
Project Concept Note

Urban WASH for Communities in Cholera ‘Hotspot’ within Central Region, Ghana

Cover page

I. APPLICANT'S INFORMATION:	
Name of Applicant Organization Logo	IFRC /Ghana Red Cross
Status and Field of expertise	Humanitarian Organisation
Date of creation	1919
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Contact persons	Samuel Kofi Ado and Abel Augustinio (Ghana) and Robert Fraser (IFRC Geneva)
II. PROJECT'S INFORMATION:	
Title of the project:	Urban WASH for Communities in Cholera 'hotspot' within Central Region, Ghana
Purpose of the project:	To Improve the living conditions and health status of the vulnerable urban poor communities' central region of Ghana, by increasing access to safe water supply, improved sanitation and Hygiene practices as part of the IFRC 'Cholera Framework for Africa' and the GTFCC Cholera 'Road Map' and contributing to the "IFRC One WASH" strategy under the GWSI umbrella.
Name of the local partner(s) if any:	Ghana Red Cross
Total duration of the project:	Three Years.
Total cost of the project:	CHF 1.4 M
Amount requested for which period (starting-ending date)	January, 2018 – February, 2021.
Number of direct beneficiaries:	35,000 People (specifically vulnerable urban communities, children and women living suburban areas in Cape Coast Municipal areas recognised as cholera 'hot spot')
Number of indirect beneficiaries:	170,000 People

Project Proposal

I.	Programme	Summary
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A WASH preventive and preparedness approach will be taken to addressing cholera outbreaks in the endemic hotspots urban areas of Cape Coast Municipal areas. The project target to reach 35,000 direct beneficiaries at CHF 40 per beneficiary (CHF 1.4 M indicative budget) and 170,000 indirect beneficiaries with integrated water, sanitation and hygiene (WASH) services therefore reducing vulnerability to cholera of communities by 2020.

Internally, this project is within the framework of “One WASH” strategy 2024 aligned to the IFRC Cholera Framework for Africa. The project will contribute to meeting the SDG’s under the umbrella of the IFRC Global Water & Sanitation Initiative (GWSI) with a priority targeting of this cholera hotspot, thus contributing to the WASH and Health related SDG targets and indicators (both performance and impact indicators) in all aspects of project planning, reviews, and robust monitoring and evaluation in alignment with the WHO, Global Task Force on Cholera Control (GTFCC) overall vision.

The proposed approach would also draw on lessons learnt and IFRC comparative advantages of our proven partnership and implementation capacities that have reached over 40 million people with WASH services over the last 15 years in both emergency response and developmental contexts by applying appropriate and effective implementation approaches including participatory hygiene, sanitation transformation (PHAST) Community Based Health and First Aid (CBHFA) and Community Led Total Sanitation (CLTS)

II.	Background	and	Rationale
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Ghana is among the most cholera prone countries in Sub-Saharan Africa, the last worse cholera outbreak in Ghana was in 2014, with over 29,000 cases and 250 deaths, reported in 130 districts of all 10 regions of Ghana. The most affected regions were Greater Accra, Central, Eastern and Brong- Ahafo. Most cases emanated from urban metropolitan communities, normally associated with lack of access to water and sanitation as well as weak and or non-existent waste management systems.

The recent outbreak was reported in 2016, in the Central Region of Ghana were six out of the 26 districts of Central region reported 172 cases with not fatalities with Cape Coast Municipal area recording 80% (138 cases) of the reported cases.

Despite noticeable investment in the improvement of water and sanitation services in Ghana, continued increases in urbanisation and informal settlements put significant pressure on the already over stretched water and sanitation services in the major urban areas. As a result, a significant number of urban dwellers have deficient water supply and sanitation services, or even lack these services as is the case in most of urban areas of Ghana. Most municipal areas, faces serious challenges throughout the environmental sanitation chain: beginning with the limited access to toilet facilities, limited wastewater and septic sludge collection and transportation, lack of operational wastewater and sludge treatment facilities, inadequate solid waste collection from low-income areas, and absence of adequate solid waste disposal facilities. This is exacerbated in low-income areas by the additional challenges of household overcrowding, lack of space and land tenure issues.

Even though, there is no empirical evidence as to the main causative of the recurrent cholera outbreak in Ghana, the following factors might explain in large part the main context of transmission and spread of the outbreak:

Access to potable water from piped onto premises is granted to only 19 % of the population. This coverage is around 34% in urban areas and 3% in rural areas. Even if we did not have access to exact figures regarding the potable water in Ghana slums specially in Accra, all stakeholders we met, mentioned the limited access to potable water for the populations living in those localities.

Access to proper sanitation is granted to only 14% of the population. In the absence of access to proper latrine, the alternative consists of using shared sanitation (59%) and other unimproved sanitation facilities (8%). The percentage of population practicing open defecation is estimated to 19%.

