

**REPUBLIC OF GHANA** 

## DANGME WEST DISTRICT ASSEMBLY

## TOWN ENVIRONMENTAL SANITATION DEVELOPMENT PLAN - DAWA -

FEBRUARY 2008

## **EXECUTIVE SUMMARY**

This Dawa Town Environmental Sanitation Development Plan (TESDP) provides a non-technical summary of the various remedial actions required to improve on observed poor environmental services.

This plan derives much of its information and data, and therefore its focus from the preliminary results of the Environmental Sanitation Assessment and Audit sponsored by the Community Water and Sanitation Agency –Greater Accra Region (CWSA-GAR) for four towns in three districts of the Greater Accra Region – Oyibi (Tema Municipal Assembly, TMA), Abokobi (Ga East District Assembly, GEDA), Dawa and Asutsuare (Dangme West District Assembly, DWDA).

The TESDP closely follows the generic format prepared for use by cities under the Urban Environmental Sanitation Project series (UESP-I and UESP-II), aspects of the Guidelines for Preparing Waste Management Plans published by the Environmental Protection Agency (EPA) and MLGRDE, and the Operational Manual for Planning, Budgeting, Monitoring and Evaluation, for Water and Environmental Sanitation prepared by the National Development Planning Council (NDPC) and the Community Water and Sanitation Agency (CWSA).

Following basic tenets of strategic planning, this initial TESD planning is a dynamic process and the plan will evolve as experience is gained and the required accompanying institutional structures improve.

This plan covers five main components of an integrated scheme for improving (i) storm-water drainage and sullage conveyance, (ii) excreta management, (iii) refuse collection and transport,(iv) wetland management and (v) management support for implementation.

The sub-projects to be considered under the first package of this plan form part of the iterative process of developing TESDP for Dawa. All sub-projects will be implemented by the DWDA through its relevant departments and units- the District Planning Coordinating Unit (DPCU and District Water and Sanitation Team, DWST) as well as the Environmental Health Management Department (EHMD), and District Works Department (DWD) and the Dawa Area Council.

The pilot under Excreta Management will be facilitated by CWSA-GAR and the drainage scheme will be facilitated by DWDA with support from the Hydrological Services Department (HSD) with inputs from the Department of Feeder Roads (DFR).

The District-Based Water and Sanitation (DBWS) component of the GoG/Danida-Water and Sanitation Sector Support Programme Phase 2 (WSSPSII) will finance the pilot of Excreta Management up to US\$ 44,000 as part of CWSA-GAR's on-going work.

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## **1 INTRODUCTION**

The purpose of this strategic Town Environmental Sanitation Development Plan (TESDP) for Dawa, which covers the period 2008-2015, is to set out a strategy for improving Dawa's environmental conditions by gradually and incrementally reducing the poor environmental burden due to indiscriminate disposal and littering of refuse. The focus and direction of this plan is influenced by the results of the environmental sanitation and audit carried out in Dawa as part of preparatory activities. The TESDP is strategic in nature in the sense that it covers all the key categories of environmental sanitation and identifies the facilities needed to provide comprehensive services under each component; describes the implementation and financing arrangements for each component; and sets priorities for achieving the overall goal of the relevant sector policy, plan and/or programme.

To implement this strategy the Dangme West District Assembly will (i) establish/strengthen its Environmental Health Management Department (and the District Water and Sanitation Team) to oversee implementation; (ii) systematically improve data gathering for development planning; (iii) promote provision of services by the private sector, where viable; and (iv) secure financing to improve drainage and watershed management, refuse management as well as for a mix of household, and public facilities to serve the town.

The plan differs from a traditional District Water and Sanitation Plan (DWSP) or a master plan in that it (i) tailors recommended technical options to each type of housing area in the town, (ii) considers user preferences and willingness-to-pay, (iii) uses a planning horizon of 10-15 years, while emphasizing actions that can be taken now, and (iv) breaks the overall plan into project components that can be implemented independently but which together provide the whole range of environmental sanitation services to achieve the overall aim of health improvement. For this very first attempt at preparing a TESDP for Dawa, a planning frame of 2008 – 2015 is employed to be consistent with MDGs.

The intent is to gradually introduce a means of providing integrated interventions and begin to address the issues confronting Ghana's small and medium-large towns that have similar challenges as cities but hitherto do not receive adequate attention. The plan endorses the use of a range of proven technologies which address the needs of all segments of the urban population, recognizing resource constraints, and paying due attention to willingness and capacity of users to pay for improved services.

#### Box 1.1: Strategic ESDP Elements

- Medium term planning horizon 10 15 years
- Strategic focus to meet overall goal of policy, plan or programme
- Focuses on integrated development of interventions
- Defines priority interventions over short term for remedial actions and improving on plan requirements e.g. *start-up years*' (1-3 years) projects, studies and institutional restructuring
- Considers all related sectors under environmental sanitation and requires interagency collaboration, coordinating unit or department in DA responsible for environmental sanitation

#### Box 1.2: **DWSP Elements**

- Short-term planning horizon typically 1-3 years, with annual roll-over delivery
- Focuses on single facility (commodity) e.g water and related hygiene and sanitation
- Developed/Facilitated by one sector agency to aid project specific outputs e.g. CWSA
- Project based and often end as plan for distribution of facilities based on demand
- Often Relies on project-type implementation for delivery of outputs e.g. DWST

Box 1.1 & 1.2: Comparison between elements of Strategic ESDP and DWSP

Priorities change with time and strategies will be redefined as experience is gained. Accordingly, the TESDP will be updated regularly with gradually improving data on services and coverage. This iterative process is shown in Figure 1.1.



