KWAHU NORTH DISTRICT WATER AND SANITATION PLAN

August 2008
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<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEPHA</td>
<td>Access to Safe Water, Hygiene and Sanitation</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>CP</td>
<td>Country Programme</td>
</tr>
<tr>
<td>CWSA</td>
<td>Community Water and Sanitation Agency</td>
</tr>
<tr>
<td>DWSO</td>
<td>District Water and Sanitation</td>
</tr>
<tr>
<td>DWSP</td>
<td>District Water and Sanitation Plan</td>
</tr>
<tr>
<td>DWST</td>
<td>District Water and Sanitation Teams</td>
</tr>
<tr>
<td>EPA</td>
<td>Environnemental Protection Agency</td>
</tr>
<tr>
<td>GPRS</td>
<td>Growth and Poverty Reduction Strategy</td>
</tr>
<tr>
<td>GWCL</td>
<td>Ghana Water Company Limited</td>
</tr>
<tr>
<td>HDW</td>
<td>Hand Dug Wells</td>
</tr>
<tr>
<td>LG</td>
<td>Local Government</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Act</td>
</tr>
<tr>
<td>LI</td>
<td>Legislative Instrument</td>
</tr>
<tr>
<td>MoWRWH</td>
<td>Ministère des Ressources Hydrauliques et du Logement</td>
</tr>
<tr>
<td>MDG</td>
<td>Development Millenium Goals</td>
</tr>
<tr>
<td>PNDC</td>
<td>Provisionnal National Defense Council</td>
</tr>
<tr>
<td>PS</td>
<td>Piped Systems</td>
</tr>
<tr>
<td>PURC</td>
<td>Public Utilities Regulatory Commission</td>
</tr>
<tr>
<td>RH</td>
<td>Rain Harvesting</td>
</tr>
<tr>
<td>VIP</td>
<td>Ventilated Pit Latrines</td>
</tr>
<tr>
<td>WAG</td>
<td>WaterAid Ghana</td>
</tr>
<tr>
<td>WATSAN</td>
<td>Water and Sanitation Committees</td>
</tr>
<tr>
<td>WRC</td>
<td>Water Resources Commission</td>
</tr>
</tbody>
</table>
I- INTRODUCTION

1-1 Preamble

Independent since year 1957, Ghana is one of the West African countries in sub Sahara whose development sits on a participatory approach using decentralisation as the governance model. For a long time, the political system inherited from Britain has influenced the various governments of the country with the main characteristic being the involvement of all in the management of Ghana. This is shown through a political, legal, economic and administrative framework allowing all stakeholders to express their views and also to define the boundaries of the central government’s authority as compared to the local governments.

Pursuant to the Anglo-Saxon culture, all powers are not owned by the State which has then to transfer some of its competences authorities and functions to its local government structures (i.e Metropolitan Municipal and District Assemblies). These local government structures complement the efforts of the Central government in governance. This is why the «devolution of power» is so dear to Anglo-Saxons. This is completely different from the majority of approaches used in the region where the Constitution allows the law makers to establish the local governments’ competences. Key principles of Ghana decentralisation are based on empowerment, subsidiarity, accountability (to the people/voters) and transfer of some skills and responsibilities (human, financial and material) from the central Government to the Local Governments.

In theory, though the decentralisation process started since 1985, its effective implementation did happen after the new Constitution in 1992 which grants the following prerogatives to the Local Governments, in compliance with the Local Government Act of 1993:

- Develop and implement strategies, plans and programmes aimed at an effective mobilisation of resources needed for the development of the District;
- Determine and levy contributions -fiscal, tax and other dues.

As strategic planning documents, the District development plans of Districts raise development issues and outline the main intervention thrust/areas in the relevant sectors (education, health, road infrastructures, water, hygiene and sanitation, etc.). Local development plans are implemented using resources from the local and central government as well as technical and financial support from development partners.

Some Districts have developed their water, hygiene and sanitation plans which are not only strategic documents outlining the political vision of this sector but also decision making tools in the relevant sectors. The DWSP which as a coordination tool is subsequent to a participatory diagnosis involving all stakeholders of the District and materialises the agreed
vision of these players who validated the findings of the diagnosis as well as the strategic orientations set, based on solutions proposed and to be implemented by the District. The DWSP contributes to achieving the MDGs and the objectives of the Growth and Poverty Reduction Strategic (GPRS) Framework, a national strategic benchmark of development.

WaterAid Ghana has been implementing in a number of projects for the benefit vulnerable people in some districts with the support of some partners. WaterAid’s intervention is in keeping with the Local Millennium Development Goal Initiative for achieving MDGS on safe water, hygiene and sanitation in West Africa.

WaterAid Ghana’s decision for this initiative is because the Country Programme believes that citizens’ engagement in the safe water, hygiene and sanitation sector is essential to leveraging effective and transparent water, hygiene and sanitation services. Indeed:

- Services will be more sustainable as they involve local communities;
- Unacceptable practices such as delays or poor service performance will be minimised and controlled
- Local communities will closely and regularly work with Districts and other service providers to hold them accountable on a regular basis;
- Clear responsibilities will be given to community members and the District Assembly;
- Citizens/communities will contribute to the implementation of water, hygiene and sanitation plans and strategies.

Most MMDA’s throughout the country have their water and sanitation development plans embedded in their Local Development Plans. For some objective reasons however, they do not raise the water and sanitation issue in a specific manner (for instance, through poverty profile, financial and geographic access to infrastructures, etc.).

It is WAG’s belief that the DWSP’s format should be fully integrated in the intervention framework so as to facilitate ions au point advocacy and raise resources. Therefore, for more efficient actions, while keeping in line with the national policies and citizen’s engagements, WAG is supporting the Local Governments to better plan their water and sanitation work by adapting the DWSP to its intervention strategy.

1-2 Implementation strategy

The District is WAG’s intervention unit. It is a decentralised local structure called District Assembly and is headed by the District Chief Executive. The District assembly is the closest entity to communities with the mandate of providing enabling conditions for sustainable development. WaterAid Ghana’s main objective is therefore to improve the access to safe water and sanitation infrastructures and promote general hygiene conditions. To achieve this,
participatory approach was required using participatory tools. The DWSP was developed while having in mind the following:

- **Consistency with the sector and national policies**: suggested activities can help in strengthening decentralisation, implementing DWSP and subsequently fighting poverty through meeting the priority needs of local communities.

- **Synergy of suggested actions**: this easily links to poverty alleviation work.

  The participatory assessment clearly highlighted that the underlying reason of poverty is the lack of access to basic social services. The poorest and other vulnerable groups remain the most affected as they have inadequate/no access to financial resources allowing them to adequately access to basic social infrastructures and equipments.

- **Convergence for more tangible and sustainable results in fighting poverty**: this effort in fighting poverty is seen as a pre requisite for achieving the DWSP objectives.

