

## CHAPTER 13

# Certification of open defecation free status: emerging lessons from Kenya

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### Abstract

*This chapter is a case study of the certification processes related to establishing the open defecation free (ODF) status of communities. It identifies the key indicators for appraising ODF status as set out in the 'Protocol for Implementing CLTS in Kenya'. It traces and assesses the changes in certification processes as Kenya has moved to a devolved system of governance – processes that seek to achieve standardization and improve efficiency and cost-effectiveness while maintaining independence and objectivity. In particular, it analyses the strengths and challenges involved in implementing a decentralized and diversified third-party system of certification.*

**Keywords:** Verification, Kenya, Third party certification, Devolution

### Introduction

Since the introduction of Community-Led Total Sanitation (CLTS) in Bangladesh in 1999 and its adoption in many countries around the world, the verification of outcomes and certification of open defecation free (ODF) status remain important elements of the process. However, ensuring quality, maintaining independence, operating with efficiency as well as at scale, and achieving sustainability in relation to verification and certification, a key consequence of effective post-ODF monitoring, continue to pose significant challenges. This chapter focuses on verification and certification, in particular on emerging lessons, with a special focus on Kenya in its shift from a centralized, 'contracted' system of third party certification, to a more 'devolved' system, nearer to the people.

### Verification

Verification is the process of assessing ODF claims made by a community. It is based on agreed criteria. In the interests of upholding principles of transparency and credibility what is preferred is a multi-stage, multi-stakeholder verification process, based on objective criteria. Of course, different countries have developed different verification guidelines, but their shared purpose is to harmonize approaches in field verification and to streamline the process for all actors involved.<sup>1</sup> What is also shared is the recognition that appropriate

and rigorous verification processes can help in ensuring that CLTS gains will be sustained.

Kenya has a robust verification process. It starts with a community assessing itself to be ODF. The community then makes a claim to the local public health team, which in turn carries out its own assessment. If the team makes a positive assessment, this results in an escalation of the claim for third-party certification.

The *Protocol for Implementing CLTS in Kenya* (MoH, 2014) has seven non-negotiable key indicators for achieving ODF status:

- No exposed human excreta within the community/households.
- All households have access to a toilet (individual or shared) which should not facilitate faecal-oral transmission.
- The squat hole is covered.
- The floor is free of faeces and urine.
- The superstructure provides privacy.
- All households have a handwashing facility near the latrine with soap/ash and water.
- There is continued use of the toilet by the household owner.

However, there are a number of challenges in operating this verification system:

- The remoteness of some villages hinders timely verification of ODF status once a claim has been made, and this can result in frustration for villages who have worked hard to reach ODF status.
- There are only limited resources for monitoring and evaluation, including CLTS follow-up.
- In a number of areas there is a constrained capacity for verification exercises, the consequence of few training opportunities and insufficient deployment of personnel.
- The standardization of verification exercises is needed, to ensure that it is neither too lax in some areas nor too strict in others.
- With sanitation service delivery now a responsibility of the county governments, there are likely to be differences in priorities and consequent disparities in performance.

## Certification

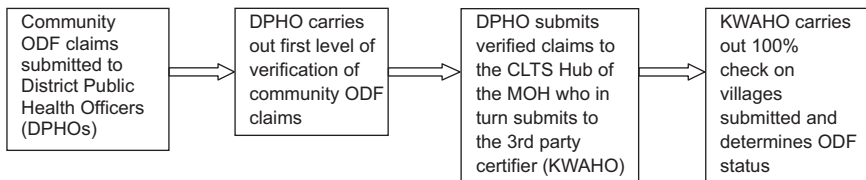
Certification is the official confirmation and recognition of the ODF status of a community after verification. It might actually go beyond ODF by including other agreed-upon conditions related to sanitation and hygiene.<sup>2</sup> In some countries, the certification process is undertaken by the same agencies that had carried out the verification exercise. In Kenya, an independent, third-party agency carried it out, the Kenya Water for Health Organization (KWAHO).

