

# How sanitation and hygiene champions emerged in Siaya County

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*Sanitation Learning Hub Case Study*



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This case study was developed to inform subsequent research and analysis of local government leadership and prioritisation of sanitation and hygiene (S&H) in East Africa. Consolidated learning from across the three countries involved can be found in the [Sanitation Learning Hub \(SLH\) Learning Brief: Strengthening sub-national systems for area-wide sanitation and hygiene](#).



#### Introduction

From late 2020 to early 2021, the Sanitation Learning Hub (SLH) collaborated with local government actors and development partners from three sub-national areas to explore ways of increasing local government leadership and prioritisation of sanitation and hygiene (S&H) to drive progress towards area-wide S&H. For some time, local government leadership has been recognised as key to ensuring sustainability and scale and it is an important component of the emerging use of systems strengthening approaches in the S&H sector. It is hoped that this work will provide practical experiences to contribute to this thinking.

Case studies were developed to capture local government and development partners' experiences supporting sub-national governments increase their leadership and prioritisation of S&H in Siaya County (Kenya, with UNICEF), Nyamagabe District (Rwanda, with WaterAid) and Moyo District (Uganda, with WSSCC), all of which have seen progress in recent years. The cases were then explored through three online workshops with staff from the local governments, central government ministries and development partners involved to review experiences and identify levers and blockages to change. This document presents key findings from this process.



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#### Why focus on sub-national systems strengthening?

To progress from scattered open defecation free (ODF) villages to safely managed sanitation in high-burden countries at scale, governments need to take the lead, display political leadership, and match commitments with the necessary human and financial resources (World Bank Group et al. 2019). Following widespread decentralisation reforms, including across Africa (Cabral 2011), responsibility for S&H often sits with sub-national governments. Recent years have seen an increase in commitments towards achieving total sanitation and ODF status from sub-national governments in a number of countries across the world. However, of the 62 countries with over 5 per cent open defecation, only 18 are on track to be ODF (UNICEF 2019). If we are to reach Sustainable Development Goal (SDG) 6.2, we need to drastically pick up the pace.

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governments increase their leadership and prioritisation of S&H in Siaya County (Kenya), Nyamagabe District (Rwanda), and Moyo District (Uganda), all of which have seen progress in recent years. The development partners involved were UNICEF in Kenya, WaterAid in Rwanda, and WSSCC/Uganda Sanitation Fund in Uganda. The cases were then analysed through three online workshops facilitated with staff from the local governments, central government ministries and development partners involved to explore them in further detail, review experiences and identify levers and blockages to change. Lessons from the workshops are documented in the SLH learning brief mentioned above.

This is the case study developed by Siaya County and UNICEF documenting their experiences and reflections from working together to increase prioritisation of S&H in Siaya County, Kenya.

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## 1. Methods

This case study was developed to document UNICEF and Siaya County's experiences relating to the overarching research question: What influenced the local government to increase their leadership and/or prioritisation of sanitation and hygiene?

The SLH developed a case study development guide that included a suggested case study development process as well as a case study template with examples of questions to consider in each section. Most significant change (MSC) and outcome harvesting (OH) approaches were used to develop the case study: MSC as a means of first identifying a positive change(s) seen in selected local governments' prioritisation and leadership around S&H, and then OH to work back from these to unpack what may have contributed to the change(s).

Within this framework, teams produced research plans to develop their case studies before conducting literature reviews, interviews and focus group discussions as necessary to inform and draft their case studies. SLH provided tailored support to each case study development team throughout this phase based on demand. For most, this involved reviewing research plans, interview guides and draft case studies.

This case study was based on a desk review and 13 key informant interviews. All interviews were semi structured. Interviews were broadly grouped into three categories based on the role and the experience of the interviewee. The case study was compiled by a team based in Nairobi and Siaya County. The key roles and responsibilities for the case study team are listed in Annex A. Annex B provides further details of the interviews conducted.

The structure of the case study reflects the MSC/OH approach taken: following a background section providing context on the local government area, we explain the most significant change in the local government's prioritisation of S&H. The next section outlines activities that may have contributed to this change, followed by a look at some associated successes and challenges. The final section discusses lessons learned and recommendations that can be distilled from these experiences.

