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Supportive Environments for Healthy Communities

Integrating WASH into HIV Interventions and Advancing Improved Sanitation Uptake

WASHplus Kenya End of Project Report

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USAID

FROM THE AMERICAN PEOPLE

WASHplus, a five-year (2010–2015) cooperative agreement (AID-OAA-A-10-00040) implemented by FHI 360 with CARE and Winrock International as core partners, is funded through USAID's Bureau for Global Health. WASHplus creates supportive environments for healthy households and communities by delivering interventions that lead to improvements in water, sanitation, hygiene (WASH) and indoor air pollution (IAP). WASHplus uses at-scale as well as integrated programming approaches globally to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under 5 years of age. For information, visit www.washplus.org or email: contact@washplus.org.

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Introduction

What started as an activity to integrate sanitation and hygiene practices into HIV/AIDS care and support programs has grown over the years into a holistic approach to prevent diarrhea among households at risk. USAID's WASHplus project helped communities and households in Kenya make the connection between improved sanitation, healthy hygiene habits, and positive outcomes for people living with HIV and AIDS (PLHIV), their families, children, the elderly, and other vulnerable households. Along the way WASHplus technical support, participatory training, partner engagement, and behavior change efforts yielded valuable lessons for other countries battling to improve sanitation and health outcomes in the context of uncertain funding. Innovation, flexibility, and commitment to working hand-in-hand with the government proved to be keys to the project's success. With the government's endorsement and adoption of WASHplus's signature approach, small doable actions are likely to continue to resonate with many audiences long after the WASHplus transition.

One WASHplus small doable action promoted to curb diarrhea was providing hand washing stations, like this tippy tap, near household latrines.

WASHplus Approach

From January 2010 to September 2014 WASHplus worked with the Kenyan government to generate demand for sanitation; improve water, sanitation, and hygiene (WASH) practices among all households; and introduce simple supportive technologies to vulnerable households. The project supported the Ministry of Health (MOH) and its partners to integrate improved WASH practices into HIV policies, programs, and training. To do so WASHplus worked within existing structures under the MOH, such as the departments of Environmental Health, Sanitation and Community Health Services and the National AIDS and STI Control Program, as well as with other U.S. government bilateral partners—the APHIAplus projects and Centers for Disease Control and Prevention partners.

The two WASHplus program components—integrating WASH into HIV and advancing improved sanitation uptake—worked together to improve WASH practices across Kenya. The program objectives were to:

- Assist government and NGO programs in Kenya to integrate improved WASH practices into HIV policies and programs, with special emphasis on inclusive approaches
- Support uptake of improved sanitation practices using a community-led total sanitation (CLTS)-plus approach
- Help to build a vibrant private sector to address demand for sanitation especially focused on quality latrines that meet minimum standards

Project Activities

Integrating WASH into HIV Interventions

A growing body of evidence indicates that preventable diseases such as diarrhea have a profoundly negative impact on the effectiveness of antiretroviral treatments and the quality of life for PLHIV. People and households affected by HIV and AIDS have a substantially greater need for WASH services—more water, safe water, easy access to water and sanitation, and proper hygiene. Diarrhea prevention begins at home with improved WASH practices, including safe feces disposal, water treatment, and effective hand washing at

critical times. Further, menstrual hygiene management—a topic that has received less attention—is an important component of HIV prevention. USAID/Kenya funded the WASHplus project to address hygiene and sanitation shortcomings in a country still recording HIV infection rates of 5.6 percent (Kenya MOH 2013).

The WASHplus program in Kenya operated as a national mechanism. It did not directly implement field activities but provided technical assistance to government and NGOs through the Kenyan government's community strategy.

