

October 29, 2015

Emmanuel Odotei  
Agreement Officer Representative, USAID

Subject: Annual 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 annual report for the above mentioned agreement. This report summarizes activities undertaken from October 1, 2014 – September 30, 2015.

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

Sincerely,



Glenn Møller

Director of Program Operations  
International Operations

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



# USAID WASH for Health — Annual Report FY 15

**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: February 6, 2015 – September 30, 2015**

**Submitted To: Emmanuel Odotei /AOR/USAID Ghana**

**Submitted By: Alberto Wilde**



**USAID**  
FROM THE AMERICAN PEOPLE



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

BCC	Behavior Change Communication
C4H	Communicate for Health
CHPs	Community-Based Health Planning and Services
CLTS	Community-Led Total Sanitation
COP	Chief of Party
CWSA	Community Water and Sanitation Agency
DA	District Assembly
DCE	District Chief Executive
DDF	District Development Fund
DWST	District Water and Sanitation Team
EDSAM	Engineering and Development Services Administration and Management
E4H	Evaluate for Health
EHSD	Environmental Health and Sanitation Directorate
EMMP	Environmental Mitigation and Monitoring Plan
FOAT	Functional Organization Assessment Tool
GDA	Global Development Alliance
GES	Ghana Education Service
GWC	Ghana Water Company
LNGO	Local Non – Governmental Organization
MDG	Millennium Development Goal
MLGRD	Ministry of Local Government and Rural Development
MMDA	Metropolitan, Municipal and District Assemblies
MWRWH	Ministry of Water Resources, Works and Housing
NGO	Non-Governmental Organization
ODF	Open Defecation Free
PMEP	Program Monitoring and Evaluation Plan
PPP	Public Private Partnership
RCC	Regional Coordinating Council
RING	Resiliency in Northern Ghana
SBCC	Social Behavior Change Communication
S4H	Systems for Health
SHEP	School Health Education Program

SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
UNICEF	United Nations Children’s Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
VIP	Ventilated Improved Pit
WASH	Water, Sanitation, and Hygiene
WASH-UP	Water Access, Sanitation and Hygiene for Urban Poor
WHO	World Health Organization
WSC	Water and Sanitation Committee

## Introduction

Improved health is inseparable from improved hygiene practices. These practices are fulfilled by the presence and use of improved sanitation and adequate, reliable, and clean water. In fact, deficiencies in any of these services have dire consequences for people, especially young children. In 2010, UNICEF/WHO<sup>1</sup> estimated that 2 million people die each year as a result of diarrheal diseases. The report indicates that the most affected people are in developing countries and live in peri-urban and rural areas. An earlier report, WHO/UNICEF (2005) notes that “the combination of poverty – caused by loss of productivity and low earnings, poor health and lack of hygiene means that children from unserved homes miss school more frequently than those whose families do benefit from improved drinking water and sanitation services. The resulting lack of education and social development further marginalizes the children and reduces their future chances of self-improvement.” Among the problems that UNICEF/WHO (2010) identifies are a lack of priority given to sector entities, inadequate financial resources to tackle problems, a lack of sustainable water and sanitation services, poor hygiene behaviors, and inadequate sanitation in public places including hospitals, health centers, and schools.

In the post-colonial Ghanaian context, these findings are still relevant. The post-independent Ghanaian state considers public services essential and takes responsibility for supporting them through the central government. The socialist policies of Kwame Nkrumah’s era manifest themselves in the progress made to reach acceptable levels of water and sanitation service provision. However, as history attests, Ghana experienced unfavorable economic growth and political instability resulting in declining public-sector investment for the water and sanitation sectors. Today’s efforts to address water and sanitation issues are deeply influenced by historical events. Engagement between water, sanitation, and health institutions appears disorderly under the various ministries who rarely collaborate with cross-sectoral initiatives. Because of such action—and, in some cases, inaction—Ghana missed a number of millennium development goal (MDG) targets in health.<sup>2</sup>

Country-wide water supply coverage is high at 85%, but geographic disparities with coverage and usage exist. Districts and settlements in the Northern, Central, and Volta Regions are among the least connected, with access to potable water averaging about 65%. Sanitation access within all

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<sup>1</sup> WHO/UNICEF (2010): Progress on Sanitation and Drinking-Water. 2010 Update. Geneva: World Health Organization (WHO) / New York: UNICEF.

