Rural Sanitation in Practice
Examples from Bank engagement

Susanna Smets, Sr. Water Supply and Sanitation Specialist
February 12, 2018 – National Sanitation Workshop - Nairobi
Sanitation problems in rural areas...and impacts on child stunting, dignity, safety for women and girls
Kenya’s rural situation: accessibility of water is a key determinant of sanitation and hygiene situation

- Only 17% has water source available on premises
- Improved sanitation facilities are almost 100% pit latrines
- Over half with a handwashing facility has no soap and/or water
What do we mean with rural? Different challenges in rural areas require different solutions

- Countywide inclusive sanitation needs to address the entire spectrum with different challenges and integrated solutions, considering:
  - Administrative mandates
  - Capacities of implementers
  - Service levels – water access
  - Access to markets
  - Social fabric

Rural is whatever is not “urban”…towns often defined above 10,000

Transition areas:
- Changes in land-use
- Employment and economic activity
- Density - growth rate
- Unclear / changing administrative arrangements
World Bank's engagement in rural sanitation through different instruments building on global lessons

- Technical Assistance:
  - Lending portfolio:
    - Investment lending and increasing use of result based financing (PforR)
    - Integration in multi-sectoral projects
  - Evolving understanding on adaptive approaches
  - Addressing institutions and hygiene services

- Enabling environment: policy, financing, monitoring
- Changing and sustaining behaviors
- Market development for sanitation products and services
- Reaching the poor and vulnerable
Enabling environment

India
Indonesia

Political will and policy development
Stakeholder mobilization
Program financing and using incentives
Monitoring for outcomes
Capacity building at scale
India’s Swachh Bharat Program…making the impossible possible?

- Launched Oct 2014 with 550 million people practicing OD
- Championed by PM Modi
- From infrastructure to outcome
- From toilet building to ODF
- Focus on verification and sustainability
- Sanitation as everyone’s business; multiple ministry involvement
- Over USD 25 billion in 5 years, consisting of
  - national funds
  - state funds
  - external aided project credits
  - NGOs and private sector
- Progress thus far: down to 300 million people practicing OD
How does the World Bank support Government of India’s Swachh Bharat Mission

**Result based financing instrument of the Bank**

**Program for Results** USD 1.475 bn

- Performance Incentive Grant to fund SBM components - transferred to States as incentives
- National program management and capacity support

**Investment Project** USD 25 m

World Bank Technical Assistance (USD 7 million):
- Demonstration and learning in three challenging states: district-wide sanitation
- Support to Ministry on verification, capacity building architecture, partnership building and evidence building
States receive grants based on results and are required to cascade 95% down to districts and villages

| States (90%) | RA1: Increased access and use of safe and functional sanitation facilities:  
| DLI1: Measured by the reduction in the prevalence of OD among rural households compared to previous year, using surveys on access, usage and safety |
| RA2: Sustaining village-wide ODF status:  
| DLI2: Measured by the population residing in ODF villages in a certain year (those that achieved ODF previous year and have sustained ODF) |
| RA3: Increased Solid and Liquid Waste Management (SLWM)  
| DLI3: Measured by the population served with acceptable level of SLWM services |

| National (10%) | RA4: Strengthened MDWS capacity in program management, behavior change, monitoring and evaluation  
| DLI4: Measured by operationalization of the performance-based incentive grant scheme and the completion of the baseline |
Verification through National Annual Rural Sanitation Surveys

- NARSS is third-party sample-based survey carried out by an Independent Verification Agent contracted by MDWS
- NARSS baseline ongoing but recent independent surveys show high usage thus far (Quality Council of India)
- ICT-enabled mobile-based outcome monitoring offers geo-tagging and visual verification for quality assurance, efficiency and speed
- Development of outcome tracker started in 2009 with a pilot!
Indonesia pathway to a national sanitation program (STBM)

