



# washplus Kenya

## What We Did

Initially WASHplus worked with the Kenyan government to integrate improved WASH practices into HIV policies and programs. WASHplus developed a training toolkit for WASH-HIV integration endorsed by the Ministry of Health and trained government and implementing partners who then cascaded down to the community level across the country. The materials were adapted and integrated into Kenya's community health worker training curriculum. WASHplus also suggested ways to include WASH and inclusive sanitation into various policies. Later the project added a component to help the government advance sanitation uptake by generating demand for sanitation; this included introducing simple supportive technologies to vulnerable households and focusing on equity and inclusion—actions that became incorporated into the government's community-led total sanitation (CLTS) strategy. Working with the Ministry of Health and USAID-funded health projects, WASHplus's rural sanitation pilot program increased sanitation uptake through the government-led CLTS program. Triggering and increasing awareness of the need for sanitation facilities through WASHplus's CLTS+ approach spurred the uptake of improved sanitation at the outset. The project, with other partners, developed a booklet of latrine options, including latrine pits, slabs, and superstructures appropriate to local conditions.

## Why It Matters



Vulnerable populations such as children, the elderly, weak, and mobility challenged gained life-changing supportive devices such as commodes, support bars, and guiding ropes—made of locally available materials—in their homes to enable independent latrine use.



A review of communities in Rongo subcounty indicated that some villages that had participated in WASHplus's programs experienced zero cases of cholera during the January 2015 outbreak.



Over 8,000 community health workers in charge of at least 400 community units were oriented on integration and inclusive sanitation, and more than 1.6 million Kenyans were reached with inclusive sanitation messages. Trained CLTS+ implementers reached approximately 100 villages in the three pilot sites.



Government policy documents and guidelines now contain inclusive WASH strategies and many are based on activities that WASHplus introduced.

## Preliminary Key Results

- Open defecation declined significantly in intervention areas.
- Members of an HIV+ support group are significantly less likely to be open defecators in the intervention area.
- An increase in functional handwashing devices was observed in both intervention and control areas. Fixed handwashing devices and observed handwashing near the toilet both increased in the intervention area. However, handwashing is a practice that still needs greater attention.



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