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SSH4A Results Programme: Kenya 2nd mid-term review, 2017-18



Over the last 18 months¹, an additional 52,557 people gained access to basic sanitation and hygiene (increase from 314,572 people at baseline in January 2017 to 367,129 in August 2018); 87,188 practised handwashing with soap after defecation (from 20,171 people); and open defecation (OD) rates fell by 3% (from 171,875 to 158,280). These results are based on the household survey conducted in August 2018, under the SSH4A Results Programme in sub-counties within Homabay, Kericho, Elgeyo Marakwet, and Kilifi counties in Kenya.

This second mid-term review (MTR) brief provides an update on progress made since, and measured against, the baseline survey, which was conducted in January 2017. The 2nd MTR presents disaggregated sanitation and hygiene outcomes, with data on sub-counties' most vulnerable groups: households in the poorest wealth quintile, female-led households, and households with people with disabilities.

Activities carried out since the 1st MTR

- The programme intensified behavioural change activities and campaigns on benefits of handwashing with soap (HWWS). The programme is currently marketing the bucket-and-tap as an alternative to 'tippy-taps'² for households that desire a more durable option.
- The programme has continued building capacity of government officers to strengthen inter-personal communication (IPC) as the key delivery approach for outreach. This allows for meaningful interaction between households and promoter. IPC has enabled open conversation between hygiene promoters and household members, providing opportunities for direct discussions on challenges households face in constructing toilets and overcoming barriers that prevent them from accessing sanitation. In addition, some problems have been solved on-the-spot such as pit-sizing, types of slabs, and how to make a tippy-tap.

- Some sub-counties undertook toilet census, which enabled community-based sanitation promoters to focus on households that continued to share toilets, and those that were practising OD. To strengthen the work of the promoters, radio station presenters were trained and used as mediums to spread hygiene messages. The presenters also 'named and shamed' areas that were still practising OD.

ACCESS TO TOILET *(see fig.1)*

Results from the 2nd MTR show 7% increase in access to toilets, and 3% reduction in OD practice. Access to improved toilets (Levels 2 to 4) increased by 13%. This improvement is attributed to the programme's behaviour change communication (BCC) promotion campaigns, implemented through multiple actors and utilising locally tailored communication materials. BCC effectiveness relied mainly on the programme's partnership with local representatives from the Department of Health, religious leaders, chiefs, and village and clan elders. Local leaders served as role models by building their own toilets first, and then promoting toilet construction within the community.

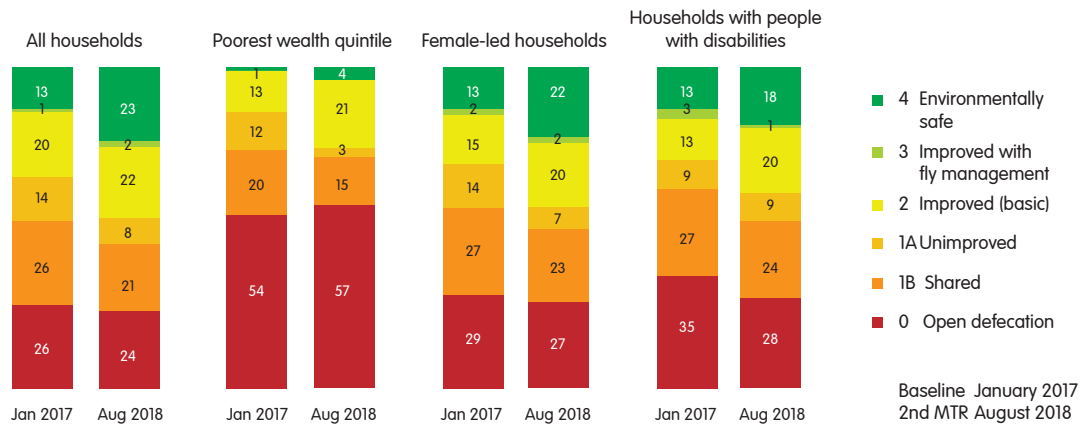
Climatic conditions, high costs of toilet construction, and competing priorities due to household size and limited income remain impediments to access sanitation amongst vulnerable groups. In the poorest wealth quintile, there

Access to toilet up by 7%, Access to improved sanitation up by 13%

Access rate: **55%** (Aug 2018 2nd mid-term review)
48% (Jan 2017 baseline)



FIGURE 1: Percentage of households with access to toilet, January 2017 to August 2018



