

April 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 January 1, 2016 – March 31, 2016.

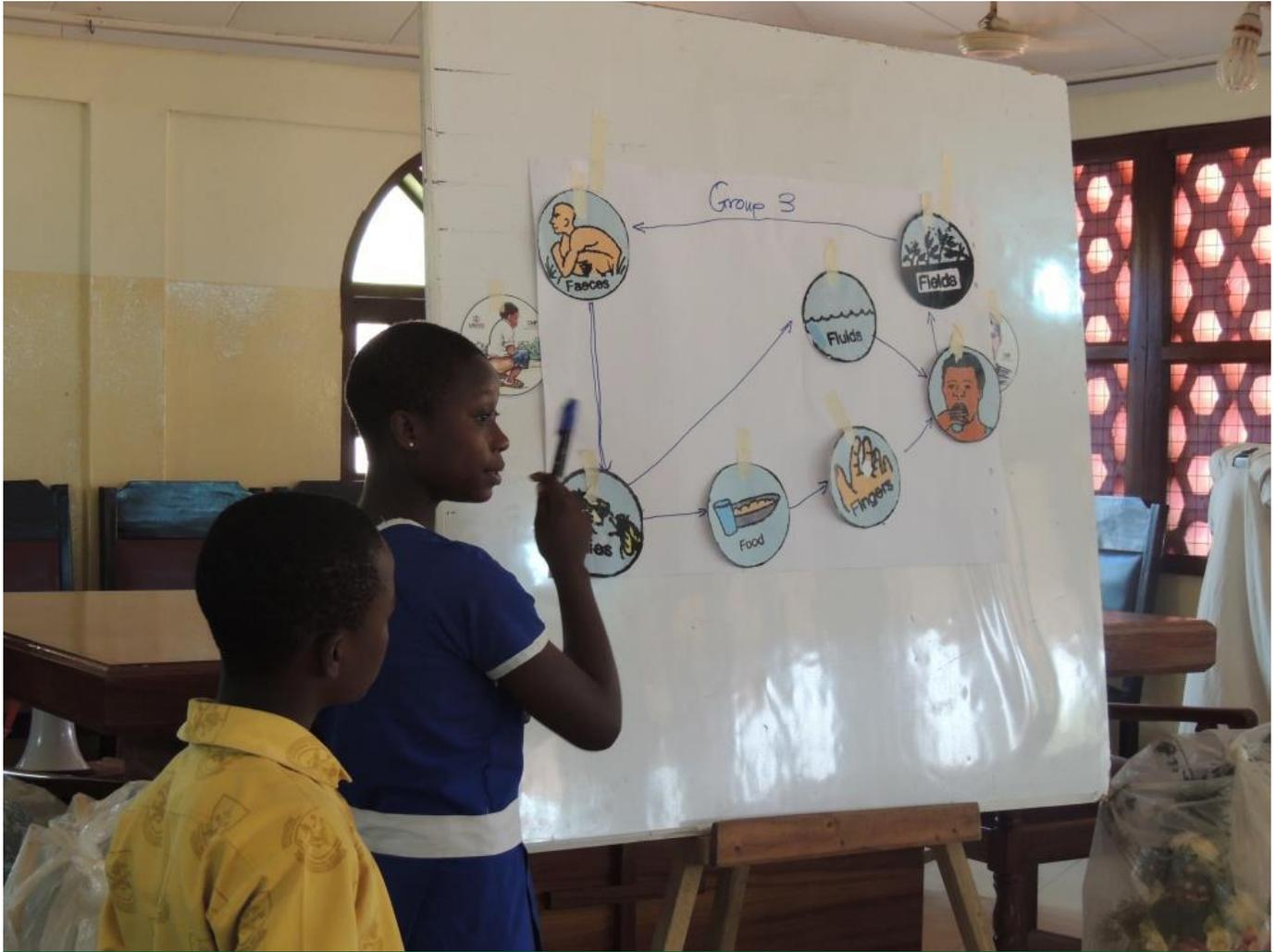
Please do not hesitate to contact me or our Country Director, Alberto Wilde, should you have any questions.

Sincerely,

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

Glenn Moller  
Director of Program Operations  
International Operations

Cc: Nathan Olah, 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 2

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: January – March 2016

Submitted To: Emmanuel Odotei/AOR/USAID Ghana

Submitted By: Alberto Wilde



**USAID**  
FROM THE AMERICAN PEOPLE



<b>Name of Project</b>	Water, Sanitation and Hygiene for Health
<b>Country and regions</b>	Ghana — Greater Accra, Central, Volta, Northern, and Western Regions
<b>Donor</b>	United States Agency for International Development
<b>Award number/symbol</b>	AID-641-A-15-00005
<b>Start and end date of project</b>	February 2015 - February 2020
<b>Total estimated federal funding</b>	US\$ 18,693,256
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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
EAWAG	Eigenössische Anstalt für Wasserversorgung, Abwasserreinigung und Gewässerschutz
EHSD	Environmental Health and Sanitation Directorate
FY16	Fiscal Year 2016
GDA	Global Development Alliance
GETF	Global Environment and Technology Foundation
KVIP	Kumasi Ventilated Improved Pit
LNGO	Local Non-Governmental Organization
LOP	Life of Project
MLGRD	Ministry of Local Government and Rural Development
MOH	Ministry of Health
MOU	Memorandum of Understanding
MWRWH	Ministry of Water Resources Works and Housing
ODF	Open Defecation Free
PCV	Peace Corps Volunteer
PPP	Public Private Partnership
RANAS	Risk, Attitude, Norm, Ability, Self-regulation
RING	Resiliency in Northern Ghana
SBCC	Social Behavior Change Communication
SG Fund	Small Grant Fund
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
TIPs	Trials of Improved Practices
TREND	Training Research and Networking for Development
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government

WADA	Water and Development Alliance
WASH	Water, Sanitation and Hygiene
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 Ghana.

In the second quarter of Fiscal Year 2016 (FY16), activity implementation under each component continued according to the annual work plan. Sketches of various household toilets have been developed based on community water and sanitation agency (CWSA) standards, and catalogs showing the different toilet options are being produced to inform community decision making<sup>1</sup>. A plastic toilet is also being developed in partnership with Duraplast Ghana Limited, and after producing prototypes, is now being piloted. 6 prototype plastic toilets have been installed in Agortime, Adaklu, and Ho Municipalities in the Volta Region with another 4 installed in Ada East and Ada West in the Greater Accra.

