



**DOCUMENTATION ON CREDIT  
LATRINE SCHEMES: THE CASE STUDY  
OF KETE KRACHI AND WA**



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# Kete Krachi sanitation credit scheme

## Preface

This report is a study conducted by WaterAid, Ghana (WAG) to examine the Credit for Latrines Scheme, a sanitation improvement facility implemented by the Afram Plains Development Organization (APDO) in the Kete Krachi Community. The objective of the scheme was to provide a rapid improvement in access to latrine and sanitation facilities and ultimately to empower people to develop positive attitudes toward safe hygiene behaviour. The import of the study was to identify and examine the scheme implementation strategies. It was further to identify the major success factors and key challenges of the scheme and to make recommendations for a possible replication of the scheme.

To achieve the objectives of the study, two main approaches were adopted: a study of documents on the scheme together with interviews with scheme implementers and other stakeholders, mainly the APDO, Kete Krachi Co-operative Credit Union (KKCCU) and the Krachi West District Assembly (KWDA); and a questionnaire survey of households to solicit their experiences with the facility and benefits to their households.

In the context of the above, and as an outcome of the interactions made with scheme implementers and beneficiary households, this report presents an overview of the rationale for designing and implementing the scheme. It also contains the implementation strategies, challenges and success factors. The report concludes that the scheme has, undoubtedly, improved the sanitation situation of the community and makes several recommendations for its expansion and sustainability.

## **1.0 INTRODUCTION**

### **1.1 Situational Analysis**

It has been clearly recognized that clean water and adequate sanitation is humanity's best investment to achieve development and sustainability. Likewise, it is argued that there are critical interdependence between water and sanitation provision and good hygiene behavior, and the achievement of many of the Millennium Development Goals (MDGs) and Targets through: reducing enormous health burdens; and the release of valuable economic and social capital as a result of the economic and environmental costs associated with inadequate water, sanitation and hygiene services provision. According to the Ghana Statistical Service (2005), current coverage of potable water supply in Ghana is (41%) and (23.8%) for improved sanitation in addition to poor safe hygiene behaviour in Ghana. It is obvious that the MDGs targets for water and sanitation will hardly be met in the country, unless sustained efforts are made to achieve increasing coverage of, and access to sanitation facilities. There is also an urgent need to create positive attitudes towards safe hygiene behaviours, such as proper use of latrine and hand washing at critical times, through partnerships and networks.

Such partnerships and networks are an important component in the process of achieving improvements in water and sanitation provision since it is about increasing efficiency, equity and sustainability. They ensure that there are institutional mechanisms to allocate scarce resources amongst competitors and to control externalities. Beyond these considerations, effective partnerships ensures delivery of demand driven community based water supply and sanitation projects to promote cost effectiveness and sustainable services provision. Lastly, they also recognize innovative approaches and methods that enable the poor and low income households to get potable water and basic sanitation facilities.

It is in the light of the above that APDO, with the support of WAG, KKCCU and the local assembly, introduced the credit for latrines scheme. The scheme is aimed at rapid improvement in access to latrine and sanitation facilities and ultimately to empower people to develop positive attitudes toward safe hygiene behaviour.

### **1.2 Overall Goal**

The overall objective of the study was to examine the processes and key outcomes of innovations in sanitation – the credit for latrines scheme – by APDO and ascertain the justification or otherwise of scheme replication.

### **1.3 Specific Objectives**

The specific objectives of the study were to:

- i. Provide an overview on the rationale and basis for the sanitation credit schemes.
- ii. Examine the processes and strategies of implementation.
- iii. Assess the key outcomes and challenges which will guide in replication.
- iv. Identify the critical success (or otherwise) factors in the implementation process.
- v. Make recommendations for sustainable and effective interventions in the coming years.

### **1.4 Methodology**

Broadly, the study methodology involved a range of instruments to get a good mix of breadth and depth of information. The approach was an outcomes-based evaluation, which looks at impacts, benefits and changes to the target beneficiaries (as a result of the projects' efforts) during and/or after their participation in the projects. Outcomes here are in terms of enhanced capacity or conditions. Outcomes study looks at programmes as systems that have inputs, activities/processes, outputs and outcomes. The two (2) major components of the methodology employed are outlined below.

- i. Desk Study: this involved studying documents of, and holding discussions with key staff of the following organizations to document the processes and key outcomes of the project.
  - Afram Plains Development Organisation (APDO)
  - Kete Krachi Community Co-operative Credit Union (KKCCCU).
  - Krachi West District Assembly (KWDA).
  - Other key and relevant partner organizations and institutions.

The main activities undertaken were examining documentations; and interviews. The essence was to enable the research team have informed knowledge and deeper insight of the operations, beneficiaries and relevant stakeholders involved in the projects implementation. This was also intended to enable the consultant identify relevant project staff for further discussions on field level activities.

- ii. Expanded Field Study: This study covered selected beneficiaries in the operational areas of the scheme drawing on practical examples which provided critical insights into the process of achieving total sanitation for the people. Questionnaires were designed and used to capture a wide range of information/data especially on the issues of households' access to toilet, hygiene practices, income and expenditure, vulnerability issues and local response among others. In all, 30 beneficiaries from various parts of the Kete Krachi community were contacted for information.

The data analysis employed both qualitative and quantitative approaches to examine key issues at stake. In the light of this, qualitative data analysis was made at the same time during the data collection process and after the overall data was collected. In the data collection process, qualitative field notes captured on daily basis on events, conversations, interviews and stories on sanitation provision, hygiene practices and strategies during group discussions and interactions with specialized groups were analyzed after the day's work. The rationale was to keep track of important events/issues that crop up in the day's work and prepare adequately for the next day.

It was also to look for consistencies and inconsistencies between knowledgeable informants and find out why informants agree or disagree on important issues on the subject matter.

In quantitative analysis, simple quantitative operations from questionnaires have been tabulated and processed. The use of graphs, charts, frequencies, percentiles and averages attracted statistical considerations. The overall data analysis was a combination of the two approaches (qualitative and quantitative) which reflects the sum total of the daily analysis.

## **2.0 BACKGROUND INFORMATION ON IMPLEMENTING ORGANISATIONS**

### **2.1 Afram Plains Development Organisations (APDO)**

Afram Plains Development Organisation (APDO) is a professional non-governmental organisation (NGO) committed to the development of the Afram Plains. ADPO was established in 1986 and is committed to the mission of “contributing towards poverty reduction through empowering the poor and vulnerable communities to access safe water, hygiene and sanitation services, quality education, information on HIV/AIDS prevention and sustainable use of natural resources”.

In implementing projects, APDO utilizes a participatory approach that is decentralized, focused on empowerment, and demand driven. Communities are supported to identify their developmental problems; prioritise them; find solutions and make decision as well as design action plans to solve them. APDO maintains the belief that all members of society are equally important and individuals know their problems better.

With the main aim of empowering people to initiate and have access to affordable social services, APDO focuses on nine areas in fulfilling its mission that are as follows:

- i. *Rural Water Supply*: provision of potable water to deprived rural communities.
- ii. *Hygiene Promotion*: encouragement of communities and schools to adopt and adapt good hygiene practices through education, training, and data collection.
- iii. *Sanitation Promotion*: promotion of good sanitation practices in the communities by educating and sensitizing communities about the importance of living in a clean sanitary environment.
- iv. *Micro-credit scheme*: distribution of credit to assist rural dwellers to end their poverty cycle
- v. *Promotion of Formal Education*: Implementation of CHILDSCOPE, an innovative approach to basic education reform that includes PTA / SMC development, teacher development, promotion of pupil/teacher/parent relations, enrolment drives, school infrastructure development, and provision of sanitation facilities (KVIPs and urinals).
- vi. *Needy Child Fund*: Provision of funding for families who cannot cater to their children's educational needs.
- vii. *Natural Resource Management*: efficient management of the vegetation through consensus building among stakeholders.
- viii. *HIV/AIDS Control and Management Campaign*: Administration of HIV/AIDS awareness program to achieve behaviour change among the youth so as to reduce the risk of acquisition of the disease.

- ix. *Other Programs:* formation and provision of capacity building for CBOs, Women's Groups, and Farmers Groups.

Since 1986, APDO has developed working partnership with Water Aid, UNICEF, UNDP, Ghana Education Service, World Vision International, Ministry of Health, District Assemblies and currently, CWSA, GEF, etc.

## **2.2 Kete Krachi Community Cooperative Credit Union (KKCCCU)**

In 1999 SEND Foundation conducted a need assessment exercise in four (4) peri-urban communities (Salaga, Kpandai, Bimbilla and Kete-Krachi) in the Eastern Corridor of Ghana, which culminated into the development in 2000 of the Eastern Corridor Livelihood Security Promotion Programme (ECLSPP). The ECLSPP comprises of the following micro-projects:

- i. Food Security Through Co-operation
- ii. Rural Youth Self-Employment and Reproductive Health and HIV-AIDS Education
- iii. Rural Commercial Women
- iv. Gender Rights and Peace Education

An important need that was identified especially for women was the lack of access to productive credit to support their economic activities. Towards this end SEND and principles (i.e. beneficiaries) agreed that the credit union approach was the most suitable and Credit Union Association of Ghana agreed to partner with SEND and local communities to develop a community based credit union. In June, 2003 a meeting was held to establish the KKCCCU and an interim was elected to under the supervision of the first National Vice Chairman of CUA.

