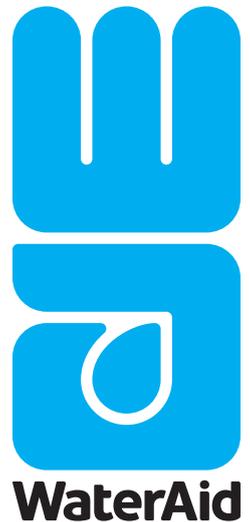
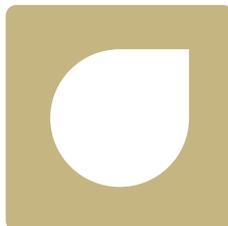


Improving health care services with water, sanitation and hygiene: WaterAid Ghana's perspective



Foreword

WaterAid Ghana's (WAG) Country Programme Strategy (2016–2021) was developed in light of the Sustainable Development Goals (SDGs) and WaterAid's Global Strategy for everyone, everywhere to have access to water, sanitation and hygiene (WASH) by 2030.

Over the years, WAG has provided services to over two million people in some of the poorest communities in the country. We have influenced more through rights-based approaches, budget advocacy and sector strengthening. To achieve transformational change, WAG has worked with partners in government and civil society to respond to complex challenges at local and national levels and within the wider sector.

According to the Regional Director – Hajia Mariame Dem, “WaterAid Ghana has developed a niche in WASH and health, especially WASH in health care facilities (HCFs) and needs to share its lessons as a model for wider sector learning.”

Strategic long-term financing from Global Affairs Canada with technical support from WaterAid Canada, WaterAid UK and the West Africa Regional team contributed significantly to our work in HCFs to promote maternal, infant and child health.

This has culminated in improved health outcomes, integrated planning and resourcing among strategic partners like local governments, Ghana Health Service, traditional authorities and community advocacy groups.

This brief is intended to serve as a learning resource for anyone seeking to improve policy and practice around WiHCFs.

Cover photographs:

Main image: Florence, 37, mother of two children and midwife at Busongo Community-based Health Planning and Services (CHPS), Ghana. October 2018.

Top left: Burnt clay brick incinerator at Kassena Nankana West (KNW) Health Center, Ghana. October 2018.

Bottom left: Nimleo Lamma women's group, in Kayoro – Aneo, Ghana. October 2018.



▼ Healthcare standards have improved at Kassena Nankana West (KNW) Health Centre.

“I hope you find the learning from our approach that places WASH as central to improved health outcomes useful. Even though it reflects experiences from two of the poorest districts (Bongo and Kassena Nankana West) in Ghana, you will find it useful for/in your context for both WASH-health service development and influencing towards everyone, everywhere.”

Abdul-Nashiru Mohammed
Country Director, WaterAid Ghana
March, 2020

Introduction

The WHO recognises that WASH services are often delivered by non-health actors, but the health community's engagement is essential to ensure WASH services effectively protect public health. Hard-to-reach populations for which providing WASH services is complex or expensive in terms of service delivery and infrastructure are often the most affected by, or most at risk of, diseases.

Almost every dollar invested in water and sanitation services yields a return of US \$5 due to reduced health care costs for individuals and society, and greater productivity.¹ In HCFs, better WASH conditions enable effective infection prevention and control (IPC) of health care-associated infections; improve staff morale and occupational health and safety; improve patient satisfaction; prevents infections and save money.²

WaterAid is a non-health actor who knows we have something important to contribute to improving lasting public health. We know that thinking about long-lasting change from the outset means involving health care workers and

patients, choosing the right technologies and developing behaviours to use and to maintain those technologies and practices over time.

We work on building credible evidence and voices – demonstrating the change we want to happen. We have learnt to be smart and flexible about the partners we work with, and challenge ourselves to collaborate with a wide range of actors whom the WASH sector might not normally engage with.

We understand that it is critical to success for women to see themselves as change agents, but equally critical is to include men in this transformation so that undue social stresses are not created and they are able to support this change from within. Community members will then become active and will continue to make changes long after external input is gone.

By sharing our experience of working with WASH to support health outcomes, we hope our lessons learnt and recommendations are useful to others.



▲ Waste management at the HCF before intervention.



▲ Incinerator constructed for management of medical waste at Wagliga CHPS.

