

Exploring the practices of implementing sanitation policies

A case study on the role of street-level professionals in Siaya, Kisumu and Homa Bay County, Kenya



By R. Abdulhadi



18 June, 2020

Master's Thesis
MSc Sustainable Development
Track International Development
Faculty of Geosciences
Utrecht University

Submitted by: Ranna Abdulhadi
Student number - 5562430
r.abdulhadi@students.uu.nl

Supervisor: Dr. ir. Janwillem Liebrand
Assistant Professor
Faculty of Geosciences
Department of Human Geography and Planning
Social Urban Transitions
j.liebrand@uu.nl

Second reader: Prof. dr. Ajay Bailey
Professor
Faculty of Geosciences
Department of Human Geography and Planning
Social Urban Transitions
a.bailey@uu.nl

WASTE contact: Valentin Post
CEO FINISH Mondial
Senior Adviser
v.post@waste.nl

Cover photo: Author's own. The photo displays a fishers' settlement in Siaya County next to lake Victoria. The green construction depicted in the background is a sanitation infrastructure, namely a latrine for the community.

Acknowledgements

In this thesis I proudly presents my findings that I have collected during my visit in Kenya in February and March 2020. The fieldwork in Kenya was special to me, as it was my first time being away from home for a longer period. It was 2 years since I last visited the African continent, and once again it was an amazing experience. I would like to take this opportunity to thank those who have supported me in the realization of this MSc Thesis.

First, I would like to thank Valentin Post, who kindly welcomed me at WASTE last year in 2019 and made me feel at home from the first moment. Additionally, I would also like to thank my other colleagues at WASTE for their support and their open mind. In Kenya, I would also like to thank Pamela Bundi for always being extremely helpful. A special thank you to all the interesting people I was able to interview for my thesis.

I would also like to thank my family and friends for their unconditional support and the long nights of discussing the content of my thesis and comforting me when I needed it most.

Last but definitely not least, I would like to thank Janwillem Liebrand for supervising me and always being available for answering questions or discussing matters. Specifically, I would like to thank him for his flexibility during the COVID-19 crisis.

Asante Sana!

Abstract

Current coverage estimates of drinking water and sanitation facilities show that a large proportion of people in the world still do not have access to the simplest type of toilet, a simple pit latrine, or a source of safe drinking water, despite decades of interventions. This raises the question of why it is so difficult to increase access to sanitation services. In the end, building 'more infrastructure' is not so difficult. This is also the case in Kenya, where about half of the population does not have access to sanitation facilities. In the WASH sector, donors, (inter)national NGOs and policymakers devote much effort of their time in getting the 'right' policy models, to make policies work in practice. This is based on the assumption that a 'good' policy model is a pre-requisite for improving the situation on the ground and that 'development' is an outcome of getting the policy right. The research argues that implementing professionals, conceptualized as 'street-level professionals' in this research have an essential role in implementing policies. Therefore, implementation practices of sanitation policies are investigated through the lens of street-level professionals. They are the frontline actors who are involved in the actual implementation of policy, and who are able to exert influence, or (in)direct control, on what is implemented (or not). Hence, policies that are written on paper only come to life when street-level professionals get to work with it. By the use of qualitative research methods, such as interviews, focus group discussions, observations and content analysis of government and organizational policies, the implementation practices of street-level professionals were explored. This study demonstrates a hierarchy of knowledge exists in the policies related to sanitation provision and that street-level professionals broker diverse interests in the field, namely their own interest, their organizations' interest and the beneficiaries' interest, i.e. those interest of who the sanitation policies are intended for. This process takes place in a context that is influenced by party politics and environmentally constraining factors. The results produced recommendations for WASTE to support more efficient policy implementation.

Keywords: Implementation practices, sanitation policies, street-level professionals, Kenya

Table of Contents

Chapter 1. Introduction	9
1.1 Water, Sanitation, Hygiene in donor and policy circles	9
1.2 Sanitation in Kenya	9
1.3 Dynamics of policy implementation	10
1.4 Research aim and question	10
1.5 Scientific relevance	11
1.6 Societal relevance	11
Chapter 2: Theoretical Framework	12
2.1 Politics of policy	12
2.2.1 Policy in development.....	12
2.1.2 Ethnography of development	13
2.1.2 Policy implementation	13
2.2 Development imagery and language.....	14
2.3 Hierarchies of knowledge in development.....	15
2.4 Conceptualizing street-level professionals.....	16
2.5 Research questions.....	17
Chapter 3. Methodology	18
3.1 Host organization.....	18
3.2 Data collection	18
3.3.1 Social network analysis	19
3.3.2 Content analysis.....	19
3.3.3 Informal and semi-structured interviews	19
3.3.4 Observations	20
3.3.5 Compound visits.....	21
3.3.6 Focus group discussions.....	22
3.3.7 Sample selection	23
3.3 Data Analysis.....	24
3.4 Methodological Considerations.....	24
3.3.1 Limitations.....	24
3.3.2 Positionality and subjectivity	24
Chapter 4. Background of the research area	26
4.1 Background Information - Nyanza region	26

4.2 Sanitation in Nyanza	28
4.3 Concluding remarks	31
Chapter 5. Sanitation on paper – how policies & projects are envisioned to work	33
5.1 Policies and interventions concerning sanitation - National level	33
5.1.1 Institutional arrangements	33
5.1.2 Policy and Planning frameworks.....	33
5.2 Policies and interventions concerning sanitation – County level.....	34
5.8 Concluding remarks	39
Chapter 6. Sanitation in practice – how policies take shape in practices of implementation	40
6.1 Unpacking partnerships.....	40
6.1.1 Vignette 1	40
6.1.2 Interpretation	41
6.2 CHV compensation schemes	43
6.2.1 Vignette 2	43
6.2.2 Interpretation	43
6.3 The role of technologies in challenging contexts	45
6.3.1 Vignette 3	45
6.3.2 Interpretation	46
6.4 Representing the organization	49
6.4.1 Vignette 4	49
6.4.2 Interpretation	50
6.5 Concluding remarks	51
Chapter 7. Discussion & Conclusion.....	52
7.1 Discussion	52
7.2 Conclusion.....	54
7.3 Limitations and recommendations for future and further research.....	55
7.4 Considerations for implementation of FINISH Mondial	56
Literature.....	57
Appendices	65
Appendix 1: Interview Guide	65
Appendix 2: Detailed Interviewee list	69

List of Tables, Photos and Figures

Table 1 - Qualitative methods with its corresponding goal 19

Table 2 - List of focus group discussions..... 22

Table 3 - Overview of interviewees 23

Table 4 - (Sub-)counties of the research..... 26

Table 5 - Population research counties in Nyanza (Kenya National Bureau of Statistics, 2019) 27

Table 6 - CLTS stages (Plan UK , 2008; UNC Water Institute, 2015; Ministry of Health, 2014)..... 28

Table 7 - Post-ODF activities (Wamera, 2016; Devine & Kullman, 2011)..... 29

Table 8 - ODF certifications research area (CLTS Kenya, 2020)..... 31

Table 9 - Overview of sanitation projects – policies and activities 35

Photo 1 - Alego sub-county health office meeting. Author’s own..... 21

Photo 2 - Community member demonstrating tippy tap in Nyakach sub-county. Author’s own. ... 21

Photo 3 - Focus group discussion in Chemelil village, Muhoroni sub-county. Author’s own 22

Photo 4 - Collapsed latrine in flood-prone sub-county Nyakach. Author’s own..... 46

Photo 5 - Sugarcane growing area in Muhoroni sub-county. Author’s own..... 46

Photo 7 - Latrine where lid cover deemed improper. Author’s own. 50

Photo 6 - Handwashing facility (not handsfree). Author's own. 50

Figure 1 - Contextual map of the research area (Oloo, Ayieko & Nyongesah, 2020). 26

List of Abbreviations

CHEW	Community Health Extension Worker
CHE	Community Health Entrepreneur
CHV	Community Health Volunteer
CLTS	Community Led Total Sanitation
HOMAWASCO	Homa Bay Water and Sanitation Company
IGO	Inter-Governmental Organization
KIWASCO	Kisumu Water and Sanitation Company
MoH	Ministry of Health
MoWS	Ministry of Water and Sanitation
NGO	Non-Governmental Organization
NPA	Neighborhood Planning Association
ODF	Open Defecation Free
PHO	Public Health Officer
SLP	Street-level professional
SBCC	Social and behavior change communication
WASH	Water, Sanitation, and Hygiene

Chapter 1. Introduction

1.1 Water, Sanitation, Hygiene in donor and policy circles

There is a consensus in donor and policy circles that there is a lack of water, sanitation and hygiene (WASH) services in low- and middle-income nations (Satterthwaite, 2016), or the so-called 'developing world'. This has been the dominating discourse for many decades and is further echoed in the Millennium Development Goals (2000-2015) and Sustainable Development Goals (2015-2030) era. The state of sanitation is considered to be especially challenging, as sanitation is perceived to be lagging significantly behind, compared to drinking water provisioning (Johannessen et al., 2014). Many scientific studies have reported the effect of interventions in WASH in improving health, economic growth, and ultimately poverty reduction (Garriga & Foguet, 2013; Walker, 2016). The improvement of drinking water services, sanitation and hygiene are therefore deemed relevant for achieving a wide range of the Sustainable Development Goals (SDGs), varying from health and education to food security and environmental sustainability (Walker, 2016). However, current coverage estimates of drinking water and sanitation facilities show that a large proportion of people in the world still do not have access to the simplest type of toilet, a simple pit latrine, or a source of safe drinking water (Garriga & Foguet, 2013), despite decades of interventions. In the coming two decades, the general expectation in donor and policy circles is that the lack of sanitation will exacerbate in the Global South, due to population growth (Langergraber & Muellegger, 2005).

1.2 Sanitation in Kenya

Current coverage estimates of sanitation infrastructure, i.e. the vast number of people without access to sanitation facilities such as toilets, raises the question of why it is so difficult to increase access to sanitation services. In the end, building 'more infrastructure' is not so difficult. This is also the case in Kenya, where about half of the population does not have access to sanitation 'facilities' and only 2.5 percent of the urban population had access to private (own-household) 'improved' sanitation in 2014 (Musyoki, 2010; Mansour, Oyaya & Owor, 2017). Questions on why sanitation services are failing to deliver in Kenya are answered in donor and policy circles with (1) poor coordination within and across organizations and government in the water and sanitation sector, (2) budgetary deficits, lack of resources for operation and maintenance requirements for sanitation facilities, and (3) declining administrative and managerial capacity of government. Also, Mansour, Oyaya & Owor (2017) argue that (4) sanitation provision to poorer segments of society remains a lower priority in national policies, and (5) planning and funding of sanitation projects are left to Western donors (Cohen, 1993; World Health Organization, 2018; Mansour, Oyaya & Owor, 2017). As can be surmised, the dominant view is that a lack of access to sanitation services is mainly an issue of 'poor implementation' (.e.g. lack of capital, lack of coordination); the policies for sanitation services essentially are 'good'.

1.3 Dynamics of policy implementation

In the WASH sector, donors, (inter)national NGOs and policymakers devote much effort of their time in getting the 'right' policy models, to make policies work in practice. This is based on the assumption that a 'good' policy model is a pre-requisite for improving the situation on the ground and that 'development' is an outcome of getting the policy right. Scholars who have experienced the different stages of policy formulation in development projects in practice have questioned for some time now this assumption, arguing that development on the ground is rarely an outcome of a straightforward implementation of a policy. They even question whether development aid is worth continuing with at all. Scholars such as post-development theorists have portrayed development as a hegemonic discourse that constructs rather than solves the problems it claims to address (Lie, 2008). Lie (2008) argues that such scholars became guilty of creating an analysis that does not look at individuals and agency, which Lie sees as fundamental to the development critique. While acknowledging that development processes are (partially) macro processes and it is important to study it in its whole, it is highly relevant to study the micro-level.

Hence, to understand how development 'works' in practice, it is required to study processes of policy-making from a social or anthropological perspective and to shift the focus to an analysis of the actual practices of policy implementation. An ethnographic understanding of the 'social life' of development projects highlights how "development meanings are produced and negotiated in practice, and how development processes and interactions have different significance for the actors involved" (Lewis & Mosse, 2006: 9). Mosse (2004) argues that the task of 'unifying' development policies or project designs "requires the constant work of translation (of policy goals into practical interests; practical interests back into policy goals), which is the task of skilled brokers (bureaucrats, managers, consultants, fieldworkers, community leaders) who read the meaning of a project into the different institutional languages of its stakeholders" (p.9). These different roles that brokers have all come with their own personal and institutional motivations for direct involvement in development (Lewis & Mosse, 2006; Bierschenk, Chauveau & De Sardan, 2002). These skilled brokers that Mosse (2004) refers to, conceptualize, and implement policy in practice.

1.4 Research aim and question

The whole actual implementation of sanitation policies has come to hinge upon skilled brokers, at least in theory. It can, therefore, be argued that these skilled brokers ('implementing professionals') – conceptualized as 'street-level professionals' in this research (taking inspiration from the term 'street-level bureaucrats') – have an essential role in implementing policies because policies that are written on paper only come to life when street-level professional get to work with it. Since street-level professionals (hereafter SLP's) have to conform to a system of rules, frameworks, principles, and guidelines, they create a coping mechanism to deal with this system. The issue that then arises is that policy implementation is both – and simultaneously – a matter of serving the interests of the organization and the interests of the beneficiaries – and not just or only for the beneficiaries

for which the policy, in theory, is primarily intended for (Mosse, 2004). SLP's therefore actually 'become', or represent, the policies of the organizations they work for and have substantial discretion in the way they work (Erasmus, 2015; Tummers & Bekkers, 2014). In short, this is how development 'works' – or is brought into existence in the field. This research, therefore, explores the collective doings of these individual SLP's in policy implementation in a context of organizational interests and beliefs and study the 'things' that make for policy in practice. The main research question is thus;

'How do street-level professionals implement sanitation policies in practice in Siaya, Kisumu and Homa Bay County in Kenya?'

