

The sanitation profile provides an overview of the sanitation situation in Ghana and identifies key priority areas to achieve SDG6. The purpose of the profile is to support donors and government officials to have a common understanding of the sanitation situation in Ghana and to prioritize their efforts.



Population

31
MILLION

POPULATION¹

2.2%

POPULATION GROWTH¹

57.3%

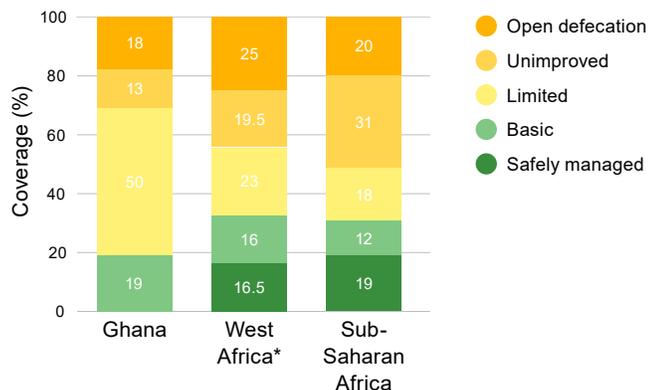
URBAN POPULATION¹

73.2%

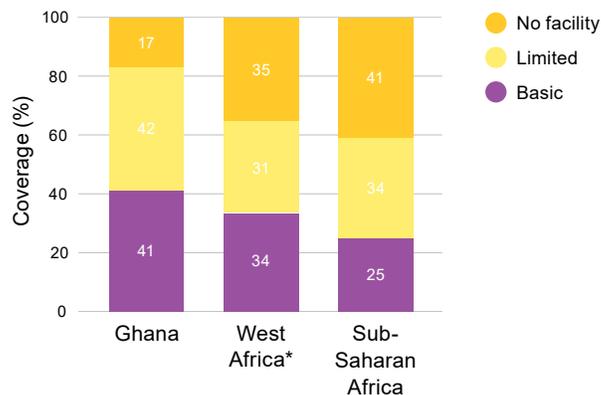
URBAN POPULATION
PROJECTION 2050¹

Sanitation and Hygiene Coverage

Total Household Sanitation Data (2017)²

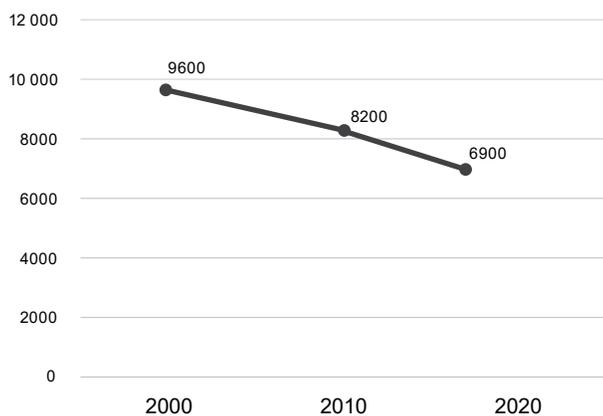


Total Household Hygiene Data (2017)²

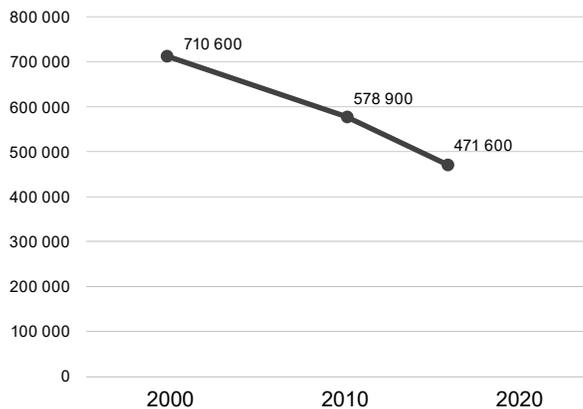


Health

Deaths Due to Diarrheal Disease³



Disability-Adjusted Life Years (DALYs)** Due to Diarrheal Disease⁴



* AMCOW West Africa region: Benin, Cote d'Ivoire, Gambia, Ghana, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo, Burkina Faso, Guinea Bissau, Cape Verde, and Guinea.

