Plan International Kenya: CLTS Management Capacity Building for District-Level Officials

Implementation Narrative

November 2015

This document was prepared by Plan International USA as part of the project *Testing CLTS Approaches for Scalability*, funded by the Bill & Melinda Gates Foundation.

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About Plan International USA

Plan International USA is part of the Plan International Federation, a global organization that works side by side with communities in 50 developing countries to end the cycle of poverty for children and their families. Plan works at the community level to develop customized solutions and ensure long-term sustainability. Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and healthcare programs to education projects and child protection initiatives. For more information, please visit www.PlanUSA.org.

About The Water Institute

The Water Institute at UNC provides international academic leadership at the nexus of water, health and development.

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We support WASH sector organizations to significantly enhance the impact, sustainability and scalability of their programs.

The vision of The Water Institute at UNC is to bring together individuals and institutions from diverse disciplines and sectors and empower them to work together to solve the most critical global issues in water, sanitation, hygiene and health.

Acknowledgements

The authors acknowledge the support of the Plan International Kenya Country Office in leading the writing of this report (Stella Chepleting, Kenneth Chege) and support from colleagues at the UNC Water Institute (Jonny Crocker, Ryan Rowe) in reviewing drafts.

About the Testing CLTS Approaches for Scalability grant

Plan International USA's Testing CLTS Approaches for Scalability project, funded by the Bill & Melinda Gates Foundation (2011-2017), and implemented with the University of North Carolina's Water Institute, sought to understand the essential aspects of the CLTS facilitation and mobilization process and how it could be scaled to national level and/or replicated in other countries. The project drew on experiences with natural leaders (drawn from communities), teachers and local government officials in three pilot evaluation countries: Ghana, Ethiopia and Kenya respectively.

About this Implementation Narrative

In each of the pilot evaluation countries, the project team at Plan International documented their steps and process throughout the implementation part of the grant. This Implementation Narrative accordingly reflects this process and introduces project team analysis of factors that enabled and constrained implementation. It is our aim that, should other practitioner oriented organizations be interested in applying this adaptation of the CLTS approach, they can do so by following the steps laid out in this report.

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Abbreviations and Acronyms

CLTS	Community-led Total Sanitation
DLMs	District-Level Managers
MGDP	Gross Domestic Product
ICC	Inter-Agency Coordination Committee
M&E	Monitoring and Evaluation
MOH	Ministry of Health
ODF	Open Defecation Free
PU	Program Unit
SWOT	Strengths, Weaknesses, Opportunities and Threats Analysis
TNA	Training Needs Assessment
TOT	Trainer of Trainers
UNC	University of North Carolina
USA	United States of America
WASH	Water, Sanitation and Hygiene

1. Kenya Context

Plan International introduced community-led total sanitation (CLTS) to Kenya in 2007 in 14 districts. The CLTS approach was adopted by the Ministry of Health (MOH) as a sanitation strategy in 2010 as the basis for rapidly improving national sanitation coverage. Through this approach, the government aimed at increasing sanitation coverage, especially in the rural areas that faced a myriad of challenges such as poor economic status, lack of adequate personnel and unequal distribution of resources.

Sanitation and hygiene coverage only improved slightly since 2000, despite the introduction of CLTS. Based on the 2014 WHO/UNICEF Joint Monitoring Program update, 86.5 percent of households used some type of sanitation facility (improved, shared, unimproved); however, only 29.6 percent of households had access to improved sanitation. This number was significantly below the 63 percent coverage target set under Millennium Development Goal seven on environmental sustainability. The difference between these two figures highlighted the need for more work to increase access to sanitation and hygiene.

Estimated sanitation coverage - JMP 2014 update

Setting	Year	Improved	Shared	Other unimproved	Open defecation
Total	2000	26.9%	22.5%	34.4%	16.2%
	2012	29.6%	25.9%	31%	13.5%
Rural	2000	26.4%	17.2	36.9	19.5
	2012	29.1%	18.9%	35.1%	16.9%

In respect to investment in sanitation, Kenya only allocated 0.2 percent of the gross domestic product (GDP) to sanitation compared to the required 0.9 percent and the 2008 eThekwini Declaration commitment of allocating at least 0.5 percent of GDP to sanitation and hygiene.[1] In 2010, Kenya's total water and sanitation expenditure represented 0.86 percent of GDP, down from 1.10 percent in 2008.[2] This discrepancy shows that the Kenyan Government needed to strengthen its efforts in meeting the sanitation targets set to improve the overall health, sanitation and hygiene practices in the country.

