Capacity Strengthening for Community Led Total Sanitation (CLTS) Implementation in Ghana Phase 4 Report

INSTITUTIONAL TRIGGERING IN VOLTA, UPPER WEST AND NORTHERN REGIONS

13th to 22nd May 2015

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Executive Summary

This report details the fourth phase visit of CTS Foundation Global under the Unicef supported project Capacity Strengthening for Community Led Total Sanitation (CLTS) Implementation in Ghana supported by Unicef Ghana and working in partnership with the Environmental Health and Sanitation Directorate of the Ministry of Local Government and Rural Development, Government of Ghana. The aim of the project was to strengthen capacity at various levels for CLTS implementation and to strengthen the enabling environment in the five regions where Unicef is supporting CLTS through EHSD.

The purpose of the fourth phase visit was to facilitate regional level institutional triggering in three regions of the county. This would constitute the last in a number of inputs over the past two years which have included providing CLTS training to hundreds of EHSD staff, providing recommendations to improve practice on the ground, and facilitating institutional triggering at the district level to ensure more collaborative and effective working. Alongside shorter visits by Dr Kar with his CLTS Foundation Global team, longer term consultancy inputs were provided by CLTS Foundation staff to ensure follow up on the training, institutional triggering events and recommendations.

The three institutional triggering workshops were held in Volta, Upper West and Northern Regions in May 2015. These involved two elements of intervention: firstly a pre institutional triggering meeting with high levels officials of the region including the Deputy Regional Minister, and, in the case of Volta Region, the Regional Minister herself. These meetings were an opportunity to invite the leadership figure to attend the institutional triggering, as well as to 'trigger' them if they were not already fully committed to scaling up CLTS in the region. The leadership figure was also invited to think about a target date for achieving ODF in their region.

The second element in the process was the institutional triggering workshop itself. These were half day workshops attended by senior figures in the districts, particularly District Coordinating Executives, District Coordinating Directors and District Environmental Health Officers. Initially only those staff from Unicef supported districts had been invited but at the last minute all districts were included, though not all could attend at short notice.

The workshops involved sharing the status of CLTS in each district, discussing the reasons for relative differences in progress between districts, setting targets for achieving ODF in each of the districts, and forming a roadmap to achieve the target date. A mapping tool was used involving a huge map of each region being placed on the floor as a visual tool. Participants would stand on the map and put the information on the map so that it was clearly visible to all. The map was also used for ranking districts (red, yellow and green) in Upper West which would serve as the baseline for ongoing monitoring.

The institutional triggering workshop, and all activities within it, was carried out with the strong backing and encouragement of the leadership figure attending (Deputy Regional Minister). Formal and public commitment to target dates was made both by the district representatives. The Deputy Regional Minister impressed on the participants that they would be monitored against their targets and that he himself was fully committed to ensuring the regional target date that he had set.

It is essential that follow up and monitoring of progress at the district level is sustained to ensure that district wise road maps are developed and that they are strictly adhered to in order to

achieve the target dates. Some districts, such as Mion in Northern, Wa West in Upper West and Kejebi in Volta, are quite close to achieving their target dates already. Every possible support should be given to these districts to ensure that they become ODF in the shortest possible time and thus set an example for other districts to follow.

This follow up should be driven by the Deputy Regional Minister but with support and encouragement from all sides. It is essential that details of the institutional triggering workshops are made available to them, such as the large maps, target dates, road maps, etc so that these can be used for as a baseline for monitoring. It is also recommended that photos are taken of all the DCEs and that they should be displayed in the Deputy Regional Minister's office alongside their up to date district CLTS status and their target date. A ranking should be given to all districts (red, yellow or green) which should also be clearly displayed and which should be regularly updated during review meetings with the DCEs by the Deputy Regional Minister.

As soon as any district is declared ODF this should be cause for a huge celebration. All DCEs, DCDs and DEHOs from other districts should be invited to see how they too can replicate that success. The news should be widely shared across the country so that other districts are motivated to follow suit.

This report has outlined detail the key elements of institutional triggering both in theory and with the examples of practice from the three regions. It can serve as a useful methodological guide for any Ghana sanitation staff who would like to continue this replicate this approach at various levels to ensure that progress towards 10 ODF regions and an ODF nation can be pursued. Several suggestions for effective institutional triggering are described. One particularly successful approach has been to share health impact data. There were 20,000 cholera cases across Ghana in 2014. There were 640 cases in Volta region and 8 deaths. However not one case in Volta region was from an ODF community. Statistics such as this are extremely powerful both in showing the devastating impacts of inaction, as well as the immediate and positive impacts of implementing CLTS.

Abbreviations

CC	Community Consultant
CLTS	Community Led Total Sanitation
CWSA	Community Water Supply Association
DA	District Assembly
DCD	District Coordinating Director
DCE	District Coordinating Executive
DEHO	District Environmental Health Officer
DICCS	District Interagency Coordinating Committee on Sanitation
DRM	Deputy Regional Minister
CBO	Community Based Organisation
EHSD	Environmental Health and Sanitation Directorate
GOG	Government of Ghana
MDG	Millennium Development Goal
MLGRD	Ministry of Local Government and Rural Development
NGO	Non-governmental organisation
NL	Natural Leader
OD	Open defecation
ODF	Open defecation free
REHO	Regional Environmental Health Officer
RICCS	Regional Interagency Coordinating Committee on Sanitation
TOT	Training of Trainers

Introduction and background

Ghana was one for the first countries in West and Central Africa to introduce CLTS. The approach has been used in the country since 2007 with positive results, indicating its effectiveness in the Ghanaian context. Furthermore, the CLTS approach has been adopted by the Ministry of Local Government and Rural Development as its official strategy for rural sanitation, 2010. However, despite this, scaling up of the CLTS approach has been slow. Though Ghana has achieved the Millennium Development Goal 7 target for ensuring access to improved water (82 percent national, 93 percent urban and 77 percent rural) it has been seriously lagging behind in terms of access to improved sanitation.

As far as the macro political willingness is concerned the Government of Ghana has rolled out its national sanitation strategy with CLTS being the central approach of implementation and it has created necessary coordination structures both at the national and regional level. The Ministry of Local Government and Rural Development (MLGRD), Environmental Health and Sanitation Department (EHSD) have taken major responsibilities to implement CLTS on ground. Unicef is supporting the MLRGD, EHSD with financial and technical support to scale up its efforts in CLTS as well as other areas. The World Bank have partnered with CWSA to implement CLTS primarily in a project mode. There are also few NGOs and Civil society organisations working sporadically in various parts of the country. All these projects have also mobilised a certain amount of capacity building efforts for CLTS in their respective project areas.

