

Ghana

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	25.37 M
Urban population (2012)^a	13.33 M
Rural population (2012)^a	12.04 M
Population growth rate (2012)^a	2.14%
Gross domestic product USD (2012)^b	40.71 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	48.6
Under 5 mortality / 1,000 live births (2012)^c	72
Life expectancy at birth (2012)^d	62 yrs
Diarrhoea deaths attributable to WASH (2012)^e	4763

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	14%
Use of drinking-water from improved sources (2012)^f	87%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/15.15

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Design and layout by LIV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland.

Sanitation, drinking-water and hygiene status overview^{*}

The long-term vision of the Government of Ghana (GoG) is universal access to safe drinking-water by 2025 and to eliminate open defecation by 2030 in line with the recently launched Sustainable Development Goals (SDGs). This finds expression in the Water Sector Strategic Development Plan (WSSDP) 2012–2025, and other national documents such as Ghana Shared Growth and Development Agenda (GSGDA) 2014–2017.

With safe drinking-water access at 87%, Ghana celebrates a substantial improvement as this even exceeds the country's Millennium Development Goal (MDG) target of 78%. At the same time, Ghana is very conscious of the enormity of the task to reach universal access with no inequalities in access, while sustaining existing services. It is common knowledge that the last 10% of universality (100%) could be as expensive, if not more, in terms of strategic thinking and investment as the already attained 90%. This is because that segment of the population is hard-to-reach. GoG and its sector development players will have to be more focused to ensure that resources are deployed in an efficient and coordinated manner. Actions will have to be backed by evidence and this will need to include issues relating to equity, specialised technologies, targeted investments and a willingness to spend more than ordinary in order to reach this hard-to-reach population.

It will also involve exploring innovative alternative financing for the sector to guarantee long-term sustainability as a result of the changing financing landscape with the attainment of lower middle income country status.

Improved sanitation access at 14% and an open defecation rate of 18% is a sad reality, and GoG recognises this. To achieve the SDG target, efforts will have to be accelerated, taking on board all the various dimensions of the policy, social, financial, technological and economic factors of the challenge.

In the light of all the above, the GLAAS 2014 report provides Ghana with the awareness (at least) of its status, which gives the basis to plan and implement specific courses of action to realise the long-term vision of the country for sanitation and drinking-water. The support of all—government, development partners, non-governmental organisations (NGOs), civil society organisations (CSOs), the media and the entire citizenry—will be galvanised towards this collective vision.

^{*} Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

In Ghana, the main responsibilities for drinking-water and sanitation services are shared between many ministries and institutions.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Water Resource, Works and Housing (MWRWH)	●	✓	●
Water Directorate	●	✓	●
Community Water and Sanitation Agency (CWSA)	●	✓	●
Ghana Water Company Limited	✗	✓	✗
Ministry of Local Government and Rural Development (MLGRD)	✓	●	✓
Environmental Health and Sanitation Directorate (EHSD)	✓	✗	✓
Metropolitan, Municipal and District Assemblies (MMDAs)	✓	✓	✓
Ministry of Health/Ghana Health Service (MOH/GHS)	✗	✗	✓
Ministry of Education/Ghana Education Service/School Health Education Programme (MOE/GES/SHEP)	✓	●	✓

Number of ministries and national institutions with responsibilities in WASH: **11**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	68	2015
Rural sanitation	✓	61	2015
Sanitation in schools	✓	100	2015
Sanitation in health facilities	✓	100	2013
Urban drinking-water supply	✓	100	2025
Rural drinking-water supply	✓	100	2025
Drinking-water in schools	✓	75	2020
Drinking-water in health facilities	✓	100	2015
Hygiene promotion	✓	43	2015
Hygiene promotion in schools	✓	100	2015
Hygiene promotion in health facilities	✓	100	2013

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards. Re-use of wastewater and/or septage is also increasingly gaining ground and is now being considered and discussed at the policy formulation level.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2011		2011		2011
Use of performance indicators^a	●		●		✓
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✓	✓	✓	
Communication^a					
Performance reviews made public	●	●	●	●	
Customer satisfaction reviews made public	✗	✗	✗	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources, the preference to work in other sectors and not in rural areas as well as the lack of resources for day to day work such as transport for field work.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	✓		✓		✓
Strategy defines gaps and actions needed to improve^a	●		●		●
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	●		✗		●
Availability of education/training organisations	✓		✓		✓
Skilled graduates	✓		●		✓
Preference by skilled graduates to work in other sectors	✓		✗		✓
Emigration of skilled workers abroad	✓		●		✓
Skilled workers do not want to live and work in rural areas	●		✗		●
Recruitment practices	●		✗		●
Other	✗		✗		✗

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of domestic commitments for drinking-water supply mainly due to a late release of funds. There is also an insufficiency of funds to meet MDG targets.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies ^a	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✗	✗
Estimated % of donor commitments used ^b	✓	✓	●	●
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	●	●	●	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
2012	493 M.USD
Expenditure as a % GDP	
Education ²	6.8
Health ²	5.2
WASH ³	0.5

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, seven disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to urban areas, however, the unserved are mainly in rural areas.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Recognize human right in legislation	✓		✓	
Participation and reporting ^a	Urban	Rural	Urban	Rural
	✓	✓	✓	✓
	✗	✓	●	✓
	●	●	✓	✓

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Displaced persons
6. Ethnic minorities
7. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

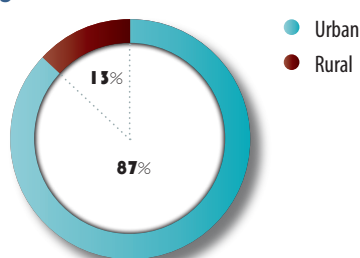
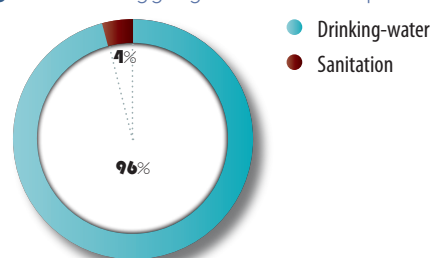


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

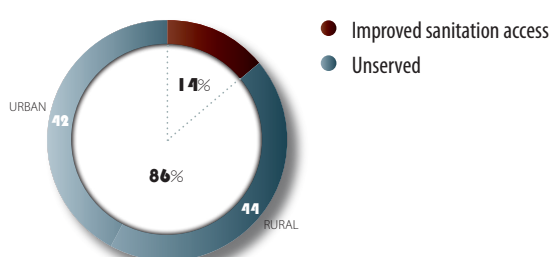


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.