

Improving Sanitation Access In Urban Ghana – A Growing Priority

12th July 2017

Presentation Outline

- Snapshot of urban sanitation
- GOG-UNICEF Urban Sanitation Project
- Development of an urban sanitation strategy
- Progress on strategy components
- Key Challenges and Way Forward



Snapshot Of Urban Sanitation In Ghana

- Urban population 51% in 2010
- Improved sanitation coverage - low(18%)
- Shared facilities on the increase
- Little or no treatment of faecal sludge
- Limited affordable financing options for HH toilets
- Poor enforcement of sanitation bye-laws
- Lack of affordable household toilet options
- Absence of national Urban Sanitation Strategy

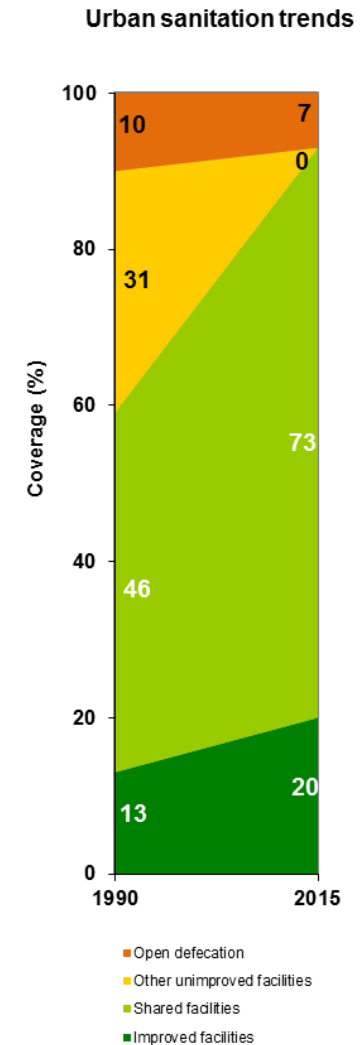


Figure 1 - Urban sanitation trend in Ghana

GOG-UNICEF Urban Sanitation Project

- Funded by Embassy of the Kingdom of the Netherlands, Ghana under Ghana Netherlands WASH Programme
- Runs from 2015 – 2018
- Goal: Improve the survival and health of urban children in Ghana through improved WASH services and hygiene practices

Programme Objectives

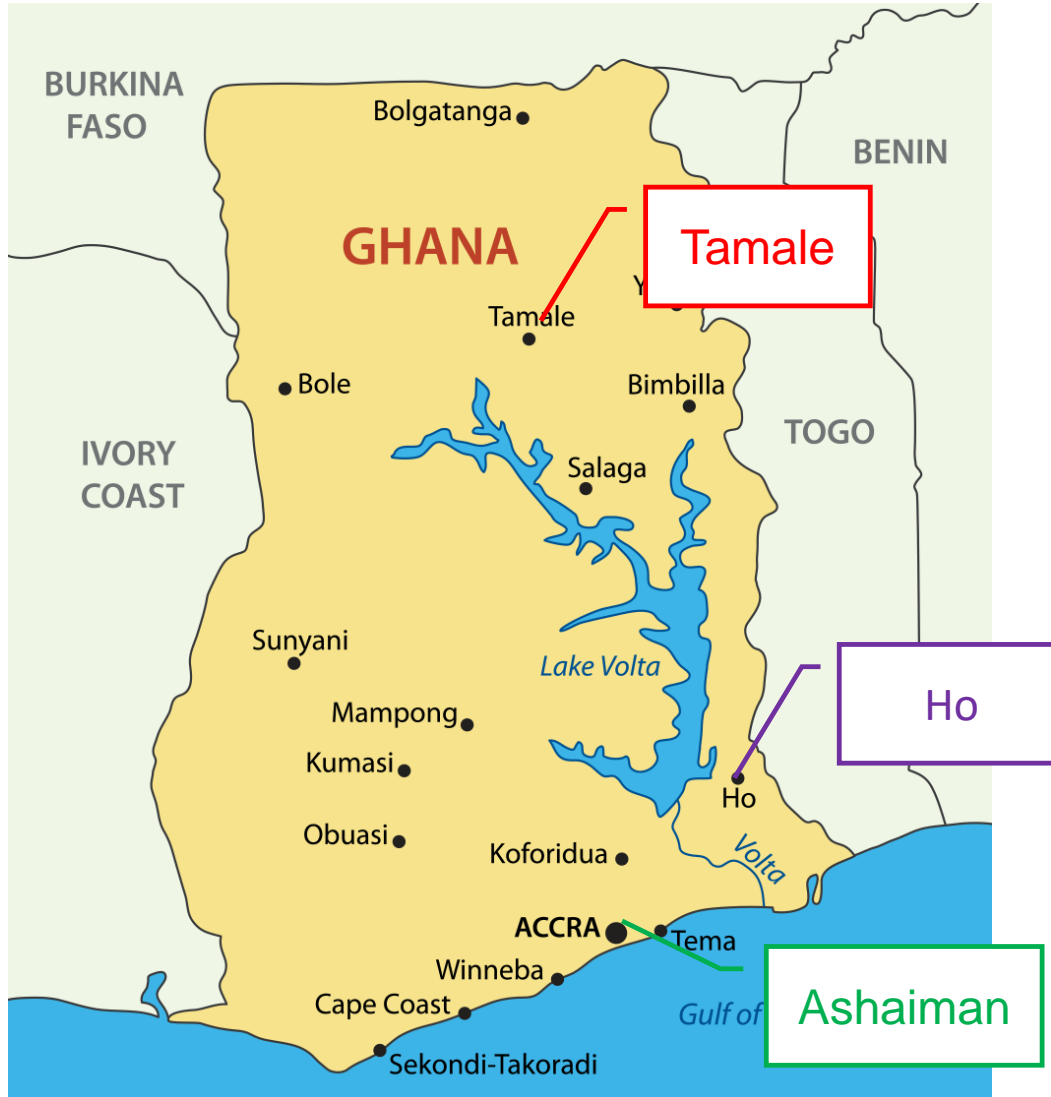
1. Increased access and use of improved sanitation services in communities
 - 300, 000 people have access to and use improved latrines and practice hand washing with soap
 - 80 % reduction in the number of households practicing open defecation
2. Increased access and use of improved WASH services in schools
 - 9,000 children in 30 basic schools have access to, and use improved water and sanitation services, and use handwashing facilities in line with the GES minimum standards
 - 9,000 children in 30 basic schools reached with consistent child friendly behaviour change communication on sanitation and hygiene