Third-party certification is an independent confirmation of ODF claims made by communities. As the name third party implies, it is conducted by agencies (organizations, government agencies, community organizations, consultants) that are not directly involved in the implementation of the CLTS activities. This involvement of a third party should bring in a fresh outlook, ensure the credibility of the certification process, make the community realize their potential, and trigger enthusiasm in neighbouring communities. However, it should also be acknowledged that, though they are not involved in programme implementation, the third party agencies are being paid to do a job, so there might sometimes be pressure put upon them by their funders to produce results they want to see. And the same might be true for those who carry out the verification exercises, in that government staff might wish to get good results and so become lenient during verification.

In Africa, third-party certification using such an independent organization is said to have been tested only in Kenya (KWAHO, 2012). Zambia considered, but eventually dropped, an approach similar to Kenya's, on grounds related to affordability, speed, and scale-up. In Ghana, the government's lead ministry is involved in the certification, while in Nigeria the task forces, at state and national levels, comprise various sanitation stakeholders responsible for the certification. They carry out random unannounced spot checks on the list of villages claiming to be ODF.

### Certification in Kenya: the old model

While ODF verification in Kenya has been the mandate of the Ministry of Health through the deployment of sub-county public health officers, certification, for the period 2010 to 2014, was carried out solely by a third party, KWAHO, a local NGO (see Figure 13.1).



**Figure 13.1** Verification and certification of ODF status in Kenya – the old model

Source: KWAHO.

With the financial support of UNICEF, the third-party certification was carried out in Nyanza and Western regions from late 2010. In July 2012, Nambale District in Busia County was certified as the first ODF district in Kenya.

However, many villages that claimed ODF status remained uncertified. Some of the reasons proffered for the slow rate were:

- The high cost of certification. It was estimated that certification was costing, on average, far more than the cost of triggering of a village. The cost of certifying one village was estimated at US\$85, compared with US\$60 required per village for triggering.
- The human resources capacity of a single NGO to carry out the certification process nationally was also a focus of discussion, as triggering and claims of ODF were happening quicker than they could be certified.
- The efficiency and sustainability of managing third-party certification centrally came into question.

Significantly, between 2010 and 2011 this initiative registered impressive results with over 1,000 villages (571,231 people) attaining ODF status (KWAHO, 2012). However, due to the expense involved, the third-party certification exercise remained part of a project contract with UNICEF Kenya and it was, in the main, carried out only in the GoK/ UNICEF CLTS programmes. Consequently, the sanitation sector, through its coordinating mechanism known as the Inter-Agency Coordinating Committee (ICC) and its sanitation working sub-group, the Sanitation Technical Working Group (TWG), reviewed the whole issue of third-party certification in Kenya. The TWG was convinced of the need to continue with a third-party system, but questions remained about scale-up, quality, and cost-effectiveness, particularly in the context of Kenya's devolution of powers, where the mandate for sanitation service delivery is no longer at the national level, but is instead at county level. The TWG resolved to create a new model more aligned to the new constitution and which would take into account the issues related to scale, quality, sustainability, and cost-effectiveness.

### **The new certification model**

In 2010, Kenya had promulgated a new constitution (Government of Kenya, 2010), which, along with that of South Africa, is acclaimed as one of the world's most progressive. In it, Article 43(1) (b) guarantees the right of every person to 'reasonable standards of sanitation' and, further, in Articles 22 and 70, gives every person the right to institute court proceedings claiming that his or her rights to sanitation and clean and healthy environment have been denied, violated, infringed, or threatened. So the significance of the new constitution for sanitation is twofold:

- Sanitation has been enshrined as a constitutional right and one that is actionable.
- The responsibility for service delivery in health and sanitation was moved from the national government to the 47 county governments.

