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# WASH FOR HEALTH PROGRAM END-OF-PROGRAM REPORT

February 06, 2015, to September 30, 2021

Submission Date: December 20, 2021

Agreement Number: AID-641-A-15-00005

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## ACTIVITY INFORMATION

|  |   |
|--|---|
| <b>Activity Title</b>                            | Water, Sanitation and Hygiene for Health  |
| <b>Agreement Number</b>                          | AID-641-A-15-00005  |
| <b>Name of Prime Implementing Partner</b>        | Global Communities  |
| <b>Name(s) of Subcontractor(s)/Subawardee(s)</b> | The Manoff Group<br>Obooman Rural Action Program<br>Community Management for Sustainable Development (COMDEV)<br>Savana Integrated Rural Development Aid (SIRDA)<br>EDSAM Social Network<br>Adsen Consult<br>Links Centre for Sustainable Development<br>Jaksally Youth Group<br>Beza-Lel Water and Agro Services Ltd<br>Hope for new Generation (HFFG) Services<br>EE&E Construction Keldem Ltd.<br>Hydronomics Ltd.<br>Joissam GH Ltd.<br>Bizgeo Ltd.<br>Medeboa Ltd. EAK<br>Sir Charles Dougan Company Ltd. Benghazi Development Company Ltd. Sebb-Say Company Ltd.<br>Jonakot Construction Ltd.<br>Asamoah Construction and Electrical Works<br>Nakwab Trading Enterprise Ltd.<br>Three J's Construction Ltd. Taurus Emporium Company Ltd.<br>Philbek Enterprise Ltd.<br>Bremmed Company Ltd. Country Services Ltd.<br>Ayidiki Water and Sanitation Organization (AWSO)<br>Rural Development Network (RUDNET)<br>Type Company Limited |
| <b>Activity Start Date</b>                       | February 06, 2015   |
| <b>Activity End Date</b>                         | September 30, 2021  |
| <b>Reporting Period</b>                          | February 06, 2015 – September 30, 2021  |

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## ACRONYMS AND ABBREVIATIONS

|         |  |
|---------|--|
| AOR     | Agreement Officer's Representative                           |
| AWSO    | Ayidiki Water and Sanitation Organization                    |
| BCC     | Behavior Change Communication                                |
| CDO     | Community Development Officer                                |
| CHPS    | Community-Based Health Planning and Services                 |
| CLTS    | Community-Led Total Sanitation                               |
| COMDEV  | Community Management for Sustainable Development             |
| CSO     | Civil Society Organization                                   |
| CWSA    | Community Water and Sanitation Agency                        |
| DA      | District Assembly  |
| DICCS   | District Interagency Coordinating Committee on Sanitation    |
| DQA     | Data Quality Assessment                                      |
| DWST    | District Water and Sanitation Team                           |
| EAWAG   | Swiss Federal Institute of Aquatic Science and Technology    |
| ESDM    | Environmentally Sound Design and Management                  |
| EHA     | Environmental Health Assistant                               |
| EHO     | Environmental Health Officer                                 |
| EHSD    | Environmental Health and Sanitation Directorate              |
| EMMP    | Environmental Mitigation and Monitoring Plan                 |
| FY16    | Fiscal Year 2016   |
| FY17    | Fiscal Year 2017   |
| GAMA    | Greater Accra Metropolitan Area Sanitation and Water Program |
| GDA     | Global Development Alliance                                  |
| GHACEM  | Ghacem Limited   |
| GIS     | Geographic Information Systems                               |
| GOG     | Government of Ghana  |
| GSA     | Ghana Standards Authority                                    |
| GWCL    | Ghana Water Company Limited                                  |
| HPNO    | Health, Population and Nutrition Office                      |
| IE&C    | Information, Education, and Communication                    |
| KVIP    | Kumasi Ventilated and Improved Pit                           |
| LNGO    | Local Non-Governmental Organization                          |
| LOP     | Life of Program  |
| M&E     | Monitoring and Evaluation                                    |
| MHM MIS | Menstrual Hygiene Management Management Information System   |
| MOH     | Ministry of Health   |
| MOU     | Memorandum of Understanding                                  |
| MSWR    | Ministry of Sanitation and Water Resources                   |
| NADMO   | National Disaster Management Organization                    |
| NGO     | Non-Governmental Organization                                |
| NLs     | Natural Leaders  |
| ODF     | Open Defecation Free   |
| PDT     | Performance Data Table                                       |
| PPP     | Public-Private Partnership                                   |
| RI      | Rotary International   |
| RICCS   | Regional Interagency Coordinating Committee on Sanitation    |
| RING    | Resiliency in Northern Ghana                                 |
| RUDNET  | Rural Development Network Ghana                              |
| SBCC    | Social Behavior Change Communication                         |
| SG Fund | Small Grant Fund   |
| SHEP    | School Health Education Program                              |
| SIRDA   | Savana Integrated Rural Development Aid                      |

|         |  |
|---------|--|
| SOP     | Standard Operating Procedure   |
| SPRING  | Strengthening Partnerships, Results, and Innovations in Nutrition Globally |
| STMA TA | Sekondi-Takoradi Metropolitan Assembly<br>Technical Assistance             |
| TAF     | Technology Applicability Framework   |
| UNICEF  | United Nations International Children’s Emergency Fund                     |
| USAID   | United States Agency for International Development                         |
| USG     | United States Government   |
| WADA    | Water and Development Alliance   |
| WASH    | Water, Sanitation, and Hygiene   |
| WHI     | Water Health International   |
| WHO     | World Health Organization  |
| WSMT    | Water and Sanitation Management Team                                       |

# 1. EXECUTIVE SUMMARY

The WASH for Health journey, which started in February 2015, has gradually come to a close, with hundreds of thousands of lives impacted. The achievements and overachievements of targets under all six components of the program have cumulatively led to this feat. Thanks to the WASH for Health team's passion and diligence, strategic collaborations, partnerships, and immense support and guidance of USAID, the program's goal has been achieved. This report entails the overview, achievements, and recommendations of the WASH for Health Program. The achievements under each component at the end of the program have been summarized below.

Under sanitation, the provision of improved household sanitation led to close to 200,000 people practicing the appropriate sanitation behaviors in their households. These achievements would not have been possible without the assistance of the sector ministry, natural leaders, and existing partners. Over 24,000 household latrines have been constructed through these collaborative efforts, with 900 communities attaining Open Defecation Free (ODF) statuses. The practice of appropriate sanitation behaviors cannot be complete without access to safe water.

Residents of the program's 38 districts across ten regions now have access to safe water for drinking and domestic purposes. The program has provided over 300 community boreholes and five small-town water systems. Over 50 non-functional boreholes have been rehabilitated. New ones have been drilled to ensure that communities in the remotest part of the program districts in Ghana have access to safe water. With the outbreak of Covid-19, the availability and accessibility to safe water have contributed to curbing its spread. Changing from intervention-led implementation to behavior-led approach where SBCC activities addressed the factors affecting adoption of improved behaviors first helped to sustain the achievements under the water and sanitation components.

The novel behavior-led approach of implementing activities refocused the course of the program. Premium has since been given to behavioral change among beneficiaries through the implementation of essential WASH interventions. The SBCC team have reached household with key hygiene behaviors, including handwashing and Nutrition in WASH (NuWASH), targeted at reducing stunting among children under two years. Over the past six years, the team has positively influenced residents, pupils, and staff of basic schools to adopt key hygiene behaviors through periodic training, workshops, and sensitization. Their efforts have been more pronounced during the pandemic as handwashing has become a norm in most of our program communities. As a result of the menstrual hygiene sensitization activities in basic schools, adolescent girls can better manage their periods. The male counterparts have been enlightened, and their guardians have supported these adolescent girls. For effective and widespread behavior change among the people of Ghana, WASH radio spots and discussions have been adopted to complement interpersonal sensitizations.

Since 2015, the WASH for Health team has embarked on quarterly cholera prevention activities to curb cholera outbreaks in parts of the Greater Accra Region and the Cape-Coast Metropolis. Closely related to cholera prevention interventions is WASH disaster management. Since 2020, hope has also been restored to flood victims in the Upper West and North East regions due to the provision of relief items under the program. Some of the programs' partners assisted in restoring hope to the affected people.

Under the sector governance and policy component, our collaboration with the Ministry and other sector agencies, a document has been produced to extend WASH assistance to the poor and vulnerable in Ghana. In Ghana, people experiencing poverty are deliberately included in the WASH interventions by developing a pro-poor policy document, "The Guidelines for targeting the poor and vulnerable for

sanitation service delivery.” Officials of these agencies, especially those in rural areas, have been trained to sustain the program’s impact after it ends.

Over ten short and long-term partnership agreements have been signed throughout the program's life, the latest being with the Tarkwa Gold Fields Foundation who has in partnership with the program committed resources for the provision of safe water and improved sanitation. Additionally, the project also worked closely with Rotary International under the GDA to provide access to water and sanitation to more beneficiaries. All other partners, including Duraplast and Ghacem, have supported the program to give access to safe water and sanitation to residents in the program communities.

Basic schools and Healthcare facilities have not been excluded from the program's life-changing impact. Mechanized boreholes have been provided to Health care facilities. Water sourced from the small town water systems has been extended to these institutions to make water accessible for practicing hygiene behaviors such as handwashing and cleaning medical equipment. Over 320 sanitation facilities have been provided to basic schools and health facilities. In partnership with Water4, health facilities have been positively influenced to practice existing WASH standard operation procedures in their facilities. Thanks to the program, some maternity wards have access to safe water and electricity to cater to expecting mothers' needs. WASH-related diseases have also been curbed.

Six years is a relatively short period to leave an indelible mark in the WASH sector, but the WASH for Health program has defied the odds. The lives that have been positively influenced and the knowledge transferred to the communities and governing bodies speak volumes. We are proud to be part of this life-changing WASH for Health program.

## 1.1. Activity Description

The WASH for Health program was developed in response to the health effects of inadequate or nonexistent WASH services for people across Ghana. Health effects are more profound in some regions than in others. Districts in the Northern, Central, Western, and Volta Regions were poorly served in terms of potable water coverage, averaging about 65% according to the rural water supply coverage statistics published by the Community Water and Sanitation Authority (CWSA).

Regarding sanitation, virtually all regions were faring very poorly. However, poor sanitation was more pronounced in the Northern, Upper East, and Upper West Regions, with nearly 75%<sup>1</sup> of all households lacking access to basic sanitation and practicing open defecation. Therefore, it is unsurprising that water and sanitation-related diseases were the top outpatient issues at healthcare centers in these areas. In recent years, 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>2</sup>. Cholera can be prevented by using basic improved sanitation facilities, the provision and use of safe drinking water, and good hygiene practices.

The goals of the WASH for Health program 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 (components), which are listed below:

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 the United States Government (USG) funding
6. Improved water supply and sanitation infrastructure for schools and health facilities

Global Communities is the lead organization responsible for program management and administration and implementing water and sanitation infrastructure development and CLTS implementation. The Manoff Group, a sub-recipient on the program, is responsible for promoting Social Behavior Change Communication (SBCC), mainstreamed throughout the above-listed program components.

Other program partners include Rotary International (RI), a USAID Global Development Alliance (GDA) partner. Rotary International is extending program activities into a sixth region (Eastern Region) and is working with the CWSA as a consultant/implementing partner. WASH for Health has matched one-to-one funding in

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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; <http://reliefweb.int/report/ghana/situation-report-cholera-outbreak-ghana-30-august-2015-week-35> [report-cholera-outbreak-ghana-30-august-2015-week-35](http://reliefweb.int/report/ghana/situation-report-cholera-outbreak-ghana-30-august-2015-week-35).



WASH for Health engaged Local Non-Governmental Organizations (LNGOs) as sub-recipients to support community mobilization, sensitization, household latrine promotion, and hygiene education promotion for the WADA program. Program field staff did the water and Sanitation Management Team (WSMT) formation and training. The program is also being implemented in collaboration with other USAID-funded programs.

The program's six objectives were translated into components as action areas, with particular activities detailed out in the program implementation plan. Through activities being implemented in five regions (Volta, Central, Western, Northern, and Greater Accra), the degree and amount of activities are varied depending on any other previously existing interventions (i.e., existing water and sanitation coverage, prevailing health issues or interventions or other related programs present in the communities). WASH for Health worked in the Eastern Region this Fiscal Year (FY) to complement the implementation of partnership activities with Rotary International. The planned activities, expected results, and outputs realized from the various components are presented below.

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

WASH for Health proposed a comprehensive approach that laid the foundation for effective, demand-led CLTS. The strategy focused on 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 program's life, 19,100 household toilets were expected to be constructed in program communities, including toilets that the poorest of the poor have support to build.

### **Component Two: Improved Community Water Supply Services**

The water supply activities were implemented alongside sanitation activities to maximize our health indicators' outcomes and create a sustainable impact on program deliverables. 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 were 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 WSMTs. Both the DWST and the WSMTs will provide oversight. 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 program implementation, the following targets for water supply facilities were expected to be achieved:

- 180 machine-drilled boreholes fitted with hand pumps;
- 50 existing, non-functional boreholes rehabilitated; and
- One 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 program helped strengthen Ghana's WASH sector governance and policies by delivering successful programs derived directly from existing policies. The CLTS approach adopted for rural sanitation delivery derives from the National Rural Sanitation Model and Strategy. Simultaneously, the program's BCC strategy will borrow from Ghana's Urban WASH BCC Strategy. These approaches conform 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 community-based organizations to identify local water and sanitation needs and adequately manage WASH resources. The program has formed and trained WSMTs and built the DWSTs' capacities to monitor program implementation and conduct post-program monitoring for sustainable WASH services. WASH for Health also extended support to the line ministries: the Ministry of Sanitation and Water Resources, the Ministry of Health, and its allied agencies in policy formulation, review, and dissemination (if it is deemed necessary).<sup>3</sup>

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

By considering the local context in which a change occurs, Global Communities' approach to communication for social and behavior change helps our programs achieve lasting impact. The specific behavior change goals established by the WASH for Health team help guide all program components' implementation and leading decisions. WASH for Health works closely with statutory government entities like the CWSA and the Environmental Health and Sanitation Directorate (EHSD) within the Ministry of Sanitation and Water Resources.

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

Global Communities has facilitated the partnership between state and non-state actors. Especially the private sector, unlocking synergies that complement and extend WASH interventions' span 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 program.

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

Providing water and sanitation infrastructure in schools and health facilities has an immediate positive impact on 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 have been selected closely with USAID, local authorities, other USAID-funded programs, and government institutions. Conforming to Ghana's national institutional toilet facility delivery policies, WASH for Health has provided both disability-friendly and gender-sensitive toilet facilities.

Toilets have separate entrances for men and women and a changing room for women to ensure privacy during menstruation. All the institutional toilet facilities have handwashing facilities in the form of rainwater harvesting tanks with water taps and washbasins, Veronica buckets, or other appropriate technologies, depending on water resources and drainage availability capacity. By the end of the program, the following are expected to be achieved under this component:

- Provision of 40 institutional water supply facilities; and
- Provision of 190 institutional toilets.

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<sup>3</sup> The current administration in Ghana has eliminated the Ministry of Water Resources, Works and Housing, and the Ministry of Local Government and Rural Development. The new ministry is the Ministry of Sanitation and Water Resources.

<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.