Central region is made up of 26 districts, six of these districts have reported cholera cases. The districts are Cape Coast Metropolitan, Abura Asebu Kwamankese (AAK), Komenda Edina Eguafo Abrem (KEEA), Twifo Hermang (THLD), Asekuma Odoben Brakwa (AOB) and Mfantseman districts. The total population of these six districts is 727,928, while the entire region has a total population of 2,201,863 (Source: Ghana Statistical Service, 2016). The Cape Coast Municipal recorded 138 cases representing 80% of the total 172 cases reported in November 2016.

A joint WASH rapid assessment conducted on 74 public facilities by Red Cross and government in November 2016, found that:

- On water supply, only 44% of water sources were fully functional (providing water of acceptable quality and quantity with no disruption) only 63% of the facilities sourced water from municipal water network.
- On sanitation; 47% of public facilities used flush (water based latrines) the remaining use pit latrine or open defecation, only 47% are found with handwashing stations, though without soap

The above findings, corroborate with the earlier statements that, lack of access to water and sanitation linked to infrastructural inadequacies, personal and food hygiene are the main causative factors to cholera transmission.

Furthermore, it could be concluded that population within Central region in specifically the Cape Coast Municipal districts, particularly communities living in slums with limited or no access to water and sanitation services are highly vulnerable to cholera.

Against this background, the urban WASH project is proposed to reduce cholera related risks in the endemic hotspots of Cape Coast Municipal areas to benefit at least 23% (170,000 people) of the 727,930 population within the cholera hotspot areas of Central region.

This intervention is based in line with IFRC Cholera Framework for Africa strategy, formulated in 2016 following broad consultations with key stakeholders including WHO; UNICEF; ECHO and other internal and external partners. The 'Cholera Framework for Africa' lays out strategic and technical guidance on how IFRC and its partners may scale-up control and eventual eradication of cholera by 2025/30. This is in alignment with the efforts of the Global Task Force for Cholera Control (GTFCC) to which IFRC is an active member and lays out two prime pillars or approaches to be rolled out thus:

The increased and expanded use of OCV (Oral Cholera Vaccine) as a preventative and response mechanism for increased cholera control.

The OCV efforts closely integrated with both emergency but more importantly developmental WASH efforts in cholera hotspots as the longer-term solution to reduce cholera incidence.

It should be noted that the WASH efforts will be in alignment and use the already existing IFRC Global Water & Sanitation Initiative standard approaches, tools and network of Red Cross and Red Crescent National Society Implementers who are at present active in developmental WASH programming in most cholera endemic countries. With support from IFRC in partnership with local actors (such as the Catholic Church), the proposed project will comprehensively address these identified gaps, through a holistic integrated approach that combines the facilitation of increased access to safe water supply and improved sanitation, with hygiene promotion, health and environmental awareness activities, and particular focus on capacity building for community-based management of the facilities among urban poor communities in cholera hotspot areas of Central Region in Ghana. This proposed programme will be based and directly contribute to IFRC 'One WASH' strategy that is aimed at reaching at 2.3 million people in cholera hotspots with WASH services by 2024.

The project will contribute to reaching the health sector policy objective for Ghana to sustainably provide appropriate and hygienic basic sanitation facilities. This will be based on management responsibility and ownership by the users, leading to about 95% effective use and functionality of the facilities by the year 2020.

III.	Intended	Results
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The specific objective of the intervention is to reduce incidence of cholera and other diarrhoeal diseases affecting the vulnerable target urban communities in Cape Coast Municipal areas through long-term WASH interventions;

The key project result areas include;

- Sustainable increase in safe water supply in the intervention communities by 2021.
- Increase access to improved sanitation and hygienic practices in the targeted communities by 2021
- Promotion of integrated, community based approaches to management of water supply, sanitation and environmental health in the target communities by the end of the project implementation.
- Improved community based surveillance and cholera management at community level in targeted districts

The project's intervention sustainability strategy encompasses community capacity building for management of the WASH infrastructure, establishment of an early warning, early action mechanism in order to prevent outbreaks of cholera & diarrhoeal diseases.

IV.	Project	Design	and	Implementation	Plan
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The project will be implemented by Ghana Red Cross Society, GRCS with technical back stopping from IFRC regional office in Abuja and Geneva. The GRCS is the largest and most widely spread humanitarian actor in Ghana, established by an act of parliament as auxiliary to the public authorities to address vulnerabilities throughout the country. GRCS has its Head Quarters in Accra, with presence in all 10 regions of the country Over 40 permanent staff and 60,000 volunteer's country wide. supported by the IFRC through its Country Cluster Office in Abuja, Nigeria, GRCS provided services to vulnerable communities in the area of Disaster Management, Health and Care, Water, Sanitation and Hygiene (WASH) Commercial and Community Based First Aid, Volunteer and Youth development programmes.

The implementation plan for this project shall involve; at national level, the project will be supervised by the already existing WASH Technical under the Health and Care department with support from finance and PMER. While in the field, the project will be managed under the Central Region Office, supported by three technical staff and a team of community based volunteers. The team shall closely collaborate with the respective line ministries, district and regional levels for government policy guidance and adherence. Participate in coordination fora with the other development partners to avoid duplication of resources and harmonised implementation approaches.

