

Sawla-Tuna-Kalba on a steady path to districtwide ODF status

The Sawla-Tuna-Kalba (STK) District in the Northern Region has suddenly joined the league of districts with the greatest prospects of becoming totally open defecation-free (ODF) in Ghana within the next one year. This has become possible through an intervention by Global Communities with funding from USAID through the WASH for Health project (W4H).

In a presentation delivered at the 6th National Sanitation Stocktaking Forum in Kumasi on 17th July, 2018, Mr. Dominic Dapaah of Global Communities revealed that the five-year project, which began in February 2015 was also being implemented in the Central, Northern, Greater Accra and Volta Regions and in about 30 MMDAs and 700 communities. The goal of the project, he said, was to accelerate sustainable improvement in access to water and sanitation and improve hygiene behaviours in target districts.

According to Mr. Dapaah, STK was chosen as part of the project districts because no NGO was implementing the Community-led Total Sanitation approach (CLTS) there. Global Communities CLTS implementation strategies in STK, Mr. Dapaah disclosed, included direct implementation without subcontracting any components and without transferring project funds through the District Assembly (DA). He said project management staff were stationed within the district to enhance familiarity with the culture of the people and for proximity to the communities but undertook field work together with Environmental Health staff provided

by the District Assembly (DA). He also said CLTS implementation was linked with other related interventions including water supply, School Health Education Programme (SHEP), Water and Sanitation Management Team (WSMT) training, Global Handwashing Day/World Toilet Day events, among others.

Out of the total of 271 communities triggered, he said 177 had been verified as ODF while 72 had been submitted for ODF verification at the time of the forum, with about 92% conversion rate. He said every community converted since 2016 had been able to sustain its status, while several others also got self-triggered.

Some of the lessons learnt from the CLTS implementation in STK, he said, were the fact that linking improved sanitation to water provision produces good response from the communities. He said it was also noticed that the choice of latrine technology was much related to the cultural architecture of the people. Communities, he said, respond at different rates to the programme with some communities taking more than one year to respond, while others take just a few weeks. He said pledging [material or financial] support in facilitating supply of latrines can negatively affect project implementation because it could trigger more demand but create dependencies and kill household and community innovations and drive. Finally, he said it was more challenging to work in a district where there has not been any previous similar intervention.

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IMPLEMENTING THE RSMS: APPROACHES ADOPTED AND REMAINING BARRIERS

A study by IRC, Oxford Policy Management and Maple Consult (OMI Partners) has identified various approaches that District Assemblies and their partners have adopted, as well as some of the remaining barriers to be cleared, for effective implementation of the Rural Sanitation Model and Strategy (RSMS).

Sharing preliminary findings on the study during the 5th CLTS Stocktaking Forum in Kumasi, the OMI Partners identified five priority areas where partners generally focus on in promoting rural basic sanitation in Ghana. They are: supporting effective CLTS implementation; facilitating household access to finance; lowering construction costs; promoting suitable technology options; and supporting effective monitoring.

When supporting effective CLTS implementation, partners usually focus on strengthening Local Government staff involvement in CLTS processes. There is also emphasis on empowering and networking Natural Leaders. Partners also undertake intensive post-triggering and post-open defaecation-free follow-up activities, while some also include behaviour change communication strategies through engagements with the mass media, religious and traditional leaders. Remaining barriers to these efforts, however, include large number of previously triggered communities still not open

defaecation-free (ODF), few enforcement mechanisms available, challenges in applying the RSMS in dense and socially fragmented communities and resistance to constructing 'basic' latrines, as well as limited resources for transport.

To facilitate household access to finance, partners mainly adopt utilisation of Village Savings and Loans Associations (VSLAs) and credit networks, provision of credit through sanitation enterprises, and use of other innovations including mobile repayment options. Barriers to these efforts, according to the presentation, include high cost of borrowing and a mismatch between willingness to pay and high construction costs.

Lowering of construction costs is a major challenge in household toilet promotion as poverty and high cost of construction are some of major obstacles in rural basic sanitation promotion in Ghana. The study found that partners adopted varying approaches including engaging directly with higher up the supply chain, provision of subsidies, and direct support to latrine artisans beyond training on technical options to developing enterprises. Main barriers cited by the report include scalability of subsidy or models or difficulties in directly facilitating access to materials. Enterprise development models were also only at early stages of development.

