



Our husbands sometimes have to abandon the farms in search of water for the family. Without engaging in farming, how can we earn an income to support our children's education, health insurance? That means we will be poor forever.  
*Wasilatu Suleman, from Sangnarigu-Dungu, Ghana*

# Speaking out on Sanitation and Water

Voices from Ghana, South Africa and Liberia

**Throughout August 2010, in the run up to the UN High-Level Plenary on the Millennium Development Goals (MDGs) in September 2010, End Water Poverty worked with partners in Liberia, Ghana and South Africa to hold a series of 'poverty hearings' to provide a voice for communities lacking access to clean water and safe sanitation.**

Poverty hearings are an engaging and empowering method of connecting the voices of communities with those in power. By bringing personal testimonies from individuals together with experts in the field, local or national decision makers, and high-profile 'champions' for their cause, these hearings provide a space for communities to articulate their rights and help shape improvements to their life.

Their respective experiences reflect local conditions and context, but as you will see in the following pages, there are a number of common themes that bind together the lives and livelihoods of these communities that span a continent.

✎ Health and prosperity is heavily tied to water and sanitation: time spent fetching water is time lost farming or earning money, while the costs of treating water-borne illnesses keeps families poor and children out of school.

✎ A lack of sanitation and water is a threat to both safety and dignity: violence against women is a significant risk when having to travel to access facilities, whilst open defecation and an inability to wash undermine a community's sense of dignity.

✎ The responsibility of authorities to ensure basic services for all is too often unfulfilled: realising the rights of all citizens requires a more equitable approach to local development, and greater focus and accountability at all levels.

These hearings primarily serve to drive change in their own communities, but they also provide a reminder of the need for international action. There remains a huge gap between the lofty aims of the Millennium Development Goals and the experiences of people expressed through these hearings.

As Heads of State meet again at the UN High-Level Plenary on the Millennium Development Goals in September 2010, this gap must be closed. There are 884 million people without water, and 2.6 billion people without sanitation, whose health, prosperity and dignity depend on it.<sup>1</sup>

<sup>1</sup> UNICEF/WHO Joint Monitoring Report (2010)



Abubakari Abu

Madam Abibata

“We give birth to beautiful and handsome children but as they grow up, they look dirty and are unable to mix with other children. They look inferior in front of their colleagues from different communities.”

*Madam Abibata Issahaku, a mother of nine from Tampaala, travels six miles every day to collect water. There is not enough to wash her children’s clothes regularly.*

“The situation is bad to the extent that when you sell your farm products at the market, you end up using almost the entire money to pay for health care, and the education of our children also comes to a standstill.”

*Kassim Moro, Youth Leader, from Sangnarigu - Dungu*

“People defecate not too far from the community’s water source and when it rains, the water washes the faeces back into our dam. When we fetch water from the dam, it causes a lot of diseases in the community.”

*Madam Abdul – Raman*

“This is a serious issue which I want the government and Tamale Assembly to help us solve. How can a grown up man like me continue to defecate outside?”

*Abubakari Abu Aged, 65: village elder and the Mu-azzin of the local mosque in Sangnarigu - Dungu*



Sangnarigu

# Voices from Ghana

**Progress towards meeting the water, sanitation and hygiene Millennium Development Goal targets in Ghana has been slow, and neglected for too long. Whilst some real progress has been made in improving access to clean water, the target to halve the proportion of people without access to sanitation will not be met until 2130 unless substantially greater efforts are made.**

WaterAid Ghana, working with ProNet North and New Energy, organized a series of poverty hearings to provide a space for often-excluded voices (women, persons with disability, children and people living with HIV/AIDS) to shape the changes needed in their communities.

The poverty hearings were themed around education, gender, health, livelihoods and dignity. They were held in Funsu-Wa East District in the Upper West Region and Sangnarigu-Dungu in the Northern Region.

### Key facts:

- ✎ In Funsu-Wa East District, guinea worm was endemic until a year ago, and hydrological conditions make drilling of boreholes unsuccessful. Sanitation coverage is less than 10%.
- ✎ Sangnarigu-Dungu is a peri-urban community with a population of about two thousand people. Only 12 out of 200 households have a latrine. Residents travelled far to collect brown and muddy water from a dam, as the only standpipe was broken.
- ✎ Both regions have rates of open defecation above the national average, at 79% and 73% respectively.

