



Implementing Community-Led Total Sanitation (CLTS) during the COVID-19 Pandemic: Lessons Learned from Kenya

SUMMARY

Sanitation and hand hygiene are critical for disease prevention. Yet in Kenya national estimates find that two in five people in Kenya lack soap and water at home (WHO/UNICEF JMP, 2021). In addition, 9 per cent of the Kenyan population still practice open defecation (ibid.). In response to the sanitation and hygiene crisis, UNICEF partnered with the Ministry of Health, the Ministry of Water, Sanitation and Irrigation, county governments, Peace Winds Japan and LIXIL to accelerate the elimination of open defecation and facilitate access to basic sanitation in communities and schools under the Sanitation for Universal Health Coverage (S-UHC) Project, funded by the Government of Japan.

The COVID-19 pandemic was confirmed to have reached Kenya on 12 March 2020, a few months before the start of the S-UHC Project. The COVID-19 pandemic posed serious challenges to the implementation of the S-UHC project. Restrictions of the movement of people and public gatherings were particularly difficult to overcome given the fact that CLTS encourages extensive community participation.

Under the S-UHC project, 3,384 villages have been certified open defecation free (ODF) in nine focus counties, resulting in 761,400 more people living in ODF communities. Furthermore, 2,632,194 people received COVID-19 prevention messages including the beneficiaries of CLTS activities.

UNICEF is reminded that sanitation approaches including CLTS need to be adaptive. In Kenya, the S-UHC project was successfully implemented despite the COVID-19 pandemic through various adaptations including limiting in-person meetings, where possible, and protecting frontline workers through PPE equipment and social distancing measures. In addition, radio stations played a pivotal role in disseminating key sanitation and hygiene messages to a large audience.

Introduction

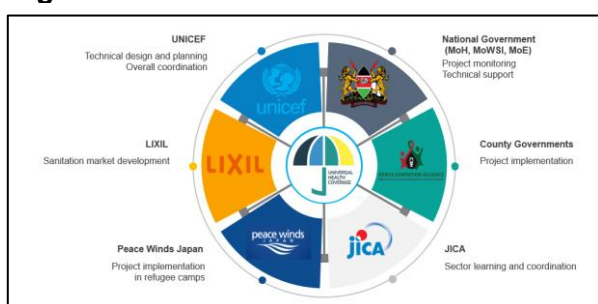
Sanitation and hand hygiene are critical for disease prevention. Yet national estimates find that two in five people in Kenya lack soap and water at home (WHO/UNICEF JMP, 2021). In addition, 9 per cent of the Kenyan population still

practice open defecation (ibid.). Adequate water, sanitation, and hygiene services for households, schools and healthcare facilities are among the most important measures to prevent the spread of infectious diseases, including COVID-19.

Therefore, preventive health interventions are critical to ensure that universal health coverage is implemented in an effective and efficient manner.

In pursuit of universal health coverage, UNICEF has partnered with the Ministry of Health, the Ministry of Water, Sanitation and Irrigation, county governments, Peace Winds Japan and LIXIL with funding from the Government of Japan to accelerate the elimination of open defecation and facilitate access to basic sanitation in communities and schools. These partners were intentionally chosen to bring complementary expertise to the project (Figure 1). The Sanitation

Figure 1: S-UHC Partners



for Universal Health Coverage (S-UHC) project has five main outcomes detailed below (Figure 2).

The project targets 12 counties in Kenya. These counties are Baringo, Homa Bay, Kilifi, Kitui, Kwale, Marsabit, Migori, Narok, Samburu, Siaya, Turkana and West Pokot. The project ultimately aims to help achieve the core principle of the Kenya Vision 2030 and UN 2030 Agenda; that is, the realization of a society where 'no one is left behind'. The project timeline was from 28 May 2020 to 30 November 2021 and the total contribution for the project was US\$10,092,736.

The COVID-19 pandemic was confirmed to have reached Kenya on 12 March 2020, a few months before the start of the S-UHC Project. In response to the pandemic, the Ministry of Health imposed restrictions on the movement of people movements and public gatherings. Restrictions on inter-county movement, curfews and lockdowns in Nairobi and other cities affected staff movement including programme monitoring. Moreover, social distancing requirements caused the suspension of some programme activities, including community