In spite of such institutional willingness and enabling environment the results have not been very encouraging, and achieving the MDG sanitation remains a far cry. To address the challenges and shortcomings of the Ghana context, in 2012 Unicef Ghana invited Dr Kamal Kar, the originator of the CLTS approach and the Chairman of the CLTS Foundation to undertake a consultancy assignment, together with his wider team. Prior to this Dr Kar was invited to review the progress of sanitation in Ghana and recommend the way forward. Dr Kar visited Ghana along with Bisi Agberami of Unicef Nigeria in 2011.

The consultancy has sought to undertake training and capacity building on CLTS for the front line staff to enhance the quality of implementation. It also focused on advocacy to mainstream the sanitation initiative in district and regional administrations, and build a functional linkage between various departments and other institutions (including NGOs, other departments such as Women's Development, Education, Health, political leadership, private sector, etc.) to work in a coordinated approach towards a set target of achieving ODF districts and regions.

The collaborative initiative of Unicef Ghana and CLTS Foundation Global is principally focused on improving the capacity of the worst five regions of the country with respect to sanitation access, namely Volta, Northern, Central, Upper East and Upper West.

Introduction to the phase 4 intervention

CLTS Foundation Global's support to Unicef and the Government of Ghana to assist in making faster progress towards the achievement of an ODF Ghana has matured into its fourth phase of partnership. At present, with just 6 months remaining for the country to meet its 2015 MDG

sanitation target of 52%, concerted final efforts are required to motivate strong political leadership at the highest levels in order to mobilise resources and action for rapid achievement of at least a few ODF districts by 31st December 2015.

The table below shows the various inputs provided by the CLTS Foundation over the past two years, including the current phase.

Summary of inputs from the CLTS Foundation during the consultancy

Phase	Dates	Regions supported	Activities
Phase 1	15th May to 6th June 2013	Volta Northern	Inputs from Kamal Kar and team • Meetings with national stakeholders • Assessment of Practice, Volta • CLTS TOT Training, Volta • Assessment of Practice, Northern • CLTS TOT Training, Northern
	7th June to 19th July 2013	Northern	Inputs from Ravi Shankar • Follow up and support to Northern Region
Phase 2	14th August to 1st September 2013	Upper East Upper West Central	Inputs from Kamal Kar and Sisir Pradhan • CLTS TOT Training, Upper East / Upper West • CLTS TOT Training, Central
	15th August to 7th November, 2013	Upper East Upper West Northern	Inputs from Shayamal Saha • Follow up support to Upper East, Upper West and Northern Regions, Centrql
Phase 3	25th September to 8th October 2013	Volta, Upper West Northern	Inputs from Kamal Kar and team • Assessment of progress in 2 districts of Volta • Institutional triggering in 2 districts of Volta • Assessment of progress in 3 districts of Upper West • Institutional triggering in 2 districts of Upper West • Assessment of progress in 2 districts of Northern • Institutional triggering in 2 districts of Northern • Meeting with Regional Minister of Northern
	25th September to 15th October 2013		Inputs from Mimi Khan • Hygiene behaviour study
	10th October to 6th December 2013	Central	Inputs from Preetha Prabhakaran • Follow up and support to Central Region
	27th February to 3rd May, 2014		Inputs from Shayamal Saha • Follow up and support to Volta, Northern, Upper East and Upper West
Phase 4	13th May to 22nd May 2015	Volta Upper West Northern	Inputs from Kamal Kar and team • Institutional triggering in Volta Region • Institutional triggering in Upper West Region • Institutional triggering in Northern Region
	13th May to 2nd June 2015		Inputs from Katherine Pasteur • Documentation of CLTS experiences and outcomes of the consultancy

The consultancy aimed to operationalize the key elements of the following framework which were seen as critical to ensuring an effective scaling up strategy. This firstly involved capacity building at all levels. Secondly, it involved improving the extent of institutional collaboration so that it is not only EHSD working alone towards the CLTS goal, but several other departments alongside local leadership and with the support of natural leaders and community consultants. Thirdly the process facilitated a more conducive institutional environment, i.e. securing political leadership at all levels, and seeking to iron out policy and procedural challenges, such as fund flow, M&E and coverage of the CLTS programme.

Ghana: CLTS Scaling up framework
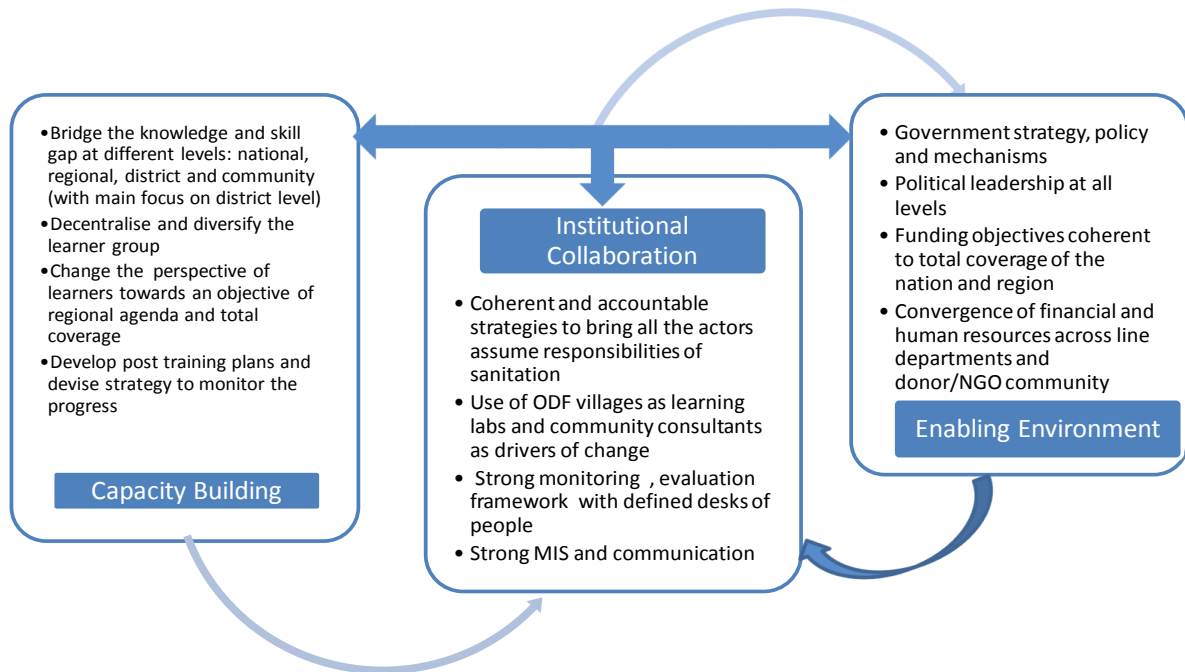
The purpose of the Phase 4 intervention is to facilitate institutional triggering in three regions as well as at the national level to enhance the enabling environment for scaling up. This follows on from earlier phases of work, the first two phases involving intensive capacity building to district level environmental health staff principally from the 5 supported regions, but also including some EHSD and NGO participants from other regions. This capacity support was delivered through intensive 5 day Training of Trainer workshops alongside assessing local practice to provide feedback and encouragement. The ToT workshops facilitated work planning by EHSD staff to help them to develop a strategy for further capacity building, institutional collaboration, development of natural leaders and improved monitoring, all focused towards speeding up the

CLTS scaling up process. The third phase inputs provided support for inter-institutional collaboration and enhancing functional linkages between institutions.

