Integration Inspires Sustained Behavior Change and Innovation in Kenya

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INTRODUCTION

The WASHplus program in Kenya supports the Ministry of Health and USAID bilateral programs to integrate improved WASH practices into HIV and MCH policies and activities using Kenya’s Community Health Strategy.

PROGRAM CONTEXT AND APPROACH

As a national program, WASHplus developed a WASH-HIV integration kit in English and Swahili that includes a training manual, job aids, and teaching methodology to engage districts, public health officers and partner NGO institutions working with community health workers and communities to negotiate improved WASH practices with households.

WASHplus trained almost 600 trainers who in turn are training community health extension workers and community health workers to introduce improved WASH practices to vulnerable households across the 47 counties of Kenya using the small doable action methodology.

Trainers ensure that all community-led total sanitation (CLTS) efforts integrate an inclusive sanitation and hygiene approach that supports people living with HIV, the elderly and young children.

Small Doable Action Approach

- Identify feasible incremental steps that move people from a current hygiene practice toward the ideal practice
- Visit and find out how families are practicing the new behavior
- Identify existing hygiene and sanitation good practices to be reinforced and congrangible household/caregiver
- Identify practices to be improved and negotiate options

Many different WASH efforts focus on feasible actions to improve health rather than unattainable ideals. By breaking down improvements in health practices into simpler, more gradual steps, people living with HIV and their households are more likely to try and sustain improvements in one or more WASH practices.

Small Doable Action Approach Spurs Innovative Local Solution

James Yatich, a public health officer in Kenya’s Central province, realized that bedridden clients who could not use the toilet on their own posed a major challenge. “When I told them that they had to use the toilet to prevent diarrhea, they asked me how,” James found a solution after attending a WASHplus WASH-HIV integration training workshop.

“I sketched a design and asked a carpenter to make one piece for demonstration,” says James. “We used mainly leftover pieces of wood and furniture and the cost came to just Ksh 200 (US $2.50). But cost can be even lesser if materials are available on homesteads. The improvised seat is placed where the patient can easily reach it and lined with disposable plastic bags that are readily available. It can be used by bedridden clients and the elderly, especially those who are overweight and cannot easily be supported by others.” James remarked. “The technology gives patients independence and slightly as they do not need a caregiver to hold them on the toilet seat. It also allows the caregiver to do other chores, rather than take the patient to the toilet—which can be frequent for patients with diarrhea.”