### 1-3 Approach

Development of the DSWP in the District requires both a strategy and an approach focusing on two main principles: local governance and citizens’ action through the coordination of data collection processes by the decentralised bodies including DWST, implementing partners, etc.

It is about empowering local communities which understand the need for enabling the emergence of a partnership capital in development.

Accountability principle through learning in order to empower local communities: capacity building of all stakeholders –field staff is a token for improving control and participation to making decisions in particular those related to the management of local affairs. Equity through the application applying of a participatory process help to create the awareness of communities on the existing issues who systematically assess and discuss them to find possible solutions.

### 1-4 Methodology

The main components in developing the DWSP and which are set in our technical proposal clearly highlights that the method used is a participatory approach which strongly involves communities in assessing the situation and defining the issue.

1. **Harmonisation meeting**

   This meeting was aimed at harmonising views on the methodology and agree on organisational and material issues. The following items were discussed:
   - The implementation plan for rolling out the next stages in developing the DWSP;
- The implementation mechanisms of these stages: number and contents of missions;
- The various expected outcomes and the formats for feeding back these.

At the end of the meeting, a flow chart was developed and which highlights the key stages for the next steps of the study and they include: statistics, map database and the data collection methods in the relevant areas.

2. **Data collection**

   a. **Desk review and data treatment**
   The process started with the development and review of data available on the study area. A variety of documents were consulted including:
   - Specific information on water, hygiene and sanitation collected with WaterAid, DSWO and some implementing partners;
   - Reports and statistics at WAG level;
   - Additional data from the Internet.

   b. **Sampling and suggested data collection tools**
   WAG provided the study team with statistics (communities and their size) on the ten Districts where it works. The gap in these data was that communities were not attached to their different area Councils. However, a sampling was suggested to the Country Programme (CP) as part of the conduct of the household surveys. So based on the size of the District, the number of district households was determined (22,959\(^1\)) and then the survey sample (2602).

   But in using the Sphinx software, the initial sample of 2602 households was reduced to 340.

   In addition, trying to align with the objectives of the study, the following survey tools were developed:

   - **Interview guide on citizens’ participation**: the objective was to assess citizens’ involvement level, local governance and democracy.
   - **Interview guide for CBO assessment** to know about the social organisation of communities.
   - **Focus Group** with the key resource people in communities to collect background information on the social structure and major development dynamics.
   - **Household questionnaires** for quantitative data related to living standard but also to the access to basic social services and facilities.

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\(^1\) The number of households in the District was obtained basing on the figure given by WAG on the average size of a household - 5.876 people.
In addition to the above tools, WAG has suggested a guide to be used for the institutional diagnosis of Districts: this will help understand or capture the profile of the Local Government’s resource persons.

c. Training of trainers
This was held from January 30-31, 2008 and looks rather like an exchange/discussion meeting between relevant participants and the study team. Given their good knowledge of the study areas, participants suggested to reword some questions as well as some data collection methods to reflect the social cultural context.

3. Data treatment

a. Data entry
The practical training on using Sphinx to treat the data allowed the operators to input data related to households, communities and CBOs. The compiled data were captured in an entry form and facilitated the building of a digital data base used for drawing maps.

b. Map analysis
Maps were drawn using ArcView which has a compatibility link. Various thematic maps were produced (on population, facilities, coverage rates, etc) to be used as decision making tools during the planning processes.

c. Analysing the raw data
Qualitative and quantitative data collected in communities were fed into a data base and aggregated at the levels of Area Councils and Districts. Analysed data enabled us to draw the first conclusions which contributed in writing this report.
A- GENERAL DESCRIPTION OF THE DISTRICT

A-1 PHYSICAL DESCRIPTION

The key benchmarks which are essential for assessing the initial situation and then identify development issue include the natural, human and economic status of a given area.

To assess the water and sanitation coverage rates, we always consider the population data compared to the standards. It is known that needs/demands vary from urban to the rural areas. As part of the DWSP development, the study started with the review of natural and population related data (both qualitative and quantitative) to identify some benchmarks to be used for an overall analysis.

A.1.1. Geographical situation and size of the District

The Kwahu North District is one of the 21 Districts of the Ghanaian Eastern region. It was created in 1988 as a result of the splitting up of the Kwahu District by the Provisional National Defence Council (PNDC).

The Kwahu North District is located north of the Eastern region. It is bordered:

- in the North by the Brong-Afahoe region,
- in the South by the South Kwahu District,
- in the East by the Volta River,
- in the West by the Ashanti region

With 3,559 km², the Kwahu North District is the largest district of the Eastern region. Donkorkrom is its administrative capital.

A-1.2 Climate and vegetation

Like almost all of the districts of the Eastern region, Kwahu North has a semi-equatorial climate with two rainy seasons. The first one goes from April to June, and the second the minor from September to October. The average annual rainfall is approximately 1,500 mm, with peaks that can reach 2,000 mm.

The district has two dry seasons too, a short one from July to August and a longer one from December to March. The temperature varies from 22°C in August to 32°C in March.

The important rainfall is a major advantage for the district’s socio-economic development. It allows a variety of agricultural productions and the local communities can therefore satisfy their food needs. Agriculture also helps increase the income of the families of the district.
The high rainfall also feeds the confined and unconfined groundwater, thus making the drilling of domestic wells and sinking easier in the district. The region’s climate is therefore a big asset as far as access to drinking water in the Kwahu North District is concerned.

A-1-3 Geology and soil

The geological and pedological composition of the Kwahu North District is varied: quartz, schist, sand clay, etc. This geological and pedological diversity of the district means huge agricultural and mining potentials. A large variety of crops can be grown to satisfy the food needs of people. As to the importance of mining resources, it contributes to local economic development and to poverty reduction through the creation of jobs in the mining industry.
Map 1: Location of the Kwahu North District
A-2 DEMOGRAPHY AND HUMAN RESOURCES

A-2-1 Size and distribution of the population

As indicated by the results of the 2000 population census, the Kwahu North District counts 135,928 inhabitants living on 5040 km², which gives an average population density of 38 inhabitants per km².

The structure of the population reveals a slight predominance of men, who represent 53.6 % of the total population against 46.4 % for women. However, there are important disparities behind these general figures. In Amankwa, Donkorkrom, Dwarf Island, Ekye, Ekye Amanfrom, Forifori and Tease, women represent more than half of the local population.

Table 1: Distribution of the population by age and gender

<table>
<thead>
<tr>
<th>Age group</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>24.5%</td>
<td>21.6%</td>
<td>46.1%</td>
</tr>
<tr>
<td>15-64</td>
<td>27.4%</td>
<td>23.6%</td>
<td>51%</td>
</tr>
<tr>
<td>Plus 65</td>
<td>1.7%</td>
<td>1.2%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Total</td>
<td>53.6%</td>
<td>46.4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Household surveys, WAG 2008

As to the age structure, it reveals a majority of adults who represent 53.9% of the total population, but young people are well represented and account for 46.1%. To some extent, this is a disadvantage as far as the economic vitality is concerned, at least in the short term.