In August, 2003 KKCCCU was established and inaugurated for business to commence and provide savings and credit to the ECLSPP and other members of the Kete-Krachi community such as salaried workers traders and farmers. KKCCCU has its mission to improve upon the living standards of its target community by offering the traditional credit union saving and loan opportunities together with a micro finance facility specifically designed to meet the growing needs of economically active women and youth population. It sort to operate with a strong micro-financial orientation so that it can be effective and efficient in addressing the needs of principals of ECLSPP who were mainly small scale food crop farmers, artisans and traders with majority being women.

Beneficiaries of KKCCCU credit are registered members of the union who are of good understanding (no outstanding commitments with the union) and must have saved continuously for six (6) months. Credits are given out for purposes such as commercial activities, construction and for social programmes. The union has so up to date disbursed about GH¢ 533,585.00 to some 1,945 members of the union. Interest rate varies and it is sole dependent on the repayment schedule. Payments in



1 month attract an interest rate of 3%, 6% for 3 months and 12.5% for 6 months. A year repayment schedule attracts an interest rate of 19.5%.

### **3.0 OVERVIEW AND RATIONALE OF THE CREDIT FOR LATRINES SCHEME**

The sanitation situation in the Kete Krachi community, like many areas in Ghana, has not been encouraging. The management of sanitation related issues in the Kete Krachi area has been ineffective. Toilet facilities mainly used are KVIPs, VIP Latrines and Pit and Pan Latrines facilities. Information available from the offices of the KWDA indicates that only 12 percent of the households in the area have toilet facilities. Most of the inhabitants, therefore, resort to open defecation (“free range”) with several health implications, especially bad stench and pollution of water sources resulting in the outbreak of epidemics and preventable diseases such as malaria and diarrhea.

The need to address this worsening sanitation situation in Kete Krachi Township formed the basis and motivation for the Credit for Latrines Scheme by the APDO. The scheme which started in April 2005 had two main objectives:

- i. To increase sanitation coverage for households in the Kete Krachi Township by 20% in 5 years by assisting the construction of household latrines.
- ii. To create/establish a model for sanitation promotion system (using a credit scheme) through partnership and learning.

With support and funding from WAG and the KWDA, APDO took advantage of several opportunities in the area to design and implement the scheme. Notable amongst the opportunities are:

- Financial support from WAG and the KWDA with seed capital
- Readily available expertise
- The presence of a suitable partner – the KKCCCU, who saw the scheme as community service and an opportunity to market itself and reach out to more people and, therefore, increase its capital base.

#### 4.0 IMPLEMENTATION PROCESSES AND STRATEGIES OF THE CREDIT FOR LATRINE SCHEME

*Background:* The Credit for Sanitation Scheme is not a standalone project, and cannot therefore be regarded as a project on its own. It forms part of the APDO normal work. The exercise started in May 2006 and was motivated by the need to address the acute sanitation problems of the Kete Krachi Community. A credit package was preferred to a subsidy because it was not going to be sustainable. APDO therefore, decided to collaborate with the Kete Krachi Community Credit Union (KKCCCU), to design and implement a credit scheme intended to address the sanitation challenges of the area especially, with latrines. The district assembly was contacted and obviously, the assembly saw the scheme as an innovation and therefore was ready and willing to support its implementation.

The designing of the project defined the relationships of the partners as that of collaboration and partnerships. APDO is responsible for sensitization and mobilization of technical expertise whilst KKCCCU is responsible for funds management.

The roles of APDO and KKCCCU, the two implementing bodies of the scheme, were variously defined at all stages of the scheme implementation and monitoring as well as funds recovery. These roles are outlined in Table 1.

Table 1: Roles of APDO and KKCCCU in the implementation of the credit for latrine scheme

<i>Roles of APDO</i>	<i>Roles of KKCCCU</i>
<ul style="list-style-type: none"> <li>• Identification of stakeholders for implementation of the scheme.</li> <li>• Establishing rapport and initiating discussions amongst stakeholders</li> <li>• Sensitization of members of KKCCCU</li> <li>• Establishment and management of a sanitation information center and a sanitation market.</li> <li>• Identification and training of artisans</li> <li>• Provision of technical support and monitoring during construction.</li> <li>• Promotion and construction of latrines</li> <li>• Monitoring construction work at site.</li> <li>• Contributing financially to project funding, that is provision of counterpart funding.</li> <li>• Giving expert advice (sitting, costing, required materials, etc.) to interested households</li> </ul>	<ul style="list-style-type: none"> <li>• Registering of interested/potential beneficiaries as members of the union.</li> <li>• Encouraging potential beneficiaries to save money.</li> <li>• Administration and management of the credit scheme.</li> <li>• Processing and approval of applications.</li> <li>• Procuring and distributing credit materials to beneficiaries.</li> <li>• Monitoring the utilisation of credit materials by beneficiaries.</li> <li>• Developing strategies for credit recovery.</li> <li>• Providing business loans/micro</li> </ul>

<ul style="list-style-type: none"> <li>• Undertaking latrine user education and promoting personal hygiene.</li> <li>• Formation of hygiene clubs.</li> <li>• Organising periodic review meetings.</li> <li>• General coordination of the project activities.</li> <li>• Site inspection and proper siting of latrines by the Town Planning and Environmental Health Sanitation Departments.</li> </ul>	<p>finance services.</p> <ul style="list-style-type: none"> <li>• Providing periodic progress reports on project activities (including success, failures, challenges, etc.) to all partners.</li> <li>• Supporting the promotion of awareness creation.</li> </ul>
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*Funding:* The seed money for the design and implementation of the scheme were provided by WAG and the district assembly. On the part of WAG, an amount of GH¢3,000.00 provided formed part of the normal funding for activities of APDO. However, the GH¢2,000.00 funding received from the district assembly was sought for.

The assembly was convinced to provide funding because it saw the exercise as being cost-effective since the fund was to be revolving and therefore has the potential of reaching many more households.

The funds are managed by the credit union, and their operations are in line with the standard practices and within the laws/regulations governing the administration and management of credit facilities by credit unions across the country. This has relieved APDO of direct involvement and interferences in the of KKCCCU's work.

*Implementation Strategies:* The exercise is mainly about the provision of household latrines (toilets). Under the implementation APDO made available ten (10) toilet designs ranging, from which households could choose. The marketing of the designs was done by creating SaniMart (a sanitation market) as shown in Plate 1, for

households to make a choice.



Plate 1:A sanitation market

The under listed latrine types are displayed in the sanitation market above.

- i. Improved Sanitation Seater
- ii. Traditional Pit Latrine
- iii. Traditional Improved Slab (Mud) Latrine
- iv. Improved San Plate VIP Latrine
- v. Unlined VIP Latrine (Trench Type)
- vi. Mozambique Unlined VIP Latrine
- vii. Mozambique Lined VIP Latrine
- viii. Children's VIP Latrine
- ix. Single Lined Rectangular VIP
- x. KVIP (1-Seater)

Appendix 1 show pictures of these latrines.

APDO organized series of education and sensitization programmes at market places, churches and mosques in order to encourage people to register to the scheme. The latrines are constructed with a combination of local and imported materials and technology.

The construction of facilities is undertaken by community-based trained artisans. An Environmental Health Officer (EHO), however, has to approve the site before construction can commence.

Actual construction with all materials readily available takes a maximum of 1 week, irrespective of the latrine option.

*Selection of Beneficiaries:* A person qualifies to access the facility if he/she is a member of the KKCCU and has saved for a minimum of 1 month. However, a non-member of the union may access the credit if the credit facility is guaranteed by a member of the union. Priority for granting the facility is based primarily on need.

Any member guaranteeing for a beneficiary must be a member in good standing, depending on his/her financial records with the union. She/he contributes regularly to the union and is not in any default to the union.

In addition the potential beneficiary must have a secured tenure. For tenants, prior consent and approval of the landlord/landlady must be sought. The property (the house) can also be used as collateral for the credit. The amount of money spent by a tenant in constructing a latrine can be converted or considered by the landlord as an advance rent.

A qualified beneficiary accesses credit to construct a toilet facility of his/her choice and repays on regular basis until the credit amount is fully repaid. Applicants determine their latrine options. The options are not prescriptive; it depends much on the choice of the beneficiary. The construction of the facilities is undertaken by community-based trained artisans. An Environmental Health Officer (EHO), however, has to approve the site before construction can commence.

The stages involved in the construction of a latrine are as follows:

Stage 1: Site selection and inspection for approval by an Environmental Health Officer.

Stage 2: Pit excavation, organized by beneficiary.

Stage 3: Slab construction by artisans.

Stage 4: Construction of super structure by artisans.

Stage 5: Roofing by artisans.

Stage 6: Door fixing by artisans.

Initially the artisans were given the money to procure latrine materials without the involvement of the beneficiary. But now, the artisans are given the money to purchase the materials together with the beneficiaries or the materials are purchased by the credit union and handed over to the artisans for the construction of the latrines.

