



IMPLEMENTATION OF A TARGETED TOILET SUBSIDY IN GHANA

Midline Report



DECEMBER 2020

This publication was produced for review by the United States Agency for International Development. It was prepared by Tetra Tech.

Prepared for the United States Agency for International Development by the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project, Task Order number AID-OAA-TO-16-00016 of the Water and Development Indefinite Delivery Indefinite Quantity Contract (WADI), contract number AID-OAA-I-14-00068.

Tetra Tech Contacts:

Morris Israel, Project Director
morris.israel@washpals.org

Jeff Albert, Deputy Project Director
jeff.albert@washpals.org

Lucia Henry, Project Manager
lucia.henry@tetrattech.com

Tetra Tech, Inc.
1320 N. Courthouse Road, Suite 600, Arlington VA 22201
Tel: (703) 387-2100, Fax: (703) 414-5593
www.tetrattech.com/intdev

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ACRONYMS AND ABBREVIATIONS

CLTS	Community-Led Total Sanitation
CWSA	Community Water and Sanitation Agency
DA	District Assembly
DEHO	District Environmental Health Officer
DRP	District Resource Person
DSF	District Sanitation Fund
FI	Financial Institution
GHS	Ghanaian cedi currency code
GOG	Government of Ghana
LEAP	Livelihood Empowerment Against Poverty
ODF	Open-Defecation Free
PLA	Participatory Learning and Action
PMT	Proxy-Means Test
RCT	Randomized Controlled Trial
USAID	United States Agency for International Development
USD	United States Dollars
WASHPaLS	Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability

DEFINITION OF TERMS

Designated households: households that were identified as “poor and vulnerable” during community consultation (N= 508).

Eligible households: households designated as “poor and vulnerable” by their community and who were confirmed to meet all subsidy eligibility criteria during a follow-up household visit (N=444).¹

Subsidy eligibility criteria: A household was eligible for the targeted subsidy if it met the following three criteria:

- It reported not being able to feed itself all year-round OR had a vulnerable person (widow, elderly, person with severe disability/chronic illness, or orphan) with no support from relatives;
- It did not own a toilet with durable sub-structure (slab + pit lining). Note that this criterion did not exclude all households with a functional toilet, rather only those who owned a toilet with a durable slab and pit lining; and
- There was no other eligible household in the same compound.

Voucher recipients: eligible households that received a voucher (N=441).²

Beneficiaries: voucher recipients who redeemed their voucher (N=441).

Beneficiaries who completed toilets: beneficiaries whose toilet was fully constructed, including superstructure, and has been verified to meet quality standards as of December 2020 (N=388).

Ineligible households: households that were not identified as “poor and vulnerable” during community consultation or did not meet all subsidy eligibility criteria according to a follow-up household visit (N=2631).

LEAP recipient: households that received government support through the Livelihood Empowerment Against Poverty (LEAP) program.

Functional toilet: a toilet with some form of superstructure and a pit that is not full or collapsed.

Functional toilet with a full superstructure: a toilet with a pit that is not full or collapsed and a superstructure including four full-height walls (or round walls) and a roof.

Toilet with a durable sub-structure (referred to as “durable toilet”): a toilet with a durable slab (concrete or plastic) and pit lining (with bricks, rocks, concrete, or plastic).

¹ Among households designated during community consultation, 64 were determined to be ineligible for the subsidy: 21 did not actually qualify as “poor and vulnerable”, i.e., the follow-up household visit revealed that they were able to feed themselves year-round and had no vulnerable person without external support; 13 households already owned a durable toilet; 30 households were part of a compound that included another eligible household.

² Three eligible households did not receive a voucher: in two of them, the eligible (vulnerable) member passed away; in the third one, members relocated to another household who was also eligible.

EXECUTIVE SUMMARY

The USAID-funded Water, Sanitation and Hygiene Partnerships and Learning for Sustainability (USAID/WASHPaLS) project partnered with the Government of Ghana-UNICEF sanitation program and two District Assemblies in the Northern region (Tatale and Kpandai) to examine whether subsidies targeted at the poorest and most vulnerable households in a community may serve to improve the sustainability and equity of sanitation gains from Community-Led Total Sanitation (CLTS). UNICEF Ghana provided funding to implement targeted subsidies, in the form of a voucher for a free toilet substructure (slab and pit lining), in 61 open-defecation free (ODF) communities. USAID/WASHPaLS is administering a randomized controlled trial to evaluate the impact of the approach on toilet ownership and use.

The targeted subsidy intervention proceeded in four steps: 1) identification of eligible households, 2) distribution of vouchers to these households, 3) redemption of vouchers by households, 4) quality verification of constructed toilets. Vouchers offered eligible households the opportunity to build a durable toilet substructure (pit lining and slab) at no cost. Households could choose between three options: masonry, pre-cast, or Digni-Loo. Two financial institutions managed all monetary transactions relative to voucher redemption. Eligible households could redeem their voucher with local artisans. Artisans received a down-payment (~40%) from the financial institution when contacted by a household and collected materials from enrolled suppliers. Artisans were responsible for building and installing the substructure selected by the household, while the household was responsible for paying for and building the superstructure. Upon completion of the entire toilet (including the superstructure), District Assembly officials conducted a quality verification visit. If quality criteria were met, artisans could collect the second part of their payment (~40%) from the financial institution. They received the balance (~20%) two months after verification if the household had lodged no complaints about the toilet. District Assemblies had multiple responsibilities in this process, including: 1) facilitating the identification of poor and vulnerable households eligible for a voucher, 2) enrolling artisans, 3) distributing vouchers, 4) following up with voucher recipients to encourage toilet construction, and 5) verifying every toilet constructed for quality assurance.

This report summarizes our protocol and lessons learned regarding the implementation of targeted subsidies in Northern Ghana, particularly with respect to: i) the identification of eligible households, and ii) the administration of the voucher program. The report also includes analyses of process indicators, quantitative household data, and qualitative stakeholder interviews, as well as a discussion of challenges faced in administering the vouchers and the cost of implementation.

IDENTIFICATION OF ELIGIBLE HOUSEHOLDS

To identify the poorest and most vulnerable households within study communities, WASHPaLS in collaboration with UNICEF Ghana and the Tatale District Assembly developed a protocol based on community consultation that was also consistent with the principles of the government's Livelihood Empowerment Against Poverty (LEAP) program and Pro-Poor Guidelines.³ District Assembly facilitators then administered this protocol in all 61 study communities, with technical support from WASHPaLS. Community consultation allowed for the identification of households that communities deemed legitimately qualified to receive external financial support. Following community consultation, a household visit helped confirm that these designated households met all subsidy eligibility criteria: i) they were not able to feed themselves all year round or included a vulnerable person without external

³ Ministry of Employment and Social Welfare. (2012). Livelihood Empowerment Against Poverty Program (LEAP). Operations Manual. MESW, Accra, Ghana.

support, ii) they did not own a durable toilet, iii) they were not part of a compound with another eligible household. Overall, this process identified 14% of households in the study communities as eligible, which was notably more selective than LEAP (in the 37 study communities enrolled in LEAP, the program targets 45% of households according to our baseline data), and also identified a number of households that LEAP would not have. Implementing community consultation and the subsequent household visit requires substantial human and logistical resources, with an approximate cost of 39 USD per eligible household (though there may be opportunities to reduce costs with scale and experience). The success of community consultation approach also requires well-trained field facilitators who are fluent in the local language and familiar with local norms and communication styles. As such, certain aspects of the protocol (e.g., ice breakers, how to formulate questions) need to be adjusted in every new district to incorporate local norms. Finally, we note that identifying poor and vulnerable households is not equivalent to identifying households that do not own a functional toilet or practice open defecation: a large proportion of households that did not own a functional toilet were not identified as poor and vulnerable by their community.

VOUCHER ADMINISTRATION

Across the two districts, 441 households were determined to be eligible for the sanitation subsidy and received vouchers. All 441 households redeemed their voucher, on average one month after receiving it (min: 1 day, max: 3.6 months). Eligible households opted for the three substructure types in comparable numbers: 127 (29%) chose the Digni-Loo, 156 (35%) the pre-cast option, and 158 (35%) the masonry option. Upon receiving a voucher, artisans completed the toilet sub-structures within one month on average, but only 85% of superstructures were complete after eight months, so these toilets could not be verified.

At the onset, WASHPaLS and UNICEF established a number of guiding principles for implementing the targeted subsidy program, including: 1) strengthening local market actors (artisans, material suppliers) as opposed to relying on external service providers; 2) providing freedom of choice to beneficiaries as opposed to imposing a toilet type on them; 3) applying results-based payments (i.e., full payment to artisans was conditional upon the toilet meeting all quality criteria, including the presence of a superstructure); 4) relying on District Assemblies to lead community consultation to identify eligible households, distribute vouchers, conduct follow-up visits to encourage voucher redemption, and verify toilet quality. However, applying these principles is challenging in practice, as it requires a large number of transactions between a large number of stakeholders (Figure 3). Successful implementation is not possible without a staff fully dedicated to the program who can coordinate all stakeholders and quickly respond to issues when they arise (WASHPaLS staff Joyce Kisiangani served this function). Additionally, it is important to acknowledge that District Assemblies may not have sufficient resources (time, staffing, vehicles, motivation) to take on all the above activities.

Successful implementation requires that all stakeholders involved in the process are incentivized to perform according to the protocol. In our case, results-based payment schemes incentivized good performance among material suppliers (they were not paid until all materials were delivered) and artisans (an artisan was not paid in full until the entire toilet was completed, verified, and no complaints were filed), but District Assemblies and financial institutions received all funds upfront with no reward for timely completion of tasks. As a result, District Assemblies and financial institutions did not prioritize activities related to the targeted subsidy program, which at times resulted in unnecessary delays. Ensuring that they fulfilled their responsibilities (e.g., conduct all necessary field visits or process payments on time) required constant pushing from the UNICEF/WASHPaLS team for several months. For future iterations of this program, we would recommend providing District Assemblies and financial institutions with performance-based incentives such as phased payments or a monetary bonus when all toilets in a community are completed and all payments are processed. Public recognition also may be an

effective incentive: in Northern Ghana, the District League Table, which ranks districts according to their sanitation performance, helped encourage progress towards ODF achievement; this strategy could potentially be adapted to include targeted subsidy achievements in the future. We would also recommend revising the artisan payment structure: the 40% down-payment followed by a 60% results-based payment from the financial institution did not seem to incentivize artisans sufficiently to support beneficiaries with superstructure construction. As a result, toilet completion took three months longer than initially envisioned and was still not complete in December 2020. We recommend lowering the down-payment (it should strictly cover start-up costs such as travel to communities and funds to hire one or two laborers, but not more) and increasing the results-based fraction of the payment.

One of the program's guiding principles was to provide voucher recipients with the freedom to choose their preferred toilet type and artisan. In practice, artisans self-assigned themselves to specific program communities and visited households in person to encourage voucher redemption. This strategy helped facilitate high voucher redemption rates, but in effect eliminated the voucher recipients' freedom to choose their preferred artisan. It is important to recognize that this type of organization among artisans is likely characteristic of construction markets in rural areas and therefore cannot be avoided. While, the majority of beneficiaries reported being able to choose their preferred toilet type, we learned that some artisans tried to influence voucher recipients to select a toilet that is easy to install. To avoid artisan bias in future iterations of this program, artisan payments should be proportional to the level of effort required to install each toilet type.

COSTS

The costs of implementing a targeted toilet subsidy program are on the same order as the subsidy itself. Direct implementation costs were approximately 89 USD (511 GHS) per beneficiary household (or 651 USD per community), including District Assembly staff time (salary costs) and fieldwork expenses (transport, per-diems, and communication), artisan training, and sub-contracts to financial institutions. Including the required additional project management costs (that is, training field facilitators; managing and analyzing data from beneficiary identification and voucher distribution; setting up material suppliers; supporting financial institutions with an online cash tracking tool; supporting artisans and District Assemblies; producing vouchers and fliers), total implementation costs were approximately 148 USD (850 GHS) per beneficiary household (or 1078 USD per community). In comparison, the hardware subsidy was 120 USD (690 GHS) per beneficiary household on average (or 1078 USD per community). If governments or development partners wish to implement a post-ODF targeted subsidy program in the future, we recommend that they do so as part of a more comprehensive post-ODF intervention (e.g., market-based sanitation, follow-up visits to all households) so as to reduce implementation costs per household.

1.0 INTRODUCTION

The USAID-funded Water, Sanitation and Hygiene Partnerships and Learning for Sustainability (USAID/WASHPaLS) project partnered with the Government of Ghana-UNICEF sanitation program and two District Assemblies in the Northern region (Tatale and Kpandai, Figure 1) to examine whether subsidies targeted at the poorest households may serve to improve the sustainability and equity of sanitation gains from Community-Led Total Sanitation (CLTS). USAID/WASHPaLS is currently administering a randomized controlled trial (RCT) addressing three specific research questions:

1. To what extent do targeted subsidies within ODF communities result in increased toilet coverage, quality, and use among the most vulnerable households?
2. To what extent do these benefits spill over to the rest of the community?
3. What are the costs and challenges of implementing a post-ODF targeted subsidy?

This study is underway in two districts in Northern Ghana: Tatale and Kpandai (Figure 1). Communities with 15 – 150 households and certified ODF between 2016 and 2018 were eligible to participate in the study. The researchers randomly assigned 50 communities to the “treatment” group to receive the intervention and 50 communities to the “control” group to serve as a counterfactual. (In reality, some treatment communities were conglomerates of several sub-communities that the District Assemblies treated independently from one another. The resulting number of independent sub-communities in the treatment group was 61. Hereafter, we refer to these sub-communities simply as “communities”.) In March-June 2019, the researchers collected baseline data to determine toilet coverage, quality, and use among all households within the 111 study communities. We found that 61% of surveyed households owned or co-owned a functional toilet, 48% (co-) owned a functional toilet with full superstructure, and 2% (co-) owned a functional toilet with full superstructure and durable sub-structure. Additionally, 76% of households reported using a toilet as their primary defecation location.

The identification of subsidy-eligible households was done in September 2019 in Tatale and January 2020 in Kpandai. In February-March 2020, the poorest households in the treatment group who did not already own a durable toilet received a targeted subsidy (funded by UNICEF Ghana) to build a robust toilet sub-structure with a concrete/plastic slab and pit lining. The subsidy was distributed in the form of a voucher for a free toilet sub-structure (slab and pit lining). The researchers are planning to conduct an endline survey in November 2020-March 2021 to determine the impacts of the program by comparing sanitation infrastructure and behaviors in treatment and control communities. Design and implementation of the research-related activities, including randomization, baseline, and endline surveys, are excluded from the cost estimates reported here.

Targeted subsidies are one component of UNICEF’s proposed framework for sanitation financing. This framework proposes that District Assemblies establish a sanitation financing facility called the District Sanitation Fund (DSF) under the Common Fund Act 455. The DSF would have two components:

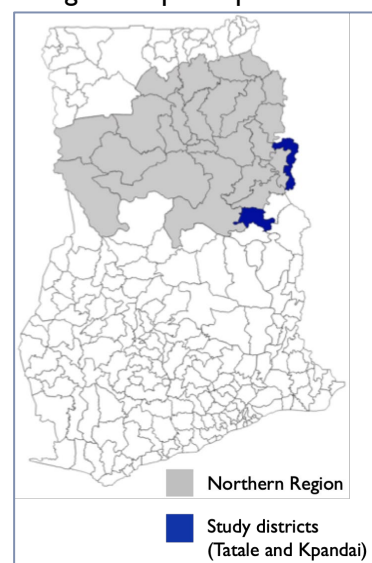


Figure 1: Map of Ghana showing the two study districts in the Northern region.

- a. The Revolving Fund: this fund would offer loans to households for toilet construction and to artisans for developing their sanitation business. This fund targets both ODF and non-ODF communities. UNICEF is currently piloting the Revolving Fund in several districts.
- b. The Social Fund: this fund would provide financial support to the poorest and most vulnerable households to build durable toilets (i.e., targeted subsidies). This fund only targets households in ODF communities. The goal of the present study is to pilot and evaluate the Social Fund concept.

This report summarizes our protocol and lessons learned regarding the trial implementation of targeted subsidies (Social Fund) in Northern Ghana, particularly with respect to: i) the identification of eligible households, and ii) the administration of vouchers. The report also includes analyses of process indicators, quantitative household data, qualitative stakeholder interviews, and a discussion of challenges to and costs of implementation.

