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Ministry of Health
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REPUBLIC OF KENYA

Ministry of Health

PROTOCOL FOR IMPLEMENTING CLTS IN KENYA

January 2014

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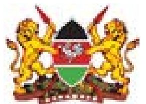

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Protocol 5: POST ODF Social Mobilization and Monitoring

Boy showing how to use a Tippy Tap outside a basic latrine

It is important that the community receives support even after certification of ODF. This is especially critical to ensure that they do not revert to open defecation. Families who are using shared toilets should be motivated to have their own toilets and any new families branching out or new house constructed or any additional population settling in, should also conform to the open defection free status.

Families may like to upgrade the toilet facility to JMP standard/Kenya standard; from basic toilet[1] to improved toilet as applicable supported by appropriate supply chain. These may require handholding support, mobilization and behaviour change communication. Community Health Strategy is also being implemented in various sub-Counties. The community units provide a platform for community interaction and promoting hygiene practices.

The above mentioned objectives could be supported through following activities:

- ODF Community should develop a post ODF sustainability plan as part of Certification requirement (to be developed between verification and certification)
- Follow up to ensure that the supply chain is strengthened in the area where triggering has been completed and it complements the community level commitment. The operationalization of supply chain is established such that it is not too long and expensive.
- Monitor villages achieving post ODF indicators. This could be done through the network of Community Health Workers and may be linked to Health Management Information System (HMIS).
- Reorientation / retraining of health workers to support the community in post ODF stage and motivate them to adopt total sanitation.(Referprotocol4.3)
- Promote appropriate disposal system of solid and liquid waste
- Establish linkage with community initiative including those by other sectors such as Community Health Strategy. The solid waste disposal could be linked to composting for improved agriculture or small farming. Community Dialogue process may be used for monitoring post ODF sustainability. Counties could be motivated to assign periodic Sanitation Days across the county for turning improved sanitation into a way of life and develop performance contracts that include the sustainability aspects of ODF.

1 Basic toilet is defined as a toilet which does not facilitate faecal-oral transmission and has following features: i)The squat hole should be covered ii)The floor should be free of faeces and Urine and iii)Super structure that provides privacy

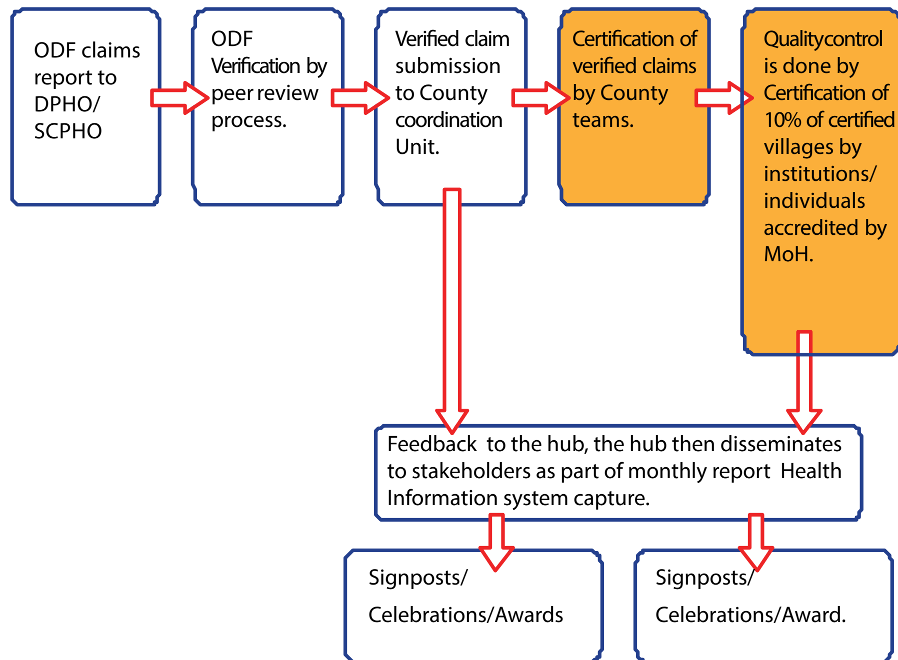
A flow chart of work process for certification process is provided in the figure 2 below

RECOGNITION (at local level/Regional level/ National level)

- Public celebration with local and outside guests
- Billboards, flags
- Involve media– TV, radio and newspaper
- Certificates to be issued during celebration

