Development of a Rural Sanitation Strategy and Model for Ghana
Aguaconsult Ltd
MAPLE Consult

Rural Sanitation Model and Costed Scaling Up Strategy for Community-Led Total Sanitation (CLTS) & Hygiene in Ghana
22 March 2011

Revised Version (Ministry of Local Government & Rural Development comments included)

PRINCIPAL CONSULTANTS

Simon Bibby and Mawuena Dotse
Team Coordination

Nii Odai Laryea
Community Development

Joseph Ampadu-Boakye
Monitoring and Evaluation

Dan Kabe
Sanitation Engineering

Geoffrey Anno
Sanitation Marketing

Rose Adisenu-Doe
Knowledge Management

Harold Lockwood and Tania Verdemato
Overall contract management and team support

22 March 2011
EXECUTIVE SUMMARY

Use of safe sanitation in Ghana is abysmal. The Joint Monitoring Programme (JMP) report suggests that sanitation coverage in Ghana is approximately of 13%\(^1\). In other words, only that percentage uses “acceptable or improved” latrines. The National Environmental Sanitation Policy recognizes Community Led Total Sanitation as the approach for sanitation promotion in Ghana. A number of Community Led Total Sanitation (CLTS) pilot projects have, for the last four years, been implemented in Ghana and an evaluation of selected CLTS pilot projects in Ghana concluded that the approach can rapidly change attitudes towards sanitation practices and ignite efforts by communities to improve the sanitation situation in their communities, including increasing demand for latrines. However, the report also recognises that key hardware supply issues must be resolved, centring on the availability of affordable and acceptable options, materials and skills for sanitation promotion.

Within the 2006-2010 Country Programme Action Plan between UNICEF and the Government of Ghana (GoG), UNICEF committed itself to support the government in the quest to develop a cost-effective sanitation model. The proposed model is to be based on the CLTS approach as indicated in the National Environmental Sanitation Policy. This Rural Sanitation Model and Costed Scaling Up Strategy has been developed based on the outcome of stakeholder consultations at the national, regional and district level with the active collaboration of the National Technical Working Group on Sanitation.

The Rural Sanitation Model and Costed Scaling Up Strategy builds on all of the positive elements of Community Led Total Sanitation, but also recognises that this approach has shown limitations requiring additional interventions especially in sanitation marketing. These approaches have been combined in the framework of existing national sector polices and the decentralised institutional framework. The model places District Assemblies as the pivot for implementation with the active support from the local private sector. Intrinsic to the model is the development of a sanitation marketing (SanMark) strategy at the district level. This will engage the private sector (producers and suppliers), mobilise finance (rural bank credit lines) with creative and persuasive communication media. Underpinning the model is an elaborate monitoring and evaluation system across all levels i.e. community, area council, district, regional and national levels including the setting up and maintenance of a competitive sanitation league table where communities, area councils and districts will compete in the drive to improve sanitation and hygiene.

\(^1\) The information was taken from the JMP report of 2008 that states that an improved sanitation facility is one that separates human excreta from human contact. Improved sanitation facilities by this definition include flush or pour flush to piped sewer system septic tank or pit latrine, a Ventilated Improved Pit latrine (VIP) or a composting toilet. It excludes flush or pour-flush to “elsewhere”, pit latrine without a slab or open pit, bucket, hanging toilet/latrine and open defecation. The figure refers to coverage rates.
The strategy has been anchored around five core main pillars: 1. Building an enabling environment; 2. Strengthening capacity; 3. Creating demand; 4. Facilitating supply; and 5. Monitoring and evaluation.

- In building an enabling environment for the model, consensus building on the adoption of CLTS for sanitation promotion at all levels: national, regional, district and area council, will be mainstreamed into the plans and policies especially at district level. Adequate financing will be secured for implementing the model across all levels;
- In order to create demand, a process of CLTS training, facilitation and supervision will be established at all levels, focusing on natural leaders, women and community consultants at the community level backed by appropriate reward systems, mutually reinforcing communication materials, channels and formative research;
- Facilitating supply through the development of low cost sanitation technology options, creating and strengthening existing sanitation supply chains and enhancing the role of the local private sector (simple slab-makers, artisans);
- Strengthening capacity by developing CLTS and School Led Total Sanitation (SLTS)/SanMark training facilitation, mainstreaming CLTS training into curriculum of Schools of Hygiene and Vocational/Technical Colleges and building capacity at the district and sub-district level to implement and supervise CLTS/SLTS.

To track progress in implementing the strategy and model and to ensure that the anticipated results and impacts are achieved, an elaborate monitoring and evaluation system has been designed for the model and strategy. The M&E system is built on the existing collaborative mechanism used during the preparation of District Environmental Sanitation Strategies and Action Plans (DESSAPs) and National Environmental Sanitation Strategy and Action Plans (NESSAP). The monitoring and evaluation system for the model and strategy is also aligned with the data requirements under the District Monitoring and Evaluation System (DIMES) and the Expanded Sanitary Inspection and Compliance Enforcement (ESICOME) manual which is expected to be reviewed in the near future.

The national scaling-up implementation model for improving sanitation and hygiene is designed to be applied at both national and decentralised levels and consists of five key steps, each with corresponding tasks. The underlining concept is that the model will be replicated or executed in any number of districts at an achievable and affordable scale depending on the level of commitment to sanitation. The five key steps and activities are as follows:
1. National and regional preparation
   • Launch National Rural Sanitation Strategy and Model
   • Regional launch of the Rural Sanitation Model and Strategy
   • Capacity building

2. District Level Consensus Building
   • Deliver district advocacy package and build consensus on rural sanitation model
   • Establish district CLTS and SanMark team – Sign ODF contract

3. Develop district plan for ISH
   • Prepare district plan for area/community/school ignition

4. ‘Trigger’ Area/Unit for ODF
   • Build CLTS capacity – develop training of trainers network
   • Facilitate CLTS
   • Facilitate community-based approaches for behavioural change
   • Facilitate community-based sanitation supply
   • Facilitate supportive supervision to EHAS, CBSVs and natural leaders

5. District support for improved sanitation
   • Facilitate district supportive supervision
   • Develop district behaviour change communication strategy
   • Facilitate SLTS
   • Facilitate development of technical options
   • Monitoring, evaluating and rewarding

The national and regional preparation activities, including national and regional launches, as well as the publication of the national, regional and district ISH league tables are central to the scaling up of this model. Given the need to have a phased take-up across districts with an element of self-selection to emphasise the importance of the demand responsive approach, the launch will also provide the platform for spelling out the selection criteria for districts to receive support for CLTS and SanMark. The criteria should include the following:

   • District Chief Executive will have signed ODF contracts with their respective Regional Ministers committing them to stop open defecation in their districts and improve sanitation and hygiene;
• District will establish a District ISH or CLTS and SanMark Team;

• District will prepare a plan and a budget (based on DESSAP/DWSP) for CLTS which entails a sanitation profiling/baseline and a list of prioritised communities for CLTS and SanMark and Area council level clustering for first round of ToT;

• Districts will open a District Sanitation Account and deposit about 2% of DACF to support CLTS and SanMark;

• Make a commitment to stop the provision of direct household latrine subsidies and ensure that all stakeholders operating in the district do the same;

• Move away from isolated community ‘project’ approach to a district-wide improved sanitation and hygiene process.

The Regional Environmental Health Department will receive applications from DAs and with support from the EHSD and the National Technical Working Group on Sanitation, select DAs to receive capacity building support for CLTS and SanMark. It is envisaged that the national and regional launch including the publication of the national, regional and district ISH league tables will trigger DAs interest in implementing the model. However, as a minimum, the following phasing take-up process is expected bearing in mind the need to effectively manage, monitor and to document lessons learnt in the scaling up process. Pending the availability of more accurate information on the practice of open defecation and sanitation, coverage figures from the JMP report for Ghana have been used. The current open defecation rate of 23.1% has therefore been applied to estimate the approximate number of districts for the scaling up strategy:

• Year 1: 10 districts with high OD will be selected into the process to undertake both CLTS and SanMark activities while ongoing CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.

---

2 The JMP Report of 2008 estimates that 23.1% of households practiced open defecation. Although the JMP report provided information on regional distribution of open defecation rates, district data was not provided and is currently unavailable. Ghana’s administrative structure comprises 170 districts. For planning purposes, the consultant has assumed that 23.1% (approximately 40) of districts practice open defecation.
• Year 2: Intervention in 10 districts with high OD continues into Year 2 while ongoing CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.

• Year 3: An additional 15 districts with high OD will be selected into the process to undertake both CLTS and SanMark activities while ongoing CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.

• Year 4: Intervention in 15 districts with high OD continues into Year 4 while ongoing CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.

• Year 5: The remaining 15 districts with high OD will be selected into the process to undertake both CLTS and SanMark activities while ongoing CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.

Ultimately, it is envisaged that a rigorous implementation of the model and proposed strategies by all stakeholders will stop open defecation and improve rural sanitation and hygiene.
TABLE OF CONTENTS

EXECUTIVE SUMMARY .................................................................................................................. 1

TABLE OF CONTENTS .................................................................................................................... 6

SECTION 1. INTRODUCTION ........................................................................................................... 10
  1.1 BACKGROUND TO THE RURAL SANITATION MODEL & SCALING UP STRATEGY .......... 10
  1.2 SITUATION ANALYSIS ........................................................................................................... 12
  1.3 RURAL SANITATION MODEL AND COSTED SCALING UP STRATEGY ......................... 16
  PILLAR 1: BUILD THE ENABLING ENVIRONMENT ...................................................................... 17
  PILLAR 2: STRENGTHEN CAPACITY ....................................................................................... 20
  PILLAR 3: CREATE DEMAND ....................................................................................................... 21
  PILLAR 4: FACILITATE SUPPLY ............................................................................................... 23
  PILLAR 5: MONITORING AND EVALUATION ............................................................................ 25

SECTION 2. OVERVIEW OF IMPLEMENTATION MODEL ................................................................. 28
  2.1 UNDERLYING PRINCIPLES OF THE IMPLEMENTATION MODEL ....................................... 28
  2.2 GEOGRAPHIC FOCUS OF THE IMPLEMENTATION MODEL .................................................. 29
  2.3 PROCESS FLOW CHART FOR CLTS AND SANMARK AT THE DISTRICT LEVEL ............... 30
  2.4 OUTLINE AND KEY ELEMENTS OF THE IMPLEMENTATION MODEL .............................. 31
  2.5 THE MODEL FOR IMPROVED SANITATION AND HYGIENE ............................................. 34

SECTION 3. THE NATIONAL IMPLEMENTATION MODEL AND SCALING UP STRATEGY .......... 38
  3.1 THE SCALING UP STRATEGY ............................................................................................... 38

SECTION 4. INSTITUTIONAL FRAMEWORK FOR IMPLEMENTATION OF STRATEGY AND MODEL ................................................................................................................................. 40
  4.1 ROLES AND RESPONSIBILITIES .......................................................................................... 40
    4.1.1 SUB DISTRICT LEVEL ......................................................................................................... 40
    4.1.2 DISTRICT LEVEL ............................................................................................................... 41
    4.1.3 REGIONAL LEVEL ............................................................................................................. 42
    4.1.4 NATIONAL LEVEL ............................................................................................................. 43
  4.2 IMPLEMENTATION MODEL – STEPS AND ACTIVITIES ....................................................... 46
    STEP 1: NATIONAL/REGIONAL – PREPARATION ................................................................. 46
    STEP 2: DISTRICT PREPARATION ........................................................................................ 48
    STEP 3: DEVELOP CLTS PLAN WITH BUDGET .................................................................... 49
    STEP 4 “TRIGGER” AREA/UNIT FOR ‘AT-SCALE’ BEHAVIOUR CHANGE ........................... 50
    STEP 5: DISTRICT SUPPORT FOR IMPROVED SANITATION ............................................ 53

ANNEX 1: FIVE YEAR PLAN ........................................................................................................... 55
ANNEX 2: M&E FRAMEWORK ...................................................................................................... 56
ANNEX 3: SANITATION & HYGIENE LEAGUE TABLE ................................................................. 60
ANNEX 4: PROJECTED COSTING FOR NATIONAL SCALE UP MODEL ..................................... 61
Definitions

**Basic sanitation**
The working definition applied to basic sanitation by the Millennium Development Goals Task Force is “the lowest-cost option for securing sustainable access to safe, hygienic and convenient facilities and services for excreta and sullage disposal that provide privacy and dignity while at the same time ensuring a clean and healthful living environment both at home and in the neighbourhood of users.”

**Adequate sanitation**
According to the WHO/UNICEF Joint Monitoring Programme (JMP) definition, access to adequate sanitation facilities is the percentage of the population using *improved sanitation*.

**Improved Sanitation**
According to the JMP for Water Supply and Sanitation by the WHO and UNICEF the following are considered as “improved” sanitation:

- Connection to a public sewer
- Connection to a septic system
- Pour-flush latrine
- Access to a hygienic pit latrine

**Hygienic latrine:**
- A hygienic latrine does not contaminate water bodies, prevents contact between human beings and excreta, confines excreta in ways that make it inaccessible to flies, other insect vectors, and domestic or wild animals; and prevents emission of foul and odours.
- Ventilated improved pit latrine.

Sanitation options not considered as “improved” are:

- Public or shared latrine
- Open pit latrine
- Bucket latrines

---

Improved ‘On-Site’ Sanitation and Hygiene (ISH)

This is the goal set in the National Strategy and Model for Improving Sanitation and Hygiene. It is the process where people transform themselves to demand, develop and sustain a hygienic and healthy environment for themselves by erecting barriers to prevent the transmission of diseases primarily deriving from faecal contamination.

**Community-Led Total Sanitation (CLTS)** was developed by Dr. Kamal Kar from his work in Bangladesh and India. It focuses on:

- igniting a change in sanitation behaviour rather than constructing toilets;
- social awakening stimulated by facilitators from within or outside the community;
- the whole community rather than on individual behaviours.

Collective benefit from stopping open defecation (OD) can encourage a more cooperative approach. People decide together how they will create a clean and hygienic environment that benefits everyone. The fundamental concept behind CLTS is that it involves no individual household hardware subsidy and does not prescribe latrine models. Social solidarity, help and co-operation among the households in the community are a common and vital element in CLTS.

Other important characteristics are:

- the spontaneous emergence of Natural Leaders (NLs) as a community proceeds towards Open Defecation Free (ODF) status;
- local innovations of low cost latrine models using locally available materials, and
- community-innovated systems of reward, penalty, spread and scaling-up. CLTS encourages the community to take responsibility and to take its own action.
SanMark is about market development: Promoting the availability of sanitary materials (cement, re-bar, slabs, vent pipes and services) and allowing private suppliers to respond to the demand.

The products and their promotion are based on consumer motivation and preferences which are not just about hardware or health. SanMark requires a comprehensive assessment of the current market for sanitation products and services and the use of the results of this assessment to design a multi-pronged strategy to:

- **Build the capacity** of appropriate market actors to provide necessary sanitation market functions;
- Create and strengthen the **incentives** for these actors to participate in the market and to collaborate with one another and also permit actors to proactively **take on** functions from which **they will benefit** e.g. financially, politically, etc.
- Develop appropriate products and services that respond to **consumer preferences**; and
- Create appropriate **marketing messages** and plans for promotion and communication to market the products and services to consumers.
Section 1. INTRODUCTION

1.1 BACKGROUND TO THE RURAL SANITATION MODEL & SCALING UP STRATEGY

Within the 2006-2010 Country Programme Action Plan between UNICEF and the Government of Ghana (GoG), UNICEF committed itself to support the government in the quest to develop a cost-effective sanitation model. The proposed model is to be based on the Community Led Total Sanitation Approach as indicated in the National Environmental Sanitation Policy (NESP).