1. Haller L, Hutton G, Bartram J (2007). Estimating the costs and health benefits of water and sanitation improvements at global level. *Journal of Water and Health*. vol 5, no 4, pp467–80.
2. WHO (2019). *Water, Sanitation, Hygiene and Health: A primer for Health Professionals*. Available at: who.int/water_sanitation_health/publications/water_sanitation_hygiene-primer-for-health-professionals/en/ (accessed 9 Dec 2019).

WaterAid Ghana

Our journey began with the adoption of our global advocacy campaign – Healthy Start.³ This focused on improving the health and nutrition of new-born babies and children through clean water, decent sanitation and good hygiene.

In 2015, we carried out an assessment of WASH in HCFs in Bongo and Kassena Nankana West (KNW) Districts. This provided evidence highlighting inadequacies in the provision of WASH in many HCFs.



WaterAid/Apagnawen Annankra

▲ Patients at the Kassena Nankana West (KNW) Health Center, Ghana. October 2018.

WaterAid Assessment of WASH in HCFs in Bongo and Kassena Nankana West in 2015⁴



Bongo

Kassena Nankana West



Access to water

24 out of 43 HCFs had access to improved water.

55.8%

14 out of 34 HCFs had access to improved water.

41.2%



Access to sanitation

4 out of 43 HCFs had access to improved sanitation facilities.

9.3%

6 out of 34 HCFs had access to improved sanitation facilities.

17.6%

3. WaterAid (2016). Healthy Start. Available at: washmatters.wateraid.org/healthy-start (accessed 15 Jan 2020).

4. Data from WaterAid Ghana's assessment of WASH in HCFs in the Bongo and Kassena West Districts. Data gathered by WaterAid Ghana in collaboration with Bongo and Kassena West District Assemblies, December 2015 prior to WASH for Public Health (WASH4PH) project implementation.

Our approach

Our approach to WASH and health programming follows the 'do some, influence the rest' approach. The team develops sustainable models of WASH services in HCFs as evidence to influence both central and local governments to replicate on a larger scale.

Over five years, we have collaborated with partners in 38 HCFs across three districts. Our work on service delivery models and influencing has been underpinned by:

- i) The principles of human rights;⁵
- ii) a focus on gender inclusion and empowerment;
- iii) efforts to build strong partnerships and support district institutions to take the lead.



Demonstrate sustainable and inclusive WASH service delivery



Influence so WASH is seen as an integral part of quality health systems



Build strong partnerships and support district institutions to take the lead



Focus on gender inclusion and empowerment



Uphold human rights principles



5. WaterAid (2017). *Guidelines on embedding and integrating a Human Rights-Based Approach in WaterAid Programmes*. Available at: washmatters.wateraid.org/publications/embedding-and-integrating-a-human-rights-based-approach (accessed 17 Jan 2020).

Our overarching keys to success

These 'keys to success' are aspects of our approach that facilitated our progress in integrating WASH and health.



1. Adapt your approach

We found that every HCF varies across the districts – each has a different design, construction and variation in the type of services it provides.

Context also changes, for example, each HCF has a community with its own combination of characteristics, strengths and challenges. There is no 'one-size-fits-all' option for embedding WASH in HCFs, so we adapted our approach to each context.

2. Build your credibility

Our credibility with communities, governments and health sector actors is what facilitates our work with them. The team earned this credibility by being accountable, transparent and prioritising quality.

We invested time, resources and effort into ensuring quality programme standards – such as addressing challenges on water quality, establishing shared understanding with contractors on what quality means and solving engineering challenges ensure piped water reaches each HCF regardless of distance. This led to water quality assurance, and a common understanding of what we wanted to achieve and the standards required among stakeholders.

3. Show what is possible

Showing people what is possible opens minds and creates appetite for change. Learning tours showcasing completed facilities were particularly effective for engaging high-level government stakeholders and opened a dialogue on how to deliver accessible WASH in HCFs.

4. Be strategic with time

We strategically timed activities to get the results needed. We worked at the convenience of government representatives and community members. This was often before or after regular working hours. Community-based activities were deliberately scheduled outside of busy periods in the agricultural calendar when people had time to participate.

5. Create 'mindshifts'

Sustainable provision of WASH services and behaviours is more about changing attitudes than about providing hardware.

We like to think in terms of 'creating mindshifts'. At a government-level, 'mindshifts' have led toward more integrated planning through the District Wide Approach (DWA) and at the national level the commitment to create standards for WASH in HCFs.

