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MAF -COUNTRY ACTION PLAN FOR SANITATION

Go Sanitation Go!

FINAL DRAFT FINAL

Global MDGs

September 2011

MDG Acceleration Framework
Ghana Country Action Plan for Basic Sanitation

Accelerating Progress Towards the MDGs

Table of Contents

List of Figures

List of Tables

List of Maps

List of Boxes

Foreword

"The MDGs are achievable by 2015, if supported by the right set of enabling elements including policies, targeted technical assistance, institutional capacity, adequate funding, and strong political commitment. The Government of Ghana, in collaboration with its development partners, is fully committed to achieving the MDGs by 2015".

Ghana has amply demonstrated that success is possible by being among the first African countries that have so far achieved MDG1 although regional disparities remain. Going by the experiences and lessons learned from many interventions including the eradication of Guinea worm in 2011, it is possible to identify and implement effective interventions for realizing the MDGs. In spite of this evidence, satisfactory progress is limited to MDGs 1, 2, 3, 6, and 8 while MDGs 4, 5 and aspects of MDG 7 are unlikely to be met. Indeed Target 7c, Indicator 7.9 "the proportion of people having improved basic sanitation" is described as being "hugely off-track". At the current coverage level of 13% coverage will have to increase by more than five (5) times to meet the MDG target of 54%. This calls for a multi-pronged approach relying on interventions that can be replicated country-wide. Whereas the closely related sector of water is on track to achieving the MDG target, Sanitation is not.

The present Country Action Plan (CAP) dubbed "Go Sanitation Go!" ("GSG !"), is Ghana's version of the MDG Acceleration Framework (MAF) Compact for ***improving basic sanitation*** *and re-echoes the recommendations of national policies, plans and strategies put forth recently for dealing effectively with the sanitation question. "GSG!" was developed by the Ministry of Local Government and Rural Development (MLGRD) in collaboration with development partners particularly the United Nations Country Team and other stakeholders using the National Technical Working Group on Sanitation (NTWGS)as a platform. The NTWGS is anchored around the Environmental Health and Sanitation Directorate (EHSD) of the MLGRD.*

The uniqueness of the MAF process is amply demonstrated by the focus it brought to the key issues constraining progress and the consultative nature of discussing the bottlenecks. The value-addition earned is through (i) validating the strategies and activities listed in key intervention areas of national plans and programs e.g NESSAP and CLTS mode, (ii) focusing on really short-term achievable interventions (not necessarily systemic ones) that can accelerate progress towards the MDG sanitation target as against a long list as in the NESSAP, (iii) analyzing the constraints (bottlenecks) that have hitherto hindered or can potentially hinder achievements. The strength of MAF as a tool and the process was brought about by the systematic evaluation of the prioritized bottlenecks in terms of policy, funding, service provision, service utilization, and other cross-cutting issues as presented in Chapter 5. The process enhances in-depth analysis of resource allocation and activity costs.

Clearly agreeing on "who brings what" to the table is a clear departure from previous attempts such as the Ghana SWA Compact which did not meet its objective of soliciting for more funding despite high-level government "indicative-commitment" to the compact.

"GSG!" presents priority solutions to overcoming the bottlenecks that hinder rapid progress in two (2) key strategic intervention areas for improving basic sanitation. These areas are ***"Increasing***

access to improved household sanitation facilities" *and "**Provision of treatment, re-use, recovery and disposal facilities"**. "GSG!" further focuses on interventions that when effectively pursued will lead to an improvement in basic sanitation. These include scaling-up of Community-Led Total Sanitation (CLTS) country-wide, implementing decentralised treatment/disposal systems incorporating harvesting and re-use of by-products (e.g. biogas) and rolling out a micro-finance credit scheme to support household latrine construction. These areas are reinforcing as the lack of effective treatment of excreta in any facility renders the facility "unimproved".*

The three(3) areas of interventions selected for special attention in the "GSG!" will therefore contribute to MDG Target 7C, Indicator 7.9 as sustainable credit has been identified as a constraint hindering households to own improved sanitation facilities as they go beyond "triggering" by CLTS agents, especially poor households who want to invest up the sanitation ladder. Likewise the provision of credit to households will assist poor urban households to invest in clustered facilities that linked to anaerobic digestion systems will render the (facilities) effectively improved and stem the disposal of untreated excreta in vacant lots, water courses and on the beaches.

"Go Sanitation Go!" is not restating new strategies. It rather identifies and selects a number of interventions that have potential to trigger uptake of improved facilities by many households while at the same time contributing to addressing, however small, the pressing challenges of our time including un-employment, emission of green-house gases and urbanization. The interventions in the "GSG!" are also taken on board the Ghana Shared Growth and Development Agenda (GSGDA, 2010-2013) and therefore endorsed by the Government of Ghana (GoG).

By partnering with the relevant agencies of the UN System, the European Union (EU) and other development partners, the private sector and households, Ghana will be able to place improvements of basic sanitation on an accelerated path.

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……..	**……**
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Acronyms and Abbreviations

CLTS	-	Community-Led Total Sanitation
CWSA	-	Community Water and Sanitation Agency
DANIDA	-	Danish International Development Assistance
DESSAP	-	District Environmental Sanitation Strategy and Action Plan
DP	-	Development Partners
DPCU	-	District Planning Coordinating Unit
DWSP	-	District Water and Sanitation Plan
EHSD	-	Environmental Health and Sanitation Directorate
EPA	-	Environmental Protection Agency
ESAA	-	Environmental Sanitation Assessment and Audit
EU		European Union
FGD	-	Focus Group Discussion
GoG	-	Government of Ghana
GSG!		Go Sanitation GO!
GSGDA		Ghana Shared Growth and Development Agenda
GPRSII	-	Growth and Poverty Reduction Strategy
GWCL	-	Ghana Water Company Limited
IEC	-	Information, Education and Communication
ILGS	-	Institute of Local Government Service
IWRM	-	Integrated Water Resources Management
KPI	-	Key Person Interview
LGS	-	Local Government Service
LGSS	-	Local Government Service Secretariat
MDG	-	Millennium Development Goal
MINT*	-	Materials in Transition
MLGRD -	-	Ministry of Local Government, Rural Development
MDA	-	Ministries, Departments and Agencies
MMDA	-	Metropolitan, Municipal and District Assembly
MMDCEs	-	Metropolitan, Municipal and District Chief Executives
MoFEP	-	Ministry of Finance and Economic Planning
M & E	-	Monitoring & Evaluation
MoE	-	Ministry of Education
MOFA	-	Ministry of Food and Agriculture
MTDPF	-	Medium Term Development Policy Framework (2010-13)
MWRWH	-	Ministry of Water Resources, Works and Housing
NCWSP	-	National Community Water and Sanitation Programme
NDPC	-	National Development Planning Commission
NESIF	-	National Environmental Sanitation Investment Fund
NESSAP	-	National Environmental Sanitation Strategy and Action Plan
NGO	-	Non- Governmental Organization
PMMS	-	Policy Monitoring and Management Support
PPPPPs	-	Policies, Plans, Programmes, Projects and Products

PURC	-	Public Utilities Regulatory Commission
CC	-	Regional Coordinating Council
RNE	-	Royal Netherlands Embassy
RPCU	-	Regional Planning Coordinating Unit
RWST	-	Regional Water and Sanitation Team
SEA	-	Strategic Environmental Assessment
SESIP	-	Strategic Environmental Sanitation Investment Plan
SHEP/GES	-	School Health Education Programme of Ghana Education Service
SSHE	-	School Sanitation and Hygiene Education
SIF	-	Social Investment Fund
UNDP	-	United Nations Development Porgramme
UNICEF	-	United Nations Children Fund
WD	-	Water Directorate
WRC	-	Water Resources Commission

Executive Summary

This Country Action Plan (CAP) for Sanitation, "*Go Sanitation Go!"* presents the three (3) interventions that when effectively implemented have the potential of placing Ghana on the path of incremental progress towards achieving the MDG target for basic sanitation. The three interventions taken together will cover all the segments of the population – rural and urban - and seek to balance the inequity in access to sanitation within each category.

Taking drastic action to improve basic sanitation is a must. The 2010 MDG Report prepared by the National Development Planning Commission (NDPC) indicates that while Ghana is progressively achieving a number of MDG Targets including *MDGs 1, 2, 3, 6, and 8, the* progress on MDG 4, 5 and aspects of 7 shows that the targets are unlikely to met. In particular Target 7c, Indicator 7.9 (the proportion of people using an improved sanitation facilities) is "hugely off-track" as the current 13% coverage is about five times below the 2015 target (54%).

The preparation of "GSG!" has been very consultative from the stage of conceptualizing, to defining bottlenecks and identifying solutions that responsively reflect sector experiences and lessons in delivering the stated interventions.

The preparation of "GSG!" at this point in time, based on the MDG Acceleration Framework (MAF) is very timely as a number of the strategic objectives of previous efforts including the preparation of the Ghana SWA Compact and the launching of the Five Year Drive (5YD) to the 2015 are given impetus because of the special attention the MAF process gives to bottlenecks, the specified solutions as well as the agreed inputs by stakeholders.

The sections of "Go Sanitation Go!" are arranged as follows. Chapter 1 presents the Country background and overview of Ghana's progress on the MDGs with emphasis on basic sanitation. The first Chapter also gives an overview of the generic MAF process followed for preparing the document. Chapter 2 provides the detailed status of progress on all the MDGs and the challenges confronting the achievement of the targets. Further details on basic sanitation are provided including information on the inequalities of access among segments of the population, within and across rural and urban areas of Ghana's 10 regions.

The following four chapters (3, 4, 5 and 6) sequentially present the key elements of the MAF process and progressively lead to the formulation and of the CAP in the final section Chapter 7.

Chapter 3 presents the strategic and indicative interventions that when effectively implemented are likely to have scalable impact for improving basic sanitation. The source documents from which the specified interventions were collated are listed as well as discussions of local experiences and lessons learned from piloting and/or project implementation of the specified interventions.

The two (2) identified strategic measures and the three (3) specified interventions out of many potential ones are given in Table ES1.

Table ES1 Summary of Key and Indicative Interventions

MDG	MDG Indicator	#	Key Intervention Areas (Programmes in NESSAP or derived from policy)	#	Priority Interventions (adapted to the country context, from long list of indicative interventions) 2011-2015
Priority Area: Sustainable practices for improved sanitation and environmental sustainability					
Goal 7: Ensure environmental sustainability Target 7c: reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation	**Indicator 7.9: proportion of population using an improved sanitation facility**	1	**Increasing access to improved household sanitation facilities**	1	Scaling-up of CLTS country-wide
				2	Targeted Micro-finance credit scheme for household latrine construction
		2	**Provision of treatment, re-use, recovery and disposal facilities**	3	Decentralised treatment/ disposal systems incorporating harvesting/re-use of biogas

Chapter 4 presents a core aspect of the MAF process entailing the carrying out of "bottleneck" analysis to identify the important underlying constraints that impede (or are likely to impede) the expected progress of the proposed interventions and the category of bottleneck (whether *policy* or *planning*, *budget* and *financing*, *service delivery*, *service utilization*, or *cross-cutting*). The Chapter also analyses the effects of the interventions in relation to global and national issues such as *job creation*, *climate change* and impending *December 2012 Elections*.

Chapter 5, in relation to and following on Chapter 4, provides the identified solutions to prioritized bottlenecks for each of the interventions and those recommended as having potential to accelerate the achievement of the MDG target within the shortest possible time based on an assessment of *impact* (magnitude of impact, speed, sustainability, adverse effect) and *feasibility* (responsiveness of governance arrangements, capacity of institutions, availability of funding etc).

Chapter 6 presents the final stage in completing the Country Action Plan, Go Sanitation Go! This stage is premised on *consultations*, *negotiations*, *agreements*, and *commitments* of stakeholders to making available the required inputs and resources. This in essence is the *Compact* under the MAF. An important aspect of the MAF process, therefore, is the identification of potential partners at each stage of the sequence.

Chapter 6 therefore brings together the strategic measures, activities for achieving the prioritized interventions, financing requirements as well as inputs and actions required of identified stakeholders. The chapter also defines the Results-Based Monitoring and Evaluation (R-B M&E) of indicators defined for each activity and the roles and responsibilities of stakeholders. The R-B M&E tracks not only progress of activities but also the negotiated inputs and actions by the various stakeholders.

Table ES2 summarises the results of the sequential process followed through Chapter 2 to 6: a listing of prioritized interventions, prioritized bottlenecks, accelerated solutions, costs of

financing the proposed solutions and potential partners contributing resources for implementing the solutions. The total cost of implementing the specified accelerated solutions is estimated at **GH₵9,500,000**. Further details are provided in Annex VI.

Table ES2 Summary matrix of priority interventions, bottlenecks, accelerated solutions, estimated financing and potential partners (contributors/collaborators)

MDG Indicators	Prioritized Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Solution Financing (US$)	Potential Partners
Indicator 7.9: proportion of population using an improved sanitation facility	Scaling-up of CLTS country-wide	Low prioritization of basic sanitation in budgets	Evidence based advocacy for greater prioritization	1,308,000	MMDA/GOG/ DP
		Limited donor support	Develop and implement a resource mobilization strategy for sanitation	99,300	GOG/DP
		Lack of actionable road map for scaling-up CLTS at District level	Design and implement the Roadmap for CLTS scaling up at district level	526,500	MMDA/GOG
		Lack of adequate and effective monitoring and evaluation	Put in place a Results-Based monitoring and evaluation system with (*SMS platform capability for communication*)	130,000	GOG /DP
		Inadequate coordination and alignment among sectors at district level	Establish and strengthen regional and district level CLTS inter-sectoral working groups and anchor within the RPCUs and DPCUs	- (*captured as part of updating DESSAP*)	MMDA/GOG
		Inadequate capacity of the lead institution to coordinate CLTS	Strengthen capacities (human etc.) of the MLGRD/EHS Directorate (appoint a focal person for CLTS at national level etc.)	50,200	GOG
		Lack of trained facilitators	Expand and strengthen the TOT system	412,150	GOG/NGO/D P
			Build a network of facilitators at district level		MMDA/GOG/ NGO
		Lack of technical support to HH to build of improved facilities	Provide training to local artisans, 'SanMark' teams	1,526,800	MMDA/GOG/ NGO
			Facilitate the establishment of sanitation markets and		MMDA/NGO

MDG Indicators	Prioritized Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Solution Financing (US$)	Potential Partners
			HHs access to markets		
		Limited capacity of HHs to maintain and make a proper use of improved facilities	Put in place a 'coaching'/facilitation system at community level (including involvement of CHPS officers)	34,000	MMDA/NGO
		Insufficient education of children on basic sanitation & hygiene	Incorporate CLTS within existing "value-based WESH curriculum" at schools	3,027,900	MoE/MLGRD-EHSD
			Intensify school outreach programs on sanitation		MoE/MLGRD
		Inadequate involvement of children in CLTS	Adapt facilitation skills to include children	118,000	NGOs
	Decentralised treatment/disposal systems incorporating harvesting/re-use of biogas	Non-existence of land in some areas	Make an inventory of existing sanitary sites	78,300	MMDA
		Limited capacity to utilize PPP framework	Develop & implement a comprehensive capacity building strategy on PPP	1,926,000	MoFEP/MLGRD
		Lack of awareness of private sector about business opportunities in this type of technology	Develop and implement an effective communication strategy directed towards the private sector	69,200	GOG/DP
			Train private sector in design and installation of biogas facilities		MLGRD/MEST
		Lack of awareness of HH about the usefulness of Digesters	Implement 'awareness-raising ' campaign directed to HHs	25,000	MMDA/MLGRD/MEST/MoI-ISD
	Targeted Micro-finance credit scheme for household latrine construction	Pending commitment of the GoG to set-up a revolving Funds for basic sanitation	Facilitate inter-ministerial consensus to speed up approval of the SESIP	36,200	MoFEP/MLGRD
		Lack of agreement between the GoG and the MFIs to operationalize the Revolving Funds	Develop a comprehensive institutional framework, including agreement & monitoring system, for implementing the revolving fund	57,600	BoG/ARB Apex Bank/GHAMFIN
		Lack of operationalization			

MDG Indicators	Prioritized Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Solution Financing (US$)	Potential Partners
		framework of the Revolving Funds			
		potential financial gap	Develop and implement resource mobilization strategies	(*cost as part of Investment Forum under xx*)	MoFEP/MLGRD/RNE/CIDA
		Low loan recovery rate High cost of credit	Develop and implement a comprehensive sanitation-specific microfinance model for mitigating accessibility constraints	40, 000 + (*as part of institutional framework xx*)	MoFEP/BoG/ MLGRD
			Train MFIs, CUs and RBs in managing of home-improvement services through micro-credit		GHAMFIN/EMPRETEC

CHAPTER I Introduction

1.1 Background

Ghana, a tropical country on the west coast of Africa, is divided into ten administrative regions and 170 decentralized districts. The country has an estimated population of about 23.4 million (GSS, 2009) with a population density varying from 897 per km^2 in Greater Accra Region to 31 per km^2 in the Northern Region. Life expectancy is estimated at 56 years for men and 57 years for women, while adult literacy rate (age 15 and above) stands at 65%. The government is a presidential democracy with an elected parliament and independent judiciary. The principal religions are Christianity, Islam and Traditional African. Ghana's economy has a dominant agricultural sector (small scale peasant farming) absorbing 55.8% (GLSS 5) of the adult labour force, a small capital intensive mining sector and a growing informal sector (small traders and artisans, technicians and businessmen). Since independence, Ghana has made major progress in the attainment and consolidation of growth. However, a number of questions arise as to how to accelerate equitable growth and sustainable human development towards the attainment of a middle income country status by 2015.

Map 1 Administrative Regions/Capitals

At the turn of the century, in September 2000, Ghana, along with 189 UN member countries adopted the Millennium Declaration that laid out the vision for a world of common values and renewed determination to achieve peace and decent standards of living for every man, woman and child. The eight MDGs derived from the Millennium Declaration set time-bound and quantifiable indicators and targets aimed at halving the proportion of people living below the poverty line, improving access to primary education, promoting gender equality, reducing child mortality, improving maternal health, combating and reversing the trends of HIV/AIDS, malaria and other diseases, ensuring environmental sustainability, and promoting global partnership for development between developed and developing countries by 2015. These eight set of clear, measurable and time-bound development goals were expected to generate unprecedented, coordinated action, not only within the United Nations system, including the Bretton Woods institutions, but also within the wider donor community and, most importantly, within developing countries themselves.

Ghana has since mainstreamed the MDGs into the country's successive medium term national development policy framework, the Ghana Poverty Reduction Strategy (GPRS I), 2003 – 2005, and the Growth and Poverty Reduction Strategy (GPRS II), 2006 - 2009.

In particular, an ex-post Strategic Environmental Assessment (SEA) of the GPRSI recommended the mainstreaming of environmental sustainability issues in all sector policies, plans and programmes. The GPRSII and the current development policy framework the Ghana Shared-Growth and Development Agenda (GSGDA), 2010 – 2013, benefitted from the SEA process. The new Environmental Sanitation Policy (Revised, 2010) also benefited from an in-depth SEA process to make policy measures responsive to environmental sustainability objectives.

Within the same period of the two development policy frameworks, Ghana benefited from the Highly Indebted Poor Country (HIPC) initiative and other international development assistance support, Multilateral Debt Relief Initiative (MDRI), Multi-Donor Budget Support (MDBS), Poverty Reduction Support Credits (PRSCs 1 – 9) and the United States funded Millennium Challenge Account programme, among others.

In addition to direct poverty reduction expenditures, government expenditure outlays were directed at growth inducing policies and programmes that have high potential to support wealth creation and sustainable poverty reduction.

The Ghana Shared Growth and Development Agenda (GSGDA), 2010 – 2013, has seven (7) thematic areas: (i) Ensuring and sustaining macroeconomic stability, (ii) Enhanced competitiveness of Ghana's private sector, (iii) Accelerated agricultural modernization and natural resource management, (iv) Oil and gas development, (v) Infrastructure, energy and human settlements development, (vi) Human development, employment and productivity, and, (vii) Transparent and accountable governance. The overarching thrust of the GSGDA is to achieve and sustain economic stability while placing the economy on a path of higher growth in order to attain a per capita income of at least US$3,000 by 2020 while also achieving the Millennium Development Goals (MDGs).

Environmental Sanitation, the preferred broad term that covers household-level excreta disposal (basic sanitation) and hygiene, features strongly in two sub-themes of the GSGDA, namely, i) human settlements development and ii) natural resources management. The GSGDA also captures the key sector strategies for improving sanitation. This is a reflection of work that has been carried out by sector actors. In the recent past the Environmental Health and Sanitation Directorate (EHSD) and the Policy Directorate of the MLGRD have led the preparation of a new Environmental Sanitation Policy (Revised, 2010), the National Environmental Sanitation Strategy and Action Plan (NESSAP) and the Strategic Environmental Sanitation Investment Plan (SESIP). These documents and others provide the main strategies for the CAP on sanitation under the MDG Acceleration Framework.