<sup>2</sup> Ghana did, however, achieve the MDG target regarding access to water.

regions is markedly lower than that of water access. Unfavorable sanitation is clearly exhibited in the Northern, Upper East, and Upper West Regions, where nearly 75%<sup>3</sup> of all households lack access to safe sanitation and practice open defecation. It is, therefore, unsurprising that water and sanitation-related diseases appear to cause a majority of out-patient illnesses at healthcare centers. The scourge of cholera has recently taken the lives of over 240 people, infecting almost 30,000 Ghanaians in ten regions. Like most diarrheal diseases, cholera is preventable with the use of basic sanitation, the provision of clean drinking water, and the observation of correct hygiene practices. These interventions can lower Ghana's undesirable position as the fifth most cholera-endemic country in the world.

It is imperative to forge partnerships that promote coordination among water, sanitation, hygiene, and health actors to create positive change in rural Ghana. The WASH for Health Project is designed to accelerate sustainable improvement in water and sanitation access and to improve hygiene behaviors in thirty target districts. This goal will be met by achieving six interrelated and mutually-reinforcing project objectives, referred to as components. They are:

1. Increased use of improved household sanitation;
2. Improved community water supply services;
3. Improved sector governance and policies;
4. Expanded key hygiene behaviors;
5. Leveraged public-private partnership investment to magnify the impact of United States Government funding; and
6. Improved water supply and sanitation infrastructure for schools and health facilities.

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<sup>3</sup> GSS (2013), 2010 PHC Report, page 391

## Project Components and Expected Outputs

The six components represent action areas with specific activity goals as detailed in the project implementation plan. The components will be implemented in all six target regions but with varied intensity based on existing water and sanitation coverage conditions, prevailing health conditions, other related and ongoing projects, and community receptiveness.

### Component One: Increased Use of Improved Household Sanitation

WASH for Health applies a comprehensive approach that lays the foundation for effective, demand-led Community-Led Total Sanitation (CLTS). This approach functions by forming 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 to beneficiaries before triggering demand. Over the life of the project, 10,100 household latrines are expected to be constructed by households in the five regions. That figure includes latrines that the poorest of the poor will be supported to build.

### Component Two: Improved Community Water Supply Services

To maximize the outcomes of our health indicators and to create a sustainable impact on project deliverables, water supply interventions are being paired with sanitation activities. Sanitation and increased water access complement each other by reinforcing the outcome of improved health. The availability and proper use of safe and improved sanitation eventually protects water sources from contamination that result from poor hygiene behaviors such as open defecation. As the availability of water increases, so too will the sanitation options available for household use, as represented by increased water for handwashing practices.

Water supply interventions will continue to assist communities not directly marked for CLTS where such infrastructure can complement other USAID-funded programs, address a critical need, and remain sustained after implementation. During the community water supply interventions, Global Communities has collaborated with local government institutions and stakeholders including the regional CWSA, the District Water and Sanitation Team (DWST), and District Assemblies (DAs), among other relevant organizations.<sup>4</sup> DWSTs and CWSAs handle long-term support to community water and sanitation committees (WSCs). The oversight that both provide and their involvement in all aspects of WASH for Health interventions will expand the program's national-

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<sup>4</sup> Other organizations include RING, SPRING, S4H, E4H, and C4H.

level recognition as a service authority and resource for communities into the future. By the end of implementation, the following minimum targets are expected to be achieved:

- 50 manually drilled boreholes and 110 machine-drilled boreholes;
- 50 boreholes rehabilitated; and
- 1 small town water supply system developed.

### **Component Three: Improved Sector Governance and Policies**

Activities under this component use participatory approaches to improve water and sanitation governance through local urban water and sanitation planning processes. We have started building local-level capacities for interventions in water and sanitation by building the capacity of the management of existing facilities with the WSCs and Sub-Metro Water and Sanitation Teams. Capacity building technical and organizational skills are envisaged for the Ghana Water Company (GWC), who is the main urban water service provider that delivers water services to the urban poor.

