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Water and Sanitation in Rural Communities: The Role of Women in the Brong Ahafo Region, Ghana

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Abstract:

The Government of Ghana with the support of Agence Francaise de Développement (AFD) implemented the Peri Urban, Rural and Small-Town Water Supply and Sanitation Project (RSTWSSP) in the Brong Ahafo Region. The objective was to increase the rate of access to water and sanitation facilities through the provision of boreholes and encouraging Community-Led Total Sanitation (CLTS) to rural communities, thereby improving the health status of the target population. This paper examines the Information, Education and Communication (IE&C) services provided to the communities, that led to the provision of water facilities. Five districts out of the twenty-two districts in the Brong Ahafo Region of Ghana, were sampled, namely, Asutifi, Sunyani West, Tano North and Tano South Districts and Sunyani Municipal. In all, a total of ninety-eight (98) communities were examined; Asutifi district having thirty-two (32) communities, Sunyani West seventeen (17), Tano North eighteen (18), Tano South fourteen (14), and Sunyani Municipal fifteen (15) communities. This paper outlines the outcome of activities carried out between November 2011 to March 2012 in all communities as outlined in the project. 1.Reconstitution of WATSAN Committees. 2. Educating WATSANs on their clear roles and responsibilities and encouraging them to perform. 3.Gender perspectives of WATSANs to reconstituted in all the communities. 4. Increased women in executive positions in WATSANs.5. Representation of ethnic groups in sections of community were agreed. (if any) 6. Fund mobilization strategies were designed on community specific. 7.Caretakers and Vendors were trained and the WATSAN handbooks were handed over to them to be used as their tool. 8.The WATSAN committees were tasked to work in the area of assisting communities to institute sustainable strategies in funding the maintenance and repairs of their water facility. 9. Community-Led Total Sanitation (CLTS) were promoted in all beneficiary communities to eradicate open defecation and promote construction of household latrines, using the CLTS training modules. 10.The WATSAN committees were tasked to assist with their communities' in dealing effectively with water and sanitation issues. The project provided opportunities as a deliberate policy to include women/children in all the stages of the IE&C program because they were recognized as the sole insurers of family hygiene and sanitation practices. If they suffer from various diseases or bear germs, it was likely to be transmitted to the food they cook, the clothes they touch and also to the family affecting the future generation.

Keywords: WATSON, CLTS, Municipal, Latrines, Committee, Caretakers

1. Introduction

Proper water availability and sanitation facilities are extremely important for promoting better health in every population. A healthy population physiologically is in a better state of health and hygiene Venkataramanan, V (2012). In Africa, women are the sole insurers of family hygiene and sanitation practices. If the females in a family suffer from various diseases or bear germs, it will be transmitted to the food they cook, the clothes they touch and also to the children of the family who are the future generation. Lack or deficit of water and proper sanitation facilities can cause diseases in women like reproductive tract infection (RTI) Venkataramanan, V (2012). The per capita water availability in Ghana is about 780 cubic meters against the minimum requirement of 1000 cubic meter. It is feared that the availability of water would fall below 450 cubic meters by year 2050 which is considered as absolute water scarcity as per international accepted norms. The direct impact of the water crisis falls upon women. They have to provide water for drinking, cooking, bathing and washing of the entire house, and in the process, often their personal sanitary needs are not met Ahmed, S.A (2008) and Venkataramanan, V (2012).

Cleanliness is a quintessential requirement to keep away diseases, especially for women/children. Women/children spend most of the time inside the house in our rural setting Ahmed, S.A (2008). They have a role in every household task, hence they usually touch all

the objects around. If they are suffering from disease causing germs, the house is automatically infected. In most rural areas in Ghana, many people, still do open defecation and urination. Not only men, but women/children also have to follow this as because there are no proper toilets in the house. Having toilet practices in the open air, attract flies and other insects which infect the entire locality and spread diseases through food and drinking water.