Following the adoption of the CLTS approach, the MOH prioritized rollout in rural Kenya and envisioned to declare rural Kenya open defecation free (ODF) by the year 2013. In view of this, an implementation guideline was developed for the campaign, commonly referred to as the "ODF Rural Kenya Roadmap." This document was developed drawing reference from the draft national sanitation strategy and policy. The roadmap entailed working through partnerships and devolved government structures throughout rural Kenya to reach all communities and ensuring that they are ODF. Since the launch of the campaign in May 2011, the anticipated scale-up was not realized. As such, a new target was set to achieve ODF status throughout rural Kenya by 2017.

[1] The eThekwini Declaration and AfricaSan Action Plan, 2008, http://www.wsp.org/sites/wsp.org/files/publications/eThekwiniAfricaSan.pdf
[2] Off track, off target: Why investment in water, sanitation and hygiene is not reaching those who need it most, WaterAid, Nov. 2011 - http://www.wateraid.org/documents/plugin_documents/offtrack_offtarget.pdf

Although the government—particularly actors in the Ministry of Health—had shown its commitment to CLTS, implementation and sustainability efforts proved challenging due to inadequate technical, financial and institutional capacities at the district level to support planning, implementation and sustainability of CLTS activities. Tackling these obstacles through modified CLTS methodologies and practices could significantly improve the coverage of the approach and contribute towards the achievement of the Millennium Development Goal seven on environmental sustainability.

2. Project Background

The Kenyan intervention in this grant provided capacity building for CLTS management at the district level to determine whether these stakeholders could be trained and empowered to more effectively operationalize and champion CLTS. This was to be achieved through improved management planning, resource allocation and scaling strategies -- thereby advancing CLTS implementation and improving both demand and supply of improved sanitation in Kenya. The findings from the project helped in determining whether the approach could have a positive impact on the current sanitation situation and in turn improve and promote the health of the communities; hence meeting the sanitation targets overall. The District-Level Managers (DLMs) used this commitment to lobby the county assembly to pass bills that enabled counties to honor such commitments.

3. Why Focus on Strengthening Government Capacity?

Despite the commitment shown by frontline actors to scaling up CLTS, there was very minimal support from their immediate managers at the district level. These managers were only nominally involved in CLTS trainings and the existing training package was not designed to promote their inclusion. However, it was very critical that these managers were involved in CLTS because they were responsible for determining priority areas, setting the targets for the frontline actors and dispersing the budget. To address this, in this project, Plan focused on the incorporation of DLMs from various ministries into CLTS programs.

The DLMs were best placed to advocate to the county government for improved resource allocation, to influence policy and at the same time to undertake management, planning, supervision and monitoring for the roll-out of interventions by the entities under its purview. Although the CLTS approach has a profound impact on the health outcomes of the population, it is not exclusively a health approach. CLTS is a social approach that deals with breaking the barriers of societal belief, traditions and taboos surrounding disposal of fecal matter. Nonetheless, it was viewed as a MOH matter, and little integration and support had been forthcoming from other line ministries. Plan, through this project, sought to enlist other line ministries in supporting the scaling up of the CLTS approach. Plan envisaged that if DLMs had strengthened CLTS management skills, they could be more able to support the frontline actors, resulting in an improved scale-up process.

4. Project Description

The *Testing CLTS Approaches for Scalability* project was a four year, sanitation-focused, operational research project that aimed to advance rural sanitation efforts in Kenya, Ethiopia, Ghana and worldwide by improving the cost-effectiveness and scalability of the CLTS approach, with a particular focus on the role of local actors. In Kenya, the project assessed the role that government officials could play in increasing the cost-effectiveness and scalability of CLTS. The project was implemented in two Plan Program Units (PUs), Kilifi and Homa Bay, where CLTS activities were launched in 2007

and 2009, respectively. These two PUs were selected so that the project could build upon the ongoing CLTS activities and to provide a benchmark for comparison to assess the impact of the project.

