

POLICY BRIEF

Towards Improving the Water and Sanitation Situation in Ghana

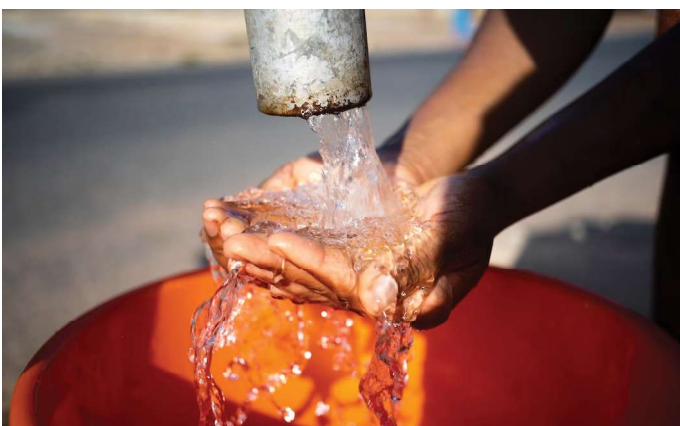
EXECUTIVE SUMMARY

This policy brief examines the water and sanitation situation in Ghana and assesses progress toward achieving Sustainable Development Goals (SDG) targets. Despite significant improvements in access to improved drinking water, challenges persist, particularly in rural areas. Approximately 10% of households still lack access to improved water sources, and there are regional disparities with the North-East, Savannah, and Oti regions facing the lowest accessibility rates. Access to basic water services has also improved but with variations between rural and urban areas. Sanitation remains a major concern, with only 59% of households having access to toilet facilities. Open defecation is prevalent, especially in rural areas, contributing to health risks and hindered development. The northern regions and rural areas face particular challenges in both water and sanitation access. To address these issues, targeted interventions are recommended, including infrastructure investments and regional equity measures. Urgent attention is needed to expand access to sanitation facilities, particularly in rural regions, through inclusive policies, public awareness campaigns, and behavior change initiatives.

INTRODUCTION

Water and sanitation are critical to national and global agendas in terms of public health, agriculture, production, consumption, and climate change. Water and sanitation can help to reduce the global burden of disease and

improve the health, education, and economic productivity of people. Consequently, huge investments are being made to achieve substantial access to clean water and proper sanitation. However, the road to success is still far ahead as global efforts have made slower progress than expected which is likely to threaten targets 6.1 and 6.2 of the SDGs should the current progress rate persist into 2030 (WHO/UNICEF, 2021). Global estimates indicate that 26% of people lack safely managed water, and 46% lack proper sanitation. In Sub-Saharan Africa (SSA), the region is also known to have the widest gap in access to safely managed drinking water between urban (54 percent) and rural (13 percent) areas while only 33% of the population had basic sanitation in



While the Government of Ghana has made efforts to improve water and sanitation (MoF,), there are still challenges that hinder progress. Available data show that while significant progress has been achieved toward meeting the SDG objective for water, the same cannot be said of sanitation. Currently, the national coverage for improved drinking water is about 92% and that of improved sanitation is 59% (GSS, 2022). Although access to drinking water has improved, there have been worrying water shortages in both urban and rural areas. The situation in rural areas is even worse, with the added menace of illegal mining and water pollution, and pressure on existing facilities from rapid urbanization. Similarly, sanitation facilities are non-existent in many areas, leading to open defecation, with about 18% of Ghanaians engaging in this undignified and unhygienic practice (about 31% of people in rural areas and about 9% of the urban population). This brief seeks to assess the water and sanitation situation in Ghana and to track the progress of the sector toward achieving SDG targets.

APPROACH AND RESULTS

The paper uses secondary data from sources such as institutional reports, media releases, and online publications of governmental and international agencies for the review and analysis.

