

# Intermediate level capacity development case study: sanitation service delivery in rural Ghana

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## Introduction

This paper is the result of collaboration between SNV Ghana and TREND, a local NGO specialising in capacity building in the water and sanitation sector in Ghana. In agreement with TREND the situation regarding intermediate level capacity development in the water and sanitation sector in Ghana has been examined. The focus of SNV in the study has been sanitation service delivery. This paper therefore outlines some general principles relevant to capacity development in the sanitation sub-sector in Ghana, provides an overview of relevant recent studies regarding the situation in Ghana in respect of sanitation service delivery and presents some case study findings regarding critical capacity development success factors for sustainable pro-poor sanitation service delivery in rural Ghana.

### 1. Capacity development

The water and sanitation sector in Ghana is a multi-stakeholder environment consisting of public, private, civic and development agency role players. Primary agencies responsible for urban service delivery include the Ghana Water Company, and for rural service delivery the Community Water and Sanitation Agency (CWSA). In addition, Water and Sanitation teams with service delivery responsibilities operate at Metropolitan, Municipal and District levels of government. Key governance responsibilities rest with Water and Sanitation Development Boards. In addition rural service delivery models place great emphasis on community participation and ownership through Water and Sanitation Committee mechanisms. Private sector participation occurs through facility installation and maintenance, as well as materials supply.

Service delivery models in Ghana therefore in principle have as fundamentals the establishment of effective participatory relationships between policymakers, regulators, authorities, service providers and users.

Implicit to the efficient operation of such models is good service delivery governance and functional decentralisation of powers and functions to local government.

*Service delivery governance* can be defined as the institutional relationships that govern the roles, rights and responsibilities of policymakers, authorities,

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regulators, service providers and users for the sustainable provision of Water and Sanitation Services (WSS). From a poverty reduction perspective, *functional decentralisation* would require the delivery of basic sanitation services to poor households on a sustainable basis. This essentially implies that poor people must be positioned at the center of service provision, by enabling them to monitor and discipline service providers, by amplifying their voice in policymaking, and by strengthening the incentives for providers to serve the poor.

**Table 1: Three levels that can be distinguished in capacity development**

Level	Elements and issues
Enabling environment	Existence of policies, legislation, regulations, procedures, financial arrangements, institutional arrangements and inter organisational relationships and networks.
Organisational level	Organisational structure, decision making processes, procedures, working arrangements, management instruments, organizational incentives.
Individual level	The skills, knowledge, experiences, attitude, motivations of individual people working in organisations
Based on Alaerts, 1996; Van Hofwegen, 2004, UNDP 2005	

Within the context of the capacity development paradigm in Table 1 that distinguishes the levels enabling environment, organisation and individual, a renewed emphasis has been forthcoming from stakeholders in Ghana on identifying the elements required for the achievement of Millennium Development Goal 7, Target 10, namely “halving by 2015 the proportion of people without access to sustainable drinking water and sanitation”.

In the Ghana Growth and Poverty Reduction Strategy II (GPRS II), particular emphasis has been placed on the achievement of improved WSS coverage by prioritising the acceleration of the provision of safe water and environmental sanitation in urban and rural areas.

Policies and strategies put forward in broad terms in the GPRS II for the achievement of these priorities recognise the multi stakeholder environment characterising the sector.<sup>2</sup>

<sup>2</sup> Growth and Poverty Reduction Strategy (GPRS II) – the co-ordinated programme for the economic and social development of Ghana; National Development Planning Commission, August 2005.

However, recent studies in Ghana have identified considerable challenges in respect of environmental sanitation that need to be addressed on an urgent basis for some progress towards the achievement of MDG Target 10 to be made.

## 2. Sanitation overview

Environmental sanitation, as defined in the Environmental Sanitation Policy (ESP, 1999), includes waste management and consists of various components.