### The hearings

In Funsu-Wa, participants were drawn from four communities, and the hearings were reported on Radio Ghana, Ghana News Agency, Ghanaian Times, Metro TV and Joy FM. In Sangnarigu-Dungu, the hearings were held at the local mosque and the entire community was invited. It attracted many women most affected by a lack of facilities, including those returning from water collection. Witnesses, who were predominantly farmers, spoke largely about:

- ✎ The drudgery of looking for water every day in their communities, with many people walking over 6 miles every day to fetch water.
- ✎ The widespread practice of open-defecation, that contaminated water sources and caused sickness and diarrhoea in the communities.
- ✎ The loss of earnings that resulted from not being able to work on farms, and the cost of medical care to treat water-borne diseases.
- ✎ The inability to invest in the education of their children due to water-fetching duties, lack of income and health care expenses.
- ✎ Disappointment in Sangnarigu-Dungu that the expected improvement from local development and the proximity to the regional capital had not been realised.
- ✎ A sense of indignity, and even stigma from neighbouring communities, stemming from the inability to wash regularly and the prevalence of open-defecation.

The testimonies were received by ‘jurors’ including: the District Chief Executive, the District Coordinating Director, the Regional Director of the Community Water and Sanitation Agency, local chiefs and elders. Responses included:

- ✎ Martin Dery of ProNet North gave the assurance that a borehole would be fitted soon in Jankori Deriyiri, following successful drilling.
- ✎ The Regional Director of the Community Water and Sanitation Agency, Mr. Worlanyo Siabi, said his agency will employ different technological options to address the needs of the communities. He also promised an increase in the number of facilities for the Wa East District in a new water project for the region
- ✎ The producer of ‘Community Watch Dog’, a discussion programme on Justice FM in Tamale, pledged to follow up to discuss the issues with the authorities.



“Two manholes by my house started to overflow daily. My youngest child is small and would crawl around in the area by the sewerage. All of my children played by the sewerage... they had nowhere else to play. The have been ill since it started...they regularly have rashes and diarrhoea... they had to go to hospital, one twin was in the hospital for eight days, it was so serious she was on a drip.”

**Nosakhe,**  
RR Section, Khayelitsha

“My name is Ntombentsha Beja and I was born in 1935. I live with two grandchildren and my son. In March 2009 at 8pm I was on my way to the toilet. I was stabbed in my chest. It takes 10 minutes to walk to this toilet.”

**Ntombentsha,**  
Makhaza, Khayelitsha

“The sewerage was flowing in front of my door and into my house. There were faeces in my house and over my clothes. I had to use a bucket to scoop the dirty water out. There was over a foot of it. My girlfriend, my children and I had to sleep in the house that night. It was still damp and there was a very bad smell.”

**Sibongile,**  
RR Section, Khayelitsha



*Ntombentsha Beja*



*Nosakhe*

# Voices from South Africa

**Inequality and informal settlements are a large part of the sanitation story in South Africa, with many millions of people affected. The majority of these people live in the country's informal settlements. Our partner, the Social Justice Coalition (SJC), is a membership based social movement that campaigns for access to basic sanitation in the informal settlement of Khayelitsha, Cape Town.**

#### Key facts:

- At least 10.5 million people live without access to basic sanitation in South Africa.<sup>2</sup>
- In informal settlements in the City of Cape Town, approximately half a million people have access to an inadequate or non-existent sanitation service.<sup>3</sup>
- Over 100 children die daily from diarrhoeal diseases in South Africa while adequate sanitation could reduce the incidence of diarrhoeal diseases by up to 40%.<sup>4</sup>

#### The hearings

As part of its mandate to promote safety and security in informal settlements, the SJC regularly engages with residents of Khayelitsha. This community engagement includes branch level meetings, workshops and door-to-door visits by the SJC's team of facilitators. Throughout these hearings the issue community members have consistently cited as their main health and safety concern is that of sanitation.

