THE CRS GHANA
WASH PROGRAM

INTEGRATED COMMUNITY WATER, SANITATION, AND HYGIENE IMPROVEMENT PROJECT (ICOWASH)

TECHNICAL DOCUMENTATION OF THE PROJECT MODELS

SCAN ME

Developed by
Catholic Relief Services (CRS)
Ghana WASH Program
(ICOWASH PROJECT)

ABOUT US

Who We Are:

Catholic Relief Services (CRS) is a global humanitarian organization dedicated to helping the poor and vulnerable. Founded in 1943 by the Catholic Bishops of the United States, CRS works in over 100 countries and serves people based solely on need, regardless of their race, religion, or nationality. CRS Ghana is an integral part of this global network, with a strong presence in the country since 1958. Our mission is to support the most vulnerable communities in Ghana, enabling them to lead dignified lives and fostering long-term sustainable development.

Our Mission:

Our mission is rooted in the Catholic faith, promoting human dignity and social justice. We are committed to empowering the poor and marginalized, alleviating human suffering, and addressing the root causes of poverty and injustice in Ghana.

CRS Ghana focuses on five key areas:

Water, Sanitation, and Hygiene (WASH), improving health and nutrition, promoting sustainable agriculture and livelihoods, enhancing education and youth empowerment, and providing emergency response and recovery. Through these programs, CRS Ghana aims to improve the well-being of vulnerable communities, foster long-term development, and build resilience. By collaborating with local partners, government agencies, and international organizations, CRS Ghana ensures that its initiatives are effective, culturally appropriate, and sustainable.

Our work is guided by our core values of compassion, integrity, stewardship, and partnership.

ACKNOWLEDGEMENTS

Documentation of the Integrated Community Water, Sanitation, and Hygiene Improvement (ICOWASH) project experience and lessons into models and reference documents is a critical component of the design. The rationale was to capture elements of the ICOWASH experience and share them with sector stakeholders on national and international platforms to increase adoption, replication, and policy influence. As a result, inputs were solicited from many individuals and groups.

Catholic Relief Services (CRS) Ghana extends its deepest gratitude to the Leona M. and Harry B. Helmsley Charitable Trust (US-based Charity) for funding the implementation of the ICOWASH Project for seven years. Their funding enabled us to reach over 307,000 children and adults with safe water, sanitation, and hygiene services.

We are also grateful to TREND Ghana for their invaluable work and professionalism during the documentation process. TREND Ghana led the documentation process as the consultant.

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LIST OF ABBREVIATIONS

CLTS	Community-Led Total Sanitation
CRS	Catholic Relief Services
CSO	Civil Society Organisation
CWIT	Community WASH Improvement Team
GES	Ghana Education Service
GHS	Ghana Health Service
ICOWASH	Integrated Community Water, Sanitation and Hygiene
MHM	Menstrual Hygiene Management
MSWR	Ministry of Sanitation and Water Resources
MMDA	Metropolitan, Municipal and District Assembly
OD	Open Defecation
ODF	Open Defecation Free
RCC	Regional Coordinating Council
SAG	Sanitation Advocacy Group
SILC	Savings and Internal Lending Community
WASH	Water, Sanitation and Hygiene
WASHCARE	WASH in Healthcare Facilities
WinS	WASH in Schools
WRS	Water Resources Commission
WSMT	Water and Sanitation Management Team

1.0 INTRODUCTION TO THE ICOWASH MODEL

1.1 Background to the Model/ Strategy

Like many other developing nations, Ghana has faced persistent challenges in ensuring adequate water, sanitation, and hygiene (WASH) at the community level. The need for improved Community WASH arises from historic gaps and challenges that have hindered sustainable progress. Over the past decade, Ghana has made some significant progress in its Water, Sanitation, and Hygiene (WASH) situation. The 2021 Population and Housing Census showed that 92% of households have access to improved drinking water sources, though rural areas lag at 83% (GSS, 2023). However, based on Sustainable Development Goals (SDG) measurement standards, only 41% (16% in rural areas) of the population has access to safely managed water (JMP, 2020).

Sanitation challenges persist, with 59.3% of Ghanaians having access to improved sanitation, with a significant urban-rural variation, where rural households stand at 49.1% (GSS, 2021). The 2020 JMP Report notes that only 15% have access to safely managed sanitation in rural areas. Hand hygiene practices have declined post-COVID-19 (GSS, 2021).