- 2008 National STBM Policy
- 2009-2014 integrated as priority in National Health Strategy
- 2014 Prime Ministerial decree to make STBM national program with ODF target by 2019

Bank’s support to PAMSIMAS
Total around USD 500 million
- 10.4 million people with water supply
- 10.7 with basic and improved sanitation
- 56% of target communities ODF
- 70% of villages have handwashing campaigns and 71% are addressing WASH in school facilities
- Now developing community action plans in over 17,000 villages

Challenges:
- Capacities for decentralized implementation
- Continued MIS usage
- Reaching ODF due to challenging environments and poverty
Institutional change through a strategic match of technical assistance and lending

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<tbody>
<tr>
<td>Focus on demand only (CLTS)</td>
<td>Triggering by local facilitators</td>
<td>Consolidating MIS</td>
</tr>
<tr>
<td>Triggering by project facilitator</td>
<td>District-wide approach; multiple stakeholders</td>
<td>Intensify behavior change</td>
</tr>
<tr>
<td>Focus on project area</td>
<td>Demand, supply and enabling environment</td>
<td>Capacity building for decentralized implementation</td>
</tr>
<tr>
<td>Project loan main source of funding</td>
<td>Leveraging government and other resources</td>
<td>Market development and financing</td>
</tr>
<tr>
<td>M&amp;E was project-based</td>
<td>STBM monitoring system</td>
<td>Review zero subsidy policy to reach poorest</td>
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Technical Assistance to support policy development, pilot new approaches and integrate those within wider program support to the Government
Indonesia’s challenge of capacity building at scale through its decentralized roles

- 265,000,000 People
- 80,000 Villages
- 6,700 Sub districts (9,600 health centers)
- 502 Districts
- 34 Provinces
- Central

Set ups program, financing & operational guidelines

District benchmarking; facilitate horizontal learning

As key driver; support from district leader is crucial

Professionalize sanitarian; create sanitation entrepreneurs; support from sub-district office

Empower health cadre, natural leaders as frontline staff

50 million open defecators; 11% below poverty line
Nation-wide capacity building addressed through new approach combining pre-service and in-service training

- HR requirement for 12,000 sanitation professionals
- **Scaling-up in process:** curriculum now introduced to all health schools; practical intern period required

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**STBM Human Resources**

**Pre-Service**
- Health Polytechnic Students

  - Integration of STBM into Curriculum
    - Subject credits
    - Early involvement in local gov. programs

**In-Service**
- Civil Servants & Professionals

  - Standardization & Accreditation
    - Certificates & Credits

**STBM E-Learning for the Public**
- (5 accredited courses)
Changing and sustaining behavior change
Vietnam
India

Going beyond CLTS
Behavior change communications campaigns
Connect to product and marketing
Behavior change communication as a powerful complement to CLTS offering scale-opportunities

- Can reinforce CLTS and be used for **many behaviors**
- Uses **other motivators** as disgust, shame and collective empowerment
- Provides overarching **umbrella** for “big idea” and opportunity for consistent messaging
- Targeted messages across **multiple channels**:  
  - Mass media  
  - Interpersonal communication  
  - Events
- Strong **government leadership** in the development and scaling required to ensure usage by all partners
- Linkages with **sanitation marketing**
- Integration with **other programs** such as social cash transfer and nutrition programs
## World Bank support on rural sanitation in Vietnam