At a community-level, a key 'mindshift' has been people starting to see themselves as active agents of change for improving WASH and health in their own communities, evidenced by them using their own resources and networks to engage with governments.



WaterAid/Sampson Tettey

▲ Gender sensitive and disability friendly toilet facilities provided by WaterAid Ghana at Busungo CHPS.

6. Communicate the vision

The decision on where to invest should be influenced by a commitment on the part of the Metropolitan, Municipal and District Assemblies (MMDAs), who play a critical role in the wider application of our WASH in health work. It is essential that we effectively communicate and develop the vision with MMDAs to create enthusiasm and momentum.

7. Create strong partnerships with a wide range of stakeholders

Strong partnerships with stakeholders at all levels was crucial: community champions who mobilise and lead communities to improve WASH and health where they live; contractors who go the extra mile to fix defects to ensure quality; strong partnerships with ministries, departments and agencies of government. Partnerships with the Community Water and Sanitation Agency (CWSA), Council for Scientific and Industrial Research – Building Road & Research Institute (CSIR-BRRI), Ghana Atomic Energy Commission – National Nuclear Research Institute (GAEC-NNRI) and Navrongo Health Research Centre (NHRC) all contributed to success.

◀ Health workers are powerful agents of change, midwife at Katiu community HCF.

Demonstrate sustainable and inclusive WASH service delivery

Our approach

A key aspect of our approach was in the creation of designs that acted as a model for provision of WASH services in HCFs at scale.

This included innovative technologies for increasing the sustainability of infrastructure and parallel software activities, such as engagement and capacity building with health workers and clients.



Achievements

- **We have created a model for quality WASH services in HCFs that achieves at least the basic service level⁶ for WASH, health care waste, environmental cleaning:** Our facilities are gender-sensitive and disability inclusive with running water, and delivery rooms, separate toilets for staff and clients, separate toilets for male and female patients.
- **Practice on infection prevention and control (IPC) in HCFs has improved significantly.** This is due to training across the districts combined with the provision of WASH infrastructure. The two districts in Upper East Region, where we implemented the WASH and health interventions, recorded zero maternal deaths in 2018. (Source: DHIS 2018).
- **Our technology choices contribute to affordability and the reliable provision of WASH services.** Solar integrated water supply and gravity systems were selected for piped water supply. This choice was guided by the projection of lower running costs in comparison

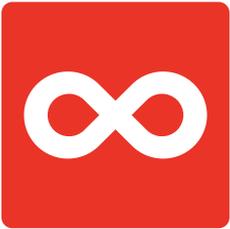


▲ David, 62, a technician and health volunteer, in Kalvio – Gugoro, Ghana. October 2018.

with national grid tariffs. Some HCFs in Bongo and Kassena Nakana West district previously had water systems disconnected due to their inability to pay monthly tariffs. To support sustainability, the user districts were introduced to life-cycle costing approach and WASH Facility Improvement Tool (WASH FIT)⁷ training. Water and Sanitation Management Teams (WSMTs) were trained on fixing and collecting tariffs for operations and maintenance (O&M), monitoring and conducting minor maintenance of the facilities in their catchment areas. In the two years since installation the system has run without disruption.

6. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2018.

7. WHO/UNICEF (2018). *WASH FIT Digital. Water and Sanitation for Health Facility Improvement Tool*. Available at: washfit.org (accessed 18 Feb 2020).



Our advice



WaterAid/Apagnawen Annankra

▲ Felicia, 56, a midwife at Mirigu CHPS, now has access to a handwashing facility at point of care.



Do not start with the assumption that you are doing the HCF a favour

Securing the ownership and expertise of health care staff is essential for sustainable, well-designed and well-run wash services in HCFs.

Involve healthcare workers and clients from the outset

We provided multiple opportunities for people to play their part and get involved – in assessments, the design process, community operation and maintenance (O&M), in community influencing and advocacy activities in IPC training.



WaterAid/Kennedy Adongo

◀ WAG staff engaging with District Director of Health, HCF staff and community representatives to strengthen ownership and accountability.



3

Involve the right mix of stakeholders in assessments

Ensure that the right mix of stakeholders from the government and the community participate in assessments to build an accurate picture and ownership.

