Testing CLTS Approaches for Scalability

Plan

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Community-led Total Sanitation in Kenya Findings from a Situational Assessment

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Purpose

This research summary shares key findings from a situational assessment of community-led total sanitation (CLTS) in Kenya. It characterizes the CLTS implementation context, providing a baseline reference for policymakers and practitioners tracking CLTS progress.

The assessment was carried out in 2012 by The Water Institute at the University of North Carolina at Chapel Hill, in collaboration with Plan International Kenya, as part of the Plan International USA research project, *Testing CLTS Approaches for Scalability*.

Methods

The assessment is based on interviews with 31 government and non-government stakeholders in Nairobi, Homa Bay District, and Kilifi District, as well as reviews of 75 policy documents, action plans, guidelines, and monitoring reports.

Finding 1: Kenya has clear policies and institutional support mechanisms for CLTS.

Kenya has established clear policies and strategies to guide sanitation and hygiene. The National Health Sector Strategic Plan and Environmental Sanitation and Hygiene

Key Findings

Ndhiwa District Commissioner's Office in Kenya
Photo by Jonny Crocker

1. **Kenya has clear policies and institutional support mechanisms for CLTS.** This infrastructure provides leadership and guidance for implementation.
2. **CLTS is implemented primarily by non-government actors.** Although local government is a key actor in CLTS, it lacks resources to fully carry "out its mandate. As a result, international and local non-governmental organizations (NGOs) play an important role in supplementing local government capacity with training, implementation, and financial support.
3. **Districts in Kenya conduct CLTS monitoring but data are not consistently reported and project costs are not tracked.** Independent open defecation-free (ODF) certification may improve tracking of results.

Facts on CLTS in Kenya

- CLTS was introduced in 2007 by Plan International Kenya staff.
- In 2012, 1,400 communities reported ODF status, and a full district was verified to be ODF.
- As of 2012, 13% of Kenyans practiced open defecation compared to 19% in 1990 (JMP 2014).

Policy emphasize interagency coordination as well as participatory and community-based interventions.

In 2011, the Ministry of Public Health and Sanitation (MOPHS) established CLTS as the national rural sanitation strategy and defined a national target to reduce open defecation, which would provide a means of measuring progress. Initially progress was slow, but efforts gained momentum in 2012 with the signing of the *Panafric Declaration*.

The MOPHS also established practical institutional support mechanisms for CLTS that provide leadership and guidance for implementation. These mechanisms include the quarterly Interagency Coordinating Council, which focuses regularly on CLTS and invites presentations from CLTS stakeholders. Other support mechanisms include a manual for training of trainers and guidelines for ODF verification developed based on the experience of other stakeholders.

Finding 2: CLTS is implemented primarily by non-government actors.

Under Kenya's decentralized system of government and service delivery, CLTS is implemented through public health officers at the district and local levels, in collaboration with their counterparts in the Ministry of Education, Ministry of Finance, and Ministry of Water and Irrigation.

However, local government capacity is limited by a lack of personnel and funding, despite support from national government and other stakeholders. In some districts, a public health officer (PHO) is responsible for monitoring and follow-up with more than 20,000 people. Furthermore, local government has few trained facilitators and lacks resources for regular transport to the field. Many PHOs do not have a vehicle or sufficient fuel budget to conduct frequent follow-up, which is generally considered necessary for effective CLTS.

District teams thus oversee CLTS planning, management, and monitoring by working closely with a number of international and local NGOs that lead CLTS implementation. The districts we visited for this assessment reported that they organize quarterly meetings to coordinate CLTS stakeholders involved in implementation.

NGOs support local government with training, implementation, and financial support, which boosts capacity but may unintentionally lead to dependence on these organizations if the process bypasses official channels or continues over the longer term.

Roles and responsibilities at various stages of CLTS are shown in the diagram on page 3.

New Constitution in Kenya

Kenyan voters approved a new constitution in 2010 which took effect in 2013, eliminating provincial and district levels of government and devolving powers to newly-created counties and sub-counties. Sub-county CLTS management functions are very similar to those of districts. In addition, national authorities were consolidated into a single "Ministry of Health". Our assessment took place prior to the changes, so this note refers to 'districts' and the former Ministry of Public Health and Sanitation.

