

Towards equity and inclusion in sanitation and hygiene

The community-led total sanitation (CLTS) approach ensures the participation of communities in finding solutions to poor sanitation. However, it does not guarantee equity and inclusion. Often the needs of some individuals with unique needs due to illness, disability or age are not addressed.



"These days when I go to the toilet I don't fear falling down, since there is a string to support me... If I find someone else with a problem similar to mine I will inform them also about the innovation" he says boldly.

Paul Mwaura, amputee

Equity requires that programs recognize that people are different and require specific support and measures to overcome the specific barriers that prevent them from adopting safe sanitation and hygiene practices.

Inclusion means that different categories of people are able to access and use safe sanitation facilities. These categories of people include those who cannot use standard designs, for example, children, older people, pregnant women, people with disabilities or those living with HIV or other chronic illnesses.

In Kenya, USAID's WASHplus program is piloting an equity-focused approach that addresses the needs of mobility challenged individuals within a CLTS program. The all-inclusive approach, called CLTS+, is being implemented in Maai Mahiu Division of Naivasha Sub-County in Nakuru County.

Besides the standard CLTS process, measures have been put in place to ensure access to sanitation for people with disability, older people and those living with HIV or other chronic illnesses.

Strategies

- A supplementary tool that captures data on mobility challenged individuals is used alongside the Ministry of Health's (MOH) Form A to collect baseline information during CLTS household registration.

- Ministry of Health implementing officers, natural leaders and community health volunteers (CHVs) are trained on inclusive sanitation.
- Natural leaders and CHVs work with households to ensure sanitation facilities are made friendly to mobility challenged individuals.
- MOH implementing officers, natural leaders and CHVs follow up to ensure that identified mobility challenged persons are using friendly sanitation facilities such as bed pans, commodes, ropes and walking sticks.
- Data on sanitation for mobility challenged persons is captured in monthly data collection.
- Selected success stories are documented to inspire others and for learning.



Blind Danson Mwangi walking to the latrine using the string



Results

The project has realized improvements, including reduction of faeces in the environment. Commodes, ropes, bedpans and other simple solutions have made sanitation facilities friendly to people who cannot easily move around or support themselves unaided.

- Twenty-one mobility challenged individuals were identified during household registration in Maai Mahiu division.
- All mobility challenged individuals including the blind and those physically disabled, are using the friendly facilities. Eight households are using commodes and 11 have installed ropes or poles in the toilet to support the weak while squatting. Two households are using readily available and affordable polythene bags as mackintosh.

The future: Way forward

- WASHplus project will share lessons from this pilot with the Ministry of Health for scale-up.
- The program will lobby other implementers to adopt inclusive sanitation for mobility challenged individuals.