Moreover, going for toilet in the open, also tampers the dignity and respect of a woman. Also, when women indulge in group usage of toilet in the same place, they are more prone to diseases and germs. Hence it is the Government's primordial role to ensure women/children's health by providing proper sanitation facilities. Many international organizations have come up for the redress of the issue where United Nation Development Program's (UNDP) Millennium Development Goal (MDG) and World Bank. Government is also promoting the growth of proper toilets in villages and rural areas to prevent using fields and farms for daily physiological activities. Advertisements and campaigns are being preached to bring about a change in the mentality of people; this is also being done to keep the environment clean. Cleanliness is Godliness, is a very old proverb; when we are clean from body and mind, can we do good work; being healthy is foremost important, especially for women/children, and water and sanitation are the basic factors for best health.

The Government of Ghana and the Agence Francaise de Development (AFD) signed a Credit Facility Agreement to finance the Peri-urban, Rural and Small Town and Sanitation Project in the Brong Ahafo Region.

Community Water and Sanitation Agency (CSWA) is tasked to implement the National Community Water and Sanitation Program (NCWSP) by assisting rural communities to plan, construct, own and operate water supply and sanitation facilities.

In order to ensure that communities get the type of facilities that best respond to their needs and their financial ability to operate and maintain; communities were assisted to play a major role in the planning and management processes during the implementation.

As such this paper examined the Information, Education and Communication (IE&C) services for rural water supply and sanitation in five districts of Brong Ahafo Region, namely, Asutifi, Tano South, Tano North, Sunyani West and Sunyani Municipal Districts. It also examined all activities undertaken during the period from October 2011 to March 2012 and recommend good practices and lessons for future implementation of Rural Urban Water and Sanitation Projects.

1.1. Objectives

The objective of the assignment was to provide Information, Education and Communication (IE&C) Services for rural water supply and sanitation and capacity building in areas of community development, hygiene and sanitation promotion for sustainable operation and maintenance of water and sanitation facilities in ninety-eight communities in the Brong Ahafo District of Ghana.

The specific objectives were to:

- Sensitize the communities to manage their installed facilities in a sustainable manner.
- Promote the empowerment of women in the decision-making process for the sustainable ownership and management of water and sanitation facilities and household/environmental hygiene education.
- Review the existing and/or establish new WATSAN committees in beneficiary communities to meet the demands of the proposed facility; and
- Train and develop the members of WATSAN committee in skills and knowledge needed to function effectively.
- Train caretakers and Vendors of the water facilities on maintenance and facility user fee commitment.
- Promote Community-led Total Sanitation (CLTS) in beneficiary communities to promote Open Defecation Free (ODF) communities.

2. Methodology

The main tasks were:

1. Train WATSAN committees, Care takers and Vendors on their specific roles and motivate them to take up the task to sustain the water facilities.
2. Promote Community Led Total Sanitation (CLTS) to stop open defecation in all beneficiary communities and promote the construction of household latrines.

2.1. Results/Output

The outputs of the assignment were:

1. WATSAN Committees were revitalized/reconstituted.
2. WATSANs were motivated to work using the handbook they were all clear on roles and responsibilities and willing to perform their duties.
3. Gender of WATSANs was noted to be male dominated but where the concern was established the women made themselves available.
4. The number of women in executive positions were encouraging as almost all women were the cashiers, vendors and caretakers to the committees.
5. Representation of ethnic groups in sections of community was not a problem, since the communities did not have any differences to be identified.
6. Caretakers were trained and provided with hand book.
7. Vendors, mostly women were selected and trained.
8. CLTS was promoted in all the communities.

2.2. Analysis of Results

The gender distribution of positions of key positions were analyzed and the results indicated in figure 1, illustrates that females were voted for Vendor 66%, cashier 92% and caretakers 88% positions. This confirms that women were recognized and associated with water as confirmed by the fact that they spend more time in the household. The Chairman and secretary went to the men because of advocacy role of men in their communities and at the same time the men were more educated than the women in these rural areas. It was unanimously agreed in all cases that the women oversee funds better than men, so they were made cashiers.

