



UNC
WATER INSTITUTE

Plan International Ghana: CLTS with Capacity
Building for Natural Leaders

Implementation Narrative

November 2015

This document was prepared by Plan International USA as part of the project *Testing CLTS Approaches for Scalability*, funded by the Bill & Melinda Gates Foundation.

Plan International USA Inc.
1255 23rd St. NW, Suite 300
Washington, DC 20037
Phone + 1-202-617-2300
<http://www.planusa.org>

The Water Institute at UNC
Gillings School of Global Health
The University of North Carolina at Chapel Hill
Rosenau Hall, CB #7431
135 Dauer Drive, Chapel Hill, NC 27599-7431
Phone +1-919-966-7302
<http://www.waterinstitute.unc.edu>

© Plan International USA and University of North Carolina at Chapel Hill

Disclaimer:

The findings, suggestions, and conclusions presented in this publication are entirely those of the authors and should not be attributed in any manner to Plan International USA, The University of North Carolina at Chapel Hill or the Bill & Melinda Gates Foundation.

Plan International Ghana: CLTS with Capacity Building for Natural Leaders

Implementation Narrative

November 2015

About Plan International USA

Plan International USA is part of the Plan International Federation, a global organization that works side by side with communities in 50 developing countries to end the cycle of poverty for children and their families. Plan works at the community level to develop customized solutions and ensure long-term sustainability. Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and healthcare programs to education projects and child protection initiatives. For more information, please visit www.PlanUSA.org.

About The Water Institute

The Water Institute at UNC provides international academic leadership at the nexus of water, health and development.

Through **research**, we tackle knowledge gaps that impede effective action on important WASH and health issues. We respond to the information needs of our partners, act early on emerging issues, and proactively identify knowledge gaps. By developing local initiatives and international **teaching and learning** partnerships, we deliver innovative, relevant and highly-accessible training programs that will strengthen the next generation's capacity with the knowledge and experience to solve water and sanitation challenges. By identifying or developing, synthesizing and distributing relevant and up-to-date **information** on WASH, we support effective policy making and decision-taking that protects health and improves human development worldwide, as well as predicting and helping to prevent emerging risks. Through **networking and developing partnerships**, we bring together individuals and institutions from diverse disciplines and sectors, enabling them to work together to solve the most critical global issues in water and health.

We support WASH sector organizations to significantly enhance the impact, sustainability and scalability of their programs.

The vision of The Water Institute at UNC is to bring together individuals and institutions from diverse disciplines and sectors and empower them to work together to solve the most critical global issues in water, sanitation, hygiene and health.

Acknowledgements

The authors acknowledge the support of the Plan International Ghana Country Office in leading the writing of this report (Daniel Asamani, Elvis Abodoo, William Domapielle, Benedict Gyapong) and support from colleagues at the UNC Water Institute (Jonny Crocker, Ryan Rowe) in reviewing drafts.

About the Testing CLTS Approaches for Scalability grant

Plan International USA's Testing CLTS Approaches for Scalability project, funded by the Bill & Melinda Gates Foundation (2011-2017), and implemented with the University of North Carolina's Water Institute, sought to understand the essential aspects of the CLTS facilitation and mobilization process and how it could be scaled to national level and/or replicated in other countries. The project drew on experiences with natural leaders (drawn from communities), teachers and local government officials in three pilot evaluation countries: Ghana, Ethiopia and Kenya respectively.

About this Implementation Narrative

In each of the pilot evaluation countries, the project team at Plan International documented their steps and process throughout the implementation part of the grant. This Implementation Narrative accordingly reflects this process and introduces project team analysis of factors that enabled and constrained implementation. It is our aim that, should other practitioner oriented organizations be interested in applying this adaptation of the CLTS approach, they can do so by following the steps laid out in this report.

