October 29, 2015

Emmanuel Odotei
Agreement Officer Representative, USAID

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

Dear Mr. Odotei,

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

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

Sincerely,

Glenn Moller
Director of Program Operations
International Operations

Cc: Yves Kore, USAID
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USAID WASH for Health — Quarterly Report

Year 1 — 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: July - September 2015
Submitted To: Emmanuel Odotei /AOR/USAID Ghana
Submitted By: Alberto Wilde

USAID
FROM THE AMERICAN PEOPLE

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

BCC	Behavior Change Communication
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
DACF	District Assemblies Common Fund
DCE	District Chief Executive
DDF	District Development Fund
DWST	District Water and Sanitation Team
EHSD	Environmental Health and Sanitation Directorate
FOAT	Functional Organization Assessment Tool
FY16	Fiscal Year 2016
GDA	Global Development Alliance
GWC	Ghana Water Company
LLIN	Long-Lasting Insecticidal Nets
LNGO	Local Non-Governmental Organization
MLGRD	Ministry of Local Government and Rural Development
MMDA	Metropolitan, Municipal and Districts Assemblies
MWRWH	Ministry of Water Resources, Works and Housing
ODF	Open Defecation Free
PPP	Public Private Partnership
SBCC	Social Behavior Change Communication
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
USAID	United States Agency for International Development
USG	United States Government
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

Executive Summary

The Water, Sanitation and Hygiene (WASH) for Health project was granted 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. This goal will be achieved through six mutually-reinforcing objectives, also referred to as components, as follows:

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 the 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.

Project offices were set up in Accra in the Greater Accra Region, Takoradi in the Western Region, and Tamale in the Northern Region, with a satellite office in Ho in the Volta Region. All of these offices are fully operational for project activities.

Selection criteria were developed to select 30 beneficiary districts in the five regions, Northern, Volta, Central, Western and Greater Accra. Project inception meetings were held with all stakeholders from these districts and community selection criteria were developed with the stakeholders to guide community selection for project activities.

The WASH for Health team, together with staff from the selected districts, have used the community selection criteria to select communities and have validated a communities list for project implementation starting in fiscal year 2016 (FY16).

The FY16 work plan (with budgets) has also been finalized and submitted to USAID for approval.

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 institutions 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 facility 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 it is more pronounced in the Northern, Upper East, and Upper West Regions with nearly 75%[1] of all households lacking access to safe sanitation, and practicing open defecation. It is, therefore, unsurprising that water and sanitation-related diseases appear to top outpatient attendance at healthcare centers. The scourge of cholera has been devastating, recently taking the lives of over 240 people, and infecting almost 30,000 Ghanaians in eight regions. Like most diarrheal diseases, cholera can be prevented through the use of basic safe sanitation, the provision of clean drinking water, and the observation of good hygiene practices. These interventions can lower Ghana's unenviable ranking as the fifth most cholera-endemic country in the world.

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:

a) Increased use of improved household sanitation;
b) Improved community water supply services;

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

c) Improved sector governance and policies;
d) Expanded key hygiene behaviors;
e) Leveraged PPP investment to magnify the impact of United States Government funding; and
f) 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 implementation of water and sanitation infrastructure development and Community-Led Total Sanitation (CLTS), whereas the Manoff Group leads in social behavioral change communication (SBCC). Other partners under the agreement include Rotary International and Coca-Cola, both of which are USAID Global Development Alliance (GDA) partners. Rotary International will work in close collaboration with the Community Water and Sanitation Agency (CWSA), which is acting as a consultant for their interventions, while Coca-Cola will partner with Water Health International for water supply interventions. Local non-governmental organizations (LNGOs) will be engaged to support community mobilization, sensitization, CLTS facilitation, hygiene education, etc. The WASH for Health Project will be implemented in close collaboration with other USAID-funded projects. 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 the project and reports on progress towards implementing interventions. This quarter has been dominated by meetings, trainings, and validation efforts.

Project Components and Expected Outputs

The six objectives of the project were translated into components as action areas, with precise activities that are detailed out in the project implementation plan. The components will be implemented in all six regions, but with varied intensity 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 building a practical sanitation market that offers low-cost technologies and a variety of financing options before triggering demand. Over the life of the project, 10,100 household latrines are expected to be constructed by households in the five regions, including latrines that the poorest of the poor will be supported to build.