Finding 3: Districts in Kenya conduct CLTS monitoring but data are not consistently reported and costs are not tracked.

CLTS monitoring in Kenya consists of household follow-up and outcome verification.

Follow-up activities, carried out by community health workers, involve monitoring progress toward latrine construction, collecting sanitation, hygiene, and CLTS indicators (e.g. villages triggered and ODF status), and reporting data on a quarterly basis.

Some districts have standardized indicators and tools for data collection, which suggests systematic mechanisms are in place. However, this process is not consistently implemented and reports do not always reach national authorities, where there is no apparent central monitoring system. Further, many programs do not track spending, making it challenging to understand cost-effectiveness and support improved program efficiency.

Verification is a key CLTS indicator that involves official certification of villages as ODF. As of 2012, there was a backlog of villages awaiting certification. However, the MOPHS hired a third-party certifier to address this issue.

Due to the absence of national data, we aggregated stakeholder-reported CLTS outcomes. Between 2007 and 2012, the stakeholders we interviewed trained a total of 3,800 facilitators and natural leaders, triggered 5,000 communities, and contributed to 1,400 communities reporting ODF.

Institutional Arrangements for CLTS in Kenya

Planning

Policy, Strategy, Guidance

National Government: Ministries of Public Health and Sanitation, Water and Irrigation, Education

Multilateral Donors and International NGOs

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Financing

National Government: Ministry of Finance

Multilaterals, International NGOs

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Training Facilitators

National Government: Ministry of Public Health and Sanitation

Multilaterals, International and Local NGOs

Facilitation

Triggering

Local and International NGOs

District Government: Public Health Officers

Divisional Government: Public Health Technicians

Community Level: Community Health Extension Workers

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Post-Triggering Follow-up

Divisional Government: Public Health Technicians

Community Level: Community Health Extension Workers, Community Health Workers, Committees

Monitoring

Verification

District Government: Public Health Officers

Divisional Government: Public Health Technicians

↓

Certification

District Government: District Water, Sanitation, and Hygiene Team

Kenya Water for Health Organization

These institutional arrangements reflect CLTS roles and responsibilities as observed in practice and as outlined in policy and guidelines. The diagram does not represent the relationship among institutions and actors, nor suggest these arrangements are consistently applied, as the extent to which institutions and actors carry out their roles depends upon available resources and the context of a specific project.

Children at Handwashing Station
Photo by Plan International USA

Testing CLTS Approaches for Scalability Project Summary

This research summary was issued as part of the *Testing CLTS Approaches for Scalability* project, which evaluates whether capacity-strengthening of local actors enhances their influence on CLTS outcomes. The term 'local actors' refers to Natural Leaders in Ghana, teachers in Ethiopia, and local government staff in Kenya. The project centers on four research questions:

1. **In what context do local actors work?**
2. **What is the role of local actors?**
3. **What is the cost of involving local actors?**
4. **How do local actors influence results?**

Learn more on our project website
http://waterinstitute.unc.edu/clts

Limitations

There are three main limitations to this assessment. First, the range of stakeholders interviewed was not exhaustive—we were not able to meet national-level MOPHS officials nor two leading NGOs in the sector. Second, the aggregated stakeholder outcomes are only a proxy for national data. Finally, we conducted the assessment in 2012 and subsequent constitutional reform may have affected the findings.

Implications for CLTS

As the primary actors tasked with overseeing implementation of CLTS, local government staff can significantly influence its success. However, the substantial responsibility they hold requires additional capacity strengthening, external support, and mechanisms for ensuring consistent and effective coordination between local government staff and the NGOs that support them.

We aim for this research to not only advance knowledge of the national and local CLTS context in Kenya, but also highlight the need for policies and programs that support inter-sector coordination and allow governments to progressively build their implementation capacity at the local scale.

References

WHO & UNICEF Joint Monitoring Programme (JMP). (2014). *Progress on Drinking Water and Sanitation: 2014 Update.* World Health Organization: Geneva, Switzerland.

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