Programme Objectives contd.

3. Improved enabling environment for urban sanitation programming

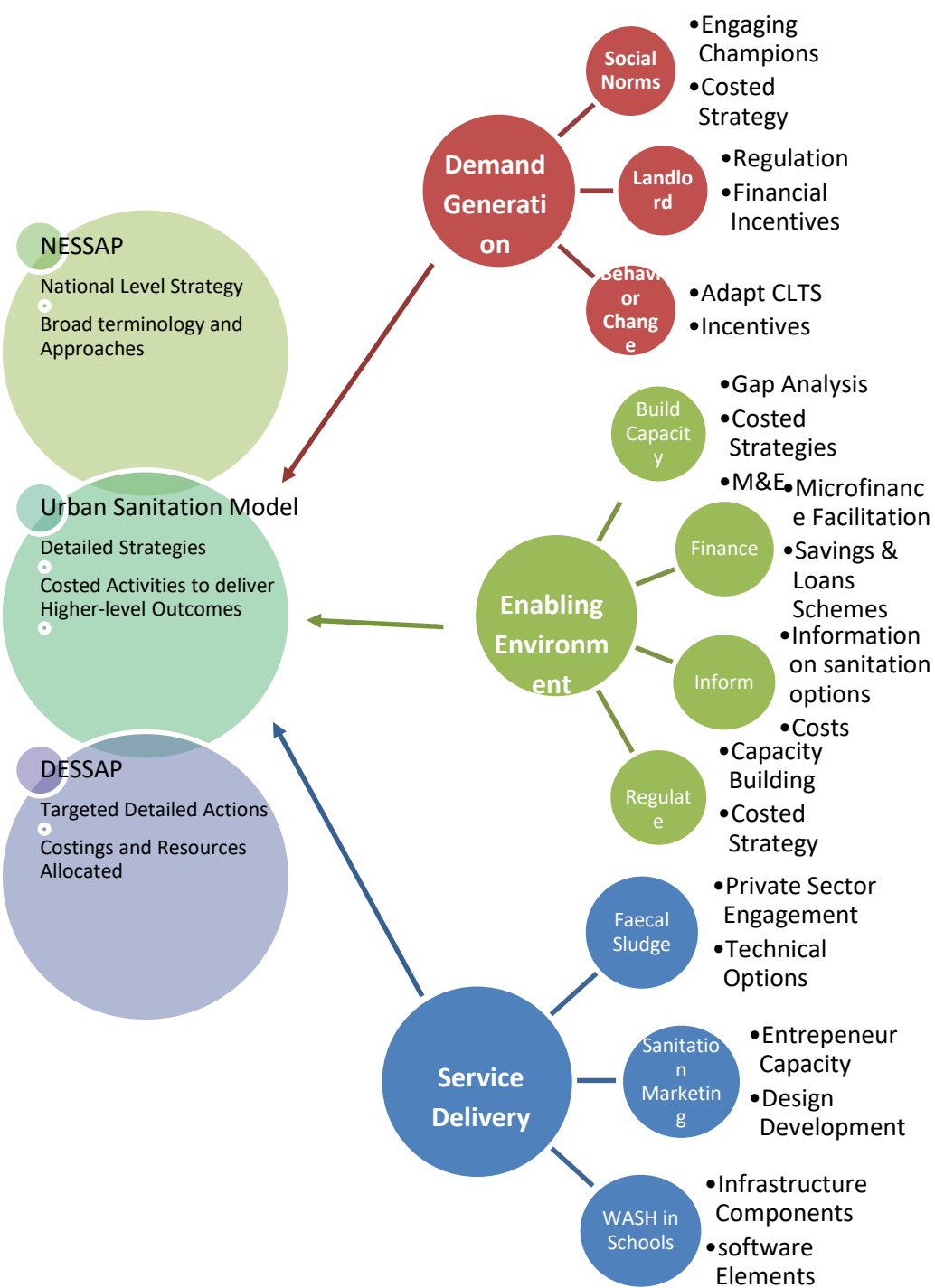
- WASH sector equipped with the required implementation model and operational frameworks for urban sanitation delivery
- Capacity of EHSD, LGSS and 3 urban MMDAs strengthened for effective leadership and coordination of urban sanitation service delivery
- Capacity of 3 urban MMDAs strengthened to plan, coordinate, monitor and evaluate urban basic sanitation services
- Enhanced WASH Sector Learning, Knowledge management, dialogue and advocacy