A total of 164 Field Officers were trained in community-led total sanitation (CLTS) facilitation. 348 Natural Leaders were chosen to help attain and sustain open defecation free (ODF) status in their communities. So far, 27 of these Natural leaders have been trained.

In three districts (Bole, Sawla-Tuna-Kalba, and West Mamprusi) in the Northern Region, residents of triggered communities began building roughly 800 household toilets.

WASH for Health is handling sanitation marketing in the Northern districts through a partnership with Jaksally Youth Group. This group consists of 36,000 members who are encouraged to save money for household toilets. Further, the project is increasing the availability of toilet construction materials, like cement and vent pipes, within convenient traveling distances for community members to purchase.

WASH for Health continued promoting the formation and revitalization of District Interagency Coordinating Committees on Sanitation (DICCS). In the second quarter of FY16, DICCS were inaugurated in Sefwi Wiawso and Sefwi-Bodi in the Western Region, and South Dayi and Adaklu Districts in the Volta Region.

Following the trials of improved practices (TIPs) training, the pilot survey, and the focus group discussion led by the Manoff Group, a policy formulation workshop was held culminating in a

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<sup>1</sup> Example picture on the cover page.

behaviour change communication (BCC) strategy developed by the BCC/CLTS Team. The project is now in the process of expanding on the BCC strategy and plan by carrying out a situational assessment.

CLTS research conducted by EAWAG and funded by the Bill and Melinda Gates Foundation commenced in Bole and Sawla-Tuna-Kalba Districts in the Northern Region. The research is currently ongoing.

Five local non-governmental organizations (LNGOs) will implement CLTS activities in the following locations: Asikuma, Odoben Brakwa, and Assin North (Central Region); Agortime Ziope, Nkwanta North, and Nkwanta South (Volta Region); Ada West and Ada East (Greater Accra Region); and Bodi, Amenfi East, and Sefwi Wiawso (Western Region). The LNGO partners will carry out community animation, Water and Sanitation Management Team (WSMT) formation and training, along with other CLTS activities.

Learning from the USAID-funded I-WASH Project implemented by Global Communities in Liberia, District-based CLTS monitoring officers were recruited in this quarter and posted to various districts. The officers have been trained and given orientation on the CLTS approach to sanitation promotion.

In working to develop USAID Global Development Alliance (GDA) partnerships, the WASH for Health team received and responded to comments on the Project Implementation Plan for the Water and Development Alliance (WADA) program earlier submitted to Coca-Cola. A revised Project Implementation Plan and budget were subsequently presented to Coca-Cola. Additionally, a WASH orientation/training was held for Rotary Club – Ghana members at the Rotary center in Tema.

Twelve contractors have been contracted to construct 90 institutional latrines. The construction is ongoing in all districts as expected.

In the area of Community Water Supply, contractors have been contracted to drill and construct 77 test boreholes for communities in the Northern, Volta, and Western Regions.

Finally, the Small Grants Fund, which was established as part of the WASH for Health Project, was launched in all the regions, paving the way for community-based organizations (CBOs), individuals, and other qualified entities to apply for grants worth a maximum of USD\$2,000. The Small Grants Fund promotes innovation in the WASH sector, especially in the project districts.

## 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 deterioration, and on some occasions, total ruin.

It is not uncommon to come across non-functioning and abandoned 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. Health effects are more amplified in some regions than in others. Districts in the Northern, Central, Western, and Volta Regions are poorly served in terms of potable water coverage, averaging about 65% according to the rural water supply coverage statistics published by the CWSA. 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>2</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 in these areas. The scourge of cholera has been devastating, taking the lives of over 240 people, and infecting almost 30,000 Ghanaians between 2014 and 2015 in eight regions<sup>3</sup>. Cholera can be prevented by the use of basic safe sanitation, the provision of clean drinking water, and the observation of good hygiene practices.

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 listed below:

1. Increased use of improved household sanitation;
2. Improved community water supply services;
3. Improved sector governance and policies;

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<sup>2</sup> GSS (2013), 2010 PHC Report, page 391.

<sup>3</sup> <http://reliefweb.int/report/ghana/situation-report-cholera-outbreak-ghana-20-september-2015-week-38> accessed 11th January 2016.

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 lead organization responsible for project management and administration, as well as for the implementation of water and sanitation infrastructure development and CLTS implementation. The Manoff Group, a sub-recipient on the project, is responsible for promoting Social Behavior Change Communication (SBCC) which is mainstreamed throughout the above-listed project components. Other project partners include Rotary International and Coca-Cola, both of which are USAID GDA partners. Rotary International, which is extending project activities to the Eastern Region, brought in the CWSA as a consultant/implementing partner, while Coca-Cola partnered with Water Health International, which installed water supply stations in urban communities in two project regions (Greater Accra Region and Western Region). The WASH for Health Project will match the investments of Coca-Cola with WASH interventions in schools while undertaking basic sanitation interventions in two urban communities. WASH for Health engaged LNGOs to support community mobilization, sensitization, CLTS facilitation, and hygiene education promotions. The project is also being implemented in 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 second quarter of FY16 and reports on the progress of implementation activities. Implementation activities include community-level water supply activities, institutional (school and health facility) toilet construction, and CLTS activities.

## **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 are implemented in six regions (Volta, Central, Western, Northern, Greater Accra, and Eastern) but with varied intensities based on existing water and sanitation coverage conditions, prevailing health conditions, and related ongoing projects in the communities. 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 for toilet construction and financing options before triggering demand for toilet acquisition. Over the life of the project, 10,100 household toilets are expected to be constructed by households in the project communities, including toilets that the poorest of the poor have support 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 activities will be implemented alongside the sanitation activities. Sanitation and increased access to water supply complement each other by reinforcing the outcome of improved health. The availability and proper use of safe water and basic sanitation eventually protect water sources from contamination that results from poor hygiene practices like open defecation. Improvements in water supply services promote good hygiene practices as water is made available for bathing and handwashing.

Community water supply interventions are planned in collaboration with local government institutions and stakeholders including the regional CWSA, the District Water and Sanitation Team (DWST) of the District Assemblies (DAs), and 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 promote national-level recognition of the CWSA and the DWST as service authorities and community resources in the future. By the end of project implementation, the following targets for water supply facilities are expected to be achieved:

- 50 manually drilled boreholes and 110 machine-drilled boreholes fitted with hand pumps;
- 50 existing, non-functional boreholes rehabilitated; and
- 1 small town water supply system developed.

