



Strengthening the Handwashing Component in Community-Led Total Sanitation during the COVID-19 Pandemic: Lessons Learned from Kenya

SUMMARY

- In 2020, two in five Kenyans did not have a place in their homes to wash their hands with water and soap (JMP, 2021). The lack of basic handwashing facilities put these households at risk of contracting WASH-related diseases and COVID-19.
- In response to these issues, UNICEF and the Ministry of Health have strengthened the handwashing component in pre-existing community-led total sanitation (CLTS) programmes in Baringo, Homa Bay, Kilifi, Kwale, Marsabit, Narok, Samburu, Turkana and West Pokot counties.
- Since the COVID-19 pandemic, the number of people using handwashing facilities has steadily increased. 2.6 million people were educated on sanitation and hygiene practices, including handwashing with soap.
- Supporting local innovation in sanitation and hygiene is critical to ensuring that handwashing facilities can be accessible and sustainable in communities.
- Local radio stations, community leaders, sanitation champions and children have been identified as key drivers of change in their communities. These actors were found to play an important role in raising awareness about sanitation and hygiene.
- While significant improvements in handwashing uptake have been seen in Baringo, Homa Bay, Kilifi, Kwale, Marsabit, Narok, Samburu, Turkana and West Pokot counties, challenges remain.

Introduction

The COVID-19 pandemic is a stark reminder of the importance of good hand hygiene to prevent the spread of disease. In 2020, roughly two in five Kenyans did not have a place in their homes to wash their hands with water and soap (JMP, 2021). The availability of handwashing facilities is also disproportionately lower in rural areas in comparison to urban areas. Since 2015, basic handwashing coverage in Kenya among urban households has been at least twice as high as coverage among rural households (KIHBS, 2015/16; JMP, 2019). Those who lack access to water and soap are among the most vulnerable: children and families living in informal settlements, migrants and refugees in camps, and people residing in conflict zones. This puts an estimated 37 million Kenyans at increased risk of catching COVID-19 and other diseases simply because they lack basic handwashing facilities. Therefore, universal access to hand hygiene must become a reality for everyone, in all settings, to reduce the spread of COVID-19 and better prepare for future disease outbreaks.

To address these issues, UNICEF, in collaboration with the Ministry of Health in Kenya, has strengthened the handwashing component in pre-existing community-led total sanitation (CLTS) programmes in Garissa, Homa Bay, Kilifi, Migori, Narok and West Pokot counties. In Kenya, the current CLTS Protocol heavily emphasizes sanitation and makes little reference to handwashing other than the physical presence of a handwashing station. Through the development of the National Guidelines for County ODF Communication Planning in 2014 and the county level ODF Kenya 2020 Campaign Action Plans, the Ministry of Health found that there is a need to integrate Strategic Behaviour and Social Change Communication to effectively sustain handwashing behaviour change in Kenya. The guide is anchored in the Socio-Ecological Model, which regards behaviour as a result of the knowledge, values, and attitudes at the individual, interpersonal, community, organisational and

policy levels. The COVID-19 pandemic that hit Kenya in May 2020 further exacerbated the need for increased handwashing messaging in Kenya. For these reasons, the handwashing component in CLTS was strengthened in 2021 by incorporating more education on hand hygiene during regular CLTS household visits. More specifically, radio campaigns, advocacy, social mobilisation, interpersonal communication and community engagement were used to disseminate key messages on handwashing to help sustain behaviour change practices in Baringo, Homa Bay, Kilifi, Kwale, Marsabit, Narok, Samburu, Turkana and West Pokot counties. County public health officers from the respective counties were engaged to facilitate community-based activities. This meant that each county used a different approach to implement their activities and conform to their local contexts.

Outcomes

- 2.6 million people were educated on sanitation and hygiene practices, including handwashing with soap through CLTS household visits. Another 3.6 million people were reached through radio messages.
- Since the COVID-19 pandemic, households have had more than one handwashing facility: one near the latrine and another at the entry of the compound.
- Communities have become more receptive to handwashing messages since the COVID-19 pandemic began. This is mainly because individuals understand the importance of handwashing to prevent the spread of COVID-19. The importance of handwashing after using the toilet was less understood as the impact was less intuitive.
- After routine CLTS follow-up visits, Community Health Volunteers (CHVs) reported that people washed their hands more frequently since the COVID-19 pandemic. CHVs observed that individuals

paid more attention to the correct amount of time, and steps to follow when washing their hands.

