



# PROJECT BRIEF: WASHplus Kenya Program



Community health workers review WASH-HIV integration counseling cards.

The WASHplus project in Kenya supports the Ministry of Health and its partners to integrate improved water, sanitation, and hygiene (WASH) practices into HIV policies and activities. The project works closely with communities, encouraging households to identify small doable actions they can take to improve health and prevent diarrhea. The small doable actions include treating and storing drinking water safely, washing hands with soap at critical times, increasing use of latrines, and managing menstrual hygiene to prevent HIV transmission. The program works with the Ministry of Health, the National AIDS and STI Control Program, the Division of Community Health Services, the APHIAplus projects and partners, and Centers for Disease Control and Prevention (CDC) partners.

Two components of the WASHplus program—integrating WASH into HIV and advancing improved sanitation uptake—work together to improve WASH practices of communities, families, and individuals with a special focus on vulnerable communities.

# 1. Integrating WASH into HIV Interventions

The WASHplus program in Kenya works as a national mechanism. It does not directly implement field activities but provides technical assistance to government and NGOs to integrate improved WASH practices into HIV policies and interventions in Kenya.

The project supports integration of WASH activities into the Community Strategy using a small doable action approach. The approach enables households to identify feasible actions they can take to improve health and prevent diarrhea. These actions include treating and storing drinking water safely, washing hands with soap at critical times, and increasing use of latrines. Another area of focus is menstrual hygiene management to prevent HIV transmission.

Implementers of WASH-HIV integration encourage households to take this incremental approach to move closer to ideal practices. Project activities include supporting or developing alternative sanitation options for people who are too weak to use a latrine.

## 2. Advancing Improved Sanitation Uptake

WASHplus promotes behavior change to improve sanitation uptake. Working through the government's commitment to community led-total sanitation, WASHplus is developing a "plus" component that promotes hand washing with soap and inclusive sanitation. Specific activities focus on implementing a CLTS+ component in targeted districts and identifying and testing approaches to encourage households to adopt an improved latrine at the outset.

WASHplus, in consultation with other partners, is providing support to the government to identify the most effective sanitation marketing options and promising practices that can be developed and replicated across the country. Working with other stakeholders, WASHplus is exploring approaches to improve the uptake of quality latrines, based on the government's current minimum standard of latrines.

#### **Key WASHplus Accomplishments**

- Developed WASH-HIV integration manuals and job aids for community health workers
- Sensitized and trained government and NGO actors at policy and implementation levels in all provinces
- Trained 580 facilitators from the Ministry of Health (MOH) and NGOs, including APHIAplus program and CDC implementing partners in all provinces
- Introduced WASH-HIV integration strategies and activities into government policy documents and guidelines
- Developed strong relationships with the MOH and its partners
- Continued to support national and provincial Interagency Coordinating Committees and convened national Hygiene Promotion Technical Working Group
- Promoted the small doable action concept, now accepted by government actors involved in WASH interventions
- Mainstreamed menstrual hygiene management in WASH interventions
- Conducted baseline survey to support WASH-HIV integration rollout at community level in three subcounties
- Documented and disseminated success stories on small doable actions

#### CASE STUDY: PILOTING INNOVATIONS IN COMMUNITY-LED TOTAL SANITATION

WASHplus is working with the Ministry of Health to pilot community-led total sanitation *plus* (CLTS+) interventions in Maai Mahu Division, Naivasha subcounty. CLTS+ integrates the small doable action approach into a child health platform that includes CLTS activities. The plus component also includes a more focused emphasis on hand washing with soap and inclusive sanitation (focusing on the needs of the mobility challenged such as the elderly, physically challenged, and children), which is often not adequately integrated into CLTS programs.

#### **Key Features of the Pilot:**

- *Diversity*: Addresses the needs of a diverse population that includes pastoralists (Maasai and Turkana communities), internally displaced families, stone quarry workplaces, and early childhood development learners in schools
- Natural leaders & community health workers: Uses natural leaders and community health workers as CLTS+ champions, which also ensures sustainability
- Equity and inclusion: Integrates sanitation interventions for mobility-challenged individuals
- Divisional CLTS+ stakeholders forum: Brings together representatives of different sectors and ensures ownership, monitoring, and supervision of CLTS+ activities in the division

### **Key Accomplishments So Far:**

- Open Defecation Free claims from two sub-locations
- Strong partnerships formed with local administration and MOH
- In one village, only a single household had a toilet but now all 17 have constructed latrines
- Quarry miners built latrines and formed a committee to enforce rules against open defecation
- Households have modified toilets for easy access for the elderly, disabled, or chronically ill
- Early childhood education teachers sensitized on WASH are teaching pupils about hand washing and installing tippy taps (water-saving hand washing devices)

The WASHplus program in Kenya is supported by USAID and implemented by FHI 360. The project works closely with the Ministry of Health's Department of Environmental Health, the Division of Community Health Services, and the National AIDS and STI Control program. Other in-country partners include the Ministry of Education, regional water authorities, and UNICEF. Contact: Evelyn Makena, emakena@fhi360.org