**Box 1:** The principle components of environmental sanitation and waste management as listed in the ESP

- (a) Collection and sanitary disposal of wastes – including solid, liquid, excreta, industrial, clinical and other hazardous wastes,
- (b) Storm water drainage,
- (c) Cleansing of thoroughfares, markets and other public spaces,
- (d) Control of pests and vectors of disease,
- (e) Food hygiene,
- (f) Environmental sanitation education,
- (g) Inspection and enforcement of sanitary regulations,
- (h) Disposal of the dead,
- (i) Control of rearing and straying of animals, and
- (j) Monitoring the observance of environmental standards.

For purposes of this case study, the focus will be on sanitation services aimed at ensuring the hygienic disposal of human excreta.

3.1 In a recent assessment of national sanitation policies, the critical elements of an enabling environment for improved sanitation service delivery were put forward.<sup>3</sup> Essential findings include the need to review the National Environmental Sanitation policy in order to align it with decentralisation policy and the mandates of institutional arrangements such as the Regional Planning Coordinating Units (RPCU) and the Community Water and Sanitation Agency (CWSA).

This analysis then has resultant implications for the organisational and individual capacity elements required in addition to the enabling environment to ensure sustainable pro-poor sanitation service delivery. This for example relates to the capacity of, resources allocated to, and relationships between various public, private and civil society institutions with sanitation service delivery mandates.

3.2 In the Ghana Country Status Overview of progress towards the achievement of the MDG for access to water supply and sanitation, the case is made that although significant coverage backlogs exist in respect of sanitation, estimated at 35% in 2004, the indications are that if the required identified

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<sup>3</sup> Assessment of National Sanitation policies – Ghana case; Water Aid Ghana, March 2005.

investment targets are made, the MDG target will be achieved. It is however stressed that higher targets will only be met if the following issues are addressed:

- a) closing the huge *financing* gap in the Water and Sanitation Sector (WSS);
- b) improving the *capacity* of decentralised structures to perform roles;
- c) improving management of *urban water delivery*; and
- d) implementing an effective national *monitoring and evaluation* system to track progress and impact of WSS investments.

It is also emphasised that a well-defined action plan needs to be adopted in Ghana to achieve the WSS targets.<sup>4</sup>

3.3 In addition to a comprehensive overview of some key sub-sectors that comprise of the environmental and natural resources sector in Ghana, the Ghana Country Environmental Analysis study also specifically assessed the situation in respect of sanitation services.<sup>5</sup> The serious nature of the health impact as a result of inadequate sanitation services in Ghana is highlighted. Water and excreta related diseases are highly prevalent among the poor in Ghana, with the second highest incidence of guinea worm internationally, as well as high diarrhoea related diseases, contributing to high infant mortality rates.

In spite of an attempt to rectify shortcomings in respect of sanitation service delivery since 1999 with the acceptance of the Environmental Sanitation Policy at the institutional and legislative level, this study found that service quality did not seem to improve significantly. Therefore, although it is acknowledged that legal and institutional arrangements are essentially adequate for the environmental and social management of the sector, the reasons for the failure to achieve improved service levels would require further scrutiny and analysis.

For example, in spite of subsidized financing possibilities to facilitate the installation of facilities, it was found that there appears to be limited demand for piped sewer service collection and treatment, necessitating more attention to public awareness campaigns and citizens action in order to heighten demand.

The performance of sanitation and waste management services staff at local level also appears to be a major constraint that would require attention through measures such as improved conditions of service and training.

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<sup>4</sup> Millennium Development Goal 7: Access to Water Supply and Sanitation – Country Status Overview (CSO) Ghana; Mime Consult, 2006.

<sup>5</sup> Ghana: Country Environmental Analysis; The World Bank, Agence Française de Développement, Royal Netherlands Embassy, June 2006.

