



## Sustainability of ODF Practices in Kenya

### INTRODUCTION

Despite this exceptional government leadership, Kenya did not achieve the MDG target for sanitation. . Poor sanitation represents one of the biggest development challenges in the country and costs Kenya Ksh27 billion (US \$324 million) each year (WSP Sanitation Baseline, 2014). The proportion of the total population using improved sanitation stands at 30 per cent (UNICEF/WHO, 2015), with little difference between rural areas (30 per cent) and urban areas (31 per cent). However, many more people in rural areas practice open defecation (15 per cent) compared to urban areas (3 per cent). This equates to more than 5 million rural dwellers defecating in the open. Since poverty is heavily weighted towards rural areas, the health and social costs of poor sanitation fall disproportionately on the poorest, with open defecation costing more per person than any other type of unimproved sanitation.

CLTS was introduced in Kenya by Plan Kenya in 2007 and rolled out by a large number of NGOs and District Public Health Officers. Since the launch of the ODF campaign in 2011 UNICEF has supported the Ministry of Health to scale up sanitation activities with CLTS as its core strategy. The Department of Environmental Health (DEHS) within the ministry has demonstrated strong leadership and is a clear champion for sanitation and hygiene.

The approach applied since 2007 is cascading training of trainers (ToT), with the expectation that the public health departments, as well as implementing partners, will cascade this training down to the local CHEWs (Community Health Extension Workers - voluntary) and PHTs (Public Health Technicians) and PHOs (Public Health

### KEY POINTS

- *Through the strong commitment of Government, Kenya has rolled out CLTS at scale over the last 5 years to address significant gaps in sanitation coverage but there are concerns over the sustainability of ODF achievements.*
- *A comprehensive study on the sustainability of ODF practice was carried out and the findings have helped sanitation actors to adjust their CLTS programme approach.*
- *The study showed that CLTS has resulted in sustained ODF practice in more than 95% of the households but because of continued OD by a few households in each community, more than 70% of villages have partially or fully lapsed from ODF status.*
- *The main reasons for households reverting to OD are lack of access to their own (not shared), safe and functioning toilet and young children's defecation practice; while demonstrated health benefits are the main motivating factor for households sustaining latrine use.*
- *The ODF sustainability assessment provides useful insights into how and why households maintain ODF status and shows that communities with strongly-rooted social norms around sanitation behaviour maintain ODF status more easily.*

Officers). Sanitation services have been devolved to the county government under the new constitution (2010) and CLTS implementation is now being led ▶