The Integrated Community Water, Sanitation, and Hygiene Improvement (ICOWASH) Project, implemented by CRS, is one good example of continuous effort by government and non-government partners to address WASH service delivery. The ICOWASH project, builds upon the successes of the Integrated Sanitation, Hygiene, and Nutrition for Education (I-SHINE) project, implemented by CRS, generously funded by the Leona M. and Harry B. Helmsley Charitable Trust (US-Based Charity)

The ICOWASH project is a seven project (2017-2024) with 2 iterations; ICOWASH 1.0 spanning 2017 to 2020 and ICOWASH 2.0 from 2020 to 2024. The project is funded by Leona M. and Harry B. Helmsley Charitable Trust (a US-based charity) with a total budget of USD 13.1 million. It has a goal of improving the health and wellbeing of over 307,000 in 3 districts (West Mamprusi, Mamprugu/Moagduri and Talensi Districts). The project has two (2) Strategic Objectives, and one (1) cross cutting Intermediate Result area as indicated below:

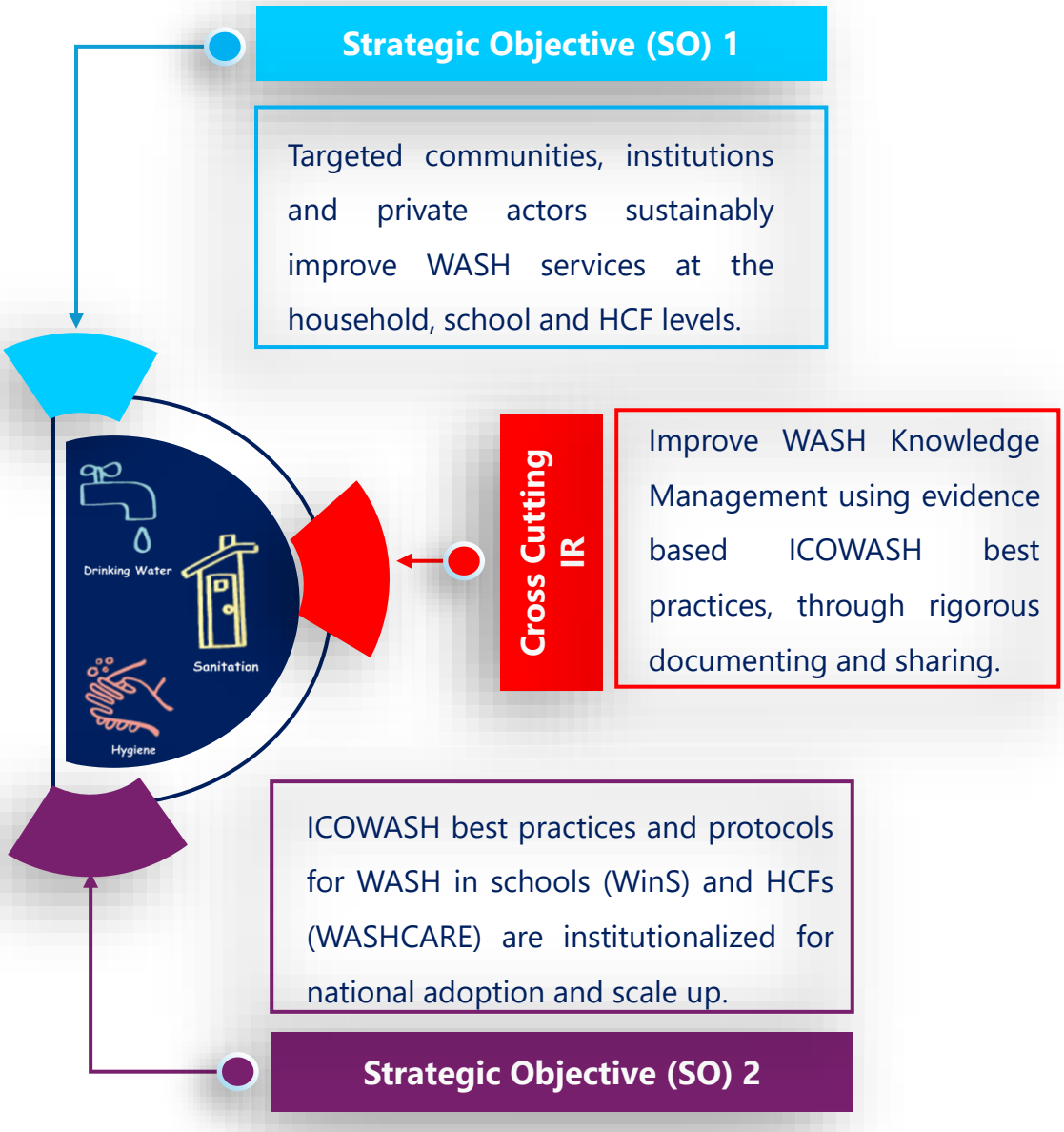

Figure 1: *The 5trategy Objectives and Cross Cutting Areas of the ICOWASH Project*

1.2 The Purpose & Objectives of documenting the ICOWASH Model

The purpose of documenting an ICOWASH model is to identify the strategies, best practices and insights following project implementation that would serve as a reference point and guidance for WASH stakeholders - communities, schools, health institutions and policy makers - both in Ghana and globally. The objectives of documenting the ICOWASH project model revolve around the following 5Ps:

