



East Africa Practitioners Workshop on Pro Poor Urban Sanitation and Hygiene LAICO Umubano Hotel, Kigali, Rwanda, March 29th-31st 2011

SMALL DOABLE ACTIONS TARGETING HYGIENE IMPROVEMENT IN VULNERABLE HOUSEHOLDS (POOR URBAN AND RURAL HOUSEHOLDS)

KENYA

HYGIENE IMPROVEMENT PRACTICES PROGRAMME, C-CHANGE, AED- KENYA

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Background of the initiative:

HIP is a USAID funded programme in Kenya that was initiated in December 2009 under the Academy for Education & Development (AED) regional office of Eastern and Central Africa. This is a programme that came up due to an expressed need in hygiene practices improvement targeting vulnerable households that include but are not limited to the HIV infected and affected households which are predominantly poor in the urban and rural settings in Kenya.

At the initiation of the HIP program in Kenya, there existed no programme that was specifically targeting the officers in the Ministry of Public Health and Sanitation who are trained in Public Health. The government approach has been traditionally to pass information to the communities and to expect them to carry out hygiene activities as stipulated by law. However, the HIP programme introduces a new approach to the promotion of hygiene - Small Doable Actions. This approach assesses the hygiene levels of the communities and encourages them to improve on hygiene through negotiations on small actions within the household that have been tried, tested and accepted in a given community.

The biggest challenge to the HIP programme was the acceptance of the programme within the country as it is a “software” only program as compared to many traditionally implemented programs that focus on hardware with software considered “just an add-on”. Another challenge that the programme faced was the acceptance of the Small Doable Approach – negotiation by the public health officers who are trained and oriented to enforcing law and not negotiating.



Description of the initiative

The Small Doable Actions (SDAs) approach seeks to improve hygiene practices within households that are considered vulnerable due to various factors that could include HIV and poverty. This approach looks at basic hygiene factors that the households seem to overlook that compromise their health, predisposing them to diarrhoeal diseases or disease transmissions such as diarrhoea and HIV.

The SDAs approach focuses on four key areas that are considered core to hygiene promotion:

- Faecal management
- Menstrual management
- Household water treatment
- Hand washing.

The Kenyan programme targets capacity building of the public health officers who are government officials and have responsibility of promoting hygiene in their work.

The Kenya government has adopted a strategy to improve the management of health in the country by empowering the communities to take responsibility for the management of their own health. This strategy is in-built in the existing framework within the Ministry of Health in Kenya, involving personnel from various health backgrounds who consult at different levels. These include the provincial level (Provincial Health Management Team) and district (District Health Management Team). These forums are used to promote what has worked well and share experiences and challenges faced by the implementers within the communities. There are also personnel working with facilities who also provide back stopping for the community health workers and community health extension workers (CHEWs).

The SDA approach considered the past efforts that have been applied yet there are still glaring gaps in hygiene practices. Studies carried out in Kenya by the WSP-AF, indicated that information levels are very high, yet practices do not match knowledge levels. Some of these situations are due to attitudes of the households. Our approach sets out to encourage attitude change to improve on the hygiene practices.

Building the capacity of public health officers in the concept of SDAs influences the way the officers work and engage with the communities. The public health officers are accustomed to using authority to implement their work; this concept introduces a new dimension of communication, which is “*negotiation*”. Negotiation is considered very “new” among government officers as, with their professional standing, they are used to giving directives and imposing punitive measures as opposed to negotiating.

The SDA approach does not promote a specific technology but promotes all the options that have been tried, tested and accepted by the communities. It focuses on engaging with a household to assess its level of hygiene practices, congratulating them for whatever is going on the right way and



encouraging the household to consider other options within their reach that could improve on their health situation. This approach does not promote the “ideals” but the road to an ideal, by encouraging gradual steps toward ideal hygiene situations.