Building Local Capacity to Improve WASH Practices

The WASH-HIV integration approach identified feasible actions that users can take to move closer to ideal practices: washing hands properly and at critical times; treating drinking water and storing it safely; constructing and using latrines and latrine supports, or developing alternative sanitation options for people who are too weak to use a latrine; and managing menstrual hygiene to prevent HIV transmission. Negotiating with people to improve WASH practices incrementally encouraged them to take actions that improve health—actions that are possible for households, but that may not yet be the ideal practice. Based on these identified and field-tested small doable actions, WASHplus and interested stakeholders developed a training curriculum and counseling cards for community health workers (CHWs), trained trainers, and supported organizations to integrate WASH in HIV and other health programs.

WASHplus helped to build the capacity of Kenya's public health system in WASH-HIV integration at all levels from subcounty public health officers to CHWs by engaging with partners on the ground to conduct training. More than 650 public health officials and NGO workers at the subcounty level were trained as trainers. Other USAID-supported programs have integrated WASH into their home-based care activities as a result of this training. Such programs have worked with WASHplus-trained trainers who sensitize health facility workers, peer educators, and CHWs on the small doable actions approach to improve WASH practices among PLHIV and their caregivers.

Community Health Workers Make a Difference

The voices of community health workers on the frontline supporting healthy households and communities across Kenya explain how WASHplus applies its small doable action approach.

Robert Mukundi is in charge of 20 households. He has helped many people living with HIV who disclose their status to him after gaining his trust. "In my households, I pay a lot of attention to making sure there is safe water.

The water we use here has impurities and I advise people to treat it by boiling or using WaterGuard," says Robert. "I also show them how to store water well." WaterGuard is a water treatment solution promoted through social marketing.

As a CHW, Caroline Odour leads by example. She has made sure all the homes she supports have "leaky tins," water containers that release water slowly from a small hole in the side for hand washing, also known as tippy taps. Caroline started by hanging her first leaky tin in the compound of semi-permanent houses where she lives with eight other families. "I provided a leaky tin outside the toilet and we all take turns to fill it with water. Everyone uses their own soap. When it's my turn, I add liquid soap in the container," says Caroline. CHWs make the soap to sell.

Caroline recalls how she assisted a fellow tenant living with HIV to maintain hygiene. "He used to mess up the toilet and bathroom, making it risky for everyone. I counseled him and encouraged him and his wife to always clean the toilet after use. The man was weak and whenever he visited the bathroom for a bath, he sat on the floor. I got him to start using a stool and his wife cleaned the bathroom well after use."

WASHplus CHW training has clearly empowered health workers to make a difference. Link to the full story: http://www.washplus.org/kenya-improving-hygiene-people-living-hiv

Lives Change with a Rope and Bucket

The small doable action approach requires its practitioners, CHWs, to improvise and innovate to help address the particular needs of a given family. This story is just one example of how simple innovations make a profound impact on individuals' lives. For more WASHplus stories: http://www.washplus.org/kenya-string.

Maria Njeri sits by her bed with an eager face. Said to be over 100 years old, she is blind and cannot walk. When her daughter and granddaughter are away during the day, she has no one to help her to the latrine, located a few meters from the house. A small bucket indoors is her only alternative, but it is not easy to use because of her old age and ailing legs. The strain can be unbearable and sometimes she does not make it to the bucket in time.

Maria's plight came to light when WASHplus-trained local volunteers went round the village to educate people. They helped the family members devise a solution to Maria's mobility problems—an improvised toilet seat with the bucket fixed at the bottom, which is comfortable and easy to clean. The team also attached an arm string to the roof to help Maria stand and exercise. Her joy is evident. With regular exercise the pain in her legs is gone and she no longer dreads using the toilet.

Maria's neighbors, also elderly women in their 60s and 70s, have also benefitted from the intervention and have spread their learning about hand washing with soap after latrine use to the children in the community. The community is strict about reminding them to use latrines and ensuring that all neighbors have tippy taps (a water-saving hand washing device) installed. Since these approaches were adopted, the community has seen a reduction in diarrhea among its children.

