Recommendations for the National Action Plan on Household Water Treatment and Safe Storage in Sierra Leone

Prepared by NestBuilders International, on behalf of the Government of Sierra Leone Ministry of Health and Sanitation, funded by the UK Government, through the WASH Facility.
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Prepared By:

NestBuilders International
16 Fifth Street, Juba Hill
Freetown, Sierra Leone
www.nbi-consulting.com
+232-78-747-151/+232-88-528-480
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### Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>DfID</td>
<td>Department for International Development</td>
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<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
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<td>EHS</td>
<td>Environmental Health and Sanitation</td>
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<td>GoSL</td>
<td>Government of Sierra Leone</td>
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<td>HWTS</td>
<td>Household Water Treatment and Safe Storage</td>
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<tr>
<td>MANCO</td>
<td>Mano Manufacturing Company</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MoHS</td>
<td>Ministry of Health and Sanitation</td>
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<tr>
<td>MoWR</td>
<td>Ministry of Water Resources</td>
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<tr>
<td>NAP-HWTS</td>
<td>National Action Plan for Household Water Treatment and Safe Storage</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>PHU</td>
<td>Peripheral Health Unit</td>
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<tr>
<td>PIP</td>
<td>Programme Implementation Plan (HWTS)</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Abstract
This document outlines the main recommendations for the National Action Plan on Household Water Treatment and Safe Storage (HWTS) in Sierra Leone. This document is to be accompanied by two main supporting documents: (1) The National Study on Market Opportunities, Barriers and Steps to Scale Up Household Water Treatment in Sierra Leone and (2) Household Water and Safe Storage Programme Implementation Plan. The national study serves as the evidence base for the implementation plan, as well as the national action plan recommendations; while the programme implementation plan describes the strategy, actions and costs required to take HWTS to scale in Sierra Leone. Both documents were developed in 2013 and are available from the Ministry of Health and Sanitation.

At Issue
There is currently no framework in place at the central government level which provides guidelines and policy directives for implementing or scaling up HWTS in Sierra Leone. As a result, there has been a lack of coordinated efforts to facilitate the implementation of HWTS programmes and activities to scale.

Objective
In recognition of this gap, this document sets out to provide a set of recommendations which can be used by sector players in the development of a National Action Plan for HWTS in Sierra Leone.1 As mentioned above, these recommendations are evidence based, and draw heavily from the findings of the National Study on Market Opportunities, Barriers and Steps to Scale Up HWTS in Sierra Leone.

Recommendations
The recommendations have been organized according to the following key elements of the National HWTS Action Plan:

1. Purpose, Goal and Guiding Principles of the National Action Plan
2. Strategies and Action Items
3. Key Roles and Responsibilities
4. Timeframe

1 The recommendations have been developed through consultations with key stakeholders in addition to a thorough review of existing National Action Plans for HWTS in countries such as Ghana, Cambodia and Vietnam.
1. **Purpose, Goal and Guiding Principles of the National Action Plan**

1.1. **Purpose.** In support of national strategies for health and development, the National Action Plan for Household Water Treatment and Safe Storage (hereinafter referred to as the NAP-HWTS) should contribute to a measurable reduction in waterborne disease by encouraging the adoption and long-term use of HWTS, especially by populations at greatest risk.

1.2. **Goal.** It is important for the MoHS to develop a clear goal of the NAP-HWTS. For instance, it can be proposed that by 2025, 75% of the population of Sierra Leone who do not have access to a safe piped water supply will be consistently practising effective HWTS methods in a matter that renders their drinking water in compliance with national standards for water safety. Alternatively, the goals can be established incrementally over three-year periods (see the HWTS Programme Implementation Plan for guidance on the development of goals and objectives).

1.3. **Guiding Principles.** The actions under the NAP-HWTS should be governed by guiding principles; including, but not limited to:

1.3.1. Health is the primary driver of all HWTS initiatives undertaken within the framework of the NAP-HWTS. Any programme or project involving HWTS will be considered and evaluated on the basis of its contribution to health.

1.3.2. As a matter of priority, HWTS initiatives should target populations that do not have access to safe water and do not currently practice effective HWTS on a correct and consistent basis.

1.3.3. Safe drinking water is a necessary, but not sufficient condition to human health. HWTS initiatives should be undertaken as part of a comprehensive strategy to ensure access to adequate quantities of water, good personal hygiene practise and environmental sanitation.