The amount of loan varies depending on the type of latrine opted for. The total cost of constructing a latrine is the cost of the materials plus the artisan fees, which is given to beneficiaries as loans. In some cases, the applicant may have his/her materials and would only require the services of an artisan in which case the artisan fee becomes the loan. On the other hand, some applicants, who can afford, may as well pay for the artisan fees rather than taking it as loans.

APDO artisan service charge is GH¢50.00 whereas private artisan charges range between GH¢150.00 and GH¢200.00. The cost of materials, however, varies and it depends on market conditions. To avoid or minimize default, all loans granted are guaranteed by members of the credit union.

A loan facility from KKCCU currently attracts an interest of 19.5% per annum, and changes are determined at the national credit unions levels. Specifically, for this scheme, unlike most credit facilities, interest rates are the same across board irrespective of the amount and the time involved for repayment. Repayments are made monthly and total payment schedule is within a period of 1 and 3 years. There is however some flexibility as a result of the high poverty levels in the area, some trustworthy beneficiaries are allowed to pay as and when they have money. This brings a lot of challenge to the effectiveness and efficiency of the scheme.

*The existing monitoring systems are:*

- Costing of preferred latrine options by APDO's technical staff: This is used in completing the application form which is also counter approved by APDO staff.
- Checking of the accounts statement on the credit for latrine fund submitted by the credit union to APDO.
- Monitoring during all the construction stages and post construction by APDO technical staff (3 artisans have been trained and there are follow up technical supports by APDO staff during construction).
- Following up on loan defaulters by credit union leadership.

## **5.0 KEY OUTCOMES OF THE SCHEME**

By December 2008, a total of 55 latrines of various types had been constructed for 44 people (21 male; 23 female) and the Assemblies of God Church under the credit scheme. In addition, 17 latrines were constructed without the support of the credit union. All these facilities are currently being used, and many more are being rolled out. About 60% of beneficiaries also constructed bath houses in addition to the latrines.

Of the 30 beneficiaries covered in the survey, 13 (43%) qualified for the facility for being members of the credit union and 13 (43%) had to join the union in order to be able to qualify for the latrines. The remaining 4 (14%) are blind people who got the facility free of charge under a package of the scheme where vulnerable people are not charged for the provision of latrines. All the beneficiaries who were non-members of the union had to deposit a minimum amount of GH¢24.00 before they could qualify for the facility.

Thus, the facility has made people who hitherto were not members of the credit union to join in order to benefit from the facility. This did only increase membership of the credit union by 220 but also positively impacted on the capital base of the credit union, as more membership meant more savings. Savings of some individual APDO group members stood at GH¢1,000.00 by December, 2008. Additional benefits derived from this include micro credit to the tune of GH¢2,000.00 given to people for business activities. Moreover, profit from the facility has been used to construct a

special toilet facility for the visually impaired in the community. Also, a sanitation market and information centre has been established as resource center for the community.

Beneficiaries had been given various sums of money for constructing latrines ranging from GH¢10.00 to GH¢300.00. The amount of loan granted depended on the arrangement made before the latrine was constructed. For instance, 2 (7%) of the beneficiaries contacted said they only sought for technical advice from APDO and therefore got a loan of GH¢10.00 from the credit union. A few others, 9 (30%) provided materials, such as cement, blocks, roofing sheets, wood and WC covers and so had the loan amounts reduced to various levels.

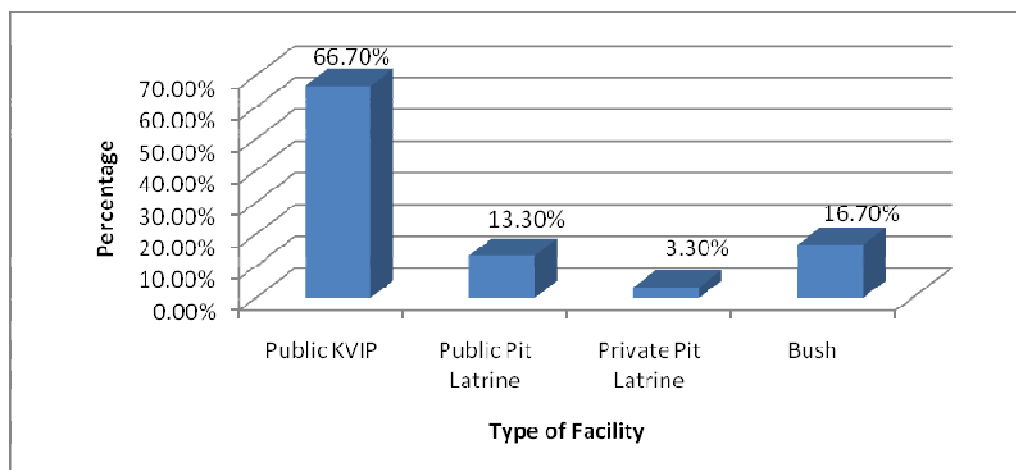
Of the 26 beneficiaries who took loans for the construction of latrines, 13 (50%) reported that they have since finished paying their loans whilst the others (50%) admitted that they still owe various sums of money but expressed the hope that they would finish paying by June, 2009.

Although the repayment rate is reported by credit union leaders to be generally good, there seems to be a lack of understanding amongst beneficiaries regarding the procedure for loan repayments. At the beginning of the scheme implementation, beneficiaries thought, as with other bank loans, deduction would be made from their savings to repay the loans so they were only saving money in their accounts with the credit union. As a result a number of beneficiaries were listed as defaulters when in actual fact they (beneficiaries) thought they had finished repaying their loans. The affected beneficiaries were therefore made to withdrawal money from their savings to repay the loans.

Generally, the community's response to the scheme has been very positive. There is even over subscription for which the credit union is using its funds to augment the seed capital from WAG and KWDA. Currently, about 20 applications are waiting to receive the credit to construct their own latrines. This positive response is attributable to the realization of the worsening sanitation situation in the community due to the absence of toilet facilities with its attendant health implications. Prior to the implementation of the credit for latrine scheme, the beneficiaries covered in the study reported using various unimproved places of convenience including the bush (see Figure 1).

Figure 1: Types of toilet facilities used before accessing credit for latrine facility





All the respondents reported having problems with the type of toilet facilities they were using before accessing the latrine credit. All the problems mentioned were directly or indirectly related to health (Table 2).

Table 2: Self-reported problems with previous toilet facilities

<i>Facility</i>	<i>Reported Problems</i>
Public KVIP	<ul style="list-style-type: none"> <li>• Payment of user charges</li> <li>• Bad odour</li> <li>• Unhygienic</li> <li>• Inconvenience</li> <li>• Queuing</li> <li>• People smoking in the toilet building</li> <li>• Very far from home</li> </ul>
Public pit latrine	<ul style="list-style-type: none"> <li>• Inaccessibility and inconveniency using it during rainfall</li> <li>• Lack of privacy</li> <li>• Pit usually full and not emptied regularly</li> <li>• Difficulty using it at night</li> <li>• Compromises privacy</li> <li>• Water filled the pit during rainfall</li> <li>• The wood slab usually collapses</li> <li>• Children cannot use it</li> </ul>
Private pit latrine	<ul style="list-style-type: none"> <li>• Water filled the pit during rainfall</li> <li>• The wood slab usually collapses</li> <li>• Children cannot use it</li> </ul>
Bush	<ul style="list-style-type: none"> <li>• Difficulty using it in the early mornings</li> <li>• Difficulty using it at night</li> <li>• Others see you when defecating</li> <li>• Snake bites</li> <li>• Getting deep into the bush in dry season</li> </ul>

For the reasons outlined in the Table 2, many people felt the need to have their private toilets at the convenience of their homes. They patronized the scheme also because of its affordability as well the flexibility and convenience of repayment.

A few beneficiaries also accessed the facility because they have aged people among their households who could not easily use any of the facilities previously available. A lot more people also admitted that they could not have constructed the latrines on their own without the credit facility.

The usage of the latrines is usually not limited to the beneficiaries and members of their households as many people reported sharing their toilets with other households. Of the beneficiaries interviewed, 6 (20%) said they share their latrines with at least 2 other households, thus making the coverage much wider than expected.

All the respondents contacted expressed satisfaction with the condition(s) under which they obtained the facility. The reasons for their satisfaction, however, varied with the majority of them mentioning its affordability and convenience in terms of cost and loan repayments. The various reasons given by the respondents are outlined below:

- “The facility is affordable” – 36.7%
- “The loan repayment is convenient” – 26.7%
- “I couldn’t have constructed it without the credit facility” – 20%
- “It can be obtained within a very short time period” – 10%
- “I was among the first people to obtain the facility” – 3.3%
- “The latrine has helped my family a lot” – 3.3%

In spite of the general satisfaction with the facility, a few (10%) of the beneficiaries interviewed reported having some problems with the current state of the latrine and the overall implementation of the scheme. The problems mentioned were leaking pipes, leaking roofs and pits filling up with water during rainfall. Some respondents also anticipated having problems in the future when the pits get full as they do not know how to empty them.

Others were making references to the construction stages, where in some instances one artisan (a mason) was doubling as a mason and a carpenter. Most of these structures are now leaking from the roofs. Observations by the research team confirmed the sentiments of the beneficiaries as many of such latrines were in various states of deterioration.

