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Maternal and Child  
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# MCSP Kenya Program Brief

## WASH

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### Goal:

The WASH component of MCSP Kenya is focused on strengthening implementation of improved water, sanitation and hygiene practices at communities and health facilities. The two main strategies that the program used in implementing WASH activities were Community-Led Total Sanitation at household level and Infection Prevention and Control (IPC) at facility level.

### Program Approaches:

#### Community-Led Total Sanitation (CLTS)

MCSP utilized the Community Led Total Sanitation (CLTS) approach to achieve and sustain open defecation free (ODF) status. CLTS entails the facilitation of a community's analysis of their sanitation situation, their defecation practices and the consequences of these, leading to collective action to become ODF. CLTS processes can precede and lead to, or occur simultaneously with, improvement of latrine design; adoption and improvement of hygienic practices; solid waste management; waste water disposal; protection and maintenance of drinking water sources; and other environmental measures. This is done by a process of social awakening that is stimulated by facilitators from within or outside the community. This approach concentrates on the entire community rather than on individual behaviours. To implement this strategy, the following processes were critical:

- **Advocacy and joint planning meetings:** MCSP in the beginning of the process, organized and supported several meetings with the communities and other stakeholders on the ground to build rapport and consensus on the implementation of the WASH program with an aim of garnering community ownership.
- **Assessing the Latrine coverage and availability of Community Data Collection Tools in Migori and Kisumu Counties:** MCSP collaborated with the County Ministry of Health (MOH), implementing partners, and sub-county Public health teams to map out latrine coverage and general environmental sanitation status within community. This mapping exercise helped stakeholders identify gaps and develop strategies on how best to implement WASH activities within the Sub-Counties.
- **Conducting CLTS trainings in Migori and Kisumu Counties:** MCSP in collaboration with County Ministry of Health, Sub County Ministry of Health and other stakeholder on the ground planned and supported several CLTS trainings, both for trainers (Public Health Officers), and trainees (Community Health Volunteers) in Migori and Kisumu Counties. The CLTS trainings that were done by the Public Health Officers equipped the CHVs with the knowledge and understanding of the concepts, principles, elements and tools of the CLTS which include community ignition, and post ignition empowerment tools.
- **CLTS Triggering and Follow-ups:** MCSP supported the availability of and triggering exercises using different tools of CLTS, where local communities realize the bad effects of open defecation and decide to stop it through collective analysis of their own sanitation situation and profile. The supported actions did not only trigger the community into



Household latrine with handwashing facility in a village in Migori

building community latrines but also helped them render the environment clean through provision of airing lines, Dish racks and clearing of bushes. MCSP supported Post-triggering follow ups on those who had promised to construct latrines immediately after triggering.

- **Verification of claimed ODF villages by Public Health Officers:** MCSP supported Public Health Officers to verify and prepare villages for ODF certification.
- **Third Party Certification of ODF villages:** MCSP facilitate the process of the Third Party Certification for the villages that had been claimed. Third Party Certification is a process of assessing whether the community members have completely embraced the aspects of sanitary behavior change. The assessment identifies the perception of the villagers regarding taking charge of their sanitation as supported by the availability of the relevant indicators. Consequently, thorough inspection of the environment is conducted to establish any possibility of identifying an active open defecation (OD) sites in the villages. The presence of an active OD site indicates that the community members are still engaging in open defecation practices that need to be changed before the village is recertified. In that regard, a village is declared ODF if it meets the minimum threshold of all the non-negotiable indicators including the lack of any active OD site within its boundaries.

## Infection Prevention and Control

At the health facility level, MCSP focused on improvements to health facility water, sanitation, hygiene, and waste management processes. This was achieved through whole-site, onsite orientation on Infection Prevention and Control (IPC) and disseminate the national policy and guidelines and other related IEC materials. MCSP revitalized ORT corners, use integrated diarrhea prevention and treatment and IYCF messages and materials (developed under MCHIP), encourage patient counseling and introduce hand washing technologies in selected health facilities. For hygiene practices, MCSP supported the

## Key Results and Findings

### Results

- A total of 1213 CHVs trained on CLTS to implement improved sanitation in Migori County and 60 CHVs in Kisumu. Trained CHVs successfully generated enthusiasm among communities and ignited collective action, social pressure and social solidarity, this articulated clearly in a community action plan that community members developed themselves.
- 301 villages nationally certified “Open Defecation Free” communities in Migori County and 113 villages in Kisumu.
- A total of 188,270 men, women and children in target areas have access to improved sanitation facilities as a result of USG assistance in Migori County, and in Kisumu County, 41949 people.
- Printing and dissemination of several community data collection tools, including chalk boards.

### Lessons learned

- CLTS is an effective approach for enhancing hygiene and sanitation program implementation.
- Involving communities in collective decision-making processes, and collaborating with other stakeholders is key to successfully fostering ODF behavior change.
- Mentoring and support can and should where possible be provided to the triggering teams to recognize achievements
- Active supportive supervision and linkages forged between CHMT, SCHMT, CHEWs, CHVs, CHC and Partners played a key role in the sustainability of the programme.
- It is possible to drastically reduce the prevalence of cholera/diarrhea by becoming open defecation free (ODF).

### Recommendations

- Billboards with ODF messages should be instituted in the villages that have attained ODF statuses
- WASH activities should be initiated early enough in all supported Sub Counties, CLTS is a long process)  
To make the certification process less expensive, there is need to have local 3<sup>rd</sup> Party certifiers rather than using the KWAHO team from Nairobi