## **2 SITUATION ANALYSIS**

## **PROFILE OF DAWA**

### 2.1 Location

Dawa is located about 70km from Tema of the Tema-Sogakope Highway and is the twentieth largest town by population within the Dangme West District Assembly with a projected current population of about 1,170.

### 2.2 Institutions and Services

These include schools, a market, police station, churches, mosque, and health post.



Table 2.1	<b>Population Projection</b>
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Town	Growth Rate (%)	2000	2007	2015
Dawa	2.1	1,012	1,170	1,382

## **COMMUNITY PROFILING FORM DAWA**

ENVIRONMENT CATEGORY	DESCRIPTION				
WATER SHED MANAGEMENT	<ul> <li>Run-off of storm water into WORPE NATURAL DAM</li> <li>Vegetative growth (water weed) in dam water</li> <li>Improper land use e.g. farming along the banks of the dam with pesticides and other chemicals.</li> </ul>				
WATER SUPPLY	<ul> <li>Consumption of raw water from WORPE DAM</li> <li>Lack of pipe borne water</li> <li>Three (3) stand pipes constructed under the 3 district water supply system yet to be inaugurated.</li> </ul>				
WASTE WATER DISPOSAL	• Waste water (sullage) from bathrooms is mostly disposed of either through earth channels or the digging of catchpits for temporary storage. Small containers are used to fetch sullage from the catchpits and thrown on the ground.				
LIQUID WASTE DISPOSAL	<ul> <li>Two (2) six (6) seater dilapidated public KVIP toilets in use with bushy surroundings</li> <li>Indiscriminate defecation at open spaces</li> <li>Lack of household toilet facilities on dwelling premises.</li> </ul>				
SOLID WASTE DISPOSAL	<ul> <li>Crude dumping in excavations left behind after construction of thatched houses (10 such sites identified)</li> <li>Dumping at sanitary areas e.g. Public toilets</li> </ul>				
STORM WASTE DISPOSAL	<ul><li>Predominant erosion in some parts of community</li><li>Low lying topography</li></ul>				
PROMINENT FEATURES	<ul> <li>ORT (NGO) KG Project.</li> <li>Abandoned community poultry project</li> <li>Collapsed community gari processing plant</li> </ul>				

STRENGTH	WEAKNESSES	OPPORTUNITIES	THREATS
<ul> <li>1,339 population</li> <li>Area Council Status and structures</li> <li>Good communal spirit which has led to the formation of 2 youth clubs and a keep fit club.</li> <li>Vibrant Assembly man</li> </ul>	<ul> <li>Mass Unemployment</li> <li>Low commercial activities e.g. No market stalls</li> </ul>	<ul> <li>Availability of land for infrastructure development</li> <li>Availability of land for agricultural activities</li> <li>Busy highway</li> <li>Good reception with regards to mobile communication</li> <li>Linked to the national electricity grid</li> <li>Availability of police post</li> <li>Man made forest for tourist attraction</li> </ul>	<ul> <li>Poor road network in community</li> <li>Accident prone spot due to over speeding on highway</li> <li>Post harvest losses of agricultural produce e.g. pepper, tomatoes, cassava, etc</li> <li>Lack of health facility for treatment of diseases, e.g. malaria and accident cases.</li> </ul>

## **ENVIRONMENTAL SCAN DAWA COMMUNITY**

## LAYOUT OF DAWA



## 3 OVERVIEW OF ENVIRONMENTAL SANITATION

## 3.1 Stormwater Drainage and Sullage (greywater) Conveyance

Dawa is generally a high lying area with no drainage systems and experiences sheet erosion after rains. Poor drainage leads to the formation of deep gullies within the town.

None of the wastewater generated in the town is properly collected. As a result wetlands and shallow depressions serve as options of disposal for sullage.



Plate 1: Sullage from bathroom discharged in to an earth channel

## 3.2 Excreta (Faecal liquid waste) Management

From the Environmental Sanitation Assessment and Audit, about 2.3 percent of residences in Dawa have home latrines. 82.3 percent of inhabitants resort to the bush, and 15.4 percent use public toilets.

Public latrines in Dawa are in a deplorable state due to poor maintenance. This situation explains the resorting to "free range" defecating which if not checked will further aggravate the already unhealthy situation.

CWSA-GAR has sponsored the construction of an 8 seater institutional KVIP facility for each of the Dawa DA Primary/Junior Secondary schools.

<u>Public Sanitation Facilities</u>: A unique feature of sanitation in Dawa, as in other small towns, is the reliance on public latrines, as some 97.7 percent of the population depends on these facilities.

<u>School Sanitation</u>: The primary and junior secondary schools in Dawa each have an 8 seater institutional latrine.

## 3.3 Watershed Management

The lack of drainage and conveyance facilities and a means of effective management of debris and silt from the undulating terrain of Dawa mean that all surface runoff, sullage and faeces, all end up finally in the Worpe Dam.