The integrated WASH project has been designed to cover both software and hardware activities thereby creating synergy for an enabling environment to prevent the spread of cholera and other diarrhoeal diseases in the intervention communities. The standard GWSI approaches and criteria will be applied as in previous WASH projects implemented by Ghana Red Cross. The GWSI criteria, tools and methodologies, including software guidelines should be aligned with the SDG 6 indicators.

IFRC and its membership remains well positioned to increase the scope and scale of developmental WASH programming due to several key factors such as our auxiliary role to government; permanent in-country presence; long-term mission and vision, ability to partner internally and externally and the availability of our networks both local and global. Our role should be expanded where practical in strengthening the enabling environment with governments and other key stakeholders at national and sub-national levels, and in particular the national level policy base.

The provision, management and long term sustainability of WASH interventions rely on community action and empowering. Thus the focus upon WASH software as the project entry point during which community consultation is paramount to ensure that a management committee is formed who will be responsible for key decision making, local O&M resource mobilisation, technical options and mobilising community participation in construction works. Operation, repair and the training required to community members. Innovation will encompass but not be restricted to increased mobile phone technology and remote mapping for full project cycle management. A standard base line will be undertaken at project outset. 'Look Back' studies and increased post-project sustainability activities and an overall renewed emphasis on the need to apply improved, innovative and evolving methods of data collection and analysis will be undertaken as well as normal reporting and review such as mid-term and end line. As part of the GWSI projects the project will employ an Integrated Water Resource Management (IWRM) and ensure adherence to environmental protection including being 'climate SMART' to reduce negative environmental impact and adapt to increasing impact of climate variability and climate change. The project will ensure that data collect on the project sustainability will inform and or basis for improving future WASH programming, the data be widely shared and used to compare our approach with other WASH implementers. More efforts to secure 'post implementation' funding and activities to further strengthen sustainability should become the norm. (refer to GWSI tools).

The IFRC WASH team (Geneva and the field) will provide continued technical and programme backstopping to the Ghana WASH Cholera Project and foster among NSs a cascading technical and programming support culture. The project will advocate on the emphasise of having the right balance between ‘hardware’ and ‘software’ in programme planning and implementation (a public health focused approach) and the increased impact upon sanitation coverage and indeed innovative sanitation solutions will continue. The project approach will focus on ‘get the balance right’ on sanitation, water and hygiene behaviour change therefore, ensuring at least an equal number of targeted beneficiaries for each aspect.

In line with the SDG 6 the project will strive to increase upon and response to waste water and solid waste management. Similarly, safe excreta disposal and management should cascade to individual needs, especially for the elderly, infirm, those with disabilities or to those who have to cope with incontinence. Efforts around menstrual hygiene management (MHM) will form part of the project intervention. Similarly water quality monitoring and surveillance will be an integral part of this project.

Other Specific Considerations:

1. Under Sustainable increase of safe water supply in the intervention communities, the project shall support the construction of water supply systems, establishment of community management structures and ensure proper operation and maintenance of the constructed infrastructure.
2. Improved sanitation and hygienic practices within the targeted communities shall involve the construction of communal sanitary facilities within cholera hotspot communities, support the construction of HH latrines through awareness creation, provision of sanitation tool kits and hygiene promotion through the approved approaches of PHAST, CBFA and CLTS for the intervention communities and institutions respectively.
3. Promotion of integrated, community based approaches to management of water supply, sanitation and environmental health in the target communities by establishing functional community management structures.
4. Improved community based surveillance and cholera management at community level through the early warning, early action mechanism and improving the health care referral linkages with support from the trained pool of community based volunteers.

V. Planning Monitoring; Evaluation and Reporting (PMER)

PMER activities will be rolled out to ensure the quality of implementation throughout the operational management cycle. GRCS will be responsible for the day-to-day monitoring of the operation, primarily at the branch/unit level, however, it’s NHQ and the IFRC team will be supporting the implementation team as and when required. As a part of information management system, the beneficiary database will be developed to avoid duplications and to track assistance by the GRCS team. The database along with the baseline assessment will be conducted using mobile based technology; RAMP (rapid assessment using mobile phone). Reporting on the operation will be carried out in accordance with the IFRC reporting standards.

VI. Institutional Arrangements and Management Plan

Human resources

GRCS will use its already trained existing staff and volunteers for managing this project. At National the project will be coordinated by a National WASH coordinator under the Health and Care Department, supported by an Information Management Officer Finance, Logistic and Fleet Officers. At Regional, the project shall have two project specialised one water and sanitation engineer and one public health experts supported by finance accountant, both reporting to the Regional Manager, District officers and community volunteers will be recruited at district and community levels.

The IFRC WASH delegate based in Ghana will provide technical support and as well as liaison between GRCS and movement and other partners.

Logistics and supply chain

Logistics support will be provided following IFRC standard systems and procedures to guide all procurement requirements.

Communications

The GRCS communications team works closely with IFRC Regional Communication unit in Nairobi, Kenya to ensure project visibility and human interest impact is documented and disseminated local and internationally.

Administration and Finance

GRCS programme and finance teams will work closely to ensure the supply chain of cash towards the field. The project will rely on existing financial management and administration systems in GRCS and IFRC respectively.