1.5 Scientific relevance

Much of the scientific literature thus far is focusing on factors that cause developing countries governments to be unable to facilitate sanitation services (Wayland, 2018; Cohen, 1993; Mansour, Oyaya & Owor, 2017), based on the assumption that the sanitation policies are essentially good, and that development is a direct and straightforward outcome of policy implementation. This literature is not taking into account that development practice is driven by a multi-layered complex of relationships and the culture of organizations rather than by policy (Mosse, 2004). Literature by Mosse (2004), Lie (2008), Chhotray (2005), Erasmus (2005), and Crook & Ayee (2006) illustrate that organizational interests and beliefs are very much part of the translation of policy. This research, therefore, places greater emphasis on the dynamics of implementation and negotiation 'at the ground', acknowledging that this is the place where actual policy takes shape, and by implication, where (planned) development is made. This research will, therefore, look beyond the, in abundance mentioned, bottlenecks in the literature of sanitation policy implementation. It will rather look into the way SLP's translate, broker, and seek to implement sanitation policy in Kenya, where the whole politics of interests and the broad context of competing claims which shapes policy implementation is of importance. In doing so, this research adds to the scarce body of literature on the relevance of an anthropological view on policy in development.

1.6 Societal relevance

To conclude, this research sheds light on how SLP's implement sanitation policies because it is important to highlight their perspective. Ultimately it is their efforts that 'make' policy on the ground in a context where organizational interests and beliefs are deeply embedded. This research, therefore, provides valuable reflective insights into the operations of development in the field and provides recommendations for policymakers and practitioners willing to improve the WASH and, to a greater extent, the development sector. Thus, this research has much societal relevance.

Chapter 2: Theoretical Framework

This research investigates development in the field of sanitation from an ethnographic perspective, thus the latter forms the theoretical basis for the research. Taking politics of policy as a starting point, this chapter reflects on the role of SLP's as brokers in development projects in the realm of wider organizational goals and policy objectives. In doing so, the concepts 'policy in development', 'ethnography of development', 'policy implementation', 'development imagery and language', 'hierarchies of knowledge', and 'street-level professionals' are unpacked.

2.1 Politics of policy

In this research, politics is described to study the interests of different actors in the process of policymaking and implementation. Because there are many actors and many interests, policy implementation is a process that is marked by claims and counter-claims; and it is a process that produces new networks and forms of collaboration; and, by implication, new forms of exclusion and inequity, and hence, new forms of 'development'. The next section reflects on the need for an ethnographic understanding of policy implementation.

2.2.1 Policy in development

Inspired by Kapoor (2008), in this research 'development' is used as a short for 'discourse of development' and refers to the contested terrain that is development discourse (Sapkota & Tharu, 2016). It is contested because development has many discourses and counter-discourses, however, none are a universal truth (Bernstein, 2006). Development is different for different people and entities, in different contexts, such as places and societies (Sapkota & Tharu, 2016). For sanitation, development translates to greater accessibility of sanitation infrastructure by 'beneficiaries', i.e. 'improved sanitation facilities. It also translates to greater accessibility of sanitary products, such as soap, sanitary pads, water guards, sanitizers. But also, access to knowledge about the use of sanitation facilities and sanitary products. Hence, in this research 'development' covers a range of activities such as policymaking, projects, implementation, and funding related to sanitation by different entities such as donors, governments, and a range of organizations. While realizing that sanitation cannot be viewed in a silo, as it is interrelated to different policy domains, such as water, hygiene, health, and waste management, this research focuses on activities in the sanitation policy domain. Other policy domains are not disregarded in this research, as sanitation policies are often embedded in WASH. However, the analysis of implementation activities focuses mainly on sanitation.

According to Mosse (2004), understanding the relationship between policies and implementation practices on the ground is hampered by two dominant approaches of policy in the field of development. On the one hand, there is an '*instrumental* approach' where policy is perceived as a neutral problem-solving instrument. On the other hand, the '*critical approach*', that analyses development bureaucracies and policies in the context of a hegemonic order, also the superior West and inferior Global South (Gastel & Nuijten, 2005; Mosse, 2004). The instrumental approach falls short in understanding the relationship

between policies and implementation practices, as it assumes that policy is objective, disregarding politics. And despite that the critical approach, *rightly*, acknowledges relations of power and politics “in which the true political intent of development is hidden behind a cloak of rational planning” (Mosse, 2004; 641), it fails to examine how development is socially produced (Gastel & Nuijten, 2005). It is against this backdrop, that an ethnographic understanding of development practices is needed.

2.1.2 Ethnography of development

Ethnography of development is relevant to reveal how development works on the ground, i.e. SLP’s how they react to and work with (Lie, 2008). Ethnography of development enables examining how practices of actors within entities, such as donors, (non-)state actors and NGOs shape policies and outcomes of development (Mawdsley, 2012). By applying techniques of knowledge translation and brokerage (Bierschenk, Chauveau & De Sardan, 2002; Mosse, 2004; Lewis and Mosse 2006), SLP’s can thus have a tremendous impact on the implementation of policies (Lie, 2008).

2.1.2 Policy implementation

Policy implementation is conceptualized in this research as a political process in which policy goals are translated into concrete interventions, such as the construction of latrines and handwashing facilities among the population. Policies are interpreted in this research as “the set of rules, procedures, and allocation mechanisms embedded in laws and regulation and that shape programmes through which services are produced and delivered” (Ménard, Jimenez, & Tropp, 2018: 14) in both organizations and governments. The formulation of policy, from ideas into a document, from draft to approval is a complex political process in which diverse interests come together, as is also the case for sanitation policy.

It is argued that practices of policy formulation are driven more by the need for political and personal survival, than by rational and analytical thinking (Gastel & Nuijten, 2005). Molle (2008) even argues that policies are often self-validating because they produce their own evidence. It is the assumption that if policies are at fault it is because it has been either inadequately or insufficiently implemented (Molle, 2008; Mosse, 2004), and policy is essentially good. This all happens under the assumption that knowledge improves policy, therefore much attention is paid to monitoring and evaluation to improve policy from lessons learned (Gastel & Nuijten, 2005). Translating that to the sanitation domain, more sanitation facilities and products, and more training would have been sufficient, but unprecedented circumstances hamper the realization of the intended and expected policy benefits. In this regard, it is around policymaking that support from wider networks for the endorsement of policies is forged (Mosse, 2004).

However, it is during implementation that all the diverse and contradictory interests that exist in ambiguous policy model and project design are brought to life (Mosse, 2004). What happens next during implementation is that SLP’s are unable to contradict their entity’s policy

model because, at the same time, they are busy framing and validating their entity (Mosse, 2004). Because it is these policy models that not only justify their position in a project but also ensure alliances and resources (Mosse, 2004; Bierschenk, Chauveau & De Sardan, 2002). Hence, this research specifically looks at (sanitation) projects, as it is in projects where SLP's are at the interface between the people (beneficiaries) aimed at by the project, and the development entity, thus where the relationship between policy and practice is illustrated (Bierschenk, Chauveau & De Sardan, 2002; Mosse, 2004).

In a 'developing country' context, development services were decentralized (as a result of a neoliberal trend that took place over the past twenty years) to further diversify sources of power and influence via organizations (Bierschenk, Chauveau & De Sardan, 2002). Therefore, the influx of the market and NGOs as service providers - instead of the government - were aimed to improve the delivery of sanitation services and promote investments (Ménard, Jimenez, & Tropp, 2018). These reforms were widely promoted and supported by bilateral and multilateral agencies (Ménard, Jimenez, & Tropp, 2018) but they also lend themselves for the construction of new claims and illustrate the politics of policy.

2.2 Development imagery and language

In the neo-liberal view, from the late 1980s onwards, state bureaucracies came to be seen as unreliable, inefficient, and incapable actors to implement development. Donors shifted to the market and NGOs as a service provider. Donors, rather than funding the government – and help states building institutional capacity – started funding NGOs for service provision (Wright, 2012) - a trend that is also observable in the sanitation domain. Wright (2012: 128) argues that “weak state provisioning, part of minimal-state neo-liberalism, becomes self-perpetuating, as Western donors both fail to provide the support needed to strengthen state provision and further undermine it by providing superior private provision through NGOs”. As is also the case for sanitation, interventions that come as NGO agendas are conditioned with the interests of the donor agencies (Sapkota & Tharu, 2016).

Many of the words that gained popularity over the last decades are those related to the transformation of relationships in development (Cornwall, 2007), such example is partnerships. Cornwall (2007) states that such concepts create a sense of reciprocal exchange, thus attract automatic approval when such concepts are used in practice. However, in practice, reciprocal exchange might not be the case. In that case, partnerships among NGOs and governments or donors and governments, for example, are not necessarily a substitute for action by the government and should not absolve the government of responsibility for investing in service provision (Eales, 2008). The question arises on what partnerships mean in practice. Development is submerged in imagery and symbolism, expressed through documents, meetings, and practices; and imagery and language can obscure unequal power relations and hidden agendas (Mawdsley, 2012). It is therefore important to critically reflect on what concepts like partnerships mean in development. Despite that people, organizations, and institutions in the Western world have embraced the concept of partnership to describe

their relationship with actors from the Global South, others view it as another buzzword in development jargon (Welle, 2001). It also highlights the contradictory demand of donors for more reporting and measurable outcomes, while also bringing about social change (Cornwall, 2007). It is also suggested that governments project a certain identity through their development discourses and policies (Mawdsley, 2012). For example, there is an international trend amongst Western donor countries, whereby development agendas are moving away from poverty alleviation to an approach aimed at economic growth (Savelli, Schwartz & Ahlers, 2019). In reality, this development agenda might conceal that Western policymakers increasingly look to foreign aid to reduce migrant inflows (Gamsó & Yuldashev, 2018). The concepts and the lexicon of development are not only specialist jargon, it is used intentionally in funding proposals, websites, and promotional materials to gain funding and influence (Cornwall, 2007). On that note, development is full of metaphors, such as partnerships, that development discourse generates (Mosse, 2004; Cornwall, 2007). The vagueness and ambiguity of concepts allow for concealing ideological differences, interests, politics, and diverse practices of actors (Mosse, 2004). It is this jargon that conceals the actual quality of development, that what is actually 'done' (Cornwall, 2007).

Sanitation, and to a greater extent WASH, has extensive jargon with countless concepts buzzwords (e.g. WASH in itself is a buzzword, as is open defecation free, improved sanitation facilities, sanitation ladder, etc.) and also in this domain it is important to reflect on what these buzzwords conceal in reality. To SLP's, these ambiguous concepts can be of great value, as they enable them to cater to a diverse audience and negotiate interests. Cornwall (2007) suggests constructive deconstruction, i.e. "the taking apart of the different meanings that these words have acquired as they have come to be used in development discourse" (481.) – as it creates an opportunity for reflection.

2.3 Hierarchies of knowledge in development

This section reflects on hierarchies of knowledge in development, and how this is enacted in implementation practices. In development, hierarchies of knowledge are embedded in policymaking and implementation, as there is a need to transform the local practices, that are deemed 'traditional' or 'backward' into 'modern' (Sapkota & Tharu, 2016). Western knowledge is deemed 'modern' and supported by science, whereas on the ground knowledge of beneficiaries is dismissed as 'traditional' or 'backward'. In this process, perceptions and practices of professionals are perceived to be more appropriate compared to perceptions and practices of the beneficiaries in the local context (Arce & Long, 2000). Thus, development practitioners often utilize neocolonial knowledge production in a negative manner, in which they silence marginalized groups, on whose behalf they are supposed to work (Kapoor, 2008). Technical assistance as a medium for knowledge exchange in development clearly illustrates knowledge hierarchies (Smith, 2008). It places the 'professional' as the main actor that frames problems, that is only controllable by solutions provided by that same professional (and its wider organization policy) (Smith, 2008). In other words, "developers need to construct the problem in a way that enables them to intervene" (Nustad & Sending, 2003, p. 55).

Concurrently, local actors on the recipient side can be strategic within expert knowledge systems (Lie, 2008). Hence, hierarchies of knowledge are very subtly translated into policies, concealing political motives.

In terms of sanitation, beneficiaries in the local context already have an understanding and perception of sanitation, but professionals are quick to dismiss this as 'traditional'. However, local people consider their practices as appropriate. In their perception defecating in the open has distinct benefits such as social interaction and physical comfort (Devine & Kullman, 2011). The dominating narrative is that (improved) sanitation facilities – modern – are to prevent people from defecating in the open – traditional. This creates a knowledge hierarchy that justifies the practices of professionals. However, in reality, this has not much to do with what plays out in the field. As the intersecting point of local knowledge and external discourse, SLP's generate informal strategies as coping mechanisms toward formal structures and external expert knowledge (Lie, 2008). The above sections discussed the pivotal role of SLP's in implementation practices of policies, and the need to research development through an SLP lens. The last section will discuss how SLP's are conceptualized in this research.

2.4 Conceptualizing street-level professionals

The implementing professional, or as Michael Lipsky conceptualized 'the street-level bureaucrat' has a significant role in public administration according to Lipsky (1980). He describes them as "public service workers who interact directly with citizens in the course of their jobs" (Lipsky, 1980; 3). They act not only based on formal policy goals but also on their own (professional) expertise and experiences (Meyers, Vorsanger, Peters, & Pierre, 2007). These public service workers cannot be classified as homogenous since they have various tasks and act according to diverse behavior patterns (Connors, 2007). In academic literature, bureaucrats are mainly related to public agencies of the government (e.g. Lipsky, 1980; Meyers et al., 2007; Tummers & Bekkers, 2014; Erasmus, 2015). However, companies, NGOs, and other entities can also be considered 'bureaucracies', as implementations need to be put against the bureaucracy in order to be carried out. This is not a new phenomenon, as Narayana (1992) writes about the 'bureaucratization' of NGOs in the early '90s, where NGOs are increasingly becoming more bureaucratic in terms of structure, process, and behavior. To argue that the conceptualizing of policy formulation and policy implementation as a political process on the ground (as something that takes shape by means of negotiations) can only be done by governmental actors would provide a distorted picture. For the reason that bureaucracies are mostly associated with public agencies of the government and that 'bureaucracy' has negative connotations such as slowness and corruption (Lewis, 2006), this research coins the concept of 'street-level professionals' rather than street-level bureaucrats in referring to street-level bureaucrats in terms of state and non-state actors. The concept of street-level professionals is used throughout this research while acknowledging that entities aside from the government can also be bureaucracies.

Street-level professionals are the frontline actors who are involved in the actual implementation of policy, and who are able to exert influence, or (in)direct control, on what

is implemented (or not), and thus bring it to life. Influence, or (in)direct control on the ground is explicitly important because not everyone who implements policy is a street-level professional. SLP's can be frontline workers within NGOs, government, private companies, or for example farmers, chiefs, imams/priests. They can have different roles throughout the year and even 'double' roles. For example, a local priest has the responsibility of performing tasks as a spiritual leader but can at the same time perform tasks for NGOs or the government. The context in which SLP's operate is characterized by competition, because organizations have their own goals, interests, claims, and policies, but simultaneously, by collaboration, because they are responsible for getting things done. The next section introduces the research questions that guide this research.