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## 2. Background

Siaya County is located in the southwest of Kenya. According to the 2019 census, the total population of Siaya County was 993,165 people with 91 per cent of the population living in rural areas and only 9 per cent in urban areas (KNBS, 2019).

Siaya is one of 11 counties with over 90 per cent of the population living in rural areas. The under-five mortality rate was 159 per 1,000 live births in 2019, which was three times higher than the national average (ibid.).

In 2011, the county set out sanitation and hygiene targets in a Microplan, with the support of UNICEF, to achieve open defecation free (ODF) status. In 2018, the county reached its goal and became certified ODF. However, the 2019 census indicates that there had been a relapse back to old practices in the county with 59,464 people (6 per cent of households) practising open defecation (KNBS, 2019). Nationally, 4.7 million people (7.4 per cent of households) in Kenya practise open

defecation (ibid.). Within Kenya, Siaya is one of 11 counties with moderate open defecation rates representing 11 per cent of open defecation in the country. People living along the lake region are probably the hardest people to reach in the county, largely due to the difficult terrain and the people's nomadic lifestyle. Siaya County is in the process of implementing a post-ODF plan to sustain its ODF status.

Making sanitation and hygiene a political priority and investing the required resources remains a struggle for many counties in Kenya. While many counties have not yet managed to deliver equitable and sustainable results at scale, Siaya County succeeded in achieving ODF status. The county is a good example of how successful county government leadership and prioritisation of sanitation can lead to improved quality of sanitation and hygiene programming.

## Roles and responsibilities of sanitation and hygiene stakeholders

**Government leadership:** The 2010 Constitution of Kenya was a turning point in the country's history because it redistributed the balance of power by devolving roles and responsibilities from the national government to 47 elected county governments. Consequently, the two-tier government system created two distinct roles: decision makers and implementers. The national government's role as a decision maker revolves mainly around creating policies, guidelines, and strategies while county governments put them into practice in line with their

Figure 1: Siaya County in Kenya



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role as implementers. Therefore, the overall responsibility for the provision of sanitation rests with the county government. Within the sanitation and hygiene space, programmes are led by national and county governments who ideally display political leadership, define priorities and targets, co-invest resources, and provide staff and administrative support, direction, and continuous oversight.

**Development partners:** The overall role of development partners is to support government leadership and ensure that their efforts strengthen local capacities for sustainability. More specifically, development partners provide financial support, leverage county resources for sanitation and hygiene programmes, and provide technical support to help counties create clear sanitation and hygiene plans and monitoring mechanisms. These stakeholders also empower the county government with the technical capacity to prioritise rural sanitation and hygiene and ensure that programmes can deliver scale, equity, and sustainability. Some of the active development partners in the county's ODF journey include UNICEF, KIWASH, KWAHO, Sana International, North Gem, Map International, KRC, APHIAPLUS, and Plan International.

**Community members:** Communities are ultimately responsible for creating, maintaining, and using latrines and handwashing stations. For sanitation and hygiene programmes to be sustainable communities need to play an active role and take ownership of their own health and claim their rights to a clean and healthy environment.

**WASH Hub:** In Siaya County, a coordination mechanism called the WASH Hub at the Ministry of Health was set up with the support of UNICEF to help coordinate all partners. It also plays a pivotal role in documenting and reporting on the community-led total sanitation (CLTS) campaign. In addition, the Hub organises quarterly meetings with the Inter-agency Coordinating Committee (ICC) and the technical working groups. These bodies bring together development partners and other stakeholders to advise the government on how to steer sanitation and hygiene issues forward.

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### 3. The most significant changes identified in the local government's prioritisation of S&H

A critical change that occurred in Siaya County was **financial commitment to sanitation-related activities**. As part of an agreement between UNICEF and the Ministry of Health in the county, UNICEF advanced 3,161,650 shillings which financed the first stakeholder meeting in August 2016 and CLTS implementation

in 150 counties (Siaya County, 2016). Siaya County government then co-invested 5 million shillings for CLTS activities in the entire county for the 2016/17 financial year (ibid.). As from October 2016, the county agreed to continually finance CLTS activities and initiate a reimbursement-based approach to complete the remaining activities. The governor also signed a financial commitment letter to ensure that funds were not redirected to other programmes. Furthermore, Siaya County implemented performance contracting for county public health officers (CPHOs) and community health visitors (CHVs) to help achieve at scale results in sanitation and hygiene. In addition, the county provided CHVs with stipends to motivate them to conduct regular household sanitation visits and follow ups.