### **Component Four: Expanded Key Hygiene Behaviors**

Our approach to communication for social and behavioral change is to help our projects achieve sustainable impact by considering the local context of these changes. The specific behavior change goals set by the team help guide implementation and major decisions of all project components. WASH for Health is working closely with statutory government entities like the CWSA and the Environmental Health and Sanitation Directorate (EHSD), and with projects like Communicate for Health (C4H), Systems for Health (S4H), Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING), and Resiliency in Northern Ghana (RING) so that the project's behavior change strategy reinforces and extends their efforts.

### **Component Five: Leveraged Public Private Partnership (PPP) Investment to Magnify the Impact of USG Funding**

As the facilitation of partnerships between state and non-state actors has started, the private sector will unlock synergies that will complement and extend planned WASH interventions to promote good health. WASH for Health is partnering with Rotary International and the Coca-Cola Company Limited, and we are working diligently to partner with at least one more organization. Through the USAID Global Development Alliance (GDA) partnership, these organizations are assisting in WASH interventions among selected communities of the six regions covered by the WASH for Health Program.

## **Component Six: Improved Water Supply & Sanitation Infrastructure for Schools & 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. This approach is supported by a WHO (2014)<sup>5</sup> report indicating that neglect of WASH in schools and healthcare facilities undermines the country's capacity to prevent and respond to disease outbreaks.

Beneficiary schools and health centers are in the process of being selected in close coordination with USAID, other USAID-funded projects, and governmental institutions. These institutions are the GWC, the CWSA, Ghana Education Service (GES), and the School Health Education Program (SHEP) for school infrastructure, and the Ghana Health Service for health facilities like the CHPs compounds. By the close of the program, the following are expected to have been completed under this component:

- 40 institutional water supplies (20 for schools and 20 for CHPs compounds); and
- 45 institutional latrines (25 for schools and 20 for CHPs compounds).

All institutional latrines will provide both disability-friendly and gender-sensitive facilities with separate entrances for males and females, and a changing room to ensure privacy—a particular concern among young women. All the institutional latrines will have handwashing facilities in the form of rainwater harvesting tanks with taps, Veronica buckets, or other appropriate technology depending on the availability of water resources and drainage capacity.

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<sup>5</sup> [http://www.who.int/water\\_sanitation\\_health/publications/glaas\\_report\\_2014/en/](http://www.who.int/water_sanitation_health/publications/glaas_report_2014/en/) accessed 18-09-2015

## Project Implementation

### General Start-up Activities

The USAID WASH for Health Project was ushered in with 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 specialization and showed personal interest for the WASH for Health Project.

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. The Ministry of Local Government and Rural Development (MLGRD), Ministry of Water Resources, Works and Housing (MWRWH), Ghana Health Service, the GES, the Regional Coordinating Councils (RCCs) and their Environmental Health Units were informed about the USAID WASH for Health Project's overall goal, objectives, and scope.

To avoid needless duplication of efforts and ineffective conduct of programs, meetings were held with other health-related, USAID-funded projects currently being implemented in the five regions (Greater Accra, Central, Western, Northern, and Volta). These projects include the following:

- **SPRING Project** (implemented by JSI Research & Training Institute and operational in the Northern and Upper East Regions covering fifteen districts in all);
- **Ghana S4H Project** (implemented by University Research Co., LLC (URC) nationwide but with a focus on the Northern, Volta, Western, Central and Greater Accra Regions);
- **C4H** implemented by FHI360;
- **RING Project** (implemented by Global Communities in 17 districts in the Northern Region); and
- **Evaluate for Health (E4H)** (implemented by Management Systems International and operational across all USAID-funded health projects in the country).

To further USAID's GDAs, WASH for Health is collaborating with Rotary International and Coca-Cola to match their water and sanitation interventions in some selected communities. Consequently, meetings were held with the two groups to establish common ground for complementing or supplementing efforts. Water Health International, who is already implementing

water projects in Ghana on behalf of Coca-Cola, was also engaged to ascertain possible areas of collaboration.