2.5 Research questions

The main research question will thus be:

'How do street-level professionals implement sanitation policies in practice in Siaya, Kisumu and Homa Bay County in Kenya?'

This question will be answered by the following sub-questions:

1. What are the official policies and the organizational context concerning sanitation of the research area in which street-level professionals operate?
2. Who are the street-level professionals responsible for the implementation of sanitation policy in practice?
3. How do street-level professionals negotiate the different interests that exist in the context of the implementation of sanitation policies in the research area?

The sub-questions of this research are not answered separately in the result chapters but are discussed indirectly throughout chapters 5, 6, and 7, contributing to answering the main research question.

Chapter 3. Methodology

3.1 Host organization

This research is hosted by WASTE, a Dutch NGO located in The Hague - Netherlands that specializes in sustainable waste management. Through their program Financial INclusion Improves Sanitation and Health (FINISH) Mondial, they aim to improve the quality and safety of sanitation services, reduce the price of these services, and ensure proper disposal of the waste produced. Hence, they focus on building local capacities in facilitating sanitation loans, sanitation business development, and the construction of safe sanitation systems. The FINISH program has been active in Kenya since 2012 and has therefore established a solid network within the sanitation sector in Kenya. The implementing partner of the programme, Amref Health Africa has also established a firm position in Kenya within the health sector. The local programme coordinator within the FINISH program, Pamela Bundi, helped with both the sampling and facilitated the first interviews with project coordinators in development organizations active on the ground in Siaya, Homa Bay and Kisumu County. This served as the base for further identifying relevant interviewees on the ground through the snowballing technique, which is further discussed in section 3.3. The basic interest of WASTE is to support a more efficient policy implementation; therefore they want insight into how this can be done.

3.2 Data collection

Originally, data collection was planned in the period February to April 2020, but fieldwork has to be stopped due to the spread of the COVID-19 pandemic. Eventually, data was collected during a 4-week fieldwork period from February 19th until March 16th, 2020 in ten sub-counties (of which a table is presented in section 4.1) in Kenya and 4 weeks from March 23rd until April 20th, 2020 in the Netherlands. At the time of return to the Netherlands on March 17th, a significant amount of data had already been collected in Kenya, which is further discussed in section 4.4. In the Netherlands, data collection continued online, mainly by means of expert interviews.

Siaya, Kisumu and Homa Bay County were chosen due to two reasons. First of all, the host organization is setting up the FINISH programme in Homa Bay County in 2020. Secondly, most of the organizations in the network of FINISH implement in these three counties. This study aims to understand complex dynamics in the field of sanitation implementation and the way SLP's negotiate diverse interests in this context. Due to the naturalistic characteristics of this research, the emphasis lays on the meaning that SLP's bring into these complex dynamics, which makes the focus of this research qualitative data collection (Davies & Hughes, 2014). The six qualitative methods used were (1) social network analysis, (2) content analysis, (3) informal and semi-structured interviews, (4) observations, (5) focus group discussions, and (6) compound visits. Table 1 illustrates the goals with the methods used.

Table 1 - Qualitative methods with its corresponding goal

Goal	Qualitative method
Understanding approaches of government agencies and organizations related to sanitation provisioning	(1) social network analysis, (2) content analysis, (3) informal and semi-structured interviews.
Understanding how interventions play out on the ground	(3) informal and semi-structured interviews, (4) observations, (5) focus group discussions, (6) compound visits.
Understanding the role of SLP's in the implementation of sanitation policies	(3) informal and semi-structured interviews, (4) observations.

3.3.1 Social network analysis

Before the field was entered, a social network analysis was conducted, whereby the organizations and key actors that were active in the research areas were mapped (Freeman, 2004: 2). This analysis aimed to look for *social positions*, where sets of actors within organizations were linked into the sanitation provisioning system in similar ways (Freeman, 2000). Also, *social groups* were mapped, to identify which collections of actors in organizations were closely linked to one another (Freeman, 2000). This continued in the field, as some organizations and their key actors were not mapped beforehand, while others appeared inappropriate for the research.

3.3.2 Content analysis

The social network analysis allowed for the study of Kenyan governmental policy documents on laws, frameworks, and plans related to sanitation, as well as project documents and webpages of organizational projects in the research areas on public health, WASH and specifically sanitation in the form of a content analysis systematically, as can be read in chapter 6 (Mayring, 2004). This allowed understanding the approaches of the various actors in the research areas. Specifically, the study of Kenyan governmental policy documents allowed for understanding the institutional context in which the dynamics in the field take place. The study of projects of development actors illustrated how projects, and organizations in general, articulate and sustain wider policy (Mosse, 2004). The Kenyan governmental policies and projects that are discussed in chapter 5 correspond with the case studies in chapter 6.

3.3.3 Informal and semi-structured interviews

To understand the sanitation climate in Kenya, the first semi-structured and informal interviews were conducted with a policy officer *food security and water* at the Dutch embassy and with a senior project manager at Amref Health Africa in Nairobi respectively for the same purpose. After the first interview with a UNICEF WASH specialist in the research area, the snowball sampling technique was used to identify other interviewees, aiming to locate SLP's,

i.e. people involved in implementation practices. The iterative process of this qualitative research allowed for the interview guides¹ to be adjusted during data collection. Also, the inductive process allowed for the recruitment of Community Health Volunteers (CHV's) to seek diversity in the governance level of sanitation implementation (Hennink, Hutter, & Bailey, 2020; 316). Data saturation was applied concerning the role of SLP's in the implementation of sanitation policies. Besides, the ethnographic understanding of the 'social life' of development projects in this research generates significant data saturation because of the multitude of data collection methods used (Walker, 2012). Thus, between-method triangulation is used to verify the sanitation situation on the ground, since this research investigates the actual implementation of sanitation policies whereby perceptions of individuals can differ from reality (Flick, 2004). Therefore, the purpose of triangulation in this research is not only to cross-validate but also to capture different dimensions of the same phenomenon. The additional qualitative research methods will be discussed in the following sections.

3.3.4 Observations

Observations were an important method in this research not only to triangulate what SLP's were doing with what they were saying, but also for the implementation of development projects in the field of sanitation. This provided insights about how implementation looks like compared to what is written in policy documents and therefore to establish an emic perspective, i.e. the perspective of the local population (Hennink, Hutter, & Bailey, 2011: 19). This was especially important since an abundant amount of infrastructure is built through these development projects that are not always utilized.

Non-participant observations of SLP's during their working days allowed for making statements about their behavior, actions, and interactions (Hennink, Hutter, & Bailey: 170, 185). In addition, three villages, two beach communities, two CHV training sessions, several health facilities, and a primary school were observed to understand development projects in the field of sanitation on the ground. However, my presence as the only 'Muzungu' (white person) at the time of observation may have influenced the situation, which is conceptualized as the 'Hawthorne effect' by Mulhall (2003 as cited in Hennink, Hutter, & Bailey, 2011: 185). In the situations where I sensed this was the case, I deliberately triangulated through participant observations, as participant observations can reduce the number of subjects altering their behavior when they are being observed by establishing rapport (Bernard, 1994 as cited in Oswald, Sherratt, & Smith, 2014). Lastly, sanitation infrastructure and defecation sites were also observed.

¹ The final interview guide for SLP's can be find in appendix 1.

Participant observations were conducted to gain first-hand experience in the work of the SLP and to explore their social network with them. Actors from governmental agencies and organizations and CHV's were followed in their day to day activities. This included visiting SLP's in their meetings with other governmental agencies, organizations, communities, and at their own office. Photo 1 depicts a meeting between UNICEF and the Alego sub-county governmental actors where I was able to discuss along. During participant observations, sufficient distance was maintained to not divert the natural state of the conversation, while also gaining contextual knowledge on sanitation and public health.



Photo 1 - Alego sub-county health office meeting. Author's own.

3.3.5 Compound visits

Compounds of community members in various parts of the sub-counties were visited. These visits were important, as the sanitation infrastructure, like latrines and handwashing facilities, are most of the time build outside on the compound. By visiting these households and observing the sanitation infrastructure, the materials, and whether these were used, I was able to verify whether interventions were implemented and used the way that it is intended in policy documents by governmental agencies and organizations by asking community members do demonstrate the usage of handwashing facilities, verifying the presence of water and soap and whether latrines were containing fecal matter and covered properly. This was not done to do a project evaluation, but rather to understand how development works in practice. Photo 2 portrays a household member demonstrating how to use a tippy-tap.

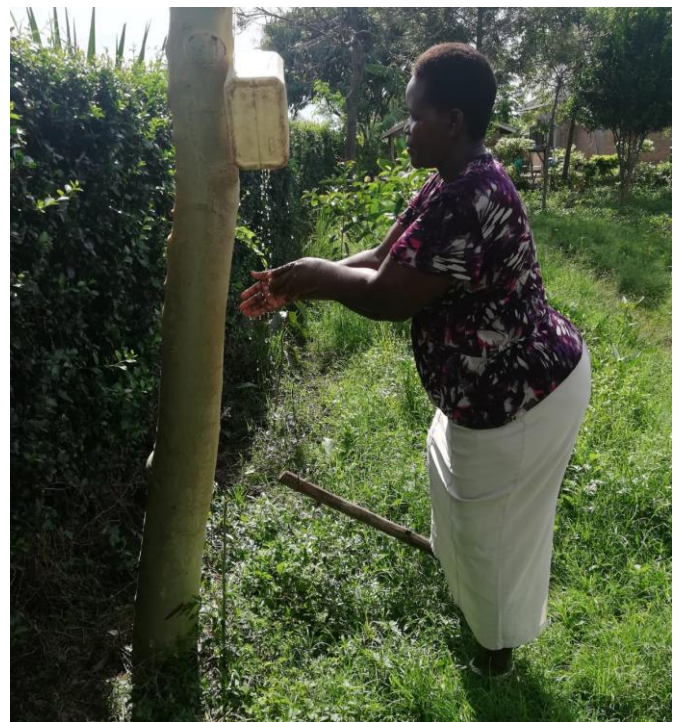


Photo 2 - Community member demonstrating tippy tap in Nyakach sub-county. Author's own.

3.3.6 Focus group discussions

Lastly, four focus group discussions (FDG's) were held with CHV's, sanitation artisans and community leaders to understand how they perceive their role as implementing actors in the health sector. The FDG's are summarized in table 2. The FDG's were held after observations were made during the CHV training, in health facilities, and in villages to talk about what was observed. The FDG's with both community members as well as governmental actors and organizational actors allowed for discussions and insights from a community level perspective that did not always align with governmental or organizational perspective. All FDG's were held in familiar settings to the participant to further enhance the participants' influence in the discussion (Kieffer et al., 2005).



Photo 3 - Focus group discussion in Chemelil village, Muhoroni sub-county. Author's own

Table 2 - List of focus group discussions

	Participants	Location	Topic
FGD 1	Three CHV's, UNICEF, sanitation extender #1, Ranna	Local church, Alego sub-county – Siaya County	Understanding how they encourage community members to implement sanitation infrastructure and prioritize sanitation.
FGD 2	Two sanitation artisans, WASH Officer, UNICEF, sanitation extender #1, Ranna	Health facility Bondo sub-county – Siaya County	Understanding their business approach to implementing sanitation infrastructure.

FGD 3	CHV, CHEW, Chief, Village in Chemelil, Understanding perceptions of sanitation and discussing the sanitation status of their village.
	WASH officer, Muhoroni sub-county – Kisumu County
	community member, – Kisumu County
	sanitation champion and sanitation extender #1, Ranna
FGD 4	Three CHV's, WASH Seme constituency Discussing their Malaria prevention training and understanding their sanitation work.
	officer, sanitation office in Seme sub-county – Kisumu County
	extender #1, Ranna

3.3.7 Sample selection

A total of 24 informal and semi-structured interviews² were conducted with SLP's in governmental agencies, organizations and community members, to understand what approaches were used by governmental agencies and organizations related to sanitation provisioning, how interventions play out on the ground and the role of SLP's in the implementation of sanitation policies. The interviews are illustrated in table 3. The interviewees were chosen based on their work in the focus areas and availability. The SLP's and their network that were interviewed were either all working in the research area or were in their work focusing on the area without being physically present there at all times. The first sample was selected with the help of the local programme coordinator of the host organization. By spending several days with a selected amount of the interviewees, rapport was built which was essential to foster critical discussions on the sanitation sector, and more broadly, the public health and the development sector (Glesne, 1989). Due to the influential position of UNICEF, the snowballing method through contacts within UNICEF allowed access to various SLP's within the government and organizations. This also allowed for access in communities, where it otherwise would be difficult to enter individually.

Table 3 - Overview of interviewees

	Semi-structured	Informal	Total
Government	4	2	6
Faith-based organizations	1		1
Social enterprises	1	1	2
NGOs	6	4	10
Dutch Embassy	1		1
Community members		4	4
			24

² See appendix 2 for detailed list.

3.3 Data Analysis

As described in section 3.3, between-method triangulation was used to cross-validate findings and to capture different dimensions of the same phenomenon. After data collection, the data was encapsulated in four composite vignettes. They are based on a combination of data from the interviews, observations, FDG's and compound visits. The findings are discussed by the composition of multiple stories of SLP's that connected to represent overarching themes, as this approach fits research that is based on observational data and an ethnographic perspective (Zilber, Amis & Mair, 2019). The four composite vignettes represent how SLP's broker different interests in implementation practices of sanitation policies. Minor additions were made to the vignettes that have no influence on the interpretation of the vignettes, to fully illuminate stories. The names in the vignettes are fictive to guarantee their identity.

3.4 Methodological Considerations

3.3.1 Limitations

At the time of fieldwork, COVID-19 had just hit the African continent, with one confirmed case in the 4th week of my data collection. This caused SLP's such as public health officers (PHO's) and actors within organizations to have an unexpected heavier workload, influencing their availability. Also, it was not possible to observe every SLP that was interviewed, as 4 weeks of data collection was spent in the Netherlands. The data collection period in the Netherlands served merely to provide additional perceptions from programme officers within different organizations. This also created an opportunity to investigate the effects of the lockdown, and to a greater extent the COVID-19 pandemic, in Kenya on the work of SLP's and implementation practices.

3.3.2 Positionality and subjectivity

The characteristics of the interviewer, such as appearance and identity are important elements to consider, as they might influence the way interviewees perceive the interviewer (Hennink, Hutter, & Bailey, 2011: 122).