The report found that while some partners undertake latrine artisan training for technology development, others also engage in development and marketing of affordable and robust latrine options by way of promoting suitable technology options. These are in an attempt to respond to concerns about limited latrine options hindering household uptake. Some of the major obstacles that partners were facing in these efforts are suitability/durability of some of the basic latrines that are constructed and limited latrine options available, as well as limited low-cost options for areas with high water tables or challenging soils.

Effective monitoring is one of the five pillars of the RSMS, yet to date stakeholders complain of ineffective monitoring in its implementation. According to the presentation, some partners provide direct financial support to the Regional and District Inter-Agency Coordinating Committees on Sanitation (RICCS and DICCS) for programme monitoring. Some partners also focus on undertaking timely verification and certification of open defaecation-free communities as their approach to monitoring.

Implementing the rural sanitation model and strategy, five years on



The road has been rough but there is progress at last with the implementation of the Rural Sanitation Model and Strategy since 2012, according to the National Coordinator of the Community-led Total Sanitation Programme, Tony Tsekpsetse. He said this during a presentation at the 2017 edition of the annual CLTS Stocktaking Forum in Kumasi in July 2017. He said a number of innovative interventions had been introduced to ensure that the RSMS

succeeds in improving rural basic sanitation.

On capacity building for the programme, Mr. Tsekpsetse said 40 master trainers and 400 facilitators had been trained and made available to all regions and districts needing their support. He also said a package of tools and guidelines had been developed for effective community and advocacy work.

Mr. Tsekpsetse said CLTS implementation in the country had moved beyond pilot projects and been demonstrated in 138 districts nationwide, with government staff in the frontline of both field work and coordination. He also said an open defaecation-free (ODF) verification protocol had been established for sector use and independent verification services sought to ensure credibility in declaring communities ODF.

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Implementing the rural sanitation model and strategy, five years on

In terms of coordination, Mr. Tseketse said government-led coordination structures at national, regional and district levels had been established and functioning in five regions. These structures were the National Technical Working Group on Sanitation (NTWGS), and Regional / District Inter Agency Coordinating Committees on Sanitation (RICCS / DICCS).

To closely monitor overall implementation of the RSMS and performance in a transparent manner, as well as incorporate continuous learning and sharing into the programme, an annual CLTS Stocktaking Forum had been institutionalized since 2013. This Forum, he said, had helped to learn from programme implementation out of which very valuable lessons had been incorporated to trigger impressive progress especially during the last few years.

The programme, he said, had also developed a Management Information System called the Basic Sanitation Information System (BaSIS). This, he said, was a tool that was helping to gather, store, process and retrieve information on CLTS for effective knowledge management and decision-making.

Moving beyond CLTS, Mr. Tseketse said there had been a lot of work on Sanitation Marketing (SanMark). These include development of entrepreneurship manuals for sanitation entrepreneurs, establishment of multidisciplinary Sanitation Marketing Teams in programme districts, training of 117 District Assemblies and Regional staff on the 7-step sanitation marketing process and the formation of multi-

disciplinary SanMark Teams in 16 districts.

Above all, about 4,014 communities nationwide were believed to have stopped open defaecation through the CLTS programme out of which 1,705 had officially been verified as ODF, using the approved verification protocol.

The National Coordinator drew stakeholders' attention to the following misconceptions about the programme: 1) The RSMS is not CLTS. CLTS is only one of the five pillars for rural sanitation promotion facilitating the behavior change from open defaecation to using a toilet and demand generation for household toilets, and 2) the RSMS is not a single partner's document but a national document. It is a national document whose development was led by the sector ministry with wide stakeholder consultations.

On the way forward, Mr. Tseketse said a recent review showed that 90% of stakeholders were in full support of the RSMS. They however said, according to Mr. Tseketse, that there was the need for strengthening coordination at all levels and for sanctioning those not implementing the RSMS according to agreed principles. He concluded by urging oneness of purpose for the RSMS to succeed.