Plate 2: Old dilapidated 6 seater KVIP



Plate 3: *Worpa dam*-Main source of water for the people with vegetation growth

## 3.4 Solid Waste Management

Institutional, technical and financial constraints hinder efficient solid waste management in Dawa. Dumping in sandpits is widely practiced in Dawa.



Plate 4: A sand pit for winning sand for the construction of houses used as a dump site for refuse growth

## 3.5 Water Supply

For the purposes of completeness, the status of water supply situation is described here (as captured by the environmental sanitation audit) to provide the outlook of Dawa town supplies with expected improvement and the consequent wastewater that will be generated. As of the time of writing this report, the people of Dawa depend on raw water from the Worpe Dam. CWSA-GAR has provided 3 standpipes in the town under the 3-District Water Supply Scheme but is yet to be commissioned.

## 3.6 Environmental Burdens and Public Health Impact

The indiscriminate littering and disposal of garbage in sand-pits and pollution of Worpe Dam from both point and non-point sources expose residents to diseases. Reducing the public health burden will include both household and community-level interventions.

## **4 SERVICES IMPROVEMENT PROGRAMME**

## 4.1 Minimum Service Standards

The overall service goal is the provision of improved environmental sanitation facilities to serve the whole of Dawa. To reduce the environmental burden and enhance the quality of residents of Dawa, the following policies, guidelines and service standards as well as those to be developed by relevant authorities from time to time, will be adhered to:

Notes on Latrine Technology, October 1999, MLGRD Environmental Assessment Regulations, LI1652, June 1999, EPA Manual on Health Promotion, December 2001, MLGRD Management of Environmental Sanitation Services Guidelines, March 2002, MLGRD Manual on Prosecution, May 2002, MLGRD Best Practice Environmental Guidelines Series No.1, Ghana Landfill Guidelines, July 2002, EPA/MLGRD Best Practice Environmental Guidelines Series No.2, Guidelines for the Management of Health Care and Veterinary Waste in Ghana, July 2002, EPA/MLGRD Best Practice Environmental Guidelines Series No.3, Manual for the Preparation of District Waste Management Plans in Ghana, July 2002, EPA/MLGRD Manual on Environmental Health Inspections, October 2002, MLGRD Management of Public Toilets Guidelines, January 2003, MLGRD Environmental Sanitation Services Monitoring Guidelines, January 2003, MLGRD Manual for the Operation of Septage Treatment Plants, May 2003, MLGRD Operational Manual for Planning, Budgeting, Monitoring and Evaluation, Water and Environmental Sanitation, December 2004, NDPC/CWSA Guidelines for Small Town Systems, 2005, CWSA

## 4.2 Drainage and Sullage (grey-water) Conveyance Improvement Scheme

In Dawa, the priority intervention for sullage conveyance is promoting the construction of soakpits by households.

There is the need to institute a community-level construction and maintenance management scheme for soak-pits. A limited study of possible remedial actions for improving drainage will be carried out.

## 4.3 Excreta Management (faecal liquid waste) Improvement Programme

The Town Environmental Sanitation Plan is a comprehensive plan for providing improved household sanitation services to the entire Dawa township covering homes, institutions and public facilities.

<u>Community-led Total Sanitation (CLTS) Programme</u>: Under this programme, there will be a Community-led Total Sanitation promotion for household latrine construction by home-owners and marketing by trained latrine artisans. Awareness raising and hygiene education will be supported through extension services by Environmental Health Officers and Community-base organizations (CBOs). The DWDA with support from CWSA-GAR will identify and support a CBO (e.g Youth Club) with capacity to be trained to carry out CLTS. The enforcement of byelaws by GEDA, particularly, those concerning the construction of latrines by landlords will be appropriately applied.

#### **Box 3.4 Bangladesh's total sanitation campaign**

Ten years ago Bangladesh, among the poorest countries in the world, had one of the lowest levels of coverage for rural sanitation. Today, it has ambitious plans to achieve nationwide sanitation coverage by 2010. Strongly supported by the country's aid partners, those plans target an achievable annual increase in sanitation coverage of 2.4 million households.

The total sanitation campaign is central to Bangladesh's success. Pioneered by a Bangladesh NGO in the late 1990s, it now involves more than 600 NGOs that work with local district authorities in marketing improved sanitation messages.

The starting point is engagement with local communities in identifying the problems associated with open defecation by calculating the amount of excreta deposited in the village environment, mapping dirty zones and identifying transmission routes to diarrhoea and wider public health problems. The "walk of shame" to defecation zones and the "excreta calculation" are the two initial tools for generating shared community concern. Communities discuss and document open defecation and consider the health consequences. Once interest is ignited, there is momentum for villagers to work with government agencies, NGOs, religious organizations and others to establish sanitation forums to identify concerns.

As the campaign has developed and demand for sanitation has increased, a vibrant small business sector has emerged. Bangladesh is now a world leader in producing, marketing and maintaining low-cost latrines. At the end of 2000 there were 2,400 registered small-scale production centres. That figure has since risen to 3,000 demonstrating again the capacity of small-scale providers to respond to local markets. The cost of latrines has fallen sharply. Meanwhile, village efforts have been supported by NGO-led microfinance schemes, mobilizing savings and providing loans.