2.0 BENEFICIARY IDENTIFICATION

2.1 PROTOCOL

2.1.1 GUIDING PRINCIPLES

In collaboration with UNICEF and the Tatala District Assembly (DA), WASHPaLS developed a protocol to identify the most vulnerable households in the study communities. We did not directly rely on the government's Livelihood Empowerment Against Poverty (LEAP) program because it had not yet been rolled out in 39% of our study communities. Our protocol adhered to the following guiding principles:

1. The protocol applied to all ODF communities, whether or not they were included in the LEAP program.
2. The protocol followed the principles of the LEAP program⁴ and the Pro-Poor Guidelines⁵. For reference:
 - a. LEAP targets households that are extremely poor AND have a vulnerable member (elderly over 65 years of age, a person with severe disability and no productive capacity, an orphan or vulnerable child).
 - b. The Pro-Poor Guidelines introduce other types of vulnerabilities, such as female heads-of-household, widows/widowers, marginalized groups, and terminally-ill persons without support from relatives.
3. The protocol provided a list of clear and well-defined steps for identifying eligible households, easily reproducible by field facilitators.
4. The protocol adopted the philosophy of "Participatory Learning and Action" (PLA)⁶, an approach in which community members analyze their own situation and make decisions to tackle their problems.

2.1.2 OPERATIONAL DEFINITION OF POVERTY

LEAP defines "extreme poverty" using a national proxy-means test (PMT). However, we did not have access to the threshold PMT score under which a household is considered to be "extremely poor". It is also important to note that this threshold is defined nationally. Because the Northern Region is significantly poorer than the rest of the country (e.g., the prevalence of extreme poverty as defined by the Ghana Living Standards Survey is 2.7 times higher than the national prevalence), it is likely that a large proportion of rural households in the Northern Region fall below LEAP's national PMT threshold.

We therefore needed an operational definition of "extreme poverty" applicable to the study area. Through consultations with the District Environmental Health Officer (DEHO), the UNICEF District

⁴ Ministry of Employment and Social Welfare. (2012). Livelihood Empowerment Against Poverty Program (LEAP). Operations Manual. MESW, Accra, Ghana.

⁵ Ministry of Employment and Social Welfare. (2012). Livelihood Empowerment Against Poverty Program (LEAP). Operations Manual. MESW, Accra, Ghana.

⁶ Coghlan, D., & Brydon-Miller, M. (2014). Participatory Learning and Action. *The SAGE Encyclopedia of Action Research*. <https://doi.org/10.4135/9781446294406.n265>

Resource Person (DRP), and one community in Tatale district, we identified that “extreme poverty” comprises the following five situations:

1. Households that are not able to feed themselves all year round.
2. Households that have a “vulnerability” and no support from relatives, such as:
 - a. Elderly persons who do not have someone providing for them.
 - b. Persons with severe disability or chronic illness resulting in inability to farm or work and who do not have someone providing for them.
 - c. Widows who do not have someone providing for them.
 - d. Orphans/child-headed households that do not have someone providing for them.

2.1.3 APPROACH

Our protocol relied on a guided community consultation to identify the households meeting the above criteria. This approach remained in the spirit of the LEAP protocol, which encourages community consultation to validate the households identified through the PMT. In each community, the procedure occurred over the course of two days and was implemented by two DA field facilitators who conducted community entry, led the consultation process to identify potential beneficiaries, and verified household eligibility using an electronic questionnaire. The step-by-step protocol in Appendix IA-IB outline how we proceeded. This activity took place in September 2019 in Tatale district and in January 2020 in Kpandai district.

2.2 IMPLEMENTATION

2.2.1 PROCESS INDICATORS

District Assembly facilitators applied the protocol in the 61 communities in the “treatment” group, ranging in size from 8 to 150 households. From a total of 3,075 households, the community consultation process designated 508 households (17%) as “poor and vulnerable”. After reviewing the electronic verification questionnaires, the research team confirmed that 444 households (14%) were eligible for the targeted subsidy. Of the 508 designated households, 64 households were ineligible for the targeted subsidy because:

- 21 households did not actually qualify as “poor and vulnerable”, i.e., the follow-up household visit revealed that they were able to feed themselves all year round and had no vulnerable person (widow, elderly, person with severe disability/chronic illness, or orphan) without support from relatives.
- 13 households already owned a toilet with a durable sub-structure (slab + pit lining).
- 30 households were part of a compound that had another eligible household.

The proportion of eligible households varied from 3% to 88% across communities, with a mean of 18% and a median of 15%.

The community consultation process was typically led by two DA field facilitators with the support of two WASHPaLS field staff. The duration of the community consultation ranged from approximately 0.5 to 2.5 hours. In 33% of communities, the consultation had good attendance, defined as having more than 40% of households represented (as estimated by WASHPaLS field staff; Table 1); 47% of communities

had a balanced ratio of men to women in attendance, 30% had a majority of men, and 23% had a majority of women. The community meeting was attended by 57 adults on average. Children were also present as observers, in some cases in larger numbers than adults. 96% of communities had at least one vulnerable person (elderly or physically/mentally challenged or chronically ill person) in attendance; 21% of communities had disagreements over the definition of a poor person or the identification of poor community members (Table 1), but the vast majority of them resolved these disagreements by the end of the meeting. While 37 out of the 61 communities were enrolled in the LEAP program, DA field facilitators consulted the LEAP list in only 4 communities (all within Tatale district). In some cases, this was because the Social Welfare Officer had not given them the list; in other cases, the list combined LEAP beneficiaries from several communities and was therefore not convenient to use in the field. After community consultation, DA field facilitators conducted a follow-up survey with designated households, which required an average of 13 min per survey.

Table 1: Summary Statistics on the Process for Identifying Eligible Households

	Tatale	Kpandai	Total
Number of communities in treatment group	43	18	61
Number of households in treatment group	2178	897	3075
Number of households per community in the treatment group			
Minimum	19	8	8
Median	42	48	44
Average	51	50	50
Maximum	150	111	150
Number of designated households (identified as “poor and vulnerable” by their community)	364	144	508
Designated households that were found ineligible for the subsidy			
Did not actually qualify as “poor and vulnerable”	17	4	21
Already owned a toilet with a durable sub-structure	13	0	13
Were part of a compound with another eligible household	17	13	30
Number of eligible households (designated households that met all subsidy eligibility criteria after verification survey)	317	127	444
% eligible households			
Minimum	3%	9%	3%
Maximum	37%	88%	88%
Overall average	15%	14%	14%
Gender of eligible household member			
% Female	60%	54%	58%
% Male	40%	46%	42%
Number of District Assembly field facilitators per meeting (median)	2	2	2
Duration of community meeting (hour: min)^a			
Minimum	00:32	00:54	00:32
Median	01:02	01:18	01:10
Maximum	02:30	02:00	02:30
Duration of one household survey (hour: min) (median)	00:16	00:10	00:13
Number of WASHPaLS research staff per meeting (median)	2	2	2
Number of adult participants per meeting (approximate)^a			
Minimum	20	19	19
Median	51	63	57
Maximum	152	165	165
Community attendance^a			
% communities with poor attendance (<20% of people)	28%	17%	25%
% communities with average attendance (20% to 40% of people)	33%	61%	42%
% communities with very good attendance (>40% of people)	38%	22%	33%
Attendance based on gender^a			

	Tatale	Kpandai	Total
% communities with majority male (>= 1.5X male to female)	33%	22%	30%
% communities with majority female (>= 1.5X female to male)	23%	22%	23%
% communities with male and female balanced	44%	56%	47%
% communities with at least one vulnerable person (elderly, physically/mentally challenged, or chronically ill) in attendance ^a	95%	100%	96%
% communities with disagreements during the meeting ^a	15%	33%	21%
% communities where disagreements were not resolved ^a	0	11%	4%
Challenges^a			
% communities where community entry (mobilization) was poorly done	31%	6%	23%
% communities where DA facilitators were not fluent in local language ^b	21%	33%	25%
% communities with accessibility challenges (flooding)	40%	0%	28%
% communities where not all DA facilitators had received training	0%	50%	16%
Number of communities enrolled in LEAP	25	12	37
Number of communities where LEAP list was used during meeting	4	0	4

^a Number of communities missing data: 4 (duration of community consultation), 4 (approximate number of participants per meeting), 20 (approximate number of adults per meeting), 4 (community attendance), 4 (attendance based on gender), 5 (vulnerable person in attendance), 4 (communities with disagreements during meeting), 4 (challenges).

^b These were instances where WASHPaLS field team had to step in because communication was not successful at all due to language barriers.

2.2.2 KEY CHALLENGES

Poor Community Entry. In 23% of communities (primarily in Tatale), DA field facilitators did not follow the protocol for community entry. They made a phone call to natural leaders to schedule the community consultation, as opposed to visiting the community's leadership in person. As a result, community members were not aware of the meeting. Community members had to be mobilized on the day of the meeting, which resulted in low attendance. While scheduling the community meeting by phone may be more practical than an in-person visit, DA facilitators should have asked to speak with the chief and/or followed-up with natural leaders to ensure that community members were actually informed of the meeting.

Inadequate Allocation of Field Facilitators. In 25% of communities, DA field facilitators were not fluent in the local language. In addition, the Kpandai DA assigned untrained field facilitators in 50% of communities. In these cases, a WASHPaLS research staff had to step in to facilitate the community consultation.

Accessibility Issues. Flooded roads were only an issue in Tatale, where community consultations took place during the rainy season (September 2019) and 40% of communities could not be accessed on the first attempt. As a result, field facilitators had to reschedule the community consultation in many instances. This resulted in poor community attendance, facilitators incurring added fuel charges for the revisits, and facilitators losing their mobile phones in the floods.

2.2.3 COMMUNITY PERCEPTIONS OF THE IDENTIFICATION PROCESS

To understand the perspective of community members on the process for identifying eligible households, we conducted 37 qualitative interviews in seven communities. We interviewed voucher recipients, ineligible households, and natural leaders about their perspective on the identification process and the changes they would recommend to the program. We present here a summary of our findings.

Community members approved the program for targeting the poor and vulnerable households. “When they came and chose the beneficiaries, we saw it as a relief to us because those people could not [construct] their own toilets” (Tatale). An ineligible household from Tatale district said “there are some people with no toilets in this community, and those people are aged, they could not make a toilet for themselves, they cannot do it by themselves and for me to make toilet for my households and then go to make for the aged people is something that I find difficult”.

Most community members felt that the targeting process was fair, i.e., that the people selected were truly poor and vulnerable and needed support. An ineligible household from Tatale district said, “It was the best process. I think it was good and you should pick what they did [if you replicate the program in a different community]. Because those people were really poor and us the community members know them and the DA field facilitators could not have selected those people by themselves.” An ineligible household from Kpandai district said, “...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”.

However, some community members from Kpandai district reported that several households that needed support had been left out. Specifically,

1. During one community consultation: the DA facilitator did not write down all the names mentioned during the community consultation process. An ineligible household said, “... the process is fair but the four widows who were left out have in a way made the process biased... I will say it is in a way unfair”.
2. During household verification surveys: the DA facilitator forgot to conduct a verification survey with a household that had been identified during community consultation. A chief said: “The process was fair only that the old man was forgotten but it was a fair process”.

In two communities, members felt that more households should have benefited from the support. “I think the process worked well but what I think did not work well is that I do not think all who are poor were selected. The number should have been more because we are poor. But the process they did worked well”. In this instance, the WASHPaLS research team observed that the community had started mentioning everyone's name and that field facilitators had to stop participants from listing more names. A WASHPaLS research staff had observed: “there were serious disagreements in the meeting. Some women in the meeting started mentioning names of people they felt qualified in the categories. Some of the people started arguing the names mostly brought up. It dragged the meeting so long. They didn't understand why some names should be rejected.”

2.3 CHARACTERISTICS OF ELIGIBLE HOUSEHOLDS

Table 2 provides a comparison between eligible and ineligible households based on socio-economic, demographic, and sanitation indicators collected at baseline in a census of every household in the 61 treatment communities. Note that we did not use baseline data to identify eligible households, but rather we consulted these data in retrospect to examine the objective characteristics of eligible households. Compared to ineligible households, eligible households had a significantly higher proportion of households in the bottom two wealth quintiles (53% vs. 34%), with an elderly person (48% vs. 21%), with a female head of household (26% vs. 8%), with a physically or mentally challenged person (26% vs. 13%), with a child missing at least one parent (26% vs. 16%) (LEAP classifies orphans as having lost one or both parents), and with a LEAP recipient (38% vs. 28%) (Table 2). This comparison indicates that eligible households were generally more vulnerable than ineligible households. Thus, the community consultation process was successful in that it identified a subset of households more vulnerable than the average population.

Possible Inclusion Errors. According to our baseline data, 92% of eligible households (91% in Tatale district and 93% in Kpandai district) met at least one of the following potential indicators of vulnerability⁷: i) having a physically or mentally challenged person, ii) having a person with a severe chronic illness, iii) having an orphan child, iv) having a LEAP recipient, v) having an elderly person, vi) having a female head of household, vii) belonging to the bottom two wealth quintiles (Table 2). We reviewed the 36 eligible households (8%) from 20 communities whose baseline information did not include any of these vulnerability indicators. Most belonged to communities where implementation faced challenges: community entry was poorly done, the community meeting was poorly attended, or the DA field facilitator was not fluent in the local language or did not attend training. Additionally, 13 out of the 36 households belonged to communities where the community consultation yielded disagreements between participants. It is therefore possible that these 36 households constitute an “inclusion error”. However, it is also possible for our baseline data to have errors and for these 36 households to actually be vulnerable.

It is worth noting that 32% of eligible households (though they all passed the eligibility verification questionnaire administered by DA field facilitators) belonged to the top two wealth quintiles (Table 2). While this may again indicate inclusion errors, it more likely suggests that what communities view as poverty and vulnerability does not closely correlate with asset ownership (which is captured in the wealth index). There are two possible reasons for this. First, asset ownership may reflect past wealth as opposed to current wealth: for example, a widow may still own a cell phone, a TV, or concrete walls (which would raise her wealth index), but is actually without stable income since her husband passed away and therefore is quite vulnerable. The second reason is that community consultation provides information on poverty *relative to other members of the same community* as opposed to absolute poverty. As a result, eligible households in a wealthier community may have a higher wealth index than ineligible households elsewhere.

Possible Exclusion Errors. A large proportion of ineligible households (70%, representing 1836 households) met one of the vulnerability indicators outlined in Table 2. It is possible that some of these households were exclusion errors, i.e., were omitted during the community consultation. However, it is very unlikely that all 1836 households were exclusion errors. This finding more likely suggests that the indicators collected at baseline to quantify vulnerability are not specific enough and are not sufficient to capture what community members define as poverty.⁸ Examining the combination of several vulnerability indicators may be more reliable: only 35% of ineligible households met two or more vulnerability indicators (compared to 72% amongst eligible households), and only 13% met three or more vulnerability indicators (compared to 43% amongst eligible households) (Table 2).

Sanitation Indicators. The proportion of households reporting practicing open defecation was similar amongst eligible (24%) and ineligible households (25%, Table 2). The proportion of households that did not own a functional toilet (defined as a toilet with some form of superstructure and a pit that is not collapsed and not full) was comparable between the two groups (42% vs. 37%, Table 2). Similarly, the proportion of households that reported practicing open defecation was similar between the two groups (28% vs. 28%, Table 2). Thus, targeting poor and vulnerable households to receive a subsidy is not equivalent to targeting those households that have inadequate sanitation infrastructure and behaviors.

⁷ Note that eligibility criteria for the subsidy, as defined by local stakeholders, were slightly different from the baseline vulnerability indicators examined here: they considered whether the vulnerable person had any support from relatives (not captured at baseline) and they did not consider LEAP status or wealth quintiles, but rather whether a household could feed itself all year round.

⁸ Note that we are planning to add a question at endline about the ability of households to feed themselves all year round to determine whether this indicator can reliably reproduce the outcome of community consultation.

Table 2: Descriptive Statistics of Eligible and Ineligible Households Based on Baseline Data

	Among Eligible Households	Among Ineligible Households
Number of households	444 ^a	2631 ^b
Proportion of households in each wealth quintile:		
1 st quintile (poorest)	30%	16%
2 nd quintile	23%	18%
3 rd quintile	15%	21%
4 th quintile	18%	21%
5 th quintile (wealthiest)	14%	24%
Proportion of households that have the following vulnerabilities		
Bottom two wealth quintiles	53%	34%
Elderly person (>65 years old) ^b	48%	21%
Physically or mentally challenged person	26%	13%
Person with severe chronic illness (HIV, cancer, stroke, diabetes, tuberculosis)	4%	1%
Child <15 years old missing one parent	26%	16%
Child <15 years old missing two parents	1%	1%
Female-headed	26%	8%
LEAP recipient	38%	28%
Meeting at least one of above indicators	92%	70%
Meeting at least two of above indicators	72%	35%
Meeting at least three of above indicators	43%	13%
Household head age^c		
Maximum	90	96
Median	48	36
Minimum	18	18
Toilet ownership		
Proportion of households that own or co-own a functional toilet	58%	63%
Single owners	26%	25%
Co-owners	32%	38%
Proportion of households that own or co-own a durable toilet	0%	3%
Open defecation practices		
Proportion of households that reported open defecation as their primary practice	24%	25%
Proportion of households that reported sometimes open defecating	28%	28%

^a Baseline data were missing for 11 eligible households and 8 ineligible households that either were not captured at baseline (were absent during baseline data collection, or declined to participate, or were child-headed) or could not be reconciled with baseline data.