<sup>5</sup> ODF is defined as ODF self-assessment, ODF Basic by DICC's, and ODF certification by DICC's

## 2. ACCOMPLISHMENTS

### 2.1 Accomplishment Under the Behavioral Integration Approach

- In households with children under five, the practice of behaviors related to the safe storage and proper retrieval of drinking water increased by **13% and 39%**, respectively, from Baseline to Endline assessment.
- The use, maintenance of improved household latrines, and proper disposal of child's feces increased by more than **25%, 14%, and 15%**, respectively, from Baseline to Endline assessment.
- Handwashing with soap under running water at two critical times (before eating and after defecating) improved by more than **40% and 38%**, respectively, from Baseline to Endline assessment.

| Indicator   | Target  | Actual  | % Achieved | Deviation Narrative  |
|---|---------|---------|------------|--|
| Number of people gaining access to a basic sanitation service as a result of USG Assistance | 184,800 | 192,168 | 104%       | In the year under review, Global Communities continued to use the Rural Sanitation Model (CLTS) to increase access to basic sanitation and move more communities to certified Open Defecation Free status. The program ended with 192,168 people gaining access to basic sanitation, which exceeded the target of 18,480 by 4%. Over the years, W4H used multiple strategies to achieve this feat. The combined effect of direct implementation (the use of EHAs and natural leaders in CLTS implementation), Triggering, and sanitation marketing have proven to be more effective.<br><br>The use of EHAs and Natural leaders helped sustain outcomes in CTLS communities and stimulated the interest of community members to construct latrines. Sanitation marketing came in handy during post-triggering activities. In partnership with GHACEM and Duraplast, construction materials were available in the districts at factory prices to ease the burden of latrine construction. Digni-Loo was also introduced for households interested in investing in durable slabs and could be reused for an extended period. |
| <i>Male</i>   | 90,552  | 94,163  | 104%       |  |
| <i>Female</i>   | 94,248  | 98,005  | 104%       |  |
| Number of communities certified as Open Defecation Free                                     | 880     | 900     | 102%       | The number of communities attaining ODF status directly relates to people gaining access to basic sanitation. As the number of people with access to basic sanitation increased, the number of ODF communities also increased. Over the years, W4H has consistently exceeded its annual target. In FY17 and FY20, however, the program   |

| Indicator  | Target  | Actual  | % Achieved | Deviation Narrative  |
|--|---------|---------|------------|--|
|  |         |         |            | could not stay on target. In FY17, W4H was in the early days of implementation, W4H was yet to learn the requirements of effective CLTS implementation. One key element was to select smaller communities instead of large communities. Smaller communities are easy to trigger, monitor, and move towards ODF. This is not so in larger communities. In FY17, W4H selected communities without cognizance of this element. It took less time to trigger smaller communities and move them to ODF during the year than larger communities. In FY18, communities that could not be certified in FY17 were carried forward and certified. This almost doubled the result for FY18, i.e., 357 out of a target of 180. In the ensuing years, larger communities were sectionalized during pre-triggering to simplify implementation. In FY20, the program was affected by the Corona Virus pandemic. The movement restrictions and adherence to the safety protocols affected triggering and post-triggering activities. DICCS and RICCS certifications were on hold until the fourth quarter, partially releasing restrictions. Both local and regional governments have a tall list of communities to certify by this time. By the end of the year. W4H was only able to facilitate the certification of 42 communities out of a target of 80. The remaining was carried over to FY21. In FY21, the program exceeded its target by 18 partly due to the extra communities carried over from the previous year. |
| Number of people gaining access to basic drinking water services as a result of USG assistance | 151,600 | 148,298 | 98%        | The number of people with access to basic drinking water includes people with access to new boreholes, new water systems, and improved water service quality. With an original target of 10,100, W4H provided water to 148,298 people. This was a result of a periodic increase in funding from  |
| <i>W4H</i>   | 128,500 | 113,198 | 88%        |  |

| Indicator  | Target    | Actual    | % Achieved | Deviation Narrative  |
|--|-----------|-----------|------------|--|
| <i>Rotary</i>  | 25,000    | 34,100    | 136%       | <p>USAID and the contribution from Rotary International. In FY17, FY19, FY20, and FY21 exceeded their targets. This was a result of high drilling success rates and high yields. With high yields, the program could extend water access to more people. In FY21, for instance, W4H extended water supply from the Bonakyi Water system to Asuogya, a community after Bonakyi, due to the yield from the system.</p> <p>In FY16, and FY18 however, the program was unable to stay on target. In FY16, as it was early days, the target was slightly overestimated. The target was based on budget and without cognizance of drilling success rates, soil condition, and past experiences with procurement processes, contractors, MMDAs, and communities. In the ensuing years, targets were based on many considerations. In FY18 target was set on a reasonable basis; however, in the course of implementation, there was a drastic adjustment in activities.</p> <p>Rehabilitation works scheduled for the year were postponed to later due to unavailable funding. As a result, only 19% of its target was achieved. In FY21, as the program drew to a close, W4H re-counted all achievements under the program. This was to ensure that nothing was left uncounted. During this exercise, W4H counted 35,100 people served with water by Rotary International.</p> |
| Value of new funding mobilized to the water and sanitation sectors as a result of USG assistance (USD) | 3,306,000 | 3,417,844 | 106%       | <p>In the program's life, W4H worked with twelve (12) different partners to support WASH delivery in program districts. Partners supported the program both in cash and kind to complement USAID's investment in WASH. The contributions of all partners amounted to USD 3,417,844 out of a target of USD 3,306,000. For LOP, the program targeted five partners to support program implementation. However, with the increase in the match contribution from 2.8 million dollars to 3.4 million dollars, W4H needed to increase its cost-share portfolio to meet the target. From five, W4H worked to increase the number of partners to 12. As new partners were signed on, old partners continued to increase their support for the program. Partners such as GBC, GHACEM, Duraplast, and Unilever have supported the program throughout the years.</p>   |

| Indicator   | Target    | Actual    | % Achieved  | Deviation Narrative  |
|---|-----------|-----------|-------------|--|
|   |           |           |             | The support from both old and new partners helped to exceed the cost-share target.   |
| Number of people receiving improved service quality from existing improved drinking water sources       | 13,500    | 15,900    | 118%        | Under W4H, improved service quality is essentially borehole rehabilitation. This activity began in FY20 after years of deferment. In FY20, the program ended with 6,900 people gaining access to water. In FY21, the activity provided 9,500 people with an improved water supply. In total, 15,900 people received water access out of a target of 13,500. This was mainly due to savings made each year on construction works. At times, the amount estimated for borehole rehabilitation was more than needed on the field. Savings made were used to rehabilitate boreholes to increase water access for more communities. |
| Number of institutional settings gaining access to basic drinking water services due to USG assistance. | 40        | 81        | 203%        | Out of a target of 40 institutions to benefit, 81 institutions benefitted. 69 institutions benefitted from W4H provided water facilities, while 11 institutions benefitted from Rotary-provided water facilities.  |
| <i>Schools(w4h)</i>   | <i>20</i> | <i>25</i> | <i>125%</i> |  |
| <i>schools (Rotary)</i>   | <i>0</i>  | <i>7</i>  |             |  |
| <i>CHPS(w4h)</i>  | <i>20</i> | <i>44</i> | <i>220%</i> |  |
| <i>CHPS (Rotary)</i>  | <i>0</i>  | <i>5</i>  |             |  |

## 2.2 Narrative Accomplishments Under Program Components

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

Throughout the six years of implementation, the program relied on a three-pronged approach to sanitation promotion with CLTS. This strategy involves the following: a) capacity building and training of trainers for triggering and post-triggering activities; b) triggering communities, and c) sanitation marketing using innovative approaches.

#### ***Capacity building and training (FY15 - 21)***

The preparatory phase of the program in FY15 featured activities like artisan latrine training to expose interested artisans to latrine options considered for promotion under the WASH for Health program. Seventeen artisans, at the time, received training for the construction of the following latrines:

- a) Lined Mozambique VIP with both bamboo/aluminum sheets.
- b) Lined rectangular VIP with both bamboo/aluminum sheets.

In FY16, the program began training selected Environmental Health Officers (EHOs) and Environmental Health Assistants (EHAs) at the various district assemblies. Natural leaders (NLs) from the program communities and members of the LNGOs engaged for implementation were all trained in the CLTS methodology by resource people drawn from the Environmental Health and Sanitation Directorate (EHSD) and experienced CLTS practitioners in the private sector. Latrine artisan training was also carried out to ensure artisans are readily available in the communities to help residents construct basic, safe, and acceptable sanitation facilities.

In FY17, the WASH for Health team trained Environmental Health Officers, District Planning Officers, District School Health Education Program (SHEP) Coordinators, and District Community Development Officers (CDO) on CLTS implementation. Additionally, the WASH officers were trained on new Monitoring and Evaluation (M&E) requirements and other technical components of the program. The training was considered a great success and an opportunity for staff to mingle and learn from each other.

The program, in FY18, built the capacities of NLs in program communities to support post-triggering activities in program communities to get them ODF. These NLs were taken through a three-day training to support latrine construction, community clean-ups, community self-assessment, all aimed at getting communities ODF. In the same year, the capacities of CLTS field officers were also built on simple technologies of household latrines construction and the installation of the Digni-Loo to help the uptake of latrine construction in program communities. The officers were also taken through the process to identify the poor and vulnerable to benefit from latrine support.

From FY19 till FY21, the program continued to organize training/refreshers for CLTS facilities in the Nkwanta North, Sagnarigu, Karaga, and Nanton to support CLTS activities' implementation program communities, including the use of the pro-poor guidelines for selecting the poor in program communities for support.

### ***Triggering (FY15 - FY21)***

*Summary Table*

| <b>Indicator/FY</b>       | <b>FY16</b> | <b>FY17</b> | <b>FY18</b> | <b>FY19</b> | <b>FY20</b> | <b>FY21</b> | <b>Cumulative Total</b> |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------|
| <b>Household Latrines</b> | 1,262       | 6,806       | 5,884       | 2,750       | 4,331       | 2,988       | <b>24,021</b>           |
| <b>ODF Communities</b>    | 11          | 245         | 404         | 80          | 42          | 118         | <b>900</b>              |

Triggering, the process of sensitizing communities on improved sanitation practices, began in FY16. Aided by training on CLTS Methodology of sanitation promotion, EHOs, EHAs, 1,702 Natural Leaders, CLTS field staff, and LNGO staff entered 372 out of the prepared 419 communities to begin triggering activities. Only EHOs/EHAs and CLTS staff implement CLTS activities in the Northern Region.

As a result of these preparations and training, 138 communities in the Northern Region were entered, with 129 of these triggered and 10 reaching full ODF status after being verified by the DICCS and confirmed by the RICCS. One community in West Mamprusi had only been verified by the DICCS, awaiting confirmation by the RICCS. Seven (7) other communities in the three districts (Sawla-Tuna-Kalba, West Mamprusi, and Bole) had attained ODF Basic Status, and one (1) community passed the community self-assessment, which is the first step toward full ODF status.

Bezalel, an LNGO working in the Twifo-Ati-Mokwa and Twifo Hemang Lower Denkyira Districts, entered and triggered 29 communities in the Central Region. The Obooman Rural Action Program (ORAP), operating in the Asikuma Odoben Brakwa and Assin North Districts, also entered 30 communities and triggered them all. Owing to the CLTS activities of ORAP and Bezalel, 33 household latrines had been entirely constructed, with 17 at the superstructure level. Thirty-Eight handwashing facilities and 61 soak-away pits were also completed in the central region.



Community Management for Sustainable Development (COMDEV) and Savana Integrated Rural Development Aid (SIRDA) also undertook CLTS activities. In the Amenfi West, Amenfi East, and Amenfi Central Districts, COMDEV successfully entered and triggered 30 communities, resulting in 73 completed household latrines and many more between the pit and superstructure levels. SIRDA facilitated the completion of 88 household latrines, 152 handwashing facilities, and 59 soak-away pits in the Sefwi Wiawso and Sefwi Bodi District communities.

EDSAM Social Network, which was operational in the Adaklu and Agotime-Ziope Districts, worked on CLTS activities in 30 communities. EDSAM Social Network entered into and triggered each of these 30 communities. Their work resulted in the completion of 44 latrines. Also, in the Volta Region, LINKS Center for Sustainable Development has entered and triggered 28 communities in Nkwanta North and Nkwanta South Districts. Because of their CLTS activities, 84 latrines had been completed, with 266 additional ones currently at the superstructure level. Further, CLTS field coordinators working closely with EHAs from the District Assemblies entered and triggered 25 additional communities. 337 latrines have been completed in their triggered communities.

In the Greater Accra Region, Adsen Consult entered and triggered 30 communities in Ada East and Ada West. By the end of FY16, 152 completed latrines were counted due to their facilitation. They also helped households construct 96 handwashing facilities.

Cumulatively, **362** communities were triggered, **1,262** latrines were completed, and **11** communities attained ODF by the end of FY16.

Through WASH for Health's activities implemented in FY17, a total of 342 new communities were entered, out of which 327 communities were triggered, with 321 in the post-triggering phase. The Program supported the construction of 6,806 household latrines for a cumulative of **8,068** household latrines constructed, providing improved sanitation to approximately 64,544 people. Additionally, 590 communities reached various stages of ODF: 216 communities passed self-assessment, 90 communities reached ODF Basic, 28 communities were certified ODF by DICCS, and a total of **256** communities have been certified ODF by RICCS. ODF celebrations were held in the Volta, Northern, and Greater Accra Regions to celebrate the ODF communities' achievements, reinforce Government commitment, and further trigger other communities. Each ODF community received a certificate of achievement and other sanitation working tools. Some outstanding field facilitators were also given awards to serve as a motivation for them and their colleagues. At each celebration, senior government officials and community members from throughout the districts were attending.

Through WASH for Health's activities implemented in FY18, a total of 346 new communities were entered this fiscal year; 346 communities were triggered, with 345 in the post-triggering phase. The program supported the construction of 5,884 household latrines for a cumulative total of **13,952** household latrines constructed, providing improved sanitation to approximately 111,616 people.

Additionally, a total of 660 communities were certified ODF by RICCS. ODF celebrations were held in the Volta, Northern, and Greater Accra Regions to celebrate the ODF communities' achievements, reinforce Government commitment, and further trigger other communities. Each ODF community received a certificate of achievement and other sanitation working tools. Some outstanding field facilitators were also given awards to serve as a motivation for them and their colleagues. At each celebration, senior government officials and community members from throughout the districts were attending.

In FY19, a total of 304 new communities were entered this fiscal year. 304 communities were triggered, with 304 in the post-triggering phase. The program supported the construction of 2,750 household latrines for a cumulative LOP total of **16,702** household latrines constructed, providing improved sanitation to approximately 133,616 people.

At the end of FY19, 1,272 communities reached various stages of ODF: 446 communities passed the



self-assessment, zero communities reached ODF Basic, 86 communities were certified ODF by DICCS, and a total of **740** communities have been certified ODF by RICCS. ODF celebrations were held in the Volta, Northern, and Greater Accra Regions to celebrate the ODF communities' achievements, reinforce Government commitment, and further trigger other communities. Certificates of achievements and other sanitation working tools are being prepared for the FY19 ODF communities. Some outstanding field facilitators were also given awards to serve as a motivation for them and their colleagues. At each celebration, senior government officials and community members from throughout the districts were attending.

In the year under review FY20, 170 new communities were entered, 168 communities were triggered, with 168 in the post-triggering phase. The WASH for Health program supported the construction of 4,331 household latrines for a cumulative LOP total of **21,033** household latrines constructed, providing improved sanitation to approximately 168,264 people.

Furthermore, 826 communities reached various stages of ODF: 44 communities were certified ODF by DICCS, and a total of **782** communities have been certified ODF by RICCS. No ODF celebration was organized in the FY20 year.

The WASH for Health program supported the construction of 2,988 household latrines for a cumulative LOP total of 24,021 household latrines constructed, providing improved sanitation to approximately 192,272 people. In the final year (FY21), 169 new communities were entered; all 169 communities were triggered, with 167 entering the post-triggering phase. A total of **74** new communities were declared ODF by the RICCS, which brings the total number of ODFs achieved by the program to **900 ODFs** in the life of the program.

### ***Sanitation Marketing (FY15 - FY21)***

The third leg of the approach to CLTS involves making it easy for residents of program communities to construct the latrines of their choice, using locally available materials and inputs that ensure the safety of the basic latrines constructed.

In FY15, the program promoted three main latrine technologies in the communities. Posters were developed indicating the slab-less, lined Mozambique, and unlined Mozambique latrines, with variants based on the building materials used for the pit, wall, and roof. These posters help LNGO staff, CLTS Field Officers, and trained latrine artisans to properly guide households choosing their latrine type to conveniently construct and buy the various inputs required at every stage of the construction process. Through partnership arrangements with private sector organizations, the program channeled latrine construction materials like cement and vent pipes through existing distribution depots to program communities. These inputs help stabilize pits and provide ventilation. CLTS field officers are tasked with monitoring the purchase and use of these inputs for latrine construction purposes only.

Within the year, training was held for Jaksally staff on the program's objectives and approaches to help drive behavior change among the members of their VSLAs.

During the year of innovation (FY16), a plastic latrine was developed as a relatively inexpensive, easy to install, easy to use and maintain, and with the ability to relocate. The plastic latrine, Digni-Loo, went through a conceptualization phase, a prototype was assembled, designs were revised, and the first batch of 60 was produced. It comprised a plastic slab, squat hole, vent pipe, and a cylindrical drum to stabilize the top soil around the pit. The plastic latrines were granted approval by the Ministry of Local Government and Rural Development for piloting and were installed for participating households in the Central, Northern, Volta, Greater Accra, and Western Regions of Ghana. Participating households finished up the latrine by constructing a superstructure of their choice, and households have now begun using the latrines. Feedback from the pilot was collected, analyzed, and fed into the final designs of the plastic latrine to produce molds. At this time, the molds have been completed, paving the way for the scaled-up production of latrines when demand increases.

Additionally, the introduction of the Digni-Loo to the Ghanaian sanitation market took place on June 20, 2017. **400** units were produced and distributed to entrepreneurs in WASH for Health program regions where the Digni-Loo was sold to households and communities.