During the phase 3 visit, the CLTS team facilitated district level institutional triggering workshops in 7 districts spread over 3 regions (Volta, Upper West and Northern) with the participation of natural leaders, assembly members, NGO staff (APDO, Care World Vision, Water Aid, etc.), religious leaders, other civil society organisations, media and EHSD front line staff. During these workshops natural leaders, assembly members and others were grouped around EHSD staff to form teams who would ensure triggering and post triggering follow up in non-ODF communities. Considerable inputs were given to plan for the systematic scaling up of CLTS through these groups. In particular, assembly members were requested to monitor the process by hosting periodic review meetings of the electoral area team. The teams were facilitated to develop a road map to saturate their electoral area in the fastest possible time. See Annex1 for district level triggering methodology.

It was realized during the 3rd phase visit that in order for district and local level commitments to move fast, regional leadership and encouragement was essential. It was recommended in the Phase 3 report that the regional team in each of the regions should facilitate achieving this regional leadership, e.g. by taking the Regional Chief Directors, District Coordinating Executives (DCEs) and the regional minster to some of the best performing communities for face to face interaction, to see the huge potential for local communities to change their behaviour and achieve ODF on the own. These successes should also be spread through meetings and other forums.

The current phase of work builds on that recommendation and aimed to fully engage regional and district level leadership to assess, plan and publicly state their full commitment to CLTS scaling up for an ODF region to meet a specific target date.

Ghana has the particular advantage of having political commitment in the form of a national strategy CLTS but this commitment fades out as it gets down to the local level. Everyone speaks about national commitment to CLTS but actual commitment of funds, as well as setting targets and making roadmaps in regions and districts has been lacking. What has been observed is good initiative of a few EHSD in a small number of districts, operating with meagre support. However, there was no clear regional roadmaps, accompanied by necessary funding. The phase 4 visit aimed to address this gap. This would complete the capacity building and advocacy cycle to cover all levels.

The team from CLTS Foundation Global involved in the fourth phase of the project were:

- Dr. Kamal Kar, Team Leader,
- Ms Preetha Prabhakaran, Manager, Knowledge Management
- Ms. Katherine Pasteur, Senior Consultant

Overview of triggering methodology

Institutional triggering is a methodology that has been developed and used by the CLTS Foundation in a number of contexts, and at various different levels to bring about institutional change for improved coordination and greater speed of implementation of CLTS. It has been

successfully used at district level during earlier visits to Ghana and has also been used effectively in Madagascar, Timor L'este, Mozambique (recently) and a few other countries.

Institutional triggering is a mechanism to bring about a positive change in attitude amongst institutional actors, enthusing and inspiring them to commit their efforts, and political will to support to CLTS. It involves evoking strong sense of responsibility for the death, suffering, harassment and financial losses experienced by the population, mainly women and children, as a result of controllable diseases such as cholera. This is seen against a backdrop where communities have liberated themselves and become ODF with minimal facilitation and support.

The triggering should act as a wake-up call to the participants. They should come to realise that as long as they are inactive, children are getting sick and dying, and there is no reason to wait to take the message of CLTS to all communities in the district or region. As a CLTS community triggering emotions of shame, disgust and self respect. In institutional triggering it should ignite a sense of responsibility and commitment to act promptly to empower all communities in a district or region, and to spread stories of success about ODF communities, giving everyone the opportunity to liberate themselves from the effects of water borne diseases through their own actions. This does not involve a lot of money but it does involve a higher level commitment and gearing up of the extension machinery to reach all corners of the region.

Much like CLTS triggering, institutional triggering should not be seen as a single event. It requires preparatory actions (pre institutional triggering), institutional triggering, and follow up afterwards (post institutional triggering follow up mechanism). The important outcome of institutional triggering is to secure a plan or roadmap for radical change which includes a target date for achieving a clear goal that covers a substantial administrative area such as a ODF district, ODF region or ODF country, involving all communities in that area. Without a roadmap and a target date, it is unlikely that there will be any realistic and sustained action.

It is important to mention here that there are many districts that are nearly ODF, but just by not making the entire district ODF the important aspect of celebrating the first ODF district has still not happened. As a result this motivating factor ("someone has done it, so I should do it") is lacking for the non-ODF district to strive for.

The broad stages and activities in Institutional Triggering are as follows.

Pre institutional triggering

Before an institutional triggering event or workshop it is important to meet with key leadership figures, at the district, regional or national level. This is important as it may be necessary to trigger them if they are not already fully committed to CLTS scaling up. It is not advisable to try to trigger a senior person during an institutional triggering workshop as they should not be put in uncomfortable circumstances in front of their staff or electorate. The triggering will not be effective. That is why the pre institutional triggering is of immense importance, as everything can be discussed frankly and the leadership can be taken on board. It is easier to get them on board when they have a clear understanding of CLTS and have seen the effect of CLTS on the ground.

It is also important to encourage that leadership figure to set a clear target date for CLTS scaling up which they are happy to publicly announce and show commitment for during the Institutional Triggering Workshop. Finally, they should be very cordially invited to attend the

triggering workshop to show their commitment to CLTS scaling up and to announce the target that they have set in public.

A lot of skill and deeper understanding of facilitation is needed in high level institutional triggering. The facilitator must know how to play different cards to get the leader to a position where they personally feel motivated to address the tyranny of OD without waiting for outside help to sort out the problem. This may require some back and forth playing. The facilitation should not be directed towards blaming any institution but rather praising the local communities' success, and clarifying that the leaderships' help is essential to spread that success to a much wider area.

This facilitation should not be one person's job but a team effort where CLTS champions, focal persons, prominent officials who did well in scaling up CTLS, etc. should be involved at different stages to provide evidence and represent the leader's own people.

The second task of pre institutional triggering is to thoroughly prepare for the institutional triggering event, thinking strategically about how to use participation of the leadership figure effectively (recognizing that they may not attend for the whole day). All elements of the workshop should be thought through to ensure the best outcome possible. It is advisable to brief those who will be making presentations or the key note address to ensure that they are "on message" and succinct. Finally, issues such as room layout, workshop materials, refreshments, etc. should be attended to ensure the smooth running of the event.