Trained public health officers and community health extension workers passed on WASH knowledge and skills to volunteer CHWs. These frontline health workers put their skills into practice negotiating directly with households to make small doable improvements. A CHW visits a family with an assessment card in hand to gather information on hand washing, water treatment, feces disposal, and menstrual hygiene management practices of the family. In consultation with the family members he/she then negotiates improvements in practices, for example helping the family build a tippy tap (hand washing station made of local materials) or suggesting modifications to improve a latrine. While these practices may fall short of the ideal practice, household members can do them successfully and they still positively affect health. (See sidebar: Community Health Workers Make a Difference.)

Advancing Improved Sanitation Uptake

More than 5.8 million Kenyans still defecate in the open (JMP 2013). This practice increases the risk of diarrhea, which is among the top five killer diseases in the country. To address the problem, Kenya has adopted community-led total sanitation (CLTS) to mobilize communities to improve their sanitation and hygiene practices. CLTS is an innovative participatory approach to eliminate open defecation. Villagers are facilitated—through a triggering process—to appraise and analyze open defecation in the community and take their own actions to become an open defecation free (ODF) community. (Kar and Chambers 2008).

In 2012 WASHplus received limited USAID Maternal and Child Health funding for sanitation to complement the WASH-HIV integration funding. Working with Kenya's MOH, WASHplus piloted CLTS+ interventions in Naivasha subcounty that promoted behavior change to improve sanitation uptake and emphasized inclusive sanitation.

WASHplus's CLTS+ approach integrated small doable actions into a child health platform that emphasizes hand washing with soap and inclusive sanitation with a focus on the needs of the mobility-challenged such as the elderly, physically challenged, and children—groups whose unique needs are often not adequately addressed in CLTS programs. Specific activities focused on implementing a CLTS+ component in targeted districts and identifying and testing approaches to encourage households to adopt an improved latrine at the outset.

WASHplus trained MOH staff so that they too can train field practitioners to implement CLTS+ and inclusive interventions. The staff learned how to identify the needs of mobility-challenged individuals and address them through affordable, locally appropriate, and effective modifications to standard practices. (See sidebar, Lives Change with a Rope and a Bucket.)

Finally, WASHplus, in consultation with other partners, also supported the government to identify the most effective sanitation marketing options and promising practices to be developed and replicated across the country. Working with other stakeholders, WASHplus explored approaches to improve the uptake of quality latrines, based on the government's current minimum standards.

Testing the WASHplus Approach

To test the small doable action approach, WASHplus piloted a complete integration of WASH-HIV activities in three subcounties representing agrarian, urban, and nomadic communities. Baseline data were collected in 3,286 interviews from intervention and control sites in 2013. Data collected provided some insights into the challenges of changing WASH practices in Kenya. Nomadic populations and to some extent rural areas still practice open defecation. Urban areas share latrines, which are considered by the UN's Joint Monitoring Programme to be unimproved. Most households do not have fixed hand washing stations, and only half of those with hand washing stations have soap and water present. Opportunities to improve water treatment practices also exist. Finally, semi-nomadic populations are the most in need and the hardest to reach.

Community health workers use WASHplus materials during a training program on integrating WASH into HIV care and inclusive sanitation.

The intervention period ran from August 2013 through September 2014. The project trained health extension and community health workers to use the small doable action approach in the three intervention sites—agrarian (Rongo), peri-urban (Langata), and nomadic (Naivasha). Based on the baseline findings, the program focused on interventions to reduce open defecation, move communities to improved sanitation quickly, address inclusive sanitation, promote availability of soap, and encourage communities to establish fixed hand washing stations.

While program funding ends in September 2014, USAID/Washington has provided limited funds to conduct an abbreviated endline survey to enable the project to learn from the intervention. WASHplus will survey households in the agrarian intervention and control sites as this was the focus of the program and showed the most promise for positive change.