** One DALY can be thought of as one lost year of "healthy" life. DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

ENABLING ENVIRONMENT

■ Ngor Declaration

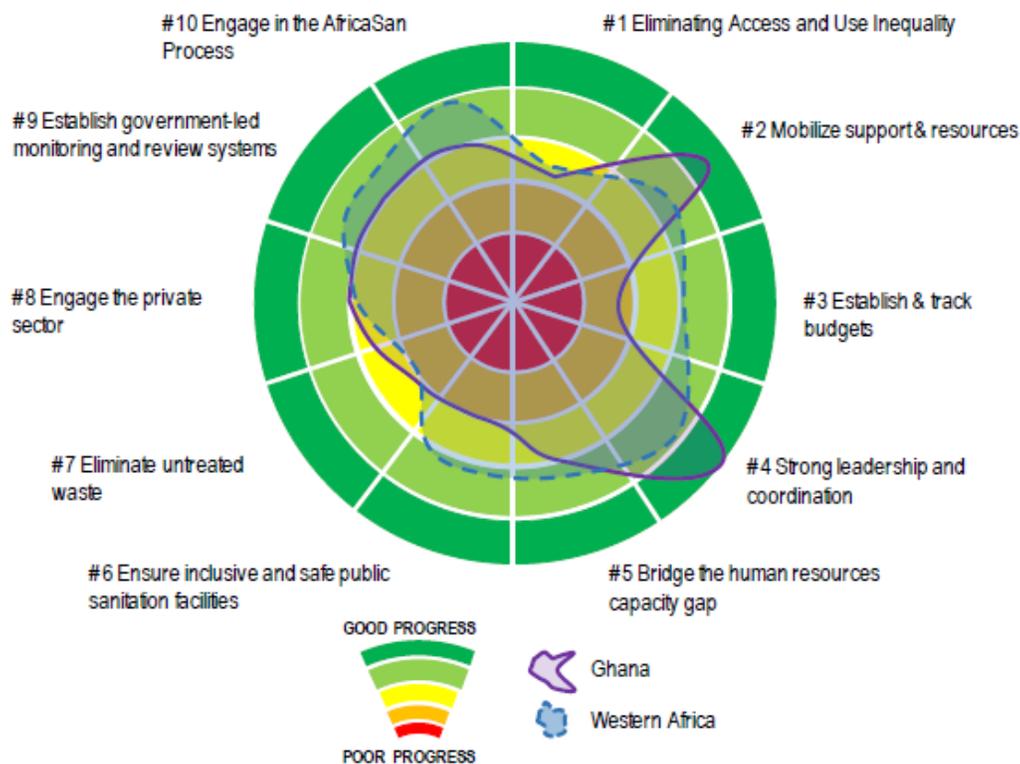
On May 27, 2015, African Ministers responsible for sanitation and hygiene adopted the Ngor Declaration on Sanitation and Hygiene at the AfricaSan4 conference held in Senegal. The Ngor Declaration vision focuses on universal access to adequate and equitable sanitation and hygiene services and an end to open defecation by 2030, and as such reflects the paradigm shift of the Sustainable Development Goals (SDGs).

The commitments were made in recognition of the fact that gains made in sanitation access since 1990 had not kept pace with demographic change; the understanding of the centrality of hygiene and sanitation to the existing health, economic, social & environmental burden on African countries; and to reaffirm the human right to safe drinking water & sanitation for all.

The Ngor monitoring system measures progress against commitments both in terms of whether the building blocks of the enabling environment are in place (stage 1), and subsequently progress against country-specific targets (stage 2). Ministers attend Ngor monitoring meetings to conduct country self-analysis, to learn from others, and to plan for next steps.

■ Progress⁵

Stage 1 Ngor Commitments Progress: West Africa & Ghana



INFRASTRUCTURE AND SERVICES

Urban Sanitation

Urban Household Sanitation Data²



6% Households use a toilet linked to a sewer system. Although the sewer network has expanded since 2000, from 754,000 to 888,000 people, coverage has decreased by 3% due to population growth.

29% Households use a toilet linked to a septic system.

0% Increase in the use of safely managed sanitation facilities between 2000-2017.

45% Households have a basic handwashing facility (soap and water). 41% have limited and 14% have no handwashing facility.

Key developments

- Preparing and implementing sanitation action plans for all leading urban centers to keep pace with rapid urbanization⁸.
- Strengthening special courts to handle non-compliance⁸.
- Developing public-private partnerships for construction and operations of sanitation infrastructure⁸.
- Improving fecal sludge emptying and transportation services. MSWR developed new guidelines in 2020⁷.