This has had far-reaching effects and important implications for the sanitation sector in Kenya in that the constitution promotes the devolution of systems and processes to bring them closer to the people and ensure service delivery. It also provides a rationale for devolving third-party certification.

In scaling up CLTS in Kenya, it was agreed that a well-defined process of independently assessing, confirming, and certifying claims made by communities about their ODF status needed to be established and maintained. The sector needed to explore options and establish a system that would be:

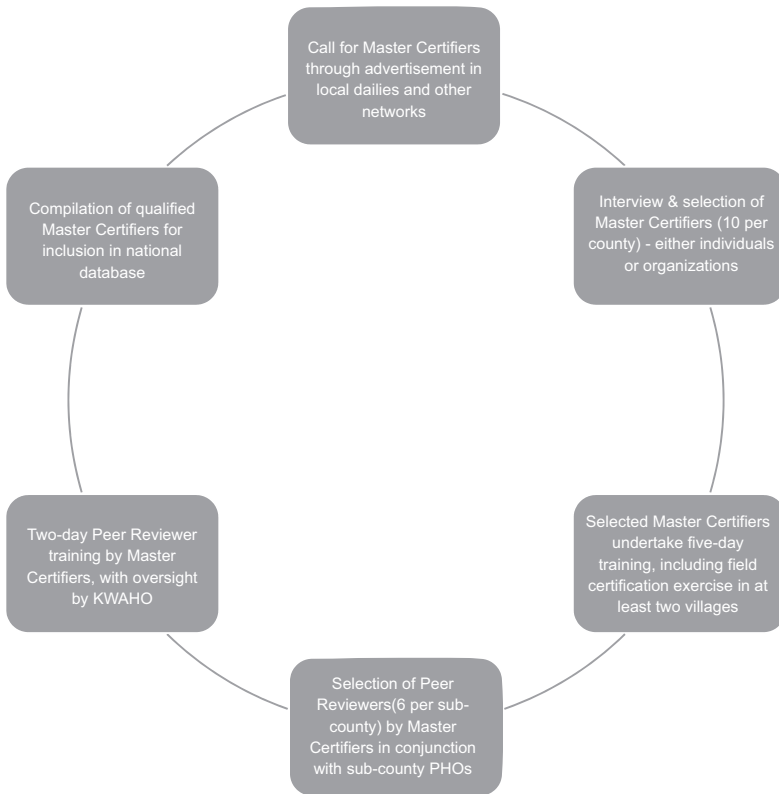
- Able to speed up the certification process to cope with the large number of anticipated ODF claims.
- Cost-effective.
- Independent and therefore objective.
- Acceptable and therefore able to be adopted by all stakeholders.

With these key prerequisites in mind, Kenya has moved towards a hybrid approach to certification, comprising an independent organization/institution at the national level and trained teams at county levels. County-level teams ensure that the harmonized approach developed by the Sanitation Technical Working Group and the CLTS National Steering Committee, among other key stakeholders, was accepted and used by all. The model is designed to address issues related to the need to establish a sustainable institutional framework, ensure efficient organization, secure funding, and promote objectivity in the certification process (MoH, 2014).

Development partners supported the rolling out of the new model. KWAHO was still engaged, with a role of supporting and training counties on the required third-party certification processes and establishing a pool of trained Master Certifiers who were recruited for training based on the affiliation they had with their own counties. In line with the TWG recommendations, local-level actors, Natural Leaders, and community-based organizations (CBOs) are directly involved in the process. KWAHO, as well as building the capacity of the county teams, provides quality control through spot checks in certified villages. And this will help to standardize the certification process across the counties.

So, essentially, one step was added to the sequence set out in Figure 13.1, the certification of ODF claims carried out at the local level by what are called 'Third-Party Master Certifiers', and KWAHO's role changed to that of trainer and quality assurer. In setting up county teams in 11 pilot counties, KWAHO took the steps outlined in Figure 13.2.

