This Case Study is part of a series of case studies commissioned by SNV Netherlands Development Organisation (SNV) as part of the Voice for Change Partnership (V4CP) programme which advocates for county governments to address water, sanitation and hygiene (WASH) issues affecting their communities. The programme is implemented by SNV in collaboration with the Institute of Economic Affairs (IEA). The case studies were developed by the Centre for Population Health Research & Management (CPHRM).

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# Case Study: Improving Sanitation Through Promotion of Low Cost Technology in a Multi-Sectoral Approach



The Tharaka Nithi Experience

To improve sanitation, counties have to examine the types of technologies available and ensure appropriate and affordable options are available to all users. Counties also need to develop programmes to create demand for these technologies and increase the number of households accessing and using low cost, easy to install options.

This case study discusses how Tharaka Nithi County adopted and promoted locally available improved models to increase toilet coverage and eliminate challenges faced in using traditional pit latrines by people living with disabilities, the elderly and children.

#### **Context**

In 2013, a survey by the Ministry of Health (MoH)¹ found that Tharaka Nithi County lost KSh 191 million each year due to poor sanitation, costs accruing from premature death, health care costs and reduced productivity. In the same year, another report showed that 56% of children in Tharaka Nithi were stunted,² due to poor health status. The county also had one of the highest diarrhoea prevalence rates in the country at 21% in children under age five years, compared to a national average of 15%.³

In 2015, latrine coverage in Nithi sub-county was 72% but in Tharaka sub-county it was only 45%. In both sub-counties, no single village had attained open defecation free (ODF) status and despite the efforts of the county government, a dedicated budget line for sanitation

was lacking and the sector was facing significant challenges securing adequate funding to implement planned sanitation activities. The county also had no water treatment facilities and most regions experienced shortage of water, leading to the spread of waterborne diseases and significant time spent by women and children in search of water.

At the county government level, sanitation was not a clear priority, and a big gap existed between the county executive and the department of health, where sanitation services are located.<sup>4</sup> The public health officers (PHOs) had not been trained on leading sanitation initiatives, especially community-led total sanitation (CLTS). Lack of easy to install and low-cost improved toilets was also a huge impediment in the effort to address poor sanitation.

<sup>1</sup> Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

<sup>2</sup> Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

<sup>3</sup> Kenya Demographic and Health Survey 2014

<sup>4</sup> Personal communication, Mr Gilbert Muchiri, County PHO

# Opportunities for Change and Improvement

In 2015, the county government began holding consultative meetings with stakeholders to identify gaps in capacity and other areas that impeded successful promotion of sanitation services. Under the leadership of the county's department of health, the priorities identified included the following:

- Better coordination of water, sanitation and hygiene (WASH) activities to reduce duplication of efforts in activities
- Resource mobilisation to support introduction of low cost toilet technologies in the county
- Public promotion of improved sanitation services to create demand in the county.

## **Adopting Low-Cost Technology**

In 2015, Tharaka Nithi started promoting low-cost toilet technologies within the county as a feasible means of increasing the toilet coverage and accelerating progress towards open defecation free status. To do this, the sanitation committee took the following steps:<sup>5</sup>

#### **Evidence-based advocacy to secure support**

Through meetings and workshops where effects of poor sanitation were discussed, the sanitation committee lobbied the county executive to build political goodwill for sanitation and the introduction of low cost technologies. in these meetings, the county executive, members of county assembly and senior leadership in the department of health started to appreciate the importance of sanitation activities and supporting the efforts publicly.

#### Adopting low-cost toilet technology

Through the support of the Water Sector Trust Fund (WSTF), the county government adopted the water-pour-flush latrines model, with plastic slabs under the SafiSan<sup>6</sup> project, a low cost easy to install toilet model, suitable for areas with water challenges. Pour flush toilets have a trap door at the bottom that is counterweighted to open and close automatically, not only to eliminate bad odour coming from the pit but also lock out flies, other insects and rodents. They are therefore more hygienic. They also require only minimal water to flush, are safe for children and easy to clean. Installation can be done by family members with the support of locally trained artisans. The county adopted this model and commenced promoting it in 2015.

