Practice Brief

Kenya – SSH4A Results Programme first mid-term review brief

Over the course of one year 32,151 people in four counties in Kenya gained access to sanitation facilities, 52,073 people began practising handwashing with soap after defecation, and open defecation rates fell from 26% to 2%. The results come from surveys conducted in December 2017, a year after SNV's Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) began.

The Government of Kenya has committed to ending open defecation by 2020. In collaboration with the government, SNV is implementing SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behaviour change promotion, and WASH governance strengthening. The programme, which runs from January 2017 through March 2020, receives funding from the WASH Results Programme of UKAID and uses a results-based financing model[1]. Four counties – Elgeyo Marakwet, Homa Bay, Kericho, and Kilifi – were chosen for implementation because of their poor sanitation conditions and minimal engagement with development partners in sanitation and hygiene.

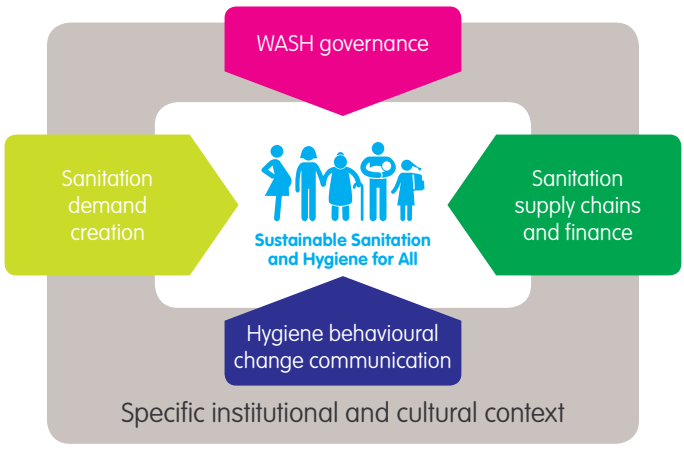
This first mid-term practice brief reports the achievements and lessons learnt during the first year of the programme's extension. It presents disaggregated sanitation and hygiene outcomes, with data on the counties' most vulnerable groups: households in the poorest wealth quintile, female-led households, and households with persons with disability (PWD). The results are based on household surveys conducted in January and December 2017.

The challenge

People in most of the programme areas live in compounds (homesteads), where sharing of latrines by an extended family is common practice. Cultural practices have also been shown to contribute to open defecation. In some areas, commingling of faeces of certain family members is a taboo; people may therefore share toilets with others or resort to open defecation. Thus complete elimination of shared toilets may be as big a challenge as ending open defecation.

Technological challenges in latrine construction have contributed to the high rates of open defecation in rural Kenya. Kilifi county, for example, is subject to both flooding and drought, and the water table is relatively high. The majority of households neither own nor use toilets because they believe latrines will pollute their ground water.

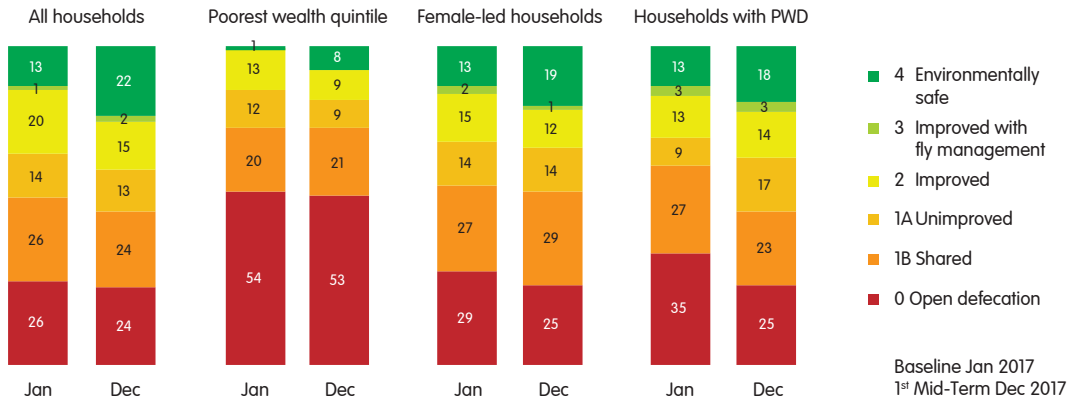
Illustration 1: Four components of Sustainable Sanitation and Hygiene for All (SSH4A) - Area-wide access and usage for all



Access to toilet up by 4%, access to improved sanitation up by 5%

Access rate: **52%** (Dec 2017 first mid-term review)
48% (Jan 2017 baseline)

FIGURE 1: Percentage of households with access to toilet, January and December 2017



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

ACCESS TO TOILET *(see fig.1)*

Aggregated household results show small improvements: a 4% increase in access to sanitation during the first year of programme implementation, and a reduction of 2% in open defecation. However, the 9% increase in access to environmentally safe toilets indicates that households are conscious of the need for improved sanitation.