By the end of 2015, 11 counties had fully established and trained teams, with 108 Master Certifiers. The criteria for the selection of these Master Certifiers are given in Annex A. Their Certification Tool is given in Annex B. The goal was to have 470 Master Certifiers trained around the country (10 per county) and their contacts made available within a national database based at the CLTS Hub of the Ministry of Health.



**Figure 13.2** Establishing the county ODF certification teams

Source: KWAHO

### Some emerging issues and questions

Following the initial roll-out of the new Master Certification process in Kenya, a number of challenges were faced and some early lessons can be drawn from the experience of the 11 counties.

#### ***Low response to the call for Master Certifiers***

Despite the requirement that there should be a minimum of 10 Master Certifiers per county, some counties had less than half this number of applicants and, of course, the number retained was reduced after the interviews. It emerged that a number of the applicants expected that they were being interviewed for a regular paid position, rather than being only 'on call' for undertaking certification. The only obligatory payment they receive is when they are required to carry out certification, and this is limited to the cost of transport and meals. However, KWAHO recommends a daily 'allowance' of KES5,000

(US\$50 in December 2015) that would cover transportation, meals, and have something left over that would be considered 'payment'. Nakuru County is the only county (among the 11 counties that have so far adopted the devolved system of certification) that has been able to pay a figure close to this, which was KES3,500. For Nakuru County, this payment was made possible by the fact that the county has a budget line for sanitation that is well funded. There are however other counties that have no funding at all for sanitation activities and thus would not be able to pay the Master Certifiers.

This was a particular concern of the Executive Director of KWAHO when she was asked for her thoughts on the revised certification system. 'As I see it, a main challenge will be that we are setting up large teams,' she said. 'We should have accredited fewer people at the county level rather than a large team. If certification work is not forthcoming mainly due to lack of agencies to fund certification, they will be idle and discouraged.'<sup>3</sup> Another possible inhibiting factor was the requirement that in order to cut down on the cost of certification, Master Certifiers should be from, or residing within, the county calling for applications.

As a consequence, some of the pilot counties had to lower the academic qualifications for their Master Certifiers. There was a concern, then, about how this will affect reporting standards, and whether the tools will need to be simplified. The tools are given in Annex B.

### ***Standardization of CLTS indicators***

Under the new CLTS protocol and guidelines (MoH, 2014), a number of non-negotiable indicators were introduced, including that there should be a nearby handwashing facility and a drop-hole cover. Previously, these two indicators had been encouraged but not listed as non-negotiable; thus, triggering teams had not emphasized them, but focused rather on a community being ODF. So a new communication issue has emerged, the need to clarify for communities, well in advance, the range of criteria being used in the certification process.

### ***Potential conflict of interest***

There was concern in some sub-counties about potential conflict of interest, when it seemed that some Public Health Officers (PHO) wanted to influence the recruitment of peer reviewers/enumerators (KWAHO, 2015). There is a possibility that they might influence the process of certification. So the question remains as to whether the objectivity of the third-party certification will be compromised by engaging local level reviewers.

This question of objectivity was also a concern of KWAHO's Executive Director, who in an interview with the author, wondered how impartial the Master Certifiers could be if, after recruitment by their county, they were required to certify within their own county. If they are accountable to the county, what assurance and quality control would there be?

Another conflict of interest challenge emerged in areas where Public Health Officials demanded to be accredited as Master Certifiers, which would have had potentially serious negative impacts on objectivity and independence of the certification process.

### ***Uniformity***

The maintenance of a quality standard for verification and certification throughout the country will be key to upholding the integrity of the process, and in ensuring the sustainability of ODF status. Will there be worrying disparities in the way counties apply the defined standards?

### ***Equity***

Different budgetary allocations per county for the same process might well distort the certification system. Will the counties recognize the importance of post-ODF monitoring and evaluation in working for sustainability? Will they provide sufficient budgets for verification and certification? How best can they be persuaded to do so?

