of specific communities take place.

Staff Recruitment

As per the requirements of the agreement, all key staff have been recruited and are at post. As the lead implementing partner, Global Communities is supporting the Manoff Group (sub-implementer for the BCC component) to recruit a BCC specialist and officers. These BCC practitioners will be supervised by the Senior Advisor for SBCC who is at post. A coordinator for the Northern Region Office has been recruited and is currently at post.

Procurement

Due to the geographical spread of the intervention, the project is acquiring a number of cross-country vehicles capable of negotiating the terrain, which in some instances is very rough. Processes for procuring the vehicles have commenced and the expected delivery time for the vehicles is in the next quarter. The project is already operating from the Accra and Sekondi-Takoradi offices. The Northern Regional Office has been set up and is operational, leaving one more office to be located in Ho that will oversee project implementation in the Volta Region.

Monitoring and Evaluation

As part of the start-up requirements for the project, the Program Monitoring and Evaluation Plan and the Environment Mitigation and Monitoring Plan were developed, submitted, and approved by USAID. The Financial Year 2015 work plan and also Water Quality Assurance Plan have been developed, submitted to USAID, and have been approved for implementation. Other relevant materials being developed include a Grants Manual which is under review and will be submitted for approval when finalized.

Monthly review meetings with USAID began in June to keep USAID informed about developments in this start-up phase. These meetings also offer USAID the opportunity to provide input for better project implementation. These meetings are expected to continue throughout the project unless otherwise directed.

Key Achievement this Quarter

Submission and approval of Financial Year 2015 Work Plan, Program Monitoring and Evaluation Plan, Environment Mitigation and Monitoring Plan and Water Quality Assurance Plan.

Actions and Items Pending Resolution

Selection of districts in the Northern Region.

Lessons Learned

Not applicable in this quarter.

Challenges

None.

Success Stories

Not applicable in this quarter.

Appendices

Appendix 1: List of Districts in the Northern, Western, Central, Volta and Greater Accra Regions

No	Region	District	Collaborations/ Partnerships	Wasting (no of people)	Stunting rate %	incidence of cholera	Sanitation coverage %	Coverage of water %	Rural Water Coverage%
NORTHERN				6,381	31.22	YES	6.86	66.26	63.45
1	Northern	West Mamprusi	S4H, PC,	3,278	32.3	No	14.6	65.3	58.88
2	Northern	East Mamprusi	S4H, PC, RING, SPRING	14,968	39.4	No	7.5	62	57.48
3	Northern	Karaga	S4H, PC, RING, SPRING	1,565	38.8	No	6.3	54.8	77.31
4	Northern	Yendi	SPRING, S4H	3,341	33.6	No	6.8	72.7	81.25
5	Northern	Bole	S4H, PC	4,246	35.5	YES	10.1	69.4	75.53
6	Northern	Sawla-Tuna-Kalba	S4H	7,017	23.1	No	3.4	78.9	64.49
7	Northern	Gushiegu	SPRING, RING, S4H	5,320	35.2	No	7.7	73.8	75.71
8	Northern	Kpandai	RING,	4,263	26.6	NO	6.3	53.9	43.12
9	Northern	Bunkpurugu-Yunyoo	NONE	7,124	22.7	No	3.6	61.3	58.65
10	Northern	Central Gonja	NONE	4,953	27	No	1.6	33.3	40.74
11	Northern	Chereponi	NONE	8,100	31.4	No	2.2	57.5	60.03
12	Northern	East Gonja	NONE	5,752	26.6	No	3.8	45	30.31
13	Northern	Kumbungu	NONE	5,339	34.3	No	6.2	52.1	25.84
14	Northern	Mamprugo Moaduri	NONE	8,686	32.3	No	9.3	65	88.15
15	Northern	Mion	NONE	4,138	33.6	No	4.3	72.1	82.07
16	Northern	Nanumba North	NONE	5,260	37.6	No	2.1	68.1	78.63
17	Northern	Nanumba South	NONE	6,597	36.3	No	1.3	67.6	71.02
18	Northern	Saboba	NONE	4,528	31.4	No	6.3	59.3	59.28
19	Northern	Sagnarigu	NONE	12,637	23.6	YES	17.1	91.3	42.07
20	Northern	Savelugu-Nanton	NONE	1,578	35.5	No	9.2	72.5	90.35
21	Northern	Tamale Metropolitan	NONE	29,204	23.6	YES	17.1	91.3	48.24
22	Northern	Tatale Sangule	NONE	1,331	36	No	6.2	79.1	92.57
23	Northern	Tolon	NONE	4,429	34.3	No	6.2	52.1	40.23
24	Northern	West Gonja	NONE	3,963	13.7	YES	6.1	79	65.8
25	Northern	Zabzugu	NONE	1,918	36	No	6.2	79.1	78.6