^b This includes households where the respondent didn't know the age of the household head but the enumerator determined that the household head was most likely above 65 years old.

^c Baseline data were missing for 135 eligible households and 667 ineligible households that did not know their age. We also note that the minimum age reported here does not include child-headed households, whom we did not survey at baseline for ethical reasons. DA facilitators reported that 27 eligible households were child-headed.

2.4 COMPARISON WITH THE LEAP PROGRAM

LEAP is a program of the Ministry of Gender, Children and Social Protection launched in 2008 to provide cash transfers and health insurance to extremely poor households across the country. LEAP primarily targets extremely poor households (as defined by a proxy means test) with orphans, elderly, or individuals with disabilities. Because the LEAP program has not been rolled out to all communities

yet, we opted to use community consultation rather than LEAP status to identify households eligible for the subsidy. Community consultation identified 444 eligible households amongst a population of 3075 households, resulting in a selectivity of 14% (Table 1). LEAP is comparatively less selective in our study areas, as 45% of households in enrolled communities self-reported or showed documentation of being LEAP recipients. We also note that community consultation identified households that LEAP would not have identified (i.e., community consultation did not simply result in a subset of LEAP recipients): in the 37 study communities that were enrolled in the LEAP program, 43% of eligible households were not LEAP recipients.

Our baseline data for the 37 study communities enrolled in LEAP allowed us to examine the characteristics of LEAP recipients in comparison to eligible households identified through community consultation. We found that the proportion of households with vulnerability indicators at baseline (bottom two wealth quintiles, female head, elderly, physically/mentally challenged or chronically ill person, orphan) was higher amongst our eligible households than amongst LEAP recipients (Table 3). Additionally, we found larger differences in vulnerability indicators between eligible and ineligible households than between LEAP recipients and non-recipients. For example, 62% of eligible households had at least two vulnerability indicators, while this proportion was only 23% amongst ineligible households (a gap of 39%). In comparison, 35% of LEAP recipients had at least two vulnerability indicators, and this proportion was 24% amongst non-recipients (a smaller gap of 11%) (Table 3).

It is not surprising that LEAP is less selective than community consultation in the Northern Region: because LEAP status is determined based on a nation-wide proxy means test, high proportions of LEAP recipients are expected in poorer regions (and the Northern Region is the third poorest in Ghana, out of ten); in contrast, community consultation provides information on relative poverty within a specific community.

We finally note that neither of the approaches allows for specifically targeting households with inadequate sanitation. As mentioned earlier, the proportion of households practicing open defecation or without a functional toilet was comparable amongst eligible households and ineligible households (Table 3). Similarly, the proportion of households with inadequate sanitation (didn't own a functional toilet or and/or practiced open defecation) was comparable or even lower amongst LEAP recipients than amongst non-recipients (Table 3).

Table 3: Characteristics of Eligible Households Compared to LEAP Recipients

	Community Consultation		LEAP Program	
	Eligible	Ineligible	Recipient	Non-Recipient
Number of households	433 ^a	2623 ^a	1077 ^b	866 ^b
Proportion of households				
In bottom two wealth quintiles	53%	34%	37%	36%
With female head of household	26%	8%	9%	10%
With elderly person	48%	21%	34%	18%
With physically or mentally challenged person	26%	13%	20%	14%
With person with severe chronic illness	4%	1%	2%	2%
With child missing one or two parents	27%	17%	23%	15%
Meeting at least one of above indicators ^c	89%	62%	74%	59%
Meeting at least two of above indicators ^c	62%	23%	35%	24%

	Community Consultation		LEAP Program	
	Eligible	Ineligible	Recipient	Non-Recipient
Meeting at least three of above indicators ^c	27%	7%	13%	9%
With LEAP recipient	38%	28%	100%	0%
Proportion of households				
Who reported open defecation as their primary practice	24%	25%	18%	25%
Who don't own or co-own a functional toilet	42%	37%	32%	39%
Who don't own or co-own a durable toilet	100%	97%	99%	98%

^a Among the 444 eligible households, we lacked baseline data or were unable to reconcile it for 11 households. Among the 2631 ineligible households, we lacked baseline data or were unable to reconcile it for 8 households.

^b We present statistics on LEAP recipients for the 37 study communities enrolled in LEAP, which had a total population of 1946 households. Among those, we were not able to determine the LEAP status of 3 households.

^c These statistics for eligible/ineligible households differ from Table 2 because the "above indicators" do not include LEAP recipients in this table.

2.5 COSTS

We estimated that the process of identifying eligible households (n=444) in 61 communities cost a total of 17,423 USD. This translated into 286 USD per community or 39 USD per eligible household. Costs were higher in Kpandai district (373 USD per community) than in Tatale district (249 USD per community) (Table 4). These cost estimates only reflect direct implementation costs and do not include management staff time from UNICEF or WASHPaLS (these are captured separately in Section 4). District Assembly costs represented 38% of our total estimates (107 USD per community or 15 USD per eligible household); they included staff time, per-diems, transportation, and communication for the following activities: training of DA field facilitators, community entry, community consultations, administration of household verification questionnaires, and community revisits (in cases where potential designated households were absent during the first visit). WASHPaLS costs represented 62% of the total estimates; they included staff time, per-diems, transportation, and communication for providing technical support and process monitoring through all the above activities (Appendix 7). We note that the WASHPaLS field team provided a lot of oversight and technical support in the field because this was a pilot; future iterations would not require the same level of involvement.

Table 4: Costs of Identifying Eligible Household (Exchange Rate: 1 USD=5.75 GHS as of 06/29/2020)
(Total costs as well as average costs across the 61 study communities and 444 eligible households).

In USD	DA implementation costs (staff time, per diem, transport, communication)			WASHPaLS costs (field facilitator training, technical support in the field, process monitoring)			Total costs		
	Tatale	Kpandai	Overall	Tatale	Kpandai	Overall	Tatale	Kpandai	Overall
Total cost	3,502	3,035	6,537	7,207	3,679	10,886	10,709	6,714	17,423
Cost per community	81	169	107	168	204	178	249	373	286
Cost per eligible household	11	24	15	23	29	25	34	53	39

2.6 LESSONS LEARNED

Community consultation allowed for the identification of households that communities deemed legitimate to receive external financial support. Following community consultation, a household visit helped confirmed that these households met subsidy eligibility criteria: i) they were not able to feed

themselves all year round or had a vulnerable person without external support, ii) they did not own a durable toilet, and iii) they were not part of a compound with another eligible household. Overall, this process determined that 14% of households were eligible; it was thus more selective than LEAP (which targets 45% of households in our study communities) and identified households that were more vulnerable than LEAP would have. We also note that our process identified households that LEAP would not have identified (i.e., community consultation did not simply result in a subset of LEAP recipients).

We learned that implementing community consultation and the subsequent household visit requires substantial human and logistical resources, with an approximate cost across Tatale and Kpandai Districts of 39 USD per eligible household (though there may be opportunities to reduce costs with scale and experience). The success of this approach also requires a minimum of two well-trained field facilitators per community who are fluent in the local language and understand local norms and communication styles. Several aspects of the protocol (e.g., ice breakers, how to formulate questions) need to be adapted in every new district to incorporate input from locals. Data science and artificial intelligence may offer opportunities to make the process of identifying poor and vulnerable households more efficient, particularly if specific household characteristics can be used to predict the outcome of community consultation with sufficient accuracy. Research on this subject is ongoing.

Finally, we learned that identifying poor and vulnerable households is not equivalent to identifying households that do not own a functional toilet or practice open defecation; toilet ownership and use were similar among eligible and ineligible households. The beneficiary identification process was designed to target “relative poverty”, independent of sanitation status. As recommended by the DA and UNICEF, communities were not informed that the purpose of the community consultation was to identify households that would receive support for durable toilet sub-structures. A different approach to the consultation, in which communities are informed of the specific goal, may lead the community to identify different groups of households. Communities may, for example, recommend those households that do not own toilets, or those desiring an upgrade, rather than those considered to be poor and vulnerable. Alternatively, the verification process could be adjusted to select households with a different level of sanitation infrastructure. For example, if the goal were to target poor and vulnerable households without functional toilets (rather than those lacking a durable sub-structure), the verification questionnaire could be changed accordingly so that only households in need of functional toilets are eligible and receive the subsidy.

3.0 VOUCHER ADMINISTRATION

3.1 PROTOCOL

3.1.1 GUIDING PRINCIPLES

We worked with UNICEF Ghana to define a strategy to implement the targeted sanitation subsidy (also referred to as the “Social Fund”) through vouchers. This strategy had the following guiding principles:

1. The program provided a **partial subsidy** in the form of a durable toilet sub-structure (pit lining and a durable slab). Beneficiaries were responsible for digging the pit and building the superstructure, either themselves or with help from other community members.
2. The program used a **market-based approach** by relying on existing material suppliers and artisans. Voucher recipients communicated directly with artisans if and when they wished to redeem their vouchers. In turn, artisans communicated directly with material suppliers to obtain construction materials.
3. The program gave voucher recipients **freedom of choice** with respect to the type of toilet. Voucher recipients each received a voucher displaying three toilet options (Figure 2): masonry (a poured concrete slab and a pit lined with cement blocks), pre-cast (a molded concrete slab and a pit lined with moulded concrete rings), and Global Communities’ Digni-Loo (plastic rings for lining and a plastic slab).
4. The program used an **performance-based payment system**, in which an artisan was not paid in full until the entire toilet was complete, including the superstructure (see Table 5).
5. The targeted subsidy was a **component of a more comprehensive post-ODF intervention**. In addition to distributing vouchers, DA field facilitators were instructed to address the entire community and emphasize the ultimate goal of regaining or maintaining ODF status. Artisans were expected to distribute marketing fliers with their contact number to all community members.

Figure 2: A Three-Part Voucher Displaying the 3 Toilet Options.
(Digni-Loo and pre-cast were 6 feet deep and masonry was 7 feet deep.)

3.1.2 VOUCHER DISTRIBUTION

DA field facilitators distributed vouchers to eligible households using the protocol described in Appendix 2A-2B. This activity took place in February 2020 in Tatale district (five months after the identification of eligible households) and in February-March 2020 in Kpandai district (one-two months after the identification of eligible households). Vouchers were valid for a period of three months.

3.1.3 PROCESS FOR VOUCHER REDEMPTION AND QUALITY CONTROL

The process for redeeming vouchers and completing subsidized toilets involved several actors:

- **Beneficiaries:** voucher recipients, who were responsible for redeeming their vouchers and ensuring that the pit was dug and the superstructure built.
- **Artisans:** UNICEF trained 49 artisans in the two districts. In Tatale district, artisans organized themselves into 5 groups of 4-5 people to pool resources and jobs. Artisans also received instructions regarding toilet quality standards. These included: i) siting: toilet located more than 30 meters from a water source (or 50 meters if the water source was uphill of the toilet), and ii) superstructure: having a ventilation pipe, an elevated slab or elevated door step, four full-height walls (or round walls), and a roof.
- **Material Suppliers:** these included seven hardware stores and two retailers of Digni-Loos across the two districts. They were engaged by UNICEF and WASHPaLS and requested a contract to provide proof they would be paid. Most of them had worked with the District Assemblies previously. There were initially no Digni-Loo retailers in the two study districts. Our process for establishing these retailers is described in Appendix 9.
- **Financial Institutions (FIs):** UNICEF contracted two FIs, Vision Fund and Baobab, to manage payments to artisans and material suppliers. FIs established formal contracts with artisans and material suppliers, whose terms are summarized in Table 5 (see also Appendix 8).
- **District Assemblies:** The District Environmental Health Officer (DEHO) was responsible for dispatching field facilitators to conduct follow-up visits to encourage community members to support beneficiary households in building toilet superstructures. The DEHO and the District Engineer were responsible for verifying that toilets met quality standards.

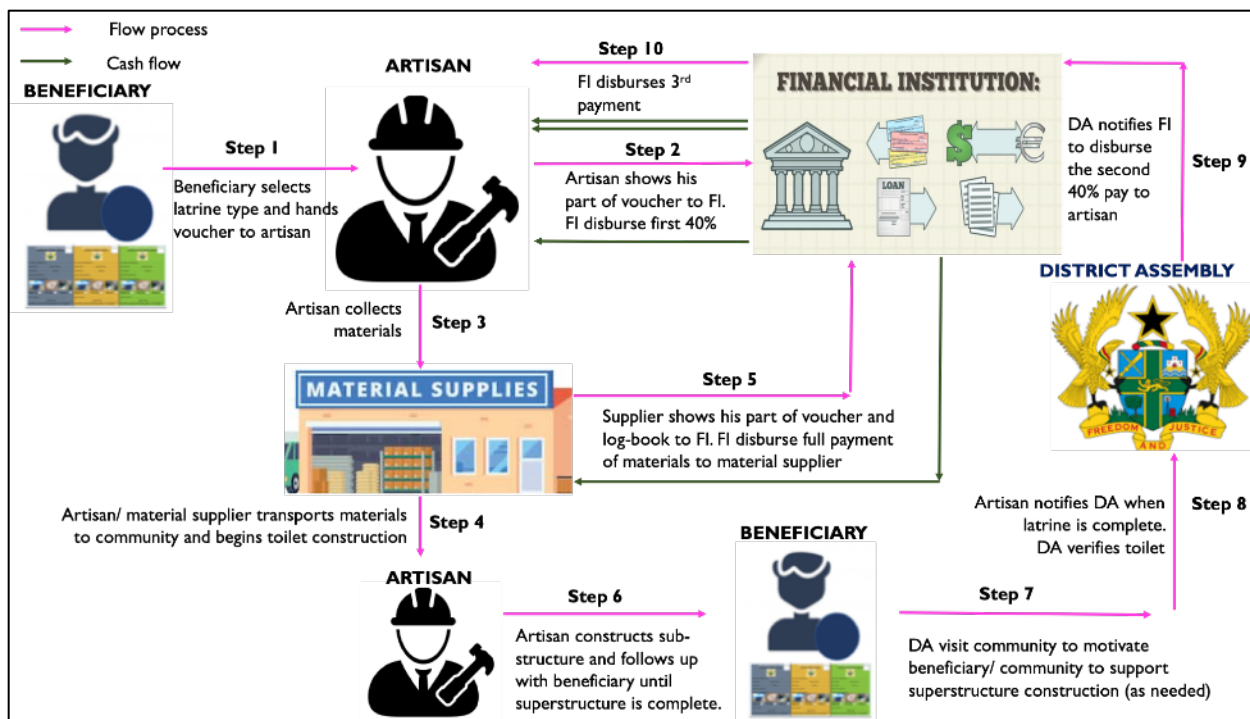


Figure 3: Flow Chart Representing how the Different Actors Interacted for Voucher Redemption (Steps 1 to 10 Described Below)

The protocol for voucher redemption was the following (Figure 3):

1. The beneficiary selects the toilet type of his/her choice and meets with an artisan. The beneficiary hands over the two parts of the voucher intended for the artisan and the material supplier.⁹
2. The artisan shows the voucher and a filled-out paper log-book to the FI. He receives from the FI a 40% down-payment (8-14 USD depending on the toilet type) for laborers, food, and transport (Table 5). The FI fills an [online](#) tracker documenting that the transaction was made.
3. After confirming that the beneficiary has begun pit excavation, the artisan visits a material supplier to collect construction materials as per the bills of quantities for each type of toilet (Appendix 4). The artisan hands over the corresponding part of the voucher to the supplier, who then fills his paper log-book.
4. The artisan/material supplier transports construction materials to the community and begins toilet construction. The artisan is expected to begin construction within 48 hours.
5. The material supplier shows the voucher and the filled-out paper log-book to the FI. The FI verifies that the materials have arrived in the beneficiary's community by making a phone call (to the beneficiary or the community's Natural Leader), and then pays the material supplier. The FI fills an [online](#) tracker documenting that the transaction was made.

⁹ We initially thought that voucher recipients would call the artisan of their choice using the contact details provided on the marketing flyer (Appendix 3), but in practice artisans followed up with voucher recipients on their own initiative and encouraged them to redeem their vouchers.

6. The artisan constructs the toilet sub-structure and follows-up with the beneficiary (in person) until the superstructure is complete. In some cases, the artisan volunteers to provide support for the superstructure construction.
7. DA field facilitators visit the community to motivate the beneficiary and community members to support superstructure construction (as needed).
8. The artisan notifies the DEHO when the toilet is completed. The DEHO and the District Engineer conduct an in-person quality check of the toilet and fill an electronic survey (Appendix 5).
9. The DEHO notifies the FI to disburse the second 40% payment to the artisan. The FI fills an [online](#) tracker documenting that the transaction was made.
10. The FI disburses the final 20% payment two months later, if the beneficiary reported no defects. The FI fills an [online](#) tracker documenting that the transaction was made.