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

Using participatory approaches to rural and peri-urban WASH planning and implementation, the WASH for Health project seeks to strengthen Ghana's WASH sector's governance and policies. The CLTS approach adopted for rural sanitation delivery derives from the National Rural Sanitation Model and Strategy, while the project's BCC strategy will borrow from the Urban WASH BCC Strategy for Ghana. Each of these approaches conforms to the National Community Water and Sanitation Program and strategies for WASH delivery in Ghana.

WASH for Health also aims to create a WASH environment at the community level by building the capacity of communities and CBOs to identify local water and sanitation needs and properly manage WASH resources. The project will form and train WSMTs and build the DWSTs' capacities to monitor project implementation and conduct post-project monitoring for sustainable WASH services.

WASH for Health will also extend support to the line ministries: the Ministry of Water Resources Works and Housing (MWRWH), the Ministry of Local Government and Rural Development (MLGRD), and the Ministry of Health (MOH) and its allied agencies in policy formulations, reviews, and disseminations (if it is deemed necessary).

### **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 works closely with statutory government entities like the CWSA and the Environmental Health and Sanitation Directorate (EHSD) of the MLGRD, and with projects like Communicate for Health, Systems for Health, SPRING, and RING so that the project's behavior change strategy reinforces and extends that of these other projects.

## **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 partners with Rotary International and Coca-Cola —both USAID GDA partners—and expects to work with one more GDA to support WASH interventions in selected communities in the six regions by the end of the project.

## **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 component addresses an issue revealed by a World Health Organization (WHO) 2014<sup>4</sup> report indicating that 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 national policies on institutional toilet facility delivery, WASH for Health will provide both disability-friendly and gender sensitive toilet facilities. Toilets will have separate entrances for men and women, as well as a changing room for women to ensure privacy during menstruation. All the institutional toilet facilities will have handwashing facilities in the form of rainwater harvesting tanks with water taps and wash basins, Veronica buckets, or other appropriate technologies, depending on the availability of water resources and drainage capacity. By the end of the project, the following are expected to be achieved under this component:

- Provision of 40 institutional water supply facilities; and
- Provision of 150 institutional toilets.

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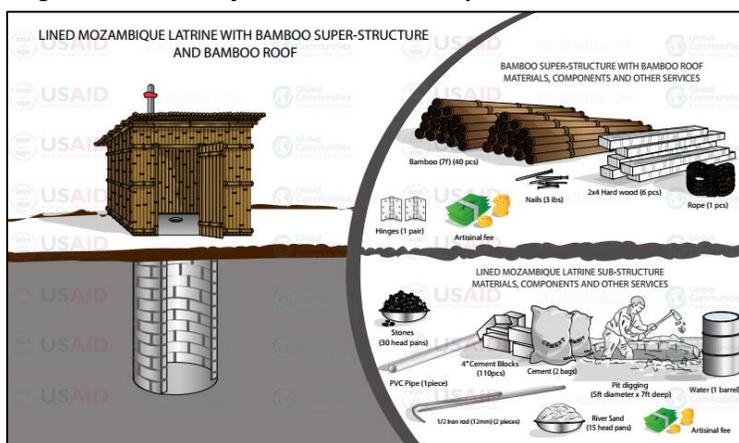
<sup>4</sup> [http://www.who.int/water\\_sanitation\\_health/publications/glaas\\_report\\_2014/en/](http://www.who.int/water_sanitation_health/publications/glaas_report_2014/en/) accessed 18-09-2015.

# Component Implementation Updates

## Component One: Increased Use of Improved Household Sanitation

The CLTS approach is utilised during rural sanitation delivery within the project. This approach triggers the community and encourages community members to construct and use household toilets and practice handwashing with soap at critical times. The project also ensures that household toilets constructed by community members meet the specifications for basic sanitation at the household level i.e., the toilets are affordable, safe, ventilated, and eliminate contact between people and faecal matter. Sketches of various household toilet options have been

**Figure 1: A sketch of the Lined Mozambique with bamboo wall**



developed based on toilet construction standards set by the CWSA. This sketch will be used to promote and market the different toilet options. The sketches exhibit the pit-wall, privy room with roof of the Lined and Unlined Mozambique Toilet, as well as the Slab-less Toilet developed under the USAID-funded I-WASH project in Liberia. The sketches detail

the material requirements of various toilet options to inform decision making when acquiring household toilets. Posters of these toilet options are being produced for distribution to identified natural leaders and CLTS facilitators in the communities and districts to help spread knowledge of the various types of household toilets. Catalogues are also being produced to aid in the promotion and marketing of the toilets.

Further, in searching for affordable yet durable toilet options, WASH for Health is building a partnership with Duraplast Ghana Limited, a private sector manufacturer of plastic products. Together, WASH for Health and Duraplast are designing and developing a plastic toilet. The toilet



Installation of a plastic latrine on a pilot basis

is one composite unit comprised of a squat slab with a toilet pan and a ventilation pipe with a pit lining material beneath the slab to protect loose soils from cave-ins. The first batch of 10 toilet slabs was piloted in Agortime, Adaklu, and Ho Municipal in the Volta Region, and Ada East and Ada West in the Greater Accra Region. Beneficiaries are constructing their superstructures with locally available materials such as palm mat,

mud, and bamboo. Installation of a second batch of 20 latrines has also begun. From the latrine's installation to its use, this entire process is being documented. The WASH for Health team wants to record all the pros and cons of this new plastic design and improve on it with each new version. The findings will be reported on in the coming quarter. Please refer to Appendix 3 for additional photos on this toilet and its installation in project communities.

To ensure that the household toilets are constructed to meet the minimum standard of basic sanitation, twenty-six toilet construction artisans were trained on the construction of three options being promoted in the Northern Region. These options are the lined and unlined Mozambican toilet, and the slab-less toilet.

In order to promote sanitation using the CLTS approach, a three-pronged strategy was adopted: (a) capacity building and training of trainers for triggering and post-triggering activities; (b) triggering of communities and sanitation promotion; and (c) sanitation marketing using innovative approaches.