Project Locations



- Guinea savannah
 - Population 243,947
 - Predominantly Muslim
 - 11.1% improved access
 - 78.2% shared and public
-
- Central forest
 - Population 130,035
 - Predominantly Christian
 - 30.7% improved access
 - 60.7% shared and public
-
- Southern coastal
 - Population. 206,472
 - Mixed religions
 - 15.7% improved access
 - 83.9% shared and public

Development of an Urban Sanitation Strategy

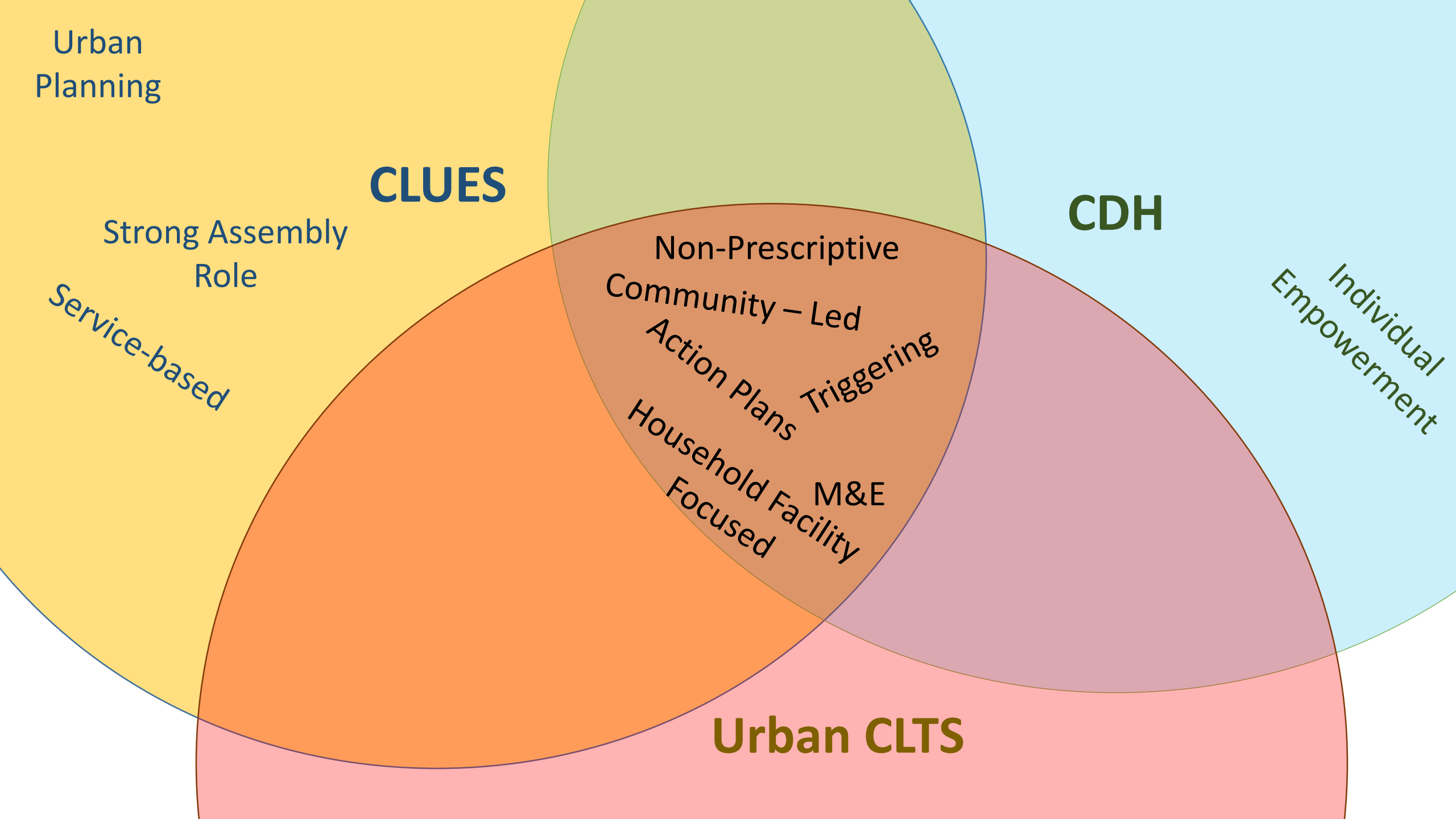


Progress on strategy components



A) Sanitation Demand Generation Strategy

- Engaging Landlords
- Social norms campaign
- Piloting 3 behaviour change approaches:
 1. Community-led Urban Environmental Sanitation (CLUES) – Ashaiman
 2. Community Development for Health (CDH) – Ho
 3. Urban Community-led Total Sanitation (CLTS) – Tamale