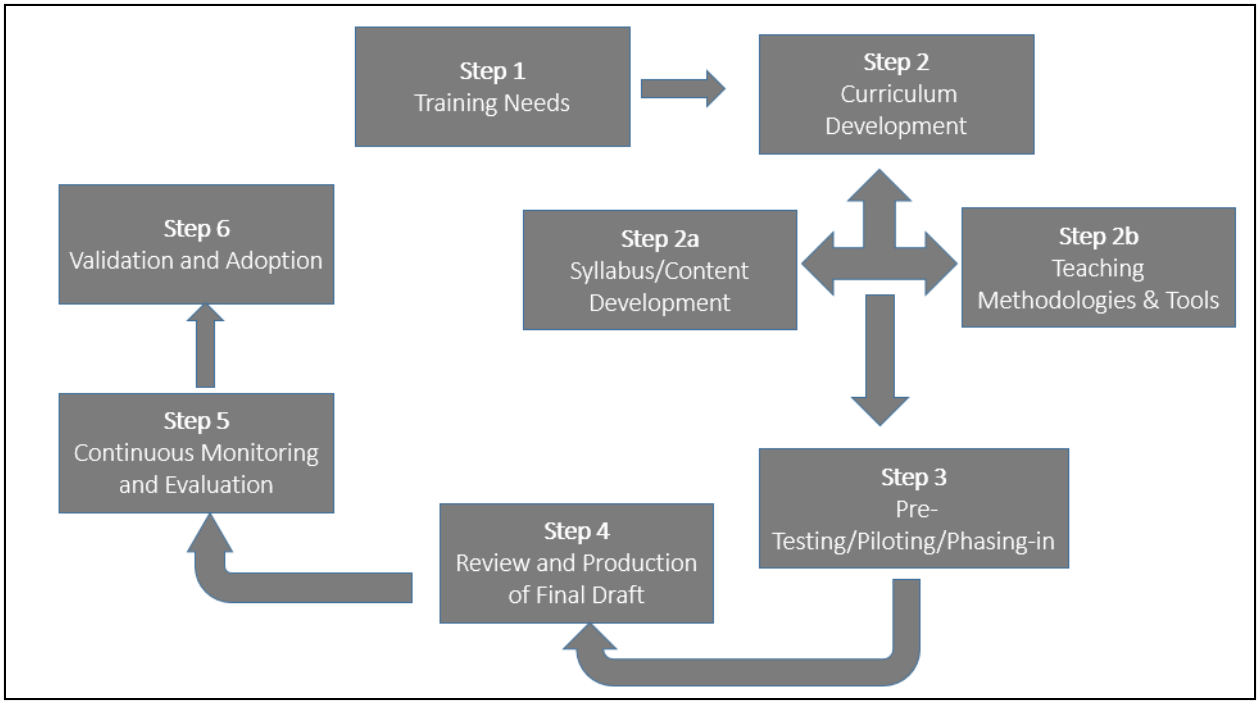
5. Project Implementation Activities

The project involved the selection of the managers in key ministries to champion CLTS activities in the district. These DLMs were then taken through key project activities that included: training needs assessment, developing a training curriculum, training 52 DLMs on CLTS management and mentoring them for six months. The intervention hinged on reinforcing four critical skills: knowledge of CLTS, advocacy and resource mobilization, strengthening CLTS monitoring and evaluation, and partnership management.

1. ***Selection of ministries*:** The Strategic District Management Teams selected the ministries involved in the project. These teams included the District Commissioners, Medical Officers of Health, District Public Health Officers, and the management teams from all the ministries present in the two districts. This process was completed during the inception workshops. The selection criteria was based on the roles of the various ministries and the target groups that the team felt could be motivated to promote and implement CLTS activities within their jurisdictions.

   For this project, the ministries selected included: the Ministry of Agriculture, Livestock and Fisheries; the Ministry of Education; the Ministry of Interior and Coordination of National Government; the Ministry of Labor, Social Security and Services; the Ministry of Environment, Water and Natural Resources; and the Ministry of Devolution and Planning.