### ***Training in CLTS Facilitation Skills***

A total of 164 field officers have been trained in CLTS facilitation. This group includes Environmental Health Assistants (EHAs), Community Development Officers (CDOs), LNGO staff, and Global Communities Regional/District staff. So far, a total of 96 communities have been

triggered in the Northern, Volta, Central, and Western Regions, and post-triggering activities are ongoing in these communities to facilitate their attainment of ODF status. As part of the triggering activities in these communities, about 2,900 community members have received BCC messages and 348 Natural Leaders have been identified to champion the attainment and maintenance of ODF status. The first batch of Natural Leaders was trained in six communities (Blema, Jembeh, Gbongbonduori, Di-eriyiri, Dannivar, and Tali) in the Sawla-Tuna-Kalba District in the Northern Region. The WASH for Health project team trained 27 Natural Leaders (14 women and 13 men, including three District Officers) on topics including faeco-oral transmission, concept and principles of CLTS, roles and responsibilities of natural leaders, ODF certification process and checklist (ODF Basic<sup>5</sup>), and next steps/action plan. Currently, community members are digging pits for toilet construction, with about 800 household toilets under construction in the Northern Region.

### ***Sanitation Marketing***

In order to facilitate the construction and use of the household toilet in the CLTS triggered communities, the project continues to develop partnerships with the private sector. These partnerships led to the development of catalogs with Skyfoxx Limited and the production of the Latrine Technology Pit-Wall-Roof Mix posters.

Further, the project reached out to community members through Village Savings and Loan Associations (VSLAs). Jaksally Youth Group, one such partner, is currently managing over 36,000 members spread across 1,200 VSLAs in districts in the Northern Region. The VSLA approach aims to help households save for the construction of household toilets.

The project also facilitates access to household toilet construction materials like cement and PVC ventilation pipes by bringing these materials closer to triggered communities for sale to interested members in the Northern Region. This access will be extended to other regions in the future. The project liaises with manufacturers and distributors of these materials, specifically GHACEM Limited, Duraplast Ghana Limited, and B5 Plus Limited Company to locate dealerships within convenient traveling distances to project communities.

### ***CLTS Implementation in the Volta, Western, Central, and Greater Accra Regions***

Five LNGOs have been engaged to undertake CLTS activities in the Volta, Greater Accra, Western, and Central Regions. The districts involved are Asikuma Odoben Brakwa and Assin

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<sup>5</sup> ODF Basic is when no physical sign of open defecation is seen in a community

North (Central), Agotime Ziope, Nkwanta North, and Nkwanta South (Volta), Ada West and Ada East (Greater Accra), Bodi, Amenfi East, and Sefwi Wiawso (Western). After a competitive procurement process in the previous quarter, LNGOs are now engaged as sub-recipients.

An inception meeting was held for the partners to orient them and promote coordination of their



The Deputy Chief of Party partakes in the orientation of LNGOs engaged for community level CLTS activities

activities with existing LNGOs in the districts and regions. Meetings are scheduled with the Das to introduce the partners in the early weeks of April 2016.

District-based CLTS monitoring officers were recruited in this quarter, and they are now posted to the various districts. The officers have been trained and given orientation on the CLTS approach. All the monitoring officers have been given

motorbikes and are working closely with Environmental Health Officers and Assistants from the various DAs. The officers will also be supervising the LNGO partner activities at the district and community levels.

## Component Two: Improved Community Water Supply Services

Community water supply interventions started with the engagement of hydrogeological consultants to undertake hydrogeological investigations in selected communities in the Western, Volta, and Northern Regions. A total of 77 sites were located for borehole drilling at the end of the study. Borehole drilling companies were subsequently contracted to drill and construct the 77 test boreholes. Progress on the drilling activities is provided in the table below.

Region	District	Contractor	# of boreholes assigned	# of boreholes drilled	# of wet wells <sup>6</sup> capped	# of dry wells
Western	Sefwi Wiawso, Sefwi Bodi, Amenfi West	Water San Engineers	25	-	-	-
Volta & Northern	Nkwanta North, Kpandai	Medeboa Ventures Ltd	23	21	15	6
Northern	Sawla Tuna Kalba	Joissam GH Ltd	10	10	9	1
	Yendi, East Mamprusi, West Mamprusi	Hydronomics Ltd	19	-	-	-
<b>TOTAL</b>			<b>77</b>	<b>31</b>	<b>24</b>	<b>7</b>

<sup>6</sup> Productive wells have not yet gone through pumping tests to confirm their yields and check their water quality.



Drilling activities are expected to be completed in the coming quarter, and boreholes with sufficient water quantity and quality will be fitted with hand pumps to begin service delivery to community members.

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

The project is implemented using participatory approaches to rural and peri-urban WASH planning and

implementation in Ghana. This approach strengthens Ghana's WASH sector governance and policies. The CLTS implemented within rural sanitation delivery is derived from the National Rural Sanitation Model and Strategy. All of these strategies conform to the National Community Water and Sanitation Program and strategies for WASH delivery in Ghana.

Partnerships with mandated public sector WASH agencies continued through the quarter, with the project team actively participating in sector activities. Using participatory approaches, the project is building capacity at the local level through WASH management training for small community WSCs, focusing on operating and maintaining WASH infrastructure.

The project also continued to form and inaugurate DICC's after starting this activity with the Bole and Sawla-Tuna-Kalba Districts in the previous quarter. In the second quarter, DICC's were inaugurated in Sefwi Wiawso and Sefwi-Bodi in the Western Region, and in South Dayi and Adaklu Districts in the Volta Region. Eight more DICC's (3 in the Western Region, 3 in the Volta Region, and 2 in the Central Region), are scheduled to be functioning in the third quarter.



Pupils highlighting the importance of water during the World Water Day durbar held in Accra

In the quarter under review, the project supported and participated in the World Water Day Celebration 2016 which was held in Accra and coordinated by the Water Resources Commission of Ghana. Both public and private sector organizations, including organizations who deal with water-related businesses, participated in the event.

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

### ***TIPs***

Following the TIPs training, pilot survey, and focus group discussion led by the Manoff Group, a formulation policy workshop was held culminating in a BCC strategy developed by the BCC/CLTS Team. The series of activities was facilitated by Dr. Lynne Cogswell of the Manoff Group and Dr. Adwoa Steele (a consultant to the Manoff Group), and involved all BCC/CLTS field staff from the 5 regions. BCC interventions that expand key hygiene behaviors worked extensively to develop a BCC Strategy and Plan. So far, the team has carried out a situational assessment, reviewing 60 pieces of relevant literature and interviewing 14 governmental and international/USAID partners. These interviews focused on critical WASH behaviors vis-à-vis hygienic disposal of faeces from all family members, safe transport, treatment, storage, and retrieval of drinking water, and handwashing with soap under running water before eating and after defecating.

