



# SSHIT



MINISTRY OF HEALTH



**FIRST NATIONAL  
SANITATION CONFERENCE  
COUNTY  
COMMITMENTS  
PULL OUT**

**Kitui commits to become ODF  
by December 2015**

**Lessons from Rwanda:  
Nakuru County  
Experience**

**Breaking the Silence-First  
National Menstrual Hygiene  
Day**

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# SSHIT

Shared Sanitation, Hygiene, Information & Tales



**Cover Image:** Kitui Governor Hon. Dr Julius Malombe launching the UNICEF Microplan Report during the Kitui County ODF Campaign launch ceremony at Kathome Health Centre

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# From the Patron

I salute the governors who have shown their commitments towards our noble goal of ensuring sanitation for all in their respective counties.

Welcome Dear readers to our Quarterly SSHIT newsletter,

On the 1st of April 2014, the sector was privileged to host a highlight advocacy forum -The First Annual National Sanitation Conference. The much publicized WASH sector event brought together participants from all the 47 counties in addition to national governments and partner organization participants.

We were privileged to have this occasion opened by our Cabinet Secretary for Health Mr James Macharia and closed by our Principal Secretary-Prof. Fred Segor both whom reiterated the need for county governments to invest more in sanitation and hygiene so as to reap the benefits of healthy and economically vibrant populace. A total of 45 counties made commitments towards ensuring increased access to sanitation in their respective counties. By making these commitments, the counties were demonstrating their determination to achieve ODF counties and move their counties towards achievement of universal access to sanitation as envisioned in our Vision 2030 blueprint.

Subsequent activities by some counties have shown that this conference was indeed not in vain. Counties like Nakuru, Kakajiado, Nyeri, Siaya, Kitui, Migori, Trans Nzoia and Uasin Gishu have picked on the momentum created by the conference and have since held stakeholder meetings to sensitize the county leaders and other stakeholders in their counties on sanitation hygiene matters. Others have started training on Community Led Total Sanitation (CLTS) and third party verification to build on the sanitation staff capacities in their counties. From the advocacy efforts several governors have emerged to not only support sanitation activities but also to be Sanitation Champions in their counties....a good indication of leading by example. We hope that all the other governors will strive to emulate this convinced group of visionary leaders.



The organization of the conference is a sign of the national government commitment to ensure that the counties are on board and work towards achieving sanitation for all in our country. I implore all the counties to follow up on the commitments made during conference so as not to lose the impetus generated by this first conference. We hope in the coming months to work together with the county governments to realize this commitment so that we can report on the favorable results in our next conference.

To all the stakeholders who have been partners with the ministry in organizing this successful conference, I salute your efforts. Indeed your persistent devotion to the realization of an ODF country has made the WASH sector realize notable achievements. I believe if we continue with our assiduous efforts, we will be able to achieve so much. I also salute the governors who have shown their commitments towards our noble goal of ensuring sanitation for all in their respective counties. I urge all others to join the band wagon and become sanitation and hygiene crusaders. We will indeed save millions in terms of money and also prevent lives lost due to poor sanitation and hygiene.

**Kepha Ombacho PhD, MBS,  
Director, Public Health - MOH**

# Editor's Note



**Good advocacy ....calls for one to be armed with correct information-evidence why the change advocated for will make a positive difference to the concerned audience.**

In many countries Kenya notwithstanding, issues around sanitation and menstruation are viewed as taboo subjects; topics not to be discussed publicly. Indeed subjects around intimate bodily functions like defecation/urination and menstruation are never referred to directly with many communities opting for euphemisms when talking about these issues. This notion has only led to these pertinent subjects and the challenges they bring along to be ignored with detrimental consequences.

However lessons from HIV programs have shown that the moment seemingly intimate subjects are talked about openly people are willing to get correct information and effect the necessary actions to address the issues around these topics. Indeed as with the HIV programs once we break the silence around this erroneously labeled taboo subjects and get policy makers, community leaders, partners and the all community members to acknowledge the need to give this issues due attention , we will be able to make commendable strides. There is thus a need for deliberate advocacy for these issues with our leaders, communities and other stakeholders. A simple definition for advocacy "is the process of influencing people to create change. Its lifeblood is good strategic communications – educating people about a need and mobilizing them to meet it". Good advocacy therefore calls for one to be armed with correct information-evidence why the change advocated for will make a positive difference to the concerned audience.

The public health sector led by the Ministry of Health and its partners has been on the forefront for agitating for sanitation and hygiene issues- the organization and hosting of the first national sanitation conference was one such advocacy forum where counties were triggered to start prioritizing sanitation in their counties to reap economic and social benefits. The Ministry of health and its partners have also produced many advocacy materials including the Country/County Economic status reports, micro planning reports; enabling environment reports all which the counties can use to leverage for increased funding for the sanitation sectors. Some counties have seen the fruits of the increased advocacy with some Governors and even Members of County assembly openly pledging to support sanitation activities. This is the kind of scenario we would like to see in all the 47 counties. In this issue we reflect on some of the advocacy efforts, the how, the what, the who and some of the outcomes seen like support from the policy makers and community leaders.

The responsibility for advocacy lies with all of us , those convinced that addressing sanitation issues saves lives, helps to eradicate poverty, and presents opportunities for people to lead richer, healthier lives with dignity.

Have a reflective reading!

**Ms Sharon Lipesa,  
Knowledge Management Officer  
MOH - DESH (HUB)**

# Kitui County

## Pledges to become ODF by December 2015

By Sharon Lipesa

Kitui County becomes one of the first counties to publicly declare they intend to become Open Defecation Free by December 2015. The Kitui County Open Defecation Free (ODF) campaign ceremony was held at Kathome Health centre and was graced by the Governor of Kitui County, Honourable Dr. Julius Malombe, the UNICEF Deputy Country Representative, Ms Madhavi Ashok and Ministry of Health Deputy Director for Public Health, Dr. John Kariuki. Hundreds of children and other community members attended the much publicized event.



Kitui Governor Hon. Dr Julius Malombe Launching the UNICEF microplan Report during the Kitui County ODF Campaign launch ceremony at Kathome Health Centre

During the ceremony, the Governor pointed out that Kitui was one of the first counties after the devolved system to launch this ambitious campaign to attain Open Defecation Free status as part of the National effort for Kenya to become ODF by year 2015. The challenge for Kitui County would be to ensure that the 87% of the villages that have not attained open defecation free (ODF) status do so by the end of 2015. The Governor admitted that addressing sanitation issues was not only going to improve the lives of the people of Kitui but give a boost to the economy. He urged all involved officers in

the County to jointly work with partners and the community to make Kitui the first Open Defecation Free county. The Governor pointed out the government of Kitui recognizes the need to invest in preventive health activities and was ready and willing to support sanitation activities.

The Deputy Director for Public Health, Dr. John Kariuki congratulated the Kitui governor and the county's populace for taking up the initiative of moving towards becoming Open Defecation Free. He highlighted that the county loses millions of shillings due to poor

sanitation; all which can be saved if the county invested in ensuring that all its citizens have access to improved sanitation.

Ms Madhavi Ashok declared that UNICEF was more than willing to support the county to attain ODF status so that the lives of children and the marginalized can be improved. She echoed the passion the organization has in ensuring equity and inclusion in sanitation activities since those adversely affected by poor sanitation are mostly children.

The UNICEF microplan report - Realizing Open Defecation Free (ODF) Rural Kenya-Achievements and Road Ahead - was also launched during this occasion. This report documents an inventory of all the villages in Kenya, profiles their open defecation status including the available human resources to implement Community Led Total Sanitation activities and partners supporting the activities at village level in all parts of the country. The micro plan revealed that out of the 59,915 villages in Kenya, 3956 had claimed Open Defecation Free status while 1,273 were certified to be ODF.

The Governor then led all the officers in signing a declaration to make Kitui Open defecation Free by December 2015. The pledge was also signed by the UNICEF country representative Ms Madhavi Ashok, the Deputy Director for Public Health from the national government Dr. John Kariuki who also committed to support Kitui County towards attainment of this goal. ■



Samuel Kingori; County Public Health Officer, Nakuru County

# Lessons from Rwanda

On the 29th April 2014, a delegation from Nakuru County led by our Governor Hon. Kinuthia Mbugua and WSP –World Bank team Dr. Yolande Coombes visited Rwanda. The five day learning visit was organized and sponsored by the WSP World Bank team. The delegation comprised the Nakuru County Governor, the executive Member for health services (CEC-Health), Chief Officer for Health, six members of the county assembly and Nakuru Street vendors' union representative.



Nakuru Governor Hon. Kinuthia Mbugua at COPED site in Rwanda. In the background are modified tuktuks used for garbage collection

This was a learning visit for the Nakuru team as well as an advocacy forum by the Public health team to the policy makers of the county on the need to prioritize sanitation. The outcome of the visit evidently shows that sanitation garnered the much needed support; the Governor not only pledged to support sanitation and hygiene activities but also offered to be the sanitation champion of Nakuru County.

On arrival in Kigali, we were warmly received by the Mayor of Kigali and the Deputy High Commissioner of Kenya. While receiving us, the Mayor expressed his concern that many Kenyans had visited Rwanda to learn but he had not heard of any changes resulting from the learning visits. He hoped ours would be different.

## Lessons from the Tour

### Burden of sanitation related disease

A common notion is that in Africa, it is difficult to find health statistics lacking diarrhea and other sanitation related diseases within the top ten illnesses. Our visit to the district hospital proved this wrong! Other than being a very clean, organized hospital, it did not have any of the sanitation related

diseases among its top ten morbidities...impressive! This fact fascinated our Governor who wanted to know the relationship between the diseases and sanitation. This was explained in an illustrative presentation at a cocktail on the first evening. The Governor was appalled to learn that Nakuru County incurs economic losses of close to a billion shillings annually due to poor sanitation and that Nakuru had over 77,000 cases of diarrhea in 2012 which could have been prevented by improved sanitation. It was on this evening that the Governor pledged to take on sanitation issues and become the Nakuru county Sanitation Champion.

## One Stop Solutions

On the second day, we toured the ONE STOP CENTRE; there are many of these centres where related public services are offered under one roof overseen by one Director. The services at the one stop shop we visited were automated and efficient e.g. application and approval of building plans are done online. The one stop shop also encourages transparency in public service provision, as well as having a 3 week guaranteed delivery date to maximize accountability. The Mayor who accompanied us to the centre pointed out that the Rwandese like doing simple things which have high impact on the

economy of the country. He explained how and why the Rwandan government banned plastic bags in the country. Plastic bags, he explained, are non-biodegradable and therefore end up polluting the environment. Instead people use paper bags or take their own re-usable bags or baskets. Even at the butchers' customers carry their own containers for packing the meat.