In FY18, Digni-Loo continued to penetrate the sanitation market gradually in program regions as households, communities, and their leaders are buying into the Digni-Loo idea. **560** were produced, while 296 were distributed to entrepreneurs in WASH for Health program regions, to be sold to various households and communities, other interested agencies, and individuals in FY18. At the end of FY18, In FY19, the Digni-Loo gained more prominence due to its advertisement on three popular Television channels. Gradually, households, communities, and their leaders started to buy into the Digni-Loo idea. At the end of FY19, **20,421 Digni-Loos** were distributed to interested individuals, households, agencies, and organizations. This increased by **2,178** in FY20 and **1,919** in FY21. At the close of the program, a total of **32,521 Digni-Loo** were sold.

Supply and installation of the Digni-Loo to residents in communities that were already ODF continued as part of support to the poor. Communities in the Ada West district have been validated, received, and installed 100 Digni-Loos. USAID solely paid for these Digni-Loos through the WASH for Health Program funds. These beneficiaries are identified, registered, and validated using the Livelihood Empowerment Against Poverty (LEAP) Program criteria and supported in partnership with the beneficiary communities' leadership.

As part of our sustainable measures to promote sanitation marketing, new entrepreneurs were trained in FY21. Additional entrepreneurs are being identified and trained to continue product sales after the end of the program.

Digni-Loo promotion initiatives have rolled out in FY21, including:

- A sequel to the existing Digni-Loo advertisement was produced and rolled out on three television stations with nationwide reach.
- Introduction of Digni-Loo to new districts.
- Follow-up on existing Sanitation Entrepreneurs in Nkwanta North and South Districts.
- To identify new vendors, an exploration tour to Kasao in the Central Region, Ashaiman, and Afariwa (in Greater Accra Region).
- We connected interested buyers to the nearest entrepreneurs.
- We created WhatsApp groups to coordinate activities between all existing entrepreneurs.
- We signed a partnership agreement with FAFAA FM in Ketu North Municipality of the Volta Region for a two-month Digni-Loo promotional adverts on their airwaves.
- The annual inspection process for the Digni-Loo product with Ghana Standard Authority, with the latest certificate valid from July 29, 2021, to July 28, 2022.

### ***Bill & Melinda Gates-Funded CLTS Research (FY16 – FY19 )***

The Swiss Federal Institute of Aquatic Science and Technology (EAWAG) conducted CLTS research funded by the Bill and Melinda Gates Foundation in Bole and Sawla-Tuna-Kalba Districts in the Northern Region. EAWAG intended to identify the best approaches for triggering communities using CLTS, aligning with USAID's proposed impact evaluation for WASH for Health. EAWAG used the RANAS (Risk, Attitude, Norm, Ability, and Self-Regulation) model to conduct CLTS research in two districts, explore how different CLTS models work in households and societies, and determined how CTLS work on behavioral determinants leads to behavioral change. WASH for Health team members in the Northern Region supported EAWAG by implementing research-specific activities. In FY16, baseline studies were carried out before the start of RANAS-modelled CLTS.

In FY17 and FY18, several researchers conducted a mid-term evaluation of selected communities.

In FY19, findings from the mid-term evaluation of some selected communities conducted in Quarter 3 of FY17 have been shared with WASH for Health. These findings highlight factors that determine the

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success of CLTS implementation, such as the percentage of the population that participated in the triggering event, the number of community leaders participating in the triggering event, whether participants believed they would receive rewards like installation of water wells and materials for toilets, and the number of follow-up visits provided by facilitators weeks after triggering. These factors were reinforced in the CLTS implementation to ensure more communities attained ODF.

### ***Where Does CLTS Work – Research by WASHPaLS***

WASH for Health collaborated with WASHPaLS in FY19 to conduct further research on enabling environments that promote uptake of CLTS and areas/communities where CLTS worked better. The research was designed to help the program plan different strategies tailored to address factors that inhibit the uptake of CLTS while strengthening those that promote higher CLTS uptake, ensuring the program achieved ODF in all communities. Preliminary findings showed that communities with the following characteristics have higher CLTS performance: small population, more time since the triggering event, lower literacy rates, lower population density, and less incidence of flooding.

## **Component Two: Improved Community Water Supply Services**

### **FY15**

In FY15, the program utilized manual and machine drilling technologies to augment the water supply in the selected districts. The team also adopted best practices regarding the supervision of manual well drilling and mechanical drilling.

### **FY16**

The following year, in FY16, the program started developing boreholes in selected communities. These interventions began with the engagement of hydrogeological consultants to undertake hydrogeological investigations in communities in the Western, Volta, and Northern Regions at the time. A total of 78 sites were selected for borehole drilling at the end of the hydrogeological investigations. Borehole drilling companies were subsequently engaged to undertake the drilling and construction of 78 test boreholes. At the end of the drilling campaign, 61 boreholes were successfully built with sufficient yields and passed water quality tests. Platforms were constructed, and hand pumps were installed to deliver water services.

### **FY17**

Throughout FY17, WASH for Health conducted post-construction monitoring of the 61 boreholes constructed in FY16. Additional 89 boreholes were drilled that year. Of these, four were found to have water potability/safety issues and were capped, and eight were provided to Systems for Health for use at CHPS compounds. 77 boreholes were therefore in use at the end of the Fiscal Year, totaling 138 constructed boreholes since the program's inception.

Additionally, two companies conducted training of WSMTs in communities where boreholes were drilled and yielded water. These trainings ensured the appropriate use and management of the boreholes and ensured the sustainability of the facilities.

### **FY18**

In FY18 additional 54 boreholes were drilled. Of these, 12 were dry or had marginal yield and were not constructed. Forty-One boreholes were successful, and 20 were fitted with hand pumps, totaling 179 constructed boreholes.

In that same year, a BCC Officer conducted training of WSMTs in communities where boreholes were drilled and yielded water. These trainings ensured the appropriate use and management of the boreholes and ensured the facilities' sustainability.

During the latter part of the year, a consultant conducted feasibility and hydrogeological studies in the Tuna community in the Sawla Tuna Kalba District, Northern Region. Tuna is one of the water-stressed communities in the Northern Region. There were several attempts in the past by other programs to provide them with water, but none of them could find high-yielding boreholes. The consultant carried out detailed hydrogeological studies and selected over 10 potential points to be drilled. Later six drilling attempts were made, and two high-yielding boreholes were found (160L/M & 140L/M).

Based on the yields of these two boreholes, the consultant designed and commenced the water system for the community to serve 8,000 people, which is made up of the construction of 100m<sup>3</sup> elevated storage tank, 13km length of transmission and distribution pipe network, 11 standpipes (taps for communal use), WSMT office, pump house, and incorporated solar power system to power the submersible borehole pump.

### **FY19**

In the following year, FY19, the WASH for Health team conducted post-construction monitoring of all boreholes constructed since inception. Monitoring reports show no significant issues reported by users or monitoring officers. Communities utilized the boreholes to access clean and safe water.

In that same year, the small town water system was completed, commissioned, and handed over to the residents of Tuna on June 26, 2019. The system stores water from two boreholes in a 100m<sup>3</sup> elevated storage tank, which is then distributed through a 13km transmission and distribution pipe network and supplies 12 standpipes (taps for communal use). A WSMT office and pump house incorporated with a solar power system to power the submersible borehole pump are complementary facilities of the system. An additional three standpipes serve three basic schools within the community from the system. Several households were connected to the system after the defect liability period.

### **FY20**

Under this component in FY20, interventions shot up with the completion of two Small-Town Pipe Systems (STPS), drilling 21 boreholes for communities, mechanizing 14 boreholes for HCF, and rehabilitating 23 non-functional boreholes. Two additional communities received a small-town water system each. Altogether 24,000 people are expected to be served due to the intervention. The fully functional two small-town water systems are located in Kalba and Tinjase in the Savannah and Oti Regions, respectively. The small town water systems have two elevated storage tanks with a combined storage capacity of 200 cubic meters (200,000 liters). The water is engineered to flow by gravity, to reduce operational costs into 12 public standpipes located at vantage points within the communities. Water is pumped from four wells using solar as the primary source of power and the national grid as backup power. Both systems have a chlorine disinfection system to help prevent the growth of bacteria in the distribution system. As part of the measure to meet SDG 6, 40 households and nine institutions, including two health care facilities, were connected to the distribution system. More houses were connected after handing over the system to their respective communities.

Two communities were provided with limited mechanization systems. The boreholes were mechanized using a submersible pump and plastic storage tanks. Four water fetching points were also constructed within the communities.

All 21 new boreholes and the 23 rehabilitated boreholes were fitted with Ghana Modified India Mark II and Afridev hand pumps. They are providing portable water to the beneficiary communities. Physiochemical and bacteriological tests were carried out for all the water systems as part of the water quality control. Where needed, disinfection was carried out, and one borehole with Arsenic above the

WHO threshold was capped. Water and Sanitation Management Teams (WSMTs) were formed and trained for all the facilities. The training included O&M, funds mobilization and management, and where to get technical support within the district.

## **FY21**

### **Small Town Pipes Systems**

The two small-town pipe systems in Mandari in Bole District and Bonakye in Nkwanta South District in the Savannah and Oti Regions have been completed. All the systems have been tested and handed over to the WSMTs of the various communities. Prolific aquifers were encountered during drilling at Bonakye, and the pipe system has been extended to Asougya, a nearby community.

### **Pipe Network**

A total of 24 kilometers of pipes of various sizes have been laid for transmission and distribution: Bonakye is 14.6 kilometers, and Mandari is 9.4 kilometers long.

### **Public Standpipes**

Eighteen (18) public standpipes have been constructed at vantage points within the communities. As part of the sustainability and revenue mobilization plan, the program has installed SmartTAPs water dispensers on all 18 standpipes. With this system, the WSMTs gave free water to the poor and vulnerable people within the communities every month. The liters per household are loaded on a token for the smart taps. This system ensures that all communities have access to potable water. Also, 60 houses and 6 HCFs and schools have been connected to the system.

**Pump Houses** – All the four pump houses have been completed, including the wellheads. For the first time, the main source of power to the pumps is photovoltaic, and the national grid serves as a backup. This will reduce the O&M cost and ensure the systems are sustained.

**Water & Sanitation Management Team (WSMT) Office** – WSMT offices have also been completed and furnished.

**Elevated Storage Tank (100,000L)** - the 100 cubic meters reinforced elevated storage tank is completed and serves the communities. Mandari system uses the fill-and-draw mode of access, and the Bonakye/Asougya system is the floating mode of access to help boost the pressure in the distribution lines.

### **Drilling of Boreholes**

The construction of platforms for boreholes in Sagnarigu and the installation of hand pumps for boreholes drilled in Karaga have been completed. Drilling activities for communities' boreholes are completed. In all, 38 attempts were made, and 30 were successful. Ghana Modified India Mark II (GMIMII) hand pumps were installed on 26 boreholes, and the remaining four were mechanized. All the facilities have been handed over to the communities, and they are under the management of the WSMTs.

### **Rehabilitation of Non-functional Boreholes**

**30** non-functional boreholes have been rehabilitated and handed over to the communities. 15 of them were rehabilitated in Sefwi Wiawso, hand pumps were installed on 13 of them, and two have been mechanized for two communities with a population of over 1,000 each. 15 communities in Krachi-East have their non-functional boreholes rehabilitated, two of them mechanized. Most of these boreholes are located in ODF communities to help adopt improved behaviors such as handwashing.

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

### **FY15**

At the inception of the program, the WASH for Health team engaged major sector players like the Water Directorate of the Ministry of Water Resources, Works and Housing (now known as the Ministry for Sanitation and Water Resources - MSWR) and the Environmental Health and Sanitation Directorate of the Ministry of Local Government and Rural Development for sector governance and policy consultations.

### **FY16**

In FY16, the program started using participatory approaches to rural and peri-urban WASH planning and implementation in Ghana and strengthened Ghana's WASH sector governance and policies. The use of CLTS for rural sanitation delivery was mandated and derived from the National Rural Sanitation Model and Strategy.

Partnerships with statutory WASH sector agencies continued through the year, with the program team actively participating in sector activities. In collaboration with the sector ministry, the program facilitated the dissemination of the Water Sector Strategic Development Plan for 2012 to 2025, providing a framework for achieving Ghana's vision: "sustainable water and basic sanitation for all by 2025."

In the same year, the program actively participated in the planning of the National Cholera Prevention Campaign launched in partnership with the MOH/GHS, EHSD, United Nations International Children's Emergency Fund (UNICEF), and the WHO. The team embarked on cholera prevention activities with the Regional Environmental Health Unit, Health Promotion Unit of the Ghana Health Service, and the National Disaster Management Organization in the Greater Accra and Central Regions. Using participatory approaches, the program sought to build local capacity through WASH management training for small community WSMTs for the operation and maintenance of WASH infrastructure.

The program also began facilitating the formation/rejuvenation and inauguration of DICCS within the program districts. These DICCS are the mandated body stipulated by the National Rural Sanitation Model and Strategy for community ODF certification.

### **FY17**

During the FY17, WASH for Health continued to work with local institutions to build capacity for policy implementation, especially on rural water and sanitation delivery and management. In line with sections of the Revised National Environmental Sanitation Policy, and through its CLTS activities, WASH for Health supported DICCS and RICCS as they worked with and assessed communities' progress towards ODF.

Furthermore, WASH for Health worked closely with the Government of Ghana to facilitate the assessment and approval of the Digni-Loo and develop and introduce the BCC package throughout the country. With the support of the Ministry of Sanitation and Water Resources, Global Communities collaborated with the Ghana Standards Authority to conduct a Technology Applicability Framework (TAF) review of the Digni-Loo. The TAF process included field visits, user interviews, product testing, and a sector-wide stakeholder workshop. After a thorough review, the Digni-Loo was approved for use throughout Ghana by the GOG.

Additionally, in support of introducing the Digni-Loo to the sanitation market, WASH for Health engaged the Ministry to ensure Government of Ghana (GOG) regulation of the product, mainly when the product is subsidized and distributed to the most marginalized households. The Ministry was receptive to developing a formal policy for pro-poor sanitation support and tasked Global Communities to lead the process in developing a policy. Later in the year, Global Communities solicited consultants to conduct a sector-wide assessment of existing pro-poor sanitation options. The consultants then facilitated a WASH sector-wide workshop, conducted research, and developed a Global Communities and GOG policy to review.

The WASH for Health team also collaborated closely with the Ministry of Health, Ghana Health Service and the GOG's Good Life brand, and other USAID stakeholders to finalize and launch an enhanced package of BCC materials for use by health and extension workers in their CLTS, sanitation promotion, and hygiene education efforts.

Lastly, several celebratory events were held to celebrate and showcase the 190 communities declared ODF in FY17.

#### **FY18 - FY21**

Throughout FY18, WASH for Health, in collaboration with the Ministry of Sanitation and Water Resources and other sector players, successfully developed and launched the pro-poor policy, *Guidelines for Targeting The Poor And Vulnerable For Basic Sanitation Services in Ghana* on 20th June 2018. Copies of the document have been distributed throughout the country and workshops held in various regions to build the capacity of implementers until the end of the program in FY21.

During the final year (FY21) of the program:

- the Ministry also carried out another nationwide training for Environmental Health Officers and staff from the Schools of Hygiene on properly conducting a dignified burial for a COVID 19 infected corpse. A total of 190 staff were trained
- The team also supported the MSWR in the review of the Rural Sanitation Model and Strategy (RSMS)

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

#### **FY15**

At the program's inception in FY15, some relevant staff of the selected assemblies, including the Environmental Health Officers and Assistants and local non-governmental organization staff, were engaged under the WASH For Health and trained for Community-Led Total Sanitation three of the program regions. Additionally, the Sawla-Tuna-Kalba District was prepared for the CLTS research funded by the Bill & Melinda Gates Foundation.

#### **FY16**

In FY16, the Manoff Group, which leads the SBCC component, developed the core message for their activities. This message was encapsulated in the BCC Plan and its strategy. The strategy's core message involved the promotion of handwashing after using a latrine and before handling food, safe transport, treatment, and storage of water, and hygienic use of latrines. The team reviewed current information, education, and communication materials used by Global Communities, UNICEF, CWSA, and other sector actors.

#### ***School Health and Hygiene***

A partnership was developed with the Ghana Education Service's SHEP to implement school health and hygiene activities under the WASH for Health Program. As the mandated body for coordinating school hygiene activities, SHEP has coordinators at all levels: national, regional, district, circuit, and school. This presence was leveraged to promote school hygiene and health education actively. Further, handwashing facilities were procured for distribution to schools with institutional latrines.

#### **FY17**

Significant BCC targets were achieved in FY17, notably, the finalization and introduction of the BCC Package of materials. The Package includes 72 unique materials, including radio spots, lesson plans, games, activities, etc. The materials were pilot-tested three times in the five program regions. All were approved by the Ghana Health Service's Health Promotion Technical Review Committee and its National SBCC Technical Review Committee. The WASH for Health BCC team worked closely with Communicate for Health to record and translate all eight English radio spots into five local languages predominantly spoken in program communities (Likpakpa, Dangme, Fante, Dagbani, and Ewe) and transfer the 48 spots for distribution on pre-locked flash drives.