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 water access 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 urban 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 facilities. Technical and organizational skills capacity building is also envisaged for the Ghana Water Company (GWC); who is the main urban water service provider to deliver water services to the urban poor.

Objective 3 underpins all the above objectives, as it seeks to improve water and sanitation governance through local urban water and sanitation planning processes using participatory approaches. It works to expand the capacity of communities and community-based organizations (CBOs) to identify local water and sanitation needs and manage resources. Here we also work with WSCs and Sub-Metro Water and Sanitation Teams to build technical and organizational skills, as well as the capacity of the GWC.

Component Four: Expanded Key Hygiene Behaviors

Our approach to communication for social and behavior change helps our projects achieve sustainable impact by considering the local context in which the change is to take place. The specific behavior change goals set by the team help guide the implementation and main decisions of all project components. WASH for Health will work closely with statutory government entities like the CWSA and the Environmental Health and Sanitation Directorate (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[2] 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 governmental 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 males and females, 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 Community-based Health Planning and Services (CHPs) compounds); and
- 45 institutional latrines (25 for schools and 20 for CHPs compounds).

[2] 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

Although no real project execution has been done, preparatory activities are ongoing. Owing to the overlap of the districts benefiting from the USAID-funded Water Access, Sanitation and Hygiene for Urban Poor (WASH-UP) project, some activities like artisan latrine training exposed interested artisans to the latrine design options being considered for promotion under the WASH for Health project. Seventeen artisans in all were trained in the construction of the lined Mozambique ventilated improved pit (VIP) with both bamboo/aluminium sheet and the lined rectangular VIP with both bamboo/aluminium sheet.

Component Two: Improved Community Water Supply Services

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 yields (dry wells). Hydrogeological information from WASH-UP will inform activities under WASH for Health as exploration for viable drilling locations is conducted in the communities. The WASH for Health team sees the supervision of the WASH-UP manual well and mechanical drillings as learning processes for replication and scaling-up.

Component Three: Improved Sector Governance and Policies

As the WASH-UP project goes on, WASH for Health continues to engage major sector players. These players are the Water Directorate of the Ministry of Water Resources, Works and Housing (MWRWH), the EHSD of the Ministry of Local Government and Rural Development (MLGRD) and the CWSA to possibly contribute to policy formulation processes, especially in the area of sanitation financing and general WASH governance.

Component Four: Expanded Key Hygiene Behaviors

Figure 1 A CLTS triggering activity in Asankragua for actors in the Western Region

Some relevant staff of the selected assemblies (especially the Environmental Health Officers and Assistants, and LNGO staff) were engaged under WASH-UP (its 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 open defecation free (ODF) status, and construct improved latrines for their families and

households. The team is meticulously monitoring the ongoing work of the LNGOs engaged in the WASH-UP project to partner with the Environmental Health Officers/Assistants in selected districts to implement CLTS. Some communities triggered under that project have started constructing household latrines under the supervision of the LNGOs. Additionally, the Sawla-Tuna-Kalba District has been prepared for the CLTS research funded by the Bill & Melinda Gates Foundation.

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

Working with the GDA, USAID has initial engagements with Rotary International and Coca-Cola for the identification of complementary areas. 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. In the interim, Water Health International (implementing on behalf Rotary International) has submitted a list of sites where water interventions have been completed, in order for WASH for Health to extend hygiene behavior change 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.

Figure 2: A volunteer teaches a patron of the health screening exercise the proper way to wash hands

Toward the close of the quarter, WASH for Health, Communicate for Health, and the Health Keepers Network joined Rotary International to start preparatory activities toward marking Family Health Day in October 2015. Activities planned include the screening and referral of people, hygiene education (especially on handwashing), and promoting the use of the Long-Lasting Insecticidal Nets (LLIN).

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

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 process mentioned above, technical drawings of the various latrine options and solicitation documents have been developed and will be adapted as needed when the new list of institutions to benefit is finalized.

Project Management

Global Communities remains the overall lead implementer with the Manoff Group, who handles the social, behavioral change communication. Other partners under the agreement include Rotary International and Coca-Cola, both of which are USAID GDA partners. The project is being run from 4 locations; 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.