Institutional Triggering

As with community triggering, institutional triggering can be divided into two distinct parts: the actual triggering (Part A) and the preparation of an action plan based around a clear target date (Part B). The triggering is useless without a plan as an outcome. If people are fired up during the workshop but they leave with no specific commitment and no plan for achieving their goal, then the likelihood is that nothing further will happen and the opportunity will be wasted. It is important to keep in mind that the highest authority of a region, province or state, such as the minister or governor assumes the responsibility of following up on the roadmap (i.e. post triggering follow up).

Part A

A number of strategies can be used to bring about the emotional journey that leads to triggering. Triggering should focus on the one hand on the disgraceful situation that exists where there is a very high rate open defecation:

- that people are eating one another's shit on a daily basis;
- that children are suffering from diarrhea in their district / region;
- that children are dying in large numbers from cholera;
- ask who should be held responsible for the death of these kids in their own district or region.

On the other hand triggering should also focus on the success of the CLTS approach within the region / district:

- that there is no diarrhea or cholera in the ODF communities
- that with no external support so many latrines have been built
- that all that is needed is local empowerment
- there are natural leaders and community consultants who made their own community ODF and have triggered their neighbouring communities to become ODF too
- if this is happening then what is stopping them from spreading this concept all over their district / region

Mapping exercises can be used to locate ODF communities and OD communities within a particular administrative area (e.g. districts, regions, etc). This illustrates the variable progress of different districts, making those poor performers feel a sense of responsibility to improve their performances in line with the better performer. It can also encourage better performers to continue their good work and achieve overall success.

Part B Institutional Triggering

Once the participants are triggered to really apply their efforts to achieving an ODF region, then they should be encouraged to set a date for making their own district ODF, declaring this in front of the whole assembly. If dates are set too far into the future, encourage other participants to say how they feel about such slow progress until some realistic dates are set.

Part B should also involve drawing up a road map towards achieving the ODF targets. Participants should suggest collective ideas for the roadmap, but ultimately each district should work up their own roadmap according to their own target date. This should be shared with the leadership and they should be monitored against it.

Post institutional triggering follow up

Regular and strict follow up is required in order to ensure that interim targets are met, that follow up in communities is frequent and that results in the form of certified ODF communities are achieved. This follow up needs to be done by the senior leadership, such as the regional minister, or other members of the RICCS, in order to show that there is strong commitment from the top.

The following table compares the key elements of community CLTS triggering with institutional triggering to show the similarities and differences.

Triggering in Communities	Institutional triggering
Pre triggering • Meet local leaders to inform them about the triggering • Prepare facilitation team • Gather all the necessary tools and materials for the triggering	**Pre triggering** • Meet with high level leadership to ensure that they will lend their support • Get leadership to set a target date for the ODF goal to show commitment • Invite leadership to attend triggering event and give a key note speech. • Prepare thoroughly for the triggering event
Triggering Part A • Use participatory tools to elicit feelings of disgust and shame until people realise that they are eating one another's shit and they are triggered to take immediate action Part B • Take down names of those who will construct a toilet immediately • Develop an action plan • Identify local natural leaders who will take the plan forward	**Triggering** Part A • Use a variety of tools and strategies to elicit feelings of shame that they are responsible for sickness and death of people including children • Encourage people by helping them to see that there could be more positive outcomes using CLTS, and that it is not a huge challenge. Part B • Develop a road map and target date for achieving the ODF goal (district, region, etc) • Encourage all participants to express their personal commitment in public, including their personal target date
Post triggering follow up • Revisit the community the following day to see what action is being taken • Regularly return to the community to encourage and support their action plan	**Post triggering follow up** • Ensure that local leadership (e.g. REHO, Regional Minister, etc) will follow up on the commitments made. • Ensure that local leadership continue to publicly express their commitment to the CLTS scaling up target.

In the same way that the CLTS methodology in communities aims to flick an emotional switch so that people become ignited with passion to change their situation (from eating one another's shit to making their community ODF), institutional triggering has to flick a switch in the minds of institutional actors, to ignite that same degree of passion for changing the wider context from

people eating one another's shit across a whole district or region to creating ODF districts and regions.

Summary of institutional triggering

Institutional triggering does not consist of a pre-determined set of tools that can simply be employed for guaranteed success. Each situation will require its own unique design and strategic plan to bring about the desired institutional triggering outcome. Furthermore, institutional triggering opportunities cannot always be planned in advance. Sometimes advantage has to be taken of situations that arise. However, institutional triggering opportunities can be created, and there are certain strategies that tend to be successful, in particular, organizing an institutional workshop such as the ones organized in this phase 4 intervention (detailed below).

> ### Institutional triggering might be employed in a number of different ways, depending on the need in a particular context:
>
> - to get a new organization or organisations involved in CLTS for the first time.
> - to get commitment or support of an important institutional actor, such as a key minister.
> - to re-inspire passion in trained CLTS staff to help them to shift from an apathetic or "business as usual" approach to CLTS implantation resulting in very slow results, towards making new commitments and setting new targets for achieving ODF.
> - to bring a group of individuals from one or several different organisations together to get them to work collaboratively to achieve a common goal, e.g. of an ODF district, region or country.

Institutional triggering cannot be done by everyone. Depending on the goal of institutional triggering, the subjects of the exercise may be quite high status. It would be very challenging for someone of a more junior rank to trigger senior level staff or politicians. In fact it may well require an outsider with a high degree of knowledge and understanding of sanitation governance and administrative functions. A successful person for Institutional Triggering will be someone who is very well known and respected for their work on CLTS, and who has achieved results. They should also have the necessary facilitation skills for managing a wide range of different potential scenarios. They should tend to be a senior person, who will be respected by the participants. Ideally they should be knowledgeable about the context of CLTS in other countries or regions so that they can give examples of other leaders who were successful in scaling up CLTS in different contexts, including government or NGO.

Phase 4 triggering in three regions of Ghana

The institutional triggering carried out during the phase 4 intervention in Ghana in May 2015 was based upon the methodology and strategies outlined above. The team involved in the different regions included the team from the CLTS Foundation accompanied by Mr Queku Quansah, senior representative of EHSD, MLGRD in Accra; representatives of the Community Development Department in Accra; and some excellent consultants working with EHSD in Accra. Unfortunately, we did not have participation from Unicef in all three regions. However, Unicef's participation in two of the institutional triggerings was very useful to answer some important question that arose.

The following table details the specific methodology used in each of the three regions. The workshop timetable that was followed for each of the Institutional Triggering Workshops is also included in Annex 2.