Along with the 1,000 packages produced, a Facilitator's Training Guide for the implementation of the package was developed and field-tested. The Package was formally launched along with the Digni-Loo on June 20, 2017, and the materials have since been rolled out to WASH for Health districts. Twenty-Three pieces of training were held later that year in the Regional Capitals (Ho, Tamale, Takoradi, and Cape Coast, and in district centers in the Northern, Western, Central, and Volta Regions. Nearly 600 people were trained in the use of the Package. The WASH for Health BCC Team has also begun discussions with the Ministry of Health to expand the BCC Materials to include a module on Nutrition.

Additionally, WASH for Health, in partnership with Cummins Ghana Foundation, successfully implemented the WASH Improvement Program at the Odorgonno Secondary School in Accra and hosted an intern from Earth University in Costa Rica from September to December 2016 to support the intervention. BCC education in schools (WASH in Schools) was also implemented to support the Unilever Ghana Foundation collaboration and the Coca-Cola WADA partnership.

Lastly, BCC education continued to be incorporated into all CLTS activities implemented in the 676 target communities. 5,424 tippy taps and 4,332 soak away pits had been constructed at the time. All radio spots were aired on significant district and national radio stations till the end of the program.

## **FY18**

Significant and innovative strides were made in BCC in FY18, including introducing a novel component, NuWASH (Nutrition in WASH). Existing research work, resources, and lessons learned from WASH and Nutrition programs in Ghana and other countries were reviewed to determine the viability of the two programs merged into one. The outcome of the literature review led to the profiling of nutrition-sensitive WASH behaviors, and the findings were shared with relevant stakeholders for their perspectives.

Later in the year, formative research was conducted in Q4, in four (Western, Northern, Greater Accra, and Volta) regions, to ascertain the context within which behaviors occur, the supporting and inhibiting factors, primary and supporting actors, and trials of the improved practices (TIPs). The research was analyzed by using the Think I BIG (Behavioral Integration Guidance) analysis tool to develop Behavior Profiles and establish the logical pathways to improve each of the seven prioritized NuWASH behaviors, namely:

- Safely dispose of animal feces daily
- Wash the hands of your children under two years before they eat
- Wash your hands before preparing and serving food
- Breastfeed your child exclusively for six months after birth
- Wash and safely store eating and cooking utensils
- Cover prepared food
- Provide a clean mat for your child under two years to eat on

Based on the analysis NuWASH and Behavior Change Strategy was drafted to cover all needed elements- Enabling Environment; Infrastructure, Products and Services; and Demand and Use, under which Communication falls.

From the behavior profiles and Behavior Change Strategy, a Behavior Change Communication plan was drawn out in Q1 of FY19 to facilitate the uptake of the NuWASH behaviors, namely;

- Mothers exclusively breastfeed for the first 6 months
- Caregivers create a clean space for their children to eat and play
- Caregivers handle their children's food safely
- Caregivers wash their hands before handling children's food and wash children's hands before they eat



The previous WASH Behavior Change Strategy was revised in the last quarter and the remaining Enabling Environment; Systems, Products and Services; and Demand and Use issues were also addressed.

## **FY19**

During FY19, the Manoff Team finalized the NuWASH communication materials geared toward reducing diarrheal diseases and stunting, thereby promoting healthy growth and development of children under two years (CU2). The team secured approval from the national accreditation board, the GHS Health Promotion Technical Working Group, and its SBCC Technical Review Committee. One thousand (1,000) copies of approved NuWASH communication materials were printed and introduced as part of the complete W4H Behavior Change Communication package. A two-day SBCC workshop was then held on February 2019 in Accra to introduce all the W4H programmatic team, especially the Behavior Change Specialists and the WASH Officers, to integrate the NuWASH behaviors and communication materials.

For the rest of FY19, the W4H Behavior Change team (The Manoff Behavior Change Specialists and GC WASH officers) and partners (EHAs, CDOs, Community Health Nurses, etc.) continued to use W4H BCC materials to promote the adoption of the prioritized WASH behaviors in program communities. The team initiated innovative and effective ways of rolling out the repackaged W4H BCC materials.

With support from the Monitoring and Evaluation team, a NuWASH baseline survey was conducted, and new NuWASH performance indicators were established. The team also established targets for both the WASH and NuWASH Behavior outcomes.

Global handwashing day was commemorated on October 15, 2018, like in previous years, together with the Ministry of Sanitation and Water Resources, some WASH sector players, and the market women at the Agbogbloshie market. The venue, Agbogbloshie market, was part of a deliberate effort to promote handwashing among traders. The sector Minister, Hon Cecilia Abena Dapaah, demonstrated the appropriate manner of washing hands with soap under running water.

## **FY20**

### **Capacity Building Activities:**

- A three-day workshop from January 20 - 22, 2020, for the W4H Technical team to realign the Cost Extension strategy around the new USAID CDCS Behavioral outcomes. The workshop reviewed feasible sub-behaviors based on the USAID CDCS assigned behaviors, developed needed Behavior Profiles for all the prioritized behaviors using existing research, aligned W4H interventions (components) with the prioritized sub-behaviors, re-assessed pathways to change for the overarching strategy, and refined the W4H Extension strategy to reflect realignment, confluences, and gaps in program activities.
- An M&E support workshop with Dr. Lynne Cogswell, the M & E, and Behavior Change teams was held from February 3 - 5, 2020, to determine and finalize Indicators (12 Behavioral Outcomes and 20 Performance Indicators) for all the new USAID CDCS Behaviors, sub-behaviors, and protocol for data collection and in monitoring behavioral outcomes.
- The reorganization of the overall FY20 Work plan by behaviors based on the Realignment and M & E Workshops outcomes.
- The training of 23 Rotary Advocacy Volunteers in the use of the W4H Behavior Change Communication Package in Dodowa on February 2, 2020.
- The training and formation of Water and Sanitation Management Teams (WSMTs) to effectively manage water facilities in the W4H Cost Extension regions.
- A need-based trainings for all relevant Partners to effectively use the consolidated W4H BCC Package to promote prioritized behaviors. Altogether about six hundred practitioners from

Ghana Education Service, Ghana Health Service, District Assemblies, and Community Health Volunteers have been trained.

- Staff training of the Afram Plains Development Organization (APDO), the new sub-award LNGO in Tamale, on the use of the BCC package.

### **Development of Behavior Change Communication Materials**

- The review of the ODF Sustainability Strategy with the M&E team.
- The reorganization of the existing W4H BCC materials to make them audience-specific to enhance usage and impact. (GES, GHS, EHSD/DCD/SW partners)
- Drafting a GC/TMG learning brief on the behavior-led Approach of the W4H Program in Ghana.
- We developed a new Radio Discussion Guide to prevent slippage of Open defecation-free communities.
- New communication materials to promote three USAID CDCs demand behaviors on clients demanding potable drinking water at Health Facilities. Parents demanded fully equipped Handwashing facilities in schools and supported their girls to go to school during their menses.
- Radio Discussion Guides and Live Presenter Mentions (LPMs) promote proper handwashing and basic sanitation access and use on the contracted Radio stations and by the WASH Officers and EHAs.
- Materials for MHM education and promotion. Materials comprise a Radio discussion guide, Radio Scripts, and LPMs.
- A standardized Training Plan and Guide for building the capacity of WSMTs to manage communal water facilities sustainably.

### **Surveys**

- The new USAID CDCS behaviors in the Oti, Northern, and Savannah regions.
- The new USAID CDCS behavior on parents supporting girls to safely manage their menses with M & E support.

### **Airing Behavior Change Messages**

Due to Covid-19 pandemic:

- Five FM Stations (Beyond, KE, and Gateway Stations in Oti Region and Yagbon & Nkilgi Stations in the Savannah Region) were contracted to air the BCC messages, particularly the handwashing spots in the program Districts and communities.
- Used the Radio Stations extensively to commemorate, sensitize and raise awareness on safe menstrual hygiene management on May 28, 2020, in the Oti and Savannah regions.
- We continued to work with GTV and affiliate Radio Stations to air BCC messages.

### **WASH Sector Engagements:**

- Commemorated the Global Handwashing Day (October 15) with a discussion on the importance of the day on a TV3 Breakfast show “New Dawn,” partnered Zenith Bank to present 35 Veronica buckets to the Zenu Cluster of schools in the Kpone Katamanso Municipality and collaborated with Radio and Onua FM to promote handwashing with traders at the Mallam Atta Market.
- Showcased the complete W4H Behavior Change Communication (BCC) package, the Digniloo and Menstrual Hygiene Panties/ Smart Cycle at the Mole XXX WASH Conference in Ho, from November 4 - 8, 2019. The Behavior Change team also trained about forty participants in the use of the BCC package.

- We partnered with Unilever Ghana Limited to mark the World Toilet Day (19<sup>th</sup> November) in beneficiary schools in Kpone-Katamanso, Ashaiman, Sakumono, and Kotobabi on Tuesday 19th November 2019.
- Participated in the Ghana Goes ODF Campaign Event at the College of Physicians and Surgeons, Accra, on 26th February 2020.
- We conducted a Technical Brief on TMG's Behavior-led approach under the W4H program in Ghana. Apart from the 4 Ghana staff, nine other TMG staff, including Marcia Griffiths and Lynne Cogswell, participated in the meeting.
- We drafted a Learning Brief on TMG's Behavior-led Approach to the W4H Program in Ghana. In the process of conducting a Follow-on survey to include quantitative data in the key findings.

## FY21

In the sixth year of W4H, it became necessary to realign the program to the new USAID CDCS, which is outcome-driven. W4H applied an approach to behavior-led programming called Behavior Integration to all program objectives. After selecting prioritized behaviors and indicators, a baseline was commissioned to establish the current situation for every indicator and use it as the base against which progress can be measured. Evidence was gathered through behaviorally focused formative research to confirm the selected priority behaviors and to map pathways to changing these behaviors. Nine months after, a follow-on study (midline) was carried out to assess the impact of Behavior Integration on behaviors. Sixteen months after another follow-on study (endline) was carried out further to measure the impact of the approach on behaviors. Results from the studies are presented below:

## W4H Illustrative Behavioral Outcome Indicator Summary Table

| Behavioral Outcome Indicator   | Baseline | Midline | Endline | Variance from baseline to end line |
|--|----------|---------|---------|------------------------------------|
| <b>Result 1: Improved storage and retrieval of drinking water in households of children under five</b>                                   |          |         |         |                                    |
| % of caregivers of children under five who observably store drinking water safely  | 74       | 87      | 87      | 13%                                |
| % of caregivers of children under five who observably retrieve stored drinking water safely  | 43       | 73      | 82      | 39%                                |
| <b>Result 2: Better maintenance and use of improved household latrines in households of children under five</b>                          |          |         |         |                                    |
| % of caregivers of children under five who properly maintain their household latrine   | 41       | 59      | 66      | 25%                                |
| % of caregivers of children under two who report safely disposing of their children's feces within the last 24 hours                     | 48       | 59      | 62      | 14%                                |
| % of caregivers of children under five who use improved household latrines   | 52       | 56      | 67      | 15%                                |
| <b>Result 3: Increased handwashing with soap under running water at two critical times in households of children under five</b>          |          |         |         |                                    |
| % of family members in households with children under five who report washing their hands with soap under running water after defecating | 31       | 57      | 69      | 38                                 |
| % of family members in households with children under five who report washing their hands with soap under running water before eating    | 17       | 54      | 57      | 40                                 |

## **Capacity Building Activities**

- Community entry activities have been initiated in all FY21 CLTS communities in the seven W4H Cost Extension regions.
- We organized WASH Facilities User Education Training for Twelve (25) RI/USAID beneficiary schools in the Kwaebibirem, Ayensuano, and Shai Osudoku districts. Altogether, One Hundred and Five (105) participants comprising Head Teachers, School-based Health Coordinators, SMC/ PTA Representatives, Circuit Supervisors, District SHEP Coordinators, District Training Officers, Girl Child Coordinators, Environmental Health Officers and Works Department officers from the MDAs were trained for effective operation and maintenance of the School WASH facilities.
- Trained Seven schools in the Ajumako Enyan Essiam district in the Central Region in WASH Facility User Education involving Thirty Head Teachers, School-based Health Coordinators, PTA/SMC Reps, Circuit Supervisors, and Office staff.
- Distributed Behavior Change Communication packages to relevant partners (from GES, GHS, and DAs) in the Cost Extension Regions.
- Trained 208 Partners from GES, GHS, EHAs, and CDOs from four W4H Districts in the Western and Western North Regions in the use of the BCC Package to promote the prioritized W4H behaviors in Communities, Schools, and Health facilities.
- Distributed the WASH Game to 248 beneficiary schools to promote uptake and practice of improved WASH behaviors among basic school pupils and the school community. Altogether, over 1,200 teachers and GES staff were introduced to the use of the WASH Game to promote the uptake and practice of improved WASH behaviors among the school pupils.
- Organized 3-tier WSMT Trainings for all FY21 Borehole communities for effective operation and maintenance and to ensure the sustainability of the WASH interventions.
- Supported the organization of the W4H staff Close Out Mini-Workshop on 24th June 2021.

## **Behavior Change Communication Materials Development**

- Repackaged the WASH Game and printed 350 copies to promote SHEP activities and adopt improved WASH behaviors in the basic schools.
- Spearheaded the development of Behavior Profiles as part of the EWASH Technical Proposal work.

## **Surveys**

- With support from the M & E Team;
  - Conducted BCC Midline survey in the Northern, Savannah, Oti, and Greater Accra regions to provide the needed quantitative data to finalize the WASH for Health Behavior Change Learning Brief.
  - Conducted Baseline survey for the new USAID CDCS Cost Extension Indicators.
  - Carried out Endline survey of W4H Behavioral Outcomes in the Savannah, Northern, Oti, and Greater Accra Regions.
  - Internally evaluated the SBC/SBCC work with W4H staff.
  - Surveyed select Partners on their perception of the W4H SBC/SBCC work.

## **Airing of Behavior Change Messages**

- With support from the Communications Team;
  - Renewed agreements with three (3) Radio Stations in Oti Region for airing behavior change messages.
  - Signed new agreements with six Radio Stations to air behavior change messages in Shai Osudoku, Ada West, Sefwi Wiawso, Sefwi Bodi, Asankrangwa, and Wassa Akropong districts with the support of the Communications Officer.
  - Liaised with GTV and affiliate Radio Stations to air BCC messages.

## **WASH Sector Engagements**

- Prepared and published a Research and Learning Brief on the W4H SBC work by The Manoff Group. The Paper has been updated with results from the End-line survey for publication.
- Presented the W4H Research and Learning Brief findings to USAID in a virtual meeting on 18th May 2021.
- Supported the USAID/ Ghana Design Team to introduce Behavior Integration to the 4 RING II RCCs and their 17 MMDAs and helped align their Workplans to the RING II Behaviors.
- Commemorated the 2020 Global Handwashing Day with community events in Tinjanse and Kalba in the Oti and Savannah Regions.
- Marked the World Toilet Day in Sefwi Wiawso in the Western North Region and Sanayiri in the Nanton District in the Northern Region.
- Participated in BASIS training in Dodowa from 1st to 3rd December 2020.
- Trained 39 Peace Corp Volunteer Counterparts in using the WASH Behavior Change Package.

## ***Cholera Response***

During the reporting period, WASH for Health embarked on a cholera prevention campaign in partnership with GHS and local district assemblies. After the national cholera prevention campaign launch, volunteers from the Department of Community Development, Environmental Health Units, and the National Disaster Management Organization (NADMO) visited communities identified as cholera prone to distribute water purification tablets and educate residents on the use of the tablets. These communities include James Town, Ngleshie, Agbogloboshie, Old Fadama, Old Gbawe, Mallam, Ogblogo, Tetegu, Bortianor, and Weija. An estimated 5,208,000 liters of water are expected to be made safe because of the water purification tablets in the four community clusters<sup>1</sup>. Food vendor screenings and sensitization were carried out in La and Nima to reduce cholera transmission through food vending at public places. So far in 2016, only one confirmed case of cholera has been reported nationwide. The situation was quickly managed, and the patient was removed from danger and discharged.

Early in FY17 (October 2016), the Cape Coast Metropolitan Area reported a new cholera outbreak. Initial cases were reported to the Cape Coast Metropolitan Hospital, University of Cape Coast Hospital, and Cape Coast Teaching Hospital. Ghana Health Service (GHS) convened WASH and health stakeholders to respond to the epidemic; Global Communities played a key role in ensuring the disease was contained quickly and implemented active measures to ensure the risk of another outbreak was mitigated.

