

January 14, 2016



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 October 1, 2015 – December 31, 2015.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Glenn Moller". The signature is fluid and extends across the width of the page.

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  
Baï Kamara, Program Manager, Global Communities/Headquarters



# USAID WASH for Health – Quarterly Report FY 16 – Quarter 1

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: October – December 2015

Submitted To: Emmanuel Odotei /AOR/USAID Ghana

Submitted By: Alberto Wilde



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<b>Name of Project</b>	<b>Water, Sanitation and Hygiene for Health</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
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
DICCS	District Interagency Coordinating Committee on Sanitation
DWST	District Water and Sanitation Team
EHSD	Environmental Health and Sanitation Directorate
FY16	Fiscal Year 2016
GDA	Global Development Alliance
IWASH	Improved Water, Sanitation, and Hygiene
KVIP	Kumasi Ventilated Improved Pit
LLIN	Long-Lasting Insecticidal Nets
LNGO	Local Non-Governmental Organization
MLGRD	Ministry of Local Government and Rural Development
MP	Member of Parliament
ODF	Open Defecation Free
PPP	Public Private Partnership
RANAS	Risk, Attitude, Norm, Ability, Self-regulation
RING	Resiliency in Northern Ghana
SBCC	Social Behavior Change Communication
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
TIPs	Trials of Improved Practices
USAID	United States Agency for International Development
USG	United States Government
WADA	Water and Development Alliance
WASH	Water, Sanitation, and Hygiene
WASH-UP	Water Access, Sanitation and Hygiene for Urban Poor
WHO	World Health Organization
WSC	Water and Sanitation Committee
WSMT	Water and Sanitation Management Team

## Executive Summary

The Water, Sanitation and Hygiene (WASH) for Health project was awarded to Global Communities on February 6, 2015, and is to be implemented until February 2020. The goal of the project is to accelerate sustainable improvement in water and sanitation access and improve hygiene behaviors in target districts.

In the first quarter of Fiscal Year 2016 (FY16), community water supply interventions began with a solicitation of proposals to select consultants who will identify potential sites and locations within communities for borehole drilling in the Western, Volta, and Northern regions. These consultants will also supervise the drilling and development of wells when borehole drilling contractors are engaged.

As part of the development of strategies and activities for social behavior change communication (SBCC) in project communities, project team members and district-level stakeholders were trained in an approach known as Trials of Improved Practices (TIPs). This activity was led by our SBCC implementing partner The Manoff Group. The district-level participants in the training were from four regions, the Western, Northern, Volta, and Greater Accra Regions.

Fourteen community-led total sanitation (CLTS) facilitators from the Bole and Sawla-Tuna-Kalba Districts (which were selected for proposed CLTS research) were trained in CLTS facilitation skills. The training was a collaborative effort between the WASH for Health Project and the USAID RING Project. Additionally, the project team in the Northern Region worked with the Regional Environmental Health Office of the Northern Region Coordinating Council to constitute and inaugurate District Interagency Coordinating Committees on Sanitation (DICCS) for the Bole and Sawla-Tuna-Kalba Districts. The DICCS have the responsibility of coordinating CLTS partner activities at the district level.

Proposals were also solicited to engage local non-governmental organization (LNGO) partners to support project team members in implementing CLTS activities. The team initiated the development of a catalog of latrine technology options through a partnership with Skyfox Limited. The catalog is meant to assist households in choosing the right toilet for their setting after communities have been taken through the CLTS triggering process.

The project also solicited proposals for contractors who will construct institutional toilet facilities for schools and Community-based Health Planning and Services (CHPs) in project communities.

The consulting firm TREND Group was contracted during this quarter, and will be responsible for conducting baseline studies for project implementation. The consultants submitted an inception report with the work plan and data collection tools. These were examined and approved, paving the way for field data collection to commence in the following quarter.

Partnership activities with the USAID Global Development Alliance (GDA) partners continued as the Water and Development Alliance (WADA) implementation plan was developed and submitted to Coca-Cola, who have returned with comments to be effected for resubmission. WASH for Health also supported the development of a proposal for Rotary International, which has since been submitted for approval by Rotary International's headquarters. Further, WASH for Health (in partnership with Rotary International, Communicate for Health, and Health Keepers Network), organized a series of activities in commemoration of Family Health Day, which occurred in Ghana during this quarter. The series of events included community video outreach, health screening and referrals, hygiene education, family planning education, and promotion of the use of Long-Lasting Insecticidal Nets (LLINs) at 40 sites in the Volta, Greater Accra, and Central Regions.