Rural Sanitation

Rural Household Sanitation Data²



0.4% Households use a toilet linked to a sewer system.

2% Households use a toilet linked to a septic system.

0% Increase in the use of safely managed sanitation facilities between 2000-2017.

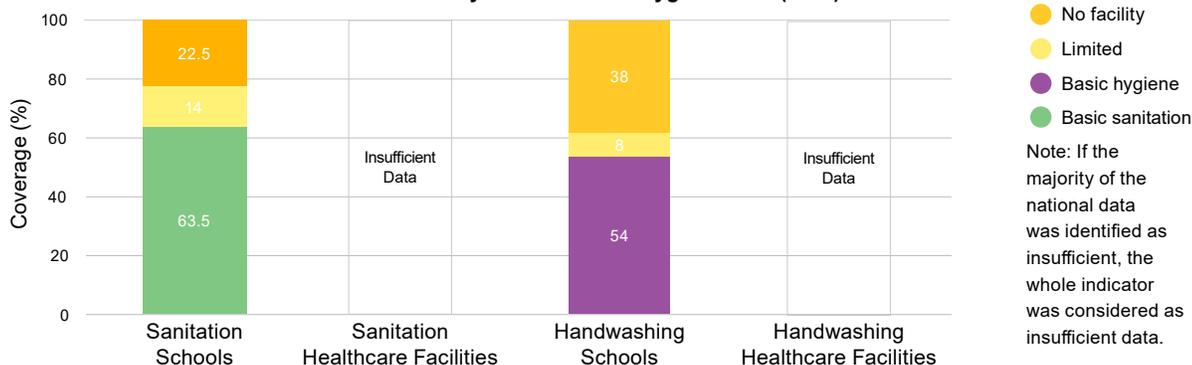
37% Households have a basic handwashing facility (soap and water). 43% have limited and 20% have no handwashing facility.

Key developments

- Improving demand creation by combining CLTS with sanitation marketing^{11,12}.
- Building the enabling environment and strengthening key stakeholders such as Water and Sanitation Management Teams (WSMT), Environmental Health Officers (EHOs), artisans, CBOs, etc.^{11,12}.
- Exploring financing options to overcome challenges with affordability to support households and artisans¹².

Public Sanitation and Hygiene

School and Healthcare Facility Sanitation and Hygiene Data (2019)²



Institutional Arrangement



Key Government Strategies, Policies, and Initiatives

- **Ghana shared growth and development agenda (GSGDA II) 2014-2017:** The medium-term development plan addresses the importance of environmental sanitation.
- **National Environmental Sanitation Strategy and Action Plan (NESSAP) 2010:** The first national strategy and action plan on sanitation. It is based on the Environmental Sanitation Policy (2009) and is accompanied by a Strategic Environmental Sanitation Investment Plan (SESIP).
- **Water Sector Strategic Development Plan (WSSDP) 2012-2025:** A framework for implementing Ghana's vision, policy objectives, and targets for the water and sanitation sector.
- **National Urban Policy (NUP) 2013:** Sanitation is included in three of the twelve policy objectives: environmental quality of urban life, infrastructure and services, and urban development finance.
- **National Community Water and Sanitation Strategy (NCWSS) 2014:** Ghana's rural sanitation strategy implemented by CWSA.
- **School Health Education Program (SHEP):** Program led by the Ministry of Education, including the promotion of sanitation facilities and hygiene education.
- **National Policy and Guidelines for Infection Prevention and Control in Health Care Settings 2015:** Led by the Ministry of Health, the policy includes toilet maintenance and hand hygiene.

Monitoring ^{6,11,13,14,15, 20}

- NDPC is in charge of managing a national decentralized M&E system. They support MMDAs in the M&E of their development plans.
- MSWR developed 14 WASH Golden Indicators to report on progress in WASH at national and global platforms²⁰.
- MSWR and CWSA use the Basic Sanitation Information System (BaSIS), primarily to monitor the CLTS approach.
- MSWR developed the Sector Information System (SIS) to monitor the WASH Golden Indicators, and indicators for WASH in schools and healthcare facilities. SIS aggregates information from BaSIS, DiMES and other sources²⁰.