In response to the GHS' request for support, Global Communities provided initial funding to facilitate contact tracing, disinfecting of public places, schools, markets, dumps, bathhouses, etc. Additionally, Global Communities distributed 1,024,000 tablets, treated 20,480,000 liters of water, and mobilized 355 volunteers to support response activities. To complement the distributed water purification tablets, Global Communities also supported rigorous BCC messaging during the outbreak and throughout the rest of the year. Cholera prevention messages were broadcast on radio and television, and information, education, communication materials were pasted in public places throughout Cape Coast. Additionally, volunteers conducted house-to-house and public BCC education activities throughout the year. In the Fourth Quarter, 33,797 people were educated on cholera prevention measures, and 5,335 premises received BCC education/support. See Appendix XV for a list of people receiving cholera prevention messages.

In FY18, Activities in some cholera-prone communities in the Greater Accra region took place during the last quarter. Activities in the Cape-Coast metropolis targeted households, festival grounds or gatherings, beaches, health facilities, soccer activities, food vendors, churches, mosques, and market centers, including butchers. To achieve this objective, 41 volunteers were mobilized comprised of Environmental Health Officers and Ghana Red Cross staff. The volunteers were grouped into eight, comprising five members and three coordinators to oversee planned activities. The groups were tasked

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<sup>1</sup> The communities were clustered at the sub-metro and municipality level.

to educate the populace on cholera preventive measures, distribute behavior change communication materials (BCC) and paste some of the posters at all vantage points, including public toilets, bathhouses, lorry stations, and hospitals.

In the Greater Accra region, cholera prevention exercises occurred in cholera-prone communities in Adenta, Ga South, Ayawaso East, and Asedu-Kete municipalities. Various activities were carried out to ensure an effective cholera prevention exercise in the communities, spanning from the 25<sup>th</sup> June to 11<sup>th</sup> August 2018. The following activities were planned: house-to-house Aqua-tab distribution (water purification tablets), cholera sensitization, distribution of Behavior Change Communication (BCC) materials, disinfection of major drains, public bathhouses, and latrines, dumpsites, markets, and slaughterhouses. Global Communities organized these planned cholera prevention activities as part of the USAID-funded WASH for Health Program to curb any cholera outbreak in the region.

A total of 106 volunteers were mobilized for this exercise. Out of that number, 92 of them were drawn from Red Cross and Environmental Health to assist with distributing 256,000 strips of ten Aqua-tabs to households, and 14 volunteers comprising Environmental Health Officers, Sanitation Guards, and Red Cross Volunteers were engaged in the disinfection exercise. These activities have led to zero cholera cases recorded in the districts above.

In FY19, activities in the Cape-Coast metropolis targeted households, festival grounds or gatherings, beaches, health facilities, soccer activities, food vendors, churches, mosques, and market centers, including butchers. A total of 102 volunteers were mobilized for FY19 for disinfection and BCC exercises. Out of that number, 30 of them assisted with distributing BCC flyers, posters, and the distribution of 32,000 strips of Aqua tabs to households, which treat 6,400,000 liters of water. Seventy-Two volunteers comprising Environmental Health Officers, Sanitation Guards, and Red Cross Volunteers were engaged in the disinfection exercise. These activities have led to zero cholera cases recorded in the aforementioned districts. Ten boxes of Aquatabs and 12 buckets of Sodium Hydrochloride were donated to Cape Coast Metropolitan Assembly towards cholera prevention in the metropolis.

Cholera prevention activities continued in FY20, with 102 volunteers mobilized for disinfection and BCC exercises. Out of that number, 30 of them assisted with distributing BCC flyers, posters, and the distribution of 32,000 strips of Aqua tabs to households, which treat 6,400,000 liters of water. Seventy-two volunteers comprising Environmental Health Officers, Sanitation Guards, and Red Cross Volunteers were engaged in the disinfection exercise. These activities have led to zero cholera cases. The WASH for Health team complemented these efforts by raising awareness through the media and other platforms by raising activities to educate the public on cholera and prevent another outbreak from occurring.

The last Cholera prevention activity in FY21 was a disinfection exercise in the Cape-Coast metropolis and its environs in September 2021.

### ***Menstrual Hygiene Management***

As a means to support underprivileged girls who find it very difficult to access menstrual pads during their menstruation, Global Communities in partnership with the Ghana Education Service through an MHM program supported a total of 1,375 basic school girls with Be Girl panties (reusable menstrual panties and towels) and a menstruation tracking device known as a smart cycle in FY18. Apart from the girls, 438 boys from the basic schools were also educated on menstruation. The core objective was to help demystify some of the myths associated with menstruation in their communities. These myths have permanently harmed the girl who will mainly be absent from school during menstruation.

In FY19, MHM intervention supported a total of 860 basic school girls with Be Girl panties (reusable menstrual panties and towels) and a smart cycle. Apart from the girls, 442 boys from the basic schools were also educated on menstruation. The MHM team also participated in the national commemoration

of the MH Day celebration on May 18, 2019, at the International conference center.

In FY 20, due to the COVID-19 pandemic, schools were closed down, which prevented the team from reaching out to vulnerable girls in schools to support them with MHM materials. However, before the lockdown due to Covid-19, leading to the closing of schools, pupils from the deaf and blind school in the Central Region and one other public basic school were given MH education and supplied with the Be Girl reusable panties. In all, a total of 243 girls were provided with BeGirl panties and towels, and MH educational materials. One hundred forty boys were also educated on the issues of menstruation. The mass media was used to inform the general public on proper menstrual hygiene management to keep the education ongoing. Additionally, during this year's MHM day, radio programs were held across the program regions, with beneficiaries taking part in the discussions to share their success stories and the knowledge acquired from the program intervention. As part of the national event to commemorate the day, a virtual conference was organized, and Global Communities representing CONIWAS delivered a presentation on MHM, the experiences, and interventions of CSOs in Ghana.

During the final year of the program, the following was achieved:

- MHM education among girls in 37 public schools in the Oti Region. The total number of girls reached with the education summed up to 2,304, and each of these girls received Be girl reusable panties, educational materials on MHM, and smart cycles (tool for calculating one's menstrual cycle)
- 743 basic schoolboys also received MHM education and reading materials on menstruation
- BCC materials (posters) on MHM were distributed to all beneficiary schools
- exhibition of Be girl materials during the 2021 MH day activities
- Donated about 500 BeGirl panties to flood victims in the North East Region as part of the WASH in Emergency (WinE) support.

### **Water And Sanitation In Emergency (Disaster Management Intervention)**

Since FY20, the program has deliberately given hope to flood victims in the Northern Region. The floods happened due to the annual spillage of the Bagre Dam in Burkina Faso and heavy rainfall patterns. Among the items distributed are:

- Six buckets of chlorine were donated to the West Mamprusi municipality to disinfect 16 affected communities.
- Fifty boxes of P&G water purification sachets were distributed to affected households, which will treat 2,000 liters of water.
- Relief items (mattresses, buckets, pillows, sponges, toothpaste, toothbrushes, towels, bath, and washing soap) were given to approximately 550 households.

Support received from other implementing partners:

- World Vision - 50 boxes of P&G sachet water purifiers
- Ashfoam - 50 mattresses and 100 pillows

In FY21, the program once again intervened through the following means:

- Supporting Upper West, Upper East, and North-East Regions with two buckets of Chlorine, six spraying machines, and six boxes of Aqua-tab respectively in 2019
- Supporting flood victims with mattresses, buckets, towels, and hygiene kits, three boxes of Aqua Tabs, and four buckets of Chlorine targeting approximately 2500 individuals
- Capacity building was conducted for EHO on the use of chlorine for disinfection. At the same time, disaster management training was given to EHO, NADMO, GHS, the security services to equip them with the requisite knowledge to handle any disaster that will occur in the North-East municipality, and five extra boxes of AquaTabs was given to the municipality for the treatment of contaminated water.
- Supporting the inauguration of the Regional Disaster management committee in the North-East Region.

- Five boxes of AquaTabs together with buckets, towels, and hygiene kits (bathing and washing soap, toothbrushes, toothpaste, sponge for affected flood victims in Upper West Region.

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

At the inception of this program in FY15, the WASH for Health team worked with the Global Development Alliance USAID has with Rotary International and Coca-Cola to identify areas to complement each other's activities. Tentatively WASH for Health has taken to Ajumako Enyan Essiam, Nkwanta South, Amenfi Central, Amenfi East, and Shai Osudoku Districts to complement water interventions with sanitation ones, where Relief International was present. In the interim, Water Health International (implementing on behalf of Coca-Cola) submitted a list of sites where water interventions had been completed for WASH for Health to extend hygiene behavior communication change activities and possibly sanitation interventions. The list included East Tanokrom, Sekondi Zongo, Apowa, and Anaji in the Western Region and Dome and Ablekuma (Anyaa) in the Greater Accra Region.

#### **PPP Activities in FY16**

##### ***Coca-Cola Water and Development Alliance (WADA)***

Partnership activities continued with an implementation plan for the collaboration finalized and accepted by all parties. Preparations began for activities in selected schools in the Greater Accra and Western Regions, and a consultant engaged to undertake school-specific water and sanitation infrastructure designs. The program then evaluated the bid submitted.

##### ***Rotary International***

The CWSA submitted a verified list of proposed program communities in selected districts to Rotary International for validation. An infrastructure development budget has been received from Rotary International and is being finalized to include the software component. Discussions were also held with the CWSA on the software component of Rotary International's partnership activities.

##### ***Other Partnerships***

Global Communities signed a memorandum of understanding (MoU) with the Unilever Ghana Foundation to construct and rehabilitate institutional latrines for selected schools in the Tema Metropolitan Area. This MoU resulted from developing and submitting a proposal and budget and its subsequent approval. WASH for Health agreed to provide technical services and other forms of support to complement the funds leveraged from Unilever for physical work and hygiene BCC in schools. By the close of this year, bids had been received from interested construction companies to construct the hygiene stations (school latrines) as agreed with the Unilever Ghana Foundation.

#### **PPP Activities in FY17Coca-Cola Water and Development Alliance (WADA)**

Global Communities successfully implemented partnership activities with Coca-Cola and WADA throughout FY17. Five schools were selected to receive seven institutional latrines in collaboration with the local government officials from the Sekondi-Takoradi Metropolitan Area (STMA). To accompany the construction efforts, the WASH for Health BCC team (in collaboration with local SHEP coordinators) trained teachers and staff from recipient schools on appropriate facility maintenance and appropriate hygiene behaviors; WASH for Health also helped each school establish School Health Clubs. Additionally, 40 Veronica Buckets were provided to the schools to ensure healthy handwashing practices. The latrines were commissioned in a celebratory event on June 22, 2017, at the Tanokrom School in STMA. Though the water at each facility is not intended for consumption, Global Communities conducted water quality tests every quarter to ensure potability until the end of FY18.

A second component of the partnership with WADA supported the provision of 100 household latrines to two urban centers, Anyaa and Apowa communities, in Ga Central Municipality and Ahanta West District, respectively. Two LNGOs were selected to implement activities in these locations. At the end of the Fiscal Year, both organizations completed their target.



### ***Rotary International***

As part of matching the investments to be made by Rotary International under the partnership, Global Communities agreed to provide water and sanitation infrastructure and implement software activities in 13 districts that overlap with Rotary's program areas. However, in early FY17, following discussions with CWSA, Rotary International's implementing partner in Ghana, Global Communities, requested approval from USAID to enable CWSA to implement the remaining software components of the partnership in 49 communities. Global Communities is in the process of obtaining final USAID approval; once received, a contract will be established with CWSA.

Out of the 77 community boreholes drilled by Global Communities, 23 boreholes were drilled in the 13 common districts in the Western, Volta, and Northern Regions. Twenty-one of which yielded safe water and will count towards the Rotary International partnership. 20 of the boreholes have been fitted with hand pumps, while 1 required additional intervention due to high iron content. To reinforce the sustainability of the boreholes, Global Communities trained all 21 community WSMTs on appropriate maintenance of the facilities. Additionally, of the 107 institutional latrines Global Communities constructed in the five program regions, 42 were built in the 13 common districts and contributed to the Rotary International partnership. Training for the beneficiary schools on appropriate facility maintenance will occur in early FY18. Collaboration under the partnership has been very active throughout FY17, with several field visits conducted by Rotary staff and Rotarian participation during field/site visits, training, and workshops. At the latter part of the year, a senior member of Rotary International's partnership team conducted a field visit to assess program activities, and an external evaluator from Data Research Institute analyzed program implementation progress.

Lastly, Rotarians participated in a variety of joint activities:

- Advocacy Trainings held in late July provided 40 Rotarians with skills for engaging with District Assemblies
- Rotarian participation at the regional launches of the BCC Package in the Northern and Central Regions;
- A one-day seminar for club committee members updated 70 Rotarians from 29 clubs on the Global Communities/Rotary International partnership and ongoing activities and trained participants on the BCC Package
- A total of 40 Rotarians from 28 clubs participated in various joint site visits to 50 program communities in all 13 shared districts throughout six Regions. Rotary International also engages CWSA separately to construct additional boreholes throughout the country.

### ***Other Partnerships***

Global Communities maintained several additional partnerships throughout the Fiscal Year. Together with Unilever Ghana Foundation, WASH for Health constructed six and refurbished two institutional latrines in the Tema Metropolis. The latrines were commissioned in a celebratory event. A local media house developed a video around the event.

Additionally, collaboration with Cummins International early in the year supported the training of teachers at the Odorgonno Senior High School in Accra. It provided over 40 Veronica buckets, 40 wheelie bins, and 125 trash barrels to the school. The BCC team also worked closely with the Cummins Community Involvement Team to train them on how best to support beneficiaries in hygiene practices in the future.

Additional partnership activities continued throughout the year. Collaboration with Ghacem continued to supply cement at reduced prices to CLTS beneficiary communities. In contrast, collaboration with Duraplast Ghana Ltd. continued to support the improvement, production, and sale of the Digni-Loo. Discussions are underway with Global Communities' legal team in Silver Spring, MD, to ensure all

rights to the product remain with Global Communities and not with Duraplast; this will allow Global Communities to replicate the product in other countries.

New partnerships to support improved access to water began with Royal Bank, which will support the provision of boreholes, and Dow Chemical, which will provide 2,500 collapsible plastic containers for a pilot activity in the Northern Region.

Additionally, Global Communities has established a partnership with Diageo to support the construction of a small-town water system. An additional partnership with BeGirl, a U.S.-based company that produces menstrual hygiene products, was established.

## **PPP Activities in FY18**

### ***Coca-Cola Water and Development Alliance (WADA)***

The seven institutional latrines in the five schools were monitored until the end of the program, and all were reported to be functional.

### ***Rotary International***

As part of matching the investments to be made by Rotary International under the partnership, Global Communities agreed to provide water and sanitation infrastructure and implement software activities in 13 districts that overlap with Rotary's program areas. However, in early FY17, following discussions with CWSA, Rotary International's implementing partner in Ghana, Global Communities, requested approval from USAID to enable CWSA to implement the remaining software components of the partnership in 49 communities. Global Communities obtained clearance from USAID to establish a contract with CWSA in early FY18. So far, 131 institutional latrines have been constructed, out of which Global Communities constructed 80. Additionally, 32 water sources have been provided so far, 28 supplied by Global communities under WASH for Health. 74 out of 93 institutions have, since the inception of the partnership, received facility user/SHEP training. Finally, WASH committees from 52 of 90 communities have been trained.

### ***Other Partnerships***

Global Communities maintained several additional partnerships throughout the Fiscal Year. Together with Unilever Ghana Foundation, WASH for Health constructed ten and refurbished one institutional latrine in the Tema Metropolis. As of the end of FY18, construction works were completed on the new hygiene stations, yet Unilever branded.

Additional partnership activities continued throughout the year, and the Collaboration with Ghacem continued to supply cement at reduced prices to CLTS beneficiary communities. At the same time, collaboration with Duraplast Ghana Ltd. continued to supply vent pipes at a reduced price to our beneficiaries for the construction of hygienic household latrines and to support the improvement, production, sale, and delivery of the Digni-Loo until the end of the program in FY21.

Furthermore, Global Communities' partnership with Diageo led to the commencement of the Small Town Water Supply system in Tuna. The partnership with Be Girl successfully piloted the Be Girl panties and cycles to pupils in 20 schools located in four (Volta, Northern, Greater Accra, and Western) program regions.

## **PPP Activities in FY19**

### ***Rotary International***

As part of matching the investments to be made by Rotary International under the partnership, Global Communities agreed to provide water and sanitation infrastructure and implement software activities in 13 districts that overlap with Rotary's program areas. However, in early FY17, following discussions with Community Water and Sanitation Agency (CWSA), Rotary International's implementing partner in Ghana, Global Communities, requested approval from USAID to enable

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CWSA to implement the remaining software components of the partnership in 49 communities. Global Communities obtained clearance from USAID to establish a contract with CWSA in early FY18. At the end of FY19, 138 institutional latrines have been constructed, out of which Global Communities constructed 80. Additionally, six water sources were completed in this FY.