Additionally, some beneficiaries think KKCCCU and APDO officials were partial in the granting of loans. This is because people were denied the facility for no apparent reason.

They said the denial was mainly due to discrimination and lack of transparency on the part of APDO and KKCCCU officials. Others feel the conditions for qualification is

not in their best interest. The information on the scheme seems to be limited to only members of the credit union. They think the motive of the APDO and KKCCCU are not the same; especially they believe KKCCCU is taking undue advantage of the scheme to make profit. Concerns were also expressed by some respondents that the loan terms were rather too difficult for many people to be able to qualify for it or that others may refuse to access the facility for fear of prosecution in case of default.

Beneficiaries who felt the implementation of the scheme was not being properly executed made a number of suggestions for its improvement to allow many more households access the facility. These suggestions are given in box 1:

Box 1: Suggestions made by beneficiaries for proper implementation of the credit for latrine scheme.

- *“APDO should be more flexible by removing the credit union condition so that many people can afford the facility”.*
- *“The credit union should be eliminated from the implementation of the facility”.*
- *“The terms of repayment should be made more flexible”.*
- *“The officials should be more open. They have to be fair to all, there seems to be discrimination”.*
- *“Many people are not aware of the facility, they should get more people informed”.*

## **6.0 MAJOR CHALLENGES WITH THE IMPLEMENTATION OF THE CREDIT FOR LATRINES SCHEME**

A number of issues that constrained the scheme implementation were identified in the course of the research. These challenges ranged from attitudinal and behavioural matters to market forces and technical issues. The major challenges identified are given below.

*Technical:*

- i. The criteria for qualification left some deserving/willing households out of benefiting from the facility. An example is placing ability to pay above need and a beneficiary must necessarily have a guarantor. This excludes most people who might really be in need but cannot afford for the credit.

- ii. There was an information gap between beneficiary households and the credit union on terms of loan repayment. Whilst the credit union wanted households to make a separate arrangement to repay the credit, the households themselves thought that their normal savings to the union would be used to offset the credit.
- iii. Since it is not a standalone project, no vigorous marketing could be done. Sensitization was only limited to churches and market places, radio, durbars etc. could not be used.
- iv. A member servicing a loan cannot guarantee for another person to take a loan. In many instances, most members of the credit union have already guaranteed for people who are still servicing the credit.
- v. APDO has shifted its focus and concentration to the Krachi East District Assembly (KEDA). Although KKCCCU is said to be managing the scheme, the absence of the APDO in the community means a lot to them. The social aspect is seen to be given way for the project to be viewed solely as profit making venture.
- vi. Period for assessing application is often too short for the KKCCCU. The credit union approves applications within one month after submission. Apart from the fact that it increases the number of applicants, it does not give the credit union adequate time to study members properly.
- vii. Lack of adequate funds to serve more applicants. There is currently 20 applicants waiting for credit, which is not available.

*Attitudinal/Behavioural:*

- i. Loan repayments are not too encouraging. This is attributed to inability and unwillingness on the part of beneficiaries to repay loans. Also, repayments are not on schedule for most beneficiaries.
- ii. Difficulty in engaging with landlords to agree for a tenant to access a latrine credit to construct toilets in their houses.

*Market Forces:*

- i. Fluctuating prices of building materials. This affects credit amounts creating impressions of biases on the part of APDO and KKCCCU officials.
- ii. Problems of applicants not getting guarantors. This often arises when the applicant is not well known or perceived not to be credit worthy.
- iii. Involvement of the DWST has not been encouraging. The team has not been very active in decision making and implementation of the scheme.

## **7.0 OTHER ISSUES RELATED TO SANITATION AND HYGIENE**

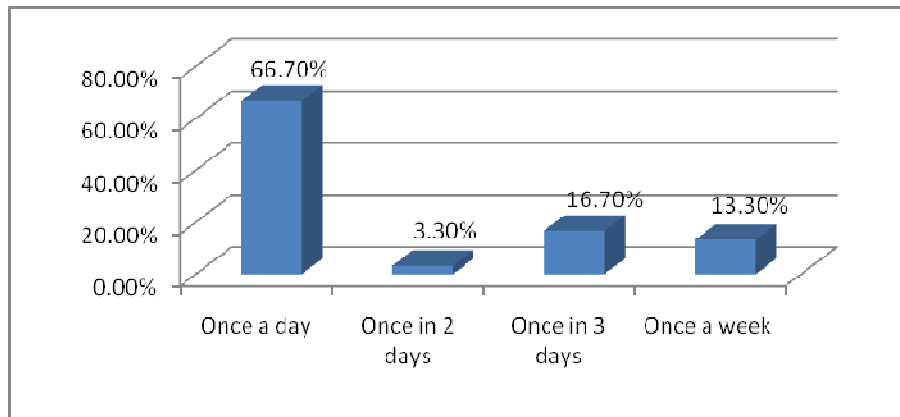
Some other issues related to sanitation and general hygiene were investigated during the field work. One of the important factors impinging on hygiene is the type of facilities used by children. Many of the latrines available cannot be used by children under 5 years of age and, in a few instances, the very old members of the household. Of the beneficiaries who had children less than 5 years of age in their homes, 81% said the children do not use the same facility with them. Children who cannot use the latrines defecate in “*chamber pots*” or special pits dug for them. In most cases, the contents of chamber pots are not emptied immediately after use creating insanitary conditions in the house. Also the pits used by children are not covered. Given that children’s excreta are usually contaminated than that of others, this situation can defeat the purposes for which the latrines were constructed.

Another issue of concern to sanitation and hygiene is the method of waste water disposal by households. The latrines were constructed without the incorporation of waste water disposal facilities. As a result, majority (70%) of the households dispose waste water in the open yards of their compounds. Others dump waste water in natural drains (27%) and closed drains (3%). Improper disposal of waste water creates insanitary conditions in addition to breeding mosquitoes. Moreover, children may slip and fall when they attempt to play in stagnant waters.

Even though the latrines were constructed without the provision of facilities for hand washing, all beneficiaries contacted reported washing their hands after defecation. While this may seem to be encouraging, most hand washing after defecation are superficial. Hands are washed with water alone, without soap or any disinfectants.

Responses on cleaning of household latrines varied, but majority said they clean their toilets once a day (Figure 2), and it is usually done in the early morning. The method of cleaning the latrines also differed but sweeping is the most common. Most households sweep their toilets daily, and a few also often washed them with soap or detergent or both especially during weekends. This as shown in Figure 2, gives an impressive attitude towards cleanliness and environmental hygiene.

Figure 2: Frequency of cleaning latrines



## **8.0 SUMMARY AND RECOMMENDATIONS**

Initial attempts to implement a sanitation improvement for the Kete Krachi community through the credit for latrine scheme have proved positive. The critical success factors for this positive development are:

- i. High demand for latrines by households: This arises out of the realization of the effects of improper/indiscriminate defecation on health. High demand for the latrines is also due to the convenience of having one's own toilet in the home.
- ii. Readily available seed money to kick-start the scheme: This was the result of WAG's commitment to ensure the provision of sanitation facilities for deprived communities. This was also supported by the KWDA.
- iii. The existence of the KKCCCU: This provided a useful partner for funds mobilization and scheme implementation.
- iv. Availability and adoption of locally available resources – building materials and artisans.
- v. APDO's commitment to sustain and expand the scheme.

The challenges for a continuous and proper implementation of the scheme, however, are enormous:

- i. Fluctuating market prices: This creates problems of giving different amounts of credit for the same facility to different beneficiaries. A situation which often leads to mistrust of credit union officials by beneficiaries.

- ii. Credit requirements and conditions for repayment: First, the provision to save with the credit union for at least one month before benefitting appears to be too short and often leads to large numbers of applications to be dealt with within a short period. This also does not allow enough time for applications to be properly scrutinized to prevent default. Second, beneficiaries are not well informed about the rate of interest on the loans and the terms and mode of loan repayment.
- iii. Criteria for qualification: Non-members of the credit union are often left out because they cannot get people to guarantee their loans for them. Also, some needy but poor are discouraged to access the scheme because they are scared they may be arrested in case of default. Again, qualification is based on need, but this is with numerous challenges like not knowing the credit worthiness of an applicant, savings records, etc. This creates a dilemma as to whether *Need* should be given priority over *Ability to Pay*.
- iv. High rate of default in payments, due to poverty and unwillingness to pay on the part of some beneficiaries. About 60% of beneficiaries are currently defaulting and the Board of Directors (BoD) of the credit union is considering sending them to court.
- v. Publicity: The scheme/facility is not well publicized. Publicity was done only in the market places, churches and mosques, which left many people out.
- vi. Lack of proper definition of roles amongst stakeholders: For instance, the DWST appear to be adamant because its roles in the implementation process are not clearly defined.
- vii. Lack of adequate monitoring of construction and maintenance of the facilities: In some cases, construction is not properly completed or not done by the appropriate artisan. There is also no education on what happens when the pit is full.
- viii. The facilities available are not usable by children and very old people. Thus open air defecation is still bound to be practiced in the community.

In view of the high demand for latrines in the community, and the need to sustain and expand the facility, it is recommended that the following steps be taken to encourage all stakeholders to maintain their interests in the scheme.