Implementing NGOs and individuals including community leaders who have contributed to the ODF should be duly recognized through community felicitation. The recognition may be in form of certificates/memento etc. *Recognition should not involve cash award.*

Figure 2: Work flow Process Certification



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Acronyms

CBOs	Community based Organisations
CCU/TheHub	The National CLTS Coordination Unit
CEC	Community Education Committee
CSOs	Civil Society Organisations
CHEW	Community Health Extension Worker
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
DPHO	District Public Health Officer
FBOs	Faith Based Organisations
HMIS	Health Management Information System
INGO	International Non-Governmental Organization
JMP	Joint Monitoring Programme(WHO/UNICEF)
MoH	Ministry of Heath
MDG	Millennium Development Goals
NGOs	Non-Governmental Organization
OD	Open Defecation
ODF	Open Defecation Free
SCPHO	Sub County Public Health Officer
UNICEF	United Nations International Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Protocol 4: ODF Third Party Certification

The reporting, verification and certification shouldbedonebyseparatebodies/agency to ensure reliability. Factors to be considered and suggestive officials and agency that could carry out the specific functions are provided below

Step 1: Community self-assessment process (ODF reporting/Claim)

The first step in the ODF certification process is an internal process of community self-assessment. A community that has been triggered and believes it has achieved ODF status according to the stipulated criteria, conducts a self-assessment which is facilitated by the Public Health Officer. Having assessed that the community complies with the ODF requirement as defined above, the community will claim for being declared ODF.

Step 2: Verification

Verificationwillbeundertakenthrougha peer review process that will be supervised by adistrict/subcountyteam. Verification should be done within one month after community self- assessment yields an ODF claim by a team of three persons drawn from i) The DPHO/SCPHO ii) Trained Natural leaders and Community leaders iii)NGO representatives working in the area.

The members from categories ii) and iii) above will be drawn out from Ward other than the areas to which they belong to, or work for. This is to avoid any conflict of interest and ensure objectivity.

Step 3: ODF certification

Certification will be carried out by a trained county level certification team constituted at the county level and not directly involved in implementation ensuring an element of objectivity. Certification should be carried out two months after verification.

Composition of county level certification team

The county certification team will be drawn fromcredibleinstitutions/organizationsi.e. NGO's, CBO's, FBO's etc. or from individuals who have demonstrated skills and expertise in CLTS. They will be identified through a shortlisting process coordinated by the Hub and trained on the 3rd party certification training will be conducted by an institution accredited by the Ministry of Health. The Hub will compile the list of organizations and individuals accredited to be county certification teams and provide this to the implementing agencies. The implementing agencies will engage the county certification teams directly.

Quality control of certification

Quality of ODF certification will be ensured by a random sample check of randomly selected

10% of the villages certified by county level teams. This exercise would be carried out by accredited independent institutions/ organizations that have previous experience in sanitation – CLTS and have capacity in ODF Certification. The certification will be notified only after the validation by quality assurance carried out as above.

Protocol 3: Definition of ODF

Stage 1: Complying for ODF Certification.

The key indicators:

Non-Negotiable

- No exposed human excreta within the community/households (this means a complete absence of exposed faecal matter that can be accessed by houseflies, whether in toilet facilities, chamber pots, surrounding bushes/shrubs or refuse dumps etc).
- All households have access to a toilet (individual or shared) which should not Facilitate faecal-oral transmission:
  - The squat hole should be covered
  - The floor should be free of faeces and urine
- Super structure that provides privacy
- All households have a handwashing facility near the latrine with soap/ash and water
- Continued use of toiletbyhousehold owner

Desirable

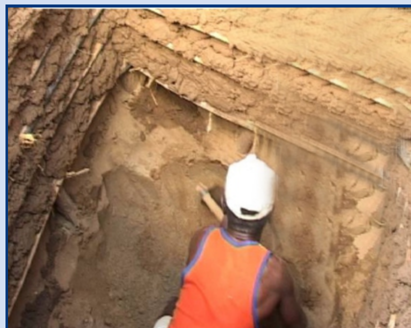
- Use of ash being put over faeces in pit after defecation (reducing contact of flies and smell) promote but do not make it mandatory

Stage 2: Post ODF:

The key indicators:

- Schools/Health centres/Public places with functionality/use of WASH facilities

  (drinking water hand washing toilet for girls)



Man digging a pit latrine.