### ***Bill & Melinda Gates-Funded CLTS Research***

The Bill and Melinda Gates Foundation financed CLTS research being conducted by EAWAG. This research remains ongoing in the Bole and Sawla-Tuna-Kalba Districts in the Northern Region following preparatory work by Professor Dr. Hans- Joachim Mosler from EAWAG<sup>7</sup> and Ms. Miriam Harter from the University of Konstanz, Switzerland. EAWAG intends to identify the best approaches for triggering communities using CLTS, which is in line with the USAID proposed impact evaluation for WASH for Health.

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<sup>7</sup> EAWAG (Eigenössische Anstalt für Wasserversorgung, Abwasserreinigung und Gewässerschutz) is the German name for the Swiss Federal Institute for Environmental Science and Technology / ETH).

There is a general belief that CLTS can lead to improved behaviors towards open defecation. However, many people argue that the CLTS approach is ineffective and incapable of leading to the total eradication of open defecation. For this reason, some CLTS practitioners apply different models of CLTS to increase its success rate. Some people argue that pieces of the CLTS process are redundant, and advocate for the elimination of those redundant pieces, while others believe that omitting elements of the original CLTS model defeats its purpose. It is against this backdrop that EAWAG conducts its research in selected districts in the Northern region, exploring how the different CLTS models work on individuals and society. The researchers intend to use the RANAS (Risk, Attitude, Norm, Ability, Self-Regulation) model to determine how CLTS work on behavioral determinants leads to behavioral change.

The research takes a four stage approach:

- a) Stage 1: Baseline on open defecation and latrine use
- b) Stage 2: Intervention
  - Full CLTS version
  - Combi A: CLTS activities selected
  - Combi B: CLTS activities selected
  - RANAS approach based intervention
  - Control group
- c) Stage 3: Four months follow-up on open defecation and latrine use behavior and determinants.
- d) Stage 4: Twelve months follow-up on open defecation and latrine use behavior and determinants

A total of 3,125 households in 125 villages are being interviewed. For each intervention stage, 625 households are being interviewed and compared. The study involves face-to-face interviews with the target group (women) and spot checks. Online data collection tools have been deployed for data collection.

There are two teams working concurrently in the two districts. 35 local enumerators have been mobilized and trained. Each team is led by a team leader and an assistant (from EAWAG) and supported by a local field coordinator who helps with interviewer training, translation, and contacts with selected villages.

The research team is currently in its first stage of research: the baseline. On December 10<sup>th</sup> 2015, the research team presented to Global Communities on systematic behavior change using the RANAS approach and the effectiveness and function of CLTS. Subsequently, there were discussions on how the two teams could collaborate to make the research successful.

The team commenced work in the second week of February 2016 by mobilizing and training 35 local enumerators. This initial work was followed by pretesting of the tools and a consequent revision of the online forms. Field work began on March 7<sup>th</sup>, 2016 and will run until the second week of April 2016. Except for the low response rate at the early stages of the survey, the team has not encountered any major challenges. To increase the response rate, the team arrives in the villages as early as 5:30 am before respondents leave for their farms.

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

### ***Coca-Cola- WADA***

The project implementation plan for the WADA program was developed and submitted, along with an activity schedule and budget. WADA activity implementation is expected to start in the next quarter.

During this quarter, Global Communities staff members Alberto Wilde and Joseph Asante met with Naabia Ofosu-Amaah and Greg Felter from Coca-Cola. The purpose of this meeting was to discuss the way forward on the WADA program. During the meeting, both organizations made presentations about their overall activities. Global Communities and Coca-Cola agreed that WADA will forward the monthly, quarterly, and annual reporting templates, while Global Communities will submit the final implementation plan for the WADA program to GETF.

### ***Rotary International***

Within this quarter, a WASH orientation/training was held for Rotary club members, at the Rotary center in Tema. This training generated enthusiasm in Rotary club members surrounding WASH issues and activities, showing them that they can actively participate in the implementation of the activities.

The CWSA is expected to submit a list of verified project communities in selected districts to Rotary, for validation of the proposed interventions. The validation exercise is anticipated in the next quarter.

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



A 4-seater institutional latrine under construction for a school in the Volta Region

12 contractors were procured to construct 90 institutional latrines. Eighty of the 3- and 4-seater Kumasi Ventilated Improved Pit (KVIP) toilets are being constructed for schools in 12 districts in the 5 regions. Ten 2-seater latrines are also being built for community-based health planning and services (CHPs) and clinics. Construction on all the latrines is ongoing, and is

according to schedule. The table below summarizes progress of work on the toilets by the various contractors.

**Table 1: Summary of work on KVIPs**

Region	Contractor	District	Under construction	At pit level	At sub-structure	At super-structure
Volta	Phibeck Enterprise Ltd	Agortime	7	-	1	6
	Links Drilling/Construction Ltd	Nkwanta North	8	6	-	2
	Picki Ventures	Nkwanta South	7	7	-	-
Greater Accra	Water San Engineers Ltd	Ada East	10	-	10	-
Western	GrecLeng and Construction Limited	Bodi	4	-	2	2
	Starco Ventures Limited	Amenfi East	5	-	3	2
	Mildbis Limited	Sefwi Wiawso	5	-	3	2
Central	EAK Enterprise	Assin North	9	1	5	3
	Hamaken Company Limited	Asikuma-Odoben Brawkwa	10	-	4	6
Northern	Nakwab Trading Enterprise Limited	Yendi	10	1	1	8
	Isopat Company Limited	Sawla	8	-	5	3
	Asamoah Construction and Electrical Works	Kpandai	7	-	5	2
<b>TOTAL</b>			<b>90</b>	<b>15</b>	<b>39</b>	<b>36</b>

### Small Grants Scheme

The Small Grant Fund (SG Fund) component of WASH for Health is a mechanism required by the project and was initially described by Global Communities in its response to the RFP. The SG Fund directly impacts four objectives of the WASH for Health project and indirectly impacts the remaining two. The four goals directly impacted are:

- Increase use of improved household sanitation;
- Improve community water supply services;
- Expand key hygiene behaviors; and
- Improve institutional water and sanitation infrastructure.