1.2 Overall Progress in achieving MDGs in Ghana

This section of the report presents excerpts from the Ghana 2010 MDG Report prepared by the National Development Planning Commission. A bit more emphasis is given to MDG 7 under which the indicator for sanitation progress is located.

According to 2010 MDG Report, Ghana's progress in achieving the MDGs is mixed. **The country is largely on track in achieving the MDG 1 target of reducing by half the proportion of the population living in extreme poverty.** The overall poverty rate has declined substantially over the past two decades from 51.7% in 1991/92 to 28.5% in 2005/2006 while the proportion of the population living below the extreme poverty line also declined from 36.5% to 18.2% over the same period against the 2015 national target of 26% and 19% respectively. **Although current data on poverty is not available, trends in economic growth suggest a further decline in poverty between 2006 and 2008**. However, despite the significant decline in poverty at the national level, regional, occupational and gender disparities exist. Some regions did not record improvements in poverty, particularly the three Northern regions where high levels of poverty persist. Over 70% of people whose incomes are below the poverty line can be found in the Savannah areas. The 2009 Human Development Report (HDR) shows Ghana's Human Development Index (HDI) rank had declined and inequality remains high. Thus the high growth rate has not necessarily been consistent with improved human development indicators as the country continues to face challenges with health and other social services.

On MDG 1 target 3 of halving the proportion of people who suffer from hunger, Ghana is on course to achieving the child malnutrition indicators ahead of 2015. The prevalence of children suffering from wasting and stunting that characterized the late nineties continued to be reversed in 2008. The incidence of wasting has declined from a peak level of 11.4% in 1993 to 5.3% in 2008, while the occurrence of underweight has declined from about 31% in 1988 to 13.9% in 2008. In terms of districts facing chronic food production deficits, the trend has seen continuous reduction from 22 in 2005 to 15 in 2006, and further down to 12 in 2008. These achievements were made possible as a result of numerous programmes and interventions implemented by government, including fertilizer subsidy, the expanded maize and rice programmes which supported farmers with agricultural inputs (i.e. fertilizer, improved seed), ploughing and labour cost.

Available data and trend analysis on MDG 2 of achieving Universal primary education show that Ghana is on track to achieving both the gross and net enrolment targets by 2015. The number of schools and enrolment rates has increased tremendously over the years due to various reforms and new policy measures instituted by the government. The number of kindergartens (KG) has increased from 14,246 in 2006/07 to 15,449 in 2007/08 following government's policy of mandating each primary school to have a kindergarten attached to it. The Gross Enrolment Ratio (GER) for KG has subsequently increased from 89.0% in 2006/07 to 89.9% in 2007/08. The number of primary schools rose from 16,903 in 2006/07 to 17,315 in 2007/08, while the GER increased from 93.7% to 95.2% over the same period. The area that challenges exist is survival rate which has stagnated at 88% in 2007/08 from 85.4% in 2006/07.

On MDG 3 target of ensuring gender parity especially at the Primary and Junior High school (JHS) levels, trends show that Ghana is on track in achieving both targets, although primary level parity has stagnated at 0.96 since 2006/07, while the parity at the JHS increased slightly from 0.91 in 2006/07 to 0.92 in 2007/08. On the other hand, the parity at the KG has declined slightly from 0.99 in 2006/07 to 0.98 in 2007/08. Progress towards increasing the number of women in public life suffered a setback with the reduction of the

number of women elected into Parliament during the 2008 elections declining from 25 to 20. This had reduced the proportion to below 10%, and puts Ghana under the international average of 13%.

Although evidence shows that there has been significant reduction in both infant and under-five mortality rates in Ghana, it is unlikely that the 2015 target of reducing the child mortality rates will be easily met. The Ghana Demographic and Health Survey (GDHS) 2008 showed a 30% reduction in the under-five mortality rate, as it declined from 111 per 1000 live births in 2003 to 80 per 1000 live births in 2008, while infant mortality rate as at 2008 stood at 50 per 1000 live births compared to 64 per 1000 live births in 2003. Neonatal mortality rate also has seen a decrease from 43 per 1000 live births in 2003 to 30 per 1000 live births in 2008. The proportion of children aged 12-23 months who received measles vaccine has increased from 83% in 2003 to 90% in 2008 showing an improvement of the coverage of one of the key child survival interventions (Ministry of Health (MOH), 2008 and GHS, 2003).

The key child health interventions are antenatal care, delivery care, postnatal care, immunization, nutrition, management of childhood illnesses and malaria prevention. In the last decade some progress has been made to improve child survival. Household ITN ownership has improved at 61.6% (Urban) and 66% (Rural) areas, immunization coverage is high (Penta3 87%[1]), NHIS coverage is high, antimalaria combination therapy is universally available and infant and child mortality have declined(DHS[2], MICS[3]).

Maternal health care has improved over the past 20 years albeit at a slow pace. Between 1990 and 2005, maternal mortality ratio reduced from 740 per 100,000 live births to 503 per 100,000 live births, and then to 451 per 100,000 live births in 2008. If the current trends continue, maternal mortality will be reduced to only 340 per 100,000 by 2015 instead of the MDG target of 185 per 100,000 by 2015. The improvement however, is not the same for all regions. There are disparities in maternal mortality ratio (institutional) across the 10 regions in Ghana from 1992-2008. Maternal mortality ratio decreased by up to, 195.2 per 100,000 in Central and Upper East regions; 141 per 100,000 in Northern and Western Regions; 120.1 per 100,000 in Volta and Eastern Regions; and 59.7 per 100,000 in Upper West, Brong Ahafo and Ashanti regions. The only region where maternal mortality ratio has worsened is in Greater Accra (by 87.6 per 100,000). Maternal death was declared notifiable within 7 days in Ghana in January 2006 and notification rate in 2007 was 71.8%. A quarter (75.4%) of 751 maternal deaths in Ghana (2007) was audited.

After a decline from a high of 3.2% in 2006 to low of 2.2% in 2008, evidence from the 2009 Sentinel surveillance report suggest an increase in HIV/AIDS prevalence rate in Ghana to 2.9% in 2009. According to the Ghana AIDS Commission, the current up-and-down movement in the prevalence rate between 2003 and 2008 signals only a leveling effect or stabilization of the epidemic.

[11] GHS, Disease Control and Prevention Department 2008 Annual report
[222] GSS, Demographic and Health Survey 2008
[33] MOH, MICS 2006

The broad focus of **MDG 7** is that of ensuring Environmental Sustainability. Globally, MDG 7 is further defined by 4 quantifiable targets and 10 indicators as shown below;

a. Target 7a: Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources

b. Target 7b: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicators for Target 7a and 7b are:

7.1 Proportion of land area covered by forest
7.2 CO2 emissions, total, per capita and per $1 GDP (PPP)
7.3 Consumption of ozone-depleting substances
7.4 Proportion of fish stocks within safe biological limits
7.5 Proportion of total water resources used
7.6 Proportion of terrestrial and marine areas protected
7.7 Proportion of species threatened with extinction

c. Target 7c: Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicators for Target 7c are:

7.8 Proportion of population using an improved drinking water source
7.9 Proportion of population using an improved sanitation facility

d. Target 7d: Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020

Indicator for Target 7d is:

7.10 Proportion of urban population living in slums

Currently in Ghana only 4 of these indicators – 7.1, 7.8, 7.9 and 7.10 – are tracked as being of significance in relation to national development objectives and availability of data. (Ghana MDG Report, 2010)

Interventions towards meeting MDG 7 in Ghana

Various initiatives have been embarked on by government and other key stakeholders and partners in development, to promote sustainable development and improve quality of life in general, which is the ultimate goal of all the MDGs.

Specific initiatives regarding Target 7 are discussed briefly below.

Target 7a - Sustainable development principles

In 2003 Ghana carried out Strategic Environmental Assessment (SEA) of the Ghana Poverty Reduction Strategy (GPRS), which was the main National Development Policy Framework.

This was done as part of efforts to mainstream environment in the overall national development processes covering policies, plans, programmes and projects in order to ensure sustainable development.

Following from the success of the SEA, government adopted the SEA process as one of the key paths in helping to achieve MDG 7a. Subsequently, various national level policies have been subjected to SEA. In addition the NDPC planning guidelines for sectors and districts have incorporated requirements for SEA as part of the planning process.

Table 1 below is a summary of various policies and plans that have been subjected to SEA since 2003

Table 3 Summary of Policy Interventions on MDG 7

No	Title of Policy, Plan and/or Program	Sector
1.	National Water Policy	Water Resources, Urban and Rural Water Supply
2.	Environmental Sanitation Policy (Revised, 2010)	Environmental Sanitation
3.	National Transport Policy	Transport
4.	Tourism Policy	Tourism
5.	Energy Policy	Energy
6.	Shelter Policy	Housing and Human Settlements
7.	Food and Agriculture Sector Development Policy	Agriculture
8.	NDPC Planning Guidelines for District Medium Term Development Planning	MMDAs
9.	NDPC Planning Guidelines for Sector Medium Term Development Planning	Sector Ministries

More recently, the Ghana Shared Growth and Development Agenda (GSGDA), 2010-2013, which is the main policy framework for national development, has focused strongly on environment issues with significant initiatives on sustainable natural resources management, climate variability and change, human settlement development etc. Therefore while no specific indicator has been denoted for tracking progress in integrating sustainable development principles into country policies and programmes, the use of SEA principles and processes has enabled some appreciable progress to be made in this direction although there is still a lot more room for improvement. The GSGDA state that ”the total economic cost of poor environmental management and sanitation is estimated at over 10% of Ghana’s GDP” (GSGDA Vol.1 p 41)

Target 7b: Biodiversity loss

Indicator 7.1 Proportion of land area covered by forest

In terms of target 7b on Reduction in biodiversity loss, the focus has been mainly on the forest resources. Ghana is essentially an agricultural economy and the forests play a significant role in ensuring sustainable agriculture and overall productivity. Although the rate of deforestation reduced from about 18.2% in 2000 to around 9.5% in 2005 the trend of loss of forest cover persists due to various factors such as population pressures, logging, fuel production and farming as well as poorly resourced institutions mandated with the enforcement of compliance.

Target 7c – Water and Sanitation

Indicator: 7.8 The proportion of population with access to improved water source

Under the MDG 7 target 7C, the proportion of Ghanaians without access to improved water sources, is expected to reduce from 44% in 1990 to 22% in 2015. Available data indicates that the proportion of the Ghanaian population that uses improved drinking water has increased significantly from 56% in 1990 to 83.8% in 2008. Similarly the proportion of the urban population with access to improved drinking water has increased from 86% in 1990 to 93% in 2008, while that for rural population increased from 39% in 1990 to 76.6% in 2008.

From the trend analysis, significant progress appears to have been made in achieving this target. The proportion of population without access to improved water sources has decreased from 44% in 1990 to 16.2% in 2008.

This implies that Ghana is on track to achieving the MDG target of reducing by half the proportion of the population without access to improved water sources well ahead of the 2015 target date.

Indicator: 7.9 Proportion of the population using an improved sanitation facility

Available user-based data from the Ghana Demographic and Health Survey (GDHS) shows that national coverage for improved sanitation has increased from 4% in 1993 to 12.4% in 2008 (Figure 1). Among urban population, improved sanitation coverage has increased from 10% in 1993 to 17.8% in 2008, while the rural populations with access to improved sanitation has increased from 1% to 8.2% between 1993 and 2008. The proportion of rural population with access to improved sanitation has increased by 6% between 2003 and 2008 compared to an increase of 3% for the proportion of urban population with access to improved sanitation during the same period.

On the other hand, open defecation has declined marginally from 24.4% in 2006 to 23.1% in 2008. This includes defecation into drains, fields, streams, bush and the beaches. With

current population estimates for Ghana being about 23.4 million (2008), this implies that about 5.4 million people practise open defecation. The practice is also more widespread in the Northern, Upper West and Upper East Regions.

At the regional level, access to improved sanitation facilities varied considerably in 2008. The proportion of population in the Greater Accra and Eastern regions who has access to improved sanitation was above the national average of 12.4%, while those in the Western and Central regions were close to national average (Figure 2).

The rest of the regions including Ashanti and Brong Ahafo regions recorded less than the national average. Large proportion of the population in the three northern regions (i.e. Northern, Upper East and Upper West) are less likely to have access to improved sanitation facilities as an average of 4% of the population have access to improved sanitation facilities (not shared) compared to 25% in the Greater Accra and 15% in the Eastern region.

The regions where significant progress is being made towards achieving the MDG 7 target of reducing by half the proportion of the rural population without access to improved sanitation are Ashanti, Eastern and Central.

Even though Ghana has made some progress in reducing the proportion of the population without access to improved sanitation, the target may not be achieved by 2015 if the current trends continue.

Target 7d – Slum Dwellers

In Ghana indicator 7.10 is considered in 2 parts as ff:

7.10a. Population with access to secure housing (%)
7.10b. Proportion of urban population living in slums (%)

The proportion of the population with access to secure housing

The rapid increases in population and urbanization, and the inability of the housing delivery system to meet the growing effective demand over the years has created strains in the existing housing stock and infrastructure, especially in the urban areas. This has resulted in overcrowding and development of slums in many places. Available estimates show that urban population has increased from 28.9% in 1970 to 43.8% in 2000.

On the other hand population with access to secure housing has stagnated at about 12% over the past five years and if the trend continues, the proportion with access to secure housing will increase by only 6% by 2020. This means that significant proportion of urban population will remain without access to secure housing.

The proportion of urban population living in slums

A slum household is defined as a group of individuals living under the same roof lacking one or more of the following conditions: (i) access to improved water; (ii) access to improved sanitation; (iii) sufficient-living area; (iv) durability of housing; and/or (v) security of tenure. The informal nature of these settlements hamper the availability of basic facilities and as a result, households in these areas spend significant amounts of time and resources to access these facilities, especially improved water and sanitation, at inflated prices.

Slum development has become a feature of the urban environment in Ghana. Available statistics from the 2000 population and housing census shows that, out of 3.88 million dwelling units recorded in 2000 in Ghana, less than 50% were classified as houses, while the remaining were dwelling units constructed with poor quality mud bricks and earth, mostly with thatched roof and poor floor construction materials. In addition, 74,000 kiosks and containers housed several hundred thousand people and a large number of people in urban areas sleep on pavements, walkways and on streets. This phenomenon has been attributed in part, to increasing urbanization, accompanied by high rural- urban migration.

In 1990, the total number of people living in slums in Ghana was estimated at 4.1million, and increased to 4.99 million in 2001 and then to 5.5 million people in 2008. In Greater Accra alone it is estimated that nearly one-third of the population live in slums.

In terms of its share of the total population, the proportion of people living in slums in Ghana has declined consistently from 27.2% in 1990 to about 19.6% in 2008. However, in terms of its share of the urban population, the proportion of people living in slums in Ghana declined from 80.4% in 1990 to about 45.4% in 2005. It is important to note that the declining pattern observed has been attributed, in part, to the change in the definition of adequate sanitation. In 2005, only a proportion of households using pit latrines were considered slum households, whereas in 1990 and 2001, all households using pit latrines were counted as slum households. If the current pattern continues, a significant proportion (about 14%) of the population will still be living in slum areas by 2020.

The 2000 Population and Housing Census estimated the total number of households in Ghana to be about 3.7 million, and growing at an average rate of 2% per annum. At this rate, about 2.3 million new households are expected to be generated and sheltered by 2025. The current estimate indicates that the country's housing deficit is in excess of 800,000 units, while the housing supply growth is about 35% of the total annual requirements of 100,000 units per annum. This poses an enormous challenge for the country in order to meet the MDG 7 target of achieving a significant improvement in the lives of proportion of the population living in slums and those with access to secure housing.

In terms of Global Partnerships for development, many developed countries have not met the 0.7% GNP target for aid. However, aid inflows to Ghana appear to have increased in nominal terms from US$578.96 Million in 2001 to US$1,433.23 million in 2008. The current concerns, however, is the level of increases in real terms and the quality of the aid the country receives. In real terms, ODA inflows to Ghana has stagnated at about 8.7% of GDP between 2002 and 2008, after initial rise from 6% of GDP in 1999 to 15% of GDP in 2001.
The portfolio of aid inflows continued to be dominated by project aid which constitutes more than 60% of ODA inflows. The global financial, oil and food crisis appear to have impacted negatively on the public debt position of Ghana, which is gradually approaching unsustainable levels in recent times. Ghana's public debt as a percentage of GDP has increased from 41.4% in 2006 to 55.2% in 2008.

1.3 Past and emerging challenges and their impact on achieving MDGs

The global food and energy crisis, as well as the effect of the global economic crisis and the 2008 Presidential and Parliamentary Elections between 2006 and 2008 adversely affected pro-poor expenditures. While the HIPC debt relief fund continued to fund activities in support of both poverty reduction and growth enhancement, the Multilateral Debt Relief Initiative (MDRI) which came into effect in 2006 addressed the energy crisis among others.

Prior to the onset of the financial crisis, foreign inflows (export earnings, investment and remittances) were buoyant. In the beginning of 2009, however, the country recorded a budget deficit of 14.5% of GDP (excluding divestiture receipts), and 11.5% of GDP (including divestiture receipts); as well as a large current account deficit of 20.87% of GDP. The country faced a high base interest rate of 27.22% and an average annual inflation of 18.13% in 2008. Average depreciation recorded was 20.6% and 16.1% against the US dollar and the Euro, respectively.

Ghana's high level of dependence on the world economy, with as much as 30% of budget support from international partners, and her strong trade links with the US and Europe, may imply that any disturbance emanating from the international financial system is bound to have an effect on the domestic economy. In terms of international trade and foreign direct investment, the global financial crisis does not show a major setback as far as Ghana is concerned. Gold and cocoa, Ghana's main exports, were resilient in the face of the crisis and as a result of investments in the oil and gas fields, foreign direct investment has increased. It cannot therefore be argued that developments in international trade and FDI negatively affected the achievement of any of the MDGs in Ghana. However, the crisis brought with it negative consequences for the financial markets. There was reluctance on the banks to provide credit to households, small and medium enterprises (SMEs) as well as big business enterprises for fear of loan default. In addition, discount, interest, prime and lending rates have increased. As far as the stock market is concerned, the all-share index fell drastically and trade volume has also decreased. These developments affected share prices paid to clients which may have further affected incomes of households.

The impact of climatic change is now more than ever before being felt. It poses an increasingly recognizable threat to the livelihoods of mainly poor people. There is clear

evidence that the potential negative impacts of climate change are immense, and Ghana is particularly vulnerable due to lack of capacity to undertake adaptive measures to address environmental problems and socio-economic costs of climate change (EPA, 2000). For instance, in agricultural areas, particularly in the central and northern regions of the country, climate change has contributed to the deterioration of rural livelihoods, which is reflected in declining incomes, malnutrition, and hunger. There are also health problems associated with climate change, flooding of coastal areas, which are already undergoing erosion, and low operating water levels of the only hydro-generating dam in the country. Yet, human adaptive capacity and strategies to respond to floods, high temperatures, coastal erosion, sea level rise, and other climate-related events are intrinsically tied to people's vulnerability to daily shocks and stresses. Climate change is likely to exacerbate these shocks and stresses, particularly among the poorest and most vulnerable populations and, therefore, may inhibit the attainment of the MDGs. The evidence of the implications of these phenomena for the attainment of the MDGs in Ghana may have been underreported. It is important that this is given the needed attention since it has the potential of not only eroding the gains already made, but also frustrating efforts being made to achieve the goals. A number of immediate responses to the international financial crisis and climate change threat is GoG's directive to sectors to develop job-creation strategies and the GSGDA's focus on pursuing shared-growth and poverty alleviation as well as mechanisms for reducing vulnerability to climate variability and change such as pursuing a low-carbon economy.

Improving environmental sanitation uniquely addresses both issues of job-creation and adaptation to climate change and the sector's plans and strategies for accelerating basic sanitation are responsive in these respects as shown in the Ghana CAP for Sanitation.

1.4. Closing the gaps between current trends and targets

Back in 2006, the Human Development Report (UNDP, 2006) emphasized improving access to safe water and basic sanitation. This was seen as the most sensible thing to do because access to water and sanitation equips people to get themselves out of poverty and to contribute to national prosperity. From the foregoing review of MDG progress it is clear that in the case of water Ghana is on track to achieve the desired target although problems of access by outlying newly developing areas and intermittent supplies to urban poor areas. The major challenge is sanitation.

Basic sanitation according to the UNDP Country statistics is the only indicator that has retrogressed over the period since 1990. Various studies have indicated that globally achieving MDG7 is is not likely to be achieved in many countries, Ghana included. However, Ghana is often described as "hugely off-track" as despite the gains made on other fronts it is on the bottom rungs of the sanitation league table (JMP table).