Figure 2: Overview of the S-UHC Project

Sanitation for Universal Health Care (S-UHC) Project					
Supporting Kenya to achieve universal health coverage by accelerating the elimination of open defecation and facilitating access to basic sanitation in communities and schools					
	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5
	Accelerate elimination of open defecation through community-led total sanitation (CLTS)	Accelerate access to basic sanitation through market-based sanitation (MBS)	Improve access to water services and gender-sensitive sanitation facilities in 110 schools	Enabling environment	Coordination, learning and knowledge management
Key Results	<ul style="list-style-type: none"> 3,384 villages ODF-certified (64% of the target), representing 761,400 additional people living in ODF communities 3 counties (100% of the target) develop their costed ODF roadmap 	<ul style="list-style-type: none"> 293,303 people (59% of the target) gained access to basic sanitation facilities in Kitui, Siaya, and Migori 226 youth (113% of the target) develop sustainable sanitation businesses in selected counties 17,827 SATO products (45% of the target) bought, installed and in-use 	<ul style="list-style-type: none"> 127 schools (115% of the target) with access to basic WASH services including hygiene promotion 1,397 (against a target of 900) SATO products installed and in-use 	<ul style="list-style-type: none"> 10,244 MoH staff trained on CLTS and MBS Launch of the Kenya Sanitation Alliance (KSA) 48 sanitation profiles disseminated for use as a resource mobilization tool 	<ul style="list-style-type: none"> 1 annual sanitation forum at the national and county level 9 sanitation hubs established for better coordination at the county level 1 operational research on behavioural change in displaced communities

constructions and training. The pandemic particularly impacted the CLTS component (outcome 1) of the S-UHC project given the fact that CLTS encourages extensive community participation.

In research on sanitation programming, the continuity of sanitation activities during a pandemic has been rarely considered. To respond to this gap, this field note shares the knowledge and experience of ways the S-UHC project has changed and adapted.

Outcomes

The following outcomes are the key results achieved under the CLTS component (outcome 1) of the S-UHC project:

- At the national level, 3,384 villages were ODF-certified (64% of the target), representing 761,400 additional people living in ODF communities (51% of the target).
- 2,632,194 people received COVID-19 prevention messages including the beneficiaries of CLTS activities.
- 3 ODF Roadmaps finalized and endorsed by the county leadership (100% of the target).
- UNICEF supported the training of 8,092 county MoH staff and CHVs on CLTS facilitation, including strengthened handwashing messages in these counties.
- Basic protective equipment such as masks, hand sanitizers and soap were provided to 10,598 frontline health workers who supported the implementation.

Challenges

- Given the nature of the COVID-19 pandemic, issues emerged around the safety of sanitation frontline workers.
- Sanitation and hygiene programmes were negatively impacted by Ministry of Health directives on social distancing. These directives preventing mass gatherings inhibited awareness-raising activities.

- COVID-19 restrictions on gatherings and meetings delayed the launch of the project and delayed the implementation of activities under the S-UHC project.

Figure 1: County health worker coordinates the release of the first consignment of UNICEF-supplied soap



Lessons Learned

- Virtual meetings created less reliance on physical presence which enabled stakeholder meetings to continue. However, virtual meetings cannot be a full substitute for in-person community work. Virtual meetings also pose a challenge to county officials who have limited access to telecommunication.
- UNICEF is reminded that sanitation approaches including CLTS need to be adaptive. Programmes should remain dynamic and adjust to evolving circumstances. For example, CHVs reduced the number of people from the community joining triggering and celebration activities in order to limit foot traffic. CHVs also made sure to maintain social distancing while carrying out their routine household visits.
- Sanitation programming can continue in the midst of a pandemic provided that frontline workers are protected. For this reason, personal protective equipment such as masks and hand sanitizers were important in ensuring the safety of frontline sanitation workers and enabled field work to continue.

- Given restrictions on mass-gatherings for awareness raising activities, radio stations played a pivotal role in disseminating key sanitation and hygiene messages.

Conclusion

The COVID-19 pandemic had serious implications on the implementation of the S-UHC Project. Restrictions on the movement of people and public gatherings were particularly difficult to overcome given the fact that CLTS encourages extensive community participation. The COVID-19 pandemic also posed a serious risk to the safety of frontline workers (i.e. CHVs). Despite the challenges posed by the COVID-19 public health emergency, significant gains were made in achieving sanitation and hygiene targets in Kenya. Under the S-UHC Project, 3,384 villages have been certified open defecation free (ODF) in nine focus counties, resulting in 761,400 more people living in ODF communities. Furthermore, 2,632,194 people received COVID-19 prevention messages including the beneficiaries of CLTS activities. These achievements were made possible by various adaptations including limiting in-person meetings where possible and protecting frontline workers through PPE equipment and social distancing measures. In addition, radio stations played a pivotal role in disseminating key sanitation and hygiene messages to a large audience. As a result, the S-UHC Project has proved that sanitation programming can continue even in the midst of a pandemic.

Reference

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(Accessed: 5 November 2021)

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