The project anticipates that activities earmarked for funding under this mechanism will cost no more the Ghana cedi equivalent of US\$2,000 (cost shared by the applicant), and will run for a maximum period of three months. These potential activities include the following:

- |  |   |
|--|---|
| ▪ Community ODF celebrations                               | ▪ Rainwater harvesting systems/storage        |
| ▪ Borehole or latrine rehabilitation                       | ▪ Latrine construction trainings              |
| ▪ Facilities management committee training                 | ▪ Innovative latrine superstructure designs   |
| ▪ Drama/poetry competitions on WASH activities             | ▪ Practical demonstrations (e.g. handwashing) |
| ▪ Community clean-up events                                | ▪ School-based WASH activities                |
| ▪ Art competitions involving WASH activities               | ▪ Community workshops                         |
| ▪ Water supply extensions                                  | ▪ Tippy-taps demonstrations                   |
| ▪ Proper refuse disposal                                   | ▪ Food preparation and hygiene practices      |
| ▪ Youth campaigns on best sanitation and hygiene practices |   |

The SG Fund reinforces WASH for Health’s goals by making funds available to CBOs, LNGOs, and individuals through Global Communities’ memorandum of understanding (MOU) with Peace Corps Volunteers (PCVs). The purpose of this MOU is to support CBOS, LNGOs, and individuals to apply for grants from the SG Fund, and to assist in the monitoring of the SG Fund within communities. District meetings in January 2016 and February 2016 launched the SG Fund, at which each of the five WASH for Health project regions were represented.

A small grants management manual was designed to guide project team members in the administration and management of the SG Fund. The manual covered the following topics:

- The introduction of the WASH for Health project;
- Overview/description of the SG Fund mechanism;
- Formation of SG Fund Committee (to review and recommend proposals for funding);
- Eligibility criteria of SG Fund applicants;
- SG Fund applications (format, selection of SG Fund beneficiaries, proposal evaluation criteria);

- Branding and marking requirements; and
- A flowchart showing the stages of SG Fund applications/management and the duration of each stage.

SG Fund Committee members come from all Global Communities departments, including from the WASH for Health team. The committee has four constant members, with a fifth member selected based on each proposal's intervention area (water, sanitation, or hygiene).

No	NAME	TITLE
1	Joseph Asante	Deputy Chief of Party – WASH for Health
2	Nicholas Bah-Nguah	Director of Finance & Administration
3	Lawrence Akubori	Contracts & Grants Manager
4	Felix Amofa	Sanitation Specialist
5*	Leticia Ackun / Dominic Osei / Francis Anowie / Munirat Tawiah or others	Technical Staff

\*Fifth member will participate in the approval process conditional on the area of expertise for which respective applications utilize.

A total of eight SG Fund applications have been received from CBOs, LNGOs, and individuals at the time this report was written. On April 4th, 2016, the SG Fund Committee members will meet to review and evaluate the proposals received and recommend for award. The committee expects to award the grants by April 18th, 2016.

## **Project Management**

Global Communities remains the project's lead implementer, with The Manoff Group handling SBCC. The project continues to be implemented out of 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**

During this quarter, the final round of community validation visits were completed in the Greater Accra and Western Regions. Communities and institutions were prioritized, and the report submitted and approved. Consequently, all community selection processes are now complete.

## **Staffing**

During this quarter, all essential personnel remained at post. Component technical specialists and officers all continued working from their various field offices. Eight BCC/CLTS monitoring officers were recruited and posted to the districts. All officers were given motorbikes and the necessary safety equipment for their work. These officers will help communities reach and sustain ODF status, while encouraging households to construct, use, and maintain safe household latrines.

## **Procurement of Vehicles and Equipment**

At present, all required vehicles, motorbikes, and essential logistics needed for smooth implementation have been procured and are in use.

## **Monitoring and Evaluation**

The baseline study is being conducted by Training Research and Networking for Development (TREND). Within this quarter, field data collection was completed in all beneficiary districts in the five regions. A first draft of the study was received and is being reviewed.

## **Key Achievements this Quarter**

- Launch of the SG Fund;
- Completion of the TIPs strategy;
- Piloting of the plastic latrine;
- Procurement process finalized for latrine construction, borehole drilling, and CLTS;
- Finalization of the implementation plan for the WADA GDA; and
- Triggering of CLTS communities which are now constructing over 800 household latrines.

## Appendices

### Appendix 1: WASH for Health Indicator Results

	Indicator	Baseline	Total FY 15	FY 16				Total FY 16	LOP Target	Achieved to Date
				Oct – Dec 15	Jan – Mar 16	Apr – Jun 16	Jul – Sep 16			
				Q1	Q2	Q3	Q4			
				Achieved	Achieved	Achieved	Achieved			
1	F 3.1.8.2-2 # of people gaining access to an improved sanitation facility	8% <sup>8</sup>	0	–	143			143	60,600	143
2	F 3.1.8-32 % of population using an improved sanitation facility	8%	0	–	–			0	TBD <sup>9</sup>	0
3	F 3.1.8.2-1 % of households using an improved sanitation facility	8%	0	–	–			0	TBD	0
4	FA 3.1.6.8-5 # of communities certified as ODF	0	0	–	–			0	640	0
5	F 3.1.6.8-2 % of population in target areas practicing open defecation	41%	0	–	–			0	TBD <sup>10</sup>	0
6	F 3.1.7.2-3 # of improved toilets provided in institutional settings	0 <sup>11</sup>	0	–	–			0	150	0
7	F 3.1.8.1-2 # of people gaining access to an improved drinking water source	65%	0	–	–			0	66,000 <sub>12</sub>	0
8	F 3.1.8-31 % of population using an improved drinking water source	65%	0	–	–			0	TBD	0
9	F 3.1.8-3 # of people receiving improved service quality from existing improved drinking water sources	0	0	–	–			0	TBD <sup>13</sup>	0

<sup>8</sup> The baseline study was based on a representative sample. Hence the absolute figures will be computed after validation of the population and household data of the participating communities.

<sup>9</sup> LOP will be determined after validation of the actual population and household data of participating communities. LOP will also be based on validation of the baseline data which is currently ongoing. Same applies to indicator 3.

<sup>10</sup> LOP will be determined after validation of the baseline data which is currently ongoing.

<sup>11</sup> Indicator will be measured after intervention. Same applies indicator 9.