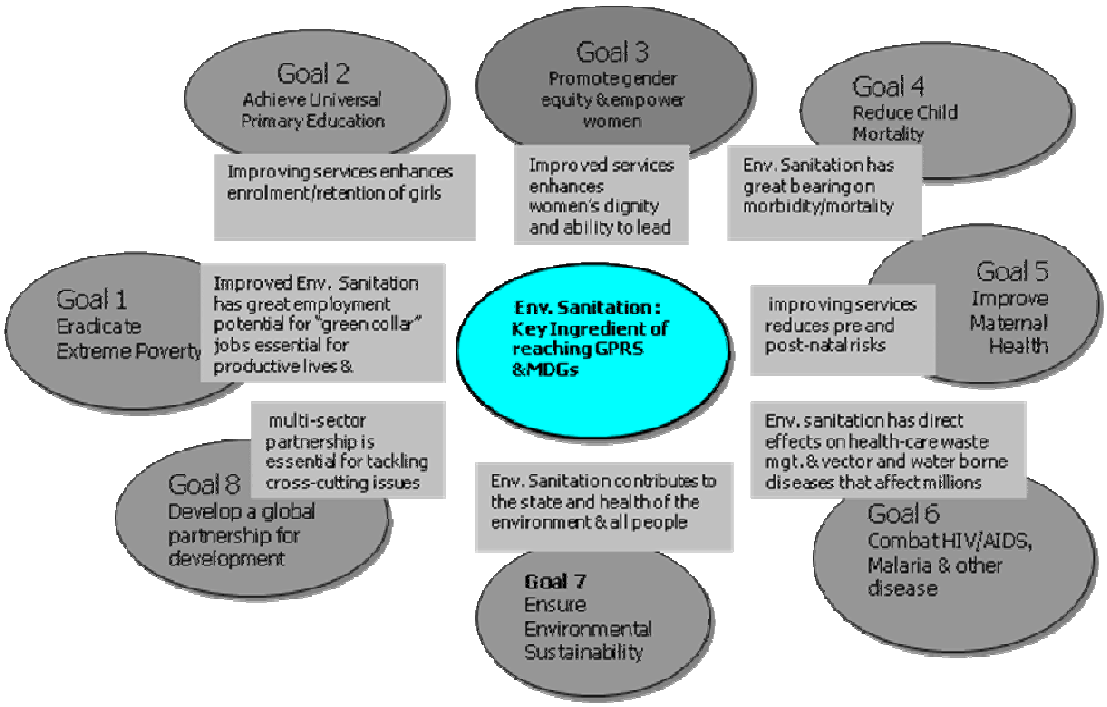
1.5 MDG Accelerated Framework, the CAP and Objectives

Unlike other sectors notably health and water, the environmental sanitation sector has, until recently lacked a comprehensive national plan defining key strategies and programmes for incremental improvements. Indeed the Strategic Environmental Sanitation Investment Plan (SESIP) has only been completed for cabinet endorsement. However, it is this freshness that provides the inspiration and impetus to sector actors and agencies that noticeable gains, even if short of the MDG target, can be made.

As we approach the target year of 2015, the MDG Acceleration Framework introduced by the UN System complements the efforts of the sector agencies in changing the fortunes of MDG7, Target C, and, in particular, Indicator 7.9 the proportion of people using improved sanitation facilities. Undertaking the MAF exercise provides an opportunity to focus on a few key interventions and strategies and to identify potential bottlenecks and how to overcome these for rapid scaling-up.

For the Environmental Sanitation sector the MAF will aid address the shortfall in expected GoG allocation to the sector for tackling basic sanitation and lack of direct donor support to the Ghana SWA Compact which was prepared in April 2010.

Sanitation is at the core of achieving all the MDGs, yet it does not receive the same attention as education and health. Therefore, the CAP for Sanitation under the MAF focuses on removing the bottlenecks that constrain access to basic sanitation in order to spur scaling-up of priority actions. Implementing the CAP in this case will position Ghana on a path of rapid progress to achieve MDG7, Target 7C, Indicator 7.9.



Thus the preparation of a Country Action Plan (CAP) for acceleration of MDG 7 target for basic sanitation is in line with GoGs priorities as expressed in the GSGDA (2010 – 2013). The Ghana CAP for Sanitation identifies priority interventions that can contribute to achieving the target, related bottlenecks as well as appropriate solutions to overcome the bottlenecks and accelerate progress. The CAP includes an implementation and results-based monitoring and evaluation (R-B M&E) plan for tracking progress.

1.5.1 Objectives

The MAF aims at supporting national governments, UN agencies, other development partners and CSOs working in any of the MDG areas to better understand the key deep rooted causes militating against positive outcomes in a particular MDG, find key solutions and develop an Action Plan that can help to reduce the risks hampering progress of that MDG. In the case of Ghana, the MAF objectives sought to:

- Review existing policies and interventions in the area of MDG 7, Target 7c, Indicator 7.9 i.e. access to improved sanitation;
- Identify the key bottlenecks to the implementation and attainment of MDG 7, Indicator 7.9;
- Identify gaps in existing policies and interventions;
- Develop cost effective solutions that can accelerate progress towards the attainment of MDG 7, Indicator 7.9
- Design an Action Plan for implementing the indicative interventions and monitor progress

1.5.2 Methodology used in preparing MAF Country Action Plan

The process of developing the CAP involved;

- The selection of team members of the National Technical Working Group on Sanitation;
- The procurement of consultants
- Scoping of key issues and challenges of the Environmental Sanitation Policy (Revised, 2010), strategies and action plans of the National Environmental Sanitation Strategy and Action Plan (NESSAP), proposed interventions of the Ghana Compact on Sanitation and Water for All (SWA), as well as sector issues, objectives and strategies of the Ghana Shared Growth and Development Agenda (2010 -2013).
- Working sessions to define and prioritize and rank indicative interventions as well as identify and prioritize bottlenecks; and
- Proposing solutions to remove the bottlenecks;
- Consultative workshops to validate prioritized solutions and reach agreement on inputs from DPs, UN System, Government and Civil Society to form the MDG Acceleration Compact.
- Presentation of finalized Ghana Sanitation MAF to Executive and Parliamentary Select Committees (Local Government, Finance, and Environment)

The Technical Team comprising members of the NTWGS and the consultants worked to develop the draft Country Action Plan.

The MAF methodology has participatory engagement of stakeholders as a core process-principle. Within the water and environmental sanitation sector Strategic Environmental Assessment (SEA) principles and processes which also hinges broad stakeholder consultation and participation in defining strategic objectives have been used widely in the preparation of policies, plans and programmes. Thus the process of consolidating and finalising the CAP for Sanitation benefited immensely from the experiences of applying SEA, especially in the formulation of the water and environmental sanitation policies.

1.5.3 MAF Consultative Process

The preparation of the MAF CAP on Sanitation, as indicated above, followed the SEA process so non-expert views of local stakeholders gathered during consultations played a significant role. The preparation team was also guided by the principles of Paris Declaration and Accra Agenda for Action and so the sense of country-ownership under the leadership of the MLGRD/EHSD has been key ingredients of the CAP.

The immediate trigger for the preparation of the Ghana Cap for Sanitation under the MAF is the briefing session by the EU delegation regarding upcoming support for prioritized interventions for MDG targets that are "off-track". While the delegation recognised the existence of the MAF for MDG 5, it was also felt in certain quarters that MDG7, Target 7c, Indicator 7.9 was more "off-track" than MDG 5 and so a CAP on Sanitation needed to be prepared as well.

Ghana has already had the experience of preparing a MAF for MDG 5 while the sanitation sector has also been engaged recently in the preparation of sector plans and the Ghana SWA Compact; the preparation of the CAP for Sanitation therefore received sufficient support from the teams involved in the preparation of the MAF for MDG5 and the Ghana SWA Compact.

The consultative processes pursued are as follows:

- A briefing session with the members of the UNDP team that participated in the preparation of the MAF for MDG5;
- Convening of the National Technical Working Group on Sanitation (comprising…to deliberate on the focus of the CAP for Sanitation;
- A brainstorming session of the NTWGS (including consultants) on draft outline of the CAP prepared by the consultants based desk-reviews of relevant policies, plans and programmes;
- Focused Group Discussions (FGDs), Key-Person-Interviews (KPIs) and rapid survey questionnaire to selected identifiable groups for inputs on the key bottlenecks and solutions (including market women and landlord associations, assemblymen, artisans and micro-finance institutions, DDOHs, and WMDs of MMDAs);
- The NTWGS with the consultants, the UN inter agency team including a Resource Person from UNDP Regional Service Center, Dakar, undertook a 3-day working session in Dodowa and reviewed the proposed interventions and considered key bottlenecks that

when overcome will truly fill-in the gap to accelerate the achievement of MDG 7, Target 7c, Indicator 7.9;

- The NTWGS organized workshop with sector stakeholders to review and validate the proposed priority interventions, identified bottlenecks and made recommendations on possible implementation and a results-based monitoring and evaluation (R-B M&E) framework developed;
- A meeting with the Executive (Office of the President, Ministers MoFEP, MLGRD, MEST, MWRWH, DG NDPC, Governor of Bank of Ghana, Head of APR Apex Bank, MoH, Regional Ministers – Northern, Upper West, Brong Ahafo and Central) and Parliament (Parliamentary Select Committees on Finance, Environment and Local Government) was organized on….to discuss and build consensus on the MAF Ghana CAP on Sanitation and also solicit ministerial and parliamentary inputs for rolling out the CAP;
- The MAF Country Action Plan for Sanitation was finalized and endorsed to represent Ghana's strategy for pursuing improvement for basic sanitation for the next 4 years of the target date of 2015.

The outputs from the overall MAF process can be summarised as: (i) an iterative analysis of the national, regional and district level constraints to implementing the well-defined actions required to make progress on MDG7, Target 7c, Indicator 7.9 with emphasis on answering the question: *Why have the specific interventions not been implemented; and* (ii) **2-3 year business plan/CAP** outlining solutions and how all stakeholders can work together to implement these prioritized solutions.

The core of the MAF process as applied to the selected issue of basic sanitation is not to reivent the wheel but to take make detail account of existing policies, plans and/or programmes of the selected target and/or indicator to assess the collective effectiveness of the strategies and re-prioritize them on the basis of scalable impact, affordability, equity and operational sustainability of the activities to be designed. The last criterion is particularly important, in the face of the fact that the MDG 7 is "only the floor and not the ceiling".

1.5.4 September 2010 Summit

In September 2010, ten years after the historical event of MDG declaration in 2000, the global leaders met again to review the progress made, galvanize political commitment, and spur collective action in achieving the MDGs by 2015. The preparation to the September Summit included an update of MDGs in Ghana (2010 MDG Report, NDPC) A summary booklet "Ghana's Commitment to Attaining the MDGs by 2015" prepared by the UN System in Ghana provides a snapshot of the status of the measured MDGs, targets and indicators.

Ghana's Country Action Plan for acceleration of MDG 5 was presented at the summit as part of s synthesis report of 10 countries (4 in Africa - Ghana, Tanzania, Togo and Uganda) by the UN system to develop a Country Action Plan (CAP) for acceleration of MDG 5.

Prior to the September 2010 MDG Summit, Ghana has presented its compact on ***Sanitation and Water for All – a Global Framework for Action (SWA)*** at the first High-Level Meeting (HLM) in April 2010 in Washington D.C., USA. Sanitation and Water for All: a Global framework for Action (SWA) is an international partnership of national governments,

donors, civil society organizations and other development partners working together to galvanise political commitments to increase global access to sanitation and water.

In summary, the Ghana SWA Compact is an affirmation of the country's resolve to do more and improve sanitation and sustain gains in water delivery as we note strongly that the "*MDG for water and sanitation is the floor and not the ceiling*"; lack of sustenance while improving operation and maintenance (O&M) management at the same time will lead us to lose gains and retrogress.

The Ghana SWA Compact re-iterates that the county is off-track to achieving the MDGs for sanitation and the Compact – between the Government of Ghana on one hand, and our Development Partners on the other – is made with the assumption that GoG and DPs including the private sector can leverage more funding to the sanitation and water sector.

The Ghana SWA Compact also realizes the centrality of behavioural change and states that "above all the compact is a clear statement of the Government of Ghana's commitment to, and sharing of, the SWA principles as well as those of Paris Declaration (and Accra-Agenda-for Action), e-Thekwini Declaration, AU Sharm El-Sheik etc. The additional commitment of US$50m annually to reinforce hygiene education and enabling elements for improving sanitation promotion is our affirmation of these declarations".

While GoG's declaration of its commitment embraced Development Partners, a year after those bold statements by Government there is no clear indications from both parties for supporting the declared commitments. *The preparation of the CAP for Sanitation using the MAF has the potential of indicating sources of funding commitments for the prioritised solutions that have been determined*.

A new United Nations resolution aims to boost efforts to attain the sanitation Millennium Development Goal (MDG) target. Otherwise the world will miss the MDG sanitation target by almost 1 billion people, according to a joint WHO/UNICEF report published in 2010. ***The Sustainable Sanitation 5 Year Drive to 2015 (5YD)*** was conceptualised by the United Nations Secretariat Advisory Board (UNSGAB) members as a follow-up to the International Year of Sanitation (2008). The 5YD is an advocacy vehicle to keep sanitation high on the political agenda, promote national coordination, improve sanitation monitoring while supporting sustainable sanitation solutions.

The 5YD was officially adopted by Resolution A/RES/65/153 [2] of the UN General Assembly on 20 December 2010 and now serves as a tool for engaging countries as well as non-state stakeholders for improving access to sanitation worldwide.

The official launch of 5YD took place in the presence of the UN Secretary General during the UNSGAB meeting from 21-23 June 2011 in New York City. The event presents another opportunity to carry forward the work on SWA. The preparation of the MAF on improving basic sanitation to articulate priority items of the NESSAP and the Ghana SWA Compact is thus very timely.

CHAPTER II Progress and Challenges in Achieving MDG 7c –Improved Sanitation

2.1 Overview of MDGR 2010 on MDG Target 7c – access to improved sanitation *in Ghana*

Although Ghana has achieved progress in the past 10 years of MDG implementation, challenges of inequalities, geographical disparities and sustaining the progress still remain. With only four years remaining to the MDG deadline, Ghana will have to accelerate its efforts towards the achievement of all the MDGs especially those that the country is "off-track" in achieving such as MDG Target 7c – improving access to basic sanitation.

From time immemorial the provision of water and sanitation has been the rallying point for human development and sustenance of civilizations. Cottages, hamlets, villages, towns and cities came into existence first because of access to water and then basic sanitation to sustain the continued existence of communities.

The central role of basic sanitation in achieving the entire effectiveness of all the MDGs is captured succinctly in the Human Development Report, 2006 " *access to basic sanitation is a crucial human development goal in its own right, but sanitation is also a means to far wider human development ends….Without basic sanitation the benefits of access to clean water are diminished – and the health, gender and other inequalities associated with the sanitation deficit systematically undermine progress in education, poverty reduction and wealth creation*"

"*Clean water, the sanitary removal [and disposal] of excreta and personal hygiene are the three foundations for any strategy to enhance public health*".

As reiterated at the end of the previous section, sanitation affects all the other remaining 7 MDGs. Improved access to sanitation affects the dignity and well-being of women the most. The potential economic benefits of achieving universal access to basic sanitation is estimated to be in the range of a third (30%) of the annual cost incident on Ghana's NHIS.

Yet, many residents of low-income urban and rural lack access to basic sanitation and many more have no access to any kind of facility and practice open defecation. If current trends continue, it is estimated that the MDG target related to sanitation will not be met in Ghana until 2100 or beyond. Investing in water and sanitation improves health and reduces health care costs, improves productivity and increases the return on investments in education.

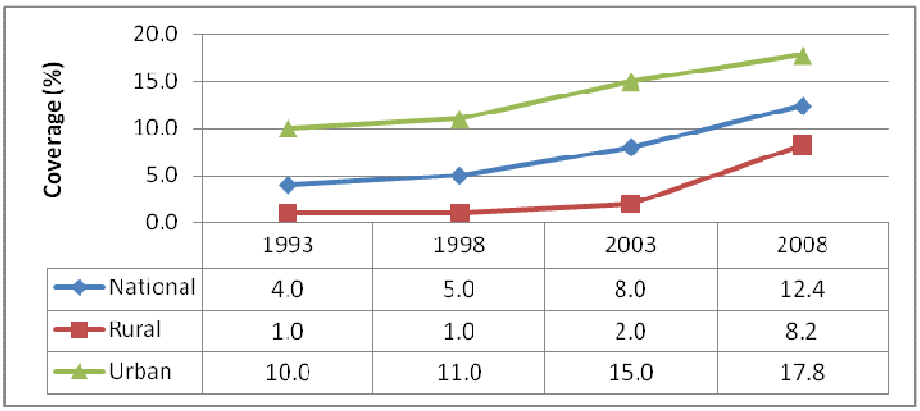
An improved sanitation facility is defined by WHO/UNICEF Joint Monitoring Platform (JMP), as one that hygienically separates human excreta from human contact. By this definition, only users of improved sanitation facilities are considered as having access to sanitation on condition that the facility is not shared by multiple households.

Examples of sanitation facilities in the improved and unimproved categories are outlined as follows:

Improved Sanitation Facilities	Unimproved Sanitation Facilities
• Flush or pour-flush to piped sewer system, piped sewer system and pit latrine	• Flush or pour-flush to elsewhere
• Ventilated improved pit latrine (VIP)	• Pit latrine without slab or open pit
• Composting toilet	• Bucket
	• Hanging toilet or hanging latrine
	• No facilities/bush/field (open defecation)

A number of regions of Ghana (Ashanti, Eastern and Central) are making progress towards achieving the sanitation target but in others (Northern, Upper West and Upper East) there have been decreases in access to urban sanitation while increases for rural areas are below 6% and makes reaching the sanitation target for rural areas of these three regions quite daunting.

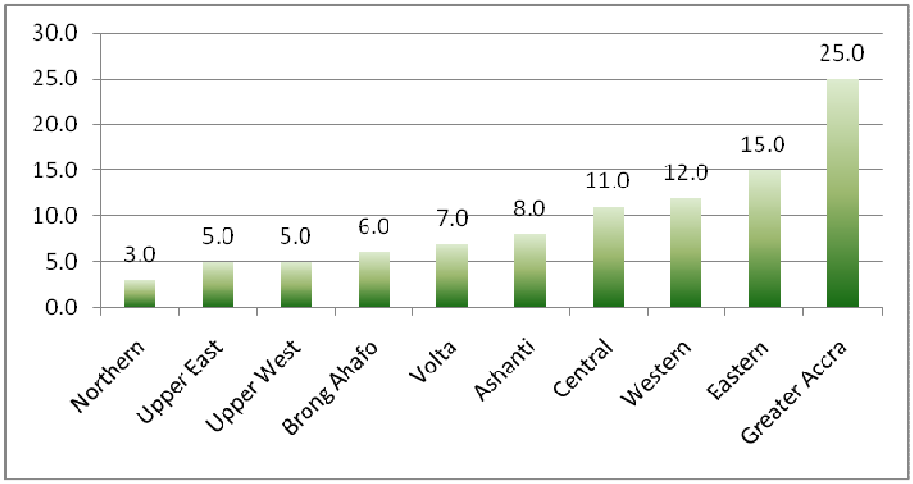
Figure 1 Trends in access to improved sanitation, 1993 - 2008



	1993	1998	2003	2008
National	4.0	5.0	8.0	12.4
Rural	1.0	1.0	2.0	8.2
Urban	10.0	11.0	15.0	17.8

Source: GDHS (1993, 1998, 2003 & 2008)

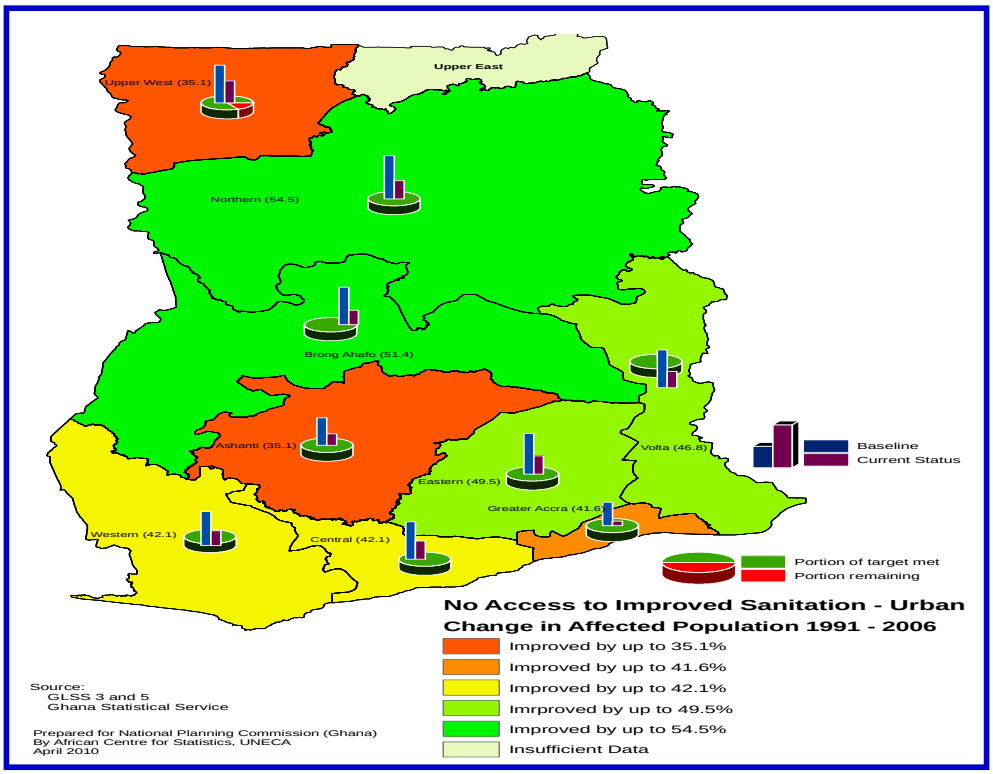
Figure 2 Access to improved Sanitation in 2008 by Region