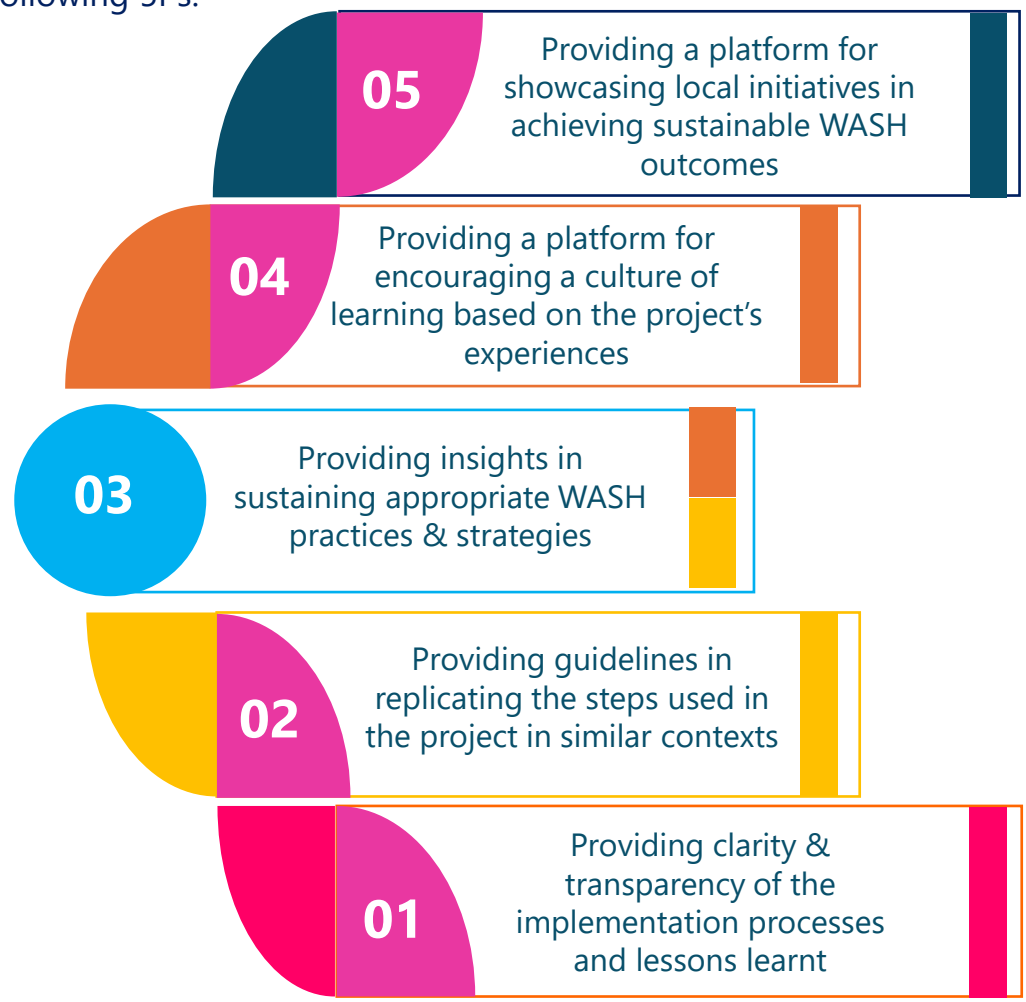

Figure 2: *The 5Ps of the ICOWASH Model's documentation*

2.0 THE ICOWASH MODEL

The ICOWASH model is a complex amalgam of 3 main models with cross cutting themes. The three main models include WASH in communities plus market-based, WASH in schools and WASH in Health Care Facilities. The cross-cutting themes include institutional WASH infrastructure upgrade, knowledge management, sector engagement and policy influence and capacity enhancement and sustainability. The project was designed in such a manner to cause massive behavior change among 307,000 people (children and adult males and females) and general WASH improvement across 286 participating communities in 3 districts.

Integration of critical components such as WASH in Communities (Households), WASH in Schools (WinS), WASH in Healthcare Facilities (WASHCARE) laced with high impact capacity building, effective sector engagement and policy influence, knowledge management leads to layering, complementarity, sustainability mechanisms, the project is estimated to have reached 307,000 beneficiaries. Through its holistic approach, the ICOWASH model has contributed to improving WASH conditions among the targeted beneficiaries, thereby demonstrating its effectiveness in promoting sustainable development goals pertaining to water, sanitation, and hygiene (primarily SDG 6 and related targets).