EXAMPLES OF SMALL DOABLE ACTIONS:

- *Using leaky tins for hand washing stations*
- *Using improvised commodes for weak but mobile patients*
- *Using re-usable pieces of old clean fabrics for menstrual management*
- *Using pots with spigots for safe storage and retrieval of water.*

Major drivers of the process and success

As the SDA approach requires close consultation and negotiation with the household, the best person to be involved in the process would be someone who is close to the family and someone with whom the family is comfortable to engage. This is the Community Health Worker (CHW). This is the strongest point for SDAs’ application. The CHW understands the general environment and the specifics of families and this makes highly suitable to negotiate with a household on hygienic practices particularly since some of the practices are considered “personal” or “private”. Issues such as faecal management and menstrual management are not normally openly discussed and this could be challenging especially if the family is not comfortable with the person who is introducing the issues to the families.

The capacity building activities are meant to prepare the public health officers to back stop the CHWs. They can be closely supervised, monitored and advised by the community health extension workers (CHEWs) implementing facilities as some of the cases are referred to the facilities where the CHEWs are based.

After training, most of the public health officers say: “we now understand how demanding the CHW job is!” This is the attitude that is sought: the public health officers can become more understanding and they can engage better with the CHEWs and CHWs so that to support their work in supporting the households and gradually improving their hygiene practices.

Resources

The resources required for the success of SDA approach includes:

- Financing the capacity building of all the public health officers involved, community health extension workers and community health workers.
- The main resource for the success for SDAs approach is the Ministry of Public Health and Sanitation staff at all the levels of authority in Kenya i.e. Province, district and location.
- All the financing of the Kenyan programme is from USAID



- For any household reached, the resources required for gradual steps to improve their hygiene practices were dependant on the capacity of each household

Successes

The SDA approach has led to attitude change among the public health workers who are now more compassionate and ready to learn more from the CHEWs and CHWs about their work, daily challenges and how best they could support them in their work to ensure that household WASH issues are taken into consideration.

This approach has made the public health officers move their focus from outputs to outcomes. They have generally just given instructions on implementation of outputs, but this approach requires that they become involved in the communication and negotiations with households on WASH issues, influencing their practices through negotiation about the importance and use of whatever is available within the reach of the household.

The SDA approach has fitted in perfectly with the non-subsidy approach that the Kenya government has taken up on WASH to encourage communities to consider their own health as important and to deal with their issues using local resources, gradually improving. This is a key effort of the CLTS approach to sanitation, a programme that is run by the government in selected 22 districts of the republic.

Lessons learned

This approach is the start of attitude change related to hygiene practices. It is meant to facilitate behavior change leading towards a reprioritization of hygiene and improved practices in the household level.

The way forward for this approach is integration it into existing work and using the existing framework and personnel to ensure its sustainability. Because the approach focuses on behavior change, it requires time to ensure new behaviours are tried out, adopted and sustained. The SDA approach does not encourage any form of subsidy to ensure that every household is able to manage its own hygiene needs accordingly.

The best way to implement SDAs is through an existing framework that has a referral support system involving various professionals to support and engage the household. The point is to ensure that it is a continuous process that becomes inbuilt in the household.



The most challenging aspect for the SDA training approach is communication. The targeted officers are government officials accustomed to enforcing the law and not negotiating as is required of the SDA approach. It has been demonstrated, however, that with continued support and exposure of the officers, they can adopt new forms of communication, differing from the current enforcement approach.

The SDA approach can be up scaled to other towns and provinces as it is reliant on the peoples' attitudes and not resources, particularly since it targets the most basic small steps manageable for the household.

The most crucial preconditions for the SDA approach to work are the knowledge and attitudes towards hygiene practices, and every household's capacity to manage their health issues. For this, support structures are critical to provide more information on the innovations that have been tested and accepted and to give a wide range of practical options for households. The fact that this approach does not promote any specific options provides an opportunity for a range of stakeholders to participate in it, ensuring that their technologies feature in the step-by-step improvement ladder of hygiene practices at the household level.

More information: *contact persons, names, organizations, addresses, email*

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Further reading:

For more information about the SDAs approach kindly go to the following website:

www.hip.watsan.net