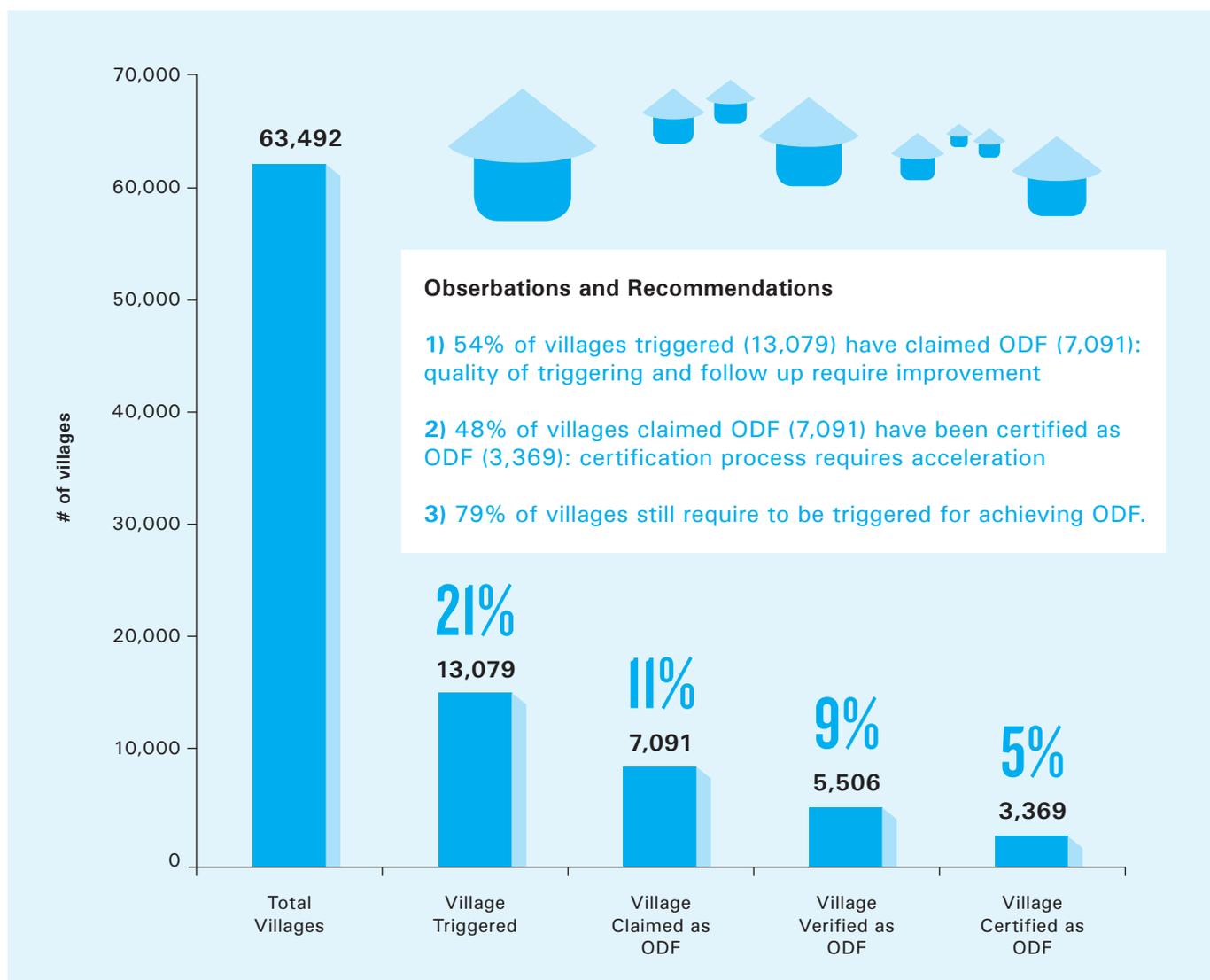
► by the County Health Teams. Individual champions for CLTS at county level have been found to be critical to its success and include elected officials and technical officers in public health offices.

UNICEF supported an extensive micro-planning exercise for CLTS in 2013. This resulted in a complete database of village sanitation status, which can be used for monitoring progress towards ODF status for each county and for Kenya as a whole. This indicated that more than 21% of the villages in the country had been triggered (see Figure 1). The micro-plan also laid out the actions and resources required for each County in Kenya to reach full ODF free status. According to the micro-planning exercise, 3,369 villages had achieved certified ODF status by 2015 and two sub-counties, Nyando and Nambale, had been certified ODF. The

government had rolled out CLTS in 41 out of 47 counties and trained more than 1727 facilitators (Microplan, 2015).

Despite the successes of the roll out and the steady increase in certified ODF villages, there had been reports of villages reverting back to ODF. The reasons for this reversion were not clear and sanitation actors needed more information about the causes to understand how to prevent it. Consequently, UNICEF Kenya designed and carried out a study into the sustainability of ODF practices in rural areas of Kenya, to ensure that future CLTS efforts result in sustainable progress. The findings from this study are used in this Field Note as evidence of Kenya’s progress towards its national development goals in sanitation and to present the lessons learnt about what is contributing to the successes and failures of ODF sustainability.

**Figure 1 – ODF progress in Kenya**



# METHODOLOGY FOR THE STUDY

The main objective of the study was to assess the sustainability of ODF status post ODF certification and identify the facilitating and limiting factors affecting sustainability, including the social norms.

Three research questions were posed: a) what are the contributing and limiting factors for sustainability of ODF communities? b) To what extent are social norms rooted in villages that continue to be ODF? c) Are there extra social factors that overtake the sustainability issues among the communities?