Key Accomplishments/WASHplus Legacy

WASHplus has contributed significantly to the Kenya WASH sector in several tangible ways that is leading to improved health among Kenyans, especially vulnerable populations (young children, people with compromised immune systems, the elderly, pregnant women, and the mobility-challenged).

The Small Doable Action Approach

The WASHplus/Kenya program introduced and promoted the small doable action (SDAs) concept, now practiced by government actors involved in WASH interventions. SDAs improve WASH practices by helping households identify feasible incremental steps that move them from an inadequate hygiene practice toward the ideal practice. CHWs use the SDA approach to negotiate improved WASH practices with a household's members/caregivers to positively impact the whole family's health and quality of life. The WASHplus SDA approach complements the MOH's CLTS efforts to promote sanitation uptake. CLTS promotes improved sanitation practices by ensuring latrines and hand washing facilities are constructed from locally available

materials as a first step toward moving communities up the sanitation ladder. USAID partners such as APHIAplus have also incorporated the SDA approach into their home-based care and orphans and vulnerable children programs. As conceived, the legacy of WASH integration in HIV programs will continue through home-based care programs and the community health strategy approach.

Beyond delivering programming content, the government and partners involved with the WASHplus program have holistically embraced the spirit of SDAs. That is, subcounty and local NGOs practice SDAs within their own programs to identify what can be done incrementally to move WASH integration forward and to improve the health of Kenyans. One such example was an officer who secured 50,000 menstrual pads for girls in school. Though the quantity was not sufficient, his gesture opened an important dialogue among the top policy leadership in the county health and education ministries.

Capacity Building – Innovative Training and Materials in WASH-HIV Integration

WASHplus Kenya staff developed a training toolkit for WASH-HIV integration that was endorsed by the MOH. The toolkit includes a training guide and job aids for volunteer CHWs. Further, the WASHplus materials were adapted and integrated into the Government of Kenya's community health worker training curriculum.

CHWs and natural leaders will soon be able to advise their clients on the most suitable latrine options given their environmental conditions using the simple latrine options job aid, a collaborative effort of WASHplus and partners that is being piloted.

WASHplus's participatory training style and approach engaged facilitators and learners and encouraged local solutions to challenges in their communities. The program introduced an innovative training methodology that inspires participants to internalize the content and share it with others. The Teach-Back Methodology uses the experiential learning cycle that includes structured learning activities such as presentations, group discussions, demonstrations, role-plays, practical exercises, and small groups that mirror real-life situations in the communities. Participant "trainers" are assessed and given feedback on their training performance/skills in terms of content, delivery, and use of visual aids. Using this methodology, WASHplus successfully built training skills and trained trainers who continue to apply this methodology with the community. Learners retain most of what they are taught and pass it on to others. This has a multiplier effect and will enhance the scale-up of interventions. One trained facilitator's efforts to devise an improved latrine design for his weak and elderly clients shows how communities and individuals are eager to adopt SDAs and innovate based on local needs. Using what he learned in his WASHplus training, this health care worker developed a toilet seat using materials readily available on most homesteads that helps his weaker clients use the latrine comfortably. See a photo collage of his invention: http://www.pinterest.com/washplusinfo/kenya-simple-commodes-for-hiv-aids-patients-and-ot/.

As of June 2014 WASHplus, together with the MOH, had trained over 650 trainers (government and NGO actors) in WASH-HIV integration at policy and implementation levels in 26 of 47 counties. More than 8,029 CHWs in charge of at least 400 community units have been trained on WASH-HIV integration and inclusive sanitation. It is estimated that over 1.6 million Kenyans have been reached with inclusive sanitation messages. WASHplus has also introduced WASH-HIV integration strategies and activities into government policy documents and guidelines.

