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Community based solutions for sustainability of rural sanitation behaviour change in Kenya

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Kenya loses USD 324 million per year due to poor sanitation (World Bank, 2012), and 19,500 Kenyans, including 17,100 children under 5 die each year due to diarrhea. Communities' knowledge on desirable behaviors and their willingness to adopt these desired practices are greatly influenced by their surroundings. Certain aspects and conditions must be met for these communities to adopt desired behaviors and also to ensure that they do not relapse. This paper seeks to demonstrate how through simple community based solutions the Kenya Sanitation and Hygiene Improvement Programme (K-SHIP) has been able to identify hindering factors to collective behavior change and how to remedy these factors. KSHIP is funded by Water Supply & Sanitation Collaborative Council (WSSCC) through Global Sanitation Fund (GSF) and implemented by Amref Health Africa in Kenya.

Description of context

Rural sanitation continues to present a significant service delivery challenge related to poverty alleviation, disease burden reduction and sustainable development in Kenya. In the recent years, there have been innovations and approaches towards service delivery to reach the unserved in the rural areas with a policy shift to community based approaches and initiatives that attempt to overcome the supply-led complex solutions of the past decades.

Following the Millennium Development Goals, the world has set a collective Sustainable Development Goal of universal access to basic sanitation services by 2030 which is more ambitious and more nuanced, aiming at universal access and with specific references to ending open defecation, moving up the sanitation service ladder, and improving equity and inclusion. Kenya has committed itself to progressively meet the Sustainable Development Goals.

Even with the commitment, in Kenya basic sanitation services are not accessible to the majority of the population. The result is that the poor are deprived of decent and dignified lifestyles leading to deterioration of health, wellbeing and human environment.

The Joint Monitoring Programme (2013), estimates that only 32 percent of the rural population had access to improved sanitation of which 72 percent predominantly consisted of simple pit latrines providing varied degrees of safety, hygiene and privacy. Overall, the national open defecation rate is about 14 percent, which masks massive regional disparities.

About the Kenya Sanitation and Hygiene Improvement Programme (K-SHIP)

The Kenya Sanitation and Hygiene Improvement Programme (KSHIP) is a flagship programme in Kenya funded by the WSSCC (based in UNOPs, Geneva) through GSF, a resource established with an aim of supporting developing countries to attain sustainable access to basic sanitation and adopt appropriate hygiene practices. It is the first 5 (2014-2019) year programme funded through this mechanism and implemented in Kenya.

K-SHIP intends to accelerate sanitation coverage to reach over 1.92 million people with appropriate sanitation and hygiene interventions using the Community Led Total Sanitation (CLTS) approach. This

support will directly contribute to the achievements of the Open Defecation Free (ODF) road map goals and the national health sector goals. The K-SHIP works to reduce the disease burden resulting from poor sanitation and hygiene, while helping to improve health outcomes.

The strength of the project is in its ability to trigger community action and develop a sense of community pride and empowerment through joint action. CLTS seeks to create the community to collectively reflect and act on their sanitation and hygiene status. It can influence both at an individual or community level. It helps the community to realize their own sanitation and behavior status, to realize the links between open defecation and negative health impact, and ultimately to take collective action to remedy the situation. The strength of CLTS lies in collective behavior change.

We work in Tharaka Nithi County, Nkondi ward. The ward has over 100 Villages with an approximate population of 35000 individuals. Approximately a village has a total of 70 households while a household has an approximate of 5 people per household. Nkondi is an 'Arid and Semi-Arid land' region with most households being predominantly practising mixed farming.

The challenges encountered during project implementation

At the initial stages of project implementation, we encountered the below challenges that greatly hampered project progress and adoption of collective behavior change. The challenges included:

- Most of the constructed latrines were prone to the risk of collapse due to loose soils that collapse during rainy seasons in the area and also the presence of moles that burrows through the walls of the pits. This greatly demotivated the community members that were willing to practice desired behaviors but could not steadily maintain this behavior due lack of latrines. The collapsing latrines meant that most members of the community relapsed to poor sanitation and hygiene practices.
- More often we found that the left behind and the vulnerable in the community would hinder collective behavior change in the community. These individuals are often left behind as communities do not have the technological knowhow that will enable these members of the community access desired sanitation and hygiene services. It was increasingly difficult to achieve ODF status in these villages as often there would be some community members that could not access sanitation services due to the limit in the sanitation technologies.
- We had challenges with mobilizing the community members and convincing them to collectively act on their sanitation and hygiene status. Often we could reach all the members of the community and therefore compromising the sanitation and hygiene movement.