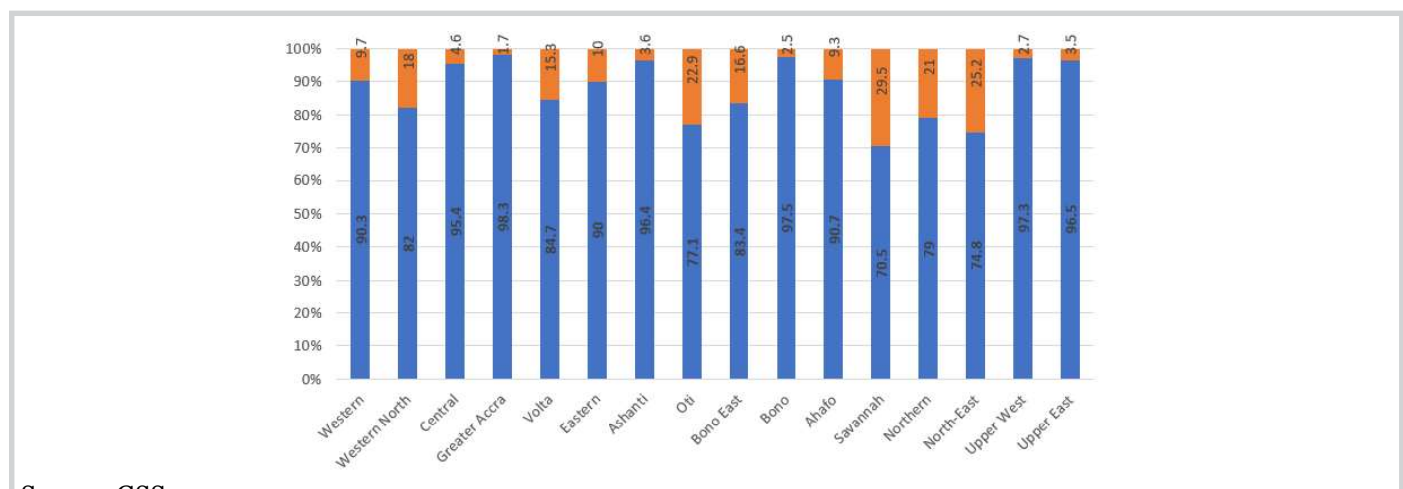
Water

From the review and analysis, the results show that access to improved drinking water increased by 10 percentage points (ppts.) from 2018-2021,

with approximately 9 out of 10 households having access (GSS, 2022). Predominantly, the sources of water for these households have been sachet water (37.4%), pipe-borne water (31.7%), and boreholes/tube well (17.7%). There is also a significant gap in the rural-urban distribution of improved drinking water. Comparably, an estimated 2% of urban dwellers (400,000 people) still do not have access to improved water, particularly those in the North-East Region (24%) whilst the proportion is estimated at 17% in rural areas, particularly the Savannah Region (about 39%) (GSS, 2022). In addition, there is a wide inequality in the regional distribution of the population with access to an improved water source. The 2021 Population and Housing Census indicates that of over 90% of households in nine regions that have access to improved drinking water sources, the regions with the highest accessibility rates are Bono (97.5%), Greater Accra (98.3%) and Upper West (97.3%), whereas regions with the lowest accessibility rates are Savannah (70.5%), Oti (77.1%) and North-East (74.8%) regions (Figure 1).

In terms of basic water, the trend showed increased access from 80.2% in 2015 to almost 86% in 2020, roughly about a 1.1 ppts increment year-on-year during the period. This trend further increased by 1.7ppts in 2021 (GSS, 2022). While there are variations in access rates between rural dwellers (74.4%) and urban dwellers (96.4%), the regions with the lowest access rates are North-East (54.8%) and Savannah (55.1%) (GSS, 2022). Among the urban population, people in the North-East still have more limited access to basic water (64.5%) than their counterparts in other regions. Similarly, the situation is not different for rural people in the North-East (49.6%), Savannah (42.3%) and Northern (45.8%) regions.