### **District Selection Process**

The meetings with various USAID-implementation partners provided a clear picture of what is happening where and when, so the WASH for Health project could enter into the program's rural setting both efficiently and effectively. With assistance from previously proposed district selection criteria and the fore-knowledge of possible collaborations with existing projects, the district selection was made. Additional factors considered for the selection include statistics on wasting, stunting, and incidence of cholera, water, and sanitation service coverage, as well as the potential to complement other ongoing 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 for selection include 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 the 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. A summary of the USAID-approved districts is shown in Table 1 and Figure 1.

Table 1: Summary of Selected WASH Districts

Volta	Greater Accra	Northern	Western	Central
<ul style="list-style-type: none"> <li>• Agotime Ziope (Kpetoe)</li> <li>• Adaklu</li> <li>• Nkwanta North</li> <li>• Nkwanta South</li> <li>• Krachi East</li> </ul>	<ul style="list-style-type: none"> <li>• Ada West</li> <li>• Ada East</li> <li>• Shai-Osudoku</li> </ul>	<ul style="list-style-type: none"> <li>• West Mamprusi</li> <li>• East Mamprusi</li> <li>• Karaga</li> <li>• Yendi</li> <li>• Bole</li> <li>• Sawla-Tuna-Kalba</li> <li>• Gushiegu</li> <li>• Kpandai</li> </ul>	<ul style="list-style-type: none"> <li>• Amenfi West</li> <li>• Amenfi Central</li> <li>• Bodi</li> <li>• Amenfi East</li> <li>• Sefwi Wiawso</li> <li>• Sefwi Akontonbra</li> <li>• Mpohor</li> <li>• Amenfi West</li> </ul>	<ul style="list-style-type: none"> <li>• Twifo-Ati Mokwa</li> <li>• Twifo Hemang Lower Denkyira</li> <li>• Assin North</li> <li>• Asikuma Odoben Brakwa</li> <li>• Upper Denkyira West</li> <li>• Ajumako, Enyan Essam</li> </ul>

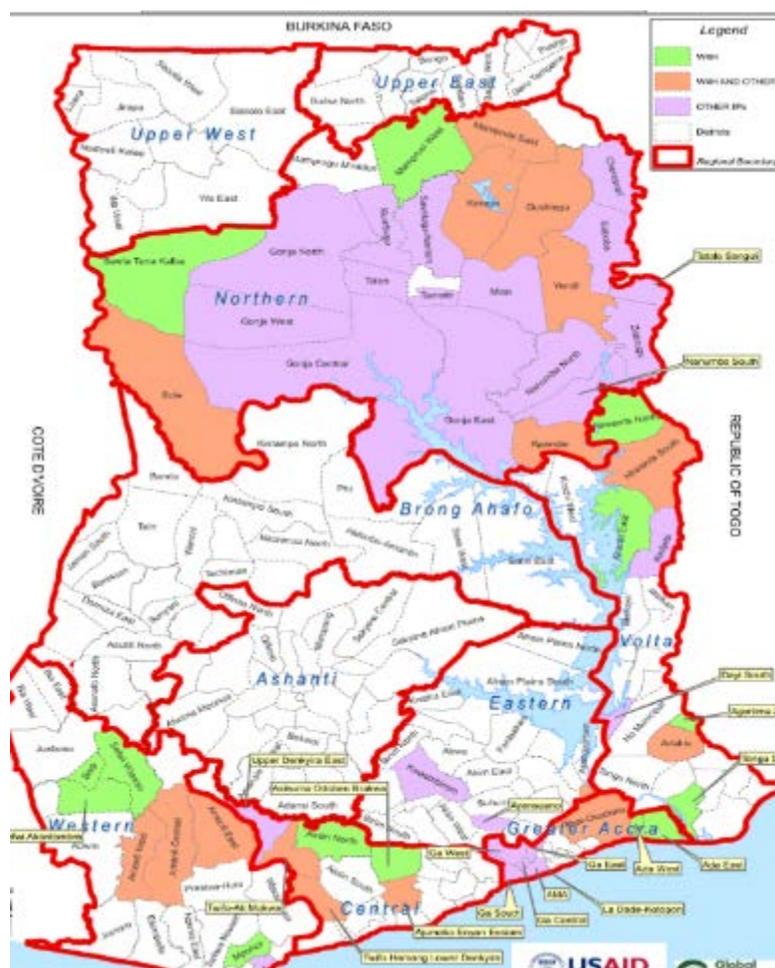
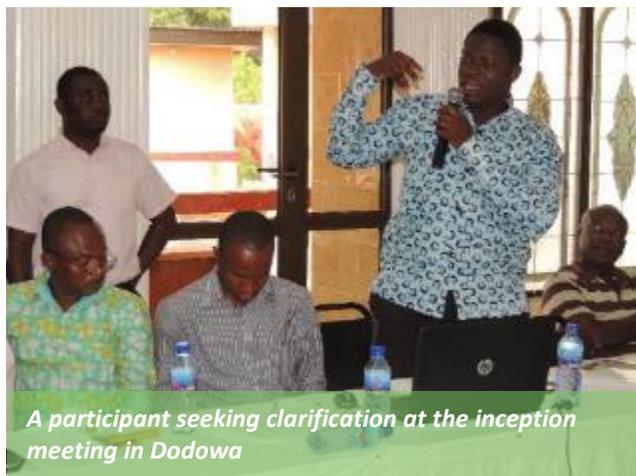