In August 2010, Anglican Archbishop of Cape Town and Chairperson of the Western Cape Religious Leaders Forum (WCRFL), alongside religious leaders from Jewish, Christian, Muslim, Hindu, Baha'i and African Traditional communities, were invited to the township to hear the concerns of the residents on the current sanitation situation. Some key learning from the visit is contained in this report.

The visit began in RR Section, one of Khayelitsha's poorest and most underdeveloped informal settlement areas, to assess the provision of sanitation services. The unenclosed toilets in Makhaza were reviewed, with prayers said there for those affected by the consequences of inadequate sanitation.

#### Key reflections from community witnesses

Community witnesses in Khayelitsha identified numerous reasons why insufficient sanitation in informal settlements poses a serious threat to health and safety:

- There is a shortage of functioning toilets in informal settlements, and a lack of maintenance of the toilets that do exist. This engenders overuse of toilets, means that they break easily, and leads to them becoming dirty and defiled, posing a serious health risk to residents.
- The lack of accessible toilets means that many people often walk long distances to a toilet or, in some cases, clearing or bush when they wish to relieve themselves. In Khayelitsha this has led to incidents

of robbery and assault, and the rape of girls and women while they were en route to relieve themselves.

- A further sanitation related problem is that of defective sewerage facilities. One area of Khayelitsha, RR Section, has seen sewerage manholes overflow on a frequent basis, spilling raw sewerage into the living area of residents.

#### Responses from Government

The hearing was attended by religious community leaders, who made declarations of support and called for an immediate response from the City's government. The South African Human Rights Commission gave its backing to SJC's campaign and the City Manager has announced an investigation into some of the settlement's sanitation facilities.

The attending Archbishop of Cape Town, the Most Reverend Dr Thabo Makgoba, has given his support to the campaign and during the summer wrote to the authorities to demand action.

SJC continue in their sanitation campaign including demands to upgrade sanitation facilities and for repairs to existing systems. Through increased communication, cooperation and collaboration between the City, community members and civil society organisations, significant change can be achieved; as proved by developments in RR Section, where good liaison between civil society, authorities and residents saw improvements realised, such as repair to the sewer lines and manholes, and maintenance on numerous toilets.

<sup>2</sup> Department of Water Affairs, South Africa

<sup>3</sup> 'The Water Dialogues: Cape Town Case Study', Karen Goldberg, 2009

<sup>4</sup> Department of Water Affairs, South Africa



Oscar Klee



“We have many problems in our community, but first is latrines and second is water. There is no clean water. Usually we have to go great distances to another area to get water because they have donors there who have given water.”

*Oscar Klee, resident of the LPRC community in Ganta, Nimbi County in northern Liberia.*

“In our community of over 95,000 people, more than 90% of the houses have no latrine. We all have to use public latrines built by NGOs. The latrines are inadequate for the demands of the inhabitants. As the fees charged are high, people revert to using plastic bags at night and in the open. This is breeding mosquitoes and other diseases”.

*Varney Kiawon a resident of Clara Town in Monrovia.*



# Voices from Liberia

**Liberia provides a particularly challenging context for the provision of water and sanitation, having recently emerged from a 14-year long civil war that destroyed much infrastructure. Although there is stated high-level political commitment to improve access to sanitation and water, the coverage rates remain some of the lowest in the world, and the sector attracts just 1% of the national budget.**

Throughout August 2010, staff at CUPPADL and Liberia CSOs WASH Working Group interviewed 100 residents from 20 communities, across four counties of Liberia, about their living conditions. Ten individuals were then brought to a public ‘poverty hearing’ in the capital city, Monrovia, and questioned by a ‘jury’ composed of members of the media, civil society and development partners. Broadcast live on Radio Truth FM, they were joined by Government Ministers and officials, the Managing Director of the public corporation responsible for providing sanitation and water services, and two Senators.

#### Key facts:

- ✎ In 2008, only 25% of Liberians had access to safe water, and 15% to safe sanitation.<sup>5</sup>
- ✎ The resulting diarrhoea is the second leading cause of mortality and morbidity in the country.<sup>6</sup>
- ✎ The 2008-2011 Poverty Reduction Strategy (PRS) requires an investment of \$143.5m for sanitation and water, yet over two-thirds of the budget remains unfunded.