Figure 1: Households using improved sources of drinking water, by region (%)



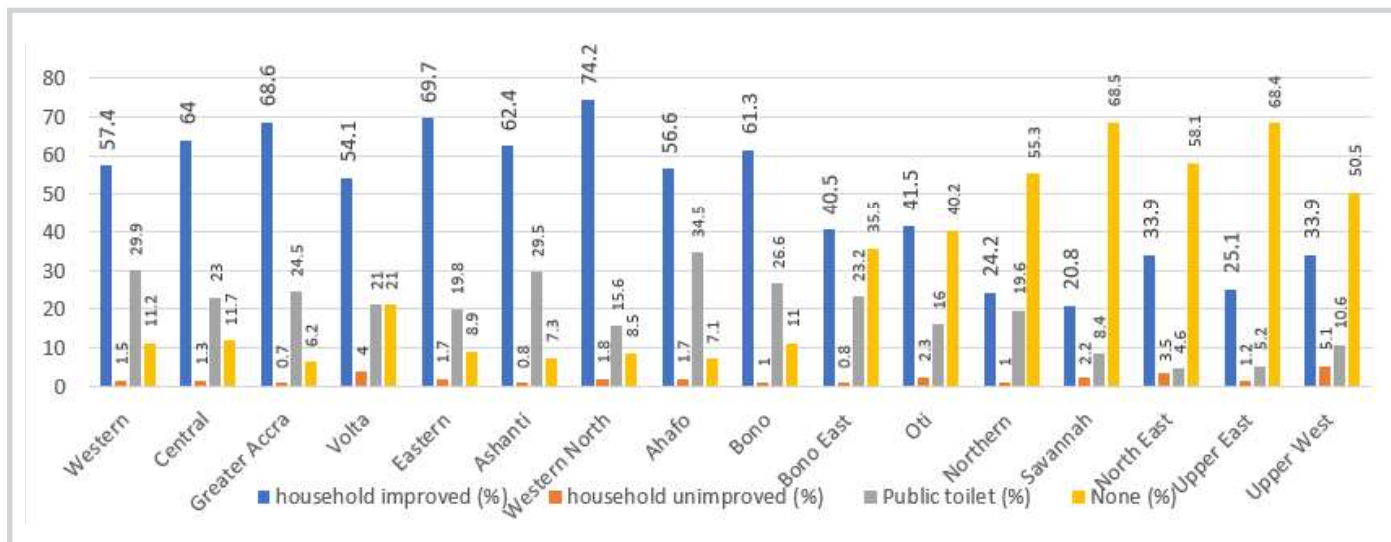
Sanitation

Approximately 59% of Ghanaian households had access to toilet facilities in 2021 with a differential of about 17 ppts between urban (65.9%) and rural households (49.1%) (GSS, 2022). About 43% of households with access to toilet facilities are using an improved and exclusive toilet (basic service) and more than half are also using an improved but shared toilet facility (limited service). The proportions of households sharing improved household toilet facilities vary little between rural (55.4%) and urban (54.8%) areas (GSS, 2022).

The regional distribution shows that more than 30% of households in the northern belt, including Bono East and Oti regions do not have toilet facilities, with the situation being more pronounced in northern Ghana (Figure 4). The unavailability of toilet facilities in these regions explains the high levels of open defecation recorded in these areas (Figure 5).

Generally, a significant proportion (18%) of households in Ghana are engaged in open defecation, with three times as many among rural households (31.3%) than urban households (8.9%) (GSS, 2022). Data from the Joint Monitoring Program of WHO/ UNICEF (2021) indicate that the proportion of households accessing safely managed basic toilet facilities has been on the rise after the MDGs while the trends of those who access limited toilet facilities, unimproved and open defecation have been falling since 2015-2020 (Figure 6). The regions with the highest proportions of unimproved household toilet facilities are Upper West (13 percent), Savannah (9.7 percent), North-East (9.3 percent), Volta (6.9 percent), and Oti (5.2 percent).