There was also enhanced political commitment to the sanitation agenda that had not previously existed. Early engagement with the county governor, county executive committee members, members of the county assembly (MCAs), and other politicians in the county helped create political support for the CLTS initiative. By engaging these stakeholders early on, it helped to also create awareness around the negative impact that poor sanitation can have on social, economic, and cultural development, with grave consequences for individuals, households, and the nation as a whole. MCAs were also lobbied for resource allocation towards sanitation activities during county budgeting sessions.

In 2016, Siaya County created clearly defined priorities and set out sanitation and hygiene targets through their County ODF Roadmap in 2016 in line with the Siaya County Consolidated Health Annual Work plan for the year 2015/16. The overall aim of these two documents was to improve environmental sanitation through the CLTS strategy. The county plans involved collective actions by the community. The roadmap and annual workplan was informed by the Siaya County Microplan in 2015, which estimated that it would cost 30 million shillings to achieve 100 per cent ODF status.

The WASH Hub was set up towards the beginning of Siaya's ODF journey at the Ministry of Health and has played a critical role in coordinating, documenting and reporting on the CLTS campaign. The WASH Hub supports overall planning and monitoring, creates county progress reports, and identifies challenges in CLTS implementation. Furthermore, monthly and quarterly 'pause and reflect' meetings took place with all key stakeholder to critically assess CLTS implementation milestones and identify gaps, lessons learnt, and best practices. The county also conducted planning meetings with CHVs to map out when, where, and how different CLTS activities would be executed.

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## 4. What contributed to these changes?

To realise the right to sanitation, accelerate progress, and deliver scale with equity and sustainability, county governments need to set ambitious targets, commit human and financial resources, and actively lead sanitation and hygiene programmes. Siaya County was able to achieve its goal to become ODF through the collective efforts of people across the county at the village, sub-county, county, and national level. In order to understand what contributed to the changes in prioritisation of sanitation and hygiene, it is important to identify the conditions that enabled champions to emerge at different levels.

Devolution may have played a significant role in influencing champions at the county level to take up sanitation as a cause, by shifting the responsibility for water supply and sanitation to the county level. As mentioned earlier, the new constitution devolved power and responsibilities from the national government to the county governments for the first time in 2013 when the constitution came into force. This new mandate likely created a sense of county ownership, which could have influenced champions at the county level to prioritise sanitation. This may explain why some officials reached out to development partners to get clear guidance and training on how to move Siaya to ODF status.

**A series of sanitation conferences aimed at recommitting the national and county governments to their ODF targets may have motivated champions to emerge.** In 2014, the first national sanitation conference was convened by development partners to encourage counties to accelerate sanitation and hygiene results (World Bank et al., 2019). Two years later the national government created the Kenya Environmental Sanitation and Hygiene Policy 2016–2030, Strategy and ODF Campaign Roadmap to align national policies and strategies with the new constitution (ibid.). A prototype County Environmental Health and Sanitation Bill was later developed and used by counties as a guide for drafting their own legislation. The political backdrop could have created the momentum needed for the county government to create the 2016 ODF Roadmap and workplan and stay committed to its journey towards ODF.

Champions may have emerged at the village, sub-county, and county levels through **healthy competition between different regions**. During Siaya County's journey towards ODF neighbouring villages and counties started to achieve their sanitation and hygiene targets, which created an opportunity for learning and likely helped propel the sanitation agenda in Siaya. Several 'learning and exchange' forums took place in counties whereby CPHOs were sent to different districts and counties to learn from their successes. ODF-status celebrations in

different parts of the county further motivated CHVs, CPHOs, and village leaders to achieve sanitation and hygiene targets in their designated districts.

Development partners provided the county government with the means to empower champions to emerge in the county by providing the financial and technical capacity to prioritise rural sanitation and hygiene and ensure that programmes could deliver scale, equity, and sustainability. For example, UNICEF supported the county to create an ODF Roadmap with clear sanitation and hygiene targets and trained health workers on the CLTS approach. UNICEF also provided financial support for transport to CLTS sites and advocated for county resource allocation to sanitation-related activities. UNICEF also helped establish the WASH Hub and real-time CLTS monitoring system to allow the county to effectively plan and monitor CLTS activities.