<table>
<thead>
<tr>
<th>PforR 1: Rural Water Supply and Sanitation</th>
<th>Scale</th>
<th>Amount</th>
<th>Total gov. program budget</th>
<th>Period</th>
</tr>
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<tbody>
<tr>
<td>8 provinces in Red River Delta</td>
<td>USD 200 M</td>
<td>$2.2 bn</td>
<td>2013-17</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PforR 2: Scaling up Rural Sanitation and Water Supply</th>
<th>Scale</th>
<th>Amount</th>
<th>Total gov. program budget</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Provinces Low access, high poverty and ethnicity, remote</td>
<td>USD 200 M</td>
<td>Program supported: NTP3 + successor)</td>
<td>2016-20</td>
<td></td>
</tr>
</tbody>
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<table>
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<tr>
<th>IPF: Mekong Water Resources Project</th>
<th>Scale</th>
<th>Amount</th>
<th>Period</th>
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</thead>
<tbody>
<tr>
<td>8 Provinces Unimproved hanging latrines</td>
<td>Small sub-component on sanitation (USD 3 million)</td>
<td>2013-17</td>
<td></td>
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</table>
Sanitation was prioritized by incentivizing commune-wide results and requiring behavior change actions.

**Emphasize improvement and sustainability of sanitation at household and commune level**
- New household latrines constructed
- Commune-Wide Sanitation achievement and sustaining
- Maintaining school WASH functionality

**Focus on functionality and sustainability of water supply**
- Functional water supply connections
- Households with sustainable water supply systems

**Focus on implementation capacity and behavior change communication**
- Capacity building plan implemented
- Behavior change communication plan implemented
- Program report disclosed
Behavior change needs to account for different regional contexts

Mekong Delta
- High density
- Hanging latrines (60%)
- No open defecation
- Flood prone

Northern Highlands
- Remote and low density
- Mountainous
- Open defecation (17%)
- Unhygienic dry latrines (35%)
Different drivers and barriers for sanitation adoption and usage but also common ones

**Mekong Delta**
- Social support within families
- **Convenience and comfort**
- Economic benefits of fish pond
- **Safety** of children/elderly (drowning)

**Northern Highlands**
- **Social support** within communities
- **Disgust of smelly, dirty latrines**
- Shame of open defecation
- **Status** in community

- **Unhygienic latrines are socially acceptable**
- Low awareness on options that are hygienic
- **Wrong price perceptions** and “high ideal”
- Sanitation shopping is difficult; materials generally accessible
- Comfort and convenience important for all
- For men: doing the “right thing” for government: regulations matter
Campaign Concept and Communication Objectives piloted in a Northern province …and scaled up

- Feel respected in the community by using a hygienic latrine
- Want to be civilized and hospitable by using…
- Be a contributor to your village/community by building..
- Want to take care of your children’s future by providing…

Join hands for clean and beautiful villages
Messages and visuals used in a range of communication tools, including murals, radio-scripts, events

Do you want your guest to feel comfortable?

Do you want to feel proud of your village?

Do you want your children to be healthier and grow?
Talking about benefits, products and price through a product catalogue... connecting demand with supply.

- Affordable hygienic latrines
- Materials and equipment
- Masonry, transport services

One-Stop-Shop → Sales Agent → HH

Soakage Pit

- Built with concrete rings, Volume: 0.6m³
- From 1,200,000 VND

Pros:
- Clean, modern
- Easy and convenient use
- One-time investment, long-time use

Use:
- Flush after each use
- Don't throw sticks or hard paper into the pan
- Don't pour detergent into the tank

Caution:
- Suitable for areas with stable water supply
- The pit must be built at least 10m away from any water source
- Consult your local health office for construction advice and site-specific issues to ensure the construction's technical quality

REASONABLE PRICE
VERIFIED TECHNOLOGY

The listed prices already include:
- A ceramic pan
- Family labour as supporting masons, excluding:
  - Materials transportation cost
  - Labour units' cost

Cement bricks
- From 1,300,000 VND
- Red bricks
- From 1,700,000 VND
Need to adapt the campaign in tone, concept and communication objectives to the Mekong

Don’t make your kids swim in feces

Đừng để trẻ em phải tắm trong nước bán tử cáu cá!
Some examples of campaign visuals under the national brand