While the programme has been based on demand-responsive approaches, national policy has also been important. Successive governments have made rural sanitation a priority. The National Policy for Water and Sanitation, drawn up in 1998, establishes a policy framework for partnerships of small-scale entrepreneurs and community groups and provides support for marketing and training through local and national government agencies.

To get a sense of the effectiveness of this partnership, compare Bangladesh with India. Ten years ago the two countries faced similar problems. Since then, India has enjoyed far more rapid economic growth, widening the income gap between the two countries. But in rural sanitation India has fallen behind Bangladesh (see table), even though some Indian states have made progress.

In the decade to 2015 the biggest challenges are to sustain the momentum built up over recent years and to reduce inequalities in access. While data are patchy, the Bangladesh government is concerned that the improved national sanitation coverage rate may hide the fact that poor rural households are unable to finance even low-cost latrines. Its response has been to allocate the entire share of the annual development programme for sanitation to subsidize demand among the poorest 20% of the population.

	]	Bangladesh			India		
Indicator	1990	2004	Change	1990	2004	Change	
Sanitation, national (%)	20	39	19	14	33	19	
Rural sanitation (%)	12	35	23	3	22	19	
Infant mortality (per 1,000 live births)	96	56	-40	84	62	-22	
Source: Indicator table 10; WHO and UNICE	EF 2006						

Source: UNDP Human Development Report 2006 (Bangladesh 1998, 2005; Kar and Pasteur 2005; Practical Action Consulting 2006a; VERC 2002; WSP-SA 2005)

<u>School Sanitation and Hygiene Education</u>: as part of this programme an assessment of the SHEP programme will be carried out to find out its effectiveness in schools. The SSHE programme is aimed at improving the conditions and reinforcing proper sanitation and hygiene behaviours and attitudes through use of improved facilities. Based on the assessment of SHEP effectiveness, Teaching and Learning Materials will be provided as part of re-orientation training of SHEP facilitators.

<u>Public and Neighbourhood Facilities Improvement Programme</u>: This programme is aimed at rehabilitating existing but dilapidated facilities and instituting efficient management of the facilities. To start, there is the need for the rehabilitation of the existing Two 6-seater public toilet located in Dawa. Apparently there has been a site earmarked for the construction of a new public toilet facility for the town. This will be complemented by the establishment of private management franchises, as already practiced, for sustainable operation and maintenance management.

## 4.4 Solid Waste Management Improvement Programme

Currently, secondary storage facilities are not available in Dawa. To prevent indiscriminate littering and the widespread dumping, there is need for provision of communal dump site.

The immediate intervention is to identify a site that will serve as final disposal site and small-scale operations in sorting and composting implemented.

## 4.5 Improvement of Wetland Management

All the shallow green areas feeding into the Worpe Dam have been filled with garbage and faeces. The effect of implementing the various programmes above will be to gradually improve and restore the ecological property of the wetlands.

## 4.6 Programme for Institutional and Management Support

The delivery of the various components of the Town Environmental Sanitation Development Plan and their management depends on improving the capacity of the front-line institutions responsible for the services. As a matter of strategy although financing of the various components may come from different sources, each of these sources will contribute to the implementation of a single, comprehensive and integrated capacity development programme anchored around the District Environmental Health Management Department (including DWST) of DWDA and the Area Council covering Dawa.

The immediate support will be to strengthen and improve the EHMD in DWDA including provision of equipment and refurbishment of offices and the provision of targeted training to its staff.

Relevant staff of GEDA will be given specific training, including the following:

- Training in ESICOME, enhanced enforcement of environmental sanitation bye-laws and prosecution
- Training in Preparation of District Environmental Sanitation Strategies and Action Plans (DESSAPs)
- Health impact profiling and planning for environmental sanitation services
- Project Management etc.

#### PROGRAMME PACKAGES UNDER THE DAWA ESDP (2008-2015)

#### Component 1: Drainage and Sullage Conveyance Improvement Scheme

-Phase 1: - Promoting the construction of soak pits by households

-Phase 2: - Construction of drain to improve storm water conveyance from old market area - Provision of drain maintenance equipment

#### **Component 2: On-site Sanitation Promotion Programme**

#### **Home latrines**

- Implement community hygiene education and support CBO for home latrine promotion through Community-led Total Sanitation (CLTS) approach.

#### **School Facilities**

Provision of Teaching and Learning Materials (TLMs) for hygiene promotion Training of School SHEP facilitators

#### **Public Facilities**

- Rehabilitation of neighbourhood /public facilities (2 unit 10 Seater KVIP).

- Establishment of private management franchises for operation and maintenance and cost recovery.

#### **Component 3: Solid Waste Management Improvement Programme**

Provide community education on use of sandpits for household/communal compost pits
 Identity site for Dawa (and neighbouring communities) for future development of final disposal sites

#### **Component 4: Improvement of Wetland Management**

- Desilt Worpe dam and construction of embankment

#### - Plant buffer Trees around Worpe dam

#### Component 5: Management Support

Provision of Office equipment to DEHO-DWDA

Technical Assistance - including project(s) preparation Training

o Training in ESICOME, enhanced enforcement of environmental sanitation bye-laws and prosecution

o Training in Preparation of District Environmental Sanitation Strategies and Action Plans (DESSAPs)

o Health impact profiling and planning for environmental sanitation services

o Project Management etc.

