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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 district 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.

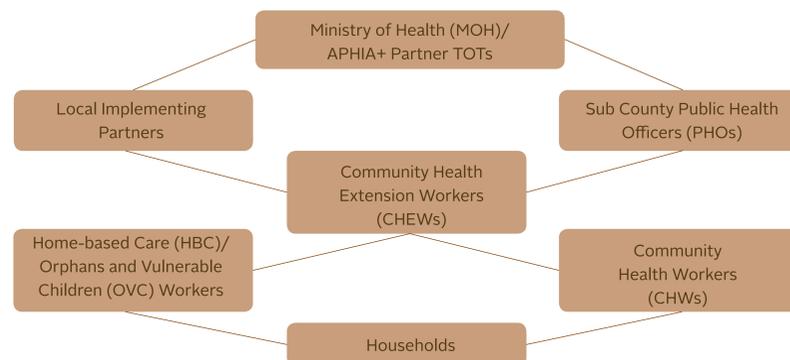
Trainers ensure that all community-led total sanitation (CLTS) efforts integrate an inclusive sanitation and hygiene approach that supports people living with HIV, the elderly and young children.

### 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 congratulate householder/caregiver
- Identify practices to be improved and negotiate options

## CASCADING MODEL

To reach more people, the training is multi-level. First, public health officers are trained as trainers (TOTs). They, in turn, train community health extension workers, who then pass on WASH knowledge and skills to volunteer community health workers (CHWs). Since the project started in 2010, more than 2000 community health workers in over 30 sub counties have been trained or oriented in WASH promotion.



## COMMUNITY-INSPIRED INNOVATIONS



Community health workers are teaching people living with HIV and others to wash their hands at critical times. Tippy taps are popping up all over Kenya and one community is looking for a business opportunity.

Using the Small Doable Action Approach, community health workers across Kenya are sensitizing households on developing alternative hygiene and sanitation options including hand washing facilities and commode designs.

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 practice.

### 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 200 shillings (about US \$2.50). But cost can be even less if materials are available on homesteads. The improvised seat is placed where the patients 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 dignity 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.



## TOOLS AND METHODS

The modular WASH-HIV integration materials (CHW's training guide and job aid) were created with flexibility in mind. The technical content can be used in multiple settings including trainings, sensitization/orientation meetings for health workers, community health dialogue and health actions days. The content can also be adapted to different target audiences such as community health workers, vulnerable populations, and home-based care workers. This approach is important to enable WASH integration in all health and non-health programs. In Kenya "small doable actions" are taking root to promote improved hygiene practices among households, especially by those who may find better practices difficult to carry out.

While initially this expansion of integration efforts occurred with WASHplus technical support and advocacy, more and more partners are securing their own funding to share these concepts, which are resonating across the country.