In the poorest wealth quintile, overall access to sanitation remained the same as in the baseline, 26%, but access to environmentally safe toilets increased by 7%. Open defecation practice remains high, at 53%.

Female-led households had a 2% increase in access to sanitation, with 6% adopting environmentally safe toilets. These households increased their use of shared toilets by 2%, as open defecation fell by 4%.

Survey results showed that about 16% of households in the programme area had a person with disability (12% of whom were also in the 'poorest' category). These households had a 14% increase in access to sanitation, with 5% more households adopting environmentally safe toilets. Use of shared toilets fell by 4% and open defecation fell by 10%. Efforts to introduce PWD-friendly facilities continue.

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

Mid-term results for January–December 2017 show that 7% of all households upgraded to the highest level of toilets, suggesting that households value privacy. The proportion of households without toilets, however, only fell to 40%.

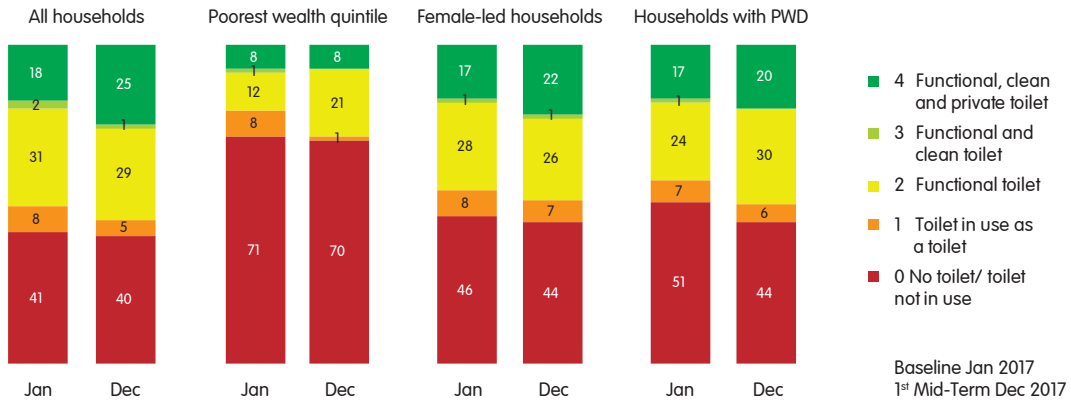
The poorest wealth quintile saw only a 1% reduction in households with no toilets and Level 4 remained unchanged. The use of Level 2 toilets increased by 9% – the greatest improvement across all the vulnerable groups. This increase indicates a desire for functional toilets and an opportunity for the programme to encourage poor households to invest in (the maintenance of) clean and private toilets.

Female-led households had a 2% increase in use of hygienic toilets, and 5% upgraded to Level 4 toilets. Households with no toilets fell by 2%. Yet 44% of these households still have no toilets, and open defecation practice remains high, at 25% (compared with 29% at the baseline, see *fig.1*).

Use of toilet up by 1%, use and maintenance up by 4%

Use rate: **60%** (Dec 2017 first mid-term review)
59% (Jan 2017 baseline)

FIGURE 2: Percentage of households' hygienic use and maintenance of toilet, January and December 2017



Note: Levels 1 through 4 are considered to indicate hygienic use and maintenance of toilets. Maintenance is measured from Level 2.

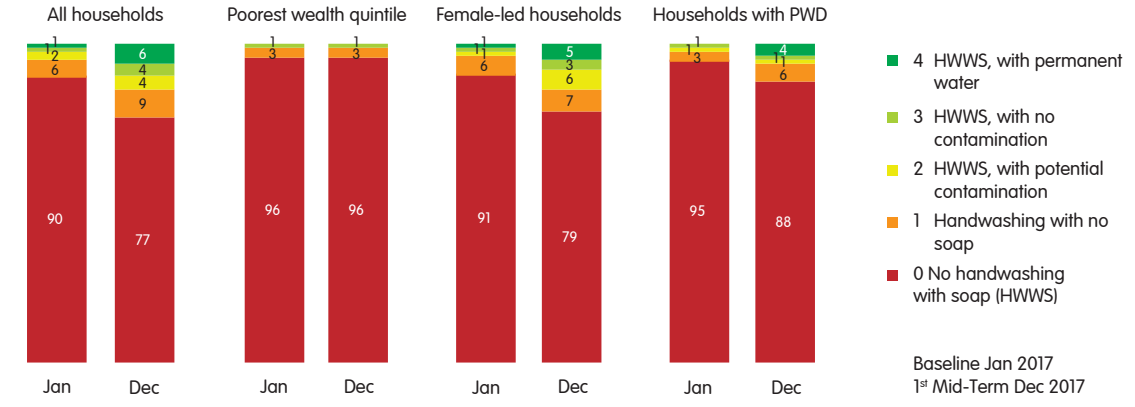
Households with PWD fared well, with a 7% increase in adoption of hygienic toilets, and 3% and 6% increases in Level 4 and Level 2 toilets, respectively. Households with no toilets fell by 7% and open defecation declined by 10% *(fig.1)*. Programme interventions should encourage PWD households to adopt more toilets above Level 2.