## **5 INSTITUTIONAL ARRANGEMENTS**

## 5.1 Dangme West District Assembly (DWDA):

In line with National Policy, the DWDA will gradually move away from direct provision of environmental sanitation services, and instead will promote active involvement of both communities and the private sector in their delivery. As part of its functions, the DWDA will refine and periodically update the TESD Plan, mobilise resources to implement it, supervise the design and construction of the facilities, oversee service contracts, and set and enforce regulations on waste discharges.

## 5.2 District Environmental Health and Management Department

In line with Local Government Act, 1993 (Act 462) and the Environmental Sanitation Policy the DWDA's Environmental Health and Management Department (EHMD) is responsible for Environmental Protection and Standards Enforcement, Food and Water Hygiene, Environmental Health Promotion, and Waste Management. The Liquid Waste section will manage the programmes for households (home latrine promotion), public facilities (neighborhoods, and commercial areas), and schools. And the solid waste section will manage the programme for solid waste improvement, sullage and drainage infrastructure. The responsibilities of the two section managers include planning, community liaison, monitoring and evaluation, and the supervision of service contracts. The environmental protection section will be responsible for improvement of wetland management while the environmental health promotion section handles hygiene education.

The District Planning Coordinating Unit (DPCU) will coordinate and liaise with CWSA, development partners, NGOs other external agencies and facilitate the rolling out of these programmes during the initial period. The District Water and Sanitation Team (DWST) will assist the EHMD with management of the relevant sub-components of the TESDP such as Excreta Management. Ultimately, when a full District Works Department (DWD) is established, as envisaged under Act 462, all works will be managed by the DWD in cooperation with the EHMD.

## 5.3 Dawa Area Council

The Dawa Area Council (DAC) will be the first-line institution responsible for dealing directly with the community. The functions, as stipulated, in the Establishment Instrument of the DWDA, will include:

Validating data and designs; community mobilization; identification of needs and appraisal of applications for assistance; validating type of on-plot sanitation technologies and their suitability; soliciting community views and comments on capital and, O&M costs of facilities; responsible for managing franchises and quality of services by operators under guidance of EHMD; validate completion of projects and programmes; managing participatory monitoring and evaluation of programmes and projects.

## 5.4 Other Ministries, Departments and Agencies (MDAs)

In order to effectively coordinate the implementation of the various components of Dawa TESDP, there is need for the involvement of several agencies besides DWDA and CWSA-Greater Accra Region as initiators of this plan. As indicated under Section 5, the sources of financing for implementing the TESDP make this essential. The mandates and facilitation roles of CWSA-GAR, EHSD (MLGRDE), and Department of Feeder Roads, and the central implementation responsibility of DWDA and its departments need to be presented clearly.

## **6 IMPLEMENTATION PACKAGES**

The facilities required to provide immediate interventions are set out in Table 6.1. As the TESDP evolves and more data becomes available the subsequent years interventions shall be defined to cover up to 2015. The facilities under the various components are grouped into financing packages; the first of which would be what CWSA-GAR will fund. The estimated cost of each package is also given in Table 6.3.

In summary, the total cost of the first package for the Dawa TESDP is estimated at **US\$ 97,966** out of which **1.4%** would be for remedial intervention to improve sullage conveyance, **74.8%** for Excreta (liquid waste management) which includes Community led Total Sanitation (51.0%), neighbourhood and public facilities (23.0%), School Sanitation and Hygiene Education (0.8%). Of the remainder **0.3%** will be for the Solid Waste Improvement Programme, **3.1%** for improvement of wetland.

Component Description	Total	Package 1	Package 2	Package 3
1. <u>Drainage and Sullage Improvement</u>				
Construction of soakaway pits by houses	75	25	25	25
Consruction of secondary drains	2,000		1,000	1,000
2. <u>Excreta (Liquid Waste) Management</u>				
Home Latrine Promotion				
Community-led Total Sanitation Programme (No.)	2,000	500	1000	500
Artisan Training and Support to Sanitation Marketing (No.)				
School Sanitation and Hygiene Educ.				
Provision of TLMs for Hygiene Promotion (No.)	20	10	10	
Training of SHEP Facilitors (No.)	3	2	1	
Public Facilities Programme				
Neighbourhood latrines (No.)				
Rehabilitate/Construct 2 unit 20 seater KVIP	2	1	1	
Commercial Area latrines (No.)				
Replace existing facilities				
Construct new facilities				
3. Solid Waste Management				
Provision of community education on use of sandpits for	45	15	15	15
household/communal compost pits				
Identify site for Dawa (and neighbouring communities) for	1		1	
future development of final disposal site)				
4. Improvement of Wetland Management				
Desilting of Worpe Dam and construction of embankment				

#### Table 6.1 Facilities to be provided under the proposed TESDP Financing Packages

### 6.1 DA-level Programme Management

While the TESDP is dedicated to Dawa Township there is need for close administration by the DWDA. For the timely updating and further improvement of the TESDP, the DWDA shall allocate program management resources to enable its departments bare the extra costs of managing the various components of the plan including hiring of specialist input for carrying out issue-specific studies, appraisals and timely technical and financial auditing. The DWDA will ensure that institutional strengthening and capacity building is harmonized and comprehensive to allow specific programmes buy into it. An amount of \$15,000 is earmarked for the start-up phase (2008) of implementing the TESDP.

