

WASHplus Program in Kenya: An overview

The WASHplus project in Kenya supports the Ministry of Health and its partners to scale up improved water, sanitation, and hygiene (WASH) practices and incorporate them into HIV policies and interventions.

The project works closely with communities, encouraging households to identify small doable actions they can take to improve health and prevent diarrhoea. The small doable actions include treating and storing drinking water safely, washing hands with soap at critical times, increasing use of latrines, and managing menstrual hygiene to prevent HIV transmission.

The program works with the Ministry of Health, the National AIDS and STI Control Program (NASCO), the Community Health Services Unit as well as partners of the US Centers for Disease Control and Prevention (CDC) and implementers of USAID's AIDS, Population and Health Integrated Assistance program (APHIplus).

Two components of the WASHplus program—**integrating WASH into HIV** and **advancing improved sanitation uptake**—work together to improve WASH practices of communities, families, and individuals, with a special focus on the most vulnerable individuals and populations.

Component 1: Integrating WASH into HIV Interventions

As a national mechanism, WASHplus program in Kenya, does not directly implement field activities, but provides technical assistance to the government and NGOs to integrate improved WASH practices into HIV policies and interventions in Kenya.

The project supports integration of WASH activities into the Community Strategy using a small doable action approach. The approach enables households to identify feasible actions they can take to improve health and prevent diarrhoea.

Small doable actions include treating and storing drinking water safely, washing hands with soap at critical times, and increasing use of latrines. Another area of focus is menstrual hygiene management to prevent HIV transmission.

Implementers of WASH-HIV integration encourage households to take this incremental approach to move closer to ideal practices. Project activities include supporting or developing alternative sanitation options for people who are too weak to use a latrine.

CASE STUDY: PILOTING INNOVATIONS IN COMMUNITY-LED TOTAL SANITATION

WASHplus is working with the Ministry of Health to pilot community-led total sanitation plus (CLTS+) interventions in Maai Mahiu division, Naivasha sub-county. CLTS+ integrates the small doable action approach into a child health platform that includes CLTS activities. The *plus* component also includes a more focused emphasis on handwashing with soap and inclusive sanitation that focuses on the needs of the mobility challenged such as the elderly, physically challenged and children, groups whose unique needs are often not adequately addressed in CLTS programs.

Component 2: Advancing Improved Sanitation Uptake

WASHplus promotes behaviour change to improve sanitation uptake. In line with the government's efforts to community led-total sanitation, WASHplus is developing a "plus" component that promotes hand washing with soap and inclusive sanitation. Specific activities focus on implementing a CLTS+ component in targeted districts and identifying and testing approaches to encourage households to adopt an improved latrine at the outset.

WASHplus, in consultation with other partners, is providing support to the government to identify the most effective sanitation marketing options and promising practices that can be developed

and replicated across the country. These options include ways to improve the uptake of quality latrines, based on the government's current minimum standard.

Key accomplishments

- Developed WASH-HIV integration manuals and job aids for community health workers
- Sensitized and trained government and NGO actors at policy and implementation levels in all counties
- Trained 580 facilitators from the Ministry of Health (MOH) and NGOs, including implementers of the USAID-supported AIDS, Population and Health Integrated Assistance (APHIPlus) program and partners in programs supported by US Centres for Disease Control (CDC) in all 47 counties
- Introduced WASH-HIV integration strategies and activities in policy documents and guidelines.
- Developed strong relationships with the MOH and its partners
- Continued to support national and county interagency coordinating committees (ICC) and convened the national Hygiene Promotion Technical Working Group
- Promoted the small doable action concept, now accepted by government actors involved in WASH interventions
- Mainstreamed menstrual hygiene management in WASH interventions
- Conducted baseline survey to support WASH-HIV integration rollout at community level in three sub-counties
- Documented and disseminated success stories on small doable actions.