WASH for Health also partnered with government institutions like the Community Water and Sanitation Agency (CWSA) in celebration of the 2015 Global Handwashing Day. The project also partnered with the Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development (MLGRD) to mark the 2015 World Toilet Day. Both Global Handwashing Day and World Toilet Day occurred in this reporting period.

The project is in the process of procuring 15 motorbikes for district-based CLTS monitoring officers who are also being recruited for active oversight of post-triggering activities in communities, leading them to and sustaining open defecation free (ODF) status. The five cross-country vehicles that were procured have been delivered and allocated to the various field offices, along with drivers.

## Introduction

Provision of water and sanitation infrastructure across the country for institutions like schools and healthcare centers has only recently commenced, with installations occurring in new facilities as mandated by government policies. This has left an enormous deficit of WASH infrastructure at schools, hospitals, and other public institutions. 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 on some occasions, total ruin.

It is not uncommon to come across abandoned, non-functioning boreholes in rural communities, and even in some peri-urban communities. 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 installation itself.

The WASH for Health Project was developed in response to the health effects of inadequate or nonexistent WASH services on people across Ghana. Countrywide water supply coverage is high, at 85%, but marked geographic disparities exist. Therefore, health effects are more amplified in some regions than in others. Districts in the Northern, Central, and Volta Regions are among the most poorly served in terms of potable water coverage, averaging about 65%. Regarding sanitation, virtually all regions are faring very poorly, though poor sanitation is more pronounced in the Northern, Upper East, and Upper West Regions with nearly 75%<sup>1</sup> 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 between 2014 and 2015 in eight regions<sup>2</sup>. Like most diarrheal diseases, cholera can be prevented by 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 in the world<sup>3</sup>.

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:

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<sup>1</sup> GSS (2013), 2010 PHC Report, page 391.

<sup>2</sup> <http://reliefweb.int/report/ghana/situation-report-cholera-outbreak-ghana-20-september-2015-week-38> accessed 11th January 2016.

<sup>3</sup> <http://www.ghanaiantimes.com.gh/1733-cholera-cases-in-accra/> accessed 11th January 2016.

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 (PPP) investment to magnify the impact of United States Government (USG) funding; and
6. Improved 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 the implementation of water and sanitation infrastructure development and CLTS, whereas the Manoff Group leads in SBCC. Other partners under the agreement include Rotary International and Coca-Cola, both of which are USAID GDA partners. Rotary International will work in close collaboration with the CWSA, which is acting as a consultant for their interventions, while Coca-Cola will partner with Water Health International for water supply interventions. LNGOs will be engaged to support community mobilization, sensitization, CLTS facilitation, hygiene education, and more. The WASH for Health Project will be implemented in close collaboration with other USAID-funded projects. These projects are the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project, the Ghana Systems for Health Project, the Resiliency in Northern Ghana Project (RING), Communicate for Health, Systems for Health, and the Evaluate for Health Project, as well as any future awards relevant to the goals and objectives of WASH for Health.

This report covers the first quarter of FY16 and reports on progress towards implementing interventions. This quarter has been dominated by procurement activities for consultants, contractors, and LNGOs. During this quarter, the project also focused on trainings and meetings.

## Project Components and Expected Outputs

The six objectives of the project were translated into components as action areas, with particular activities that are detailed out in the project implementation plan. The components will be implemented in all six regions, but with varied intensities based on existing water and sanitation coverage conditions, prevailing health conditions, related ongoing projects in the communities, as well as learning-induced variations. The planned activities and expected results, as well as the outputs realized from the various components, are presented hereafter.

### Component One: Increased Use of Improved Household 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 developing an efficient 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.