Limitations related to my subjectivity were mostly encountered during interactions with people on a community level. Being a 'Mzungu' (translates literally as 'white person') in the villages, I was oftentimes mistaken for a Westerner or 'development' person. Because of this, community members had the urge to proudly showcase their sanitation infrastructure to confirm what they thought I wanted to hear and see, namely 'I am educated about sanitation', 'Western' sanitation infrastructure is important' or 'the sanitation projects work, because I have purchased or built 'Western' sanitation infrastructure'. Thus, they would give socially desirable answers to questions on sanitation projects, practices, and their perception of the importance of sanitation. I, therefore, tried to overcome this through my positionality, by repeatedly explaining that I am not there to evaluate sanitation projects, but solely there, independently as a student researcher, to understand how sanitation works in practice through their lens. Therefore, I attempted to overcome this limitation by deliberately asked about their perception of sanitation, by discretely disregarding sanitation infrastructure.

During the writing of the theoretical section, conducting interviews, and interpreting the results, I sometimes encountered difficulties in relating the topic of the research with my reality. Having finished several internships within the sanitation sector at donors, NGOs, and the private sector, I had already created my reality of the way sanitation 'works', both in policy and in practice. Subjectivity is interwoven in ethnographic research (Ranjan, 2011) and instead of overcoming it, I acknowledged its existence. Hence, I had to understand the positioning of my reality to understand other realities, such as those of community members, professionals, frontline workers, and donors in sanitation.

Chapter 4. Background of the research area

This research is conducted in Siaya, Kisumu, and Homa Bay County, in Nyanza region, Kenya. The first section will provide relevant background information on the research counties. The last section will reflect on the situation with regard to sanitation.

4.1 Background Information - Nyanza region

The 2010 constitutional overhaul in Kenya replaced the former provinces by a system of counties and decentralized the government tasks from the central government to the 47 county governments (lower-level administrative units) (World Health Organization, 2018). Even though the provinces are lifted, Nyanza (former Nyanza Province) is still colloquially used in Kenya to indicate the region where the research counties are situated. Therefore, Nyanza will also be used in this section

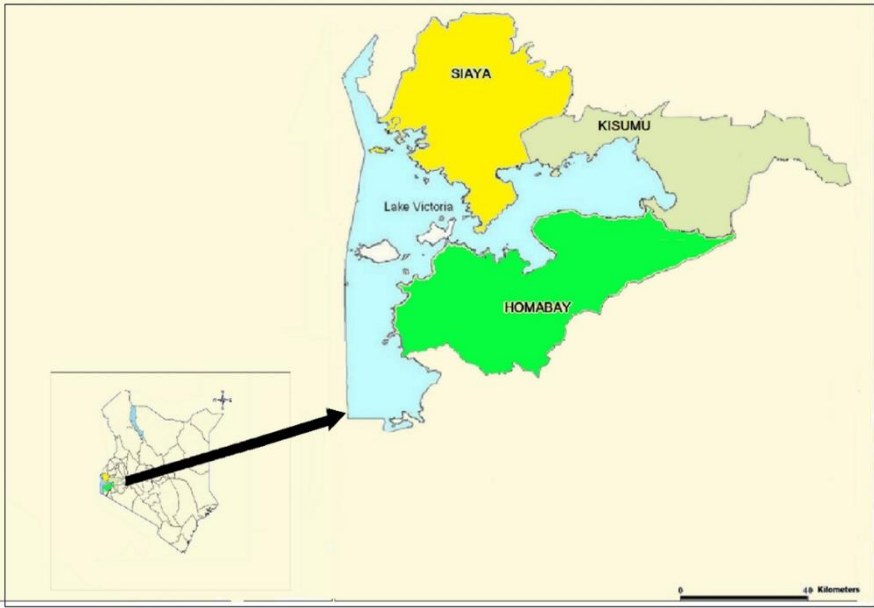


Figure 1 - Contextual map of the research area (Oloo, Ayieko & Nyongesah, 2020).

to indicate the same region. The county governments provide services through the sub-counties, also called constituencies (Postman, n.d.). The (sub-)counties of focus in this research with the corresponding counties are displayed in table 4.

Table 4 - (Sub-)counties of the research

Nyanza	Sub-counties
Siaya County	Rarierda
	Ubunja
	Alego
	Bondo
	Ugunja
Kisumu County	Kisumu East
	Nyakach
	Seme
	Muhoroni

Homa Bay County	Homa Bay Town
-----------------	---------------

Currently, the country has a population of over 53 million people is heavily concentrated in Nyanza along the shore of Lake Victoria (Central Intelligence Agency, 2020). Over 3 million of Kenya’s population lives in the research area as seen in table 5, making Nyanza one of the most densely populated regions in Kenya (Kenya National Bureau of Statistics, 2019). The climate of Kenya varies from tropical along coast to arid in the interior. Twenty percent of the country is covered by regular rainfall, while eighty percent of the country experiences severe recurring droughts, which impacts the agricultural sector (Malinowski & Schulze, 2019). Nyanza experiences prolonged drought during the year and short periods of widespread flooding due to heavy rainfall (Yeda et al., 2019; Njuguna, 2016). The floods in the region have been known to damage sanitation facilities and contaminate water sources (International Federation of Red Cross, 2019). This contributes to the recurrent outbreak of disease in the region, such as Cholera and Malaria (Date et al., 2013; Yeda et al., 2019).

Table 5 - Population research counties in Nyanza (Kenya National Bureau of Statistics, 2019)

Nyanza	Population	Number of households
Kisumu County	1,144,777	300,745
Siaya County	989,708	250,698
Homa Bay County	1,125,823	262,036
Total	3,280, 707	813,479

Despite that Kenya has the largest GDP of East African nations, 63 percent of the population in Nyanza lives on less than one dollar a day making it one of Kenya's poorest regions (Kiiru & Barasa, 2020; Date et al., 2013). The majority of economic activities are farming and fishing along the shores of Lake Victoria. Life expectancies in Nyanza are among the lowest in the country at 43 years for women and 37 years for men. Nyanza also has high rates of infant mortality live births and under-5 mortality (Date et al., 2013).

Minor ethnic groups included, Kenya has over seventy ethnic groups. the Luo, who make up about thirteen percent of the total population, live around Lake Victoria in Nyanza (Air Force Culture and Language Center, 2019). During and after the last two elections, Nyanza faced a lot of violence and killings as a result of demonstrations, following election fraud allegations. Rioting and fighting were mainly along tribal lines, as the President of Kenya Uhuru Kenyatta (Kikuyu tribesman) and the opposition leader (Luo tribesman) bring the Kikuyu-Luo rivalry to the surface. During the last election, protesters, and residents from Siaya and Kisumu counties faced much violence and killings as opposition strongholds (Kiruga, 2018).

4.2 Sanitation in Nyanza

While this research recognizes that concepts related to sanitation are highly political at times and do not necessarily provide nuances about actual usage and access to sanitation, they will still be utilized in explaining the current situation about sanitation in the research area.

Kenya’s policy on sanitation aims to achieve and sustain open defecation³ free (ODF) status in the entire country by the year 2030, in line with the SDGs (Njuguna, 2019). In practice, this translates to igniting the community interest to build toilets. This approach is also called ‘community-led total sanitation’, also CLTS. This approach is aimed at ‘inspiring’ communities to stop defecating in the open and to rather use a latrine by analyzing their own sanitation profile (Kar, 2005). In theory, communities are not offered subsidies in this approach to build a latrine (Kar, 2005). As seen in table 6, CLTS comprises generally of three stages. After these stages verification and certification of the villages takes place by county officials and third parties (UNC Water Institute, 2015). Not all counties are interested in the CLTS approach, and therefore do not fund CLTS activities nor promote its uptake (CLTS Knowledge Hub, 2015). Thus, although the CLTS approach falls under the mandate of the county governments, in practice development actors take the lead in its implementation, supplementing local government capacity with training and financial support (UNC Water Institute, 2015). Before a village can be declared ODF, organizations that implement the CLTS approach have to facilitate the various stages of CLTS in terms of human and financial resources, which is considered a costly endeavor. Therefore, mainly large organizations engage in CLTS (WASH officer Seme, 13 March, 2020). CLTS is coupled with motivating community members to install and use handwashing facilities for hygienic practices, i.e. handwashing with soap. In the CLTS approach, the goal is for people to build a simple toilet, after which they are motivated to upgrade their toilet thus climb the sanitation ladder⁴. All the activities that follow the ODF status, fall under so-called post-ODF activities. Examples of post-ODF activities are climbing the sanitation ladder and sanitation marketing, as summarized in table 7.

Table 6 - CLTS stages (Plan UK , 2008; UNC Water Institute, 2015; Ministry of Health, 2014)

Stage	Goals	Main actors involved in facilitation
Pre-triggering	Selection community and rapport building	Public Health Officers, Community Health Extension Workers
Triggering	Triggering communities’ collective action to stop	Public Health officers, Community Health

³ The term “open defecation” originates from Joint Monitoring Program (JMP) in 2008, which is a joint collaboration of World Health Organization (WHO) and United Nations International Children’s Emergency Fund (UNICEF) (Saleem, Burdett, & Heaslip, 2019).

⁴ The sanitation ladder falls under The JMP service ladders that are used to compare service levels across countries. The sanitation ladder indicates improved/unimproved facility type classification (JMP, n.d.).

	open defecation by stimulating disgust regarding open defecation (Musyoki, 2010)	Volunteers, Community Health Workers, WASH officers, Community leaders, religious leaders
	Ignition moment	
Follow-ups	Follow-up on triggering Action plan by community for verification and certification	Development organizations, Public Health Officers, Community Health Volunteers, Community Health Workers, WASH officers, Natural leaders, Religious leaders

Table 7 - Post-ODF activities (Wamera, 2016; Devine & Kullman, 2011)

Post-ODF	Activities	Main actors involved in facilitation
Upgrading of toilets (climbing the sanitation ladder)	Social and Behavior Change Communication to maintain ODF status and to trigger demand for sanitation products and services	Government (agencies), Development organizations, Communities, Community Health Workers, Community Health Extension Workers, Natural Leaders
Sanitation marketing	Products (physical product for example, latrines) or services (pit emptying)	Government (agencies), Development organizations, Private sector, Artisans, Masons

In 2010 the National Ministry of Public Health and Sanitation, in partnership with UNICEF and SNV initiated a CLTS pilot in six districts in Nyanza (CLTS Knowledge Hub, 2015). A roadmap was established that entailed working through ‘partnerships’ and devolved government structures throughout rural Kenya to reach all the communities and ensure that they are ODF (CLTS Knowledge Hub, 2015). A national WASH knowledge hub was established to ‘coordinate’ these activities. While CLTS, in theory, was a non-subsidy approach, most of NGOs in Nyanza pay high allowances to government staff (Musyoki, 2010). Furthermore, the CLTS approach created a market for sanitation hardware and other products. Naturally, development organizations engaged in sanitation marketing.

In all three research counties, the County Public Health Office is the entry point for development organizations in sanitation (Sanitation extender #1, 9 March, 2020). In *Siaya County* and *Kisumu County*, WASH hubs support the county government. They are focal points for information sharing between partners in the WASH sector at the county level and are tasked with mainly coordinating, documenting, and reporting on CLTS activities by partners (Siaya County, 2015). The WASH hubs are initiated and partly facilitated in terms of (financial) resources by UNICEF, respectively in 2016 and 2018 for Siaya and Kisumu County (Siaya County, 2015; Sanitation extender #1, 9 March, 2020). In *Homa Bay County* there is no WASH hub at the moment but the county is still supported in terms of project coordination and other activities by the sanitation extender of the Kisumu WASH hub (Sanitation extender #1, 9 March, 2020).

In Siaya, Kisumu and Homa Bay County, efforts for achieving ODF and implementing post-ODF activities are by ‘partnerships’ between (sub)county governments and development organizations, such as donors, NGOs, and the private sector through the implementation of various projects in the research areas. Some development organizations combine the CLTS approach with activities in other domains, such as water storage and treatment, or menstrual hygiene management (sanitation extender #1, 9 March, 2020). In all three research counties, this is the case. The CLTS approach and sanitation marketing are implemented simultaneously.

Since the latrines that are constructed through CLTS tend to be of the simplest form according to international standards, user satisfaction tends to be low, which increases the risk of relapse to open defecation (Lomborg, 2013). Siaya County had reached the ODF status in 2018, however, census data from 2019 revealed that relapse to open defecation had occurred. This is especially observable at the sub-counties in Siaya at the lake shores, such as Bondo and Rariierda (UNICEF sanitation adviser, 6 March, 2020). Through activities of ten development organizations, together with the county government, that focus on the sensitization⁵ of community members and hard infrastructure, efforts are being made to reduce relapse and increase the focus on post-ODF activities (Siaya County, 2018). In terms of implementing CLTS, i.e. the number of villages sensitized, UNICEF and KIWASH target the most villages in Siaya County and focus both on CLTS and sanitation marketing (Siaya County, 2018; KIWASH WASH officer, 10 March, 2020). Hence, chapter 5 will cover UNICEF and KIWASH policies.

Kisumu County has other challenges in terms of sanitation. Its high water table complicates the construction of toilets (Aquaya, 2019). Also, Kisumu City is one of the biggest cities in Kenya and has several informal settlements. In Kisumu East, the Kisumu City Partnership for Sanitation Improvement in Informal Settlements in Kisumu (KisumuSan) between KUAP, Practical Action, Umande Trust, the county government and the Kisumu Water and Sewerage Company (KIWASCO) focuses on sensitizing slum-dwellers in Obunga and Nyalenda settlements. Since there is no protocol or guidance from the national government for post-

⁵ A concept that is used in sanitation to denote the transfer of ‘expert’ knowledge, from expert to beneficiary, on how sanitation is to be perceived. The messages used related to sanitation are ‘build a latrine’, ‘latrine use or stop open defecation’, ‘wash hands with soap’ (SNV, 2018).

ODF activities, unlike the CLTS approach, the county government of Kisumu is developing its own protocol (WASH officer Kisumu, 10 March, 2020; CLTS Knowledge Hub, n.d.). Currently, 59 percent of the county is ODF, as seen in table 8. Similar to Siaya County, UNICEF and KIWASH are both active in CLTS and sanitation marketing in Kisumu County. In addition, the policy analysis in chapter 5 will also analyze KUAP’s policies on sanitation in informal settlements in Kisumu East.

