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The Sustainable Development Goals: A catalyst for scaling-up sanitation

Authorities have been put on alert that an estimated 85,000 hygienic toilets must be constructed each year to enable Ghana achieve universal access to sanitation by 2030.

This can be achieved if a clear strategy is developed for up-scaling the delivery of household toilets to residents living in low-income urban communities in particular and the country in general.

The strategy should address the challenges relating to space constraints and financing. Additionally, existing bye-laws, including the provision of sanitation facilities in all buildings, should be enforced.

These are conclusions from the fifty-second edition of the National Level Learning Alliance Platform (NLLAP 52), which organisers dedicated to the 2015 World Toilet Day celebration.

The NLLAP 52 took place on Tuesday, 17th November, 2015 at the Coconut Groove Regency Hotel in Accra under the theme: *"The Sustainable Development Goals and the Sanitation Conundrum in Ghana."* It was organized by the Ghana Institute of Engineers (GhIE) in collaboration with the Environmental Health and Sanitation Directorate of the Ministry of Local Government and Rural Development (EHSD-MLGRD) and the Resource Centre Network (RCN) with funding by the World Bank-financed Greater Accra Metropolitan Area (GAMA) Sanitation and Water Project. The conference co-chairs were Ing. Naa Lenason Demedeme, Acting Director of the EHSD, and Ing. George Asiedu, project coordinator of the GAMA Sanitation and Water Project. Presenters for the day were Ing. Lukman Salifu of WasteCare Associates; Ing. Dr. Josiane Nikiema of the International Water Management Institute; and Ing. Lorretta Roberts of UNICEF.This communiqué has been put together as a means to share with the wider WASH sector fraternity key highlights of NLLAP 52.

Essentially, NLLAP 52 was used to emphasise the need for all stakeholders to work assiduously to help the country achieve the targets in the Sustainable Development Goals (SDGs) for sanitation in Ghana. Specifically, all Water, Sanitation and Hygiene (WASH) sector stakeholders, institutions, the private sector, civil society, children and the entire citizenry should play their expected roles in ensuring the delivery of services along the sanitation service chain are achieved.

MDGs to SDGs and sanitation targets

The first presenter, Ing. Lukman Salifu of WasteCare Associates, took participants through the topic *"MDGs to SDGs: The Challenge in Meeting Sanitation Targets."* His presentation focused on the challenges faced by Ghana in achieving the MDG sanitation targets, highlighting that the percentage of the population that gained access to sanitation over the period 1990 – 2015 was 11%.

This means approximately three million persons gained access to basic sanitation over the period. To put it differently, 593,650 facilities were provided over 15 years; an average of 39,580 facilities per annum.

According to Ing. Lukman, the core challenge Ghana faces is "accelerating access to improved facilities to reduce deficit (back-log) and match growth in population." He gave an idea about the nature of the challenge when he stated that based on MLGRD-EHSD target of 75,000 units per annum for the period 2010 – 2015, the deficit at end of 2015 was 210,000 units.

Excreta Flow in Greater Accra

Localising the issues to help participants achieve a better understanding of the country's performance in sanitation, Dr. Josiane Nikiema of the International Water Management Institute gave the second presentation on the "*Excreta Flow Diagram for the Greater Accra Metropolitan Area.*" The Excreta Flow Diagram (or Shit Flow Diagram (SFD)) is a visualized tool that summarises complex information into an easy to understand diagram and shows how excreta is or is not contained along the sanitation value chain.

In 2000, 72% of the Ghanaian population were served through unsafe excreta containment and discharge arrangement, Dr. Nikiema told participants. But the Fecal Sludge (FS) collected and delivered to treatment plants was equal to 58% of all FS generated.

Yet, over the period 2000 to 2010, the amount of excreta released untreated into water bodies increased from 28% to 74% in GAMA, according to results of research undertaken by Dr. Nikiema together with Cofie Olufunke, Robert

Impraim, Solomie Gebrezgabher, Philip Amoah and others.