The evaluation of the CLTS approach in Ghana confirmed the potential of the strategy to solve Ghana’s sanitation problems at the rural level. The report suggested that the CLTS approach has succeeded in creating immense demand for sanitation in the pilot areas highlighting issues concerning the supply side of sanitation services, including the promotion of local artisans, or private sector involvement to meet new demand generated by CLTS programmes. Progress on key recommendations is detailed in the table below:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate national consensus on CLTS</td>
<td>On-going roll out</td>
<td>Ministry of Local Government and Rural Development (MLGRD) &amp; National Technical Working Group on Sanitation (NTWGS)</td>
</tr>
<tr>
<td>Strengthen national coordination</td>
<td>NTWGS formed in 2007 and started work in 2008</td>
<td>National replication; 120 participants agreed at the recent CLTS ToT workshop in Dodowa and Elmina facilitated by Kamal Kar that the NTWGS be replicated at regional and district levels to overcome challenge of poor coordination at the two levels thro: -Regional level (Regional Inter-Agency/Coordination Committee on Sanitation (RICCS)); - District level (District Inter-Agency Coordination Committee on Sanitation (DICCS))</td>
</tr>
<tr>
<td>Develop CLTS strategy, action plan, guidelines</td>
<td>Validated Jan 11, 2011</td>
<td>Aguaconsult/MAPLE Consult</td>
</tr>
<tr>
<td>Roll out training – national, regional &amp; district</td>
<td>On-going Feb/Mar, 2011</td>
<td>Kamal Kar/MAPLE Consult – TREND Group/Afram Plains Development Organisation (APDO)</td>
</tr>
</tbody>
</table>

4 Membership of the RICCS to be drawn from EHS, CWSA, Academia, university (where available), Hygiene Schools (where available), Department of Community Development, MoH/GHS and relevant NGOs; a similar membership can be put together at the district level for the DICCS.
UNICEF has contracted a group of sanitation experts to investigate the concept of ‘CLTS+’ in the context of Ghana and to propose a strategy which can be scaled up to cover national level and to provide an associated model for implementation. This document is one of the first steps in this process and is comprised of the following elements:

- Section 1 provides a background to government policy and key issues and challenges confronting the roll-out of CLTS and the status of private sector involvement in sanitation in Ghana. It also presents the proposed strategy towards national improved 100% rural sanitation, itself consisting of five main pillars, namely: building the enabling environment; strengthening capacity; creating demand, facilitating supply and monitoring and evaluation;
- Section 2 sets out an overview of the model for implementation and roll-out of the strategy itself, including a discussion of underlying principles and geographic focus;
- Section 3 provides details of the scaling-up strategy;
- Section 4 explains the implementation model, consisting of five main steps and 16 tasks – this is the model which can be followed in any district in Ghana to implement the CLTS strategy and model.

---

5 Support to UNICEF for the development of a national strategy and implementation model for rural sanitation is being carried out by the UK consulting firm Aguaconsult, working in partnership with the Ghanaian firm Maple Consult. For further details see: www.aguaconsult.co.uk
1.2 SITUATION ANALYSIS

1.2.1 The Ghana Sanitation and Hygiene Challenge

The Joint Monitoring Programme (JMP) report is not kind to the Ghanaian sanitation situation where there is a strong culture of communal, public and shared latrines with over 67% of the population reporting the use of an improved facility. Sharing is not an approved JMP practice which requires individual household ownership and use of an acceptable latrine. There is not a strong culture for individual household latrine ownership so that JMP reporting suggests that individual household latrine ownership has improved from 7% in 1990 when the population was approximately 15 million to 13% in 2008 when the population increased to about 23 million. Urban access to improved sanitation has risen from 11 to 18% while rural access to improved sanitation has gone up from 4% to 7% over the same period. Ghana aims at achieving 76% coverage for water supply and 54% for sanitation by 2015.

Ghana has a considerable history of either building communal latrines (and still does!), building relatively high cost individual Kumasi Ventilated Improved Pit latrines (KVIP), providing partial individual household subsidies, providing ‘free-of-charge’ concrete slabs which has seriously deflated individual and collective willingness to invest in sanitation on the off-chance that the fickle Ghana Latrine Fairy might deliver! Variations on the subsidy theme prevail today and thus market distortion and dependency prevail.

1.2.2 The GoG Vision

The Government of Ghana is aligned with the sanitation MDG in aiming for 54% ownership and use of an improved household latrine by 2015 and for the country to attain 100% sanitation coverage by 2025.

1.2.3 Policy

The National Environmental Sanitation Policy (NESP) emphasises the need for a cost-effective sanitation model to be based on the Community Led Total Sanitation Approach. This approach was supported by the recent GoG/UNICEF evaluation of CLTS which also recommended improved technical capacity for latrine construction in communities facilitated by increased availability of well known, affordable and locally acceptable latrine options with the necessary materials and skills to make them. Following the adoption of NESP, a National Environmental Sanitation Strategy and Action Plan (NESSAP) has been prepared by the Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development (MLGRD) to serve as an implementation plan for NESP. In addition, an accompanying Strategic Environmental Sanitation Investment Plan (SESIP) has also been prepared to indicate the projected costs of interventions for meeting defined policy measures up to 2015\(^6\). Metropolitan, Municipal and District Assemblies have been recognised as the pivot for the implementation of the NESP, NESSAP and SESIP.

---

Acceptable service levels: Ghana is in line with the JMP in insisting that an acceptable latrine must: securely contain excreta, be free from smell and flies, and be safe as well as private and positioned so as not to pollute the environment.

1.2.4 Non-aligned Stakeholder Practice
EHSD/MLGRD will ensure that all GoG or Development Partners (DP) funded sanitation interventions are implemented within the existing decentralisation framework and in line with this strategy and implementation model EHSD/MLGRD will ensure that all Metropolitan, Municipal and District Assemblies establish *District (as a generic term to include Metropolitan, Municipal and District Assemblies)* Sanitation Accounts as indicated in the National Environmental Sanitation Policy in order to be eligible to receive support for sanitation promotion. MMDAs will ensure that all funds for improving sanitation are placed in the District Sanitation Account to be disbursed according to their respective DESSAPs and this National Strategy and Model with full compliance to an agreed detailed district CLTS/SanMark protocol.

1.2.5 Strategic Planning and Investment
The MLGRD has developed the National Environmental Sanitation Strategy and Action Plan and an accompanying Strategic Environmental Sanitation Investment Plan. These documents provide the framework for setting national strategies and investment envelopes for agreed national ISH targets. All Municipal and District Assemblies will prepare and update District Environmental Sanitation Strategies and Action Plans (DESSAPs) as a means of implementing the measures and actions of this National Strategy and Model at the district and sub district level. The DESSAPs are expected to be linked to the objectives and strategies captured in the District Water and Sanitation Plans (DWSPs). Cumulatively, both the DESSAPs and DWSPs are expected to elaborate on the objectives and implementation strategies for sanitation as outlined in the District Medium Term Development Plans (MTDPs) of all District Assemblies. Enabling and Supporting Districts to plan, facilitate, support and monitor at scale sanitation and hygiene improvement is the central thrust of this model.

1.2.6 Potential Funding Sources
There are a number of potential district funding sources; these include the following:

- District Assemblies Common Fund (DACF) – an average amount of about GH¢200,000 is allocated to each DA out of which a percentage is set aside for sanitation based on the priority needs of the district;
- District Development Facility – an average of about GH¢235,000 performance based grant – accessed by District Assemblies according to their performance measured by the Functional Organisational Assessment Tool (FOAT). District Assemblies have the option to use funds from the District Development Fund for sanitation promotion provided the intervention has been captured in the MTDP.

---

7 Ghana Cedis is the currency for Ghana.
The MLGRD could make CLTS/SanMark progress towards improved sanitation and hygiene a performance indicator under the FOAT;

- The Ghana Compact – An annual budgetary allocation of US$350 million has been committed by GoG towards sanitation, water and hygiene improvements in an effort to meet MDG targets and beyond (i.e. the US$350 million plus 0.5% of GDP annually)

1.2.7 Operational actors – state and non-state in rural sanitation

Development Partners (DPs) and NGOs have provided and continue to provide considerable district and regional support:

- CWSA has and continues to receive substantial support from DPs such as the World Bank, CIDA, DANIDA, AfD and the EU. CLTS work by CWSA has largely been facilitated by TREND and other consultants although there is a new commitment to mainstream CLTS in all CWSA-supported districts;

- UNICEF provides substantial support through partners working closely with Municipal and District Assemblies;

- USAID has funded TREND with NTWGS support to develop a series of sanitation and hygiene manuals which will form a key reference source for the model. USAID plans to support considerable district sanitation and hygiene work through consulting firms. TREND also received much technical support from the NTWGS.

- NGOs:
  - WaterAid provides support to 13 districts (together with Pronet, APDO, New Energy, Rural Aid and ORAP which are considered as “partners” in (water and) sanitation delivery;
  - Plan International currently provides support for 17 districts in 5 regions;
  - Africare, with funding from US President Obama is in the process of starting sanitation interventions including facilitating CLTS in communities in two districts (Central and Western Region) in Ghana;
  - There are several other NGOs committed to and working towards sanitation and hygiene improvement including World Vision Ghana and Catholic Relief Services.

The consultant’s team is currently leading (with NTWGS support) the development of a CLTS inventory using a set of spreadsheets. The output will outline: CLTS carried out, ODF achieved and CLTS planned. The purpose of this information is to enhance the design of the capacity building measures for the rural sanitation model which will outline training activities and supportive supervision within and across the various levels. Data received so far in this exercise has been processed and presented in table 2 and table 3.
An analysis of the data gathered so far points to the fact that substantial capacity building support through training has been carried out in five out of the 10 regions of Ghana. There has been no information on work done in Ashanti, Brong Ahafo, Western, Upper East and Central regions. The consultant’s team is however aware that CWSA and Plan Ghana had trained CLTS facilitators and carried out CLTS facilitation in selected districts in the Central Region. UNICEF has also provided training for CLTS facilitators and is facilitating CLTS in selected districts in the Upper East Region. Notwithstanding this development, number of persons trained as CLTS facilitators has not been very impressive except in the Northern Region where it is reported that there are over 200 trained CLTS facilitators. The other four regions have about six trained CLTS facilitators. Unfortunately, the number of CLTS facilitators in the Northern Region has not been reflected in the outputs attained (only 20 communities have been triggered). There is currently no accurate and verified data on the total number of ODF communities in the country. In order to ensure a successful roll out of the rural sanitation model on a national scale, training of CLTS ToTs and CLTS facilitators will be carried out across all regions. The focus however will be to provide practical training to reflect the circumstances peculiar to each region and district.
1.2.8 The Ghanaian Sanitation Spectrum

There is a broad spectrum of different defecation practice in Ghana which is poorly recorded and even less well understood even by sector experts. There is consensus that there is considerable regional variation with varying challenges about defecation practice across the country. There are a range of challenges with open defecation practice which include: socio-cultural perceptions, beliefs and priorities about defecation practice; the fact that levels of poverty are higher in the three northern regions; adverse hydro-geological and topographical conditions influencing technology choice. One size does not fit all and approaches will need to be customised to fit the district, area and the community in question.

To this effect, the district situational analysis will provide an essential baseline to inform the planning process. This will help districts to build a picture of their current sanitation and hygiene situation, the support districts have already received with details of stakeholders involved, staff trained and available transport. To help inform the development of national and regional tables as well as to inform selection criteria for those districts which are lagging behind in terms of latrine access, EHSD/MLGRD will conduct a regional assessment of key factors influencing defecation practice, latrine preference and option suitability. The information will also be useful to inform SanMark approaches.

1.3 Rural Sanitation Model and Costed Scaling Up Strategy

The Rural Sanitation Model and Costed Scaling Up Strategy builds on all of the positive elements of CLTS in terms of building demand while recognising the importance of facilitating supply through a more market based approach. The Ghana strategy for improved hygiene and sanitation therefore combines these approaches, as well as the underlying principles of being supportive of, and working to improve, national sector polices and institutional frameworks. The strategy also recognises the importance of putting local government at the centre of service delivery and of strengthening local private sector capacity, which is much weaker in Ghana, than in some of the Asian countries (including Bangladesh), where CLTS was conceived and rolled out. As such the strategy can be conceptualised as being based on five core pillars which are shown in the graphic as below: Pillar 1 - build the enabling environment; Pillar 2 - strengthen capacity; Pillar 3 - create demand; Pillar 4 - facilitate supply; and Pillar 5 – Monitoring and Evaluation.
PILLAR 1: BUILD THE ENABLING ENVIRONMENT

The enabling environment for CLTS and San Mark is already being developed in Ghana. Additional actions are required to strengthen the enabling environment as follows:

- **National Policy and Plan**: a National Environmental Sanitation Policy, National Environmental Sanitation Strategy and Action Plan (NESSAP) and an accompanying Strategic Environmental Sanitation Investment Plan (SESIP) provides the framework for setting national strategies and investment envelopes for set ISH targets. The policy and strategy emphasise the essential criteria for latrine construction but given considerable regional environmental variation, final technical options and service levels will best be defined at the district levels within the framework of national standards.
• Further to this, EHSD/MLGRD will build consensus at the national, regional and
district level and among all stakeholders to stop the provision of household latrine
subsidies and the construction of communal latrines;

• Some MMDAs have either prepared and/or updated their District Environmental
Sanitation Strategies and Action Plans as a means of implementing the measures
and actions of the NESP and NESSAP at the district and sub district level.
EHSD/MLGRD will ensure that all District Assemblies have mainstreamed
CLTS-SanMark into their DESSAPs as a precondition for receiving national and
regional level support for CLTS and SanMark. Metropolitan, Municipal and
District Assemblies will make a commitment to stop the provision of household
latrine subsidies and the construction of communal latrines.

This Rural Sanitation Model and Costed Scaling Up Strategy for CLTS/SanMark
includes an Action Plan, a District Resource Book as well as guides to advocacy and
sanitation marketing to help facilitate the process at the national, regional and district
levels. The Environmental Health and Sanitation Directorate of the Ministry of Local
Government and Rural Development will lead the process in the implementation of this
national strategy and implementation model. The Directorate with support from the
National Technical Working Group on Sanitation will:

- **Build Consensus through effective advocacy** that sanitation is a priority and
  ensure that all stakeholders are familiar with and committed to the national CLTS
  and SanMark strategy and the model;

- **Identify sources of finance for implementation of this strategy and model:** In
  order to secure sustainable funding for implementing this rural sanitation model
  and strategy, GoG will demonstrate leadership and ownership of the rural
  sanitation model and strategy by increasing public sector financing for sanitation
  promotion. MLGRD with financial assistance from DPs will acknowledge and
  celebrate ODF communities as part of activities marking World Toilet Day;

- Identify and strengthen centres for CLTS knowledge processing, management and
dissemination;

- In addition, MLGRD will seek Cabinet’s approval to allocate 2% of the District
  Assemblies Common Fund (DACF) for sanitation promotion;

- In accordance with the proposal in the SESIP for financing household toilets
  under the NESSAP, MLGRD will establish a revolving fund for sanitation
  promotion. The revolving fund will be operated by micro-finance institutions
  (MFIs) and Rural Community Banks (RCBs). The MFIs will recover their
  management costs from the interest to be charged households. Alternatively,
  communities will be encouraged to use their own systems of mutual savings e.g.
  “nnoboa system” to finance household latrine construction.