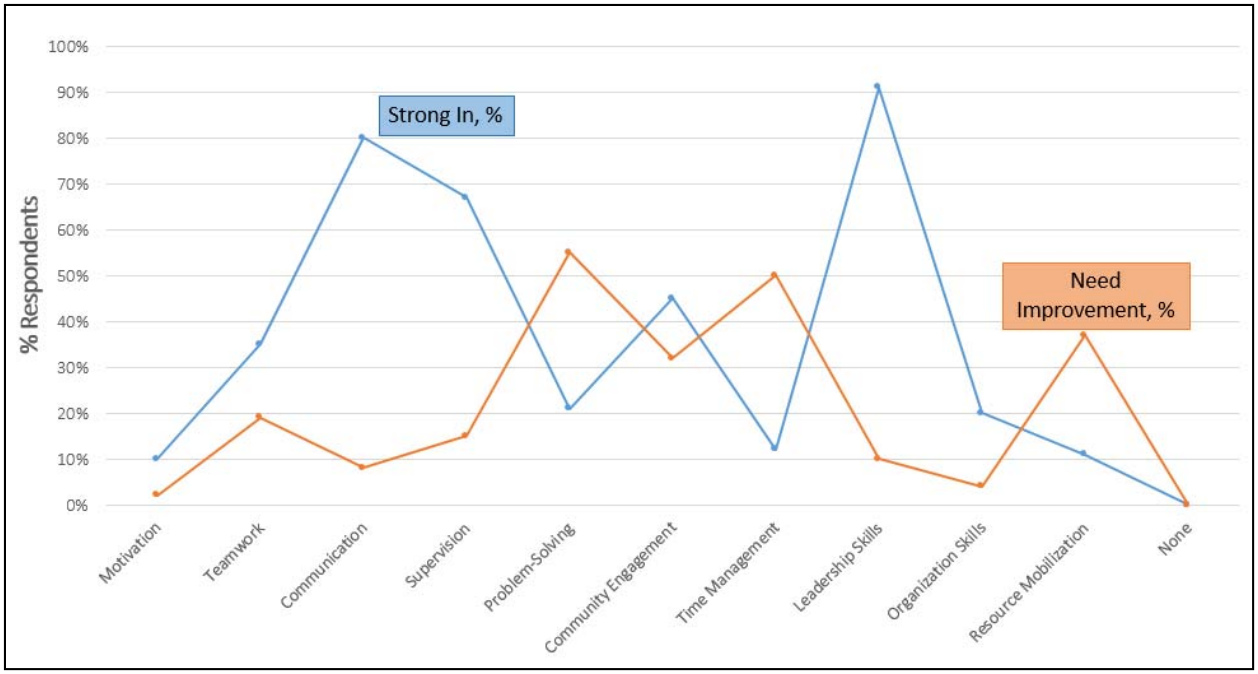
2. ***Curriculum development*:** The existing government CLTS training package did not focus on CLTS management; a new training manual was needed to address this gap. To create this manual, a curriculum development task force consisting of Plan staff was created to lead the process. Members included: Plan's Learning Advisor, the Organizational Development Advisor, the Research and Development Manager, the Monitoring and Evaluation Manager, the Grant Manager and the CLTS Project Manager. The team came up with a curriculum development road map shown below:



- *Step 1—Training Needs Assessment (TNA)***:** For the purpose of this project, the TNA focused on establishing the gaps in knowledge, skills and attitudes in relation to management of CLTS. This focus involved literature review and data collection. Documents reviewed included the CLTS training manuals and handouts, documentation from other organizations implementing CLTS, and job descriptions and related tasks of CLTS practitioners that informed the development of the TNA tools. Self-administered questionnaires were then completed by the participating DLMs based on self-assessment of the required competencies. This step was facilitated by the Project Manager with support from the Health Program Coordinators at the PU.

  With support from the monitoring and evaluation (M&E) team, Plan analyzed and interpreted the data to determine the strengths and weaknesses of the respondent DLMs. This analysis formed the basis for the next step: curriculum design. The findings of the TNA are summarized in the graph below, showing strengths and weaknesses in different knowledge and skills.

  The diagram below indicates that the capacity of the DLMs was found to be at different levels for each category assessed. The categories in which some DLMs indicated they had more capacity were in communication and leadership skills, which scored 80 and 90 percent, respectively. A few of the DLMs felt they had strong capacity on teamwork, problem solving, supervision, organization skills and resource mobilization. The DLMs also identified the areas they needed improvement in, including most of the management skills, problem solving, time management, resource mobilization.