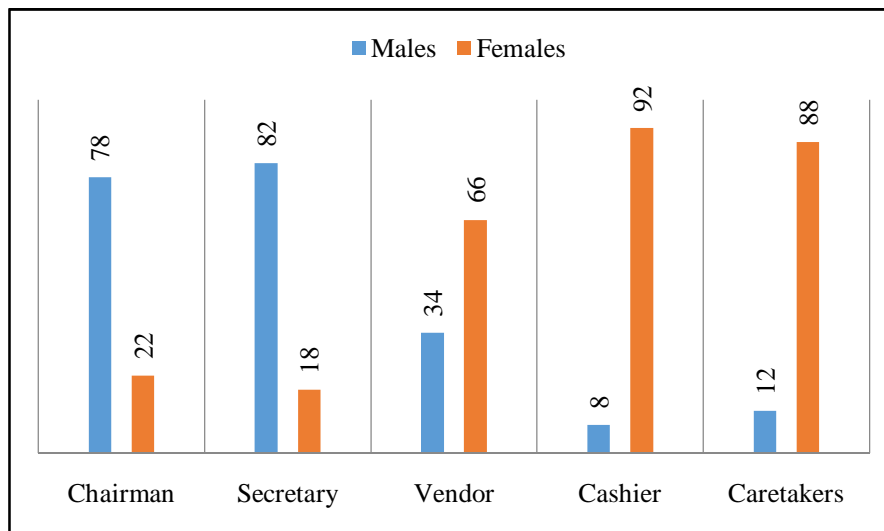


Figure 1: Gender distribution of key WATSAN positions in the Communities

2.3. Remobilization of WATSANs

All WATSAN Committees were remobilized and motivated by specifying their roles and responsibilities using the handbook. The composition of WATSANs in terms of gender was skewed towards males. This is because the women were not prepared to take up executive roles, but upon good rapport some of them made themselves available for positions. They mostly opted for cashiers. The various WATSAN committees were equally represented by all the ethnic groups in the community. Fund mobilization strategies have been set up in all communities.

2.4. Selection and Training of Caretakers

The caretakers were selected by their respective WATSAN committees. The caretakers were trained and provided with tools to carry out preventive maintenance and minor above-ground repairs in communities where the pumps were available. The greatest challenge was in areas where the pumps were not available. However, the contractor has been informed of the set back and would inform us to follow up with them when it is installed.

2.5. Selection and Training of Vendors

Vendors were selected and trained to collect and record all moneys collected on daily basis and the money given to the treasurer. The greatest challenge here was the setting of a period for the vendors to be available for money collection. However, in most communities the water facility is locked and opened at specific times of the day to suit collection of tariffs and collection of water.

2.6. Community Led Total Sanitation (CLTS) Activities

Community Led Total Sanitation (CLTS), is a participatory methodology to mobilize communities to completely eliminate open defecation (OD). CLTS focuses on sustainable behavioral change by investing in community mobilization instead of hardware and subsidies, and shifts the focus from toilet construction for individual households to the creation of “open defecation-free” villages. It “triggers” community action using shame and disgust and creates sanitation demand. CLTS promotion was introduced in all beneficiary communities using a variety of tools from Participatory Rural Appraisal (PRA). These tools were meant to guide the community analysis process which will bring the poor state of sanitation in the community and the effect of open defecation on the health of the people.

- Defecation Area Mapping: This involves making a map of the community showing the key defecation areas within the community. This is used to analyze what people’s defecation practices are and how they affect the people in the community.
- Transect Walk (Walk of shame): This involves the taking of a walk through the community and identifying areas of open defecation and places where open pit latrines have been constructed. While on the walk open discussions about the effect of the fecal left over on the people in the community.
- Shit calculation: Two types of calculations are used; a) This involves the amount of faeces that is generated and left in the open daily to enable the community analyze the magnitude of the sanitation problem in the community. b) This is done to

find out how much is spent on medical care to treat diarrheas, dysentery and other diseases that occur because of the practice of open defecation. This will show how much resources are being wasted because of open defecation.