Figure 1 Map showing selected WASH for Health districts and other USAID-funded project districts.

## Zonal Inception Meetings

Having gained approval from USAID for the list of districts for implementation, inception project meetings were planned and held by grouping the districts into zones. Districts in the Greater Accra and Volta regions constituted Zone I, with operations expected to be driven from the project office in Ho. The inception meeting for the zone was held in Dodowa, with 49 participants in attendance. Each district was represented by their District Chief Executive (DCE), Development Planning



*A participant seeking clarification at the inception meeting in Dodowa*

Officer, Environmental Health Officer, and Community Mobilization Officer from the Department of Community Development. Regional directors of the CWSA (the major sector player for the project) were also present. A representative from Rotary International participated and highlighted expected activities under the GDA partnership.

At the Zone II inception meeting, held in Elmina for districts from the Central and Western Regions, 40 representatives from the 13 districts participated. DCEs from the selected districts were present and aligned their districts with the objectives and the overall goal of the WASH for Health Project. USAID S4H Project Coordinators in the Central and Western Regions participated in the meeting, affirming the partnership between the projects. Similar to the Zone I meeting, CWSA Regional Directors were present.

The third inception meeting for the selected districts in the Northern Region was held in Tamale. Over 50 officials from the East and West Mamprusi

Districts, Yendi Municipality, Karaga, Bole, Sawla-Tuna-Kalba, Gushiegu, and Kpandai Districts participated in the meeting. Other representatives of relevant stakeholders included the Regional Environmental Health Unit, Regional Education Directorate, Regional Health Directorate, and other USAID-funded projects including the Ghana S4H program. The National CLTS Coordinator gave a presentation to participants on CLTS in Ghana and its integration into appraisal methods for Metropolitan, Municipal and District Assemblies (MMDAs) like the FOAT (Functional

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***“Any part of the body can afford to be stupid, but definitely not the head” – Hon Issah Zakaria (Municipal Chief Executive, Yendi)***

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Organization Assessment Tool). He hinted that failing to pass the section on achieving open defecation free (ODF) status for districts meant MMDAs stand on the verge of failing the FOAT Assessment and missing out on receiving funds from the District Development Fund (DDF).

The district leaders expressed their commitment to achieve ODF status, and to support the project and its objectives. Hon. Issah Zakaria from Yendi Municipality summed up the feeling of his fellow Chief Executives. He concisely said, “any part of the body can afford to be stupid, but definitely not the head,” meaning that as Chief Executives and Heads of Assemblies, they must do all in their power to take ownership of the USAID WASH for Health Project and make it their success.

