

Community-led Total Sanitation Research Brief

Implementation Context in Kenya, Ghana, and Ethiopia

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Countries across Africa, Asia, and Latin America aim to implement community-led total sanitation (CLTS) as part of national sanitation policy. Grey literature by CLTS practitioners suggests local actors play important roles in implementing CLTS, and their influence on sanitation outcomes may be linked to contextual factors. In 2012, prior to working with local actors in Kenya, Ghana, and Ethiopia, the *Testing CLTS Approaches for Scalability* project team characterized the CLTS implementation context in each country. The findings align with those of the 2014 UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS 2014) and observations of CLTS practice from the grey literature. Our research provides decision-makers with information that may guide CLTS policy and strategic plans in their respective countries.

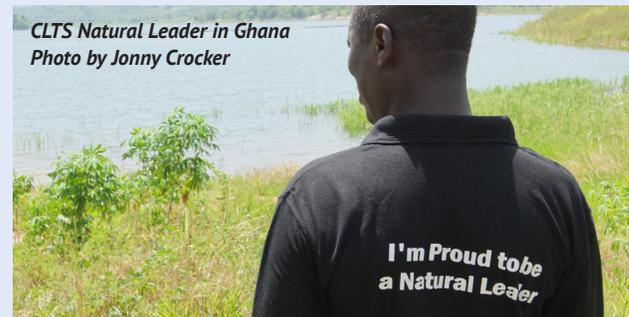
Key Findings

1) Kenya, Ghana, and Ethiopia show strong support for CLTS in national policy.

Our results show Kenya, Ghana, and Ethiopia support CLTS in national sanitation strategies, official CLTS guidelines, and stakeholder coordinating bodies. Ethiopia formalized its implementation framework through a memorandum of understanding for inter-ministerial coordination and supports program efficiency by consolidating health extension worker (HEW) training to cover 16 areas, including CLTS. Kenya and Ghana have national coordinating bodies to promote information sharing. These findings are consistent with GLAAS 2014, which found that political processes in many countries support universal access to sanitation.

2) Non-government actors supplement limited government resources and play a key role in CLTS implementation.

Our assessments revealed CLTS implementation in Kenya, Ghana, and Ethiopia relies on financial and human resources from non-governmental organizations (NGOs). Ethiopia created a strong CLTS workforce through HEW training, while implementation funding derives largely from donors and NGOs. In Kenya and Ghana, human resource constraints necessitate strong implementation support from local NGOs. This aligns with GLAAS 2014 findings, which identified substantial gaps



The *Testing CLTS Approaches for Scalability* project involves The Water Institute at UNC working with Plan International USA to evaluate whether capacity strengthening of local actors influences CLTS outcomes. Our work with 'local actors' involves teachers in Ethiopia, sub-county government staff in Kenya, and natural leaders in Ghana. This research brief by The Water Institute synthesizes three situational assessments characterizing the CLTS implementation context in these three countries. The assessments are available at waterinstitute.unc.edu/clts.

between political aspirations and government capacity. Where there are many actors engaged in CLTS, the grey literature suggests the importance of mechanisms to coordinate actors, which this study found to be established at the national level in Kenya and Ghana.

3) Improved monitoring is needed to support implementation and evaluate program efficiency.

Our assessments revealed that while Kenya, Ghana, and Ethiopia do not have cost tracking systems, each has data collection systems which could substantially improve with consistent implementation and standardized indicators fed into a centralized database. This supports the GLAAS 2014 finding that the lack of monitoring and inconsistent data and cost tracking impedes decision-making and financial management. Our findings also aligns with CLTS grey literature, which commonly notes that structured monitoring would enable insight into sustained behavior change and scale-up. 💧