Homa bay County had its first ODF village in 2010 (Musyoki, 2010), and to date three percent of its villages are certified as seen in table 8 (CLTS Kenya, 2020). Homa Bay County has the lowest government health spending at 1,074 Shilling per capita compared to Siaya and Kisumu County at 1,495 and 2,121 Shilling per capita respectively (The Health Policy Project, 2015). About 61 percent of the county population has some form of a latrine and about 39% defecates in the open (SNV, 2018). In Homa bay Town, Amref Health Africa, a large NGO in the Kenyan health sector, carries out CLTS activities together with the county government. Post-ODF activities are carried out by Healthy Entrepreneurs, specifically promoting sanitation products. Therefore chapter 5 will analyze policies by both Amref Health Africa and Healthy Entrepreneurs.

Table 8 - ODF certifications research area (CLTS Kenya, 2020)

County	Vijiji (village)	Triggered	Claimed	Verified	Certified
Siaya	2245	2245 (100%)	2245 (100%)	2245 (100%)	2245 (100%) ⁶
Kisumu	1983	1534 (77%)	1351 (68%)	1229 (62%)	1170 (59%)
Homa Bay	3326	1969 (59%)	720 (22%)	315 (9%)	109 (3%)

4.3 Concluding remarks

This chapter provided background information on Nyanza and the sanitation situation in the research area. The research counties can be considered typical areas in Western Kenya, characterized by challenges of implementation of sanitation services, such as flooding and the recurrent outbreak of disease.

A general conclusion of this chapter is that all three counties emphasize the CLTS approach in achieving ODF counties. Projects by development organizations in collaboration with the county governments are aimed at achieving ODF and focus simultaneously on other activities apart from ODF. Non-state development agencies play a big role in the implementation of sanitation activities, as can be observed in the fact that the whole CLTS approach in Kenya is coordinated, to a large extent, by UNICEF. As argued in chapter 2, all interventions are geared towards sanitation infrastructure and sanitation products. CLTS is an approach that is based on the premise that collective action propels changes in communities in terms of sanitation

⁶ Relapses to open defecation have been identified.

and sustains them. However, as illustrated in Siaya County where relapse occurred after the county was declared ODF, it is clearly more complex than building sanitation facilities.

The following chapter will provide a policy analysis on a selection of projects in the research area to illustrate how policies and projects for sanitation are envisioned to work in the research area.

Chapter 5. Sanitation on paper – how policies & projects are envisioned to work

There is a variety of entities co-existing in the field of sanitation, and to broader extent health, implementing projects in Siaya, Kisumu and Homa Bay County. Their projects are created according to different project designs, policy models and the wider policy of a donor agency (Mosse, 2004). This chapter demonstrates how policymakers envisage a change to take place, and by doing so highlighting the interests that exist in policies and activities of the entities within the scope of this research. The chapter starts with illustrating briefly the relevant national institutional arrangements, policies, and frameworks for sanitation, as they form the basis for the provision of sanitation services on a county level. The last section discusses the project activities by development actors in the research area.

5.1 Policies and interventions concerning sanitation - National level

In order to narrow the scope, this section presents the main institutional arrangements, policies, and frameworks solely related to sanitation. Therefore, only select content is summarized.

5.1.1 Institutional arrangements

At the national level responsibilities for sanitation are divided between the Ministry of Health (MoH) and the Ministry of Water and Sanitation (MoWS), of which the latter is the former Ministry of Water and Irrigation. The government acknowledges that mandates and responsibilities with regard to sanitation are not always clear, because of the different ministries involved (World Health Organization, 2018). The MoH focuses on environmental sanitation, i.e. “The control of environmental factors that form a link in disease transmission and have an impact on human health” (Government of the Republic of Kenya, 2016: xi). Here, sanitation is defined in the infrastructure and services required for the safe management of human excreta. Thus, sanitation is approached from a health perspective in which infrastructure is expected to improve health. Ultimately, the MoH is the responsible party for sanitation at the national level, and therefore the relevant authority for this research.

5.1.2 Policy and Planning frameworks

Within the Kenyan policy and planning framework, the adopted **2010 constitution of Kenya** is key and represents a shift in paradigm within the Kenyan sanitation sector. The constitution guarantees every Kenyan citizen the right to water and sanitation in Article 43(1)(c): “Every person has the right to accessible and adequate housing and to reasonable standards of sanitation” (Government of the Republic of Kenya, 2010). Since devolution was a major part of the new constitution, new plans, laws, and policies were created to align with the devolved governance structure (World Health Organization, 2018).

In terms of policies, four main policies are relevant for the provision of sanitation. The **Environmental Sanitation and Hygiene Policy (KESHP)** (2016-2030) under the MoH provides broad guidelines to both state and non-state actors to work towards universal access to improved sanitation and a clean and healthy environment for all by 2030 (Aquaya, 2019). The policy covers both urban and rural areas as well as institutional settings, including schools, health facilities and other public institutions (World Health Organization, 2018). The policy promotes the adoption of technologies for sanitation facilities in both urban and rural areas.

The **Environmental Sanitation and Hygiene Strategic Framework (KESF)** (2016-2030) corresponds to the KESHP and provides the framework for its implementation strategy that focuses on declaring Kenya open defecation free by 2030 (World Health Organization, 2018; Aquaya, 2019).

With the devolution to county-level service provision, the **County Environmental Health and Sanitation Bill (2016)** that guides County Governments on how to develop county-level legislation that ensures the effective delivery and regulation of sanitation services and environmental health standards across all counties (Aquaya, 2019).

Lastly, **The National ODF Kenya 2020 Campaign Framework 2016/17–2019/20** aims to eradicate open defecation and to declare 100 percent villages and Kenya ODF by 2020. The campaign framework operates at the national level, but important for its implementation are the County ODF 2020 Campaign Action Plans that are created by each of Kenya's 47 counties. At the national level, the campaign aims to support and facilitate counties and non-state actors' campaign activities. Additionally, it takes a Community-Led Total Sanitation (CLTS) approach to end open defecation (World Health Organization, 2018). In the CLTS approach, the responsibility is with the community in terms of maintaining ODF, however, the government and non-state actors have the responsibility for creating awareness and demand in the community for sanitation measures.

5.2 Policies and interventions concerning sanitation – County level

The constitution assigns the responsibility of sanitation to the national government while the provision of sanitation services is assigned to the county governments (Kenyan Institute for Public Policy and Research, 2018). At this level, service provision lays in the hands of the county governments and development organizations. All three counties are in the process of establishing county-level legislation for sanitation. Kisumu is in the process of preparing the **Kisumu County Environmental Sanitation and Hygiene bill (2018)**, which will provide quality standards for the provision of sanitation technologies and services once passed as an act (Aquaya, 2019). In Homa Bay County the **Homa Bay County Health Services Act (2019)** is in operation and maintains standards of environmental health and sanitation once passed as a law (National Council for Law Reporting, 2019). Lastly, Siaya County the **Siaya County Water and Sanitation Act (2018)** is in operation and prescribes guidelines for sanitation systems (Siaya County Assembly, 2018). Summarized, the county level legislation is for all counties

similar and aims to safeguard standards related to sanitation facilities, i.e. latrines and handwashing facilities.

This section continues to discuss the policies in projects of development organizations in the research area that are in charge of the delivery of sanitation services - admittedly with other entities. In (1) Siaya this researched focused on the WASH projects of UNICEF and USAID, in (2) Kisumu on the same UNICEF and USAID WASH projects, and KUAP’s sanitation program and in (3) Homa bay on the entrepreneurship program of Healthy Entrepreneurs and Amref Health Africa’s sanitation project. This section focuses only on the sanitation component of the projects. The policies in these projects relate to the case studies that will be presented in chapter 6. Table 9 outlines the main sanitation activities that are implemented in the research areas by the development actors that this research focuses on. The table highlights the overarching sanitation activities, which are for example activities related to the county government or health facilities. Also, the table highlights the ODF and post-ODF activities. This section will continue to discuss the organizations and their projects in more detail.

Table 9 - Overview of sanitation projects – policies and activities

Organization	Overarching sanitation activities	ODF activities	Post-ODF activities	Location
UNICEF	1) coordinating activities in WASH hubs at the county level (Siaya County, 2015). 2) Institutional WASH; increasing access to sanitation in health facilities and schools (UNICEF, 2018). 3) Lobby and advocacy of county government for coordination mechanisms and sanitation budget allocation (UNICEF, 2018).	1) CLTS approach for relapse – training health staff (UNICEF, 2018).	1) Sanitation marketing: focus on sanitation hardware; SaTo pans and stools in collaboration with private sector, training artisans on different toilet technologies (UNICEF, 2018; Lixil, n.d.).	Siaya and Kisumu County
USAID – KIWASH	1) Institutional WASH; installation of hand washing facilities and distribution safe water and hygiene kits at health facilities	1) CLTS approach – capacity building Community Health Volunteers and Community Health Extension Workers	1) Sanitation marketing: focus on sanitation hardware; SaTo pans and stools in collaboration with private sector, capacity building artisans	Siaya and Kisumu County

	2) technical assistance to county government for drafting and advancing policies (KIWASH, n.d.-a; KIWASH, n.d.-b)	2) Social and behavior change communication and messaging (SBCC) for handwashing behavior (KIWASH, n.d.-a; KIWASH, n.d.-b)	and masons (KIWASH, n.d.-a; KIWASH, n.d.-b)	
KUAP	1) supporting county government in sanitation-related laws 2) Capacity building within Kisumu informal settlement network 3) Lobby and advocacy of county government for sanitation budget allocation 4) Institutional WASH; Distribution hand washing vessels in schools (KUAP, n.d.)	1) CLTS approach – Training sanitation champions, development audio-visual material (KUAP, n.d.)	1) Production reusable sanitary pads (KUAP, n.d.)	Kisumu County
Amref Health Africa	1) Creating demand for sanitation through the development of educational material and, campaigns and training for communities and the county government 2) Institutional WASH; construction of low-cost sanitary blocks in institutions (Amref Health Africa, 2019)	1) CLTS approach – Training Public Health Officers, Natural leaders, Community Health Volunteers and Sanitation Champions 2) construction of sanitation facilities in urban settlements (Amref Health Africa, 2019)	1) Sanitation Marketing - Training local community artisans on sanitation technologies (Amref Health Africa, 2019)	Homa Bay County
Healthy Entrepreneurs			Sanitation Marketing - Sanitation products; washable and disposable sanitary pads, water guards, sanitizers, and soaps. (Healthy Entrepreneurs, 2017; Healthy Entrepreneurs, n.d.).	Homa Bay County

Unicef – WASH programme

UNICEF is one of the largest development organizations in Kenya and is active in Siaya and Kisumu County. UNICEF supports the government initiative to achieve an Open Defecation Free (ODF) Kenya by 2020, and to move households up the 'sanitation ladder'. The aim is to contribute to better health and nutrition outcomes of children (UNICEF, 2018). UNICEF has been active in Kenya for many years (UNICEF, n.d.) and this translates also in their interactions with the (county) governments. For example, the WASH hubs that are supported (in terms of knowledge, and human and financial resources) by UNICEF to ensure that activities are aligned and development actors take responsibility for the areas they implement in and do not terminate the project due to setbacks in implementation (Siaya County, 2015; Sanitation extender #1, 9 March, 2020). On paper, the emphasis of their activities lays to a large extent on mobilizing and supporting county governments to provision sanitation. Also, since they support the national open defecation free campaign, their main focus in terms of ODF activities is the CLTS approach, where they train health staff to facilitate the CLTS approach. For sanitation marketing, UNICEF partnered with the private sector, hardware manufacturer Lixil, to implement post-ODF activities. Lixil produces toilet stools and latrine pans to advance latrines (Lixil, 2019). UNICEF states to train artisans on different toilet technologies, in order for artisans to advance latrines for people (UNICEF, 2018). Hence, this is a way for them to shape the sanitation market to increase the availability of sanitation products and services.

USAID – KIWASH Project

The Kenya Integrated Water, Sanitation and Hygiene (KIWASH) is a five year (October 2015 to September 2020) program of the US Agency for International Development. USAID invested 51 million dollars to improve the lives and health of one million Kenyans in nine counties. USAID is the largest donor to Kenya among bilateral and multilateral donors (Shapiro, 2019). The KIWASH project is active in both Siaya and Kisumu County. They implement a three-prompt approach where they combine CLTS, SBCC, and sanitation marketing. In terms of institutional WASH, they focus mainly on hygiene in health facilities and provide technical assistance to the county government in terms of policy formulation (KIWASH, n.d.-a; KIWASH, n.d.-b). For ODF activities KIWASH focuses on the CLTS approach coupled with advocating handwashing through SBCC. Within the CLTS approach, they focus mainly on training CHV's and Community Health Extension Workers (CHEW's). CHV's are volunteers within communities that are, on paper, able to reach every community member (Wamera, 2016). Hence, they are trained by organizations to trigger communities to become open defecation free. CHEW's are government-selected paid health workers that are stationed in health facilities and oversee the activities of CHV's in the CLTS approach (Wamera, 2016). By training CHV's and CHEW's, KIWASH aims to achieve ODF villages. The post-ODF the activities are similar to UNICEF.

KUAP – Kisumusan

Kisumu Urban Apostolate Programmes is a church-based NGO in Pandipieri in Kisumu. This research focuses on their Environmental & Health project, which falls under the overarching KISUMUSAN project, a 5-year WASH initiative funded by the British charity Comic Relief (County Research and Development Consultants, 2016). It is designed to trigger the delivery of safer, healthier, and better futures and enhance the voice of marginalized slum-dwellers (County Research and Development Consultants, 2016). Overarching sanitation activities in the project are mainly to support the county government legislation and budget allocation. Other activities are related to capacity building of the Kisumu Informal Settlements network in prioritizing and facilitating sanitation and the distribution of handwashing vessels in schools. Similar to previous projects, KUAP also targets open defecation through the CLTS approach (KUAP, n.d.). Specifically, they aim to train sanitation champions, who are individuals that are committed to impacting their communities through dialogues on sanitation. Post-ODF activities translate mainly in the production of reusable sanitary pads.

