

Community-led Total Sanitation in Ghana Findings from a Situational Assessment

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Purpose

This research summary shares key findings from a situational assessment of community-led total sanitation (CLTS) in Ghana. It characterizes the CLTS implementation context, providing a baseline reference for policymakers and practitioners tracking CLTS progress.

The assessment was carried out in 2012 by The Water Institute at the University of North Carolina at Chapel Hill, in collaboration with Plan International Ghana, as part of the Plan International USA research project, *Testing CLTS Approaches for Scalability*.

Methods

The assessment is based on interviews with 28 government and non-government stakeholders in Accra and the Central, Volta, and Upper West regions of Ghana, as well as reviews of more than 70 CLTS policy documents, action plans, guidelines, and monitoring reports.

Finding 1: Ghana has a clear national policy and strategic framework for CLTS.

National policies and strategies for sanitation and hygiene in Ghana demonstrate strong support for CLTS across several ministries and advocate action at all levels of government.

Key Findings



- Ghana has a clear national policy and strategic framework for CLTS. This includes a national commitment and implementation strategy that support CLTS and a multi-stakeholder coordinating body.
- 2. Subnational CLTS implementation and coordination are supported primarily by non-government actors. Relying on many independent actors may create challenges in assuring consistent and coordinated CLTS activities.
- 3. At the time of the assessment, CLTS data were inconsistently reported and project costs were not tracked. Decentralized implementation by local non-governmental organizations (NGOs) and the lack of central monitoring may interfere with data collection and contribute to inconsistent and unreliable data.

Facts on CLTS in Ghana

- CLTS was introduced in 2007 with funding for pilot projects from the Danish government.
- · CLTS has since been adopted in national policy and by many international and local NGOs.
- Open defecation rates vary by region, ranging from 3.4% in Ashanti to 81.9% in Upper East (Magala and Roberts 2009).

CLTS in Ghana is led by the Environmental Health and Sanitation Directorate (EHSD) within the Ministry of Local Government and Rural Development (MLGRD). The national EHSD oversees subnational offices tasked with implementing CLTS and leads the multi-stakeholder National Technical Working Group (NTWG), the primary platform for coordinating CLTS activities in Ghana. The EHSD receives technical support from the Ministry of Water Resources, Works, and Housing (MWRWH), which was working with UNICEF, local NGOs, and other partners to scale CLTS nationwide at the time of this assessment.

In 2010, the MLGRD formalized Ghana's commitment to CLTS by leading the development of a Ghana Compact for Sanitation and Water for All (SWA) and a National Environmental Sanitation Strategy and Action Plan (NESSAP), both of which list CLTS as a core sanitation and hygiene approach for rural areas. The SWA Compact, developed with input from the MWRWH and the Ministry of Finance and Economic Planning (MOFEP) commits Ghana to increasing national funding and support for water and sanitation. The NESSAP guides CLTS implementation by defining institutional arrangements, which are depicted in the diagram on page 3.

The national strategy follows an approach to implementation that is led by local government staff and outlines protocol for subnational operations and reporting. While this provides institutional support, the arrangements outlined in policy do not fully align with how CLTS is implemented across Ghana.

Finding 2: Subnational CLTS implementation and coordination are supported primarily by non-government actors.

Although EHSD district environmental health offices are responsible for coordination, triggering, follow-up, and monitoring, NGOs are de facto CLTS implementers due to resource constraints in local government offices. Local government thus plays a supporting role in most

National Technical Working Group

The NTWG is a multi-stakeholder body comprising representatives from the national and regional EHSD, MWRWH Community Water and Sanitation Agency (CWSA), international and local NGOs, donors, academia, and other public institutions. The NTWG meets on a monthly to quarterly basis to coordinate CLTS activities and disseminate CLTS documents to key stakeholders in Ghana.

stages of CLTS, except open defecation-free (ODF) certification.

There are many local organizations in Ghana that contract with donors, international NGOs, and the government to implement CLTS. This creates challenges in assuring consistent and coordinated CLTS activities, particularly as mechanisms for connecting CLTS actors are inconsistently implemented or do not yet integrate all stakeholders.

As of 2012, four of 10 regions had an active Regional Inter-Agency Coordinating Committee on Sanitation (RICCS) convened by the regional EHSD office, while the remaining six were in the early stages of formation. Existing RICCS aim to meet quarterly, though this was not yet occurring as of this assessment. The Coalition of NGOs in Water and Sanitation (CONIWAS), an umbrella organization, was also established to foster coordination and consistency among water and sanitation NGOs. However, CONIWAS is not directly under the purview of government and not all relevant NGOs were members in 2012.

Finding 3: At the time of the assessment, CLTS data were inconsistently reported and costs were not tracked.

CLTS data are collected but not regularly reported. The gap may be due in part to the large role played by non-government actors, which complicates the reporting processes outlined by national authorities.

National protocol requires that district environmental health officers report CLTS data on a quarterly basis to the regional EHSD offices, which provide biannual reports to the national level. However, CLTS facilitators do not always report their activities, and the national ministry does not receive data from all regions. As of 2012, there was also no national CLTS monitoring database, although the EHSD was rolling out a new monitoring and reporting system.

As a result, CLTS data are inconsistent and unreliable. According to one estimate, 452 communities were triggered by 2011. However, this data does not cover all regions or activities. Reports of ODF status also vary substantially. In 2009, one international organization indicated 22% ODF achievement, while in 2010, another report cited a 6% ODF rate among a subset of regions.

It is also difficult to obtain data on CLTS funding and expenditures. CLTS funds are linked to other water, sanitation, and hygiene (WaSH) programs, which makes it difficult to distinguish CLTS funding from other areas

Institutional Arrangements for CLTS in Ghana





Project Summary

This research summary was issued as part of the *Test-ing CLTS Approaches for Scalability* project, which evaluates whether capacity-strengthening of local actors enhances their influence on CLTS outcomes. The term 'local actors' refers to Natural Leaders in Ghana, teachers in Ethiopia, and local government staff in Kenya. The project centers on four research questions:

- 1. In what context do local actors work?
- 2. What is the role of local actors?
- 3. What is the cost of involving local actors?
- 4. How do local actors influence results?

Learn more on our project website http://waterinstitute.unc.edu/clts of WaSH. Furthermore, none of the groups interviewed had cost-tracking systems for CLTS projects.

Limitations

There are two main limitations to this assessment. First, not all stakeholders were available for interview during the field visit. Second, our ability to report on the number of triggerings, ODF verifications, and project costs are limited by unreliable or unavailable data.

Implications for CLTS

Although the national strategy for CLTS in Ghana advocates local government implementation, resource constraints require working with many NGOs. This may allow for wider implementation but also presents challenges in collecting data and ensuring CLTS practice is consistent across Ghana.

In the absence of adequate local government resources, it will be important for subnational coordinating bodies and the revised monitoring and reporting system to focus on effectively integrating CLTS information and actors. Improving these systems will also enable the national government to evaluate the impact and cost effectiveness of CLTS programs and target available resources to achieve the highest possible impact.

References

Magala, Joyce, and Lorretta Roberts. 2009. "Evaluation of Strategy for Scaling Up Community Led Total Sanitation in Ghana." Government of Ghana, EHSD: Accra, Ghana.

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Testing CLTS Approaches for Scalability





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