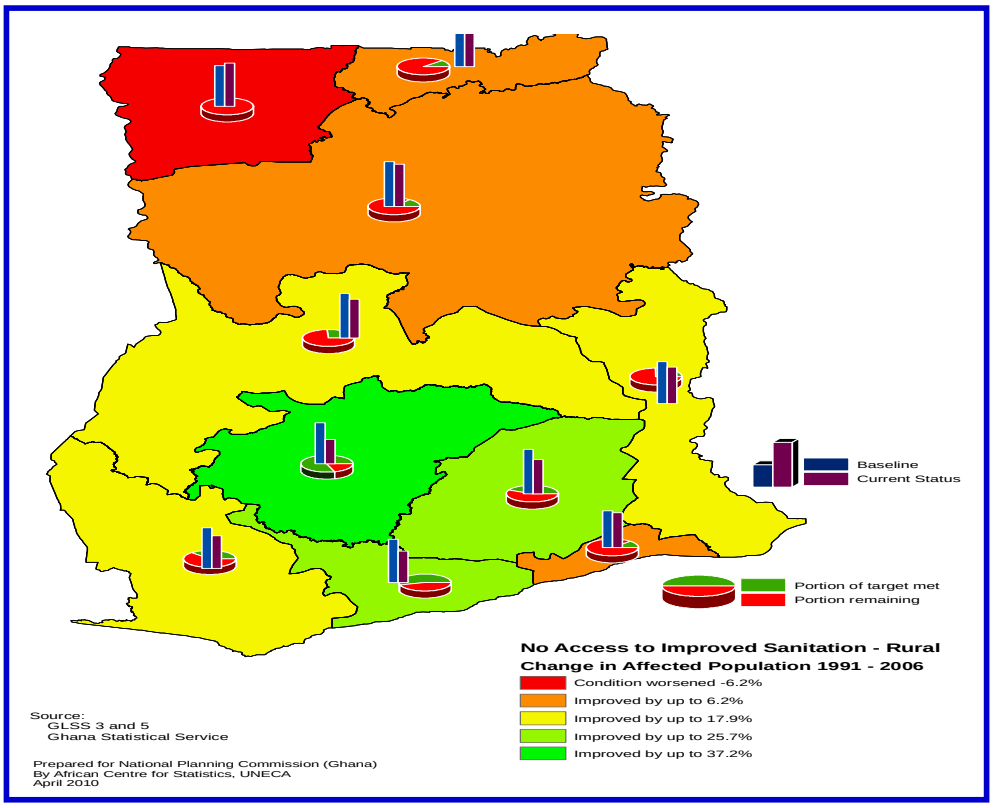
Source: GDHS 2008

Another dimension of access to improved sanitation is the wide urban and rural differences even within regions. Maps 7 and 8 show that the proportion of urban population without access to improved sanitation in Northern region has decreased by 50%, while the proportion of rural population in the Northern, Upper West, and Upper East regions who have no access to improved sanitation has increased by about 6%. This puts the rural areas of the three northern regions far behind the MDG 7 target of reducing by half the proportion of the population without access to improved sanitation.

Map 2 Access to improved sanitation (Urban)

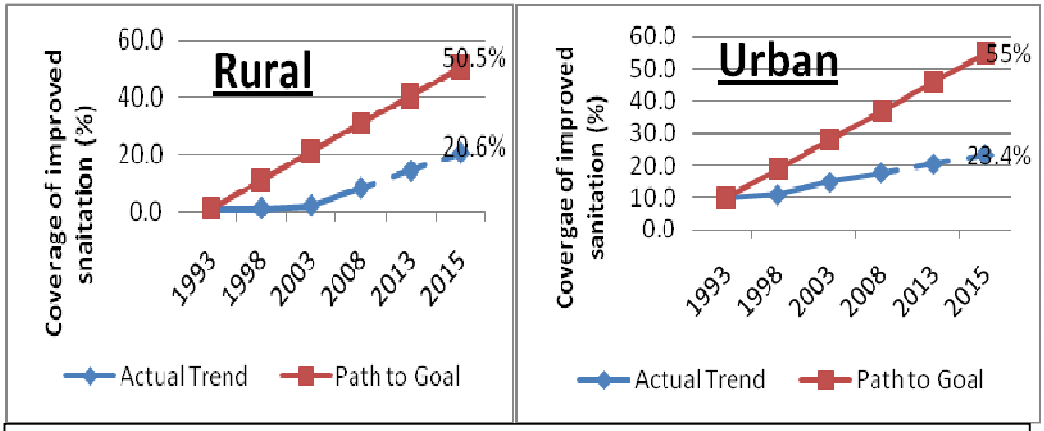


Map 3 Access to improved sanitation (Rural)

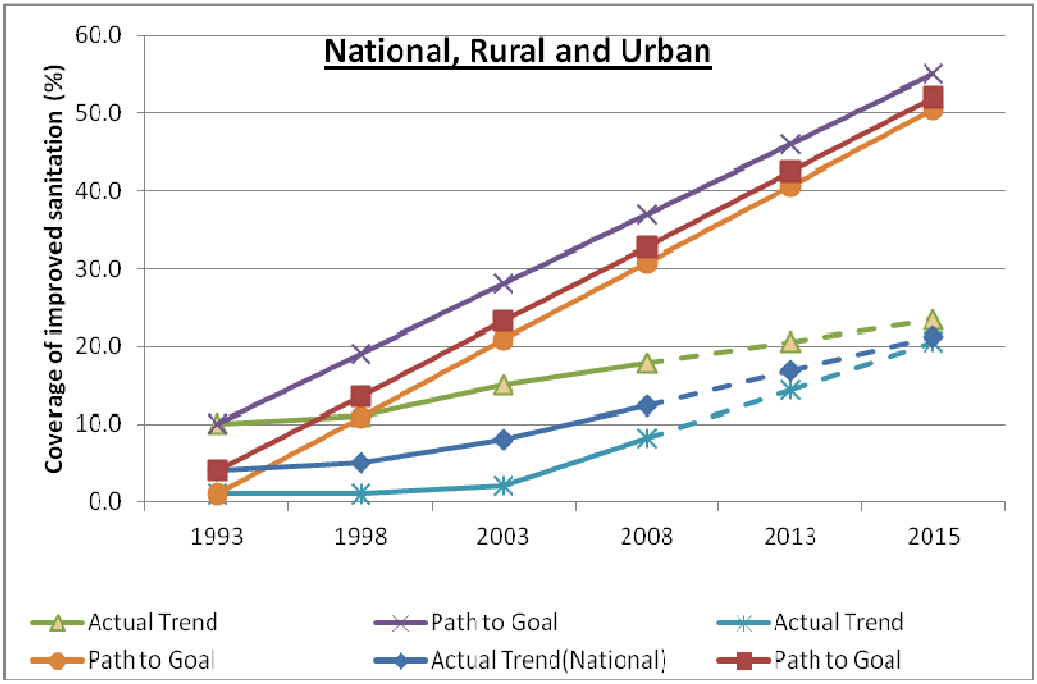


At the current trend, the proportion of the population with access to improved sanitation will reach 21.2% by 2015 instead of 52%, while the proportion of urban population with access to improved sanitation will be 23.4% instead of 55% by 2015. In the rural areas, only 20.6% would have access to improved sanitation instead of 50.5%. The gap between the present national coverage on improved sanitation of 12.4% and the 52% target by 2015 indicates that there must be approximately five times increase in coverage to be able to achieve the set target.

Box 1 Will target be achieved?



Even though Ghana has made progress in reducing the proportion of the population without access to improved sanitation, the target may not be achieved by 2015 if the current trends continue. At the current trend the proportion of the population with access to improved sanitation will reach 21.2% by 2015 instead of 52%, while the proportion of urban population with access to improved sanitation will be 23.4% instead of 55% by 2015. In the rural areas, only 20.6% would have access to improved sanitation instead of 50.5%.



Source: GDHS (1993, 1998, 2003 & 2008)

Based on the average cost of a latrine and water supply,it is estimated that Ghana requires a **total expenditure of GHS 2.4 billion (US $1.6 billion) to meet the water and sanitation MDG targets, of which GHS2.2 billion (US$1.5billion) is for sanitation**. This equates with roughly GHS100 (US$70) per capita over a 10 year period, or GHS10 (US$7) per capita annually.

A World Bank country environmental analysis conducted in Ghana has shown that health costs resulting from poor water, sanitation and hygiene cost the country the equivalent of ***2.1% of annual Gross Domestic Product (GDP)***. The indirect effects of malnutrition – to which poor water and sanitation contribute 50%, according to WHO - cost even more than the direct effects, taking the total health cost to ***5.2% of annual GDP in Ghana***. This figure includes the value of at least 8,000 deaths of children under five caused by diarrheal disease. Further, studies demonstrate that poor water and sanitation significantly contribute to malnutrition which leads to lower school productivity and work productivity from impaired cognitive function and learning capacity. Rates of moderate and severe stunting and underweight are high in children under five in Ghana, at 29% and 14%, respectively.

Improving access to basic sanitation, therefore presents one of the most significant benchmarks of Government of Ghana's commitment to sustaining any gains made in the other six (6) MDGs. For neither the gains achieved for MDG1 can in any way catapult majority of the people to reach 20% lowest wealth quintile nor improving MDG5 maternal health reduce the incidence of diarrheoa or improve enrollment of girl-children in the face of poor access to basic sanitation in homes and schools. In any case, without proper hygiene and basic sanitation many children will not survive to become fathers and mothers.

The status of MDGs in Ghana over the last 10 years is shown in Table 3.

2.2 Overall Assessment of Progress towards MDG 7, Target 7c, Indicator 7.9 – Basic Sanitation

While the environmental sanitation sector had a policy published since 1999, implementation of plans and programmes have largely not reflected priorities of policy. Since 2003 with the advent of the poverty reduction series there has been a gradual increase of focus on environmental sanitation issues but not comprehensive enough, and resources have been inadequate. Both GPRSI (2003 – 2005), GPRSII (2006 – 2009) included some strategies mainly focusing on the need for improving disposal facilities to stem the tide of indiscriminate discharges of both solid waste and excreta from point and non-point sources.

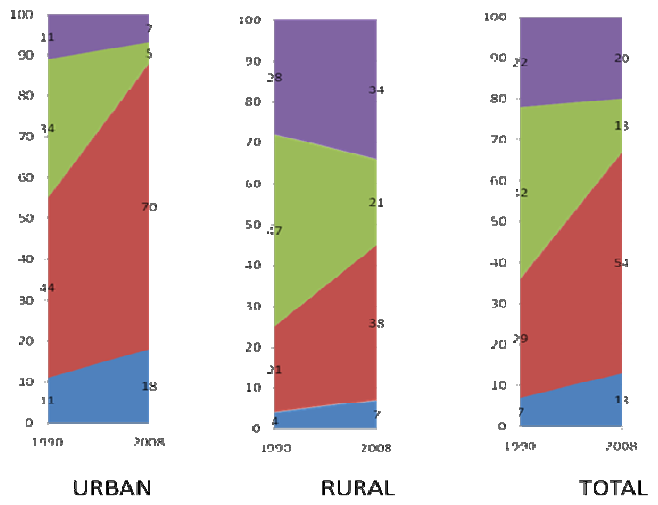
An important shortcoming that has been observed for the environmental sanitation sector is the lack of reliable data to enhance reporting on sector status and progress, if any. Since the inception of the Ghana Poverty Reduction Strategy (GPRSI, 2003 - 2005) and the follow-up Growth and Poverty Reduction Strategy (GPRSII, 2006 – 2009) the environmental sanitation sector has consistently lacked "adequate" presentation of data for Annual Progress Reports (APRs). Indeed Section 4.2.7 of 2006 APR for the GPRSII bluntly states the

constraint as follows; *"Measuring progress towards the achievement of the sanitation indicator continues to be compromised by lack of reliable data (see GPRS I APRs)….."* It continues with the recommendation that "*there is need for a national study to be conducted to establish baseline indicators in this sector and establish data management framework for supporting monitoring and evaluation of this sector*".

The picture presented in the 2006 APR has not changed since then. The 2008 APR (issued in September 2009) also re-iterated the need for improving environmental sanitation baseline.

Over the past few years the Ghana Living Standard Survey (GLSS) and the Ghana Demographic Health Survey (GDHS) series have focused on water and sanitation statistics as it became evidently clear that lack of access to basic sanitation and water is contributing mostly to the health burden of poor people and costs to the health delivery system. With the advent of the WHO/UNICEF JMP more focus is now on sanitation and is given adequate high-level advocacy support.

Figure 3 Ghana Situation Sanitation Coverage in Urban and Rural



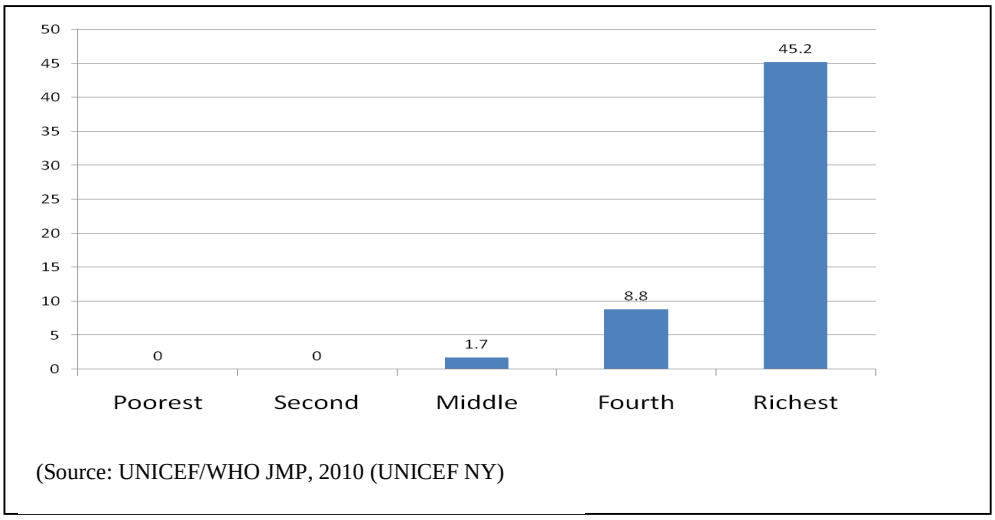
	1000	2000	2008
Rural	4%	5%	7%
Urban	11%	15%	18%
Total	7%	9%	13%

(Source: UNICEF/WHO JMP 2010)

The worrying and challenging aspect of the matter for which urgent attention is needed is that poor access to basic sanitation is also a poverty issue. The poor suffer the most from the brunt of ill-health due to sanitation induced ailments yet they suffer the most of lack of access.

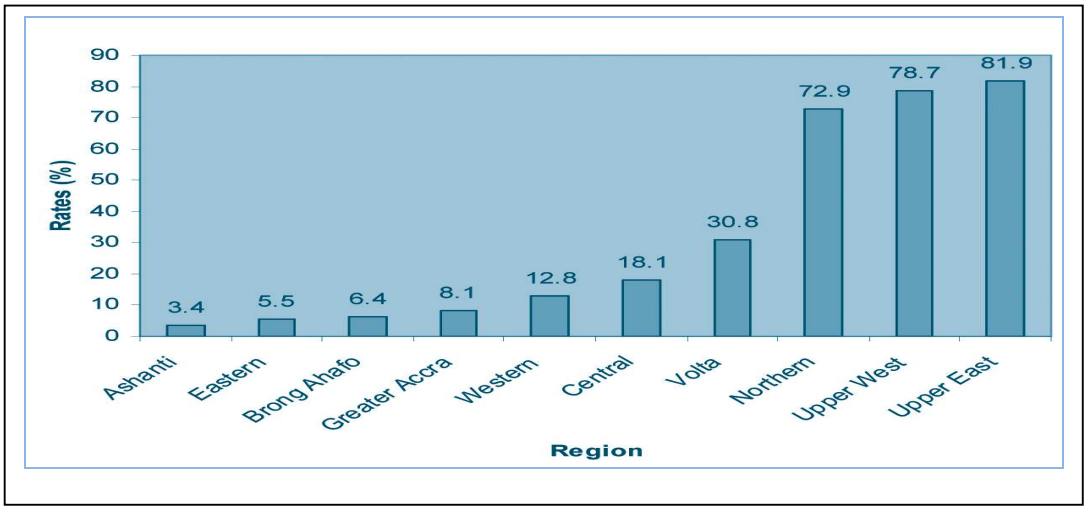
The regional variation in access levels and urban/rural disparities is also an indication of the linkage of lack of basic sanitation to poverty.

Figure 4 Country Situation Wealth Quintile Analysis



(Source: UNICEF/WHO JMP, 2010 (UNICEF NY)

Figure 5 Population practicing open defaecation



Ghana as one of the countries seriously lagging behind, as far as, MDG 7 Target 7c is concerned needs to adopt mechanisms that will aid scaling-up rapidly. According to 2008 JMP figures *even if Ghana meets the MDG target in both rural and urban areas, 45% of the rural population and 16% of the urban population would still be without access to improved sanitation.*

The need for placing sanitation challenge high on the agenda of governments has received the necessary consideration at the international level. The UN General Assembly (by Resolution A/C.2/61/L.16/Rev.1, 4 December 2006) declared 2008 the International Year of Sanitation. Riding on the back of such international declarations have helped somewhat but the gains have only been marginal as the fortunes of the sanitation sub-sector has not improved markedly.

The Sanitation and Water for ALL (SWA) The Global Framework for Action on Sanitation and Water Supply a partnership of multi-lateral, bilateral organizations and developing countries launched the Sanitation and water for All (SWA) initiative which brought a lot of momentum

to the advocacy for improving basic sanitation. The Ghanaian delegation to the first HLM in Washington was led by the Honourable Minister of Finance.

That SWA achieved some impetus is clear and supports the need for high-level advocacy and effective international partnerships (MDG8) to entrench the commitments of governments to the sanitation agenda.

Implementing an accelerated program for basic sanitation improvement require that a number of key challenges be overcome. These challenges include:

- Inability to effectively monitor environmental sanitation due to the unavailability of accurate and timely data on sanitation.
- the significant differences of access to basic sanitation between urban and rural areas within regions and for Ghana as a whole; and
- Population pressures, poor sanitation and solid waste management, low levels of investments in sanitation delivery coupled with the fast unplanned expansion of cities pose major drawbacks for the full attainment of the MDG 7 target 7C.

Current estimates from Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development indicates that Ghana requires about US$1.5 billion within the next five years in order to attain the MDG in Sanitation by 2015. This means that Ghana will require a capital investment of about US$300 million on an annual basis to be able to attain the MDG 7 target for improved sanitation.

A key strategic intervention of the Environmental Sanitation Policy (Revised, 2010) and the National Environmental Sanitation Strategy and Action Plan (NESSAP) adopted by the Ghana SWA Compact is Community-Led Total Sanitation.

Though implemented in other countries for more than a decade now, the advent of Community-Led Total Sanitation (CLTS) has given a different dimension to the business of promoting basic sanitation. As means to achieving scaling-up for country-wide impact, the hitherto supply-driven approaches are gradually being replaced by demand-driven and community-centred realization of the need for improving basic sanitation. Since 2007, the Community Water and Sanitation Agency (CWSA), UNICEF, WaterAid and Plan Ghana have piloted CLTS in 237 communities with the aim of scaling up hygiene and basic sanitation improvements, particularly targeting regions with very low coverage and where open-defaecation is rampant. (see Table…)

What the SWA Compact has failed to achieve is a focused follow-up effort on behalf of GoG to leverage and and secure collective contribution from development partners to counterpart the commitments it (the GoG) made. On the other hand it can also be a lack of coordinated front on the part of development partners to provide counterpart funds to match what GoG has provided in the 2011 Budget Statement.

Table 4 CLTS Outputs- 2 Years of Piloting in selected regions

Organisa-tion	Region	No of Communi-ties	No of ODF Communi-ties	No of latrines pre CLTS	No of latrines post CLTS	% Improve-ment
CWSA	CR	28	19	78	111	42
Plan	CR+ER	15	8	64	122	90
Pronet**	UWR	7	2	0	64	0*
UNICEF	NR	258	40	1715	2950	72
Total		308	69	1857	3247	71

* The Pronet figure was not used in the determination of mean % improvement
** Pronet Implemented on behalf of WaterAid Ghana

(Source: EU-UNICEF, Evaluation of CLTS Projects in Ghana.)