### **Conclusion**

Perhaps the key problem, then, in relation to verification and certification in countries such as Kenya where devolution of responsibilities is taking place, is how to ensure that there are equitable processes across the country, when there will be a tendency for county governments to identify different priorities and allocate different budgets. In 2015 there were efforts to finalize guidelines for achieving an ODF Kenya and advocating for budget allocations for sanitation. Additionally, there was a push for integration with other sectors, including nutrition, for better health outcomes. On the issue of inclusion, there is still a need to review policies and establish mechanisms for assisting the most vulnerable members of the community, bearing in mind that the country has a no-subsidy policy for households.

A main challenge related to budget is the lack of hard and fast rules/guidelines on the level of payment of Master Certifiers. What will be the effect on quality of certification in counties where Master Certifiers are not paid at all, and in other counties where they are paid? Can a county retain a Master Certifier who they cannot pay and who needs to be able to have a source of income?

The other main challenge will be in addressing issues of impartiality and conflict of interest, especially when the Master Certifiers come under pressure because targets have to be reached. Only if it upholds values of honesty, equity, and transparency can a system for verification and certification be said to be trusted and effective.

As with all other sectors, the health sector in Kenya continues to grapple with various challenges occasioned by devolution and the shift



of service provision responsibility from the national level to the county levels. Sanitation-related challenges, in particular, have had a significant and very visible effect both on the health and the economy of the country. Throughout 2015, nearly half of the counties had breakouts of cholera with many casualties reported. Early feedback from some of the counties showed that villages that were ODF escaped the recurrent waves of cholera, even as villages around them were continuously affected. This makes it even more imperative for the sector to speed up the ODF campaign and resolve the questions that still arise on how to ensure a robust, efficient, and cost-effective certification process that counties can trust, adopt, and execute.

### About the author

**Lewnida Sara**, World Bank Water and Sanitation Program (WSP). Lewnida led WSP's implementation of the new Ministry of Health guidelines for third party certification of ODF status following the devolution of health services in Kenya from central to county governments.

### Endnotes

1. See CLTS website, [www.communityledtotalsanitation.org/resource/national-protocols-and-guidelines-verification-and-certification](http://www.communityledtotalsanitation.org/resource/national-protocols-and-guidelines-verification-and-certification)
2. Other conditions in Kenya include a clothes line, a rubbish pit, and a dish rack.
3. Phone interview with the Executive Director of KWAHO, Catherine Mwangi, on 28 September 2015.

### References

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### Annex A

#### ***Re-advertisement: capacity development (training) opportunity for third party open defecation free Master Certifiers***

Kenya Water for Health Organization (KWAHO) in collaboration with the Ministry of Health plans to establish County Level systems for Third

Party Certification of Open Defecation Free (ODF) villages. This will be done by developing a responsive capacity building Strategy through one week's training that not only will impart skills, but will also promote local ownership of the ODF Third Party Certification process at the County level in the following Counties: Migori, Kisii, Kisumu, Busia, Nakuru, Nyeri and Kajiado.

KWAHO is mandated by the Ministry of Health to carry out Third Party Certification of ODF villages. In response to and in the spirit of supporting the Devolution Governance Structure for sanitation, KWAHO will train Master Certifiers to play this role in their respective Counties.

The training aims at building local capacities of 10 Master Third Party ODF Certifiers per County by adaptation of Community Led Total Sanitation (CLTS) principles for the purpose of scaling up sanitation uptake by communities. The 10 Master certifiers will form a pool from which Organizations/stakeholders at their County level can contract them to lead in the certification of villages that will have been verified using local peer review teams.

KWAHO therefore invites qualified individuals and/or local Organizations from the 7 Counties above to send in their applications to be considered for selection as Master Certifiers.