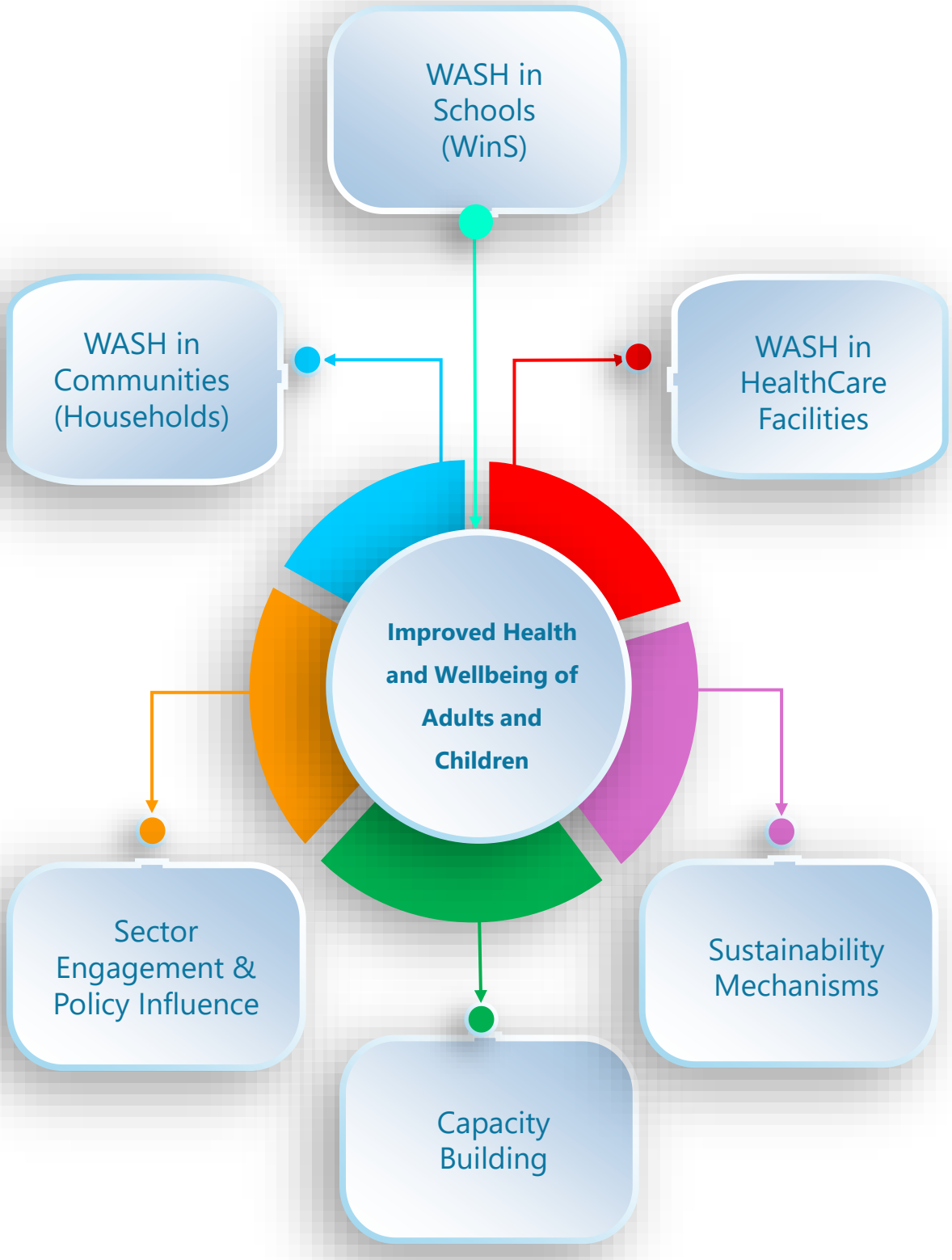

Figure 3: *Areas of Intervention of ICOWASH Project*

3.0 SUMMARY OF STRATEGIES UNDER THE ICOWASH MODEL

3.1 Summary of WASH in Communities model

3.1.1 Brief Strategy & Key Interventions

The WASH in Communities component of the project was anchored on the following key pillars: provision of improved water facilities, Community-Led Total Sanitation (CLTS), sanitation marketing, sanitation law enforcement, and formation of Savings & Internal Lending Community (SILC) groups.

- **Water Infrastructure Provision:** The ICOWASH project increased access to safe and clean drinking water for residents by constructing new boreholes, mechanizing existing boreholes, and rehabilitating broken-down water facilities. The project drilled 91 boreholes with hand pumps and constructed 10 limited mechanized water systems in communities, schools, and healthcare facilities. To ensure effective maintenance, the project trained and equipped Area Mechanics and Water and Sanitation Management Teams (WSMTs). Most WSMTs have mobilized financial resources and are prepared for operations and maintenance (O&M).

PICTURE 1: *Components of the Limited Mechanized Water Systems Constructed by CRS Ghana for under the ICOWASH Project*

- **Community-Led Total Sanitation (CLTS):** The project used CLTS techniques to raise awareness and stimulate demand for improved sanitation. The CLTS process involved three major steps: pre-triggering, triggering, and post-triggering activities.

  - ✓ **Pre-Triggering:** The ICOWASH project spent time understanding community dynamics, collecting relevant data, and establishing rapport with stakeholders for successful implementation.

- ✓ **Triggering:** The project staff worked with Environmental Health and Sanitation Units of MMDAs to help communities analyze their sanitation profiles and plan actions to end open defecation.

- ✓ **Post-Triggering:** ICOWASH staff and Environmental Health officers consistently monitored CLTS communities, providing technical support for updating OD maps, action plans, and constructing and using sanitation and hygiene facilities.