- Whenever possible, bulk purchase and storage of some materials can reduce the burden on price fluctuation.
- Credit union officials should be allowed enough time, at least 2-3 months, to properly scrutinize applications before loans are granted to avoid or reduce default in loan repayments.
- Non-members of the credit union should also be allowed to provide some collateral in the absence of guarantors to access the facility.
- Again, emphasis must be on ability to repay the credit rather than need for latrine, but not to the exclusion of the most vulnerable in society.
- Beneficiaries (actual and potential) should be given enough education on conditions for qualification and terms of loan repayment.



- Publicity/marketing of the scheme should be extended beyond what is currently being done. If available, local radio stations can be used to reach out to more people. Special community durbars can also be used to sensitize people about the existence and benefits of the scheme.
- The roles of the various stakeholders for the implementation of the scheme have to be clearly delineated to ensure adequate participation by all. This can be enhanced through regular meetings with all stakeholders.
- Water Closets (WCs) or some special latrines that are usable by children and very old people should be designed and introduced.
- There should be effective monitoring during construction. In addition, a community-based trained artisan must be put in charge of maintaining the facilities after construction. Such an artisan could be paid from profits made on loans or households accessing the services of such an artisan could be made to pay a subsidized fee for it.

## **9.0 CONCLUSION**

Any successful programme, such as the credit for latrines scheme, functions on three (3) pillars – the demand market, the product design and the commitments of the funders and implementers. These factors are responsible for achieving targets while at the same time meeting beneficiaries' satisfaction. Granted that all these drivers are firmly rooted on the ground, as has been demonstrated throughout the report, there is no doubt that the credit for latrine scheme has a bright future. The demand for latrines in the Kete Krachi community is large and the potential for expanding and sustaining the scheme is high if properly designed and managed.

## Wa sanitation credit scheme

### **PREFACE**

This report is a study conducted by WaterAid, Ghana (WAG) to examine the Sanitation Credit Scheme, a sanitation improvement facility implemented by ProNet North in the Wa area of the Upper West Region. The objective of the scheme was to provide a rapid improvement in access to latrine and sanitation facilities and ultimately to empower people to develop positive attitudes toward safe hygiene behaviour. The import of the study was to identify and examine the scheme implementation strategies. It was further to indentify the major success factors and key challenges of the scheme and to make recommendations for a possible replication of the scheme.

To achieve the objectives of the study, two main approaches were adopted: a study of documents on the scheme together with interviews with scheme implementers and other stakeholders; and a questionnaire survey of beneficiary households to solicit their experiences with the facility and benefits to their households.

In the context of the above, and as an outcome of the interactions made with scheme implementers and beneficiary households, this report presents an overview of the rationale for designing and implementing the scheme. It also contains the implantation strategies, challenges and success factors. The report concludes that

the scheme has, undoubtedly, improved the sanitation situation of the communities and makes several recommendations for its expansion and sustainability.

## **1.0 INTRODUCTION**

### **1.1 Situational Analysis**

It has been clearly recognized that clean water and adequate sanitation is humanity's best investment to achieve development and sustainability. Likewise, it is argued that there are critical interdependence between water and sanitation provision and good hygiene behavior, and the achievement of many of the Millennium Development Goals (MDGs) and Targets through: reducing enormous health burdens; and the release of valuable economic and social capital as a result of the economic and environmental costs associated with inadequate water, sanitation and hygiene services provision. According to the Ghana Statistical Service (2005), current coverage of potable water supply in Ghana is (41%) and (23.8%) for improved sanitation in addition to poor safe hygiene behaviour in Ghana. It is obvious that the MDGs targets for water and sanitation will hardly be met in the country, unless sustained efforts are made to achieve increasing coverage of, and access to sanitation facilities. There is also an urgent need to create positive attitudes towards safe hygiene behaviours, such as proper use of latrine and hand washing at critical times, through partnerships and networks.

Such partnerships and networks are an important component in the process of achieving improvements in water and sanitation provision since it is about increasing efficiency, equity and sustainability. They ensure that there are institutional mechanisms to allocate scarce resources amongst competitors and to control

externalities. Beyond these considerations, effective partnerships ensures delivery of demand driven community based water supply and sanitation projects to promote cost effective and sustainable services provision. Lastly, they also recognize innovative approaches and methods that enable the poor and low income households to get potable water and basic sanitation facilities.

It is in the light of the above that ProNet North, a WaterAid Ghana's partner operating in Upper West Region introduced (with the support of partners, such as WaterAid Ghana, IT and UNICEF) the sanitation credit scheme aimed at rapid improvement in access to latrine and sanitation facilities and ultimately to empower people to develop positive attitudes toward safe hygiene behaviour.

## **1.2 Overall Goal**

The overall objective of the study was to examine the processes and key outcomes of innovations in sanitation – the sanitation credit scheme – by ProNet North and ascertain the justification or otherwise of scheme replication.

## **1.3 Specific Objectives**

The specific objectives of the study were to:

- i. Provide an overview on the rationale and basis for the sanitation credit scheme.
- ii. Examine the processes and strategies of implementation.
- iii. Assess the key outcomes and challenges which will guide in replication.
- iv. Identify the critical success (or otherwise) factors in the implementation process.
- v. Make recommendations for sustainable and effective interventions in the coming years.

## **1.4 Methodology**

Broadly, the study methodology involved a range of instruments to get a good mix of breadth and depth of information. The approach was an outcomes-based evaluation, which looks at impacts, benefits and changes to the target beneficiaries (as a result of the projects' efforts) during and/or after their participation in the projects. Outcomes here are in terms of enhanced capacity or conditions. Outcomes study looks at programmes as systems that have inputs, activities/processes, outputs and outcomes. The two (2) major components of the methodology employed are outlined below.

- i. *Desk Study*: this involved studying documents of, and holding discussions with key staff of ProNet to document the processes and key outcomes of the project. The main activities undertaken were examining documentations; and interviews. The essence was to enable the research team have informed knowledge and deeper insight of the operations, beneficiary communities/household and relevant stakeholders involved in the scheme's

implementation. This was also intended to enable the consultant identify relevant project staff for further discussions on field level activities.

- ii. *Expanded Field Study:* This study covered selected beneficiaries in the operational areas of the scheme drawing on practical examples which provided critical insights into the process of achieving total sanitation for people. Questionnaires were designed and used to capture a wide range of information/data especially on the issues of households' access to toilet, hygiene practices, income and expenditure, vulnerability issues and local response among others. In all, 50 beneficiaries from five beneficiary communities (10 respondents each from Tanziiri, Solimbo, Dalanyiri, Damwaayiri and Tanvaari) were contacted for information.

The data analysis employed both qualitative and quantitative approaches to examine key issues at stake. In the light of this, qualitative data analysis was made at the same time during the data collection process and after the overall data was collected. In the data collection process, qualitative field notes captured on daily basis on events, conversations, interviews and stories on sanitation provision, hygiene practices and strategies during group discussions and interactions with specialized groups were analyzed after the day's work. The rationale was to keep track of important events/issues that crop up in the day's work and prepare adequately for the next day. It was also to look for consistencies and inconsistencies between knowledgeable informants and find out why informants agree or disagree on important issues on the same subject matter.

In quantitative analysis, simple quantitative operations from questionnaires have been tabulated and processed. The use of graphs, charts, frequencies, percentiles and averages attracted statistical considerations. The overall data analysis was a combination of the two approaches (qualitative and quantitative) which reflects the sum total of the daily analysis.

## **2.0 BACKGROUND INFORMATION ON IMPLIMENTING ORGANISATION**

ProNet North is located in Wa in the Upper West Region. It started implementation in 1994 and specialises in community development through partnerships using integrated rural water and sanitation as a rallying point. ProNet North is also involved in training and institutional strengthening at the district and community levels in governance and social accountability using participatory processes with emphasis on transfer of skills.

ProNet North has, in the past 15 years, initiated activities for building the capacity of community-based organisations, decentralised departments of District Assemblies and some Regional based agencies. Over the years, ProNet has pursued this objective and even expanded it to cover other advocacy programmes with different partners. This has given the organisation a broader focus and the capacity to unearth issues provided by the various agencies and organisations.

WaterAid Ghana has been the principal partner for ProNet North since its establishment but it also raises funds internally to run other programmes. So far, there has been tremendous support from Concern Universal Ghana, Oxfam GB, Rights and Voices Initiatives (RAVI), British High Commission and French Embassy among others. These are supporting various projects ranging from water and sanitation, education, micro finance and other advocacy programmes.

### **3.0 OVERVIEW AND RATIONALE OF THE CREDIT FOR LATRINE SCHEME**

The sanitation situation in the Wa Area is very deplorable. Especially, in the Wa East and West Districts, which formerly were part of the Wa District and contained a large number of the rural settlements, sanitation facilities provided by public agencies are generally absent. Most of the inhabitants, therefore, resort to open defecation (“free range”) using the bush at times very close to homes. This situation has health implications, especially the high prevalence of trachoma and guinea worm diseases in addition to the usual malaria and diarrhea in these areas.