We involved six women's groups, members of the community, pregnant women, persons with disability (PWD) and traditional leaders in the assessment process for better understanding of the WASH needs in HCFs in Ghana.

4

Do sufficient planning and budgeting for water quality testing

Make sure you do sufficient planning and budgeting for water quality testing in the pre-intervention year. This will inform your designs and technology choices and procurement.

We experienced unexpected challenges with fluoride, which delayed implementation.

5

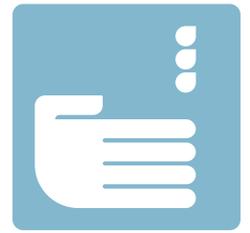
Use life-cycle costing to inform selection of service options

Using life-cycle costing informed the decision on using solar pumped water systems as an alternative to electricity.

In comparison with electricity, solar was considered to have lower running costs. As HCF staff saw costs as more reasonable (in contrast with electricity tariffs), they are more likely to keep paying them in the long term.



◀ Integrated solar mechanised water supply and gravity system to ensure uninterrupted water supply at Wuru CHPS, Ghana. October 2018.



◀ Midwife Faustina Sedjoah, 36, washes her hands at the Katiu CHPS health centre, Katiu Community, Kassena Nankana West District, Upper East Region, Ghana. February 2019.



Integrate software and hardware approaches

Ensure that health workers are fully trained on IPC and hygiene behaviours to have a fully integrated WASH infrastructure and service delivery.



Be persistent about operation and maintenance (O&M)

Have an O&M plan before any sort of construction begins. We found that most HCFs did not have solid existing O&M plans and practices. To address this we ran training on O&M, WASH FIT and Facility Management Plan (FMP) for Health Workers, community volunteers and Water and Sanitation Management Teams (WSMTs) who were selected and formed by District Assemblies. With follow up support to develop and implement the O&M/FMP.



Technology: bring in the right expertise

When introducing new technologies involve a partner who will be available to support during the post implementation phase. In our case, this meant bringing in a private sector partner with expertise in solar panel and pump installation.

Influence so WASH is seen as an integral part of quality health systems

Our approach

Our approach to influencing was to build a body of evidence to understand the context with regards to gaps in WASH in HCFs and barriers to achieving inclusive and sustainable WASH in HCFs. This enabled targeted advocacy and influencing at multiple levels from the community and district level to national level, Pan-Africa and global.



Achievements

- **WASH in HCFs is now on the national agenda** – By influencing and working with the media, we got WASH and health care onto the national agenda. We collaborated with the NGO Coalition in WASH to discuss WASH and health research findings on TV3 and GHOne – popular TV stations in Ghana – to create awareness on the deplorable situation of WASH in HCFs.
- **New WASH in HCF national guideline** – The evidence of our experience with the WASH and health project influenced government to develop a national guideline for WASH in HCF. This new guideline recommends that the construction of all HCF should include adequate WASH provision.
- **Standardised designs** – We are working with the Ghana Health Service Estates Department to create standardised health care designs based on the model facilities we developed. Our WASH in HCFs model has been adopted by the Wa Municipality, and the Health Directorate incorporated handwashing facilities into their annual plans and budgets.
- **Government reviewing existing WASH policies** – Government is reviewing and updating outmoded WASH policies to help achieve SDG 6. The results of our assessments of WASH in HCFs, led to this decision and action.
- **Increased budget for WASH and health at national and district levels** – Our budget analysis discussions with government, civil society groups, media etc has contributed to an increased budget allocation for WASH and health. The 2018 national budget allocation of GHS183,632,581 (US \$33,387,742) was increased to GHS246,963,087 (US \$44,902,379.45) in 2019 – a 34% increase. We continue to monitor the releases and actual spending of the budget.
- **Increased commitment to O&M** – Through our national level influencing work, the Director General of Ghana Health Service has demonstrated its commitment to ensure that 10% of Internal Generated Fund from each HCF is committed towards O&M.



Our advice



▲ National level influencing focusing on WASH IPC in HCFs, Patient Safety and Healthcare Quality conference at Accra, Ghana. September 2019.



Build credible evidence

Collecting credible data opens dialogue with high-level government staff and stakeholders of all levels. It is an important aspect of building and encouraging government ownership and buy-in.

Demonstrate the change you want to happen

Show policy makers something tangible, such as what a good standard looks like in practice. Demonstrate what success looks like – learning tours showcasing completed facilities were particularly effective for engaging high-level government stakeholders.