Avoid the risk of falling in the pond

ĐỪNG ĐẾ NGƯỜI GIÀ VÀ TRẺ EM CHỊU NGUY HIỂM!
Adapting the catalogue

Addressing shelter options

Addressing maintenance
Working through local government system, village cadres, businesses and leveraging local leaders

**Easy to do:** village mapping, village meetings

**Like to do:** events

**Worth to do:** sales agents, household visits
India: leveraging celebrities and social media complementing on the ground social movement

https://www.youtube.com/watch?v=oxqWBbUqx1s

- “Shut the door” campaign puts social pressure on men
- Earlier focus on women’s safety positioned a toilet as “women’s business”
- SBM you tube, facebook, twitter accounts
- Use of social media to celebrate local leaders grassroot champions (swachhagrahi)
Market development for sanitation solutions
Indonesia
India

Market development
Integrating supply with demand
Using campaigns to encourage construction
From product development – to market facilitation – to industry development

- Standardized training and certification for APPSANI members; over 2000 members by now
- Government partnership for recruitment and training
- Scale up from East Java to other branches
- Bundling of services: bulk materials, access to finance
- Aggregating demand and facilitating delivery logistics
Facilitation of value chain linkages requires iteration and proactive effort.

World Bank

technical assistance and financing

MoH STBM

policy, $

Local Health Office

$, capacity building

Health Center (at sub district)

training, product options

Village Facilitator, Health Cadre

CLTS triggering, BCC promotion

World Bank

industry association: capacity building and market facilitation

Association

capacity building, standardization
bulk purchase services

Sanitation Entrepreneur

recruitment, training, certification

market data, demand-supply coordination

Local Retailer

Mason

Sales Agent

consumer credit to purchase toilet

Banks, MFIs

loan for start-up and working capital

Manufacturers

MoU

consumer credit to purchase toilet

Households

advice, taking order, materials delivery, construction, after sales

MoU

capacity building, standardization
bulk purchase services

Sanitation Entrepreneur

CLTS triggering, BCC promotion

Mason, Local Retailer, Sales Agent

advice, taking order, materials delivery, construction, after sales

Households

Local Health Office

policy, $
Video illustrating the approach

https://www.youtube.com/watch?v=4vROpJLVQo8
India: solutions focus on twin-pit pour-flush toilet with a market-led approach

- Two-weekly construction campaigns “Swachhata Hi Seva”
- Mobilizing all stakeholders including high-level participation
- Poor households purchases from local suppliers with cash transfer to bank-account
- Offer micro-credit for sanitation
Way forward: product innovation, market and industry development

Innovation by partners ongoing

- Product innovations extend to low cost aspirational shelter, handwashing devices, etc.
- Private sector initiatives, e.g. LIXIL – scale-up of Sato-pan
- Systems approach required for Bottom of Pyramid
Reaching the poor and vulnerable
Cambodia
Bangladesh
Indonesia

Use of micro-credit
Reaching the poor with targeted incentives
Inclusion and disability
Challenges and lessons: Cambodia poor-inclusive micro-finance initiative

- Increased uptake among the poor...more success among “middle class”
- MFI engagement requires guarantees and assistance to support initial learning curve
- Disbursing loans to business to avoid ‘leakage’...installation service vital
- Fine-tuning of MFI operational processes is essential
- Small loan-size and inclusive recruitment of MFI clients needed
- Sanitation loans may be a viable business proposition for a socially oriented MFI

Scale-up ongoing under Cambodia National Rural Sanitation program with support of multiple partners
Bangladesh experience with microfinance…from pilot to scale with support of Output-Based financing

- 21 MFIs working in 32 districts
- 16,500 loans disbursed and hygienic toilets installed ($2.1 million in lending)
- 100% household repayment rate
- Over $391,000 in SME loans for construction firms
- Clients benefitting from competitive market price, payments in installments, and lower interest rates
- Scale-up considered to national program; combined with subsidies to poor and water financing
Product design and microfinance helps to address affordability but barriers remain for the very poor

- Not all countries have well-developed MFI sectors
- Commercialization of MFI industry shifts focus away from the poorest
- Reluctance to borrow for sanitation from households
- Challenging contexts that require more expensive solutions
Swinging pendula back from “zero subsidy” to understanding how incentives may help the poor

“subsidy is a larger taboo than shit in the rural sanitation community”

What evidence do we have on how to use subsidies and incentives best?
Bringing evidence to a hot debate on hypothesized dampening effect of sanitation subsidies

Do subsidies pose risks to demand for latrines?