B) Services Delivery



Sanitation Marketing





Faecal Sludge Management

- Private Sector Engagement
- Technical Options

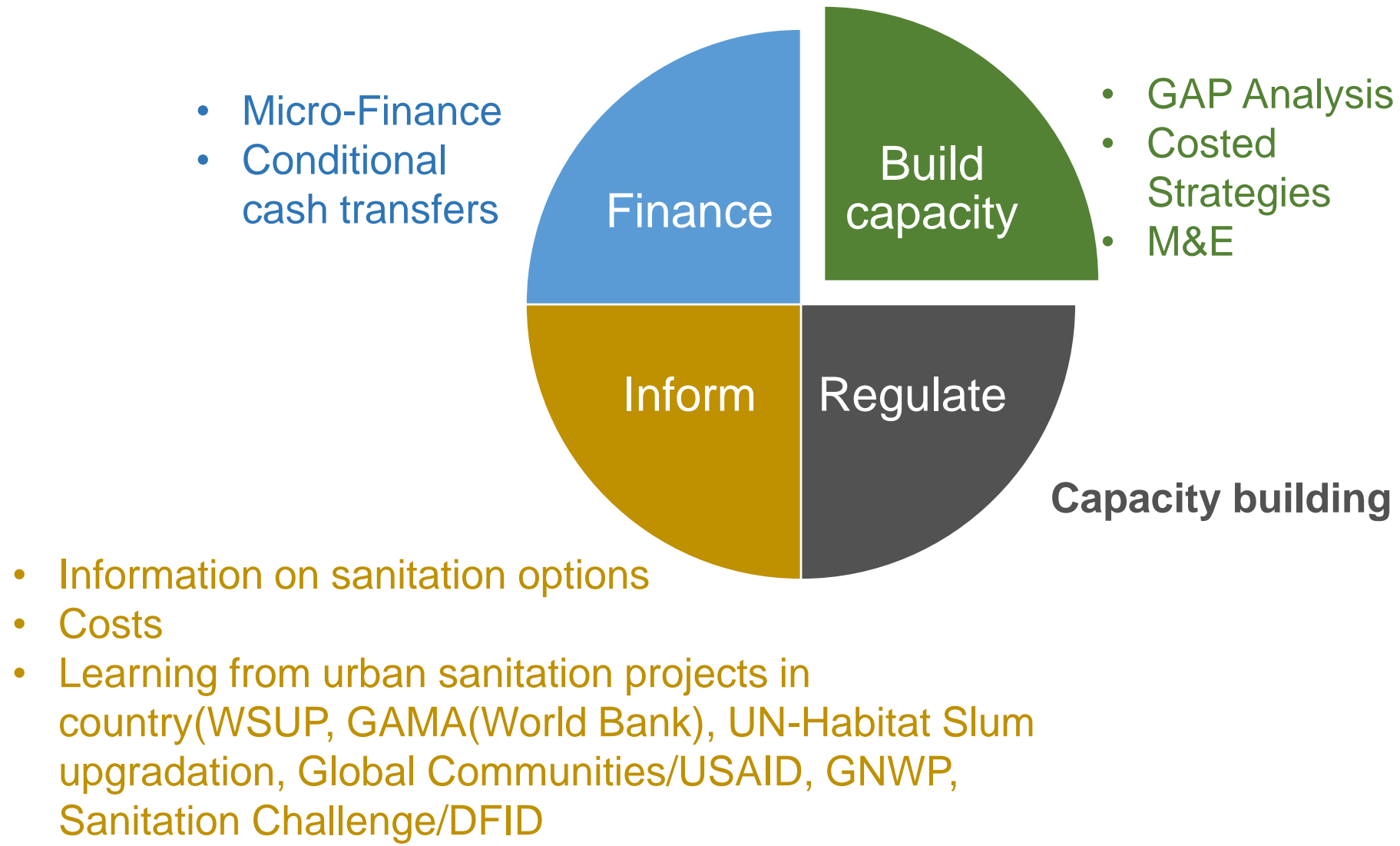
School WASH Infrastructure Construction



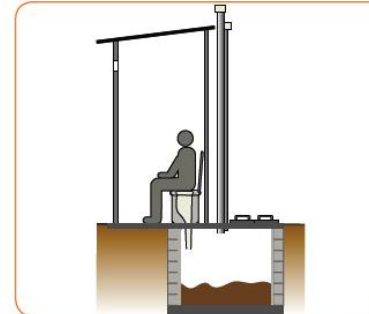
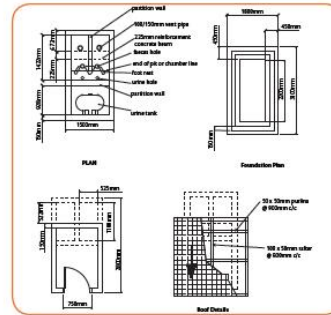




C)Enabling Environment



Output of Technology Options Study



LATRINE TECHNOLOGY MANUAL



Ghana's Water and Sanitation
 WASH Programme (GWP)