### ***Other Partnerships***

Global Communities maintained several additional partnerships throughout the Fiscal Year. Together with Unilever Ghana Foundation, WASH for Health constructed ten and refurbished one institutional latrine in the Tema Metropolis. As of the end of FY19, construction works were completed on the new hygiene stations branded and commissioned jointly by Global Communities and Unilever.

The Collaboration with Ghacem continued to supply cement at reduced prices to CLTS beneficiary communities. At the same time, collaboration with Duraplast Ghana Ltd. continued to supply vent pipes at a reduced price to our beneficiaries for the construction of hygienic household latrines and to support the improvement, production, sale, and delivery of the Digni-Loo.

Another partnership was established with Zenith Bank to provide water and sanitation in schools. The first joint activity with Zenith bank was the donation of 35 complete handwashing facilities to 12 schools in the Zenu cluster of schools at Kpone –Kantamanso District in the Greater Accra Region.

Also, the partnership with BeGirl successfully piloted the Be Girl panties and cycles to pupils in 20 schools located in four (Volta, Northern, Greater Accra, and Western) program regions.

A partnership agreement with Touton SA was established to provide WASH interventions for cocoa farmers in the Western-North Region.

### **PPP Activities in FY20**

#### ***Rotary International***

As part of our GDA, the following achievements were reached:

#### Water & Sanitation Infrastructure Delivery

- Two (2) Micro flush Biofil Toilets constructed at Banda Nkwanta RC Basic School & Sakpa RC Basic School in the Bole District of the Savannah Region
- Twenty-one institutional toilets have been constructed for 13 Basic Schools in four Districts in three Regions. The beneficiary Districts are Ayensuano & Kwaebibirem (ER), Ajumako Enyan Essiam (CR), and Shai Osudoku (GAR)
- Installation of a solar-powered mechanized borehole water supply system at Fanti Mayera in the Ga South Municipality of the Greater Accra Region
- Installation of three (3) mechanized borehole water supply systems at Banda Nkwanta & Sakpa RC Basic Schools in the Bole District of the Savannah Region and Techiman RC Basic School in the Ajumako Enyan Essiam District in the Central Region. The three installed water systems are to provide water to the pupils and also supply water to the Micro-flush Biofil toilets provided in each of the three schools
- Four boreholes have been drilled at three Healthcare Facilities (CHPS compounds) and one educational institution in two Districts in the Greater Accra Region and one District in the Central Region. The four boreholes will serve as the source of water for the yet-to-be installed mechanized water supply systems for the four institutions
- Construction works are underway to install three (3) mechanized borehole water supply systems at Achiase & Denyase CHPS Compounds in the Upper Denkyira East Municipality of the Central Region and Old Ntronang in the Kwaebibirem Municipality of the Eastern Region. Upon

completion, the three water supply systems will provide reliable water supply services to the two (2) Healthcare Facilities and the 1,100 inhabitants of the Old Ntronang community

- Contract awarded for the construction of two (2) Groundwater-based piped water supply systems at Dokrochiwa in the Ayensuano District of the Eastern Region and Nkakaa in the Amenfi Central District of the Western Region to provide reliable water supply services to the two (2) communities. Construction works are currently ongoing.

### ***Rotary Advocacy Activities***

- A Review Meeting and a refresher Training in Advocacy have been organized for 21 Rotary Advocacy volunteers to equip them with the relevant skills/competencies for the community/District engagement activities.
- Six (6) District level Community Leadership training sessions have been organized for selected community leaders from the program beneficiary communities in six program Districts in the Greater Accra, Eastern & Western Regions. The purpose is to build their leadership capacity and empower them to advocate for their rights. In all, 121 community leaders from 27 program communities benefited from the training.
- An Advocacy workshop has been organized for 40 core District Assembly Staff from eight Districts in four regions to discuss WASH Policies and WASH Financing.
- An Advocacy workshop has been organized for 46 Key officers from the District Education Directorate from eight Districts in four Regions to discuss WASH In School Policies & Implementation.
- Trained Rotary advocates supported by GC field staff have continued the field visits to program communities/institutions to engage the WSMTs and School Health Committees to assess their management performance and monitor the functionality of the water and sanitation facilities installed.
- The Host Organizing Committee of the Rotary International-USAID Water & Sanitation Program donated the under-listed PPE items to four selected Health Facilities (Oduman Clinic (Ga West in GAR), Amamorley Clinic (Ga North in GAR), Shai Osudoku District Hospital, Dodowa (Shai Osudoku in GAR), Osedzie Clinic (Ajumaku Enyan Essiam in CR) in our program areas in the Greater Accra & Central Regions to support the fight against the COVID-19 pandemic. The following were donated:
  - Veronica Buckets (complete set with stand) – 16
  - 2a. Liquid Soap (350ml bottles with dispensers) - 16
  - 2b. Liquid Soap (5litre gallon) - 36
  - Paper towels (Tissue paper) - 150 Rolls
  - Hand Sanitizers (350ml bottles with dispensers) - 180
  - Face masks – 3,500 pieces
  - Hand gloves – 12,000 pieces
- Rotary Water & Sanitation Committee has facilitated the conduct of a Market study of Micro flush Biofil Toilet installations in Ghana. The objective is to establish the factors militating against the rapid uptake of the Micro-flush biofilm toilet construction and recommend improvement. The study has been completed, validation meeting organized and the final Study Report Submitted.
- Award of the tripartite contract involving Rotary, GC, and AquaConsult for the WASH Sustainability Assessment of the RI-USAID Partnership Phase 2 Program. The assessment is underway, and it is expected to be completed by November 30, 2020.

### ***Impact Of Covid-19 on RI Program Implementation***

During the year under review, the following program activities were put on hold for six months (March-August 2020) because of the restriction on movement/ban on social gatherings.

## **PPP Activities in FY21**

### ***Rotary International***

As part of our GDA, the following achievements were reached

#### **Completion Of Works On The Installation Of Mechanized Borehole Water Supply Systems (Oct – Nov 2020)**

- Completing the construction works on the Installation of three (3) mechanized borehole water supply systems at Achiasse & Denyase CHPS Compounds in the Upper Denkyira East Municipality of the Central Region and Old Ntronang in the Kwaebibirem Municipality of the Eastern Region. The three completed water supply systems will provide reliable water supply services to the two (2) Healthcare Facilities and the 1,100 inhabitants of the Old Ntronang community
- Completion of the construction works on the Installation of a mechanized borehole water supply system at Balagonno CHPS Compounds in the Ga South Municipality of the Greater Accra Region. The completed water supply system provides reliable water supply services to this Healthcare Facility serving a total estimated population of 2,800 persons within its catchment area.

#### **Completion Of Works On The Construction Of Institutional Toilets (December 2020)**

- Completion of the construction works on two 3-Seater Institutional KVIP Toilets at Nkwantanang Primary School in the Amenfi Central District in the Western Region.

#### **Infrastructure Works Completed Within The Period January – March 2021**

- Installation of a Mechanized Borehole Water Supply System at Osudoku SHS in the Shai Osudoku District in the Greater Accra Region.
- Completion of the construction works on an 8 –Seater Institutional Micro-flush Biofil Toilet at Dodowa Presby “B” Basic School in the Shai Osudoku District of the Greater Accra Region.
- Installation of an Iron Removal Plant (Mwacafe Type) on one of the program boreholes at Hobor in the Ga South District of the Greater Accra Region. The problem of a relatively high level of Iron in the borehole had been reported.
- Completion of works on constructing a Small Town Piped Water Supply System at Dokrochiwa in the Ayensuano District of the Eastern Region.
- Completion of works on constructing a Small Town Piped Water Supply System at Nkakaa in the Amenfi Central District of the Western Region.

#### **Inauguration Of A Small Town Water Supply System At Dokrochiwa In The Ayensuano District Of The Eastern Region**

- The Dokrochiwa Small Towns Water Supply System was formally inaugurated on Friday 21st May 2021 by the then-District Governor of Rotary District 9102, DG Yvonne Kumodji Darko, supported by the HOC of the RI-USAID Partnership & the collaborating Club, the RC of Accra Labone.

#### **Advocacy Activities**

- An Advocacy review meeting was organized for 18 Rotary Advocacy Volunteers from June 18 -20, 2021, at Hill View Guest Centre at Abokobi in Accra

#### **Others**

- During the year under review, Rotary & GC commissioned a sustainability assessment of Ghana's RI-USAID Partnership Phase II Intervention. The study was conducted in seven Program Districts in six Regions by Aqua Consult in partnership with their local partner Maple Consult from September 2020 – March 2021, and the final study report has been submitted.

- A virtual Program Review Meeting via Zoom involving representatives from all the participating Rotary Clubs was organized on 19th December 2020. The agenda was to review the program's implementation status, outstanding activities, challenges, and the way forward.

### ***Other Partnerships***

#### ***Conrad Hilton Foundation (Water4 Program)- Cost Share***

- Supported HCFs to update action plans on WASH activities
- Developed and distributed BCC materials to improve WASH in HCFs
- Trained DHMT members to effectively monitor WASH in HCFs
- Facilitated the DHMT to integrate WASH indicators in their existing monitoring checklist

#### ***Safe Water Network***

- An inception meeting was held with the Ghana Team on the new partnership
- Conducted WASH baseline and endline surveys using the WASHFIT 20 HCFs in four Regions

Partnerships and collaborations between Global Communities and other organizations remain. The partnership with Unilever is still on course. Previous programs under this partnership were monitored in FY21. Work on phase III Unilever Foundation facilities ended.

Additionally, a five-year partnership between Goldfield Ghana Foundation and Global Communities has been established to implement WASH activities in communities where the foundation operates. At the end of the program, 12 short and long-term partnerships have been established.

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

### **FY15**

At the inception of this component, inferences were drawn from similar interventions under the erstwhile WASH-UP program. As a result, technical drawings of the various latrine options and solicitations documents were developed before finalizing the list of beneficiary institutions.

### **FY16**

Work began in earnest in FY16 as twelve contractors were procured and engaged to construct 90 institutional latrines. Eighty (80) 3- and 4-seater KVIP toilets were constructed for schools in 12 districts, and ten (10) 2-seater KVIP latrines were also constructed for CHPS and clinics. The table below shows the distribution of the institutional latrines throughout the regions.

### **FY17**

In FY17, WASH for Health successfully constructed 121 institutional latrines (107 at schools, 14 constructed or refurbished through the WADA and Unilever partnerships), exceeding the program target by 21 latrines. WASH for Health technical staff conducted monitoring visits throughout the construction process. The Program worked closely with the Regional SHEP coordinators to ensure Government-led hygiene trainings were conducted at beneficiary schools. Additionally, 203 Veronica Buckets were provided to beneficiary schools to promote healthy handwashing habits.

WASH for Health also provided 8 boreholes to USAID Systems for Health to improve water access at CHPS compounds in the Volta and Northern Region.

## **FY18**

During FY18, WASH for Health successfully constructed 48 institutional latrines (38 for program schools, and 10 constructed or refurbished through the Unilever partnerships). WASH for Health technical staff conducted monitoring visits throughout the construction process. The program worked closely with the Regional SHEP coordinators to ensure Government-led hygiene trainings were conducted at beneficiary schools. Additionally, 470 Veronica Buckets were provided to beneficiary schools to promote healthy handwashing habits.

## **FY19**

WASH for Health also drilled and constructed 10 boreholes for CHPS Compounds and Schools. Three boreholes were given to CHPS, and they are all mechanized, providing potable water to the facilities. The remaining seven were given to schools with two mechanized.

Five additional institutional latrines (all five institutional latrines were constructed through the partnership with Caterpillar) in FY19. WASH for Health technical staff conducted monitoring visits throughout the construction process. The program worked closely with the Regional, Metro, and Municipal SHEP coordinators to ensure Government-led hygiene trainings are conducted at beneficiary schools.

## **FY20**

The program, in FY20, successfully drilled and mechanized 15 boreholes for health care facilities (HCF). Four of these facilities were not connected to the national grid, and the mechanization was done using solar. The program also installed four battery banks for these facilities and are charged by the solar panels. The battery banks provide light to the delivery rooms, OPDs, and other critical areas within the facilities. They also provide power to their refrigeration units for storing essential drugs. Two HCFs located in the Kalba and Tinjase were also connected to the small town water system. The managers and nurses of the 13 HCFs have been trained to manage the mechanized systems and mobilize resources to maintain the systems.

Additionally, in collaboration with Water4 and Access Development with funding from Conrad Hilton Foundation, additional 25 HCFs in Wassa East in Western Region were assessed using the WASHFit tool to determine the WASH infrastructure's adequacy these facilities and their readiness to implement infection prevention and control (IPC). W4H will be working with Water4 and Access Development to improve WASH infrastructure in these facilities and build the managers, nurses, and cleaners to systematically improve WASH and implement measures to improve IPC. In collaboration with Rotary, 15 schools were provided with institutional latrines, 13 KVIPs, and two Biofil. The schools received training on O&M and other hygiene education. Veronica Buckets were also provided to promote handwashing.

## **FY21**

### **Sanitation**

- The 12 WC toilets for HCFs in Karaga, Sagnarigu, and Nanton have been completed and handed over to the Ghana Health Service (GHS). Each toilet has four privy rooms with handwashing basins.
  - Teachers, PTA/SMC representatives, and Circuit Supervisors of seven schools that have been provided with water and or toilet facilities under the RI/USAID partnership were taken through user training to equip them to guide the pupils to use the toilet and water facilities hygienically and sustainably. A total of 42 participants, including officials from the Ajumako Enyan Essiam Education Directorate, were present at the two-day training.
  - Two health care facilities in the Upper Denkyira East Municipal provided with mechanized boreholes under the RI/USAID partnerships had their Water and Sanitation Management Teams (WSMTs) formed and trained to manage and operate the water facilities.
  - The WSMTs of two schools in the Oti Region were also taken through refresher training to manage better and operate the water facilities.
-

## **Water**

All the boreholes earmarked for Health Care Facilities (HCFs) have been completed. Altogether, 14 boreholes have been drilled and mechanized, and two HCFs in Mandari and Bonakye have also been connected to the pipe system. These HCFs are located in the Northern, Savannah, and Oti Regions. As part of improving maternal and newborn health, the water has been extended to the delivery rooms of all the HCFs, and handwashing basins have been installed in the delivery rooms and the Out Patient Department (OPD) to encourage handwashing as part of the IPC-WASH program.

### ***Safe Water Network***

- District Health Directors, Health Care in-charges, and health volunteers were taken through the draft WASH technical minimum guidelines HCFs. Additionally, an audit report on the status of WASH in 20 HCFs under the partnership was also disseminated to key stakeholders from the beneficiary Regional and districts.
- In collaboration with SWN, IPC-WASH BCC promotional activities were held in 12 facilities, leading to more facilities maintaining a clean environment within and outside the facilities. Waste disposal sites were well maintained and fenced with locks. Clients of HCFs use some client toilet facilities that were locked up. SWN is also supported by extending water facilities to some of the HCFs.

### ***WASH for Health Small Grants Scheme (FY16 - 18)***

The Small Grant Fund (SG Fund) component of the WASH for Health Program is a mechanism required by the program and was initially described by Global Communities in its response to the request for proposals (RFP). The SG Fund directly impacts four objectives of the WASH for Health program. Potential activities earmarked for funding under this mechanism will cost no more than the ten thousand Ghana cedi equivalent of USD 2,000. The SG Fund is cost-shared by the applicant and runs for a maximum of 3 months. WASH for Health has MoU with Peace Corps Volunteers (PCVs) to help CBOs, LNGOs, and individuals apply for grants from the SG Fund and assist in monitoring the SG Fund within communities. In this fiscal year, over 100 SG Fund applications were received. These applications were evaluated using set criteria, leading to the award of 20 grants.

In FY17, the Small Grant Program Handbook was updated and disseminated to WASH for Health Staff. A new review process was instituted, which required an initial regional level review of applications and a subsequent Accra-based review. Global Communities received 51 applications in the first two-quarters of FY17 and funded 10 small grant programs in the Northern and Western Regions in Quarter 3.

An introductory overview presentation was made to all recipients on May 8 and 9, 2018. All programs were completed by the conclusion of the fiscal year. More applications were received on a rolling basis for the next tranche of funds to disburse the program in FY18.

A new review process, which required an initial regional level review of applications and a subsequent Accra-based review, was instituted in FY18. Global Communities received over 20 applications in the first two quarters and funded eight small grant programs in the Volta, Central, and Western Regions in Q3.

The Grant and Contracts officer made an introductory overview presentation to all recipients. Almost all programs were completed by the conclusion of the fiscal year. All interventions were monitored and final reports submitted as the grant ended in FY18.