Household issues were assessed using visits to

observe toilets and hand washing facilities and through household surveys. Community issues were assessed using focus group discussions and vignettes. The data were analyzed using descriptive statistics and thematic review of field notes.

The household surveys took place in a total of 42 ODF certified villages (constituting 5% of total ODF villages certified as ODF during 2011-2012) sampled from 7 districts namely: Rachuonyo, Nyando, Kisumu West, Bondo, Siaya, Busia and Nambale. These districts were selected because they were the only districts which had certified fully ODF villages during 2011 and 2012.

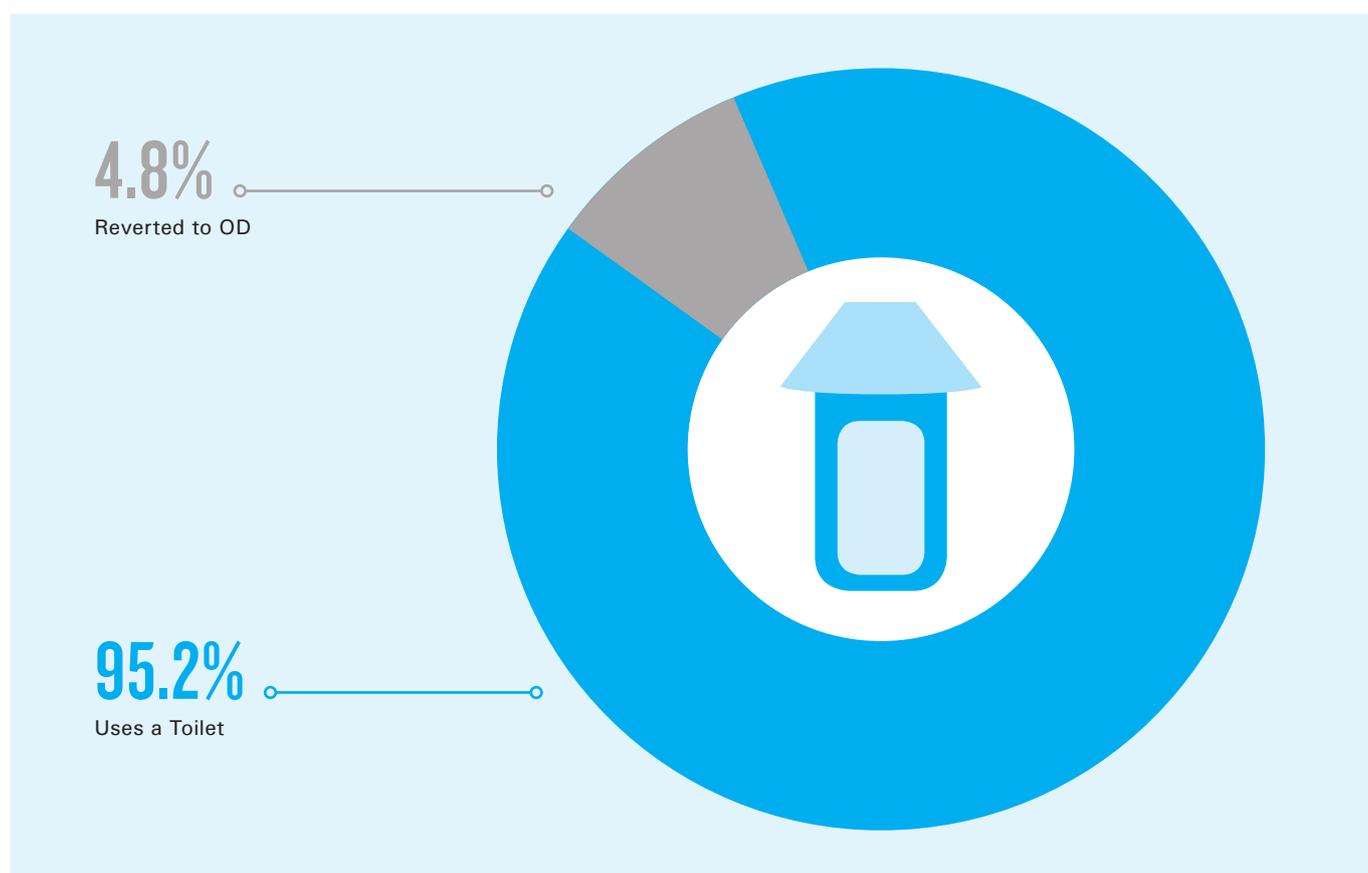
## OUTCOME

### Main findings on ODF sustainability

The study showed that 95% of households had access to a functional latrine, which demonstrated a high success rate for CLTS programmes; however,