**Table 5: Summary of Artisan/ Material Supplier Contract Conditions
(Exchange Rate: 1 USD=5.75 GHS as of 06/29/2020)**

Contract	Tatale District	Kpandai District
Artisan labor fees	<ul style="list-style-type: none"> • Digni-Loo: 120 GHS • Pre-cast: 200 GHS • Masonry: 180 GHS 	<ul style="list-style-type: none"> • Digni-Loo: 145 GHS • Pre-cast: 215 GHS • Masonry: 215 GHS
Structure of payment to artisan ^a	<ul style="list-style-type: none"> • 40% as down-payment. • 40% after quality control by the DEHO • 20% after 2 months, if the household has reported no structural issues 	<ul style="list-style-type: none"> • Same
Transportation fee	<ul style="list-style-type: none"> • 20 GHS initially; revised to 40 GHS after a few weeks. • Paid to the artisan as part of first payment, i.e., ahead of transporting materials. 	<ul style="list-style-type: none"> • 25 GHS for Digni-Loo; 50 GHS for masonry and pre-cast. • Paid to the material supplier as part of complete payment, i.e., after transporting materials.
Delivery of materials	<ul style="list-style-type: none"> • Responsibility of artisan. • Should be delivered within 2 working days of collecting materials. • Penalty for not meeting deadline: -10% deducted from the second payment. • The FI relied on artisan self-reports to verify that this requirement was met. 	<ul style="list-style-type: none"> • Responsibility of material supplier. • If material supplier cannot deliver within 2 working days of receiving a voucher, the artisan should pick another supplier.
Payment to material supplier ^b	<ul style="list-style-type: none"> • Paid when artisan confirms to the FI over the phone that he collected all materials. • Digni-Loo: 420 GHS, 460 after May 6th • Pre-cast: 442 GHS • Masonry: 537 GHS 	<ul style="list-style-type: none"> • Paid when artisan confirms to the FI over the phone that all materials were delivered to community. • Digni-Loo: 510 GHS + 25 GHS transport • Pre-cast: 371 GHS + 50 GHS transport • Masonry: 511 GHS + 50 GHS transport
Timeline for completion of toilet	<ul style="list-style-type: none"> • Sub-structure should be complete within 9 working days of collecting materials. • Penalty for not meeting deadline: -10% on second payment, not cumulative with above penalty. • The FI relied on artisan self-reports to verify that this requirement was met 	<ul style="list-style-type: none"> • Entire toilet (sub-structure and superstructure) should be complete within 7 working days of materials reaching the community. • Penalty for not meeting deadline: -10% on second payment. • The FI relied on artisan self-reports to verify that this requirement was met

Contract	Tatale District	Kpandai District
Penalty for not meeting quality standards	<ul style="list-style-type: none"> No second or third payment. Quality standards included: being located more than 30 meters from a water source (or 50 meters if uphill), having a ventilation pipe, an elevated slab or elevated door step, four full-height walls (or round walls), and a roof (Appendix 10). The DA verified in person that standards were met. 	Same
Penalty for imposing a toilet option to the household	<ul style="list-style-type: none"> Less 20% on the second payment, cumulative of above penalties. This requirement was verified by the DEHO/Engineer during their toilet verification visit. 	<ul style="list-style-type: none"> No second or third payment. This requirement was verified by the DEHO/Engineer during their toilet verification visit.
Total subsidy amount ^b	<ul style="list-style-type: none"> Digni-Loo: 560 GHS, 580 GHS after March 1st, 620 GHS after May 6th Pre-cast: 662 GHS, 682 GHS after March 1st Masonry: 737 GHS, 757 GHS after March 1st 	<ul style="list-style-type: none"> Digni-Loo: 680 GHS Pre-cast: 636 GHS Masonry: 776 GHS

^a UNICEF pays for cost of time to attend voucher distribution. This was included in labor cost during negotiations.

^b In one district, the hardware costs of Digni-Loos increased a few months after the intervention started as a result of the COVID lockdown and resulting supply issues.

3.2 IMPLEMENTATION

Generally, community members associated the targeted subsidy program with the CLTS program. Most of them perceived the support from the vouchers as a reward for becoming open defecation free. When asked to describe the sanitation situation in his community, a chief said, “*They [the DA] talked to us and said that they want to help us to stop open defecating. And so, they told us to all dig our own toilets and we accepted and did that. We were practicing open defecation but when they came and spoke to us we stopped... some people came and said that because we have been able to work hard they were going to support us. They asked us to give them some names of poor people and we gave them the [names] and they are now constructing toilets for those people*” (Tatale).

3.2.1 VOUCHER DISTRIBUTION

Vouchers were distributed from February to March 2020. Table 6 presents process indicators on voucher distribution. We note a number of departures from the initial protocol: artisans were present during voucher distribution in only 47% of communities, and not all communities received marketing flyers. Additionally, due to financial management and administrative issues in one district, the District Assembly did not have sufficient funds to hire field facilitators fluent in the local language who had received training from WASHPaLS. Instead, voucher distribution was done by District Assembly staff not fluent in the local language, with extensive support from the WASHPaLS research team.

Table 6: Summary Statistics on the Voucher Distribution Process

	Tatale	Kpandai	Both
% communities where artisan was present ^a	54%	31%	47%
% communities where flyers were distributed ^b	86%	100%	90%
Attendance^{1,2}			
% communities with very good attendance (>40% of people)	44%	56%	47%
% communities with good attendance (20% to 40% of people)	28%	19%	25%
% communities with poor attendance (<20% of people)	28%	25%	27%
% communities with DA facilitators fluent in local language ¹	32%	71%	44%

^a Number of communities missing data: 6 (artisan present), 9 (flyers distributed), 6 (attendance), 6 (DA facilitators fluent in local language), 6 (facilitators ALL trained).

^b Attendance is reported from qualitative observations conducted by WASHPaLS Field Researchers who attended the voucher distribution meeting in the 61 communities.

3.2.2 VOUCHER REDEMPTION

All 441 voucher recipients redeemed their vouchers. On average, they did so one month after receiving the voucher. However, it took 2 months in Kpandai district and 3.5 months in Tatale district for all voucher recipients to redeem their vouchers. Table 7 summarizes voucher redemption by district.

Table 7: Summary Statistics on Voucher Redemption

	Tatale	Kpandai	Both
Total number of voucher recipients	315	126	441
Total number of vouchers redeemed	315	126	441
Digni-Loo	108	19	127
Pre-Cast	107	49	156
Masonry	100	58	158
Time to redeem all vouchers (months)	3.6	2.1	3.6
% of toilets having passed verification as of December 2020	83%	100%	88%
% of second artisan payments issued as of December 2020	78%	99%	84%
% of third artisan payments issued as of December 2020	77%	99%	83%
% toilets that exceeded construction timeline imposed by contract	47%	1%	31%

A month after voucher distribution, we conducted qualitative interviews with 16 beneficiaries, 14 ineligible households, seven chiefs, and four artisans from 29 communities in Tatale and Kpandai districts to better understand the dynamics of voucher redemption. Our findings are summarized below.

Beneficiary-artisan interaction. Artisans initially feared that voucher recipients may not be able to contact them. For example, an artisan from Tatale shared: “... , the [voucher recipients] are poor people, if they do not get someone to help them... it will be a problem to get the vouchers to us earlier... The people are poor, assuming that they do not have phones, where do they get the phones to call us?... They do not have phones; how will they call us?” However, we found that most beneficiaries did not face challenges in redeeming vouchers. In some cases (47% of communities, Table 6), this was because artisans were present during voucher distribution and collected vouchers on the same day. Immediately after voucher distribution, several beneficiaries selected the toilet they wanted and handed the vouchers to the artisans for redemption. In other cases, artisans visited the communities a few days/weeks later to collect vouchers. As such, the pressure on voucher recipients to call an artisan was generally alleviated.

Decision-making on toilet type. In most cases, the male head of household chose the toilet type. “There were no disagreements when choosing the toilet. I chose the masonry. My wife and children agreed to the choice I made” (man in Kpandai). In a case where the beneficiary was a widow, her son made the decision on toilet type. A beneficiary from Kpandai said, “I gave [the voucher] to my son and when the artisan came [my son] chose the type of toilet we want (masonry)... There was no disagreement after the toilet type selection.”

In some instances, however, artisans seem to have influenced beneficiaries into selecting a type of toilet that was easier and faster to install (Digni-Loo over pre-cast or masonry). A beneficiary said, “I wanted the pre-cast, or the masonry, but [the artisan] said that those ones can easily collapse and that [Digni-loo] is what [he] can easily build for me. I chose [pre-cast] but [he] said, no... Then they came and collected the voucher and tore it and when I said I want [pre-cast] they said [it] can easily collapse. So, they chose this one for me.” Similarly, a beneficiary in Tatale narrated, “I did not like [the Digni-loo] but the [artisans] said that the voucher has limited days and that [the Digni-loo] is easy to [construct] and that is what they will build for [us]. [They said the pre-cast] will take time to construct... I had to agree.” It is important to note that these issues were not captured by the DEHO and District Engineer during toilet verification, as no artisan received a penalty for imposing a toilet type on the beneficiary.

Role played by chiefs in voucher redemption. In approximately half of the communities that we visited, chiefs reported playing an active role in facilitating voucher redemption and toilet construction:

1. In 4 out of 7 communities, chiefs ensured the artisan was called soon after the voucher recipient had selected the toilet they wanted. “[I] made [the natural leader] call the artisan and the [voucher recipients] all chose the type of toilet they wanted” (Kpandai).
2. In 3 out of 7 communities, chiefs assembled a community meeting immediately after voucher distribution to ask community members to dig pits for voucher recipients. In Kpandai, a chief said, “I called a meeting, after the [environmental health staff] left - I called a meeting with the community and asked the people to try and dig the pit... We did not want the artisan to come and the pit is not ready. So, the entire community agreed and dug the pits for [voucher recipients].”

3.2.3 TOILET CONSTRUCTION

After receiving a voucher, it took artisans an average of one month to receive their down-payment, collect materials, and complete the sub-structure. Artisans constructed a majority (70%) of toilets within the timeline imposed by their contract (9 working days after collecting materials to finish sub-structure construction in Tatale and 7 working days after collecting materials to finish sub-structure and superstructure in Kpandai, Table 5). As of December 2020, 88% of toilets had passed the DA’s quality verification.

The Social Fund support covered the sub-structure costs whilst the beneficiary household was responsible for digging the pit and building the toilet superstructure. This meant that beneficiaries who were physically challenged or elderly depended on community members and relatives to dig the pit and build the superstructure. Some respondents noted that no compensation was given to community members who helped beneficiary households with toilet construction. When asked about the factors slowing down toilet construction, an artisan in Kpandai proposed: “The community members feel like because they are not benefitting, why should they leave their work and come to help the beneficiary put up the walls? This is my biggest worry.” In most beneficiary households, the sons of the vulnerable person provided the manual labor. In Tatale district, a beneficiary said, “My son is the one who dug the pit. The people [community members] said that they would dig the pit and build the walls for us, but later they did not come ...My son will do the superstructure for me.” In 1 out of the 7 communities we visited at midline, the chief provided food for the artisans during sub-structure construction. In Kpandai, a chief said, “When

the artisans came, I had to prepare food for them because I wanted the artisans to be happy and this was hard. It was also hard to get the community members to help to dig the pit though they eventually helped to do this.”

The quantitative data collected during toilet verification revealed differences between the two districts in the type of support that beneficiaries received (Table 8). In Tatale, the majority of beneficiaries received help from people outside their compound (neighbors, community technical volunteers or CTVs, and artisans) to dig the pit (83%) and to build the superstructure (84%). In the vast majority of cases, beneficiaries provided compensation in the form food and water (85% for the pit, 84% for the superstructure). In Kpandai, the majority of beneficiary households only received help from family members inside their compound to dig the pit (83%) and to build the superstructure (71%). Family members typically do not require as much compensation, which likely explains why beneficiaries provided compensation in fewer cases (42% for the pit and 51% for the superstructure) (Table 8).

Beneficiaries were also worried that the vouchers were distributed at a time when there was no thatch for the roofs. This is because communities typically burn excess grass around January, while vouchers were distributed in February. A beneficiary in Tatale said, *“I will build the superstructure but what to use to build the roof is a problem. ... The bush is not there and there is no more thatch again to roof. ...The thatch is just not available.”* In the end, many households were able to address this difficulty, for example by going to a river to collect thatch for the roof. For future programs, however, community members recommended conducting voucher distribution and toilet construction before the end of the year. *“You should replicate what happened here. But you should go at a different time, before the bush gets burnt. And not after the community has burnt the bushes and they cannot get the thatch to roof it...In November. During that time, there is water... There will be grass to thatch the roof.”*

3.2.4 TOILET VERIFICATION

District Assemblies conducted a minimum of two follow-up visits per community to encourage beneficiaries and community members to build the superstructures. Combined, it took four months (21 separate days) for Kpandai to verify that all toilets met quality standards, while verification is still ongoing as of December 2020 in Tatale. Overall, 3% of toilets failed verification during the first visit because (Table 8):

- a. Pit lining was still in construction: 4 toilets (in these cases, engineers conducted verification visits before the artisan had completed work on the sub-structure)
- b. There was no ventilation pipe: 4 toilets
- c. The roof was incomplete: 4 toilets
- d. The slab/door step was not elevated: 2 toilets (for these toilets, the artisan was asked to come back and install an elevated door step to prevent storm water runoff from flooding the toilet).
- e. The walls were incomplete: 1 toilet

These toilets eventually passed verification after the artisan made rectifications.

Table 8: Toilet Features (as of December 2020)

DATA COLLECTED BY DEHO/ENGINEER DURING TOILET VERIFICATION VISITS	Tatale	Kpandai	Both
Number of voucher recipients	315	126	441
Number of toilet sub-structures completed	315	126	441
Beneficiaries with completed toilets that met quality standards verified by the DEHO and Engineer (as of December 2020)	262	126	388
Proportion of beneficiaries (n=441) with toilet types:			
Masonry	32%	46%	36%
Digni-loo	34%	15%	29%
Pre-cast	34%	39%	35%
Proportion of completed toilets (n=388) with walls made of:			
Concrete	0%	8%	3%
Bricks	1%	4%	2%
Stone + Packed mud	0%	0%	0%
Wood/ bamboo + Packed mud	0%	0%	0%
Packed mud + Cement plastering	10%	17%	12%
Packed mud + Cow-dung plastering	77%	37%	64%
Packed mud only	11%	33%	18%
Others (Wood, Plastic, Bamboo/Thatch, Zinc)	2%	0%	1%
Proportion of completed toilets (n=388) with roof made of:			
Concrete	0%	0%	0%
Clay tiles	0%	0%	0%
Wood	0%	1%	0%
Thatch	57%	28%	47%
Plastic	0%	2%	1%
Zinc (corrugated iron sheet)	43%	69%	52%
Proportion of completed toilets (n=388) with a door (zinc, wood, zana-mat, curtain)	58%	48%	54%
Proportion of completed toilets (n=388) with pit covered	90%	98%	92%
Proportion of completed toilets (n=388) with a handwashing facility ^a	44%	30%	39%
Proportion of toilets (n=388) that failed quality verification on first visit	3%	4%	3%
Proportion of beneficiaries (n=388) who received help to dig the pit	98%	95%	97%
From people inside their compound only	15%	83%	37%
From people outside their compound (friends and relatives, artisans, and CTVs)	83%	12%	60%
Type of compensation given by beneficiaries who received help to dig the pit (n=378):			
Money ^b	0%	3%	1%
Food and water	85%	38%	70%
None	14%	59%	29%
Proportion of beneficiaries (n=388) who received help to build the superstructure	91%	83%	89%
From people inside their compound only	8%	71%	28%
From people outside their compound (friends and relatives, artisans, and CTVs)	83%	12%	61%

DATA COLLECTED BY DEHO/ENGINEER DURING TOILET VERIFICATION VISITS	Tatale	Kpandai	Both
Type of compensation given by beneficiaries who received help to build the superstructure (n=344):			
Money ^c	0%	9%	3%
Food and water	84%	42%	71%
None	16%	50%	26%
Proportion of beneficiaries (n=388) who purchased materials for the superstructure	16%	52%	28%
Median amount spent on materials for superstructure construction (n=107)	45 GHS	50 GHS	50 GHS
Proportion of beneficiaries (n=388) who provided food and water to the artisan who built their toilet	85%	68%	80%
Proportion of beneficiaries (n=388) who were satisfied with the targeted subsidy program	100%	100%	100%

^a Handwashing facilities were not promoted as part of this project, though the DEHO encouraged beneficiaries who did not yet have a handwashing facility to build one.

^b Among the three beneficiaries in Kpandai who provided compensation in the form of money, the median amount was 25 GHS (4 USD).

^c Among the nine beneficiaries in Kpandai who provided compensation in the form of money, the median amount was 30 GHS (5 USD).