At the end of the program, 339 sanitation facilities were constructed for basic schools and 22 sanitation facilities for health care facilities.



### 3. Success Stories

#### Stella's Story: A plastic latrine makes life easier

"Plastic is the best!" Gladys Dasi exclaims. Plus, "when it's full, it can be removed and put in another place. Her younger brother, Tornyie, chimes in, saying, "the appearance is attractive-it's nice to look at, and digging the hole for it is so easy, it only took 3 days."

In March, WASH for Health provided a plastic latrine slab to Madam Stella Adzonyo and her family, including Gladys and Tornyie. Stella is unable to walk and uses a wheelchair to get around. Every time she needs to relieve herself, she wheels

herself out to the bush. As a woman with limited mobility, the journey is treacherous. It requires that she pushes herself over uneven, rocky terrain, often at the risk of tipping over and falling out of her chair. This has happened to her in the past, and it's challenging to get help when she falls. When she has found a private place to do her business, she worries that someone may come upon her or that she'll be bit by a snake. The experience is quite difficult and time-consuming, as it can take almost 30 minutes to travel out and back.



*Digni-Loo installation*

A few months ago, Stella's community, Hwakpo, in the Ada West District of the Greater Accra Region, was targeted to receive WASH for Health's Community-Led Total Sanitation (CLTS) intervention. As a result, her household constructed two traditional Ventilated Improved Pit Latrines (VIPs) and changed their behavior towards Open Defecation. "Now," Stella explains, "there is a total change in the community: no diseases. And we've also got a tippy tap, we are free of all sanitation issues in the community."



*Stella Adzonyo and her family in Ada East, Greater Accra Region*

In support of these improved sanitation behaviors, Stella and her household were identified as beneficiaries for installing the plastic latrine slab. The innovation, developed by Global Communities as part of the USAID-funded WASH for Health program, is a new latrine technology that is easy to install, durable, visually appealing, easy to keep clean, and reusable. The plastic slab also utilizes additional plastic cylinders that stack up to line pits that require more reinforcement.

Madam Stella and her family have already constructed the privacy walls surrounding their new latrine and are pleased to use something attractive every day. And, now, since it only takes a few moments to wheel herself to the facility, she has some more time to rest.



## Be Girl Changes Lives in Tema

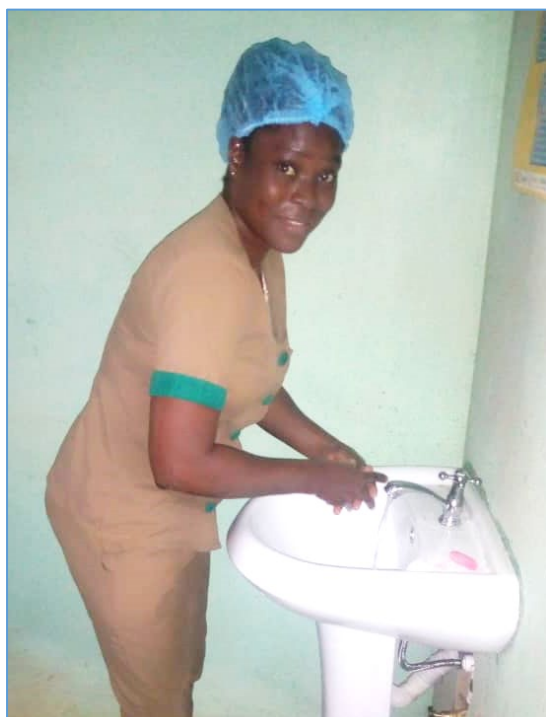


*Rhoda Armah standing in front of her class*

For a girl with a heavy flow like 14-year-old Rhoda Armah, a Primary 6 pupil of Manhean Community primary School, the BeGirl sanitary panty is the perfect solution during her menstruation. Previously, Rhoda used to use up to three sanitary pads per day - which ultimately did no justice considering she still soiled herself. What's worse, these accidents would occur during school hours, where Rhoda would feel ashamed and unable to focus on her studies.

Rhoda has become positive about focusing only on her education during school hours and making significant strides in her grades this academic year. Through the use of the BeGirl panty, Rhoda still changes her sanitary towel up to three times a day, but now she fears no more the embarrassment of soiling herself while in school. She can now focus in class rest assured there won't be any leakages.

## Effective Health Care Delivery Made Easier for Nine Health Care Facilities with Provision of Water



*Monica washing her hands with a newly fitted handwashing facility after a procedure*

“At about midnight in June 2019, a baby boy was born to a young couple at Tutukpene Health Center in Oti Region. Unfortunately, there was no water to wash the mixture of blood and amniotic fluid off the baby and the equipment used for the delivery. Relatives of the newborn's mother had to save their congratulatory wishes until after they fetched water from a nearby community, about 15 minutes away, on foot. Thankfully the baby survived,” recounted Monica Hwanompe, the Senior Community Health nurse, who doubles as a midwife at the Health Center.

In June 2020, nine facilities benefitted from mechanized boreholes under the USAID-funded-WASH for Health Program, implemented by Global Communities. Tutukpene Health Care Facility is among nine health care facilities that received water supply interventions. The water supply system uses electricity or solar-powered submersible pumps to lift water into an elevated tank connected to standpipes and healthcare facilities. These water facilities serve the entire community in which they are located. Global

Communities' WASH for Health team, during the COVID-19 pandemic, was motivated by the plight of healthcare facilities in unserved communities and others like it to provide improved water sources, hence working while tirelessly observing COVID-19 safety protocols.



## Meet Samata, A Beneficiary of the Pro-Poor Initiative



Madam Nnuri Samata was identified, validated, and registered as a poor and vulnerable person in Kalba (SawlaTuna-Kalba District, Savannah Region) who needed help to replace her latrine that had collapsed some time ago. After receiving her latrine, she no longer has to go into the bushes to practice open defecation.

## Takuka and Zangum Bouduri: The Story Of Two ODF Sanitized Communities



*Aerial view of Zangum Bouduri*



*Household latrines constructed with Interlocking blocks in Takuka*

The Community-Led Total Sanitation (CLTS) team facilitated two communities to attain an Open Defecation Free (ODF) Sanitised level to ensure improved sanitation practices. The communities, Takuka and Zangum-Bouduri, are located in the West Mamprusi Municipality of the North East Region. Takuka has 13 households with a population of about 160 people, and their main economic activities are fishing and farming. In contrast, Zangum-Bouduri has about 97 people and 7 houses, and their main economic activity is crop farming.

The Takuka and Zangum-Bouduri were among 11 ODF communities identified and supported with model latrines under the W4H program. The support to them followed the heavy rains and flooding they experienced in July and August 2020 that resulted in the destruction and collapse of almost all latrines in the communities.

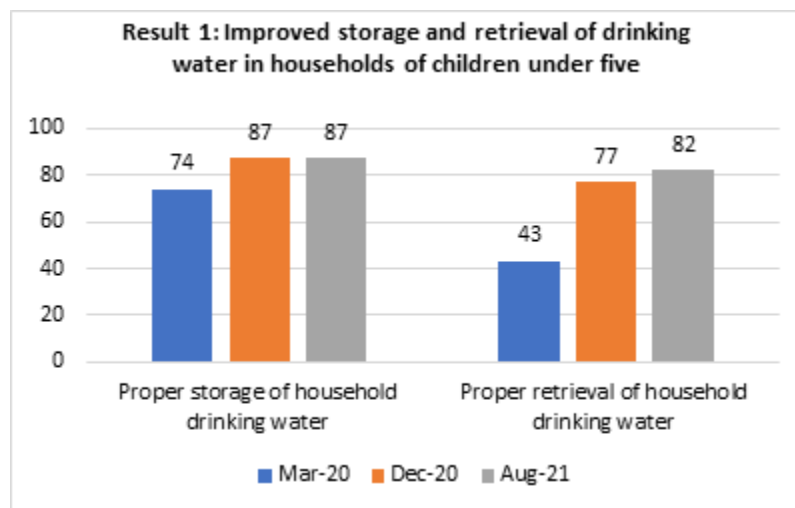
On July 13, 2021, Takuka and Zangum-Bouduri were successfully verified and declared ODF sanitized by a joint team of two independent verifiers and a Regional Inter-Agency Coordinating Committee on Sanitation (RICCS) representative from the North East Regional Coordinating Council. This was the first time a community had been verified and declared ODF Sanitised in the country's history since she adopted the Community-Led Total Sanitation (CLTS) Concept under the Rural Sanitation Model and Strategy for basic sanitation improvement in rural communities.

For a community to be declared ODF Sanitised, every household and public gathering place must have an improved latrine and hygienically maintained latrine, no open defecation is practiced, all latrines have handwashing facilities with evidence of handwashing by all after defecation, no overgrowth of weeds, animals dropping controlled to a minimum, surroundings generally clean, all households practice proper food hygiene and also hygienic water storage and use among other indicators.

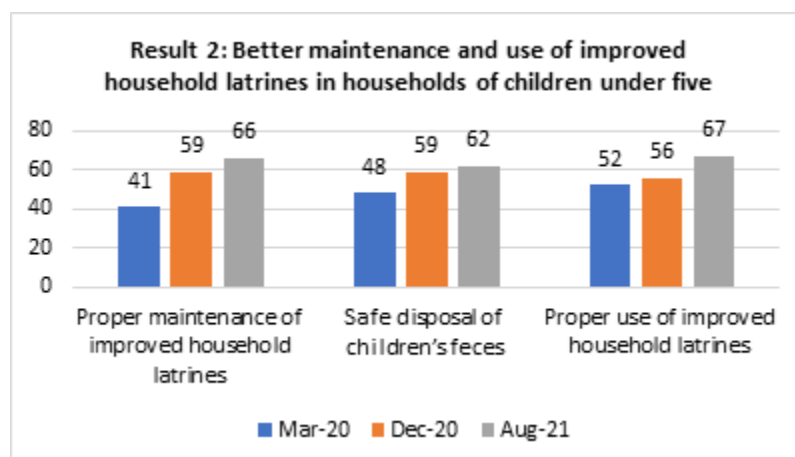
## 4. Description Of Impact And Expected Sustainable Results

In its sixth year, W4H realigned its objectives to the new USAID CDCS, which is outcome-driven. W4H applied an approach to behavior-led programming called Behavior Integration to all program objectives. Evidence was gathered through behavioral-focused formative research to confirm selected priority behaviors and to map pathways to changing these behaviors. After selecting prioritized behaviors, indicators were developed to measure the behaviors. These outcome indicators cut across the various components of the program. A baseline was conducted in March 2020. Nine months after, a follow-on study (midline) was carried out to assess the impact of the Behavior Integration approach. After another nine months, another follow-up study (endline) was carried out to assess the impact further. Results were as follows:

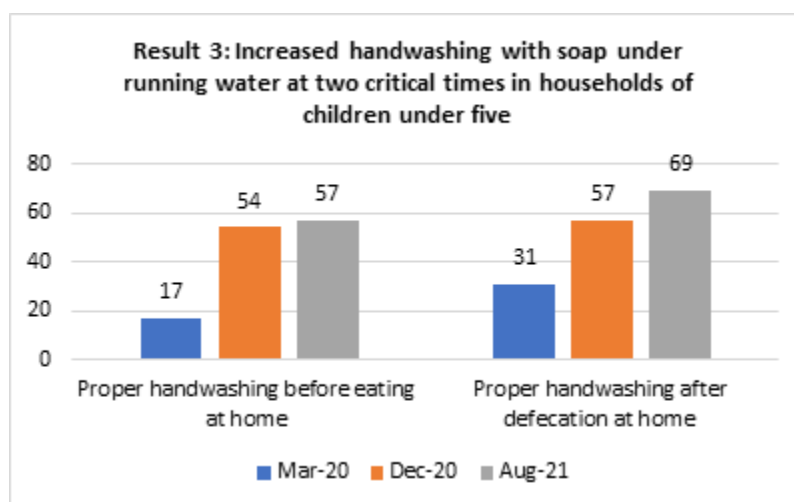
1. In households with children under five, the practice of behaviors related to the safe storage and proper retrieval of drinking water increased 13% and 39%, respectively, from baseline to end line.



2. The use, maintenance of improved household latrines, and proper disposal of child's feces increased by more than 25%, 14%, and 15%, respectively, from baseline to end line.



3. Handwashing with soap under running water at two critical times (before eating and after defecating) improved by more than 40% and 38%, respectively, from baseline to final.



## 4.1 Achievements By Program Components

Aside from the behavior outcome indicators, WASH for Health continued to measure output indicators under the various objectives of the program. Most of these indicators were Foreign Assistance indicators required by USAID. Despite the realignment to the behavior integration approach, WASH for Health continued to assess and report them to USAID.

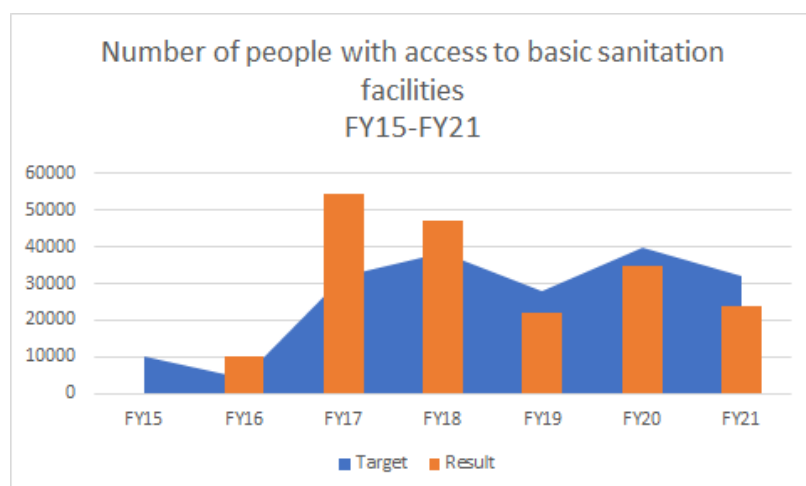
### Objective One: Increase Use Of Improved Household Sanitation

WASH for Health relied on different strategies to promote improved sanitation and transform communities to ODF. Capacity building and training played key roles in this process. Government representatives responsible for environmental sanitation are the Environmental Health Officers, Community Development Officers, and Health Promotion Officers at the MMDAs were trained in CLTs facilitation skills to support communities' journey through the ODF continuum effectively. Local NGO partners and Natural leaders were also trained in CLTS facilitation to complement the efforts of government officials. WASH for Health ended with 7,150 people trained in CLTS implementation and facilitation. The second approach W4H used to its advantage was Triggering. Triggering is the crux of CLTS. At the triggering stage, the interest of communities is ignited to end open defecation by building simple latrine technologies to dispose of feces safely. At this stage, all stakeholders combine efforts to ensure households have the proper knowledge, attitude, and practices to move to ODF. By the end of W4H, 1703 communities had been entered, and 1,694 communities were triggered. The third approach was the use of sanitation marketing. WASH for Health supported latrine construction with sanitation products, including the Digni-Loo and building materials made available at the districts at factory prices. Indicators under the objective included:

- Number of people gaining access to a basic sanitation service as a result of USG Assistance
- Number of Communities certified as open defecation free
- Number of people gaining access to a safely managed sanitation service as a result of USG assistance
- Number of individuals trained in improved sanitation methods as a result of USG assistance

### Number of people gaining access to basic sanitation services a result of USG Assistance

WASH for Health ended with 192168 people gaining access to basic sanitation. With a target of 184,800, the program overachieved its target by 4%. The chart below shows the performance of the program over the years:

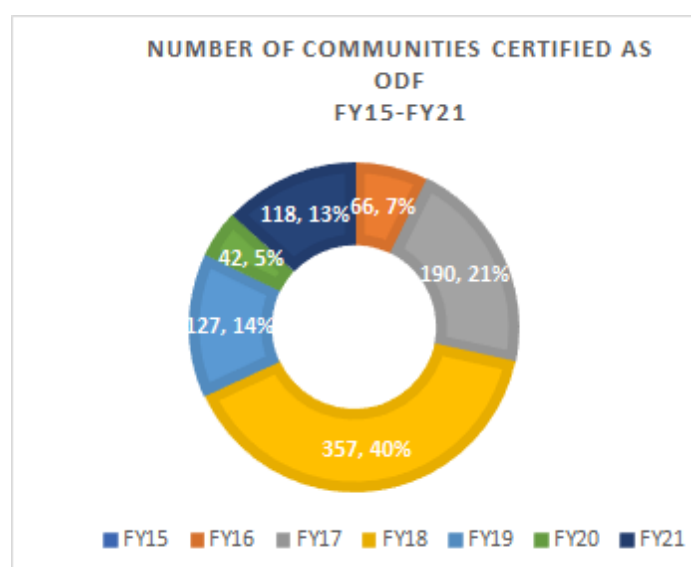


In FY15, W4H was unable to achieve any result due to the array of program start-up activities that had to be carried out for smooth program implementation. They included the selection of districts following USAID requirements, start-up meetings with selected Regions and Districts, submission of program start-up deliverables such as the Workplan, Environmental Monitoring Plan, Activity Monitoring and Evaluation Plan, etc. Other activities such as selecting communities and institutions to benefit from the WASH infrastructure, procurement of contractors, materials, and the entire construction process took up FY15. Facilities initiated during the period were completed and counted in the ensuing year. Between FY16 to FY18, there was a phenomenal increase in people with access to basic sanitation. For each year, W4H exceeded its target by at least 6,000. In FY17 alone, the target was exceeded by over 22,000. In the first year, W4H implemented CLTS through LNGOs. Except for the Northern Region, the Savannah Region, LNGOs were responsible for CLTS implantation in the districts. In the Northern Region, CLTS was implemented directly by Global Communities and Government. Global Communities provided financial support while the District Assemblies facilitated CLTS. After the first year, the direct implementation proved to be more effective than LNGOs. By the end of FY16 Global Communities had fully adopted the direct implementation strategy in all districts. To make the strategy even more effective, natural leaders were actively involved in the process of mobilizers, facilitators, and law enforcers. The collective effort between Global Communities, Environmental Health Officers, and Natural Leaders played a key role in increasing results throughout the program life, especially between FY16 to FY18.