Amref Health Africa - Timiza Usafi project

Amref Health Africa is considered one of the largest health-related NGOs in Kenya. The Timiza Usafi project (2018-2020) in Homa Bay is funded by the Dutch drinking water company Dunea (63,010,000 Euros) through Amref in the Netherlands. The project is a partnership between Amref Health Africa and Homa Bay Water and Sanitation Company (HOMAWASCO), the Water and Sewerage Company of Homa Bay County aimed at improving access to safe water, improved sanitation and hygiene. The goal of the project is: “To contribute towards increased sustainable access to and use of improved water supply, sustainable sanitation and proper hygiene practices among low-income urban dwellers in Homa Bay County” (Amref Health Africa, 2019: 1). In terms of overarching sanitation activities, the project focuses on demand creating for sanitation through the development of educational material, campaigns, and training for both communities and the county government. In addition, they also construct sanitary blocks in institutions. ODF-activities translate in the CLTS approach by training PHO’s, natural leaders, CHV’s and sanitation champions on how to trigger communities. Post-ODF activities are aimed at training local community artisans on sanitation technologies

Healthy Entrepreneurs

Healthy Entrepreneurs (HE) is, unlike the other organizations, a social enterprise in Homa bay that focuses on empowering a network of CHV’s in becoming community health entrepreneurs (CHE’s). Besides Kenya, they also implement their program in Uganda. HE works aims to deliver affordable and reliable health products and services to people living in rural areas in Homa bay County (Healthy Entrepreneurs, 2020). Thus, they train CHV’s to become entrepreneurs. HE receives a subsidy (proceeds from AmsterdamDiner 2018) from Dutch organization AIDS fonds (Aidsfonds, 2018). Since Homa Bay County has the highest AIDS prevalence in Kenya, implementation in Homa bay is straightforward (National Aids Control

Council, 2018; Project Lead HE, 15 May, 2020). In relation to sanitation, the program focuses only on post-ODF activities. The activities include digital health education through community health entrepreneurs (World Health Organization (WHO) and UNICEF content) and selling health products (Healthy Entrepreneurs, 2020). The community health cover sanitation-related subjects, such as washing hands and hygiene (Healthy Entrepreneurs, 2017). The health products are a selection of sanitation-related products, such as washable and disposable sanitary pads, water guards, sanitizers, and soaps (Healthy Entrepreneurs, n.d.).

5.8 Concluding remarks

This chapter provided the relevant governmental institutional arrangements, policies, and frameworks solely related to sanitation in Kenya. On a national and county level policies and frameworks from the government are predominantly geared towards standards and guidelines for sanitation technologies and services. Hence, much of the policies center sanitation infrastructure. The CLTS approach is at the base of achieving an ODF country, which also translates in the projects by development organizations.

As illustrated in this chapter, based on the analysis of project documents of development organizations in Siaya, Kisumu and Homa bay County it can be surmised that the projects aim to implement, in essence, the same activities. The development organizations share the general assumption for sanitation, namely that it is something that can be fixed through infrastructure. The ideal way for them to do that is by community engagement through the CLTS approach. This is seemingly contradictory, because, on the one hand, community engagement is encouraged, but on the other hand it is only encouraged within an arranged scheme that is presented to the community as absolute truth. Thus, this translates for example to community members having to purchase a latrine, but how to do that is their responsibility and transcends the project level. At best, organizations cater to communities through products and services offered through sanitation marketing. However, this also falls within the arranged scheme that is presented as absolute truth. This scheme is sustained by the fact that the development organizations often influence and sometimes even co-create policies and frameworks with the government, as is illustrated in this chapter. In the end, the influence of development organizations facilitated the implementation of CLTS on a national level in Kenya. To larger extent donors even influence where to implement. Hence, it can be surmised that the projects represent wider policies that transcend beyond the scope of the specific project.

This chapter provided an understanding of how the government and development organizations envision sanitation to work on paper. The following chapter will discuss how sanitation policies take shape in practices of implementation by SLP's, thus illustrating sanitation in practice.

Chapter 6. Sanitation in practice – how policies take shape in practices of implementation

Unlike the previous chapter, which illustrated how policymakers envisage change to take place, this chapter presents the findings from the field. As mentioned earlier, this research is not a project evaluation that aims to illustrate if development projects work. Rather this chapter explains *how* development works in practice by illustrating how SLP's navigate and negotiate diverse interests in a dynamic context. The interpretations of the findings will be discussed through vignettes that are compositions of multiple stories of SLP's that are connected. All of the information given in these four vignettes was gathered from the interviews with SLP's, their network, and the observations in the field. The vignettes represent overarching themes that will be encapsulated in the concluding remarks of this chapter.

6.1 Unpacking partnerships

6.1.1 Vignette 1

Catherine is 27 years and she has been living in Homa Bay County for more than 2.5 years. She is a professional in public health and is employed by an organization that focuses on the implementation of post-ODF activities. Catherine mobilizes within two realities (situations). On the one hand, she has formally partnered with a well-established organization. Catherine takes on the task of setting up the program in the county. The program trains CHV's to promote sanitation products and services. Her organization is partnered with a well-established large NGO, that is implementing CLTS activities in the county. This is a logical partner because the donor of Catherine's organization was already partnered with this NGO. Both the organization that employs Catherine, as well as the NGO, have separate contracts and budget lines with their donor. It is also a logical partner because the NGO already has a well-established network in the community with leaders of the CHV's and the CHEW's, because of their CLTS program. Therefore, the NGO chooses eligible Community Health Workers and CHV's for the program. The CHV's are trained to promote sanitation products. The division of roles and tasks are clear, whereby the NGO is tasked with the recruitment of CHV's and Catherine's organization trains them.

On the other hand, the NGO Catherine has partnered with is well-known and adheres to the locally established entry points, by making use of their extensive network at the sub-county, the first contact with the sub-county officials was facilitated. In the beginning stages of implementation of the program, Catherine had regular meetings with the PHO's to start implementing in the area. Nevertheless, she has to resort to paying the PHO's allowances in order to ensure their engagement in the program and participation in the meetings. She does this because their role is viewed as important by Catherine's organization for

sustaining a sanitation market in the county. The interactions with the county government were never formalized and have developed through mutual interests. Therefore, Catherine has both a formal partnership with the NGO and an informal partnership with the PHO's.

6.1.2 Interpretation

As can be illustrated from the vignette from section 6.1, Catherine has two 'partnerships', namely 1) one between her organization and a large NGO and 2) between her organization and the government. Both of partnerships have a different goal and nature. The partnership between her organization and the NGO was based on the fact that they share the donor and the responsibilities, roles and tasks were formalized. The large NGO was already embedded in the county and provided Catherine's organization with the relevant network of CHV's and actors within the county government. Through the NGO, Catherine was set up with the relevant actors for the implementation of her program in the county. The partnership with the NGO serves one main goal for the organization of Catherine, namely, to provide her a network of actors that are embedded in the county.

The informal partnership with the government translates in payments to the county government officials in order for Catherine to implement in the county. In this instance, partnerships take the form of large payments to PHO's. Catherine has a budget from her organization and part of that budget is used for paying county officials to attend meetings, which in reality conceals that these payments need to be made in order to be able to implement in the county and keep the government officials interested.

"One of the main challenges in our programme is the brand name. It will cut across most partnerships. You find a brand that is stronger and it kind of swallows the rest. If you look at our programme you'll find that the brand name is driving the project in Kenya, but for the longest time, the brand name that would be seen by communities and people is [partner's brand name]. They have a strong brand. That can work for and against us. Especially when looking at growth, it means that our brand also needs to grow. That is one, not so much of a big barrier, but then you find if the brand was more visible, the results in Kenya would be easier." ~ Programme Coordinator, NGO

The above quote by a NGO programme coordinator illustrates what is perceived a challenge in partnerships between smaller and larger, established NGOs. On the one hand, it provides the smaller organizations entry points in networks that were otherwise difficult to enter. On the other hand, this quote clearly demonstrates that NGOs are pre-occupied with 'branding', name recognition and claiming results. This was also observed in the field, where a latrine at a primary school had logos of every partner that contributed to it. SLP's are therefore aware of how the organizations they represent are reflected to other actors, such as donors and communities. They broker within partnerships to ensure their organization is represented well to the outside and efforts are not unseen, or 'lost'.

“Very often we pay them [sub-county officials] 500 or 1000 Shillings. So that is around \$5 or \$10. That is not a full-day meeting, but a two-hour meeting that was supposed to start at nine, but instead it starts 11. And then you see an average household income for an average family in Homa bay is maybe around \$25 and you're paying a single officer within a sub-county.” ~ Project Lead, Social Enterprise

As the Vignette and the above quote illustrate, there are instances where SLP's within organizations pay PHO's where they want to implement their program or project. This quote clearly illustrates that this SLP within an organization does not agree with the high allowances for implementing in certain areas, but that they find themselves having no other option in order to implement programs in certain counties. This clearly shows the way SLP's broker policies. Policies by organizations can be preoccupied with emphasizing the engagement of the (local) government in their projects, with the underlying premise that interventions can be taken up by governments when projects finish and when organizations leave and therefore sustain. In a county where government officials are less interested in certain projects, this can take the form of payments to government officials. In these instances, SLP's broker their 'partnership' and it takes the shape of what the SLP's want it to be, in this case, payments to officials in order to implement and to keep them on board and interested.

6.2 CHV compensation schemes

6.2.1 Vignette 2

Mary is a 65-year old community health volunteer (CHV) in the Seme constituency in Kisumu County. As a member of her community, she enjoys doing volunteer work because it gives her responsibilities and it comes with incentives and allowances from the development organizations that provide the training sessions. Nevertheless, fulfilling her duties as a volunteer comes with a series of obstacles. Firstly, the location where the village of Mary is situated is a flood-prone area, especially during the rainy season. The bridge that connects Mary's village to the main road overflows, sometimes even destroying it. This makes it difficult for Mary to fulfill her CHV duties, as she cannot reach the main road easily in the rainy season after heavy flooding. Additionally, the high incidence of floods demotivates community members in building latrines, as the latrines collapse. This builds on top of the other duties she has, wherein she conducts regular follow-ups on an array of topics such as maternal health, HIV, malaria prevention and sanitation. Mary is dedicated to making her community healthier; however, she can also be demotivated. Her work does come with a reward, for she receives a stipend from the government, however, it has been over six months that she has received her pay. The stipend covers her transport costs to the training and other household costs. In this case, Mary attended training on Malaria prevention and received an allowance for attendance and her transportation costs were covered; she was once again motivated to continue her work.

6.2.2 Interpretation

This vignette illustrates the situation of Mary who is a CHV that is tasked with the project implementation of health-related projects, amongst which are sanitation projects. On the one hand, Mary enjoys the work, as becoming a CHV for the government, comes with 'goodies', namely a stipend, fuel for motorcycles, training, and opportunities to meet new people and build a network. On the other hand, she works in challenging conditions, because of the high incidence of flooding that influence the follow-up visits that she does as part of the CLTS approach for the government and NGOs. She is constraint physically as she cannot move around easily, and in addition the demotivated communities where she does follow-up visits also make her work burdensome.

"The CHV's are very key in preventing health-related issues. If you really want to prevent anything you have to work with CHV's. And how to work with them? We have to empower them. Some of them just come on board and want to give back the community, but they do not have the skills. They need to be trained, they do not have the right gears, materials, materials, and a source of income, like a stipend. A more sustainable stipend." ~ sanitation extender, IGO

The vignette and the above quote by a sanitation extender, who is often in the field, illustrate that project implementation hinges on the involvement of CHV's, as they are responsible for hands-on 'health work' in the form of sharing information with community members and providing extension on 'good practices'. Much of the policies by organizations focus on the CHV's as key actors for implementing their projects, and every organization therefore wants a 'piece' of them. They have a plethora of duties that vary from carrying households' visits as part of different projects, to the gathering data at the level of the community (Sanitation extender #2, 4 March, 2020). Organizations therefore aim to motivate them for their project in various ways. Organizations, aware of the financial delays of the government and the necessity of the local CHV's to implement their projects, employ different tactics to motivate CHV's, such as giving them household items, allowances, transportation costs and even unnecessary trinkets (Project Lead Social Enterprise, 15 May, 2020), which is illustrated in the following quote by a regional sanitation and hygiene manager at a NGO:

"We give them some small amount [financial resource], for them to be able to do social behavioral change communication. Actually, what we give them is for movement. Because they have to jump on a motorbike and sometimes travel 50 km, which is not an area you expect someone to walk. So, we give them a small stipend to facilitate their movement but there is no payment. We expect that the government is paying them. However, some are paid and some are not. So for us it is just to facilitate movement." ~ Regional Sanitation & Hygiene Manager, NGO

CHV's on their part realize the number of tasks they have and seek to make the work as convenient as possible, which is their way of brokering what has been asked of them to do and what they receive for it. Considering the amount of tasks they have, the erratic conditions they sometimes work in (flooding, COVID-19 (Public Health Specialist NGO, 29 April, 2020)) and the many organizations that want something from them, that want them to implement projects for them, CHV's develop a system to make the work as easy as possible, such as favoring organizations that facilitate them more comfortably, such as providing them higher allowances than other organizations (WASH officer, 13 March, 2020; Project Lead Social Enterprise, 15 May, 2020). Therefore, they navigate through this reality as SLP's and try to make it as comfortable as possible for themselves. Policies, in a sense, assume that people are not intrinsically motivated and that the system therefore will not 'work'. But in reality, CHV's have their own way of coping with the system. The assumption of policy to deem them as 'unmotivated' creates a system of dependence, where CHV's now expect benefits or stipends of the highest bidder.

6.3 The role of technologies in challenging contexts

6.3.1 Vignette 3

John is a 49-year old WASH officer at a sub-county in Kisumu County located in a flood-prone area. In times of heavy rains and flooding, households face displacement and the risk of losing their properties increases. John faces numerous obstacles, however, tries to find local solutions to local problems. In a flooding prone area, locals are demotivated to build latrines, the chances that the households may need to relocate, or that their latrine collapses due to the unstable soil composition. Therefore, most of them use the nearby sugarcane growing area as an alternative for relieving themselves, instead of using a pit. This forces John to think creatively. He, therefore, finds himself advising community members to strengthen their substructures with whatever strong material they have, such as chicken wire. Instead of advising them to invest funds that they might not have in expensive systems for secure latrine substructures in unstable soils. John and his Public Health colleagues are given a small amount of money to visit communities in the field, however, this sub-county is not seen as attractive for intergovernmental organizations. This results in John and his team not having enough funds to make the necessary number of visits needed to create awareness within communities on the health issues of not using a latrine. Adding to his growing list of tasks John has also become responsible for the supervision of the CHV's a task that was previously assigned to the already underfunded CHEW's. John and his team execute these tasks out of their own commission. The team is also tasked with ensuring safe toilet facilities in health facilities. It is safe to say that John and his team of PHO's have been given more tasks and duties than they can logistically and financially handle. Since the county government is more focused on building road infrastructure, the sub-county department received three sets of circular pit liners from a development organization to ensure strong and secure latrines in health facilities. Nevertheless, the pit liners are currently stored in the sub-county office. Due to a lack of resources, they cannot bring the pit liners to the health facilities because the department would need a vehicle. It is the combination of all these factors, the lack of funds, the high flood risk of the area and the excessive tasks that hamper John in his work.