only 49% of the latrines were functional, clean and private. There were 5% households without access to a latrine and these households were found to have reverted to OD (Figure 2). ▶

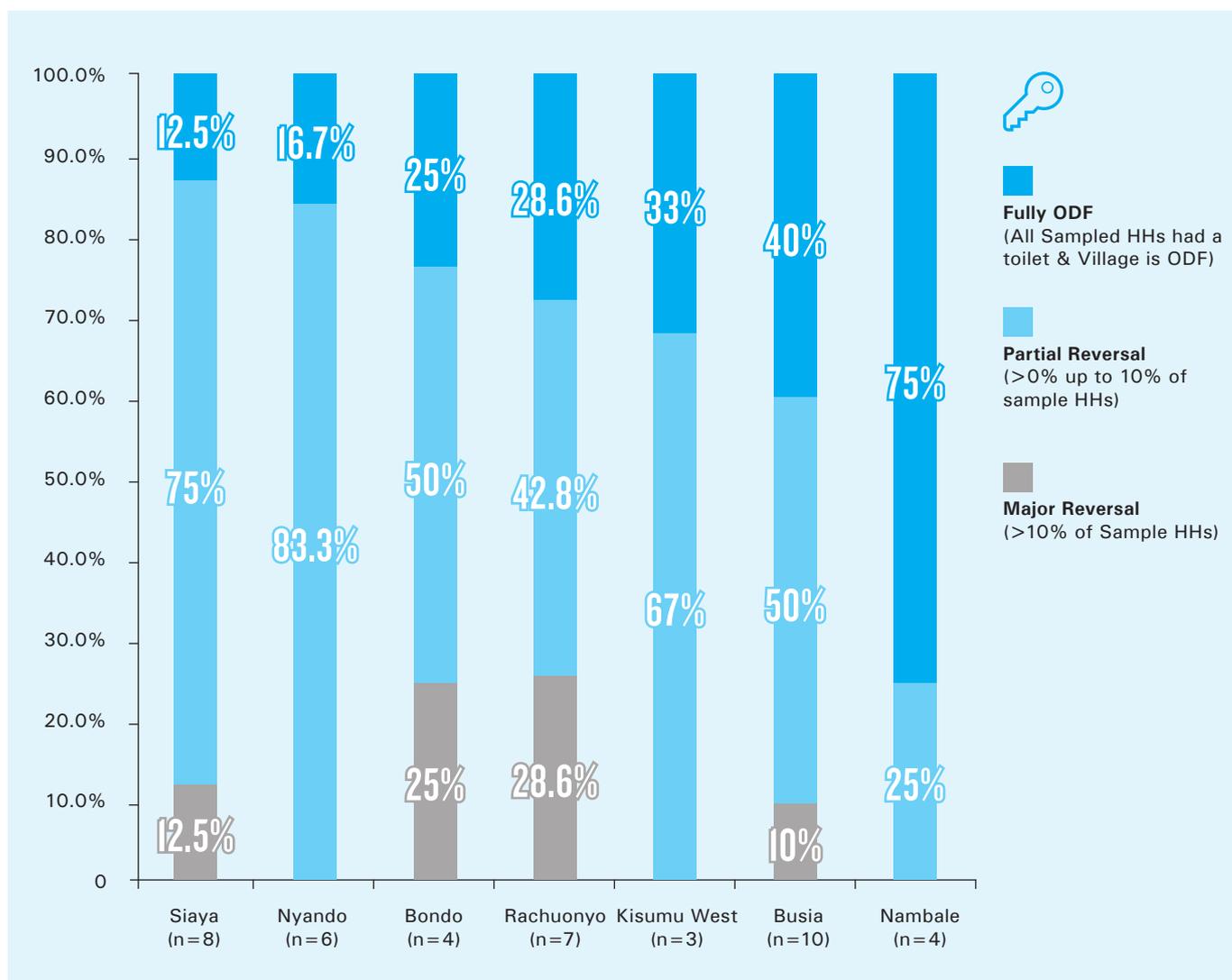
Figure 2 – Sanitation use by sampled households (n=2,030)