- CHVs also reported that communities have created innovative solutions to handwashing stations.

BOX 1.

QUOTE FROM THE FIELD

“Earlier on, it was difficult to get a single handwashing facility in a household. Currently there are more than one: one at the entry and near the facility”

Abigael Rono, WASH Coordinator, Narok County

BOX 2.

QUOTE FROM THE FIELD

“During follow-ups, it was observed that communities have become innovative, some people have come up with innovative ways of constructing handwashing facilities. Such innovations are important and have been documented. Some tippy taps have been modified.”

Duncan Arunda CPHO, Migori

Figure 1: A young boy follows instructions as he is shown how to wash hands properly at a water station in Kenya, to prevent the spread of COVID-19.



Challenges

- Sanitation and hygiene programmes were negatively impacted by necessary COVID-19 Ministry of Health directives on physical distancing. These directives prevented mass gatherings, and therefore, limited

awareness-raising activities. Radio talk shows were an important tool to disseminate handwashing messages to minimize household visits.

- Handwashing facilities created by individual households as a response to the pandemic were not always constructed with longevity in mind. Some handwashing stations used materials that were neither strong nor durable.
- During the pandemic, some partners provided handwashing stations and soap to households, which led to some household dependence on the government and development partners for these items.

Figure 2: UNICEF is working with the Ministry of Health to help keep essential hand hygiene services going during the COVID-19 pandemic.



Lessons Learned

- Leaders and sanitation champions were identified as key drivers in handwashing campaigns, these included new and existing champions in the sanitation and hygiene space. These individuals were instrumental in promoting community behaviour change because they acted as role models.
- Supporting local innovation in sanitation and hygiene is critical to ensuring handwashing facilities can be accessible, sustainable, and accepted in communities during a pandemic when many households had diminished incomes. For example, in Narok County, an electrician created an

- automatic handwashing station using recycled television remote controls and repurposed solar panels. The prototype has been marketed to communities during sanitation and hygiene events such as World Toilet Day and Global Handwashing Day. Local innovations help build markets for sanitation goods and services.
- Assigning roles and responsibilities to individuals in the household increases ownership. As a result, household members are actively participating in creating sustainable hygiene practices. In Migori, roles and responsibilities were assigned to each member of the household. The role of constructing latrines was given to the household head, while maintenance and cleaning were tasked to mothers, and construction of the handwashing facilities and their maintenance was tasked to the children.
- Children were identified as key drivers of change in their community. Children have been found to play several roles in promoting sanitation and hygiene, including awareness-raising, disseminating information, and influencing their parents and peers to use handwashing facilities. For example, in some counties, school children created health clubs in schools to educate their fellow peers on proper handwashing and the construction of handwashing facilities. They proved to be indispensable agents of change as the uptake of handwashing in both schools and households improved. During the pandemic, most children were at home and continued to play an important role in handwashing activities. In the households, children would undertake the construction of the handwashing facilities and replenish water daily unlike earlier, when vandalism of the facilities was a norm with children using the materials for play.

- Local radio stations played a pivotal role in disseminating key handwashing messages through specials and talk shows involving public health officers, and sanitation and hygiene champions. A population of 3.6 million people was reached through the media while 2.6 million people including the beneficiaries of CLTS received sanitation and hygiene messages with COVID-19 related messaging.

Conclusion

While significant improvements in handwashing uptake have been seen in Baringo, Homa Bay, Kilifi, Kwale, Marsabit, Narok, Samburu, Turkana and West Pokot counties, challenges remain. Ongoing investment in sanitation services by households, communities and governments is necessary to shift community behaviour so that proper and consistent handwashing becomes the new norm. To achieve this, county governments must take the lead through the creation of clear handwashing targets, financial commitments and building the capacity of staff with the tools and knowledge they need to conduct continuous oversight. County governments should also help mobilize communities and build markets for sanitation and hygiene goods and services by making them accessible and affordable. By improving behaviour, facilities and services, children and adults are provided with the kind of environments they need to fight disease and stay healthy.

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