The need to address this deplorable sanitation/health situation in the Wa Area motivated ProNet North to implement an Integrated Water, Sanitation and Hygiene Promotion Programme in the area. The programme, which started in 1995, was aimed at increasing access to water and sanitation services and improved hygiene behavior to increase the pace of trachoma reduction in the Upper West Region. The sanitation component of that intervention involved supporting communities/households to construct household ventilated improved pits (VIPs) and soak pits behind their houses to address the problems of open defecation and inappropriate disposal of liquid waste to improve sanitation in the beneficiary communities.

As part of their contribution to the construction of the latrines, households were required to make upfront cash payments of GH¢7.00 before they could benefit from the intervention. At the initial stages of the programme, demand for household

latrines was very low. Between 1995 and 2001, demand for latrines did not exceed 80% per year.

But it was not until 2002 that the reasons for this low patronage were fully appreciated. The reasons were two:

- i. The timing for payment of the fees was not appropriate since it usually fell within the dry season, which is also the lean period, when money availability is generally a problem. This is to be understood against the background that all the target communities are farming villages and their harvesting season comes between September and October, but the toilets were usually constructed after that period.
- ii. The upfront payment in bulk cash required before the latrines were constructed was a burden for most households to bear and that only worsened an already bad situation.

Through interactions with beneficiary communities, it was agreed that:

- i. The facilities be provided to households while the commitment fees are paid later, by beneficiary households, during the harvesting season when financial resources are generally available.
- ii. A trusted member of the Water and Sanitation (WATSAN) Committee in each community be chosen to collect the latrine fees from households on behalf of ProNet, the implementing organization.
- iii. The amount to be paid by households should be spread over a maximum period of 12 months for them to pay by monthly installments.



#### **4.0 IMPLEMENTATION PROCESSES AND STRATEGIES OF THE CREDIT FOR LATRINE SCHEME**

With support and funding from WaterAid, Ghana (WAG), International Trachoma Institute (ITI) and UNICEF, the programme, which became known as the Sanitation Credit Scheme, started in 2003. The beneficiary communities of the scheme are from the Wa East, Wa West and Sissala West Districts. With seed money available, ProNet took advantage of several opportunities in the area to design and implement the scheme. Notable amongst the opportunities are:

- i. Awareness among communities and households of the dangers of the lack of latrine facilities and especially open defecation.
- ii. Financial support from WAG, ITI and UNICEF with seed capital
- iii. Readily available expertise
- iv. Readily available local raw materials for structure construction
- v. The presence of suitable partners for implantation – Ghana Health Service and the District Assemblies.
- vi. The presence of WATSAN Committees in each community.

The implementation process involved the following:

- i. Establishing rapport and initiating discussions with Ghana Health Services, District Assemblies and communities.
- ii. Stakeholder meeting on roles, MoU, implementation strategies, etc.
- iii. Sensitization of communities through durbars.

- iv. Identification and training of artisans.
- v. Promotion and construction of latrines.
- vi. User education and hygiene promotion (focus on effective hand washing).

ProNet is the main implementer of the scheme. The implementing partners are the Ghana Health, District Assemblies and WATSAN Committees of the beneficiary communities. The process of implementation involved the following:

- i. Needy households register for the latrines with their local WATSAN Committees.
- ii. Selected households<sup>1</sup> dig the pits and construct the structure that would house the latrine at a site determined by officials of either the Ghana Health Service or Environmental Health Officers of the district assemblies.
- iii. ProNet procure materials and pay artisan fees for the construction. The cost of the materials and artisan fees is then given to households as loans and beneficiary households decide when they would pay back the credit.
- iv. Beneficiary communities nominate a trusted member of the local WATSAN Committee as a treasurer to collect the monthly installments on behalf of ProNet.
- v. The treasurer accounts periodically to ProNet, who deposits the installments in a bank account called the Sanitation Fund.
- vi. The accumulated funds serve as seed money for the following year.

Promotion/sensitization of the scheme was made through community durbars. Priority for granting the facility is based primarily on inability to make upfront payment. In other words, anybody who is unable to raise all the cash commitment before the latrine construction begins qualifies for the sanitation credit facility. However, very needy households (the aged, visually and physically impaired and female-headed households) are exempted from the payments. No guarantors or collateral were required for granting the facility. Trust was only based on a social virtue of people fearing that they would be branded as defaulters in their communities.

Beneficiary households had various repayment options in terms of the length of time allowed, but the maximum period allowed was 12 months. They therefore pay according to an agreed payment terms. Under scheme, default mitigation is based

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<sup>1</sup> Selection of households as beneficiaries depends on the amount of funds available.

on a trust reposed on the community treasure. He/she is mainly highly charismatic and respected personality in the community, who is trusted and community members believes will not misuse their money.

## 5.0 KEY OUTCOMES OF THE SCHEME

By August 2004 when the scheme implementation came to an end, 650 households had applied for latrines raising the demand for the facility by more than 500 percent between 2002 and 2004. Out of that number, 400 households could be supported under the sanitation credit scheme because of the inadequacy of funds. In addition, 12 households benefited from the exemption package of the intervention. The 412 household beneficiaries are from 18 communities (Table 1). The communities were selected in consultation with the Ghana Health Service because these communities were identified as trachoma and/or guinea worm endemic and therefore needed to be assisted with water and sanitation facilities to increase the pace of eradication.

**Table 1: Communities and number of household beneficiaries of the Sanitation Credit Scheme**

<i>S/N</i>	<i>Community</i>	<i>No. of Household Latrines Constructed</i>	<i>Number of Households Exempted</i>
1	Anyuorakura	17	0
2	Dalanyiri	20	0
3	Damwaayiri	11	0
4	Dariguyiri	7	0
5	Dariyiri	6	0
6	Duu East	30	0
7	Kakalapari	45	0

8	Nyentie	30	0
9	Nyimate	27	0
10	Solimbo	23	0
11	Tanvaari	24	2
12	Tanziiri	11	0
13	Tawonchelle	28	0
14	Tenabelle	23	0
15	Tendoma	42	6
16	Tuoli	17	4
17	Yasoteng	14	0
18	Yuonuri	25	0

Even though scheme implementers said households were qualified for the facility because they could not afford the upfront payment, beneficiaries gave several reasons for qualifying for the credit but none of them mentioned inability to make upfront payments. This suggests that communities were not fully aware of the criteria for qualifying for the facility, which is likely to deter many households from applying for the facility. The reasons given by respondents for being selected are:

- By being a member of the community – 40%.
- By registering early – 20%.
- Because my family is large – 20%.
- I do not know – 20%.

All the 400 households who got sanitation credits had to construct the structure<sup>2</sup> (Plate 1) that house the latrine themselves and provide sand and stone for the latrine construction whilst ProNet procure materials (cement and PVC pipes) for constructing the latrine and pays the artisan fees.

The cost of the materials plus the artisan fees, borne by ProNet, is passed on to beneficiaries as credit repayable within 12 months. The credit amounts beneficiaries said they paid varied between GH¢7.00 and GH¢10.00. No interests were charged on the credit, no deposit payments were made and no guarantee or collateral was provided for the credit facility.

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<sup>2</sup> The structures constructed by the households were of different types as the design and materials used depended on the households' knowledge and abilities without any technical assistance.



Plate 1: different structures housing the latrines captured during the field work. The structures are mostly not plastered. They also have no doors, thus snakes and scorpions are likely to enter into them especially at night.

Of the sanitation credit beneficiaries covered by the survey, 75 percent reported that they have since repaid their loans. The rest (25%) could not, however, tell whether they had finished repaying or not since, according to them, *“it is a long time ago”*. This is an indication that some households defaulted in repaying their credit amounts. This may arise because the scheme only relied on the trustworthiness of the community treasurers without considering the credit worthiness of the households themselves.

Across the target communities, responses to the scheme have been very positive. There is even over subscription for which ProNet could not support the construction for lack of funds. By August 2004, about 250 applicants could not be supported by the scheme to construct their own latrines. This positive response is attributable to the realization of the bad sanitation situation in the communities, and especially the link with trachoma and guineaworm. Prior to the implementation of the sanitation credit scheme, all the beneficiaries covered in the study reported using the bush. All of them reported having various problems, which were directly or indirectly related to health, with defecating in the bush. The problems mentioned by respondents are:

- We used to experience snake bites – 30%.
- We defecate in the bush at night and anytime it rained – 25%.
- Defecating in the bush used to aid the spread of diseases – 20%.
- It was unpleasant to defecate in the bush – 15%.
- Our animals used to fall sick regularly – 10%.

For the reasons outlined above, many people felt the need to have their private toilets at the convenience of their homes. In addition to the facility being affordable,

in terms of the convenience of repayment, beneficiaries said the facilities are good and has largely contributed to solving their sanitation/health problems.

A few beneficiaries also accessed the facility because they had aged people among their households who could not easily use any of the facilities previously available. A lot more people also admitted that they could not have constructed the latrines on their own without the credit facility. Some responses captured on why people accessed the sanitation credit are given in Box 1.

Box 1: Why people accessed the Sanitation Credit Facility

*"Because my family size has increased and also because of strangers"*

*"I didn't like the way we were defecating around carelessly"*

*"It was shameful to defecate in the open air"*

*"To prevent indiscriminate defecating"*

*"To prevent snake bites"*

*"To prevent the spread of diseases"*

The health effects of the sanitation credit intervention, from the perspectives of the respondents, were further explored during the survey. When asked whether the provision of the latrine had improved their family's health in any way, 85 percent of the respondents answered in the affirmative. The health benefits of the latrines mentioned by respondents were reduction in diarrhea, air borne diseases and animal sickness.