The Chairman for the opening ceremony of the forum and the WASH Technical Coordinator at World Vision Ghana, Mr. Attah Arhin, in his address, expressed happiness about the remarkable progress with the RSMS but cautioned that the progress did not mean a review of the

programme was out of place. He said there were still many challenges with the implementation of the RSMS which called for a review in order to accelerate the pace of progress. Some of the challenges, he said, were the fact that 78 districts were still not implementing the programme five years after the launch of the RSMS. He also said there were still issues with ownership of the implementation process, coordination, monitoring and evaluation, financing and capacity that called for a review.

In a solidarity message on behalf of Development Partners in Ghana, the Chief of WASH at UNICEF Ghana, Mr. David Duncan, said he had noticed that many WASH professionals had not adequately read and studied the RSMS. This, he said, was part of the reasons why there were several misconceptions about the programme. He therefore called for adequate dissemination of the document.

Mr. Duncan said there was remarkable improvement especially with the ODF conversion rate, which increased from about 11% in 2016 to about 69% in 2017 within the GoG-UNICEF WASH Programme alone. He attributed this to some of the innovative approaches introduced to the programme implementation including Result-based Financing, Natural Leaders Networks, Incremental Approach, District Resource Persons among others.

Ghana needs us\$800 million annually to achieve sanitation SDGs



Ghana will need to invest an estimated US\$800 million annually if it wants to achieve the Sustainable Development Goals for sanitation by 2030. This information was disclosed by Dr. Kwabena Nyarko of the Department for Civil Engineering at the Kwame Nkrumah University of Science and Technology during the 2017 edition of the annual Community-Led Total Sanitation (CLTS) Stocktaking Forum in Kumasi in July.

Dr. Kwabena Nyarko and Dr Eugene Appiah Effah, both professors at the KNUST, did the computation in 2017. Giving reasons for computing the cost, Dr Nyarko said one of the main reasons for low sanitation coverage in Ghana was lack of financing. Therefore, he said, an understanding of the cost of achieving the sanitation SDGs was

critical for the country. He said the objectives of the assignment were to estimate how much it will cost the country – both households and government – to achieve the SDGs for sanitation and to suggest the financing mechanisms needed to be applied.

More than half of the cost - US\$418 million – is expected to be borne by households, while the government takes up the remaining US\$382 million, according to Dr Nyarko. Components of the estimated cost include capital expenditure on both hardware and software, operational expenditure, and capital maintenance expenditure.

He said government is expected to bear the cost of faecal sludge management, as well as provision and maintenance of public school toilets.

The cost to government could, however, drop to US\$57 million annually if Ghana aims at achieving the SDGs for only basic sanitation rather than safely managed sanitation, which includes faecal sludge management.

Households in urban communities would have to invest about US\$365 million while those in rural communities invest about US\$51 million annually.

Dr Nyarko suggested that financing the cost of the SDGs for sanitation should focus on demand-led, market-based non-subsidy approaches that emphasize behaviour change and limit provision of subsidies to target the most vulnerable.

He suggested four pillars of the market-based approach, which comprise empowered, informed and organized citizens, who demand, participate in and pay for sanitation services; a functioning and enabling sanitation market where the private sector is providing quality products and services at an affordable price; an enabling environment where government takes up its responsibility as duty bearer, creates a supportive policy and regulatory environment for sustainable sanitation services for all; and a financing arrangement that facilitates access to finance to enable citizens pay for sanitation services and entrepreneurs to provide sanitation products and services.

Time to think urban sanitation too

While the Rural Sanitation Model and Strategy and the Community-Led Total Sanitation (CLTS) approach show encouraging results in rural sanitation promotion, there is no clear urban sanitation approach yet.

According to a presentation by the Government of Ghana (GoG)-UNICEF Water and Sanitation Programme at the 2017 CLTS Stocktaking Forum in July, despite the fact that 51% of the total population of Ghana was urban, improved sanitation coverage in urban areas was just 18%. It also revealed an increase in shared household sanitation facilities (from about 46% in 1990 to about 73% in 2015). The presentation also noted that treatment of faecal sludge in the country was not significant, while enforcement of sanitation bye-laws was weak in urban areas. In addition, the presentation indicated that there was lack of affordable household toilet options and affordable financing options for household toilets while there was no urban sanitation strategy.