- A system of maintenance of WASH facilities in schools in place with involvement of CEC, teachers and children.
- Safe storage/handling of drinking water and point of use water treatment (as needed)–(covered vessel with hand not dipped while taking out water)

Stage 3: A Total Sanitation environment

The key indicators:

- A system developed at community level by community to stop OD in/a round village (Formation of sanitation and hygiene committee to oversee community systems to stop OD are followed).
- Village being visibly clean(no garbage stagnant water,debris)
- Safe storage/handling of food(freefrom flies)
- Personal hygiene

Message from the Cabinet Secretary for Health

I am happy to be part of this succinct Community led Total Sanitation protocol which among other things will chart a clear way forward in regards to realizing the Ministerial vision of a nation free from preventable disease and ill health.

The Ministry of Health in its efforts to fulfil its mandate as outlined in the Presidential Circular No.18 of 2008 has put in place mechanisms to guarantee every Kenyan his or her constitutional right of access to reasonable standards of sanitation as stated in Section 43(b) of the Constitution.

The Ministry has made significant strides towards scaling up its bid to control diarrhoea and other water borne diseases. To this end a national sanitation and hygiene policy has been developed to provide an enabling environment for government agencies and other key players. Further to this, an Open Defecation Free Campaign Roadmap has been developed and disseminated widely. I am pleased to note that this protocol is very well aligned to the policy and the ODF Roadmap and it is my sincere believe that the three documents will guide the process towards attainment of our national goals in the vision 2030 blue print.

Since the inception of the Community Led Total Sanitation (CLTS) concept in Kenya in the year 2007 a lot of work in respect to capacity building in sixteen sub counties has been accomplished. The support of key partners namely UNICEF, SNV, WSP, Plan-Kenya, FHI 360,World Vision and AMREF just to name a few has catapulted the concept to a level where 6543 villages have been triggered, more than 1000 villages declared Open Defecation Free (ODF), two rural districts certified ODF status and 1.2 Million Kenyans reached through various sanitation messages.

I believe that using the CLTS initiative pioneered Dr Kamal Kar and scaling up sanitation supply products and services sustainably, Kenya will indeed achieve the Millennium Development Goal 7 that touches on sanitation. This protocol presents an excellent platform for all stakeholders in the hygiene and sanitation sector to work together in making our country a more habitable place.

The success of ODF Rural Kenya 2013 campaign is heavily embedded on issues around behaviour change as hardware facilitation may be available in some instances but the collective and individual buy-in is a critical entry point towards communities appreciating the health benefits of having and correctly using toilet facilities.

It is my sincere hope that if all actors in the sanitation and hygiene sector embraced this protocol, it would go a long way in harmonizing efforts and bring tangible results that would take this country to the next level of development.

Hon. James Wainaina Macharia
Cabinet Secretary for Health

Protocol 2: Key element for triggering:

Triggering is the critical element of the CLTS strategy and has a bearing on the outcome to a great extent.

Triggering Exercise

i) *Some of effective tools for triggering communities for behaviour change*

- Rapport building
- Social mapping
- Transect walk
- Shit calculation
- F diagram (may be useful to discuss hand washing, reduction of flies and smell, solid waste)
- Medical expenses and loss of time/ unproductivity
- Participatory Community action plan towards ODF
- Participatory Community monitoring