3.2.5 THE PERSPECTIVE OF ARTISANS, MATERIAL SUPPLIERS, AND INELIGIBLE HOUSEHOLDS

Challenges faced by artisans and material suppliers. The financial institutions required artisans and material suppliers to travel to nearby towns to collect their payment. In both Tatale and Kpandai, this required a drive of approximately 45 minutes (one way) to withdraw the funds from the nearest FI branch (located in neighboring districts). In Tatale, artisans and material suppliers delegated that duty to one person, and the financial institution issued a cheque to that person. In Kpandai, artisans and material suppliers each travelled to Bimbilla district to collect cash from their payments, which the financial institution deposited in their personal accounts. In both districts, artisans and suppliers expressed concerns about travelling with large amounts of cash. A supplier from Kpandai district said, *“Travelling from Kpandai to Bimbilla is something that is so challenging because it is risky and there is fear of robbers attacking me on the road... if [I] could receive [my] money on mobile money, it will be safer than travelling to Bimbilla in order to get paid.”* In Tatale, where Vision Fund did not have authority from the Central Bank of Ghana to manage personal accounts, a supplier noted, *“...What can be done differently is to have the payment made directly into our bank accounts. That would have been better than having the money given to us in cash. Mobile money is not good because if they are to pay us through mobile money it will take some charges there. We would like [the money to be transferred] directly to [into] our bank accounts.”*

Artisans appreciated receiving a down-payment before travelling to the community to construct toilets for the beneficiaries. In Tatale, artisans used the down-payment to travel to the community and buy food. *“The money... as a human being you cannot work in hunger, and some [artisans] use motorbike to go to the community and have to fuel it. Communities are far - and you have to sleep there - if you go [to a community], there are households that will cook for you and some [will not]. So, the challenge is the money. You have to get the down payment before you go.”* In Kpandai, artisans used their down-payment to pay laborers. An artisan in Kpandai said, *“After I receive the voucher, I go to the financial institution to see if I can get the mobilization (my first 40%). Before you can start the work for this project, [you need to pay] laborers and if you have nothing in your hands you cannot pay.”*

Impact of the subsidy intervention on the businesses of artisans and material suppliers. The program increased business activity for the artisans enrolled. An artisan from Kpandai said, *“Within these*

two months, I have gotten 44 toilets and so work has come. In the previous years it was not like that.” During voucher distribution, artisans were given a few minutes to address the community and describe the toilets they could construct; they also distributed flyers with their contact details. Artisans felt that they had gained visibility through this process. “These flyers, my name is there and the people know and have my number so they will call me.” Three of the four artisans interviewed in March 2020 reported increased demand from ineligible households. An artisan said, “...people who are seeing me build for beneficiaries are approaching me to build for them and am getting business from them. After finishing building the toilet for the beneficiaries, the other households come. About 5 ineligible households approached me to build toilet for them.”

However, follow-up phone calls with three artisans in August 2020 revealed that actual demand from ineligible households had been moderate: they had constructed 15 toilets for ineligible households in treatment communities, compared to 168 toilets for eligible households in the same time period. One of the artisans noted that he had received four additional requests from ineligible households for Digni-Loo toilets but he could not build these because of unavailability of the Digni-Loo materials.

The program also bolstered business for material suppliers, at least temporarily. A material supplier from Tatale narrated, “What is working well is this business, initially when I brought cement to my shop, I would not sell them fast, but due to the program, eh, yesterday, [artisans] came with a vehicle and collected about 216 bags of cement from my shop, and that made me happy. Before, I would be selling one bag a day, but [customers] would not even pay my money.” Suppliers also reported that the program had impacted their businesses financially. A supplier from Kpandai said, “In fact, this program has impacted my business too much. Before this program, I used not to sell like I do today. Through the program I went to radio stations to advertise my business and this brought a lot of customers to my business. Financially, there is great impact on my business through this program.”

Opportunities for ineligible households to upgrade their toilets. Most ineligible households cited financial constraints as the main barrier to upgrading their toilet to a durable one. For example, in Kpandai, an ineligible household said, “I wish I was having money to construct [a toilet] like the one they are constructing for the beneficiaries. And if I get money today, I will do the masonry.” Ineligible households added that they would call the same artisans working on beneficiary toilets to construct a durable toilet after they saved up some money. They also liked the toilets provided by the program and most expressed a desire to have one of the three provided by the program. In Kpandai, an ineligible household explained, “I want to dig my own one like the ones they are digging for the beneficiaries. I will buy cement and contact [artisan X] (the artisan working on beneficiary toilets in [our community]) and talk to him about it when I’m ready to pay. The toilet type I prefer is the masonry.”

3.3 SUMMARY OF IMPLEMENTATION CHALLENGES

We documented several challenges experienced during implementation.

Unavailability of funds for DA field facilitators. Lack of funds to purchase fuel for Tatale DA motorbikes resulted in the delayed distribution of vouchers. The DA staff agreed to use funds out-of-pocket after several back-and-forth negotiations with UNICEF. Unavailability of funds to purchase data to send electronic survey forms also strained the DA staff: the DA had not factored this in the budget and facilitators had to buy data for mobile phones out-of-pocket. Additionally, the DA reallocated funds for follow-up and verification visits to other programs. This meant that only WASHPaLS staff were conducting follow-ups in Tatale at the beginning. As a result, the implementation, including payment to artisans was delayed because superstructures were not yet built.

Transportation to communities. Three weeks after voucher distribution, artisans in Tatale halted voucher redemption because they felt that the material transport allowance was insufficient. After consulting with UNICEF and WASHPaLS, the financial institution in Tatale doubled the transport allowance, and voucher redemption rapidly resumed.

In Kpandai, the financial institution provided the material suppliers (not the artisans) with a material transportation allowance to deliver cement, sand, gravel, vent-pipe, and binding wires to communities. However, material suppliers refused to pay for transportation of the pre-cast mold rings because: 1) this was not factored in the negotiated transport allowance; and 2) the molds were heavy, large (occupied a lot of space in their three-wheeler), and expensive to transport. As a result, Kpandai artisans covered transportation costs for the molds (out-of-pocket).

Artisans in Kpandai complained that their payment was insufficient to cover their own transport to communities. An artisan from Kpandai said, “*The workmanship [fee] is not much. What we charge it is little, we did not calculate our fuel to community. You as the artisan have to buy fuel for [your] laborers to get to the community...*”. However, no adjustments were made in response to this complaint.

Insufficient number of molds for the pre-cast toilet type. There was only one set of rings for molding the pre-cast toilet model in each district, which delayed pre-cast toilet construction. A set of molds contains four rings. Each pre-cast toilet requires 3-4 rings. In Tatala, 3 rings were needed to line a single pit toilet. Artisans in Tatala shared the four rings between two groups, which still resulted in delays because it takes a day for a mold to dry. In Kpandai, where artisans used all 4 rings for a single toilet, there was delay in toilet construction because no other artisan could use any of the rings at the same time. This approach was used because the sand available in Kpandai district is of low quality, requiring the artisan to cast the rings in-situ (as opposed to pre-cast rings).

Supply chain disruption due to the pandemic. Government lock-down disrupted material supply chains: the Government of Ghana locked down Kumasi and Accra for almost two months in March-April 2020 to slow the spread of COVID-19. During this period, Kpandai material suppliers could not get supplies like cement from their distributors in Kumasi and Accra. As a result, some artisans decided to build Digni-loo toilets (which require less cement) including for beneficiaries who requested other designs (which created some dissatisfaction among beneficiaries, as described previously). In Tatala, the cost of Digni-Loos increased during lock-down. UNICEF and Vision Fund had to increase the amount paid to the Digni-loo supplier to enable him to make a profit.

Disruptions due to rains. Sporadic rains eroded pits that beneficiaries had dug, increasing pit dimensions and delaying toilet construction. Community members had to dig new pits for beneficiaries because the financial institution could not afford to pay for the additional materials needed to line pits with wider dimensions. In some cases, artisans had to backfill the pit with sand. However, this would not have happened if the artisan had done the work immediately after pit evacuation instead of waiting for days, which made the pit vulnerable to the rain.

Artisan and material supplier payment. *Contract termination:* In Kpandai, the financial institution cancelled their contract with a registered artisan when they found out that he was a carpenter and could not construct a toilet, though he received artisan training from the program. Also, a Digni-Loo material supplier cancelled his contract due to miscommunication, forcing the financial institution to engage a Digni-Loo material supplier in a different district (this took an additional month to set up, Appendix 9).

Delay in payment: Tatala payments were delayed when cheques issued had errors (i.e., no signature) or when the Ghana Commercial Bank had suspicions over the large amount and number of transactions made by the person cashing the cheque. In Kpandai, payments were delayed as a result of communication breakdowns within the financial institution between the field officer and the manager issuing payments at the branch office.

Staffing issues: In Tatala, the financial institution had not allocated sufficient staff to this activity: at most, the field staff was present only once per week in the district, which delayed payments. In Kpandai, the financial institution staff in charge of managing payments was replaced after four months by a staff person not familiar with the program. WASHPaLS had to train the new staff because he halted all payments to

material suppliers (demanding to see receipts of all payments made in the past). Lastly, the field staff in Kpandai did not have a laptop and had to rely on WASHPaLS staff to update the [online](#) tracking tool.

3.4 LESSONS LEARNED

At the onset, WASHPaLS and UNICEF established a number of guiding principles for implementing the targeted subsidy program: 1) strengthening local market actors (artisans, material suppliers) as opposed to relying on external service providers; 2) providing freedom of choice to beneficiaries as opposed to imposing a toilet type on them; 3) applying results-based payments (i.e., full payment to artisans was conditional upon the toilet meeting all quality criteria, including the presence of a superstructure); 4) relying on District Assemblies to lead community consultation and identify eligible households, distribute vouchers, conduct follow-up visits to encourage redemption, and verify toilet quality. We learned that applying these principles is challenging in practice, as it requires a large number of transactions between a large number of stakeholders (Figure 3). Successful implementation is not possible without a staff fully dedicated to the program who can coordinate all stakeholders and quickly respond to issues when they arise (WASHPaLS staff Joyce Kisiangani played this role). Additionally, it is important to acknowledge that District Assemblies may not have sufficient resources (time, staffing, vehicles, motivation) to take on all the above activities.

Successful implementation requires that all stakeholders involved in the process be incentivized to perform according to the protocol. In our case, results-based payment schemes incentivized good performance among material suppliers (they were not paid until all materials were delivered) and artisans (an artisan was not paid in full until the entire toilet was complete), but District Assemblies and financial institutions received all funds upfront with no reward for timely completion of tasks. As a result, District Assemblies and financial institutions did not prioritize activities related to the targeted subsidy program. Ensuring that they fulfilled their responsibilities (e.g., conduct all necessary field visits or process payments on time) required constant pushing from the UNICEF/WASHPaLS team for several months. For future iterations of this program, we would recommend providing District Assemblies and financial institutions with performance-based incentives such as phased payments or a monetary bonus when all toilets in a community are completed and all payments are processed. Public recognition may be an effective incentive too: in Northern Ghana, the District League Table, which ranks districts according to their sanitation performance, helped encourage progress towards ODF achievement; this strategy could potentially be adapted to include targeted subsidy achievements in the future. We would also recommend revising the artisan payment structure: the 40% down-payment followed by a 60% results-based payment did not seem to incentivize artisans enough to support beneficiaries with superstructure construction. As a result, toilet completion took 3 more months than initially envisioned and was still not complete in December 2020. We recommend lowering the down-payment (it should strictly cover start-up costs such as travel to communities and funds to hire one or two laborers, but not more) and increasing the results-based fraction of the payment.

One of the guiding principles was to provide voucher recipients the ability to choose their preferred toilet type and artisan. In practice, artisans self-assigned themselves to specific program communities and visited households in person to encourage voucher redemption. This strategy helped facilitate high voucher redemption rates, but in effect eliminated the voucher recipients' freedom to choose their preferred artisan. It is important to recognize that this type of organization among artisans is likely characteristic of construction markets in rural areas and therefore cannot be avoided. The majority of beneficiaries reported being able to choose their preferred toilet type. However, some artisans tried to influence voucher recipients to select a toilet that is easy to install. To avoid artisan bias in future iterations of this program, artisan payments should be strictly proportional to the level of effort required to install each toilet type.

4.0 PROGRAM COSTS

4.1 SUBSIDY AMOUNT

UNICEF had initially budgeted a subsidy amount of 121 USD (700 GHS) per toilet. The subsidy covered the sub-structure only (pit lining and a durable slab). In practice, the subsidy amounted to 103-118 USD for Digni-Loo, 111-118 USD for pre-cast, and 131-135 USD for masonry sub-structures, with small differences between the two districts (Table 9). Overall, the average subsidy amount was 120 USD (690 GHS) per toilet, consistent with the initial budget (Table 9).

To put these hardware costs in perspective, the average monthly income of rural households in the Northern Region is approximately 190 USD (1,100 GHS).¹⁰ Among the 33% of rural households in the Northern Region who fall below the national “extreme poverty” line, the average monthly income is approximately 90 USD (530 GHS). Building a durable toilet sub-structure in rural areas of the Northern Region therefore represents 63%-133% of the average monthly income, depending on the household’s poverty level.

Table 9: Subsidy Amount per Toilet (Exchange Rate: 1 USD=5.75 GHS as of 06/29/2020)

	TATALE		KPANDAI		OVERALL	
	Number	Cost (USD)	Number	Cost (USD)	Number	Cost (USD)
Digni-Loo	108	103	19	118	127	111
Pre-cast	107	118	49	111	156	115
Masonry	100	131	58	135	158	133
All types combined	315	117	126	123	441	120

4.2 IMPLEMENTATION COSTS

We determined implementation costs involved in piloting the targeted subsidy in 61 communities (Table 10). Implementation included the following activities: training field facilitators and artisans; designing and printing vouchers and marketing flyers; establishing Digni-Loo suppliers; negotiating contracts with artisans and material suppliers; setting up an online tracking tool for voucher redemption and payment; identifying eligible households; monitoring and processing data from the identification of eligible households and voucher distribution; administering vouchers; conducting follow-up visits; conducting toilet verification visits; and performing financial management (Appendix 6 and 7).

The cost estimates presented below included (Appendix 7):

- Direct implementation costs (covered by UNICEF Ghana, with the exception of DA salaries covered by the Government of Ghana):
 - District Assembly costs: salaries, per diems, transport, communication
 - Artisan training expenses: salaries, transport, and per diems for UNICEF trainers, chair hire, stationary
 - Sub-contracts to financial institutions

¹⁰ Derived from GLSS data: Ghana Statistical Service. (2019). Ghana Living Standards Survey (GLSS) (Vol. 53). <https://doi.org/10.1017/CBO9781107415324.004>

- Printing of vouchers and fliers
- Implementation support by WASHPaLS:
 - Project management support: staff time of office team.
 - Training of District Assembly facilitators: stipends, per diems, transport, and communication for WASHPaLS field team.
- Pilot monitoring by WASHPaLS field team for learning purposes: stipends, per diems, transport, communication. In practice, the WASHPaLS field team also provided technical support to DA field facilitators, in addition to pure monitoring.

Table 10: Implementation Costs (Exchange Rate: 1 USD=5.75 GHS as of 06/29/2020)
(Total costs as well as average costs across the 61 study communities and 441 beneficiary households)

	Direct costs	Implementation support by WASHPaLS	Pilot monitoring	Total		Total
				Tatale	Kpandai	
Identification of eligible households						
Total cost	6,537	2,705	8,182	10,709	6,714	17,423
Cost per community	107	44	134	249	373	286
Cost per beneficiary	15	6	19	34	53	40
Voucher distribution, follow-ups and verification						
Total cost	9,207	941	11,900	13,589	8,459	22,048
Cost per community	151	15	195	316	470	361
Cost per beneficiary	21	2	27	43	67	50
Setting up materials supply chain						
Total cost	3,228	889	131	2,722	1,526	4,247
Cost per community	53	15	2	63	85	70
Cost per beneficiary	7	2	0	9	12	10
Financial management						
Total cost	20,370	0	20,370	7,962	12,408	20,370
Cost per community	334	0	334	185	689	334
Cost per beneficiary	46	0	46	25	98	46
Project management support by WASHPaLS						
Total cost	N/A	21,670	0	15,318	6,352	21,670
Cost per community	N/A	355	0	356	353	355
Cost per beneficiary	N/A	49	0	49	50	49
Total						
Total cost	39,342	26,204	20,212	50,300	35,458	85,758
Cost per community	645	430	331	1,170	1,970	1,406
Cost per beneficiary	89	59	46	160	281	194

Implementation costs amounted to 148 USD per beneficiary household (or 1,068 USD per community), excluding pilot monitoring expenses (194 USD per beneficiary or 1,406 USD per community when including monitoring expenses) (Table 10). These included 89 USD in direct implementation costs (845 USD per community) and 59 USD in project management and training support provided by WASHPaLS (423 USD per community). Note that UNICEF staff time was not captured in these cost estimates.