Build community voices

Building strong voices in the community that will be able to engage and advocate for their rights beyond the project period is essential for sustainability.

Influence practice as well as policy

Our role doesn't end with policy change, it is also about working with the government to translate policy into practice. For example, we supported the Ghana Health Service to implement IPC training for all staff and volunteers in HCFs in the Upper East Region.

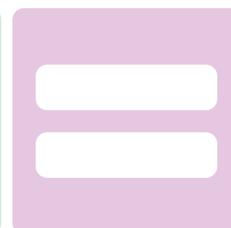
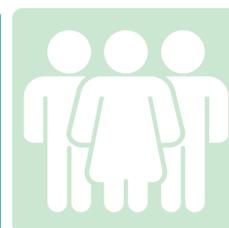
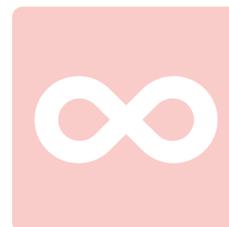
Check assumptions

It is important to check and challenge assumptions. For example, we found several government officials assumed drilling a borehole was the extent needed to provide accessible WASH in a HCF.

Build strong partnerships and support district institutions to take the lead

Our approach

To rise to the challenge of ensuring sustainable WASH in HCFs we built strong partnerships and supported district institutions to take the lead.



Achievements

- **Building a credible evidence base for influencing** – Stronger collaboration with Navrongo Health Research Centre to document the status of WASH in HCFs helped in influencing the Government. Collaboration with National Nuclear Research Institute – Ghana Atomic Energy also helped us build a credible evidence base on the levels of fluoride contamination in ground water, the primary source of water in the Kassena Nankana West and Bongo Districts.
- **Our work with the private sector helped us to introduce innovations in our WASH and health activities.** We introduced innovative technology solutions such as solar energy, mechanised water systems with biogas and biodigester latrines. These solutions did not exist in the MMDAs prior to our intervention.



WaterAid/Apagnawen Annankra

▲ Inclusive (child, disability and gender sensitive) toilet facility incorporated with laundry and bath with biodigester at Busongo CHPS, Ghana. October 2018.



Our advice

1 Plan in time for creating effective partnerships

Allow time and space in your programme design for engaging and building relationships with partners. This should happen from proposal development stage, with a realistic period designated.

2 Be flexible

Understand that you need to work at the community's pace. It's not just about what we want, but what is possible to deliver on the ground. For example, for meaningful engagement with health staff, the team was careful to schedule meetings at times that were feasible for them rather than convenient for us.

3 Follow up after training government partners

Regular follow up with government partners after training like WASH FIT and WASH-IPC is essential to ensure that the acquired knowledge is being put into practice.

4 Be smart about the partners you collaborate with

Choose partners who are passionate about their work and the vision. For example, the contractor who loved our vision was happy to go the extra mile to fix any defects. Collaborate with and support MMDAs who will play a critical role in the wider application of our WASH and health work. The process of selecting and supporting MMDAs should take the following into account:

- long-term strategic planning;
- the roles, structures, and capacity of these MMDAs;
- the existing stakeholder coordination platforms and the ability of MMDAs to use these;
- clear sources of financing MMDAs; and the accountability at all levels.

◀ Partnerships with community, government and private sector are crucial for introducing and maintaining the gravity storage tank with integrated solar mechanised water supply system, Mirigu CHPS, Kassena Nankana West (KNW) District.



WaterAid/Apagnawen Annankra

Focus on gender inclusion and empowerment

Our approach

Gender inclusion and empowerment is embedded in our work. We collaborate with women and girls to identify effective ways to strengthen their access and control over economic and natural resources, so they are able to contribute to their own empowerment. We have a long-term focus on strengthening the leadership of women through training, disrupting social norms and enabling them to become active decision makers on matters that affect them.