## Waste Management

We also toured COPED; a solid waste company that was once owned by the government but was later privatized. COPED's main mission is; Waste reduction and Recycling. The company is owned by Rwandan people and employs over six hundred people directly and more than 3000 indirectly. In Rwanda, waste separation is encouraged and while at the company, we had a chance to see the different waste separation containers supplied for the different kinds of waste produced from bio-degradable foodstuffs to plastics. The waste company also has top of the range equipment for waste management. To assist in solid waste collection; the town has modified auto-rickshaw (tuktuks) which are used for garbage transportation. All the different zones in the city - including the slums - are well served with the waste management services and are very clean.

## Umuganda – Civic pride and accountability

The Rwandese have a fierce sense of civic pride. On the last Saturday of each month, every citizen over the age of 18 has to take part in Umuganda (communal work). The Rwandan President also takes part in Umuganda. Businesses are closed, and everyone spends the day cleaning their neighbourhoods. As a result, Rwanda is remarkably litter-free. The Umuganda sessions are also used to foster dialogue between the community members and their leaders who have a chance to explain government policies to the communities. Moreover, these sessions are used to help needy members in the community. For example, building homes for the homeless.

Community units in Rwanda are also very strong and some have come up with cooperative and savings societies (SACCOs) and even vibrant community businesses. Community units have also fostered community health insurance financing.

We visited the Rural Utility Regulatory Authority (RURA) where various services are regulated under one roof (another one stop centre). We learnt how liquid and solid waste management is regulated and coordinated in rural areas.

*Continued on page 17*



Nakuru Delegation led by Nakuru Governor Hon. Kinuthia Mbugua (fourth left) together with WSP team led by WSP Team Leader Dr Yolande Coombes (far right)

# Menstrual Hygiene Day

By Lillian Mbeki

Gatwiri is a school girl living in the village. One morning, she wakes up and discovers that her clothes are soiled with blood. She is naturally worried that maybe she is sick. She goes to her mother who in hushed tones advises her that this is a matter she cannot discuss openly and also warns her that henceforth Gatwiri should stay away from boys. To take care of the embarrassing problem, she gives Gatwiri a sponge to use. While in school the same day, Gatwiri is ridiculed by her teacher and her class mates when she gets her clothes soiled again. Embarrassed, she goes home where her father threatens to marry her off as she has reached the right age for marriage.



Tharaka Nithi County Governor Hon. John Ragwa distributing sanitary towels during the Menstrual Hygiene Day celebrations at Kathwana centre

Her home science teacher salvages her from the confusion, shame and embarrassment by candidly explaining to Gatwiri and her friend that whatever they are going through is normal, dispelling all the fear and shame. The teacher goes further to educate them on the significance and management of menstruation.

This dramatized skit, performed by girls from Muthambi Girls Secondary school in Tharaka Nithi County, represents the plight of many schoolgirls who undergo isolation, embarrassment and sometimes drop out of school because of the natural biological process of menstruation. UNICEF estimates that 23% drop out rate of schoolgirls are associated with menstruation and challenges of adolescence. Girls have been forced to use unhygienic menstrual hygiene materials like leaves, feathers, old blankets,

and sponges that have left them vulnerable to reproductive health diseases. It is also estimated that by the time a girl reaches class eight, she may have missed up to 6 weeks of school. This dropout rate among girls is double that of boys. This subsequently translates to compromised education for the girls reducing their chances of accessing good job opportunities and improving their economic status.

It is against this background that the National Menstruation day was celebrated this year. This first time event had the theme-“**Breaking the Silence**” was celebrated in Tharaka Nithi County where over 3000 school children gathered at the county headquarters at Kathwana. The occasion was graced by the Governor of the County, Hon John Ragwa and the guest of honour was the First Lady of the County who is a champion of issues affecting the

girl child in the county. Also in attendance was the chair of the Anti Female Genital Mutilation Committee in Kenya Honourable Mrs Linah Jelimo. Tharaka Nithi is one of the counties that had been reported to have a high rate of Female Genital mutilation. CECs present included those from; Physical planning; Energy; Planning; Tourism; Environment; Water; Health Services; Roads and Construction; Labour; Urban; Agriculture and Livestock, and the Members of County Assembly (MCAs) from the county.

In his speech the Governor urged the community to shun cultural beliefs and practices that make menstruation a taboo subject that cannot be discussed freely. He pointed out, that without the correct information and hygiene products, girls go through this natural process in shame and embarrassment. Many girls end up using un-

hygienic sanitary materials. He noted that provision of Menstrual Hygiene products has been associated with a 20 % increase in girl school attendance. This favourable effect leads to better education, improved livelihood and dependence later on in life. He urged the teachers to support the girl child by providing the correct information about adolescence and menstruation. These open and honest discussions should include both boys and girls and should give room for questions and experience sharing. To move the discussion further, he encouraged the involvement of men in issues affecting the girl child noting that men are the providers in the family and if they are left in the dark they may not see the need to avail funds to purchase menstrual hygiene products for their daughters and wives. To illustrate the support men are willing to give if provided with the right information, he called out a member of the *Ncurii Nceke* (Meru Council of Elders) who pledged support for the advocacy of menstrual hygiene issues. There was also a call to shun myths on hygiene e.g. a belief that burning soiled material will lead to infertility.

The Governor stressed that the responsibility for Menstrual Hygiene Management lies with the national government and county governments as well as communities. The national government through the Ministry of Education has the responsibility of ensuring the provision of sanitary products to public schools is timely and reliable. The National government should also put up policies and standards that govern not only the provision of the products but ensuring that the products are of high standard

**The Pledge**  
**I will break the silence on Menstruation**  
**I will not feel shy**  
**I will spread the word far and wide**  
**And together we will celebrate girls and women**

The governor challenged Member of the County Assembly to pass a bill to ensure provision of menstrual hygiene products to schools in the county. He also pointed out the need to devolve the Free Primary schools fund so that the county can have local tendering for sanitary products

The Governor stated that the national education curriculum should include lessons on reproductive health and be taught throughout primary and secondary. This should also include lessons on waste management. Parents were also advised to have candid discussions at home on menstrual hygiene issues and give correct information to their children.

Honorable Ragwa noted that though the government had zero rated sanitary products, there was also the need to remove taxes associated with production thus lowering the cost of productions that will eventually lead to more affordable menstrual hygiene products. This would also encourage investment in production of sanitary materials by private sector who will be encouraged to set up factories that produce sanitary towels at the counties.

The highlight of the day was the Governor leading in pledging to break the silence on Menstruation.

With the launch of 28th May as Menstrual Hygiene Day, it is hoped that increased awareness on the plight of many girls and women who suffer in silence due to challenges associated with menstruation will be achieved. Public and Private sector investments in menstrual hygiene management is key to ensuring that the silence is broken.

Memorabilia that participants took from the day included menstrual bracelets which each participant had to make individually that signified the monthly menstrual cycle and the Break the silence pocket calendar that girls and women can use to track their menstrual cycles.

In recognition of this emerging issue, the Post 2015 sustainable development goals have included an agenda to address Menstrual Hygiene management. Of note is the goal to ensure that schools, health centres and public centres have provision for basic separate sanitation facilities for girls and women that provides privacy, changing areas, cleaning water and safe disposal of menstrual hygiene materials. If this goal is adopted then Counties will be responsible for ensuring that public places have provisions for a Menstrual hygiene Management. ■



Breaking the silence pledge at the Menstrual Hygiene Day celebrations at Tharaka Nithi County

# First National Sanitation Conference - Accelerating Access to Improved Sanitation-Making the Right a Reality

By Sharon Lipesa and Neville Okwaro



The Cabinet Secretary of Health Mr. James Macharia addressing participants during the First Annual Sanitation conference held at KICC

Sanitation as a right is echoed in the new constitution of Kenya. Despite this, there are still a number of Kenyans who lack access to proper sanitation. A large percentage also continues to defecate in the open. The Kenya 20130 vision has a target of making universal access to sanitation and hygiene for all Kenyans by the year 2030. However, at the current rate of access of 0.75% Kenya is way off track to achieving universal access.

The push to accelerate access to improved sanitation formed the basis for the notion to have a National sanitation conference. The conference which was appropriately themed as *Accelerating Access to Improved Sanitation under Devolution: Making the Right a Reality* took place from 1st to 3rd of April at the Kenyatta International Convention Centre in Nairobi, Kenya.

The conference brought together participants from all the 47 counties, NGOs, civil organisations, community leaders and the members of the fourth estate: media. A total of four plenary sessions and six parallel sessions addressing priority issues in the sector were carried out. A vibrant market place session was also done that facilitated experience sharing, knowledge exchange and networking between county participants. Exhibitors drawn from the private sector as well as WASH partners were also able to showcase their products and services at the terrace exhibition stalls

Cabinet Secretary Mr James Macharia with the Director, Public Health Dr Kephah Ombacho conversing with an exhibitor at the conference

The opening ceremony was graced by the Cabinet Secretary of Health Mr

James Wainaina who applauded the organisation of such a forum to catapult the prioritization of sanitation not only at the national but also county level. The culmination of his opening address was the promise that the national government will continue supporting efforts to prioritise sanitation and hygiene issues in the country. The Cabinet secretary also launched the first ever behaviour change campaign on sanitation which is geared towards triggering the communities to aim for better and improved sanitation products that offer the desired health and social benefits. The closing ceremony was graced by the Principal Secretary of Health Professor Fred Segor who emphasized the need to maintain a high profile for sanitation issues by strategic advocacy to the policy makers and communities using evidence based economic arguments.

## Conference Presentations

The conference which was organised just before the High Level meeting (HLM) Sanitation And Water for All (SWA) conference in Washington DC was an affirmation on the dedication the Kenyan government has in reducing the mortality and morbidity associated with poor sanitation and open defecation. The thematic sessions of the conference were drawn from the bottleneck analysis that was carried out in all the counties before the conference which yielded high priority issues that needed to be discussed during the conference. Among the most captivating sessions was the session on the constitution and sanitation. The topic of the roles of the national and county governments in provision of sanitation was unpacked by the aptly charismatic session lead Dr Charles Oyaya and by the end of this session, it was clear the county participants understood the onus placed on them of providing reasonable standards of sanitation and making deliberate investments towards the same.

## County Commitments/ Action Plans

On the third day of the conference, the counties made commitments and action plans that would direct them in the subsequent months as they aimed to accelerate access to sanitation in their respective counties.

## Key recommendations from the conference

Kenya needs to increase the rate of acceleration from the current 0.75% to 3% to be able to achieve universal access by 2030. This is consistent with the Vision 2030 and the proposed post 2015 development goals. To achieve this desired acceleration, the country will need to address the bottlenecks in the enabling environment. The enabling environment consists of seven areas namely

Political, strategy and direction: This is a call for the country to put clear policies and strategies that will direct how the country will provide sanitation to its citizens. Currently, the ministry of

health is aligning the National Environmental and sanitation policy and strategy to respond to the new constitution of Kenya which stipulates that sanitation is a right for all citizens and is justiciable. There needs to be political will to prioritize this right.