Note: Households with toilets categorised as Level 1A through Level 4 are considered to have access to sanitation, as defined by DFID in the programme.

was 2% increase in access to basic sanitation, and OD practice decreased by 3%. These results show that the poor have a heavier strain on their limited income³ given their higher dependency ratio⁴ (average household size for the poorest wealth quintile was eight, compared to six for the richest). Because Kilifi and Homabay counties are prone to flooding, households in these areas have delayed toilet reconstruction; in anticipation of heavy rains. The unintended result is possible slippage to OD, and more households sharing toilets. In female-led households, access to sanitation increased by 7%, while OD rates decreased by 2%. Eight per cent of households in the programme area had a member with disabilities; and efforts to introduce disability-friendly facilities with focus on easy access continues. Within this group, there was 10% increase in access to basic sanitation with 5% having environmentally safe toilets. OD fell by 7%.

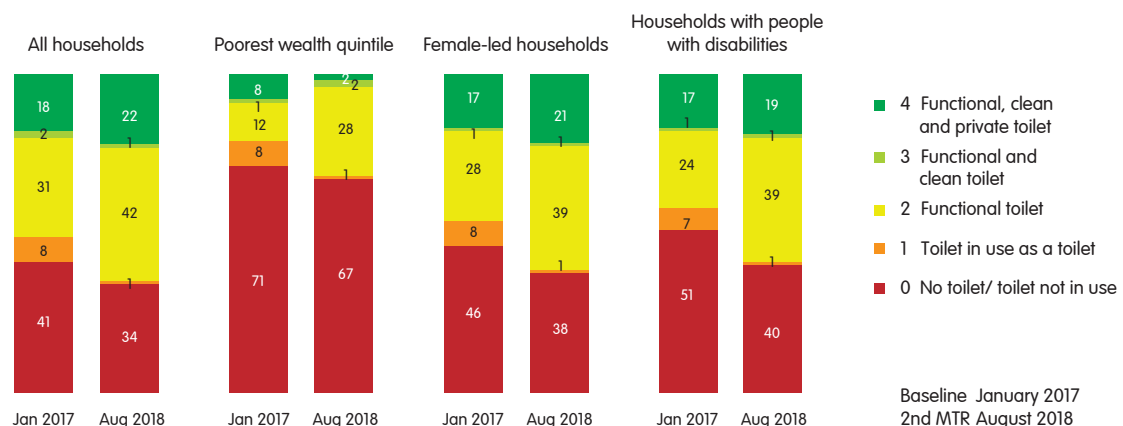
The increase in access to basic sanitation is attributed to engagement, mentoring, and coaching of community-based promoters (CBPs). CBPs carry out the actual hygiene and sanitation promotions and undertake door-to-door campaigns with support from public health officers. CBPs have received support in conducting these campaigns from leaders of the 10-household network (*Nyumba Kumi*⁵), village elders, and chiefs⁶. This collaboration has made campaigns effective and increased access to sanitation. Public gatherings, such as community dialogue (organised by community health volunteers), the 'chief's *baraza*'⁷, and meetings organised by the programme, have also served as platforms to raise and address concerns around barriers to sanitation access.

Hygienic use and maintenance up by 14%

Use rate: **65%** (Aug 2018 second mid-term review)
51% (Jan 2017 baseline)



FIGURE 2: Percentage of households' hygienic use and maintenance of toilets, January 2017 to August 2018



Note: Levels 2 through 4 are considered to indicate improvements in hygienic use and maintenance of toilets.

HYGIENIC USE AND MAINTENANCE OF TOILET *(see fig. 2)*

Results from the 2nd MTR show 14% increase in hygienically maintained toilets - Levels 2 to 4 - with most households (42%) investing in Level 2 (functional) toilets. The poorest wealth quintile saw 4% reduction in households with no toilets with 11% increase in hygienically maintained toilets. This increase indicates desire for hygienic toilets and an opportunity for the programme to encourage households to invest in clean and private toilets. Female-led households and those with people with disabilities similarly saw 15% and 16% increase, respectively, in households with access to hygienically maintained toilets. In both types of households, non-use of toilets or households with no toilets reduced by 8% and 11%, respectively.

Training and engagement of CBPs on the three main programme components (BCC, demand creation, and supply chain) added value in consolidating the programme approach. Bi-monthly meetings led by local leaders (chiefs), who passed sanitation and hygiene related messages on to residents, enhanced improvement of hygienically maintained toilets. The message delivered by CBPs on the need to own and use toilets all the time was reinforced by local chiefs, village and clan elders, community health volunteers, and religious leaders. Exterior and interior photos of toilets were shown to residents igniting debates on the importance of clean toilets. Keeping toilets clean and upgrading structures for privacy and comfort of users were key communication messages for dialogue with households during outreach visits.

