

# A Personal Account: Initiating the McNutt Water Project in Saboba, Ghana

Ross Weber

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# A PERSONAL ACCOUNT:

## INITIATING THE McNUTT WATER PROJECT IN SABOBA, GHANA

by Ross Weber\*

### INTRODUCTION

This personal account discusses the McNutt family's connection to Saboba, Ghana and the process of creating a project to develop a well and other necessities in Saboba.

### WHY GHANA?

In early October of 1948, Mel and Marita McNutt moved with their family to Saboba, Ghana to build a community hospital.<sup>1</sup>

The Saboba region consisted of many small settlements and villages. The people are mainly subsistence farmers who cultivate maize, millet, and guinea corn.<sup>2</sup>

The McNutts learned of the need for increased access to basic life necessities, such as food, sanitary waste disposal facilities, and clean water. Access to sanitary water was a major concern for the McNutts because of the limited rainfall and lack of sanitary ground level water, which came from wells

the experiences, stories, and memories of the McNutt's work in Saboba, the McNutt children wished to honor their parents by developing a well to provide a continuous and sanitary source of water for the Saboba region.

### WHY WATER?

Access to water is critical for both the health and livelihoods of rural African communities. In remote regions there is a growing demand on a limited amount of water, and the supply is constantly under the threat of abuse and contamination. The Ghanaian government cannot meet the needs for water access in remote regions, forcing many communities to live without an adequate supply of potable water.<sup>3</sup> Inhabitants of the Saboba region generally rely on the River Oti as their major source of water.<sup>4</sup> To obtain water from the river, women often travel over three kilometers outside of town.<sup>5</sup> Further, the water in the river is not sanitary during the rainy season and often dries up during the dry season.<sup>6</sup> Some villages rely on hand-dug wells, ponds, and perennial streams, but, like the rivers, these sources are unavailable during the dry season.<sup>7</sup> These surface water sources are also susceptible to pollution from farms and waste disposal. The impurities in the surface water often expose people to water-borne diseases such as typhoid.<sup>8</sup>

The shortage of sanitary water sources directly impacts the health of those living in the region. In most rural communities the majority of the productive working age group is infected with Guinea worms or other water-borne diseases.<sup>9</sup> The death rates for children are significantly higher in rural than in urban areas, particularly for children under the age of five.<sup>10</sup>

### INITIATION OF THE PROJECT

In August 2004, we decided to initiate a well project in Saboba, Ghana. According to initial inquiries with World Vision, a nonprofit charitable organization, a \$12,500 donation is sufficient to fund a community development package.<sup>11</sup> As part of the package, a 200-foot borehole is drilled and a latrine is also installed. There is also a community supervisory structure established to guarantee the sustainability of the project. At this early stage, because our family was unable to pay for the entire project in personal donations, I decided it was best to attempt to join an existing project. There were very few proj-



P. Ross Weber

Marita McNutt treats a boy in Saboba, Ghana in the late 1940s.

or catch basins contaminated with Guinea Worms. In order to have continuous access to clean water, the McNutts had to plan their water usage in advance. During the rainy season, they collected water from the roof of their house with barrels that caught the run-off. When there was no rain, the McNutts and their hospital construction crew drove a truck and trailer to a river located two kilometers away. After a year of work, the hospital opened. It is still in operation today – now a fifty-bed hospital with a medical doctor and a hospital staff. Because of

\* P. Ross Weber is an LL.M. candidate December 2004, at American University, Washington College of Law. He has a J.D. from the University of Idaho, College of Law and an M.B.A. from Washington State University, School of Business and Economics. To find out more about this project or to help fund new projects, please contact the author at ross.weber@gmail.com.

ects in Saboba, though, and it took over two weeks of steady research to find an organization operating in the region.

During my first phase of contacts, I contacted numerous organizations, including both large government funded organizations and small private firms, stating that I was a student working on a water development project in remembrance of my family's experiences living in Saboba.

The USAID response, received only a day after I contacted them, offered to meet to discuss possible assistance for the project. The World Bank's response stated in part, "I have invited a Ghanaian national who lives in the USA to lunch next Wednesday at the World Bank who might be of some help to the objectives you want to achieve. . . You may want to join us for lunch at the World Bank on that day and to listen in while he discusses with me."

During the next week, I spoke with several individuals who previously worked on development projects in Africa. The general consensus was that it was a waste of my time to contact organizations such as the World Bank, which typically do not work with individuals. As it turned out, the day of the meeting arrived without a reply from the World Bank regarding the time of the lunch. I called the representative, who told me the lunch had been cancelled because the Ghanaian national was out of town on another engagement, but I was still welcome to come to lunch. I told him about the project, and he replied that he was going to be in Ghana next week and it may be better to meet after his return. I agreed and left it at that.