In view of this, the GoG-UNICEF WASH Programme had, according to the presentation, started implementing an urban sanitation

project in three urban communities: Ashiaman in the Greater Accra Region, Ho in the Volta Region and Tamale in the Northern Region. The three-year Dutch Government-sponsored project aims, among others, to equip the WASH sector with the required implementation models and operational frameworks for urban sanitation delivery, build capacity of the Environmental Health and Sanitation Directorate (EHSD), the Local Government Service (LGS) and the three Municipal Assemblies for effective leadership in coordination, planning, monitoring and evaluation of urban basic sanitation services.

The project, according to the presentation, had innovated three different urban sanitation promotion approaches – the Community-Led Urban Environmental Sanitation (CLUES) in Ashiaman, Community Development for Health (CDH) in Ho, Urban Community-led Total Sanitation (UCLTS) in Tamale – with similarities to the rural focused CLTS approach which is non-prescriptive and household facility-focused combined with market-based solutions. The project also provides

school WASH infrastructure in all the communities selected, while it provides enabling environment through exploration of technology and financing options.

The presentation cited lack of affordable household toilet options and absence of an open defaecation-free verification protocol for urban settlements, as well as absence of an urban sanitation strategy and weak law enforcement as some of the major stumbling blocks to urban sanitation promotion in Ghana.

By way of suggestions, the presentation urged stakeholders to support the government to urgently develop an open defaecation-free verification protocol for urban communities, encourage innovative affordable toilets and consider rural solutions for peri-urban communities. It also suggested the exploration of hygienic communal tanks in high density urban slums. The presentation also urged support to government to strengthen regulatory systems including review and gazetting of bye-laws.

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Project implementation challenges in STK, he said, included inadequate CLTS facilitation capacity (including limited staffing) at the District Assembly; inadequate support from District Assembly in terms of provision of logistics; the large

size of the district, and inaccessibility of some of the communities. Other challenges, he said, included insecurity (reports of increased armed robbery in the area causing fear in travelling at certain moments of the day), changes in political

leadership during the period thereby slowing down progress, chieftaincy/conflict issues in some communities and discovery of new communities hitherto unknown.

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GOG and UNICEF move natural leaders to the next level for greater impact



The GoG-UNICEF WASH Programme has introduced a scheme to network Natural Leaders with the aim of maximizing their impact in rural sanitation promotion.

Natural Leaders are motivated community members who influence their peers' behaviours in Community-led Total Sanitation (CLTS) implementation. Natural Leaders usually emerge during the pre-triggering and triggering phases of CLTS implementation and they are usually easily identified by Field Facilitators. They show remarkable interest in the CLTS programme and demonstrate willingness to help their communities to stop open defaecation. They do this voluntarily and do not usually demand rewards.

In a presentation at the 5th edition of the Annual National CLTS Stocktaking forum held in Kumasi in July 2017, the GoG-UNICEF WASH programme shared lessons on the newly introduced Natural Leaders Network (NLN) that was meant to deliver results at scale.

The scheme involved selecting a number of effective NLs from each participating community, strengthen their capacity to enable them facilitate CLTS in new communities, while providing support to communities that are finding it difficult to eradicate open defaecation.

These selected NLs, according to the presentation, are brought together in a form of a network and assigned a number of communities and with the support of field facilitators, work towards making the communities and entire [Electoral] areas Open Defaecation Free (ODF).

The rationale for introducing the concept, according to the presentation, was to provide a steady flow of community based human resource to facilitate the scaling up of CLTS. The presentation revealed that the NLN was designed to operate within an electoral area with the objective of working to declare all communities within the area ODF. The concept is also to provide peer support to network members within the electoral area. While some NLs have the capacity to

help their own communities with extra capacity to help other surrounding communities, others do not have enough capacity to help their own communities to excel. The NLN is therefore expected to provide a peer support and peer learning platform to maximize impacts.

Among their activities, NLN members are to continue to provide community level leadership and facilitation to ensure that their own communities are ODF. Members are also to work in nearby communities to support them to achieve ODF. They are also to participate in monthly review meetings to share experiences and provide feedback from previous month's activities.