- *Step 2—Curriculum design:* Following the outcome of the TNA results, the Curriculum Task Force singled out four critical skills and knowledge gaps necessary for a CLTS Manager to take CLTS to scale. These include: CLTS knowledge, M&E skills, partnership management skills, revenue mobilization knowledge and advocacy skills. The Task Force formulated a curriculum outline. A consultant assisted with developing a comprehensive resource pack consisting of a facilitator's manual, training PowerPoint slides, two short video clips and training handouts.

- *STEP 2b: Teaching methodologies training or Trainer of Trainers (TOT) Training*: A three day training was held to train ten Plan staff as TOTs for delivering this new manual. Since all ten staff were familiar with the CLTS content, the three days training mainly focused on teaching methodologies and dummy-practice training amongst the trainees themselves.

- *Step 3—Pre-testing, piloting and phasing in:* The draft curriculum was tested in Bondo PU, a PU that was not involved in the actual study. The pilot was a means of verification to the efficacy and efficiency of the designed curriculum and aimed at checking if the curriculum successfully delivered the intended content using the designed methodology within the proposed timeframe. After each day's session, both the trainers and trainees had an opportunity to critique and give independent views on the training package. Based on their evaluation a post-pilot review was undertaken to finalize the curriculum.

3. ***CLTS management training for the DLMS:*** A total of 52 DLMs from Homa Bay and Kilifi were trained. This five-day training was delivered by the TOTs at different times in Homa Bay and Kilifi. The training topics included an overview of CLTS, which aimed to review the origins of CLTS, the spread, characteristics and the sanitation situation in Kenya. The DLMs were further trained on the CLTS process and its steps as many of them were new to this concept. A practical session

during the training gave the DLMs hands-on experience with the triggering process after which they developed work plans on the roll out of the approach[3].

The session on the roles and responsibilities of CLTS managers was facilitated through group work where DLMs were able to identify their roles and responsibilities as managers with regards to CLTS. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was used to assess the capacities of the participants to effectively fulfill these roles and responsibilities.

4. ***Mentoring*:** The TOTs trained by Plan acted as mentors for the DLMs to reinforce the skills acquired in this initial training. The mentorship phase entailed guiding and closely monitoring the 52 trained Sub-County Level Managers to actualize the master work plans developed following CLTS management training while reinforcing four critical skills required for successful CLTS Managers: 1) knowledge in CLTS, 2) monitoring and evaluation Skills, 3) partnership management skills and 4) resource mobilization and advocacy skills.

   On-the-job mentoring was provided to the DLMs from both project sites. In Homabay, for instance, the mentorship resulted in the triggering of 60 villages and verification of 200 villages. All the key skills were closely monitored during the mentorship sessions. The same result was achieved in Kilifi where the DLMs triggered 43 villages and closely followed and monitored them towards ODF. Furthermore, mentorship was also achieved through regular review meetings and exchange visits to assess the progress and achievements as well as address emerging issues.

   To effectively realize the above mentorship activities for the DLMs, the trainees were organized in groups of five and attached to one mentor. The initial interaction between the mentor and the mentee was based on proximity, so that the individual mentorship schedules could be developed in person. Subsequent meetings through phone calls were adopted as a way of facilitating mentorship where physical proximity was not possible.

5. ***Advocacy forums:*** Plan supported two high-level advocacy events by the Sub-county Managers from Homa Bay and Kilifi Counties with a view to influencing both the political and technical county leaders to increase budgetary allocation to sanitation where CLTS is a key intervention. The theme of the event was "Towards sustainable total sanitation." The main objective was to highlight the urgent problem of poor sanitation and draw politicians and decision-makers, the media and the public into a dialogue about how to solve the sanitation problem. Thematic areas addressed included:
   - Initiate sanitation at an early age by reviving school health programs and including School-Led Total Sanitation in the package
   - Establish an integrated advocacy and communication strategy
   - Form a county Inter-Agency Coordination Committee (ICC) for sanitation

6. ***Training and supporting the frontline actors:*** The frontline actors from the departments involved in the project were trained by the DLMs in their respective PU sites. The four-day training covered topics on CLTS knowledge and practice, which involved practical field experience related to triggering and community mobilization; site selection; monitoring, evaluation and reporting of CLTS activities; and joint inter-departmental work plan preparation. The participants were also taken through CLTS verification planning and the assessment process, resource mobilization and