Start-Up Zonal Inception Meetings

After approval of the selected districts for implementation, project inception meetings were planned and held by grouping the districts into zones. Districts in the Greater Accra and Volta regions constituted Zone I, while operations were 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 the District Chief Executive (DCE), Development Planning Officer, Environmental Health Officer, and Community Mobilization Officer. 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. The National CLTS Coordinator (Samuel Kweku Tsekpetse) made a presentation on the current sanitation situation in Ghana and how the nation intends to use CLTS to drive the demand and construction of basic/improved latrines across the country.

Figure 3: A participant seeking clarification at the inception meeting in Dodowa

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 Systems for Health 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.

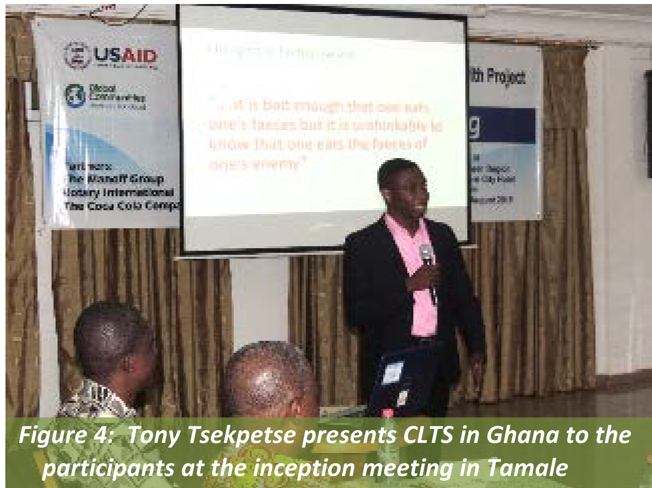

Figure 4: Tony Tsekpetse presents CLTS in Ghana to the participants at the inception meeting in Tamale

The third inception meeting for 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, Gusheigu, and Kpandai Districts participated in the meeting. Other representatives of relevant stakeholders also attended, including the Regional Environmental Health Unit, Regional Education Directorate, Regional Health Directorate, and other USAID-funded projects including Ghana Systems for Health. The National CLTS Coordinator gave a presentation to participants on CLTS in Ghana and its integration into the appraisal methods for Metropolitan, Municipal and Districts Assemblies (MMDAs) like the FOAT (Functional Organization Assessment Tool) by the National Development Planning Commission in partnership with the MLGRD. He hinted that CLTS implementation has been weighted so that any district unable to pass in that area stands at the verge of failing the entire FOAT assessment and missing out on receiving funds from the District Development Fund (DDF)[3].

Figure 2 Water drawn from a well in a community in Agotime Kpetoe District

Community Selection and Validation

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

Staff Recruitment

In this quarter, the Behavior Change Communication (BCC)/CLTS Specialist and Officers started work from the Accra, Ho, Takoradi, and Tamale offices. A Water and Sanitation Officer for the

[3] The DDF was established in 2006 as a means to build capacity of MMDAs to manage their resources and better implement their mandate. It is seen as a complement to Internal Generated Fund and the District Assemblies Common Fund (DACF).

Northern Region Office was also recruited but has yet to report to post. The Coordinator for the Northern Regional Office in Tamale continues to be at post.

Procurement of Vehicles and Equipment

The project has acquired five cross-country 4x4 vehicles capable of dealing with the difficult terrain, especially in the Western and Northern Regions. The SUVs have arrived at the Tema port and are waiting for clearing procedures to be completed. They will be deployed to the various field offices to facilitate movement of team members on official duties. Other equipment for the project including computers, projectors, and printers have also been procured. The project is already operating out of the Accra, Sekondi-Takoradi, Ho, and Tamale offices. The offices have been set up and are fully operational.

Monitoring and Evaluation

During this quarter, the FY16 (Year II) work plan was developed, finalized, and submitted to USAID. Approval for activities on CLTS are still pending based on the resolution of geographic areas with UNICEF. The grants manual was also submitted for approval.

Key Achievement this Quarter

- Selection criteria established for district and community selection;
- Inception meetings successfully conducted;
- Communities selected and activities validated; and
- Submission and approval of the FY16 work plan, and the grants administration manual.

Actions and items pending resolution

Approval of the FY16 work plan.

Lessons Learned

The initial coordination should not only include government institutions and other USAID implementing partners, but also other stakeholders like UNICEF and other donors, especially if they have similar geographic scopes of work.

Challenges

The overlap with UNICEF in some districts and communities has been causing a major delay in our implementation. We hope this issue will be resolved in early October.

Success Stories

Not applicable in this quarter.