A-2-2 Distribution of the population by Area Council

The analysis of the population by Area Council is based on the results of the survey conducted in 61 communities and 9 Area Councils of the Kwahu North District. Findings indicated that these areas have a total population of 56,272 inhabitants. The areas of Forifori and Ekye, with respectively 10 and 8 communities, house an important proportion of the population of the District.

Table 2: Classification of the population of the District

<table>
<thead>
<tr>
<th>Area Council</th>
<th>Number of households</th>
<th>Population</th>
<th>Classification of the population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwarf Island</td>
<td>160</td>
<td>1285</td>
<td>Less than 2500 inhbits</td>
</tr>
<tr>
<td>Ntonaboma</td>
<td>451</td>
<td>3612</td>
<td>2500 to 5000 inhbits</td>
</tr>
<tr>
<td>Mem Chemfre</td>
<td>476</td>
<td>3815</td>
<td>2500 to 5000 inhbits</td>
</tr>
<tr>
<td>Samanhylia</td>
<td>484</td>
<td>3872</td>
<td>5000 to 7500 inhbits</td>
</tr>
<tr>
<td>Amankwa</td>
<td>717</td>
<td>5741</td>
<td>5000 to 7500 inhbits</td>
</tr>
<tr>
<td>Donkorkrom</td>
<td>744</td>
<td>5957</td>
<td>Over 7500 inhbits</td>
</tr>
<tr>
<td>Tease</td>
<td>1054</td>
<td>8436</td>
<td></td>
</tr>
<tr>
<td>Ekye</td>
<td>1279</td>
<td>10238</td>
<td></td>
</tr>
<tr>
<td>Forifori</td>
<td>1664</td>
<td>13316</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7029</td>
<td>56272</td>
<td></td>
</tr>
</tbody>
</table>

Source: Field survey, WAG 2008
The analysis of the data in the table above shows an uneven distribution of the population in the district, with an important concentration in urban areas. Thus, the areas of Donkorkrom, Forifori, Tease and Ekye alone count 67.4% of the total population. Conversely, the rural areas are sparsely populated. For instance, the areas of Dwarf Island, Ntonaboma and Mem Chemfre count less than 5,000 inhabitants.

The high concentration of the population in the urban areas worsens the difficulties related to the access to safe water, hygiene and sanitation. The population keeps increasing in these areas but the district does not have enough financial resources for water and sanitation facilities.

The analysis of the distribution of the population in the area reveals four categories:

- Only the Dwarf Island Area counts less than 2,500 inhabitants
- Three areas have a population that varies between 2,500 and 5,000 inhabitants
- Two areas have a population between 5,000 and 7,500 inhabitants
- Finally, three areas have a population that exceeds 7,500 inhabitants. In this category, Forifori stands out with a population of 13,316 inhabitants.
Map 2: Distribution of the population of the District
A-2-3 Educational level of the communities

According to data provided by relevant authorities, there are 52,273 educated persons in the district. 45.5% of them have an elementary level, 38.3% have an average level, 7.5% have attended secondary school, and 2.7% have been to university. About 4% of the educated population has received vocational training.

Out of the 685 school-aged children\(^2\), there are 622 who actually go to school, which gives an enrolment rate of 91%. However, this rate varies from 74% in Dwarf to 100% in Amankwa. The high enrolment rate is explained in part by the rather high number of schools in the district, namely 132 schools, i.e. an average of 13 schools per Area Council.

The analysis of the educational standing shows there is almost a balance between boys and girls, with a slightly higher rate for girls (90%) than for boys (89%). The results show that, in general, the enrolment rate is satisfactory for girls. In the Area Councils of Mem Chemfre, Ntonaboma and Samanhyia, their enrolment rate reaches 100%.

The high enrolment rate, especially for girls, can be very important for the promotion of hygiene and sanitation in the district.

Table 3: Educational level

<table>
<thead>
<tr>
<th>Area Councils</th>
<th>Number of school-aged children (6 to 15)</th>
<th>Number of children attending school</th>
<th>Children who go to school on a regular basis</th>
<th>% of enrolled children by gender</th>
<th>% of children who go to school on a regular basis</th>
<th>% of children who are not regular</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
</tr>
<tr>
<td>AMANKWA</td>
<td>36</td>
<td>37</td>
<td>73</td>
<td>36</td>
<td>37</td>
<td>73</td>
</tr>
<tr>
<td>DONKORKROM</td>
<td>47</td>
<td>35</td>
<td>82</td>
<td>39</td>
<td>33</td>
<td>72</td>
</tr>
<tr>
<td>DWARF ISLAND</td>
<td>42</td>
<td>32</td>
<td>74</td>
<td>30</td>
<td>25</td>
<td>55</td>
</tr>
<tr>
<td>EKYE</td>
<td>34</td>
<td>35</td>
<td>69</td>
<td>28</td>
<td>34</td>
<td>62</td>
</tr>
<tr>
<td>FORIFORI</td>
<td>48</td>
<td>68</td>
<td>116</td>
<td>46</td>
<td>56</td>
<td>102</td>
</tr>
<tr>
<td>MEM CHEMFRE</td>
<td>59</td>
<td>38</td>
<td>97</td>
<td>54</td>
<td>38</td>
<td>92</td>
</tr>
<tr>
<td>NTONABOMA</td>
<td>29</td>
<td>29</td>
<td>58</td>
<td>28</td>
<td>29</td>
<td>57</td>
</tr>
<tr>
<td>SAMANHYIA</td>
<td>26</td>
<td>44</td>
<td>70</td>
<td>22</td>
<td>42</td>
<td>64</td>
</tr>
<tr>
<td>TEASE</td>
<td>27</td>
<td>19</td>
<td>46</td>
<td>27</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>TOTAL</td>
<td>348</td>
<td>337</td>
<td>685</td>
<td>310</td>
<td>312</td>
<td>622</td>
</tr>
</tbody>
</table>

Source: Household surveys, WAG 2008

The regular attendance rate (98.5%) is also satisfactory. In all the areas, except Tease and Ekye, almost all the children enrolled are regular at school; the regularity rate even reaches 100% in the areas of Donkorkrom, Mem Chemfre and Samanhyia.

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\(^2\) Children aged 6 to 15
A-2-4 Ethnical groups

The Kwahu North District is characterised by the coexistence of various minority groups such as the Dagati, Krachi, Konkomba, Ashanti, Dagaate, Frafra, etc. The Ewe, with 51.5% of the population, constitute the largest ethnic group, followed by the Akan and the Kwahu, with respectively 24.1% and 5.6% of the total population.

![Figure 1: Distribution of ethnical groups](image)

*Source: Household surveys, WAG 2008*

These various ethnic groups have strong, excellent socio-cultural relations and this is a considerable advantage for the effective and sustainable management of the water facilities.