Figure 4: Household use of toilet facility, by category and region (%)



Source: GSS, 2022

Figure 5: Open defecation rates, by region (%)

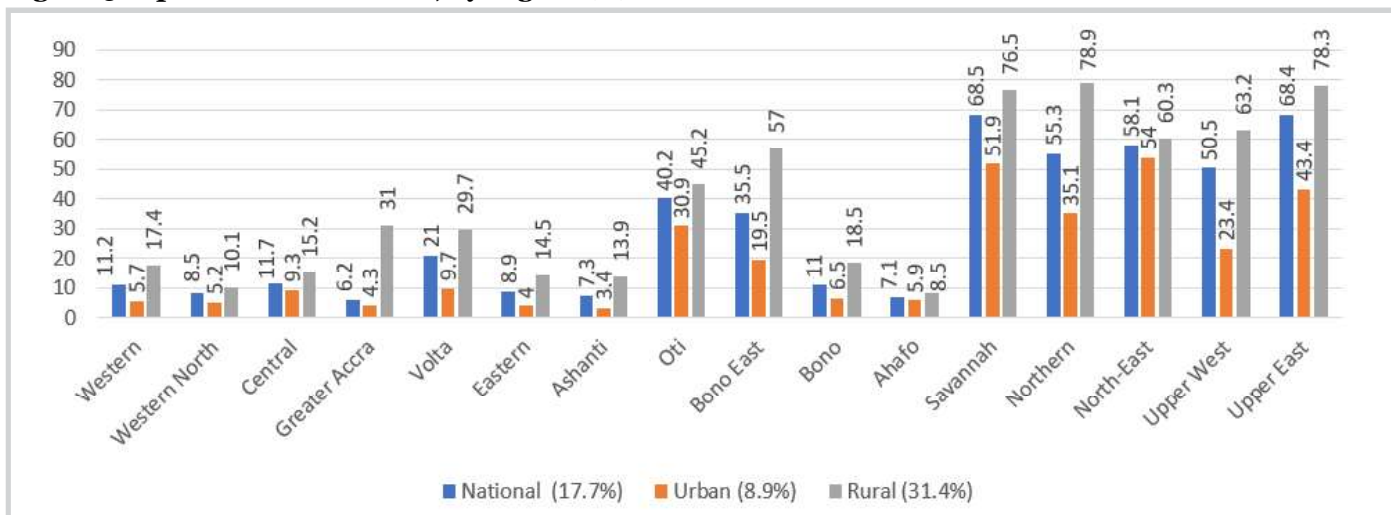
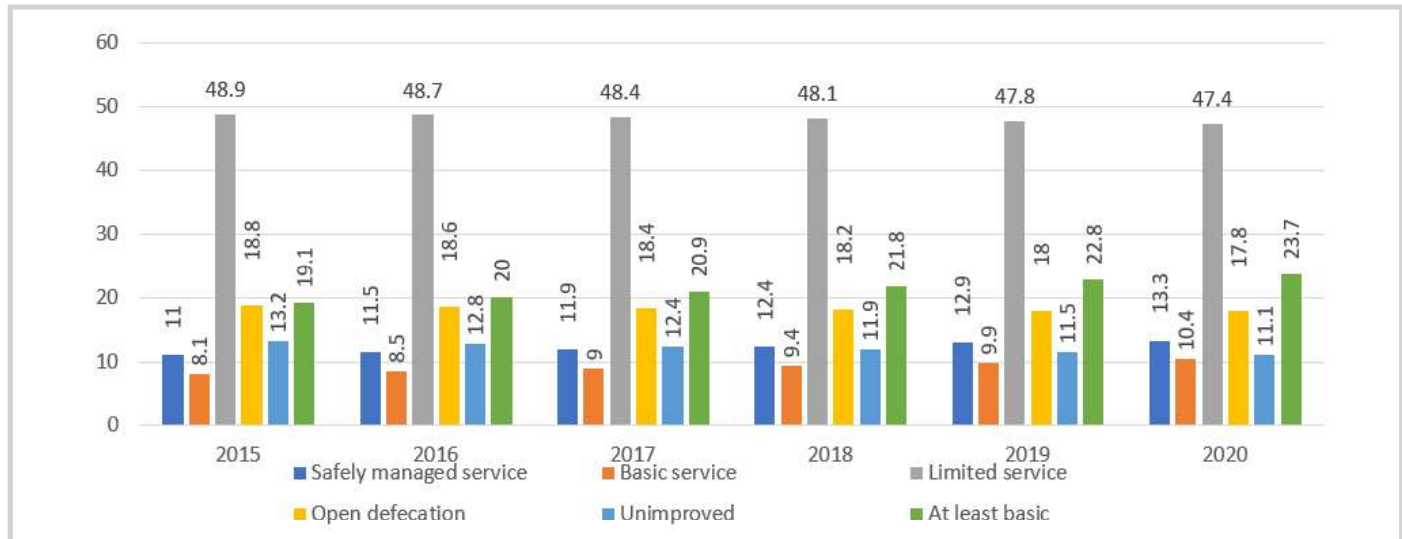