#### Criteria and Qualifications:

##### Individuals

- CLTS experience or exposure both through training and triggering.
- Demonstrated 4 years' experience with community development approaches with a bias to WASH implementation both in rural and urban set-ups
- Evidenced experience in conducting participatory qualitative and quantitative studies
- Evidenced advanced report writing ( English) and documentation skills for internal and external sharing (with partners and donors)
- Has a minimum first degree in Public/Environmental Health, social and other related sciences

##### For Organizations:

They must submit CV of at least 2 employees with all the above qualifications

Have a permanent physical address

Meets and provides proof of legal status of registration (PIN, VAT)

<p>All interested parties to send their hard or soft application indicating the County you are applying for by 12th January 2015 to: The Executive Director, Kenya Water for Health Organization, P.O 61470-00200, Nairobi / info@kwaho.org</p>	<p>Hard copies to be delivered to KWAHO offices: Industrial area- off Dunga Road, within National Water Conservation &amp; pipeline Corporation compound</p>
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## Annex B

### Certification tools

#### FGD ODF Certification Tool

Please remember the climate setting protocol, and ensure you have at least 7 people, write their names, mobile No at the back of this form and fill in a precise and concise manner

County..... Sub-County.....

Location..... Village Name.....

No of House Holds      Water point Name.....      Date.....

Full Name/s of Assessors.....

This is intended for a small community team who should include, natural leaders, community health worker and community administration

1. What was the date of the triggering / Health Education & Sanitation training..... Who & How was it done? (if not, Skip Question 2 & 3)
2. How many '**Natural Leaders**' from the triggering are still active?, any drop outs & why
3. How many households have **built a new latrine** since the triggering? (additional)
4. How many households are **in the process of building a latrine?** (e.g. pits dug)
5. How many households **IN TOTAL have a completed, functional latrine?**
6. How many households **HAVE NO LATRINE?**
7. For all existing latrines (old & new), how many have **hand-washing facilities?**
8. For all existing latrines (old & new), how many have **drop hole covers?**
9. Would you rank your village as ODF or not yet? OR Would you confidently say that your village is free of all human excreta in the open?
10. Go in the bush and check the Open Defecation (OD) areas. **Do you find any shit?** (Don't ask only fill at the end of transect walk)
11. Is it time to inform the authorities that your village is ODF i.e. free of human excreta in the open

**VILLAGE ODF CERTIFICATION REPORT**

<b>County</b>		<b>Sub-County</b>	
<b>Location</b>		<b>Village Name</b>	
Total No of Households		Total No of Households With Latrine	
Total No. of Households Visited		Total no of Latrines with Drop/Squat hole covers	
No of Households with Individual Latrine	No of Households with Shared Latrine within Homestead	No of Households sharing latrines with neighbors	No of households with improved latrine- VIP or toilets
Open defecation site/s status		Active	<b>Not Active</b>
Total No. of Households with Hand washing facility		Total No. Latrines with anal cleansing materials	Total No. of Households which Had latrine before triggering
Open Defecation Free Village Status		<b>ODF</b>	<b>Not ODF</b>

**ODF Certification Team Composition (plse tick box and indicator number)**

KWAHO Staff/Enumerator	Natural Leader(s)	CBO	Local Administrator	Other
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We the undersigned having carried out a complete certification process which included Focus Group Discussions, observations in the village (streets, fields, schools, health center, playgrounds, market area) and a certification of all households certifying that each has **access** to a latrine(s), have drop hole covers & hand washing facilities including transect walk of the entire village. We have today satisfied ourselves that **THE VILLAGE IS OPEN DEFECATION FREE (ODF)/ NOT ODF (OD)**

We the undersigned confirm this as a true record of the ODF state of our village

<b>Full Name of Enumerator, &amp; Mobile No</b>	<b>Profession (natural leader, Village Headman, Teacher, KWAHO, Master certifier, peer reviewers.</b>	<b>Signature &amp; Date</b>