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Table 6.2 DA-Level	Manager	nent Suppo	ort (US '000	)
Institutional Strengthening	Total	2008	2009	2010
Project Mgt Support (incl. Consultants)	12.5	5	5	2.5
Development/Review of TESDP	15	2.5	7.5	5
Capacity Devp. & Training	12.5	2.5	5	5
Community Management Framework	7.5	2.5	2.5	2.5
Refurbishment of EHMD and Sub-	10	5	2.5	2.5
District Office				
Provision of Office Equipment	7.5	2.5	2.5	2.5
(EHMD/MTC)				
Total	65	20	25	20

**Note**: Development/review of TESDP include preparation of drainage plan, developing Community Management Framework (for the MTC) & other studies

<u>Specific Studies</u>: as part of the implementation of the first package of the TESDP, a number of issue-specific studies will be carried out. To respond to the immediate needs of Dawa the following studies will be carried out. In addition the status of the various facilities and amenities listed under Annexes A-E will have to be updated regularly by the team responsible for the oversight of the update of the TESDP:

- CLTS, Artisan Training and Sanitation Marketing Programme
- Community Management and Services Promotion frameworks (e.g. Community-led Total Sanitation) and roles of relevant groups (e.g. Youth Club) and Dawa Area Council
- Community-level management of Tricycle Refuse collection service and disposal site management

To ensure proper ownership of the TESDP by DWDA, the Dawa Area Council and traditional authorities, it is essential that the gathering of data and update of the TESDP be done in a participatory manner involving all key stakeholders.

Table 6.3 Costs for Components Studies, Sub-projects, and Institutional Strengthening for
Comprehensive Environmental Sanitation Coverage – Year 2015 (US\$ 509,641million)

Component Description	Total (US\$)	Package 1		Package 2	Package 3
	_	\$	%		
1. Drainage and Sullage Improvement		\$	%		
Construction of soakaway pits by houses	4,098	1,366	1.4	1,366	1,366
Construction of secondary drains	185,792	1,500	-	92,896	92,896
Provision of Maintenace Equipment	2,000	0	_	1,000	1,000
Sub-total	2,000 <b>191,891</b>	1,366	- 1.4	95,262	95,262
2. Excreta (Liquid Waste) Management	171,071	1,500	1.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/0,202
Home Latrine Promotion					
Community Led Total Sanitation	200,000	50,000	51.0	100,000	50,000
Artisan Training and Support to Sanitation Marketing					
School Sanitation and Hygiene Educ.	_	_	-	_	-
Provision of TLMs	600	300	0.3	300	_
Training of SHEP Facilitators	750	500	0.5	250	_
Public Facilities Programme	150	500	0.5	250	
Neighbourhood latrines					
Rehabilitate/Construct 1 unit 20 seater KVIP	45,000	22,500	23.0	22,500	
Commercial Area latrines	,	,000	-0.0	,000	
Replace existing facilities	-	-	-		
Construct new facilities	-	-	-	-	
Sub-total	246,350	73,300	74.8	123,050	50,000
3. Solid Waste Management				,	
Provision of community education on use of sandpits for	900	300	0.3	300	300
household/communal compost pits					
Identify site for Dawa (and neighbouring communities)	2,500	-	-	2,500	-
for future development of final disposal site)	,			,	
Sub-total	3,400	300	0.3	2 800	300
	3,400	300	0.5	2,800	300
4. Improvement of Wetland Management Desilting of Worpe Dam and fencing	3,000	3,000	3.1		
	,				
Sub-total	3,000 65,000	3,000 20,000	3.1	25,000	20,000
5. DA-Management Support	,	,	20.4	,	,
Sub-total	65,000	20,000	20.4	25,000	20,000
	509,641	97,966	100	246,112	165,562

## 6.2 DBWSC Financed Sub-Projects

As part of the District-Based Water and Sanitation (DBWS) Component of the second-phase of Danida Water and Sanitation Sector Programme Support (WSSPSII), the CWSA-Greater Accra Region will provide US\$ 43,980 of the first stage implementation over a three year period to cover provision of aspects of home latrine promotion including artisan training. Counterpart funds for this include US\$ 29,320 from the DWDA.

The DBWSC financed sub-projects will be carried out as part of on-going programmes by CWSA-GAR and the actual sub-project items will be finalized with DWDA and actual work commenced during 2008. A separate report "*Summary of Sub-projects and Financing Packages*" presents the proposed items to be financed. The subprojects and activities related to the Excreta Management Component (home, school and public facilities) will be completed by the

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DWDA with the assistance of local consultants. CWSA-GAR will facilitate the implementation process following the national procurement guidelines and CWSA's procedures.

## 6.3 Human Resources Development

<u>The Environmental Health Management Department (EHMD)</u>: The EHMD, Dawa Area Council (DAC) and private service operators are at the center of the TESDP. Consequently, it is important that the EHSD, Town councilors (including Assembly-members) and private operators (including artisans) are trained to carry out their responsibilities in implementing town-wide programmes.