### Community Selection and Validation

Following the inception meetings, assemblies were requested to select communities to benefit



*Water drawn from a well in a community in Agotime Kpetoe District*

from interventions based, on criteria adapted from CWSAs. From late August to early September, validation of the submitted list of districts was carried out. A total of 511 communities, 195 public schools, and 66 CHPs compounds were visited to ascertain the ground conditions and suitability for our interventions. Reports are being prepared to present the list of prioritized communities and institutions that will receive our assistance.

## Component Updates

A lot of activities undertaken during this phase of the WASH for Health Project were in coordination with the modification phase of the WASH-UP Project. WASH-UP activities are ongoing in five of the six regions of WASH for Health and overlap with key indicators. Owing to the similarities in the scope of activities and geographical reach, implementation activities have been fused to foster learning and replication. The detailed activities of WASH-UP carried out under each component for WASH for Health are discussed below.

### Component One Activities Updates

Although no real project execution has been done, preparatory activities are ongoing. Owing to the overlap of districts benefiting from the WASH-UP Project, some activities like artisan latrine training were undertaken to expose interested artisans to the latrine options being considered for promotion under the WASH for Health Project. The 17 artisans trained so far received training for construction of the following latrines:

- a) Lined Mozambique ventilated improved pit (VIP) with both bamboo/aluminium sheet; and
- b) Lined rectangular VIP with both bamboo/aluminium sheet.

### Component Two Activities Updates

The team is learning from the borehole drilling activities under the WASH-UP Project modification, which is utilizing both manual and machine drilling technologies to augment water supply in the selected districts. Some challenges being encountered are poor ground water quality and in some instances very low yield (dry wells). Such hydrogeological information will guide activities under this component toward a higher success rate as we amend water data in the WASH for Health communities. WASH for Health will also adopt best practices with regards to the supervision of manual well drilling and mechanical drilling as we replicate and scale up activities.

### Component Three Activities Updates

As WASH-UP does, WASH for Health continues to engage major sector players like the Water Directorate of the MWRWH, and the EHSD of the MLGRD.

### Component Four Activities Updates

Some relevant staff of the selected assemblies (especially the Environmental Health Officers and Assistants, and local non-governmental organization (LNGO) staff) were engaged under the WASH-UP rural modification and trained in the training of facilitators for CLTS in three of the six

regions. WASH for Health is thus relying on the experience that will be gained by the 80 facilitators as they undertake CLTS activities, help communities achieve ODF status, and construct improved latrines for their families and households. Additionally the Sawla-Tuna-Kalba District has been prepared for CLTS research funded by the Bill & Melinda Gates Foundation.

### **Component Five Activities Updates**

Working with the GDA, USAID has initial engagements with Rotary International and Coca-Cola for the identification of areas to complement each other's activities. WASH for Health has tentatively taken Ajumako Enyan Essiam, Nkwanta South, Amenfi Central, Amenfi East, and Shai Osudoku Districts, where Relief International is present, to complement water interventions with sanitation ones. In the interim, Water Health International (implementing on behalf Coca-Cola) has submitted a list of sites where water interventions have been completed for WASH for Health to extend hygiene behavior change communication (BCC) activities and possibly sanitation interventions. This list includes East Tanokrom, Sekondi Zongo, Apowa, and Anaji in the Western Region, and Dome and Ablekuma (Anyaa) in the Greater Accra Region.

### **Component Six Activities Updates**

The construction of 30 institutional latrines and the development of 35 water supply facilities or systems under the WASH-UP Project in the Northern, Volta, Central, and Western Regions provides learning ground for replication under the WASH for Health Project. Through the above-mentioned process, technical drawings of the various latrine options and solicitations documents have been developed and will be adapted as needed when the new list of institutions to benefit is finalized.

## Project Management

Global Communities is the lead agency responsible for project management and the implementation of water and sanitation infrastructure and CLTS. The Manoff Group leads in social behavior change communication (SBCC). Other partners include Rotary International and Coca-Cola, both of which are USAID GDA partners. LINGOs will support community mobilization, sensitization, CLTS facilitation, and Hygiene Education, among others.

The WASH for Health Project is being implemented in close collaboration with other USAID-funded projects. These projects are SPRING, RING, C4H, S4H, and E4H, as well as any future awards relevant to the goals and objectives of WASH for Health.

