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# REPORT ON LATRINE INSTALLATION IN BONGO DISTRICT, UER, GHANA

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1. Activities 2015 .....	2
2. Implementation Strategies.....	3
2.1. Donors.....	3
2.2. BONDO/Faustina.....	3
2.3. Beneficiaries.....	3
2.4. Artisan .....	3
3. Implementation and outputs.....	4
<b>3.1.</b> Community and Beneficiaries Identification and Selection.....	4
3.2. Latrine design.....	5
3.3. Artisans.....	5
3.4. Supply of Material to Beneficiaries.....	6
3.5. Construction of Latrines .....	6
4. Beneficiary Communities, and Types of Disease (TOD) noted.....	8
5. Conclusion: issues and recommendation.....	10
5.1. Issues.....	10
5.2. Recommendation.....	10
6. List of expenditure .....	12
7. Copy Receipts.....	12

## 1. Activities 2015

This Programme has covered the construction of Latrines in 20 communities in Bongo over the winter of 2014/2015. A total of 397 people are the direct beneficiaries of this project.

These communities and Grid References are:

<b>Community Name: Feo</b>		<b>Section Name: Awisii</b>
<b>No.</b>	<b>Name of Household</b>	<b>GPS Coordinate</b>
1	AYAMDOO AKULAA	11.00447/-0.810496
2	AYERIGA ASIAH	11.004987/-0.811922
3	NASHIRU AKAZIRIGO	11.002722/-0.812322
4	ATIAH AMMITA	11.005072/-0.813434
5	AWINE ABULGA	11.004784/-0.814671
6	KOJO NSOH	11.002743/-0.816483
7	ATULE ABREMAH	11.003881/-0.809944
8	AYAMGA AWINE	11.001279/-0.816533
9	ABARIGA AWINDONGO	11.003877/-0.811682
10	NYAABA APOETA	11.000864/-0.813586
11	NSOH ADUKO	11.001532/-0.813232
12	ISSIFU ASIAH	11.002893/-0.812935

  

<b>Community Name: Feo</b>		<b>Section Name: Social Center</b>
<b>No.</b>	<b>Name of Household</b>	<b>GPS Coordinate</b>
1	ADONGO AKANTAETH	10.991528/-0.808393
2	ATANGA ADONGO	10.993342/-0.806355
3	ALEMBANG IBRAHIM	10.992806/-0.807041
4	AKANTAE AGNES	10.990557/-0.808110
5	AKANTAE JAMES	10.993110/-0.808396
6	ATANGA ADUKO	10.993157/-0.805819
7	AZUBRIRE PAUL	10.993418/-0.804340
8	AKURIGO AYAMGA	10.994733/-0.804347

The key problems are lack of sanitation where open defecation is practised. The diseases found in the communities related to poor sanitation are noted in table 1 below, of which severe piles are a real problem, and stomach pains and diarrhoea very common. Also the security of women is at stake in using bushes and shrub.

## 2. Implementation Strategies

The implementation approach was demand driven. As such the actors had the following roles/responsibilities:

### 2.1. Donors

- Fund mobilisation
- Set up standards and ensure quality
- Monitoring and evaluation

### 2.2. BONDO/Faustina

- Administer donor funds and writing progress reports.
- Facilitate full community participation
- Conduct community and beneficiary identification
- Brief community on regularly and get feedback
- Sign project agreements with applicants and artisans
- Facilitate contracting of service providers and supply of materials
- Supervise construction artisans
- Help solve conflicts and problems at different levels

### 2.3. Beneficiaries

- Identify needs and apply for counterpart assistance
- Sign project agreement
- Provide site
- Contribute to capital costs
- Maintain facilities for continued services
- Assume ownership of facility

### 2.4. Artisan

- Siting and setting out of latrines pits for excavation
- Supervise excavation and block/brick moulding
- Works with/accountable to beneficiaries and BONDO/Faustina
- Household latrine construction

## 3. Implementation and outputs

### 3.1. Community and Beneficiaries Identification and Selection

The project was implemented in two sections, Awiisi and Feo social center in Feo community. Feo community was selected based a request made by Mr Issifu Asiah a community leader .



**Figure 1 Community Meetings**

Four meetings were held with the community and beneficiaries. The BONDO initial met with the community and introduced the project to the traditional leaders and the Assemblyperson. During the second community meeting a transact walk was organised with sectional leaders across the two sections of Feo. The walk provided adequate sanitation needs information and this was used to develop a sanitation map for FEO. Though open defecation is practiced in all the sections of the community during the sanitation mapping session at the community meeting it was agreed that the 10 facilities should go to two sections in Feo that is Awiisi and Feo social center due to relatively higher effects of open defecation practices.

The other level of meetings was with the direct beneficiaries after section members had provided a list of 10 beneficiaries for each section who were able and ready to meet the project requirement. The meeting discussed the project detailing responsibilities of various stakeholders. The fourth meeting was confirmation of interest to participate in the project and the signing of agreement with beneficiaries and artisans and the introduction of Artisan to beneficiaries. The processes adopted enhanced project acceptability and eliminated conflicts among community members.

### 3.2.Latrine design



**Figure 2 Stages of Latrine Construction**

The latrine design that was adopted is the KVIP pit latrine. It has a single pit with a width of 8 feet and a diameter of 6 feet (3 feet radius) and a squat hole. The design was appropriate for the large household size (averaging 6). However, each of the household beneficiaries are contained in large extended family compound houses and are more likely to share the facility with other households in the compound houses.