- Faecal-oral Transmission: This involves two exercises: a) Glass of water capable of carrying faecal pellet back to us. Though it looks clean and safe to us open defecation makes it unsafe to drink. b) From shit to open mouth illustrates the role of household faecal-oral transmission.

3. Implementing CLTS

It follows three major steps or phases thus Pre-triggering, Triggering and Post Triggering with community members.

3.1. Pre-Triggering

This involves selecting the community, entry and mobilization process before triggering event. Suitable communities for triggering must have the following conditions:

- Small homogenous communities, this we found very paramount in the CLTS implementation.
- Moist wet conditions that keep faeces around
- Where open defecation is rampant
- Visibly filthy community
- High incidence of diarrhea
- Unprotected water source
- Presence of progressive leadership
- Strong local support
- Follow up support after triggering available.

3.2. Triggering

This is when the process tools are used to ignite community actions towards improving their sanitation situation. The tools are not used in any particular order. However, the defecation area map has the best impact in all our dealings. Communities have been ignited on realizing their own faults and short coming on open defecation.

3.2.1. Triggering Outcomes

Any of these could be recognized as an outcome within the community:

- Match box in a Gas Station, where the community is triggered and ready to take immediate action to stop open defecation. At this stage, we identify community leaders or natural leaders to lead the process. Allow the community to give dates to start the process and decide on mutual dates for follow up and share ideas on how to construct simple low-cost latrines using local materials. Draw an action plan for the process.
- Promising Flames, where community members are ready to take action but some are not certain. At this stage thank the community and prepare to leave, however if a community member wants to lead the process, ask him to come forward to share ideas and lead them to draw an action plan.
- Scattered sparks, where only few people are interested in the outcome ask them if anyone wants to go out to defecate tomorrow and ask those willing to stop. Ask the community to discuss the issue and ask them for a date to come for further action on the process.
- Damp Match-box, where the entire community is not willing to do anything about their situation. Here, tell them about the surprises they have shown by enjoying eating their shit and leave.
- The role of women/children in CLTS were very important, because they can promote the stopping of open defecation and promote household latrines in the community. This is facilitated by the women/children learning slogans to stop open defecation.

3.2.2. Post-Triggering

This is the most difficult part of CLTS implementation. Without serious follow up process, it is likely the triggered community will slip back into open defecation. The post triggering period coincided with the voters/national identification registration process which delayed the post triggering in some communities. However, the agreed dates were rescheduled.

4. Lessons Learnt

The following were some of the learnings which came up during the deliberations.

- Commitment of leadership at all levels is key to the success of the CLTS.
- CLTS generated strong changes at the household and community level and how the government partners view behavior change communication. Health is not the only motivator in this case.
- CLTS is a tool, not a program. Creating demand is only one part of the story.
- Ensure quality of the facilitators. Trainers of Trainers are not enough, there is the need for “coaching and follow-up” and training needs to be institutionalized at the District Assembly level.
- The CLTS approach needs adaptation e.g. training of motivators at the village level to ensure language barriers were addressed and more follow-ups and local support.
- Different uptake by different ethnic groups. Ensure local facilitators in contexts with high ethnic and language diversity in order to emphasize on local ownership and continue to adapt and monitor the process.

5. Key Challenges for CLTS Implementation

Interactions during the IE&C services exposed these challenges which are key to water and sanitation development in our rural set up:

- Dependence on government support - waiting for Government subsidy for sanitation accounts for a high degree of demotivation.
- A lack of technical knowledge on latrine building and local government’s restriction on designs on building permits can result in a fear of constructing latrines, and the idea that latrine constructions are too expensive.
- Hygienic standards are often low in communities, resulting in the common observation that “temporary latrines” are unclean or unsafe.
- The harmonization of different approaches between donors, Government, NGOs and different subsidy programs
- Expectation of incentives for construction and pressure from local leaders.
- Sustainability if households need to replace the temporary latrine with another or will they actually upgrade them?