[3] Kenya training manual

the importance of partnership in scaling up CLTS. A mentorship work plan was drawn up to guide the mentorship phase:

County	Activity category	2013 Sept	Oct	Nov	Dec	2014 Jan	Feb	Mar	Apr	May	Jun
Homa Bay	Training activities										
Kilifi	Training activities										

Activity	Homa Bay			Kilifi		
	Start date	Duration (days)	Participants*	Start date	Duration (days)	Participants
Initial training	2013-09-16	5	24	2013-10-07	5	19
Interdepartmental workplanning	2013-10-01	1	13	2014-01-20	2	19
Training DLMs on CLTS Approach	*NA*			2014-02-24	4	19
Interdepartmental workplanning	2013-11-01	1	13	2014-04-14	2	17
Monitoring visit to triggered villages	2014-03-03	1	7	2014-03-10	1	19
Monitoring visit to triggered villages	2014-03-10	1	7	2014-04-07	1	12
Sensitization of county assembly	2014-03-10	1	10	*NA*		
Training division level facilitators	2014-03-17	5	4	2014-03-10	4	6
Training on resource mobilization	2014-03-17	3	24	2014-06-02	2	19
Training division level facilitators	2014-03-24	5	4	2014-05-05	4	3
Advocacy training	2014-04-14	4	24	*NA*		

*Participants refers the number of initial trainees present.

7. ***Triggering training:*** Because not all the DLMs worked for the Ministry of Health, it was important to build the capacity of non-health workers on the CLTS approach. As such, training was organized for all those who had not been previously trained on CLTS. Plan trained nineteen (four female and fifteen men) managers in Kilifi in the CLTS approach through a five-day training. These managers triggered two villages during the practical session of the training to instill hands-on experience in conducting a triggering session. This step helped them as they supervised their frontline actors charged with the triggering function. In Homa Bay, the DLMs felt that the earlier training on management was sufficient and preferred doing on-the-job mentorship. They periodically joined the Plan staff implementing triggering and monitoring sessions for other CLTS programs[4]. The trained managers were equipped with in-depth knowledge on CLTS and could not only train, but supervise their supervisees.

8. ***Monitoring and evaluation:*** Communities triggered effectively through the CLTS approach mentioned above usually embark on a journey of rapid collective behavior change. Although achieving ODF status and getting certified were important milestones in the process, they did not mark the end of the journey. CLTS in itself falls short of providing the motivation and support to move a household up the sanitation ladder. Continuous monitoring and support to the community was important to reverse this. Because of this, Plan chose to focus on M&E for DLMs.

   The DLMs in Kilifi followed up with the two villages they triggered during the training as part of the mentorship process on the M&E pillar. In Homa Bay, DLMs were involved in follow ups and verification exercises in 75 villages. Plan ensured that the DLMs participated in monitoring visits to villages triggered under other Plan CLTS programs. In both project sites the DLMs participated

[4] The Pan African CLTS program implemented in eight countries in partnership with Plan Netherlands and funded by the Dutch Ministry of Foreign Affairs was ongoing in Kenya during implementation of this project.

in verification and certification exercises of different villages. As part of monitoring, they followed up on how the funds were allocated during annual budgeting for CLTS were used by the Ministry of Health; meeting quarterly and sharing progress.

9. ***Resource mobilization training:*** Government officials were never trained on strategies of mobilizing resources from sources other than government. In response, Plan organized a three-day training for the heads of various government departments to build their capacity in resource mobilization so as to enable them to bridge the gap in development and general service delivery for sanitation, including CLTS. The training was attended by nineteen participants in Kilifi and nineteen participants in Homa Bay. The lead facilitator was Plan's Resource Mobilization Manager, supported by Plan's Grants Coordinator and a consultant. Some of the topics covered included: qualities of a good resource mobilizer; strategic steps towards resource mobilization; resource mobilization strategies; Kenya's county budgeting process and strategic times to lobby; key principles guiding the budget making process; proposal development; mapping resource providers; benefits of networking and partnering; global perspectives on resource mobilization; and overcoming challenges to resource mobilization. The outcome of the training was a resource mobilization strategy that DLMs used to organize for fundraising with partners.