Total program costs per beneficiary are illustrated in Figure 4a, including 120 USD of subsidy, 148 USD of implementation (89 USD of direct costs and 59 USD for training and project management), and 47

USD of pilot monitoring expenses for learning purposes. Together, these elements result in a total cost per beneficiary of 314 USD, or 267 USD if expenses dedicated to research and learning are excluded. Considering an average of 7.3 beneficiary households per community (min: 1, max: 14), the program cost an average of 2295 USD per community, or 1954 USD per community when excluding research and learning expenses (Figure 4b).

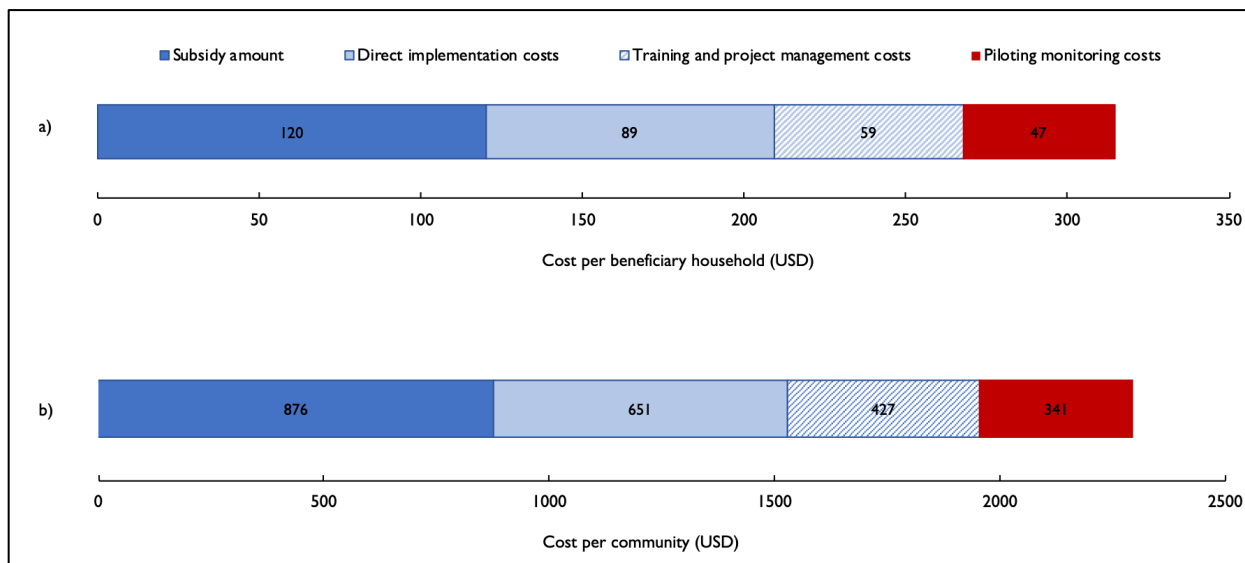


Figure 4: Total Estimated Costs per Beneficiary and per Community

Examining direct costs, we estimated that 27% were associated with District Assembly time (salaries and per-diems), 11% with travel to communities (fuel), 2% with out-of-pocket mobile data costs, 8% with setting up the supply side (training artisans and printing fliers), and 52% with sub-contracting financial institutions to manage funds and print vouchers. This breakdown indicates opportunities for economies of scale if the program is extended to a larger number of communities: while staff time and travel may scale proportionally to the number of program communities, costs associated with supply chain and financial management (60% here) would not, likely lowering the average cost per beneficiary. Additionally, combining the program with other post-ODF activities, so that travel costs for District Assembly staff could be spread over multiple programs, would further reduce the cost per beneficiary.

4.3 LESSONS LEARNED

We learned that the costs of implementing a targeted toilet subsidy program are on the same order as the subsidy itself. Direct implementation costs were approximately 89 USD (511 GHS) per beneficiary household (or 651 USD per community), including District Assembly staff time (salary costs) and fieldwork expenses (transport, per-diems, and communication), artisan training, and sub-contracts to financial institutions. Including the required additional project management costs (that is, training field facilitators; managing and analyzing data from beneficiary identification and voucher distribution; setting up material suppliers; supporting financial institutions with an online cash tracking tool; supporting artisans and District Assemblies; producing vouchers and fliers), total implementation costs were approximately 148 USD (850 GHS) per beneficiary household (or 1078 USD per community). In comparison, the hardware subsidy was 120 USD (690 GHS) per beneficiary household on average (or 876 USD per community). If governments or development partners wish to implement a post-ODF targeted subsidy program in the future, we recommend that they do so as part of a more comprehensive post-ODF intervention (e.g., market-based sanitation, follow-up visits to all households) so as to reduce implementation costs per household.

5.0 NEXT STEPS

We plan to conduct the endline survey from November 2020 to March 2021. We will assess the impact of the targeted subsidies on toilet coverage, quality, and use among the poor and vulnerable. We will also assess spillover effects, determining the extent to which targeted subsidies resulted in improved or sustained toilet coverage, quality, and use among ineligible households. Prior to conducting the endline survey, we will identify “would-be” eligible households among the 50 control communities. After the research is complete, UNICEF plans to administer vouchers for toilet construction within the control group.

We are preparing a policy brief titled “Community Consultation to Identify Households Eligible for Targeted Sanitation Subsidies in Rural Ghana”. UNICEF is also producing a 7–10-minute documentary film on the targeted subsidy intervention. Lessons described in the policy brief and the documentary film will inform policy makers and implementers on how to target subsidies in the WASH sector. At the end of the study, we plan to hold dissemination meetings to discuss final results on the impacts of targeted toilet subsidies with the Ministry of Sanitation and Water Resources, CWSA, and other sector stakeholders. We also plan to disseminate key findings to District Assemblies by providing a 2-page summary of the intervention and study findings. Finally, we plan to encourage UNICEF Ghana and/or USAID Ghana to organize a “Forum on Pro-Poor Support” with national stakeholders, allowing other WASH organizations to share lessons learned from their programs. The National Level Learning Alliance Platform or the Annual National CLTS Stocktaking Forum could act as possible platforms for such a meeting.

APPENDIX IA: STEP-BY-STEP PROTOCOL FOR IDENTIFYING ELIGIBLE HOUSEHOLDS

DA field facilitators identified households eligible for the subsidy in study communities using the protocol described below. **Field Day 1: Community Entry and Preparation**

1. Assign a field facilitator different from the one who implemented CLTS, otherwise the community will immediately know that the program is about sanitation. Assigning a new field facilitator will also limit bias and favoritism.
2. Approach the chief to schedule a date for a community meeting.
 - a. Observe local norms: use a contact person to take you to the chief and make a courtesy visit.
 - b. On this day, do not mention the Social Fund program. Explain that the purpose of your visit is simply to learn from the community.
 - c. Select a time when every household can attend a community meeting, such as late afternoon. Avoid market days. To determine the appropriate date and time, it is recommended to consult not only with the chief but also with natural leaders and any other community member present.
 - d. Emphasize the importance of having all community members present, including women and vulnerable people.
3. If the community is enrolled in the LEAP program, retrieve the list of LEAP recipients from the Social Welfare Officer at the DA.

Field Day 2: Community Consultation and Beneficiary Identification¹¹

1. On this day, do not mention the Social Fund program.¹²
2. Start the meeting with an opening prayer and with an ice-breaker activity (e.g., songs, game, discussion about areas where the community is performing well).
3. Reiterate that the purpose of your visit is to learn from community members.
4. Ask the community how they define a “poor person who needs external support”.
 - a. Let them talk and provide examples.
 - b. As they speak, formalize their examples into the following categories:
 - Households that are not able to feed themselves all year round.
 - Households that have a “vulnerability” and no support from relatives, such as:
 - i. Elderly persons who do not have someone providing for them.

¹¹ Typically, the community consultation process takes approximately one hour on average (min: 0.5, max 2.5), and conducting all verification surveys take 2 – 3 hours depending on the number of designated households (13 minutes per survey on average). In total, therefore, Day 2 activities require a maximum of 4 hours per community.

¹² This is to avoid creating bias during the community consultation process. The Social Fund program will be mentioned for the first time during voucher distribution on a separate day.

- ii. Persons with severe disability or chronic illness resulting in inability to farm or work and who do not have someone providing for them.
 - iii. Widows who do not have someone providing for them.
 - iv. Orphans/child-headed households that do not have someone providing for them.
 - c. Get participants to agree or provide feedback; for example: “you are saying that households that cannot feed themselves all year round need external support. So, if such a household were to receive external support, would everyone approve? Would that create any jealousy?”
5. Conclude by listing the five categories that have been established.
 6. Ask the community to list the households that fall within each category.
 - a. Example: “in this community, can you tell me how many elderly people there are?”. “Among those, who are the ones who do not have children or family members providing for them?”.
 - b. For each person listed, confirm that she/he doesn’t have someone providing for them. As per LEAP principles, having a disability or being aged is not sufficient; the household should also be without support from relatives.
 - c. Conclude by reading out the names of the households and confirming that they are vulnerable and poor and that no one is left out.
 7. If available, consult the LEAP list. If it includes households that have not been mentioned during the community meeting, probe on whether these households are considered to be poor and vulnerable.
 8. Tell community members that the list of vulnerable and poor households provided will be subject to verification processes.
 9. Visit all pre-selected households (i.e., designated households) accompanied by a natural leader and complete the electronic eligibility verification form (Appendix 1B).

On a Later Day: Reviewing Electronic Forms

Review responses from the household eligibility verification questionnaire. A household is eligible for the targeted subsidy if it meets the following three criteria:

1. It is not able to feed itself all year-round OR has a vulnerable person (widow, elderly, person with severe disability/chronic illness, or orphan) with no support from relatives.
2. It does not own a toilet with a durable sub-structure (slab + pit lining). Note that this criterion does not exclude all households with a functional toilet, rather only those that own a toilet with a durable slab and pit lining.
3. There is no other eligible household in the same compound.

APPENDIX IB: ELIGIBILITY VERIFICATION FORM

This questionnaire is to be administered by the field facilitator in the local language. The field facilitator should interview the head-of-household or any other adult available. To respect the household's privacy and dignity, it is important for the interview to take place in private, i.e., not in the presence of community leaders or neighbors.

The questionnaire automatically determines household eligibility. A household was ineligible in any of the following situations:

- The household was able to feed itself all year round (B8 = Yes) and had no vulnerable person without support (B10 = 0).
- The household already owned or co-owned a functional toilet with durable sub-structure:
 - D1=1-2 and D4=1 and D7=1 and D8=1 (i.e., owned a functional toilet)
 - D5=1-2 and (D6=1-2-3 or D9=2) (i.e., the sub-structure is durable)
- There was another eligible household in the same compound (D11=1).

A program staff reviewed survey answers to make a final determination of eligibility before distributing vouchers.

No.	Question	Answer Choices	Code
DATE AND GEOGRAPHIC LOCATION			
A0	Date	_____	
A1	District name:	Tatale Kpandai	1 2
A2	Community name: Select from drop-down list.	_____	
A2Confirm	Do you confirm that the correct community name is _____ (response selected in A2)	Yes No	1 0
HOUSEHOLD SELECTION INFORMATION			
B1	Was this household pre-selected during the community meeting?	Yes No Don't know	1 0 99
B1a	Name of the person identified as "vulnerable and poor"	_____	
B1b	Why did the community identify {B_01a} as "vulnerable and poor"? Hint: Provide the primary reason.	Cannot feed all year round Elderly person with nobody providing for him/her Person with severe disability and nobody providing for him/her Chronically-ill person with nobody providing for him/her Widow with nobody providing for her Orphan or child head of household with nobody providing for him/her	1 2 3 4 5 6

No.	Question	Answer Choices	Code
		Other _____	96
B2	[If B1 = No or Don't know] Who referred this household?	_____	
B2b	Why was this person identified as "vulnerable and poor"? Hint: Provide the primary reason.	_____	
B_00	Is someone from the pre-selected household currently at home?	Yes No	1 0 >>End
HOUSEHOLD IDENTIFIERS			
D0Intro:	You can now start the interview.		
D0	How many households live in this compound?	_____	
[If D0 > 1] Make sure to identify the household to which the designated vulnerable person belongs.			
A3	Household family name: Hint: Household where the "poor and vulnerable" person lives	_____	
A4	First name of the HEAD OF HOUSEHOLD: Hint: Household where the "poor and vulnerable" person lives	_____	
A5	Popular name of the HEAD OF HOUSEHOLD: Hint: Household where the "poor and vulnerable" person lives	_____	
A6	Gender of the HEAD OF HOUSEHOLD: Hint: Household where the "poor and vulnerable" person lives	Female Male	1 2
A8	Aquaya household ID: Hint 1: The household ID was written with chalk near the door of the household and on the consent form given to the household. Hint 2: In addition, the compound ID was written with chalk near the door of the compound.	AQ-_____	
A8a	Do you confirm that {number provided in A8 above} is the Aquaya ID of the household WHERE THE "VULNERABLE AND POOR" PERSON LIVES?	Yes No	1 0
[If A8a = No] Please go back and correct Aquaya Household ID			
A8b	Take a photo of the consent form or door post showing Aquaya Household ID.	Take Picture Choose Image	
EXTREME POVERTY AND VULNERABILITY CATEGORIES			
D11	Did the community identify other "vulnerable and poor" households in this compound?	No, the community identified ONLY ONE "vulnerable and poor" household IN THIS COMPOUND Yes, the community identified ONE OR MORE OTHER "vulnerable and poor" households IN THIS COMPOUND Don't know	0 1 99

No.	Question	Answer Choices	Code
B3_1	Does the household have an ELDERLY PERSON?	Yes No Don't know	1 0 99
B3_2	Does the household have an ADULT WITH SEVERE DISABILITY?	Yes No Don't know	1 0 99
B3_3	Does the household have an ADULT WITH CHRONIC ILLNESS?	Yes No Don't know	1 0 99
B3_4	Does the household have a CHILD WITH SEVERE DISABILITY? [Hint: Under age 18]	Yes No Don't know	1 0 99
B3_5	Does the household have a CHILD WITH CHRONIC ILLNESS? [Hint: Under age 18]	Yes No Don't know	1 0 99
B3_6	Does the household have a WIDOW?	Yes No Don't know	1 0 99
B3_7	Does the household have a CHILD HEAD-OF-HOUSEHOLD?	Yes No Don't know	1 0 99
B3_8	Does the household have ANY OTHER VULNERABILITY?	Yes No Don't know	1 0 99
B3_8b	[if B3_8=Yes] Other vulnerability	_____	
B4	In total, how many people have a vulnerability in this household?	_____	
Answer questions B5-B7 for each person with a vulnerability.			
B5	First name of the vulnerable person:	_____	
B6	Gender of the vulnerable {B_05} person:	_____	
B7	Does this vulnerable {B_05} person have children or relatives providing for him/her all the time?	Yes No Don't know	1 0 99
B10Confirm	Confirm: Total number of vulnerable persons who DON'T HAVE ANYONE PROVIDING for them is [based on response from B7]?	Yes No Don't know	1 0 99
B12Confirm	Confirm: Total number of vulnerable persons WHO HAVE SOMEONE PROVIDING for them is [based on response from B7]?	Yes No Don't know	1 0 99
B8	Is the household able to feed itself ALL YEAR ROUND without help from neighbours or relatives? Probe: Are there times within the year when you are unable to feed yourself like you normally do? Are there periods within the year (Jan-Dec) that you find it difficult to feed yourself?	Yes No Don't know	1 0 99
B8display	You indicated that \${B_08} Do you confirm?	Yes, this is correct No, this is NOT correct	1 0

No.	Question	Answer Choices	Code
B_08secondtime	Is the household able to feed itself ALL YEAR ROUND without help from neighbors or relatives? Probe: Are there times within the year when you are unable to feed yourself like you normally do? Are there periods within the year (Jan-Dec) that you find it difficult to feed yourself?	Yes No Don't know	1 0 99
B9	Is this household in the LEAP program? LEAP = BIFALADAM Aalik	Yes No Don't know	1 0 99
TOILET OWNERSHIP			
D1	Does the household own a toilet?	Yes, single owner Yes, co-owner No, doesn't own a toilet Don't know	1 2 0 99
Ask permission to observe toilet.			
D4	OBSERVE: is there any form of superstructure?	Some form of superstructure No superstructure at all Don't know	1 0 99
D5	OBSERVE: what is the material of the toilet floor?	Concrete (poured or pre-cast) Plastic Wood and packed mud Packed mud only Other: _____ Don't know	1 2 3 4 96 99
D6	OBSERVE OR ASK: is the pit lined?	Not lined Lined with blocks or rocks Lined with concrete Lined with plastic Lined with mud or cow dung plastering Lined with wood Other: _____ Don't know	0 1 2 3 4 5 96 99
D7	Is the pit full?	Pit full Pit not full Don't know	0 1 99
D8	Is the pit collapsed?	Pit collapsed Pit not collapsed Don't know	0 1 99
D9	[If D6= Not lined] What is the nature of the soil near this household?	Normal, sandy Rocky Other: _____ Don't know	1 2 96 99
D10	Any other comments about the toilet?	_____	
D10b	Any other comments about this household or respondent?	_____	
END			

APPENDIX 2A: STEP-BY-STEP PROTOCOL FOR VOUCHER DISTRIBUTION

Day 1: Community Entry and Preparation

1. If possible, assign the same field facilitators who conducted identification of eligible households.
2. Approach the chief to schedule a date for a community meeting.
 - a. Observe local norms: use a contact person to take you to the chief and make a courtesy visit.
 - b. Select a time when every household can attend, such as late afternoon. Avoid market days. To determine the appropriate date and time, it is recommended to consult not only with the chief but also with natural leaders and any other community member present.
 - c. Emphasize the importance of having all households present, including women and the vulnerable.
3. Inform trained artisans from the community's electoral area of the scheduled date for voucher distribution.