Institutional arrangements need to be spelled out; clear roles and responsibilities of the concerned players who will deliver on sanitation services. Government structures should have a clear docket where sanitation issues are addressed adequately. In some counties, sanitation falls in another ministry other than Health ministry. Whichever structure the counties adopt, a key reminder would be that function should always follow responsibility and resources, therefore the docket assigned the sanitation function should take full responsibility of providing the services and have commensurate resources to fully carry out this function.

Clear program methodology to be undertaken should be decided upon by all stakeholders. The methodology should assure affordability accessibility and sustainability of the sanitation services especially to the poor and marginalised. Community led Total Sanitation (CLTS) was adopted by Kenya in 2007 as a strategy to move the country from open defecation to open defecation free country. Since then two sub counties have been declared Open Defecation Free (ODF) and more than a thousand villages certified as ODF. The challenge now remains in ensuring that the remaining over 56000 villages are able to become ODF as well

as ensure all earlier certified villages sustain their ODF status. For this dedicated resources need to be put aside to train CLTS trainers to not only trigger the communities but also carry out aggressive follow ups of villages to ensure both attainment and sustenance of ODF communities.

## The Need for adequately Skilled/Motivated Staff:

All the activities mentioned above cannot be possible without the existence of adequate and skilled human resource. Public health officers, public health technicians, community health extension workers, natural leaders all need to be trained to carry out community led total sanitation as well as sanitation marketing in addition to other essential training that will enable them carry out their spelt out roles and functions. Innovative ways to keep existing staff updated on the ever changing innovations in sanitation and hygiene should be developed by stakeholders to ensure they respond to the developments in the sector. With human resource comes the issue of compensation and motivation, therefore while addressing the scarcity of personnel ways to retain them should be explored especially for community workers who are considered as volunteers. During the conference it was stressed that while addressing this issue, a major consideration should be the sustainability of the compensation/motivation mechanism adopted.

*Continued on page 10*



Conference participants discussing and sharing county sanitation experiences during market place session

## Availability of Affordable/ desirable Sanitation Products

With CLTS many communities have been able to build and use latrines. However, most of these latrines are very basic, some just an aperture without even a superstructure to provide privacy. Previously the materials used to improve latrine were considered inaccessible to many communities due to their high cost. The country therefore needs to invest in affordable and accessible options that will offer the communities improved sanitation that translates to desirable health and social benefits. The ministry with the aid of partners has been working with private sector to come up with such products that can be accessible to most communities. This is in addition to the development of a National Behaviour change campaign aimed at triggering communities to aspire to move up the sanitation ladder by making "small, small" improvements in their latrines. Counties were encouraged to use sanitation marketing to create demand for aspirational and affordable sanitation products as well as provide enabling environment for private sector investment in production and distribution of such products.

## Need for A dedicated Sanitation budget

During the bottleneck analysis exercise many counties pointed out lack of a dedicated budget for sanitation as a hurdle slowing down improvement in sanitation status in the counties. The need for a dedicated and adequate sanitation budget was emphasized during the conference. As stated in the constitution the counties have to make deliberate investment in sanitation that will ensure the right to reasonable standards of sanitation is attained by its citizens. It was pointed out that the high economic loss from poor sanitation registered by many of the counties can be reduced by investment of only a fraction of what is lost. According to the UNICEF micro plan results approximately 1.5 billion Kenya shillings investment is needed to make the whole country open defeca-



Cabinet Secretary for Health Mr James Macharia at an exhibition stand during the First Annual Sanitation conference. Looking on is the UNICEF Country representative Mr Marcel Rudasingwa and Director, Public Health Dr Kepha Ombacho

tion free through community led total sanitation. This is way cheaper than the estimated economic loss due to poor sanitation which stands at 27 billion Kenya shillings annually for the whole country (accordingly to World Bank) Prudent use of available resources as well as prioritization of the activities to maximize on the scarce financial resources was also stressed.

## Monitoring and Evaluation for Advocacy

To inform the national and county government on the progress of the sector, investment in a reliable monitoring and evaluation system is needed. Adequately skilled staff and equipment at all reporting levels are essential to ensure collection and collation of accurate data that should be used to inform the programs as well as the sector. During the conference, the counties were introduced to the new automated Monitoring and evaluation system that would make receipt of real-time data much faster and easier. The National and County governments were encouraged make use of the information from the Monitoring and Evaluation system to make informed decisions about the sanitation situation. Data from the micro plans; bottleneck analysis and economic impact reports can be used to leverage increased funding for sanitation in the counties. These monitoring tools are also good

advocacy tools for use with the policy makers in the counties.

While the constitution assigns most of the sanitation functions to the counties, the national government should continue giving direction through appropriate policies, strategy and setting of standards to be attained by the counties. National government needs to continue with "hand holding" the counties as they transition into their new roles and responsibilities. As the Chief Public health Officer Dr Kepha Ombacho aptly stated-"the national government will continue to make deliberate actions to ensure the counties are well equipped to take on the challenge of making sanitation accessible to the citizens of Kenya. The first national sanitation conference was one such forum where the national government hoped would expose the counties to experiences, innovations and well as networks that they can adopt to make their respective counties ODF".

Keeping in mind that sanitation is a constitutional right and a devolved function with the onus lying squarely with the counties, eyes will be on the counties to see how they move on to fulfil the commitments they made and how they follow through with the action plans agreed upon at the conference to make this right a reality to their electorate. Clearly as far as sanitation and hygiene is concerned "their work has been cut out for them". ■

# Using the County Sanitation Profile for Advocacy

By Sophie Hickling

## WHAT CAN YOU USE THE COUNTY SANITATION PROFILE FOR?

You can use your county sanitation profile to:

- Raise awareness about the importance of sanitation
- Advocate for greater attention and resources for sanitation.
- Help prioritise programme activities
- Identify areas for improvement.

## WHAT IS IN THE COUNTY SANITATION PROFILE?

**Sanitation benchmarking:** indicators such as sanitation budget, number of ODF claims, latrine coverage in homes and schools and cost effectiveness are used to generate weighted scores for the benchmarking. Each county is ranked according to the score. Reviewing the county strengths and weaknesses in terms of score can help counties review their performance. Use it to plan how to stay at, or move towards, the top of the ranking table.

**Economic losses due to poor sanitation** is derived from costing some -but not all - sanitation related losses. It is important to note it is an under estimate. Compared to the cost of addressing sanitation at a county level(for example by using ODF cost data presented in the county micro-planning) it is clear that investment in sanitation yields high returns and makes good economic sense.

**The assessment of the enabling environment (EE) for sanitation** (on the reverse side) can be used for short, medium and long term planning, to understand where the bottlenecks to sanitation are and put the building blocks in place to overcome them to accelerate access to improved sanitation.

In the example shown, M+E systems are in place and the county has the capacity and resources necessary, however the outcomes of monitoring and evaluation efforts are limited by the data not being used to improve sanitation program implementation. In this case, the county team should prioritise making a plan to ensure that M+E results are used to inform and improve programming.

By showing clearly where the bottlenecks to sanitation occur, the assessment of the enabling environment is also a useful tool to advocate for targeted county government support to sanitation.

M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

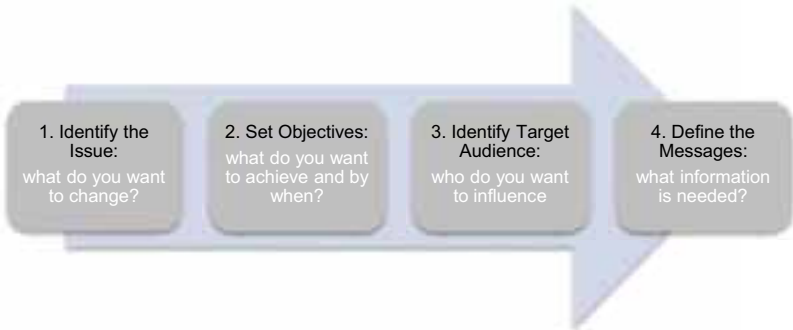
## GOOD ADVOCACY

This guidance note has been developed to help counties present the information contained within the county sanitation profile according to the target audience and thus increase the potential to influence decisions and practices.

The key to good advocacy is remembering that different stakeholders have different drivers unique to their sector or area of interest. It is important to make your message talk directly to the interests of the audience. Consider how the target audience makes decisions. What information is required

for their decision-making? How can you make the data convincing and relevant? What tools / fora can you use to get your message heard?

Good advocacy requires planning; the diagram below presents the basic steps that need to be taken when planning an advocacy initiative.



Adapted from "advocacy for sanitation: a brief guide" (IYS, 2008).

The following table gives practical examples of key target audiences and what aspects of the county sanitation profile may matter most to the counties. Keeping these ideas in mind will help you to put sanitation at the centre of county dialogues and maximise opportunities to promote sanitation as a key development requirement across sectors.

<b>PUBLIC HEALTH STAFF</b>	Complete document	Quick reference sheet for existing public health officers or as a county orientation for incoming staff.
	Sanitation coverage	What approaches are best used to help people gain access to improved sanitation
	Benchmarking data and EE assessment	Areas of weakness that can be addressed to improve sanitation programme results in the county.
<b>COUNTY GOVERNOR</b>	Sanitation coverage	Advocate for greater attention and resources for sanitation which, under the constitution is a right and the responsibility of the County Government.  Highlight the continued presence of open defecation in a county, addressing this is a pre-requisite for development.
	Benchmarking data	Most County Governors would feel strongly that they wish to out-perform other counties. Being able to articulate clearly how to improve the sanitation situation will provide a good platform from which to advocate for additional support.
	Economic losses due to poor sanitation	Investing in sanitation makes good economic sense and yields high returns whilst not investing in sanitation has considerable economic impact. This is a compelling argument for politicians to take action to allocate increased resources to sanitation.
<b>CEC FINANCE AND ECONOMIC PLANNING TEAM</b>	Economic losses due to poor sanitation	Investing in sanitation makes good economic sense and yields high returns whilst not investing in sanitation has considerable economic impact. This is a compelling argument for politicians to take action to allocate increased resources to sanitation.
	Stunting	Stunting is linked to unimproved sanitation and open defecation. Addressing stunting through sanitation will, over the long-term lead to a healthier population more able to reach their economic potential.
<b>CEC HEALTH SERVICES AND TEAM</b>	Stunting	Research has linked open defecation and unimproved sanitation with stunting. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles. In addition to the contribution that sanitation and hygiene make to health by breaking diarrhoea and other disease transmission routes, sanitation could also lead to significant health gains through reduced stunting.
	Economic losses due to poor sanitation	A major contributing factor to the economic cost of poor sanitation is health care costs; at least in part these are borne by the government.
<b>COUNTY DIRECTOR OF EDUCATION AND TEAM</b>	Stunting	Research has linked open defecation and unimproved sanitation with stunting. Stunted children have poorer cognitive ability and educational outcomes.
	Economic losses due to poor sanitation	Access time taken in finding a safe place to defecate contributes to productive time lost. If schools do not have adequate sanitation facilities, children are forced to leave school to relieve themselves - whilst not included as a financial loss this time loss could adversely affect education outcomes.
<b>CEC WATER AND ENERGY</b>	Sanitation coverage	Only improved latrines safely remove human waste from the environment. Lack of access to sanitation can therefore have a significant impact on water quality and increase the cost of rendering drinking water sources potable.
<b>HOTELS / TOURIST LOCATIONS / LOCAL BUSINESSES</b>	Sanitation coverage	Only improved latrines safely remove human waste from the environment. Lack of access to sanitation can lead to outbreaks such as cholera, which can lead to export bans. An unclean environment and outbreaks can also have a significant impact on tourism, which in some locations is a significant source of employment and income.