The 2011 Financial Policy and Budget Stattement of the Government of Ghana (MoFEP, 2010) provided a number of budgeted items attributable to SWA initiative and the Ghana SWA Compact. The 2011 Budget statement endorsed CLTS and allocated some funding for implementation in 2011. An analysis of the process of accessing budgeted funds by the EHSD and capacity thereof will also yield important ingredients to how the MAF roll-out ought to be managed.

Globally the support for adopting CLTS as a potent strategy with effective scalability is glimpsed from the resolution of the Sixty-Fifth Session of the United Nations General Assembly of 24 November 20104; Follow-up of the International year of Sanitation, 2008. Inter-alia the resolution gave recognition to efforts of the Sanitation and Water for All partnership and acknowledged the success achieved through Community-Led Total Sanitation Approach within the context of hygiene promotion, behavior change and sanitation progress.

Other strategies of the NESSAP especially those that focus on re-use and recovery of by-products of both excreta and solid waste has received attention. Private entrepreneurs have established a number of recycling and solid waste composting plants and biogas recovery from wastewater. What is required is more government support either through effective enabling elements or funding of specific projects to scale the adoption of these strategic interventions.

[4] United Nations General Assembly Resolution A/C.2/65/L.24/Rev.1 of 24 November 2010; Follow-up to the International Year of Sanitation, 2008.

The MAF CAP for Sanitation therefore presents the opportunity to rally the Donor, Multi-lateral and Bi-lateral agencies to make the commitments of the Ghana SWA compact a reality. The important departure in the MAF process as outlined in Chapter IV is the analysis of bottlenecks of prioritised interventions for meeting a single MDG target as against the presentation of planned items of the National Environmental Sanitation Strategy and Action Plan (NESSAP) and the Strategic Environmental Sanitation Investment Plan (SESIP) as was done for the SWA, even though the list was priorised.

The MAF also clearly indicates the need for clear statement of commitment from both GoG and Development Partners as the Country Action Plan will be signed/ countersigned by representatives of both parties to indicate ownership.

Table 5 MDG Status and Trends towards achieving the MDGs

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
Goal 1. Eradicate extreme poverty and hunger	Proportion below extreme poverty (national basic needs) line (%)	26.8	-	-	-	-	-	18.0	-	-	18.5
a. Halve the proportion of people below the extreme poverty line by 2015	Proportion below upper poverty line (%)	39.5	-	-	-	-	-	28.5	-	-	25.8
b. Halve the proportion of people who suffer from hunger	Proportion of children who are malnourished (%)										
	-Underweight	31 *(1988)*	27.4 *(1993)*	25 *(1998)*	22.1	-	-	-	-	13.9	15.5
	- Stunting	30 *(1988)*	26 *(1993)*	30.5 *(1998)*	29.9	-	-	-	-	28	15
	- Wasting	7.5 *(1988)*	11.4 *(1993)*	10.0 *(1998)*	7.1	-	-	-	-	5.3	3.8
Goal 2: Achieve Universal primary education	- Gross Enrolment ratio (%)	72.7 (1990)	79.5 (2000)	-	-	-	85.7	92.1	93.7	95.2	100
Achieve universal access to primary education by 2015	- Net Primary Enrolment ratio (%)	54 (1990)	61 (2000)	-	-	-	59.1	69.2	81.1	83.7	100
	- Primary completion/survival rate (%)	63 (1990)	63 (2000)	-	-	83.2	82.6	75.6	85.4	88.0	100
Goal 3: Promote Gender equality and Empower Women	Ratio of females to males in primary schools (%)	-	-	0.92	0.77	0.93	0.95	0.95	0.96	0.96	1.0
a. Eliminate gender disparity in primary and junior secondary education by 2009	Ratio of females to males in junior secondary schools (%)	-	-	0.88	0.88	0.88	0.88	0.88	0.91	0.92	1.0
b. Achieve equal access for boys	Ratio of females to males in senior secondary school	-	-	-	-	-	-	-	-	-	-

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
and girls to senior secondary by 2009	Percentage of female enrolment in SSS (%)	-		-	-	-	43.5	49.5	-	-	-
Goal 4: Under-five Mortality Reduce under-five mortality by two-thirds by 2015	- Under-five mortality Rate (per 1000 live births)	122 (1990)	110 (1995)	109 (2000)	111	-	-	111	Na	80	53
	- Immunization coverage (%)	61 (1990)	70 (2000)	-	83	-	84	85	89	90	100
Goal 5. Maternal Mortality Reduce maternal mortality ratio by three-quarters by 2015	- Maternal mortality per 100, 000 live births (Survey)	740 (1990)	Na	Na	Na	Na	503	Na	Na	451	185
	- Maternal mortality per 100, 000 live births in health facilities(Institutional)	216 (1990)	260	204	205	187	205	197	224	201	54
	- Births attended by skilled health personnel (%)	40 (1988)	44 (1993)	44 (1998)	47	-	-	48	-	59	100
Goal 6. Combat HIV/AIDS & Malaria a. Halt and reverse the spread of HIV/AIDS by 2015	National HIV prevalence Rate	1.5%	2.9%	3.4%	3.6%	3.1%	2.7%	3.2%	2.6%	2.2%	≤1.5%
b. Halt and reverse the incidence of malaria	Under Five Malaria case fatality (Institutional)	-	-	2.9%	2.8%	2.7%	2.4%	2.1%	Na	Na	-
Goal 7: Ensure Environmental Sustainability a. Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environmental resources.	a. Proportion of land area covered by forest (ha/annum)	6,229,400 (27.4 % of total land area)	-	-	-	-	5,517,000 (24.3 % of land area)	-	Na	Na	≥7,448,000ha
	b. Annual rate	1.82	1.89	-	-	-	1.7	-	Na	Na	≤1.82%

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2015
	of de-forestation (%)	(135,400ha)	(115,400ha)				(93,789 ha)				
b. Half the proportion of people without access to safe drinking water by 2015	Proportion of population with access to safe drinking water (%)	56 *(1990)*	67 *(1993)*	70 *(1998)*	69	-	-	-	-	83.8	78
	-Urban	86 *(1990)*	90 *(1993)*	94 *(1998)*	83	-	-	-	-	93	93
	-Rural	39 *(1990)*	54 *(1993)*	63 *(1998)*	55	-	-	-	-	76.6	69.5
	Proportion of population with access to improved sanitation (%)	-	4 *(1993)*	5 *(1998)*	8	-	-	-	-	12.4	52
	-Urban	-	10 *(1993)*	11 *(1998)*	15	-	-	-	-	17.8	55
	-Rural	-	1 *(1993)*	1 *(1998)*	2	-	-	-	-	8.2	50.5
	Population with access to secure housing (%)	-	-	-	-	-	11	11.4	12	12.5	18.5 (2020)
	Population living in slums (%)	27.2 *(1990)*	25.5	-	-	-	21	20.7	20	19.6	<13
Goal 8: Global partnership for development	Public Debt Ratio (% of GDP)										
Deal comprehensively with debt and make debt sustainable in the long term	-External	152.8 *(2000)*	114.8	105.4	100.7	73	59.6	17	24.6	27.7	-
	-Domestic	28.9 *(2000)*	26.8	28.5	20.5	21.2	18.8	24.4	26.2	27.5	-
	-Total	181.65 *(2000)*	141.61	133.85	121.26	94.18	78.35	41.42	50.87	55.2	-
	External Debt service as a percentage of exports of goods & services (%)	**7.8** *(1990)*	10.1	10.2	5.2	5.6	5.8	3.2	-	4.3	-
	ODA Inflows (% of GDP)										
	-Total	6	15	8	9	10	9	8.1	8.1	8.6	-
	-Programme Aid	30	39	58	49	40	35	37.6	31	37	-

Source: Ghana MDG Report 2010, NOPC 2011

* As reported in MoH-MNCH Strategy (2009-2015);

** MoH has changed the target from 80%to 55% in the MNCH Strategy (2009-2015). ;

***Ministry of Agriculture and Forestry, Forestry Sector Strategy

CHAPTER III Strategic Interventions

3.1 Strategic interventions of scalable impact for improving basic sanitation

As indicated earlier, the environmental sanitation sector is not replete with many policies and plans concerning improving basic sanitation. In taking issues of strategic interventions forward four (4) recently published documents are relied upon as the core building blocks for firstly, assembling the key strategic interventions and secondly, for prioritizing scalable interventions that have potential for securing the required impact over the period 2011 – 2015.

The key policy documents, strategic plans and reports of projects implementation that were used in the scoping exercise for assembling the strategic interventions for MD7, Target 7c, Indicator 7.9 include:

1. Decentralisation Policy Framework,
2. Ghana National Decentralisation Action Plan
3. The Environmental Sanitation Policy (Revised, 2010);
4. The National Environmental Sanitation Strategy and Action Plan (NESSAP);
5. The Strategic Environmental Sanitation Investment Plan (SESIP);
6. Rural Sanitation Implementation Model and CLTS Scaling-up Strategy
7. The Ghana Shared Growth and Development Agenda, GSGDA (2010 – 2013)

The documents listed above enabled the drawing up of a matrix of interventions from sectoral plans as well as compare their impact across sectors within the context of the national medium-term development plan. Government recognizes the import of improving environmental sanitation services and the medium-term national development policy framework, the Ghana Shared-Growth and Development Agenda (GSGDA), 2010 – 2013, has prioritised issues of environmental sanitation under the Human Settlements focus area as well as under the maintenance of natural resources focus area.

Indeed that solutions to sustainable access to improved sanitation is inexorably linked to behavior change is amplified by the Ghana Shared Growth and Development Agenda. The GSGDA endorses the need for effective behavioural strategies it is observes that " *a critical development challenge facing the country is the non-alignment of citizens' life-styles with demands of modernisation, due largely to ignorance, and resulting in self-inflicted vulnerabilities, and therefore the spending of scarce public resources on preventable expenditures. Negative attitudes towards time, work, care of public property, health, education, human rights, safety, reproductive rights, disability, etc need to be tackled head-on to ensure the alignment of the national psyche to the development vision of the country*".

The GSGDA recommends the development of effective BCC models to promote behaviour change on a variety of issues to enhance plan implementation.

The key interventions areas identified for dealing with basic sanitation from the policy and strategy documents listed above are grouped as "*enabling elements*" and "*levels of service*" (see NESSAP, Chapter 5). These two categories broadly correspond to "software" and "hardware" measures and/or activities, and include:

Enabling Elements

Capacity Enhancement and Institutional Strengthening for delivery of services

Environmental Sanitation Education (covering all aspects of Information, Education and Communication, IEC),

Enforcement Management (Legislation and Regulation),

Financing and Cost Recovery, Research and Development,

Monitoring and Evaluation

Levels of Service

Increasing Access to Improved Household Sanitation Facilities

Provision of Treatment, Re-Use, Recovery and Disposal Facilities

Rehabilitation, Upgrading, Installation and Improved Operation-and-Maintenance Management of Existing Treatment Facilities

Implementation of Pro-Poor Initiatives in Low-in Income communities focusing on School Sanitation Improvement Schemes

Improvement of Sullage conveyance in poor communities

Within this categorization it should be understood that the enabling elements are an integral part in the delivery of the required levels of service. For example, the implementation of CLTS as part of *enabling element* is expected to enhance accelerated coverage for home latrines to meet the needs of different housing segments at different rungs of the *sanitation ladder*.

Section 5.5 of the NESSAP lists the key intervention areas for improving levels of service for "excreta (liquid waste) management" and for "health-care facility wastes". These key interventions include:

- Increasing access to improved household sanitation facilities;
- Provision treatment, re-use, recovery and disposal facilities;
- Rehabilitation, upgrading installation and improved O&M of existing (sewage, septage and faecal sludge) treatment facilities;
- Implementation of pro-poor initiatives in low-income communities (focusing on school sanitation facilities improvement); and
- Improved management of Health-Care Facility (HCF) wastes - focusing on biogas harvesting and re-use from excreta and BoF of solid waste stream.

In considering the challenges, proposed strategies and agency-responsibilities a matrix was developed to, firstly, analyse the spatial focus of interventions, that is, whether of rural or urban or neutral focus. The first-stage of analysis involved the assessment of spatial (urban or rural) focus using criteria including relevance, scalability, value-for-money (VFM), impact and sustainability. The issues of recent global phenomena and national events were also analysed. The procedure adopted was a familiar one often employed in Strategic Environmental Assessment (SEA) process and adopted in the sanitation sector and referred to as the Abuja Traffic Light system5.

Furthermore the impacts of national events and global phenomenon which can impact on the roll-out of the CAP, as discussed under Section 1.3, were also considered. The three issues of job creation as a fallout of the global financial crisis, vulnerabilities to climate change and forthcoming Election 2012 were important in this instance.

Table 6 shows the summary of the results of the first stage bottleneck analysis. It is useful to note that at all times of the analysis the central theme is "how to remove bottlenecks in order to achieve MDG7, Target 7c, Indicator 7.9".

Table 6 First Stage Assessment of Spatial – Location of Interventions

ITEM	Intervention	Focus	Criteria for Assessment												Global/National Events Import								
			Relevance			Scalability			VFM			Impact			Sustainability			Job Creation			Climate Change			Election 2012		
1	Scaling Up CLTS	Urban																							
		Rural																							
2	MFCS for Household Latrine Construction	Urban																							
		Rural																							
3	Decentralised ADT Systems	Urban																							
		Rural																							
		VFM	value for money converges 3 sub-criteria of economy, efficiency and effectiveness																						
	Legend	Green																							
		Yellow																							
		Red																							

From Table 6 it is inferred, for example, that CLTS will largely be a rural focused intervention while Decentralised ADT Systems will mainly target urban settlements. While implementing Micro-Finance Credit Schemes for home improvement is relevant for both rural and urban areas its effectiveness and sustainability in rural areas needs special attention; lessons from other sector programmes are needed to enhance implementation.

All three interventions have potential for job-creation in line with the predominant spatial focus of the selected intervention. MFCS for latrine construction and ADTS have strong climate change potential in urban areas as far as emission reduction of GHGs is concerned.

[5] The Abuja Traffic Light System refers to qualitative assessment of impact, progress, effectiveness etc using red (poor/low), Yellow (fair/medium) and Green (good/high) -the traffic light)

All three interventions will be affected by the upcoming 2012 Elections particularly CLTS that is hinged on MMDAs management of field activities.

The key strategies that initially emerged as having potential of great impact on basic sanitation were: (i) implementation of **behavioural change strategies that induce voluntary demand for improved sanitation on individual, household- and community-levels** and (ii) **a sustainable means of supporting household-led toilet ownership drive by artisanal promotion of household toilets/latrines of owners' choice.** Facilitation support and capacity enhancement inputs required will be provided through MMDAs and relevant agencies including NGOs and CBOs.

Important additional refinements to the two underlying strategies are that one or both should have the potential to be implemented across both rural/urban household divide in order to improve MDG7, Target 7c, Indicator 7.9 country-wide.

While the strategies listed above satisfied the issue of job-creation, the issue of climate change and the need for both rural-urban focus brought to the fore the need for a third strategy that will cater for effective treatment and disposal of excreta coupled with harvesting and utilization of methane, CH_4 (or biogas), a greenhouse gas (GHG) with deleterious effect greater than that of carbon dioxide (CO_2). While public toilets are not improved facilities their continued use in poor urban neighbourhoods of Ghana with a large proportion of shared-facilities is imminently long-term, way beyond 2015.

The need for effective treatment and disposal of septage and faecal sludges of public toilet origin is not only supported by the need to curb the incidences of serious cholera outbreaks with increasing death tolls mostly in poor urban areas but also by the fact that WC-Septic tanks without drain-fields which are used by many residents of cities are considered "not improved". Housing development in Ghana's large cities is occurring largely in newly developing areas where the use of WC-Septic tanks is the preferred choice of facility-type. This implicates the need for a third strategy for effective treatment without which the toll of indiscriminate disposal of un-treated excreta falls on poorer residents of low-income communities.

Retrofitting of anaerobic digesters for the treatment of wastewater and pathological wastes (including placenta from maternity wards) in regional and district hospitals is one important intervention in the NESSAP for improving management of Health-care facility wastes. Such an intervention will impact indirectly on MDG 4 and MDG 5.

The three broad strategies mentioned above are catered for under "requirements for improving services and infrastructure" section of the NESSAP, Chapter 5. Section 5.5 of the NESSAP lists the key interventions for improving levels of service for "excreta (liquid waste) management" and for "health-care facility wastes".

The above key intervention areas were shortlisted and the first two (2) bulleted items selected by the team, as having potentially direct impact on improving basic sanitation. The indicative interventions were identified and prioritized and key bottlenecks identified by considering issues hindering progress. The bottlenecks were ranked as either of high, medium or low impact based on policy/planning, financing, service delivery, service utilization, and cross-cutting criteria. Based on the investment planning for the NESSAP (i.e.

the accompanying SESIP) and available costing from the National CLTS Strategy and Model, the team developed costed action plans for the prioritized interventions to accelerate progress of the MDG 7, Indicator 7.9.

Following in-depth stakeholder consultations and assessment of the key strategies listed above, the National Environmental Sanitation Policy Coordinating Council (NESPoCC) upon the recommendation of the National Technical Working Group on Sanitation (NTWGS) identified two (2) key intervention areas that are responsive to the Ghana Shared Growth Development Agenda (GSGDA) and meet sector requirements and aspirations for improving basic sanitation. These are:

- Increasing access to improved household sanitation facilities; and
- Provision treatment, re-use, recovery and disposal facilities;

The indicative interventions under the key interventions are:

- Scaling-up of CLTS country-wide;
- Implementation of decentralised treatment/disposal systems incorporating harvesting/re-use of biogas; and
- Implementing a Micro-finance credit scheme for household latrine construction

It is important to note that the three indicative interventions are from an originally longer list and are also linked to other programmes of interventions stated under the original five (5) key interventions of the NESSAP for improving *levels of service*, other than the final two(2) selected and listed above. For example implementing CLTS will cover schools within target communities while implementation of decentralised treatment and disposal systems will also cover Health-Care Facility (HCF) wastes management.

The programmes for implementing the proposed interventions are designed for effectiveness, affordability and transparency. For example, the support to artisanal promotion of household facilities will not be through subsidising latrine construction would happen anyway, nor of crowding out micro- and small-entreprises already in the business of promoting toilets. The interventions would seek to entrench what is already working and provide leverage to households who need help.

3.1.1 Scaling-up Community-Led Total Sanitation (CLTS)

Community-Led Total Sanitation (CLTS) is emerging as one of the effective demand-responsive strategies that have the potential of *igniting* the involvement of all individuals and households to collectively identify the main routes of transmission of common diseases and impacts of environmental health problems. The identification of the extent of the problems and the challenges that need to be overcome in order to address the issues of

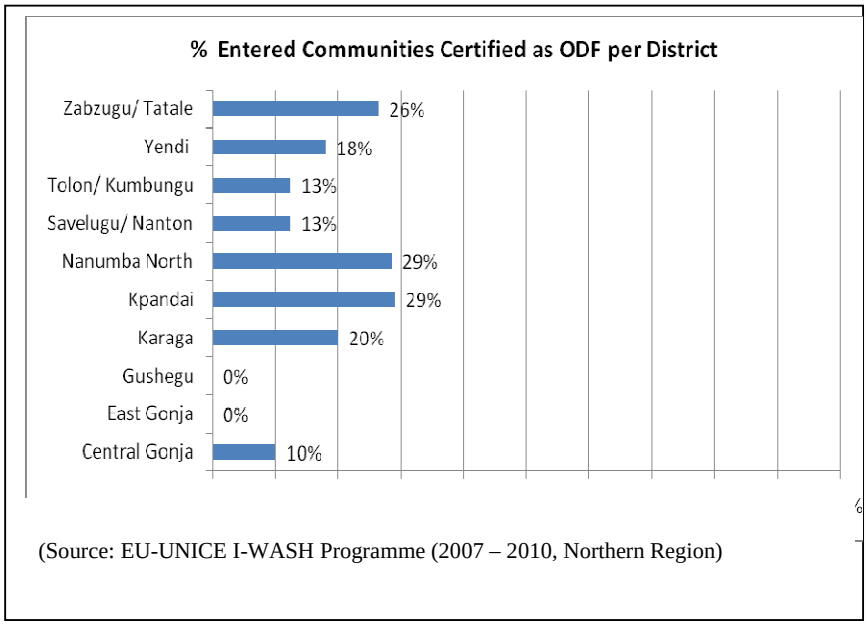
poor sanitation, by community members themselves, usually serve as the initial *trigger* for community mobilization and action. Unlike previous supply-driven approaches which have proven ineffective, CLTS is not prescriptive but embraces all the tools and approaches that enable empowerment of communities to be motivated and so take collective action, with the support of local government and other agencies to effectively promote sanitation awareness and behaviour change issues beyond mere "toiletisation".