#### Creating demand for the improved toilets

PHOs and Community Health Volunteers (CHVs) working in villages found that families considered construction of toilets as expensive. They also did not have the right

#### Box 1

## **Key milestones - 2015**

- New impetus from county government
- Stakeholders meetings to identify gaps and chart the way forward
- Appropriate technology identified as a key plank in the development of the sanitation sector
- County begins to adopt new toilet technology

information on designing, siting and construction of pit latrines. Through support from the Work Bank, the county government trained PHOs and CHVs on sanitation marketing to introduce building and use of the low-cost improved pit latrines constructed using available local resources. The county also trained local artisans to meet the demand for better designed latrines in the community.

#### Adopting a multi-sectoral approach

The Department of Health reached out to other sister departments in the county to create a broader multisector base for introducing sanitation and implementing low cost toilet technologies.

These departments included the department of water and the environment, the department of interiors and coordination, and the department of education, who were brought onto the sanitation committee. The department of education was brought on board as it deals directly with schools where it supports construction of toilets and promotion of hand washing.

On its part, the department of interiors and coordination runs administration activities throughout the county, working closely with chiefs, their assistants and headmen at the community and village levels. These partners are important for community entry and for supporting new sanitation efforts at the village level through ensuring compliance with building of low cost toilets. Their forums such as "baraza" (organised public meetings) have been used by PHOs and CHVs in health promotion, including construction of pit latrines.

The department of water and the environment is key in building the water and sewerage infrastructure and waste management in the county, making a critical link for promoting better hygienic practices through use of water and waste management. This cross-sectoral collaboration was fundamental in building support and demand for low-cost toilets and better sanitation in the county.

<sup>5</sup> Personal communication (Mr Muchiri, CPHO)

<sup>6</sup> The SafiSan project run by the Water Sector Trust Fund promotes three low cost improved toilet models: 1) UDDT – Urine diversion dry toilet, 2) Pour flush toilets, 3) Cistern flush toilets. SafiSan is implemented under the Upscaling Basic Sanitation in the Urban Poor (UBSUP) programme.

#### Financing the initiative

The county has been able to mobilise partners working in the county, to ensure that as many areas and regions as possible are covered through partner resources available for WASH. For instance, in Nithi sub-county, the WSTF finances the promotion of the SafiSan pour flush latrines in Chogoria and Chuka towns. The fund also supports institutional building of toilets and public market toilets in about three market centres within the county. However, a major short-coming in these efforts is the county's own lack of a budget allocation specific to sanitation services.

## **Emerging Successes and Challenges**

These initiatives have led to some remarkable achievements in the sanitation sector in Tharaka Nithi. Although there have been challenges, the county teams observe that the following have been achieved:

- The county's ranking on the national sanitation benchmarking has improved from number 21 out of the 47 counties in 2013 to number 14 in the 2017 survey (Ministry of Health).
- In 2018, a significant improvement has been noted in households using a sanitation facility. One study<sup>7</sup> has shown that nearly all households (96%) in some of the sub-counties are using an improved sanitation facility and over half of them own a private improved toilet. Open defection has reduced significantly, to around 4%.
- Sensitisation and engagement of local administrators in the county government and involving assistant chiefs and headmen has helped to fast-track the achievement of better sanitation in the county.

The county still faces challenges that affect its ability to implement more activities to promote sanitation. Key among these challenges is lack of dedicated county government funding for sanitation activities and shortage of staff. According to informants, in February 2018, there were 51 officers in the county, far below standard staffing norms. In addition, without a budget line item for sanitation, undertaking regular monitoring of activities and advocacy at higher levels within the county executive and county assembly becomes difficult.

Counties wishing to improve sanitation services by promoting low-cost models should plan well and ensure they have committed adequate resources in their budget to support the marketing and public education activities that are required. They should also ensure they have enough staff to undertake the activities.

#### Box 2

### Winning factors

Tharaka Nithi is employing the following tactics in a bid to improve the sanitation situation in the county:

- Using evidence-based advocacy to secure support of the county executive leadership
- Identifying and adopting appropriate low-cost toilet technology
- Creating demand by the public for the improved toilets
- Adopting a multi-sectoral approach to the sector, to maximise on available investments
- Mobilising local financial resources to fund improved toilets initiative.



The SafiSan pour-flush toilet model adopted by Tharaka Nithi County. The model was introduced by Water Sector Trust Fund to improve sanitation in water-scarce areas

<sup>7</sup> Muendo, C, I Mwanzo and M Karama. 2018. Uptake of Key Sanitation Practices on Prevalence of Diarrhea in Tharaka Nithi County, Kenya: A Comparative Analysis of two study sites. International Journal of Scientific and Research Publications, Volume 8, Issue 2, February 2018