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36th WEDC International Conference, Nakuru, Kenya, 2013**DELIVERING WATER, SANITATION AND HYGIENE SERVICES
IN AN UNCERTAIN ENVIRONMENT****Development of results-based financing framework for
sanitation delivery***Harold Esseku & Lorretta Roberts, Ghana***BRIEFING PAPER 1770**

Access to sanitation in Ghana is one of the lowest in the West Africa sub-region with coverage of about 15%. Several projects to increase access to sanitation have achieved little success. Community-Led Total Sanitation (CLTS) was introduced in Ghana and it was expected to bring about a big change. Coverage however remains off track, and a major change is required if the country is to achieve the MDG target of 56% for sanitation by 2015. The Results-Based Financing (RBF) refers to public funds being used to pay for services ONLY when pre-specified results are achieved. A stakeholders meeting was held to discuss the merits and strategies for implementing RBF for CLTS in Ghana. The framework developed in Ghana has five stages and payments will be made only when the pre-defined outputs/outcomes are completed and verified by a third party. It is expected that with effective facilitation and monitoring of the process, there will be a rapid increase in access to sanitation in Ghana.

Introduction

Access to sanitation in Ghana is very low, with the country ranking second from bottom on the open defecation ladder in West and Central Africa (RCN Ghana 2011). The Water and Sanitation Programme (WSP) estimates that Ghana loses GH¢420 million (approx. USD 215 million) annually in terms of health lost in labour and productivity caused by lack of, and, or inadequate sanitation and hygiene services. To reverse this trend Community-Led Total Sanitation has been adopted by the Environmental Health and Sanitation Directorate of the Ministry of Local Government and Rural Development.

Table 1: Ghana's Sanitation Status (1990 and 2010)

	Urban (%)		Rural (%)		Total (%)	
	1990	2010	1990	2010	1990	2010
Improved facilities	12	19	4	8	7	14
Shared facilities	44	73	20	43	29	58
Other un-improved	33	2	47	16	42	9
Open defecation	11	6	29	33	22	19

Source: WHO/UNICEF JMP, 2012

Community Led Total Sanitation (CLTS) involves mobilising communities to completely eliminate open defecation and build latrines through a process of facilitation, community members come to realise the links between open defecation and negative health, economic and social impacts, and as a result they become motivated to take collective action to change this practice.