### Component Two: Improved Community Water Supply Services

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

Water supply interventions will also assist communities not directly marked for CLTS where such infrastructure can complement other USAID-funded programs, address a critical need, and remain sustainable after implementation. During the planning of community water supply interventions, Global Communities will collaborate 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. DWSTs and CWSAs handle long-term support to community Water and Sanitation Committees (WSCs). Both the DWST and the WSCs will provide oversight, and their involvement in all aspects of WASH for Health interventions will expand national-level recognition of CWSA and DWST as service authorities and resources

for communities in 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 seek to improve water and sanitation governance through local water and sanitation planning processes, using participatory approaches. In this regard, capacities will be built at the local level to plan for local interventions in water and sanitation, as well as manage the existing and new WASH facilities being provided to project communities.

Objective 3 underpins all the above objectives, as it seeks to improve water and sanitation governance using participatory approaches. It aims to build the capacity of communities and community-based organizations (CBOs) to identify local water and sanitation needs and manage resources. The project will constitute and train Water and Sanitation Management Teams (WSMTs), and build the DWSTs' capacity to effectively monitor project implementation and to conduct post-project monitoring for sustainable WASH services.

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

Our approach to communication for social and behavior change helps our projects achieve lasting impact by considering the local context in which the changes take place. The specific behavior change goals set by the team help guide the implementation and leading decisions of all project components. WASH for Health will work closely with statutory government entities like the CWSA and the EHSD, 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.

### **Component Five: Leveraged PPP Investments to Magnify the Impact of USG Funding**

It is envisaged that facilitating partnerships between state and non-state actors, especially the private sector, will unlock synergies that will complement and extend the span of WASH interventions to promote good health. Under this component, WASH for Health is expected to partner with Rotary International, the Coca-Cola Company Limited—both USAID GDA partners—and at least one more organization to carry out WASH interventions in selected communities in the six regions.

## **Component Six: 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, all while reinforcing the CLTS process and WASH for Health hygiene messaging. This approach is supported by a World Health Organization (WHO) 2014<sup>4</sup> report that indicates neglect of WASH in schools and healthcare facilities undermines a country's capacity to prevent and respond to disease outbreaks.

Beneficiary schools and health centers will be selected in close coordination with USAID, other USAID-funded projects, and government institutions. Conforming to policies on institutional latrines, WASH for Health will provide both disability-friendly and gender sensitive facilities. Latrines will include separate entrances for men and women, as well as 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. 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).

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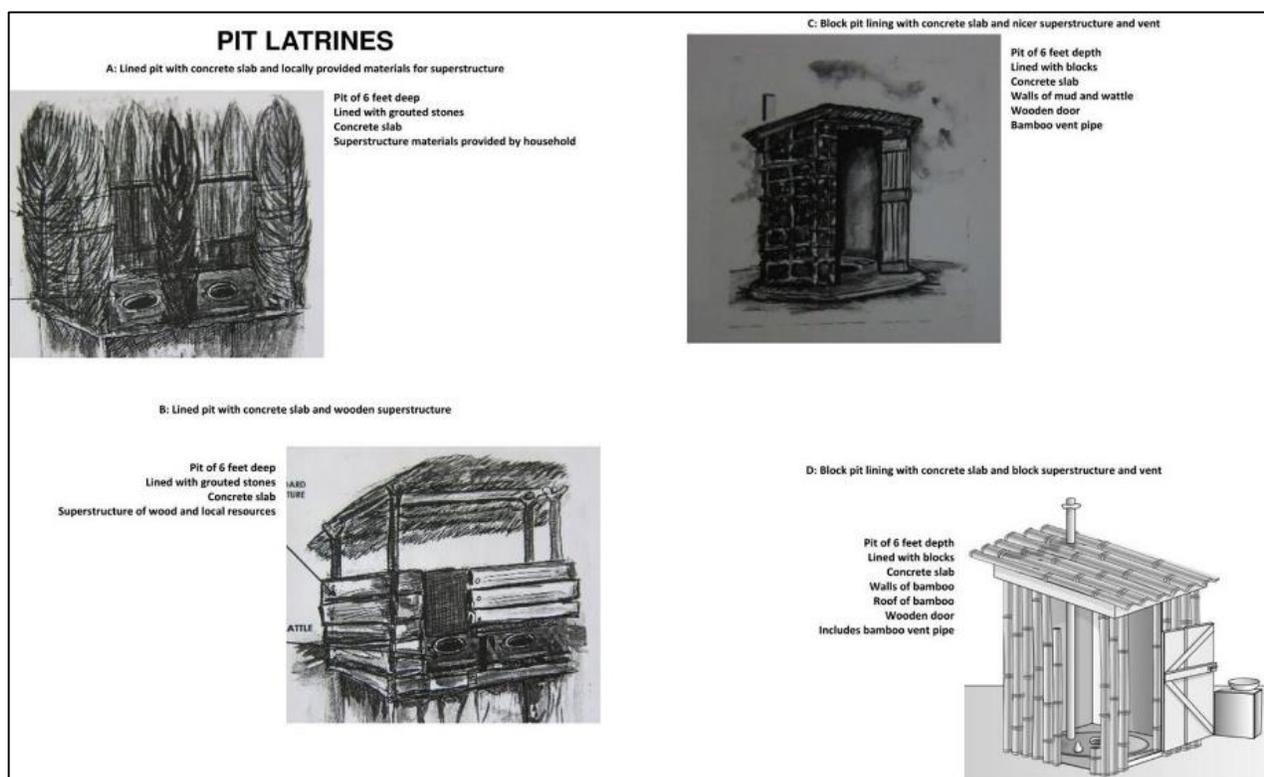
<sup>4</sup> [http://www.who.int/water\\_sanitation\\_health/publications/glaas\\_report\\_2014/en/](http://www.who.int/water_sanitation_health/publications/glaas_report_2014/en/) accessed 18-09-2015.