1.3.4. While the government is primarily tasked with prioritizing HWTS, regulating HWTS products, and monitoring progress, all stakeholders – including international organization, non-governmental organizations (NGOs), donors, the private sector and users – should be encouraged to participate in providing HWTS solutions.

1.3.5. The NAP-HWTS is envisioned as applying key commercial and public-private partnership approaches to the delivery of safe drinking water.

1.3.5.1. A commercial approach to safe drinking water shares the responsibility for water quality through engaging and stimulating local markets, instead of directly providing the facilities and services. HWTS products are needed and the market can provide them under a supportive government regulatory framework. The ultimate goal of safe water marketing is to create a sustainable safe water industry. As marketing involves satisfying people’s needs and wants through an exchange process, marketers offer the consumer something they want and are prepared to pay for.

1.3.5.2. Collaborations between government institutions, particularly ministries and non-governmental organizations, are good examples of public-private partnership. For purposes of this strategy, public-private partnership (PPP) is
seen as a means to bring together a set of actors for the common goal of improving the wellbeing of a population through mutually agreed roles and principles that appears more appropriate to promote household water treatment and safe storage.

2. **Strategies and Action Items**

The following recommended strategies and action items focus on key priority areas integral to the development of the NAP-HWTS

2.1. **Position effective HWTS as a policy priority**

2.1.1. Bring HWTS more clearly within the scope of the National Water Policy and provisions of other relevant policies and legislative instruments in order to establish its priority, gain necessary governmental support at all levels and secure necessary funding. For instance, incorporate HWTS into the planned revision of the Public Health Ordinance and updating of the EHS policy. Other avenues for increasing the prioritization of HWTS include the Multi-Sectoral Multi-Year Emergency Preparedness Plan and the Water Safety Plan. Efforts should be made to harmonize the above mentioned policy documents and directives with the NAP-HWTS.

2.1.2. Through the recommendations above, develop and recommend policies that will encourage more stakeholder participation in HWTS initiatives, including donor funding, private sector investment, NGO mainstreaming of HWTS initiatives in WASH related interventions.

2.1.3. Issue policy directives and public statements through broadcast media and health workers that HWTS is not only an emergency intervention, but an essential, routine and recommended practice to improve drinking water quality.

2.2. **Review and enhance regulatory framework for HWTS**

2.2.1. Working with the Standards Bureau, develop national level standards for the safety and performance of HWTS products (for both treatment products and storage containers). In the case where standards for a given product already exist, the Standard’s Bureau will follow the established product certification process. In the case where no standards exist for a given product, work with the Standards Bureau and key stakeholders to develop the appropriate standards (guided by the WHO performance recommendations).²

2.2.2. Working with the Standards Bureau, create a certification and product labelling system so that consumers can understand and trust the performance of all HWTS products.

2.2.3. Explore the potential for reducing tariffs, taxes and other costs on imported HWTS products in order to encourage the entry of appropriate technologies not currently present in Sierra Leone and to improve their affordability to the target population.

2.3. **Build institutional capacity to support HWTS**

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2.3.1. Provide comprehensive, professional training in HWTS to all relevant staff at national and district level (including relevant partners such as retailers, NGOs, community health workers, Blue Flag Volunteers, etc.). Training should focus on a range of key concepts integral to the effective implementation of the programme including technical aspects and promotion of HWTS. The training should be provided by an organization/consultant with a sound understanding of HWTS technologies and strategies for optimizing uptake.

2.3.2. Conduct communication and advocacy efforts with district-level decision-makers to influence their perception of the importance of HWTS-related programming.

2.4. Improve Coordination of efforts to promote HWTS

2.4.1. Establish a coordinating committee representing the MoHS, MWR, Standards Bureau, UN agencies, NGOs and other programme implementers, the private sector and users to coordinate HWTS activities in Sierra Leone.

2.4.2. Explore opportunities to coordinate HWTS strategies and activities in cooperation with the Sierra Leone Rural Water Supply and Sanitation Project.

2.4.3. Coordinate HWTS activities with other WASH strategies and initiatives, and encourage development partners, donors, NGOs to incorporate HWTS into ongoing and upcoming WASH/Health programs.