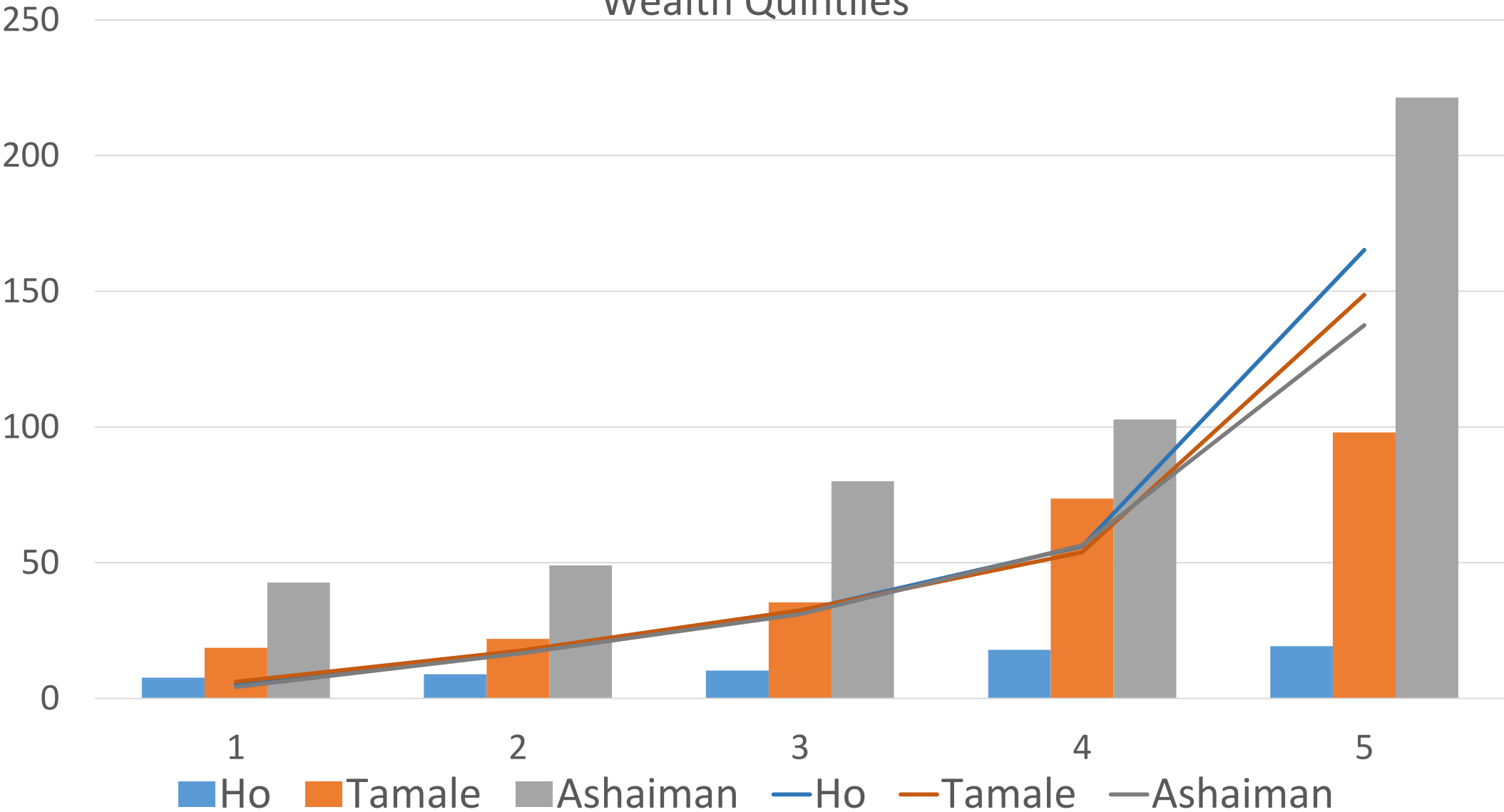


https://www.unicef.org/ghana/wes_11302.html

Findings of WASH