

# THE CHALLENGES OF SUSTAINING OPEN DEFECATION FREE (ODF) COMMUNITIES IN RURAL GHANA

## RESEARCH BRIEF

### INTRODUCTION

With 30% of its rural population still practicing open defecation, Ghana is not on track to achieve universal access to sanitation by 2030, the objective set forth by Sustainable Development Goal 6.2. To meet this objective, open defecation would have to decline six times faster than in the past twenty years.<sup>1</sup> Community-Led Total Sanitation (CLTS) has been a key component of Ghana’s National Environmental Sanitation Strategy since 2010 and has led to over 2,000 communities attaining open defecation free (ODF) status. Yet, little is known about the sustainability of these achievements. More information on the drivers of and barriers to ODF sustainability would help decision makers and implementers refine rural sanitation strategies for the next decade.

### RESEARCH QUESTIONS

**To what extent do rural communities sustain their toilet coverage and use in the years following odf certification? What are the main barriers to sustainability and how can they be addressed?**

### IMPLEMENTATION RESEARCH BY UNICEF AND USAID/WASHPALS

In 2019, USAID’s Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project surveyed all households in 109 ODF-certified communities in the northern districts of Tatale and Kpandai (5,615 households total). These communities were certified ODF 3-32 months prior to the survey, following a joint CLTS intervention by the Government of Ghana and UNICEF. Findings from this survey provide a comprehensive picture of the challenges to sustaining odf status in Northern Ghana.

**Key finding 1: The majority of communities did not maintain ODF status: toilet coverage was less than 80% and open defecation was common.**

In three-quarters of communities, the proportion of households owning a functional toilet was below 80%, the threshold required to qualify for ODF status in Ghana. Of all households across the 109 study communities, 61% owned a functional toilet (Figure 1). We found that toilet coverage declined by approximately 12 percentage points annually in the three years following ODF certification. Correspondingly, open defecation increased over time: 25% of households reported that their members practiced open defecation most of the time and 33% at least occasionally (Figure 2).

**Key finding 2: Toilet ownership generally translated into use. Open defecators were primarily those without a functional toilet.**

The vast majority (98%) of households that owned a functional toilet also reported using it (Figure 2). Additionally, approximately a third (36%) of households that did not own a functional toilet reported using a neighbor’s toilet (Figure 2). Meanwhile, almost all open defecators (94%) possessed no functional toilet, either because theirs had collapsed or filled up (62%) or because they had never built one (32%) (Figure 1). Lack of toilet ownership was thus the primary cause of open defecation.

**Key finding 3: Toilet collapse was widespread and was the primary reason ODF status was not sustained.**

Most toilets were pit latrines with a platform made of wood and mud, walls made of mud, and no pit lining (Figure 3). Many toilets were thus not structurally durable as they were vulnerable to rains and strong winds. Among households that had built a toilet, approximately half had experienced toilet collapse. Those that owned a toilet previously but did not rebuild had largely reverted to open defecation, indicating that toilet collapse (and lack of rebuilding) was a primary barrier to ODF sustainability.

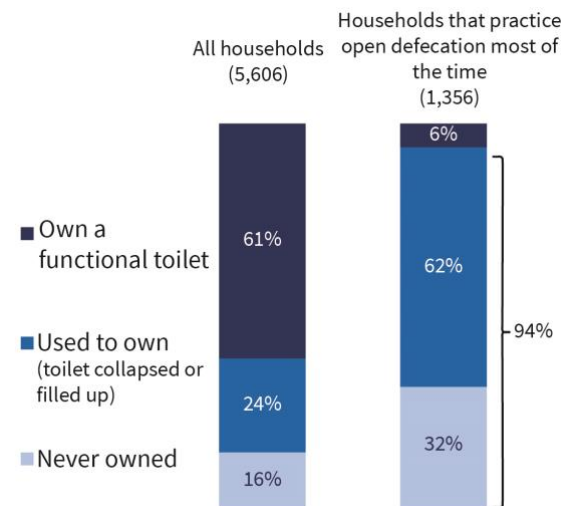


Figure 1: Toilet ownership among surveyed households (data were missing for 9 out of 5,615).

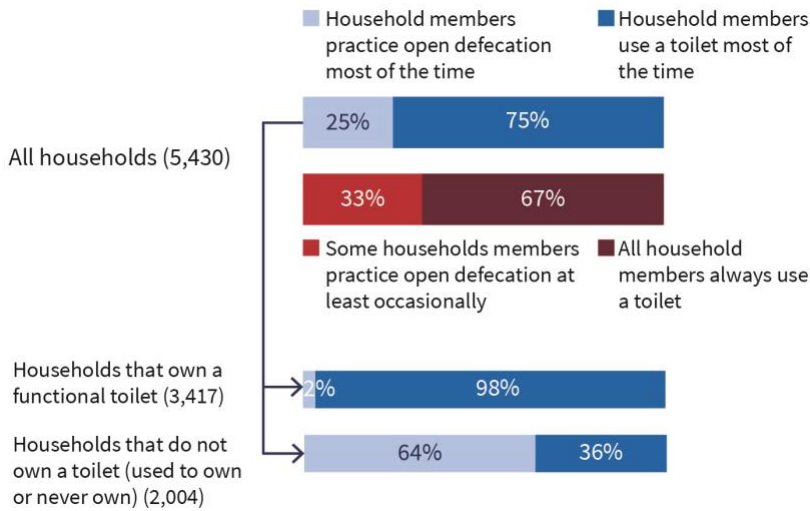


Figure 2: Typical toilet in study community.

Figure 3: Defecation practices among surveyed households (data were missing for 185 out of 5,615).

#### Key finding 4: poor households were the most likely to revert to open defecation.

Poorer households were less likely to own a functional toilet, and also less likely to rebuild their toilet if it collapsed or filled up. Poorer households were thus the most likely to revert to open defecation over time.

#### Key finding 5: remoteness, absence of rocky soils, and fines against open defecation were correlated with higher toilet coverage in the community.

We found that communities located further from major roads had experienced less toilet collapse. This may be because remote communities are more independent, with stronger sense of ownership, have stronger social cohesion, or internal support mechanisms, which may have helped ensure that toilets were more durable. Absence of rocky soil was the only environmental characteristic that we examined correlated with sustainability; in contrast, groundwater depth, flooding, and sandy soils were not. Threats of sanctions were correlated with higher sustainability: communities whose chief reported employing a system of fines against open defecation had higher toilet coverage, even though these fines were not always enforced.

## RECOMMENDATIONS

Sanitation programs in rural Ghana should promote durable toilet designs and follow up regularly with communities to encourage rebuilding when toilets collapse or fill up. Because the poorest households stand the greatest risk of reverting to open defecation, access to sanitation will remain inequitable in the absence of dedicated strategies to promote durable toilet designs among the poor. These strategies may include intra-community support (e.g., community members helping their more vulnerable neighbors) and/or targeted, pro-poor subsidies.

<sup>1</sup> WHO/UNICEF Joint Monitoring Programme. Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities. 2019.

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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).