As part of the start-up requirements for the project, the Program Monitoring and Evaluation Plan (PMEP) and Environmental Mitigation and Monitoring Plan (EMMP) were developed, submitted, and approved by USAID. The Fiscal Year 2015 work plan and Water Quality Assurance Plan were developed, submitted to USAID, and were approved for implementation in July 2015. A Grants Manual was also developed in this year, and it has been submitted for approval.

## Procurement

We have finalized procurement of almost all items in our procurement plan. We have acquired five off road cross-country SUV's (Toyota Prados) capable of handling the nearly impassable terrain of rural Ghana; this terrain is especially rough in the remote districts. These vehicles were delivered to Global Communities and are going through the registration process. Other procured equipment includes computers, projectors, and printers. The project now has four fully operational offices in Accra, Sekondi-Takoradi, Ho, and Tamale. In Tamale we are co-located with the RING project, and in Ho we are co-located with our local implementing partner, the Engineering and Development Services Administration and Management (EDSAM) Social Network.

## 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 supported the Manoff Group (sub-implementer for the BCC component) to recruit a BCC Specialist and three officers who are located in Ho, Takoradi, and Tamale. These BCC practitioners are being supervised by the Senior Advisor for SBCC at post. A coordinator and a WASH Officer for the Northern Region Office have been recruited and are both at post. All other supporting staff needed for implementation have been recruited and are at post.

## **Key Achievement**

A good start-up (submission and approval of Financial Year 2015 Work Plan, PMEP, EMMP, and Water Quality Assurance Plan). The preparatory ground work has been completed and we are now ready for the roll out the implementation phase.

## **Actions and Items Pending Resolution**

The FY16 Work Plan has been submitted and is awaiting approval.

## **Lessons Learned**

Northern Ghana's geography inherently means that water tables are low. Low water tables and low replenishing rates will result in dry wells. Low rates of access to potable water are considered when choosing target communities/districts. Water access is not necessarily constrained by a lack of support from non-profits or government institutions, but more by a lack of accessible water beneath our feet. Similar to what local contractors and international non-governmental organizations (NGOs) experience throughout the country, we may attest beneficiaries' severely limited ability to access water to huge swaths of land that do not provide adequate groundwater.

The current criteria for selecting intervening communities reflects access to water as a percentage of the total population. As with all our projects that seek to deliver water to underserved areas by groundwater drilling, the investigation into groundwater presence does not occur until after communities have been selected and boreholes drilled. Some of the chosen communities may not have adequate access to water sources even if we drill multiple times because there may not be enough water underground. As a consequence, alternative modes of delivering potable water will need to be investigated to meet WASH for Health's water access targets.

## **Challenges**

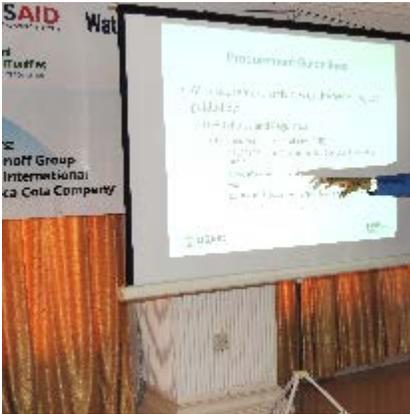
The district and community selection process was unanticipatedly lengthy, but very necessary, resulting in a slower than expected implementation rate. The overlapping with UNICEF, especially in the Northern region, has caused major delays. A few coordination meetings were held to better coordinate the geographical coverage. We expect this issue to be resolved in October 2015.

## **Success Stories**

Not applicable as the project has yet to reach beneficiaries.