Successes and Strategies of the Institutional Triggering in the Three Regions

A number of different strategies were used for the pre institutional triggering and institutional triggering, and a number of factors contributed to success in the process. These are discussed below.

Pre-triggering successes and strategies

- **Volta champion:** The Deputy Minister in Volta Region was a motivated champion. He had attended the ToT training workshops led by Dr Kar in May 2013 where he had been

moved by the experience. He recalled having made a commitment then to achieving an ODF region by March 2013. He was disappointed that the target had not been met and promptly renewed his commitment to achieving an ODF Volta Region by December 2016. This time he did not want to miss the target date and he expressed his desire to attend the institutional triggering meeting to work with DCEs to develop a roadmap for success.

- **Volta Minister Triggered:** The Minister for Volta Region, Honorable Helen Ntoso, was most certainly triggered during the pre-triggering meeting. She was cordial and welcoming. However, she was not concerned about the sanitation situation in the region stating that she had seen toilets being built for people in certain areas and she thought that sanitation in Volta was much better than other parts of the country. Dr Kar had said that he was frustrated at the lack of progress on sanitation in Volta region, but the Minister tried to allay his concerns and openly said "*I do not want you to feel frustrated*". However, Dr Kar called on the CLTS focal person to share a key statistic: that 680 people had been diagnosed with cholera in 2014 and that 8 had died, but that none of those cases came from ODF villages. At this point Dr Kar told her "*If these statistics are true then I want YOU to feel frustrated because these communities are suffering when they are entirely capable of stopping OD by their own efforts. Why are we not doing anything to support these communities to help themselves?*" At which point she changed her mind and agreed to the deputy's commitment to supporting CLTS in the region. She then went on to agree that the target date for and ODF region should be December 2016 and that she would do her best to see that this becomes successful.

- In this case the Minister showed a key turnaround in attitude as a result of triggering with the use of uncomfortable statistics about cholera in her region alongside the success stories of ODF communities in her own region. The data were told to her by her own staff, not an outsider. At that point she could not deny that there was a problem and was brought on board.

- **Use of video:** This whole scenario with the Regional Minister was recorded by a video crew and she was interviewed by them during which she again stated her commitment to creating the first ODF Region in Ghana. The video crew also filmed the whole institution triggering workshop the following day as well as the institutional triggering process in Northern Region. This will provide valuable footage to assist with further advocacy and for capacity building for institutional triggering.

- **Statistics for impact:** The statistic about cholera cases in the region, and none being from ODF communities, is a hugely powerful statistic, and was used time and again during the various triggering workshops. Other stories about health impacts from communities were also cited here and there. It is important to systematically gather such information or stories about health impacts and use them as powerful tools in triggering at any level.

- **Upper West Champion:** In the case of Upper West, the Regional Deputy Minister was already a strong champion of CLTS, having studied his PhD in public health and worked in the sector. He immediately saw that the best solution to the current challenge would be to get the district assemblies to commit their own funding towards initiating collective behavior change. He saw the need to trigger those DCEs so that they would allocate exclusive funding to the District Environmental Health Officers (DEHOs). *"Let's not wait until Unicef sorts out how to give their money. In the meantime get the District Assembly to give their own money. Also let us trigger all the DCEs irrespective of supported or non-supported districts so that they definitely allocate the budget."* He also proposed involving other departments in addition to Environmental Health in the CLTS scaling up, and suggested that other ministries could play complementary roles including Ministry of Health, Education and even Ministry of Tourism.

- **Northern Deputy Minister Triggering:** In the case of Northern Region, the Chief Director had attended previous training provided under this consultancy and he was very supportive of the initiatives proposed. The Deputy Minister, on the other hand, implied during the pre-triggering meeting that although progress was slow, the region would get there in the end, with the implication that "business as usual" would suffice. It was clear from his comments that he didn't know about CLTS as he had assumed the office recently. At this point, the discussion was skillfully steered to clearly state that if the regional leadership was satisfied with the situation then there was no need to arrange any special regional triggering that was being arranged to support him to facilitate faster progress in his own region. This made him realize that the region would benefit from the institutional triggering and he

- **Region-wide CLTS:** It is critical that CLTS is scaled up from just the Unicef supported districts to all districts to cover the whole region. It makes no sense to focus efforts only on a limited number of districts leaving the others to continue to suffer from OD, diarrhea and cholera. It was asked in each region whether the Regional Minister or DRM only loved those districts where Unicef is providing support and didn't care about the others. This invariably triggered them to realise that all districts have to be working in parallel for ODF status, with whatever resources they could make available. For this reason, all DCEs were called to the Institutional Triggering Workshops, even though many were called in at the last minute.

Regional Institutional Triggering Successes and Strategies

In each of the three regions a half day institutional triggering workshop was held with the participation of DCEs, DCDs, DEHOs, REHO, CLTS Coordinator, members of the RICCS, other regional actors, some national representatives, representatives of Unicef and, most notably, senior regional leadership (usually Chief Director and Deputy Minister). In Volta and

Northern regions not all districts were represented due to last minute communications. In Upper West all regions were represented though in the case of 3 districts the DCE was not available so the DCD represented them. The overall purpose of the institutional triggering workshop was to trigger these high level district political and implementing agents collectively in order to gain the commitment of the political leadership. It also aimed to strengthen two way accountability between the budget holders and the implementers. The DCE would be committing to a target date and a roadmap which they would need to implement in partnership with the DEHO. Therefore the presence of both was critical to the success of the process.

The objectives of each workshop are detailed in the following box.

> ## Institutional Triggering Workshop Objectives
>
> 1) Analysed and identified the most important changes in terms of rural sanitation that has happened over the last 3 years
> 2) Compared the major differences in sanitation in the supported districts with the non-supported districts in the region
> 3) Regional leadership and representatives of the districts will have worked out a target date and road map for achieving ODF with mile stones
> 4) Minister / Deputy Minister will have declared their commitment to the commonly agreed protocol and roadmap of achieving ODF Volta as collectively emerging from this workshop

This remainder of this section details some of highlights, the key strategies used, as well as some of the successful outcomes that were achieved in the institutional triggering workshops.

- **Opening Declarations**: Having been met and triggered by the team the day before, the Deputy Regional Minister in each of the three regions readily and clearly stated in each of their opening addresses their personal commitment to ensuring that their region would become ODF. They stated that they expected to see action in all of the districts of the region, not just a few, and that they expected the lead to be taken by the DCEs. Thus in each region the tone was very clearly set from the outset of the workshop that scaling up of CLTS was being driven from the top political leadership rather than by outsiders.
- **Participatory workshop**: The workshop facilitators were very clear in setting the tone of the workshop in terms of encouraging open sharing and not being concerned about hierarchy. People introduced themselves in an informal manner to set the interactive and participatory environment. Every effort was made to enhance participation by all and eliminate any distractions of note taking or use of mobiles phones.
- **CLTS Status:** A summing up of the status of CLTS in the region was a useful exercise to air many of the issues and concerns that were shared by all, particularly the issue of lack of funds. This issue could then be quickly nailed on the head by the DRM clearly stating that the discussion was not about external funds, and when or whether they would arrive, but rather it was about funds to be made available by the DCEs themselves to ensure a locally driven process. If those funds could be topped up by other agencies, including Unicef, then that would be a bonus rather than an expectation.

