

## Evaluation Highlights

### Realising the Right to Total Sanitation, Nakuru, Kenya

#### Background information

- Project title: Realising the Right to Total Sanitation (RRTS)
- Implemented by: Practical Action and Umande Trust
- Funded by: Comic Relief UK, January 2012 to March 2015 (39 months).
- Location: two low-income settlements, Rhonda and Kaptembwo, Nakuru County, Kenya.
- Project objectives:
  - total sanitation coverage in all thirteen 'villages' making up the two settlements;
  - broader sanitation goals including access to improved sanitation and hygiene behaviour change;
  - improved faecal sludge management;
  - institutionalisation of all positive changes.

#### Key activities and innovations in this project

##### Community Led Total in an Urban Context

The central innovation in this project was the adaptation of the Community Led Total Sanitation (CLTS) approach to an urban context. This approach is typically applied in rural areas. It uses participatory methods to facilitate communities to conduct their own analysis of open defecation and take action to become Open Defecation Free (ODF). Importantly, this is achieved without external financial or hardware subsidies. Urban areas face very particular challenges. High population density and tenancy arrangements mean that households cannot easily build their own toilets. The high cost of water and theft of plastic containers discourages the practice of handwashing using low cost technologies such as tippy-taps.

This project trained 140 social mobilisers and developed new facilitation methods appropriate to the urban context. They 'triggered' residents and landlords through separate meetings and events to understand the personal health and financial implications of open defecation. Discussion forums with landlords motivated them to invest in toilets, as they would benefit from healthier tenants who would be better able to pay a slightly higher rent. Community triggering, street dramas with sanitation messages, and other events were used to motivate residents to use and collectively maintain the toilet and handwashing facilities.



Figure 1: Community 'triggering' event using participatory sanitation analysis

The outcome target of 13 'villages' within the two settlements becoming ODF was not reached by the end of the project. Since the end of the project, five villages have declared themselves ODF but a lack of protocols for urban areas is delaying the verification process. Awareness of the need for handwashing has certainly increased, but universal practice remains a challenge.

### Faecal sludge management

Shared toilets, high population density, and the lack of access to the piped sewerage system lead to challenges of emptying when toilet pits or septic tanks are full. Informal pit emptiers were operating in these communities prior to the project. They would use buckets to manually transfer the pit contents into plastic drums and illegally empty them on waste land or into open sewers. The health impact of this practice is as bad as open defecation.



The project registered a group of 69 manual pit emptiers and trained them in more sanitary practices, equipping them with protective clothing and a low-cost manual suction pump. Project staff negotiated with the local sewerage company to allow the group to safely and hygienically dispose of the faecal sludge at the Waste Water Treatment Plant using a hired pick-up. Due to project influencing, the role of informal pit emptiers has been acknowledged in the County Public Health Bill. This is a huge achievement as they were previously viewed as illegal, and therefore a problem. This recognition has

helped ensure that they can now work legally, safely and without fear.

Figure 2: Manual suction pump used for emptying pits.

### Sanitation financing

The project innovated with new forms of financing by negotiating a favourable sanitation loan through K-REP bank in Nakuru specifically for landlords upgrading toilets in rental properties in the project area. Practical Action provided a KES 9,720,000 (GBP 70,000) guarantee fund to the bank which would be repaid after successful completion of the loans. The project anticipated making around 500 loans, but disappointingly, only 17 landlords accessed the facility. This was due to a number of problems including: poor marketing of the loans and communication to potential clients by the bank; borrower requirement to hand over their land title deeds which they often did not possess; and the late start of the loan scheme in the project process. The project also established a revolving fund to facilitate smaller loans, though this was only just starting to function by the end of the project. Though as yet unproven, these are both important innovations.

### Participatory technology development

The standards for toilet construction set by the Public Health and Planning Offices in Nakuru were unachievable by poor landlords in these urban slums. The project team worked in a participatory manner alongside public health and planning staff, landlords and tenants to establish agreed designs for toilet that were affordable by landlords, acceptable to tenants, and that also met sanitation and

construction standards. In particular, all pits or septic tanks had to be lined to prevent collapse. The designs could be used to apply for planning permission, saving landlords the cost of commissioning.