The different ethnic groups of the district are divided up into the two major religions, Protestantism (51.8%) and Catholicism (29.5%). There are few Animists (10.8%) and Muslims (6.0%).

A-2-5 Urban/rural duality

Urbanisation in this District is important. The urban areas of Donkorkrom, Tease, Forifori, Maame, Krobo, Amankwah and Ekye are experiencing strong demographic growth which is due in the urban areas to a high birth rate and to important migration. Each year, the urban areas receive many migrants from neighbouring regions and also from the Kwahu South District, the Volta Region, the Ashanti Region, and Northern Ghana, in search of better living conditions. That’s why most of the basic socio-economic facilities are found in this region. For instance, the urban areas of Donkorkrom (administrative centre of the district), Tease, Forifori and Ekye count 80.8% of the health facilities, 64.6% of the schools, and almost all of the commercial facilities.
On the other hand, demographic growth in the rural areas is very slow. A large part of the population has moved to the district towns and/or to other parts of the country. In these areas, it is very difficult to have access to basic social services. In the areas of Amankwa, Amanhyla and Onaboma, many communities lack these basic social services. The situation is even more serious in the Dwarf Island Area where none of the communities has health facilities, let alone commercial ones.

This imbalance between urban and rural areas causes problems. The high density of population in the urban areas exacerbates the difficulties in the access to potable water and sanitation facilities. Besides, the demographic and infrastructural imbalance between urban and rural areas is a great obstacle to equal and sustainable development in the Kwahu North District. It is therefore essential that Local Governments adopt strategies to revitalise the rural areas. Need is also there to create more facilities in the urban areas to cope with the increasing needs there.

**A-2-6 Household activities and expenses**

Farming is the main economic activity of the communities of the district. Diagnosis findings show that farmers account for ¾ of the labour force. In many communities of the district, over 90% of the households are involved in farming.

The place of farming in the local economy is due to the climate and rainfall that enable growing of various crops. The district has 2 seasons with rainfalls that can reach 1,500 mm. In addition to the climatic conditions, there are many rivers (Afram, Obosom and Volta) and streams that allow the communities to diversify their production and increase their income. Agriculture also takes advantage of the existence of arable and fertile land and a large labour force.
Figure 2: Main occupations of the household heads of the sample

Source: Household surveys, WAG 2008

Activities related to goods and services come far behind agriculture, with respectively 8.7% and 5.4% of the sample. These activities are generally located in the urban areas of Domkorkrom, Forifori, Tease and Ekye where most of the shops, administrative and banking facilities are located. The existence of many shops (497) and markets (17) has made trade growth easier.

Other activities, namely livestock farming, fishing and handicraft, occupy a small proportion of the working population.

The analysis of the expenditure pattern shows a predominance of food and medical expenses. In fact, food represents 55.5% of all expenses, followed by health with 52.1%. Education and clothing come far behind with 30.4% and 8.6% respectively.

A-3 POVERTY ASSESSMENT

Poverty is considered primarily as a deprivation of essential needs (food, housing, basic social services). This understanding of poverty also integrates factors like the incapacity to meet one’s social obligations. Generally speaking, poverty is the combination of several interrelated factors that include access to basic social services, which is the core factor.

A-3-1 Level of access to basic social services

The qualitative information collected through the focus groups, the findings of the household surveys and discussions with the main resource persons of the district on the other hand have made it possible to assess the availability of facilities.
Identification of basic social facilities

The assessment on the facilities available in the district shows a predominance of sanitation facilities that represent 62.3%, including 27.9% of household latrines.

The important number of sanitation facilities is mainly the result of the existence of projects that promote home latrines in the district. 41% of the household heads of the sample say they have received technical and financial support from projects for the construction of their sanitation facilities.

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Number</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational facilities</td>
<td>132</td>
<td>5.7%</td>
</tr>
<tr>
<td>Health facilities</td>
<td>43</td>
<td>1.9%</td>
</tr>
<tr>
<td>Trade facilities</td>
<td>518</td>
<td>22.3%</td>
</tr>
<tr>
<td>Operational water points</td>
<td>182</td>
<td>7.8%</td>
</tr>
<tr>
<td>Operational sanitation facilities</td>
<td>1446</td>
<td>62.3%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2321</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: Household survey, 2008

Trade facilities, with 22.3%, take second place. The 518 trade facilities show the importance of trade in the district. There are few sanitation, educational and water facilities.

The basic social facilities are unequally distributed within the district, with a high concentration in the urban areas of Forifori, Donkorkrom, Tease, etc.

<table>
<thead>
<tr>
<th>Facilities by Area Council</th>
<th>Number</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forifori</td>
<td>599</td>
<td>41.0%</td>
</tr>
<tr>
<td>Ekye</td>
<td>109</td>
<td>7.5%</td>
</tr>
<tr>
<td>Donkorkrom</td>
<td>232</td>
<td>15.9%</td>
</tr>
<tr>
<td>Mem-Chemfre</td>
<td>59</td>
<td>4.0%</td>
</tr>
<tr>
<td>Samanhyia</td>
<td>266</td>
<td>18.2%</td>
</tr>
<tr>
<td>Amankwa</td>
<td>106</td>
<td>7.3%</td>
</tr>
<tr>
<td>Ntonaboma</td>
<td>87</td>
<td>6.0%</td>
</tr>
<tr>
<td>Dwarf Island</td>
<td>3</td>
<td>0.2%</td>
</tr>
<tr>
<td>Tease</td>
<td>199</td>
<td>13.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1461</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: Household surveys, 2008
Map 3: Location of basic social facilities in the District
Poverty analysis

The study of the economic activities of the district has revealed that agriculture is by far the main occupation of the households. However, the income generated by this activity is generally very low because the production is essentially used to satisfy food needs. All or substantially all of the communities of the district, families have very limited revenue and therefore cannot meet all their food needs, let alone their needs as regards water, hygiene and sanitation. The majority of the population is generally considered as poor because of the very low level of income. This lack of income has an impact on people’s access to basic social services. For instance, almost 68.2% of the households of the sample do not have any latrines, for economic reasons.

According to the Area Councils, the rural areas are by far the poorest. In these areas, farming is the main activity and the income generated is very low. On the other hand, the urban areas of Donkorkrom, Forifori and Tease, where most of the administrative and commercial facilities are found, have the highest revenue of the district. Thus, there is less poverty there than in rural areas like Dwarf Island and Ntomaboma.

From the analysis of the poverty level by social group, we can assume that persons with disabilities and persons with HIV/AIDS are the poorest. As a matter of fact, persons with disabilities are generally unproductive and persons with HIV/AIDS are often marginalised, even if 94.1% of the household heads of the sample deny it. This considerably reduces their sources of income and contributes to the degradation of their social condition.