- The main part of the triggering exercise took place through the medium of a mapping exercise which is described in the following box.

Mapping exercise for Institutional Triggering

A highly effective mapping exercise was used in all three of the triggering processes. In each case a huge map of the region was prepared in advance marking all the different districts in the region. At the appropriate point in the workshop the map was laid out across the floor in front of all the participants. It would take up about one third of the floor space so that everyone could stand around it and clearly see what was going on.

The DCE of each district was invited to stand on the map. They were then each asked to write on a card the details of:

- Number of communities in the district
- How many are triggered.
- How many are ODF.

They then placed the card on the map and got out of the map. This publicly illustrated the differences between the districts and whether they were being supported, either by Unicef, by NGOs or by the District Assembly. This provoked a useful discussion about the reasons behind those differences and why some districts are performing better or worse than others irrespective of the source or amount of funding they are receiving from outside. It also helped DCEs from districts receiving no support at all, whether external or internal, to realise what can be achieved in terms of ending open defecation.

Further discussions around giving red, yellow or green cards for monitoring purposes, around offering mentorship to neighbouring districts and around setting a target date for achieving ODF in the district (all discussed in more detail below) were also facilitated through the medium of the map.

It was suggested that the map itself, or a replica also in large scale, should be displayed in the Regional Minister's office for ongoing monitoring purposes. That way it would be clear to anyone visiting his office how each district is performing comparatively. This would serve as a useful mechanism for encouraging a competitive spirit amongst the districts to achieve their targets quickly and be recognized for that.

- **Mentoring**: The Deputy Minister in Volta made a very good suggestion that each of the Unicef supported districts, who had made progress as a result of the support, should mentor and support those who had not yet started in order to kick start progress in the non-supported districts. As a result of this proposal, each supported district was encouraged to commit to mentoring 2 or 3 additional neighbouring districts, which they then marked on the map. It was impressed upon them that they would need to continue to work hard to make their own district ODF alongside mentoring the other districts. It could not be a case of "*the blind leading the blind*". This excellent strategy of getting supported districts to mentor un-supported districts was replicated in Upper West and Northern Regions. In Upper West many of the districts are receiving support from NGOs, so in that case it was a matter of better performing districts supporting those who were showing poor results, whether or not they have support.

- **Use of Natural Leaders**: It was regularly reiterated during the institutional triggering workshops that Natural Leaders are key to taking CLTS to scale by converting them into community consultants who will work effectively to trigger neighbouring communities and follow up to ensure they become ODF. They need relatively little support from Environmental Health staff, but they must be offered encouragement, training and other small rewards for their efforts to keep them motivated. Natural Leaders were present in the training and were asked to contribute at various points on how they had been successful in triggering their own and neighbouring communities. In the Northern Region Institutional Triggering there were several districts that had triggered a large number of communities but none of them were ODF. Four NL / CCs attended the session from 4 different districts. Each of those districts had a very good conversion rate, illustrating that involvement of Natural Leaders as Community Consultants leads to better results on the ground.

Joseph, Natural Leader, Upper West Region

- **Triggering of District Assembly Members**: The need to trigger district assembly members from the different areas within the district is also key to achieving results on the ground at low cost. The Assembly Members can be encouraged to form teams along with EHSD staff, other departmental staff and Natural Leaders to ensure swift coverage of the district. This form of triggering and training was given to some districts in 2013 and those who implemented this strategy have performed very well.

- **Setting Target Dates**: After much discussion based around the map, DCEs were asked to propose a target date for making their district ODF and write that on the map too. In all regions the first attempt resulted in unrealistic targets. In the case of Volta Region all districts proposed the same date of June 2016 irrespective of their progress to date or the size of their district. In Upper West Region all districts put dates as far into the future as they could, i.e. around December 2017, again irrespective of their progress or size of

district. When the Deputy Minister and the facilitators asked them to explain the reasons for these targets, then many districts were prompted to propose a more realistic date. All of the DCEs committed publicly in front of their peers and the DRM that they would achieve their proposed target dates.

- **Score Card Ranking for Monitoring**: In Upper West Region there had been progress on CLTS implementation in 10 out of the 11 districts, with support from various different agencies including Unicef, SNV, Care, and the Sustainable Rural Water and Sanitation Project (GOG). However, progress and the conversion rate of triggered to ODF villages was highly variable. Therefore each district was given a coloured card according to their performance (like in a football game). Green cards were given for good performance, yellow cards for adequate performance, and red cards for poor performance. These ranks were marked onto the map with coloured pens so that they were clear to all. There was some debate to justify them and reach a consensus. However, these were not permanent rankings: they were simply the benchmark against which they would be monitored going forward. The rank of any districts could change at any time according to the change in performance of the district. The rank could change in either direction from red towards green or from green towards red. The criteria could also change based on different aspects performance of the region, e.g. whether funds are being committed, whether there is a good conversion rate from triggered to ODF, etc. The DRM said that he would keep a close eye on each district and adjust their cards on a monthly or bi-monthly basis.

Coloured scores are given to districts in Upper West according to their performance. They will continue to be monitored in this way by the Deputy Regional Minister.

- **Making the Road Map**: A target date without a roadmap to achieve it is totally useless. Therefore once target dates were set, the DCEs, DCDs and DEHOs proposed actions that would ensure that they reached the target. These actions were written on cards and then arranged into one single overarching roadmap which would then be taken back to each district to be firmed up, with dates to be added for each of the stages. Their district roadmap would then be submitted to the DRM for scrutiny and monitoring. Road maps for the three regions can be found in Annexes 3, 4 and 5.

- **Closing remarks by the DRM:** In each of the workshops the closing remarks by the Deputy Regional Minister were key to giving a last push to the DCEs to ensure their commitment. In each case the DRM made a strong speech assuring their own commitment and impressing on the DCEs the expectations that were on them to perform. For example: **"***Our prayer is that we walk the talk. We are committed to the December 2016 target for an ODF Volta Region. That is just 18 months but I know that you can do it. We can all do it.***"**

The Deputy Minister of Volta with the DCEs having made commitments to achieve ODF by various dates in their districts, and an ODF region by December 2016

General Discussion Points

Some common issues came up in several of the workshops and discussions. These are outlined in the following bullet points.