Mainstreaming Menstrual Hygiene

Improving access to sanitary pads for girls and women is a feasible action for communities. WASHplus has mainstreamed menstrual hygiene management in WASH interventions by encouraging proper but affordable ways of managing menstruation, such as promoting reusable sanitary pads. Trained CHWs in collaboration with school administrators and teachers are educating girls on the topic. The training guide and the job aid for CHWs on WASH-HIV integration also provides a session on menstrual hygiene management for bedridden women with menses, which is covered during the training.

Increase Sanitation Uptake through CLTS

The WASHplus rural sanitation pilot program in Kenya has worked closely with the MOH and USAID-funded health projects to increase sanitation uptake in rural areas through the government-led CLTS program. By June 2014, almost 600 CLTS implementers, including over 30 government county public health officers, 200 CHWs, and 300 natural leaders had been trained on inclusive sanitation. The CHWs and natural leaders are putting their new skills into practice by negotiating and demonstrating to households how to use the SDA approach to make supportive devices to address sanitation needs for individuals with disabilities. To date, trained CLTS+ implementers have reached approximately 100 villages in the three pilot sites, and almost 50 people living with disabilities now have life-changing supportive devices such as commodes, support bars, and guiding ropes—all made of locally available materials—installed in their homes. With lessons learned and MOH-led scale up activities, the program is primed to reach 400 more villages by the end of the year in the intervention sites.

Learn at School, Practice at Home

Schools often serve as models for desired behaviors. While implementing CLTS in Maai Mahu division, WASHplus found that young children in early childhood development (ECD) centers were openly defecating at school. This was discovered during an open defecation free verification process. Nine villages claimed ODF status at the time, and two did not qualify because of feces in the grass near the ECD center. When they explored this further, CHWs found that children used a latrine at home, but not at school. Why was this happening?

Children were only allowed to visit the latrine during scheduled breaks. And with large classes, not all children had time to visit the latrine, so they were going to the bush. WASHplus offered a one-day training for ECD teachers from 21 centers. Participants immediately incorporated what they learned into their curriculum and daily practice. Read one example below:

As the only teacher for the 70 children at Snider Early Childhood Development Center preschool, Rebecca Githuthwa manages to make learning fun and has become a hygiene and sanitation champion in the school and the surrounding village. She has gone the extra mile to promote good sanitation, thanks to knowledge and skills learned at the WASHplus training. She has shared what she learned with parents. This ensured that the practices in school such as treating drinking water and hand washing were replicated at home. After a week of practice, pupils mastered the vital procedures of proper toilet use and hand washing. “Before the practice began we used to record cases of hygienic-related illnesses with the pupils,” says the teacher. “This was affecting their learning patterns because some would be absent from school for as long as a week.”

Ms. Githuthwa did not stop there. She ventured out into the entire village, preaching the importance of hygiene. Many members of the community heeded her call and are enjoying the benefits of good hygiene and the response has been encouraging. For more ECD stories: http://www.washplus.org/kenya-ecdc2014.

WASHplus reached more than 10,000 Kenyans by directly training 37 villages in CLTS+. To date 22 villages claim ODF status in Naivasha alone. When villages are triggered, community members select natural leaders and develop action plans for latrine construction and CLTS+ activities. CLTS trainers included district public health officers and community health extension workers.

In addition, the project trained 68 trainers in two regions and 23 early childhood development teachers on inclusive sanitation. (See sidebar, page 6.) WASHplus documented households that moved up the sanitation ladder faster—from open defecation to improved latrines (concrete slabs). Intensified follow-up and engagement of village elders, religious leaders, and local artisans (pit diggers) notably improved latrine coverage.