**District Assembly, Area Council and Community level Ownership:** to successfully
implement the model, the existing structures for decentralized governance notably
Municipal and District Assemblies, Area Councils and Communities (Unit Committees,
WATSAN Committees, Natural Leaders etc.) will be responsible for planning and managing interventions at their respective levels.

The EHSD will:
- Ensure that all CLTS/SanMark activities are integrated into the DESSAPs with accompanying budgets and have the full support of Assembly members. Mainstreaming CLTS and SanMark activities into the DESSAP and allocating adequate resources for its implementation will be made a performance indicator under the annual performance assessment of DAs using the Functional and Organisation Assessment Tool (FOAT) as a precondition for accessing funding from the District Development Facility (DDF);
- Incorporate CLTS/SanMark into the curriculum of Schools of Hygiene.
- Develop key CLTS monitoring indicators (training, facilitation, behavioural changes, and ODF status). These indicators are included in the model and explained in some greater detail in the district resource book.
- Develop an enabling environment for the macro and micro private sector by ensuring better access to lines of credit and consideration of tax incentives in order to attract private sector participation in sanitation promotion and marketing.

**BOX 1 Enabling Environment**

**Current Situation**
- NESP, NESSAP and an accompanying Strategic Environmental Sanitation Investment Plan (SESIP) have been developed
- Some DAs have prepared or updated DESSAPs. CLTS and SanMark not mainstreamed into all DESSAPs
- Rural sanitation model and costed strategy developed

**Next steps**
- MLGRD will build consensus at the national, regional and district level and among all stakeholders to stop and abolish the provision of household latrine subsidies and the construction of communal latrines.
- MLGRD will secure cabinet approval for 2% of DACF to be used for sanitation promotion.
- MLGRD will establish revolving fund to be administered by micro finance institutions and rural/community banks to provide credit for household latrine construction.
- DAs will review DESSAPs to mainstream CLTS and SanMark. This will be made a performance indicator under FOAT. DAs will stop providing communal latrines and household latrine subsidies.

---

8 The preparation of DESSAP by DAs and allocation of budget to implement activities in the DESSAP is already a performance indicator under the annual performance assessment of DAs using FOAT
PILLAR 2: STRENGTHEN CAPACITY

Some capacity building support especially regarding training of district level officials (normally drawn from the District Health Management Team (DHMT), the Environmental Health and Sanitation Unit (EHSU), the District Water and Sanitation Team (DWST) and the School Health Education Program (SHEP) as CLTS facilitators has been done over the years. In addition, officials in a number of national and regional level institutions including NGOs and private consultancy firms have been trained and certified as CLTS Training of Trainers. The number and mix of expertise at the national, regional and district levels is currently not available. Notwithstanding this situation, in a bid to ensure an adequate human resource base to implement the rural sanitation strategy and model, sector stakeholders led by EHS/MLGRD and supported by the National Technical Working Group on Sanitation will:

- **Develop and agree the ‘at-scale’ CLTS-SanMark training/facilitation model.** Kamal Kar has reviewed and trained 120 National CLTS Trainers among which 40 have been selected as CLTS Master Trainers. The Master Trainers were drawn from all the 10 Regions with at least two from each region. Another 10 Trainers have been selected to provide further training and back-up support for the 40 Master Trainers at the national level. There will be mainstreaming of CLTS into the curriculum of the Schools of Hygiene. A national network of ‘certified’ and regulated CLTS trainers will be established with a strong focus on providing practical skills training.

- **Ensure high-quality standardized training materials** and methodologies with maximum use of experiential learning cycle, easily translatable language, and inclusion of:
  - a facilitator guide,
  - a participant manual,
  - visual aids which enable quality replication at scale.

- **Co-ordinate a common training approach:** advocacy skills, practical training, supportive supervision and follow-up CLTS/SanMark network. Training starts:
  - at national level with CLTS Trainers of Trainers (ToTs) will be established to cover all 10 regions and a strong CLTS focus will be in the three regions in Northern Ghana and other areas in Ghana where open defecation is practiced. The aim being to develop a level demand in all regions for improved sanitation which can be matched with reliable supply streams through SanMark.
    - Regional Improved Sanitation and Hygiene (ISH) Teams/Consultants/NGOs will provide practical training and support District CLTS teams and District SanMark teams

  - District ISH Teams will train and supervise Area CLTS mobilisation teams with membership from EHAs, Community Development Assistants
and NGOs/Partner Organisations already operating at the Area Council level. The Area CLTS teams will build a network of Natural Leaders/Community-Based Resource People and also help trigger communities and provide quality assurance, practical training, follow-up.

- District SanMark Teams will train, equip and certify youth (students doing national service, unemployed youth) slab-makers in simple slab production and promotion. This group will form the first tier of the latrine business model. They will be supported by Latrine Artisans who will be trained and equipped in each area council to meet expected demand for household latrines on a commercial basis. The SanMark teams which will include private sector and NGO representation will provide support for small business development. They will provide supportive supervision, monitor training outcomes and ensure that quality services are delivered at all levels through rigorous testing of training materials\(^9\) and customer satisfaction with services delivered.

- **Mainstream CLTS** in training curriculum for Environmental Health Assistants at the three Schools of Hygiene with a strong emphasis on practical field training sites.

- **Mainstream slab building/latrine upgrading/promotion skills in technical/vocational colleges curriculum:** The purpose is to establish, train and equip–latrine building brigades. The group will work with support from the District Works Department to make slabs and construct household latrines. Slab makers/promoters and latrine artisans will be trained in a range of options with a strong focus on minimum standards for household latrines that are also disability user-friendly for those with special needs such as People Living With Aids.

- **Ensure a schools and school teacher focus**
  - Develop School Led Total Sanitation
  - Teacher Training – SLTS/SanMark skills will be mainstreamed in teacher training

**PILLAR 3: CREATE DEMAND**

In order to create demand for improved sanitation and hygiene, the EHSD/MLGRD will create a network or process of CLTS Trainers of Trainers (ToT) at the national and regional levels. The network of ToTs will train District CLTS Teams and SanMark Teams. Membership of the District CLTS Teams and SanMark Teams will be multi-sectoral with a strong emphasis on people with skills in community mobilisation, sanitation and hygiene promotion. The District CLTS Teams and SanMark Teams will then train Area CLTS and SanMark Teams to trigger communities for ODF and facilitate

---

the supply of affordable household latrine options. Membership of the Area CLTS and SanMark teams will be drawn from Environmental Health Assistants (EHAs), Community Development Assistants and NGOs/CBOs/Partner Organisations operating at the Area Council level.

To guarantee a critical mass of CLTS facilitators, EHSD/MLGRD will mainstream CLTS into the curriculum of the three Schools of Hygiene with a strong focus on ‘practical training’ and follow up. The Schools of Hygiene will explore the feasibility of providing distance learning on CLTS through the internet (where available) or SMS texting (for mobile phone owners) or ‘snail mail’ to reinforce messages and receive feedback. While the Schools of Hygiene in Ho and Tamale train EHAs, the Accra School of Hygiene trains EHOs. To further complement the role of the Schools of Hygiene, existing NGOs with strong experience in CLTS facilitation and training will be selected and certified as CLTS trainers/facilitators and assisted to establish regional practical training sites.

At the community level, the focus will be on developing area/community-based ‘natural leaders’ or Community Based Resource People to form a Network of Registered Natural Leaders. The natural leaders/community based resource people will be responsible for carrying out hygiene and sanitation promotion, promoting community/peer influence and monitoring community level activities. Facilitators will apply simple gender profiling to assess the relative merits of women or men as natural leaders in different societal contexts. The youth will support advocacy process on sanitation and hygiene at the community and school level.

- The EHSD/MLGRD will develop convincing ‘mutually reinforcing’ communication materials and channels (multi-media) including a central role for FM radio with chat shows, phone-in, “soap opera” etc;

- The EHSD will provide oversight responsibility for ODF status verification and recognition/celebration;

- The EHSD will facilitate the carrying out of formative research (manage a private company contract to develop a full SanMark model in line with Total Sanitation and Sanitation Marketing (TSSM) in order to understand household and community preference, demand triggers, constraints, market factors and the best channels of communication in order to develop a full SanMark strategy. The SanMark strategy could be replicated across districts;

- On-going research and development on appropriate sanitation technology options and marketing strategies will be carried out to meet the needs of different peoples in different regions.
PILLAR 4: FACILITATE SUPPLY

The EHSD/MLGRD with support from the NTWGS will establish a national minimum improved sanitation and hygiene standard for household and institutional facilities both in terms of technology, service level and required operation and maintenance. For households the following standards are recommended by CWSA$^{10}$.

Household Sanitation
- Access to, and use of, a sealed latrine (‘sealed’ means that there are covers for the squat hole in the platform/slab preventing the escape of flies, gases and smells);
- Sited a minimum of six metres from kitchen or house, 50 metres from hand dug wells and boreholes and streams should be downstream. The facility should be covered with a cleanable sealing material (clay, mud, dung dirt etc), a superstructure that will give adequate privacy;
- Any ventilated pipe should be screened.

Institutional Sanitation
- Should be sited at least 100 metres away from classroom blocks or households;
- The wind direction should be away from classroom blocks.

Hand-washing stand
- Having an operational hand-washing facility – supplied daily with water and soap, ash or a substitute and a soak-away pit).
- Hand-washing with water and soap/ash or substitute after defecation, cleaning a baby’s buttocks after bowel movement, before preparing food and before eating food.

Safe water chain
- Ensuring safe drinking water by having clean and cleanable storage, drawing water from narrow mouthed containers or using long handle to ensure safety from source to mouth.

Sustainable Use, Operation and Maintenance
To ensure sustainable use, operation and maintenance, CWSA recommends the following measures:
- the latrine should be cleaned regularly;
- anal cleansing materials should be put into the pit;
- top of vent pipe with fly screen should be examined regularly and replaced immediately if and when it is torn;
- tree branches which obstruct light and wind should be cut off;
- a small mound should be made around the latrine to prevent rain water from staying around and also getting into the pit;

$^{10}$ CWSA standards obtained from interviews with Mrs. Theodora Adomako-Adjei and Mr. Worlanyo Siabi both officials of CWSA.
• the latrine building should be constantly inspected for cracks and other structural defects;
• there should always be a hand-washing facility in front of the latrine including water and a piece of soap or other local substitute (e.g. ash) for hand-washing.

**Institutional Minimum Standards**

The focus is to make a minimum standard available for all through CLTS by creating demand, enhancing the role of the private sector which will include training artisans and improving supply streams of essential latrine inputs. The Directorate will take overall responsibility for getting people onto the first rung of the sanitation ladder through the CLTS process which allows individual households to make their own technology choice. As communities achieve ODF status, the post triggering phase presents a delicately weighted opportunity to introduce hardware options with a sustainable supply chain structure. This will be facilitated by the district SanMark team which will be formed and supervised by the Directorate. The district SanMark team will be responsible for:

• The training and formation of slab building brigades trained to make simple, safe slabs and promotion of, for example, simple 60cm diameter pits for 80cm dome slabs which require 1/5 to 1/3 of a bag of cement. The brigades will also be trained to dig pits within a programme of strict supportive supervision and rigorous quality control!

• The commercialisation of Sani-marts, turning them into fee-paying public latrines for transient populations, cement suppliers, providers of essential slab making equipment e.g. sanplat moulds, tree/plant nurseries, centres for commercial latrine construction for those who are better off, providers of quality control for Youth Slab making Brigades, demonstration of affordable ‘cement-free’ superstructures such as bamboo, clay, and adobe blocks. Open demonstration latrines as commercial public toilets, showers and washing blocks on the Build Operate and Transfer (BOT) principle.

• The development of an advantageous enabling environment for the local private sector. Certification (quality control), awards for innovation and excellence (e.g. where an entrepreneur considers Sanplat distribution as a loss leader because of the value added from collecting and selling latrine pit contents as humanure).

• Securing adequate financing is critical in creating demand and sustaining the supply and use of affordable improved sanitation facilities. As a result, MLGRD will ensure achievement of the targeted delivery of 50,000 household toilets per year (2011 to 2015) through the establishment of a revolving fund. This will be a combined government/private sector fund administered by micro finance institutions and rural/community banks. The revolving fund is to be applied as loans to support households accessing timely credit for the purchase of latrine components and construction skills (through latrine artisans). To ensure patronage of the toilets and reduce the burden on households, the NESSAP proposes that each applicant pays an
initial deposit of 20% (in the year of construction and pays the balance in four annual installments). The applicant is expected to pay a finance charge on the outstanding balance at a rate of ten percent (10%) which is far below the current commercial bank lending rate (25-27%).

- Other creative financing mechanisms which will be explored include the following:
  - Direct credit by cement suppliers exploiting social responsibility opportunities;
  - Unit level micro-credit/savings for sanitation.

- Enhancing the role of the macro private sector: exploit social responsibility funds e.g. GHACEM, MTN, the Breweries etc.

- Research into suitable low-cost technology options suitable for the varied climatic conditions and other factors throughout the country.

- The strengthening of supply chains through market centres, hardware outlets, schools, health units, Water and Sanitation Development Board offices (in small towns).

- The development of technology options: All latrines have to be managed and consideration of service levels is a key factor in technology choice.
  - Basic traditional latrine with available local materials
  - Simple washable, sealable slab with ring beam
  - Simple VIP with slab, bamboo vent pipe
  - KVIP
  - KVIP dual pit (ideal for urban or schools or communal)
  - Pour flush (off-set option) possible option where water is the preferred medium for water closet (WC)
  - EcoSan
    - the simple single pit *arborloo* (short-term pit use with tree planting)
    - the twin pit *fossa alterna* (alternating pits allows full composting) – KVIP dual pit
    - the twin vault skyloo incorporating urine diversion to reduce bulking and smell and providing an immediate source of fertilizer.

**PILLAR 5: MONITORING AND EVALUATION**

Monitoring and evaluation of the Rural Sanitation Model and Costed Scaling Up Strategy will be carried out within the framework of the National Environmental Sanitation Policy and accompanying NESSAP. Accordingly, the framework employs the results-based M&E systems used in the preparation of NESSAP. The EHSD/MLGRD is currently developing an M&E framework for the environmental sanitation sector called MINTESAA (Materials in Transition Environmental Sanitation Assessment and Audit).
It is expected that the M&E framework for this strategy/model will be aligned with MINTESAA and DiMES which has already been developed by CWSA and is being rolled out.

The M&E framework for the rural sanitation strategy and model is built on the existing collaborative mechanism used during the preparation of the DESSAPs and NESSAP. This involves collaboration among the MLGRD/EHSD/NESSPoCC (National Environmental Sanitation Policy Co-ordination Council), Regional Planning and Coordinating Units (RPCUs)/Regional Environmental Health Departments (REHDs), District Planning and Co-ordinating Units (DPCUs)/District M&E Team\textsuperscript{11} and heads of all related sector institutions at the national, regional and district levels. They will collate and validate all relevant information on the status of all on-going interventions captured in the national strategy and model and harmonise this information with progress towards implementation of the NESSAP and DESSAPs.

The M&E system also entails the setting up and maintenance of a national, regional and district level Improved Sanitation and Hygiene/ODF League Table (see annex 3). It is expected that the league table will be updated quarterly by the District Environmental Health Management Unit with information received from EHA/Os or NGOs/CBOs operating in the district. In future, EHSD/MLGRD will explore the possibility of developing and introducing the use of text messages to collect information for monitoring purposes and to update the league table. The Natural Leaders could be trained to provide information through text messages on a monthly/quarterly basis to the District Environmental Health Officer (DEHO). The DEHO will forward the updated league table to the Regional Environmental Health Officer (REHO) for onward submission to EHSD/MLGRD for update of the national, regional and district ISH/ODF league table.