Does the introduction of time-bound poor-targeted discounts/subsidies dampen sales of latrines to other population segments?

**Experiment:** In Bangladesh, subsidies to the majority of the landless poor increased ownership of toilets among subsidized households (+22%) and their unsubsidized neighbors (+8.5%)

**Quasi experimental research in Cambodia: understanding latrine uptake in context of sanitation marketing**

### Additional percentage points (pp) sanitation uptake in 2015 vs Dec 2012

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<tr>
<th>USD 20 Rebate</th>
<th>Sanitation marketing only</th>
<th>Both programs</th>
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<tr>
<td>Poor</td>
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<tr>
<td>Near poor</td>
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<tr>
<td>Non-poor households</td>
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<tr>
<th>Baseline in 2012 (coverage, %)</th>
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<tr>
<td>22.5%</td>
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<tr>
<td>25.3%</td>
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<tr>
<td>30.1%</td>
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</table>

**Baseline in 2012:**

- USD 20 Rebate: +6.5 pp
- Sanitation marketing only: +21.9 pp
- Both programs: +23.2 pp

**Baseline in 2012:**

- USD 20 Rebate: +19.2 pp
- Sanitation marketing only: +9.9 pp
- Both programs: +28.6 pp

**Baseline in 2012:**

- USD 20 Rebate: +25.0 pp
- Sanitation marketing only: +30.7 pp
- Both programs: +32.0 pp

**Effect Sizes:**

- Large effect
- Medium effect
Reaching the vulnerable: ensuring needs of people with disabilities are addressed

• Benefiting from work of partners as WaterAid, WEDC
• Guidance note to support mainstreaming in Bank operations
• PAMSIMAS: 200 villages gain disabled inclusive infrastructure

Including Persons with Disabilities in Water Sector Operations
A Guidance Note
Rural Water Supply

Key messages from multi-country study on rural water sustainability

https://openknowledge.worldbank.org/handle/10986/27988
Framework to think about the building blocks for rural water supply sustainability

Country context: economic development, population growth and urbanization, decentralization, geography and hydrology, aid dependency

Sector governance: political prioritization, aid effectiveness, private sector participation, human rights and inclusion, institutional arrangements and service delivery models, service levels

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<tr>
<th>National sector level</th>
<th>Service authority level</th>
<th>Service provider level</th>
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<tbody>
<tr>
<td>Institutional capacity</td>
<td>Financing</td>
<td>Asset management</td>
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<tr>
<td>Water resources management</td>
<td></td>
<td>Monitoring and regulation</td>
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Community-based management
Direct local government
Public utility provision
Private sector
Supported self-supply
To advance service provision differentiated measures are required for each rural water segment.

<table>
<thead>
<tr>
<th>Sector development stage</th>
<th>Highly dispersed and remote rural hamlets</th>
<th>Rural villages and growth centers</th>
<th>Peri urban and dense villages / small towns</th>
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<tbody>
<tr>
<td>From Basic to Intermediate</td>
<td></td>
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<td></td>
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<tr>
<td>From Intermediate to Advanced level</td>
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Different segments and different service provider models co-exist within a country.
National and sub-national governments need to continue to play a major role and cannot discharge state responsibilities for essential services to rural-based citizens, communities, and weakly funded, low-capacity local governments.
Concluding thoughts…