Table of Contents

Abbreviations and Acronyms	vii
1. Ghana Context	8
2. Project Background	8
3. Why Natural Leaders?	9
4. Project Description	9
5. Project Implementation Activities	9
6. Project Enabling Factors.....	11
7. Project Constraining Factors	13
8. Conclusion	13

Abbreviations and Acronyms

CWSA	Community Water and Sanitation Agency
CLTS	Community-led Total Sanitation
EHSO	Environmental Health and Sanitation Directorate
GoG	Government of Ghana
MDG	Millennium Development Goal
MLGRD	Ministry of Local Government and Rural Development
NGO	Non-Governmental Organization
ODF	Open Defecation Free
UNC	University of North Carolina
USA	United States of America
USNO	United States National Office
WASH	Water, Sanitation and Hygiene

1. Ghana Context

Community-Led Total Sanitation (CLTS) was first introduced in Ghana in 2006 through a pilot project implemented by CWSA in the Central Region. In 2007, Plan International Ghana also initiated CLTS activities in three of its program areas (Mankessim, Asesewa and Bawjiase). As CLTS gained recognition of success, the Government of Ghana (GoG) revised the National Sanitation Policy to update its scope and to address the underlying causes of poor environmental sanitation and its vital link to health. Government of Ghana (GoG) also adopted the CLTS approach as a national strategy for expanding sanitation and hygiene practices, and developed an open defecation free (ODF) protocol for assessing communities' ODF status, and systems of award and recognition of ODF communities.

Although the GoG has expressed its commitment to improving access to sanitation and hygiene, there remains a large gap between the Millennium Development Goal (MDG) targets and the current achievements. Based on the 2014 WHO/UNICEF Joint Monitoring Program update, 81.1 percent of households use some type of sanitation facility (improved, unimproved and shared latrines); however, only 14.4 percent of households use improved sanitation facilities. The MDG targets planned for 54 percent access to improved sanitation by 2015. The difference between these two figures shows the need for more work to achieve the GoG target.

Estimated sanitation coverage - JMP 2014 update					
Setting	Year	Improved	Shared	Other unimproved	Open defecation
Total	2000	10.3%	42.7%	25.9%	21%
	2012	14.4%	58.8	7.8	18.9
Rural	2000	5.9%	31.1%	32.3%	30.7%
	2012	8.4%	44.4%	14.6%	32.6%

Currently, Environmental Health and Sanitation Directorate (EHSD) district environmental health offices are responsible for coordination, triggering, follow-up and monitoring of CLTS; however, due to the resource constraints of local government offices, NGOs are the primary implementers. This fact limits scalability and sustainability and increases the cost of the approach.

2. Project Background

Since 2007, the Community Water and Sanitation Agency (CWSA), UNICEF, WaterAid and Plan have piloted CLTS in 237 communities with the view to scaling up sanitation and hygiene practices in communities where they operate and where open defecation was widespread¹. Results from these pilots and from recommendations of the national CLTS strategy identified capacity building for natural leaders and other facilitators as issues that required critical attention and reliable data to assess the impact on sanitation coverage; however, to date, this approach has not been tested through research and rigorous evaluation. The research project, *Testing CLTS Approaches for Scalability*, was developed in part to fill this gap.

¹ Ghana Country Action Plan for Sanitation "Go Sanitation Go" October, 2011

3. Why Natural Leaders?

The traditional CLTS approach in Ghana is dependent on NGO support for project implementation. This dependency can be costly and time consuming, especially for the post-triggering activities, which require regular staff remuneration, funds for fuel, repair and maintenance of vehicles, etc. In addition, the NGO staff members are not typically members of the target communities and do not remain in communities after project completion; this factor has the potential to undermine long-term sustainability. The use of natural leaders trained to facilitate many of the post-triggering activities has potential to improve the cost-effectiveness and sustainability of the CLTS approach.

4. Project Description

The *Testing CLTS Approaches for Scalability* project was a four-year, sanitation-focused, operational research project that aimed to advance rural sanitation efforts in Kenya, Ethiopia, Ghana and worldwide by improving the cost-effectiveness and scalability of the CLTS approach, with a particular focus on the role of local actors. In Ghana the project assessed the effectiveness of increasing the capacity of local actors (natural leaders) enabling them to carry out post-triggering activities and reduce the dependency on local NGO facilitation for follow-up. The project was implemented in the Volta, Central and Upper West regions of the country. Plan and their partners implemented conventional CLTS in 20 communities from each region, for a total of 60 communities. Thirty of these communities were randomly assigned to receive additional training. In these 30 communities, natural leaders were identified to receive training and mentoring in a variety of topics.

