



# IDENTIFYING HOUSEHOLDS ELIGIBLE FOR A TARGETED SANITATION SUBSIDY IN RURAL GHANA

## POLICY BRIEF

### INTRODUCTION

In efforts to achieve open defecation free (ODF) communities, the Community-Led Total Sanitation (CLTS) approach shifted the focus from providing hardware subsidies to promoting sanitation behavior change through collective action. However, maintaining ODF status without financial support can be difficult, especially for poor and vulnerable members of a community who may be unable to afford or build durable toilets. Ghana’s National Pro-Poor Guidelines promote **targeted** subsidies for sanitation, but implementers need practical guidance on identifying and targeting poor households eligible to receive a subsidy – currently a challenge in the WASH sector.

### POLICY QUESTION

***How to identify recipients of pro-poor sanitation subsidies without creating tensions in the community or jeopardizing the collective action initiated by CLTS?***

Ghana’s Livelihood Empowerment Against Poverty (LEAP) program identifies poor households eligible for cash transfers and free health insurance; however, this program has not yet been deployed in all communities across the country. Additionally, because LEAP applies a nationwide poverty criterion, called a proxy-means test, it may not provide sufficient specificity at the local level due to the large disparities in poverty levels across regions. District Assemblies and development partners therefore need a simple methodology that is both sensitive to the local context and universally applicable to all communities, whether they are enrolled in LEAP or not. *The Guidelines for Targeting the Poor and Vulnerable for Basic Sanitation Services in Ghana (The “Pro-Poor Guidelines”)* recommend that the identification of households eligible for pro-poor subsidies be done in consultation with the community. Consistent with the principles of LEAP, the Pro-Poor Guidelines also recommend prioritizing vulnerable persons (e.g., the elderly, persons with a severe disability or chronic illness, widows) who do not receive support from relatives. However, these recommendations have not been formally operationalized and evaluated to date. This study therefore developed and tested a step-by-step protocol to implement community consultation according to these Guidelines.

### IMPLEMENTATION RESEARCH BY UNICEF AND USAID/WASHPALS

In partnership with two District Assemblies (Tatale and Kpandai) in the Northern region of Ghana, UNICEF Ghana and the USAID-funded WASHPaLS research project are piloting and evaluating the implementation of targeted subsidies in 61 rural ODF communities with funding from Global Affairs Canada and USAID. The subsidy was designed to cover the cost of installing a durable toilet sub-structure (i.e., pit lining and slab) and a vent pipe.

As part of this collaboration, the team developed and tested a methodology relying on **community consultation** to identify poor and vulnerable households. The 61 community consultations gathered a total of 3,600+ community members and identified 444 households eligible for the sanitation subsidy. Lessons from this experience can inform future iterations of Ghana’s Pro-Poor Guidelines and targeted subsidy programs in Ghana and around the world.



*Photo: Community consultation to identify vulnerable households eligible for pro-poor sanitation subsidies in the Northern region of Ghana.*

Quotes from ineligible households:

*“I think the process is fair because the people selected are the very poor who actually need help. [I am] capable and can construct [my] own toilet and pay, so [I] think targeting the poor was a very fair process”*

*“Those people were really poor and we, the community members, know them; the environmental health officers could not have selected those people by themselves.”*

## KEY FINDINGS

1. When asked how to identify poor and vulnerable households, community members concurred with the following two definitions:
  - a. Households that are not able to feed themselves all year round.
  - b. Households with a vulnerable individual (an elderly person, someone with a severe disability or chronic illness preventing work, a widow, or a child head-of-household) receiving no support from relatives.
2. Consulting community members to designate households meeting their local definition of poverty generally led to community consensus and satisfaction.
3. Households identified via community consultation were substantially more vulnerable than the rest of the population, according to several demographic and socio-economic indicators (Table I).
4. In Northern Ghana, community consultation identified fewer and different households than LEAP would have.
5. Identifying eligible households via community consultation requires well-trained local facilitators and dedicated financial resources. In this pilot, the identification process cost approximately 870 GHS (151 USD at an exchange rate of 5.74 GHS/USD) per community or 120 GHS (21 USD) per subsidy recipient, though these costs may be lower when the process is implemented at scale and incorporated into regular CLTS activities.

Table I. Characteristics of eligible households, ineligible households, and LEAP recipients

	Among eligible households	Among ineligible households	Among LEAP recipients
Female household head	26%	8%	9%
Household head with no primary education	87%	76%	80%
Member with elderliness, physical/mental disability, or severe chronic illness	60%	31%	46%
Household belongs to the bottom two wealth quintiles based on an asset index	53%	34%	37%
Household is a recipient of the LEAP program	57%	42%	100%

## CALL TO ACTION

Efforts to eradicate open defecation by 2030 as stipulated in the United Nations' Sustainable Development Goals must include dedicated attention to the needs of the rural poor.

To administer pro-poor sanitation subsidies, a clear, fair, and consensual targeting mechanism is required to avoid creating tensions or undermining collective action in communities.

This research showed that community consultation is a valid targeting method that future sanitation programs should consider. Guidance for administering community consultation should be included in the next iteration of [Ghana's Pro-Poor Guidelines](#) by the Ministry of Sanitation and Water Resources.

Detailed protocols for community consultation are available in the following USAID/WASHPaLS publication: [Implementation of a Targeted Toilet Subsidy in Ghana: Midline Report](#), USAID/WASHPaLS, December 2020.

To ensure community-wide access to durable toilets, pro-poor targeted subsidies may be implemented alongside other financing interventions (such as loans) addressed at the rest of the community.

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### About USAID/WASHPaLS

The USAID Water, Sanitation and Hygiene Partnerships and Learning for Sustainability Project (USAID/WASHPaLS) is a five-year task order 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 the promotion of safe hygiene 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 [globalwaters.org/washpals](http://globalwaters.org/washpals).