Coordination ^{6,11,13,14,15}

- National Environmental Sanitation Policy Coordination Council (NESPoCC) includes MMDAs, key Ministries, Departments and Agencies (MDAs), and the private sector to coordinate the implementation of the policy.
- NDPC coordinates all planning activities of the MMDAs and sector ministries in the country.
- Local Government Project Coordinating Unit (LGPCU) is mandated to provide support to MMDAs to implement sanitation programs.
- The DS coordinates sanitation policies, programs, and projects.
- Regional Coordinating Councils (RCC) include representatives from each District Assembly. They coordinate policy implementation.

FINANCING

Sources of Finance

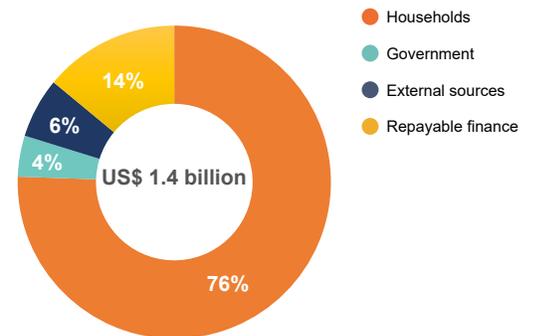
Top 5 development partners in terms of WASH ODA disbursed¹⁷:

- World Bank (WB)**
 - Sustainable Rural Water and Sanitation Project 2010-2020: US \$120 million
 - GAMA Sanitation and Water Project 2013-2020: US \$150 million
- Government of Netherlands**
 - Ghana-Netherlands WASH Programme (GNWP) 2014-2020: € 6.3 million
- Government of Canada**
 - Enhanced WASH Services in Schools and Communities in Ghana 2012-2018: CAD \$ 18 million
 - WASH in Disaster-prone Communities in Northern Ghana 2014-2017: CAD \$ 20 million
 - Accelerated Sanitation in Northern Ghana 2015-2018: CAD \$ 20 million
- European Union (EU)**
 - Emergency Response Covid-19 2020: € 86.5 million
- Foreign, Commonwealth and Development Office (FCDO - UK)**
 - Sanitation Challenge for Ghana Dignified City Award Stage 2 2016-2019: £ 1.3 million

*Note:

- This is not an exhaustive list of WASH ODA disbursements.
- USAID allocation for FY 2020 is estimated at US\$ 10.5 million²¹.

Sources of Finance for WASH¹⁷



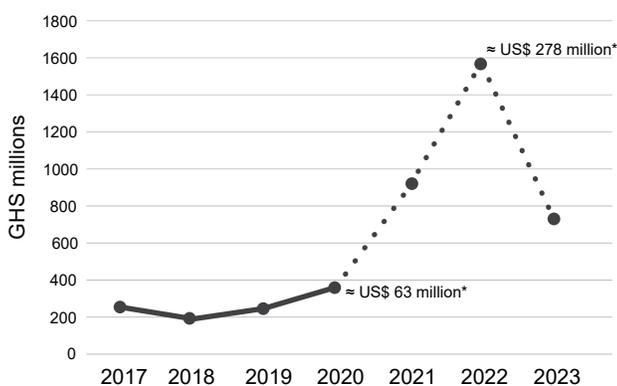
- Households** contribute 76% of WASH expenditures through tariffs, payments made by users to service providers for getting access to and using their services (e.g., latrine construction, emptying)¹⁷.
- Government** contributes 4% of WASH expenditures through WASH budget generated by domestic taxes¹⁷.
- External sources** contribute 6% of WASH expenditures through transfers from international donors, foundations, NGOs or remittances¹⁷.
- Repayable finance** represents 14% of WASH expenditures. This includes concessional loans classified as Official Development Assistance (ODA) and non-concessional loans from bilateral donors and multilateral development banks¹⁷.
- Funds that support MMDAs include the Special Sanitation Fund (SSF), District Development Fund (DDF), District Assemblies Common Fund (DACF), National Environmental Sanitation Investment Fund (NESIF) and Internally Generated Funds (IGF)^{12,15}. MSWR is also committed to establishing a National Sanitation Fund (NSF).