Meanwhile, the research also showed that collection rates for excreta and delivery at designated dumping sites increased. Consequently, the FS contaminating the neighbourhood (indiscriminate dumping, manual emptying) reduced from 28% down to 8%.

The forecast from Dr. Nikiema and colleagues is that "If the same trend is maintained for FS collection rates, then FS contaminating the neighbourhood (indiscriminate dumping, manual emptying) could disappear" by 2025.

The Rural Picture

Ing. Lorretta Roberts of UNICEF, the third presenter for the day, focused on the Rural Sanitation Model and Strategy and how this would help the country accelerate coverage for sanitation.

She took participants through some initiatives that have been undertaken over the last few years to help improve access as well as some technical challenges.

What To Do

After deliberations and discussions, participants came up with the following conclusions to help in up-scaling the provision of household toilets and hygiene education to improve services along the sanitation service chain:

1. A clear strategy should be developed for up-scaling the delivery of household toilets to the residents living in low-income urban communities in particular and the country in general. The strategy should address the challenges relating to space constraints and financing. It is estimated that over 85,000 hygienic toilets should be constructed each year to enable Ghana achieve universal access to sanitation by 2030. The current percentage of households with access to hygienic household toilets is approximately 15%.
2. The institutional framework for sanitation delivery should be enhanced. The government should consider the creation of a sanitation authority/board to manage sanitation issues in the country.
3. A clear national strategy should be adopted for faecal sludge and septage management. The practice of crude dumping into water bodies and open spaces must be stopped immediately. The options of re-use is included in the relevant policies, there is a need to improve uptake. Currently treatment of faecal sludge in the GAMA area is around 8%. There is the need to implement current treatment plant initiatives and to operate and manage them adequately to enable Ghana achieve the 50% target for excreta management by 2030.
4. Sanitation business model and entrepreneurial strategies should be developed to encourage private sector institutions to provide relevant sanitation services along the sanitation service chain as well as hardware to improve access to sanitation. Models that have been developed should be up-scaled. The revenue from such innovations including co-composting, aquaculture, fuel briquettes and energy generation from waste should be continued. Revenue from such can be used to support the O&M of treatment plants.
5. Sanitation improvement can create businesses for the unemployed youth. Businesses can be created nationwide to provide sanitation services along the service-chain, especially in the provision of over 85,000 toilets per annum.
6. The relevant national authorities should ensure that the various policies, strategies and guidelines for sanitation are implemented. Projects which have been implemented successfully like the Asafo Pilot Sewerage Scheme in Kumasi, should be scaled up and implemented successfully nationwide.
7. The relevant bye-laws on sanitation in the country, especially on the provision of household toilets and management of the excreta produced, should be enforced together with the relevant education and support.
8. The Ghana Institution of Engineers should make sanitation a priority. The institution should include sanitation modules in its programmes as well as including the sanitation in the Continuous Development Programmes.
9. Public Health Engineers employed in Metropolitan and Municipal assemblies should have an effective scheme of service. The creation of Waste Management Units in the Municipal Assemblies would enable them deploy their services more adequately. Additionally, they should undertake further capacity development and be deployed to undertake technical environmental sanitation activities to help them deliver to improve environmental sanitation services in the country.

The NLLAP is a WASH sector multi stakeholder platform with the overall goal of improving sector learning and dialogue. It is hosted by the Ghana WASH Resource Centre Network (RCN). The platform offers learning and sharing opportunity for sector players as one of the practical approaches to improving sector engagements/sharing with the long term aim of achieving a knowledge driven WASH sector that delivers quality and sustainable services in Ghana. NLLAP meetings take place on the last Thursday of every month and opened to all interested parties. The discussions of each NLLAP meeting are summarized and shared with the wider WASH community. The topics of upcoming meetings are decided on by the RCN secretariat and a list of upcoming meetings can be found on the RCN website **www.washghana.net**.

If you are interested to propose a topic for a meeting please contact us on,
Tel. (233-0302) 797473/4
Email: **rcn@washghana.net**