Photo 4 - Collapsed latrine in flood-prone sub-county Nyakach. Author's own.



Photo 5 - Sugarcane growing area in Muhoroni sub-county. Author's own.

6.3.2 Interpretation

This vignette illustrates three main dynamics. First that John's sub-county receives little financial support from both the county government because the county prioritizes other domains. The nature of the area makes it difficult for development organizations to implement their projects there as it requires more effort, therefore making the sub-county not attractive to them. Secondly, 2) that John is overburdened with the amount of duties and tasks he must fulfill as his role as PHO. Lastly, it also illustrates how John comes up with alternative, locally fitting, solutions for communities to improve their sanitation facilities.

“So politically it is influenced, and also by programs, namely how are partners programming the implementation of activities in the county. If we really want to succeed, we need to empower people in the political wing, so they really know it is not just politics, but also implementation, and how is it done. They need to understand the need for people to have improved sanitation, other than hardware like roads. So, most of them they focus on doing roads, because people can relate with a road, but cannot relate with somebody who is suffering from diarrhea and even died from that.” ~ Sanitation Extender, IGO

“Yeah, but whenever it comes to resources, they [sub-county governments] barely get enough to do the activities. Like, they might take some allocation, but it is just maybe to run an office. Just very minimal. Funding is also sometimes given priority to other sectors. So,

what I've realized is that in Kenya sometimes the push for prioritization lies with the person, the person holding the office.” ~ WASH officer for sanitation and hygiene promotion, IGO

This vignette and the two above quotes illustrate that the implementation of sanitation technology is an issue that plays a large role in party politics. In occasions where other domains are prioritized more than sanitation, it is directly translated in party politics, namely the lack of budget for a certain sub-county in health-related domains like sanitation. The sanitation extender clearly portrays in the quote how the empowerment of the political wing for sanitation is of influence on *if* and *how* sanitation technologies are implemented. This demonstrates that the place where programs are implemented is highly political. As is also portrayed in chapter 5, where counties are not always interested in the CLTS approach, and therefore do not fund its activities nor promote its uptake (CLTS Knowledge Hub, 2015). This is something that the second quote by the IGO WASH officer illustrates. In addition, party politics is also a factor that influences the continuity of sanitation programs. Political administrations change and so does also the prioritization of sanitation as a domain. Party politics also nuances the dynamics that were explained in the vignette in section 6.1 related to the high allowances for government officials. The quote below illustrates this dynamic through the perspective of a public health specialist within a NGO.

“The major challenge of working with the county government, when you are an NGO, they think you have a lot of money. Those things that you ask them to do, they expect you to give them money, facilitate them to do it. These things, they have been employed to do. For example, a PHO who is expected to ensure every household in his area has a latrine and has no funds from the government, he will want that NGO to pay him to do what he should do.”

~ Public Health Specialist, NGO

Similar to the CHV's that were discussed in section 6.2, the government officials create a coping mechanism in a constraining environment for implementing sanitation policies. Like CHV's, policies on the implementation of sanitation technologies rely to a large extent on PHO's. Thus, they also create a system in which they are able to operate.

Paradoxically, as observed in the field you find that organizations rather avoid implementing these sub-counties, because of the constraining factors, even though the nature of the sub-county that is portrayed in the vignette in 6.3 may present itself as an area of implementation for sanitation interventions. They rather use their resources to implement in a county where it is certain that results will be achieved, which relates to the 'claiming of results' by organizations as discussed in section 6.1. The following quote illustrates this through the perspective of a WASH officer at an IGO:

“In my perspective for a long while they [donors] knew the situation in Kenya. So, I knew for a fact for example, you would never get funding to do sanitation in a county like Meru, which has people who have no good resources. But you'd get resources to do sanitation in counties like Turkana, which are counties that do not have or not using toilets so that they had that already in their background. So they also I think help in shifting country priorities

and leading us to where the priorities lie.” ~ WASH officer for sanitation and hygiene promotion, IGO

Lastly, this vignette shows that there is a certain standard of technology (as prescribed by policy) but that it is very difficult to convince people to use this technology. However, since the government has the mandate of providing sanitation to the communities, government health officials ‘tinkers’ with technology. The below quotes illustrate two quotes perceptions by a PHO and a WASH officer. It clearly illustrates how SLP’s can translate policy and adjust it to the needs of the beneficiaries in the local context.

“Donors and counties often have prescribed formulas that do not necessarily work for these communities. They do not necessarily need expensive technologies. To give an example, [NGO] had a project whereby they distributed free materials for people to build latrines. In the end, they did not use the materials and the cement was wasted.” ~ WASH officer.

“Yes they [communities] get demoralized but we always advise them to do it again, because they have been triggered they know the importance of having good sanitation facilities. But it is tiresome. But of late we have been advising them to use technologies that can withstand floods. Like for the areas that have already achieved ODF status, that is what we do now. We do capacity building for local artisans so they can help community members to come up with those structures that can withstand collapses and flooding. But not all households are able to afford pit latrines constructed with bricks or stones or whatever. So we always encourage them to do what they are able to do.” ~ Public Health Officer

6.4 Representing the organization

6.4.1 Vignette 4

Charles is a sanitation adviser at one of the most influential intergovernmental organizations in the world. His organization implements a post-ODF program in Siaya county, that focuses on social and behavior change communication to ensure that people use the latrines that they built. Despite the county achieving ODF status, cases of relapse have been identified. He, therefore, spends at least 2 weeks in a month in the field providing technical assistance to counterparts in the government across Western Kenya, replicating the same process around 10 other counties. Amongst these counties are Siaya, Kisumu and Homa Bay County. Charles is always accompanied by his driver and they move around in their organization vehicle which displays the organization logo, easy to recognize and commanding the attention of the locals. During his field visit in Siaya County, he is accompanied by an entourage, a sanitation extender who supports the county in WASH-related activities, a county PHO, and a WASH officer. They visit CHV's who do follow-ups in the community as part of CLTS. During his visit, he attempts to emphasize the importance of monitoring and evaluation to track the progress of the activities in order to improve the program. Also, he emphasizes the importance of follow-ups for behavioral change and the sustainability of ODF to the PHO, WASH officer, and CHV's. During his visit, he talks to multiple CHV's and pays visits to their implementing areas with them. He does this to see if the latrines are built and used according to the guidelines and to cross-reference with communities how the CHV's perform, and also to ensure that the CHV's are collected the data on latrine usage. On the occasion that Charles discovers shortcomings in the latrines, for instance, they are not covered properly with a lid cover or that some handwashing facilities are not handsfree, he makes sure to mention to the household that covering a latrine properly and using a hands-free handwashing facility is critical for safeguarding the health benefits of these systems. Nevertheless, he does not always engage in providing substantial and supporting information to the community members. On one hand, he reiterates to the CHV that SBCC is important and needs follow-up to ensure its effectiveness and on the other hand he is very adamant about showing community members the sites of where people defecate in the open, which made for uncomfortable situations. In the end, the work conducted by Charles is made to encourage the PHO and WASH officer to commit to the goals of the organization he works for and to obtain the result they set out to achieve, while on the other hand, it may lead to adverse reactions by the people of the community and the lives it sets out to improve.



*Photo 7 - Handwashing facility (not handsfree).
Author's own.*



*Photo 6 - Latrine where lid cover deemed improper.
Author's own.*

6.4.2 Interpretation

Vignette 4 presents Charles, a relatively high-level WASH officer that visits the field occasionally to provide technical assistance. The organization that he represents is a well-known established intergovernmental organization, which every community member has heard of. The three overarching themes of his visits are 1) the spreading of information on activities related to CLTS the CLTS approach in his organizational policies to communities remain ODF in the county, 2) ensuring that data is collected and 3) examining whether the quality of the sanitation infrastructure that is implemented by households meets the guidelines his organization sets out.

This vignette illustrates that the continued use of the implemented infrastructure is left to the CHV's and PHO. A relatively high-level WASH officer visits occasionally and has little means to actually change the situation – apart from talking. The vignette also illustrates that the improvement of sanitation services is primarily defined through the proper use of latrines (toilets) and hand washing with soap. This vignette shows that a lot of the 'sanitation support' is provided in terms of introducing new infrastructure. Health advice takes the shape of adopting the infrastructure and overcoming the challenge of building it.

This vignette illustrates that SLP's are subjected to the necessity to represent their organization in order to look after the interests and reputation of their organization. As

observed in the field, on the one hand, SLP's wholeheartedly aim to improve the lives of the beneficiaries they target. However, on the other hand they are subjected to a system of representation. In this specific case, because of the high reputation of the organization and their interest, Charles cannot afford it to step in and not provide commentary on the infrastructure he encounters in the field when it does not meet guidelines set out by his organization. Even though, as observed in the field, the fishermen in the beach communities explained that they find defecating in the open more comfortable than using their latrine, after which they bath themselves in the lake.

By doing so, an expert knowledge system is projected on the beneficiaries and undermines them in the process as it does not recognize the efforts that are being made by them nor their traditional practices, because it falls outside of the scope of the guidelines related to sanitation infrastructure that they have to comply to. Whether this happens accidentally or on purpose, it happens for the sake of representing organizations interests, beliefs and policies.

“But for Kisumu or Kenya in general, we really need sanitation to be improved. So, we just need to bring in more innovations of how to better what we have begun doing.” ~ sanitation extender, IGO

Lastly, the above quote by a sanitation extender at an IGO illustrates that technologies remain at the basis of interventions. Even more, the sanitation extender illustrates that building on the system of solutions, should be done by means of more innovations. Hence, solutions that are provided for the way organizations perceive the sanitation situation are answered through even more technology.

6.5 Concluding remarks

This chapter illustrated how sanitation occurs in practice through the analysis of practices of implementation of SLP's in Siaya, Kisumu and Homa Bay County. The case studies portrayed SLP's on different levels in policy implementation, from government officials at a (sub-)county level, to CHV's at a community level. This chapter also demonstrated that brokerage of policies takes place at these different levels. Moreover, SLP's are tasked with navigating between policy implementation and the availability of resources. In some instances, the environment constrains or even decides where SLP's and their organization move to. It becomes evident that SLP's are aware of the interests and beliefs of their organization, as well as the different interests in the field. Furthermore, there is an element of intrinsic motivation coupled with the ability to broker, that influences how SLP's navigate this field.

In the next chapter the findings will be further discussed and related to current theories. After which the main question will be answered in the conclusion section.

Chapter 7. Discussion & Conclusion

7.1 Discussion

The previous chapters illustrated the context in which this research took place, the way sanitation policies and projects are envisioned to work on paper, and lastly, how sanitation policies work in practice, i.e. how policies take place in practices of implementation by SLP's.

Chapter 4 demonstrated that the specific research area can be characterized by recurring flooding that damages sanitation facilities. In a broader sense, environmental factors have an influence on how sanitation policies are implemented. The CLTS approach is predominantly adopted by the government and development organization to prevent people from defecating in the open by installing latrines. Based on the latrine coverage, the counties are judged on the success of their CLTS approach. Chapter 5 illustrated that government policies are predominantly geared towards sanitation infrastructure and how to best build and use it. Development organizations in the research area are in their policies preoccupied with activities related to ODF and post-ODF. Furthermore, their policies focus also on engagement with the county governments. Moreover, within organizations policies and interventions are mostly geared towards sanitation infrastructure, how to best build it and how to use it. Chapter 6 exemplified how SLP's negotiate different interests and broker policies on the ground, based on the findings of the fieldwork. This section will continue with discussing the findings in relation to current literature and theory that was elaborated on in chapter 2.

The literature study in chapter 2 that partnerships can be different and can have different goals, even though they all fall under the term 'partnerships'. Certain organizations engage in partnerships because from a policy perspective engagement is necessary. This is shown in vignette 1, where the organization undergoes a partnership with the government because the policy stated that an element of government engagement is relevant. However, the organization might have hidden agenda's in engaging in a partnership (Mawdsley, 2012). For example, engaging with a certain organization will provide a network, resources, or brand association, and in other cases the ability to have firsthand or more access in certain areas. That also relates back to Cornwall (2007), in which it is argued that jargon is used to gain funding or influence. In some instances, it can absolve the responsibility of actors, for example the whole fact that non-state actors take the lead in sanitation provision in Kenya (UNC Water Institute, 2015). In that sense, partnerships can be seen as a buzzword (Cornwall, 2007), because the partnership is not necessarily a collaboration that is based on reciprocal exchange, but more so a means to an end. Thus, it diminishes the responsibility for certain actors (Eales, 2008). As presented in this research, it is the vagueness of partnerships that conceal the different interests of organizations and how development works in practice (Mosse, 2004; Cornwall, 2007).

The CLTS approach, that is widely implemented in Kenya by both the government and developing partners is promoted as a community strategy for increasing the health of people (Kar, 2005). Communities are tasked with analyzing their own practices, where after they are

presented an alternative, namely sanitation infrastructure. Admittedly this process is facilitated by external actors, such as the governmental and development actors. At the base of this approach is that open defecation is deemed traditional and unhealthy and alternatives need to be provided for the communities, this is explicitly demonstrated in vignette 4 where the fishermen clearly stated their preference for their traditional practice over using a latrine. It is here where it is evident that a hierarchy of knowledge takes place, as there is a need for development actors to transform that what is seen as traditional to something 'modern' or Western (Sapkota & Tharu, 2016). In this case this is done through policies that promote the building of infrastructure, translated in the government and development actors engaging in the CLTS approach. Nevertheless, these policies tend to undermine and simplify what happens in real lives. Policy therefore removes nuances and erases efforts, cultures and traditions that make the policy effective, by assuming that a well-thought theoretical plan will succeed in practice.