### Institutionalisation and influencing

This project actively engaged the Nakuru County Government and the Nakuru Water and Sanitation Services Company (NAWASSCO) in developing their understanding and capacity in CLTS, so that the successes in these settlements would be replicated in other parts of the county. This was a very effective element of the project, aided by a highly open and supportive County Public Health Office. The project trained all public health officers in Nakuru West and Nakuru East sub-counties in CLTS. A further 12 'villages' within these areas had been 'triggered' by the end of the project. The project had significant influence on the development of the County Public Health Bill 2014 that incorporated acceptance of innovative and low cost sanitation technologies and manual faecal sludge management in Nakuru County. Five other counties in Kenya are keen to borrow from Nakuru to develop their own county sanitation bills.

### Organisational partnership for implementation

An effective working relationship was developed between Practical Action (lead organisation) and Umande Trust (local partner) which led to mutual learning and a strengthening of Umande Trust's capacity. Umande Trust contributed considerable expertise around community engagement and the suction pump technology for pit emptying. As a larger and longer established partner, Practical Action helped Umande Trust to improve their local contacts, financial systems, monitoring and evaluation, and documentation and reporting. By the end of the project, Umande Trust had established their own independent office and a number of new projects in Nakuru.

### Smart phone monitoring

A smart phone monitoring system was piloted in this project, using an open source software from the specialised consultancy, SeeSaw. The software is loaded onto phones which can then be used to capture sanitation information, via both photos and data entry. The data, including GPS locations, is transferred to a database and can be interpreted in a number of ways such as tables, distributional maps, and graphs or charts. Early experience was showing potential for this technology and the project was planning to print billboards of some of the monitoring results to be posted in public places as a mechanism to feed back to the community.

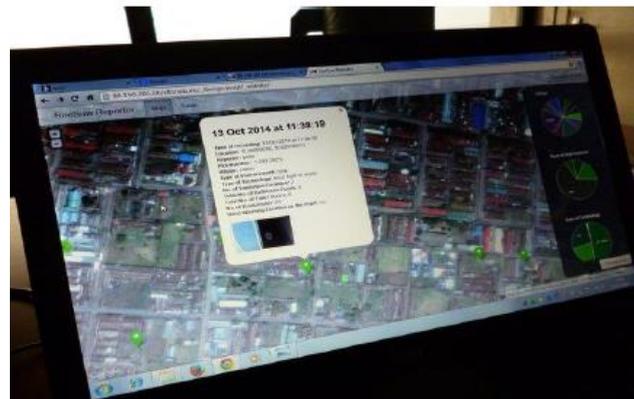


Figure 3: Smart phone monitoring outputs

## Key project challenges faced in this project

### Existence of subsidy programmes

Community led total sanitation faces challenges where there are subsidy-based sanitation projects operating in the same, or nearby areas. In some of the project areas, people heard rumours (unfounded) that they might receive external support from another agency, and therefore were slow to invest in sanitation provision themselves. This is a serious problem, as it delays elimination of open defecation, causing health and economic problems to persist. The project made efforts to

lobby government and other agencies to cease allowing hardware subsidies and use the CLTS approach instead.

### Criteria for verifying a community is ODF

ODF verification protocols designed for rural areas require a handwashing facility directly outside every toilet. As noted earlier, this posed a challenge in these poor urban communities. Instead, many households set up a handwashing station in their home. Although this is not an ideal situation, as pathogens can be transferred between toilet and the household unit within a residential housing block, it is a positive behaviour change. The project was successful in lobbying the government to develop urban-specific ODF protocols, and these are currently being drafted.

### Lessons for future practice

- The Community Led Total Sanitation approach can effectively be applied in urban areas with adaptations to suit the specific challenges of the urban context.
- Engaging landlords separately and using street drama with residents are important and useful modifications.
- There are good possibilities for informal sector faecal sludge management, particularly employing the manual suction pump for pit emptying, and training and constituting informal workers.
- Further innovation is needed in the area of sanitation financing, both through formal bank loans and through informal sector lending. Access to loans is particularly relevant in the urban context where higher building standards require greater investment.
- Influencing both government and non-government agencies is key to ensuring that project successes can be taken to scale and that lessons can be learned from the challenges faced.