# SHIT POLICE

## Carolynne Achieng Ong'oma

By Neville Okwaro

When I heard the story of a woman who had ensured that her community in Kojwang' Border Village in North Kamagambo Location, have latrines, I got rather curious. My curiosity stemmed from the fact that even before being trained on Community Led Total Sanitation (CLTS) she had managed to get many of her villagers to build latrines. By the time she was trained on CLTS, only five households did not have latrines. Who had trained her? And how had she made so much progress?

Meet Kojwang' Border village's shit policewoman; Carolynne Achieng Ong'oma.



Carolynne Achieng Ong'oma

Carolynne was chosen as a Community Health Worker (CHW) in early 2013. This was after Rongo sub-county Public Health Office conducted a training on the need to root out Open Defecation (OD) and for each homestead to have a latrine, dish rack, compost heap and cloth line. One of the requirements that the would-be CHW had to meet before they were chosen by the community was to have a functional latrine. A requirement that she met and added to her passion for improved sanitation and hygiene, she was readily chosen as one of the CHWs.

When she began her work as a CHW, there were only 20 out of 82 households in Kojwang' Border village that had access to a latrine and since the majority of the villagers defecated in the open, each day about five children and four adults suffered from diarrheal diseases such as, typhoid and amoeba and had to be treated at the Lwala Community Alliance hospital. This drove Carolynne to work harder and she had more community meetings where she would always teach the community on the dangers of OD and especially the relationship between OD and spread of cholera. This approach resonated well with the community and having learnt that they ate and drank each other's shit, 40 households constructed latrines by June 2013.

She revamped her efforts by walking from homestead to homestead to encourage other households to construct latrines. However, she realized that some households had a challenge in constructing a latrine and every time they got wind that she was in the neighborhood, they would lock their houses and hide from her. Some would let their dogs loose and she would not come close to such homesteads for fear of the dogs. This led to her to change tactics.

From August 2013, Carolynne decided to draw a map of the whole village and specified where each household was located on the map. She wrote down the names of all the household heads alongside their homestead locations on the map. She mapped all the villages and all those that had latrines were indicated on the map by a dot while those without latrines did not

have a dot. Using this map, she dedicated her efforts to constantly visit the homesteads without latrines and at the same time making impromptu visits to household with latrines to ensure that they were still in use and if damaged, that they were repaired. In the same month, Carolynne came up with a "List of Shame" that had the names of all the household heads that did not have a latrine. This list was to be read out during a community meeting. This sent panic to the whole village, especially those without latrines. It forced some households to complete their latrines overnight before the list was read and others to make promises to construct latrines. By December 2013, seventeen households out of the remaining twenty two households without latrines had constructed latrines.

In May 2014, the Rongo sub-county Public Health Office trained Volunteer Health Extension Workers (VHEWs) on CLTS and they also helped trigger Kojwang' Border village. By this time, only five households never had latrines and following triggering, they constructed latrines.

When I wanted to know why she chose improvement of sanitation as what she would fight for, the 40 year old mother of six replies humbly, "I want to stop the spread of diseases". To date, Lwala Community Alliance Hospital confirms that there is a great reduction in diarrhea cases and cholera outbreaks are unheard of.

## Sustaining Sanitation

At the start of the year, Kojwang' Border village community sat down and chose three people to assist Carolynne in her work of monitoring and sustaining the village's ODF status and to form the ODF monitoring committee. The three are strategically located.



Carolynne standing next to one of the latrines she had gone to inspect



Carolynne (Right) and Elizabeth (Centre) inspecting a latrine

One lives next to the border with Kisii County, the other is in the middle of the village and the last of the three is at the border the village shares with TukJowi village. They are supposed to monitor and report if there is any threat of the village reverting to OD.

Carolynne and other CHEWs also have come together to walk in all the 18 villages in South Kamwango sub location to propagate and encourage everyone to have a latrine. The formidable team has been feared, loved and admired in equal measure. Some villagers who have not had latrines have literally run from them and if caught, they are made to join in the CHWs in the walk of shame. With the backing of the area Chief, the team has made great strides. In her village, Carolynne monitors to ensure that toilets are clean, damaged ones repaired and those with toilets almost filling up build new ones. Since it is a requirement in her village that all homesteads should have tippy taps, she ensures that they are in use and have water all the time.

Carolynne also uses "shit watchmen" to monitor any acts of OD. These are school children. She has trained all school children in her village to report any signs of OD by ululating once they see anyone in the act of OD. She is amused and giggles when she tells me that some weeks prior, a woman was on her way to the farm early in the morning and she went to relieve herself in a nearby bush. She was spotted by some children going to school and

they ululated and she took to her heels abandoning that day's farming activity. Anyone found practicing OD is forced to carry his/her own shit using his/her bare hands to the latrine.

## Why not do something?

Carolynne believes that there is something somebody can do to better the community apart from complaining. She believes she has succeeded by encouraging the community to use locally available materials to build latrines. Most of the latrines' superstructures are made of banana leaves and sugarcane stems. She knows that these do not last and always eaten by termites but she believes it is better than nothing.

Some of the questions that the villagers ask and she finds hard to answer include;

- After attaining ODF, what next?
- Is it possible to have cheaper slabs for the various households to upgrade their basic toilet slabs to more durable ones?
- And a ubiquitous question; what can be done to motivate natural leaders, CHEWs, CHWs and CHVs?

Carolynne's story is an illustration of the power of natural leaders to influence community behaviour positively. Armed with little training and with the leadership of local authority e.g Chiefs, natural leaders can influence and change the social norms of the community. ■

# WASH BOTTLENECK ANALYSIS TOOL INTRODUCED IN KENYA

BY JANET MULE-WASH HUB

## Introduction

The Water, Sanitation and Hygiene Bottleneck Analysis Tool (WASH-BAT) is a tool that facilitates a detailed and comprehensive assessment of the enabling environment in the water, sanitation and hygiene sub-sectors. It enables the user to develop costed and prioritized plans to remove the bottlenecks that constrain progress. The origins of the WASH-BAT lie in the health sector tool "Marginal Budgeting for Bottlenecks", or the MBB.

The overall aim of the WASH-BAT is to increase sector resources and efficiency to achieve more sustainable and equitable outcomes. This is achieved through facilitation of dialogue with sector financiers, and giving practical proposals for increasing sector efficiency through removing major barriers to sector development.

The tool is defined to cater for different types of users. The principal user of the

tool is expected to be line Ministries responsible for water, sanitation and hygiene. The application of the tool is expected to be a collaborative effort that stimulates dialogue and solution building, involving a range of sector stakeholders and external partners. The tool provides a rational, evidence-based approach for formulating an investment strategy that meets multiple sector aims of efficiency, equity and sustainability.

In a step-by-step approach, the tool assists the user to:

- Assess the key enabling factors for the WASH sector to develop
- Identify bottlenecks that constrain sector progress
- Propose (sequenced) activities for the removal of bottlenecks
- Estimate resource requirements and costs of bottleneck removal
- Identify gaps in existing sector funding and propose priorities for utilization of additional funds

- Link bottleneck removal to increases in WASH coverage and broader development objectives.

## WASH BAT Training for Kitui County WASH Practitioners

Kitui County BAT training took place between 13th and 16th May 2014 in Parkside Villa, Kitui County. Participants were drawn from Ministry of health, both national and county level, Ministry of Education, AMREF, WORLDVISION, and CARITAS among other WASH partners working in the county. This training was facilitated by Andrew Trevett (Senior WASH Adviser, UNICEF New York) with support of UNICEF WASH specialists from UNICEF Kenya Country Office. The training revolved around the Water, Sanitation and Hygiene Bottleneck Analysis Tool (WASH-BAT), a tool that facilitates a detailed and comprehensive assess-



Director, Public Health Dr. Kepha Ombacho addressing participants during the WASH-BAT training in Kitui



The Director, Public Health Dr Kepha Ombacho with UINCEP WASH specialist Shiva Singh and WASH HUB Coordinator Ms Janet Mule during the WASH-BAT training in Kitui

ment of the enabling environment in the water, sanitation and hygiene sub-sectors.

The main aim of the training was to show how use of the tool can help the county in identifying their bottlenecks to attaining an open defecation free county, the ultimate goal of the Open defecation free roadmap campaign. WASH bottleneck analysis tool and sanitation programming can readily be harmonized, and this, along with the sensitivity and wisdom of WASH practitioners, allows identifying ways to make the programme goals to be realized.

## Overall Observations for Kitui County

The four day engagement with Kitui WASH sector team revealed many areas, at all levels, of the sector that require attention. These can usefully be coalesced into five main axes, which are summarized below.

1. Co-ordination and planning: while the institutional leadership was shown as moderate in this analysis, it did emerge that there are two serious sector shortcomings: a lack of formal sector leadership and the

fact that the sector is not a learning one. The lack of decentralized (or de-concentrated) capacity to the regions and communes was seen as critical – so however good the institutional capacity at the National level, this counts for much less when the resources away from the capital are considered.

2. Sustainability and scaling up: although the ultimate aim of the sector is to reach greater levels of coverage, there is an absence of the current state of the art sector knowledge on two critical issues that form the basis of getting there. These revolve around the transformation of concepts central to the sector, from providing infrastructure to scaling up and sustaining service delivery. A near absence of real support for communities when their water service is interrupted is emerging from the analysis, while the low level of ODF sustainability points to a critical absence of follow up and resources for facility improvement by community members, after triggering has been completed and the first wave of construction of latrines has been completed
3. Sector finance: the analysis indicated a critical shortcoming, com-

prising a lack of finance to allow for programmatic intervention at a meaningful level to allow scaling up, a lack of absorptive capacity (the budget utilization heading). This is compounded by a lack of consideration of equity, meaning that where programmes are being undertaken, considerations the ultra-poor are in danger of being excluded.