Key recommendations of this study in respect of sanitation service delivery include

- Expedite fiscal decentralisation to facilitate increased autonomy of local government service delivery
- Improve overall management of decentralised service delivery functions
- Conduct staff training needs analysis and implement training
- Increase role of private sector in service delivery
- Intensify community awareness on safe sanitation

3.4 In conjunction with the above studies, the Multi Donor Budgetary Support (MDBS) process in Ghana has prioritised sanitation as follows:

Indicators to track implementation towards outcomes	Government strategies and actions
<p>% of population with access to adequate sanitation</p> <p>% of solid waste collected and disposed of in sanitary landfills in 5 largest cities--Accra, Tema, Kumasi, Takoradi, Tamale</p> <p>Numbers of districts with active hand washing programmes</p>	<ul style="list-style-type: none"> <li>• Improve household and institutional sanitation</li> <li>• Promote the construction and use of domestic latrines</li> <li>• Enforce laws on the provision of sanitation facilities by landlords</li> <li>• Improve the treatment and disposal of waste in major towns and cities</li> <li>• Integrate hygiene education into water and sanitation delivery</li> <li>• Acquire land for the treatment and disposal of solid waste in major towns and cities</li> <li>• Establish water and sanitation boards in small towns</li> <li>• Build capacity of District Assemblies to better manage environmental sanitation</li> </ul>

3.5 Finally, due recognition has now been given to addressing the enabling environment and service delivery gaps as stressed in the above studies. Initiatives are underway for the establishment of an Environmental Health and Sanitation Directorate at the Ministry of Local Government, Rural Development and the Environment. (MoLGRDE).<sup>6</sup> This is regarded as a necessary and essential first step towards the improvement of sustainable pro-poor sanitation service delivery coverage.

<sup>6</sup> Concept Paper: Establishment of Environmental Health and Sanitation Directorate; WasteCare, June 2006.

### 3. Capacity development case study

#### 4.1 General

Against the above background, the essential capacity development elements required for sustainable pro-poor sanitation service delivery can be examined.

A field trip was undertaken by SNV to the Afram Plains District in the Eastern Region of Ghana, consisting of the following activities:

- Interview with the District Co-ordinating Director of the Afram Plains District Assembly
- Work session with Afram Plains Development Organisation (APDO)
- Field visits to communities where APDO is active
- Interview with Hygiene Education Officer of the Water and Sanitation team of the Koforidua Municipality, capital town of the Eastern Region
- Interview with the Director of CWSA in the Eastern Region

An analysis of the key elements of sanitation service delivery as a result of the interaction with the abovementioned stakeholders leads to a confirmation of the following factors:

- As legally mandated by the Local Government Act, no 462 of 1993, primary responsibility for sanitation service delivery at local level rests with the District Assemblies, and operationally this responsibility is in the hands of the Water and Sanitation teams.
- In practice these Water and Sanitation teams appear to be constrained in fulfilling their mandate with respect to all material elements of sanitation service delivery, particularly in those cases where they do not have the required and adequate support from partners such as donors, communities (in the form of WATSAN Committees) and NGO's. The teams have line responsibilities to the District Planning Officers, and a functional relationship with CWSA. It appears as if the required management accountability for optimal operational functionality is lacking in certain districts.
- The CWSA is a key role player within the service delivery arrangements, being the facilitators of sustainable service delivery under the decentralisation policy of the MoLGRDE, but within an environment that is constrained due to limited capacity at District Assembly level with shortcomings such as high staff turnover, limited procurement and contract management skills, human resources shortages and general skills limitations.

Overall it has therefore been confirmed that service delivery is hampered by a relatively weak institutional base, and through inadequate capabilities for

coordination and management of policies and programmes. Resource allocation for the management of environmental sanitation services needs improvement.

There is widespread lack of compliance to environmental sanitation regulations, weak law enforcement and attitudinal constraints caused by poor public awareness.

There have been efforts in selected Districts in Ghana to address some of these shortcomings by donors and NGO's active in the sector, but it does appear as if sufficient dedicated attention to the sanitation sub-sector has been lacking.

## 4.2 Case study

Against the above background the situation regarding sanitation service delivery in Afram Plains presents some of the key determinants required for improved sustainability and coverage.