PICTURE 2: *Some Sample Pictures of Household Latrines facilitated CRS Ghana for under the ICOWASH Project*

- **Savings and Internal Lending Communities (SILC):** This local financial mobilization strategy brought community members together in groups of 15-30 people to save money and loan to themselves at reasonable interest rates to support livelihoods and household financial needs. The project formed 346 groups, which have collectively raised several million Ghana Cedis in savings.

PICTURE 3: *SILC Group Meeting ongoing as part of CRS Ghana ICOWASH Project Implementation*

- **Sanitation Marketing:** The project implemented sanitation marketing activities to provide resilient technology options, enhance local capacities for latrine promotion and construction, and reduce geographical and financial barriers to latrine products and services.

- **Sanitation Law Enforcement:** The project supported the three Municipal and District Assemblies in implementing sanitation law enforcement. Specific activities included community sensitization, stakeholder engagements, training of prosecutors for sanitation-related offenses, and gazetting by-laws. Most communities with CLTS intervention developed sanctions and levies to support compliance with desired sanitation behaviors.

These strategies collectively aimed to improve water infrastructure and sanitation practices, promoting a healthier and more sustainable environment for all residents in the project area.

PICTURE 4: *Hand Hygiene Promotion as part of CRS Ghana ICOWASH Project Implementation*

3.2 Summary of WASH in schools' model

3.2.1 Brief Strategy & Interventions

The WinS component of the project was a transformative initiative aimed at fostering a culture of enhanced WASH (Water, Sanitation, and Hygiene) practices within educational institutions. Overall, the project benefitted 209 schools across the three project beneficiary districts – West Mamprusi, Mamprugu Moagduri, and Talensi. This initiative recognized the crucial role that schools play in shaping young minds and emphasized the importance of a clean, healthy, and hygienic environment for promoting academic performance.