4. Private sector: a lack of engagement, lack of relevant skills, the absence or immaturity of markets for involvement, and the absence of a credible supply chain were all major contributory factors. The near absence of a vibrant private sector from the WASH sector is seen as a fundamental weakness.
5. Society & culture: it was observed that wider society is not engaged in WASH, that the fact that the low rate of sanitation and hygiene coverage is, essentially, a national emergency does not receive anything like the recognition and support it requires. This is reflected in a lack of support from local traditional leaders and from more modern cultural elements, like use of media and celebrities. The fact that professionals see a sector in crisis is not reflected in wider thinking.

## Recommendations:

Important to note is that the above highlighted issues may not be unique to Kitui county, but may be shared by the rest of the counties in Kenya. However, this can only be determined by carrying out a similar process with sector players at county level. It is therefore imperative that each of these issues be addressed; in order to unblock the bottlenecks to universal access to sanitation as envisioned in the constitution.

With the formalization of the Kenya Health SWAp process in 2006, framework for sector coordination and partnership was established. (Kenya Health Policy 2012-2030) On coordination and planning therefore, the county should borrow heavily from the National government who has a platform called Sanitation and hygiene Inter-agency Coordinating committee. Counties like Nakuru, Uasin Gishu, Migori, Nyeri and Kisumu have already initiated this process with support from partners and we hope that such fora will be established to take up the role of coordination of WASH activities, with the leadership of the County Directorate for health. One of the roles of the National government is capacity building of counties to take up their sanitation mandate. Therefore, Kitui county and indeed all other counties need not hesitate but seek technical back-stopping from the National Government on the modalities of constituting this important fora.

While sustainability is an important aspect in any programme, the country has been faced with challenges in ODF sustainability. After triggering, usually the community comes up with temporary latrines which may collapse after a few months based on other exogenous factors which may be beyond their control. While there are genuine reasons why this happens, the supply chain of sanitation solutions should be assured. These materials should be accessible, acceptable and affordable by the users. This therefore implies that Kitui County like most of the other counties is ready for sanitation marketing.

Resource mobilization, efficient allocation and utilization with social and financial risk protection assured is one of the orientations of Kenya Health Policy 2012-2030. The county health sector should therefore endeavor build a case for county resource allocation through improved reporting. WASH partners should also strengthen programming of external funding of health through improved harmonization to avoid comingling of resources.

People – centered approach to health and health interventions is one of the principles of health policy which aims to ensure that health care services and health interventions are premised on people's legitimate needs and expectations. This necessitates community involvement and participation in deciding, implementing and monitoring of interventions. In this sector therefore, its noteworthy that the importance of community involvement and engagement cannot be overemphasized. The role played by natural leaders in the community led total sanitation is evidence that with a little support and motivation, communities can realize results which wouldn't have been realized by health workers on their own. The county sanitation sector should therefore plan to rope in community health workers and natural leaders in their implementation plans if the goal of sanitation for all is to be realized.

The WASH BAT with its straight forward scoring process can be used to strengthen national and county monitoring through country driven process and help in tracking bottleneck removal overtime. ■

## Lessons from Rwanda

*Continued from page 5*

The team also visited some rural areas to learn from administrators how rural public services are coordinated. As with all the officers we met in Rwanda, the administrators are well informed about their roles and responsibilities. The administrator coordinates any development in his area. He oversees the monthly cleanup activities which culminate in dialogue. Accountability for delivering on the work program was common to everyone we met.

The Nakuru team had a lot to learn from the experience Rwanda has in fostering reconciliation post genocide. Having been one of the hot zones during the Post election violence of 2007-2008, the visit to Rwanda was an affirmation that communities can reconcile and live in peace to build a strong country.

## Outcome of our visit

Following this learning visit, the Governor formed a multi-sectoral Task Force whose main goal is to restore Nakuru back to its former glory as the cleanest town in East and Central Africa! This will be done by planning the development of Nakuru County and Beautification of urban areas. To start off there has been demolition of polythene made structures which were being used as make-shift restaurants/eateries and planting of trees and flowers in communal areas.

In addition, following the visit, the Chairman of Health Committee in Nakuru County assembly introduced a motion on performance contracting in order to improve service delivery. The Chief Officer Health services supported the department of Public Health by:

1. Purchasing 85 pairs of tyres and tubes for all motorcycles in the county
2. Providing funds for Training 42 Public Health Officers on Community Led Total Sanitation( CLTS)
3. Procuring 50,000 sanitary pads for school girls under menstrual hygiene programme in schools
4. Procuring soaps and other detergents enough for all health facilities and public health offices
5. Supporting Monthly clean ups activities
6. Procurement of a bull dozer to maintain our dumpsites

The visit to Rwanda was truly an eye opener for us in Nakuru County, the invaluable lessons learnt during the visit if applied by Nakuru County can give us the thrust towards becoming a clean, environmentally friendly county and restoring our title of the cleanest town in East Africa. ■

# Automated Monitoring and Evaluation System

## Pilot Training held at Kajiado County

By Edwin Ogendi



The ODF Rural Kenya Roadmap highlights the importance of Monitoring and Evaluation by indicating that the CLTS campaign requires more focused attention to planning, generation of adequate data for effective monitoring allowing immediate course correction to ensure timely accrual of results. The conventional paper based reporting system had some challenges which include:

1. Untimely and unsystematic reporting
2. Lack of data
3. Long channels of reporting from the grassroots to the National MoH Hub
4. Too much unusable data

Based on the aforementioned challenges, the Department of Environmental Health, sanitation and Hygiene and SNV Kenya embarked on a process to automate the CLTS WASH System. This process began in September

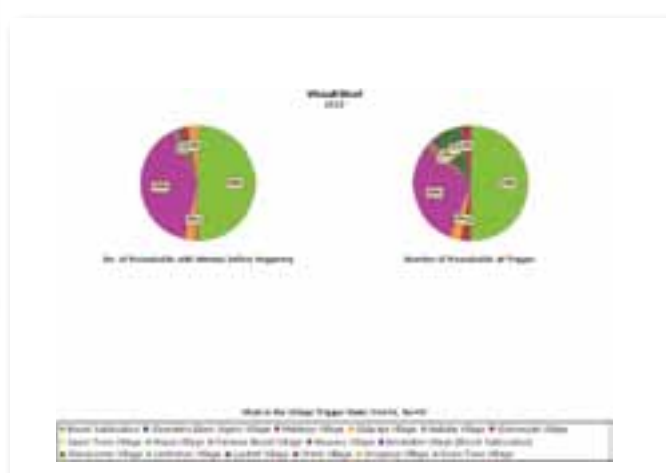
2013. SNV hired a consultant to develop this automated system with assistance from the hub team. This system is versatile and will ease the process of reporting by reducing the time taken to report, receive, analyse data and give feedback.

The first National Sanitation Conference was intended to spur counties into action so that they allocate resources -financial and human- towards sanitation to accelerate universal access to sanitation. Pilot training of Public Health Officers in Kajiado County on the use of the automated Monitoring and Evaluation system was conducted by the consultants who were facilitated by SNV Kenya. Having initially entered baseline information on the sanitation status in Kajiado County this training was timely and apt for ensuring the PHOs get hands on experience by interacting with the system.

Prior to the training, the participants were taken through the CLTS commitments made at the National Sanitation Conference by Kajiado County. The County Public Health Officer invited Eric Machuki, the Kajiado County CLTS Coordinator, to make a presentation on CLTS commitments on behalf of the County Director of Health. Members were informed on the previously concluded conference and what was learnt. At the end of the conference, the County governments made commitments in which the CEC committed to ensure that Kajiado County becomes ODF by April 2015 and work with other partners and county staff. The participants who hailed from different sub-counties within Kajiado were also taken through the sub-county commitment form prepared by the County Director of Health on the action areas to be addressed to ensure the Kajiado county becomes ODF.



Sample Data from the Automated M&E webpage





Participants listening to a presentation during the M&E automated system training at Kajiado

The consultants began the training by informing the participants that the M&E system server can sit at the county level if need be and that the system works similar to the DHIS system since it has been developed on the DHIS platform. The system can be accessed through the WASH website: [www.wash-cltskenya.or.ke](http://www.wash-cltskenya.or.ke).

The participants were taken through the several features that the system possesses. Training on data entry and customizing forms to collect county specific information consumed a significant proportion of time and the participants were able to use personal computers and phones. The participants were finally able to visualize various outputs and the highlight was the interactive Geographical Information System that put everything into perspective by narrowing down to the sanitation status at village level and develops a colour coded map.

In totality, the system will assist in tracking the whole process of the ODF campaign and at the same time identify inconsistencies in achieving ODF in Kenya. The following will be key contributions of the automated system:

- The reporting time will be reduced greatly since data will be delivered real-time.
- The system will be able to ease analysis since it is able to generate various reports depending on the users need.
- The user is able to customize the dashboard to receive his/her convenient and desired analysed data.
- The system can be reviewed and new indicators added or removed depending on need.
- Data will be collected right from the village level hence reduce the path of reporting.
- The GIS reporting, use of mobile phones to input data and its integration into the DHIS2 system are tenets that give the system an upper hand as compared to the paper based reports.

Among the participants from the counties were representatives from development organizations that implement CLTS activities within Kajiado County. The present representatives hailed from World Vision Kenya, AMREF Health Africa and ADEO. The partner representatives were given an opportunity to report on their activities, their form of sponsorship given to the

county and future engagements with the various organization units. In view of this, the following was reported:

- **WORLD VISION:** Committed to support CLTS and will be in the forefront to champion CLTS in Kajiado County. World Vision Kenya delivered over half of the 22% triggered villages in Kajiado County. They have worked together with a local CBO to ensure that Namanga and Ilbissil attain ODF. They intend to continue working in these two areas and deliver them ODF.
- **AMREF Health Africa:** Supports Kajiado Central and Mashuuru sub-counties and they planned to train the untrained officers from the second week of May. They also pledged to support the next review meeting and scaling up of M&E, support two schools to build toilets for boys and girls and construct a WASH facility in a market at Mashuuru.
- **ADEO:** They are currently implementing Mama na Mtoto project to reduce maternal and child death in Mashuuru. The organization has supported the triggering of one village and pledged to support the triggering of more villages in Kajiado Central Sub County. ■

# Enhancing Livelihood Opportunities for the Rural Poor through Sanitation – THE FINISH INK MODEL

Juliane Wanyama; David Makau; Vincent Ouma; Martin Muchangi ; Sylvester W. Njemu –FINISH INK TEAM

Coverage of improved sanitation in Kenya is estimated at about 52.5%, with diverse regional and demographic differences. Lack of access to appropriate sanitation largely impacts the health of communities with resultant extra expenses for treatment of sanitation related illnesses, loss of man hours leading to reduced livelihood opportunities. More so, poor sanitation has been associated with poor schooling for children and mortalities especially in children under five. The most affected are the populations living in extreme conditions of poverty, normally peri-urban dwellers or rural inhabitants.

