

OVERVIEW OF CLTS IN GHANA



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Outline of Presentation

- Background
- CLTS, the Journey so far
- Achievements
- Challenges
- Way Forward
- Conclusion

Background

- Poor sanitation crisis is acting as a brake on development efforts, constraining progress across all MDGs
 - Costs Sub Saharan Africa 5% of GDP per annum
- Lack of adequate sanitation in schools is a critical barrier to learning
 - Sanitation-associated parasitic diseases have to impede learning and child development.
 - Girl school attendance is impeded, particularly after puberty. UNHDR 2006 p.
- Safe disposal of excreta is one of the strongest determinants of child survival.

Background

- Access to improved Sanitation is 13%, against an MDG target of 54%
 - Rural coverage is 8.2%
 - Urban coverage is 17.8%
- 20% of Ghanaians defecate in the open, and in some regions, up to 80%
- Ghana Moved only 5 percentage points (from 8% to 13%) in 18 years (between 1990 and 2008)
- We have only 5 years left to make up the remaining 41 percentage points to achieve the MDG target of 54%

Background

What is CLTS

- **CLTS** stands for **C**ommunity **L**ed **T**otal **S**anitation
- It is an integrated approach to **achieving** and **sustaining** Open Defecation Free status and improved sanitation and good hygiene practices.
- It empowers communities to analyse their sanitation conditions and take collective action to change their situation.
- It focuses on collective change of attitudes and behaviour from all community members towards completely stopping Open Defecation.

Background

- Practice of open-defecation is one of the most serious concerns in Ghana

Traditional answers to solve the sanitation problem :

- Focus on household toilet construction to improve sanitation access.
- Provide high subsidy to build toilet.

Assumptions:

- Income is an issue.
- Construction of toilets is the solution.

Results:

- Huge investments made under various projects/programmes.
- Little Substantial progress in construction and visibility - Levels of coverage still very low.

Background-How we started

The Traditional Approach

- Awareness creation through Hygiene promotion
- Capacity building for:
 - Communities (Volunteers/Assemblymen, Watsans/WSDBs, etc)
 - DA/DWSTs, EHAs
 - Private sector (LAs, POs, Consultants,)
- Development and production of Materials
- Provision of facilities-Household Latrines, Institutional Latrines
- User education
- Finance
 - financial assistance provided by projects in the form of subsidy – slab, ring beam, vent pipe, cost of labour

Background-How we started

Results

- Huge investments made since inception of WASH in Ghana
 - Demand for latrines low
 - Partial or non improved sanitation and hygiene
 - Partial use of latrines
 - Culture of dependence
 - Long term sustainability endangered
 - Levels of coverage still very low.

Background-How we started

The Challenge is How to:

- Prevent Open Defecation
- Increase demand for latrines
- Generate local funds and Resources
- Sustain behavioral change

The Solution?

....CLTS

CLTS, The Journey SO FAR

- CLTS was first discussed in Ghana in 2004/5 at the stakeholder level.
- The first effort to actually implement CLTS was in 2006 in the Central region where the CWSA regional office working with a Consultant piloted it in four communities in the Twifo Heman Lower Denkyira district.

CLTS, The Journey SO FAR

- The lessons from this pilot and other initiatives like the APDO experiment at total sanitation, general challenges of up scaling sanitation motivated a UNICEF sponsored field trip to Bangladesh and Ethiopia in 2007
- Lessons from trip set the stage for increased recognition of the potential for the CLTS approach and expanded implementation of CLTS in Ghana.

CLTS, The Journey SO FAR

- In 2008, TREND collaborated with the CWSA to facilitate CLTS in selected districts in the Central, Greater Accra and Eastern regions as follows;
 - Greater Accra region, Ga West and Dangme West - eighteen (18) communities
 - Eastern region region, Kwahu South - four (4) communities
 - Central Region, Mfantsiman Municipal, Komenda/Edina/Eguafo/Abirem Municipal and Abura/Asebu/Kwamankesse district - twenty seven (27) communities