The reporting system for monitoring the implementing the model including updating the ISH league is proposed as follows:

\textsuperscript{11} The handbook for preparing DESSAP directs that DAs should establish District M&E Teams to monitor and evaluate the implementation of the DESSAP (Refer to Chapter 7 of the Handbook). These teams are yet to be constituted by the majority of DAs.
The National Environmental Sanitation Conference (NESCON) together with the existing sector learning and dissemination platforms such as the Resource Centre Network (RCN) and the Water and Sanitation Monitoring Platform (WSMP) websites, National Learning Alliance meetings as well as the National Technical Working Group on Sanitation meetings will provide the platform for dissemination of information on progress towards implementation of the strategy and model. At the national level, there would also be the hosting of a website at the EHSD/MLGRD for collection of reports from REHOs and other sources. The website and newsletter will be used to collate and disseminate information on lessons learnt in the implementation of the model and strategy.

The overall monitoring and evaluation framework for the rural sanitation strategy and model is outlined in annex 2. Details on the M&E framework at the district levels for the strategy and model have been captured in the District Resource Book.
Section 2. **OVERVIEW OF IMPLEMENTATION MODEL**

The implementation model for applying the proposed national strategy is summarised in the following section.

### 2.1 UNDERLYING PRINCIPLES OF THE IMPLEMENTATION MODEL

#### 2.1.1 Emerging Lessons and Key Principles

The implementation model is based on a number of key principles highlighted by the UNICEF evaluation and the literature review which will be observed to achieve CLTS and SanMark at scale as follows:

The approach will be:
- **Demand-responsive** at all levels BUT time-bound (districts opt into the process in different phases/batches);
- **District Centred**: CLTS/SanMark integrated into district plans. NGOs work on contract to the district (and the communities in which they are working). Strong systems are required to ensure mutual accountability;
- Built on mutual accountability - district agrees to support community but community must commit to helping itself within an agreed timeframe;
- Equitable, comprehensive, coordinated and harmonized;
- Based on promoting local private sector (artisan) participation in the delivery of sanitation goods and services.

CLTS and SanMark Training/facilitation will:
- **Flow between levels** with a network of ToTs and facilitators (NGOs/Consultants with a composite skill set) ultimately becoming redundant in CLTS as they build skills and capacity at district level and can move on to concentrate on facilitating sustainable supply.
- **Be Mainstreamed** into hygiene schools with practicum skills learning.

CLTS facilitators will be
- **Certified** as “fit to facilitate” and well-supervised;
- ‘Natural leaders’ at community level placing a strong emphasis on exchange visits among communities to maximize lateral diffusion (peer influence).

Slab makers and latrine artisans will also be certified with quality control (including a slab guarantee).

The supply side will:
- Have a training model: Capacity building (a composite skill set) skills in the district to do formative research:
  - to understand main supply and demand triggers (and constraints) and to consider possible strategies;
o To develop a menu of communication tools for sanitation behaviour change.
- Focus on low-end affordable and sustainable technical options;
- Market research-based on local sanitation market supply improvement;
- Simple, sustainable, community-managed finance mechanism e.g. cement distributor credit facility;
- Stakeholder learning analysis and sharing mechanisms linked to M&E;
- Include Incentive system establishment for local government sanitation program performance measurement.

2.2 GEOGRAPHIC FOCUS OF THE IMPLEMENTATION MODEL

This rural sanitation strategy and model adopts a two-pronged approach to be implemented concurrently i.e. CLTS and SanMark. CLTS will be used to build demand while SanMark strategy will create the sustainable supply options and financing. However, given variations in sanitation practices and challenges across districts and regions and the fact that there is a dearth of information on open defecation rates across districts, DAs will be encouraged to develop the appropriate mix of strategies to address the sanitation challenges in their respective areas.

The geographical focus of the rural sanitation model and strategy has been based on available data on open defecation across all regions in Ghana as captured in the JMP Report of 2008 and shown in Figure 1.

**Figure 1: Open Defecation rates in Ghana by region, 2006**

Source WSMP, 2008
Figure 1 shows open defecation is reported to be very high in Northern, Upper West and Upper East regions and reported demand for some kind of latrine is low with anecdotal evidence that there is a tradition for direct ‘humanure’ (defecating among crops). Given the high open defecation rates in the three regions, rolling out CLTS will be a matter of considerable priority in order to create demand for improved sanitation and hygiene including the use of household latrines. This demand will be met with an accompanying SanMark promotion strategy to provide sustainable and affordable supply systems and supportive financing e.g. the PLAN model to train artisans and arrange direct credit from cement and vent pipe suppliers to be paid back post-harvest.

In regions with low reported Open Defecation, the focus will be on creating a culture of individual ownership of an improved latrine. Ultimately, the rural sanitation strategy and model aims to create an enabling environment where all households can achieve and use a minimum affordable and acceptable standard which is suitable to local conditions and can be effectively managed with relatively low levels of user effort.

### 2.3 PROCESS FLOW CHART FOR CLTS AND SANMARK AT THE DISTRICT LEVEL

<table>
<thead>
<tr>
<th>Time</th>
<th>Stage/Process</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td>District launch</td>
<td>The DA officially launches the CLTS and SanMark strategy and implementation modalities to all stakeholders in the district notably decentralised departments, Assembly Members and Area Council representatives and traditional authorities</td>
</tr>
<tr>
<td>4 to 6 weeks</td>
<td>Pre triggering</td>
<td>Community Entry, Mobilization and the Participatory Sanitation Profiling (baseline data gathering and rapport building/getting acquainted with communities)</td>
</tr>
<tr>
<td>2 weeks</td>
<td>Triggering</td>
<td>Triggering/ignition and sensitization with the use of participatory tools such as social mapping, transect walk/walk of shame, glass of water, F-diagram &amp; shit calculation ending with situation analysis and presentation</td>
</tr>
<tr>
<td>3 months</td>
<td>Post triggering</td>
<td>Action planning by community/introduction of trained entrepreneurial Latrine Artisans to communities and options for sustainable financing of household latrines. At the very most, the community should become Open Defecation Free within three (3) months</td>
</tr>
<tr>
<td></td>
<td>Follow up visits</td>
<td>This stage runs concurrently with the post triggering stage. Follow up visits will be made to communities to encourage them to achieve ODF; facilitate access to sani-marts so they can get onto and move up on the sanitation ladder; and monitor implementation of activities in community action plan</td>
</tr>
<tr>
<td></td>
<td>Re-engineering/re-strategising for communities that remain OD after CLTS</td>
<td>Communities that are unable to attain ODF will require re-engineering and re-strategising. The District CLTS and SanMark Teams will review the process of CLTS and SanMark in the communities concerned with a view to identifying and addressing challenges that may have emerged. This process might necessitate revising the approach to CLTS and SanMark.</td>
</tr>
<tr>
<td></td>
<td>Hygiene promotion</td>
<td>Participatory hygiene promotion sessions with communities will be carried out with special emphasis on hand washing with soap.</td>
</tr>
<tr>
<td></td>
<td>Community level monitoring/self-assessment</td>
<td>Communities will be encouraged to carry out self-assessment using basic sanitation and hygiene indicators and community map as they progress towards ODF and beyond. EHA/Os will assist communities to undertake</td>
</tr>
<tr>
<td>Time</td>
<td>Stage/Process</td>
<td>Activity</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2 weeks</td>
<td>Official ODF Verification</td>
<td>The DA will constitute a team to verify whether communities have attained ODF using the checklist developed by EHSD/TWG. Communities declared ODF will be recognised at events such as the World Toilet Day and Sanitation Week</td>
</tr>
<tr>
<td></td>
<td>Sustained visits by EHAs and other extension officials/ Reward system</td>
<td>The DA will ensure that EHAs and other extension officials visit communities at least quarterly to ensure that communities sustain interventions in sanitation and hygiene promotion. The DA will regularly update and maintain sanitation league table and recognise communities that make progress on the league table</td>
</tr>
</tbody>
</table>

### 2.4 OUTLINE AND KEY ELEMENTS OF THE IMPLEMENTATION MODEL

#### 2.4.1 District Selection Process

For a district to be eligible to receive support for CLTS and SanMark under this strategy and model, it must:

- **Allocate/ring-fenced district sanitation budget for 4 years.** The purpose is to ensure adequate funding from DAs for CLTS and SanMark activities in the district. Alternatively, if Cabinet agrees to the proposal for 2% of the DACF to be used for sanitation promotion, this will provide adequate financing for CLTS and SanMark at the district level;

- **Identify areas of focus (low sanitation coverage).** Districts will provide information on sanitation access and coverage for communities and institutions in the district. This will enable DAs to identify communities where open defecation is practiced and variations in the use of safe sanitation facilities by households and institutions across the district. The information will also be used to set up and maintain the ODF league table;

- **Commit to the use of CLTS/SanMark approach for sanitation promotion.** This means that the District Chief Executive will sign the ODF contract with the Regional Minister. District level stakeholders especially heads of decentralised departments will also sign ODF contracts with the DCE. By signing this contract, districts commit to the following:
  - use CLTS/SanMark approach for sanitation promotion;
  - stop providing household latrine subsidies for sanitation promotion;
  - provide support for the construction of sanitation facilities for use by institutions and the transient population.

**District Options:**

To increase the level of demand responsive approach (increasing district ownership), Districts might:
- buy CLTS ToT from the regional level (Regional CLTS/SanMark facilitation team) or engage hygiene/technical/vocational colleges.
- **Districts provide fuel, transport and an allowance for CLTS follow-up.**
In addition, Districts might appoint a Sanitation Champion/ establish a champions’ network and Districts/Water and Sanitation Development Boards might open sani-marts as commercial outlets to provide:
- latrine component advice & construction
- outlets for subsidized cement for community latrine slab construction

2.4.2 Area Selection Criteria
For area councils to be selected as target areas, they must have letters from communities (one from each community) confirming their willingness to participate.

2.4.3 Community Acknowledgement
The Area Council confirms that if a community achieves independently verified ODF status then:
- DA will recognise ODF status by providing a reward e.g. provision of a certificate and a bill-board as part of activities to mark World Toilet Day, publication of ODF league table;
- DA will facilitate access to credit from micro finance institutions available in and around the district;
- Local cement suppliers will make cement available on short “no-interest credit”;
- A unit resident/women’s group will be trained on slab production. (The DA will ensure that slabs produced meet the basic minimum standards for household latrines);
- Subsidized cement (from GhaCem) will be available at the nearest market;
- DA will provide support for EHAs and other extension service officials to visit the communities on a regular basis to assist them get onto and make progress on the sanitation ladder.

2.4.4 Build and extend District CLTS facilitation capacity in the country
- Roll out a joint CLTS and SanMark strategy across all regions in the country. The mix of approaches will be varied to address the challenges peculiar to a district or region;
- Assign CLTS qualified consulting groups and NGOs to regions to facilitate district CLTS ToTs. District facilitates:
  - District situation analysis (sanitation profile/baseline).
    - Prioritisation of areas according to access, practice and risk;
  - Advocacy, consensus on the need for drastic sanitation action;
  - Development or review of DESSAP to mainstream CLTS and SanMark as an implementation strategy for sanitation promotion;
  - Opening of a District Sanitation Account with a deposit;¹²
  - Area clustering for the first round of ToTs.

¹² The deposit level will be proposed once the model has been costed
2.4.5 Facilitating district compliance with a rigorous CLTS protocol

- Advocacy to convince the districts of the need for improved household sanitation access and use:
  - District commitment demonstrated through dedicated funds and plans (DESSAP/DWSP);
  - Movement away from isolated community ‘project approach’ to a district-wide improved sanitation and hygiene;
- Explanation of the CLTS-SanMark continuum.

2.4.6 District CLTS saturation and ODF attainment

ODF incentive is a collective community award e.g. provision of a certificate, plaque and a citation broadcast on a national TV network as part of activities to mark World Toilet Day and a bill-board. The regular update and publication of ODF league table will also serve as an incentive for communities to attain and maintain their status as ODF communities.

2.4.7 District SanMark Strategies

The District SanMark Team will explore a variety of different approaches to create sustainable systems of supply which will steadily lead to the development of a critical mass of small-scale sanitation businesses. The process to put sanitation on a commercial footing will be incremental, starting with a process of building basic slab-making, latrine promotion and latrine improvement skills out of successful CLTS in support of communities which have achieved ODF status. This process is commonly referred to as community assisted total sanitation (CATS) and is considered an important stage in the proliferation of small sanitation business.

Local private sector (artisans):

It is proposed that three levels of artisans are trained and certified by the District (District Works Department) as fit to practice, and must be prepared to offer a 12-month guarantee of replacement/refund for their work e.g. if the slab fails they offer to make a replacement free of charge.

Level 1: Slab maker – 60cm x 60cm sanplat, 80cm, 100 cm (Mozambique) dome slab, 80cm slab reinforced with wire. The slab maker may be recruited from students doing national service supporting unemployed youth to develop a small enterprise which will also include promotion and understanding the digging of stable pits. Training at the designated SanMark nodal/epicentre, which could be a Sani-mart, school, church/mosque, local hardware centre with franchise from the District Works Department.

Level 2: Individual Household latrine maker. All the above, but also with skills for pit strengthening and superstructure construction such as traditional, bamboo, adobe blocks.
Level 3: Slab, House, Institutional latrine maker – all the above but also skilled on institutional latrines.

**The Three SanMark Categories**

After triggering, communities are encouraged to identify their own solutions for moving up the sanitation ladder but with assistance on the rudiments of latrine construction and in particular slab making. Different categories of sanitation will be developed from self-supply through to a much stronger, more commercially driven role for the private sector.

Three possible categories are listed below.

**Category 1**
On achieving ODF status, the community is given a certificate/signboard and assisted to access credit from micro-finance institutions. The community assists individual households to manage their own latrine upgrading through a selected trained artisan who is paid depending on size and level of household input. Community leadership arranges the supply of cement on credit through a local supplier. By passing ODF status, this process could be instituted during post-triggering.

**Category 2**
CLTS is facilitated in parallel with SLTS and the school becomes the point of learning for latrine construction with a range of latrine options (including slabs and a range of different service levels) built to demonstrate all the key components. Older children are trained in basic slab production and with appropriate parental permission help community artisans construct simple latrines at home.

**Category 3**
The District SanMark team gives incentives to local CBOs to collaborate with cement retailers to develop systems for community latrine construction with persuasive messaging, marketing and attractive deals.

**2.5 THE MODEL FOR IMPROVED SANITATION AND HYGIENE**

Advocacy and Communication is central to the successful roll-out of the model and will be carried out during the launch of the model as well as during the implementation phase. The aim of the advocacy is to solicit the support and commitment of key sector stakeholders for the successful implementation of the model. Key target audiences for the advocacy will include ministers, directors and key staff of the Ministry of Local Government and Rural Development, as well as allied ministries (Ministries of Water Resources, Works and Housing; Education; Health; Finance and Economic Planning; and Environment and Science). Others include heads and staff of Schools of Hygiene; CWSA; private industries, sector professionals and parliamentarians. At the local level, the political and administrative heads; religious and traditional leaders; civil society groups, NGOs and CBOs will be targeted.
Proposed activities include face-to-face lobbying meetings targeted at ministers, parliamentarians, private company heads, political and traditional heads. Sector professionals can be reached through seminars, and workshops. Regional and district level learning alliance/platforms will be created to share experiences and best practices. Environmental Health and Sanitation Directorate will be responsible for national advocacy activities and will require the services of a Communications and Advocacy Officer. The District ISH team, under the leadership of the Environmental Health Officer, will carry out advocacy at the district level.