- **Funding issues**: The issue of funding raised its head time and again during the institutional triggering workshops. In particular the fact that Unicef had not transferred any funds to the five supported regions for the past 18 months was frequently cited as an excuse for lack of progress. The REHOs stated that they did not know why the funding had been ceased nor when it might be resumed. Through discussions with the DRMs it became quite clear that it was not advisable to rely on Unicef as a sole source of funding for achieving ODF in any of the districts or regions. It would be far better to convince the DCEs that addressing sanitation in their districts is a top priority that should receive an appropriate allocation from their budget. In some cases it appeared that funds were being prioritized for waste disposal or public toilets rather than for CLTS, which would in any case lead to a cleaner environment at the motivation of communities themselves. Often community public toilets are so dirty that it becomes a major source of environmental pollution as there is no maintenance unlike household toilets which are maintain by the family. It was generally concluded that it would be better to give the money dedicated to environmental sanitation to CLTS.
- **Awareness and communications**: Some DCEs (as well as some DRMs) did not have a clear understanding of what CLTS is, nor how it is a low cost approach to achieving total sanitation, rather than investing in sanitation provision. It should be a priority for REHOs and DEHOs to better communicate the CLTS approach and the importance of sanitation to the DCEs and impress on them the wider benefits in terms of health, reduced cholera, reduced spend on health care, increased productivity, and increased

income for their population. As noted above, statistic or stories about cholera cases or other health impacts can be extremely powerful triggering tools to ensure commitment of different stakeholders and so REHOs and DEHOs should be encouraged to collect this kind of information and share it.

- **Regular triggering of DCEs:** If DCEs are well triggered and convinced of CLTS then they are much more likely to release funds for CLTS. In Upper West it became clear that two districts had already committed funds from their own budgets. These two DCEs were the only two from Upper West who had attended the 5 day training workshop on CLTS held in 2013 in Bolgatanga. They had been triggered in that workshop and as a result had returned to their home districts motivated to take personal action to ensure smooth implementation of CLTS. It is also clear that these politicians are not permanent in their position. Furthermore, they may lose sight of the importance of CLTS as other priorities arise, so regular re-triggering may be necessary.

- **School Sanitation**: There were several discussions about school sanitation brought up by people from Education Department who often attended. Although these representatives were part of the RICCS they did not seem very clear on the CLTS purpose and process. They were only focused on toilets being built in schools and not on the need for all communities sending children to those schools to be ODF so that they use a latrine both at school and at home. It was not possible for anyone to cite a single school where every village that uses that school is ODF. That should be a further goal for each of the regions: to produce at least 10 schools where it is possible to say that no child defecates in the open either at school or at home. If the Education Department and schools are also committed to the CLTS process, and teachers were made fully aware of the role they can play in triggering, monitoring and follow up, then this could easily become a reality

Recommendations

It could be concluded that the Institutional Triggering Workshops carried out in the three regions have been very effective in sensitizing the highest level regional leadership and transmitting the urgency of the need for achieving ODF status to all the districts of the region. It was a very important tool, which gave a sharp wake-up call to those involved. It resulted in the realization that the responsibility for misery, disease and deaths from water borne diseases lay squarely at their feet. While a good amount of enthusiasm and excitement was created among the DCEs, DRMs and all those in charge of the regions and districts, it is extremely important to ensure that the tempo and the spirit is maintained until it starts to bear fruits. The following recommendations emerged from the various discussions and interactive institutional triggering processes.

- It is essential to document and disseminate the target and road maps developed by each region and for these to be display at the DRMs office. These are included in the annexes of this document.
- It is also recommended to display the map with all the accompanying visuals that captured the current status of ODF in the districts and the score cards given to them in the Regional Minister's offices.

- It is recommended that the photograph of all the DCEs should be taken and a comprehensive table stating the status (red, yellow, green) be displayed visually at the office of the Regional Minister which should be revisited periodically in every meeting of DCEs and DCDs convened by the Minister
- A follow up mechanism should be developed at the regional level to monitor how many districts are sticking to their commitment of fund allocation, training of natural leaders, mentoring the neighbouring districts, triggering new villages, ensuring post triggering follow up, and linking ODF communities with market and other sources for moving up the sanitation ladder.
- It is strongly recommended that the present status of incidences of diarrhea, cholera and other water borne diseases available at the hospital are made available to the DCDs and DCEs to use as a bench-mark and that they should monitor any changes as the triggering and follow up of CLTS goes on. It was made very clear that CLTS is an outcome focused approach and any gain needs to be measured at the level of health outcomes. In order to measure the health outcome at the outpatient departments of hospitals it is necessary to develop a functional link between EHSD and Ghana Health which does not exist at the moment.
- An inventory of villages around each school in each district should be developed and all the villages from where the students come to school need to be triggered and become ODF, involving teachers and children at each school. The education department of the district should take lead in this aspect and collaborate with the DCDs and EHSD etc.
- As soon as the first district in a region is declared ODF proper verification and certification exercise must be organized by drawing people from different districts, along with natural leaders and civil society. The success of the first ODF district should be celebrated properly and all the representatives from all the other districts be invited to participate and learn. This will also encourage them to follow the path and make their own respective districts ODF.
- As mentioned in the text above, there are a large number of DCEs, DCEs and district or regional officials who have had no exposure to the CLTS approach. It is strongly recommended that a list of such people be developed and a short orientation of ½ or 1 day be organised for them. This does not need to be a full scale 5 day workshop as used for CLTS facilitators.
- The cumulative fund allocation by districts in any region should be communicated and shared with the national level minister for top up fundraising. This would illustrate the region's or country's commitment to raising their own funds to mitigate the problem of large scale OD and might raise the interest of donors or grant givers for match funding.
- Katherine Pasteur of CLTS Foundation is engaged in documenting the progress of good, not so good and poor performing districts in the regions. It is essential to extend all support to this valuable study which will capture and document the new lessons learned which could be disseminated to all the districts and regions for replication.
- It is recommended that Shayamal Saya who has been engaged as a consultant by Unicef for the next 11 months and who has experience of providing follow up support to the regions through the CLTS foundation should be allowed to work with Katherine Pasteur in documenting the subtle mechanisms that have emerged from the last 2 years of capacity building

- Finally it could be said that this is just the beginning of an entire process of awakening a giant. Abruptly stopping the inputs of influencing policy and regional leadership would be a colossal waste of valuable resources and energy which has brought them to a tipping point. It is recommended that such initiatives be continued for at least a couple of years so that at least some regions become ODF and set an example for an new era of sanitation in Ghana.