► The identified OD households were spread out across villages, so there was some level of reversal from ODF status in more than 60% villages. In most cases (57% of the villages) this was measured as partial reversal (less than 10% households with OD behaviour) and only 5 villages

were measured as severe reversal (more than 10% households with OD behaviour). It is notable that Nambale sub-county which had been certified as 100% ODF in 2012 had the lowest levels of reversal with over 75% of villages still fully ODF (see Figure 3).

**Figure 3 – Percentage of OD Reverting Villages as a Percentage of Total Sampled Villages by Sub-County**



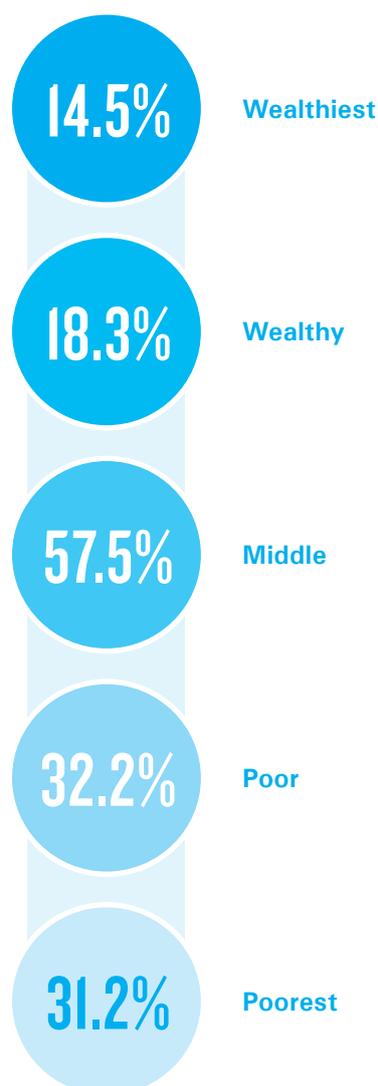
### Limiting factors for sustainability of ODF

The majority (67%) of households stated that the reason for reverting back to OD was lack of access to a latrine: many relied on a shared latrine that was too far away or their own latrine had become dis-functional or collapsed completely. The most common de-motivating factors for using a toilet were the physical aspects (fear of collapse, lack of privacy etc.) and the need to share with others. Difficulties for very young children and elderly

people to use latrines were also commonly stated problems.

The study found that environmental factors (such as groundwater flooding the pit) and the cost of repair were also major de-motivators to maintaining latrines. Compared to the wealthiest households, poorer households spent disproportionately more on repairs relative to the initial cost of construction due to the poor quality of the initial latrine (see Figure 4).

**Figure 4 – Total Average Costs of Repairing Latrines as a Percentage of Initial Construction Costs**



From this it was concluded that the most vulnerable in the community are not able to construct and maintain a safe, functional latrine in their compound.

Also a significant number of households (18.4%) defecate in the open when away from home despite using a latrine at home. This suggests that public latrines are not commonly available and the social norm is not well rooted in some areas.

#### **Facilitating factors for sustainability of ODF**

The study found that by far the most common motivating factors were health concerns for the family and/or shame and disgust. Most households believe that ODF has resulted in a reduction in diarrhoeal disease and this was confirmed by the results of the impact assessment.

Factors that appear to most influence the sustainability of ODF status are the use of latrines by children (over 3 years old) and strong social norms. A high proportion of the villages which had sustained ODF also had a high proportion of households whose children always used a latrine. This is in contrast to the villages which had reverted to OD behaviour, in which a high number of children who had reached the age of using a latrine were defecating in the open. Surprisingly, there was no correlation between the way infant's faeces were disposed of and the OD behaviour of the household. Nearly all households interviewed reported disposing of young children's faeces safely.