Achievements

Women have been empowered through training, education and sensitisation on their rights to WASH and health services leading to:

- **Improved hygiene behaviours** – Training of women's groups and organisations has significantly added to their understanding of hygiene and the cumulative impact of practising good hygiene. This has led to women collectively influencing hygiene behaviour change practices in their communities.
- **Women demanding quality health services** – Following training on rights to WASH and health services, women began to demand for an improved level of care. For example, one woman reported that she had previously lost her first baby. But following the training, when pregnant with her second child she was able to demand a certain level of care. She proudly reported that she felt her baby's healthiness was partly due to this.
- **Women active in leadership and community decision making** – In community institutions women are more willing to take positions of authority and hold duty bearers to account. In the local government, women become active decision makers on matters that affect them, including WASH and health. In Saaka community in the Kassena Nankana District, Upper East region of Ghana, women are taking leadership in the management of the water facilities in the communities.
- **Create opportunities for women to develop skills for generating income** – Create opportunities for women to develop skills for generating income. Women who got involved in community based latrine artisan training grew in confidence and became more active in organising themselves as a group, creating initiatives to improve their lives. For example raising money helped to re-build collapsed household latrines after flooding in their community.



Our advice

► Women's group meeting facilitated by Widows and Orphans Movement in Apee Pusu-Namogo towards women's empowerment for leadership and advocacy for their rights.



WaterAid/Apagnawen Annankra



1 Identify women's priorities

Do an assessment to identify the priorities of the women in the community and HCF, including patients and staff. Based on their priorities you can tailor engagements to integrate WASH with their plans and activities.



2 Make sure we don't inadvertently create a burden

Women are a strong influential voice in most communities we work in. In engaging them there is the need to ensure that we do not add more burden or responsibilities.

A woman in a community in Kassena Nankana District told us, "I do almost every work in my house. In the mornings I will open the gate to feed fowls, go to peg animals, return and heat breakfast while my husband is still asleep. Most men do not even carry out some of the activities they have listed."



3 Engage men too

Engage men in the community too! Gender inclusion and empowerment is not just about women. Identify the power dynamics in the community and use this to influence and get the buy-in of men. Then find ways to disrupt and challenge social norms on the roles and responsibilities of women e.g. to challenge that cooking is seen as the sole responsibility of women we organised all-male cooking competitions across communities in Bongo and Kassena Nakana West Districts with over 500 participants.

Uphold human rights principles

Our approach

Human rights principles are integral to our way of working. We focus on empowering people by making them aware of their rights to WASH through community engagement and capacity building. We work to ensure people have an active role and voice in shaping WASH services in HCFs. At the same time, we remind duty bearers that they need to be responsive to citizens' rights to WASH in HCFs; and we create the interface for their engagement with rights holders.

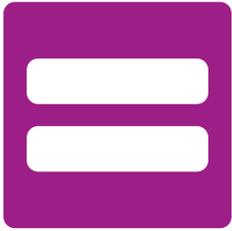


Achievements

- **Advocacy groups strengthened by us are creating change** – A community in the Wa Municipal that received sensitisation and capacity building on their rights to WASH, has since advocated for improved services at the facility level; they successfully engaged the Ghana Health Service to provide a midwife at their facility.

Bihee community in the Wa Municipality of the Upper West region of Ghana successfully engaged the Health Service to expand the availability of medicines at the facility. When advocacy groups were strengthened in Kabre community in the Bongo district, they engaged the district chief executive who committed resources so the leaking roof of a HCF was fixed. A women's group leader in Asakwa community said, "WaterAid has not only provided us with a water facility but also has been supporting our women group and the community entirely with ideas and ways we can develop our community and continue to improve our lives, we are indeed really grateful."

- **Community members became active in gathering evidence** – We trained communities to carry out assessment of HCFs using approaches like 'community scorecard', to identify what the standards should be and when things are lacking. They could then demand better health services at the facility level. Additionally, we worked with and trained community members to take responsibility for monitoring and managing WASH services through WASH management committees.
- **Communities we have supported are now making change without us** – Kalvio-Gugoro advocacy group gathered WASH evidence on their CHPS compound and actively supported the community to organise a health forum. This enabled them to engage with the District Health Services in providing services, such as electricity, drugs, a refrigerator and water, as well as sanitation facilities, to make the facility fully functional upon completion. In addition, they initiated the construction of latrines and clean up exercises.

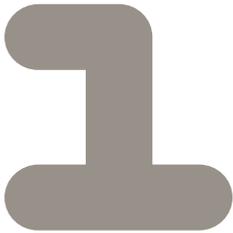


Our advice

▶ WaterAid Ghana engaged with the community to build awareness of rights to WASH as part of quality health care.