HANDWASHING FACILITY WITH SOAP ACCESS *(see fig. 3)*

The 2nd MTR survey report⁸ shows that hygiene promotion messages reached 460,000 people; majority of whom were reached at home and in gatherings/ community meetings, which are main channels of outreach. As a result, 67,000

people gained new access to HWWS after defecation - an increase of 10%. Another 10% put up a handwashing facility but did not make provisions for soap. This could be an indication of challenges in accessing soap, failure to understand the importance of soap in handwashing, or dissatisfaction with the handwashing facility. In previous assessments, it was established that many households did not find tippy-taps to be a sustainable option. Thus, the programme marketed the bucket-and-tap as an alternative for those households that wanted something more durable. This handwashing option has proved viable; if sales margins are anything to go by. Promoters will need measures in place to access these handwashing facilities for sale during their outreach campaigns. Not many businesses that stock these products are ready to offer them on credit, and a mechanism is needed for this option.

In the poorest wealth quintile, the 5% increase in access to HWWS and the 11% decrease in households with no handwashing stations suggest that change is slow, as 85% of households have not constructed HWWS facilities. Female-led households and households with people with disabilities showed slight improvement in access to HWWS (7% and 4% increase, respectively), with 18% and 22% reduction in households with no HWWS stations, respectively. These two categories had the highest percentage of households lacking soap amongst the three vulnerable groups, at 17% and 21%, respectively.

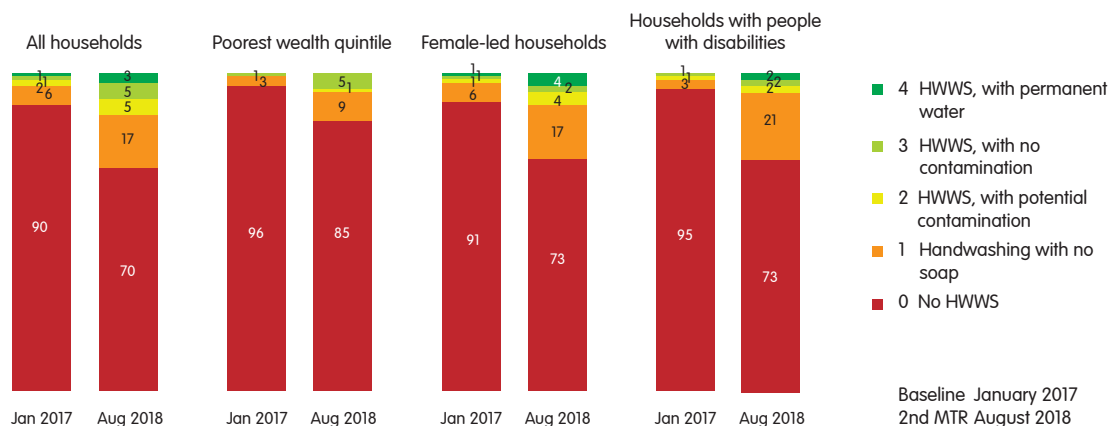
Since some households in the programme areas are driven by cultural/ religious factors to own pour-flush toilets (mostly Muslims, whose Islamic religious beliefs encourage personal hygiene and cleanliness using water), the HWWS BCC messages should be re-strategised with messages on the benefits of using soap after defecation. Sensitisation on the importance of HWWS will continue throughout the period until the practice becomes normal behaviour for individuals, households, and the community as a whole.

Access to handwashing facility with soap near toilet up by 9%

Access rate: **77%** (Sept 2018 second mid-term review)
19% (Jan 2017 baseline)



FIGURE 3: Percentage of households with access to handwashing facility with soap near toilet, January 2017 to August 2018



Note: Levels 2 through 4 are considered to indicate access to a handwashing facility with soap.



Key recommendations

- ✓ The programme will intensify outreach to villages in order to identify each household's unique needs. The programme will conduct full-toilet census⁹ to help identify barriers to sanitation access. Communication campaigns will then be tailored to respond to these barriers. Additional promoters will be engaged to reach out to every household.
- ✓ 21% of households still share toilets. This is because some communities living together find it more practical so they may optimally utilise land for farming instead. For these households, the programme has

recommended an increase in the number of doors in shared toilets.