ii) *How do we know that triggering and facilitation is effective*

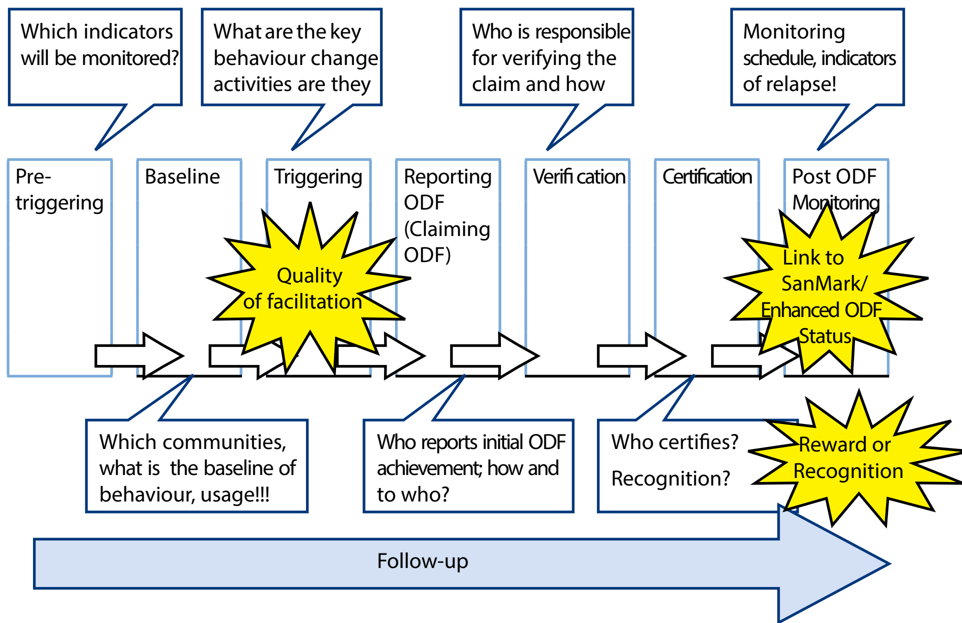
- Participation level of community members
- Participatory Community action plan is developed
- Triggered/ODF communities/villages
- Whether community still demanding subsidies
- High Level of participation of women and children
- High CLTS uptake in the prescribed period (3months)
- Emergence of:
    - natural leaders (NL)/ ambassadors
    - active ODF committee
    - community solidarity

CHAPTER 3

Protocol for CLTS

Before delving into the elements of the protocol, it is important to understand key elements and processes involved in ODF initiative through the CLTS strategy. The flow diagram indicated below illustrates critical steps in rolling out CLTS.

Figure1: Stages of CLTS implementation



Protocol 1: Pre-triggering

Community entry which involves mobilisation and setting triggering dates: (pre-triggering)

The following aspects need to be considered for an effective triggering: Who can do facilitation?

Health promoters, health staff, including CHWs and CHEWs, WASH officers, community leaders, religious leaders, women and youth leaders, persons with disability, children and other emerging facilitators from the communities.

NB: *Preferably Individuals with community mobilisation (communication/facilitation) skills and have understanding of community dynamics*

Foreword

The development of this CLTS protocol has come at a critical time when all efforts are being made to implement the ODF rural Kenya campaign roadmap by all the actors in the water, sanitation and hygiene sector. The roadmap launched by the Ministry of Health in the year 2011 has ambitious targets to be achieved namely to create an enabling environment to sustainably expand improved sanitation and hygiene practices; to support improved hygiene behaviour to achieve the use of 2.5 million latrines and hand washing facilities by 12 million people in 269 districts of rural Kenya and to support improvement in their sanitation practices to ensure they reside in open defecation free villages.

The Ministry of Health recognizes the fact that these targets cannot be achieved through efforts of one agency alone, but through the concerted efforts of all stakeholders, be they governmental, non-governmental or private sector actors. Furthermore, the communities themselves also have a major role to play in this process, as it is only through their determination and actions that Kenya will become and remain open defecation free.

With the many actors from different backgrounds, working in different parts of the country, there is a danger that this variability may result in different outcomes that will be achieved through what essentially is the same CLTS process. This protocol will therefore, provide the standards that will guide the various stakeholders on how to implement CLTS effectively.

Even though this protocol has been developed through a participatory and consultative process under the leadership of the Division of Environmental Health in the Ministry of Health, a broad spectrum of other actors also gave their inputs through their membership in the sanitation and hygiene promotion working group which was tasked with the development of this protocol. More importantly, the protocol was also validated by the Interagency Coordination Committee on water, sanitation and hygiene in Kenya before being released for use by the general public.