The Environmental Sanitation Policy (Revised, 2010) recommends CLTS for rural sanitation promotion while the National Environmental Sanitation Strategy and Action Plan (NESAP) seeks to operationalise this as a nation-wide strategy for sanitation promotion in rural areas and small towns of population less than 7,500.

The Strategic Environmental Sanitation Investment Plan (SESIP) has costed the rolling out of CLTS while the 2011 Budget Statement allocated an amount of GH₵5 million for activities in 2011.

In working towards achieving the modest country wide coverage target of 75% by 2015 (NESSAP, 2010), a vigorous nation-wide scaling-up of home toilets promotion will be given serious attention. Performance analyses of pilots carried out in 4 out of the 10 regions of Ghana provide evidence-based lessons to draw upon.

Figure 6 CLTS Results & Performance Analysis



(Source: EU-UNICE I-WASH Programme (2007 – 2010, Northern Region)

Based on the pilots and other recommendations of the National CLTS Strategy, the critical areas for further assessment include:

- Implementation of harmonised National CLTS strategy with clear roles and responsibilities;
- Advocacy for Political support for CLTS at all levels to provide level-playing field of "no subsidy" drive.
- Vigorous implementation of national/regional-level programme of training and capacity building (of facilitators and natural-leaders) plus follow-up technical support and effective framework results-based monitoring and evaluation, (R-B M8E);
- programmes to make children central to long-lasting behavioural change communication strategies (e.g through SLTS);
- Implementation of a scheme to support home-owners for home improvement focusing on installation of latrines;
- Promoting partnerships with traditional authorities to enhance community participation; and
- Sanitation technology development and dissemination.

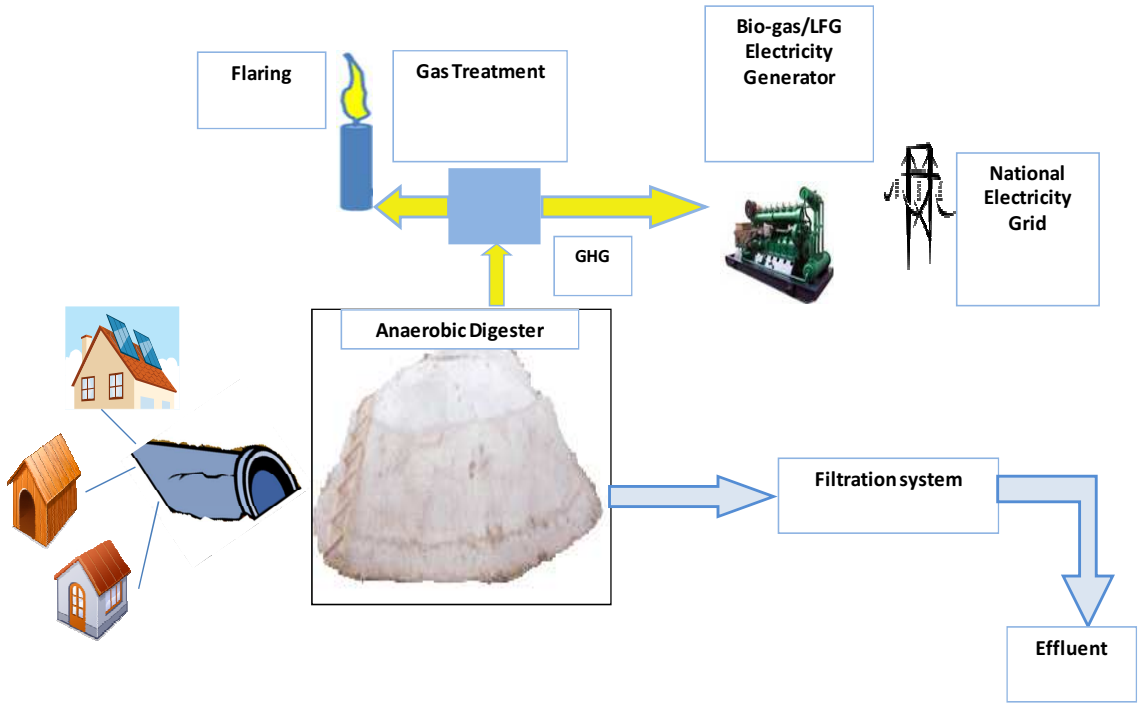
3.1.2 Decentralised Anaerobic Digestion Treatment Systems (ADTS)

Poor residents of low-income communities suffer the most of the brunt of indiscriminate disposal of excreta. The recent episodes of diarrhoea with its unprecedented high death tolls is not only due to poor hygienic practices but also constant exposure to faecal sludge from public toilets as cesspit-emptier trucks ply their trade of hauling nightsoil criss-crossing city streets.

While improving treatment and disposal of septage and nightsoil does not directly impact on MDG 7, Target 7c, indicator 7.9 "halve the proportion of people without basic sanitation" when technologies that enable harvesting of biogas (mainly methane, CH_4) come into play then the emission-reduction potential of greenhouse gases (GHGs) and the impact on reduction of vulnerability to climate change does come into play; this contributes to the overaching goal of MDG 7, ensure environmental sustinability.

The application of anaerobic digesters at decentralised locations forms part of NESSAP strategies for decentralised-excreta-treatment-resource-recovery and re-use systems. The installation of these systems is primarily expected to reduce the burden of faecal sludge and septage flows to treatment facilities. In addition, this intervention will meet the focus of the Environmental Sanitation Policy (Revised, 2010) on *reduction*, *re-use*, *recycling* and *recovery* (4Rs) for all treatment options for all types of wastes. It also fulfills a pivot strategy of the GSGDA for sustainable natural resources is the adoption of Low Carbon Growth (LCG) and thus target earning benefits of international support through the implementation of emission reduction projects. The harvesting of biogas and its eventual re-use also addresses the policy objective of the GSGDA in promoting increasing reliance on renewable energy sources including wastes.

Figure 7 Schematic for decetralized Septage and Night Soil Digester Plant (Conventional Anaerobic Digestion Process



A number of important recommendations for further analysis include:

- Improving the baseline information on sites within MMDAs and selected Health-Care Facilities suitable for the implementation of the intervention including ease of re-use of harvested gas;
- Securing commitment from the MoFEP, MLGRD and MoH to implement a country-wide programme over the next 3-4 years;
- Scaling up training of engineers and artisans in design and construction of household level anaerobic-digestion toilets and compost facilities.

3.1.3 Micro-Finance Credit Scheme for Household Latrine Construction

An important lesson that emerged from the pilot implementation of CLTS in Ghana are the twin challenges of follow-up support on technical knowledge of facility options and very importantly, a means of securing the demand-driven improvements in excreta disposal desired by households. On one hand, while many households will initially do with rudimentary structures for "latrines", ownership of a toilet induces a desire for improvements later on (i.e. up the sanitation ladder). On the other hand there are a number of households, particularly in urban areas, who desire facilities that can be retrofitted to existing dwellings in poor low-income neighbourhoods but do not have the bulk-amounts to meet the cost of construction.

With majority of the people without basic sanitation being in the "poor" category, this status will influence the implementation of any scheme to support latrine construction.

Given the checkered history of subsidies for latrine construction, especially the issue of subsidies rather benefiting those "not poor" the use alternative strategies are justifiably urgent.

The advent of household latrine promotion in the late 1980's was through revolving loan schemes with households receiving up to 80% of latrine construction costs upon certification of 20% deposit and assurance of commitment by pit-digging households or by contracted artisans paid by households. While this strategy yielded pay-back levels of 57% and above it was saddled with problems of poor management of loans and re-payments, as well as being tied to specific project localities they lacked simultaneous replication in non-project areas.

The National Environmental Sanitation Strategy and Action Plan (NESSAP) recommends the adoption of previously tested revolving fund (loan) schemes to meet ***Increasing Access to Improved Household Sanitation Facilities*** as a logical next step to sustain any gains to be achieved from implementing CLTS.

The enhanced presence and operations of Micro-Finance-Institutions (MFIs) and Rural Community Banks (RCBs) over the past few years will be relied upon to implement micro-credit schemes targeting, initially, households with women as heads of families and community-based women associations. The micro-finance institutions will serve as finance management-intermediaries to manage the credit schemes to households. Small works contractors and artisans will receive training for promotion and marketing all the available improved technology options.

Existing organizations including Water and Sanitation Development Boards (WSDBs), Water and Sanitation Committees (WATSANs), Community-based Organisations (CBOs), landlord associations, market-women associations etc), will serve as platforms for promoting the scheme. An estimated amount of GH¢125,000,000 is earmarked for supporting the provision of 25,000 facilities per year over the initial phase six years.

In the recent past the Afram Plains Development Organisation (APDO) implemented a credit scheme for latrine promotion through a DA supported micro-credit scheme. The CHF International –Ghana, has also piloted a credit scheme for latrine construction employing a Micro-Finance Institution (MFI) and assessing the potential of using rent as collateral to solicit payments from tenants.

Perhaps one of the more elaborate micro-credit schemes for financing rural enterprises and infrastructure is that of the Community Based Rural Development Project (CBRDP) financed by the IDA and GoG. Although not intended for home-improvements the micro-credit scheme was designed to provide financing through Participating Financial Institutions (PFIs). The PFIs be they Rural Financial Institutions (RFIs) such as Rural and Community Banks or Micro-Finance Institutions (MFIs) affiliated with GHAMFIN or Credit Unions regulated by the Ghana cooperative Credit Unions Association (CUA) were lent money on commercial basis albeit at lower negotiated interest rates for on-lend to prospective entrepreneurs. In order

to streamline the country-wide operations of the scheme the PFIs were themselves under the oversight of the ARB Apex Bank Limited, which is the umbrella bank for all rural banks country-wide. The operationalisation of the CBRDP Micro-credit Scheme for Rural Enterprises Development entailed the signing of a memorandum of understanding the Apex Bank and the Ministry of Finance and Economic Planning.

The lessons of project revolving-fund schemes, APDO's MF scheme, CHF International - Ghana and CBRDP offer ample pointers to how to roll-out a sustainable MFC Scheme for latrine promotion. The areas to focus for moving forward are:

- Securing MLGRD, MoFEP endorsement for establishment of DA Household Toilet Revolving Fund to be managed by ARB Apex Bank Ltd.
- Strengthening the capacity and skills of MLGRD, RCCs, MMDAs, ACs, CBOs, in management and delivery of latrines through micro-credit scheme;
- Strengthening the capacity and skills FNGOs, CUs, MFIs, for managing of funds for the provision of home-improvement services (focusing on latrines) through micro-credit scheme;
- Training of artisanal enterprises, small works contractors and groups in latrine construction technology and business planning and latrine promotion targeting country outreach;

An important element of the proposed scheme will be determining affordable interest rates for household home improvement loans that will at the same time cater for MFI Fees (e.g. under CBRDP 2% for handling, monitoring and disbursement, 3% management), GHAMFIN and CUA Fees (e.g. 3% and 5% of amounts disbursed to PFIs) as well as Risk Management Fund (e.g. 2%) and performance related accruals.

Table 7 Summary Matrix of Priority and Indicative Interventions – basic Sanitation

MDG	MDG Indicator	#	Key Interventions (Programmes in NESSAP or derived from policy)	#	Indicative Interventions (adapted to the country context) (long list of interventions) 2011-2015
Priority Area: Sustainable practices for improved sanitation and environmental sustainability					
Goal 7: Ensure environmental sustainability Target 7c: reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation	**Indicator 7.9: proportion of population using an improved sanitation facility**	1	**Increasing access to improved household sanitation facilities**	1	Scaling-up of CLTS country-wide
				2	Targeted Micro-finance credit scheme for household latrine construction
		2	**Provision of treatment, re-use, recovery and disposal facilities**	3	Decentralised treatment/ disposal systems incorporating harvesting/re-use of biogas

CHAPTER IV Bottleneck Analysis

4.1 BOTTLENECKS

The environmental sanitation sector has adequate policies and plans as well as clear governance mandates backed by relevant legislation. The bottlenecks identified below relate to the three indicative interventions of scaling-up CLTS, instituting an effective MFC scheme for provision of household latrines and installation of Anaerobic Digestion Treatment (ADT) systems.

The second stage of analysis involved the listing, evaluation and prioritization of key bottlenecks. They are assessed on the following the generic categorization: policy and planning, budget and financing, service delivery (supply), service utilisation (demand) and cross-cutting. The specific bottlenecks identified for each of the indicative intervention areas are discussed under the following sections.

4.1.1 Scaling-up Community-Led Total Sanitation (CLTS)

During the implementation of CLTS pilots a number of constraints were encountered which account for the low scale up so far. From the assessment of the proposed indicative interventions for scaling up CLTS country-wide, the prioritized bottlenecks identified include:

- Low prioritization of basic sanitation in Government budgets: hitherto the allocation of funding from government own sources (excluding loans for specific projects e.g. Urban Environmental Sanitation Projects, UESPI and II) has been low. The 2011 Budget included allocations for carrying out CLTS but was less than 10% of the estimated funding required to adequately carry out an effective program.
- Limited donor support: donor support for CLTS has been, so far, limited to carrying out pilots. As mentioned earlier, despite the launch of the Ghana SWA Compact donors have not responded to any appreciable scale; this is in part due to lack of concrete agreement on “who is bringing what to do the table”.
- Lack of actionable road map for scaling-up CLTS at District level: while the policy and the NESSAP indicated CLTS as a strategy to be adopted as a country-wide behavioural change strategy, there were no accompanying guidelines for district-level implementation.
- Lack of adequate and effective monitoring: the experiences from pilot implementation brought forth the need for monitoring and evaluation of CLTS to ensure that challenges of communities that have reached “ignition point” can be resolved in a timely manner to sustain any gains that have been made.
- Inadequate coordination and alignment among sectors at district level: the lack of guidelines at implementation level also meant that actors at the district level implemented strategies that often did not follow CLTS principles of engaging communities nor provided a rallying point for districts to be involved directly.
- Inadequate capacity of the lead institution to coordinate CLTS.

- Lack of trained facilitators: CLTS relies a lot on skilled facilitation to adequately allow communities to lead and find solutions to improving sanitation behavior for themselves. This was indicated to be lacking to support replication of across regions.
- Lack of technical support to Households to build improved facilities: beyond change in sanitation behavior, particularly abating open-defaecation, households that express need for going up the sanitation ladder often encounter the challenges of access to technical support for making informed decisions on, and choices of, improved technology options.
- Limited capacity of Households to maintain and make a proper use of improved facilities: a variety of improved facility options are sensitive use and maintenance practices and require the presence of a minimum skilled artisanal support which is often not available in rural areas.
- Insufficient education of children on basic sanitation & hygiene: while it is recognized that children can be effective change-agents for sanitation behavior, often the engagement of communities is tilted towards adults with limited participation of children to learn rudimentary practices of basic sanitation and hygiene.
- Lack of comprehensive R-B M&E plan for CLTS Model: the CLTS model that have been developed could resolve the challenge of harmonized implementation at district level but there is need for an accompanying results-based monitoring and evaluation framework to proper performance assessment of targets and deliverables.

4.1.2 Decentralised Anaerobic Digestion Treatment Systems (ADTS)

The sustainable treatment and disposal of excreta from all sources is critical to any efforts to deal with the larger sanitation problem. Although the use of anaerobic digestion systems to harness biogas provide a safe option of treating excreta while contributing to the reduction of emission of greenhouse gases (GHGs) this potential has not been utilized. The prioritized bottlenecks identified include the following:

- Unavailability of land to site such facilities: ADTS systems require land (space) that communally be “shared” for facility installation. As has been the case for communal septic tanks, land for such purposes is often not available in congested low-income urban neighbourhoods.
- Limited capacity to utilize Public-Private-Partnerships (PPPs) to implement facility provision: the expertise on ADTS is currently limited to a few private companies and it is envisaged that there is potential in implementing PPPs to enhance rapid installation of such systems if appreciable improvements at scale is to be realized. There is limited experience in the application of PPPs although the construction of public toilets by entrepreneurs has been tested.
- Lack of awareness of private sector about business opportunities in this type of technology: the installation of ADTS systems has been limited to a few institutions such as schools and hotels and the advantages of this technology option has not adequately disseminated to encourage the uptake by private sector.
- Limited access of SMEs to 'venture capital’: the lack of adequately disseminated information on ADTS also potentially hinders access to venture capital.

- Lack of awareness of households about the usefulness and benefits of digesters: the case of the potential benefits to households of ADTS systems have not been made adequately. Cost in savings for desludging for both public and domestic-type septic tanks and the harvesting of biogas as alternative energy source are not well disseminated to households.

4.1.3 Micro-Finance Credit Scheme for Household Latrine Construction

In order to secure an effective MFSC for household latrine promotion and construction, especially after triggering of communities and thereby achieving ODF status the following interventions are needed; establishment of a revolving fund, a sustainable fund-management system, strengthening the capacity of service providers and fund management intermediaries.

The key bottlenecks identified include:

- Lack of resources to fill in potential financial gap: from the lessons of implementing subsidy-based sanitation program and the cost of engaging the various stakeholders in the demand-supply chain management of household latrine construction there is need for substantial funding to cover such a scheme (see below).
- Pending commitment of the GoG to set-up a revolving funds for basic sanitation: the SESIP anticipates that Gog will set-up a revolving scheme, estimated at GH₵50 million per annum to support the MFSC for country-wide implementation. GoG is yet to approve the SESIP and thus give an indication of government's commitment to that level of funding.
- Lack of operationalization framework of the Revolving Funds: while the above is a bottleneck the preparation of a framework for managing the operations of the revolving is yet to be developed.
- Lack of agreement between the GoG and MFIs to operationnalize the Revolving Funds: this bottleneck is related to the previous one as the framework to be developed will serve as a basis for engaging MFIs and GoG to agree on roles and transaction costs.
- No monitoring system within GoG for the Microfinance scheme: the NESSAP and SESIP have proposed the MFCS but there is currently no monitoring framework purposely for managing sanitation delivery employing such a scheme.
- High cost of credit: among the lessons learned from the limited-scale application of micro-credit for household latrine promotion (e.g. APDO in the Afram Plains and CHF in Ayidiki in Accra) is the issue of high cost of credit. Mechanisms(s) for resolving this is required if the MFSC is to be sustained.

A number of bottlenecks cut-across and affect the implementation of all the three priority interventions. Tackling these groups of bottlenecks and finding solutions to them will together have the potential of increasing access to household toilets and thus improve basic sanitation.

- ***Funding***: a key challenge is the level of funding required for sustaining country-wide CLTS programme and a revolving-fund scheme over a multi-year period. Poor households in many instances are unable to afford the full cost of facilities but rather

through installment payments. Lack of adequate annual budgetary allocation to meet programmed activities in the areas listed above is a major constraint for making incremental progress in access to improved sanitation.

- ***Capacity:*** There is currently lack of capacity in facilitators for CLTS and lack of appreciable knowledge in the design and installation of anaerobic digesters. Many MFIs (including CUAs) and Rural Banks are not familiar with lending for installation of sanitation facilities and therefore require capacities to be build.
- ***Partnership Coordination:*** There is lack of harmony in the implementation of CLTS procedure by many sector players. The model CLTS strategy is yet to be incorporated in District Environmental Sanitation Strategies and Action Plans (DESSAPs).
- ***Governance:*** The lack of a comprehensive planning and investment framework for the environmental sanitation sector has hitherto hindered country-wide implementation of programmes and accompanying monitoring and evaluation. This contributed to project specific and adhoc activities. The NESSAP and SESIP are yet to be implemented for any lessons to be drawn on their effectiveness.
- ***Results Measurement and Management:*** lack of a comprehensive data-base on sanitation and an effective Results-Based Monitoring and Evaluation (R-B M&E) are key constraints to measuring sector performance. Data on progress of improved sanitation is often tagged "no data" in many reports including the Annual Progress Reports of GPRSII.

Chapter V gives the potential solutions that if vigorously pursued have the potential of propelling progress towards achieving the MDG Target 7, Indicator 7.9 on basic sanitation as well as contributing to the overall goal of ensuring environmental sustainability.

