



Rural poverty or misplaced priorities?

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IN AN ATTEMPT to stem the tide of water and sanitation associated diseases and to provide social and economic infrastructure towards an improvement in the living standards of citizens, water supply to rural areas was free in the 1960s in Ghana. The Ghana Water and Sewerage Corporation was established in 1966 to facilitate expansion in water supply and sewerage disposal. While in 1960 only 10.8% of the rural population had access to water supply, by 1977 the coverage had increased to 19.7%. This was because during the 1970s, an accelerated rural development plan was launched during which rural populations under 500 were targeted for special attention with respect to water supply (WASH, 1984).

An appraisal of the how well water supply extended to rural areas had fared before the 1980s revealed that most boreholes fitted with handpumps had broken down without concern about operation and maintenance of the pumps at the local level. One of the basic reasons attributed to this sordid state of affairs regarding maintenance was the absence of a strong community participation component prior the drilling of the boreholes.

Demand responsiveness

In response to the International Drinking Water Supply and Sanitation Decade (1981 - 1990), a number of conditions or pre-requisites were spelled out by governments of Developing Countries before rural beneficiary communities could be provided with water (Mc Common et al., 1990). Among these was the need for the opening of a bank account into which money expected to be used to operate and maintain the water facilities would be lodged as well as community request for the facility. Together this was referred to as demand-responsiveness, often indicated in the form of a letter requesting the water facility. Rural water supply projects in Ghana in the late 1970s expected communities to deposit money for operation and maintenance (O and M) while lately, communities are expected to deposit 5% of the cost as contribution to the capital cost of the facility.

In spite of the fact that communities write letters requesting water facilities and indicate preparedness or willingness to make contribution towards the capital cost and for O and M, over a 9 to 12 month period, many are unable to fulfil the conditions. Experience has indicated that 18 months after the introduction of one of the many rural water projects in Ghana in the Offinso District of the Ashanti Region, only 75% of the 55 communities were able to raise the money during the stipulated period. Attempts to ascertain

the cause of the delay in the payment from this project and many others is traced to rural poverty and/or inadequate incomes.

This paper seeks to ascertain the authenticity or otherwise of this assertion.

Occupation and Incomes of Rural Farmers

In the Offinso District of the Ashanti Region, it was discovered that while about 3% of the rural dwellers are cash crop farmers, the large majority of them (over 90%) are ordinary food crop farmers. As in many parts of rural Ghana, however these farms are small (maximum of three acres). Farming is also characterised by the use of obsolete implements, absence of improved methods to increase production, over-reliance on natural factors like rainfall, seasonality etc. (Brown, 1986)

The cash crops cultivated include cocoa and lately cashew while food crops are vegetables, maize, cassava, yam and plantain. A close examination of the average incomes indicates that while the food crop farmers earn annual incomes of between C350,000 (\$50) to C1,600,000 (\$230), the cash crop farmers make between C800,000 (\$114) to C1,800,000 (\$260). It is however worthy of note to mention that most cash crop farmers supplement their incomes with some food crops albeit at small-scale levels. The above figures are abysmally low as compared to minimum wage standards required by the International Labour Organisation.

Contradiction

Since the social characteristics of farmers in the Offinso District of Ashanti Region are similar to those in Eastern Region, results of an earlier study undertaken in 1991 under a UNDP Rural Water Supply and Sanitation Project were analysed with respect to perception. Before the introduction of the UNDP Rural Water and Sanitation Project, 150 settlements were visited during a socio-economic survey (UNDP/GWSC, 1992). A simple question asked was,

“what one project would you want an external support agency to undertake in your community if there was a limited amount of money available?”.

While majority (31%) wanted electricity, followed by schools (19%), roads (15%), hospitals (14%), water (11%), cocoa shed (7%), sanitation was last with 3%. This clearly indicates that potable water is not an immediate felt need in many rural communities.