# Appendices

## Appendix 1: Photographs from the Inception Meetings



***The Grants & Contracts Manger presenting on Rules, Regulations, and Procedures of the WASH for Health Project at Dodowa for Zone I districts.***



***The National CLTS Coordinator makes a presentation to participants at the Zone III meeting in Tamale.***



***The Chief of Party (COP) introduces CLTS resource persons from Global Communities Liberia, who later conducted a training for facilitators in Tamale.***



***Upper Denkyira East DCE is making a contribution at the inception meeting in Elmina.***

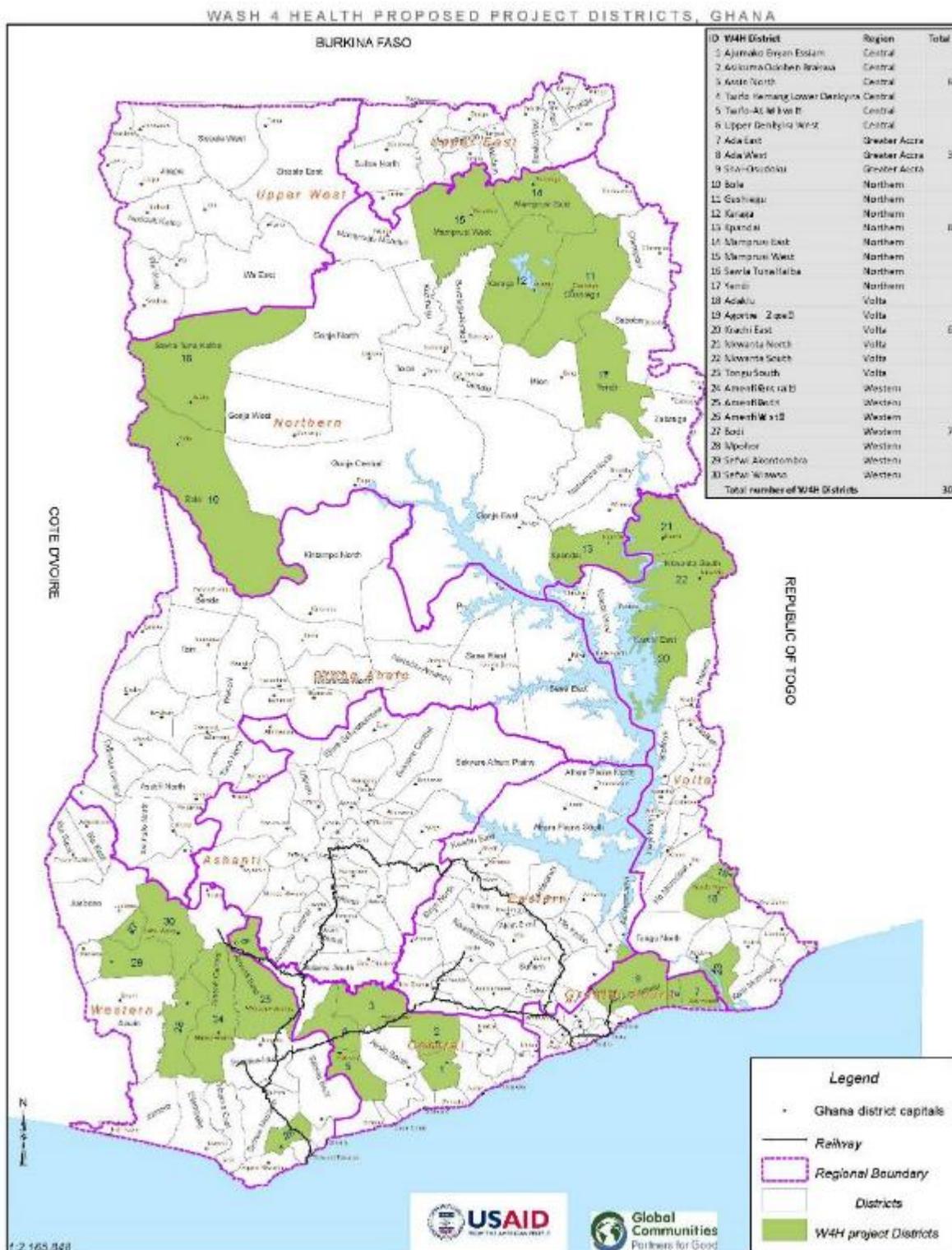


***Mr. Ako Odotei of Rotary Ghana sharing information with participants on the activities of Rotary.***



***Mr. Emmanuel Odotei (AOR) responds to some questions at the meeting in Dodowa.***

## Appendix 2: Map of WASH for Health Districts



## Appendix 3: WASH for Health Results Framework

