



# SNV

## Kenya – SSH4A Results Programme endline brief



**From 2014 through 2017, 220,000 people in Kenya gained access to sanitation and hygiene facilities, and 550,000 more people began washing their hands with soap after defecation. Open defecation rates fell from 48% to 18% over the four-year period. This progress was achieved through the Sustainable Sanitation and Hygiene for All Results Programme (SSH4A RP).**

The Government of Kenya aims to achieve nationwide open-defecation-free status by 2020. In collaboration with the government, SNV implemented SSH4A's four-pillared integrated approach: demand creation, sanitation supply chain development, behavioural change promotion, and support on governance issues to strengthen sustainability.

The programme, funded by the UKAID WASH Results Programme<sup>1</sup>, was rolled out in four counties – Elgeyo Marakwet, Homa Bay, Kericho, and Kilifi – chosen because of their poor sanitation conditions and minimal engagement with development partners in sanitation and hygiene.

This practice brief reports the results of the SSH4A RP implementation in the four counties. It presents disaggregated sanitation and hygiene outcomes to highlight the realities of the three most vulnerable groups in the country – the poorest households,

female-led households, and households with people with disability (PWD) – and summarises lessons learnt from implementing rural sanitation at scale.

### The challenge

Toilet collapse, caused mainly by soil structure and heavy rains, is prevalent in the programme areas. Because of high construction costs, many households resort to short-term options, such as sharing toilets, or revert to open defecation. Barriers to change include lack of disposable income to build sanitation and handwashing facilities, unavailability of sanitation technologies that can withstand local climatic and soil conditions, and cultural acceptance of shared latrines.

### Key achievements

(2014 to December 2017)

The four-year rural sanitation programme engaged 880,000 people and achieved the following results:

**60%** of all households  
have access to a toilet (**38% in  
2014**)



**68%** of all households practise  
hygienic use of toilets (**47% in 2014**)



**14%** of all households have  
access to a handwashing facility  
with soap after defecation  
(**1% in 2014**)

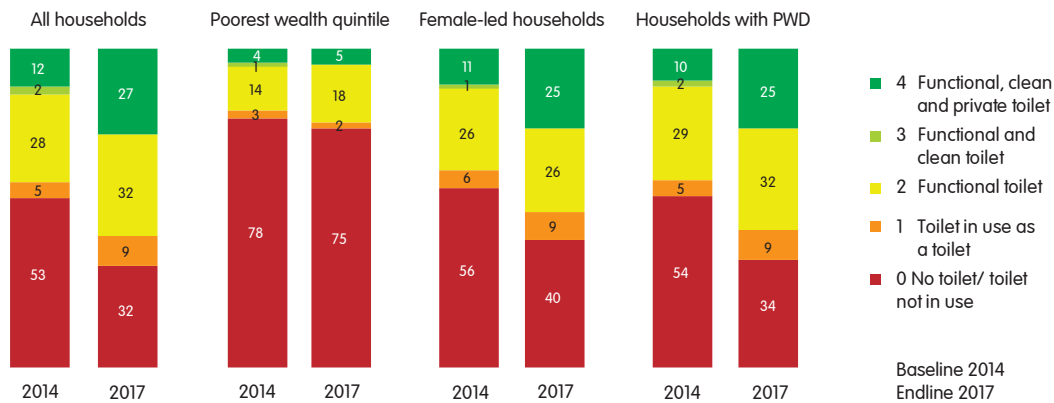




## Use of toilets up by 21%, use and maintenance up by 17%

Use rate: **68%** (2017 endline)  
**47%** (2014 baseline) 

**FIGURE 2: Percentage of households' hygienic use and maintenance of toilets, 2014 and 2017**




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

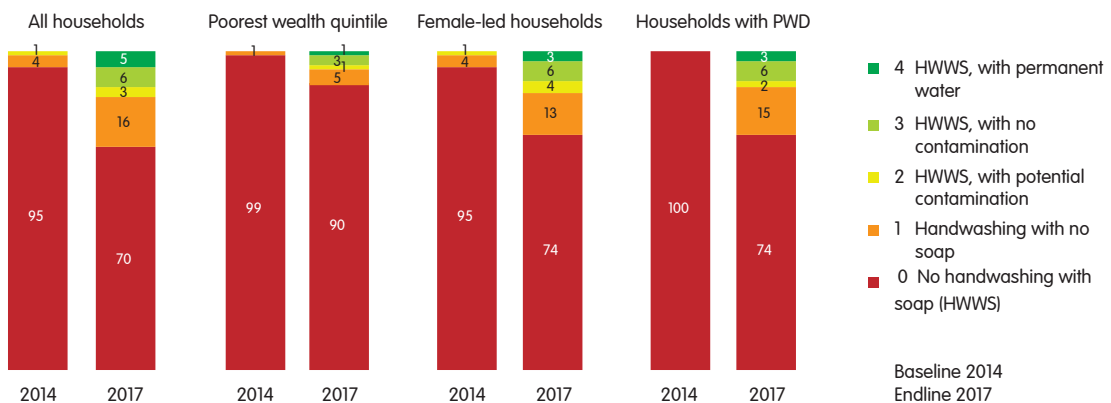
toilets indicates that the programme's promotion of PWD-friendly facilities is succeeding. Anecdotal information suggests that some households have modified their toilets to accommodate the needs of PWDs.