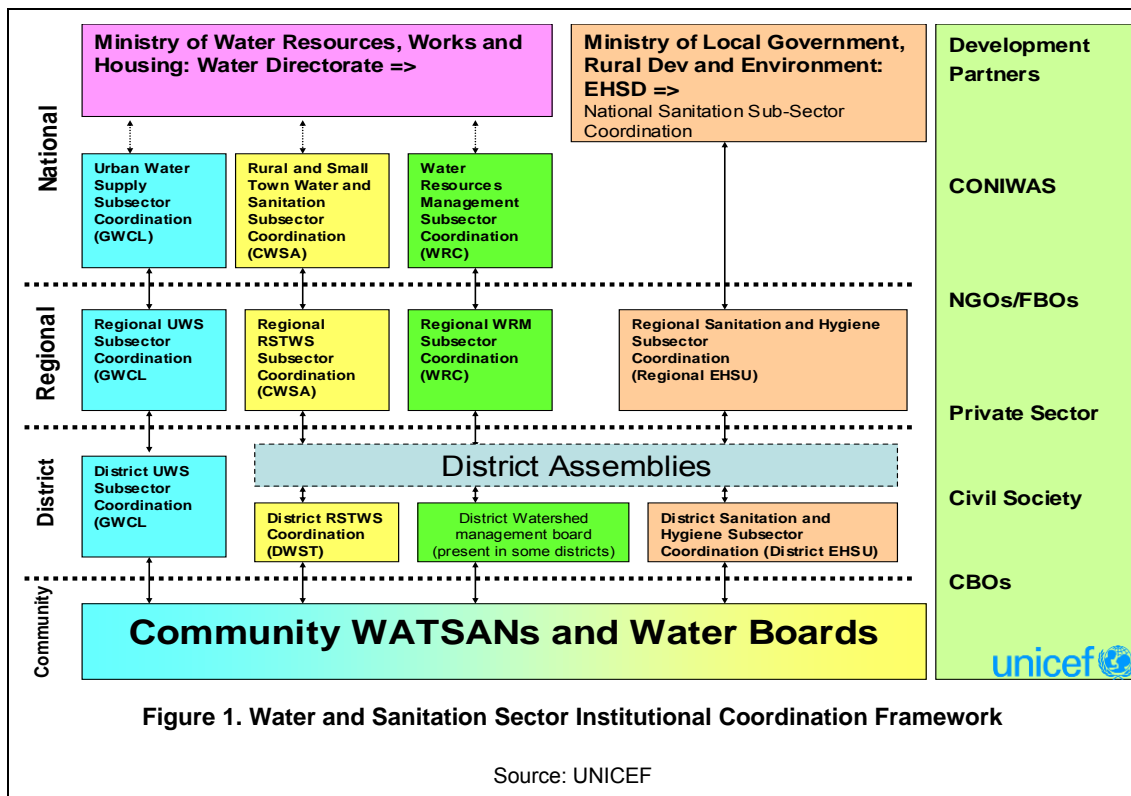
Results-Based Financing

Results-Based Financing (RBF) refers to a broad range of financial instruments in which public funding is provided if pre-specified results are to be achieved. RBF can be used at various levels which include donor and government, national government and local governments and channeling financing on the supply or demand side through a private operator, NGO or households. In Ghana, several projects have been funded by donors and government over the years and the expected increase in access has not been achieved though a lot of funds have been committed and utilized. It is expected that the RBF mechanism, which is results oriented, will add the necessary impetus to help the country draw closer to meeting the MDG targets for sanitation. Firms will also earn a bonus for achieving targets beyond those agreed in each contract.

Policy and institutional framework

The existing policies in the country are favourable for CLTS. The key policies/strategies include the following:

- The Environmental Sanitation Policy (ESP) - 2010
- The Rural Sanitation Model and Strategy (RSMS) - 2011
- The Ghana MDG Acceleration Framework Country Action Plan (CAP) for sanitation dubbed “Go Sanitation Go!” (GSG) – 2012
- The National Water Policy (NWP) – 2007



Key stakeholders

The key stakeholders responsible for sanitation and hygiene promotion (Figure 1) are as follows:

- The Ministry of Local Government and Rural Development (MLGRD): Coordination and formulation of policy, model bye-laws, technical guidelines, monitoring and evaluation and fund mobilization for the sector.
- MMDAs: By the Local Government Act (Act 462), the MMDAs are responsible for the delivery, monitoring and evaluation of environmental sanitation services. The Waste Management Departments/Units and Environmental Health Unit are responsible for the delivery of the services for the MMDAs as well as monitoring of services ceded to the private sector.

- Ministry of Water Resources, Works and Housing (MWRWH): Responsible for policy formulation, planning, coordination, monitoring and evaluation for water supply.
- Ministry of Environment, Science and Technology (MEST): Responsible for the formulation and coordination of policies covering the environment, and supporting environmental sanitation regulation and provision of technical standards and manuals.
- The Community Water and Sanitation Agency (CWSA): Responsible for the facilitation of the delivery of water and basic sanitation (water-related sanitation) in rural communities and small towns.
- The private sector provides services at all levels for all environmental sanitation services.
- The Coalition of NGOs in Water and Sanitation (CONIWAS), "works in partnership with sector players to influence policies, remove barriers and promote access to potable water, sanitation and improved hygiene for the poor and vulnerable."

Challenges

There are a number of challenges that have been identified which militate against the smooth implementation of CLTS in Ghana and which have led to a low success rate in communities achieving ODF status. They include the following:

- Undertaking CLTS without the use of the standard approach.
- Cultural norms which prevent facilitators from saying it as it is, to bring out the shame in open defecation.
- Absence of a clear and uniform communication strategy for CLTS.
- Inadequate follow-up after initial entry into communities.
- MMDAs do not promote and follow-up on CLTS activities.
- MMDAs do not have personnel with the capacity to follow-up. Inadequate resources also affect their ability.
- No reward scheme/lack of motivation for Environmental Health Officers to follow-up.
- Absence of a reward scheme for communities attaining ODF status.
- Inability to deal with migrant workers (e.g. 'galamsey' workers) who stay in an area for a short period and move on.
- Some NGOs/donors implementing policies which go contrary to the national policy on CLTS.

The root of most of these challenges was found to mainly relate to inadequate financing and incentives to achieve results. The RBF was subsequently developed to address these challenges and provide the impetus for CLTS Facilitators to overcome obstacles that come their way in implementation. Other challenges are being addressed through standardisation of the CLTS approach through the development of the Rural Sanitation Model and Implementation Strategy and national capacity building for CLTS implementation,

The EHSD has in place a monitoring and evaluation system for the evaluation of all environmental sanitation activities. Evaluation of CLTS activities have been incorporated into the system and will be evaluated periodically. UNICEF as part of the evaluation of their projects will also undertake periodic evaluation of the project including the mid-term review and the end of project evaluation. These evaluations are expected to measure the extent to which the challenges have been dealt with and to improve and refine the process to achieve optimum results in the delivery of sanitation.

The five output/outcomes

The key for success of any RBF are clear outputs and outcomes.