Affordability Study

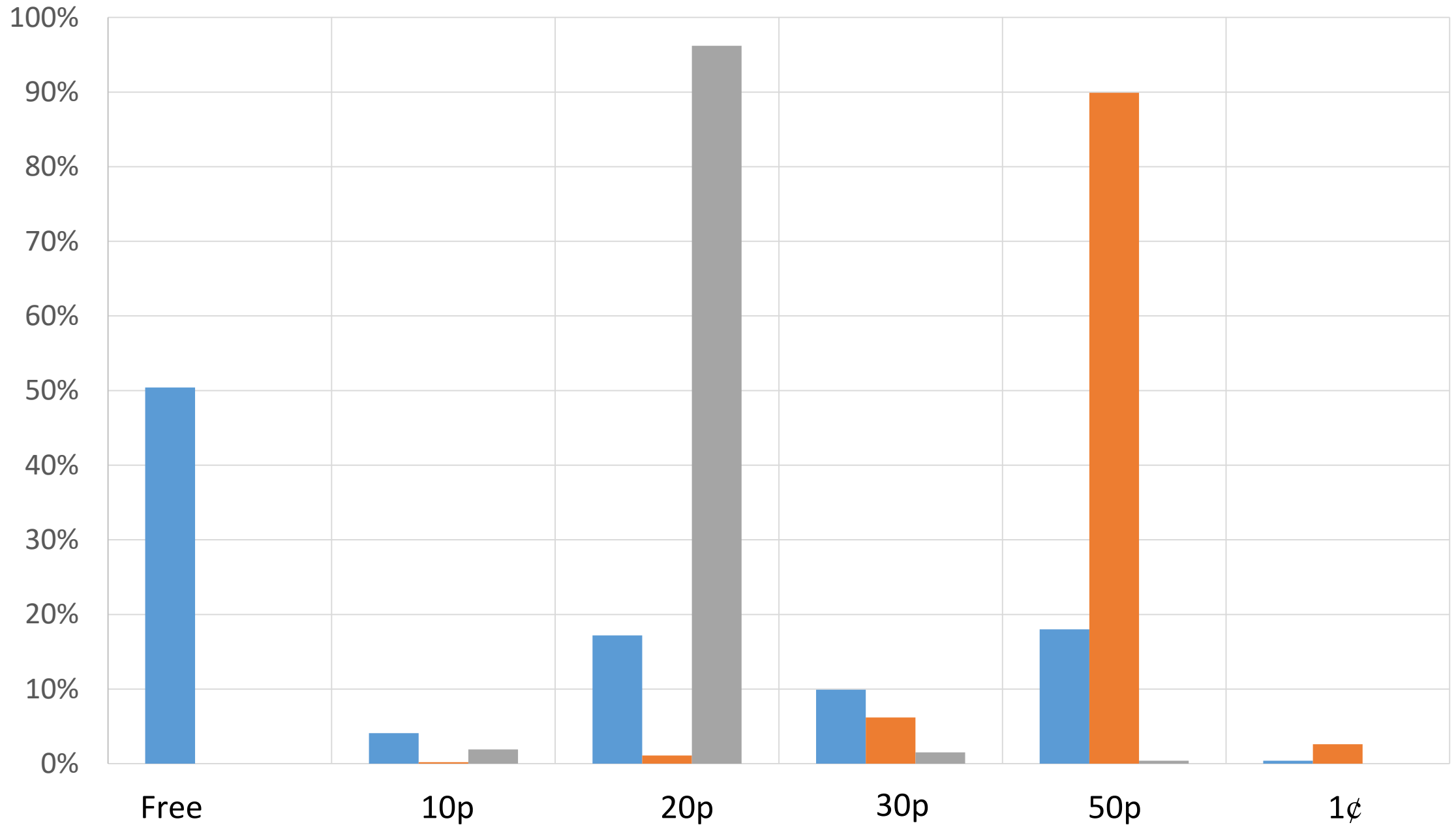
Affordability & Willingness to Pay (monthly ¢)