The WinS strategies and activities revolved around infrastructure improvement and behavioral change as follows:

- **Capacity building:** The ICOWASH project was deliberate in building capacities and transferring skills to school teachers and students. As a result, the project trained teachers as WASH mentors (WASH ambassadors) to lead the implementation of WASH activities in their respective schools. The project also facilitated the formation and training of WASH clubs to serve as peer educators in their schools and for community outreach. To fully equip them with the requisite knowledge, the project developed and distributed relevant WASH behavior change materials to all participating schools.

Figure 5: *WASH Mentors Trainer of Trainers (ToT) Training on going as part of the ICOWASH Projects WASH in Schools Implementation*

- **Digital Classroom Learning:** To make learning fun and effective, the project introduced Pico projectors in WASH education in schools. Each participating school was given a Pico projector, power banks, and memory cards loaded with WASH educational videos. The videos served as a prelude to discussions.

Figure 6: *Training on the CRS Ghana Digital WASH Initiative as part of the ICOWASH Projects WASH in Schools Implementation*

- **Operation and Maintenance Planning:** Schools were trained on developing costed action plans and cleaning schedules to improve the operation and maintenance of WASH infrastructure. Despite funding challenges, most schools have found innovative ways of raising funds through the support of School Management Committees.

- **Infrastructure Upgrade:** To create an enabling environment in schools for the promotion and adoption of safe water, sanitation, and hygiene behaviors, the ICOWASH project constructed or rehabilitated water systems, and gender, age, and disability-friendly latrines. The project also conducted training for constructing tippy taps using locally available materials.

PICTURE 7: *Latrines Constructed by CRS Ghana for Institutions under the ICOWASH Project*

- **Pupils as Change Agents:** The project focused on empowering school pupils to become change agents at home and advocate for improved WASH practices within their communities. The girls' clubs were restructured to become Health Clubs to include boys, bringing dynamism to WinS and making the clubs inclusive and participatory.

- **Menstrual Hygiene Management (MHM):** In the area of menstrual hygiene management, the project ensured all school latrines had pad-changing areas fitted with mini-incinerators for the safe disposal and management of used sanitary materials. To increase the availability and affordability of sanitary products, the project trained 30 local dressmakers on the production and sale of reusable sanitary pads. These interventions, coupled with targeted sensitizations, have improved menstrual hygiene management and reduced school absenteeism among female children.

PICTURE 8: *CRS Ghana Institutional Latrine Model with Changing Room and Incinerator attached to promote MHM in schools under the ICOWASH Project.*

PICTURE 9: Seamstresses- Trained to produce Reusable Sanitary Pads as part of MHM Activities

- **Operation and Maintenance Planning:** Schools were trained on developing costed action plans and cleaning schedules to improve the operation and maintenance of WASH infrastructure. Despite funding challenges, most schools have found innovative ways of raising funds through the support of School Management Committees.

These strategies aimed to improve both the physical infrastructure, and the behavioral practices related to WASH, enhancing the health and educational outcomes of students.

3.3 Summary of WASH in Health Care facility model

3.3.1 Brief Strategy & Interventions

The WASHCARE initiative aimed at supporting the holistic transformation of the healthcare environment by improving access to safe water, sanitation, and hygiene service delivery. The following key interventions were implemented under the WASHCARE model:

- **Infrastructure Upgrade:** To improve access to safe water and sanitation services, 50 healthcare facilities were provided with water facilities (limited mechanized water systems or boreholes), gender and disability-friendly latrines, medical incinerators, and bathrooms. These infrastructures have enabled safe delivery of babies and effective management of infectious waste, preventing infection transfer between clients and health staff. To encourage handwashing with soap at critical times, the project provided pig-feet handwashing stations and Veronica buckets to the 50 healthcare facilities.

- **Capacity Building Initiatives:** Selected staff members of healthcare facilities were provided specialized training in Infection Prevention & Control (IPC). This equipped participants with the knowledge and skills required to prevent and control infections effectively. During the COVID-19 pandemic, all frontline health staff were provided with personal protective gear and medical consumables to support the effective handling and management of suspected cases. Additionally, the project produced and distributed behavior change communication materials for facility engagements and sensitization of care seekers.