To disseminate the knowledge and lessons generated across all stakeholders during implementation, the MLGRD will create and manage a website and e-library as well as publish a quarterly newsletter. These will also be used for publication of the ISH league table. The district ISH team would be required to prepare and submit a quarterly report to the regional team, who will in turn consolidate it and send it to the Environmental Health and Sanitation Directorate (EHSD). The EHSD will have a dedicated Communication Officer for the production of the newsletter as well as for updating the website. An editorial team consisting of Communication Officers from key sector organizations will assist the Communication Officer in collating knowledge across organizations and producing the newsletter.

2.5.1 Capacity building needs

Beyond training the other elements of capacity including logistics, functional skills, numbers of staff required will have to be established through a capacity gap analysis. The costed action plan will also include the cost of hiring/maintaining this new position.

2.5.2 Training

The network of Trainers of Trainers (ToTs) and facilitators will be established as follows:

- Firstly, a national and regional ToT is expected to be created through the joint intervention by Kamal Kar and Aguaconsult/Maple Consult. On the average, each region will have at least two ToTs. (This has just been achieved/done.).

- Secondly, the national and regional ToTs will train District CLTS Teams and SanMark Teams. Membership of the District CLTS Teams and SanMark Teams will be multi-sectoral drawing on the mix of people with skills/expertise in community mobilisation/animation, marketing, sanitation and hygiene promotion. The active involvement of the Regional and District School Health Coordinators is important given the need to carry out SLTS as part of CLTS.

- Thirdly, the District CLTS Teams and SanMark Teams will then train Area CLTS and SanMark Teams to trigger communities for ODF and facilitate the supply of affordable household latrine options. Membership of the Area CLTS and SanMark will be drawn from Environmental Health Assistants, Community Development Assistants and NGOs/CBOs/Partner Organisations operating at the Area Council level. The District CLTS Teams will liaise with the School Management Committees and Circuit Supervisors as part of the process for SLTS.
• To guarantee a critical mass of CLTS facilitators, it is also proposed that EHSD/MLGRD will mainstream CLTS into the curriculum of the three Schools of Hygiene with a strong focus on ‘practical training’ and follow-up. The Schools of Hygiene will explore the feasibility of providing distance learning on CLTS through the Internet where available, through SMS texting for mobile phone users but via ‘snail mail’ for all to re-enforce messages and receive feedback.

• To further complement the role of the Schools of Hygiene, existing NGOs with strong experience in CLTS facilitation and training will be selected and certified as CLTS trainers/facilitators and assisted to establish regional practical training sites. This will ensure the ready access and equitable distribution of CLTS facilitation skills across the country and across all levels.

• At the community level, the focus will be on developing area/community based ‘natural leaders’ or Community Based Resource Persons to form a Network of Registered Natural Leaders. The natural leaders/community based resource persons will be responsible for carrying out hygiene and sanitation promotion, promoting community/peer influence and monitoring community level activities and in appropriate instances also act as CLTS facilitators.

2.5.3 C/SLTS and SanMark
The implementation model for improved sanitation and hygiene is designed to be applied at both national and decentralized levels and consists of a number of major steps, each with corresponding tasks. The concept is that the model can be replicated or executed in any number of districts at an achievable and affordable scale depending on the level of commitment to sanitation. The model is built on rolling out CLTS Area-by-Area, district-by-district with a view to creating a commitment beyond ODF status to a more sustainable individual household latrine choice. Intrinsic to the model is the development of a SanMark strategy at the district level. This will engage the private sector (producer and supplier), mobilise finance (rural bank credit lines) with creative and persuasive communication media. Underpinning the model is a district sanitation league table where districts will compete at regional and national levels for a variety of awards which promote achievement and improvement at all levels

2.5.4 Districts phased up-take of the model
The implementation model is envisioned to be rolled out at a truly national scale, but in practice this will mean a phased take-up across districts with an element of self-selection to emphasise the importance of the demand-responsive approach. Levels of external support to districts will be determined by their performance and willingness to commit their own resources.

2.5.5 The Scaling up process
The scaling up process is as follows:
Year 1: 10 districts with high open defecation will be selected into the process to undertake both CLTS and SanMark activities while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- Year 2: Intervention in 10 districts with high open defecation continues into Year 2 while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- Year 3: An additional 15 districts with high open defecation will be selected into the process to undertake both CLTS and SanMark activities while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- Year 4: Intervention in 15 districts with high open defecation continues into Year 4 while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- Year 5: The remaining 15 districts with high open defecation will be selected into the process to undertake both CLTS and SanMark activities while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.

2.5.6 Timeframe

Please refer to annex 1 for the Five Year Plan

2.5.7 Monitoring and Evaluation

The M&E framework for the model has been developed in line with the existing framework for monitoring and reporting on environmental sanitation activities at the sub-district, district, regional and national levels. It involves collaboration among the MLGRD/EHSD/NESSPoCC, RPCU/REHD, DPCU/District M&E Team/EHSU staff and heads of all related sector institutions at the national, regional and district levels. These actors will collate and validate all relevant information on the status of all on-going interventions captured in the model and harmonise this information with progress towards implementation of the NESSAP and DESSAPs. Details on indicators, targets/objectives, outputs/outcomes, responsibility and frequency of data collection etc. have been presented together with the model and also attached in annex 2. In addition, a sample of the district sanitation and hygiene league table has also been attached as annex 3.
Section 3.  
THE NATIONAL IMPLEMENTATION MODEL 
AND SCALING UP STRATEGY

3.1 THE SCALING UP STRATEGY

The national scaling up model is built on the equity principle that the approach will be piloted in the district in each of the 10 regions with the worst open defecation record. This will be a minimum level of expectation for all regions but with on-going and planned activities, some regions may choose to work with a larger number of districts depending on development partner funding flows. The focus will therefore initially be on rolling out the C/SLTS process through building necessary commitment, skills and systems at national, regional and district levels. All districts will then be expected to mobilise a simple system of artisan training, equipping and mobilising to meet sustainable latrine demand in those communities successfully triggered. The district(s) will then be facilitated to develop a sanitation marketing approach which will be refined and rolled out in other districts until targets are met.

The model is expected to be rolled out at a national scale. The first step will be the national and regional launch of the model which is expected to create public awareness and secure political support at the national, regional and district levels for implementation of the model. Given the need to have a phased take-up across districts with an element of self-selection to emphasise the importance of the demand responsive approach, the launch will also provide the platform for spelling out the selection criteria for districts. The criteria could include the following:

- District Chief Executive would have signed ODF contracts with their respective Regional Ministers committing them to stop open defecation in their districts and improve sanitation and hygiene;
- District will establish a District ISH or CLTS and SanMark Team;
- District will prepare a plan and a budget (based on DESSAP/DWSP) for CLTS which entails a sanitation profiling/baseline and a list of prioritised communities for CLTS and SanMark and Area council level clustering for first round of ToT;
- Districts will open a District Sanitation Account and deposit about 2% of DACF to support CLTS and SanMark;
- Districts to make a commitment to stop the provision of direct household latrine subsidies and ensure that all stakeholders operating in the district do the same;
- Move away from isolated community ‘project’ approach to a district-wide improved sanitation and hygiene.
The fulfilment of these basic conditions will be captured as indicators for the annual assessment of the performance of DAs using the Functional and Organisational Assessment Tool (FOAT) by MLGRD as a pre-requisite for accessing funding from the District Development Facility (DDF).

The offices of the Regional Environmental Health Department will receive applications from DAs and with support from the EHSD and the National Sanitation TWG, select DAs to receive capacity building support for CLTS and SanMark. It is envisaged that the national and regional launch including the publication of the national, regional and district ISH league table will trigger DAs interest in implementing the model. However, as a minimum, the following phasing/up-take process is expected bearing in mind the need to effectively manage, monitor and to document lessons learnt in the scaling up process:

- **Year 1:** 10 districts with High OD will be selected into the process to undertake both CLTS and SanMark activities while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- **Year 2:** Intervention in 10 districts with high OD continues into Year 2 while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- **Year 3:** An additional 15 districts with High OD will be selected into the process to undertake both CLTS and SanMark activities while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- **Year 4:** Intervention in 15 districts with high OD continues into Year 4 while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts;

- **Year 5:** The remaining 15 districts with High OD will be selected into the process to undertake both CLTS and SanMark activities while on-going CLTS and SanMark activities (through application of the district SanMark strategy) will benefit other districts.
Section 4. INSTITUTIONAL FRAMEWORK FOR IMPLEMENTATION OF STRATEGY AND MODEL

4.1 ROLES AND RESPONSIBILITIES

An important aspect of supporting the implementation of the rural sanitation strategy and model is ensuring effective inter-institutional coordination and collaboration. This is achievable by identifying and defining the roles and responsibilities of the various involved stakeholders at national, regional, district and sub district levels in implementing the strategy and model. The roles and responsibilities of all stakeholders are outlined as follows:

4.1.1 SUB DISTRICT LEVEL

Individuals/Households

The rural sanitation strategy and model is ultimately focusing on getting individuals and households to change their behaviour and attitude in sanitation and hygiene, especially excreta disposal and hand washing with soap. To ensure successful implementation of this strategy, every individual or household will be responsible for:

- hygienically disposing of all wastes including human excreta they generate in public areas by use of an authorised public toilet or solid waste container as appropriate;
- hygienically dispose of human excreta they generate using appropriate technology options defined in this model and strategy and to stop open defecation;
- participating in all communal environmental sanitation exercises organised by the community or its representatives;
- procuring and using appropriate household sanitation and hand washing facilities.

Community

Every community shall be responsible for establishing sanitation norms and ensuring that individuals and households comply with these norms. Under the leadership of natural leaders, CBHVs, Area Councils/Unit Committees and Traditional Authorities, the community will be responsible for maintaining a clean, safe and pleasant physically environment and ensure that the community is open defecation free. The community will also be responsible for monitoring its progress towards ODF and progress on the sanitation ladder.

Natural Leaders/CBHVs/Watsans

The natural leaders and CBHVs will be responsible for carrying out community sanitation and hygiene education to create awareness of environmental sanitation issues. They will be responsible for facilitating access to affordable latrine options for households in the community. They will also facilitate access to micro-credit and other
locally available creative sources of financing for household latrine construction. They will also be responsible for monitoring (using community self assessment tool) community level progress towards ODF and progress on the sanitation ladder.

4.1.2 DISTRICT LEVEL

District Assemblies

DAs shall perform the following functions:

- review and mainstream CLTS and SanMark into DESSAP;
- facilitate the formation of area CLTS and SanMark teams;
- develop CLTS and SanMark plan and budget;
- through the Chief Executive, sign ODF contract with the Regional Minister;
- ensure the signing of ODF contracts among stakeholders in the district;
- receive and vet applications from communities, pre-select and prioritise them for CLTS and SanMark interventions;
- monitor and evaluate implementation of CLTS and SanMark at the district level through DWST and District Environmental Health Unit (DEHU);
- provide financial and other support for CLTS and SanMark implementation, monitoring and evaluation;
- acknowledge ODF status of communities;
- develop and maintain sanitation and hygiene league at the district and sub district level;
- provide supportive supervision and motivation for sanitation and hygiene promotion;
- facilitate access to sustainable financing for household latrine construction.

NGOs/CBOs/FBOs

Community-based organisations and Non Governmental Organisations will assist in community mobilisation and in CLTS and SanMark interventions at the community level. They will assist DAs, Area/Town Councils, Unit Committees and communities in the planning, financing and development of household safe sanitation and hygiene infrastructure. They will also provide information to DAs as an input into monitoring the implementation of this strategy and model.

Private Sector

The private sector has a key role to play to complement those of the public sector and communities. Its role in the sector has traditionally been limited to the supply of goods and services even though there is great potential in improving efficiency and creating accessibility through partnerships among communities and the local private sector. Local consulting firms and NGOs will provide expertise in CLTS facilitation and training of
trainers. Latrine artisans will be trained and equipped with relevant entrepreneurial skills to market and supply affordable household latrines.

The macro-private sector such as MTN, GHACEM etc. will provide support as part of their corporate social responsibility to facilitate the implementation of this model. EHSD will explore the possibility of getting subsidised cement from GHACEM for household latrine construction.

4.1.3 REGIONAL LEVEL

Regional Coordinating Councils

The RCCs shall perform the following functions in the implementation of the rural sanitation model and strategy with the active support and leadership by the Regional Environmental Health Office:

- carry out regional launch of the rural sanitation model and ensure participation by all stakeholders especially DAs;
- through the Regional Minister, ensure that all DCEs sign ODF contracts;
- through the REHO, provide oversight responsibility for CLTS and SanMark interventions in all the districts in the region;
- ensure the preparation and submission of regular reports by all District Assemblies on their activities and on any major developments in the hygiene and sanitation promotion;
- responsible for the setting up and maintenance of regional sanitation league table;
- harmonise regional and district level interventions in sanitation and hygiene promotion;
- provide supportive supervision on the implementation of CLTS and SanMark at the regional and district level; and
- monitor progress of implementation of MTDPs/DESSAPs including interventions in hygiene and sanitation promotion.

Regional Water and Sanitation Team

Regional Water and Sanitation Teams (RWSTs) consist of the regional offices of CWSA. They are expected to collaborate with the Regional Environmental Health Office in the implementation of water related sanitation and hygiene promotion interventions. The team will provide professional back-up services to DA staff in the design and implementation of CLTS and SanMark interventions. They will also monitor progress in implementation of the rural sanitation strategy and model and share information with EHSD and REHO.
4.1.4 NATIONAL LEVEL

Ministry of Local Government and Rural Development
The Ministry of Local Government and Rural Development is responsible for policy formulation and implementation in environmental sanitation in Ghana. The ministry is also responsible for providing policy support in the implementation of Ghana’s decentralisation programme and provides oversight responsibilities on the activities of all Regional Coordinating Councils and District Assemblies in Ghana. It will lead the process in implementing, monitoring and evaluation of the rural sanitation strategy and model.

The Ministry of Water Resources, Works and Housing (MWRWH)
The MWRWH is the lead government institution for water resources and water supply and accordingly, it is responsible for formulation of strategies, resource mobilisation, coordination of budgets, monitoring and evaluation as well as facilitating inter-sectoral and sub sector coordination. In the provision of water to rural and small towns, the ministry, through CWSA, also provides support for water related sanitation. It is expected that MWRWH will collaborate with MLGRD in the design and implementation policies and programmes related to water related sanitation.

Environmental Health and Sanitation Directorate
The EHSD is the lead agency responsible for environmental sanitation. It will lead the process in implementing the rural sanitation strategy and model. Specifically, the EHSD will ensure the following:

- in conjunction with the NTWGS and other stakeholders, ensure that the enabling environment is created for implementation of the rural sanitation strategy and model;
- be responsible for the appointment and resourcing of CLTS Focal Persons at national, regional and district levels. These persons will co-ordinate the implementation, monitoring and evaluation of CLTS at the national, regional and district levels respectively;
- be responsible for the launch of the rural sanitation strategy and model at the national, regional and district levels;
- ensure the setting up and maintenance of sanitation and hygiene league tables at the national, regional and district levels;
- carry out awareness creation and sensitisation on sanitation and hygiene;
- provide support and supervise the implementation of the model at the national, regional and district levels;
- be responsible for monitoring and evaluation of the rural sanitation strategy and model and disseminating lessons learnt to all stakeholders in the sector;
- secure sustainable financing for implementation of the strategy and model;
- ensure that standards for environmental sanitation are observed in the implementation of the model and strategy.
Ministry of Finance and Economic Planning
The Ministry of Finance and Economic Planning is responsible for the preparation and approval of the national revenue and expenditure budget and as a result, approves the budget for all sector Ministries, Departments and Agencies including those in the environmental sanitation sector and issues Financial Encumbrances (FEs) to these organisations to cover their expenses. Public sector investment in water related sanitation is low. It is therefore expected that GoG through MoFEP will increase public sector expenditure in environmental sanitation to ensure the successful implementation of the rural sanitation strategy and model.