6. The Way Forward

1. Creating awareness and demand for sanitation among rural households, through CLTS is a first step. But not the only one.
2. It requires follow-up and more information about sanitation options and sanitary standards of toilets.
3. Initial demand then needs to be linked to low-cost supply of services and hardware to help households move up the sanitation ladder.
4. Local agencies should gradually include additional hygiene behavior messages, making use of innovative behavior change communication tools and move beyond “awareness raising”.
5. All these efforts have to be embedded in local planning and learning, engaging different local stakeholders and encouraging them to invest in sanitation and hygiene.
6. Sector needs to continue to share experiences and collaborate.
7. Many different forms and levels of subsidy existing within one area creating:
 - a. Confusing incentives for households
 - b. Barriers for market development
8. Lack of monitoring information or evidence of effectiveness of direct subsidies on sanitation in communities.
9. Public funded support should only complement sanitation markets, not replace it.
10. Support should only come after sanitation demand creation.

7. Recommendation

In recognition of these, all District Assemblies should incorporate CLTS into a more comprehensive approach as part of the Sustainable Sanitation and Hygiene for all programs which includes a focus on the supply chain development, governance and behavior change of communities. Women should be encouraged to take up responsible roles in the community water and sanitation issues; this will enable communities to utilize the acquired knowledge sufficiently to ensure sustainability.

8. Acknowledgement

This work was made possible through the support of the entire communities visited during the period, their patience to wait for the teams and their willingness to cooperate in all discussions were appreciated. The Community and Sanitation staff in all the five Districts also contributed immensely to the identification and the education programs, we are forever grateful to other colleagues from different agencies we shared quarterly meetings on the project. The long hours of travelling across the region to meet our clients was exciting to us and we say thank you all who made this work possible.

9. References

- i. Ahmed, SA (2008) "Community Led Total Sanitation in Bangladesh: Chronicles of a People’s Movement" Archived 27 February 2015 at the Way Back Machine. IDS Conference Paper Accessed 2015-02-27 "The CLTS approach". Community-Led Total Sanitation. 2011. Retrieved 12 March 2015.
- ii. Millennium Development Goals, target 7: Ensuring environmental sustainability; halving the proportion of people without sustainable access to safe drinking water from <http://www.undp.org/mdg/goal7.shtml>

- iii. Kamal Kar's Trainers' Training Guide on Community-Led Total Sanitation (CLTS), (2010) published by the Water Supply and Sanitation Collaborative Council (WSSCC).
- iv. Partner organization information, education and communication services for rural water supply and sanitation in Brong Ahafo Region reports by Social Development and Improvement Agency (SODIA) (2010-2012) to Community Water and Sanitation Agency (CWSA) contract number-CWSA/BAR/AFD/PO/2010/02-LOT2.
- v. National Community Water and Sanitation Program (2000) (NCWSP)
- vi. Watsan hand book (2011) Community Water and Sanitation Agency (CWSA) (Ghana).
- vii. World Bank: Water, Sanitation and Gender equality: Gender and Development Briefing Notes:
<http://siteresources.worldbank.org/INTGENDER/Resources/watersanitation.pdf>

Appendix



Figure 1: Community defecation Mapping, with women in Action.



Figure 2: Triggering Akuradadaa Community in Tano South with their unfixed facility



Figure 3: Triggering Communities during CLTS training in Akuradadaa and Ayensuano communities in Tano South using defecation area mapping



Figure 4: Outside and inside a household latrine facility at Tanoano community in the Tano North District



Figure 5: Community members(mostly women) cleaning water facility pad at Atudurobesa community in Tano North



Figure 6: CLTS follow up visits to Atudurobesa and Tanoano communities respectively in Tano North District