Budget

Available funds for WASH versus funds needed to reach national targets (per year)¹⁶

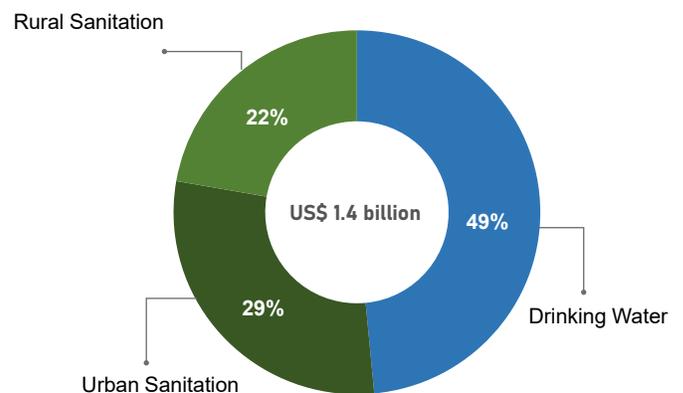


MSWR Expenditure Allocation 2017-2023⁹



* Exchange rate: 1 GHS = 0.17545 USD (XE: January 1, 2020)

WASH Expenditures 2014¹⁷



A gap analysis of Ghana's sanitation and hygiene sector was conducted based on the Ngor commitment monitoring data and a literature review focused on publications from the Government of Ghana, development partners and implementers. The analysis identified the following key priorities to improve sanitation and hygiene in Ghana.

■ Monitoring and Evaluation

Ghana has made some progress in establishing government-led monitoring and review systems and is marginally behind the West Africa regional average⁵. Most sanitation policies and plans include a component of monitoring and evaluation, however, a lack of coordination led to different stakeholders using parallel M&E systems (eg., ESICApps, BaSIS, DiMES). Furthermore, a lack of M&E standard procedures and low capacity led to poor data collection and reporting on sector progress. Weak M&E has led to challenges in policy implementation¹⁰ and the development of plans based on unreliable data¹³.

To address these challenges, MSWR developed 14 WASH Golden Indicators to provide a snapshot of progress in the delivery of WASH services to be used by all sector agencies and allied institutions²⁰. To monitor these indicators, MSWR developed a Sector Information System (SIS) and developed standard data collection and reporting procedures. The Directorate for Research, Statistics, Information and Management (RSIM) is to host the SIS and lead the collection, analysis and reporting of the WASH Golden Indicators, however, it has faced challenges with staffing and capacity²³.

Data on WASH in healthcare facilities is weak², but the Ministry of Health is preparing a sector-wide database that would include WASH in public and private healthcare facilities²³.

Opportunities to close gaps and address constraints:

- Support MSWR to increase human resources and capacity of RSIM to operate and maintain the SIS, and manage M&E for the WASH Golden Indicators.
- Support MSWR and LGS to improve collaboration and coordinate communication to MMDAs and the planned Ministry of Health's sector-wide database on M&E (e.g., Orientation programs for coordinating directors).
- Support MSWR and LGS to develop and deliver training programs for the different actors involved in M&E for SIS and BaSIS at the regional and district level.

■ Coordination

Although Ghana has made good progress in leadership and coordination, significant challenges remain, which slow down overall sector progress⁵. A significant milestone for improving coordination was the establishment of MSWR in 2017. Before, sanitation was under the Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development (MLGRD). Coordination councils and units at the regional and district level (e.g., RCCs and District Inter-Agency Coordinating Committee for Sanitation) also strengthen coordination for implementing policies and programs^{14,20}. MSWR, however, does not have formal structures at the regional and MMDA levels and relies on MLGRD to support policy implementation¹⁴. Implementing sanitation policies, therefore, can be challenging. GoG has intentions to establish a National Sanitation Authority (NSA), which could play an essential role in improving structures and coordination at the national, regional, and local level²².

Key WASH strategies and plans, predating MSWR, identified coordination as a challenge: NCWSS highlighted the unclear linkages and alignment between plans (e.g., DESSAPS and District Medium-Term Development Plans (DMTDP)¹³ and the WSSDP identified the unclarity of roles and responsibilities of institutions leading to overlap and inefficiencies¹⁹. A recent evaluation of WASH for Health (2019) also identified coordination challenges, highlighting the misalignment between MSWR and MMDAs, and weak linkages between other sectors such as health, education, and the environment¹⁴.

Opportunities to close gaps and address constraints:

- Support GoG and MSWR to establish the NSA.
- Support MSWR to update policies to reflect the SDGs and consolidate the policies into a coherent whole to improve coordination.
- Support MSWR to improve coordination and linkages between strategies and plans, with a focus on DESSAPS.
- Support MSWR to strengthen alignment of Development Partner programs, the private sector and civil society, with government policies through regular meetings (e.g., the WASH sector platform) and conferences (eg., MOLE conferences).