A few (12%) of them said the latrines had led to increase in black houseflies during the raining season. They could not, however, tell whether the presence of the black houseflies were associated with specific diseases or not.

Households who benefited from the scheme do not usually share their latrines with others. Only 15 percent of the beneficiary households share their toilets with at least one other household. This means that open defecation is still prevalent in the communities since coverage of the intervention has not reached 100 percent in any of the beneficiary communities.

The implication is that many of the health benefits expected of the scheme may not be realized if many people continue to defecate outdoors.

The majority (95%) of the respondents contacted expressed satisfaction with the condition(s) under which they obtained the facility. The reasons for their satisfaction, however, varied with the majority of them mentioning its affordability in terms of cost. Those who said they were not satisfied with the conditions complained of the siting of the facility. According to them, the facilities were sited too close to dwelling units. The various reasons given by the respondents are outlined below:

- The facility is affordable – 40%.
- The cost of obtaining the facility is low – 35%.
- I couldn't have constructed it without the credit facility – 10%.
- The latrine has helped my family a lot – 10%.

In spite of the general satisfaction with the facility, many (50%) of the beneficiaries interviewed reported having some problems with the current state of the latrines and the overall implementation of the scheme. The most frequently mentioned problems were related to the conditions of structures that houses the latrines. Many of the structures were in various states of collapse, and some had been completely washed away by flood waters (Plate 2).



Plate 2: Latrine structures in various stages of collapse. Some structures have even been completely washed away by flood waters and households have not made attempts to rebuild them.

A few structures too had their roofs reaped off (Plate 3) as a result of either the use of inappropriate materials or poor construction.



Plate 3: This roofing was done using grass which has since been blown off by wind and has not been replaced. Thus rain water easily enters the latrine pit creating problems for users.

A few structures too had their roofs reaped off (Plate 3) as a result of either the use of inappropriate materials or poor construction.

Some respondents also anticipated having problems in the future when the pits get full as they do not know how to empty them. One of the households contacted had their pit almost full and had already restricted the use of the facility to nights and during periods of rainfall (Plate 4).

Some respondents also anticipated having problems in the future when the pits get full as they do not know how to empty them. One of the households contacted had their pit almost full and had already restricted the use of the facility to nights and during periods of rainfall (Plate 4).

Other problems mentioned by respondents were mainly concerned with the cost of the facility, which some felt was too high and thus deterring many households from accessing the facility. Moreover, concerns were raised about the cost of digging the pit and constructing the structures, which beneficiaries said was higher than the latrine fee.



Some (70%) of the beneficiaries who felt the implementation of the scheme was not being properly executed made a number of suggestions for its improvement to ensure maximum benefits for users and also to allow many more households access the facility. These suggestions are given in Box 2:

Box 2: Suggestions made by beneficiaries for proper implementation of the sanitation credit scheme.

“The cost should be reduced”.

“ProNet should help in digging the pit”.

“ProNet should also help in the design and construction of the building”.

“ProNet should make more people aware of the facility”.

“ProNet organization should provide us with roofing sheets”.

“The cost should be reduced”.

“ProNet should help in digging the pit”.

“ProNet should also help in the design and construction of the building”.

“ProNet should make more people aware of the facility”.

“ProNet organization should provide us with roofing sheets”.

## **6.0 MAJOR CHALLENGES WITH THE IMPLEMENTATION OF THE CREDIT FOR LATRINES SCHEME**

A number of issues that constrained the scheme implementation were identified in the course of the research. These challenges ranged from attitudinal and behavioural matters to market forces and technical issues. The major challenges identified are given below.

- Lack of adequate funds to serve more applicants. There are currently 250 applicants waiting to be supported under the intervention, which is not available.
- Repayments are not too encouraging. This is attributed to inability and unwillingness on the part of beneficiaries to repay credits.
- Fluctuating prices of construction materials. This affects credit amounts given to beneficiaries.
- Inappropriate design and construction of structures to house the latrines.
- Lack of staff to be in charge of the scheme at the community level. The only people ProNet used at the local level were the community treasurers who were to collect credit repayments on behalf of ProNet.
- Involvement of the Ghana Health Service and the District Assemblies not encouraging. The two institutions have not been very active in decision making and implementation of the scheme.
- The issue of ownership of the facilities was addressed by sensitization and the active involvement of community members and households in the design and construction of the latrines. However, sustenance of the facilities was not properly addressed. As indicated in the report, this has led to a total collapse of some structures whilst some pits are full but have not been emptied. As a result, some households are no longer using their latrines.

## **7.0 OTHER ISSUES RELATED TO SANITATION AND HYGIENE**

Other important matters related to sanitation and general hygiene were investigated as part of the field work. One of the factors affecting hygiene is the type of facilities used by children. The latrine design did not take care of children under 5 years of age and the very old members of the household. Of the beneficiaries who had children less than 5 years of age in their homes, 90 percent said the children do not use the same facility. Children are not allowed to use the latrine because people see the pits to be too deep and fear that children may fall into it and die. Children who cannot use the latrines defecate indiscriminately around the house. The responses regarding where children defecate were:

- In and around the yard – 40%.
- In the open yard – 30%.
- Outside the yard – 15%.
- Around the house – 10%
- In chamber pots – 5%.

In the course of the field work, children's faeces were spotted around the compounds of many homes. As children cannot go far into the bush to ease themselves, they tend to defecate close to the house and, at times, parents are not made aware of the presence of faeces in the compound for them to do the cleaning. Given that children's excreta are usually contaminated than that of others, this situation can defeat the purposes for which the latrines were constructed.

Another factor affecting sanitation and hygiene is the method of waste water disposal by households. The latrines were constructed without the incorporation of waste water disposal facilities. Consequently, most (83.3%) of the households dispose waste water in the open yards of their compounds and the remaining (16.7%) dump theirs on the streets. Improper disposal of waste water creates insanitary conditions in addition to breeding mosquitoes. Moreover, children may slip and fall when they attempt to play in stagnant waters.

Even though the latrines were constructed without the provision of facilities for hand washing, all beneficiaries contacted reported washing their hands after defecation. While this may seem to be encouraging, most hand washing after defecation is superficial. Hands are washed with water alone, without soap or any disinfectants.

The cleaning of the toilets by households varied, but the majority of them said they cleaned their toilets once a day (Box 3), usually in the early morning. Some respondents reported not cleaning their toilets at all (Plate 5), whilst some male respondents, who appear to be apparently not concerned with household chores said they did not know when and how the was done. The method of cleaning the latrines also differed but sweeping is the most common. Most households sweep their toilets daily; none washed them with soap or detergent. Weekly cleaning of latrines mainly has to do with burning of papers or other materials (pieces of clothes, leaves or corn sticks) used for cleaning after defecating.

Such materials are usually dumped in containers placed at a corner of the toilet room (Plate 6).

Box 3: Frequency of cleaning toilets

Regularity of Cleaning	Percentage (%)
Once daily	55
Once every 2 days	5
Once every 3 days	5
Once weekly	10
Twice weekly	15
Not cleaned	5
I can't tell	5
Total	100

## 8.0 SUMMARY AND RECOMMENDATIONS

Attempts to implement a sanitation improvement intervention for rural areas of Wa aimed at increasing the pace of trachoma eradication by ProNet through the sanitation credit scheme has proved positive. The critical success factors for this positive development are:

- i. High demand for latrines by households: This arises out of the realization of the effects of improper/indiscriminate defecation on health. High demand for the latrines is also due to the convenience of having one's own toilet in the home.
- ii. Readily available seed money to kick-start the scheme: This was the result of WaterAid, Ghana's commitment to ensure the provision of sanitation facilities for deprived community. This was also supported by ITI and UNICEF.
- iii. The existence of the Water and Sanitation (WATSAN) committees at the local level: This provided a useful partner for marketing the scheme and collection of loan repayments.
- iv. Availability and adoption of locally available materials for construction.
- v. ProNet's commitment to sustain and expand the scheme.

The challenges for a continuous and proper implementation of the scheme, however, are enormous:

- i. Fluctuating market prices: This creates problems of giving different amounts of credit for the same facility to different beneficiaries.
- ii. High rate of default in payments, due to poverty and unwillingness to pay on the part of some irresponsible beneficiaries. About 25 percent of beneficiaries could not repay the credits by the time the scheme implantation came to an end. This is because no effective mechanisms were put in place to check defaults. It was mainly based on the credibility of the community treasurers and not that of the beneficiary households.
- iii. Publicity: The scheme/facility was not well publicized. Publicity was done only through community durbars, which left many people out.

- iv. Linked to inadequate publicity is the lack of information on criteria for qualification to benefit from the intervention. This creates a situation where many needy households are left out.
- v. Lack of effective participation of implementing partners – Ghana Health Service and District Assemblies. Thus the siting of some facilities were not properly done.
- vi. Poorly designed and constructed structures to house the latrines. The structures were designed and constructed by beneficiaries without the support of any technical persons.
- vii. The facilities available are not usable by children and very old people. Thus open air defecation is practiced in the communities.
- viii. The construction of soak pits, which was part of the intervention, has been completely ignored. Thus households dump waste water in and around the yards of their compounds.