#### The testimonies

While each community faced issues specific to their location, speakers reported some similar challenges:

✎ Wells or hand pumps were often unavailable, broken, or unaffordable (a gallon of water cost between 5 and 40 Liberian Dollars). Most people collected water from unsafe sources, such as rivers polluted both by open-defecation and business waste. A lack of water also caused tensions between neighbouring communities.

✎ Clean toilets were almost entirely unavailable or unused. Any public toilets existing were in deplorable condition, or cost five Liberian Dollars per use. As a result almost everyone defecated in the open or in plastic bags that were dumped in empty buildings, drains or by local rivers, contaminating water sources.

✎ Unclean water and poor sanitation led to illness and poverty. Deaths from diarrhoea, typhoid and cholera were common, and the links between insanitary conditions and sickness were well understood. The cost of treating illnesses prevented improvement in livelihoods, and there few local health facilities.

✎ Speakers universally called for greater action to provide hand pumps, safe toilets and regular health education. Other calls included the prevention of pollution from neighbouring businesses, the reduction of unemployment and the training of community sanitation workers.

#### The responses

The hearing was well attended by political leaders and other decision makers responsible for ensuring access to sanitation and water. Responses included:

✎ Hon. George Yango, Assistant Minister for Community Services and Rural Development reinforced the negative impact that insanitary conditions had on health, livelihoods, industry, tourism, and food production. Budget allocations, he admitted, are too low, and biased towards urban areas. However, if the PRS could be realised with sufficient funds, over one million people would gain access to sanitation and water.

✎ Hon. Teawon Gonglo, Minister of Labour, spontaneously joined the meeting having been listening to the testimonies on Radio Truth FM. He called for more attention to be given to hygiene promotion and promised to join others in advocating the cause in the President’s cabinet meetings.

✎ Maryland County Senator, John Ballout, and Grand Bassa County Senator, Gbehzohngal Findley offered their support to civil society organisations calling for greater political attention and funding to provide access to sanitation and water.

<sup>5</sup> Liberia Poverty Reduction Strategy, 2008-11

<sup>6</sup> Liberia National Health Policy 2007-2011 and Liberia Demography Health survey Report 2007

# 884 million people lack access to clean water.

# 2.6 billion lack access to basic sanitation.

**The End Water Poverty campaign is demanding that governments provide sanitation and water for the world's poorest people.**

End Water Poverty is an international civil society coalition that campaigns to end the global water and sanitation crisis. Launched in March 2007, the coalition has grown rapidly to include over 180 member organisations in 45 countries across Africa, Asia, Europe and North America. Over 1.25 million actions have been taken in support of the campaign, demonstrating a real global movement for change.

We have been campaigning towards the UN High-Level Plenary on the MDGs in New York, 20-22 September 2010. The MDG target to halve the proportion of people without access to sanitation is one of the most off-track. On current trends, it will not be met in Sub-Saharan Africa until the 23rd Century.

Sanitation and water have long been neglected at all levels, and the impact is felt by communities like those highlighted in these hearings. Action is required not only at local and national level, but at international level too.

The UN High-Level Plenary is an opportunity to reverse the neglect, and to give a much greater priority to sanitation and water in order to tackle poverty and ill-health. As world leaders gather in New York, End Water Poverty is calling on them to:

- ✎ Provide more funding, better targeted at the poorest countries, to ensure that no national water and sanitation plan fails through a lack of finance.
- ✎ Enhance integration with plans to improve health, education and nutrition, to promote a more joined-up approach to tackling poverty.
- ✎ Work together to improve coordination and accountability, by strengthening the Sanitation and Water for All partnership.

To find out more about End Water Poverty and our work, please see [www.endwaterpoverty.org](http://www.endwaterpoverty.org)

To read our recommendations for the UN High-Level Plenary on the Millennium Development Goals, please read [www.endwaterpoverty.org/mdgpolicy](http://www.endwaterpoverty.org/mdgpolicy)

To find out more about these hearings, please take a look at [www.endwaterpoverty.org/povertyhearings](http://www.endwaterpoverty.org/povertyhearings)

End Water Poverty thanks the staff at our partner organisations for hosting the poverty hearings and the communities for taking part:



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SANITATION & WATER FOR ALL