No	Region	District	Collaborations/ Partnerships	Wasting (no of people)	Stunting rate %	incidence of cholera	Sanitation coverage %	Coverage of water %	Rural Water Coverage%
CENTRAL				2,491	20.21	YES	19.97	78.42	62.24
26	Central	Twifo-Ati Mokwa	S4H, WASH-UP,	10,487	31	YES	9.8	79.2	51.41
27	Central	Twifo Hemang Lower Denkyira	S4H, WASH-UP, PC	570	31	YES	9.8	79.2	52.49
28	Central	Assin North	S4H, PC	344	23.6	No	20.6	74.8	71.06
29	Central	Asikuma Odoben Brakwa	PC	1,363	21.9	YES	12.8	74.8	67.11
30	Central	Upper Denkyira West	S4H, PC	2,816	23.7	No	8.8	86.8	79.41
31	Central	Ajumako, Enyan Essam	PC,	885	22.2	YES	11.7	80.2	86.33
32	Central	Abura/Asebu/Kwamankese	NONE	1,281	26.7	YES	14.4	90	89.95
33	Central	Agona East	NONE	650	22.1	YES	13.3	83.9	60.19
34	Central	Agona West Municipal	NONE	2,211	22.1	YES	26.2	83.7	72.03
35	Central	Assin South	NONE	601	15.7	No	11.5	76.8	71.29
36	Central	Awutu-Senya	NONE	426	11	YES	32	57.8	88.43
37	Central	Awutu Senya East	NONE	447	11	YES	32	57.8	88.43
38	Central	Cape Coast Metropolitan	NONE	3,446	7.2	YES	45.2	84.6	5.9
39	Central	Effutu Municipal	NONE	1,667	11	YES	36.9	87.8	10.4
40	Central	Ekumfi	NONE	1,923	24.8	No	21	84.5	51.03
41	Central	Gomoa East	NONE	3,507	16.7	YES	22.3	66.1	33.64
42	Central	Gomoa West	NONE	7,347	16.7	YES	12.7	65.3	22.83
43	Central	Komenda/Edina/Eguafo/Abirem	NONE	218	17.3	YES	18.1	92.7	91.78
44	Central	Mfantiman Municipal	NONE	9,364	24.8	YES	21	84.5	73.87
45	Central	Upper Denkyira East	NONE	273	23.7	YES	19.3	77.8	77.18
WESTERN				3,432	NO DATA	YES	11.47	65.31	NO DATA
46	Western	Amenfi West	S4H, WASH-UP	4,337	NO DATA AVAILABLE	No	7.4	57.6	NO DATA AVAILABLE
47	Western	Amenfi Central	WASH-UP,	4,537		No	6.4	58.3	
48	Western	Bodi	PC	639		No	6.7	59.3	
49	Western	Amenfi East	S4H, PC,	661		No	6.4	75.1	
50	Western	Sefwi Wiawso	S4H, PC	3,751		No	8.8	79.9	
51	Western	Sefwi Akontonbra	PC	4,569		No	3	36.8	
52	Western	Mpohor	S4H	1,003		No	8.2	66.2	