2.4.4. Pursue opportunities to integrate HWTS in other national level interventions: most suitably, efforts should be made to integrate HWTS into the maternal and child health services platform. Initiate this activity by presenting evidence and rational for integration and a preliminary strategy for scaling up (suggestions are presented below) through the National Free Health Care for Mothers and Children under Five Initiative to relevant stakeholders and decision makers.

2.4.5. A pilot strategy to integrate HWTS into maternal health services could include the following: distribution of a free (or heavily subsided) hygiene kit, including liquid chlorine, to pregnant women using antenatal and postnatal services in health facilities combined with health worker’s interpersonal behaviour change communication.

2.5. Follow the guidelines for implementing HWTS as outlined in the National Market Study and HWTS Programme Implementation Plan

2.5.1. Based on the findings from the national market study, the HWTS programme in Sierra Leone should take the form of a Safe Water System (SWS). The Safe Water System is a water quality intervention that employs simple, inexpensive and robust technologies appropriate for the developing world. The strategy is to make water safe through disinfection and safe storage at the point of use. The basis of the intervention is:

2.5.1.1. **Point-of-use treatment** of contaminated water using sodium hypochlorite solution (i.e. chlorine);

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3 A similar pilot was implemented in Malawi. Follow-up surveys documented a sustained increase in liquid chlorine use three years after the initial intervention (at which point, women had begun to pay for the liquid chlorine). In fact, program participants were found to be more likely to know correct water treatment procedures, chlorinate drinking water, demonstrate correct handwashing practices, and purchase water treatment solution after free distribution. Furthermore, there was also a noted increase in the utilization of maternal health services. This antenatal-clinic-based program may be an effective pilot for promoting water treatment and hygiene behaviours among primary caregivers in difficult to reach locations.
2.5.1.2. **Safe water storage** in vessels with a narrow mouth, lid, and a spigot to prevent recontamination;

2.5.1.3. **Behaviour change techniques**, including social marketing, community mobilization, interpersonal communication, and education, to increase awareness of the link between contaminated water and disease and the benefits of safe water, and to influence hygiene behaviors including the purchase and proper use of the water storage vessel and disinfectant.

2.5.2. **Applying the findings from the Sierra Leone national market study, the recommendations for the programme design include:**

2.5.2.1. A liquid chlorine product targeted at both urban and rural areas is recommended for Sierra Leone. While there is national capacity to manufacture a liquid chlorine product, technical support and guidance will be needed to assist manufacturers to effectively produce a quality product for wider distribution. Therefore, it is recommended that the liquid chlorine programme begins with importation of a regional product (manufactured in Liberia and approved by the CDC) with the ultimate goal of developing a locally manufactured product, assuming funding is in place.

2.5.2.2. The recommended product for safe water storage is a plastic bucket with lid and tap, which has the potential to be produced locally and modified to ensure safe storage.

2.5.2.3. Cost is a significant constraint for the majority of households in Sierra Leone, thus, potential consumers will need to see value in what they are purchasing. Based on income data, the majority of the surveyed population would be able to pay for a liquid chlorine product; however, the lack of perceived need for water treatment must be addressed in order for households to be willing to make any HWTS related expenditure.

2.5.2.4. It is recommended that the national HWTS programme be scaled up according to a two-tier approach: First, through the development of a national ‘mothership’ HWTS strategy focused on promoting public-private partnerships and behaviour change communication for demand creation. Second, opportunities for mainstreaming HWTS into ongoing WASH and health-related programs should also be encouraged. This includes linkages with antenatal care clinics, PHUs, NGOs active in the WASH sector, etc.

2.5.2.5. The ‘mothership’ programme should initially be rolled out across major urban cities (Freetown, Bo, Makeni and Kenema) in the first year of the program mainly through the commercial sector (e.g. pharmacies, local shops, etc.) and government infrastructure (e.g. clinics, hospitals and pharmacies). This approach is most likely to achieve economies of scale and ensure sustainable supply chains. Once promotional messages have trickled into rural areas and HWTS products are known and demand is created, entry into rural areas (through partnerships and mainstreaming activities) will be properly supported.

2.5.2.6. As part of this approach, and to overcome problems of water treatment accessibility to rural areas while encouraging community-based approaches, it is recommended to investigate the possibility of distributing drinking water treatment products through Peripheral Health Units (PHUs) and development
partners active in the WASH sector. Health facilities are well placed throughout the country and accessible even in rural areas, while the opinions of health workers are also valued by consumers. NGOs could also be instrumental in the distribution of HWTS products through existing programmes.