Figure 6: Access to types of sanitation facilities, post-MDGs, 2015-2020 (%)



Source: WHO/UNICEF, JMP WASHDATA

CONCLUSION AND RECOMMENDATIONS

Even though access to drinking water has significantly improved among Ghanaian households, there are still about 12 percent of Ghanaians without basic drinking water. Evidently, it was revealed that about 4% of households have access to an improved source of drinking water beyond 30 minutes round trip (limited service), and the proportion is about six times higher in rural areas (8.6%) than in urban areas (1.4%). Five regions were worse off, having proportions higher than 10 percent: North-East (19.9%), Upper West (19.3%), Upper East (16.7%), Savannah (15.4%) and Northern (13.6%) regions (GSS, 2022: pp. 33). The spatial analysis suggests that rural water systems need to be improved to address the water situation of the remaining 36 percent of rural dwellers who depend on limited and unimproved sources of drinking water. The low level of access to improved drinking water could have some serious health implications such as water-related diseases like diarrhoea, cholera, and dysentery, which may consequently result in low school attendance in these regions.

Meanwhile, access to sanitation in Ghana in turn remains deplorably low. The 2021 Population and Housing Census indicates that about two-thirds of people depend on facilities outside the household (shared facilities) or unimproved toilet facilities. The absence of toilet facilities has dire consequences for vulnerable groups such as girls, women (in terms of human dignity, abuse, exposure to predators, etc.), and most particularly children because the design of toilet facilities usually does not meet their needs

(Kosoe and Osumanu, 2018). The importance of both water and sanitation was heightened by the outbreak of COVID-19, emphasizing the need to expand infrastructural investment in the sector. Besides increasing accessibility and providing constant and adequate quality water supply, it became more urgent to improve toilet facilities and waste/sewage treatment facilities and raise overall sanitation levels in the country.

There needs to be effective coordination, harmonized policies, and approaches to address issues of open defecation and poor sanitation condition in many households. To this end, the government needs to focus more on increasing access to toilet facilities in rural areas, particularly in the northern belt regions such as Bono East, Oti, and northern Ghana. There is a need to implement targeted programs and initiatives to provide improved and exclusive toilet facilities, increase investment in infrastructure and expand water supply networks to households in these regions. In addition, it is crucial to understand the intricacies of the rural-urban gap and poverty multidimensionality. This will help implement inclusive and targeted policies aimed at the poor and deprived regions (Northern Ghana and Oti regions) and as well ensure equitable allocation of resources that take into account the health ramifications and the socio-economic costs of water and sanitation to the state and households. Finally, public awareness campaigns to educate communities about sanitation and promote behavior change need to be intensified.

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Researcher:

Martha Awo (PhD)
ISSER, University of Ghana
maawo@ug.edu.gh

*A full version of the content of this policy brief can be found in the Ghana Social Development Outlook 2022

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P. O. Box LG 74, Legon, Accra
Tel: (+233) 057 7699900; (+233) 057 7699902
Email: isser@ug.edu.gh
Website: www.isser.ug.edu.gh



Editorial review & Design:

Vicentia Quartey
(vquartey@ug.edu.gh; +233 244 766492)