

Background

Most urban centres in Ghana have no means of treating wastewater and only 4.5% of households are connected to sewer networks (Ghana Statistical Services, 2002). This leaves untreated wastewater, mainly from domestic sources, ending up in urban drains and water bodies in and downstream of the cities. This water forms available source of irrigation water for urban vegetable farmers in Ghana allowing them to grow perishable vegetables throughout the year. On the one hand urban vegetable production secures the livelihood of many urban dwellers and contributes significantly to attaining balanced diets and urban food security. On the other hand the use of wastewater in vegetable farming facilitates the transmission of excreta-related diseases affecting human health and is often raised by city authorities and consumers.

What can we do to reduce health risks?

There are *hard* ways (e.g. restrictions, laws, fees, punishment) of reducing health risks, which have often failed. Research (by IWMI, KNUST, UDS, etc.) sought *soft* ways of addressing the problem based on mutual understanding, and joint efforts. This is called “good practices” for farmers and street food vendors.

The knowledge sharing approach

At separate knowledge sharing meetings with farmers and street food vendors' good practices were presented in Accra, on 31st October 2007, Kumasi, on 21st November 2006, and Tamale, on 1st November 2006.

These meetings followed an innovative format where participants' feedback and opinion was collected in small group discussions. This is called *world café*. Participants spoke in the language they felt most comfortable with in small groups. The atmosphere was informal resembling a private get together. Group discussions were held over tea or coffee and the outputs documented. During the meetings, researchers sought from farmers and street food vendors the necessary framework for changing their attitude to follow the key messages (presented to participants at the meetings) for health risk reduction. The feedback received is currently being integrated into the key messages for health risk reduction.



Groups of farmers in Accra discussing the tested methods for health risk reduction (31st October 2007). Photo by IWMI

Conclusion

Participants' contributions revealed that the current methods (such as irrigating crop with wastewater on the day of harvest; broadcasting of poultry manure; and disturbing water source while drawing among others) are used because they are not aware of the dangers associated with their practices. Therefore, the participants suggested that education on this “good practice” should be extended to other farmers and street food vendors in the cities.

For further information

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Freetown

Practicing UPA in Freetown

As part of the CFF programme implementation in Freetown, the Freetown Urban and Peri-urban Agriculture Project (FUPAP) implementation team carried out an inventory of UPA in Freetown in 2006-2007. Some of the established facts are presented below:

Who is practicing UPA in Freetown?

It is estimated that 1400 people are engaged in UPA in Freetown, occupying approximately 28 farm sites (totaling 101ha) within the Freetown City Council (FCC). Labour input into the farming systems, particularly crop based, is predominantly female. Approximately 80% of the farmers are women who also lead in marketing the produce. Women have considerable autonomy in decision making and appear to have much control over the income generated. This is a positive implication for household food security as women are traditionally responsible for household welfare.