1. Inclusive programs with broad stakeholder mobilization and result-focus
2. Adaptive, context-specific approaches focused on sustained behavior, durable solutions for usage of sanitation facilities
3. Integration with water to drive hygiene including in institutions
Thank you
Questions & Answers

ssmets@worldbank.org
Table Exercise… three questions … 15 minutes

1. Since devolution in 2013, in which areas do you feel you have made most progress and why?

2. Which areas have been the most challenging where progress has been limited?

3. What initiatives in your county are you most proud to share? Or failures that you’d like others not to make?

Please record your key points on paper
Highlights of Nakuru Rural Sanitation Assessment

Impressions from the field – Monday 12 February

Clementine Stip, Water Supply and Sanitation Analyst
Leadership, funding and responsibilities

What we found…

• A strong national framework for rural sanitation.

• Leadership at the national and county level, but uneven performance.

• An opportunity to maximize efforts of the MoH, counties and partners by mobilizing domestic and IFI resources.
Open defecation

- 0 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

World Bank Group Water
Leadership, funding and responsibilities

Thoughts…

• What would it take for counties to allocate more resources to rural sanitation?

• What national incentives – beyond recognition – could be tied to rural sanitation performance at the county level?

• What can counties do to create bottom-up demand for sanitation and leverage other resources?
Program methodology and implementation

What we found…

• An advanced understanding of the CLTS approach and implementation at-scale.

• Behavior change and communication are not harmonized as a national campaign.

• Some innovations around products, but limited market development approach. Supply chains do not always reach rural areas.
Program methodology and implementation

Thoughts…

• What if triggering and follow-up doesn’t work? Can the CLTS approach be adapted?
  – Introduce behavior change
  – Promote the benefits of aspirational products

• How can we learn from ongoing implementation and introduce these elements in capacity building curricula?

• How can we leverage the rural water supply agenda as a driver for ODF (handwashing, higher aspirations)?
Inclusion and reaching the poor

What we found…

• A growing demand for seated toilets, especially for the elderly and sick.

• Proactive approaches to develop inclusive solutions for vulnerable groups.

• The expectation that the community will take care of the vulnerable.

• The policy allows pro-poor support mechanism but we did not see much experimentation with this.
Inclusion and reaching the poor

Thoughts…

• How is the inclusion agenda being operationalized?

• Is the role of “smart” targeted incentives or subsidies being explored?

• How can existing targeting systems be leveraged to reach the poor and vulnerable? What can we learn from other sectors?

• How can micro-finance be better leveraged?
Group reflection

To discuss at your table

Based on what you’ve heard today, what would you like to do differently? Do more of or less of?

Since devolution in 2013, in which areas do you feel you have made most progress and why?

What initiatives in your county are you most proud to share? Or failures that you’d like others not to make?
Findings and Recommendations
Nakuru Rural Sanitation Assessment

Wednesday 14 Feb 2018

Lewnida Sarah, Operations Analyst
Status on Rural Sanitation Nakuru county

Basic data:
- Total population: 2 million, with 53% rural
- 1,060,000 rural population
- 13% of rural population lives in village certified as ODF
- 87% of population has a latrine:
  - X% improved
  - X% shared improved
  - X% unimproved
- 1692 villages of which 326 are ODF certified (20% of villages)

Administrative division:
- 11 sub-counties and 55 wards
- Ongoing urbanization

Sanitation access in Nakuru County (KDHS, 2014)
Enabling environment – political will and institutional arrangements

<table>
<thead>
<tr>
<th>Strength</th>
<th>Observations</th>
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<tbody>
<tr>
<td>County act of public health and sanitation</td>
<td>Strategic and Investment Plan for Environment Sanitation and Hygiene in the making</td>
</tr>
<tr>
<td>Clear assignment to DoPH for rural sanitation</td>
<td>Need to connect rural water supply vision/strategic plan with rural sanitation programming</td>
</tr>
<tr>
<td>County Kenya ODF 2020 Campaign Action plan prepared and reflected in the CIDP</td>
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National Environmental Health Bill not yet approved
NESCRA not yet established
Enabling environment – implementation mechanism