The very small reduction in the practice of open defecation among the poorest wealth quintile and female-led households suggest that health officials should investigate why these households have no toilets, and if they have toilets, why they are not using them. The programme needs to intensify efforts to seek synergies between the components of sanitation demand creation and sanitation supply chains and financing. Households with Level 2 and Level 3 toilets are likely to benefit from more intensive behaviour change work to take them higher up the sanitation and hygiene ladder. In addition, the programme's communication efforts should be tailored to each county.

Access to handwashing facility with soap near a toilet after defecation up by 10%

Access rate: **14%** (Dec 2017 first mid-term review)
4% (Jan 2017 baseline)

FIGURE 3: Percentage of households having handwashing facility with soap, January and December 2017



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

HANDWASHING FACILITY WITH SOAP ACCESS

(see fig.3)

At the start of 2017, only 4% of all households had access to a facility for handwashing with soap (HWWS) near a toilet; after one year, the proportion had reached 14%. Access to the highest level of handwashing facilities, those with running tap water, increased by 5%, and the number of households with no handwashing stations fell by 13%. The slight increases in Level 1 and Level 2 handwashing stations – those with no soap and those with potential for contamination – indicate the need to communicate to households in vulnerable groups the benefits of handwashing with soap and, more particularly, to ensure that communities prioritise the use of soap and access to improved handwashing facilities.

The poorest wealth quintile showed no change: 96% of households still have no handwashing stations. Further sensitisation is therefore required. Among female-led households, those with no HWWS fell by 12%; access to HWWS increased by 11%, including a 4% increase in HWWS with running tap water. PWD households also showed improvement, with a 7% reduction in households with no handwashing station and a 4% increase in households with HWWS.

More campaigns are needed to encourage adoption of HWWS. The government should seek private sector intervention in training artisans and masons to build a cost-effective handwashing station whenever a toilet is constructed. The remaining phase of the programme should continue to deploy community-based promoters in HWWS campaigns, with support from all stakeholders.

Endnotes

[1] Payment by results (PbR) is a relatively new form of financing used by UKAID in which payments are contingent on independently verified results.

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

SSH4A RP is SNV's largest results-based funded programme that is being implemented in selected 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 is being implemented in two phases, and receives generous funding from the United Kingdom Government. The next phase of the programme concludes in 2020.

SNV

SNV is a not-for-profit international development organisation. Founded in the Netherlands over 50 years ago, SNV has built a long-term, local presence in 38 of the poorest countries in Asia, Africa and Latin America. SNV's global team of local and international advisors work with local partners to equip communities, businesses and organisations with the tools, knowledge and connections they need to increase their incomes and gain access to basic services – empowering them to break the cycle of poverty and guide their own development.

The first MTR practice brief reflects the programme's progress between January and December 2017. It was prepared by Anne Mutta and Fanuel Nyaboro, with support from Anjani Abella and Rosenell Odondi, based on the 1st SSH4A RP Mid-term Household Report in Elgeyo Marakwet, Homa Bay, Kericho, and Kilifi. It was edited by Sally Atwater and designed by Bingo!.

Photos ©SNV

(FRONT) Health Director and CPHO visit to roadside villa casting site
(P2) Handwashing facilities for sale in rural stocking centre
(P4) Self-constructed toilet with locking fixture for privacy

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Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) first MTR results (January-December 2017)

In collaboration with the Government of Kenya, SNV supports local governments in leading and accelerating progress towards area-wide sanitation coverage in rural areas. Between January and December 2017, the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP) was extended to the counties of Elgeyo Marakwet, Homa Bay, Kericho, and Kilifi. The programme reached 660,000 people. Mid-term achievements are highlighted here.

During 2017...

32,000 people gained access to sanitation

Access to toilets

26% of the poorest households, **no change**

46% of female-led households, **up from 44%**

56% of households with people with disability, **up from 49%**

Hygienic use of toilets

30% of the poorest households, **up from 29%**

56% of female-led households, **up from 54%**

56% of households with people with disability, **up from 49%**

Handwashing with soap after defecation

1% of the poorest households, **no change**

14% of female-led households, **up from 3%**

6% of households with people with disability, **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.

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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 to and use of services. The performance and appropriateness of the approach is measured by three outcome indicator ladders, adapted from WHO/UNICEF's Joint Monitoring Programme (JMP) 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	Human faeces contained and not in contact with humans and 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 a 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 handwashing with (HWWS)	No handwashing station within accessible distance.

Outcome indicator 3 is measured by proxy - the presence of a handwashing station within an accessible distance - rather than the behaviour of handwashing itself. A proxy indicator is used because questions about behaviour can prompt 'social 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 running water. A handwashing station with running water, but with no soap is scaled down to Level 1, below the acceptable benchmark.

Note: In the SSH4A 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 the levels of 1 Toilet in use as a toilet and 2 HWWS with potential contamination - signify an improvement.

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