5. Project Implementation Activities

1. **Training of natural leaders in pilot communities:** Training aimed to equip the natural leaders with the knowledge and skills needed to facilitate post-triggering CLTS activities, such as monitoring and sustaining of ODF status in their respective communities.

Plan project staff, EHSD and CWSA trained eight natural leaders from each of the participating pilot communities with a total of 232 natural leaders benefiting from the training. Topics of training included: sanitation and hygiene issues (access, challenges and importance of); introduction to CLTS (pre-triggering, triggering, follow-up, ODF verification and ODF certification); latrine construction techniques; communication strategies; conflict prevention and management; leadership; social mobilization; and latrine-user education. These topics were identified through consultations with USNO, UNC, government partners, NGO partners and other players in the water and sanitation sector². The knowledge and skills developed during these training sessions were critical to ensuring that the natural leaders could effectively carry out post-triggering activities.

2. **District-level orientation/start-up workshop:** District-level orientation workshops were held to provide accurate project information so that partners understood the project, and that the expected roles of each partner were well articulated and documented. The secondary goal of the workshops was to elicit political and administrative buy-in and support, and to assure practitioners in the sector that the project would play a complementary (not rival) role to government efforts. This approach demonstrated the transparency built into the project design

² Ghana training manual

and served as a platform to address questions posed by government agencies and community members.

Past experience in Ghana, particularly including natural leaders in CLTS, showed that this type of workshop is necessary at the district level. Without it, there is a knowledge gap that creates confusion and suspicion among participating partners. In the past, Environmental Health staff felt threatened that the natural leaders were taking on their job responsibilities and hence did not cooperate as expected. This lack of trust can negatively affect implementation and anticipated impact.

3. **Identification of natural leaders:** The project staff, government agents and local NGO staff developed eligibility criteria for endorsing natural leaders, who emerged during and after the triggering exercises. Key attributes in the criteria were previous experience in community volunteerism, early construction and use of their own latrines after community triggering, an ability to influence others demonstrated through leading by example, leadership skills and the level of respect community members extended to them.

Individuals who emerged during and after the triggering sessions were observed for a minimum of two months by community leadership, local NGO staff, and Plan project staff to demonstrate the qualities identified as essential for effective natural leaders. Discussions were held with community leadership (chiefs, elders, queen-mothers) to assess their commitment level in previous projects, good behavior and relationship with the rest of the community members. In almost all the communities (both pilot and control) many people volunteered to be natural leaders. Since all could not be included as natural leaders, the project staff asked each community's leadership to select only eight representatives.

4. **Training natural leaders:** Once identified and selected, the natural leaders in the pilot communities were trained to increase their capacity to understand the “why” and “how” of sanitation, so as to effectively facilitate post-triggering, follow-up CLTS activities. Natural leaders received no training in the control communities. In addition to improving sanitation knowledge and capacity related to CLTS activities, the trainings boosted the morale and confidence level of the natural leaders. The trainings were facilitated by Plan project staff and staff from allied organizations and departments, including CWSA and EHSD.
5. **Natural leader refresher training:** These refresher trainings addressed common knowledge and skills gaps of natural leaders identified during monitoring of project activities in the field. For example, some of the skill gaps identified included updating of community sanitation maps drawn during the triggering exercise, development of community sanitation action plans, and writing meeting minutes. This training involved practical skills, demonstrations, discussions, sharing of successes and challenges and other cross-learning activities. The trainings were facilitated by staff from Plan, CWSA and EHSD.
6. **Stakeholder review meetings:** These meetings were introduced to build the capacity of natural leaders by offering opportunities for demonstrating skills in public speaking, presentation, documentation and recordkeeping. Secondly, it created opportunities for cross learning from peers and other agencies in the water, sanitation and hygiene sector. Thirdly, it brought to the forefront issues needing immediate attention or support from the government departments and agencies. Finally, it was an opportunity for network building and relationship enhancement between the communities, government agencies and other players in the sector. The meetings

were organized at the regional level. Invitees included two opinion leaders (e.g., the chief or chief's representative), two natural leaders from each of the pilot communities and ten staff from government agencies.