Five basic steps are needed to effectively establish a NLN: They include review/profiling/listing of existing NLs in all triggered communities; selection of a maximum of three NLs from each participating community; initiating monthly meetings in a selected community and revolving the meeting place every month; training/orientation of the NLN Members on CLTS processes and a basket of tools to enable them perform; and setting targets and activities by the NLN Members with back-up support from Field Facilitators.

As at May 2017, about 125 networks had been established in five regions – Central, Northern, Upper East, Upper West and Volta -, according to the presentation. However not all participating districts were on the same level. Partner NGOs were responsible for coordination, facilitation and provision of back-up support to the Network.

In Ghana, the role of Natural Leaders is nationally recognized and enshrined in the Rural Sanitation Model and Strategy (RSMS).

Build local economies to facilitate scale-up of rural sanitation



“Without building robust local economies, characterized by increasing equalities, scaling up rural sanitation to reach everyone in rural areas, especially the most marginalized, will not happen.” Dr. Chaka Uzundu of WaterAid said this during the 5th CLTS Stocktaking Forum in July 2017 in Kumasi.

Dr. Uzundu said despite the gains made in reducing poverty, all the indicators showed inequality had increased between 1992 and 2013. He also said by 2006, the richest that constituted 20% of the population had 50% of the total income of Ghana.

Ghana has tried different approaches to rural sanitation promotion between 1990 and 2017. There has been an approach where projects provided subsidies to households to construct latrine. Mostly, subsidies covered the cost of construction materials including cement, pipes, slabs, and roofing sheets. Households then mostly contributed labour and other locally available materials such as stones and sand. It was realized later around 2009 that after all the subsidies, communities continued

to practise open defaecation. The approach is also believed to have created dependencies such that even those who could afford would still not prioritize investing in a latrine with the hope that an external agency would come in to support.

From 2012, Ghana adopted the CLTS approach to rural sanitation promotion, an approach that prohibits subsidies and rather emphasizes behaviour change interventions that aim at changing the negative social norm of defaecating in the open to a new norm of always using a toilet. Through this approach, once convinced of the need to stop open defaecation, households are expected to construct their own latrines without external financial support. Though this approach has, at least, helped thousands of rural communities to stop open defaecation, it faces challenges with poverty, affordability and limited technology options. These factors have contributed to the slow uptake of latrines in poor rural communities, further slowing down the rate of open defaecation-free (ODF) status attainment.

Dr. Uzundu said, to facilitate progress with sanitation promotion, local economies needed to be strengthened through wealth creation at the local level through value addition processes that are equitable and based on cooperation. He said this should also be done in such a way that the wealth created also circulates within the locality as long as possible, while the focus should also be on the collective good of the local people.

Again, he said that though subsidy was good, poorly done subsidy without proper background/software work led to non-attentiveness to household priorities and preferences, no strong sense of ownership, and the creation of a dependency mentality. He also said zero subsidy but poor software work also leads to household preferences and priorities poorly understood and/or appreciated with little or no sense of ownership.

“The current policy framework for sanitation will fail if it is not strengthened by embedding it in a livelihood and asset creation framework that prioritizes the most marginalized and vulnerable,” he added. This, he said, could be done by beginning with reaching the most difficult to reach, ending the policy bias toward the rural communities, social markets approach in financing for sanitation and cultivating development credit unions and consumer cooperatives.

SNV seeks deeper voices for CSOs and citizens

SNV's Voice for Change (V4C) project has come to deepen civil society voices to achieve sanitation and hygiene for all. The five-year project adopts the evidence-based advocacy approach to dealing with sanitation implementation and financing issues at the district level.

In a presentation delivered at the July 2017 CLTS Stocktaking Forum in Kumasi, Intervention Forum (IF), one of the local implementing partners, said the aim of the project was to strengthen the capacities of local Civil Society Organizations (CSOs) to generate relevant and reliable data/evidence to carry out evidence-based advocacy for sustainable improvements in key focus areas.

The project, according to the presentation, focuses on renewable energy, water, sanitation, hygiene, and food security and nutrition. The Ghana WASH component was directed at intensifying the voice of CSOs and the citizenry to demand more equitable, affordable and sustainable sanitation and hygiene

services and improved policy implementation at the district level.