## Component Implementation Updates

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

Preparation activities have begun for households constructing their own basic latrines. WASH for Health has signed a Memorandum of Understanding with Skyfox Limited, a private sector multi-disciplinary organization to begin sanitation marketing. As part of these activities, the two teams are developing a latrine catalog to help community members identify the best latrine technology for their setting, taking into consideration the soil, the availability of local building materials, environmental health standards, and overall cost. A draft catalogue has been shared with technical persons for input and comments. The catalog is expected to be completed in the coming

**Figure 1: An excerpt from a draft of the latrine catalog**



quarter.

Other behaviour change communication (BCC)/CLTS activities include training the CLTS facilitators, preparing to train the latrine artisans, and working with the private sector to stock diverse latrine construction materials a convenient distance from project locations. These activities will be discussed further under their various components.

## Component Two: Improved Community Water Supply Services

As part of efforts to improve community water supplies, hydrogeological consultants are supervising the siting and drilling of 80 boreholes in the Western, Volta, and Northern Regions. The table below gives details on the distribution of the test wells<sup>5</sup>.

Region	Districts/municipalities	No. of boreholes
Western	Amenfi West, Amenfi East, Bodi, and Wiaso	25
Volta and Northern	Nkwanta North and Kpandai	25
Northern	Sawla-Tuna-Kalba, West Mamprusi, East Mamprusi, and Yendi	30

The consultants have been tasked with identifying suitable locations for borehole drilling in communities that have been selected, prioritized, and validated. In the second quarter, the experts are expected to complete their work, paving the way for the procurement of suitable contractors to undertake the actual drilling and development of the boreholes. As with the boreholes under the USAID-funded WASH-UP Project, small town water and sanitation management teams will be formed and trained to manage and maintain the water sites.

## Component Three: Improved Sector Governance and Policies

To ensure that water, sanitation, and hygiene issues remain topical, the project continued its partnership with and support of mandated sector agencies throughout the quarter, participating in meetings and workshops relevant to WASH for Health Project goals, objectives, approaches, and activities.



The Honorable Inusah Fuseini educates traders during the walk

In line with national policies on CLTS, WASH for Health facilitated the rejuvenation and inauguration of DICCSs for the Bole and Sawla-Tuna-Kalba Districts. The DICCSs are tasked with knowledge management and information dissemination while ensuring the avoidance of duplication among partners working in the districts. This avoidance is

necessary due to the presence of various organizations performing water and sanitation work in these districts.

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<sup>5</sup> Boreholes are tested by being drilled and ascertaining their likelihood of success.