Lessons learnt

At year 3 of project implementation, we have learnt lessons that add value to the collective actions and involvement of the entire community in a rural setting. We pose that for acceleration and adoption of collective behavior change that ensures that communities progressively matures their sanitation and hygiene behaviors, then practioners should adopt their implementation strategies keeping the below in mind. These strategies include:

1. Identify the geotechnical and/or geographical challenges that might hinder the community from digging pits and constructing latrines and through local actions and innovations demonstrate to the community how to overcome these challenges: It is easy for communities to sustain behavior change over time when the latrine infrastructures are well constructed to be able to outlast any geotechnical and/or geographical challenges. The geotechnical terrain in Tharaka Nithi County is comprised of very loose soils that collapse during the rainy seasons. The situation compounded even more by moles that burrow the pits, weakening the wall linings and therefore leading to collapsing of the pits.

Often households dig pits and construct latrines but during the rainy seasons or after another attack from the moles, the latrines collapse. This completely demotivates them from digging new pits and constructing latrines and therefore often relapse to open defecation.

We were able to work with the local artisans to help the households come up with innovative ways of strengthening/reinforcing the pit lining. Working with the local artisans while also continuously building a network of knowledgeable sanitation and hygiene champions, we have sought to develop capacities and knowledge for developing local innovative appropriate sanitation and hygiene technologies/systems. Some of the ways to reinforce the pits include:

- Constructing the latrine wall starting from inside the pit.
- Adding reinforcement inside the pit to strengthen the pit lining.



Photograph 1. Images of locally reinforced latrines that ensures stability and sustainability of the latrines

2. Identify the unreached, the ‘under-served’, the disadvantaged and the often left behind and work with the community to enable them access sanitation and hygiene services. Communities often desire to help the marginalized, the ‘under-served’, the forgotten access better sanitation and hygiene services but often do not know how to. It is important to first identify the unreached, the disadvantaged and those left behind and directly target them with sanitation and hygiene behavior change communication. The support can include mobilizing for resources within and outside the community to directly support them with sanitation and hygiene facilities. This support motivates and challenges the rest of the community members to collectively attain open defecation free status and therefore spurring sustainable behavior change.

We sought, together with the local chief and the natural leaders, to identify the most vulnerable and marginalized in the communities that we were working with. We then supported them to be able to access quality sanitation and hygiene facilities. This was done through construction of fit for purpose facilities. The facilities a blind individual, person with disability and a widow who is not financially able (see photos below).

This support inspired the communities to also adopt desirable sanitation and hygiene practices and also brought a lot of good will to the organization from the community. Through this initiative the programme saw an increase in the number of households that were readily willing to adapt desirable sanitation and hygiene practices.



Photograph 2. Socially excluded family (Mr. Julius Mutiria was identified and supported to access sanitation and hygiene services)



Photograph 3. Margaret, a socially excluded individual that was supported to access sanitation and hygiene facility



Photograph 4. John Njeru (a blind beneficiary) who was supported to access a sanitation and hygiene facility

3. Seek to work very closely with existing local administrative structures as agents of sanitation and hygiene behavior change communication: It is important to quickly identify and strengthen the existing local administration structures and seek to work with them to assist in accelerating the attainment of ODF.

We set out to work through the local administrative structures in Tharaka Nithi County that included the chiefs, assistant chiefs, and the local area managers. These are respected individuals in the rural settings and by making them the agents/ambassadors of the sanitation movement, then they were able to greatly influence and motivate the communities to adopt desirable sanitation and hygiene behaviors.

We especially worked with Emmanuel (see photo) who is the local chief. Emmanuel became a sanitation and hygiene champion who injected a lot of impetus to the movement. He is able to help the project team easily map out villages that are most in need, households that may be troublesome, households that have special needs, while also adding authority to the natural leaders. Emmanuel is also able to continuously advocate for behavior change while walking the sanitation and hygiene ladder with the community through the many public foras that he organizes.



Photograph 5. Emmanuel Njeru – Chief Matakiri taking the lead in discussions on his role as a sanitation ambassador

Recommendations and conclusion

Practioners we should be aware that influencing behavior change is not usually an end to itself. Behavior change must also be coupled with a ‘how to overcome’ the identified community challenges. Once practioners are able to keep in mind the below identified recommendations, communities can be motivated to progressively mature in their sanitation and hygiene behaviors.

In Tharaka Nithi County, the local steering committee on sanitation and behavior change is committed to attaining a sustainable ODF status which will be executed step by step. The aim is to build a sanitation and hygiene behavior change movement that takes into account the below recommendations;

1. Practioners need to be aware of the geotechnical challenges that will pose sustainability challenges of the latrines and seek local solutions to overcome these challenges.
2. The ‘ones often left behind’ in the communities can easily be a springboard for the success of a community. Identify how to use them as a motivation to the rest of the community members.
3. Community Led Total Sanitation is a very effective behavior change tool, but by itself lacks institutional weight and therefore it is very important to work with the local administrative structures to validate the ‘movement’ while providing a base that will allow the practioners to have an individual that will ‘lead by example’.

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