Documenting CLTS success has been challenging because the government uses a tiered ODF verification process. This has created bottlenecks, and verification by public health officers and external certifiers has been slow. Third-party verification is the final step in the certification process for villages after self-assessment/claims (first level) and subcounty MOH verification (second level) as per the Kenya national CLTS protocol. In the past, Kenya Water and Health Organization provided third-party verification with UNICEF support, however, the increased number of ODF claims required additional capacity to meet the demand. With the help of local and national MOH staff, WASHplus trained 23 public health officers in Nakuru County as third-party ODF certifiers to accelerate the certification process. Nakuru was the first county to have a third-party certification process devolved from the national to the county level. Trained third-party certifiers within the county means the process will be less costly and faster, which should lead to more ODF-certified villages. WASHplus has thus contributed to the enabling environment for partners and MOH that will continue supporting CLTS in Nakuru County.

Inclusive Sanitation

The limited maternal and child health funds from USAID in 2012 allowed WASHplus to address another critical component—inclusive sanitation. Kenya is a signatory to various global commitments on universal access to WASH services requirements. One global monitoring tool—the Global Analysis and Assessment of Sanitation and Drinking-Water—requires the country to report on policy or plans for universal access of WASH services for disadvantaged groups, including individuals who have physical as well as visual disabilities. WASHplus is the first program to introduce inclusive sanitation at the community level. Caregivers are free to engage in other productive activities while they know that persons under their care can use toilets easily with the help of an improvised supportive device. The project's training on equity and inclusion has sensitized over 100 public health officers and 25 rehabilitation service providers of the need to incorporate these considerations into WASH programs. CHWs and natural leaders implementing CLTS at the village level identify households that have individuals with physical or visual impairments and target such households on a case-by-case basis. The implementers work with the household to help them design improvised sanitation supportive devices, including bedside commodes and/or install guide strings for individuals who are blind so they can find the toilet without help.

WASHplus-trained CHWs provided Danson, a blind man, with a simple accommodation—a string—to guide him independently around his compound and to his latrine. For a link to the full story see "Lives Change" sidebar, page 3.

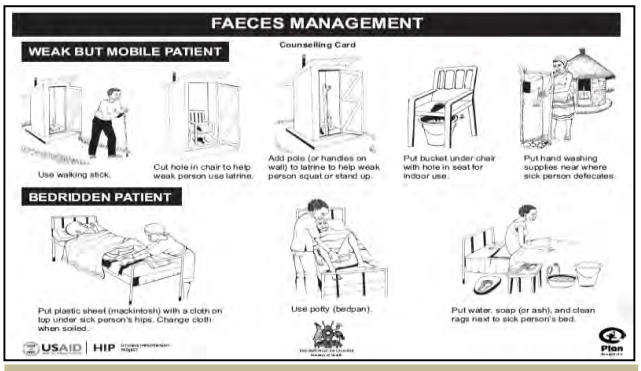
Improved Sanitation from the Outset

Triggering and increasing awareness of the need for sanitation facilities through CLTS+ has spurred the uptake of improved sanitation at the outset. Some communities in the pilot sites requested and adopted even better

improved latrines. During the field visits local artisans engaged by the communities lacked the knowledge and skills to build affordable improved latrines although their services were in high demand. To encourage households to adopt an affordable improved latrine at the outset, natural leaders identified local artisans to be trained in improved latrine construction. WASHplus trained 13 artisans in skills such as digging circular pits that are more stable, laying bricks to stabilize the base and floor, and finishing with smooth cast for easy cleaning.

Partnerships and Collaborations

As a "national" program with limited capacity to implement activities at the community level, WASHplus successfully developed strong relationships with the MOH and its partners and effectively engaged USAID bilateral partners and other international and local NGOs operating in the WASH space. Indeed, WASHplus is a recognized and respected leader of WASH in Kenya. At the request of the MOH, for the past four years WASHplus has co-convened the national Hygiene and Promotion Technical Working Group, which hosts technical discussions as well as Global Handwashing and World Toilet Day activities. Under joint WASHplus and World Vision leadership, the working group developed national jigger prevention and control guidelines, which is undergoing final review. WASHplus also supported national and county WASH Interagency Coordinating Committees. In partnership with menstrual hygiene management actors, including WASH United, WASHplus also celebrated the first Menstrual Hygiene Day in Kenya.



