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**ACCESS TO SANITATION AND SAFE WATER:
GLOBAL PARTNERSHIPS AND LOCAL ACTIONS**

**“Use now, pay later”, An innovative approach to increasing
access to improved latrine facilities in Ghana**

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Rural sanitation has not been given the much needed attention in National development issues. Currently the coverage is about 28%. This is poor and has serious Public Health implications for the rural folks who form about 60% of the National population. Achieving the Water and Sanitation Sector Millennium Development Goals will require innovating approaches and efficient use of resource with commitment from project beneficiaries. Many households currently do not have access to sanitation facilities because they are unable to make upfront cash payment of Seventy Thousand Cedis (an equivalent of US\$7) as a non-refundable commitment fee. Considering the shortfall of 72% it is very clear that serious thoughts should be given to finding effective and flexible approaches to delivering rural sanitation in order to galvanize active community participation to improve coverage. This paper seeks to share some lessons learnt by Professional Network Association (ProNet) through its engagement with rural communities in northern Ghana in the delivery of household latrine facilities. A system of credit to rural households dubbed “Use now, pay Later” where households are supported to construct latrine facilities and pay for them during harvesting season when their income levels have improved, has helped to increase coverage by over 500% in three years in the Upper West region of Ghana.

Introduction

Achieving the Water and Sanitation Sector Millennium Development Goals will require innovating approaches and efficient use of resources with commitment from project beneficiaries. Sanitation, in particular, which has become a ‘stepchild’ to water supply provision will need extra effort at all levels to facilitate the achievement of set goals. An innovative strategy that Professional Network Association (ProNet) has developed with the support of project beneficiaries is the “Use Now, Pay Later” Strategy. This strategy has led to an increase in sanitation coverage by 500% within a year.

The issue

ProNet started implementing Integrated Water, Sanitation and Hygiene Promotion in the Upper West Region of Ghana in 1995 with funding support from WaterAid, a UK charity and UNICEF. Under the programme communities are supported to have access to improved water points, mainly hand dug wells fitted with hand pumps and improved latrine facilities. The focus of the Programme is to improve the health of the members of the participating communities by reducing water and sanitation related diseases through adoption of better hygiene practices. Thus, water and sanitation facilities are provided to facilitate the adoption of good hygiene practices and change in high risk hygiene related behavior at household and community levels.

Most communities perceive water supply provision as whole communal issues whilst sanitation in terms of provision of latrine facilities is a household affair. Hygiene Promotion and adoption of better hygiene practices cut across the individual, household and community levels. Therefore mobilizing for the construction of hand dug wells is easier than for a household latrine. With the sanitation component of the Programme households in every “hand dug well community” is supported to construct a latrine facility mainly VIP and soak-away behind their bath houses. This is to address the immediate problem of unsafe disposal of human waste and appropriate management of waste water to improve environmental hygiene.

Community Water and Sanitation committees (WATSANCs) and trained latrine artisans selected from participating communities promote and construct the facility for a fee from the beneficiary household. By the terms of implementation, the household digs the pit, provides local available materials for the construc-

tion of the squat slab and the superstructure. The project on the other hand provides ‘stimulant packages’ in the form of a few bags of cement and PVC pipe and fly screen. All these requirements notwithstanding, the household have to make upfront cash payment of Seventy Thousand Cedis (an equivalent of US\$7) as a non-refundable commitment fee. This is used to pay the latrine artisan on behalf of the household. Such an amount must be paid before the household could benefit from the intervention. During the period of 1995 and 2001, the total latrine coverage was 80 VIPs per year representing 21% of the population. This became a concern to the project staff and therefore investigations were commissioned into the causes of low demand for latrine facilities by the households

Outcome of engagement with communities

The investigation revealed that the households do need the facility and are ready and willing to demand the facility. They are also prepared to make both in-kind and cash contributions to the project. However, the timing of the payment of cash upfront has been the obstacle to the household demand for the latrine facilities. The underlying reason was that construction period of the latrines coincides with the dry and lean season when farming activities have ended and people hardly have enough to spend. The upfront payment requirement, especially paying the entire amount at once, worsens further an already bad situation.

The community members suggested that they should be allowed to benefit from the latrine project and the commitment fees paid during the harvesting season when the financial burden is reduced. They also propose to select a trusted member of the Community-based WATSAN Committees to collect the fees on behalf of the project and that there should be a monthly installment payment over a period of 12 months. The term coined by the community members for this arrangement was “use now, pay later”.

Achievement so far

Following from this, ProNet decided to pilot this option in two Districts in 2003. Consequently, systems for collecting the installment payments were designed and implemented. Latrine artisans and WATSAN Committee members were given orientation on the “new” approach, including their roles and information to be disseminated to the potential beneficiaries. At the end of the 2003 Construction season, 500 households have applied for latrines. However, ProNet could only meet 400 because of limited funding. This number is equal to the latrines constructed during the six-year period between 1995 and 2001. For the 2005/6 construction season 650 households applied to participate in the latrine programme in three Districts but again the project could meet only 400 of the demand. In the 2006/07 construction season 800 applications were received however the project could meet only 200 of the demand.

Another dimension discovered from this innovation was that there was between 90 and 95% latrine coverage in the piloted communities. This met the project strategy of concentrating facilities in a few communities rather than spreading ‘thinly’ in more communities.

Data from debt recovery indicated that 34 out of the 40 communities have made 100% payment as at August 2006. The payment of the remaining 6 communities averaged 65%. A total amount of Fifty-eight Million Cedis (US\$5,800) has been generated from this innovation. Poor households identified by the communities were exempted from the payment of commitment fee. For the 1000 latrines constructed during the period under review 24 (2%) households were exempted from paying the fees. In view of the increased community interest in the project ProNet is engaging the District Assemblies in discussing the possibilities of supporting the project. The response so far has been positive; it is expected that their support could increase output in the coming years.

Lessons learnt

1. Taking the community concerns into consideration in the review of the implementation process proved beneficial. It allowed more households to register to participate in the project.
2. Strengthening the community capacity to manage the delivery process including the collection of the monthly installment agreed on by beneficiaries produced outstanding results. The process was effectively managed; this is reflected in the high recovery rate.

Recommendation

Since the acquisition of latrine is primarily a household affair, it is important to engage households extensively in deciding on technology and financing options for sanitation facilities.

The “Use now pay later” concept is feasible, and District Assemblies should replicate it throughout the

country in order to accelerate sanitation coverage in rural areas.

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