No	Region	District	Collaborations/ Partnerships	Wasting (no of people)	Stunting rate %	incidence of cholera	Sanitation coverage %	Coverage of water %	Rural Water Coverage%
53	Western	Ahanta West	NONE	432	NO DATA AVAILABLE	YES	18.2	70	NO DATA AVAILABLE
54	Western	Aowin	NONE	277		YES	8.9	43.5	
55	Western	Bia	NONE	1,358		No	3.2	55.9	
56	Western	Bia East	NONE	223		No	3.2	55.9	
57	Western	Bibiani/Anhwiaso/Bekwai	NONE	21,674		No	12.2	89.2	
58	Western	Ellembele	NONE	7,827		YES	13.2	64.4	
59	Western	Jomoro	NONE	1,256		YES	17.2	76	
60	Western	Juabeso	NONE	9,202		No	6.4	57.9	
61	Western	Wassa East	NONE	1,685		YES	8.2	65.2	
62	Western	Nzema East Municipal	NONE	7,764		YES	13.9	64	
63	Western	Prestea-Huni Valley	NONE	82		YES	9.8	62.9	
64	Western	Sekondi Takoradi Metropolitan	NONE	2,936		YES	45.4	89.6	
65	Western	Shama	NONE	261		YES	19	92	
66	Western	Suaman	NONE	851		No	8.9	43.5	
67	Western	Tarkwa-Nsuaem Municipal	NONE	173		YES	17.8	73.7	
Volta				3,486	NO DATA	YES	16.68	66.78	67.02
68	Volta	Agotime Ziope (Kpetoe)	NONE	192	NO DATA AVAILABLE	No	12	12	57.93
69	Volta	Adaklu	WASH-UP, PC	957		No	12	74	57.93
70	Volta	Nkwanta North	S4H, PC	3,301		YES	4.3	76.6	74.3
71	Volta	Nkwanta South	S4H	713		YES	9.3	48.4	78.47
72	Volta	Krachi East	S4H,	3,626		No	7	48.4	45.12
73	Volta	South Tongu	S4H,	11,343		No	14.3	69.9	66.89
74	Volta	Afadjato	NONE	3,086		No	25	71.5	76.98
75	Volta	Akatsi North	NONE	374		No	16.4	64.5	75.11
76	Volta	Akatsi South	NONE	634		No	16.4	64.5	60.19
77	Volta	Biakoye	NONE	2,998		No	12.8	77.2	67.29
78	Volta	Central Tongu	NONE	5,171		No	15.3	56.8	51.98
79	Volta	Ho Municipal	NONE	4,471		No	30.8	83.9	69.44
80	Volta	Ho West	NONE	596		YES	30.8	83.9	69.44
81	Volta	Hohoe Municipal	NONE	15,235		YES	25	71.5	76.98

No	Region	District	Collaborations/ Partnerships	Wasting (no of people)	Stunting rate %	incidence of cholera	Sanitation coverage %	Coverage of water %	Rural Water Coverage%
82	Volta	Jasikan	NONE	3,337	NO DATA AVAILABLE	No	16.7	66.1	80.92
83	Volta	Kadjebi	NONE	8,337		YES	17.1	75.2	70.76
84	Volta	Keta Municipal	NONE	2,025		No	20.4	83.7	66.99
85	Volta	Ketu North	NONE	2,367		YES	13.4	80.1	59.55
86	Volta	Ketu South Municipal	NONE	1,470		YES	19.3	48.2	38.33
87	Volta	Kpando Municipal	NONE	1,272		No	23.1	80	80.31
88	Volta	Krachi Nchumuru	NONE	5,932		No	8.3	66.2	74.35
89	Volta	Krachi West	NONE	6,226		No	8.3	66.2	74.35
90	Volta	North Dayi	NONE	1,604		No	23.1	80	80.31
91	Volta	North Tongu	NONE	258		No	15.3	56.8	51.98
92	Volta	South Dayi	NONE	1,637		No	20.7	64	69.7
GREATER ACCRA				5,699			YES	37.57	67.77
93	Greater Accra	Ada West	PC,	1,123	NO DATA AVAILABLE	YES	10.8	79.7	NO DATA AVAILABLE
94	Greater Accra	Ada East	NONE	1,978		No	17.9	74.3	
95	Greater Accra	Shai-Osudoku	NONE	1,086		yes	26.6	79.7	
96	Greater Accra	Accra Metropolitan	NONE	31,712	8.8	YES	46.8	70.2	
97	Greater Accra	Adenta Municipal	NONE	2,928	NO DATA AVAILABLE	YES	46.9	29.7	
98	Greater Accra	Ashaiman Municipal	NONE	880		YES	29.2	92.4	
99	Greater Accra	Ga Central	NONE	3,844		YES	39.8	66.5	
100	Greater Accra	Ga East Municipal	NONE	5,157		YES	58	33.4	
101	Greater Accra	Ga South Municipal	NONE	22,387		YES	39.8	66.5	
102	Greater Accra	Ga West Municipal	NONE	5,821		YES	17.9	35.6	
103	Greater Accra	Kpone Katamanso	NONE	988		YES	52.2	87	
104	Greater Accra	La Dade Kotopon Municipal	NONE	1,625		yes	46.8	66.2	
105	Greater Accra	La Nkwantanang Madina	NONE	696		YES	46.8	70.2	
106	Greater Accra	Ledzokuku-Krowor Municipal	NONE	388		YES	46.8	66.2	
107	Greater Accra	Ningo Prampram	NONE	836		YES	22.6	79.7	
108	Greater Accra	Tema Metropolitan	NONE	9,728	YES	52.2	87		