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<tr>
<td>Stakeholder coordination with partners through quarterly meetings</td>
<td>Coordination with other departments/entities for investments (CDIF) and promotion (e.g. school infra and community ODF mobilization)</td>
</tr>
<tr>
<td>Multi-sector cholera response protocol</td>
<td>NARUWASCO (rural WS company) role in supporting sanitation service improvement not well defined (for</td>
</tr>
<tr>
<td>Stakeholders forums with partners every quarter</td>
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<tr>
<td>Clear operational structure with Public Health officers (205) and Community Health Volunteers that also receive a stipend</td>
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</table>
### Enabling environment – program funding mechanism

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<tr>
<td>Programme based budgeting approach that defines sub-program for <strong>Environmental Health</strong> (CLTS) and Health Prevention and Promotion (mass media and BCC)</td>
<td>High competition for CDF; limited priority for sanitation</td>
</tr>
<tr>
<td>Five year budget of 1.2 billion KES (2018-2022) for sanitation (rural; urban (communal/public toilets) of which 40% government funded</td>
<td>Ward-level development expenditure do not prioritize sanitation (but would be used for water)</td>
</tr>
<tr>
<td>Includes investments for WASH facilities in ECDC and health dispensary (level 2)</td>
<td>WSTF did not reach rural Nakuru (e.g. through rural utility program)</td>
</tr>
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National domestic funds for rural sanitation limited to salaries; dependency on external partners

*Water Services Trust Fund focus mostly on urban; rural infrastructure program support Rural utilities, school WASH; alignment with Kenya ODF Campaign*
## Enabling environment – monitoring system

### Strengths

- Participatory process for planning and budgeting in place (ward/MCAs)
- Consultation legislation with MCA
  - Difficult to translate to rural sanitation where bottom-up demand is weak and need for more advocacy at lower levels

### Observations

- Need for more detailed information on -
  - Level of HH usage of improved latrines
  - Presence of HH-level handwashing facility

- Use of data to allocate efforts for PHO for follow-up visits for lagging villages
- No specific strategy to deal with lagging wards to address; no within-county benchmarking process

- Dedicated M&E officer at county level for all public health
- Limited HR and $ resources for M&E HR; incentives for data collection

- DHIS (national) with granular data on health status (public and medical health)
- Usage and updating of DHIS?

### National CLTS portal functional and regularly updated by majority of counties

- Links with DHIS developed
- Hosting costs not integrated in national budget
- National benchmarking as important tool for motivation
### Capacities for CLTS/demand creation and behavior change

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<tr>
<td>Training program for CLTS well established and training done</td>
<td>No county-wide behavior change communication strategy using mass media and inter-personal communication tools; building</td>
</tr>
<tr>
<td>County events on handwashing and sanitation day; active county advocacy engaging (social) media</td>
<td>Fragmented implementation of behavior change (social events) and overall lack of resources for BCC</td>
</tr>
<tr>
<td>Allocation for capacity building and peer learning and limited fundi training</td>
<td>No capacity training on market-based approaches and complementary use of SBCC ; limited refresher training</td>
</tr>
</tbody>
</table>

**National level training materials well developed but may not always reach county-level**

No national level behavior change campaign with cascaded implementation (umbrella brand connecting various behaviors)

Specific tools for cholera outbreak on handwashing developed

CLTS not integrated in national curriculum
## Sanitation products and market development