<table>
<thead>
<tr>
<th>Level of access for disadvantaged persons</th>
<th>Access to water services</th>
<th>Access to adequate sanitation systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>315</td>
<td>303</td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>TOTAL</td>
<td>340</td>
<td>340</td>
</tr>
</tbody>
</table>

Source: Household surveys, 2008

Besides, vulnerable persons generally have great difficulties getting appropriate access to water services, according to 19 household heads of the sample.

Consequently, as part of the control of poverty in the district, it would be a good thing to develop programmes in favour of persons in a situation of vulnerability and promote homogeneous and sustainable social development.
A-4 STAKEHOLDERS

The analysis of stakeholders in the Kwahu North District shows the existence of several bodies. The main ones are the District Assembly (D.A) and the decentralized public services.

A-4-1 The District Assembly

The Kwahu North District Assembly counts 70 members, including 51 representatives and 19 appointed members. The District Assembly, which is the decision-making body of the District, is led by the District Chief Executive appointed and approved by 2/3 majority of assembly members for a renewable two-year term of office.

The District Assembly has been created in accordance with the decentralisation laws and is the main political and administrative body of the district. It has eleven (11) areas of competence, namely: central administration, social services, food and agriculture, education, finance, health, community development, forestry, prevention, trade and cooperation, and roads. With all these areas of competence, the District Assembly is the main local development stakeholder. It designs and implements development projects in the district, with the support of its partners. Besides, it coordinates the different development projects and programmes initiated by NGOs in the district.

The District Assembly also has a role of institutional and legal support in the implementation of development projects in the district.

A-4-2 The urban/municipal councils and the unit committees

In addition to the District Assembly, the Kwahu North District also has Area Councils and Unit committees. The setting up of these decentralized bodies is provided for by article 462 of the 1993 Local Government Act, and they play an important role in the creation of development projects and programmes at the grassroots level (areas, communities).

However, the 9 Area Councils and 190 area committees of the Kwahu North District are dormant, especially because of the lack of technical and financial resources. Thus, the lack of budgetary resources makes it impossible to pay the staff salaries (secretary, treasurer, caretaker, typist, etc.) on a regular basis.

The District Assembly has therefore planned to convene and discuss strategies to make these outreach units more dynamic.
**A-4-3 The technical units**

In the implementation of local development actions, the District Assembly is supported by the decentralised departments services of the State. These are mainly Education, health, MoFa, Town and Country planning, Statistics, Birth and Death, etc. The District assembly also has corresponding sub-committees for these services eg. Social services, Development planning, justice and security and Works.

These different technical units play an important role in the development of the District. They help to fine tune the policies, resolutions, decisions, etc. of the District assembly and its sub-committees.

As to the social service sub-committee, it is involved in the development, planning and approval of projects and programmes related to water, hygiene, sanitation, health, etc.

The District Assembly, Area Councils, the Unit committees and the decentralized technical departments have excellent consultative relations and partnerships as far as local development is concerned, and the technical units provide support in decision-making.

**A-5 THE ISSUE OF WATER, SANITATION AND HYGIENE**

The analysis of the institutional management of water and sanitation in Ghana reveals that the Ministry of Water Resources, Works and Housing (MoWRWH) develop the different sector-based strategies, coordinates and leads activities related to water, hygiene and sanitation. It is assisted by the Water Resources Commission (WRC), the Environmental Protection Agency (EPA), the Public Utilities Regulatory Committee (PURC) and the District Assembly. Thus, the Ministry and the different agencies mentioned above coordinate the implementation of activities in the water sector, from production to supply, in the rural as well as urban areas.

More specifically, the provision and management of water in urban areas is done by the Ghana Water Company Limited (GWCL); this gives water management in cities a semi-public nature because GWCL is assisted by a private agency (Aqua Vitens rand).

In the rural areas, water provision is assured by the Community Water and Sanitation Agency (CWSA) that is in charge of the water/sanitation sector in rural areas and small urban areas. It assists the District Assembly, which forms the District Water and Sanitation Teams (DWST). In addition to this role, the District Assembly selects the final beneficiaries and the locations for the creation of water points, and approves water price setting. This gives the management of water a rather decentralised aspect, as the beneficiaries in the communities are involved in technical and financial considerations. They contribute 5% of the cost of the facilities created.
The support provided by development partners in this sector generally concerns the technical financial side and the building of the capacities of the persons in charge of water and sanitation at the local level.

A-5-1 THE WATER SECTOR

In the Kwahu North District, the water sector is managed by the water and sanitation management committee (WATSAN committee). This committee is composed of people from the District Assembly and is assisted by DWST. However, DWST does not have the necessary equipment and logistics for proper support to the water and sanitation management committee. The main duties of the committee are: planning, management and monitoring of actions related to water and sanitation in the district. The coordination and planning of water and sanitation actions is assured by the local planning unit.

A-5-1-1 Water access and use

Water supply sources

In the Kwahu North District, the main sources of water for the communities are boreholes, traditional water wells, central taps, and surface water (rivers and streams). However, boreholes are by far the most widely used water source. The results of the diagnosis reveal that 57.4% of the households get their water from boreholes. The use of central taps (6%) and traditional well (0.3%) is very limited.

<table>
<thead>
<tr>
<th>Main water sources</th>
<th>In the dry season</th>
<th>In the rainy season</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Boreholes</td>
<td>189</td>
<td>57.8%</td>
</tr>
<tr>
<td>Central taps</td>
<td>18</td>
<td>5.5%</td>
</tr>
<tr>
<td>Traditional wells equipped with pumps</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Private branch-pipes</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>119</td>
<td>36.4%</td>
</tr>
<tr>
<td>Total</td>
<td>327</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Household surveys, WAG 2008

The analysis of the distribution of water points in the district shows important disparities between the different Area Councils. Those of Donkorkrom, Forifori and Tease are the best equipped. On the other hand, the rural areas of Dwarf Island, Ekye, Onaboma and Mem Chemfre have a low level of equipment.
Map 4: Location of water facilities
There are not enough water supply points to meet the increasing needs of the population in the District, as a result many households use unsafe water sources. This is due not only to the lack of drinking water sources in many of the communities, but also to the availability of many watercourses. Many rivers run through the District, like Afram in the north, the Volta River in the East, and the Abosom River in the North. These rivers help reduce the difficulties related to water access, but they also contribute to the spread of water-borne diseases.

It is therefore important for the District Assembly to set up facilities in the different communities of the district in order to improve the communities’ access to drinking water.

**Conditions of the water points**

As indicated by findings of the study, the district counts 234 drinking water points, 75 of which are out of order; thus 32% of the water points are operational. However, there are important disparities and the rate varies from 0% in Dwarf Island to 44.4% in Mem Chemfre.