2.5.2.7. As radio is commonly used and widely trusted in Sierra Leone, jingles and discussions should be developed to promote HWTS messaging and products. Motivational messaging could also be carried out by community health workers conducting outreach activities. A social marketing campaign to promote the uptake of water treatment practices throughout the country should involve high profile community leaders and NGOs, leveraging the inspirational motivations of consumers. It will also be important to ensure that educational and promotional materials are available at points of sale.

2.5.2.8. Follow the guidelines presented in the HWTS ‘Programme Implementation Plan’ (PIP), which builds on the findings of the national study. It has been prepared for use by the Government of Sierra Leone Ministry of Health and Sanitation, and other relevant national programme managers, technical staff and organizations that would be involved in implementing a HWTS programme in Sierra Leone. The PIP is designed to take readers through the necessary steps to plan and implement the recommended national HWTS programme design summarized above.

2.6. Build awareness of and demand for effective HWTS

2.6.1. Establish the policy support for developing IEC/BCC materials on HWTS in order to increase the profile of HWTS as a cost-effective intervention and to create demand for HWTS products.

2.6.2. Developed specialized IEC/BCC materials for schools, clinics, radio and print media as there are for emergencies (i.e. cholera) to encourage the sustained and regular use of HWTS.

2.6.3. Establish policy support for a comprehensive social marketing campaign. This campaign should encompass various stakeholders; for instance, the use of existing community platforms (e.g. school hygiene clubs) could be used to help promote awareness of HWTS benefits. HWTS promotion within learning environments, such as schools, would also be a beneficial channel in which information could be disseminated to the household. Additionally, the involvement of local leaders, relevant ministry officials and high profile community members (respected spokespersons) could help to promote the uptake of water treatment practices throughout the country and act as profiled users of water treatment products, leveraging the inspirational motivations of consumers.

2.6.4. Partnerships with established NGOs should be encouraged to assist with message dissemination and if possible, product distribution. As mentioned above, in the first year, promotional blitzes should be prioritised in urban centres such as Freetown, Makeni, Bo and Kenema and can then be disseminated to rural areas, with the hope that the messaging has already begun to spread.
2.6.5. Encourage the private sector to develop educational and promotional materials to be available at the point of sale. This may include posters, face-to-face communication and promotional videos/music.

2.6.6. Consider a ‘national HWTS day’ to coordinate government and NGO promotional campaigns.

2.7. Special Considerations for Emergency Response

2.7.1. Given the recent cholera outbreaks in Sierra Leone, it is necessary to consider water treatment products currently used for emergency response and their potential impact on commercial water treatment products. A mechanism must be provided to ensure differentiation between emergency response and everyday treatment products. The following strategies, which have been used successfully in other countries, should be considered:

2.7.1.1. Reserve one treatment product, such as Aquatabs, dedicated solely for emergency response, in conjunction with another product, such as liquid chlorine, marketed for everyday use.

2.7.1.2. A voucher system implemented in times of emergency, whereby vouchers are distributed instead of free product, preventing market distortion and the perception that water treatment products should be provided for free.

2.7.1.3. Use of different coloured bottles for packaging of liquid chlorine – one for times of emergency and another for everyday water treatment.

2.8. Develop a comprehensive and rigorous research, monitoring and evaluation framework for the NAP-HWTS

2.8.1. Plans for monitoring and evaluation (M&E) should be developed at the same time and integrated with plans for the whole programme. At the beginning of the planning process, decide how monitoring and evaluation data will be acted on.

2.8.2. Key tasks for ongoing programme monitoring include: (a) develop programme logframe (including programme activities, indicators and outcome measures to be monitored); (b) identify sources for monitoring data and data collection methods; (c) develop a monitoring schedule and staff/technical assistance requirements; and (d) design and pre-test simple data collection tools for recording ongoing monitoring information.

2.8.3. Given the nature of the programme, it is suggested that monitoring be ongoing throughout the first three years. Some activities or indicators may require weekly or monthly monitoring, whereas others may only need to be measured once or twice during a 6 – 12 month period.