10. ***Advocacy training:*** Advocacy is a prerequisite for successful resource mobilization. The overarching objective of this training was to enable the DLMs to develop a clear understanding of the political and power influences and appropriate approaches to lobby government for increased budgetary allocations for CLTS. The specific areas of focus were:

    - To build participants' knowledge and skills related to key steps in the advocacy planning process (e.g., setting advocacy goals and objectives, defining target audiences, identifying strategic advocacy activities and approaches, and developing implementation and M&E plans for an advocacy campaign);
    - To learn how advocacy could be used to convince county authorities to take concrete steps to improve sanitation and hygiene in Homa Bay County; and
    - To work in groups to identify an advocacy issue and develop a corresponding advocacy action plan.

    Some of the topics covered in this training included: why advocacy?; tools for advocacy; planning for advocacy; identification of advocacy issues; use of the PESTEL[5] analysis and RAPID Framework[6] in teasing out sound advocacy issues; evidence-based advocacy; setting advocacy objectives; identification of advocacy targets using a stakeholder analysis table and comprehensive target analysis tables; building partnership and alliances; advocacy approaches; framing the policy ask; action plans for advocacy; and resource mobilization for advocacy.

    In Homa Bay, Plan took advocacy training on as an immediate training package following the resource mobilization training. However in Kilifi, the resource mobilization and advocacy training were conducted in one training session running for five consecutive days.

    A second phase of advocacy training was carried out in Homabay during which the DLMs were able to develop draft sanitation and hygiene bills. A task force of DLM members was selected to

[5] Political, economic, social, technological, environmental, and legal analysis
[6] RAPID Framework is a decision accountability tool developed by Bain and Company -- recommend, agree, perform, input, decide.

polish the bill in preparation for presentation to the county assembly. The two sanitation bills were created as a result of the strong mentorship and advocacy training that was conducted.

11. ***Monitoring and evaluation training:*** Enhanced skills in M&E are critical for improving effectiveness of development work and the quality of the contribution the work makes to the lives of the people. The overall aim of this training was to equip the DLMs with skills and knowledge for monitoring and evaluation. The DLMs developed an M&E strategy to guide the monitoring of the program activities.

12. ***Learning exchange visits:*** The project supported 24 district-level managers and 6 project staff to attend a two-day learning exchange visit in both Kilifi and Homabay. The goal of these visits was to learn about the innovations used in scaling up CLTS activities in the two counties and to get to know how the County and Sub County-Level Managers were influencing policy decisions in their respective counties in relation to budget allocation, CLTS monitoring and evaluation and management of the CLTS process with a view of enhancing the scalability of the CLTS interventions.

6. Project Enabling Factors

Project enabling factors included: political commitment and support; community structure; skilled community facilitators; no history of subsidy; prevalence of open defecation, etc. Each is detailed in turn in the section below.

- ***Policy environment*:** The project began after the devolution of the centralized regulation of services, and after the MOH had launched the ODF Rural Kenya Roadmap. This timing provided a supportive environment for the project initiatives.

- ***Devolution in Kenya*:** Kenya's 2010 constitution instituted devolution from the centralized regulation of services. This shift has placed responsibility for water supply and sanitation provision to 47 newly established counties. WASH is included in the budgeting and financing for developments.[7] Each county was expected to host quarterly county Inter-Agency Coordination Committees (ICCs) to improve partner coordination for service delivery. This action provided a great opportunity for the DLMs to strategically push the CLTS agenda to be featured in the county budgets. Devolution therefore was a strategic tool for DLMs as it provided an opportunity to get stakeholders participating in the CLTS sector at the local levels to partner, learn and share from one another.

- ***The ODF Rural Kenya Road Map 2013*:** Devolution was followed by the launch of the ODF Rural Kenya Roadmap in May 2011. When the Ministry of Health adopted CLTS as a key strategy for scaling up sanitation in Kenya, it updated the ODF Rural Kenya Road Map, now with a new target of 2017. The roadmap entailed working through partnerships and devolved government structures throughout rural Kenya to reach all the communities and ensure that they are ODF. At the county and local levels the roadmap required mapping and securing commitment from partners, supporting them to develop work plans and securing resources for implementation of their plans for attaining ODF at the county level. The roadmap emphasized the importance of working with the private sector to respond to demand created through the ODF rural Kenya 2013

[7] World Bank Water and Sanitation Program, Devolution in Kenya: Opportunities and Challenges for the Water Sector, September 2013

campaign.