- ✓ Slight reduction in OD practice (2%) is explained by toilet collapse due to heavy rains, which were not reconstructed immediately. Other households, influenced by cultural or other reasons, resist constructing toilets even though they can afford to. The programme will re-strategise sanitation and hygiene campaigns that tailor messages targeting households in the lowest sanitation ladder (Levels 1B and 0), and will expose residents to better and cost-friendly toilet construction options. The programme will also ensure that trained artisans begin marketing affordable toilet options.

Endnotes

- ¹ '18 months' refers to the period between January 2017 and July 2018.
- ² Tippy-taps are low-cost devices for handwashing in areas that lack running water.
- ³ SNV Kenya SSH4A 2nd Midterm HH report, September 2018.
- ⁴ 47% of households in the programme area are from the poorest quintile and have more children less than 2 years of age.
- ⁵ Nyumba kumi denotes ten households, whose members meet together to know one another in order to create a rapport amongst themselves to fight insecurity.
- ⁶ Mainly in follow-ups because a village is too big for one (1) CBP to manage. Thus, village elders and Nyumba Kumi representatives help them as they move around the village.
- ⁷ Baraza is a public meeting place. The Chief's baraza is where the chief meets with residents to iron out any issues affecting the community.
- ⁸ SNV Kenya SSH4A 2nd Midterm HH report, September 2018.
- ⁹ The programme will also need to use data from this census for implementation across all villages, as inconsistencies have been noted in data shared by the public health team.



Suggested citation: SNV. (2019). *Kenya – SSH4A Results Programme second mid-term review brief [Practice Brief]*.

SUSTAINABLE SANITATION AND HYGIENE FOR ALL RESULTS PROGRAMME (SSH4A RP)

SSH4A RP is SNV's largest results-based funded programme to date, which is being implemented in select countries in Africa and Asia. The programme contributes to ending open defecation; increasing the use of toilets that are functional, clean and provide privacy; and increasing access to handwashing facilities with soap (located next to toilet or areas where food is prepared). SSH4A RP in Kenya is a collaborative initiative with the Government of Kenya. It receives generous funding from UKAID of the Government of the United Kingdom.

The programme concludes in 2020.

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SNV Netherlands Development Organisation is a not-for-profit international development organisation. We provide practical know-how to make a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Our team of 1,300 is the backbone of SNV.

The second SSH4A RP MTR practice brief was prepared by Anne Mutta and Fanuel Nyaboro, with support from Rosenell Odondi. It was edited by Leslie O'Brien, and designed by Belle Phromchanya.

Photos ©SNV

(FRONT) SAFI latrine under construction; by Admedia Communications
(P4) Bucket-and-tap, a more durable option for tippy-taps

For more information

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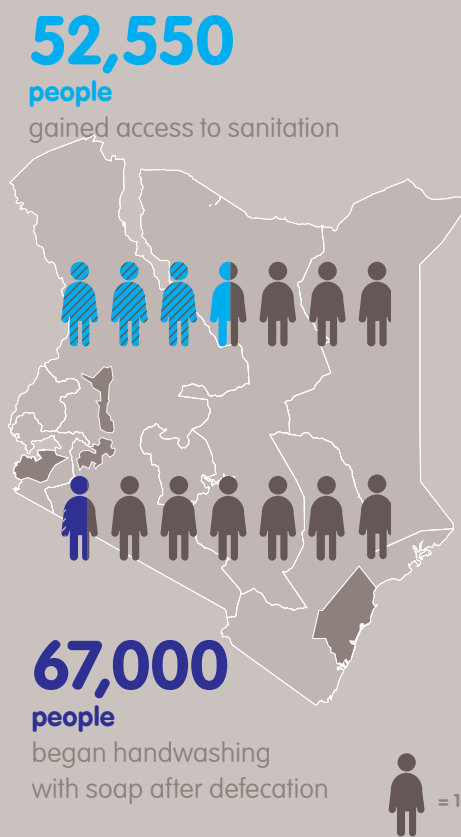


In collaboration with the Government of Kenya, SNV supported local governments in leading and accelerating progress towards area-wide sanitation coverage in rural areas. Between January 2017 and August 2018, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to the county governments of Homabay, Kericho, Elgeyo Marakwet, and Kilifi. The programme reached 670,677 people. The second mid-term achievements are highlighted here.

From January 2017 through August 2018...