<sup>12</sup> LOP will be determined after validation of the baseline data which is currently ongoing

<sup>13</sup> There is currently no direct activity to help answer this indicator. Hence we may not be able to set a target immediately. The team would have to identify areas where existing service quality can improve to answer the indicator. This should be completed by the next reporting period.

	Indicator	Baseline	Total FY 15	FY 16				Total FY 16	LOP Target	Achieved to Date
				Oct – Dec 15	Jan – Mar 16	Apr – Jun 16	Jul – Sep 16			
				Q1	Q2	Q3	Q4			
				Achieved	Achieved	Achieved	Achieved			
10	F 3.1.6.8-2 % of households in target areas practicing correct use of recommended household water treatment technologies	14%	0	-	-			0	TBD <sup>14</sup>	0
11	USAID Ind: # of active health top up vendor distributing water purification and hygienic commodities	0	0	-	-			0	TBD	0
12	USAID Ind: Liters of Drinking water disinfected with USG supported point of use treatment products	0	0	-	-			0	TBD	0
13	# of individuals trained to implement improved water and sanitation methods	0	0	-	-			0	TBD	0
14	FA 3.1.8.3-1 # of New policies, laws, agreements and regulations implemented that promote access to improved WATSAN.	0	0	-	-			0	1	0
15	F 3.1.8-33 % of children under age five who had diarrhea in the prior two weeks	10%	0	-	-			0	TBD <sup>15</sup>	0
16	# of facilitators trained in implementing CLTS	0 <sup>16</sup>	0	-	164			164	TBD	164
17	# of people receiving BCC messages	0	0	-	3,420			3,420	TBD <sup>17</sup>	3,420
18	# of latrine artisans trained in building household latrines	0	0	-	26			26	TBD	26
19	# of latrines installed	13% <sup>18</sup>	0	-	13			13	10,100	13

<sup>14</sup> There is currently no direct activity to help answer this indicator. Hence we may not be able to set a target immediately. The team would have to identify the possible interventions to answer the indicator, considering what the budget would allow for. The same applies to indicators 11 and 12.

<sup>15</sup> There is currently no direct activity to help answer this indicator. Hence we may not be able to set a target immediately. The advice is that we use secondary sources to answer the indicator assuming that as WASH practices improve, diarrhea in children will decrease.

<sup>16</sup> Baseline data is being validated. Same applies to indicator 17.

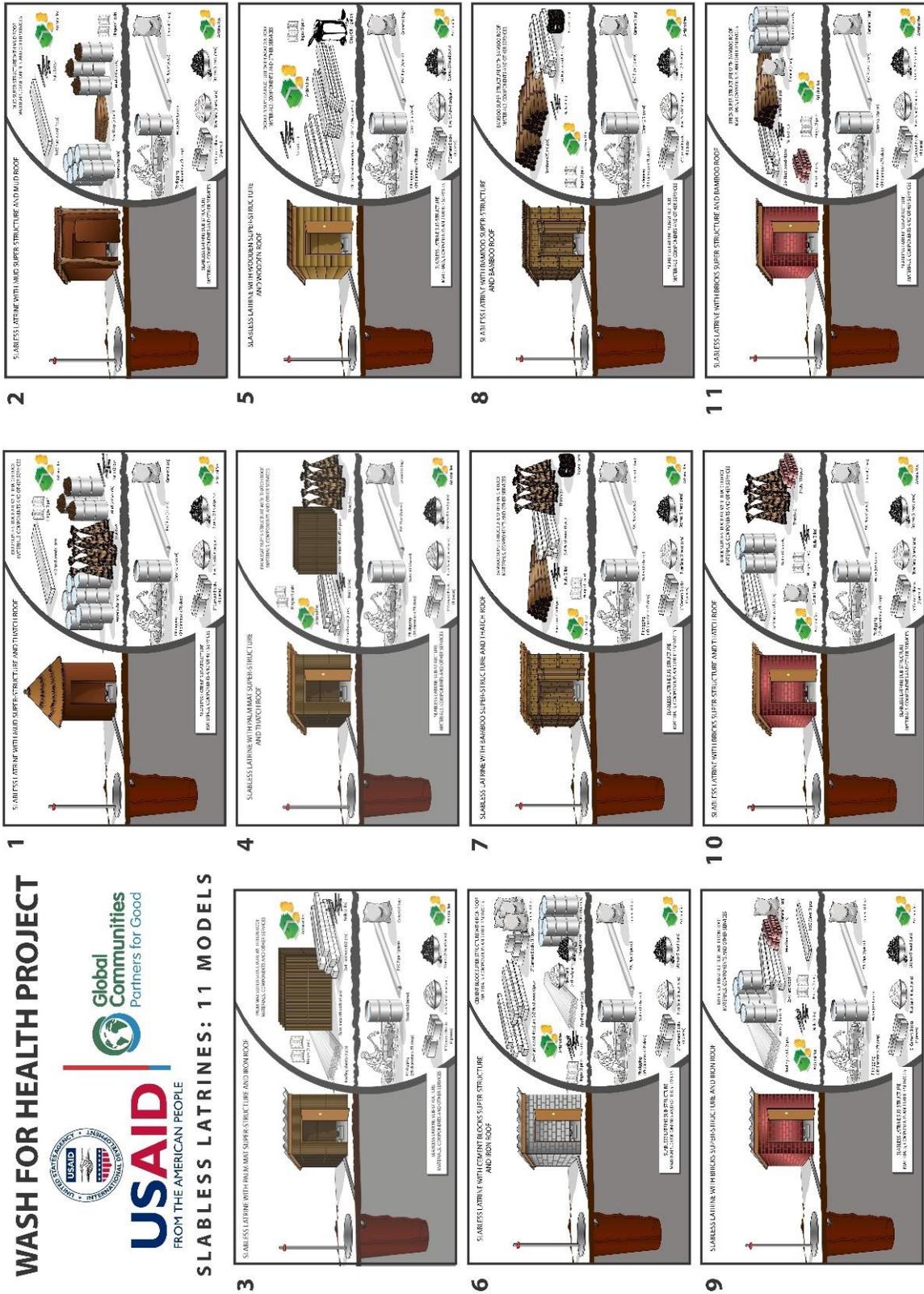
<sup>17</sup> LOP will be determined after validation of the actual population and household data of participating communities.

<sup>18</sup> The absolute figures will be computed after validation of the population and household data of the participating communities.