### 3.3.Artisans

Two artisans were engaged to construct the latrines. These artisans were initially trained by the Community Water and Sanitation Agency (CWSA Upper East Region) and were used in the provision of household latrines to beneficiary communities in the Region. The artisan's activities encompassed construction of the substructure, casting of concrete slabs and completion of superstructure (construction of walls, fixing of ventilation pipes and roofing). Artisans were paid after successful completion of work.

### 3.4. Supply of Material to Beneficiaries



**Figure 3 Materials being delivered**

The project provided three major materials to beneficiaries that otherwise would have made it impossible for them to have household latrines. For effective and timely delivery, Lahaad Enterprise in Bolgatanga supplied the required material to the communities and that met donor's obligations to supplying cement, vent pipe and roofing sheet. Each beneficiary received 8 bags of cement, 1 vent pipe and 2 aluminium roofing sheets. Besides, the beneficiaries also provided adequate local materials that include washed sand, stones and water in addition to wood and roofing nails.

### 3.5. Construction of Latrines

Construction work started with the siting and setting out of latrines pits for digging and this was jointly performed by the artisans and BONDO members. Household members successfully moulded blocks, cured it and excavated the pits to required dimensions only when the blocks were ready for use and artisan ready to line the pit. This measure was an environmental safe-guide against caving, the falling of people and animals into it and the collection of water that could breed mosquitoes and spread malaria.

The substructures of the 20 latrines are then completed and covered with slabs. The superstructure was also completed and roofed and in use.



**Figure 4 Completed Latrines**

## 4. Beneficiary Communities, and Types of Disease (TOD) noted

**Table 1: List of Household Latrines Beneficiaries & Household population Data sheet**

No.	Community Name: Feo,	Section Name: Awisii	M	W	C	Blind		Cripple		Toilet		Total
	Name of Household	TOD				M	F	M	F	Old	New	
1	AYAMDOO AKULAA	Malaria, stomach Pains,	8	8	15						1	31
2	AYERIGA ASIAH	Mental disorder, Malaria	5	5	5			1			1	16
3	NASHIRU AKAZIRIGO	Piles, Stomach Pains, Malaria	3	3	8			1			1	15
4	ATIAH AMMITA	Malaria, Stomach pains	5	6	21	2		1			1	35
5	AWINE ABULGA	Body pains, Malaria	6	6	7						1	19
6	KOJO NSOH	Piles , Malaria, Stomach pains	4	3	8						1	15
7	ATULE ABREMAH	Malaria, Stomach Pains, Piles	7	10	11	1					1	29
8	AYAMGA AWINE	Piles, Malaria, Elephantiasis	3	2	7						1	12
9	ABARIGA AWINDONGO	Malaria, Body pains	18	16	45						1	79
10	NYAABA APOETA	Body pains, Malaria,	3	2	7						1	12
11	NSOH ADUKO	Body pains, Stomach pains	7	10	11	1					1	29
12	ISSIFU ASIAH	Malaria, Headache	3	7	14	1					1	25

**Key: M=Men 62**

**W=Women 79**

**C =Children 158**

**TOTAL 299**



### Household Population Data Sheet

No.	Community Name: Feo,	Section Name: Social Center	M	W	C	Blind		Cripple		Toilet		Total
						M	F	M	F	Old	New	
	<b>Name of Household</b>	<b>TOD</b>				M	F	M	F	Old	New	
1	ADONGO AKANTAEH	Cough/TB, StomachPain, Headache	3	2	4						1	9
2	ATANGA ADONGO	Diarrhoea, Malaria, Bilharzia	2	1	3						1	6
3	ALEMBANG IBRAHIM	Diarrhoea, Rheumatism, Bilharzia	3	2	3						1	8
4	AKANTAE AGNES	Malaria, Diarrhoea, Bilharzia	2	2	5				1		1	10
5	AKANTAE JAMES	Malaria, Diarrhoea, Headache	4	6	2						1	12
6	ATANGA ADUKO	Headache, stomach Pain, Malaria	5	5	5					1	1	15
7	AZUBRIRE PAUL	Headache, Stomach pains	4	4	5				1		1	14
8	AKURIGO AYAMGA	Tb ,headache, Skin Diseases	8	8	10		1				1	27

**M=Men 31**

**W=Women 30**

**C=Children 37**

**TOTAL 89**

## 5. Conclusion: issues and recommendation

### 5.1. Issues

The challenges are that household heads could not afford for wood and roofing nails because farm inputs competed for their exiguous savings and was given priority. They have wish if this can be supported in the next project.

The following issues have been noted:

- Generally, the project was successful and completed as scheduled.
- User training is necessary to enhance hygienic and maintenance practices and then sustain the facilities. The housing in Bongo District and as among the ethnic groups of northern Ghana is not based on a household but several households of brothers/cousins, uncles and possibly a grandfather in a compound house. The latrines are more likely to be shared and easily filled.
- Interest of community members and neighbouring communities in the project is high though resource available to meet demand is grossly limited.
- The women in beneficiary household express that the latrines provides privacy and security than bush and shrubs.
- It is noted that with the inflation of the Ghana Cedis that the cost in Ghana has increased some 80%. But as the GH Cedis has declined against the GB Pound, the cost to donors is stable.

### 5.2. Recommendation

Interest in the subsidised private latrines is high and the sponsors should take actions on the following:

- Expand fundraising activities to increase the number of beneficiaries and beneficiary communities
- The design of the household latrines for subsequent interventions could adopt the double pit household latrines with a squat hole to each. This design is appropriate for compound houses with multiple households where members switch use of pits while the decomposed faecal sludges from the filled pit are emptied for crop farming.

- In order to reduce costs it is best to buy in large quantities, and increasing the number of latrines built will reduce the cost per latrine.

Faustina Atipoka Awane

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