Day 2: Voucher Distribution and Community Sensitization

1. Start the meeting with an opening prayer and with an ice-breaker activity (e.g., sanitation & hygiene songs).
2. Explain that the meeting is about finding solutions to ensure that the community remains ODF. Consult community members:
 - a. "What are the challenges that the community is facing to remain ODF?"
 - b. "What solutions does the community propose?"
3. Explain that every household must have its own toilet for the community to be entirely clean. Emphasize the importance of building durable toilets.
4. Introduce artisan(s) and let them explain that they can help the community achieve its goal. Have them distribute marketing flyers (which display toilet options that the artisans can build as well as their contact information) (Appendix 3). Answer any questions from community members.
5. Only now, explain Social Fund support: the poor and vulnerable households that were identified by the community will receive a voucher, making them eligible to receive a free toilet sub-structure. However, the beneficiaries are responsible for getting the pit excavated and the superstructure built. The artisan will not come to do the work if the voucher recipient is not ready to dig the pit and put up the superstructure when the sub-structure is completed.
6. Explain that community members will have to assist the beneficiaries to ensure they are able to excavate the pit and build the superstructure.
7. Review the list of eligible households, and explain the reason for rejecting any household previously listed by the community.
8. Emphasize that the other households can also contact the artisans to get their own durable toilets. Ensure that the artisans leave their contact information.
9. Visit all eligible households with the Natural Leader and the artisan.

- a. If the eligible household is elderly or physically/mentally challenged, ensure that a neighbor or relative is present when giving the voucher and explanations.
 - b. Write the voucher recipient's details on each part of the voucher (Figure 2).
 - c. Hand out the voucher. Explain what they have to do to redeem it.
 - d. Explain that the voucher recipient should start preparing construction materials for the superstructure.
 - e. Describe superstructure requirements: having a ventilation pipe, an elevated slab or door step, four full-height walls (or round walls), and a roof.
10. Complete the electronic voucher distribution form to record voucher recipient information (Appendix 2B).

APPENDIX 2B: VOUCHER DISTRIBUTION FORM

No.	Question	Answer Choices	Code
HOUSEHOLD IDENTIFIERS			
A1	District:	Tatale Kpandai	1 2
A2	Community name: Select from drop-down list.	_____	
A2Confirm	Do you confirm that the correct community name is _____ (response selected in A2)	Yes No	1 0
A8	Aquaya household ID: From list of beneficiaries	AQ-_____	
Make sure to identify the household to which the designated vulnerable person belongs.			
B_00	Is someone from the beneficiary household currently at home?	Yes No	1 0>>End
B_00b	If nobody from the beneficiary household ($\{A_08\}$) is available today, you may speak with a neighbour, preferably from the same compound.		
A3	Household family name:	_____	
A4	First name of the head of household:	_____	
A5	Popular name of the head of household:		
A6	Gender of the head of household	Female Male	1 2
A8a	Do you confirm that {number provided in A8 above} is the Aquaya ID of the household WHERE THE "VULNERABLE AND POOR" PERSON LIVES? Hint 1: The household ID was written with chalk near the door of the household and on the consent form given to the household. Hint 2: In addition, the compound ID was written with chalk near the door of the compound.	Yes No	1 0
[If A8a = No] Please go back and correct Aquaya Household ID			
A8b	Take a photo of the consent form or door post showing Aquaya Household ID.	Take Picture Choose Image	
A14	First name of the BENEFICIARY ("vulnerable and poor" person identified through community consultation):	_____	
A14b	Family name of BENEFICIARY ("vulnerable and poor" person identified through community consultation):	_____	
A14c	Popular name of BENEFICIARY ("vulnerable and poor" person identified through community consultation):		
Concatenate first name and last name of beneficiary			
A16	Gender of BENEFICIARY ($\{Beneficiary\}$):		

No.	Question	Answer Choices	Code
	If there are several beneficiaries in this household, indicate gender of first beneficiary listed above.		
A9	For how many years has the beneficiary lived in the community?		
A10	How many dependents does the beneficiary have?		
A11	What is the main occupation of the beneficiary?	Agriculture Selling produce or goods Cooperatives Private sector, informal Private sector, formal Government sector NGOs (local and international) No occupation, stay home Other: _____ Refuse to answer Don't know	1 2 3 4 5 6 7 0 96 98 99
A12	Does the beneficiary belong to a Village Savings and Loan Association (VSLA)?	Yes. Name _____ No Don't know	1 0 99
A13	Household phone number, if any: (or phone number of a relative/neighbour)	_____	

VOUCHER

READ SCRIPT:

- You have been selected to receive this voucher because the community and the District Assembly identified that your household requires support.
- This voucher allows you to get a latrine sub-structure built for you by an artisan at no cost to you.
- You can choose between these 3 options.
- You have to call one of the artisans on this list to redeem your voucher.
- The artisan will bring the materials and build the latrine, but you will have to get help to dig the pit and put up the superstructure.
- You have until May 31st, 2020 to redeem this voucher.
- Do you have any questions?

F1	Did you provide all necessary information and answered the household's questions?	Yes No	1 0
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WRITE THE HOUSEHOLD'S NAME AND AQUAYA ID ON EACH PART OF THE VOUCHER.

F2	Voucher number:	_____	
F3	Did you write the beneficiary's information on all <u>three parts</u> of the voucher?	Yes No	1 0
F4	Did you indicate the CORRECT Aquaya household ID on the voucher?	Yes No	1 0
F5	Take a photo of the voucher		
F6	Write any comments		

OTHER IDENTIFIERS

A15	Record GPS coordinates:	_____	
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END

APPENDIX 3: THE MARKETING FLYER



MASONRY

- SLAB LINING
- 2 motor-king of sand
- 2 motor-king of gravel
- 2 bags of cement
- CHICKEN MESH VENTILATION PIPE

TOGET YOUR FAMILY A DURABLE LATRINE, CONTACT:

TATALE		KPANDAI	
Nakpali-Borle Electoral Area			
1	James Chana	0249074413	
Nachamba Electoral Area			
1	Wajah Kpachin	0547673015	
Nkpangeni Electoral Area			
1	Nkambe Gabriel	0507875401	
2	N-Meye Albert	0552326473	
Dondoni Electoral Area			
1	Mayite Thomas	0551110522	
2	Nmeb Nkunbnyan	0557390732	
Benatabe Electoral Area			
1	Kpachin K. Abdalla	0542019799	
Kpalbutabu Electoral Area			
1	Jagri Afa Mark	0508099373	
2	Kojo Shie Nanjome	0503090852	
Tatindo Electoral Area			
1	Tanam John Tayan	0245953529	
2	Yaw Kuma Nchingna	0557488143	
3	Kwasi Nwula	0205507747	
4	Takuwi Najah James	0544186895	
5	Maakiti Charles	0548702605	
Anyakrom Electoral Area			
1	Npong John	Has no phone	
2	Gmacham Jacob	0558043959	
Tatale Electoral Area			
1	Napo Zakaria	0548884282	
2	Nyina Maakpeba	0540625140	
3	Fooyon Tayeri	0240181233	
4	Banigna Kojo	0551065597	
5	Kwaku Nkaabe	0541881407	
6	Npong Ernest	0246506254	
Nakpali-Borle Electoral Area			
1	Laten Obed	0249075522	
Benatabe Electoral Area			
1	Benjamin Mensah	0545203721	
Kumdi Electoral Area			
1	Demeakor Attah	0546717441	
Jamboai Electoral Area			
1	Okubulo Francis	0505118860	
Tenglento Electoral Area			
1	Samuel Yajabrum	0554352082	
2	Emmanuel K. Fongmi	0247633882	
Wila Electoral Area			
1	Nkpetri Y. Simon	0240809412	
Balai West Electoral Area			
1	Stephen N. Jagri	0549447549	
Bankamba Electoral Area			
1	Edmond Mensah	0248733412	
2	Kennedy Kofi	0245083784	
Kpandai East Electoral Area			
1	Adams Kwesi	0246555122	
2	Sampson Kwasi Agyei	0546661757	
3	Sayibu Abdul-Latit	0543158161	
4	Alfred Mensah	0249691915	
Kpandai West Electoral Area			
1	Paul N. Salifu	0248179588	
2	Musah A. Rahman	0245741107	
3	Kofi Akahoho	0245258882	
4	Samuel Akpado	0248849343	
Nkanchina Electoral Area			
1	Emmanuel Chamba	0209777658	
2	Emmanuel Kpanti Sule	0206551060	
3	Kpanti Moses	0200844434	
4	Addo Silas	0545134577	
Katejele Electoral Area			
1	Jacob Kuwoe Sankah	0245989709	
2	Isaac K. Abotasen	0537207221	
3	John Npoagnam	0545057310	
4	Yaw Bajuma	0548106963	
5	Kojo Madi	0545712020	



PRE-CAST RING AND SLAB

- 2-3 RINGS
- SLAB
- VENTILATION PIPE
- CHICKEN MESH



BASIC SET

- 1 Slab, 1 Ring, 1 Ventilation Pipe
- RING
- 1 Additional



Grab A Durable Toilet For Your Family!



for every child



APPENDIX 4: BILLS OF QUANTITIES FOR TOILET CONSTRUCTION

COMPONENT	CONSTRUCTION MATERIALS REQUIRED		
	ITEMS	QTY	UNIT (S)
1. PRE-CAST TOILET OPTION			
3 no. ferro-concrete rings of thickness 75mm, internal diameter of 1.3m, height of 0.6m	cement	3	bag (s)
	course aggregate/ gravel	3	motor-king (s)
1 no. ferro-concrete circular slab reinforced with 4mm welded mesh / chicken / garden mesh. Slab thickness 50mm, diameter of 1.45m	cement	1	bag (s)
	iron rods	3, 12.5/ 14mm	rod (s)
	binding wire	3	meters
4-inch PVC vent pipe + net		1	number
2. MASONRY TOILET OPTION			
Moulding 100 cement blocks for lining the pit	cement	4	bag (s)
	course aggregate/ gravel	2	motor-king (s)
	white sand	1	motor-king (s)
1 no. ferro-concrete circular slab reinforced with iron rod. Slab thickness 50mm, diameter of 1.45m	cement (chocking + slab)	2	bag (s)
	course aggregate/ gravel	1	motor-king (s)
	white sand	1	motor-king (s)
	iron rods	3, 12.5/14mm	rod (s)
	binding wire	3	meters
4-inch PVC vent pipe + net		1	number
3. DIGNI-LOO TOILET OPTION			
1 Digni-Loo slab attached to:	slab attached to a ring	1	slab
	i. A ring for pit lining		
	ii. A vent pipe, net, and cap	1	Bag (s)
Additional plastic rings for pit lining	ring	1 or 2	ring (s)

APPENDIX 5: TOILET VERIFICATION FORM

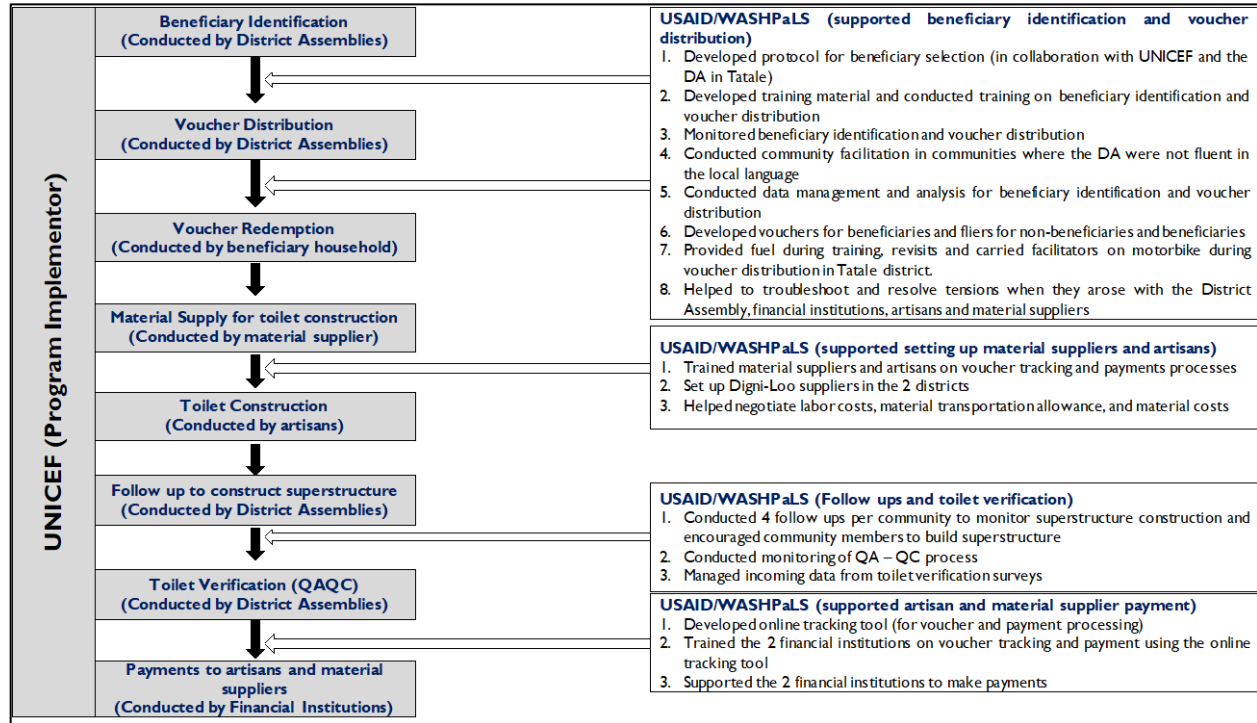
No.	Questions	Answers/Choices	Code
GEOGRAPHIC AND HOUSEHOLD IDENTIFIERS			
A_01	District name:	Tatale Kpandai	1 2
A_02	Community name:	_____	
A_02b	Other community name:	_____	
A_02_confirm	Do you confirm that the correct community name is \${A_02}		
A_03	First name of beneficiary:	_____	
A_04	Family name of beneficiary:	_____	
A_06	Voucher number:	_____	
A_05	Does the beneficiary have the voucher?	Yes No Don't know	1 0 99
A_07	Does the name on the voucher match the beneficiary's name?	Yes No Don't know	1 0 99
A_08	Comments (please explain any discrepancy):	_____	
A_09	From what you can tell, do you think that the respondent is the rightful voucher beneficiary?	Yes No Don't know	1 2 99
A_09b	Please explain your concerns:	_____	
C_01b	Problem type I in words		
A_10	Take a photo of the voucher		
TOILET CHARACTERISTICS			
B_01	What toilet type did the beneficiary select?	Masonry Digni-loo Pre-cast	1 2 3
B_02	Does the beneficiary confirm having received a \${B_01a} toilet?	Yes No Don't know	1 0 99
B_03	Comments (please explain):	_____	
F_01	Ask the beneficiary: did (s)he select the toilet type of his/her choice or did the artisan impose an option?	Selected the toilet type of his/her own choice Artisan imposed his choice Don't know	1 0 99
F_02	Which option would the beneficiary have preferred?	Masonry Digni-loo Pre-cast	1 2 3
F_03	Any other comments?	_____	
B_00	Ask for permission to observe the new toilet		
B_00check	Is there a toilet?	Yes No	1 0
B_04	Is it a \${B_01} toilet?	Yes No Cannot observe	1 0 99