Wealth Quintiles



Payment for Public Toilet use

■ Ho ■ Ashaiman ■ Tamale



Residency Status



House owner

- Ho: **54.6%**
- Ashaiman: 30.7%
- Tamale: **62.5%**



Relative of house owner

- Ho: 35.6%
- Ashaiman: 17.7%
- Tamale: 24.8%

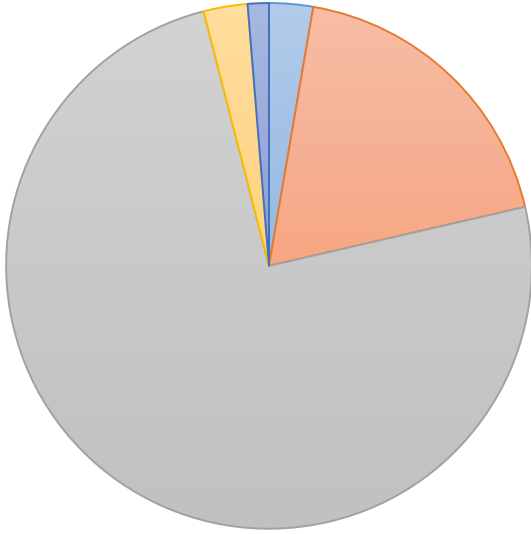


Tenant

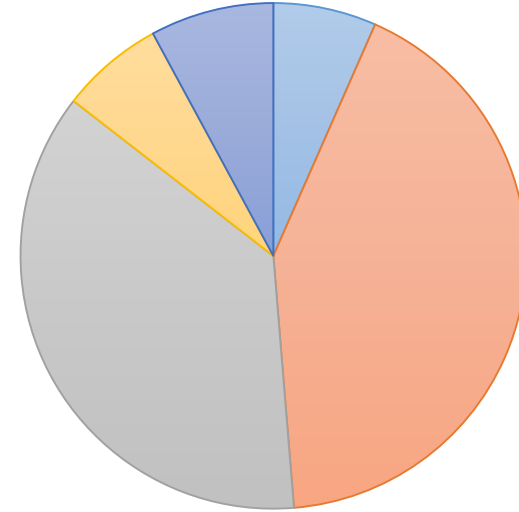
- Ho: 9.4%
- Ashaiman: **49.7%**
- Tamale: 11.9%

Duration of tenancy contract

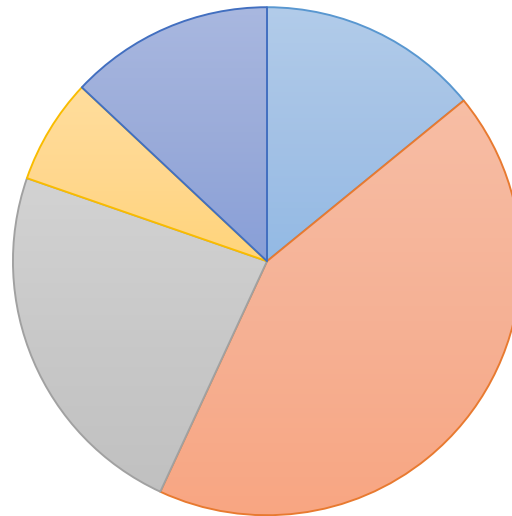
Ho



Tamale



Ashaiman



■ Less than 6 months ■ 6 months – 1 year ■ 1 – 2 years
■ 2 – 3 years ■ Above 3 years

Reasons for unwillingness to pay for improved sanitation

| | Ho | Ashaiman | Tamale |
|---------------------------------------------|-------|----------|--------|
| Cannot afford fees | 57.9% | 43.2 | 74.4 |
| Satisfied with public/unimproved sanitation | 19.7% | 4.5 | 14.0 |
| Government's responsibility | 5.3% | 10.2 | 4.7 |
| Others | 17.1 | 42.0 | 7.0 |

Monitoring & Evaluation

1. Name of Community?

2. Kindly specify the Community Area Council?

3. Kindly specify infrastructure type?

- ☐ Household
- ☐ House
- ☐ School

4. Household ID /House name ID/ School ID Name

Old TDC Hse 1

5. Has the household/house/ school committed to latrine construction?

- ☐ Yes
- ☐ No

* 6. Kindly provide the GPS location of latrine Constructed

GPS coordinates can only be collected when outside.

latitude (x.y °)

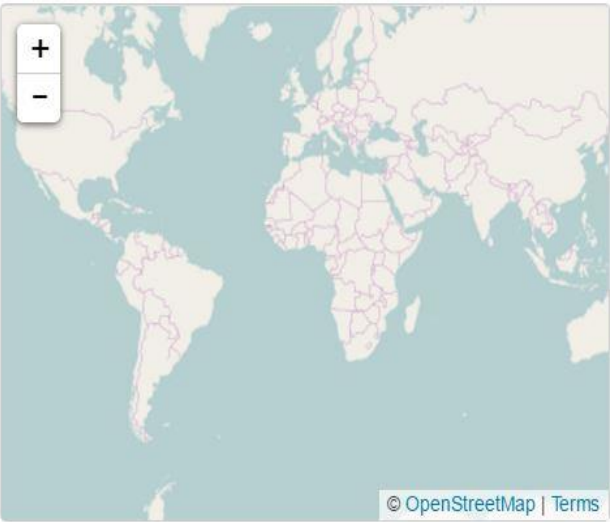
longitude (x.y °)

