

The WSSCC/AMREF K-SHIP sanitation marketing project in Samia, Busia county implemented by the county government with support from Redbrick consulting.

Background

Busia County is the only County in Kenya which is Open Defecation Free, having attained this status in 2015. Their journey to Open Defecation Free started with Community Led Total Sanitation (CLTS) in July 2010. During CLTS triggering, the community together Public Health Officers, Community Health Volunteers (CHVs), Community Health Extension Workers (CHEWs) and Natural Leaders addressed the importance of building a latrine. All efforts were then directed to ensure that people build and used toilets. It did not matter what the structure looked like as all they wanted was to end open defecation.



Some of the toilets built after CLTS

Community members came up with latrines that they could afford and in most cases these were basic unimproved toilets. After attaining ODF the major concern became ensuring that the toilets and latrine use was sustained to avoid relapse. At this point the county government alongside other partners started implementing sanitation marketing.

The Process

They first did a baseline research to determine the number of households with improved latrines. In the year 2012-2013, the county had only 32% of HHs with access to improved sanitation. After that, all public health officers, the CHVs, CHEWs, CU and natural leaders that had been involved in CLTS were trained on sanitation marketing. School children were also included as they are the main agents of behaviour change in their families. Teaching aiding materials for example the Flip Charts were given out to the CHV, CHEWs and natural leaders to help them in disseminating the information of climbing up the sanitation ladder.

The second level of training involved the artisans. They were trained on how to construct an improved toilet, local toilet designs and measurements and basic selling skills. They were given a teaching aid to use in household/community visits, these booklets had latrine designs in challenging areas. In addition, they were also thought on equity and inclusion and how to construct toilets for

people living with disabilities. Demonstration sites where community were to learn from were established. In the four wards in Samia Sub-county, each had a demonstration site. One of the two toilets always was for the socially excluded for example the old, sick, expectant women and small children.



One of the demonstration site in Samia subcounty

“With the new programme, sanitation marketing; we now become sanitation officers” says Mr. Tom Emodia, public health officer, Samia-Sub county. They started persuading people through organizing forums and they involved all stakeholders in the community. They informed people that it was no longer about ‘BORA CHOO’ which loosely translates to “better a toilet” as they had early indicated in CLTS. Their slogan had now changed to ‘CHOO BORA’ (“a better toilet”). They keenly and passionately explained to the community the importance of having improved latrines citing examples such as privacy and reduced fecal related diseases.

When a group or individual is ready to construct an improved latrine, they are referred to a trained artisan where they negotiate prices on their own. The PHOs supervise to ensure that constructed/renovated toilets meet the standards defined. Upon completion of every improved latrine, the PHO in charge of the ward receives a stipend of ksh.1000 (10USD) as an incentive from the county government. Each PHO is given a target of 700 latrines to improve in a year.

As the implementation of SanMark progresses it has become clear that not all homesteads willing to construct improved latrines have the ability to do so. AMREF, a local NGO, and the Busia County Government provide support to these households by giving them a brick making machine used for making the makiga bricks. The machine is made available around different villages where homesteads organize themselves in groups of ten or more and requested for the machine to make their own bricks. The bricks are made using clay soil, which is locally available, mixed it cement. A bag of cement is mixed with five wheelbarrows of clay. This makes between 100-125 bricks. Compared to burnt bricks, which was previously used, this is remarkably cheaper. A complete improved latrine requires about 350 bricks.



Improved latrines made from Makiga bricks

In Luchululo sub-location, CHVs make the Makiga bricks as an income generating activity. Each brick sells at 10 cents of a dollar (Kes.12). The project also connects households to the Micro- Finance Institutions- ECLOF and Sidian bank. The banks provide microloans for building up an improved latrine to be repaid over affordable periods of time.

The Busia project promotes six types of sanitation options to enable latrine improvement: A single door latrine made wholly of iron sheets; simple latrine with walls made of makiga bricks, this could be attached to bathroom; concrete and PVC slabs; plastic vent pipe to control flies and smell; septic tanks and sewage lines products promoted majorly in Busia town; and VIP toilet majorly suited for rural and peri-urban areas.

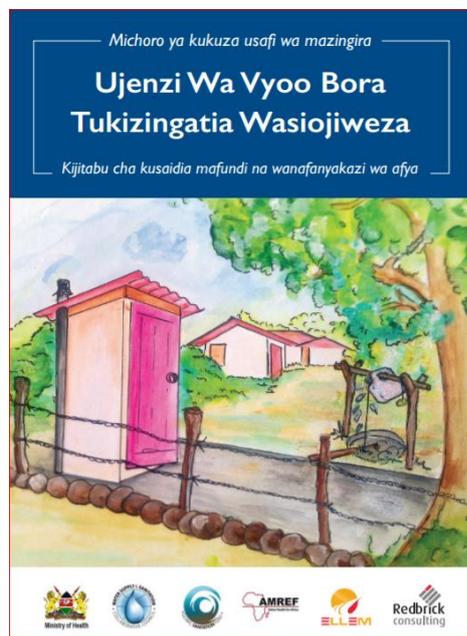
Explaining the features, benefits and cost of each product is a key element in enabling the homesteads to choose what they like and can afford.

Mr Ambrose Fwamba, the County Public Health Officer Busia County during an interview said that he felt that people need to be introduced to improved sanitation from the beginning “ *it does not make any sense to wait for them to build basic latrines then after sometime you again tell them to demolish and climb up sanitation ladder. Some people in the community have the ability to build improved once and therefore disseminating such information once will be quite effective for them*” In his opinion the reason most people hadn’t integrated the two from the beginning was because the process of SanMark had not been well defined at the time of starting to implement CLTS. “*The integration is very possible when CLTS includes Sanitation Marketing. For example, if the CLTS training is for five days, just add three more days for Sanitation Marketing for the same team. These will enable them to approach CLTS having SanMark in mind.*” Mr Fwamba says.

Politics can also help sanitation grow, not only at the policy formulation level but also at the action point. CLTS guided that there is no subsidy but from his experience with Busia County, Mr. Fwamba concludes that subsidy is not wrong. Involving the politicians in SanMark for example the Member of County Assembly has worked out for Busia whereby they buy cement for the communities through the use of Community Development Fund.

So far, in Samia sub-county, there are about 600 improved latrines and the area has the target of being the first Sub-county to achieve 100% improved sanitation status.

The numerous achievements by the county have all been achieved through a great collaboration with the government, chiefs and sub-chiefs.



Sanitation improvement promotion aid for CHVs and artisans

Challenges

Despite the achievements, some challenges have been experienced. High poverty levels in the area, further worsened by drought early this year slowed down the activities of Sanitation Marketing as one could not build improved toilets yet they lacked the basics. In areas like Funyala Sub County, slabs and demonstration sites were also unavailable.

According to Joab a CHV from in Buri ward, so far 7 households have been encouraged to build improved latrines including one which is pour flush connected to a septic tank. The challenge he faces is sometimes he visits homesteads and finds women only. When he speaks to the women who commit to make some adjustments to their latrines, men come in the evening and destroy the toilets arguing that they were not involved in making such decision.

Conclusion

In conclusion, integrating SanMark to CLTS has been hugely successful in Busia in enabling people scale up the sanitation ladder and access acceptable levels of sanitation which also happens to be a right for the Kenyan people.

In terms of integration. The community and public health team feel that it would have been better to integrate CLTS and SanMark during triggering though they have integrated them sequentially. Different elements such as partnerships, financing, smart subsidy and incentives to public health teams have all been considered in Busia.