The project targets an array of actors including Metropolitan, Municipal and District Assemblies (MMDAs), Traditional Authorities, Waste Management Companies, Microfinance Institutions, Community-Based Organizations (CBOs), Communities, Assembly Members, Unit Committees, and the mass Media.

V4C's advocacy focus targets ameliorating the issues of weak regulation of the private sector service providers by MMDAs, ineffective coordination of sanitation and hygiene interventions, and low priority given to sanitation and hygiene improvements at all levels. The project also targets improvement in generation and management of data on sanitation and hygiene and low level of implementation of District Environmental Sanitation Strategy and Action Plans (DESSAP). Other targets include inadequate sanitation financing and low inclusion

of the vulnerable and marginalized groups.

The Awutu Senya District and the Awutu Senya East Municipal Assemblies are some of the partner districts for the V4C project. Major project implementation activities in the two Assemblies, according to IF, had been baseline household surveys, formation and training of district sanitation and hygiene advocacy teams, capacity building workshops for district and sub-district level actors, and mobilization of citizens to participate in Unit/Zonal level planning meetings.

The project was being implemented in partnership with the International Food and Policy Research Institute (IFPRI) and funded by the Dutch Ministry of Foreign Affairs (DGIS).

Factors to consider in search for sanitation financing– CDC schools stakeholders



CDC Consult, a private entity that develops market solutions to WASH, has schooled participants at the July 2017 CLTS Stocktaking forum on key factors to consider when searching for financing solutions for sanitation.

At a presentation on options and guidelines for sanitation financing, CDC Consult said almost half of Ghana's population remains without access to any form of basic financial services, thus, not even using informal financial mechanisms, and particularly in rural areas and by women. The presentation indicated that if the financing challenge is not addressed, most households will not have access to safe, improved and durable household toilets and the fight to eradicate open defaecation may never be fully realized.

When searching for appropriate financing solutions, therefore, CDC Consult said money should

not be used as a disincentive to the collective change. Thus, the lack of money is the reason to find a financing solution to promote a social change in sanitation. CDC said another factor was that there cannot be one solution to financing challenges, instead, there should be a basket of solutions.

Other factors to consider, according to the presentation, include ensuring that the change from the social norm of practising open defaecation to always using a toilet for defaecation is not undermined, and that there is no creation of dependencies that affect overall development. CDC also said the approach adopted should not result in latrines being built but not used as had become the outcome of several subsidy-oriented sanitation interventions.

CDC said where there is need for subsidies, they should work for

the poorest and not just anybody at all. Mechanisms to handle complexities of the environment - loose soils, rocky soils, water-logged soils etc - that impact on household's ability to build latrines, should also be considered. The presentation also suggested that government should be supported to acquire more public financing for Sanitation. This, it said, includes making a strong business/investment case in favour of sanitation.

CDC also gave an operational definition for sanitation financing as "Households having access to regular use of a range of formal and informal financial services including savings, credit remittances and other community-based financing schemes which meet their needs and are affordable for the acquisition and maintenance of improved, durable and safe toilets." The presentation said households need to be enabled to make choices with respect to a mix of financing sources including personal savings, remittances, credit facilities and well-designed subsidy schemes that will facilitate the installation and maintenance of their preferred household latrines.

Ending open defecation in Ghana: A Presidential Special Initiative necessary?



During a verbal presentation by Mr. Attah Arhin, WASH Technical Coordinator at World Vision Ghana, at the 5th CLTS Stocktaking Forum in Kumasi, he made a passing comment about the necessity of a Presidential Special Initiative on Open Defaecation. This, however, may need to be highlighted and possibly be pursued. Mr. Arhin was making a presentation on the theme “Ending open defecation in Ghana: challenges, recommendations and way forward.”

Highlighting the importance of ending open defaecation, Mr. Arhin, said at least Ghana could be saving US\$79 million every year. This figure, according to a World Bank (WSP 2012) report, was the annual loss to the country as a result of open defaecation. The same WSP report indicates that, based on the contribution of travel and tourism to GDP, addressing sanitation in Ghana could lead to an increase in travel and tourism of an estimated US\$8.5 million annually.