- **Decentralized Chlorine Production:** To ensure healthcare facilities had adequate quantities of chlorine for cleaning and disinfection, CRS established five local chlorine production centers in the three districts. The centers used STREAM chlorinators to produce liquid chlorine at 0.5% concentration and distributed it to other healthcare facilities. This made chlorine easily accessible to health facilities during and after the COVID-19 pandemic.

Figure 10: *Introduction of the decentralized chlorine production points to supply bleach to all Health Care Facilities for effective IPC implementation.*

- **Operation and Maintenance Planning:** Healthcare facilities were trained on developing costed action plans and cleaning schedules to improve the operation and maintenance of WASH infrastructure. Despite funding challenges, most healthcare facilities have found innovative ways to raise funds through the support of Community Health Management Committees.

These strategies collectively aimed to improve the infrastructure and capacity of healthcare facilities, enhancing the quality of care and reducing the risk of infection.

3.4 Sector Engagements & Policy Influence

The ICOWASH project prioritized collaboration and partnership with WASH sector stakeholders at various levels (community, district, regional, and national) to enhance the outcomes of the project interventions. These engagements expanded the project's reach and effectiveness and advocated for policy measures to support local WASH interventions, ensuring sustained benefits from improved WASH infrastructure.

- **Community-level Engagement:** Community-level engagements (WSMTs, SAGs, SILCs, and CWIT) were central to the project's sustainability strategy, serving as both implementers and beneficiaries. Activities included face-to-face meetings, community durbars, capacity building and celebration of WASH Day events (World Water Day, World Toilet Day, Menstrual Hygiene Day, Global Hand Wash Day and Patient Safety Day).

- **District, Regional, & National Level Engagements:** At the district level, the project engaged with government institutions (MMDAs, GHS, GES, EHSU), at the regional level with RCC, and at the national level with CWSA and MSWR. These engagements focused on policy formulation and strategy development for WASH sector improvement. The project emphasized collaboration both horizontally (within the same level) and vertically (across different levels) to enhance the effectiveness and sustainability of WASH interventions.

- **Learning & Adaptive Management:** The project instituted joint monitoring and partner reflection meetings to ensure stakeholders understood ICOWASH strategies and processes. These meetings provided opportunities for stakeholders to learn from ICOWASH's lessons and innovations, fostering the adoption of effective strategies and practices. Additionally, the project facilitated learning visits by high-level government officials and private sector practitioners to showcase interventions and innovations.

Figure 11: *During one of several stakeholder engagements organized by the CRS Ghana WASH Team under the ICOWASH Project*

4.0 MAJOR ACHIEVEMENT/MILESTONES

The project has achieved several significant milestones, including;

1. Through the implementation of CLTS and sanitation marketing interventions, **196** communities have been declared and certified as Open Defecation Free (ODF) communities and **9** transitioning to sanitized communities by Regional Interagency Coordinating Committee on Sanitation (RICCS).

2. The implementation of WASH in Health Care Facilities model has resulted in certification of **50** Health Care Facilities as Clean Clinics by Regional Interagency Coordinating Committee on Sanitation (RICCS).

3. The implementation of WASH in schools' model has resulted in the certification of **209** basic schools as WASH friendly schools by Regional Interagency Coordinating Committee on Sanitation (RICCS).

4. As a result of the deliberate partner engagement and sector influence activities, some elements of the ICOWASH model have been adopted and replicated. For instance, the Swiss Red Cross has already adopted ICOWASH designs for construction of limited mechanized water systems for HCFs and has already constructed several of them in Upper East Region.

5. The project has successfully completed documentation of its experience (strategies, lessons and innovations) into learning or guiding documents to influence policy and practice.

5.0 KEY CHALLENGES

The project encountered some challenges during implementation. That include;

- **Maintenance of WASH infrastructure** – Generally, there is poor operation and maintenance of WASH facilities in schools and Health Care Facilities across all districts. Even though the project supported development and implementation operation and maintenance action plans and cleaning schedules, some schools and HCFs are still unable to raise funds to support O&M. These observations have been brought into national conversations for consideration.

- **Perennial collapse of household latrine** – Most of the project communities experience annual flooding and destruction of household latrines. The project is vigorously embarking on sanitation marketing activities to encourage households to construct and use resilient latrines. The uptake is however very slow because of the price hikes of construction materials.

