



PHOTO: AQUAYA

STUDY OF TARGETED SUBSIDIES WITHIN ODF COMMUNITIES IN GHANA

Overview

Globally, CLTS has been widely embraced as a strategy to end open defecation, and dozens of countries have incorporated the approach as part of national policy for rural sanitation. Though the “total sanitation” focus of CLTS is laudable, there is reason to believe that the poor and more vulnerable segments of the community do not benefit equally, as they are more likely to construct lower-quality toilets and revert to open defecation. Beyond the equity concerns this raises, there may be a public health cost associated with these households being left behind: there is increasing evidence that health protection from sanitation is a function of the herd protection of community-wide coverage.

USAID’s Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (USAID/WASHPaLS) project is partnering with UNICEF in Ghana to examine if and how subsidies targeted at the most vulnerable may serve to improve the sustainability and equity of behavior change and sanitation coverage gains from CLTS. This study is the first of its kind in Africa and will contribute to build the evidence base on targeted subsidies in rural sanitation.

Research Questions

Our CLTS and Targeted Subsidy research is guided by three questions:

To what extent do targeted subsidies within ODF-declared communities result in increased latrine coverage, quality, and use among the most vulnerable? We hypothesize that we will observe increases in each of these response parameters resulting from targeted subsidy deployment.

To what extent do benefits from these targeted subsidies spill over to the rest of the community? Recent studies from South and Southeast Asia have detected “positive spillover,” whereby latrine uptake increases not only among those who receive the subsidy but also among higher-income neighbors who are outside of the subsidy target population.

What are the costs and challenges of implementing a post-ODF targeted subsidy program?

Methods

We are planning a cluster randomized controlled trial (cRCT), in which 100 ODF-verified communities in the Northern region of Ghana will be randomly assigned to either a targeted subsidy intervention group or a control group, with an expected total sample size of approximately 2800 households.

Within intervention communities, subsidies for toilet installation will be made available to households that lack a functional, durable, private latrine and which qualify as poor and vulnerable based on community consultations guided by local government officials, utilizing Ghana’s National Pro-Poor Guidelines. We expect this targeting method to make subsidies available to roughly one-third of the population.



Eligible households will receive a voucher for a no-cost latrine sub-structure (slab and pit lining), which they will be able to redeem with local artisans and suppliers enrolled by UNICEF. Payments to these service providers will be made upon verification of toilet installation by UNICEF staff.

Households will be visited at baseline and again nine months later. At baseline, we also will collect community-level information on potential confounders, such as soil conditions, flooding frequency, water table depth, presence of trained community technical volunteers and masons, enrollment in Ghana’s national social cash transfer program, attitudes of chiefs with respect to sanitation, and access to water.

Quantitative parameters will include latrine coverage, quality, and use; data will be gender-disaggregated, as appropriate. We also will conduct semi-structured interviews and observations to assess program facilitation and community mobilization, attendance and participation in program events, attitudes of chiefs, artisans, and suppliers.

Engagement

Close engagement with government, CLTS implementers and other stakeholders is essential to ensure that the research is relevant to government policies and priorities and results are disseminated to decision-makers. We will convene national forums to present study designs and solicit feedback, refine designs, and analyze/interpret findings, and will consult closely with the Ministry of Sanitation and Water Resources, as well as with the Community Water and Sanitation Agency.

Expected Outcomes

Our main objective is to quantitatively assess the potential of targeted subsidies to improve CLTS outcomes at a reasonable cost. We will offer practitioners practical guidance for implementing post-ODF targeted financial support.

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About USAID/WASHPaLS

The USAID Water, Sanitation, and Hygiene Partnerships for Learning and Sustainability Project (USAID/WASHPaLS) is a five-year activity that identifies and shares best practices for achieving sustainability, scale, and impact of evidence-based environmental health and WASH interventions. Through extensive desk reviews, key informant interviews, and field-based implementation research, USAID/WASHPaLS works with implementing partners to broaden the evidence base on the use and effectiveness of sanitation interventions, including Community-Led Total Sanitation (CLTS), market-based sanitation (MBS), and safe hygienic environments for infants and young children. For further information about this and other aspects of the project, as well as to access our knowledge products, please visit www.globalwaters.org/WASHPaLS.