Table 8 Summary Table of Bottleneck to Key Priority Interventions to Achieve MDG Targets for MDG-7, indicator 7c

Prioritized Interventions	Prioritized Bottlenecks	Bottleneck Category
Goal 7: Goal 7: Ensure environmental sustainability		
Target 7c : Half the proportion of the population with access to improved water and basic sanitation Indicator 7.9: **Indicator 7.9: proportion of population using an improved sanitation facility**		
Scaling-up of CLTS country-wide	Low prioritization of basic sanitation in budgets	Budget and financing
	Limited donor support	
	Lack of actionable road map for scaling-up CLTS at District level	Policy and Planning
	Lack of adequate and effective monitoring	
	Inadequate coordination and alignment among sectors at district level	Policy and Planning
	Inadequate capacity of the lead institution to coordinate CLTS	
	Lack of trained facilitators	Service delivery (supply)
	Lack of technical support to HH to build of improved facilities	
	Limited capacity of HHs to maintain and make a proper use of improved facilities	Service utilization (demand)
	Insufficient education of children on basic sanitation & hygiene	
	Inadequate involvement of children in CLTS	
Decentralised treatment/disposal systems incorporating harvesting/re-use of biogas	Inexistence of land in some areas	Service delivery (supply)
	Limited capacity to utilize PPP framework	
	Lack of awareness of private sector about business opportunities in this type of technology	
	Limited access of SMEs to 'venture capital'	
	Lack of awareness of HH about the usefulness of Digesters	Service utilization (demand)
Targeted Micro-finance credit scheme for household latrine construction	Pending commitment of the GoG to set-up a revolving Funds for basic sanitation	Policy and Planning
	Lack of agreement between the GoG and the MFIs to operationnalize the Revolving Funds	
	Lack of operationalization framework of the Revolving Funds	
	No monitoring system within GoG for the Microfinance scheme	
	Potential financial gap	Budget and financing
	Low recovery rate	Service delivery (supply)
	High cost of credit	Service utilization (demand)

CHAPTER V Accelerating MDG Progress: Identifying Solutions

The following sections present the acceleration solutions for the list of bottleneck identified for the proposed interventions. These solutions have been arrived at by evaluating their effectiveness on removing the specified bottlenecks based on impact (magnitude, speed and sustainability) and feasibility (governance, capacity and funding availability) to accelerate progress of the MDG 7, Indicator 7.9 Improving Access to basic sanitation.

The solutions were provided and evaluated based on lessons and good practices identified during implementation of similar interventions in Ghana.

5.1 Scaling-up Community-Led Total Sanitation (CLTS)

The implementation of CLTS on pilot basis revealed a number of constraints. The prioritised solutions with potential to overcome the constraints and enhance progress towards the MDG target for basic sanitation include:

- Carry out evidence based advocacy for greater prioritization
- Develop and implement a resource mobilization strategy for sanitation
- Design and implement the Roadmap for CLTS scaling up at National, Regional and District levels (including inter-sectoral working groups,
- Put in place a Results-Based monitoring system with SMS platform for communication
- Strengthen capacities (human etc..) of the MLGRD/EHS Directorate (appoint a focal person for CLTS at national level etc..)
- Build a network of facilitators/trainers at district and community levels
- Facilitate the establishment of sanitation markets and HHs access to markets
- Incorporate CLTS within existing "value-based WESH curriculum" at schools and intensify school outreach programs on sanitation and adapt facilitation skills to include children

5.2 Decentralised Anaerobic Digestion Treatment Systems (ADTS)

Finding alternative technology options that will relieve residents, especially, of low-income communities of the brunt of indiscriminate disposal of excreta remains elusive. ADTS when effectively implemented have the potential of providing appropriate treatment and disposal options at community level. This achieves a two-prong solution of improving household access to improved facilities and also reducing the trucked loads of septage and faecal sludge to off-site final treatment. This intervention is an integral part of the NESSAP's philosophy of MINT (Material-in-Transition) for all types of wastes.

- Make an inventory of existing sanitary sites
- Develop & implement a comprehensive capacity building strategy on PPP
- Develop and implement an effective communication strategy directed towards the private sector
- Train private sector in design and installation of biogas facilities
- Strengthen advocacy to ensure effective functioning of 'venture capital' institutions
- Implement 'awareness-raising ' campaign directed to HHs

5.3 Micro-Finance Credit Scheme for Household Latrine Construction

Implementing a sustainable scheme for financing latrine construction at the household level remains difficult task. So far, the provision of subsidies has not proven to be sustainable and in many instances has not benefited the targeted "poor" households. Lessons from the pilot projects indicate that the demand for improved household facilities is largely influenced by the levels of installment payments which are in turn dependent on the pay-back periods allowed borrowers. The proposed solutions to overcome a number of constraints encountered during the implementation of credit schemes for household sanitation include the following:

- Facilitate inter-ministerial consensus to speed up approval of the SESIP
- Develop a comprehensive institutional framework, including agreement & monitoring system, for implementing the revolving fund
- Develop and implement resource mobilization strategies
- Develop and implement a comprehensive sanitation-specific microfinance model for mitigating accessibility constraints
- Train MFIs, CUs and RBs in managing of home-improvement services through micro-credit

Table 9 Summary Tables for Accelerating Progress Towards the MDG Target 7c, Indicator 7.9 (improved basic sanitation)

Priority MDG	MDG Indicators	Priority Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Potential Partners
Goal 7: Ensure environmental sustainability. Target 7c: Half the proportion of the population with access to improved water and basic sanitation	7.9:proportion of population using an improved sanitation facility	Scaling-up of CLTS country-wide	Low prioritization of basic sanitation in budgets	Evidence based advocacy for greater prioritization	MMDA/GOG/ DP
			Limited donor support	Develop and implement a resource mobilization strategy for sanitation	GOG/DP
			Lack of actionable road map for scaling-up CLTS at District level	Design and implement the Roadmap for CLTS scaling up at district level	MMDA/GOG
			Lack of adequate and effective monitoring	Put in place a Results-Based monitoring and evaluation system with SMS platform for communication	GOG /DP
			Inadequate coordination and alignment among sectors at district level	Establish and strengthen regional and district level CLTS inter-sectoral working groups and anchor within the RPCUs and DPCUs	MMDA/GOG
			Inadequate capacity of the lead institution to coordinate CLTS	Strengthen capacities (human etc.) of the MLGRD/EHS Directorate (appoint a focal person for CLTS at national level etc.)	GOG
			Lack of trained facilitators	Expand and strengthen the TOT system	GOG/NGO/DP
				Build a network of facilitators at district level	MMDA/GOG/ NGO

Priority MDG	MDG Indicators	Priority Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Potential Partners
			Lack of technical support to HH to build of improved facilities	Provide training to local artisans, 'SanMark' teams	MMDA/GOG/ NGO
				Facilitate the establishment of sanitation markets and HHs access to markets	MMDA/NGO
			Limited capacity of HHs to maintain and make a proper use of improved facilities	Put in place a 'coaching'/facilitation system at community level (including involvement of CHPS officers)	MMDA/NGO
			Insufficient education of children on basic sanitation & hygiene	Incorporate CLTS within existing "value-based WESH curriculum" at schools	MoE/MLGRD-EHSD
				2. Intensify school outreach programs on sanitation	MoE/MLGRD
			Inadequate involvement of children in CLTS	Adapt facilitation skills to include children	NGOs
		Decentralized treatment/disposal systems incorporating harvesting/re-use of biogas	Non-existence of land in some areas	Make an inventory of existing sanitary sites	MMDA
			Limited capacity to utilize PPP framework	Develop & implement a comprehensive capacity building strategy on PPP	MoFEP/MLGRD
			Lack of awareness of private sector about business opportunities in this type of technology	Develop and implement an effective communication strategy directed towards the private sector	GOG/DP
				Train private sector in design and installation of biogas facilities	MLGRD/MEST

Priority MDG	MDG Indicators	Priority Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Potential Partners
			Lack of awareness of HH about the usefulness of Digesters	1. Implement 'awareness-raising ' campaign directed to HHs	MMDA/MLGRD/MEST/ MoI-ISD
		Targeted Micro-finance credit scheme for household latrine construction	Pending commitment of the GoG to set-up a revolving Funds for basic sanitation	1. Facilitate inter-ministerial consensus to speed up approval of the SESIP	MoFEP/MLGRD
			Lack of agreement between the GoG and the MFIs to operationalize the Revolving Funds	Develop a comprehensive institutional framework, including agreement & monitoring system, for implementing the revolving fund	BoG/Apex Bank/GHAMFIN
			Lack of operationalization framework of the Revolving Funds		
			potential financial gap	Develop and implement resource mobilization strategies	MoFEP/MLGRD/RNE/CIDA
			Low loan recovery rate	Develop and implement a comprehensive sanitation-specific microfinance model for mitigating accessibility constraints	MoFEP/BoG/MLGRD
			High cost of credit		

CHAPTER VI MDG Acceleration Plan: Building a Compact

From the 2010 MDG Country report many of the targets under MDG 7, apart from access to improved water supply, are unlikely to be met by Ghana. Basic sanitation is hugely "off-track" among these. With rapid population growth and urbanization the effects of poor sanitation is taking its toll on poor households. Access to basic sanitation will have to quadruple from the current rate of 13.5% to reach a target of 54% by 2015.

The Government of Ghana and its Development Partners (DPs) recognise this shortfall and its potential impact in eroding the impressive gains made in other areas such as poverty reduction. GoG and with support of its DPs have prepared a new Environmental Sanitation Policy (Revised, 2010) to take on board emerging issues such as the MDGs and to put in place strategies for improving basic sanitation. The National Environmental Sanitation Strategy and Action Plan (NESSAP) and its accompanying financing plan, the Strategic Environmental Sanitation Investment Plan (SESIP) provide holistic approach to implementing activities related to the three (3) areas of interventions identified earlier.

The piloting of Community Led Total Sanitation (CLTS) in the Northern and Central regions show a lot of promise for triggering behavior change of communities and engendering demand for improved sanitation facilities as many communities attain Open-Defaecation-Free (ODF) status. The provision of ADTS has proven to be appropriate and effective but currently patronized mainly by richer households and institutional establishments including schools and hotels. Micro-Finance schemes for promoting sanitation facilities show some promise but so far hindered by lack of sustaining funding at low-interest and longer repayment period.

In order to make rapid progress from the lessons learned in implementing the above interventions, the Ghana Country Action Plan on Sanitation under the MAF proposes solutions to overcome the identified constraints and shortcomings.

Part I. Ghana Action Plan - Go Sanitation Go!!

Go Sanitation Go! - is the Country Action Plan (CAP) for acceleration solutions proposed in Chapter V to overcome the prioritized bottlenecks identified in Chapter IV. The plan outlines the critical issues to achieving MDG 7 and Indicator 7.9, improving access to basic sanitation, in particular. Go Sanitation Go! "GSG!" focuses on the key strategies, activities, financing as well as inputs and actions required of major stakeholders.

The "GSG!" takes forward the "financing gap" defined in the SESIP by identifying and allocating financing responsibility to a specific stakeholder. In this regard the GSG! is premised on *consultations*, *negotiations*, *agreements*, and *commitments* of stakeholders. This is the essence of the *Compact* under the MAF. The implementation of the "GSG!" therefore constitutes a sub-

part of undertaking the sanitation aspects of the Ghana SWA Compact (2010) with the specific inputs from GoG and identifiable DPs.

The interventions defined in the "GSG!" are components of the NESSAP and SESIP and therefore the implementation of activities are integral part of the Ghana Shared Growth and Development Agenda (GSGDA, 2010 – 2013).

Table…provides the details of priority interventions related bottlenecks, proposed acceleration solutions, costs of implementing specified activities and identified partners for delivering the "GSG!" to close, substantially the gap of current access and the MDG target for basic sanitation.

Table 10 MDG Country Action Plan - Go Sanitation Go!

MDG Indicators	Prioritized Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Solution Financing (US$)	Potential Partners
Indicator 7.9: proportion of population using an improved sanitation facility	Scaling-up of CLTS country-wide	Low prioritization of basic sanitation in budgets	Evidence based advocacy for greater prioritization	1,308,000	MMDA/GOG/ DP
		Limited donor support	Develop and implement a resource mobilization strategy for sanitation	99,300	GOG/DP
		Lack of actionable road map for scaling-up CLTS at District level	Design and implement the Roadmap for CLTS scaling up at district level	526,500	MMDA/GOG
		Lack of adequate and effective monitoring and evaluation	Put in place a Results-Based monitoring and evaluation system with (*SMS platform capability for communication*)	130,000	GOG /DP
		Inadequate coordination and alignment among sectors at district level	Establish and strengthen regional and district level CLTS inter-sectoral working groups and anchor within the RPCUs and DPCUs	- (*captured as part of updating DESSAP*)	MMDA/GOG
		Inadequate capacity of the lead institution to coordinate CLTS	Strengthen capacities (human etc.) of the MLGRD/EHS Directorate (appoint a focal person for CLTS at national level etc.)	50,200	GOG
		Lack of trained facilitators	Expand and strengthen the TOT system	412,150	GOG/NGO/DP
			Build a network of facilitators at district		MMDA/GOG/ NGO

MDG Indicators	Prioritized Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Solution Financing (US$)	Potential Partners
			level		
		Lack of technical support to HH to build of improved facilities	Provide training to local artisans, 'SanMark' teams	1,526,800	MMDA/GOG/ NGO
			Facilitate the establishment of sanitation markets and HHs access to markets		MMDA/NGO
		Limited capacity of HHs to maintain and make a proper use of improved facilities	Put in place a 'coaching'/facilitation system at community level (including involvement of CHPS officers)	34,000	MMDA/NGO
		Insufficient education of children on basic sanitation & hygiene	Incorporate CLTS within existing "value-based WESH curriculum" at schools	3,027,900	MoE/MLGRD-EHSD
			Intensify school outreach programs on sanitation		MoE/MLGRD
		Inadequate involvement of children in CLTS	Adapt facilitation skills to include children	118,000	NGOs
	Decentralised treatment/disposal systems incorporating harvesting/re-use of biogas	Non-existence of land in some areas	Make an inventory of existing sanitary sites	78,300	MMDA
		Limited capacity to utilize PPP framework	Develop & implement a comprehensive capacity building strategy on PPP	1,926,000	MoFEP/MLGRD
		Lack of awareness of private sector about business opportunities in this type of technology	Develop and implement an effective communication strategy directed towards the private sector	69,200	GOG/DP
			Train private sector in design and installation of biogas facilities		MLGRD/MEST
		Lack of awareness of HH about the usefulness of Digesters	Implement 'awareness-raising ' campaign directed to HHs	25,000	MMDA/MLGRD/MEST/MoI-ISD
	Targeted Micro-finance credit scheme for household latrine	Pending commitment of the GoG to set-up a revolving Funds for basic sanitation	Facilitate inter-ministerial consensus to speed up approval of the SESIP	36,200	MoFEP/MLGRD

MDG Indicators	Prioritized Interventions	Prioritized Bottlenecks	Prioritized Acceleration Solution	Solution Financing (US$)	Potential Partners
	construction	Lack of agreement between the GoG and the MFIs to operationalize the Revolving Funds	Develop a comprehensive institutional framework, including agreement & monitoring system, for implementing the revolving fund	57,600	BoG/ARB Apex Bank/GHAMFIN
		Lack of operationalization framework of the Revolving Funds			
		(Resource Mobilization) incl. potential financial gap	Develop and implement resource mobilization strategies	(*cost as part of Investment Forum under xx*)	MoFEP/MLGRD/RNE/CIDA
		Low loan recovery rate	Develop and implement a comprehensive sanitation-specific microfinance model for mitigating accessibility constraints	40, 000 + (*as part of institutional framework xx*)	MoFEP/BoG/MLGRD
		High cost of credit (financial affordability)			
			Train MFIs, CUs and RBs in managing of home-improvement services through micro-credit		GHAMFIN/EMPRETEC

Part II. Implementation and Monitoring Plan

The objective of the implementation and monitoring plan – as an integral part of the Country Action Plan – is to enable follow up on commitments made and specifically to track progress over time.

The monitoring system adopted for the "GSG!" is based on the Results-Based Monitoring and Evaluation (RB M&E) system as incorporated in the NESSAP.

Monitoring addresses the accountability concerns of stakeholders, gives public sector managers information on progress toward achieving stated targets and goals, and provides substantial evidence for any necessary mid-course corrections in policies, programs, or projects.

The modalities for carrying out the monitoring of the "GSG!" implementation will be based on the established collaborative mechanism involving inter-sectoral working group of regional level actors as was achieved during the preparation of DESSAPs and the NESSAP. This will include the RPCU, REHO staff and heads of all partner institutions who will collate and validate all relevant information on the status of all ongoing activities in the regions/districts and to be submitted periodically to the EHSD/MLGRD. District-level monitoring and evaluation will be

centred around the inter-sectoral working group of the DPCU. The head office team would do a composite analysis of the data. This will ensure timely supply of information and updated statistics on progress at the national level.

As indicated in the NESSAP, the EHSD will be supported to develop the appropriate R-B M&E tools that will enhance its capacity in providing timely information and data on the implementation of the "GSG!" (the Country Action Plan).

The monitoring covers activities of the priority solutions that have been proposed to deal with the bottlenecks (Chapters IV and V).

Table 11 Ghana MDG7, Indicator 7.9 Implementation and Monitoring Plan

Acceleration Solution	Activities	Indicators	IMPLEMENTATION TIME LINE (2011-2015)					Indicator for Monitoring (Yearly)					Responsible Agencies
			2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	
1. SCALING-UP OF CLTS COUNTRY-WIDE													
Evidence based advocacy for greater prioritization	Assemblying of data on expenditure and budget allocation versus projected requirements (consultancy)	Consultant selected Data aasembled	X										
	Prepare Fact Sheets on Economic Impacts of low investments in Sanitation (Consultancy)	Consultant Selected Fact Sheets prepared	X		X								
	Hold Dissemination Meetings/ Workshops: High-Level (Executive/Parliament) (1 No. per yr); NGOs/Donors/Media (1 No. pyr); MMDAs/MDAs/ (2 No. pyr)	No. of Meetings/ Workshops held	X	X	X	X	X						
Develop and implement a resource mobilization	Hold Investment Forum on sanitation	Investment Forum held	X	X	X	X	X						
	Establish Institutional Framework for sustaining resource mobilisation and	NESIMBoD set up and operational Annual Reports of	X	X	X	X	X						

strategy for sanitation	management (e.g. set up of NESIMBoD)	NESIMBOD issued											
Design and implement the Roadmap for CLTS scaling up at district level	Source funds and update DESSAPs through Regional-Level Consultations/Workshops	Funding obtained No. of Workshops held No. of DESSAPs updated	X	X									
Put in place a Results-Based monitoring system (with capability for SMS communication)	Implement MSP for R-B M&E	SMS system in place Stakeholders trained in R-B M&E R-B M&E Reports available	X	X	X	X	X						
Establish and strengthen regional and district level CLTS inter-sectoral working groups and anchor within the RPCUs and DPCUs	Integrate modalities in updated DESSAPs (collaborative arrangements defined for regional/district levels)	Collaborative arrangements defined in DESSAPs Minutes of RPCU/DPCU Meetings held			X	X	X X						
Strengthen capacities (human etc..) of the	Appoint trained CLTS focal person (to be at EHSD)	CLTS Focal person appointed	X	X									

MLGRD/EHS Directorate (appoint a focal person for CLTS at national level etc..)													
Expand and strengthen the TOT system	Identify and train additional ToTs for CLTS (60 No.)	No. of ToTs trained	X	X									
Build a network of facilitators at district level	Establish mechanism for efffecttive networking (incl. formation of Facilitators Association for CLTS- FACoLeToS)	Association of CLTS – FACoLeToS formed Membership list Minutes of Association Meetings	X	X	X	X	X						
Provide training to local artisans, 'SanMark' teams	Update and produce training materials/manuals on sanitation technology options	Training Materials updated and published	X	X									
	Appoint training providers and organise training workshops for artisans	No. of Training Providers No. of Workshops held No of Trained Artisans	X	X	X	X	X						

Facilitate the establishment of sanitation markets and HHs access to markets	Support community-level information dissemination on role of artisans, MFIs, Facoletos with audio-visual material (e.g. video for MMDA, MoI and private sector)	No. of Audio-visual materials developed Program drawn for dissemination in communities No. of communities with Sanitation markets No of HH Latrines in place	X	X	X	X	X						
Put in place a 'coaching'/facilitation system at community level (including involvement of CHPS officers)	Support community-level information dissemination on follow-up operation and maintenance management and use of installed facilities (using artisans, EHAs, Local NGOs/CBOs and Volunteers)-170X	No of broken down HH latrines	X	X	X	X	X						
Incorporate CLTS within existing "value-based WESH curriculum" at schools	Organise special CLTS Training Workshops for Teachers at district/community level	No of Workshops held No of Teachers trained/district/community	X	X	X	X	X						

Intensify school outreach programs on sanitation	Develop and implement audio-visual (e.g ISD/Community Video operators) and other TLMs (e.g. puppet shows, drama) targeted at school pupils.	Audio Visual materials developed No of schools visited	X	X	X	X	X						
Adapt facilitation skills to target children	Adapt TOT modules to include child-animation techniques	No of Children sensitized on CLTS No of children active in CLTS process	X	X	X	X	X						