Water and sanitation service delivery in this District is being supported by a local NGO, the Afram Plains Development Organisation (APDO). Essential elements of the fundamentals of the APDO approach include:

- Maintaining a constructive relationship with the Afram Plains District Assembly District Co-ordinating Director as well as with CWSA at the Regional capital in Koforidua, with regular information dissemination and input towards water and sanitation planning processes
- Positioning social mobilisation as the cornerstone of an approach towards sanitation service delivery

In implementing the social mobilisation or citizens' action approach APDO utilise key tools to ensure effective participation and prioritisation of service delivery needs, including

- Hygiene education is utilised as the entry point for community awareness creation, including an emphasis on gender assessment
- Communities are engaged to develop their own sectional plan indicating the locality of water, sanitation and other key village facilities. Such sectional plans are then used as a basis for allocating responsibilities by the Water and Sanitation Committees
- Regular and effective data gathering occurs indicating progress with coverage and instilling an awareness regarding concepts such as the sanitation ladder (See Table 2: Sanitation behaviour change matrix)

- Sanitation markets are established that illustrate various sanitation facility options and encourage the purchase of material for installation from the private sector. In many cases APDO has made progress in encouraging households to contribute the full cost of such facilities without the utilisation of subsidies. In practice the experience thus far has been an increased sense of ownership with resultant utilisation and maintenance benefits
- The results of these experiences are shared with relevant national, regional and district stakeholders

**Table 2: Sanitation behaviour change matrix**

Community	% coverage communal / traditional pit latrine	% coverage dig & bury practice	% coverage free range practice
A	75% to 76%	20% to 14%	5% to 3%

#### 4. Conclusion

Important capacity development conclusions relevant to enabling environment, organisational and individual levels emerge from the assessment conducted.

Although recognition is given to the necessity of the essential enabling environment elements (existence of policies, legislation, regulations, procedures, financial arrangements, institutional arrangements and inter organisational relationships and networks), in practice major shortcomings exist. For example, decentralised delivery mechanisms such as the CWSA and Water and Sanitation teams are constrained financially, relying on budget allocations from sector departments. This is an issue that has been recognised in Ghana in the National Decentralisation Action Plan<sup>7</sup>, and the strengthening of fiscal decentralisation is receiving priority attention by the National Decentralisation Secretariat.

On the organisational and individual levels the inability of Water and Sanitation teams to perform according to all material aspects of their mandates is concerning. There appear to be major shortcomings in respect of accountability and management arrangements at local levels, with resultant performance shortcomings. In many instances staff appears to be constrained financially and technically, and in respect of decision making processes, procedures, working arrangements, management instruments and organizational incentives. Although significant donor resources are for example invested in training programmes, high staff turnover, coupled with the organisational constraints do not yield sufficient results on the individual levels.

<sup>7</sup> National Decentralisation Action Plan: Towards a sector wide approach for decentralization implementation in Ghana (2003 – 2005); Ministry of Local Government and Rural Development, September 2003.

In contrast to the above situation the results achieved by the APDO are encouraging.

Their community mobilisation and capacity development approach can be directly linked to the achievement of tangible poverty impact, and more specifically Target 10 of the MDG's.

Secondly, APDO fits the description of an intermediate or meso-level organisation that contributes to bridging the macro-micro divide. Their work furthermore actively relates to, influences and makes use of national strategies, frameworks and policies.

Thirdly, APDO is an example of a locally owned capacity development service, and their experiences should be shared and replicated throughout Ghana as an indispensable contribution to the furtherance of basic services delivery.

Finally, the case study should be assessed against the background of a service delivery model that emphasises effective participatory relationships between policymakers, regulators, authorities, service providers and users, which is underpinned by legally binding institutional and contractual arrangements, as well as required capacity at institutional, organisational and individual levels. It then becomes clear that in a situation where pertinent limitations at all three capacity levels exist, effective and supportive NGO service provision constitutes a vital element of sustainable pro-poor service delivery in the sanitation sub-sector.

The examination of the case study and identification of issues relevant to capacity development for sanitation service delivery does furthermore lead to conclusions that

- Differentiated capacity development approaches would be required for sanitation as opposed to water service delivery
- Different demands and dynamics exist in rural environments, with smaller per capita and household coverage requirements than in urban slums
- The nature and content of capacity development roles and interventions would differ at institutional, organisational and individual levels
- Further consideration should be given to the requirements for the replication of the APDO model
- The essential elements of the APDO approach centre around the marketing sanitation approach, and this emerges as a central element of what is required for the achievement of improved sanitation coverage and MDG achievement

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