Access to toilet

- 28%** of the poorest households, up from 26%
- 51%** of female-led households, up from 44%
- 48%** of households with people with disabilities, up from 38%



Hygienic use and maintenance of toilet

- 32%** of the poorest households, up from 21%
- 61%** of female-led households, up from 46%
- 59%** of households with people with disabilities, up from 43%

Access to handwashing facility with soap near toilet

- 6%** of the poorest households, up from 1%
- 10%** of female-led households, up from 3%
- 6%** of households with people with disabilities, up from 2%

Sustainable Sanitation and Hygiene for All (SSH4A) is an integrated approach that supports local governments in achieving area-wide rural sanitation and hygiene. The goal is to meet the needs of the entire population: no one should be left behind.

INTRODUCING THE SSH4A COMPONENTS

The SSH4A approach contributes to building systems and capacities in rural areas. SSH4A integrated components include:

- ✔ **Strengthening capacity to steer and implement sanitation demand creation** of local governments and partners to generate community demand for quality sanitation services, and to take this demand to scale.
- ✔ **Strengthening capacity for sanitation supply chains and finance** to develop and deliver appropriate and affordable market-based sanitation solutions that address the needs or desires of various consumer segments.
- ✔ **Strengthening capacity for behavioural change communication (BCC) for hygiene** to institutionalise hygiene promotion and sustain positive hygiene behaviours.

- ✔ **Strengthening capacity for WASH governance** to improve sector alignment of sanitation and hygiene initiatives, and address the needs and aspirations of traditionally disadvantaged groups - girls and women, the poorest, minorities, people with disabilities, and the elderly.

MEASURING SSH4A PERFORMANCE: OUTCOME INDICATORS

Progress in sanitation and hygiene is realised incrementally and measured in small steps as people climb up the 'ladder' of access and services. The performance and appropriateness of the approach is measured by three outcome indicator ladders, adapted from WHO/ UNICEF's Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

OUTCOME INDICATOR 1. Progress in access to toilet

Indicator level	Description
4 Environmentally safe	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet. Human faeces do not contaminate surface water or ground water.
3 Improved with fly management	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet.
2 Improved (basic)	Human faeces contained and not in contact with humans or animals, with the exception of flies or rodents.
1A Unimproved	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans or animals
1B Shared	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans or animals.
0 Open defecation	No toilet; open defecation.

Outcome indicator 1 measures the presence and quality of toilet within the household.

OUTCOME INDICATOR 2. Progress in hygienic use and maintenance of toilet

Indicator level	Description
4 Functional, clean and private toilet	Toilet used for its intended purpose. Functional water or seal cover (not blocked). No faecal smears on premises. Walls and doors in place. Cleansing materials and water available. Privacy assured (door can be closed and locked).
3 Functional and clean toilet	Toilet used for its intended purpose. Functional water or seal cover (not blocked). No faecal smears on premises. Walls and doors in place. Cleansing materials and water available.
2 Functional toilet	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
1 Toilet in use as a toilet	Toilet used for its intended purpose.
0 No toilet/ toilet not in use	No toilet on premises, or toilet not used for its intended purpose.

Outcome indicator 2 measures the general cleanliness and maintenance of toilet within the household.

OUTCOME INDICATOR 3. Progress in access to handwashing with soap (HWWS) near toilet

Indicator level	Description
4 HWWS, with permanent water	Handwashing with soap within accessible distance. Hands do not touch water source. Permanent water available (running water, or handwashing at well).
3 HWWS, with no contamination	Handwashing with soap within accessible distance. Water container covered properly, with no risk of contamination. Hands do not touch water source.
2 HWWS, with potential contamination	Handwashing with soap within accessible distance. Water container not covered and easily contaminated when hands touch water source.
1 Handwashing with no soap	Handwashing station within accessible distance. No soap.
0 No HWWS	No handwashing station within accessible distance.

Outcome indicator 3 is measured by proxy - the presence of a handwashing station within an accessible distance of a household's toilet - rather than the behaviour of handwashing itself. A proxy indicator is used because questions about behaviour can prompt 'socially desirable' answers that do not reflect actual practice. Accurate measurement at household level is difficult.

The use of soap is considered more essential than the availability of permanent water. A handwashing station with permanent water, but with no soap, is scaled down to Level 1, below the acceptable benchmark.

In the DFID-funded SSH4A Results Programme, progress in access to a toilet (outcome indicator 1) is counted from 1A Unimproved level. For outcome indicators 2 and 3, households that reach level 2 Functional toilet, and HWWS, with potential contamination, signify an improvement, respectively.

For more information

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