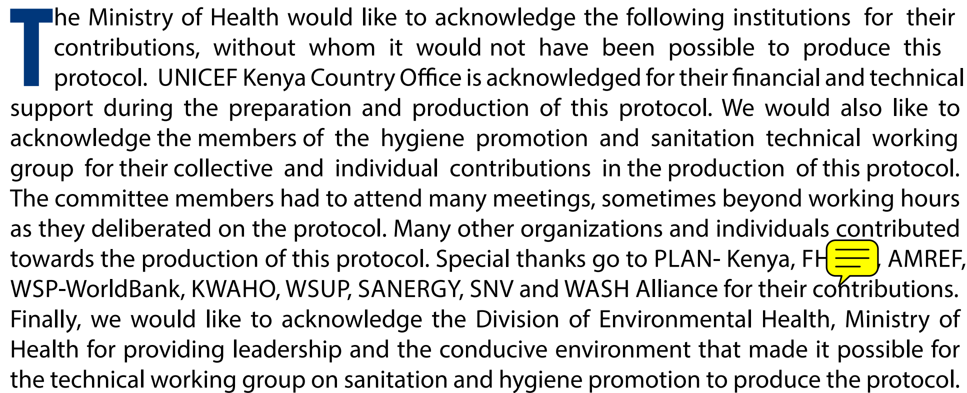
It is my belief that this protocol will be a useful reference material for CLTS practitioners, trainers, policy makers, researchers and community members as it clearly explains what is required for a community to attain ODF status and the processes and milestones to get there.

I commend the dedication of the staff of the CLTS Hub in the Ministry of Health for their efforts in the preparation of this protocol. Also the UNICEF Kenya Country Office who contributed generously towards the preparation and production of this protocol. It is our hope that this protocol will guide and strengthen our efforts to bring us closer to attaining an ODF rural Kenya. Together we can reduce the burden of disease in our country.

Kepha Ombacho, PhD, MBS

Chief Public Health Officer

Acknowledgements



The Ministry of Health would like to acknowledge the following institutions for their contributions, without whom it would not have been possible to produce this protocol. UNICEF Kenya Country Office is acknowledged for their financial and technical support during the preparation and production of this protocol. We would also like to acknowledge the members of the hygiene promotion and sanitation technical working group for their collective and individual contributions in the production of this protocol. The committee members had to attend many meetings, sometimes beyond working hours as they deliberated on the protocol. Many other organizations and individuals contributed towards the production of this protocol. Special thanks go to PLAN- Kenya, FH[illegible], AMREF, WSP-WorldBank, KWAHO, WSUP, SANERGY, SNV and WASH Alliance for their contributions. Finally, we would like to acknowledge the Division of Environmental Health, Ministry of Health for providing leadership and the conducive environment that made it possible for the technical working group on sanitation and hygiene promotion to produce the protocol.

Ministry of Health

iv) Better understanding of triggering process

Triggering and follow up are important elements of CLTS strategy comprising various exercises leading ultimately to communities abandoning open defecation. As such, it is critical that triggering focuses on behaviour change rather than simply awareness creation and sanitation promotion. Quality of facilitation and follow up are critical elements in an at-scale CLTS program. The challenge is to initiate and support the triggering through quality facilitation and follow up which has bearing on the outcome. Based on experiences of triggering as to what has worked will provide guidance to mobilizing teams involved in triggering process and help them to self-assess if the process is going in the right direction.

v) ODF Claim,Verification, Certification and Celebration

While ODF strategy motivates the community leaders for a collective action, there are temptations of short cuts by some communities in terms of declaring their villages ODF before they are truly ODF. There is also need to clarify where and who they make their claims to and how the information is conveyed up to the DPHO. A system which has reasonable assurance to ensure the reliability of attainment of ODF status will bring credibility to the reporting mechanism and will also help in planning for further intervention. Considering that CLTS is being rolled out in all parts of the country, it is anticipated that many villages will be claiming ODF simultaneously in different parts of the country. This will require a network of verifiers and certifiers to apply uniform criteria in their mandate areas.

vi) Post ODF support

As the ODF entails a sustained behaviour change which is irreversible, ODF attainment can be seen as intermediate milestone and the community may need support post ODF period as well. It is critical that these needs are articulated and understood by implementing partners for them to plan the initiatives. It is required to have a common understanding of what this means and what it entails.

With expansion of ODF initiatives and large number of partners engaged in CLTS roll out, it becomes critical to have a protocol which would contribute to developing common understanding about the critical aspects of CLTS and the key processes entailed which in turn would ensure the quality of interventions as well as adherence to agreed standards of ODF.

Kenya has adopted the devolution of governance and sanitation and hygiene is one the services which have been devolved. With this arrangement, county governments would be implementing CLTS on their own and will be required to allocate resources and manage the programme at local level. A protocol will help in adopting a common approach and also ensuring thatminimumagreedstandardsarefollowed/ maintained.

A protocol, therefore, would clarify the issues mentioned above and bring about a common understanding of the approaches, the monitoring indicators and also the way forward after a community achieves open defecation free status.