	Indicator	Baseline	Total FY 15	FY 16				Total FY 16	LOP Target	Achieved to Date
				Oct – Dec 15	Jan – Mar 16	Apr – Jun 16	Jul – Sep 16			
				Q1	Q2	Q3	Q4			
				Achieved	Achieved	Achieved	Achieved			
20	# of households that begin commonly using soap and water at handwashing station	0%	0	–	16			16	TBD	16
21	% of households who state they followed at least one of recommended practices in behavioral campaign	62% <sup>19</sup>	0	–	80%			80%	TBD	80%
22	% of households who report having used soap for hand Washing at least at two critical times during past 24 hours	78%	0	–	16%			16%	TBD	16%
23	# of MOUs signed with organization for new GDA or similar partnership	0	0	2	3			5	2	5
24	# of communities triggered	0	0	–	96			96	700	96
<p>Note: Baseline data are currently being validated and may be revised in the subsequent report. This data will inform the final LOP targets, among other things.</p>										
<p>Justification for +/- 10% achievement: The -10% achievement is a result of the implementation of post-award deliverables (EMMP, AMEP, water quality safety framework, etc.) and other project initiation activities (national, regional, and district-level stakeholder consultations; district and community selection and validation for project interventions; and procurement processes for consultants and contractors) whose activities will lead to attainment of project results to enable us answer the indicators.</p>										

<sup>19</sup> Baseline data is being validated. Same applies to Indicator 22.

## Appendix 2 – Sketches of Slab-less Latrine Technology with Pit-Wall-Roof Mixes



**WASH FOR HEALTH PROJECT**

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Communities  
Partners for Good

**SLABLESS LATRINES: 11 MODELS**

**Appendix 3: Installation of Pilot Plastic Latrine in Greater Accra**



**Installation of Pilot Plastic Latrine in Volta Region**



## Appendix 4 – Small Grants Brochure

*“Innovative Community-Driven Activities that Aim to Create Awareness and Contribute to Development”*

### PROGRAM OVERVIEW

WASH FOR HEALTH'S GOAL IS TO ACCELERATE SUSTAINABLE IMPROVEMENT IN WATER AND SANITATION ACCESS, AND TO IMPROVE HYGIENE BEHAVIORS IN OVER 700 COMMUNITIES AND MORE THAN 30 TARGET DISTRICTS DURING THE FIVE YEAR PROJECT TERM.

THE SMALL GRANT PACKAGE SUPPORTS WATER, SANITATION AND HYGIENE INTERVENTIONS BY GIVING COMMUNITY ASSOCIATIONS OR OPINION LEADERS THE TOOLS TO FACILITATE CHANGE. THE GRANT WILL FUND INNOVATIVE COMMUNITY-DRIVEN ACTIVITIES THAT AIM TO INCREASE AWARENESS & CONTRIBUTE TO DEVELOPMENT.



**If Your Project Involves WATER, SANITATION, or HYGIENE, APPLY TODAY**

### APPLICATION INCLUDES

- ⇒ ELEMENTS OF SUSTAINABILITY.
- ⇒ MAXIMUM BUDGET REQUEST FOR 2,000 USD.
- ⇒ PRIOR AND RELEVANT WORK EXPERIENCE.
- ⇒ REFERENCE FROM COMMUNITY LEADER.
- ⇒ IN-KIND OR FINANCIAL CONTRIBUTION FROM THE BENEFICIARY OF AT LEAST 25%.

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Subject: Small Grant Application

### FOR MORE INFORMATION CONTACT

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P.O. BOX CT 1762, Cantoments, Accra  
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### WATER, SANITATION & HYGIENE (WASH) FOR HEALTH

*“Accelerating Sustainable Access and Improvements in Rural Ghana”*



### SMALL GRANTS PACKAGE

## BE THE ONE TO MAKE A DIFFERENCE IN YOUR COMMUNITY

THE GRANT FUNDS FOUR BROAD CATEGORIES	PROJECT IDEAS INCLUDE...	WHO CAN APPLY ?
<p>HOUSEHOLD SANITATION</p> <p>INSTITUTIONAL WATER &amp; SANITATION</p> <p>KEY HYGIENE BEHAVIORS</p> <p>COMMUNITY WATER SUPPLY SERVICES</p> 	<ul style="list-style-type: none"> <li>⇒ COMMUNITY ODF CELEBRATIONS</li> <li>⇒ RAIN WATER HARVESTING SYSTEMS</li> <li>⇒ BOREHOLE OR LATRINE REHABILITATION</li> <li>⇒ INNOVATIVE LATRINE SUPERSTRUCTURE DESIGNS</li> <li>⇒ PRACTICAL DEMONSTRATIONS (E.G. TIPPY TAP, HAND WASHING, CLTS)</li> <li>⇒ COMMUNITY WORKSHOPS</li> <li>⇒ COMMUNITY CLEAN-UP EVENTS</li> <li>⇒ SCHOOL-BASED WASH ACTIVITIES</li> <li>⇒ ART COMPETITIONS</li> <li>⇒ WATER PURIFICATION</li> <li>⇒ OTHER INNOVATIVE IDEAS</li> </ul>	<p>ALL PROFESSIONAL ORGANIZATIONS WITH INTEREST IN WATER AND SANITATION INTERVENTIONS MAY APPLY.</p> <ul style="list-style-type: none"> <li>• COMMUNITY BASED ORGANIZATIONS</li> <li>• ENVIRONMENTAL HEALTH OFFICERS</li> <li>• COMMUNITY HEALTH VOLUNTEERS</li> <li>• WATER SANITATION COMMITTEES</li> <li>• PARENT TEACHER ASSOCIATIONS</li> <li>• ENTREPRENEURS</li> <li>• BEHAVIOR CHANGE GROUPS</li> <li>• PEACE CORPS VOLUNTEERS</li> <li>• LATRINE ARTISANS</li> <li>• NATURAL LEADERS</li> <li>• LOCAL NGOS</li> <li>• ALL OTHER PROFESSIONALS</li> </ul>
<p><b>YOUR IDEA AND OUR GRANT IS FOR DEVELOPMENT OF YOUR COMMUNITY</b></p>	 <p>A drama champions local involvement at a community celebration.</p>  <p>Students use Veronica Buckets to exhibit proper hand-washing technique.</p>  <p>Artisans participate in latrine training in the Volta Region, Ghana.</p>  <p>A diverse group of participants engage in behavior change education.</p>	