Ministry of Education/Ghana Education Service
The Ministry of Education through the School Health Education Programme (SHEP) has developed the policy and institutional framework for school sanitation and hygiene promotion. This framework is central to the school led total sanitation (SLTS) proposed in the rural sanitation strategy and model. The ministry, through its relevant agencies at the regional, district and sub-district level, will lead the process in implementing the SLTS component of the model and strategy with support from EHSD. Through its SHEP component, the MoE/GES will, among others, carry out the following:

- Strengthen School Health Education through formation and reviving of School Health and Hygiene Clubs;
- Train School Health and Hygiene Club members;
- Support SHEP Co-ordinators and Teachers to plan and implement school outreach programmes;
- Recognise and reward performing School Health and Hygiene Clubs;
- Monitor the activities of School Health and Hygiene Clubs;
- Report on the activities of School Health and Hygiene Clubs.

Community Water and Sanitation Agency (CWSA)
Operating under the ambit of the Ministry of Water Resources, Works and Housing, CWSA is the national agency charged with coordinating and facilitating the implementation of the National Community Water and Sanitation Programme which includes the provision of water related sanitation. CWSA will collaborate with EHSD in the implementation of sanitation and hygiene promotion interventions. CWSA will ensure that CLTS and SanMark strategies are mainstreamed into its policies and strategies for rural and small town sanitation and hygiene promotion. The agency will also provide relevant information to EHSD to enhance effective monitoring of the rural sanitation strategy and model and contribute to disseminating the strategy and model.

Development Partners/NGOs
The roles played by development partners, NGOs and their Partner Organisations have had a very positive impact on sanitation and hygiene delivery and this will continue to be the case if the country should meet its Millennium Development Goals (MDGs). Under the rural sanitation strategy and model, the actors are expected to play the following roles:
• providing financial support;
• providing capacity-building for actors at the national, regional, district and sub-district levels;
• sharing their collective experiences in CLTS and SanMark across districts/regions and other countries that may be relevant to the rural sanitation model and strategy;
• acting within the framework of the National Environmental Sanitation Policy and Strategies;
• supporting advocacy activities for mainstreaming CLTS and SanMark in all interventions in sanitation and hygiene promotion.
### 4.2 Implementation Model – Steps and Activities

#### STEP 1. National/Regional – Preparation

**OBJECTIVE**
To secure political commitment for the implementation of the rural sanitation strategy and model and create greater public awareness and commitment to improved sanitation and hygiene

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National Rural Sanitation Strategy &amp; Model Ratified.</td>
<td>• Powerful advocacy – Ghana’s national shame, the harsh facts/reality –</td>
<td>MLGRD &amp; EHSD</td>
<td>National Advocacy guideline</td>
</tr>
<tr>
<td>• Financial Commitment Made.</td>
<td>launch of the National and Regional District Sanitation and Hygiene league tables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• High profile use of media – media, soap opera, a popular song, football link</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Political leaders make high level commitment</td>
<td>(approach football celebrity), CLTS Film, national poster competitions, private sector sponsors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sanitation budget agreed and allocated to MLG&amp;RD</td>
<td>• District sanitation fund is launched – including special catch up incentives for laggards. Sponsorship is sought from private sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• Members of Parliament (MPs) and Regional Ministers confirm their support for Ghana to achieve Improved Sanitation and Hygiene (endorsing minimum standard) on TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• National, Regional, District Sanitation league tables launched – Inter regional league winners compete in the super-ODF cup. Competition for district ODF “manager” of the year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>OVs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• GHANASAN meeting organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• Political leaders make high level commitment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• Sanitation budget agreed and allocated to MLG&amp;RD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Task 2: Regional Launch of Rural Sanitation Model and Strategy**

**OBJECTIVE**
To secure regional and district political commitment for the implementation of the rural sanitation strategy and model and create greater regional awareness and commitment to improved sanitation and hygiene

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regional Launch of Rural Sanitation Model</td>
<td>• Powerful regional advocacy (mirror national launch);                 Regional Ministers, R匹CU, REHOs</td>
<td></td>
<td>National Advocacy guideline</td>
</tr>
<tr>
<td>• Regions organize district workshops to advocate for Improved Sanitation and Hygiene (ISH) explain model and conditions – regional district ISH league table established;</td>
<td>• Regions organize district workshops to advocate for Improved Sanitation and Hygiene (ISH) explain model and conditions – regional district ISH league table establishe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chief Executives (CEs) sign the ODF contract and dedication to the goal of</td>
<td>• Chief Executives (CEs) sign the ODF contract and dedication to the goal of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OVI**

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GHANASAN meeting organized</td>
<td>• GHANASAN meeting organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Political leaders make high level commitment</td>
<td>• Political leaders make high level commitment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sanitation budget agreed and allocated to MLG&amp;RD</td>
<td>• Sanitation budget agreed and allocated to MLG&amp;RD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• District selection procedure agreed. Regional sanitation league table is launched. ODF commitment contracts signed by DCEs. Regional and district sanitation budgets agreed and budgets allocated

achieving improved sanitation and hygiene in their respective districts;
• DCEs commit themselves to make district sanitation report at annual district sanitation review;
• District Selection Procedure is outlined and agreed.

The criteria will include the following:
• District will establish a District ISH or CLTS and SanMark Team
• District will prepare a plan and a budget (based on DESSAP/DWSP) for CLTS which entails a sanitation profiling/baseline and a list of prioritised communities for CLTS and SanMark and Area council level clustering for first round of ToT
• Districts will open a District Sanitation Account and deposit about 2% of DACF to support CLTS and SanMark
• Make a commitment to stop the provision of direct household latrine subsidies and ensure that all stakeholders operating in the district do the same;
• Move away from isolated community ‘project’ approach to district-wide improved sanitation and hygiene.

The fulfillment of these basic conditions will be captured as indicators for the annual assessment of the performance of DAs using the Functional and Organisational Assessment Tool (FOAT) by MLGRD as a pre-requisite for accessing funding from the District Development Facility (DDF).

### TASK 3: CAPACITY BUILDING

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>Develop human resource capacity for CLTS/SanMark ToT and facilitation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NATIONAL CLTS TRAINING NETWORK ESTABLISHED</strong></td>
<td><strong>National CLTS ToTs</strong> – Training of Trainers is improved with review visit by Kamal Kar. Further trainer ensures that CLTS ToT ‘graduates’ are registered as qualified to train regional and district trainers. Trainers at all levels are picked on the basis of suitability (Kamal Kar facilitator profile);</td>
<td>EHSD-MLGRD, Assisted by: TREND Group, APDO, Agua/MAPLE Consult</td>
<td>District Resource Book, CLTS Training Manuals by Kamal Kar and TREND Group</td>
</tr>
<tr>
<td><strong>OVIs</strong></td>
<td><strong>National CLTS network management is established at MLGRD</strong> with website, newsletter, and league tables (using inventory system or ODF verification system). Responsible for ensuring observation of national CLTS protocol and updating national sanitation league tables (applying validation procedure).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>National Sanitation Task Force</strong> provides co-ordination and advisory role while EHSD has the executive mandate and the necessary resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STEP 2: DISTRICT PREPARATION

#### TASK 1: DELIVER DISTRICT ADVOCACY PACKAGE AND BUILD CONSENSUS ON RURAL SANITATION MODEL

**OBJECTIVE**

To ensure that district officials, especially political leadership are appropriately sensitized and are committed to supporting implementation of CLTS/SanMark

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy package prepared and delivered to district level stakeholders including political leaders, traditional leaders, religious leaders, sector heads, NGOs, Community Based Organizations and the private sector; and build consensus.</td>
<td>Prepare district profile/baseline with a focus on:</td>
<td>District C/SLTS facilitating team</td>
<td>Advocacy manual</td>
</tr>
<tr>
<td></td>
<td>• Sanitation and Hygiene coverage &amp; use</td>
<td></td>
<td>District Resource Manual</td>
</tr>
<tr>
<td></td>
<td>• Sanitation and Hygiene related diseases top ten diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Resources – vehicles, Sani-mart (private sector), FM radio access</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Highlighting benefits of CLTS approach and improved technologies e.g. safety, status, privacy, convenience, dignity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Roles and responsibilities for CLTS and SanMark agreed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reporting flow chart is agreed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Area prioritization is carried out and agreed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ISH mobilization structure established</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Co-ordination role adopted by District Planning Coordinating Unit.  CLTS will need full stakeholder participation in its coordination and roll out at district level. The districts are encouraged to use existing co-ordination mechanisms i.e. the preparing and submitting quarterly progress reports to the DPCU and participating in quarterly DPCU meetings.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OViS**

District CLTS Team established under leadership of the District Environmental Health Officer. Contract signed between sector desks: water, health, education, agriculture and community development.

#### TASK 2: ESTABLISH DISTRICT C/SLTS AND SANMARK TEAM - SIGN ODF CONTRACT

**OBJECTIVE**

To build strong team work and commitment among district stakeholders to better link C/SLTS and SanMark with a firm commitment to achieve ODF status

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODF CONTRACT SIGNED between sector desks: water, health, education, Agriculture and rural development</td>
<td>- Responsibilities for each sector is identified</td>
<td>DEHO with support from DWST</td>
<td>District Resource Manual and ODF Contract</td>
</tr>
<tr>
<td></td>
<td>- Reporting flow chart is designed</td>
<td>Regional ToTs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ISH mobilization structure established</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STEP 3: DEVELOP CLTS PLAN WITH BUDGET

#### TASK 1: PREPARE DISTRICT PLAN FOR AREA/COMMUNITY/SCHOOL IGNITION

<table>
<thead>
<tr>
<th>Objective</th>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>
| **DISTRICT CLTS PLAN AND BUDGET PREPARED** | • DISTRICT CLTS PLAN AND BUDGET PREPARED | - CLTS  
- Institutional sanitation  
- Community mobilization  
- Human resources development  
- Supportive supervision | District CLTS Team | Finance need assessment |
| **OVI** | V | | **Support by:**  
Regional ToTs, NGO/PO/CBO, Regional CLTS | Budgeting framework for CLTS |
| CLTS and SanMark mainstreamed in district plans | Support to EHAs to lead Area CLTS Teams to plan and budget for ‘at-scale’ area behaviour change including CLTS, SanMark and household outreach  
- EHAs have C/SLTS training guides  
- EHAs have transport | DEHO & DWST with Area CLTS Mobilisation Team | CLTS Manuals/ Guidelines/ protocol |
| **AREA/UNIT TRIGGERING, POST-TRIGGERING (SANMARK) PLANNED AND COSTED** | Support to EHAs to lead Area CLTS Teams to plan and budget for ‘at-scale’ area behaviour change including CLTS, SanMark and household outreach  
- EHAs have C/SLTS training guides  
- EHAs have transport | DEHO & DWST with Area CLTS Mobilisation Team | CLTS Manuals/ Guidelines/ protocol |
| **Support by:**  
Regional ToTs, NGO/PO/CBO | District Resource Book |
| **SUPPORTIVE SUPERVISION, MONITORING & EVALUATION PLANNED & COSTED** | Transportation cost  
Stationery | DEHO & DWST with Area CLTS Mobilisation Team | Manuals |
| | **Support by:** Region and NGOs |
### STEP 4 “TRIGGER” AREA/UNIT FOR ‘AT-SCALE’ BEHAVIOUR CHANGE

<table>
<thead>
<tr>
<th>TASK 1: BUILD C/SLTS CAPACITY – DEVELOP TRAINING OF TRAINERS NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong> Build capacity for CLTS ToT and facilitation at the district and area council levels</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
</tr>
<tr>
<td>TRAINED CLTS &amp; SANMARK FACILITATORS IN PLACE AT DISTRICT AND AREA COUNCIL LEVELS</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TASK 2: FACILITATE COMMUNITY LED TOTAL SANITATION (CLTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong> Create 100% open defecation communities &amp; units and areas by 2025</td>
</tr>
<tr>
<td><strong>Output &amp; OVI</strong></td>
</tr>
<tr>
<td># OF COMMUNITIES DECLARING OPEN DEFECAITION FREE</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
**TASK 3: FACILITATE COMMUNITY-BASED APPROACHES FOR BEHAVIOURAL CHANGE**

**OBJECTIVE**
To ensure improved behaviour change around latrine usage, hand-washing and the safe drinking water chain

<table>
<thead>
<tr>
<th>Outputs/OVI</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>LATRINE USAGE, HANDWASHING AT CRITICAL TIMES AND SAFE DRINKING WATER CHAIN OBSERVED IN &gt; 54% OF HOUSEHOLDS</td>
<td>Facilitate: - Focus group discussions to identify key risk behaviours, conduct behaviour trials, agree replacement behaviour &amp; support needed - EHAs, Community Based Hygiene Volunteer (CBSVs), Natural Leader, organize periodic sanitation campaign - EHAs, CBSVs, Natural Leaders develop folk dramas, street theatre, sketches, road shows - Develop community ISH inventory to fit in district monitoring process - Strengthen household outreach</td>
<td>EHA, CBSV With support from Natural Leaders and area CLTS action team <strong>Support from:</strong> District CSLTS Team</td>
<td>District Resource Book</td>
</tr>
</tbody>
</table>

**TASK 4: FACILITATE COMMUNITY-BASED SANITATION SUPPLY**

**OBJECTIVE**
To contribute to increasing improved sanitation coverage rate from 12% in 2008 to 54% in 2015.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>

- Number of communities achieving ODF status on district, regional and national league tables
- Proportion of households practicing open defecation reduced
- Glass of water – illustrates faecal-oral transmission
- Action planning for ODF target to include latrines, hand washing and safe drinking water– agree timeframe and set community byelaws
- Natural leaders identified (self-select by demonstrating their facilitation skills)
- Emerging natural leaders are given additional (CLTS upgrade) training
- Successful natural leaders encouraged to ‘trigger’ neighbouring communities if interest/demand can be invoked.
**COMMUNITIES PRODUCING AND PATRONISING IMPROVED HOUSEHOLD LATRINES**

Communities are encouraged to make their own arrangements for improving latrines such as agreeing credit lines from cement suppliers.

- Arrange selection, training of slab-makers/promoters and latrine artisan(s) and sanitation business promoters;
- Train slab-makers on promotion, slab production and latrine up-grading);
- Train latrine-makers on construction and business management;
- Ensure systems of quality control in place including ‘guarantees of work standards’;
- Agree on preferred community model i.e. self-help with cement credit line at local hardware store, school;
- Consider local finance options such as mutual savings - women’s group (‘susu’) which might be linked with formal rural credit and savings organisations;
- Local slab/latrine provider carries out door-to-door promotion with leaflets and special offers e.g. if the whole community is willing to order in bulk special discounts available with simple hand washing facilities.