No.	Questions	Answers/Choices	Code
B_04b	Explain: (what type of toilet is it?) (if B_04 is No or cannot observe)	_____	
B_05	Does the toilet look new?	Yes No Cannot observe	1 0 99
B_05b	Comments (please explain):	_____	
C_02b	Problem Type 2 in words		
B_06	Is the pit lined?	Yes No	1 0
B_07	Does the toilet have an elevated slab or elevated door step?	Yes No	1 0
B_08	Is there a ventilation pipe?	Yes No	1 0
B_09	Are there 4 or round full-height walls?	Yes No	1 0
B_10	What is the main material of the walls?	No walls Concrete blocks Bricks Stone _packed mud Wood/bamboo +packed mud Packed mud + cement plastering Packed mud + cow-dung plastering Packed mud only Wood Plastic Bamboo Zinc Other Cannot observe	 0 1 2 3 4 5 6 7 8 9 10 11 96 99
B_10b	Other wall material:	_____	
B_11	Is there a roof?	Yes No	1 0
B_12	What is the main material of the roof?	No roof Concrete Clay tiles Wood Thatch/grass Bamboo rods Plastic Zinc Other Cannot observe	 0 1 2 3 4 5 6 7 96 99
B_12b	Other roof material:	_____	
B_13	Is there a door or curtain?	Yes No	1 0
B_14	Is the pit hole covered with a lid?	Yes No	1 0
B_15	Is the toilet located MORE THAN 30 METERS from a water source (or 50 METERS if the water source is uphill of the toilet)?	Yes No	1 0

No.	Questions	Answers/Choices	Code
B_18	Is there a tippy-tap or handwashing station near the toilet?	Yes No	1 0
C_03b	Problem Type 3 in words		
B_16	Any comments:	_____	
C_04b	Recommendation in words	_____	
B_17	Take a photo of the toilet		
SUPPORT TO CONSTRUCT TOILET			
D_00	Ask the following questions to the beneficiary		
D_01	Did your household receive help to dig the pit?	Yes No Don't know	1 0 99
D_02	Who helped your household to dig the pit?	Other members of the compound Friends or relatives outside compound The artisan The CTV (Community Technical Volunteer) Other	1 2 3 4 96
D_02b	Other help:	_____	
D_03	Did you provide any form of support to the people who helped you to dig the pit?	None Money Food and water Other	0 1 2 96
D_04	Other form of support:	_____	
D_05	In total, how much money did you pay for the pit?	_____	
D_06	Did your household receive help to build the superstructure?	Yes No Don't know	
D_07	Who helped your household to build the superstructure?	Other members of the compound Friends or relatives outside compound The artisan The CTV (Community Technical Volunteer) Other	1 2 3 4 96
D_07b	Other help:	_____	
D_08	Did you provide any form of support to the people who helped you to build the superstructure?	None Money Food and water Other	0 1 2 96
D_09	Other form of support:	_____	
D_10	In total, how much money did you pay?	_____	
D_11	Did you purchase materials for the superstructure?	Yes No Not yet, but am planning to Don't know	1 0 2 99
D_19	What materials did you purchase?	Zinc roof Thatch roof	1 2

No.	Questions	Answers/Choices	Code
		Wood for the roof Wooden door Zinc door Zanamat door Lock Other	3 4 5 6 7 96
D_19b	Other material:	_____	
D_12	How much did you spend on these materials?	_____	
D_13	Did you provide any form of support to the artisan who built the latrine?	None Money Food and water Other	0 1 2 96
D_18	Other form of support:	_____	
D_14	How much did you give to the artisan?	_____	
D_15	Are you satisfied with the service you have received from the Social Fund?	Yes No Don't know	1 0 99
D_16	Explain:	_____	
E_02	Name of artisan who constructed the toilet:	_____	
D_17	Any other comments:	_____	


APPENDIX 6: ROLE PLAYED BY USAID/ WASHPaLS DURING IMPLEMENTATION



APPENDIX 7: LINE ITEMS INCLUDED IN COST ESTIMATES AND SOURCES


CATEGORY	COST ITEMS	DATA SOURCES, NOTES
Identification of eligible households	DA salaries for training and fieldwork	Estimated GOG expenses
	DA per diems for fieldwork	Estimated UNICEF expenses
	DA transport for fieldwork	
	DA communication for fieldwork	Estimated out-of-pocket expenses
	WASHPaLS field team expenses (stipends, per diems, transport, and communication)	Actual WASHPaLS expenses
	Other training expenses (stationary and chair hire)	Estimated UNICEF expenses
Voucher distribution, follow-ups and verification	DA salaries for training and fieldwork	Estimated GOG expenses
	DA per diem for fieldwork	UNICEF expenses
	DA transport for fieldwork	
	DA communication for fieldwork	Estimated out-of-pocket expenses
	WASHPaLS field team expenses (stipends, per diems, transport, and communication)	Actual WASHPaLS expenses
	Other training expenses (stationery and chair hire)	Estimated UNICEF expenses
Setting up materials supply chain	Artisan per diem and transport during training	Estimated UNICEF expenses
	WASHPaLS field team expenses (stipends, per diems, transport, and communication)	Actual WASHPaLS expenses
	Salaries, transport and per diem for UNICEF trainers	Actual UNICEF expenses
	Printing fliers	Actual UNICEF expenses
Financial management	Sub-contracts to two financial institutions to manage funds and print vouchers	Actual UNICEF expenses
Support from WASHPaLS for project management and monitoring	75% of Research & Program Officer time for 11 months	Actual WASHPaLS expenses
	5% of Deputy Director of Technology & Innovation time for 11 months	
	WASHPaLS field team time, per diems, transport, and communication	

APPENDIX 8: ARTISAN AND FINANCIAL INSTITUTION CONTRACTUAL AGREEMENTS



PHB CTR, Cochin
Aru, Ghana
www.visionfundghana.org

T 00233 0 302 30284
F 00233 0 302 30284
E vghana@visionfundghana.org



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Aru, Ghana
www.visionfundghana.org

T 00233 0 302 30284
F 00233 0 302 30284
E vghana@visionfundghana.org

INDEPENDENT CONTRACTOR AGREEMENT BETWEEN VISION FUND AND TATALE ARTISAN

THIS INDEPENDENT CONTRACTOR AGREEMENT (this "Agreement"), is effective as of the 21st day of January, 2020 (the "Effective Date"), and is entered into by and between Vision Fund, with offices located at Tamale ("Company"), and _____ ("artisan") of address _____

The artisan will perform the following tasks for the UNICEF Social Fund program:

ROLES AND RESPONSIBILITY OF ARTISANS

- Artisans should be present during voucher distribution to market themselves (talk about the 3 toilet types to the entire community).
- Artisans will also explain the 3 toilet types to the households that are eligible for support.
- Artisans will collect the voucher from the household (when the household is ready for the toilet) and take this to Vision Fund to get the down payment (40%) for labor and 20 GH\$ for transporting materials to the community they will be working in.
- The artisan will verify and collect quality materials from the material supplier and deliver it to the household within 48 hours. Failure to deliver within 48 hours will result in a deduction of 10% on the second payment of 40%.
- Artisans will fill and update their logbooks on time and take this to VisionFund every time they want to collect a payment.
- Artisans will take the voucher to the material supplier and ensure that they collect quality materials from the supplier, and transport this to the community.
- Artisans will supervise community dig pit to ensure the substructure meets quality standards.
- Artisans will ensure that the household is ready for the toilet before starting construction because their payment is tied to completion of superstructure.
- Artisan will notify the DEHO and the FI once the toilet construction (sub and super structure) is complete so as to fast track the verification process and thus their second payment.
- Artisan will support the beneficiary community as needed when putting up the superstructure.
- Artisans have 9 days to complete toilet construction once they have collected materials from the supplier. Failure to do so will attract a penalty 10% from VisionFund.
- Artisan will ensure that the toilet constructed meets quality standards. That is, the siting of the toilet is more than 30m or 50 meters from a water source, the substructure is upto standard and the superstructure is complete. Failure to meet the standards will result in the artisan not receiving the second and third payment.
- Artisan will discuss and advise the household on the latrine choice based on soil conditions but will not impose a choice on the household. Imposing a toilet option on the household will result in a 20% penalty of the second payment.

PAYMENT

The artisan will be paid the following amount for labor for the 3 toilet types:

- Digpi-150 GH\$
- Pre-cast 200 GH\$
- Masonry 180 GH\$

The table below shows details of the cost breakdown

Toilet type	Activities	# of days	Mason/Laborer	Cost (GH\$)
Digpi-150	Supervise the community members to dig pit (this is necessary to ensure the diameter of pit is correct)	1	Mason	40
	Installation of the pit	1	Mason and Laborer	60
	Facilitation cost	Payment	1 payment	70
	Total cost			170
Pre-cast	Supervise the community members to dig pit (this is necessary to ensure the diameter of pit is correct)	1	Mason	40
	Install the pre-cast ring in-situ. And install the pre-cast slab (mold 2 rings in-situ per day so that the 2 can dry and can mold the 3 rd ring and the slab on the 3 rd day)	2	Mason and laborer	120
	Steel burning for the slab	Payment	Steel burner	20
	Facilitation cost	Payment	1 payment	20
Total cost			200	
Masonry	Supervise the community members to dig pit (this is necessary to ensure the diameter of pit is correct)	1	Mason	40
	Make 100 cement blocks for lining the pit	1	Mason and Laborer	60
	Line the pit and finish making the slab for the toilet	1	Mason and laborer	60
	Facilitation cost	Payment	1 payment	20
Total cost			180	

The artisan will also receive 20 GH\$ to facilitate delivery of materials to the community and begin latrine construction within 48hours.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the Effective Date.

VISIONFUND

By: _____
Name: Peter Adongo
Title: Tamale Branch manager

Date: _____

Artisan Name _____
Signature: _____

Date: _____

WE IMPROVE THE LIVES OF CHILDREN BY OFFERING SMALL LOANS AND OTHER FINANCIAL SERVICES TO FAMILIES.

INDEPENDENT CONTRACT AGREEMENT BETWEEN SAOGBAS AND KPANDAI ARTISAN

THIS INDEPENDENT CONTRACT AGREEMENT (this "Agreement"), is effective as of the 31st day of February 2020 (the "Effective Date"), and is entered into by and between SAOGBAS RECOGNIZANCE COMPANY LIMITED, with offices located at Tamale ("Company"), and _____ ("artisan") located at _____ Kpandai District.

The artisan will perform the following tasks for the UNICEF Social Fund program:

ROLES AND RESPONSIBILITY OF ARTISANS

- Artisan should be present during voucher distribution to market themselves (talk about the 3 toilet types to the entire community).
- Artisan will also explain the 3 toilet types to the households that are eligible for support, and take this to SaoGBAS Recognition Company Limited to get the down payment of 40%.
- The artisan will verify and collect quality materials from the material supplier and deliver it to the household within 2 working days.
- Artisan will fill and update their logbooks on time and take this to SAOGBAS RECOGNIZANCE COMPANY LIMITED every time they want to collect a payment.
- Artisan will take the voucher to the material supplier and ensure that they collect quality materials from the supplier, and ensure that they are transported to the targeted community.
- Artisan will supervise community digging of pit to ensure the substructure meets quality standards.
- Artisan will ensure that the household is ready for the toilet before starting construction because their payment is tied to completion of superstructure.
- Artisan will notify the DEHO and the SaoGBAS Recognition Company Limited once the toilet construction (sub and super structure) is completed so as to fast track the verification process and thus their second payment.
- Artisan will support the beneficiary community as needed when putting up the superstructure.
- Artisan have 7 working days to complete toilet construction (sub and super structure) once they have collected materials from the supplier. Failure to do so will attract a penalty 10% from the right to replace the contract to a different Artisan and surcharge the down payment upon the Artisan.
- Artisan will ensure that the toilet constructed meets quality standards. That is, the siting of the toilet is more than 30m or 50 meters from a water source, the substructure is up to standard and the superstructure is complete. Failure to meet the standards will result in the artisan not receiving the second and third payment.
- Artisan will discuss and advise the household on the latrine choice based on soil conditions but will not impose a choice on the household. Imposing a toilet option on the household means no payment of the second and third tranches of the labor cost.

PAYMENT

The artisan will be paid the following amount for labor for the 3 toilet types:

- Digpi-150 GH\$
- Pre-cast 200 GH\$
- Masonry 180 GH\$

SaoGBAS Recognition Company Limited will provide an additional amount of thirty Ghana cedi (GH\$ 30.00) to artisan to supervise the community to put up the super structure.

The table below shows details of the cost breakdown of LABOUR

Latrine type	Activities	# of days	Designer	Cost (GH\$)
Digpi-150	Supervise the community members to dig with the correct diameter	1	Artisan	40.00
	Installation of pit	1	Artisan & Laborer	70.00
	Supervise super-structure construction	2	Artisan & Community	20.00
	Total			130.00
Pre-cast (sub-150)	Supervise the community members to dig with the correct diameter	1	Artisan	40.00
	Install the pre-cast ring including the slab	2	Artisan & Laborer	70.00
	Forming sub-structure works	1	Artisan & Laborer	70.00
	Supervise sub-structure construction	1	Artisan	20.00
Total			200.00	
Masonry	Supervise the community members to dig with the correct diameter	1	Artisan	40.00
	Make 100 blocks for lining the pit including the slab	1	Artisan & Laborer	70.00
	Forming the sub-structure	1	Artisan & Laborer	70.00
	Supervise the sub-structure construction	1	Artisan & Laborer	20.00
Total			200.00	

PREGAST

Component	Construction Materials Required Name	Quantity	Amount (GH\$)
1 m. ferroconcrete ring of thickness 75mm, internal diameter of 1.2m, height of 3.0m	Course	2	80.00
	Supporting Course	2	40.00
1 m. ferroconcrete circular slab reinforced with 10mm iron rod, thickness 100mm, 3m dia	Formwork	1	40.00
	Truss rods	1	75.00
4mm PVC non-pipe white	Slab	1	15.00
	Binding wire	1	10.00
Total			250.00

PRECAST (sub-150) cost attached to the sub and an additional cost

Component	Construction Materials Required Name	Quantity	Amount (GH\$)
1 Digpi-150 slab attached to a ring for the pit and bring the pit and a ring of amount for lining the toilet	Slab attached to 1	1	110.00
	Course	1	40.00
2 Additional rings for lining pit	Ring	2	100.00
	4mm PVC non-pipe + iron (same with the digpi-150)	1	25.00
Total			275.00

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the Effective Date.

SAOGBAS RECOGNIZANCE COMPANY LIMITED

Name: Ndabir Branch
Title: Ndabir Branch Manager

Signature: _____
Date: _____

Artisan Name: _____
Signature: _____

APPENDIX 9: HOW WE SET UP TWO DIGNI-LOO SUPPLIERS IN STUDY DISTRICTS

1. Approached a Global Communities Officer in the Tamale office and described our program. Requested if they could be the middle-man with the Digni-Loo manufacturer in Accra.
2. Obtained supplier price and suggested retail price from Global Communities.
3. Approached trained material suppliers with the price information and asked if they wanted to become suppliers for Digni-Loo.
4. Negotiated the retail prices with the material suppliers that agreed to supply the Digni-Loo product.
5. The Digni-Loo supplier needed to have a guarantor (ideally the DEHO or a financial institution officer working on the program), recent passport photo, and a next-of-kin. In the absence of a guarantor, Global Communities asked for a deposit of 500 GHS (87 USD).
6. Liaised back with Global Communities and provided the names of the new Digni-Loo suppliers as well as final, agreed-upon retail prices.
7. The Global Communities Officer provided a “Global Communities Assessment Form for Entrepreneurs Sale of Digni-Loo” (figure below) to be filled by the new Digni-Loo supplier.
8. Ensured that the new Digni-Loo suppliers filled out the form (including a current passport photo and a guarantor) and submitted it to Global Communities for processing.
9. Global Communities processed the form for approval (minimum of two weeks).
10. Once approved, the new Digni-Loo suppliers contacted Global Communities and ordered the Digni-Loo products.

Global Communities
Partners for Good

**GLOBAL COMMUNITIES
ASSESSMENT FORM FOR ENTREPRENEURS
SALE OF DIGNI-LOO**

Name of applicant: _____ "Welcome" if reading out _____

Residence: Owned Rented Family Government Other Residential

Residential Address: _____

Region: _____ District: _____

Type of ID: Voters ID Driver's License Passport NDCS N.I. Other ID

ID issued on: ____/____/____ at _____ Mobile Number 1: _____ Mobile Number 2: _____

Date of Birth: ____/____/____ Age: _____ Place of Birth: _____ Home Town: _____

Business Contact Number (if Any): _____

Type of current Business: _____ Type of Items Sold: _____

Business Location (where applicable): _____

Years of Operating Business: Less than 1 year 1-3 years 4-6 years 7-10 years 11-15 years exceeding 15 yrs

Number of "DIGNI-LOO" Received: _____

Signature/Thumbprint of applicant: _____ Date: _____

Name of Next of Kin: _____ Relationship to Next of Kin: _____

Name of Guarantor (must be a known Relation): _____ Signature: _____

Reviewed by: _____ Signature: _____

Affix a current passport size photo here

A Global Communities Assessment Form for Entrepreneurs Sale of Digni-Loo

APPENDIX I0: PHOTOS FROM TOILET VERIFICATION



Toilets with Zana-mat as door



Toilet with net as door



Toilets with round walls made of mud + cow dung plastering



Toilet with mud wall



U.S. Agency for International Development

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

www.usaid.gov