2.8.4. Key tasks for programme evaluation include: (a) Identify indicators/outcome measures to evaluate (based on the programme logframe); (b) determine sources of data for evaluation and data collection methods; (c) plan for data gathering including evaluation schedule and staff/technical assistance requirements; (d) design and pre-test simple data collection tools for recording ongoing monitoring information.

2.8.5. It is suggested that programme evaluations be conducted at the three-month, six-month, 12-month, 24-month and at endline at 36-months.
2.8.6. In developing the M&E plan for the NAP-HWTS, the WHO/UNICEF toolkit for monitoring and evaluating household water treatment and safe storage is an important global resource. It includes 20 indicators to assess correct and consistent use of HWTS. The toolkit also provides sample surveys, examples for the field and resources for additional information.⁴

2.9. Secure necessary financial support

2.9.1. Consult with the 3-year estimated programme budget presented in the PIP to develop near and long-term budgets for implementing strategies and priority action items.

2.9.2. Explore opportunities for funding through the Sierra Leone Rural Water Supply and Sanitation Project.

2.9.3. Explore potential for funding through new commitment by GoSL at the Sanitation and Water for All Partnership (SWA) High Level Meeting for water and sanitation in DC in April 2012: Increase direct and targeted allocation for sanitation and hygiene out of our domestic revenues from 0.01 percent of GDP in 2012 to 1.0 percent of GDP by 2015.

2.9.4. Secure specific funding for training and institutional capacity building, development of IEC/BCC strategies and materials and research and monitoring/evaluation.

3. Key Roles and Responsibilities

3.1. Lead Ministry

3.1.1. The lead ministry for coordinating the implementation of the NAP-HWTS is the MoHS.

3.1.2. The MoHS will be responsible for the timely execution of all strategies and action items presented in the NAP-HWTS.

3.1.3. Other relevant ministries should be encouraged to participate in the implementation of the NAP-HWTS. This includes the Ministry of Water Resources, Ministry of Trade and Industry, Ministry of Education, Science and Technology and the Standard’s Bureau.

3.2. Additional Key Actors

3.2.1. The scaling up of a HWTS programme in Sierra Leone will require input from a range of key stakeholders. Partnerships between government ministries, NGOs, private sector retailers/manufacturers, community organisations and health workers are imperative to ensure the success of any HWTS programme in Sierra Leone. In this, clearly defined roles and responsibilities of each stakeholder group must be established to scale up HWTS.

3.2.2. As part of the recommended two-tier approach to implementing the national HWTS programme, the overall ‘mothership’ programme would be promoted by the GoSL, through the MoHS who would be responsible for implementing national level activities, such as HWTS product approval and certification (with the Standard’s Bureau), behaviour change communication strategies, mass media campaigns, training and technical assistance and monitoring and evaluation. According to the proposed

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⁴ Download the toolkit at: http://www.who.int/household_water/resources/toolkit_monitoring_evaluating/en/index.html
approach, the roll-out at community level would potentially be undertaken (and partially funded) by development partners and NGOs.