Table 2. Activities, output/outcomes and verification process			
Activity	Outputs and outcomes	Expected achievements to receive payment	Verification mechanism
Preliminary Activities	<ul style="list-style-type: none"> • Baseline Report • Detailed Work Plan for Assignment • Community Entry report 	20% Contract Sum <ul style="list-style-type: none"> • Updated work plan, • Community Entry, • Baseline Data. 	IV shall assess the Inception Report and conduct spot checks

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Sanitation – ODF	<ul style="list-style-type: none"> • Implement CLTS in communities. • Manage an incentive scheme for CLTS facilitators, (Natural Leaders) at the community level. This will include training, coaching and generally nurturing these facilitators to become community consultants. • Support the establishment of association of Natural Leaders. • Support the establishment of champions for CLTS - (Religious leaders, Chiefs, etc). 	<p><u>25% Contract Sum</u></p> <ul style="list-style-type: none"> • 50% if half of communities become ODF • 2nd 50% if 70% of communities become ODF • 5% Bonus if 100% is achieved • USD 1,000 for any additional community 	IV shall use ODF Verification Records and ODF Certification records
Improved Sanitation - ODF Plus	<ul style="list-style-type: none"> • Ensure that 80-100% of households in community have improved latrines through linkages to micro-credit and latrine artisans. • Implement Behaviour Change Communication Initiatives on sanitation and hygiene. • Undertake sanitation promotional activities including the observance of World Toilet Day. 	<p><u>25% Contract Sum</u></p> <ul style="list-style-type: none"> • Household Latrines constructed and in use by 80% of community members in 80% of allocated communities • 5% Bonus if 100% is achieved 	IV shall review reports and assess using national guidelines. 50% of communities must be ODF
Hygiene - ODF Plus	<ul style="list-style-type: none"> • Undertake orientation on HWWS in communities, • Undertake Training of Trainers on HWWS, drawing the trainees from, Natural leaders, Schools, Religious Groups Community Based Hygiene Volunteers (CBHVs) etc.). • Undertake hand washing promotional activities including the observance of Global Hand washing Day. • Provide training on design and construction of innovative Hand washing facilities including tippy taps. • Promote local level soap businesses. 	<p><u>10% Contract Sum</u></p> <ul style="list-style-type: none"> • 100% of latrines have hand washing facilities • 5% Bonus if 80% of community practice HWWS. 	IV shall assess using national guidelines.
WASH in Schools	<ul style="list-style-type: none"> • Promote child and youth participation in all stages of WASH programming, including monitoring, evaluation, documentation, advocacy and BCC. • Train teachers and pupils on proper use and maintenance of school WASH facilities. • Undertake training on Hand Washing With Soap (HWWS) including food vendor training. • Establish/Strengthen functional School Health Clubs to undertake hygiene promotional activities on 3 key hygiene behaviours. • Establish Children and Youth Ambassadors of WASH using the Child-to-Child concept. • Work with school children and community members to establish baseline figures in key WASH SPLASH behaviour. • Facilitate the training of school teachers and CBHVs in WASHSPLASH activities. • Support teachers to carry WASHSPLASH activities in schools including the six week teaching curriculum. • Support implementation of WASH United Activities in Schools e.g. World Toilet Game etc. • Carry out child led M&E, and assessment of the Most Significant Change and facilitate community meetings for children to present lessons and findings to community. 	<p><u>20% Contract Sum</u></p> <p>WASH in schools implemented and schools achieve BEST status.</p> <p><i>Behavioural Transformation- S&H promotion in schools and communities</i></p> <p><i>Environmental Sanitation improvement in Schools and Communities</i></p> <p><i>Sanitation and Hygiene Facilities and O&M in Schools and Communities</i></p> <p><i>Total Elimination of Open Defecation in schools</i></p>	IV shall review reports and assess using national guidelines.

Verification mechanisms

To facilitate coordination and scaling up of CLTS, the Environmental Health and Sanitation Directorate (EHSD) formed the National Technical Working Group on Sanitation (NTWGS) in 2008 comprising key stakeholders and organizations. The NTWGS developed a protocol for the declaration of ODF for communities.

The following are the characteristics to be used in the verification as identified in the checklist:

- No visible signs of human excreta within the community.
- All community members including children dispose of faecal matter in an acceptable manner that does not perpetuate faecal-oral transmission.
- The community has developed and is implementing a strategy or procedure that ensures the sustainability of their ODF status.
- A clear Action plan exists towards improving sanitation coverage and general environmental sanitation in the community.

Conclusion

The Results-Based Financing mechanism is expected to help increase access to sanitation in Ghana. This is because the situation where facilitators are paid for undertaking services which do not yield the expected results will be a thing of the past. Facilitators will now have to put in extra effort since payments will be received only when specified outcomes are achieved. The low access to sanitation in Ghana is expected to change as the Results-Based Financing for undertaking Community-Led Total Sanitation is rolled out.

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Contact details

Harold Esseku
Director
Rapha Development Consult
P. O. Box MD 1241
Madina-Accra, Ghana
Tel: +233 (0)20 811 7978
Fax: +233 (0)30 3403349
Email: hesseku@yahoo.com

Lorretta Roberts
WASH Specialist
UNICEF
P.O. Box AN 5051
Accra-North, Ghana
Tel: +233 (0)24 313 2113
Fax: +233 (0)302 773147
Email: lroberts@unicef.org