altitude (m)

accuracy (m)



search for place or address

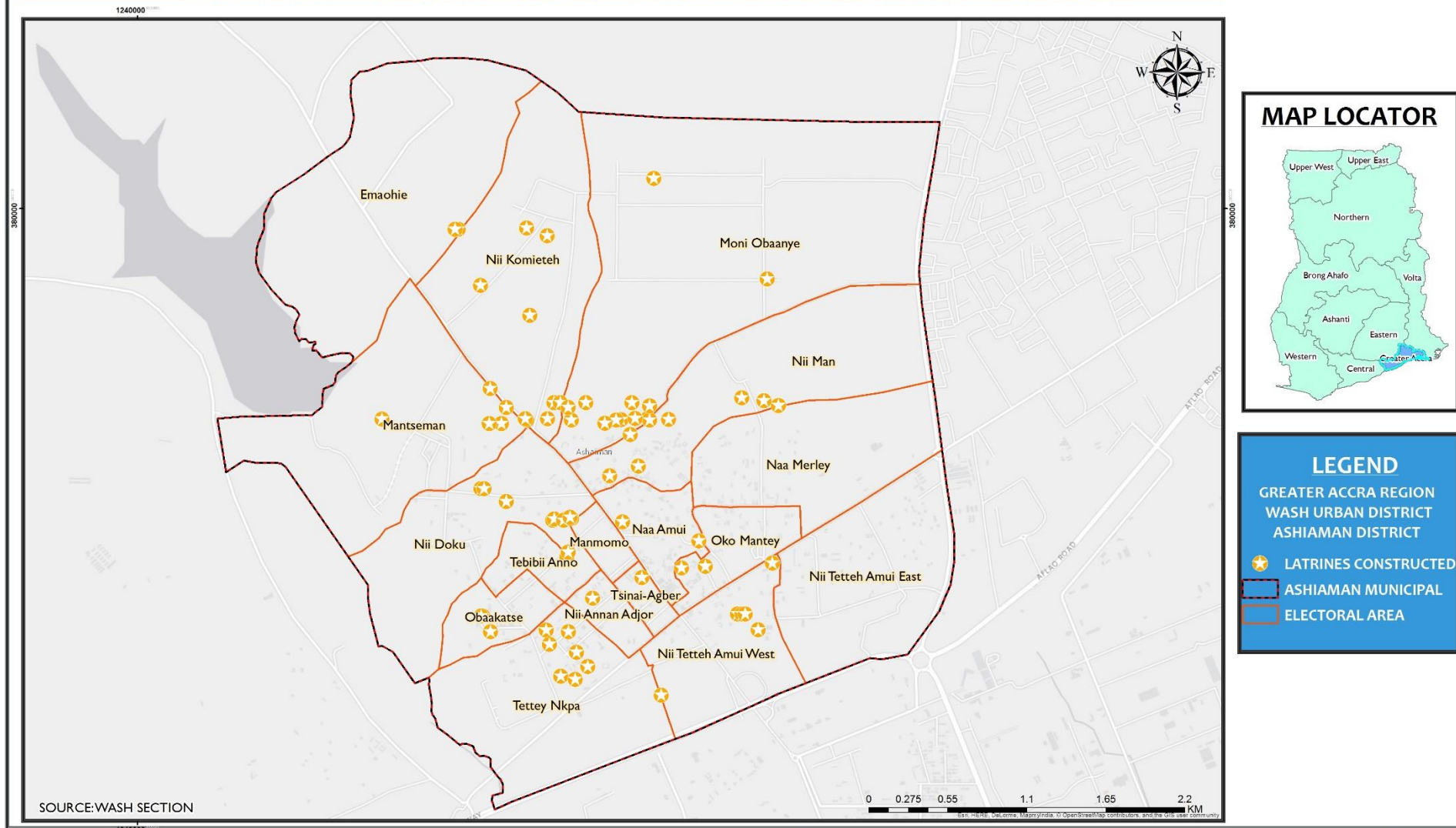


7. Please take an image of the latrine constructed

Latrine GPS Location Developed Into Maps



ASHIAMAN MUNICIPAL ASSEMBLY-URBAN SANITATION PROJECT



Key Challenges and Way Forward

- Lack of ODF protocol
 - Support government to urgently develop ODF Protocol
- Lack of affordable household toilets
 - Encourage innovative affordable toilets(WASHKING,etc)
 - Consider rural solutions for peri -urban communities
 - Explore hygienic communal tanks in high density urban slums
- Enforcement
 - Support government to strengthen regulatory system i.e. review and gazette bye-laws



THANK YOU FOR YOUR ATTENTION!

Group Work

- ODF protocol
- Cheaper service delivery models
- Financing