- ***Involvement of the county assembly***: At the beginning of the project, Plan underestimated the role of the county assembly in catalyzing community support for CLTS as well as budget allocation and passing of strategic bills to support CLTS. As the project progressed, the importance of this group was recognized. The group was very strategic and should be targeted from the initial project planning phase to trainings and implementation.

7. Project Constraining Factors

Constraining factors varied across a range of issues including: the impact of devolution; inconsistent government participation in the trainings; competing priorities and responsibilities; security; and lack of focus on sanitation. Each is detailed in turn in the section below.

- ***The impact of devolution on the project***: Ahead of the implementation of the new constitution most civil servants were busy asking for transfers to their home counties due to fear of the unknown. To reduce loss to follow-up, the project was delayed three months after implementation of the constitution. Due to the decision to delay the program, only two of the 52 DLMs were transferred after being trained.

- **Inconsistency of government participation in trainings:** The training was designed for the departmental heads, who are Authority to Incur Expenditure (AIE) holders at the county level. However, because of competing tasks some of the departmental heads sent other subordinate officers to the trainings. By the end of the project the composition of the trainees, and hence the research subjects, was not the same. To complicate this further in subsequent trainings during the mentorship phase, different people from one department would show up, interfering with consistency in skill gain.

- **Competing priorities and responsibilities:** Scheduling trainings proved difficult since different departments have very distinct work plans. Some trainings had to be cancelled and rescheduled due to changes of schedule, which delayed the mentorship phase.

- **Security:** Kilifi County lies in the coastal region of Kenya, which suffered from episodes of insecurity due to its proximity to Somalia where the Al-Shabaab terrorist groups had a high presence. As such, most of the interventions in this region were delayed. In fact, the resource mobilization and advocacy training had to be combined into one training to save time as the mentorship phase was quickly ending.

- ***Lack of focus on sanitation:*** Increasingly, community meetings that were normally convened to discuss sanitation improvement strategies at the household level included other socio-economic development initiatives, such as children's performance in school, birth registration, kitchen gardening, mother-child healthcare education to mothers, merry-go-round savings and loans amongst women, adult education, as well as various income generating activities (such as livestock, poultry and bee-keeping) that are positively impacting on the communities.

8. Conclusion

At the time of writing, there is growing support to advocate for and scale up CLTS in a number of districts in the Nyanza and Coast provinces, where CLTS work has been ongoing and where there is strong potential for entire districts to become ODF with increased effort. This support comes from a wide range of stakeholders including Plan; UNICEF; Aga Khan Foundation; NETWAS; the government line ministries of Public Health and Sanitation, and Environment, Water, and Natural Resources; local authorities; and natural leaders (including children) from ODF communities.

The MOH in Kenya has played the lead role in the implementation of health and sanitation activities and has been faced with a myriad of challenges, such as lack of adequate financing, lack of enough personnel and weak coordination of CLTS activities between the national and local government among others. However, since the amalgamation of the new constitution in 2010 resulted in the devolved government system and the creation of the road map to rural ODF, there has been renewed momentum in the sub-counties to improve their health indicators; water and sanitation is now a top priority in most counties.

Plan trained and observed the actions of the 52 DLMs for change at the devolved government structures at the sub-county level. The level of involvement of non-conventional CLTS actors was beginning to emerge in an outstanding manner. Champions were beginning to emerge from this process. Plan embarked on a documentation process to be able to capture the changes observed for further sharing.

In addition to continuing to test and monitor the effectiveness of non-conventional CLTS actors, Plan will work to strengthen capacity around monitoring and evaluation. Currently, weak CLTS monitoring and evaluation frameworks in the MOH have led to inadequate documentation and reporting for CLTS activities in each county/district. The CLTS outcome indicators are not included in the Ministry of Health Management Information System as standalone indicators. This issue was identified as key by the DLMs that Plan is working with. The development of a strong CLTS monitoring and evaluation framework is important in tracking the progress achieved in each CLTS intervention sites.