- **Spiral effect of the recent economic challenges** - The economic downturn in Ghana has resulted in high cost of doing business, typically increasing cost of the production for the livelihood groups. The groups and unable to break-in. So as temporary measure, the project has advised the soap making and shea butter production groups to pause production until the situation gets better.

- **Fecal sludge management** – Due to the activities of the project, over **9000** household latrines have been constructed (mostly simple pit latrines) and are getting filled with fecal sludge. However, there is no mechanism for their desludging as they are mostly dry latrines. To provide s solution to the challenge, the project is currently conducting a feasibility study on fecal sludge management in peri-urban and rural settings. The expected outcome is a report containing a design and bill of quantities for the construction and operationalization fecal sludge management facility appropriate for rural and peri-urban settings.

- **Widespread incidence of bed flu** – In 2022, there was an outbreak bird flu in most districts of Northern Ghana. The incident killed most of the birds belonging to the livelihood groups even though the project made frantic attempts to salvage the situation by collaborating with District Departments of Agriculture for monitoring and immunizations. The project has since halted the intervention.

6.0 IMPORTANT LESSONS

- Multi-stakeholder collaboration and Partnership are key to successful implementation and sustainability. Effective collaborations with MMDAs, Ghana Health Services, Ghana Education Service and community structures are very important for wholistic understanding of community challenges, complementarity of efforts and synergy.

- Proper acquisition and documentation of lands belonging to schools and Health Care Facilities helps to prevent unnecessary encouragement and unauthorize use of WASH facilities by community members

- Even though implementation of SILC leads to effective mobilization of funds in communities, it does not necessarily translate to increased investment of SILC funds in WASH.

- Introduction of recruitment and use of Construction Quality Officers (CQOs) for monitoring and quality assurance of institutional infrastructure ensures strict adherence to design specifications and quality standards thereby increasing longevity of the facilities.

- Celebration of WASH Day events with school children and in communities give prominence to WASH issues and trigger community action. In addition, presentation of awards to deserving individuals and communities stimulate competition and accelerates ODF achievement.

Figure 12: *Introduction of the decentralized chlorine production points to supply bleach to all Health Care Facilities for effective IPC implementation.*

7.0 CONCLUSIONS AND RECOMMENDATIONS

The low levels of access to improved WASH facilities in houses, schools and HCFs in several communities made the ICOWASH project relevant to the needs and priorities of the targeted population. Available data show that the project has been effective in expanding access and improving WASH situation in the project area. This has contributed to increased access to improved water sources, widespread elimination of open defecation in several communities and improved hygiene practices such as hand washing at critical times. Conscious effort by CRS to integrate sustainability mechanisms into the project design and implementation through stakeholder engagements has also enhanced prospects of the sustainability of the project and its outcomes. Based on the challenges identified above, the following recommendations are put forward for the consideration of sector stakeholders (MMDAs, education and health authorities, sector NGOs and community-based organizations):

- **Improving household latrine quality** – Concerns about the low-quality of local materials often used in constructing household latrines call for training on alternative construction materials and techniques that would enhance the durability and functionality of latrines. The establishment of quality control measures and standards for latrine construction is required at the local level.

- **Addressing spare parts availability** – The limited availability of spare parts for WASH facilities calls for the need for partnerships to be formed with regional suppliers for the purpose of building local supply chain for spare parts.

- **Building Repair And Maintenance Capacity At Local Level** – Provision of advanced training to local WASH committee (WSMTs) is necessary to address maintenance and repair challenges. Local authorities forming partnerships with Technical Institutes and organizations to provide specialized training on borehole repairs and maintenance would build the capacity of community WASH committee to undertake even some major repairs and maintenance.

- **Enhancing Faecal Sludge Management** – There is the need for introduction of sustainable faecal sludge management systems such as treatment facilities that would transform the faecal sludge into organic manure for farming. This will have the dual advantage of addressing challenges with sanitation and farming, the predominant occupation in the project area.

- **Supporting Maintenance Of Institutional WASH Infrastructure** – The long-term sustainability of WASH facilities provided to schools and HCFs is hinged on both educational and health authorities allocating a part of their annual budget for repairs and maintenance of the WASH infrastructure provided to institutions in the project area.

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