It took about another week before I was able to arrange a meeting with the representative of USAID. In the interim, I researched USAID involvement in well-projects. They were actually in the process of expanding their presence in Ghana. USAID is part of a consortium of organizations, called the West Africa Water Initiative ("WAWI"), which is seeking to develop sustainable projects in Ghana and throughout West Africa.<sup>12</sup> WAWI focuses on providing water and sanitation to rural areas.<sup>13</sup>

A few days after scheduling the meeting with USAID, I received a response from the only NGO that I had found operating in Saboba. The organization runs a clinic in Saboba and is seeking to do additional water development in the region. Their Water Development Proposal outlined their plan to drill ten boreholes each year for the next five years at a cost very close to our budget. When I first read this proposal, it appeared to be the best way to proceed, because the organization was able to provide the needed services for a fraction of World Vision's cost.

When I met with USAID, however, I was told that the estimates I had received from the small NGO were much too low. According to the USAID water development contacts, the estimate might have been enough to drill the well, but it was not enough for the mandatory sustainability assessments. As the USAID officers pointed out, when a project is implemented it must be done in such a manner that the project would last for generations.

After this meeting, I determined it was best to work through USAID and WAWI. They were interested in my proposal and had mentioned the possibility of bringing it to the next WAWI meeting. Even though the cost was substantially higher than that provided by the small NGO, USAID would be able to ensure sustainability for the project. My research revealed that similar well projects were often successfully drilled, but failed because of the poor quality of construction, neglected maintenance, and contamination of the water. In Saboba, in fact, another project had drilled a well in a town, but the well-pump broke down many times and the water became contaminated. Each time the pump broke, the government took months to make repairs.

### IMPLEMENTATION OF THE PROJECT

After the meeting with USAID, I produced a list of our contacts with the WAWI partners, particularly those at World Vision who promised to match our donation. I prepared a list of contacts at World Vision, our contacts at the World Bank, the location of the hospital,<sup>14</sup> and contacts at the hospital.

Recently I received a confirmation from my contact at USAID that WAWI agreed to place a well at the hospital in Saboba. According to the confirmation notice, the hospital is within an existing WAWI target district and WAWI considered it suitable for a well under the existing parameters. The WAWI partners are conducting hydrologic studies of the well-site. They are also determining the technology most suitable to the needs of the surrounding population, such as whether the well should have a mechanized or hand pump. The well will be drilled by February 2005. I am working directly with World Vision, who interacts with donors on behalf of WAWI, to see the project to its completion. Once the well is completed, WAWI will maintain the well and do periodic tests on the water.

So far I accomplished many of my goals, but I hope to have many future successes. Even when individuals are not able to assist in the project, they give me numerous referrals to organizations with similar goals. There is a very large network of organizations and individuals with a desire to assist, and all that is needed is to join partnerships together with a single goal. My connection to Saboba has grown, and soon the community of people who had such a lasting influence on my grandparents will have a clean, reliable source of water.



# ENDNOTES: A Personal Account: Initiating the McNutt Water Project in Saboba, Ghana

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<sup>1</sup> Saboba covers a large area in the northern part of the country. For more information about the Saboba district in Ghana, *see* the Health-Aid website, at [http://www.health-aid.org/eng/saboba\\_eng.html](http://www.health-aid.org/eng/saboba_eng.html) (last visited November 3, 2004).

<sup>2</sup> *Id.*

<sup>3</sup> *See* Ghana Country Profile, World Vision International website, at [http://www.wvi.org/wvi/country\\_profile/profiles/ghana.htm](http://www.wvi.org/wvi/country_profile/profiles/ghana.htm) (last visited November 3, 2004).

<sup>4</sup> Proposal for Well Construction in Saboba, Ghana by J. Ross Weber (on file with author).

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> *See Ghana Well Opening*, the Christian Children's Fund website, at [http://www.ccfcanada.ca/Where\\_we\\_Work/Ghana/ghanawellopening.html](http://www.ccfcanada.ca/Where_we_Work/Ghana/ghanawellopening.html) (last visited November 1, 2004).

<sup>9</sup> World Vision, *Water a Precious Resource*, at p. 2, available at <http://www.worldvision.com.au/resources/files/water.pdf> (last visited

November 7, 2004).

<sup>10</sup> USAID, *USAID/GHANA Country Strategic Plan (2004-2010)*, p. 63, available at: [http://www.dec.org/pdf\\_docs/pbby444.pdf](http://www.dec.org/pdf_docs/pbby444.pdf) (last visited November 7, 2004).

<sup>11</sup> When a donor contributes \$12,500, the amount is matched by the Conrad N. Hilton Foundation to meet the required \$25,000 for research, drilling, and sustainability.

<sup>12</sup> For further background, *see* West Africa Water Initiative, *Water for the Poor*, available at

<http://www.waterforthepeople.org/initiatives/wawi/wawi.htm> (last visited November 1, 2004).

<sup>13</sup> *Id.*

<sup>14</sup> The most difficult part of the request was finding the location of the hospital. To obtain a map we contacted the people running the hospital and the NGO overseeing the medical clinic. Neither contact has been able to produce a map of the small town. We are now awaiting a response from the Saboba/Chereponi District Assembly regarding any maps they may have.