The protocol is expected to be used by implementing partners engaged in CLTS implementation that includes NGOs/CBOs/CSOs and officials at county level and the national level. The Protocol will also provide a reference document for community level facilitators (CHW/ CHEW and natural leaders) and will be used by the ODF certifying agencies and professionals.

CHAPTER 2

Need for Protocol

CLTS has been and continues to be recognized by partners as an important strategy that can be turned into a social movement using social norm that has great potential in addressing sanitation and hygiene issues in the country. Some villages in Kenya have been triggered following formal CLTS training while others have taken particular interest and self-initiative as a result of the influence of natural leaders and other committed community members from neighboring triggered villages, to stop open defecation.

While the CLTS approach is being adopted in various parts of the world including in Kenya, there has been varying understanding on some of the issues that confronts the sustained behaviour change and adhering to quality standards that ensures the change in sanitation and hygiene practices is irreversible. Some of the issues that are commonly encountered and need to be addressed are as below:

i) Common understanding of CLTS and consistent implementation

Various stakeholders have varying understanding and perception of CLTS; rightly so, given the communities' culture, affordability and response to change. The change could be gradual and in steps and the challenge is to capture these critical milestones leading to an ODF community with clean environment and clear indicators defining them. At the same time, there is an issue of coherence in implementing the approach, complementarity and leveraging synergies between partners, assuring quality and adhering to agreed upon standards.

ii) A process for identifying communities

Though it is recognized that Kenya ODF roadmap envisages universal coverage and a vision of ODF community; it is also important that initiating community consultation from a village which provides a favorable condition may help in getting quick win that in turn will also enthuse the champions and the neighbouring villages to embrace the strategy. It is important from practicality point of view in implementing and not to create any sort of inequity as the health benefits of ODF will not accrue if ODF is not achieved covering villages one after other. This means carefully selecting communities where to begin implementing CLTS.

Some key characteristics which might lead to failure or success of triggering are noted. For example, history of subsidies for sanitation, soil formations can be a big impediment to a successful elimination of OD. Timing is also considered such that key processes related to pre-triggering and triggering are carried out when total participation and engagement with the community can be secured. Also, cultural barriers, existing practices and beliefs are assessed to form a baseline for determining success.

iii) Developing baselines

The ODF Kenya roadmap has clear targets in termsofthedistricts/subcountiesinruralKenya to be reached. The roadmap also indicates the population targeted and the interventions they will put in place at the household level to improve their hygiene and sanitation situation. What is not clear in the roadmap is the number of villages in the targeted rural areas and their OD status before the intervention. It will therefore be necessary for any partner implementing CLTS to collect baseline data on the total number of villages in the area targeted, their triggering status and post ODF status.

CHAPTER 1

Introduction

Kenya is one of the pioneer countries in this region to declare a national strategy for elimination of open defecation and developing a road map for achieving this goal through the Community Led Total Sanitation (CLTS) approach. Approximately one million new users of improved sanitation are attributable to this approach.

CLTS is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of OD and take action to become ODF (open defecation free).

CLTS is the strategy adopted by the Kenya Governments' Ministry of Health to achieve ODF in rural areas of Kenya. At the heart of CLTS lies the recognition that merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Earlier approaches to sanitation prescribed high initial standards and offered subsidies as an incentive. But this often led to uneven adoption, problems with long-term sustainability and only partial use. It also created a culture of dependence on subsidies whereas open defecation and the cycle of fecal–oral contamination continued to spread disease.

In contrast, CLTS focuses on the behavioural change needed to ensure real and sustainable improvements – investing in community mobilization instead of hardware, and shifting the focus from toilet construction for individual households to the creation of open defecation-free villages. By raising awareness that *as long as even a minority continues to defecate in the open everyone is at risk of disease.* CLTS triggers the community's desire for collective change, propels people into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

There is a well-structured national and regional coordination mechanism in Kenya for CLTS including an information/knowledge management hub to create an enabling environment for achieving the roadmap for an Open Defecation Free, Kenya. More and more implementing partners are joining this movement working at the community level in close collaboration with the Ministry of Health. Hence it becomes important to have harmonized country-wide implementation of a strategy with commonly understood elements of CLTS and also recognition of the path beyond ODF for sustained behaviour change in hygiene practices once communities have eliminated open defecation.

CLTS Triggering session