Among the main challenges responsible for inadequate sanitation are: lack of financial resources, poor returns on sanitation investment, inadequate priority given to the sector and delinked demand and supply chains for sanitation services.

The initial approach to up scaling sanitation was based on direct subsidies which led to the dependency syndrome therefore inhibiting individual initiatives to provide for sanitation. There has however been a shift in the recent years with the introduction of the Community Led Total Sanitation approach, in which communities take charge of their own sanitation needs without subsidies from the government or donor agencies. The emphasis on behavior change advocated through CLTS has led to a shift in the perception of many communities whose members have seen the need to own and use proper sanitation facilities. Most of this population however, cannot afford to put up improved facilities, and as they have no access to financial services to help them deal with this challenge, they have resorted to putting up simple structures made from locally available materials such as sacks, plastic sheets, mud and grass among others.

The ideas have been as varied as they are innovative, but the problem of

sustainability arises. These materials are often not well suited to survive passage of time and adverse weather conditions such as strong winds and floods. As such the people are forced to keep putting up new structures every so often. This may lead to a diminished resolve or appropriation of funds which would otherwise have been used in other ways.

The Financial Inclusion Improves Sanitation and Health In Kenya (FINISH- INK) project was developed to address some of these challenges. The FINISH INK model seeks to create an environment for a local-market-based approach to sanitation services. The project aims to address the social-economic determinants of sanitation by creating demand through the CLTS+ approach. The plus (+) aspects seeks to provide finance training and access to micro-loans for sanitation to households deprived of an improved sanitation facility. In the long term, sanitation loan products are expected to be an integral part of the micro financing market. It is expected that improved access to sanitation and better hygiene practices will positively impact the health status of targeted households and villages.

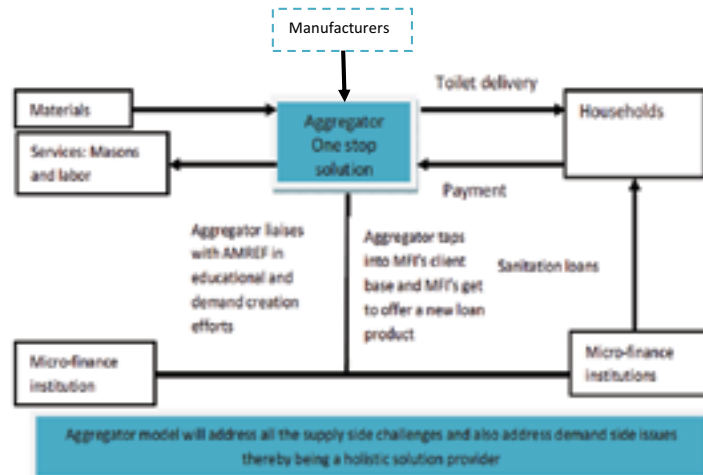
This will lead to overall improvement of livelihood potentials due to increased number of working hours and days

that would be otherwise lost while ill or seeking treatment.

Thus it would be possible to increase sanitation coverage and economic viability while ensuring sustainability at the same time. The communities would also be economically empowered and bankable, with the ability to access financial support from any other institution for other development projects/businesses.

The project leverages the strengths of social impact investors to invest in the emerging markets which solve certain social or environmental problems whilst making a financial return. This is through private equity and venture capital investments in which product producers hope to tackle the market in cooperation with microfinance institutions as a delivery channel. Additionally the project has designed the aggregator model to aggregate all materials in bulk from different suppliers therefore presenting households with multiple options at different price points. The aggregators are also expected to create a pool of competent, contracted masons that are experienced in providing improved sanitation solutions. Overly, the aggregator model will address all the supply side challenges and also address part of the demand side issues, thereby being a holistic solution provider. ■

## FINISH INK BUSINESS MODEL



# Bringing Sanitation and hygiene to Western Kenya

By Lucy Goro

Living Water Service Centre (LWSC) is an affiliate of Living Water International headquartered in Houston, USA. The organization implements interventions in water supply, hygiene and sanitation promotion and Christian witness.

To ensure great and sustainable impact from the projects implemented, in 2013 LWSC started working in two Wash Program Areas (WPAs) in Butere Sub-County in Kakamega County and Kisumu East Sub-County in Kisumu County

## 1. HYGIENE & SANITATION INTERVENTIONS:

Under hygiene and sanitation promotion, LWSC carries out the several activities in collaboration with the respective Public Health Officers and the Community Health Workers. These activities include: initial community entry and assessment; health and hygiene promotion; facilitates formation of School Health Clubs; Community Led Total Sanitation (CLTS) triggering and follow ups and Open Defecation Free (ODF) celebrations.

## CLTS ACHIEVEMENTS

Open defecation is one of the common habits of communities unaware of proper hygiene and sanitation standards. It is in such communities that LWSC works to advocate for improved hygiene practices so as to reduce the various diarrheal diseases. The organization does not build toilets for the communities but uses the naming and shaming approach of CLTS, among other means, to bring about behavior change in communities. As a result of working and walking through with communities from stage to stage, communities realize the dangers of open defecation and start building latrines with locally available materials. LWSC has triggered villages in Butere Sub-County and villages in Kisumu East Sub-County. The case of Radienya village Open Defecation Free (ODF) certification is presented as an example.



Radienva Health Committee



### Radienya ODF celebrations



### A hygiene education session



Pit latrine constructed after triggering

## RADIENYA VILLAGE CERTIFIED AS OPEN DEFACATION FREE

Radienya village is situated in Miwani West sub-location, Kisumu East Sub-County in Kisumu County. The village was prone to diarrheal diseases including cholera that killed a leader in the area. The high levels of sanitation related disease morbidity was as a result of increased open defecation in the area. Radienya village was triggered in the June 2013 by Living Water Service Centre, Public Health Officer (PHO) in charge of the sub-location, the area Assistant Chief, and Community Health Workers (CHWs).

The village had 206 people, sheltered in 67 households. Before triggering, the village had 19 households without latrines. The households with latrines were not using latrines effectively. The triggering process was characterized by a series of water and sanitation hygiene education meetings, involving the community throughout the process. As a result, by November 2013, a total of 15 households, had constructed new functional pit latrines with only 4 households having theirs at the pit level. These were targeted to be completed by December 2013.

Members of the community not only built latrines but started using them. This significantly reduced the incidences of open defecation. Late November 2013, progressive visitations were conducted to ascertain the latrine coverage and use status.

On 10th December 2013, Radienya village was declared ODF (Open Defecation Free) by the DPHO, Kisumu East Sub-County, in collaboration with Living Water Service Center in the presence of Inter Agency Coordinating Committee (ICC) representatives, the area Chief Miwani Location and his Assistant.

The area is surrounded by 2 springs one in Radienya and 2 in Ogwehi. Living Water Service Center is currently protecting one of the springs to serve the KESREF dispensary, Sugar Research Primary school, Radienya, and Ogwehi, villages.

### BASIC DATA ON RADIENYA VILLAGE

NO	PROFILE DATA	NUMBER	NARRATIVE
1	Total Population	206	
2	Households Population	67	According to the PHO and CHW covering the village
3	Month Triggered	June 2013	Trigger done by Living Water Service Center and the area PHO
4	Households without latrines before triggering	19	By the time of Living Water Intervention
5	Health and Hygiene Education sessions carried out	6	Health Education done proper hand washing, Disease transmission and blocking, water transportation and storage, Oral hygiene, proper handling of food
6	Latrine after triggering by 6th Dec 2013	44	All completed
7	Hand Washing facilities by Dec 2013	44	All households with functional latrines have hand washing facilities with soap
8	Available Waste Pits	44	All household have dug and started using rubbish pits.
9	Available Dish Racks	67	All households have dish racks in use

## 2. SAFE WATER PROVISION

Water is a basic need for every human life, without it mankind suffers and even dies. Living Water Service Centre works with communities to acquire desperately needed clean water and empowers them on the operations and maintenance of the water access points.

Through Living Water's WASH Program Area (WPA) approach, 80 % of the water interventions have been focused in Kisumu East and Butere Districts. The concentration in an area allows the selected area to have a wholesome coverage of safe water.



Rabuor Young Women Group Water Point

The main water supply activities include spring water protection; gravity water pipelines to community water vending kiosks; drilling borehole to either draw water using hand pumps or electric powered submersible pumps; lake water treatment units; roof water catchments and rehabilitation of existing broken water supply points.

In total, over 40 water points have been sourced, developed and secured for community safe water use, reaching over 20,000 people. We work through schools, health centers, community groups and churches. LWSC works with the local networks of organizations, Sub County Water offices and community institutions to identify and assess the areas of interventions based on need, demand and potential sustainability. ■



Ng'iya Girls Primary Boarding Washing point

## IPA Pilots Hand Washing System

Benjamin Murkomen & Sharon Lipesa

Innovations for poverty action (IPA) has developed a novel, modular hand washing system for households, schools, clinics and eating establishments without piped water. In contrast to other hand washing stations currently on the market, this new design offers two important innovations:

1. A soap-foamer which uses soap more cost effectively (one bottle cap of powdered soap lasts for hundreds of washes) and makes hand washing more pleasant
2. A tap which controls water flow, thereby allowing more hand washes.

These two elements are paired with either a five litre pipe or twenty litre buckets to offer consumers the right fit for their needs in terms of water refill frequency, affordability and space constraints.

Either model offers users a dedicated hand washing space that promotes the practice of hand washing by making it a more convenient, affordable and



Using the Redesigned Hand Washing System

pleasurable experience.

IPA has also been working on a dual Tippy tap - a foot operated tippy tap with separate liquid soap and clean water dispensers. During the launch of the redesigned hand washing system, the IPA team led by Deputy Country director, Dr. Claudia Casarotto, stated that the objectives behind redesigning the hand washing system was: to have a modified system that can be used in institutions and urban settings; to have a system which has less movable parts (unlike the Tippy Tap) and is easy to install. The new design is also appropriate for mass manufacturing and distribution.

To redesign the hand washing system, IPA worked with Catapult Designs (US based organization). Scores of visits and research was done to assess the needs and challenges of many other designs before the team settled on the redesigned Hand washing system. The design team interviewed headmasters, teachers, students and household members in peri-urban areas and field tested many designs too.

After the launch, the IPA team plans to conduct a school pilot study to compare the percentage uptake of hand washing with water and soap before and after the installation of the hand washing system. A clinic pilot study has also been planned. For Households, IPA plans to conduct a willingness to pay (WTP) study to assess demand for the hand washing system and determine target market prices.



Participants during the IPA launch of the Redesigned Hand washing system in Kisumu

# A Beacon and Ray of Hope

Tucked away in North Kamagambo Location, Rongo Sub-county, Migori County is a centre that is a beacon and ray of hope to the residents of that community. This is Lwala Community Alliance (LCA). LCA is approximately 11kms from Rongo Town, which lies along the Kisii-Migori Road. As one gets close to LCA, the picturesque sugarcane plantations and the green vegetation gives a relaxing feeling and at the same time creates anxiety of what awaits a visitor straight ahead. The entrance to the centre is beautifully garlanded with sprays of magnanimous bottle brush trees with a well-manicured lawn, creating a serene ambiance.