In addition to these direct or indirect economic losses, poor health due to infections caused by open defaecation, loss of individual dignity and national image can have more impacts on the economy. The risk of physical or sexual violence, just like dignity and image, may not be easily valued in monetary terms, but these are the reality when

sanitation facilities are not available and people do not value the cost of poor defaecation behaviours.

Ghana is in fact blessed with a brilliantly crafted Rural Sanitation Model and Strategy (RSMS), which in 2012 when it was launched, was expected to result in an open defaecation-free Ghana by 2017. Yet, as Mr Arhin put it, its implementation has been at a very slow pace and has been over-reliant on external agency and NGO funding. Left with the Municipal and District Assemblies alone, the strategy would probably have been shelved as the MMDA ownership especially by way of financing the has been insignificant.

The RSMS implementation is also expected to induce an increase in demand for household toilets and thereby attract private sector interest. However, this expectation, as at 2017, had not been met since there had not been adequate proof to suggest that private investors had demonstrated any significant interest in rural household sanitation. This lack of private sector interest itself has been linked with perceptions of high rates of poverty among several households as against high cost of toilet products. There is also virtually an absence of innovative financing products to make credits available to poor households at affordable costs and with flexible repayment terms.

Another major issue with the fight against open defaecation has been the confusion over whether or not to provide subsidies to the poor. The RSMS prohibits subsidies and emphasizes behaviour change and enterprise solutions. Yet the issue with poverty and pro-poor targeting is still

very important but unresolved.

Even though the mass media has shown some level of interest in the fight against open defaecation, their contribution is so far not very impressive as it has been characterized by ad-hoc reports minus a clear agenda setting motive.

It appears, therefore, that the fight against open defaecation in Ghana still has a long way to go. Whereas the President's direct and open support to the fight against illegal mining is reported to be making tremendous strides in the country, it is believed that a similar weight from the political powerhouse on open defaecation can fast-track the progress in achieving an open defaecation-free Ghana.

So far, nationwide, one could count about 1,700 verified open defaecation-free (rural) communities (according to a presentation by the Ministry of Sanitation and Water Resources) and all of them through the implementation of the RSMS. It is therefore safe to conclude that the strategy is still capable of guiding a successful fight against open defaecation. What it lacks, however, is a demonstrated political will from the centre to ensure that all MMDAs comply with the tenets of the RSMS, and more resources channelled to the national scale-up efforts to ensure its success. Essentially, one may have to agree with Mr Arhin on the suggestion of a Presidential Special Initiative on open defaecation.

Summary of the Main Action Points in the table below:

THEMATIC AREA	ACTION POINT	LEAD
FINANCING	Seek tax exemptions/concessions for innovative household/institutional toilet products	MSWR
	Intensify efforts at exploring innovative public financing for sanitation	MSWR/MLGRD
	Intensify advocacy on the establishment of the National and District Sanitation Funds	MSWR/CONIWAS
FAECAL SLUDGE MANAGEMENT (FSM)	Implement provisions on faecal sludge management in the various national strategies and make it an essential component of basic sanitation promotion	MSWR
	MMDAs should be made to incorporate FSM into their MTDPs	MLGRD/LGS
SANITATION PROGRAMMING	Intensify work on facilitation of supply of toilet products; Intensify engagement with the private sector on business opportunities in the basic sanitation supply chain	MSWR
	Expedite action on the development of an urban sanitation strategy and action plan	MSWR
	Planning should cover post ODF activities – ideally incorporated into MTDPs	MLGRD/LGS
M&E, KM and COORDINATION	Ensure that partners adhere to established national guidelines	MSWR
	Advocate for CLTS to become a major performance indicator for MMDCEs	MSWR/LGS
	Institute a mechanism to scale up BaSIS and compel all MMDAs to use it for reporting (also for ODF and CDD leagues)	MSWR
ENFORCEMENT	Liaise with the MLGRD to mandate MMDAs to gazette their sanitation bye laws	MSWR
	Institute a mechanism to scale up BaSIS and compel all MMDAs to use it for reporting (also for ODF and CDD leagues)	MSWR