In view of the high demand for latrines in the community, and the need to sustain and expand the facility, it is recommended that the following steps be taken to encourage all stakeholders to maintain their interests in the scheme.

- Whenever possible, bulk purchase and storage of some materials can reduce the burden on price fluctuation.
- Credit repayment default can be minimized if beneficiaries are made to provide collateral for the facility. Even repayment can be done with foodstuffs, livestock or both.
- Beneficiaries (actual and potential) should be given enough education on conditions for qualification and terms of loan repayment.
- Publicity/marketing of the scheme should be extended beyond what is currently being done. If available, local radio stations can be used to reach out to more people. Special community durbars can also be used to sensitize people about the existence and benefits of the scheme.
- Participating implementing partners – Ghana Health Service and the District Assemblies should be encouraged to take renewed interests in the intervention.
- Water Closets (WCs) or some special latrines that are usable by children and very old people should be designed and introduced.
- The construction of structures to house the latrines should be supported with technical expertise and appropriate materials. The increase in cost that will accompany this will mean that the length of time allowed for repayment needs to be extended.
- There should be effective monitoring during construction. In addition, a community-based trained artisan must be put in charge of maintaining the facilities after construction. Such an artisan could be paid by households needing his/her services.
- The construction of soak pits should be re-introduced.

## **9.0 CONCLUSION**

Any successful programme functions of three pillars – the demand market, the product design and the commitments of the funders and implementers. These factors are responsible for achieving targets while at the same time meeting beneficiaries' satisfaction. Granted that all these drivers are firmly rooted on the ground, as has been demonstrated throughout the report, there is no doubt that the sanitation credit scheme has a bright future. The demand for household latrines is high and the potential for expanding and sustaining the scheme is great if properly designed, publicized and managed.

## APPENDIX



Plate 1: The Krachi Sanitation Information Centre (also served as a sanitation market) from where beneficiaries selected the types of latrines to be constructed for them.



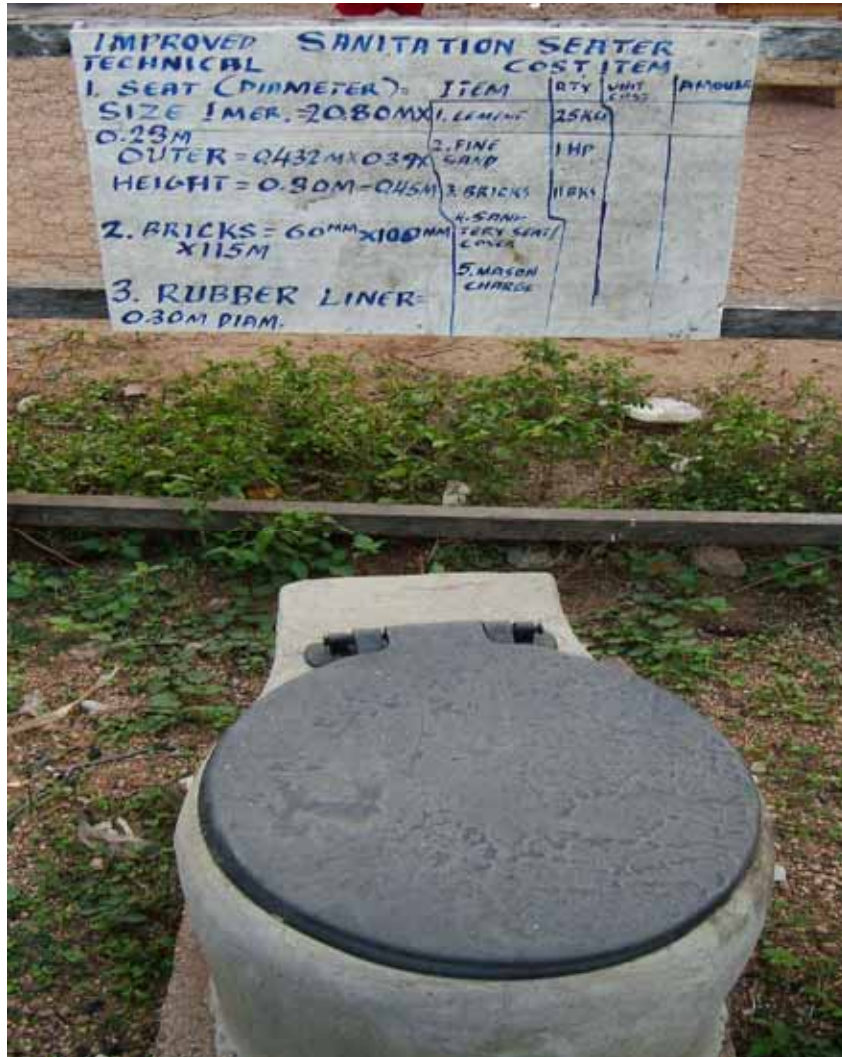


Plate 2: Improved Sanitation Seater



Plate 5: Improved San Plate VIP Latrine



Plate 6: Unlined VIP Latrine (Trench Type)

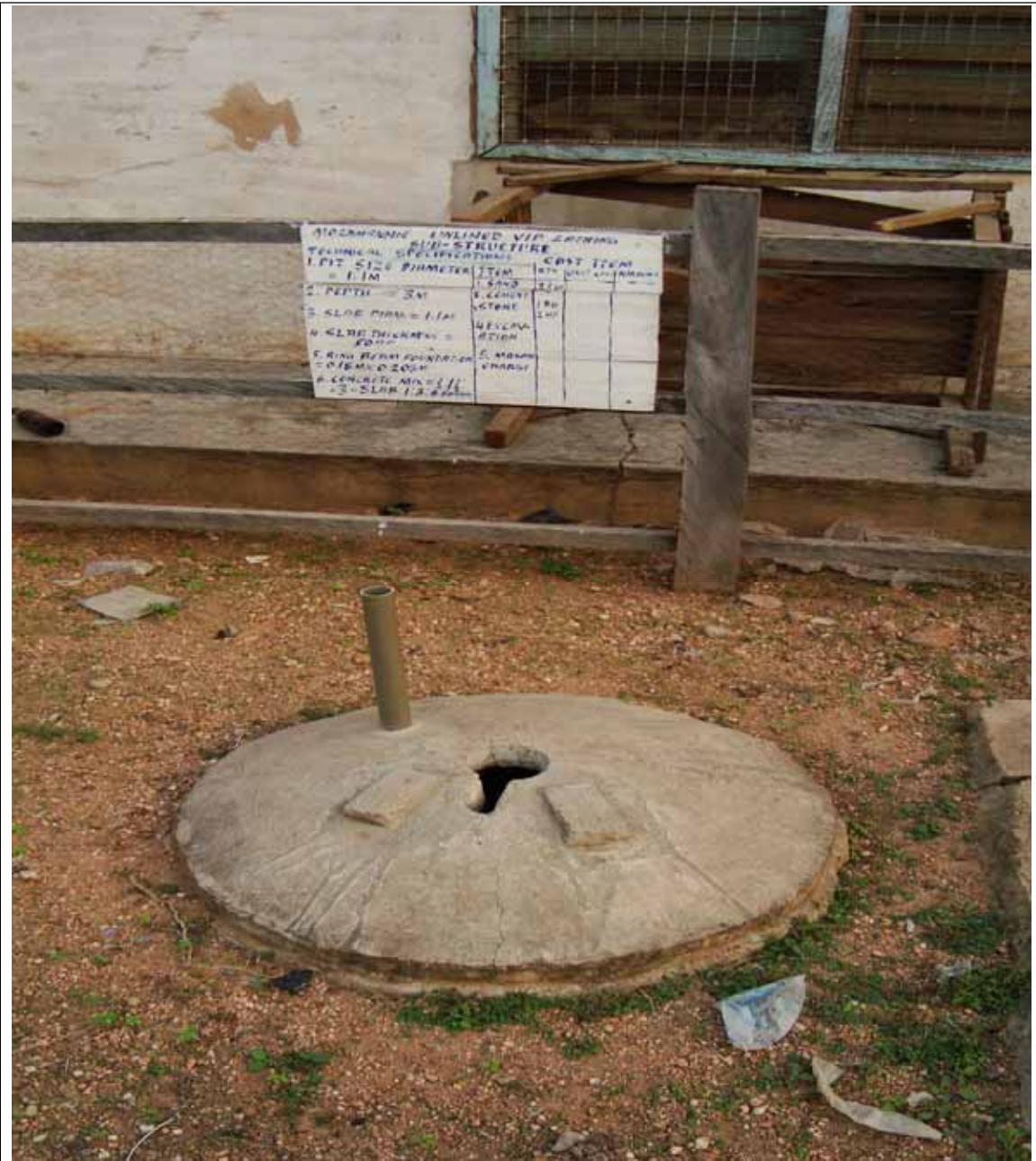


Plate 7: Mozambique Unlined VIP Latrine





Plate 9: Children VIP Latrine



Plate 10: Single Lined Rectangular VIP



Plate 11: KVIP (1-Seater)





WaterAid transforms lives by improving access to safe water hygiene and sanitation in the world's poorest communities. We work with partners and decision makers to maximise our impact.

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