CHWs use job aids to negotiate small doable actions with their clients to improve hygiene and sanitation practices at home. This card explains how to manage feces of people who are weak.

Delving deeper into the realm of sanitation, WASHplus identified a need for guidance on pit options to prevent pit collapse and to enhance the usability of latrines. Collaborating closely with The World Bank's Water and Sanitation Program, PSI Kenya, and the MOH, WASHplus developed and pretested a simple latrine options job aid that once finalized will be used by natural leaders and CHWs to advise households about the most suitable options available for improved latrines given the environmental conditions of a specific area.

Monitoring and Evaluation (M&E) Reporting Framework

Because of the incremental nature of the funding, a full program monitoring plan was not envisioned or conducted when the program began under the Hygiene Improvement Project and continued under the C-Change project from late 2010 to mid-2012. However, under WASHplus, the program developed an M&E framework that has helped to track implementation progress. The program also developed a minimum set of indicators for partners integrating WASH into HIV programs. However, the MOH preferred to use existing WASH indicators captured in the community strategy. WASHplus supported the MOH in revising the current WASH M&E indicators and is being recognized for contributing the inclusive sanitation indicators.

Challenges

This program, like all programs, was not without challenges. The incremental funding stream meant that it was never clear when the funding would arrive or how much it would be. It forced the project to be frugal yet creative in seeking ways to advance the program nationally.

Midway through this project, the Government of Kenya restructured, abolishing the province/district model and devolving more responsibility and funding to 47 newly created counties. The project adapted by continuing to work with county public health officers. The trained officers have continued to roll out the program in their respective counties. Indeed, some counties and subcounties have incorporated inclusive sanitation in their work plans and lobbied for funding from county government allocations or other NGO partners. Such counties include: Baringo, Busia, Kiambi, Migori, Nakuru, Nyeri, Rongo, and Siaya.

Lessons Learned

Flexibility Can Foster Creative Programming

At the outset, WASHplus operated without a clear picture of future funding. Yet, with limited resources and despite some management challenges at the beginning, the project took shape and seized opportunities to make a difference in the lives of Kenyans. How did the program evolve and innovate?

- WASHplus chose to work within existing structures (Government of Kenya's community strategy). This ensured that new concepts were accepted because they were jointly developed and shared. Further, the corresponding materials were resonant, relevant, and sustained within and across programs.

- The structured rollout of the WASHplus approach from province to district, initially introduced in a few provinces and then expanded to all provinces and later to county stakeholders, allowed time to test the approach, make adjustments, and present results. Through promotion, counties wanted to be trained and wanted to be involved.

- Periodic meetings among the senior government stakeholders generated attention and ideas and spurred creativity in expanding the activities using the small doable action approach to identify actions and opportunities to advance the program with limited funding and creative financing within the government's own system.

- Incremental funding meant the project was not locked into a rigid five-year work scope. Indeed, the flexibility allowed WASHplus to shift focus and resources to areas that needed attention but had not been adequately considered or planned in advance. For example, when WASHplus learned that communities with early child development centers still practiced open defecation, the project identified and addressed the cause—ECD teachers were unaware that their sanitation facilities could not accommodate all the students during the breaks. WASHplus recognized this and shifted resources to focus on this new target audience.

Small Doable Actions Resonate

- Whether talking with senior government officials, community health workers, early child development teachers or mothers, all can understand the concept of doing something feasible now and improving on it later when the resources are available or community pressure cannot be ignored.

- WASHplus introduced the concept of small doable actions, but the MOH and NGO partners have wholeheartedly embraced the concept and are now integrating WASH into HIV programs with their own resources. While initially this expansion of integration efforts occurred with WASHplus technical support and advocacy, more and more partners are securing their own funding to share SDA concepts, which are resonating across the country.