WaterAid/Eliza Powell



Start with sensitisation and building awareness on rights to WASH and health

Begin at the starting point of the community (not where you are). It was common for people to understand WASH in public spaces as their responsibility to keep public spaces clean. It took time to shift this to a broader perspective of their right to WASH.



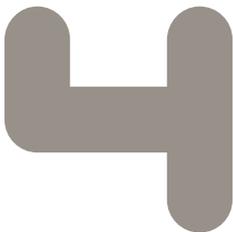
Ensure engagement is never a 'one off'

Transforming how people see the world and their role in it doesn't happen overnight. It is essential to build the community up to a certain level so they are able to engage at the district or regional level. We made sure that capacity building on HRBA was never a one-off event – setting up a system of ongoing coaching and mentoring provided by the partner organisation.



Use an approach that means the community will keep moving forwards without the input of WaterAid

We ensured that the community selected volunteers for capacity building, and that the same volunteers shared their learnings with the community. We focused on supporting the community to take charge of their own development agenda by forming and supporting advocacy teams to demand better health services from duty bearers.



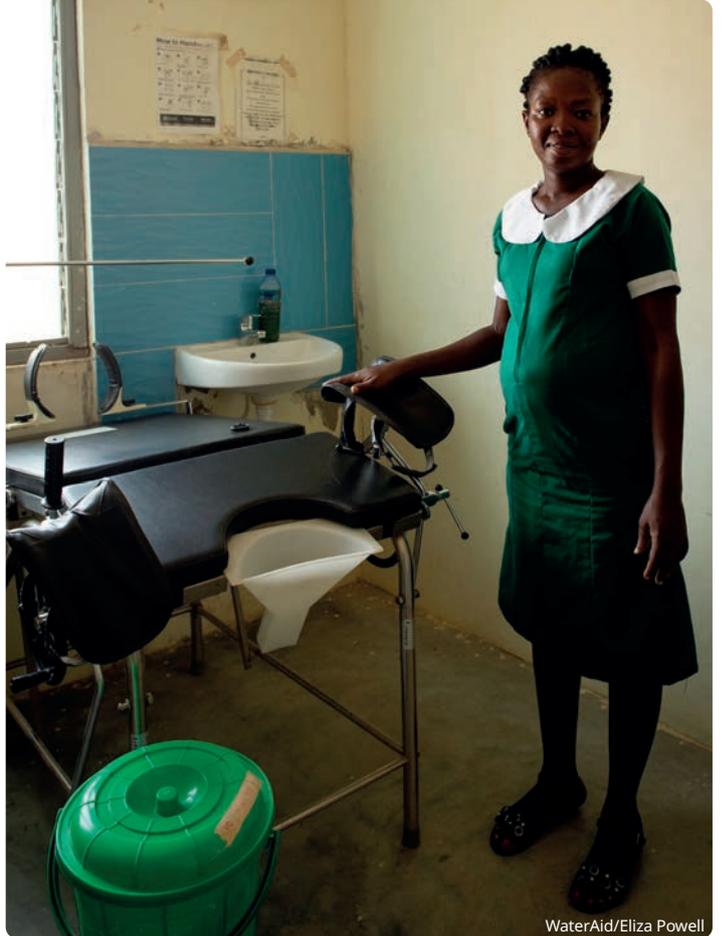
Remember to follow up on promises made

The government shows plenty of goodwill and demonstrates commitment by making promises. It is important for everyone to realise that the promise is not the outcome, and to remind the government of their intentions, ensuring the commitments become a reality. For instance, the Director General of Ghana Health Service at a patient safety conference, indicated that HCFs in Ghana will commit 10% of their internal generated fund towards O&M costs. There is then a need for follow up by us with community leaders and partners to ensure that the promise is fulfilled.



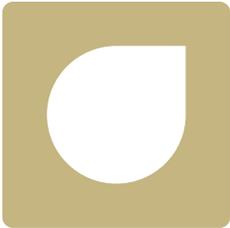
WaterAid/Sampson Tettey

▲ Inclusive (child, disability and gender sensitive) Toilet facility incorporated with laundry and bath with biodigester at Navio CHPS, Ghana. October 2018.



WaterAid/Eliza Powell

► Midwife Florence Anyoka stands in the labour ward at Busongo Community Health Centre which now has comprehensive WASH – toilets for staff and patients, handwashing basins at all stations and running water.



 @WaterAid_Ghana

March 2020

WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

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