<table>
<thead>
<tr>
<th>Strength</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local experimentation with product development (Naivasha)</td>
<td>Lack of availability of aspirational products in rural retail outlets</td>
</tr>
<tr>
<td>Training of fundis for delivery and installation (Naivasha)</td>
<td>No product catalogue with price points of different options to support household decision making; CHVs not well placed to advise on product</td>
</tr>
<tr>
<td>Plastic slab pilot: Lack of facilitation of actors along the supply chain down to rural outlets (fundis, CHVs, small retailers, manufacturer); overall lack of branding / marketing</td>
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<tr>
<td>Affordability constraints for aspirational products, although increased demand for seated models</td>
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</tbody>
</table>

Some experimentation with introducing aspirational products: Satopan (LIXIL), Plastic slab…need to embed this in
### Reaching the poor and vulnerable – including through financing options

<table>
<thead>
<tr>
<th>Strength</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of micro-finance institutions with outreach in rural areas (branches and women groups) already with home-improvement loans and “product loans” (e.g. rainwater tanks)</td>
<td>No pro-active outreach / role of county PHO to encourage use of credit for sanitation improvements (focus on MFIs and focus on PHO and CHV)</td>
</tr>
<tr>
<td>Good practice examples from Naivasha sub-county in targeted approach to ensure disabled and vulnerable (sick/elderly) needs are addressed during CLTS process</td>
<td>No piloting of support mechanism to targeted poor and vulnerable groups; assumption that community solidarity takes care of this may be incorrect</td>
</tr>
</tbody>
</table>

**National policy has specific focus on poor, elderly and disabled segments and allows for minimal (in-kind) subsidies to vulnerable groups**

Criteria: targeted, transparent, equitable
Sanitation in Institutions - Investments

Kindergarten:
• Investments to be addressed through county budget

Schools primary and secondary
• Mandate for investment in school WASH facilities seems in a vacuum; expected to come from parents through Board of Management
• Could be done under the Constituency Development Fund.. This is to be used for funding the national mandate

Health centers??
Sanitation in Institutions – O&M and supporting hygiene

Schools primary and secondary

- Small allocation for recurrent expenditure to support O&M, including provision of soap
- Leadership of schools
- Attitudes of school management towards maintenance

Monitoring for better planning of school investments; Beyond meeting a ratio...if toilets are so dirty that they are not used?
Recommendations

• Connecting rural water improvements with rural sanitation planning to use it as a driver for ODF Achievement (handwashing, schools WASH facilities)
• Connecting infrastructure that support ODF with promotion activities
• Better alignment between school WASH activities and community activity (School to Community approach)
• Potential of Community Health Volunteers to register as CBO as a simplest way to generate income
Recommendations

- Legal status of CBO allows income-generating activities (e.g. as resellers of products for CHV and Fundis)

- Funding: proposed national Sanitation Fund may need to be reviewed in light of the mandate of WSTF
  - Water Services Trust Fund sole vehicle for national fund transfer (on-budget) to counties:
  - Limited reach for rural, focus on schools and rural utilities solely; no clear alignment with the Kenya ODF 2020

Funding: Nakuru: stronger advocacy at ward level to link annual development budget with sanitation priorities (schools);

Opportunities to better align CDF funding with County Sanitation Action Plan through advocacy

High dependency of external
Recommendations

The targeting the poor and vulnerable and accelerating ODF achievement

• Consider testing of targeted pro-poor support mechanisms, e.g.:
  • Output-based grants to vulnerable groups
  • Targeting mechanism from other sectors could be leveraged
  • Incentives for collective outcomes (ODF prices)
Recommendations capacity and behavior change

Capacity development to address emerging needs such as sanitation marketing, product choice, engagement and facilitation of private actors (MFIs, fundis)

National level: opportunities to introduce new curriculum for in-service and pre-service

Optimization of usage of existing materials (e.g. latrine guidance for CHVs, fundis)

Consider umbrella Social and Behavior Change Communication Campaign to support county-wide inclusive sanitation (linking different behaviors)
Facilitation of linkages within supply chain down to last mile

Introducing products, benefits for more informed decision making (including price information)

Think 4Ps: product, place, promotion, price and experiment more with market-based approaches