Additionally, in the first years, the program could leverage several factors 1) CLTS was new to selected communities. The enthusiasm about CLTS and the need to move to ODF for every new community helped increase results. 2) the opportunity to increase the scope. As the number of communities increases, the number of people who receive the CLTS increases, and the number of people with access to basic sanitation increases. 3) the enthusiasm from government program staff and natural leaders played a role in increasing results. Between FY19 and FY21, W4H kept the momentum of increasing results. However, the program was unable to meet the annual targets. One of the reasons was the saturation of latrines in program communities. The latrines recorded yearly are drawn from both new and existing program communities. As communities work towards achieving ODF, latrine uptake increases. For existing communities (particularly those who have already attained ODF), latrine uptake could go as high as 100%. As a result, very little or no additional latrine is recorded in these communities. After some time W4H may only record new latrines from only new communities, which may only be a handful.

## Number of Communities certified as open defecation Free

Through CLTS, W4H was able to transform 900 communities from OD to ODF. A result that is 2% above the LOP target of 880. The performance of the indicator for the various years is as follows



The number of communities attaining ODF status directly relates to people gaining access to basic sanitation. As the number of people with access to basic sanitation increases, the number of ODF communities also increases. Over the years, W4H has consistently exceeded its annual target. In FY17 and FY20, however, the program could not stay on target due to the COVID-19 Pandemic. In FY17, W4H, as it was early days yet, W4H was yet to learn the requirements of effective CLTS implementation. One key element was to select smaller communities instead of large communities. Smaller communities are easy to trigger, monitor, and move towards ODF. This is not so in larger communities. In FY17, W4H selected communities without cognizance of this element. It took less time to trigger smaller communities and move them to ODF during the year compared with larger communities. In FY18, communities that could not be certified in FY17 were carried forward and certified in FY18. This almost doubled the result for FY18, i.e., 357 out of a target of 180. In the ensuing years, larger communities were sectionalized during pre-triggering to simplify implementation. In FY20, the program suffered the effect of the Corona Virus pandemic. The movement restrictions and adherence to the safety protocols affected triggering and post-triggering activities. DICCS and RICCS certifications were on hold until the fourth quarter, partially releasing restrictions. Both local and regional governments have a tall list of communities to certify by this time. By the end of the year. W4H was only able to facilitate the certification of 42 communities out of a target of 80. The remaining was carried over to FY21. In FY21, the program exceeded its target by 18 partly due to the extra communities carried over from the previous year.

## Number of people gaining access to a safely managed sanitation service as a result of USG Assistance

Safely managed sanitation facilities are sanitation facilities that are nonshared, separate human excreta from human contact, and most essentially where fecal matter can be disposed of in situ or carried to be treated off-site. Safely managed facilities promoted under W4H include Bio-fil, Pour Flush toilets, and water closets. In FY17, W4H, in collaboration with Coca-Cola Water and Development Alliance (WADA) under USAID Global Development Alliance (GDA), supported the provision of safely managed toilet facilities to two urban areas: Anyaa and Apowa in Ga Central Municipality and Ahanta West District, respectively. A hundred and fifty (150) latrines served approximately 2,115 people.



### **Number of individuals trained in improved sanitation methods as a result of USG assistance**

Individuals trained in improved sanitation methods include natural leaders, EHAs, and community development officers responsible for facilitating CLTS in program communities. Over the years, individuals have received multiple trainings in CLTS facilitation skills, latrine construction, and post ODF monitoring. Several individuals trained in improved sanitation methods as a result of USG assistance 2,000 individuals were targeted for training in the program's life; by the end of the program, 7,150 individuals had been trained.

### **Component Two: Improved Community Water Supply Services**

Under component two, W4H was expected to install a new and rehabilitated water supply service and support the scaling up of manual well drilling. It was expected that these would lead to an increase in the number of water supply sources to beneficiary communities (point- sources/decentralized and centralized systems) and the number of people provided with physical access to safe water. In the course of implementation, the training of entrepreneurs in manual well drilling was put on hold due to the high operational cost involved in manual well drilling. All other activities were carried out as planned. Indicators under component two were:

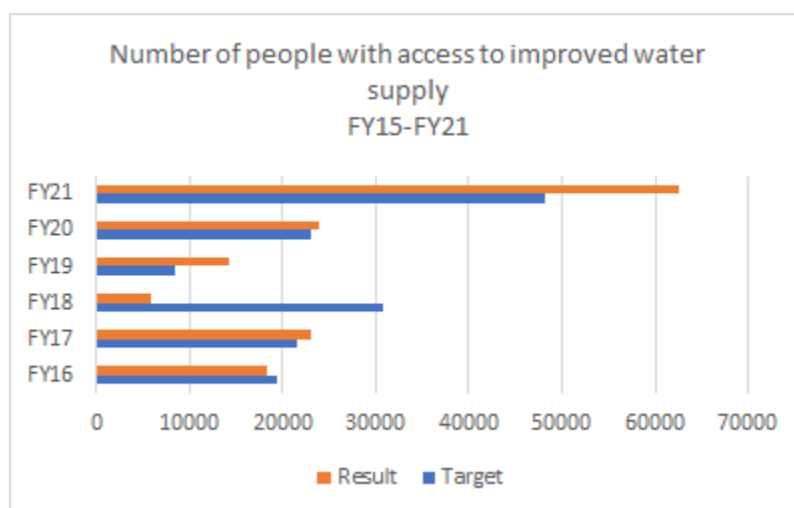
- Number of people with access to improved drinking water services
- Number of people in target areas with first-time access to improved drinking water supply as a result of USG assistance
- Number of people receiving improved service quality from existing improved drinking water sources
- Liters of Drinking water disinfected with USG supported point of use treatment product

### **Number of people with access to improved drinking water services**

The number of people with access to basic drinking water includes people with access to new boreholes, new water systems, and improved water service quality. An original target of 10,100 W4H ended in providing water to 148,298 people. This was a result of a periodic increase in funding from USAID and the contribution from Rotary International. In FY17, FY19, FY20, and FY21, the project exceeded its targets. This was a result of high drilling success rates and high yields. The program can extend water access to more people with high-yielding water points. In FY21, for instance, W4H extended water supply from the Bonakye Water system to Asuogya, a community after Bonakye, due to the drilling of high yielding boreholes in Bonakye.

In FY16, and FY18 however, the program was unable to stay on target. In FY16, as it was early days, the target was slightly overestimated. The target was based on budget and without cognizance of drilling success rates, soil condition, and past experiences with procurement processes, contractors, MMDAs, and communities. In the ensuing years, targets were based on many considerations. In FY 18 target was set on a sound basis; however, there was a drastic adjustment in activities in the course of implementation. Rehabilitation works scheduled for the year were postponed to later due to unavailable funding. As a result, only 19% of its target was achieved in FY21; as the program drew to a close, W4H re-counted all achievements under the program. This was to ensure that nothing was left uncounted. During this exercise, W4H counted 35,100 people served with water by Rotary International. Results under this partnership had not been counted over the years due to uncertainties around it. It was unclear whether W4H was expected to count results under the partnership or Rotary's achievements directly to USAID. However, since achievement under the partnership with Coca-Cola has been captured, achievements under the Water Collaboration with Rotary have also been captured. With all achievements captured, USAID can pick what data is needed for their reports.





### **Number of people receiving improved service quality from existing improved drinking water sources**

Under W4H improved service, quality is essentially borehole rehabilitation. This activity began in FY20 after years of deferment. In FY20, The program ended with 6,900 people gaining access to water. In FY21, the activity provided 9,500 people with an improved water supply. In total, 15,900 people received water access out of a target of 13,500. This was mainly due to savings made each year on construction works. At times, the amount estimated for borehole rehabilitation was more than needed on the field. Savings made are used to rehabilitate boreholes to increase water access for more communities.

### **Liters of Drinking water disinfected with USG supported point of use treatment product**

As part of W4H's cholera prevention activities, chlorine tablets (AquaTabs) were distributed to households to disinfect drinking water. At the end of the program, 37,120,000 liters of drinking water had been disinfected. The program only reported the result as and when they occurred. Given that emergencies cannot be predetermined, the indicator has no LOP.

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

Under Component three, the program sought to improve sector governance and policies, increase public engagement in the WASH sector, and support WASH-sector policy reforms. WASH for 4 Health was expected to develop at least one policy document that promotes water access, sanitation, and hygiene. In FY18, W4H developed the 'Pro-poor Guidelines' to help structure and target subsidies, after which training was organized for districts to train them on the implementation of the guidelines.

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

In FY16, W4H developed a rural BCC Plan and Strategy to guide BCC implementation as well as BCC materials for community sensitization and activities. In FY17, W4H developed and rolled out a BCC communication package on water treatment, handwashing, and safe disposal of human feces. Following this, a midline assessment was carried out in FY 18, and the results were as follows:

- 42,236 (Out of a target of 32816) people practice handwashing
- 67% of households (of a target of 80%) have handwashing stations used by all households
- 26% of households (of a target of 40%) boil their water before drinking water

The key activity for FY18 was the integration of nutrition into WASH actions (NuWASH). The priority behaviors identified under NuWASH were tested and agreed upon among stakeholders as part of the process. In FY19, the team developed communication materials to promote these behaviors. These were later included in the BCC package. From FY20 to FY21, W4H was realigned to the behavior integration approach, which aligned with the 2020 USAID CDC. In the last two years, the program implemented the behavior-led approach and measured the impact thereof. Results from baseline to end line was positive.

### **Component Five: Leverage Public/Private Partnerships To Magnify The Impact Of USG Investment**

In the program's life, W4H worked with twelve (12) partners to support WASH delivery. Partners' supports were in cash and in-kind to complement USAID's investment in WASH. Under sanitation, the program worked with Ghacem and Duraplast to supply construction materials to districts at factory prices; and Unilever, Caterpillar, and Cummins to provide institutional latrines to schools. For water, the program collaborated with Grundfos to provide hand pumps for boreholes. Under BCC, GBC TV and radio supported the airing of BCC messages nationwide. The program also worked with BeGirl to provide reusable menstrual Hygiene panties to school girls to support menstrual hygiene management. In the last two years of the program, W4H collaborated with the Hilton Foundation to improve WASH in Health Care Facilities. In the program's last year, Goldfields Ghana collaborated with W4H to provide improved water, sanitation, and hygiene to two of its mining communities in the Western Region. The contributions of all of these partners amounted to USD 3,417,844 out of a target of USD 3,306,000.

### **Component Six: Improve Water Supply And Sanitation Infrastructure And Sanitation Infrastructure For Schools And Health Facilities**

Component six sought to improve water supply and sanitation infrastructure for schools and health facilities by supporting either the rehabilitation or construction of new WASH facilities in schools and health facilities. Quality water supply and improved sanitation infrastructure in schools and healthcare facilities are expected to strengthen USAID investments in health and hygiene programs and further support behavior change for mothers, school children, and other community members. Indicators under this component included:

- *A number of basic sanitation facilities were provided in institutional settings due to USG assistance.*
- *Number of institutional settings gaining access to basic drinking water services as a result of USG assistance.*

#### **A number of basic sanitation facilities are provided in institutional settings as a result of USG assistance.**

W4H ended with 373 institutions benefitting from institutional latrines, exceeding the LOP target of 190 by 96%. This achievement was made possible through savings made from constructing smaller unit latrines for institutions with small population sizes. Also, in the course of implementation, the program received additional funding from USAID to increase access to more deprived schools and local health care facilities. In the last year of implementation, W4H re-counted all achievements under the program, including Rotary International's. Over the six years, Rotary worked with W4H to provide institutional facilities to selected districts in the Eastern Region of Ghana. Rotary was responsible for the hardware, while W4H took the responsibility of the software in terms of providing facility user and management education to school health management teams or the management of health facilities. In total, 164

institutions have been supported. Ninety institutional latrines were recorded in FY17, and 74 were recorded in FY21. Twenty-two (22) health care facilities and 352 schools benefitted, respectively.

#### **Number of institutional settings gaining access to basic drinking water services as a result of USG assistance.**

In FY17, W4H facilitated the installation of 13 water facilities for five schools and eight CHPS Compounds. These facilities were provided by the Coca-Cola Foundation and Systems for Health. In schools, Coca-Cola provided standalone water facilities, and in CHPS compounds, facilities were provided by Systems for Health. In FY18, the construction of boreholes began in earnest. Fifteen facilities were provided- six for CHPS nine for schools. In FY19, 14 boreholes were provided for school: 11 from W4H; 3 from Rotary. In FY20, 14 CHPS were supported, and in FY21, 25 institutions were supported: 16 CHPS were supported by W4H, and five CHPS and four schools were supported by Rotary.

## **5. Summary of Major Challenges**

The program has had its fair share of challenges over the past six years. Below are some major ones encountered:

- The slow pace of sale on construction materials has been attributed to free distribution in some areas, perceived high cost of the product by clients, and seasonal patterns of crop harvest.
- Inadequate and uneven distribution of Digni-Loo sales outlets.
- Rainfall and floods in certain program locations affected constructed latrines. Some latrines in these areas collapsed, resulting in households resulting in open defecation as they re-construct their latrines. Rainfalls also delayed construction activities as masons, and other artisans had to wait for rains to stop before continuing with construction.
- The presence of communal latrines in some program communities also affected household latrines construction. These communal latrines served as demotivation for households to construct their latrines.
- Soil Structure such as loose and rocky terrains affected the construction of household latrines
- Divergent values and priorities of partners affect effective and long partnerships
- Partners commitment towards programs are sometimes very low
- Delayed financial commitment and payments on the part of partners

### **5.1 Lessons Learnt**

- Effective integration/linkage of water provision and sanitation intervention yields positive results.
- The Community-Based Resident Facilitation (CBRF) approach yields better results. This involves field officers staying in the program community for some days to guide them in the process of CLTS and latrine construction, which motivates and encourages households to construct latrines.
- Working with Natural Leaders in some instances is not cost-effective because they are not given any form of incentives. No commitment without incentives.
- Empowering Natural Leaders and community members with the basic knowledge in latrine construction contribute positively to achieving results. Natural Leaders and community members are educated on simple latrine technologies to support them in constructing latrines.
- More time is needed than specified in National Protocol when implementing CLTS programs. The National Protocol states three months to get communities to ODF, but most communities take more than three months to reach ODF status.

- Partnership demands commitment, consistency, and compromise
- Long-term partnership leads to sustainability, and many gains are made in the community, and the impact/benefit of the program on the lives of the people is evident.

## 5.2 Recommendations

- The program recommends that water supply should continue to be linked to improved sanitation as a reward.
- Proper identification and training of Natural Leaders to support implementation sanitation or CLTS activities in program communities.
- The Program recommends the continuous capacity building of partners such as District Assembly staff, CLTS facilitators, natural leaders through refresher training and review meetings.
- The program recommends proper zoning of communities and strengthening of Natural Leaders network.
- Introduce more vendors, especially in every regional capital and major town countrywide
- Engage innovative promotional strategies
  - Organize sales outreach to markets and communities as part of the training of Entrepreneurs or post-training support
  - Develop advert videos in more local languages, supporting jingles for radio and community information center broadcasts.
  - Develop short video on installation procedure for trainings
  - Develop advertisement posters and fliers- i.e., products with narratives on key features, contexts in which it is best suited, etc.
- Frequent calls and visits to vendors to check on products' status, obtain updates, assess performance, and provide further support. Also, improve on feedback arrangements on sales with vendors
- There are calls for modifications to allow desludging without relocation of the slab.
- Effective management of partnership relations
- Discuss long term goals to ensure it's compatible and align with each vision