<table>
<thead>
<tr>
<th>Area Council</th>
<th>Operational</th>
<th>Non operational</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amankwa</td>
<td>13</td>
<td>10</td>
<td>43.5%</td>
</tr>
<tr>
<td>Donkorkrom</td>
<td>36</td>
<td>15</td>
<td>29.4%</td>
</tr>
<tr>
<td>Dwarf Island</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ekye</td>
<td>4</td>
<td>2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Forifori</td>
<td>64</td>
<td>27</td>
<td>29.7%</td>
</tr>
<tr>
<td>Mem Chemfre</td>
<td>5</td>
<td>4</td>
<td>44.4%</td>
</tr>
<tr>
<td>Onaboma</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Amanhyla</td>
<td>14</td>
<td>8</td>
<td>36.4%</td>
</tr>
<tr>
<td>Tease</td>
<td>22</td>
<td>9</td>
<td>29.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>159</td>
<td>75</td>
<td>32.0%</td>
</tr>
</tbody>
</table>

*Source: Field surveys, WAG 2008*

A more detailed analysis of the data above shows that the rural centres of Amankwa, Amanhyla and Mem Chemfre have the highest rate of non-functional facilities. In the urban centres, the rate is close to the average rate of the district.

The fact that many water points are not functional accentuates the difficulties around the access to drinking water. Measures have been taken for the renovation of central taps. It is also important to set up new water facilities in order to definitively address the water supply problems.

**Accessibility of the water points**

The accessibility of drinking water sources is determined in terms of the distance that one has to travel to reach them, the time required for fetching the water, and the daily quantity available per individual.
• **Distance:** It is the distance that people travel to the water supply source. The results of the diagnosis show that on average, 76.5% of the households are less than 500 m from a water point. Many communities (45.6%) travel less than 200 m to fetch their water. In total, 61.1% of household heads are satisfied with the location of the water points.

Nevertheless, the distance reaches 500 m in many localities of the District. Some families even travel more than 1 km to the nearest drinking water point. So, 38.9% of the persons interviewed say that they are not satisfied with the location of the water points.

• **Time:** The time spent depends on many factors, including the distance, the crowds around the water supply point, and the water extraction means. The time therefore varies considerably from one area to another.

As indicated by the results of the field survey, 65.3% of the households need more than 15 mm for fetching their water. In some communities of the areas of Onaboma, Dwarf Island and Mem Chemfre, the time required for fetching water exceeds 30 mm. This shows that the creation of new water facilities in the district is a matter of urgency.

• **Quantity:** The daily quantity of water consumed depends on various factors, such as the time travelled to water sources, their outflow, the crowds around them, etc.

The results of the diagnosis show that there are not enough water points, and they are distant for many communities of the district. Moreover, the outflow of many boreholes is weak. Thus, in almost all of the households of the district, daily consumption is largely below what the WHO recommends, i.e. 35l per individual and per day. In many of the communities, daily consumption is less than 10l/person. Measures should therefore be taken immediately to set up new water facilities in all the localities of the District and improve the local communities’ access to drinking water.

• **Financial affordability:** As indicated by the results of the diagnosis, paying for water is not yet a common practice in the district. The majority of the households in the sample have free access to water. However, 41.2% of the persons interviewed say they pay for water. Various methods of payment are used, like paying for the content of the water container; which is the most widespread (68.5%). In all the areas of the district, it is coupled with annual and monthly lump sum contributions.
Table 9: Conditions for access to drinking water

<table>
<thead>
<tr>
<th>Conditions</th>
<th>In the dry season</th>
<th>In the rainy season</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Paying by the container</td>
<td>119</td>
<td>69.2%</td>
</tr>
<tr>
<td>Annual lump sum contribution</td>
<td>30</td>
<td>17.4%</td>
</tr>
<tr>
<td>Monthly lump sum contribution</td>
<td>23</td>
<td>13.4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>172</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field surveys, WAG 2008

Whatever the method used, the price is considered as too high and 86.7% of the households say they cannot afford to pay. The results of the survey show that the unit price is less than 1 Ghp for 27.1% of the households and 5 Ghp for 44.1% of them. Only 28.8% of the households pay more than 5 Ghp.

A.5.1.2. Meeting the water needs

The coverage rate is a good indicator when assessing the meeting of the communities' needs for water. The rate is determined according to the daily quantity of water used per capita compared with the WHO standard, which is 35l/capita/day.

The coverage is weak in most of the communities in Kwahu North District. As indicated by the diagnosis findings, only 8.7% of the communities have a satisfactory coverage rate.

Besides, the analysis of the average density gives us an idea of the difficulties related to the satisfaction of water needs in the district. Survey findings indicated that the average density is 432 people per water point, which is largely below the WHO recommendations. The density is alarming in many communities of the district, like Kwaekese, Tease and Avatine where it is above 700 people per water point. In the locality of Ntomaboma, the density reaches 2,517 persons per water point.
Map 5: Drinking water coverage rate
The analysis on meeting the water needs per Area Council is based on indicators like the number of water points and their condition, from which the areas are classified in categories:

- The Area Councils of Amankwa, Mem Chemfre, Dwarf Island and Ntonaboma have severe constraints. These areas are characterized by an inadequate number of water points and a high rate of non-functional ones (over 40%).

- The Area Councils of Ekye and Amanhyla have important constraints.

- The constraints are moderate in the Area Councils of Donkorkrom, Tease and Forifori. These areas are the best equipped of the district. The proportion of functional facilities is acceptable compared with those of the other areas.

**Table 10: Coverage rate per Area Council**

<table>
<thead>
<tr>
<th>Water coverage rate</th>
<th>Number of households interviewed</th>
<th>Number of litres</th>
<th>Number of litres per household</th>
<th>Number of litres per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forifori</td>
<td>10</td>
<td>1135</td>
<td>114</td>
<td>14.1</td>
</tr>
<tr>
<td>Ekye</td>
<td>8</td>
<td>1115</td>
<td>139</td>
<td>17.4</td>
</tr>
<tr>
<td>Donkorkrom</td>
<td>6</td>
<td>765</td>
<td>128</td>
<td>15.9</td>
</tr>
<tr>
<td>Mem-Chemfre</td>
<td>6</td>
<td>600</td>
<td>100</td>
<td>12.5</td>
</tr>
<tr>
<td>Samanhyia</td>
<td>6</td>
<td>785</td>
<td>131</td>
<td>16.3</td>
</tr>
<tr>
<td>Amankwa</td>
<td>7</td>
<td>835</td>
<td>119</td>
<td>14.9</td>
</tr>
<tr>
<td>Ntonaboma</td>
<td>7</td>
<td>725</td>
<td>104</td>
<td>12.9</td>
</tr>
<tr>
<td>Dwarf Island</td>
<td>5</td>
<td>510</td>
<td>102</td>
<td>12.7</td>
</tr>
<tr>
<td>Tease</td>
<td>5</td>
<td>615</td>
<td>123</td>
<td>15.3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>60</strong></td>
<td><strong>7085</strong></td>
<td><strong>118</strong></td>
<td><strong>14.7</strong></td>
</tr>
</tbody>
</table>

*Source: Field surveys, WAG 2008*

The coverage rate for safe water in the district has been calculated from the number of containers that each community take each day compared with the number of the households interviewed in the community. This made it possible to get the quantity of water collected by each household per day. As per the number of individuals per household in the sample (8), the average consumption per individual is calculated. The results in the table above show that in all the areas, daily water consumption in inferior to what the WHO recommends.