Door-to-door campaigns targeting households are thought to be the main drivers in increasing access to sanitation, both generally and for the three vulnerable groups of people.

## Access to handwashing facility with soap near toilet up by 13%

Access rate: **14%** (2017 endline)  
**1%** (2014 baseline) 

**FIGURE 3: Percentage of households having handwashing facilities with soap, 2014 and 2017**



Note: Levels 1 through 4 are considered to indicate access to a handwashing facility. Improvements are measured as households move up from Level 2.

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

Handwashing with soap (HWWS) is available to 14% of all households (compared with 1% in 2014), and households with no HWWS stations fell by 25%. The greatest increase (12%) was in access to handwashing facilities with no soap (Level 1), suggesting that households face challenges in obtaining or keeping soap or soap alternatives because of cost or theft. The increase in handwashing is attributed to community-based behavioural change promotion. Door-to-door campaigns involved discussions with families and dissemination of information leaflets on the importance of handwashing.

In the poorest wealth quintile, however, the 5% increase in access to HWWS and the 9% decrease in households with no handwashing stations suggest that change is slow. County health officials may need to revise the behavioural change strategy targeted at this group. Female-led households and households with PWDs had better access to HWWS, with 12% and 11% increases, respectively, and with 22% and 26% reductions in households with no HWWS stations.

## Recommendations and next steps

✓ Many households have installed 'tippy taps'<sup>3</sup> but found them unsustainable. The programme needs to intensify behavioural change activities and campaigns on the benefits of HWWS. Training sessions can be held during national and international meetings, such as the annual sanitation week. Public recognition for county eradication of OD and for households that practise HWWS can help influence others to embrace positive behaviours. Government health promoters should continue conducting door-to-door visits, revisit rural sanitation scale-up strategies, and encourage the development and implementation of sanitation by-laws.

✓ Access to shared toilets remains fairly high. Between 2014 and 2017, the use of shared toilets increased from 14% to 22%.

Sharing of toilets is common in family compounds (known as homesteads), and this cultural practice is not likely to change. It is therefore important for the country to define what would make shared toilets acceptable, based on the number of households, number of doors, and hygienic maintenance, and also taking into account any evidence of open defecation in the compound.



✓ Government can foster public-private partnerships (PPPs) to accelerate sanitation and hygiene progress. PPPs can help deliver affordable sanitation technology options using local materials, train artisans and local leaders in maintenance and reconstruction, and encourage a wide variety of sanitation marketing activities, including help in providing accessible and affordable soap for HWWS stations.

## 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 safely managed, functional, and facilitate 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.

This endline practice brief was prepared by Anne Mutta and Fanuel Nyaboro, with support from Anjani Abella and Rosenell Odondi, based on the December 2017 Endline Household Survey Report of Kenya. It was edited by Sally Atwater and designed by Bingo!

### Photos ©SNV

(FRONT) Kericho county artisans at Soin Sigowet

(P2) PWD-friendly toilet in Kericho

(P4) Handwashing with soap behavioural change triggering sessions

### For more information

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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 improved 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 (JMP) for Water Supply, Sanitation and Hygiene.

### OUTCOME INDICATOR 1. Progress in access to sanitary toilet

Indicator level	Description
<b>4 Environmentally safe</b>	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.
<b>3 Improved with fly management</b>	Human faeces contained and not in contact with humans or animals. No flies or rodents enter or exit the toilet.
<b>2 Improved</b>	Human faeces contained and not in contact with humans and animals, with the exception of flies or rodents.
<b>1A Unimproved</b>	Unimproved (private) toilet. Human faeces not contained and may be in contact with humans or animals.
<b>Shared</b>	Unimproved toilet shared between two or more households. Human faeces not contained and may be in contact with humans or animals.
<b>Open defecation</b>	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 sanitary toilet

Indicator level	Description
<b>4 Functional, clean and private toilet</b>	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).
<b>3 Functional and clean toilet</b>	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.
<b>2 Functional toilet</b>	Toilet used for its intended purpose. Functional water seal or cover (not blocked).
<b>1 Toilet in use as a toilet</b>	Toilet used for its intended purpose.
<b>No toilet/ toilet not in use</b>	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
<b>4 HWWS, with permanent water</b>	Handwashing with soap within accessible distance. Hands do not touch water source. Permanent water available (running water, or handwashing at well).
<b>3 HWWS, with no contamination</b>	Handwashing with soap within accessible distance. Water container covered properly, with no risk of contamination. Hands do not touch water source.
<b>2 HWWS, with potential contamination</b>	Handwashing with soap within accessible distance. Water container not covered and easily contaminated when hands touch water source.
<b>1 Handwashing with no soap</b>	Handwashing station within accessible distance. No soap.
<b>No handwashing with (HWWS)</b>	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 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.

#### For more information

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