While many rural communities are therefore prepared to pay contributions of over \$350 (\$10 per person on the average) to be provided with electricity under a self help electrification project (SHEP), the same group finds it difficult to raise less money for improved water. Monies contributed on voluntary basis for other projects such as schools and cocoa sheds were found to be higher as well.

In a similar survey carried out in fifty two (52) communities in the Eastern and Greater Accra Regions between 1999 and 2000, the question asked was:

“If you had only an amount of C100,00 (\$14) left in the world, and you had the opportunity to spend it on something worthwhile in your life/community, what would you use the money for?”.

The five answers which topped the list included the following:

- Funeral - to be used to assist in burying my relation or close friend;
- Out dooring - to be used to organise a function to outdoor a newly born baby or make contribution thereof for a relation or close friend;
- To support a church activity like a “harvest” to raise funds for something religious;
- To support a marriage ceremony i. e. engagement;
- To be used to celebrate our annual festival.

It was later found out that people spent large amounts of money on the five activities listed above to the neglect of water or activities which can enhance their health. While funerals and annual festivals featured prominently among the Akans and Kwahus (Eastern Region), out-dooring ceremonies and engagements are the favourite activity of the Gas (Greater Accra Region) while church activities were common to most of the ethnic groups interviewed.

As was realised in the earlier survey, it was revealed that whereas many rural dwellers are reluctant to make contributions towards water, they spend large amounts of money on the five activities ranging from C200,000.00 (\$28) for out-dooring, festivals and church activities to C1,000,000.00 (\$142) for funerals and engagements per person on the average.

This underscores the fact that while the incomes of rural dwellers might be low, the little money available is not channelled into areas which would be beneficial to their health.

Recommendations

To address the issue therefore of assisting “poor” rural folk to make maximum use of their scarce resources, some recommendations are offered.

Community mobilisation programmes should aim at improving the appreciation of the importance of water (and sanitation projects) as part of implementing water projects.

It would be ideal during such programmes to invite citizens who have lived in the rural areas and who used to drink from traditional polluted sources but currently benefiting from potable water supply to share their experiences. This is referred to as induced rather than natural urban-rural movement for effect. People in the rural areas tend to accord more respect and place a higher premium on messages coming from their own ilk than those from outside their environment such as extension service agents.

Tests can be carried out in the community’s traditional water source e.g. the use of a magnifying glass to provide a close scrutiny regarding the quality of water. This can also be done with the 5% alum solution which helps community members to realise the degree or level of contamination of their traditional water source.

The inculcation of health and hygiene education into the curriculum of schools is another long-term method which can be used to improve the level of appreciation of water as against other development projects.

It might be necessary to undertake a trip along the course of the community’s main source of water, mostly rivers and streams, with influential members and women of a community to see at first hand what flows into them, possibly after a heavy rainstorm. Run-off water containing debris from saw mills, animal and human excrement, refuse etc. would be seen. This might help in turning the minds of leaders to opt for potable water while the women help to spread the message more effectively via informal means.

In introducing rural water projects, it might be prudent to allow one part of the community enthusiastic about the water to enjoy the potable water supply while the part or nearby community which is not too keen to live without it. Before and after health surveys for comparisons can be made after a period of time. Guinea worm got eradicated from a community in the Northern Ghana only after a nearby community which had refused potable water supply realised that while almost every body in the community had the disease that year, nobody in the nearby community provided with the borehole with handpump had the disease. The practical demonstration effect of potable water supply is often positive.

If rural water supply and sanitation projects are inter-linked with others like health, agricultural and rural development in an integrated mix, it might also assist in better prioritisation of projects by the rural people.

All these should be focused on re-orientating the minds of rural dwellers to realise that in spite of their low incomes, their scarce resources can be used for more rewarding issues like potable water rather than on other less health-enhancing social functions such as funerals, engagements, festivals, church activities and out-dooring ceremonies. That way, they would be prepared to spend money for improved water supply instead of on more expensive projects which do not have a direct correlation on their health status like electricity, roads, cocoa sheds and schools.

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