#### **Social norms, ODF sustainability and hand washing behaviour**

The study measured the extent of social norms relating to latrine use behaviour in the sampled communities. The sample villages in ODF sub-counties of Nyando and Nyambale had the highest percentage of villages with deeply-rooted social norms. This suggests a clear correlation between the extent to which social norms are rooted in the communities and the sustainability of ODF practices.

While latrine use has increased as a result of CLTS, the study showed that hand washing behaviour has not increased at the same rate. Only 27.1% of the households had a hand washing facility and this proportion was even less amongst households who had reverted to OD (8%). Soap or ash for hand washing was available in the majority of households but not always at the hand washing facility. Knowledge of hand washing behaviour is high and simple mechanisms such as leaky tins and tippy taps are popular. The main factor influencing hand washing behaviour appears to be the availability of water and specifically the burden of providing adequate water for hand washing, which normally falls on the women in the household.

#### **Other findings having programme implications**

Community Health Workers (CHWs) and natural leaders working together had the greatest influence on motivating people to change their OD behaviour and construct latrines. In 67% of the villages where post-certification follow up took place this was done by CHWs or other government health workers. This suggests that institutional support for ODF sustainability is mostly from CHWs and leaders rather NGOs or county government.

# LESSONS LEARNED

- CLTS activities have resulted in considerable increases in latrine usage and put large numbers of people on the first rung of the sanitation ladder. The number of households reverting to OD behaviour is relatively low, especially in fully ODF sub-counties.
- Households revert to OD when their latrines:
  - collapse;
  - are too difficult to use for the elderly and/or children;
  - are shared with neighbours; and
  - are not close enough to be convenient.
- Social Norms have a major influence on OD behaviour: active creation of new social norms is important for the sustainability of ODF status. Key factors in creating the social norms were formal and informal sanctions agreed by the communities and enforced by a strong council of elders or other local administration.
- Follow up and support are needed after ODF certification to support the most vulnerable households to build safe, functional toilets and ensure that all households have sustained, secure and easy access to latrines.
- The sustained and regular use of latrines by young children is difficult to promote, especially when children do not feel latrines are safe or convenient. More attention to accessibility for children is required during the early stages of CLTS.
- More than 50% households are not using functioning, clean and private toilets. CLTS needs to be combined with more robust technology options to help households upgrade their latrines and ensure sustainability, especially where soil conditions do not favour latrine construction. Similarly, the availability of affordable materials for latrine construction needs to be taken into account when initiating CLTS in villages with no local materials.
- Community Health Workers and traditional leaders are the main motivators for behaviour change and latrine construction and can determine success or failure of CLTS initiatives.
- Hand washing practice is lagging behind ODF behaviour and more efforts are needed to promote hand washing alongside CLTS (see also Field Note on Triggering Hand washing with Soap in Malawi) as well as reducing the distance to water. The affordability of soap is another constraint but there are opportunities to work with the private sector to make soap more readily available.



Child Washing Hands in Village in Nyando

## NEXT STEPS

The results show the need for some revisions to the CLTS methodology to strengthen the sustainability of ODF environments. Specifically, the UNICEF programme is considering;

- A focused campaign on disposal of children's faeces;
- Social norms analysis for areas where high numbers of villages have reverted to OD and more emphasis on including local leaders (councils of elders) and CHWs in CLTS activities; and
- Inclusion of more hand washing within triggering for CLTS (using tools developed in Malawi).

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## PHOTO CREDITS

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This Field Note is part of the UNICEF Eastern and Southern Africa Sanitation and Hygiene Learning Series, designed to improve knowledge of best practice and lessons learnt in sanitation and hygiene programming across the Region. The series has been funded by the Bill & Melinda Gates Foundation in support of improved knowledge management in the sanitation sector.

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For more information on the series please email Ann Thomas: [anthomas@unicef.org](mailto:anthomas@unicef.org)

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