Mercy Owuor (Left), Deputy Director-LCA and Elizabeth Obiero

Lwala Community Alliance is a non-governmental organization that was established in 2005 by two brothers Drs. Milton and Fred Ochieng' who are currently Medical doctors in the USA. The mission is to build the capacity of people of North Kamagambo to advance their own comprehensive well-being. LCA approach is Community Led Development that is multi-dimensional in nature and currently has programs in Clinical care, Public Health outreach, Education and Economic development.

Based on community need, LCA started running a WASH program in 2010 to provide education and training around Water, Sanitation and Hygiene to equip the community with skills to adopt proper practices to improve their health. The WASH program has been an entry point to all programmes run by LCA and WASH cross-cuts across all programmes.

Elizabeth Obiero heads Community Education at the Public Health Outreach department. This department currently works with thirteen primary schools to improve sanitation and hygiene. LCA has entered into a cost sharing partnership with these schools. LCA has provided capacity on the establishment of active school health clubs. The patrons of these clubs together with the members are later trained on WASH. With support from the Blood Water Mission, all the thirteen schools where LCA works have been provided with water tanks that harvest rain water. The school and surrounding community built the base of the water tanks and provided labour during the construction of the base for the tanks. LCA has also supported the schools to construct VIP latrines using trapezium interlocking bricks. All these latrines are equipped with tippy taps. The members of the school health clubs ensure that there is water in the hand washing containers and maintain high standards of sanitation. From the inception of the school WASH program, there is zero diarrhea cases reported in LCA Hospital. The improved standards of sanitation have been buttressed by deworming of school children that is conducted every three months.

In the community, LCA currently works with sixty Community Health Workers evenly distributed within North Kamagambo. The success of implementation emanates from subdividing North Kamagambo into ten operation sites. The CHWs work in these areas. All the CHWs are currently trained on WASH, nutrition, importance of immunization and water treatment. Using the Life Water curriculum, the CHWs are trained to train the com-

munity households on proper sanitation and hygiene practices. All the CHWs are given a pack of IEC materials that they use to train the community on the need for improved sanitation and hygiene. These CHWs are all chosen by the community members and one of the requirements for choosing the CHWs is that the would-be CHW should have a toilet. The CHWs meet once every month. During these meetings, they decide on the particular area that they will conduct their quarterly WASH outreaches and which area to put more focus and emphasis on.

The Annual WASH tournament held every August has become an acclaimed fame. The Third annual WASH tournament was held in August 2013. The venue has always been Lwala Primary School since it is close and at the heart of the community members. Over 900 people attended the 6-day WASH tournament. In order for the teams to participate, each team member must complete a four-day WASH training and show proof of having a latrine and hand washing station in their home. Some of the sports the teams participate in include men's and women's football, net ball and volley ball. LCA takes this time to have health education talks and promote and create demand for sanitation. The community members are also given an opportunity to showcase and sell sanitation products. LCA also holds a raffle and WASH items such as bio-sand filters, t-shirts and soap are up to be won. The Health department, that runs the LCA hospital also sets up tents for Voluntary HIV Counselling and Testing, education on family planning and treats minor injuries. Youths who have in the past participated in the WASH Tournament have lauded it as an event they always look forward to since it has helped them boost their morale, self-esteem and confidence.

In 2013 together with MoH and USAID through FHI 360, LCA was introduced to Community Led Total Sanitation (CLTS) to reduce open defecation in the area. Elizabeth and the Rongo sub-county public health office collaborated and triggered 13 villages. Rongo sub-county PHO has been instrumental in triggering 23 villages out of the 42 + villages in North Kamagambo. Out of the 36 triggered villages, one

has had its ODF Claims verified by the Sub-county PHO and is currently awaiting 3rd party certification.

The challenges LCA has had to grapple with during implementing and monitoring CLTS are not new to the sector. As an organization, does not have core funding for implementing CLTS and this has proved a challenge in organizing for follow ups and implementation. Secondly, most of the natural leaders are unemployed and at times would seek for stipend so as to undertake effective CLTS approaches. The natural leaders have competing tasks and coupled with their voluntary service, they find it hard to pursue CLTS follow-up with vigour and enthusiasm. To counter these challenges, the CHWs have come up with a "List of shame" that has the names of all household heads who have not constructed latrines. These names were to be read in a chief's meeting and when people got wind of the impending shame and embarrassment, some completed construction of their latrines overnight. That was in Kojwang Border village that has claimed and verified to be ODF. The CHWs have also opted to walk from household to household as a group and ensure that the households that have latrines use them as required and those with no latrines build one. All indications show that North Kamagambo will be certified ODF by the end of 2014 this year and LCA and Rongo Sub-County Public Health Office have been working together to ensure that the current ODF status is maintained.

LCA's WASH corner has the various sanitation innovations that include twin pit latrine, improvised pit lining and the various hand washing facilities that the community is perpetually advised and trained to use.

## WASH Corner

From March through December, 13 villages (consisting of 1,349 households out of the 3,800 in LCA's catchment) were successfully triggered. At baseline, 642 latrines were identified across the 13 villages. By the end of the year, 166 new latrines had been constructed, bringing the total latrines in the villages to 808. This is a 10% increase (from 48% to 58%) in latrine coverage



across the 13 villages. The success of this program can be attributed to the consistent effort by the WASH team to provide good education to and conduct thorough follow-up with the triggered villages. Consistent CLTS has the potential to create much greater sanitation coverage over time.

WASH is integral and cuts across all the departments in LCA. The New Visions Women group works with LCA to come up with low cost reusable sanitary pads that they give for free to the school girls in North Kamagambo. The girls are given a kit that contains reusable sanitary towels, inner wear and soap. They have partnered with Johnson and Johnson. This has ensured that many school girls do not miss school and consequently improved their performance. The Economic empowerment and Health departments all promote sanitation and hygiene in their programmes.

This year, LCA will hold its annual WASH tournament from 17th – 22nd August everyone is highly welcomed to attend and also share their expertise and skill as we all learn from each other. Welcome to Lwala Community Alliance. ■

By Mercy Owuor, Elizabeth Obiero and Neville Okwaro

# Sanitation Challenge Response

In Our last issue of SSHIT we published a sanitation challenge posed by Mr Solonka Ole Saita from Loitokitok. Herein we publish one of the responses sent in by one of our ardent readers.

A reminder of the case: Working with nomadic Maasai pastoral communities poses many problems including water scarcity; absentee heads of household; little experience of latrine use; low literacy levels; and negative cultural practices prohibiting sharing latrines. How can these be tackled?

Dear Mr. Solonka Ole Saita,

Implementation of Community Led Total Sanitation (CLTS) in Kajiado County has been fairly successful amidst its unique challenges. To date over 70 villages have claimed open defecation free status.

## My 5 minutes take on the San Challenge from Kajiado South include:

### Calling for triggering meetings

It is highly recommended that meetings for CLTS are responsive to community's timelines. The scheduling of meetings has to be timed with the timings workable with the community. With experience, meetings conducted on weekends have worked well for most of the community members in Kajiado Central and Mashuru and have led to results within shorter periods. The mistake we often make is non flexibility on the time the community wishes we hold meetings.

This does not dispute weekdays because there have been successful triggering sessions which have been reported. However, it is key to consider is that the meeting dates must be set by the community and proper prior dialogue must be conducted to ensure full participation.

During mobilization, it is also important to ensure male involvement is achieved since males are decision makers in the Maasai community. The chiefs, opinion leaders, teachers, schools children, retired civil servants, (Community Own Resource Persons) CORPs etc all play a critical role in such forums. But great caution has to be taken during mobilization to ensure proper messages are sent to the community. 'No community will be proud of attending a meeting where they are going to be ashamed of their sanitation status'. This calls for innovative strategies for mobilization to get people interested. The Public Health Officer (PHO) must take the lead in mobilization.

During triggering also ensure that proper representation per homestead is achieved to accelerate results. An 80% community representation is highly recommended.

### Nomadic lifestyle

Proper triggering ensures 100% behaviour change with communities taking up sanitation as their communal prob-

lem regardless of their lifestyle. While addressing sanitation in a pastoralist's community, of importance is that the community realizes the terrible impact of open defecation. Quality facilitation will ensure that the community adopts new behaviour of fixed point defecation. With proper support from the PHO, the community will take cognizance of the different sanitation options which they can use at the different situations.

In addition, we know that nowadays Maasai women are frequently left behind to attend to other family core activities such as education for their children as men look after their animals. Both groups need to have adopted a new behaviour despite the challenge. Sub division of land has limited migration of the community and this allows for sustainability of the program. Of importance is that CLTS aims to target behaviour change and requires quality facilitation by the respective PHO during and after triggering.

I am interested to know of any known new settlement areas to further share on how we can improve sanitation status in such settlement areas.

### Unprotected water sources

It is necessary that Water sampling is conducted on a routine basis to ascertain its quality. Based on analysis report received from the NPHL proper public health measures must be expedited based on relevant Acts of parliament and regulations.

### High Illiteracy levels

Health education and promotion initiatives, are truly affected by the illiteracy levels but does not necessarily imply that uptake of sanitation will greatly be impacted. This is because CLTS initiatives by design are community accommodative irrespective of their literacy levels. CLTS is participatory and triggers behaviour change at the level they understand best regardless of their level of education or literacy.

It is of interest to know the religious sects Mr. Saita is referring too. To the best of my knowledge there is no religion that recommends open defecation and this should be the premise for all CLTS initiatives and for accelerated results. Proper triggering needs to be conducted in such groupings.

### Culture

On the issue of culture, my experience has taught me that Maasai culture does not encourage open defecation. When implementing CLTS, the community takes full responsibility of their sanitation situation and comes up with unique solutions to the challenge.

Several communities have come up with various innovations addressing their unique set ups. In some communities two or more latrines have been constructed to address issue of sharing of latrines.

All in all what matters most is to achieve 100% behavior change. My experience is that a properly triggered community STOPS open defecation immediately and put up mechanisms within the first three months. How they STOP they determine themselves. As facilitators our role is to facilitate them to realize the full impact of the Open Defecation(OD) practice and facilitate them to join the sanitation ladder.

## Poverty

It is true that poverty levels are on the increase but with CLTS, the community is brought to a realization that the worst form of poverty is the one brought about by our ignorance on preventable aspects. The community that pegs poverty as an excuse needs more software on sanitation. The same households are negatively affected economically when sickness due to preventable ailments affects them and proper triggering helps streamline such excuses.

With quality facilitation, the community is encouraged to look at their problems in a consolidated manner. One can ask for example, "where there are disabled, who builds for them a house? How do we bury the poor?" Such questions helps the community realize that sanitation challenges are communal.