2. DECENTRALISED TREATMENT/DISPOSAL SYSTEMS INCORPORATING HARVESTING/RE-USE OF BIOGAS

Acceleration Solution	Activities	Indicator	IMPLEMENTATION TIME LINE (2011-2015)					Indicator for Monitoring (Yearly)					Responsible Agencies
			2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	
Make an inventory of existing sanitary sites	Provide/update information on all sanitary sites (Use; area, ha; location; type of existing facilities; status of legal acquisition) for each district	Information on all sanitary sites provided by MMDAS	X										
	Collate national inventory of all sanitary sites and prepare status report (and identify	National Inventory of sanitary sites prepared and published	X										

	feasible locations for installation of biogas facilities)												
Develop & implement a comprehensive capacity building strategy on PPP	Organise PPP Workshops for both regional/district-level public and private entities.	No. of PPP Workshops held	X	X	X	X	X						
Develop and implement an effective communication strategy directed towards the private sector)	Organise National Investment Forum annually	National Invest Forum on Sanitation held	X	X	X	X	X						
	Develop appropriate materials targeted at entrepreneurial development organisations (e.g. NBSSI, Empretec, MDPI etc)	Appropriate Materials for Entrepreneurs developed and distributed No of Private sector entrepreneurs investing in Anaerobic Digesters and Biogas	X	X	X	X	X						
Train private sector in design and installation of biogas facilities	Develop appropriate materials targeted at entrepreneurial development organisations (e.g. NBSSI, Empretec, MDPI etc)	No. private sector actors trained in design and installation of biogas facilities	X	X	X	X	X						
Implement 'awareness-raising ' campaign	Develop promotional material on	No of HH opting for Anaerobic Digesters and Biogas	X	X	X	X	X						

directed to HHs	benefits of installing biogas facilities	installations											

3. TARGETED MICRO-FINANCE CREDIT SCHEME FOR HOUSEHOLD LATRINE CONSTRUCTION

Acceleration Solution	Activities	Indicator	IMPLEMENTATION TIME LINE (2011-2015)					Indicator for Monitoring (Yearly)					Responsible Agencies
			2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	
Facilitate inter-ministerial consensus to speed up approval of the SESIP	Organise Speaker's Roundtable for Executives and Parliamentary Sub-Committee.	Speaker's Forum on Sanitation held annually SESIP approved with revolving fund released	X	X	X	X	X						
Develop a comprehensive institutional framework, including agreement & monitoring system, for implementing the revolving fund	Prepare Implementation Manual for Revolving Fund for Household Latrine Construction Programme	Implementation Manual prepared and published No of HH latrines built using the MFI funds	X	X	X	X	X						
Develop and implement resource mobilization strategies	Hold Investment Forum on sanitation	Investment Forum held annualy	X	X	X	X	X						
	Establish Institutional Framework for sustaining resource mobilisation and management (e.g. set up of	NESIMBoD set up and operational Annual Reports of NESIMBOD issued	X	X	X	X	X						

	NESIMBoD)												
Develop and implement a comprehensive sanitation-specific microfinance model for mitigating accessibility constraints	Develop PIM incorporating applicable lending rates and handling charges.	PIM developed and published. No of MFIs /CUs/RBs engaged in financing sanitation	X	X	X	X	X						
Train MFIs, CUs and RBs in managing home-improvement services through micro-credit	Develop TLMs and organise workshops for MFIs, CUs and RBs	TLMs developed No of Workshops held No of MFIs /CUs/RBs engaged in financing sanitation	X	X	X	X	X						

NB: Use sector wide indicator

Annexes

I: Complete list of references and data sources

1. Decentralisation Policy Framework, MLGRD 2010
2. Ghana National Decentralisation Action Plan, MLGRD 2010
3. The Environmental Sanitation Policy (Revised, 2010), MLGRD 2010
4. The National Environmental Sanitation Strategy and Action Plan (NESSAP), MLGRD 2010
5. The Strategic Environmental Sanitation Investment Plan (SESIP), MLGRD 2010
6. Rural Sanitation Implementation Model and CLTS Scaling-up Strategy, MLGRD 2010
7. The Ghana Shared Growth and Development Agenda, GSGDA (2010 – 2013), NDPC, 2010
8. MICS 2006, MoH/Ghana Statistical Service, MoFEP 2009
9. Demographic and Health Survey 2008, GSS 2010

II: Brief description of methods of data collection – such as interviews, surveys, desk reviews

- Initial consultative meetings of MAF Sub-Committee National Technical Working Group on Sanitation (NTWGS) defined scope of work, consultant inputs and work-plan.
- Desk reviews of key sector policy Environmental Sanitation Policy (Revised, 2010), and National Environmental Sanitation Strategy and Action Plan (NESSAP) reviewed for listing of strategic measures and indicative interventions. Costs allocated to solution financing related to cost of items in Strategic Environmental Sanitation Investment Plan (SESIP).
- 3 No. Sub-Committee Meetings of NTWGS to refine initial findings and definition of Dodowa Roundtable.

III: List of partners involved in each stage

Members of MAF Sub-Committee of the National Technical Working Group on Sanitation

Institutional/Agency Representatives:

Naa Demedeme Lenason, Director, EHSD/MLGRD
Josepy Akwabeng, Director, Finance and Administration, MLGRD,
Kweku Quansah, Programme Officer, EHSD/MLGRD
Jonas Amanu, Regional Environmental Health Officer, RCC-Greater-Accra Region,
Patrick Apoya, Chairman, Skyfox Ltd
Peter T. Pepprah, Statistician, Ghana Statistical Service
Theodora Adomako Adjei, Extension Services Coordinator, CWSA Head Office
Adwoa Pabby, Programme Officer, WaterAid Ghana
Basilia Nanbigne, Programme Officer, Coaliation of NGOs in Water and Sanitation (CONIWAS)

Lorretta Robers-WASH Specialist, UNICEF
Dr. Carl Osei, Deputy Programme Officer, Occupational and Environmental Health Unit, Ghana Health Service
Evans Darko-Mensah, Senoir Consultant, WasteCare Associates

Lukman Salifu, Principal Consultant, WasteCare Associates

IV: Details of National Consultations

List of Participants: Dodowa Roundtable Meeting on MAF Bottleneck Analysis & Solutions

Dr. Daniel Adom -Chief Technical Advisor, UNDP, Nairobi
Lorretta Robers-WASH Specialist, UNICEF, Accra
Evans Darko-Mensah, Senoir Consultant, WasteCare Associates, Accra
Lukman Salifu, Principal Consultant, WasteCare Associates, Accra
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Peter T. Pepprah, Statistician, Ghana Statistical Service, Accra,
Theodora Adomako Adjei, Extension Services Coordinator, CWSA Head Office, Accra
Adwoa Pabby, Programme Officer, WaterAid Ghana, Accra
Basilia Nanbigne, Programme Officer, Coaliation of NGOs in Water and Sanitation, Accra
Dr. Carl Osei, Deputy Programme Officer, Occupational and Environmental Health Unit, Ghana Health Service, Accra

Table AX12 Overview of the process in the [Country] and Lessons Learned (Template for capturing the process and lessons learned included below).

	Prep-Phase		Step 1	Step 2		Step 3	Step 4
Major Inputs	*Gathering Data*	*Identifying Priority MDG Targets*	*Identification of Priority Interventions*	*Identification of Bottlenecks*	*Prioritizing Bottlenecks*	*Identification of Solutions*	*Developing a CAP*
Major Outputs	Short-listing of key documents to be reviewed	Indicator 7.9 short-listed	Short-listing of strategic measures & indicative interventions				Definition of compact and R-B M&E framework
Partners Involved	MAF Sub-Committee of NTWGS	MAF Sub Committee of NTWGS	Sub-Committee of NTWGS	Sub-Committee of NTWGS	Sub-Committee of NTWGS	Sub-Committee of NTWGS + representatives of UN System	Sub-Committee of NTWGS
Lessons learned	Sharing of MAF	Previous reports on	Rapid definition of	Definition aided by	Ease of application	Prior identification	Defining of R-B M&E

(what worked?)	documents on MDG5 and preparatory concept by UNDP	basic sanitation – Ghana SWA Compact & trends analysis aided arguments for selection	interventions due to existence of strategy and action plan	previous existing reports on constraints of delivering interventions	of criteria for prioritizing	of bottlenecks and definition of activities to overcome them provided additional information on solution financing	aided by existing framework in NESSAP
Lessons learned (challenges faced)	No detail description of MAF early in process	Non-availability of information on areas for selection under MAF (no manual on MAF)	Comparison to MDG5 report influenced quick definition of solutions right at initial statge	The definition of bottlenecks constrained by background and knowledge of participants	Limited time at workshop affected the quality +detail of discussions		Delayed holding of consultations affect finalization of bottlenecks and prioritizing of solutions

Table AX13 Details of GSG! Activities, costs and contributing Partners

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
Indicator 7.9: proportion of population using an improved sanitation facility	Scaling-up of CLTS country-wide	Low prioritization of basic sanitation in budgets	Evidence based advocacy for greater prioritization	Assemblying of data on expenditure and budget allocation versus projected requirements (consultancy assignment);	Consultancy Service-man/days	15	600	9,000
					Traveling Expenses-man/days	15	50	750
					Stationery & Printing	1	50	50
					Total			
				Prepare Fact Sheets on Economic Impacts of low investments in Sanitation (Consultancy)	Consultancy Service-man/days	15	600	9,000
					Printing of Fact Sheets	200,000	3	600,000
				Advertise/Publicise advocacy materials (press releases, newspaper/radio/TV adverts)	Distribution of Fact Sheets to the General Public	200,000	0.1	20000
					Newspaper Adverts	12	800	9600
					Radio Adverts-all ghanaian languages(12x4x3)	144	1200	172800
					Press Releases	12	800	9600
					TV Programmes-adult education-(5x3)	15	1200	18000
				Hold Dissemination Meetings/ Workshops: High-Level (Executive/Parliament) (1 No. per yr); NGOs/Donors/Media (1 No. pyr); MMDAs/MDAs/ (2 No. pyr)	High Level Executive/Parliamentary Meeting			
		Limited donor	Develop and	Hold Investment Forum on	Meeting Materials	100	3	300

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
		support	implement a resource mobilization strategy for sanitation	sanitation	Conference Hall	1	1000	1,000
					Refreshments	120	30	3,600
					Facilitation Expenses	1	600	600
					NGO/Donors/Media Meeting			
					Meeting Materials	200	3	600
					Conference Hall	1	1500	1500
					Refreshments	200	30	6000
					Facilitation Expenses	2	600	1200
					MMDA/MDA /GOG			
					Meeting Materials(170x10)	1800	3	5,400
					Conference Hall	9	1000	9,000
					Refreshments	1800	30	54,000
					Travelling Expenses	1800	200	360,000
					Facilitation Expenses	18	600	10,800
					Facilitators Travelling Expenses	18	300	5,400
					1. National Forum			
					Resource Persons-Consultancy-4x10	40	600	24,000
					Forum Materials	200	5	1,000
					Conference Hall	1	1500	1,500
					Refreshments	200	30	6,000
					Traveling Expenses	50	200	10,000
					Conference Publicity	7	1200	8,400
					Talk Shows- Radio, TV	3	1800	5,400
				Establish Institutional Framework for sustaining resource mobilisation and			5335	
					NESIMBoD Secretariat Expenses			

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
				management (e.g. set up of NESIMBoD)	Office Operating Expenses-monthly	5	5000	25,000
					NESIMBoD Sitting Allowances			
					sitting allowance per month(12 persons per month for 5months	60	300	18,000
		Lack of actionable road map for scaling-up CLTS at District level	Design and implement the Roadmap for CLTS scaling up at district level	Source funds and update DESSAPs through Regional-Level Consultations/Workshops	Conference Halls -10 regions	10	1000	10,000.00
					Refreshments-170x10	1700	30	51,000.00
					Travelling Expenses	1700	200	340,000.00
					Stationery	170	500	85,000.00
					Secretarial Support	170	50	8,500.00
					Resource Persons-Consultancy-4x10	40	600	24,000.00
					Resource Persons-Travel expenses-4x10	40	200	8,000.00
					Consultancy Service-man/days			130,000.00
		Lack of adequate and effective monitoring	Put in place a Results-Based monitoring and evaluation system with SMS platform for communication	Implement MSP for R-B M&E	Communication Equipment			0
					Training Workshops			0
					Travelling Expenses			0
					Stationery & Printing			

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
		Inadequate coordination and alignment among sectors at district level	Establish and strengthen regional and district level CLTS inter-sectoral working groups and anchor within the RPCUs and DPCUs	integrate modalities in updated DESSAPs (collaborative arrangements defined for regional/district levels)	Cost of updating DESSAP provided above			0
		Inadequate capacity of the lead institution to coordinate CLTS	Strengthen capacities (human etc.) of the MLGRD/EHS Directorate (appoint a focal person for CLTS at national level etc.)	Appoint trained CLTS focal person	Staff cost of CLTS Focal Person-500x6	6	500	3,000.00
					Office Furniture &Equipment	1	10000	10,000.00
					Office Operating Expenses	6	200	1,200.00
								-
					Traveling Expenses	120	300	36,000.00
		Lack of trained facilitators	Expand and strengthen the TOT system	Identify and train additional ToTs for CLTS (60 No.)	Training Materials	1000	10	10,000.00
					Rental of Workshop Premises(5x3)	15	500	7,500.00
					Refreshments(25x5x3)	375	30	11,250.00
					Training Allowances(20x5x3)	300	20	6,000.00
			Build a network of facilitators at district level	Establish mechanism for efffecttive networking (incl. formation of Facilitators Association for CLTS- FACoLeToS)	Coordinator's Expenses	170	500	85,000.00
					Facilitators Association's initial Operating Expenses	170	1000	170,000.00
					Consultancy Service-man/days(3x15)	45	600	27,000.00
		Lack of technical support to HH to	Provide training to local artisans,	Update and produce training materials/manuals	Production of Training Materials on Sanitation	3400	20	68,000.00

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
		build of improved facilities	'SanMark' teams	on sanitation technology options	Technology options(170x20)			
					Nationwide Distribution of Training Materials	3400	1	3,400.00
				Appoint training providers and organise training workshops for artisans	Cost of Selecting Artisan Trainers	170	100	17,000.00
					Training Providers Fee (2x5x170)	1700	300	510,000.00
					Workshop Training Material			-
					Workshop Training Expenses (25x5x170)	21250	20	425,000.00
					Workshop trainees Transport Allowances(20x5x170)	17000	20	340,000.00
					Workshop premises rental (5x170)	850	250	212,500.00
			Facilitate the establishment of sanitation markets and HHs access to markets	Support community-level information dissemination on role of artisans, MFIs, Facoletos with audio-visual material (e.g. video for MMDA, MoI and private sector)	Produce Master tape for Audio material (1)	1	2500	2,500
					Dubb Master tape for Audio material (10x170)	1700	3	5,100
					Produce Master tape for Video material (1)	1	4500	4,500
					Dubb Master tape for Video material(10x170)	1700	5	8,500
					Distribute materials to stakeholders	1700	1	1,700

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
		Limited capacity of HHs to maintain and make a proper use of improved facilities	Put in place a 'coaching'/facilitation system at community level (including involvement of CHPS officers)	Support community-level information dissemination on follow-up operation and maintenance management and use of installed facilities (using artisans, EHAs, Local NGOs/CBOs and Volunteers)-170X	CLTS Coordinators' Field Expenses -	170	200	34,000
		Insufficient education of children on basic sanitation & hygiene	Incorporate CLTS within existing "value-based WESH curriculum" at schools	Organise special CLTS Training Workshops for Teachers at district/community level	Training Materials - produced above			
					Facilitators Travelling Expenses-2x3x8x170	8160	100	816,000
					Participants Travelling Expenses 6x3x8x170	24480	20	489,600
			2. Intensify school outreach programs on sanitation	develop and implement audio-visual (e.g ISD/Community Video operators) and other TLMs (e.g. puppet shows, drama) targeted at school pupils. develop and implement audio-visual (e.g ISD/Community Video operators) and other TLMs (e.g. puppet shows, drama) targeted at school pupils.	Produce Master tape for Audio material (1)	1	2500	2,500
					Dubb Master tape for Audio material (10x170)	1700	3	5,100
					Produce Master tape for Video material (1)	1	4500	4,500
					Dubb Master tape for Video material(10x170)	1700	5	8,500
					Distribute materials to stakeholders	1700	1	1,700
					Draw up itenerary for showing videos etc in schools			0
					Re-imburse	34000	50	1700000

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
					implementors of expenses incurred in showing movies etc (50x170x4)			
		Inadequate involvement of children in CLTS	Adapt facilitation skills to include children	adapt TOT modules to include child-animation techniques	Consultancy Fee(3x15)	45	600	27,000
					Training Materials (40x170)	6800	10	68,000
					Conference Hall	1	1000	1,000
					Refreshments	100	20	2,000
					Travelling Expenses	100	200	20,000
	Decentralised treatment/disposal systems incorporating harvesting/re-use of biogas	Non-existence of land in some areas	Make an inventory of existing sanitary sites	provide/update information on all sanitary sites (Use; area, ha; location; type of existing facilities; status of legal acquisition) for each district	Travelling Expenses & Stationery (170)	170	400	68,000.00
				Collate national inventory of all sanitary sites and prepare status report (and identify feasible locations for installation of biogas facilities)	Data Entry Support(170x 20)	3440	3	10,320
		Limited capacity to utilize PPP framework	Develop & implement a comprehensive capacity building strategy on PPP	Organise PPP Workshops for both regional/district-level public and private entities.	1. Regional Workshops			
					Facilitators Fees(2x3x10)	60	600	36,000
					Workshop Materials-(100x10)	1000	5	5,000
					Conference Hall(1x10)	10	1000	10,000
					Refreshments(120x10)	1200	30	36,000
					Travelling Expenses	1000	20	20,000

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
					(100x10)			
					2. District Workshops			
					Facilitators Fees (2x3x170)	1020	600	612,000
					Workshop Materials-(100x170)	17000	10	170,000
					Conference Hall(1x170)	170	500	85,000
					Refreshments(120x170)	20400	30	612,000
					Travelling Expenses(100x170)	17000	20	340,000
		Lack of awareness of private sector about business opportunities in this type of technology	Develop and implement an effective communication strategy directed towards the private sector	Organise National Investment Forum				
				Develop appropriate materials targeted at entrepreneural development organisations (e.g. NBSSI, Empretec, MDPI etc)	Consultancy Fees-(15x3)	45	600	27,000
					Training Materials	100	10	1,000
					Conference Hall	1	1000	1,000
					Refreshments	120	30	3,600
					Travelling Expenses	100	20	2,000
					Consultancy Fees			
			Train private sector in design and installation of biogas facilities	Develop appropriate materials targeted at entrepreneural development organisations (e.g. NBSSI, Empretec, MDPI etc)	Training Materials			
					Conference Hall			
					Refreshments			
					Travelling Expenses			
		Lack of awareness of HH about the usefulness of Digesters	1. Implement 'awareness-raising ' campaign directed to HHs	develop promotional material on benefits of installing biogas facilities develop promotional material on benefits of installing biogas facilities	Consultancy Fees	15	600	9,000
					Handouts	1000	3	3,000
					Produce Master Video Clip and dubb for distribution	1	5000	5,000
					dubb clips for	100	5	500

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
					distribution			
					Show Video Clip to Advertise the digesters	100	75	7,500
	Targeted Micro-finance credit scheme for household latrine construction	Pending commitment of the GoG to set-up a revolving Funds for basic sanitation	1. Facilitate inter-ministerial consensus to speed up approval of the SESIP	Organise Speaker's Roundtable for Executives and Parliamentary Sub-Committee.	Invitation Expenses	150	2	300
					Refreshments	170	30	0
					Mc Allowance	2	300	5100
					Travelling Expenses	150	200	0
					Other Incidental Expenses	1	200	600
		Lack of agreement between the GoG and the MFIs to operationalize the Revolving Funds	Develop a comprehensive institutional framework, including agreement & monitoring system, for implementing the revolving fund	Prepare Implementation Manual for Revolving Fund for Household Latrine Construction Programme Prepare Implementation Manual for Revolving Fund for Household Latrine Construction Programme	Consultancy Fees(15x3)	45	600	27000
					Copies of Implementation Manuals(15X170)	2550	10	25500
					Distribution of Manuals	2550	2	5100
		Lack of operationalization framework of the Revolving Funds						
		(Resource Mobilization) incl. potential financial gap	Develop and implement resource mobilization strategies	Hold Investment Forum on sanitation	Cost computed above			
				Establish Institutional Framework for sustaining resource mobilisation and management (e.g. set up of NESIMBoD)	Cost computed above			
		Low loan recovery rate	Develop and implement a comprehensive	Develop PIM incorporating applicable lending rates and handling charges.	Cost computed above			

MDG Indicators	Priority Interventions Area(s)	Prioritized Bottlenecks	Prioritized Acceleration Solution	Activities	Cost Item	Quantity	Unit Price	Total Cost
		High cost of credit	sanitation-specific microfinance model for mitigating accessibility constraints					
			Train MFIs, CUs and RBs in managing of home-improvement services through micro-credit	Develop TLMs and organise workshops for MFIs, CUs and RBs	Consultancy Fees(15x3)	45	600	27000
					Training Materials	1000	3	3000
					Conference Hall 1x10	10	500	5000
					Refreshments-10x10	100	30	3000
					Travelling Expenses	100	20	2000
								9,430,770