**Health data was shared with leaders to emphasise the health benefits of improved sanitation and hygiene**, and the long-term cost effectiveness of disease prevention. In 2011, Siaya County experienced the re-emergence of cholera outbreaks. In 2009, one in five households practised open defecation in Siaya County (KNBS). As a result, the county was devastated by faecal–oral diseases such as cholera and typhoid and high under-five mortality rates. The need for a cholera-free environment created a clear and tangible goal for champions to work towards.

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## 5. Successes

Having champions at all levels (village, sub-county, county, and national level) helped propel the sanitation agenda in Siaya County. CLTS is ultimately a people-driven approach that requires financial and human resources to ensure that programmes can deliver scale, equity, and sustainability. Therefore, it required the collective action of the different stakeholders in the county government to lead by creating clear sanitation and hygiene targets, financially committing resources, and providing staff and continuous oversight. The national government also played a critical role in sustaining ODF achievements through political commitment and creating a supportive enabling environment for counties to take the lead on sanitation and hygiene matters. Successful CLTS implementation also demanded the support of communities by asking them to take responsibility for constructing and using their own latrines and handwashing facilities. Development partners were pivotal in supporting the county and national government by raising awareness, creating a monitoring platform, advocating for sanitation-



related funding, and filling the financial and technical resource gaps. All of these stakeholders had to come together at the right time to ensure that Siaya County progressed towards its ODF agenda.

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## 6. Challenges

Siaya County faced a number of challenges during its journey to ODF status. One notable challenge was reaching communities in areas along the lake. More specifically, the type of soil made it difficult to build a well-constructed latrine. There were also some locations that experienced frequent flooding. Consequently, latrines in these areas would often collapse, making it difficult to maintain them. In addition, people living in these regions were often nomadic, which also posed a challenge to sustaining good sanitation and hygiene practices.

Another challenge Siaya County faced was competing health priorities. For example, transport vehicles for CLTS activities were often used for other health emergencies. Public officers and CHVs were responsible for several different health portfolios and would often have to prioritise other tasks over CLTS. There were also competing financial commitments. Funding for sanitation and hygiene programmes was not always allocated in a financial year. And even if it was, it would be redirected to other activities.

Lastly, the post-ODF status strategy had a slow start, which caused some communities to relapse. As a result, 59,464 people (6 per cent of households) practised open defecation again in 2019 (KNBS).

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## 7. Lessons learned and recommendations

This section looks at lessons learned from the process of re-prioritising sanitation and hygiene in Siaya County. Below, we present some recommendations based on the experience.

The Siaya County case study has revealed that in order to reinvigorate the rural sanitation agenda, it is necessary to prioritise rural sanitation and hygiene and ensure that programmes can deliver scale, equity, and sustainability. Based on this understanding, the following recommendations can be made:

- 1. Sub-national governments must take the lead in prioritising sanitation and hygiene.** To achieve sanitation and hygiene targets, sub-national governments must lead by creating clear sanitation and hygiene targets, committing financial resources, and providing staff and continuous oversight. National governments can play a vital role in strengthening sub-national systems by creating a supportive enabling environment with national ODF roadmaps and legislation that shifts the responsibility of water supply and sanitation to the sub-national level.
- 2. Development partners should play a supportive role in ensuring that sub-national governments have the capacity to take the lead on sanitation and hygiene programmes.** Sub-national governments often lack the capacity and time to plan, finance, and monitor sanitation and hygiene programmes. Development partners and donors should support sub-national governments to strengthen local capacities to achieve sustainable results. This could be through financial support, training, co-investment, leveraging sub-national resources for sanitation and hygiene programmes, and supporting local governments to set clear goals and targets to ensure that programmes can be established and are effective and maintained.
- 3. Area-wide programming requires monitoring and coordination systems to ensure that no one is left behind.** In order to effectively assess and plan sanitation and hygiene programmes, a platform needs to be created to document, report, and coordinate activities. These platforms are also able to critically assess the gaps in coverage to ensure that these efforts are effective in reaching everyone within a given jurisdiction.
- 4. To encourage champions in sanitation and hygiene programmes to emerge at different levels the right social, economic, legislative, and political motivators need to be in place.** For example, the role of healthy competition should not be underestimated. ODF celebrations are an excellent motivator and have been shown to enable champions to emerge at the sub-national, district, and community level.

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