- Many different WASH efforts focus on feasible actions to improve health in gradual steps rather than unattainable ideals. The modular materials developed to facilitate the WASH-HIV integration program were created with flexibility in mind. The technical content can be used in multiple settings and adapted to different target audiences such as community health, OVC, and home-based care workers, ECD teachers, and rehabilitation service providers for persons with disabilities.

Inclusive Sanitation Efforts Move from Policy to Practice

- The link between policy and implementation is not always straightforward. While Kenya had signed global commitments on universal access to WASH services, implementation was not very evident in the government's focused CLTS efforts until WASHplus introduced practical ways to operationalize the concept.

- Seeing first-hand how integrating small doable actions related to inclusive sanitation can improve the lives of families who care for individuals with physical and visual impairments, the MOH embraced the concept of inclusive sanitation and has incorporated it into ongoing CLTS activities. Further, WASHplus assisted the MOH to develop and include inclusive sanitation indicators in its monitoring and evaluation reporting framework.

- WASHplus's participation in developing the Kenya Integrated Sanitation and Hygiene Program proposal and submission to the Global Sanitation Fund ensured that an equity and inclusion component is integral to the proposal. Now that the proposal has been accepted, equity and inclusion will be scaled up nationally, and program partners will continue providing technical support in the area using the WASHplus approach.

Thanks to her daughter-in-law, a WASHplus-trained CHW, Teresia's arm-string and bedside commode have increased her privacy and sense of independence.

Publications and Resources

For full access to all documents listed below visit: www.washplus.org.

- Guide for Training Community Health Workers on WASH-HIV Integration
- WASH-HIV integration counseling cards/ job aids
- Latrine pit options job aid
- Inclusive sanitation materials
- GOK/MOH Community Health Worker Training Chapter 7 on WASH

Presentations/Posters

Mugambi E and R. Bery. 2013. Promoting Healthy Hygiene and Sanitation Practices for People Living with HIV and AIDS. 36th WEDC international Conference, Nakuru, Kenya.

Mugambi E and R. Bery. 2013. Integration Inspires Sustained Behaviour Change and Innovation in Kenya. UNC 2013 Water and Health Conference, Chapel Hill, NC.

Mugambi E and R. Bery. 2014. Mainstreaming Inclusive Sanitation into Community-Led Total Sanitation in Kenya. 37th WEDC international Conference, Hanoi, Vietnam.

Stories from the Field

- WASH Training Spurs Innovative Local Solution
- Simple Actions Have Improved Life for Mother and her Children
- Towards Equity and Inclusion in Sanitation and Hygiene: A String, a Jug, and a Bucket

- Learn at School, Practice at Home: Early Childhood Development Centres Reinvigorate Improved Hygiene Practices
- Delivering Crucial Support on the Frontlines
- Latrine Options Expand Thanks to Artisan Training
- Simple Actions Keep Patients and Their Families Healthier
- The Rail of Hope for Radio Technician
- Two Lives Change with One Commode

Other Publications

Ministry Alarmed by "Long Calls" Along Highway
http://www.standardmedia.co.ke/thecounties/article/2000130922/ministry-of-health-to-build-latrines-along-highways

The Kenya Ministry of Health's SSHIT newsletter featured articles on WASHplus activities in the following issues: Sept. 2013, Dec. 2013, March 2014, and July 2014.
http://www.wash-cltskenya.or.ke/index.php/2014-03-13-10-20-59/sshit-newsletters

End Notes

Kenya Ministry of Health. National AIDS and STI Control Programme. 2013.

Joint Monitoring Programme. Progress on Sanitation and Drinking Water. Update. 2013.
http://apps.who.int/iris/bitstream/10665/81245/1/9789241505390_eng.pdf

Kar K and R. Chambers. 2008. Handbook on Community Led Total Sanitation, London: Plan International (UK). http://www.who.int/management/community/overall/HandbookCommunityLedTotalSanitation.pdf