Through the implementation of first stage sub-projects under Package 1, staff of EHMD, DPCU (and DWST) and private operators will gain experience in all aspects of managing and implementing the proposed TESDP. Key areas of specialization and resource persons for the component(s) will be identified and linked to DWDA staff (EHMD, DPCU and DWST) responsible, so they can obtain ongoing support from local experts. Key areas of specialisation for which the DWDA departments (with EHMD as the focus) are responsible and for which resource persons are needed include:

- Monitoring, evaluating and refining the TESDP.
- Financial management of the EHMD and accounting.
- Management of service/construction contracts.
- Management of the TESDP funds.
- Management and training of on-site construction contractors and inspectors.
- Management and training of service franchise managers for public latrines
- Monitoring wastewater discharges.
- Promotion of environmental sanitation through CLTS
- Sanitation marketing and user education.

<u>On-site sanitation construction artisans, contractors and inspectors</u>: Artisans and selected contractors will be given the opportunity to participate in periodic workshops so that they can learn to build all types of household sanitation systems including single and twin-pit VIP latrines, pour flush toilets, septic tank systems, and treatment and disposal units. In addition they will be trained to market their services to individual households, to prepare design sketches and quotations, and to keep appropriate records. Staff of EHMD responsible for administering the funds for delivering of TESDP will be trained to review design proposals and cost estimates, process loan requests and inspect construction of household VIP latrines, public and neighbourhood facilities, and drainage systems.

- <u>Public latrine managers</u>: franchise managers of public and neighbourhood facilities will be trained to operate and maintain the facilities, to collect revenues, and to keep technical and financial records.
- <u>Homeowners and residents</u>: Households will be informed of the technical options, encouraged to upgrade their household facilities, and information provided on use and maintenance of facilities through meetings organized by the DAC and through local radio.
- <u>School children</u>: Selected teachers and health education extension workers will be trained in participatory/interactive training techniques and appropriate training and teaching materials provided. User education will focus on the proper use of latrines, including cleansing materials and hand washing, and procedures for keeping latrines clean. Hygiene education material to be produced will cover environmental cleanliness; excreta, sullage and solid waste disposal; personal hygiene and food hygiene. Special workshops will also be organized through Parent and Teacher Associations to encourage proper use and maintenance of school and household facilities.

### 6.4 Monitoring and Evaluation

Monitoring and evaluation is an important part of strategic environmental sanitation planning, since it is the means by which the TESDP is refined and updated. In the initial stages monitoring and evaluation will focus on implementation arrangements and quality control, but in the long run it must also include forward looking planning to ensure that the TESDP keeps up with changing circumstances in Dawa and that future financing is arranged well in advance. Monitoring and evaluation is the responsibility of the EHMD supported by the DPCU (and DWST), as each must track progress of the component for which the respective units (including DWD when it becomes established and functional) are responsible, identifying strengths and weaknesses of implementation strategy and modifying the approach as required. DWDA departments will be assisted in this by local consulting firms that specialise in urban environmental sanitation planning, the CWSA-GAR, s MOM unit, and by the EHSD (MLGRDE). The framework for Environmental Sanitation Assessment and Audit will be updated as elements become clearly defined through its routine application. In addition to ongoing involvement by each of these groups, it is important that periodically (e.g. every two years) the TESDP and its focus be appraised to bring emerging international experience to bear on implementation arrangements. The implementation packages of the TESDP need to be monitored and evaluated periodically, including the following:

#### Public latrine programme

- Performance of franchise operators including condition of facilities, sludge levels, rehabilitation/repair work required, general operation and maintenance, record keeping, and feedback from operators and users.
- Performance of septage hauling operations, quantities of sludge collected, dumping practices, and costs of operations including treatment and disposal
- Revenue collection, record keeping, and payments to DAC and DWDA.
- Periodic estimate of revenue and assessment of the financial viability of the franchise operator's business.
- Performance of twin versus single pit facilities, WC systems and user preferences for each.

#### Home latrine programme

- Quality of construction of each licensed artisan
- Contracting and construction management.
- Operation and maintenance of facilities.
- Number of persons using the facilities.
- Nuisance problems like flies and odours.
- Marketing and user feedback.
- Cost reducing measures.
- Effectiveness of CLTS based on CBO

### School sanitation program

- Quality of construction.
- Operation and maintenance of facilities including condition of facilities, sludge levels, nuisance problems, and repair work required.
- User training and hygiene education.
- Number of pupils using the facilities.
- User feedback.

#### Environmental Health and Management Department

- Management capability and progress of each component.
- Accounting system and financing plan.

# ANNEX A: SANITATION TECHNOLOGY OPTIONS Description of Facilities

The strategic sanitation planning process emphasises mix of different types of technologies and levels of service instead of the selection of a single technology for the entire town. In reviewing options for selection, the following range of technologies was considered; KVIP WC/Septic Tank Pour/flush toilet

Aqua privy Vault chamber Ecological sanitation options

#### Ventilated Improved Pit Latrines

A ventilated improved pit (VIP) latrine is a traditional latrine to which a vent pipe covered with a screen has been added to minimize odour and fly problems. In urban areas where available land is limited, an offset, double-pit design, fitted with either a squat plate or seat (KVIP), is recommended. Such a design can easily be retro-fitted into an existing house and is almost maintenance-free. When a pit is full, it is sealed for 18-24 months during which wastes undergo decomposition and pathogens are destroyed. The decomposed pit contents can then be removed manually without health risks and used as a soil conditioner.