The high density around these water points, the remoteness of the water supply sources and the low outflow of the boreholes make it difficult to meet the local communities’ safe water needs. For this reason, it is necessary to set up water facilities in all the communities of the district and improve access to potable water.
A.5.2. ACCESS TO SANITATION FACILITIES

A.5.2.1. Identification and classification of the sanitation facilities

There are two main types of latrines in the Kwahu North District: private latrines, and public ones.

- **Household/private sanitation facilities:** These are family latrines found in households. The number of these types of latrines is not sufficient to meet all the sanitation needs of the local population. The results of the diagnosis reveal that 68.2% of the households of the sample do not have such latrines. The average coverage rate as far as sanitation facilities are concerned is low, around 26.2%. However, there are important differences, and the rate varies from 61.5% in Samanhylia to 0% in Dwarf Island. In all the areas except Donkorkom (the administrative centre of the district) and Samanhylia, the coverage rate is inferior to the average rate for the district. The situation a cause for concern in Mem Chemfre and Ekye where the rate is below 10%.

This situation compels many people to use latrines that do not meet hygiene standards; the result of this is the proliferation of various diseases.

Classification of private latrines shows a majority of traditional latrines that represent 64.1% of the total number of latrines. VIP latrines come second with 27.2%. The other types of latrines account for 9.7%.

Most of the latrines have been built by the communities themselves. Yet, 41% of the household heads that have been interviewed say have received material, technical and financial support from projects for the construction of their sanitation facilities.

- **Public sanitation facilities:** they are latrines located in schools, markets and other public places of the district. As indicated by the results of the diagnosis, the District counts 3,808 public latrines, with a high concentration in rural areas.

Public latrines play an important role in hygiene promotion in schools, and more generally in the district. The results of the field survey indicate that many households do not have household latrines and use public toilets. It is therefore important to considerably increase the number of public toilets in schools and markets where they are used by a great number of people. However, this will not guarantee hygiene in these places, and diseases can proliferate.

It is also important to extend the construction of these institutional facilities in all the schools of the district to ensure hygiene and a good environment for the pupils.
Map 6: Location of sanitation facilities
Water and sanitation management: The management of water and sanitation at the community level is assured by the Water and Sanitation committees (WATSANs). These committees exist in most of the communities of the district. However, some of them are completely dormant. The lack of financial resources and competent human resources is a huge challenge to the good functioning of the WATSANs. This contributes to a certain extent to worsening the situation as regards water supply.

Therefore, as part of the setting up of water and sanitation facilities, it is important to revitalise the WATSANs by reinforcing their means of action. It is also important to train local repairers to be in charge of the technical management of the facilities.
Map 7: Sanitation coverage rate
A.5.2.2. Analysis of the relation between water, hygiene and health

- **General hygiene conditions:** Health generally depends on the quality of the water used in the households, the ways it is kept and used on the one hand, and the cleanliness practices of the communities on the other hand. So, the analysis of the quality of the water, its storage, and the behaviours of the families as far as hygiene is concerned will allow us to determine the relation between water, hygiene and health.

In the district, many of the communities’ practices and behaviours in relation to water supply lead to the degradation of their health condition. For example, in 61% of the households we have visited, water containers are not covered; this allows water contamination and causes the proliferation of water-borne diseases, like diarrhoea. Moreover, the lack of drinking water supply points in many communities of the District compels them to resort to the use of unsafe water from rivers and streams. This practice causes the development of water-related pathologies like dysentery, cholera, typhoid fever, etc.

The low coverage rate in sanitation facilities, the high proportion of traditional latrines and the use of toilets that do not comply with hygiene standards (65.3% of children use the open air) contribute to the degradation of both the environment and health conditions of the District communities.

With regard to this situation, it is urgent to significantly increase the number of water and sanitation facilities in the district. Moreover, it is necessary to reinforce the awareness-raising campaigns on better hygiene practices.

- **Waste management:** It concerns the management of liquid and solid waste:

  - **Disposal of solid waste:** The management of household refuse is a real problem for the communities of the district. Solid waste is generally disposed off in streets, compounds or in unoccupied spaces. That’s the reason why there is no dustbin in many of the households of the district and the number of refuse collection vehicles is limited.

  - **Disposal of liquid waste:** Concerning the management of domestic wastewater, the diagnosis has revealed the prevalence of practices that lead to the degradation of the environment. Most households dump their wastewater in their compound or the streets. Only a little proportion of the households use a sewage system.

This poor waste management, which is due to the inadequacy or absence of hygiene and sanitation facilities and to bad hygiene practices, favours the degradation of the living environment and the proliferation of diseases (malaria, diarrhoea, etc). As a result, the District Assembly should create sanitation facilities and organise awareness-raising campaigns to
attract the attention of the communities on the importance of respecting hygiene requirements. Besides, the creation of sanitation committees and economic interest groups for sanitation can contribute to the promotion of hygiene and sanitation in the district.

Most houses do not have bathhouse drains; where such drains exist there are no feeder drains to link them to major drains. This results in stagnation of wastewater from houses, which does not only breed mosquitoes but is also an eyesore in most areas.

**A-6 SUMMARY OF THE ELEMENTS DIAGNOSIS**

The Kwahu North District has a population of 135,928 inhabitants that is unequally distributed throughout the District. Four urban areas only (Donkorkrom, Forifori, Tease and Ekye) constitute 67.4% of the total population. There is a majority of males, and adults represent 53.9 of the total population.

At the socio-cultural level, the population is characterised by a variety of ethnic groups, and there are minority groups who live with the Ewe, the largest ethnic group (51.5%).

The economy of the district is based on agriculture, which involves 75% of the working population. However, the income generated by this activity is very low, so that families cannot meet their daily needs.

The majority of the population is poor, as they do not have enough revenue to meet their food needs and have access to basic social services. Persons with disabilities and persons with HIV/AIDS, because they have very limited access to sources of income, are the most affected by the poverty situation.

At the institutional level, the District Assembly has become the main political body of the District since the coming into effect of the decentralisation laws. It defines and implements all development actions in the district with the support of the decentralised services of the State and development partners.