Annex 1: District level institutional triggering steps

Steps used in Phase 3 district level institutional triggering

i. Introduction
ii. Setting Objectives of the Workshop
iii. Identify natural leaders and ask them to stand and give them a clap. Then verify whether they are from one village and many villages.
iv. Request the Assembly members to identify them according to their constituencies and give them a clap.
v. Identify EHSD staffs and other department staffs
vi. Mapping all the Area Councils on a ground map of the district
vii. Request the EHSD staffs to identify them and come and stand in the map.
viii. Invite Assembly members to the floor
ix. Invite natural leaders to join them
x. Map the electoral areas around the EHDS persons and divide the area council team on the basis of electoral area
xi. Write down no of villages in each area council and no of ODF villages there in.
xii. Facilitate an interaction between Natural leaders and Assembly men on how they think if people are defecating open
xiii. Hold a discussion on three basic ODF criteria by inviting answers from participants.
xiv. Engage them with a planning discussion
xv. Facilitate the presentation of the electoral area-wise planning.
xvi. Encourage the participants to go back and start working on the plan

Annex 2: Timetable for Institutional Triggering Workshops

Time	Duration	Activity

0900-0905	10 minutes	Opening prayers
0905-0920	15 minutes	Self-introductions
0920-0925	5 minutes	Welcome speech – Regional Chief Director
0925-0935	10 minutes	Key note address – Deputy Minister
0935-0945	10 minutes	Objectives setting
0945-1000	15 minutes	Regional presentation on the status of sanitation and scaling up strategies
1000-1100	60 minutes	Participatory exercise on District-side status on CLTS – Kamal Kar 1. Total number of villages 2. How many have been triggered? 3. How many are ODF? 4. By what date can you declare your district ODF? 5. Which unsupported districts can you mentor?
1100-1200	60 minutes	Group discussion and presentation (with tea and coffee) Q – how are you going to make the region ODF?
1200-1300	60 minutes	Developing broad regional roadmap with milestones – Kamal Kar
1300-1330	30 minutes	Summing up – Regional Minister
1330-1335	5 minutes	Closing prayer

Annex 3 Outputs for Volta Region

District	Total Communities	Triggered Communities	ODF Communities	Target date
Biakoye	99	99	20	December 2015
Ho Municipality **Ho West**	504	72	45	December 2016 December 2016
Kedjebi	108	102	19	June 2016
Keta	250	175	52	June 2016
Kpando **North Dayi**	190	190	40	December 2015 July 2016

Roadmap for Volta Region

Declare date for ODF Volta Region / Districts   **May 2015**

Take personal and dynamic leadership for ODF

Develop district ODF Plans

Write proposals

Make provision in district budgets

Seek match funds

Mobilise resources from existing NGOs

Work together with NGOs for implementation.

Strengthen RICCS and DICCS

Organise regional CLTS forum for all districts.

Training and orientation for natural leaders

Train assembly members to be influential natural leaders

Ensure unit committees and NLs work together

Mentor neighbouring districts

Exchange support / visits between DEHOs to enhance capacity

Share inspiration and examples of success from districts

Provide support and recognition for NLs

Monitoring / support for NLS

Achieve ODF Districts   **December 2015 onwards**

Achieve ODF Region   **December 2016**

Mentoring between districts

Keta will support Ketu South, Ketu North, Akatsi North

Ho municipal will support Agati me Ziote, Adaaldu, Akatsi South

Ho West will support Central Tongu, South Tongu, North Tongu

North Dayi will support South Dayi, Hohoe

Biakoye will support Jasikan, Krachi East

Kpandu will support Atajato South, Krachi West, Nchumuni

Kadjebit will support Kwanta North, Kwanta South

Annex 4 Outputs for Upper West Region

District	Total Communities	Triggered Communities	ODF Communities	Score	Target date for ODF district
Daffiama Bussie Issa	54	25	7	Red	February 2016
Jirapa	150	0	0	Red	June 2017
Lambussie Karnie	87	80	25	Yellow	August 2016
Lawra	86	81	32	Green	June 2017
Nadowli Kaleo	141	95	64	Green	December 2015
Nandom	88	65	58	Green	November 2016
Sissala East	63	32	0	Red	December 2016
Sissala West	55	48	28	Green	November 2015
Wa East	138	63	38	Yellow	December 2016
Wa Municipality	86	51	11	Yellow	December 2016
Wa West	227	191	85	Green	December 2016

Annex 5 Outputs for Northern Region

	Total Communities	Triggered communities	ODF Communities	Target Date
Bole	187	22	0	May 2016
Central Gonja	265	78	2	December 2016
East Gonja	296	147	13	December 2018
Kumbungu	126	126	51	July 2017
Kpandai	257	187	24	June 2016
Mampurugu	46	10	0	December 2016
Mion	151	151	126	December 2015
Nanumba North	192	110	76	December 2016
Nanumba South	147	70	35	December 2016
Sagnarigu	83	8	0	May 2017
Savelugu Nanton	147	70	51	December 2016
Sawla Tuna Kalba	278	28	0	May 2016
Tatale Sangule	169	169	90	April 2016
Tolon	109	41	35	December 2016
West Gonga	74	20	18	December 2016

West Mamprusi	86	9	0	May 2017
Yendi Municipal	279	155	66	December 2017
Zabzugu	140	140	28	May 2017

Roadmap for Northern Region

Set target date for ODF Region / districts　　　　　　　　　　**May 2015**

Release funds in June 2015

Provide motorbikes and other logistical resources

Renew target and commitment to Deputy Minister

Share responsibilities with other ministries

Contact NGOs to bring them on board

DCE to visit communities to see why they are not ODF

Organise training for Natural Leaders and others

Increase number of NLs

Support / reward NLs

Monthly review of CLTS progress at district level

Trigger and follow up in communities

Create a CLTS drama using a cultural group

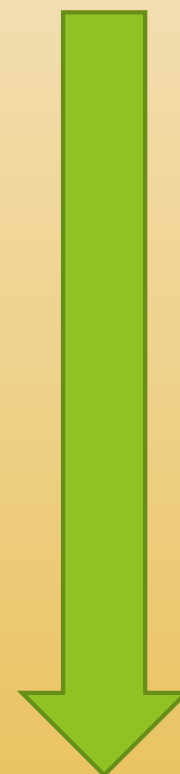Mobilise Peer Educators

Intensify monitoring

Mentor neighbouring districts

Regular review meetings with Deputy Minister

Achieve ODF Districts　　　　　　　　　　**December 2015 onwards**

Achieve ODF Region　　　　　　　　　　**June 2017**

Mentoring

Nanumba North will mentor Nanumba South

Zabzugu will mentor Bole (phone / email)

Kumbungu will mentor SNM

Kpandai will mentor E Tonga

E Tonga will mentor Sagharigu