The offset pit can be sized according to the number of users and enlarged at a later time if necessary. The usual usage population is 25-30 person or 5-6 households for a single-seater alternating twin-pit KVIP latrine and around 15 persons or 3 households for the ordinary VIP latrine. KVIP latrines are advantageous because no water is required for flushing and all kinds of anal cleansing materials can be used without threat of blockage. In addition, they can accommodate the water needed for anal cleansing if that is preferred. Wherever, a property has sufficient space to allow a detached latrine to be constructed and then moved when filled with solids, a single, deep-pit model will yield major savings as it is one-third the price of a twin-pit latrine.

### Septic Tank and Drain Field Systems

Low volume flush toilets (WCs) with septic tanks are a relatively expensive but good option. Wastewater flows from the home by gravity to a septic tank which is usually a double-chambered, watertight, concrete tank where heavier solids settle to the bottom and accumulate as sludge, and grease and lighter particles rise to the surface and form a scum. The clarified effluent then flows to a drain field. Septic tank systems are particularly advantageous as they can accommodate both excreta and sullage. A properly designed system can provide many years of good service, however, the tank will become blocked with solids if it is not cleaned out every 3-4 years and wastewaters will surface if the drainfield is not large enough to accommodate the wastewater flow. It is important that drainfields (either seepage pits or gravel filled trenches) are sized to provide one square meter of infiltration area for every 10 to 25 liters/day of wastewater, depending on the soil permeability. A simple percolation test can be used to determine the proper design factor.

Factors that affect household choice of improved sanitation facilities In reviewing the mix of technologies to match housing segments, each option is evaluated in terms of relevant technical, financial, social-cultural and institutional factors:

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<u>Technical</u> considerations include the type of housing, water supply facilities, geological conditions and operations and maintenance requirements. Where premises connections of water supply is high (more than 85%), in *high housing -density areas* simplified sewerage may be the viable option, as there is insufficient open space for WC/septic tank drainfields, inadequate room on ground floors of buildings for VIP latrines. In the *medium-density indigenous area* household latrines (VIP and pour flush) and WC/septic tanks are viable technologies, sewers are not possible at this time because of low-levels (less than 60%) of households with water in-house supply connections. In the *estate* and *low-density, newly developing area* all technologies are viable (considering water-dependent options).

<u>Financial</u> considerations included construction cost, operations and maintenance cost, and willingness-to-pay. Costs are location specific, and from costs comparisons carried out as part of Willingness to Pay for Improved Sanitation in Kumasi, generally sewer costs are inversely proportional to the population density; on a per capita basis construction costs of simplified sewers have been estimated estimated to be between \$25-30 in the high housing-density areas with multi-storey buildings, \$35 in the medium-density areas with compound houses, \$80-95 in typical Estate-type areas, and \$230-250 in the low-density high-cost areas. Thus the capital cost of sewers in the low-density, high-cost area with large plots (50m x 50m) is nearly 10 times the cost of sewers in the high housing-density areas. These conclusions should be checked against user preference and willingness-to-pay, and to the extent possible various options made available to individual households. <u>Socio-cultural</u> considerations are based on user preference. The results of the household survey conducted as part of Environmental Sanitation Assessment and Audit showed that the majority of people using WCs, and pit latrines rate them as good or fair in terms of cleanliness, privacy and convenience and are satisfied with them. However, people are not satisfied with the privacy and convenience provided by public latrines. Those people that prefer the VIP latrines usually do so because WCs require water that is expensive and sometimes unreliable, and because WCs might break or clog. In the estate and newly developing areas all houses are currently served by either individual or household WC/septic tank systems. They consider their current system to be satisfactory.

The above are only indicative to aid developing financing cost implications of what will be adopted. All home-owners are free to use the technologies of their preference, provided they meet guidelines for the construction of sanitation facilities issued by the MLGRDE.

#### ANNEX B: SCHOOL SANITATION FACILITIES

List of schools and inventory of existing sanitary facilities in schools

- Name of school
- Facility ID number
- Location (sub-metro area or sector)
- Type of school (primary, junior secondary)
- Cluster (ID number of adjacent schools)
- Number of students
- Type of sanitation facility (WC, aqua-privy, pan latrine)
- Number of cabins
- Condition

### ANNEX C: PUBLIC SANITATION FACILITIES

List of Public Facilities in Neighborhood

- Facility ID
- Location (sub-metro area or sector)
- Type (WC, aqua-privey, pan latrine)
- Number of cabins
- Average number of users
- Condition

#### List of Public Facilities in Commercial Areas

- Facility ID
- Location (sub-metro area or sector)
- Type (WC, aqua-privey, pan latrine)
- Number of cabins
- Average number of users
- Condition

Inventory of sites should also cover user analysis and scheduling of implementation of sub-projects under Packages.

- Sample Design of facilities and block layouts.
- Preparation of contract document for franchise operation of the public facilities and program to train franchise operators.