3.2.3. Suggested roles and responsibilities have been outlined in the table below.

<table>
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<tr>
<th>Key Stakeholders</th>
<th>Key Roles</th>
<th>Illustrative List of Key Actors</th>
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</table>
| Government              | • Create an enabling environment for a HWTS pilot to be rolled out; encompassing domestic policy creation, regulation of involved stakeholders and explore the potential for reducing the tariffs, taxes and other costs on both local and imported HWTS products.  
  • Regulate the quality control of products (i.e. standards are in place to ensure that products are safe for human consumption).  
  • Support the development and dissemination of behavior change communication and mass media campaigns.  
  • Conduct timely monitoring and evaluation of programme activities.  
  • Establish a coordinating committee with HWTS programme implementers to encourage partnerships and coordination of HWTS activities.  
  • Provide training and capacity building to programme partners on HWTS.  
  • Support PHUs in the distribution of HWTS products.                                                                 | • Ministry of Health and Sanitation  
  • District Health Management Teams  
  • Ministry of Water Resources  
  • Standards Bureau  
  • Ministry of Finance  
  • Central Medical Stores  
  • District-level authorities.                                                                 |
| NGOs                    | • Mainstream HWTS into their ongoing WASH programs.  
  • Build demand for HWTS products through sensitisation programmes and by leveraging existing relationships with communities.  
  • Assist with message dissemination/product promotion, and product distribution.  
  • Help to build linkages between stakeholders-i.e. public and private sectors.  
  • Complementing and expanding the reach of the commercial sector.                                                                 | • Oxfam  
  • ACF  
  • Inter Aide  
  • Urban WASH Consortium  
  • DIP  
  • CORD  
  • Safer Future                                                                 |
| Community Health Promoters | • Create demand for HWTS products.  
  • Serve as primary information source on HWTS at the community level.  
  • Potential to be incorporated into the distribution channel.                                                                                     | • Community health workers  
  • PHU staff  
  • Blue Flag Volunteers  
  • Community mobilizers                                                                                                                            |
| Private Sector          | • Supply the market with affordable and quality HWTS products- i.e. liquid chlorine and safe storage containers.  
  • Contribute to the building of an effective supply chain reaching both urban and rural areas of Sierra Leone.  
  • Advertise products and assist in the development of effective social marketing materials.                                                           | • Local firms (e.g.: Meta Engineering Services, Hudroge Enterprises, G.Shankerdas & Sons Ltd. and Milla Group Ltd.)  
  • Larger international firms (e.g.: MANCO)                                                                                                          |
**International Organisations**  
*Financial support and technical guidance on best practices and product performance standards.*  
- Assist with policy development.  
- Influence and co-ordinate stakeholders.  
- Mobilise funds.  
- Contribute to service delivery, capacity-building and advocacy.  
- WHO  
- UNICEF  
- US Centers for Disease Control and Prevention

**Academia/Consultants**  
*Generating evidence to inform decision making.*  
- Conduct independent, rigorous research, monitoring and evaluation of the National HWTS Programme.  
- Provide training and capacity building for programme staff and stakeholders.  
- Local and international consultants  
- Njala University  
- Fourah Bay College

**Donors**  
*Funding, guidance, and local capacity development.*  
- Provide financial support, guidance on programme implementation, and local capacity development.  
- USAID  
- DfID  
- World Bank Group  
- CDC  
- African Development Bank  
- WHO  
- Rotary Foundation

### 4. Timeframe

With input from key stakeholders and the Coordinating Committee, MoHS should establish a specific schedule for the implementation of the priority action items outlined in the NAP-HWTS, according to one-, three- and five-year periods commencing in 2014. An estimated 3-year implementation timeline is presented in the PIP which can be used for guidance on establishing implementation benchmarks.

**Immediate Next Steps**

1) **Develop the National Action Plan for HWTS**  
- Host a consultative meeting with stakeholders to discuss key priorities in scaling up HWTS.  
- Select the highest priority actions identified during the consultations and from this list of recommendations and include them in the national action plan.  
- Finalise the national action plan initiated in Ghana during the West Africa Regional HWTS Workshop and use it as a tool to mobilise financial resources from stakeholders.

2) **Secure Funding - using the National Study, PIP and Action plan**  
Funding commitments must be made at the outset of the HWTS programme to support the initial implementation period until effective demand can be created, which in turn will support the sustainability of a market approach to safe water.

Based on the information presented in the national market study, the PIP and the NAP-HWTS a detailed proposal can be developed and used to source funding.

Possible donors with a history of funding, or providing in-kind support for safe water projects include USAID, DfID, World Bank, CDC, PSI, Rotary International and GTZ. Private sector actors such as the Coca Cola Foundation and Procter and Gamble Fund have also provided financial support for HWTS projects. In securing funds, it may be possible to target specific donors for certain aspects of the programme that appeal to them (for instance, the development of IEC/BCC material for social
marketing; research, monitoring and evaluation; integrating HWTS into antenatal and postnatal care; etc.). In this way, it will be necessary for the MoHS to become informed about potential donors and the types of proposals they receive and projects they are interested to fund.

3) Establish a coordinating committee and meet with potential partners
Establish a coordinating committee representing MoHS, other line ministries, UN agencies, private sector, NGOs, other HWTS programme implementers and encourage pursuit of synergistic opportunities with other interventions (for example, the prevention and care of HIV/AIDS, immunisations, scaling up of maternal and neonatal health care and malaria control).

4) Implement the Strategy as outlined in the PIP
The PIP may be viewed as a ‘how to manual’ to implement the recommendations from the national study and the priority action items outlined in the NAP-HWTS. The PIP can be utilized to ensure a level of standardized implementation and harmonization of upcoming or planned HWTS initiatives.