7. **Follow up and monitoring visits:** These visits were regular monitoring visits in all project communities to track progress, identify emerging issues, and resolve issues in a participatory manner to ensure project continuity. The visits provided opportunities for the project staff and other key players to provide technical support to natural leaders and community members for latrine construction and use, health and hygiene education, review of community action plan progress, inspection of general sanitation and hygiene conditions, on the spot coaching in latrine construction, organize meetings and address health education emerging issues. Feedback sessions were organized for the natural leaders and community leadership to provide recommendations to improve sanitation and hygiene practices. These monitoring visits occurred at three levels:
 - *Natural leaders:* the natural leaders organized reflection meetings, hygiene education campaigns in the community/schools and other monitoring visits to ensure maintenance of proper environmental, food and personal hygiene behaviors.
 - *Project staff with the natural leaders:* Project staff periodically visited the communities. During each visit, the project staff supported natural leaders in updating community sanitation maps by helping them to identify new latrines constructed and locating them on the map; former open defecation sites that have been cleared were also indicated. Secondly, project staff organized transect walks with natural leaders to visit household latrines to assess their hygienic status and to visit former open defecation sites to assess if defecation has stopped. Project staff also reviewed community sanitation action plans to ensure sanitation issues were identified and actions were taken to address them. Community sanitation norms or by-laws were reviewed to assess number of violators and number sanctioned.
 - *Environmental Health and Sanitation Directorate staff:* Members of the Environmental Health and Sanitation Directorate made occasional visits to the communities within their respective areas to: ensure communities were living in clean environments; identify sanitation deviants; and conduct community wide sanitation education. They worked closely with the natural leaders and other community opinion leaders.
8. **ODF verification and certification:** Verification is the process of checking the availability of latrine and hand-washing facilities, the extent to which these facilities were being used and the absence of open defecation in the community. The District/Municipal Assemblies were responsible for ODF certification.

6. Project Enabling Factors

The following factors were seen as significant in enabling the project to reach its goals: political commitment and support; engagement and support from traditional leaders; skilled community facilitators; and the presence of remote, rural, culturally homogenous communities. Each is detailed in turn in the section below.

- **Political support and commitment:** The local government was very committed to and supportive of this project. CWSA, EHSD, MLGRD, and UNICEF reviewed and made recommendations to the draft natural leaders training guide. Staff of EHSD and CWSA facilitated sessions of the training guide during natural leaders training. EHSD, CWSA, Ghana Health Service, Ghana Education Service, and the Department of Community Development conducted ODF verification and certification. Furthermore, EHSD staff conducted hygiene education and demarcated waste disposal areas and cemetery sites for communities that did not have such facilities, but expressed a need for them. Defining these waste areas enhanced the roles of the natural leaders. For instance, natural leaders monitored specific areas where the community dumps refuse, monitored areas where the community disposes of the dead and provided advice to households on appropriate areas to construct latrines to avoid latrines becoming a nuisance.
- **Skilled trainers and facilitators:** Plan, CWSA and EHSD have used the CLTS approach since 2007. Building upon this experience, they were able to share their knowledge, skills and experiences with the natural leaders and to continue to provide support through mobile phones and monitoring.
- **Engagement and support from traditional leaders (chiefs, assembly members and elders):** Chiefs and elders are the custodians of the cultural heritage of the communities and by extension the communicators of the history of the communities. Because of the important roles they play in community development, they are revered and therefore essential to influence community perceptions and actions. Recognizing the influence of these community leaders, the project staff encouraged their involvement and participation in the project. These traditional leaders (some of whom emerged as natural leaders) mobilized community members for meetings, supported natural leaders in the enactment and implementation of sanitation by-laws, and mobilized labor to support construction of household latrines.

District Assembly members interfaced between government and local community members. They occupied a unique position to articulate government policies and programs, and to represent communities' development aspirations to the government. In the pilot communities, most of the District Assembly members actively supported natural leaders on issues such as mobilizing community members for meetings, cleaning of community environment and sanctioning sanitation deviants.