The worst form of poverty is the poverty of the mind which needs utmost attention. Let us believe in our communities. They know their problems and they also know their solutions.

In conclusion, I welcome the move by the sub county to be open defecation free by 2017 and will accord all the necessary support. On its part, the County government has ensured that all the staff in Kajiado South Sub County are CLTS trained with a strong commitment to continue supporting the entire County become Open Defecation Free. ■

By ERIC MACHUKI,  
Ag. County CLTS Coordinator

# Media Advocacy – Going Beyond Data

Arnold Wafula – UNICEF Communication Consultant

"It is time to talk about open defecation". That was the catchphrase at the United Nations' launch of the UN Sanitation Campaign to end the practice of open defecation. The campaign, launched at the UN headquarters in New York on 28th of May 2014, is expected to run through to December 2015. The campaign seeks to break the silence surrounding talking about open defecation and the silence on the deaths and diseases, particularly among children that have occurred as a result. This global campaign draws sharp comparisons with the situation here in Kenya. Even with over 5 million Kenyan's still practicing open defecation, little, if any, public discussion on how to end this practice is heard outside the halls of the Ministry of Health. The silence surrounding open defecation in Kenya needs to be broken. A good place to begin is by breaking media silence on the issue through media advocacy.

With access to toilets in Kenya sharply skewed in favour of higher income families, rural and lower income families remain the most susceptible to diarrheal diseases associated with open defecation. The Ministry of Health launched the Open Defecation Free Rural Kenya Campaign in 2011 with the aim of ending the practice of open defecation in Kenya. The campaign is centred on the Community-Led Total Sanitation (CLTS),

a participatory approach that has a great potential to improve access to toilets among rural and lower income families. One of the campaign's limitations is low public awareness and support for the campaign goals.

Although ending open defecation is a critical public health is-

sue, little public debate and discussion on the issue is consistently held. Research has shown that sustained public debate and discussion on public health issues such as malaria, TB and HIV/AIDS prevention have contributed to improved health practices. The Ministry and its WASH partners have therefore embarked on efforts to break the silence surrounding open defecation in Kenya through increased Media advocacy efforts.

The Ministry is asking its media partners not only to raise public awareness on the dangers of continuing the practice through regular reporting on the issue but also to go beyond the data and find the 'human stories' that will resonate with their audiences.

Covering sanitation and hygiene in the media can be challenging. Overcoming the stigma surrounding reporting on 'filth' coupled with the challenge of getting audiences to care about the seemingly dry and stale statistics surrounding a taboo subject can often prove challenging. The media fraternity is therefore encouraged to inform the public on sanitation and hygiene practice by focusing on what matters most to them. Media training will be held to support this.

The Ministry and its WASH partners have intensified their efforts to work with media partners to have regular coverage of pro-ODF stories in the media. These Media advocacy efforts are a vital part of the Ministry's efforts to end the silence surrounding open defecation and promote greater public debate and action towards ending the practice of open defecation in Kenya. ■

# COUNTY ROUNDUP

## MIGORI COUNTY

### Migori County Sanitation Stakeholders Meeting

Migori County held its first stakeholders meeting at the Grabo Hotel in Migori. The meeting which was graced by the Deputy Governor Hon. Nelson Mahanga and chaired by the Executive member for Health (CEC-Health) Madam Iscar Oluoch brought together the County Executives Members, the Director of Health, Members of County Assembly, Chair Health Committee, academic institutions, private institutions, Non-governmental organizations and county officers.

In her opening presentation, Madam Iscar highlighted the economic and health burden as a result of poor sanitation. She cited that the county loses over 800 million Kenya shillings as a result of poor sanitation. All these she pointed out could be curbed by addressing the 36% of the population that still practices open defecation. She pointed out that despite the literacy level being high in the county, the uptake and utilization of latrines has been low. Out of the 2388 villages that had been triggered, only 173 had claimed open defecation free status and 73 had been certified as Open

defecation free. She emphasized that these statistics were an urgent call for action. Some priority areas for action were: strengthening of interventions like community led total sanitation (CLTS), School Led Total sanitation (SLTS), addressing urban sanitation and solid waste management (through policies). While addressing these issues, Madam Iscar also emphasized the need to streamline HIV into sanitation activities in the county as Migori is one of the counties with high HIV prevalence.

The Deputy Governor lamented that it was unfortunate for Migori County to lose millions due to something that can be easily prevented. He pointed out that Sanitation was a constitutional right and therefore the county is legally liable to provide sanitation to its residents. Reflecting on the County statistics, he challenged the Health Committee to enact legislation to bar open defecation to take care of the 36% population practicing Open Defecation. He also pointed out the need to enact legislation barring open bathing a practice that was rampant in the county especially with people living around the lake and rivers.

The issue of sanitation as a constitutional right was also emphasized by Dr. Charles Oyaya-WSP World Bank Consultant who also added that sanitation was a guaranteed right and one of the county's primary functions. The County therefore has the responsibility of making deliberate investment to ensure sanitation as a service is available to its population.

The implications of poor sanitation including its effect on child stunting were also highlighted by Dr. Yolande Coombes who also presented on the measures that can be taken to address sanitation issues as exemplified from other countries with success stories on sanitation.

In the group session, the participants came up with ways of fulfilling the commitments that the county had made during the First National sanitation conference. A general consensus from the group work was that the County needs to first establish a sanitation coordination mechanism through formation of an Interagency Coordination Committee (ICC). The County Public Health Officer Mr. Kennedy Ombogo promised to take this up and organize a forum with all relevant stakeholders to form a County ICC.

### Migori Community Led Total Sanitation Training

The County held CLTS trainings for its officers between 2nd and 13th of June. During the two week training, two groups of officers totaling to 78 officers were trained on how to trigger and follow up villages under CLTS. The training was facilitated by Mr. Justus Arodi and Mr. Edwin Odhiambo.

## UASIN GISHU COUNTY

### Uasin Gishu Sanitation Stakeholders Meeting - 2nd May 2014

The Stakeholders meeting which had the blessing of the County Governor Hon. Jackson Mandagor was held on the 2nd of May 2014. The meeting was chaired by the County Executive Member for Health (CEC-Health) Dr. Eunice Siria assisted by the Director of Preventive and Promotive Health Dr. Evans Kiprotich. Also in attendance were CECs for Water, Environment and Natural Resources – Mrs. Mary Njogu, CEC for Finance – Mr Shadrack Sambai and the Director of Medical services Dr. Lubanga. Heads of different health



Migori County Deputy Governor Hon. Nelson Mahanga giving a speech during the Migori County Sanitation Stakeholders meeting. Looking on is CEC for Health Ms Iscar Oluoch

departments in the county: Nutrition, EPI, Nursing, all Sub county public health officers, and representatives of NGOs-Kenya Red Cross, and World Vision and the academia-Moi University were also present during the meeting.

Dr. Kiprotich gave a presentation that highlighted the sanitation status of the County. Of note was the burden of diarrhoeal diseases and ARI both attributable to poor sanitation.

Dr. Kariuki gave a presentation on why sanitation matters for Uasin Gishu County which illustrated the millions lost due to poor sanitation in the county (Kshs 533 million)-(From World Bank ESI reports) and emphasized the need to address the enabling environment as a means of accelerating access to improved sanitation. Results of the UNICEF micro planning exercise showed that Uasin Gishu County needed about Kshs 23 million investments in order to attain ODF status compared to the 533 million lost due to poor sanitation was shared. The CEC for Finance was intrigued by this presentation especially that only a small fraction of money is needed to

stop open defecation as compared to what is lost due poor sanitation. He pointed out that such information should have been availed before the budgeting process to ensure adequate resource mobilization and allocation for the sanitation sector.

The CEC for Water illustrated the importance of water in sanitation and gave the progress of her department in waste management. She stated the need to enact a bill in the county that takes into consideration Solid waste management and she promised to follow up on this. The county was also considering the privatisation of waste management services in the county.

The participants were appreciative of the evidence based programming advocated for by the presentations and wanted more of this for strong advocacy for sanitation activities.

There was also as strong advocacy for intersectoral collaborations especially with the water, planning and finance departments of the county. The CECs present –Water, Health and Finance vowed to work together in sanitation matters in the county.

## Recommendations and Action points from the Meeting

- The CEC for health to brief the governor on the deliberations from the meeting and advocate for follow up of county commitments to sanitation
- The CEC for health to follow up together with the Director for Preventive and promotive health Dr. Kiprotich for budgetary allocation for sanitation
- The County health department to call for a stakeholder meeting to form a sanitation ICC for the county. The Partners present committed to support this. Moi University was particularly eager to get incorporated in the County ICC.
- The county public health department to organise for formation of a county WASH Hub. The County Health Public Health officer will follow up with the national hub on how to do this
- The national government to support capacity building on CLTS/sanitation by providing trainers and training materials. The County public health officer will make the capacity building plan and share with the national office.

## TRANS NZOIA COUNTY

### CLTS climbs the mountains to the highlands of Trans Nzoia county

by Nicholas Makotsi

True to the CLTS motto of scaling up, CLTS has been able to spread from Nyando sub county to Trans Nzoia County through a training that was held in Trans Nzoia East at Sinendet AIC conference hall from 25th – 28th March 2014. The training was facilitated by the Nyando Sub county Public Health Officer Mr. Nicholas Makotsi who sensitize the sub county staff on CLTS concept. During the training, five villages were triggered all attaining a matchbox in a Gas/ Petrol station outcome. The villages were: Ekegoro, Barmalel, Sinoko, Chepkoiyo and Kip-tendenas.

Trans Nzoia East sub- County had been advanced funds by GOK/UNICEF to implement school WASH project which had a community component as part of its software package. This required the community to be empowered to tackle the WASH challenges facing the catchment population of the targeted schools. Thus, the training on CLTS to supplement the efforts and gains of the School WASH implementation in the selected schools came in handy. This was in cognizance of the fact that the same children ended up in the community hence negating the gains if there was no link between the two. The Sub-county team decided to have the staff sensitized on CLTS implementation and sought the support of Nyando Sub County that has since attained an ODF status and has a host of master trainers to sensitize.

After the five days sensitization, the County Public Health Officer, Public health staff and the community were so enthusiastic about CLTS that they unanimously resolved to end open defecation (OD) in the community. Ch-



Trans Nzoia East Sub county PHO building rapport before triggering

erangany hills, where Nzoia River emanates from, is one of the five water towers in Kenya. The Nzoia River and its tributaries (Kapterit, Sinyereri, Aionmaget, Kiptenden and Moiben rivers) discharge their waters in to Lake Victoria, one of the largest fresh water lakes in East Africa.. The rivers above form the greatest source of water for the communities living downstream in the Western Kenya region. CLTS in Trans Nzoia East sub-county will be key in safeguarding the health of large population both in Trans Nzoia County and beyond. ■



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