■ Private Sector Engagement

Ghana has made some progress in securing the enabling environment for private sector engagement in sanitation - similar progress to the West Africa regional average⁵. GoG recognizes the importance of enabling the private sector to deliver sanitation services. Various national policies and plans such as GSGDA II, NESSAP and NUP promote private sector engagement. In 2011 GoG developed a National Policy for Public-Private Partnerships. However, since the policy was adopted, the critical steps to operationalize the policy remain incomplete⁶. Therefore, private sector engagement remains limited, and as a result, low private sector engagement has led to affordability issues with latrines and mechanical emptying services, particularly for marginalized populations. However, Ghana has a vibrant private sector overall, and there has been successful private sector engagement in sanitation (e.g., Duraplast, Ghacem Limited, Sewerage Services Ghana Limited)¹⁴.

Opportunities to close gaps and address constraints:

- Support MSWR to conduct a needs assessment of the private sector and develop a plan to meet their needs.
- Support MSWR to update and improve sanitation policies to expand on private sector engagement.
- Support MSWR to develop private sector guidelines for sanitation, aligned with the PPP national policy.
- Support MSWR to pilot new public-private partnership models²¹.
- Support MMDAs, NGOs and the private sector to develop affordable and quality WASH products and services (e.g., review market-based approaches, assess new and low-cost technologies, etc.)²¹.

■ Finances

Ghana has made slow progress placing the enabling environment for sanitation and hygiene budgets - lower than the West Africa regional average⁵. Despite the shift to lower-middle income status in 2011, there is a lack of central government funds for sanitation^{6,13}. Ghana had an investment plan for the national sanitation strategy (SESIP); however, Parliament did not approve the new investment plan⁵. Although GoG has been aided by TrackFin to better track financial flows to the sector⁵, MSWR's combined budget is still far below the GoG's commitment to allocate 0.5% of Ghana's GDP to sanitation and hygiene²⁴. Ghana also has an estimated 75% funding gap to reach national WASH targets, and households are contributing an estimated 76% of total WASH expenditures¹⁷. Other financial challenges include inefficiencies due to the non-adherence to government financial systems¹³, unrealistic tariffs, unwillingness to pay, and not addressing pro-poor issues¹⁸.

To address many of these challenges and accelerate sanitation service delivery, the GoG is determined to establish the National Sanitation Fund (NSF) managed by the NSA or by the Ministry of Finance (MoF). The NSF would potentially fund projects implemented by NSA's regional units and MMDAs²².

Opportunities to close gaps and address constraints:

- Support GoG, MSWR, MoF and CONIWAS to design and establish the NSF and NSA.
- Support MSWR to improve financial systems and procedures (e.g., tariffs, financial management, reporting, etc.).
- Support MSWR to implement Pro-Poor Sanitation Guidelines.

■ Human Resources

Ghana has made some progress with bridging the human resource capacity gap and is marginally behind the West Africa regional average⁵. GoG recognizes institutional strengthening and capacity development as the number one priority to achieving sustainable sanitation services¹⁰. The Local Government Service (LGS) leads human resourcing, provides technical assistance to MMDAs, and conducts organizational and job analysis. As demands on local authorities to deliver quality services increased, LGS developed a Capacity Building Framework to guide in 2016 to harmonize and coordinate capacity development at all government levels. Although the framework is very comprehensive, it is unclear if the sanitation and hygiene sector has applied it. MSWR does not seem to have conducted a needs assessment of the sector, and there is no human resource plan to implement the national sanitation strategies. As a result, capacity gaps exist at all levels, and are particularly significant within MMDAs¹³. CWSA has described capacity development efforts as limited, irregular, and uncoordinated¹³.

Opportunities to close gaps and address constraints:

- Support MSWR and LGS to conduct a human resource needs assessment of the sanitation and hygiene sector, including national agencies, MMDAs, and the private sector.
- Support MSWR and LGS to develop a capacity development program aligned with the Capacity Building Framework to meet the capacity needs of all the stakeholders in the sector.
- Support MSWR and LGS in implementing a capacity development program, including strengthening and coordinating capacity development providers (e.g., School of Hygiene).

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