- **Remote, rural, culturally homogenous communities:** The CLTS approach typically works best in rural and remote communities, where the idea of latrine construction were more readily accepted. This factor was especially true in communities that were homogenous in social and cultural identity because there was a stronger sense of belonging and control. These remote communities typically did not have previous experience with hardware subsidy or credit, and were therefore more open to the idea of constructing their own facilities.

Furthermore, the use of community members (trained natural leaders) as the facilitators of behavior change made the process of transition from open defecation to an open defecation free environment easier because they (natural leaders) understood the social, cultural and economic dynamics of their people. Also, because the natural leaders were community members, they were less likely to leave the community, allowing for long-term project sustainability. Finally, because they were part of the community, the natural leaders did not

demand/expect regular remuneration for facilitating CLTS in their communities; they viewed their work as a vital part of promoting health and well-being in their communities.

7. Project Constraining Factors

Constraining factors varied across a range of issues including expectations for subsidies, proximity to towns, and a preference for shared latrines. Each is detailed in turn in the section below.

- **Expectation for subsidies:** In areas where past projects have provided hardware subsidies, this type of subsidized programming could become an expected norm and communities could be unwilling to build their own sanitation facilities. To address this, education about self-help, and enforcement of government sanitation policies and laws were necessary to ensure compliance and change of negative perceptions and attitudes. This subsidy mentality could account for the low number of latrines constructed in some of the communities.
- **Proximity to urban towns:** Purchasing patterns in the urban cities have the potential to influence purchasing patterns in smaller villages in the vicinity. This project encountered such challenges. Some community members regarded simple household latrines made of local materials as inferior and therefore would not construct them. They preferred the higher-level latrines, such as improved ventilated latrines, pour-flush toilets, and water closets in the cities, but did not have the financial resources to construct them. Such people continued to use the public latrines or practiced open defecation to the discomfort of natural leaders and other community members. Sanitation marketing and provision of loan facilities could be an alternative to allow people to construct latrines of their choice.
- **Preference for shared latrines:** Some community members had a preference for shared latrines used by multiple households due to lack of funding or lack of space; however, these were not considered to be improved sanitation by the WHO/UNICEF Joint Monitoring Platform (JMP). Plan identified some strategies to overcome this challenge including: continuous education on the importance of household latrines; organizing meetings for owners of household latrines to share their experiences; WASH sessions in schools; sanitation promotion in churches and mosques that make references to spiritual correlations with healthy sanitation; and advocating to EHSD to enforce existing national and local building laws on sanitation, especially the sections related to the provision of a latrine within housing premises.

8. Conclusion

From this research project, Plan observed that natural leaders were one of the community-level actors with the potential to support sanitation and hygiene promotion. Using natural leaders to facilitate post-triggering activities could be less expensive because, unlike NGO staff members, they were not paid additional stipends or salaries. Natural leaders could monitor latrine construction, develop community action plans and by-laws, and organize cleanup campaigns in their communities when their capacities were adequately enhanced. With the relevant capacity, natural leaders could facilitate post-triggering activities in their own communities after NGO and other project staff had withdrawn at the end of a project. They could also be a resource to mobilize and trigger nearby communities at minimal or no cost.

Though their training could be expensive and time consuming, the continued presence of natural leaders in the community facilitated long-term benefits. Continuous education and monitoring by

natural leaders to provide technical support and organizing review meetings at the community level were integral to achieving and sustaining ODF over time. To scale sanitation/access to household latrines, more innovative approaches such as loans or integration of sanitation with livelihood interventions will be necessary.

Plan will replicate aspects of the program. Some relevant activities worthy of replication are: stakeholder review meetings, natural leader roles for facilitating post-triggering activities in their communities; motivating natural leaders³; natural leader capacity enhancement;-monitoring to provide technical support to natural leaders; support to government agencies to conduct ODF verification, certification and celebration⁴; and the district level start-up meetings to disseminate project information and buy-in.

³ Very few projects provide motivation packages.

⁴ The Government of Ghana is responsible for providing funds for these activities but most often funds not made available, and NGO projects have to support or take full responsibility. However, this is subject to review.