In the water sector, boreholes, traditional wells and central taps are the main water supply sources. However, the number of water points is very inadequate and cannot meet all the needs of the communities. Moreover, there is the remoteness of the water supply sources, the high density in many communities of the district, and the low outflow of many water facilities. As a result, the rate of coverage of water needs is low in most communities. As indicated by the results of the diagnosis, the daily water consumption per capita is 14.7 litres, which is largely below the standard recommended by the WHO (351l/liters per capita/day).
Because of the water shortage, many people take their water from rivers and streams. This favours the proliferation of water-borne diseases like diarrhoea, cholera, bilharziasis, etc.

In the hygiene/sanitation sector, the situation also gives cause for concern. 68.2% of the households of the sample do not have home toilets. This obliges certain people to relieve themselves in an unhygienic way.

The low coverage rate as far as sanitation facilities are concerned, the predominance of traditional latrines which do not meet hygiene standard and the prevalence of bad practices contribute to the degradation of the environment and health of the local communities.

Faced with this situation, it is important to develop programmes to facilitate the access of households to sanitation and water facilities.
B- STRATEGIC ORIENTATIONS FOR BETTER ACCESS TO WATER AND SANITATION

The DWSP is a long-term strategic planning document consisting of a set of priority actions that have been clearly identified by the communities and intended to address the difficulties related to the access to potable water and sanitation facilities, and to promote hygiene. It is therefore a reference framework for development partners in the implementation of their action plans in these sectors.

In the diagnosis, actions considered as priorities have been identified in order to improve the situation in terms of access to water and hygiene and sanitation facilities. Three main strategic orientations govern these development actions:

- the promotion of the access to potable water
- the improvement of the access to public and private sanitation facilities
- capacity development

These different orientations are interdependent. Their implementation will make it possible to reach the sustainable development objectives defined by the District Assembly.

Priorities for the development of the Kwahu North District

The Kwahu North District is confronted with constraints related to the shortfall in safe water supply and sanitation facilities. In order to lift these constraints and promote the socio-economic development of the district, local stakeholders have identified priority development actions. The formulation of the priorities in terms of access to potable water and sanitation facilities takes into account the following main lines:

- better access to potable water
- better access to sanitation facilities
- hygiene promotion

These orientations are interdependent. Their implementation will allow all-round development, as stated in objective 9 of the MDGs (Millennium Development Goals): without hygiene and sanitation facilities, potable water is less conducive to good health.

Constraints regarding the pursuit of the development priorities

The Kwahu North District is confronted with various constraints mainly:

- WATER
  - Insufficient number of potable water supply points in many communities of the District,
- Lack of potable water supply points in many communities of the District,
- Low proportion of functional water points in some Districts
- Remoteness of modern water sources.

❖ SANITATION
- Low latrine coverage (26.2%),
- Existing latrines are rudimentary (64.1% are traditional latrines),
- Insufficient number of home latrines (68.2% of households in the sample do not have a latrine at home),
- Insufficient number of latrines in institutions.

❖ HYGIENE
- No appropriate sewage system for the disposal of liquid waste,
- Bad behaviours and practices as far as hygiene is concerned,
- Poor solid waste management.

B-2 IDENTIFICATION OF ACTIONS

B-2-1 Improved access to safe water

♦ Basis for action
Water is a key issue for people living in the District of Kwahu North. Despite the relative substantial rainfall, this area experiences safe water supply constraints through:

- Insufficient number of safe water supply points in many communities of the District,
- Lack of safe water supply points in many communities of the District,
- Low proportion of functional water points in some Districts
- Remoteness of modern water sources.

Note that the great number of surface water sources can partially account for communities’ resort to unsafe water.

♦ Actions required:
- Provision of boreholes,
- More stand pipes,
- Water treatment plant and collection of the rain water,
- Provision of hand pumps,
- Provision of boreholes and water treatment plant,
- Provision of boreholes and safe sources of water,
- Water treatment plants.
B-2-2 Improved access to sanitation facilities

♦ Basis for action
The severity of hygiene and sanitation constraints in the District of Kwahu North is depicted as follows:

- Low latrine coverage (26.2%),
- Insufficient number of latrines in institutions
- No appropriate sewage system for the disposal of liquid waste,
- Bad behaviours and practices as far as hygiene is concerned,
- Poor solid waste management.

♦ Actions required
- Encourage and support landlords to construct household latrines
- Provision of household latrines
- Provision of public latrines

B-2-3 Promotion of good governance

♦ Basis for action
Good governance requires each player in the District to adequately fulfil its roles and responsibilities. Indeed, good governance mechanisms (WATSAN) established at community levels to manage public facilities are based on their operation and management capacities.

♦ Actions required
These include actions aimed at reviving the WATSAN committees through capacity building sessions to members so that they can better manage the community’s basic infrastructures. This is also in keeping with sustainability and improvement of the safe water and sanitation service delivery.
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<th>Areas</th>
<th>Issues</th>
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<th>Objectives</th>
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<td><strong>Water</strong></td>
<td>- Insufficient number of potable water supply points in many communities of the District,</td>
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<td>- Low proportion of functional water points in some Districts</td>
<td>- Provision of Boreholes,</td>
<td>To improve community access to quality and quantity water</td>
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<td>- Remoteness of modern water sources</td>
<td>- More Stand pipes points,</td>
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<td>- Water treatment plants.</td>
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<td><strong>Hygiene/ sanitation</strong></td>
<td>- Low latrine coverage (26.2%),</td>
<td>- Encourage and support landlords to construct households latrine</td>
<td>To improve access to sanitation infrastructures and promote individual &amp; collective hygiene</td>
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<td></td>
<td>- Insufficient number of latrines in institutions</td>
<td>- Provision of household latrines</td>
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<td>- Bad behaviours and practices as far as hygiene is concerned,</td>
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<td></td>
<td>- Poor solid waste management</td>
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<tr>
<td><strong>Good Governance</strong></td>
<td>State of lethargy of most WATSAN</td>
<td>Refresher courses for WATSAN committee members</td>
<td>Have more active WATSAN to deliver services to communities</td>
</tr>
</tbody>
</table>

*Source: Planning workshop, July 2008*
CONCLUSION

Kwahu North owns its DWSP with an implementation Plan which includes all actions required and assesses the local finances to be invested for the local development with the involvement of all stakeholders.

The methodology used in developing the SDP was a comprehensive institutional diagnosis of all stakeholders with a focus on their roles, responsibilities, interests, etc in each programme.

Finally, a practical approach has been immediately used to market the plan; this approach has based on the local communities’ needs as well as the capacities of the strategic partners in the District.

Each strategic partner will work in line with its role in the project and following an implementation plan. To this effect, the District needs to own a monitoring and evaluation system to be used as both a guide and management tool for the following purposes:

- Ensure community participation in all stages of the implementation;
- Jointly identify strengths and weaknesses of actions;
- Keep the relevant stakeholders (supported people, technicians, project/programme staff, donors) updated on the implementation level;
- Follow the progress of the project implementation using criteria and data base initially agreed upon by stakeholders (project owners, contractors, monitoring officer, etc);
- If necessary, make adjustments using the lessons learnt.