Additionally, WASH for Health supported the CWSA in celebrating the 2015 Global Handwashing Day in Ghana. The event was held in Tamale and marked by a durbar and a walk by participants through sections of the Tamale Metropolis. The walk stopped at designated handwashing stations to demonstrate handwashing and educate residents on the benefits of proper handwashing at critical times. The Member of Parliament (MP) for Tamale Central, the Honorable Inusah Fuseini,



Pupils from St. Mary's Anglican School educating participants on the proper use and maintenance of household latrines

was the Guest of Honor. He pledged to support activities relating to handwashing in his constituency at any level possible. The WASH for Health Project supported the event with branded polo shirts and t-shirts carrying hygiene messages, along with stickers and posters of various sizes. The posters also carried hygiene behavior change messages, such as handwashing with soap under running water.

Support was also given to the EHSD of the MLGRD to observe 2015 World Toilet Day. The WASH for Health Project again provided branded polo shirts and t-shirts. The event was held at Bukom Square in Accra and was used to highlight challenges in reaching the millennium development goal related to sanitation. Participants and the general public were reminded of the link between improved sanitation facilities and cholera outbreaks, especially in deprived sections of cities and



The Honorable Nii Lante Vanderpuye urging Ghanaians to work toward ensuring that every household has a latrine

towns. Pupils from St. Mary's Anglican School in Jamestown participated in the event, educating the public on the proper use and maintenance of household latrines. The Honorable Nii Lante Vanderpuye, the Deputy Minister for Local Government and Rural Development and the Member of Parliament for Odododiodio within which Bukom is located, encouraged Ghanaians to ensure each house contains a safe latrine.

## Component Four: Expanded Key Hygiene Behaviors

After training the SBCC/CLTS component team members in TIPs, a pilot survey was carried out in four regions, namely the Western, Northern, Volta, and Greater Accra Regions. Altogether, 65



A child teaching her sibling how to practice handwashing

households were interviewed from 16 communities in 8 districts in the 4 regions. Focus group discussions were held with community leaders to corroborate findings of the household interviews. Data from the survey is being analyzed for trends and findings and will feed into the development of the BCC strategy in the coming quarter.

A week-long training was held for 14 CLTS facilitators from the Bole and Sawla-Tuna-

Kalba Districts. The training took place jointly with the RING Project to ensure uniformity of messaging when using the CLTS approach. The Bole and Sawla-Tuna-Kalba Districts are being prepared for CLTS research funded by the Bill and Melinda Gates Foundation to inform the best approaches for triggering communities. As part of preparatory work, Professor Dr. Hans-Joachim Mosler from EAWAG<sup>6</sup> and Miriam Harter from the University of Konstanz, Switzerland visited Ghana to make a presentation on Systematic Behaviour Change Using the RANAS<sup>7</sup> Model and on the Effectiveness and mode of functioning of CLTS. Ethical clearance for the research was sought and granted by Ghana Health Service Ethical Review Committee. Consequently, in the next quarter, a team of 4 environmental scientists will be in the country to carry out the actual research in the 2 districts in the Northern Region.

A request for proposals was advertised to engage LNGOs as partners in undertaking BCC/CLTS activities in project communities in the Western, Central, Greater Accra, and Volta Regions. After twelve interested LNGOs responded to the solicitation, their responses were evaluated by a technical committee. The evaluation report, which includes recommended LNGOs to be engaged, has been forwarded to management to continue the process.

<sup>6</sup> EAWAG (Eigenössische Anstalt für Wasserversorgung, Abwasserreinigung und Gewässerschutz) is the German name for the Swiss Federal Institute for Environmental Science and Technology / ETH).

<sup>7</sup> Professor Dr. Hans-Joachim Mosler developed the Risk, Attitude, Norm, Ability, Self-regulation (RANAS) model to determine the factors that influence behavior (<https://sanitationupdates.wordpress.com/2012/11/02/preventing-sanitation-failure-by-using-evidence-based-behaviour-change/#more-7813>) accessed 7<sup>th</sup> January 2016.

Learning from the success of CLTS activities in Global Communities' IWASH Project in Liberia, WASH for Health intends to strengthen effective monitoring of CLTS activities and is therefore in the process of recruiting district-based CLTS monitoring officers. These officers will be well-resourced and provided with motorbikes so they may carry out activities quickly, unaffected by bad roads.