CLTS, The Journey SO FAR

- Plan Ghana also initiated CLTS activities in three of its Programme Areas including Mankessim, Asesewa and Bawjiase.
- With financial support from Unicef and EU under the I-WASH Project, EHS Unit initiated CLTS activities in the northern region
- APDO has also been working with the approach in some selected regions.
- Different approaches were used by different project-Consultants, POs, EHAs with Limited supported, Sanimarts etc

Achievements

- National Technical Working Group on Sanitation – enhanced stakeholder consultations
- “Triggered key sector stakeholders”
- Incorporation of CLTS as one of the major approaches in the Environmental Sanitation Policy
- CLTS Incorporated in NESSAP/DESSAPs
- National CLTS Strategy-Ongoing
- Capacity building for Key stakeholders
- Targeting SOHs
- National ODF Declaration Checklist
- Awards and Recognition of CLTS Communities
- High Government commitment
- Achieved high Donor confidence
- Dr. Kamal Kar’s support CLTS in Ghana

Achievements

- Design of a wide range of materials to support roll out of the concepts of Sanitation Ladder and the CLTS
 - Manuals on technology options for SL
 - Posters, information materials on CLTS and SL
 - Detailed Design of sanitation markets
 - Revised curricula for training of artisans and Sanimart Managers
- Documentary videos on CLTS
- Assessment of Ghana's CLTS by an international consultant

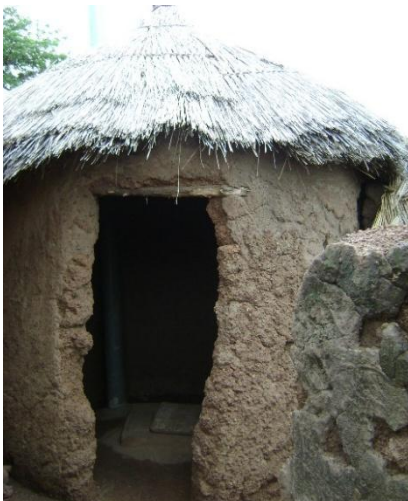
Achievements - District level

- Orientation /Sensitisation of Key DA staff on CLTS
- Modules for orienting DAs on CLTS developed and tested
- DWSTs /EHAs trained and equipped to facilitate CLTS approach
- Artisans trained on CLTS and Sanitation Ladder approach

Achievements - Community level

- Revival of sense of social solidarity
- Improvement in behaviours and attitudes
- Communities have attained ODF within a relatively short timeframe, process ongoing in other communities
- Emergence of natural leaders ready to support sanitation and hygiene issues
- Use of local materials and low cost technologies

Outcomes -Innovation of locally appropriate and affordable latrines



Outcomes-Hygiene and Sanitation

Clean refuse dump



Waste water management



Compost Pit



Outcomes-Hygiene and Sanitation

Clean Communal Facilities



CHALLENGES

- Inadequate skilled facilitators
- Inadequate Funding for CLTS Activities
- Ineffective Post Triggering M&E
- Poor Institutional Coordination
- Limitations in peri-urban and urban areas
- Knowledge management-documentation, experience sharing
- Limitations with promotion of the sanitation ladder approach

ODF: PRIDE OF EVERY COMMUNITY



Looking Ahead

- Empower Natural Leaders to become champions and facilitators of CLTS.
- Facilitate the declaration of entire areas as ODF
- Establish a national ODF league showing the status of districts and the setting up of awards for high performing districts and regions every year.
- Harness the power of children to promote ODF declaration in their communities in the Ghanaian context.
- Incorporate CLTS indicators into the assessment criteria of the Functional Organizational Assessment Tool (FOAT).

Looking Ahead

- Establish of interagency coordinating committees on sanitation to enhance collaboration among stakeholders at the district and regional levels.
- MMDAs should be firm and resist any sanitation interventions contrary to CLTS principles and improve on their coordination roles
- Develop of national, regional and district plans for scaling up CLTS in Ghana
- Build capacity of EH Staff and Natural Leaders
- EHSD to appoint focal persons for CLTS at National, Regional and District Levels

Conclusion

- Construction of subsidy-base latrines have not achieved the desired objectives.
- CLTS is one of the most reliable approaches to scale up access to sanitation in Ghana.
- With good facilitation, required material support and monitoring, CLTS has the potential of bringing Ghana back on track to achieve her MDG on sanitation

Thanks