**SANITATION PROMOTION ON A BUSINESS FOOTING**

- Access to improved sanitation technologies/service levels improved from 13% to 54% by 2015

**TASK 5: FACILITATE SUPPORTIVE SUPERVISION TO EHAS, CBSVs and NATURAL LEADERS**

**OBJECTIVE**

To ensure all trainees and communities are routinely supported with professional support and follow-up to guarantee smooth transition from triggering to improved sanitation and hygiene.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORTIVE SUPERVISION AND MONITORING ARE MAINSTREAMED IN DISTRICT PROGRAMME</td>
<td>Provide routine supportive supervision and follow-up to build confidence among facilitators and encourage communities to move beyond ODF and encourage their neighbours.</td>
<td>Area CLTS team Natural Leaders/CBHVs, Support from DEHO &amp; CLTS team</td>
<td>Resource book</td>
</tr>
<tr>
<td>OVIs</td>
<td>- Facilitate systematic, cost-effective follow-up, supervision and monitoring applying results-based management approaches;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Display ‘clean and healthy’ banner;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Reinforce messages in meetings (farmers’ groups, Women’s Groups);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- EHAs accompany CBSVs on community visits;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Encourage religious leaders to actively endorse the ‘clean and healthy’ messages/slogans;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Facilitate demonstration of technical options (at schools);</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Organise drama, school poster competitions;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Monitor progress – Area CLTS Inventory;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Facilitate recognition structure and system.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supported by:** District EHO

District SanMark Team which will include considerable inputs from the private sector, NGOs and MFIs and RCBs etc

**OVIs**

- # OF COMMUNITIES PROGRESSING FROM ODF TO IMPROVED SANITATION AND HYGIENE

**District Resource Book with SanMark Guide and technical options section**
### STEP 5: DISTRICT SUPPORT FOR IMPROVED SANITATION

#### TASK 1: FACILITATE DISTRICT SUPPORTIVE SUPERVISION

**OBJECTIVE**
Facilitate regional support of districts to ensure quality and reach leading to progression from ODF to ISH

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>
| IMPROVED DISTRICT PERFORMANCE – ACHIEVEMENT OF OUTPUTS | - Support skills learning for Area CLTS mobilization team  
- Provide regular supervision visits to accompany EHA to address any challenges or additional training needs (career options). | DEHO & DWST |           |

#### TASK 2: DEVELOP DISTRICT BEHAVIOUR CHANGE COMMUNICATION STRATEGY

**OBJECTIVE**
To ensure harmonized approaches to sanitation and hygiene promotion approaches to maximize synergies.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>
| MULTI-MEDIA                            | Develop district behaviour change strategy to include banners, posters, leaflets, drama script, radio soap scripts etc.  
MARKET RESEARCH                        | Engage with private sector (e.g. cement, soap retailers) to fund campaigns, leaflets promoting safe behaviour etc.  
Facilitate market research to test impact of different communication methods | Radio program Support by the region |           |

#### TASK 3: FACILITATE SCHOOL (SLTS)

**OBJECTIVE**
To ensure maximum synergy between the improved sanitation and hygiene at home and school

<table>
<thead>
<tr>
<th>Outputs &amp; OVI</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>
| IMPROVED SANITATION AND HYGIENE IN SCHOOLS AND NEIGHBOURING COMMUNITIES IN LINE WITH 54% TARGET | - GES/SHEP will prepare and make SLTS hygiene and sanitation inputs into National School Health Policy and Strategic Framework.  
- GES/SHEP develops selection criteria and selects schools;  
- Map and select schools. Selection criteria will include schools without latrines and those located adjacent to CLTS communities;  
- District Directors of GES, SHEP Coordinators, Circuit Supervisors and School Based Health Coordinators meet with principals and school management committees;  
- Train school ToTs;  
- Facilitate the formation and functionality of school health clubs/committees;  
- Construct appropriate facilities;  
- Organise competitions. | CLTS team GES/SHEP, District Directors of Education/District SHEP Coordinators Support by:  
Regional SHEP Coordinators, NGOs UNICEF | National School Health Policy and Strategic Framework, Resource Book |
**TASK 4: FACILITATE DEVELOPMENT OF TECHNICAL OPTIONS**

**OBJECTIVE**  
To improve access to improved, affordable, appropriate hardware for all aspects of ISH

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>
| Access to sanitation, hand washing, water storage hardware for: | DWSTs to apply CLTS programme guidelines for water supply  
- Study latrine preferences  
- Household  
- Institutional  
- Train and equip artisans  
- Develop but put sani-marts on commercial footing  
- Build demonstration units/showrooms/workshops  
- Build latrines at health facilities, markets (and schools)  
- Support unit level development funds (as loan arrangement for sanitation components e.g. cement, vent pipes, roofing – e.g. bamboo | DWST NGOs  
Private sector  
Regional CLTS team  
Donors  
Consulting inputs | Standard design and construction manual of sanitation systems |
| Household                                    | Dwst to apply clts programme guidelines for water supply                                       |                        |                                          |
| Community                                    | Dwst to apply clts programme guidelines for water supply                                       |                        |                                          |
| Schools                                      | Dwst to apply clts programme guidelines for water supply                                       |                        |                                          |
| Health facilities                            | Dwst to apply clts programme guidelines for water supply                                       |                        |                                          |

**TASK 5: MONITORING, EVALUATION and rewarding**

**OBJECTIVE**  
To ensure CLTS and SanMark achieve stated objectives.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Inputs</th>
<th>Responsibility</th>
<th>Resources</th>
</tr>
</thead>
</table>
| DATA COLLECTED AT ALL LEVELS IS USED TO MANAGE AND IMPROVE ISH ACTIVITIES | District, Area Council and community level M&E  
  a. CLTS indicators  
  b. Recording formats  
  c. Activity reports  
  d. Regular update of sanitation league tables  
  e. Preparation and submission of quarterly reports on progress in implementing DESSAPs  
  f. EHA, CFTs, Natural Leaders organize a monthly community meeting to evaluate CLTS progress | Community/ natural leaders/ CBSVs | M & E guideline |
| Recognise best CLTS household achievers      | Develop criteria for selection and acknowledgement                                                | Area Council EHA/ DWST |                                          |
| Recognise best CLTS Area Achievers           | Develop criteria for selection and acknowledgement                                                | District Assembly      |                                          |
| Acknowledge best EHAs, Natural leaders        | Develop criteria for selection and acknowledgement                                                |                        |                                          |
## ANNEX 1: Five Year Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 1. National/Regional – Preparation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 1: LAUNCH NATIONAL MODEL FOR ISH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 2: REGIONAL LAUNCH OF ISH to Districts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 3: CAPACITY BUILDING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 2: District Preparation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 1: DELIVER DISTRICT ADVOCACY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 3: DEVELOP District plan for ISH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 1: PREPARE DISTRICT PLAN FOR AREA/COMMUNITY/SCHOOL TRIGGERING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 4 “TRIGGER” area/unit FOR ODF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 1: BUILD CLTS CAPACITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 2: FACILITATE COMMUNITY LED TOTAL SANITATION (CLTS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 3: FACILITATE COMMUNITY-BASED SANITATION SUPPLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 4: FACILITATE SCHOOL (SLTS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 5: FACILITATE SUPPORT FOR ODF STATUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 5: DISTRICT SUPPORT FOR ISH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 1: FORM AND MOBILISE DISTRICT SANMARK GROUP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 2: SELECT AND TRAIN PROMOTERS, SUPPLIERS &amp; MAKERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 3: DEVELOP DISTRICT COMMUNICATION STRATEGY FOR ISH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 4: FACILITATE DEVELOPMENT OF TECHNICAL OPTIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 5: FACILITATE SUPPORTIVE SUPERVISION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASK 6: MONITOR, EVALUATE AND REWARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ANNEX 2: M&E FRAMEWORK

<table>
<thead>
<tr>
<th>Input/Activity</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
<th>Indicators</th>
<th>Means of Verification</th>
<th>Frequency of Monitoring</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1: NATIONAL &amp; REGIONAL PREPARATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National launch national rural sanitation model and strategy and National and Regional District Sanitation and Hygiene league tables including the launch of the district sanitation fund. MPs and RMs confirm their support for Ghana to achieve Improved Sanitation and Hygiene (endorsing minimum standard) on TV.</td>
<td>National model and strategy launched</td>
<td>Political commitment secured for implementation of model/strategy and create public awareness sanitation and hygiene</td>
<td>Political commitment secured and public awareness created on sanitation and hygiene is sustained</td>
<td>Confirmed political commitment to support implementation of model and strategy; and awareness created on the model</td>
<td>Report on national launch; Endorsements by MPs/RMs for the model; and national sanitation league tables/EHSD-MLGRD</td>
<td>One time activity in 2011. National sanitation league table established in 2011 and updated quarterly</td>
<td>EHSO–MLGRD</td>
</tr>
<tr>
<td>Develop and roll out high profile media – media, soap opera, a popular song, football link (Stephen Appiah), C/SLTS Film, national poster competitions, private sector sponsorship</td>
<td>Regional launched held; and ODF contracts signed by DCEs</td>
<td>Political commitment secured at the regional and district level to implement model/strategy at the regional level and create public awareness on the sanitation and hygiene</td>
<td>Political commitment secured and public awareness created on sanitation and hygiene is sustained</td>
<td>Confirmed political commitment to support implementation of model and strategy at the regional and district level; and awareness created on the model</td>
<td>Report on regional launch, ODF contracts and Regional ISH league tables from REHO-RCC</td>
<td>One time activity in all regions in 2011. Regional sanitation league tables will be updated quarterly.</td>
<td>REHO-RCC compiles report and submits to EHSO</td>
</tr>
<tr>
<td><strong>STEP 2: DISTRICT PREPARATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver district advocacy and build consensus on ISH: establish District ISH team and SanMark Team; prepare district profile/baseline; highlight benefits of improved sanitation. Sign ODF contracts by all sector/centralised heads, agree on roles, ISH mobilisation structure and coordination role, area prioritisation agreed.</td>
<td>A convincing advocacy package is developed and delivered at the district level; and signed ODF contract</td>
<td>A convincing advocacy package is developed and delivered at the district level; and signed ODF contract</td>
<td>District officials especially political leadership appropriately sensitised and are committed to supporting implementation of CLTS/SanMark</td>
<td>CLTS/SanMark training skills capacity available at the national and regional levels</td>
<td>Training Reports/ EHSO</td>
<td>One time activity in 2011</td>
<td>EHSO–MLGRD</td>
</tr>
<tr>
<td><strong>STEP 3: DEVELOP DISTRICT PLAN FOR ISH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLTS and SanMark in DESSAP: Mainstream CLTS and SanMark approaches in DESSAP</td>
<td>Action plan for CLTS/SanMark prepared/extracted from DESSAP</td>
<td>CLTS/SanMark mainstreamed in strategy for sanitation and hygiene promotion in the district</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation</td>
<td>CLTS &amp; San Mark plan prepared or mainstreamed into DESSAP</td>
<td>DESSAPs/DEHO</td>
<td>DESSAPs to be reviewed annually over the period 2011 to 2015.</td>
<td>DEHO/DA submits DESSAP to REHO. REHO submits DESSAPs to EHSO-MLGRD</td>
</tr>
<tr>
<td>Input/Activity</td>
<td>Output</td>
<td>Outcome</td>
<td>Impact</td>
<td>Indicators</td>
<td>Means of Verification</td>
<td>Frequency of Monitoring</td>
<td>Responsibility</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>---------</td>
<td>--------</td>
<td>------------</td>
<td>----------------------</td>
<td>-------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 4: TRIGGER AREA/UNIT FOR ODF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training of Trainers: EHA as well as district personnel identified as suitable ToTs (District ISH Team) will be trained as Area Triggering/ISH Team</td>
<td>CLTS/SanMark facilitators in place at the district and area council level</td>
<td>Capacity for CLTS ToT and facilitation at the district and area council levels is developed</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>CLTS/SanMark facilitation skills capacity at district and sub district levels developed.</td>
<td>Training report</td>
<td>ToT network to be developed in phases over 5 year period (2011-2015)</td>
<td>DEHO and REHO prepare reports and submit to EHSO-MLGRD</td>
</tr>
<tr>
<td>Facilitate CLTS: The EHAAs assist Area Triggering/ISH Teams to facilitate CLTS and build CLTS facilitation skills among natural leaders</td>
<td>All communities (especially communities in 40 districts) receive CLTS and SanMark support</td>
<td>All OD communities sign action plan and achieve ODF status; individual household latrine ownership is improved.</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Number of communities achieving ODF status on district, regional and national league tables; Proportion of households practicing open defecation reduced</td>
<td>District, regional and national ISH league tables/DEHO/REHO/EHSO; Proportion of households practicing open defecation reduced/GDHS/MICS from Ghana Statistical Service</td>
<td>ISH league tables together with quarterly reports will be updated/ submitted quarterly. Launch of ISH league tables will be carried out in phases over a 5 year period (2011-2015).</td>
<td>DEHO updates district ISH league table and submits quarterly report to REHO. REHO updates regional ISH league table and forwards quarterly reports from DEHO to EHSO-MLGRD. EHSO updates national ISH league table; GDHS/MICS data from Ghana Statistical Service</td>
</tr>
<tr>
<td>Facilitate community based sanitation supply: Communities are encouraged to make their own arrangements for improving latrines such as agreeing credit lines from cement suppliers or establishing revolving micro credit in order to receive counterpart funding from District Sanitation Account; and training of artisans/youth slab brigades</td>
<td>Slab-makers trained with sustainable system of finance and supply streams; Communities produce and patronise improved household latrines</td>
<td>Contributing to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Improved sanitation coverage rate increased</td>
<td>GDHS, MICS, JMP Reports and other survey based data from GSS. District, regional and national ISH league tables; Quarterly reports on implementation of DESSAP</td>
<td>GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly</td>
<td>GSS, EHSO/REHO/DEHO update national, regional and district sanitation league tables</td>
<td></td>
</tr>
<tr>
<td>Facilitate school CLTS: Develop ODF schools: this will be carried out as part of CLTS</td>
<td>Develop ODF schools</td>
<td>Schools achieve improved sanitation and hygiene; School ISH activities link to wider community; School children engage as ODF promoters and monitors; Schools become SanMark promotion and distribution centres</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Improved sanitation coverage rate increased; Proportion of schools with improved latrines increased</td>
<td>GDHS, MICS, JMP Reports and other survey based data from GSS. District, regional and national ISH league tables; Quarterly reports on implementation of DESSAP</td>
<td>GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly</td>
<td>GSS, EHSO/REHO/DEHO update national, regional and district sanitation league tables</td>
</tr>
<tr>
<td>Input/Activity</td>
<td>Output</td>
<td>Outcome</td>
<td>Impact</td>
<td>Indicators</td>
<td>Means of Verification</td>
<td>Frequency of Monitoring</td>
<td>Responsibility</td>
</tr>
<tr>
<td>----------------</td>
<td>--------</td>
<td>---------</td>
<td>--------</td>
<td>------------</td>
<td>-----------------------</td>
<td>------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Facilitate support for ODF status verification and celebration: reinforce hygiene and sanitation messages, visit communities with natural leaders, facilitate demonstration of technical options at schools etc.</td>
<td>• Communities have their own map showing progress towards ODF • Communities continuously carry out self evaluation process prior to district verification and after declaration of ODF status • Areas triggering teams use inventory system (linked to general WASH indicators) for monitoring • District has ODF verification procedure • ODF status declaration, celebration and acknowledgement systems instituted</td>
<td>Adequate support provided for attainment of ODF status by communities</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Improved sanitation coverage rate increased ODF households/communities reduced</td>
<td>• GDHS, MICS, JMP Reports and other survey based data from GSS. • District, regional and national ISH league tables. • Quarterly reports on implementation of DESSAP</td>
<td>GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly</td>
<td>GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables</td>
</tr>
</tbody>
</table>

**STEP 5: DISTRICT SUPPORT FOR ISH**

Form and mobilise District SanMark Group | • District and Area SanMark team constituted • District SanMark protocol developed • District formative research completed informing district SanMark strategy • Communication and marketing strategy developed. | • Community and district level sanitation marketing and promotion process is adequately supported | Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015. | Improved sanitation coverage rate increased ODF households/communities reduced | • GDHS, MICS, JMP Reports and other survey based data from GSS. • District, regional and national ISH league tables. • Quarterly reports on implementation of DESSAP | GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly | GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables |

Select and train suppliers, promoters and makers: These teams will be located as close to communities and schools which have received CLTS training and have committed to achieving ODF status. They can request assistance from the District ISH team | • Network of trained slab-makers and latrine artisans in place • Supply streams established through local suppliers or schools | • Contribute to increasing access to improved sanitation facilities • Community and district level sanitation marketing and promotion process is adequately supported | Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015. | Improved sanitation coverage rate increased ODF households/communities reduced | • GDHS, MICS, JMP Reports and other survey based data from GSS. • District, regional and national ISH league tables. • Quarterly reports on implementation of DESSAP | GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly | GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables |

Develop communication strategy for ISH: Develop district behaviour change strategy to include banners, posters, leaflets, drama script, radio soap scripts; Engage with private sector (e.g. cement, soap retailers) to fund campaigns, leaflets promoting safe behaviour; Facilitate market research to test impact of different communication methods; and design communication strategy | Behaviour change communication strategy (with multiple channels) in place at all districts | • Contribute to increasing the use of improved sanitation facilities • Community and district level sanitation marketing and promotion process is adequately supported | Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015. | Improved sanitation coverage rate increased ODF households/communities reduced | • GDHS, MICS, JMP Reports and other survey based data from GSS. • District, regional and national ISH league tables. • Quarterly reports on implementation of DESSAP | GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly | GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables |
<table>
<thead>
<tr>
<th>Input/Activity</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
<th>Indicators</th>
<th>Means of Verification</th>
<th>Frequency of Monitoring</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilitate development of technical options:</strong> develop affordable sanitation technology options</td>
<td>• Affordable technical options for latrines, hand washing and drinking water storage informed by research is developed and disseminated at all levels especially district level</td>
<td>• Improve access to affordable sanitation, hand washing, water storage hardware</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Improved sanitation coverage rate increased OD households/communities reduced.</td>
<td>• GDHS, MICS, JMP Reports and other survey based data from GSS. District, regional and national ISH league tables. Quarterly reports on implementation of DESSAP</td>
<td>GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly</td>
<td>GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables</td>
</tr>
<tr>
<td><strong>Facilitate supportive supervision:</strong> Provide regular follow up and supper to natural leaders, EHAs and Area Triggering/SanMark Teams</td>
<td>Supervision checklist, inventory and reporting format developed and operationalised</td>
<td>• Adequate and regular follow-up support provided to all communities</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Improved sanitation coverage rate increased OD households/communities reduced.</td>
<td>• GDHS, MICS, JMP Reports and other survey based data from GSS. District, regional and national ISH league tables. Quarterly reports on implementation of DESSAP</td>
<td>GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly</td>
<td>GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables</td>
</tr>
<tr>
<td><strong>Monitor, evaluate and acknowledge attainment of ODF and progression on sanitation ladder</strong></td>
<td>• Sustainable system for acknowledging achievement of ODF status agreed and in practice. Staff opportunities for promotion, courses in place; Functional M&amp;E with a reward system established</td>
<td>Effective tracking of implementation of model and strategy is achieved; Key lessons in implementation of model is well documented and disseminated</td>
<td>Contribute to eradicating open defecation households/communities and increasing improved sanitation coverage to 54% by 2015.</td>
<td>Improved sanitation coverage rate increased ODF households/communities reduced.</td>
<td>• GDHS, MICS, JMP Reports and other survey based data from GSS. District, regional and national ISH league tables. Quarterly reports on implementation of DESSAP</td>
<td>GDHS (every three years) and MICS (every 5 years) and any other survey based data from GSS. National, regional and district ISH league tables will be updated quarterly</td>
<td>GSS, EHSD/REHO/DEHO update national, regional and district sanitation league tables</td>
</tr>
</tbody>
</table>
## ANNEX 3: SANITATION & HYGIENE LEAGUE TABLE

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Community</th>
<th>Area Council</th>
<th>Population</th>
<th>No of Houses</th>
<th>No of HH ODF Status</th>
<th>Households Practising Open Defecation</th>
<th>Households with Improved Latrines</th>
<th>Households with Unimproved Latrines</th>
<th>Households with hand washing</th>
<th>Schools with Improved Latrines</th>
<th>Total Score</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NSABA</td>
<td>NSABA</td>
<td>13531</td>
<td>870</td>
<td>200</td>
<td>1 YES/NO 5 2.5 0 2 1 1 1 3 300 4 3 1.5 1 7 1ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>JERUSALEM</td>
<td>NSABA</td>
<td>120</td>
<td>10</td>
<td>45</td>
<td>0 0 10 22.2 0 3 0 0 1 0 0 1 0 0 1 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>KWESI PENTSIL</td>
<td>NSABA</td>
<td>702</td>
<td>200</td>
<td>32</td>
<td>0 2 6.3 0 1 3 1 0 0 1 0 0 0 1 0 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>AG. OFOASE</td>
<td>NSABA</td>
<td>364</td>
<td>45</td>
<td>29</td>
<td>0 0 0 0 2 6.9 1 2 6.9 1 1 14.5 1 1 3.4 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>AG. BROFOASE</td>
<td>NSABA</td>
<td>383</td>
<td>65</td>
<td>34</td>
<td>1 0 0 0 8 23.5 1 3 8.8 1 2 22.7 1 2 5.9 1 4 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>AG.NINTA</td>
<td>NSABA</td>
<td>885</td>
<td>323</td>
<td>98</td>
<td>0 0 0 0 1 1.0 1 3 3.1 1 3 98 4 3 3.1 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>AG.HASOWODZI</td>
<td>NSABA</td>
<td>125</td>
<td>43</td>
<td>89</td>
<td>0 0 0 0 4 4.5 1 2 2.2 1 1 44.5 2 1 1.1 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>AG. NKRAN</td>
<td>NSABA</td>
<td>557</td>
<td>234</td>
<td>56</td>
<td>1 0 0 0 2 3.6 1 2 3.6 1 2 56 3 2 3.6 1 6 2ND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>SETH OKAI</td>
<td>NSABA</td>
<td>315</td>
<td>112</td>
<td>23</td>
<td>0 0 0 0 1 4.3 1 2 8.7 1 3 34.5 2 3 13.0 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>AG. NAMPON</td>
<td>NSABA</td>
<td>250</td>
<td>1103</td>
<td>234</td>
<td>0 0 0 0 4 1.7 1 2 0.9 1 1 117 4 1 0.4 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>AG. KOJO ENTSIE</td>
<td>NSABA</td>
<td>150</td>
<td>89</td>
<td>20</td>
<td>0 0 0 0 3 15.0 1 2 10.0 1 2 20 1 2 10.0 1 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>AG. NINTA</td>
<td>NSABA</td>
<td>250</td>
<td>98</td>
<td>13</td>
<td>1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>AG. DZIBIOLASE</td>
<td>NSABA</td>
<td>300</td>
<td>133</td>
<td>34</td>
<td>0 0 0 0 5 14.7 1 2 5.9 1 1 17 1 1 2.9 1 0 4TH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>AG. GYAHADZE</td>
<td>NSABA</td>
<td>100</td>
<td>45</td>
<td>12</td>
<td>0 0 0 0 6 50.0 2 2 16.7 1 3 19.5 1 3 23.1 1 4 3ND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>AG. FUSHA</td>
<td>NSABA</td>
<td>100</td>
<td>43</td>
<td>5</td>
<td>0 0 0 0 2 40.0 2 2 40.0 2 3 7.5 1 3 60.0 3 0 STH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>AG. KWANDESER</td>
<td>NSABA</td>
<td>100</td>
<td>46</td>
<td>7</td>
<td>1 0 0 0 2 28.6 2 2 28.6 2 1 3.5 1 1 14.3 1 6 2ND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: 18232 3459 931 5 1.1 1.9 0.0 2.9 12.8 1.2 1.9 9.5 1.1 1.8 47.9 1.8 1.8 9.9 1.1 1.7
## ANNEX 4: PROJECTED COSTING FOR NATIONAL SCALE UP MODEL

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost (US$)</th>
<th>Comments</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1: NATIONAL &amp; REGIONAL PREPARATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National launch of ISH model</td>
<td>87,000</td>
<td>About 400 participants expected to take part in the launch at a cost of $50 per head. Transportation and accommodation cost is estimated $80 per head. An amount of $15,000 should be allocated to cover the cost of stationery. Media coverage and other contingencies. An extra $20,000 will be required to set up national, regional and district league tables using basic computer software programme</td>
<td>87,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power of advocacy – Ghana’s national shame, the harsh facts/reality – launch of the National, Regional and District Sanitation and Hygiene league tables &amp; sanitation fund</td>
<td>150,000</td>
<td>The amount is expected to cover the cost of producing the songs and posters and advertising in the print and electronic media especially TV and Radio.</td>
<td>150,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional launch of ISH to districts: Powerful regional advocacy (mirror national launch). Regions organize district workshops to advocate for Improved Sanitation and Hygiene (ISH) explain model and conditions – regional district ISH league table established. Chief Executives (CEs) sign the ODF contract and dedication to the goal of achieving ISH in their respective districts. District selection procedure agreed.</td>
<td>142,000</td>
<td>About 5 representatives from each DA (average 17 in 10 regions) are expected to take part in the regional launch. About 30 persons from the RCC and other regional stakeholder institutions will take part. Unit cost per person is $30. The cost of accommodation and transportation is estimated at $50 per head. An amount of $5000 should be allocated to meet the cost of stationery and other contingencies. Thus, the unit cost per regional launch is $14,200</td>
<td>142,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity Building: National CLTS ToTs – Training of Trainers network established at the national and regional levels.</td>
<td>220,000</td>
<td>Unit cost of ToT per head is $2000 (includes accommodation, learning materials and facilitator's fees). 10 member ToT will be established at the national and regional levels (110 ToTs).</td>
<td>73,333</td>
<td>73,333</td>
<td>73,333</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 2: DISTRICT PREPARATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver district advocacy and build consensus on ISH: establish District ISH team and SanMark Team; prepare district profile/baseline; highlight benefits of improved sanitation. Sign ODF contracts by all sector/decentralised heads, agree on roles, ISH mobilisation structure and coordination role, area prioritisation agreed.</td>
<td>820,000</td>
<td>Where adequate data is available in DESSAP/DWSP, no cost will be incurred in this activity. Where data does not exist, it is estimated that about $4,000 will be required to generate baseline data. An additional $1000 will be needed to implement the advocacy package in each district and establish ISH and SanMark Teams ($5000x164 districts). (Although 10 high ODF districts will be selected initially for support, CLTS/SanMark interventions will go on in all other districts)</td>
<td>820,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STEP 3: DEVELOP DISTRICT PLAN FOR ISH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLTS and SanMark in DESSAP: Mainstream CLTS and SanMark approaches in DESSAP</td>
<td>164,000</td>
<td>Where CLTS has already been mainstreamed into DESSAP/DWSP, no cost is envisaged. It could cost $1000 per DA to review DESSAP (includes presentation to General Assembly for approval) to include CLTS and SanMark</td>
<td>164,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Activity  Costs (US$)  Comments  Year 1  Year 2  Year 3  Year 4  Year 5

**STEP 3: TRIGGER AREA/UNIT FOR ODF**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost (US$)</th>
<th>Comments</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of Trainers: EHAs as well as district personnel identified as suitable ToTs (District ISH Team) will be trained as Area Triggering/ISH Team</td>
<td>820,000</td>
<td>A 10 member ToT is envisaged in each district. The unit cost of training a ToT is $500 (includes accommodation, cost of facilitator and learning materials). Total cost is $820,000. Given the need to roll out the strategy on a national scale, the training of ToTs will be done in year 1 and year 2.</td>
<td>410,000</td>
<td>250,000</td>
<td>375,000</td>
<td>375,000</td>
<td>750,000</td>
</tr>
<tr>
<td>Facilitate CLTS: The EHAs assist Area Triggering/ISH Teams to facilitate CLTS and build CLTS facilitation skills among natural leaders</td>
<td>36,049.20</td>
<td>10 artisans will be trained per DA at a cost of $300 per head. Training will be done in year 1 and year 2. Communities would be assisted to access micro credit through MFIs and RCBs or access credit lines from cement suppliers with assistance from micro finance institutions. Under SESIP, GoG is expected to invest about $36million to establish revolving fund to provide micro-credit for the construction of 250,000 units of household toilets from 2011 to 2015 (50,000 per year).</td>
<td>7,224,600</td>
<td>7,224,600</td>
<td>7,200,000</td>
<td>7,200,000</td>
<td>7,200,000</td>
</tr>
<tr>
<td>Facilitate community based sanitation supply: Communities are encouraged to make their own arrangements for improving latrines such as agreeing credit lines from cement suppliers or accessing micro credit from MFIs and RCBs ; and training of artisans/youth slab brigades</td>
<td>350,000</td>
<td>50 schools in 10 districts for year 1 and year 2; then 100 schools in 15 districts for year 3 and year 4; then 200 schools in 15 districts for year 5. It is estimated that it will cost $1000 per school to carry out SLTS.</td>
<td>50,000</td>
<td>0</td>
<td>100,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td>Facilitate SLTS: Develop ODF schools:</td>
<td>1,530,000</td>
<td>Quarterly visits by EHAs each month to each community (4 visits per year) estimated at a cost (Assuming 50 communities will be supported each year) of $200 per visit X 4 X 170 X 5 = $680,000. About $1,000 should be used to prepare banners and further sensitise communities per district per year. Total cost is $170,000 per year for 5 years = $850,000.</td>
<td>306,000</td>
<td>306,000</td>
<td>306,000</td>
<td>306,000</td>
<td>306,000</td>
</tr>
</tbody>
</table>

**STEP 5: DISTRICT SUPPORT FOR ISH**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost (US$)</th>
<th>Comments</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form and mobilise District SanMark Group</td>
<td>340,000</td>
<td>Cost added to item on “deliver district advocacy”.</td>
<td>170,000</td>
<td>170,000</td>
</tr>
<tr>
<td>Activity</td>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 3</td>
<td>Year 4</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Develop communication strategy: Develop district behaviour change strategy to include banners, posters, leaflets, drama script, radio soap scripts; Engage with private sector (e.g. cement, soap retailers) to fund campaigns, leaflets promoting safe behaviour; Facilitate market research to test impact of different communication methods; and design communication strategy</td>
<td>85,000</td>
<td>17,000</td>
<td>17,000</td>
<td>17,000</td>
</tr>
<tr>
<td>Facilitate development of technical options: Develop affordable sanitation technology options</td>
<td>240,000</td>
<td>70,000</td>
<td>42,500</td>
<td>42,500</td>
</tr>
<tr>
<td>Facilitate supportive supervision: Provide regular follow up and supper to natural leaders, EHAs and Area Triggering/SanMark Teams</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Monitor, evaluate and reward: link monitoring with rewards</td>
<td>229,999</td>
<td>45,999</td>
<td>46,000</td>
<td>46,000</td>
</tr>
<tr>
<td>Supervision: EHS will carry out bi annual visits to supervise regional and district level activities. REHO will carry out bi annual visits to supervise district level activities. DAs will provide support to CLTS and SanMark Teams and DEHO to supervise CLTS and SanMark activities</td>
<td>1,500,000</td>
<td>300,000</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>TOTAL COST</td>
<td>42,727,199</td>
<td>10,206,599</td>
<td>8,839,433</td>
<td>8,459,833</td>
</tr>
</tbody>
</table>