### **Component Five: Leveraged PPP Investments to Magnify the Impact of USG Funding**

Pursuant to the GDA partnership, WASH for Health participated in monthly calls with Rotary International and Coca-Cola to discuss the various interventions being planned for implementation. The WADA implementation plan was developed this quarter and submitted to Coca-Cola. Comments have been received, and we are now addressing them before resubmission in the second quarter of FY16. WASH for Health also supported Rotary International in developing their proposal, which has been submitted to their headquarters.



Pupils practicing handwashing at a site in Jumapo in the Eastern Region

During this quarter, Family Health Day was acknowledged with a week-long period of planned activities. The event was led by Rotary International, a GDA partner of USAID. The partners involved in Family Health Day included Global Communities implementing WASH for Health, FHI-360 implementing Communicate for Health, and the HealthKeepers Network. Health screenings, referrals, hygiene education, and promotion of the use of LLINs all occurred at the 40 sites in the Volta, Greater Accra, and Central Regions. WASH for Health provided handwashing stations for all the sites, stationing volunteers at selected sites to demonstrate proper handwashing to patrons of the event. After the event, the handwashing stations were donated to schools and health centers through Rotary International.

### **Component Six: Improved Water Supply and Sanitation Infrastructure for Schools and Health Facilities**

Technical drawings and solicitation documents prepared in the previous quarter were finalized and advertised in nationally circulated newspapers. Interested construction companies submitted technical and financial proposals to undertake the advertised work: construction of 90 institutional Kumasi Ventilated Improved Pits (KVIPs) (2, 3, and 4 seaters) in selected districts in the Central,

Western, Volta, Greater Accra, and Northern Regions. The distribution is presented in the table below.

<b>Region</b>	<b>District</b>	<b>Number</b>
<b>Central</b>	Asikuma-Odoben-Brakwa	10
	Assin North	9
<b>Western</b>	Amenfi East	5
	Bodi	4
	Wiawso	5
<b>Volta</b>	Agortime-Ziope,	7
	Nkwanta South	7
	Nkwanta North	8
<b>Greater Accra</b>	Ada East	10
<b>Northern</b>	Yendi	10
	Sawla-Tuna-Kalba	8
	Kpandai	7

Our evaluation committee has completed work and will submit their report to management recommending the contractors to be considered for constructing the latrines.

## **Project Management**

Global Communities remains the overall lead implementer, with The Manoff Group handling SBCC. The project continues to be run from four field offices: Ho for the Volta Region Districts, Takoradi for the Western and Central Region Districts, Tamale for the Northern Region Districts, and Accra for the Greater Accra and Eastern Regions Districts.

### **Community Selection and Validation**

Within this quarter, the final round of community validation visits were undertaken in the Greater Accra and Western Regions. Prioritization of communities and institutions was completed, with the report submitted and approved. Consequently, all community selection processes have been completed.

### **Staffing**

During this quarter, all essential personnel remained at post. Component technical specialists and officers all continued working from their various field offices. Three new drivers were recruited and posted to their field offices to facilitate movement of project staff to project locations. Recruitment commenced for BCC/CLTS monitoring officers, who will facilitate work at the district and community levels. Successful candidates will assist communities in reaching and sustaining ODF status and encourage households to construct, use, and maintain household latrines.

### **Procurement of Vehicles and Equipment**

Five cross-country vehicles procured in previous quarters were delivered after necessary clearance and documentation. They have since been put to use. They have been deployed to the various field offices to facilitate movement of team members on official duties. As part of the logistical support for monitoring, WASH for Health is in the process of procuring 15 motorbikes which will be distributed to the district-based CLTS monitoring officers when their recruitment is completed and they report to post.

### **Monitoring and Evaluation**

Preparatory activities for baseline studies continued in this quarter. The consultant submitted a work plan and an inception report, which have both been approved. The methodology and data collection tools have also been finalized, with actual data collection scheduled to commence in the second quarter, preceded by the training of field data collectors.

### **Key Achievements this Quarter**

- Ethical clearance for CLTS research in the Northern Region; and
- TIPs training and follow-up survey.

### **Actions and items pending resolution**

None at this time.

### **Success Stories**

Not applicable in this quarter.