Moreover, as Cornwall (2007) stated, similar to partnerships, the word 'community' evolved into another buzzword over time. Hence the word has been utilized to automatically create approval from externals for the implementation of community geared policies (Cornwall, 2007). As explained in chapter two, the reciprocal exchange that these worlds portray, might not always be reality. Within this research it is shown that the reciprocal exchange is not fully realized in the CLTS approach. Namely, policymakers framed the way people practice sanitation as a 'problem' according to their viewpoint, thus as something that needs to be changed. Hence, policymakers created a problem according to their own narrative, namely that defecating in the open is something that needs to be changed. Consequently, there will always be evidence that supports this narrative, because the 'problem' is created from the narrative of the policymakers, thus making the policies and narratives self-validating as they create their own evidence (Molle, 2008; Mosse, 2004). Organizations do this out of necessity, namely out of political and personal survival, thus, to stay relevant or 'interesting' (Gastel & Nuijten, 2005). This is illustrated in vignette 1 where organizations are preoccupied with claiming results, to showcase what they give to donors or aid them with to ensure that they receive resources, thus, to stay relevant. The result of this is that solutions are only provided in terms of the viewpoint of the actors that frame the problem. In this research this meant that the CLTS approach, that places communities at the center, is also self-validating in the sense that the only 'right' solution is sanitation technologies and infrastructures, promoted by the 'Western' development organizations. On top of that, it is assumed that the more advanced the latrines become, the better that is. However, this does not actually say something about whether sanitation infrastructure is the appropriate solution for these communities. As illustrated in vignette 4, the relapse to open defecation and the 'misuse' (the diversion from the policy guidelines) of sanitation technologies indicates that this approach is not necessarily the appropriate solution. This relates back to the hierarchies of knowledge, as explained in chapter 2 and in this section

In this research it became evident that SLP's must comply to certain frameworks and guidelines, either provided by their own or other organizations and that they create a coping mechanism to deal with this system. This is evident in vignette 1 where development actors broker collaborations in order to implement their policies, or broker within collaborations to claim results. As can be surmised by vignette 2 wherein it is illustrated that CHV's negotiate with the SLP's of development organizations and legitimize the approach, in this case CLTS, to protect what they [CHV's] gain from the policies. In vignette 3, this is illustrated in the fact that health-related government officials find a way to tinker technologies that they and their sub-counties are subjected to through policies by the national government and development actors. Additionally, they do this in a context wherein (party) politics influences finance streams, and thus the environment in which organizations may pursue their interventions. Lastly, vignette 4 illustrates how development actors are at times unable or unwilling to contradict the models that they are busy framing and validating to secure their position (Mosse, 2004; Gastel & Nuijten, 2005).

To reiterate Mosse's (2004) question on whether good policy is unimplementable, policies prove their own validity and necessity, and so self-validate. It is at the outset of project design that the problems and solutions are created by the entity that designs the solutions, highly influenced by the political will to survive and to ensure funding streams (Gastel & Nuijten, 2005), thus its very existence. It is at this stage that hierarchies of knowledge are already of influence. It is at this backdrop that SLP's in this research operate and implement sanitation policies that by essence do not fit the context, for which they create a system to implement.

7.2 Conclusion

This research set out to explain how sanitation policies are implemented on the ground. It did so by looking through the lens of SLP's in Siaya, Kisumu and Homa Bay County in Kenya. The following sub-questions were formulated to support the main question 1) What are the official policies and the organizational context concerning sanitation of the research area in which street-level professionals operate? 2) Who are the street-level professionals responsible for the implementation of sanitation policy in practice? 3) How do street-level professionals negotiate the different interests that exist in the context of the implementation of sanitation policies in the research area?

In relation to the sub-questions, the main policies by both the government and organizations are focused on the creation of sanitation infrastructure, how to best build it and how to sustain its usage. Additionally, there are complementary products to improve sanitation. In the research area, development organizations together with the government are tasked to propel changes in communities to build, advance and sustain sanitation infrastructure. The SLP's have influence, or (in)direct control on the ground in terms of implementation practices of sanitation policies. Specifically, in this research their position varied, from CHV's at a community level, to public health, sanitation, and WASH experts in NGO's, IGO's and government officials, such as PHO's and WASH officers. They negotiate different interests by means of balancing the environment they negotiate in, the interests and beliefs of their

organization, as well as the different interests in the field. This is coupled with an element of intrinsic motivation with the ability to broker. These sub-questions build to the main question, that is:

'How do street-level professionals implement sanitation policies in practice in Siaya, Kisumu and Homa Bay County in Kenya?'

Despite that policy is drafted with the influence of political interest, and that it is by essence created through hierarchies of knowledge that disregard the local context, SLP's still do their best to implement sanitation policies, as is the case for Siaya, Kisumu and Homa Bay County. In these practices of sanitation policy implementation, SLP's brokered interests and beliefs of their organizations, of themselves and of whom that the policies are intended for, coupled with what they assumed was needed on the ground at that moment. The findings confirm that it is especially here where ethnography is important, as it is these people that know which dynamics play out on the ground.

7.3 Limitations and recommendations for future and further research

This research focused on the SLP's and their implementation practices of sanitation policies. Within this research it became apparent through interviews and observations that there is an element of intrinsic motivation for SLP's to do the work they do. For example, CHV's may have varying reasons for becoming a CHV. It may be out of financial necessity or out of intrinsic interest for the well-being of the community. The same applies to SLP's within the government or established IGO's and NGO's. In these instances, factors such as prestige may be of influence. It is important to understand personal motivations, as they might have an influence on the way SLP's perceive the world and therefore their duties within their occupation or profession. As this research had limited time in the field, it could not investigate all aspects of what comprises the importance of SLP's, it is recommended that extensive should be conducted. Life-history research on SLP's would be able tell us more about the relationship between the SLP's lives and the contexts within which they are situated (Cole & Knowles, 2001).

Additionally, it is important to place the findings in the broader organizational financial context, to understand the position of organizations. It is also important to understand the political financial streams within a country, as they provide further insight in how a policy domain, such as WASH, is prioritized. This research therefore proposes to more extensively research the finance streams of organizations and governments, as they can tell something about SLP's that are active within those organizations and how policies are implemented.

Lastly, in an attempt to apply the notion of Cornwall (2007) of constructive deconstruction by taking apart concepts such as 'partnerships' and 'community engagement' by taking apart the different meanings these words might have to different actors, this research aimed to clarify how these concepts were perceived. Since sanitation also contains jargon, more research is advised on this notion to understand the different meanings for the implementation of

sanitation policies. Herein local practices must not always be deemed 'traditional', as that notion simply depends on one's perspective.

7.4 Considerations for implementation of FINISH Mondial

This research was hosted by WASTE and falls under the FINISH Mondial programme. The interest of WASTE is to support a more efficient policy implementation, for their project in Homa Bay County and for future projects and want to get some insight into how this can be done. As this research investigated the implementation practices of SLP's with regards to sanitation, the findings from the research led to the following policy recommendations:

Firstly, as became apparent in this research, information on the nature of the area is important for project implementation, as each area has its own characteristics. This encompasses the following factors: 1) geographical factors, such as flooding or drought. 2) Cultural factors, as people in different parts of Kenya have different practices with regard to sanitation. 3) Historical factors, to understand what previous interventions took place in the area of sanitation implementation. This will build on the understanding of people's practices, as they might have been used to a certain organization or sanitation system. 4) Political factors, as party politics is of influence on the way sanitation is prioritized in a county, thus also investigating funding streams to understand how much financial resources are dedicated to a county. Secondly, as FINISH works with implementing partners in Kenya, it is advised that agreements with implementing partners are clearly outlined, especially with the person in charge on the ground. This reduces the risks of stepping in a partnership where there is no reciprocal understanding and commitments from the counterpart they cannot follow. Thirdly, it is advised to partner with implementing actors that are established in communities, thus local grassroots organizations. Since they have been established from within the community, they know exactly what is needed and what people's perceptions are. This reduces the possibility of undermining local practices. Lastly, it is important to involve and ensure the involvement of key figures within a community. These are the chiefs, and traditional leaders, and sometimes their significance in a community may not appear at first glance. Their involvement is key, as they know their communities best. These recommendations are open for discussion.

Literature

Aids Fonds. (2018). *Jaarverslag 2018*. Annual Report. Amsterdam: Aidsfonds.

Air Force Culture and Language Center. (2020). Expeditionary Field Guide. *Guide*. Alabama: Air Force Culture and Language Center.

Amref Health Africa. (2019). *Timiza Usafi Project*. Project Profile. Nairobi: Amref Health Africa.

Arce, A., & Long, N. (Eds.). (2000). *Anthropology, development, and modernities: exploring discourses, counter-tendencies, and violence*. London: Psychology Press.

Aquaya. (2019). *Sanitation policies, practices, and preferences in Kisumu, Kenya*. Research Brief. Nairobi: Aquaya Institute.

Bernard, H. R. (1994). *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Thousand Oaks: SAGE Publications.

Bernstein, H. (2006). Studying development/development studies. *African Studies*, 65(1), 45-62.

Bierschenk, T., Chauveau, J. P., & De Sardan, J. P. O. (2002). *Local Development Brokers in Africa: The Rise of a New Social Category*. Working Paper No.13. Mainz: Institut für Ethnologie und Afrikastudien.

Central Intelligence Agency. (2020). *The World Factbook*. Retrieved on 5 May, 2020, from <https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>

Chhotray, V. (2005). Who cares about participation? How a rhetorical state policy is practised incredulously. *Contemporary South Asia*, 14(4), 429-446.

CLTS Kenya. (2020). *Maps*. Retrieved on 11 June, 2020, from <http://wash.health.go.ke/clts/user/loadGuestDashboard>

CLTS Knowledge Hub. (2015). *Kenya*. Retrieved on 12 May, 2020, from <https://www.communityledtotalsanitation.org/country/kenya>

CLTS Knowledge Hub. (n.d.). *Monitoring indicators: post triggering and post-ODF*. Paper. Brighton: Institute of Development Studies at the University of Sussex.

Cohen, J. M. (1993). Importance of public service reform: The case of Kenya. *The Journal of Modern African Studies*, 31(3), 449-476.

Cole, A. L., & Knowles, J. G. (2001). *Lives in context: The art of life history research*. Maryland: Rowman Altamira.

Cornwall, A. (2007). Buzzwords and fuzzwords: deconstructing development discourse. *Development in practice*, 17(4-5), 471-484.

- Connors, G. (2007). *Watering the slums: how a utility and its street-level bureaucrats connected the poor in Bangalore*. Doctoral dissertation. Massachusetts: Massachusetts Institute of Technology.
- County Research and Development Consultants. (2016). *Kisumusan Baseline Survey Report*. Report. Kisumu: County Research and Development Consultants.
- Crook, R., & Ayee, J. (2006). Urban service partnerships, 'street-level Bureaucrats' and environmental sanitation in Kumasi and Accra, Ghana: coping with organisational change in the public bureaucracy. *Development Policy Review*, 24(1), 51-73.
- Date, K., Person, B., Nygren, B., Were, V., Kola, S., Ayers, T., & Quick, R. (2013). Evaluation of a rapid cholera response activity—Nyanza Province, Kenya, 2008. *The Journal of infectious diseases*, 208(1), S62-S68.
- Davies, M. B., & Hughes, N. (2014). *Doing a successful research project: Using qualitative or quantitative methods*. London: Macmillan International Higher Education.
- Devine, J. & Kullman, C. (2011). *Introductory Guide to Sanitation Marketing*. Toolkit. Washington, D.C.: The World Bank.
- Eales, K. (2008). *Partnerships for sanitation for the urban poor: Is it time to shift paradigm*. In *Essay for Symposium on Urban Sanitation*. Paper. Delft: IRC International Water and Sanitation Centre.
- Erasmus, E. (2015). *Street-level Bureaucracy*. Guidance notes. Cape Town: University of Cape Town.
- Flick, U. (2004). Triangulation in qualitative research. *A companion to qualitative research*, 3, 178-183.
- Freeman, L. C. (2000). Visualizing social networks. *Journal of social structure*, 1(1), 4.
- Freeman, L. (2004). *The development of social network analysis: A Study in the Sociology of Science*. Vancouver: Empirical Press.
- Gamso, J., & Yuldashev, F. (2018). Targeted foreign aid and international migration: Is development-promotion an effective immigration policy?. *International Studies Quarterly*, 62(4), 809-820.
- Garriga, R. G., & Foguet, A. P. (2013). Unravelling the linkages between water, sanitation, hygiene and rural poverty: The WASH poverty index. *Water resources management*, 27(5), 1501-1515.
- Gastel, van, J. N., & Nuijten, M. C. M. (2005). The genealogy of the 'good governance' and 'ownership' agenda at the Dutch ministry of development co-operation. In D. Mosse, & D. Lewis (Eds.), *The Aid effect* (pp. 85-105). London: Pluto Press.

- Glesne, C. (1989). Rapport and friendship in ethnographic research. *International Journal of Qualitative Studies in Education*, 2(1), 45-54.
- Government of the Republic of Kenya. (2010). *The Constitution of Kenya, 2010*. Nairobi: Government of the Republic of Kenya.
- Government of the Republic of Kenya. (2016). *Kenya Environmental Sanitation and Hygiene Policy 2016–2030*. Nairobi: Ministry of Health.
- Healthy Entrepreneurs. (2017). *Annual Report 2017*. Annual Report. Utrecht: Healthy Entrepreneurs.
- Healthy Entrepreneurs. (2020). *Concept Note*. Concept note. Utrecht: Healthy Entrepreneurs.
- Healthy Entrepreneurs. (n.d.). *Products HE*. Product list. Utrecht Healthy Entrepreneurs.
- Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. Thousand Oaks: SAGE Publications Limited.
- Hennink, M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods*. Thousand Oaks: SAGE Publications Limited.
- International Federation of Red Cross. (2019). *Emergency Plan of Action (EPoA) Country: Kenya Floods*. Report. Geneva: The International Federation of Red Cross and Red Crescent Societies (IFRC).
- JMP. (n.d.). *Sanitation*. Retrieved on 11 June, 2020, from <https://washdata.org/monitoring/sanitation>
- Johannessen, Å., Rosemarin, A., Thomalla, F., Swartling, Å. G., Stenström, T. A., & Vulturius, G. (2014). Strategies for building resilience to hazards in water, sanitation and hygiene (WASH) systems: The role of public private partnerships. *International Journal of Disaster Risk Reduction*, 10, 102-115.
- Kapoor, I. (2008). *The postcolonial politics of development*. London: Routledge.
- Kar, K. (2005). *Practical guide to triggering community-led total sanitation (CLTS)*. Handbook. Brighton: Institute of Development Studies at the University of Sussex.
- Kenyan Institute for Public Policy and Research. (2018). *WASH and Sanitation Budget Brief*. Budget brief. Nairobi: Kenyan Institute for Public Policy and Research.
- Kenya National Bureau of Statistics. (2019). *2019 Kenya Population and Housing Census: Volume I: Population by county and sub-county. Population census*. Nairobi: Kenya National Bureau of Statistics.
- Kiruga, M. (2018). *The ethnic rivalry that holds Kenya hostage*. Retrieved on 5 May, 2020, from <https://www.theafricareport.com/734/the-ethnic-rivalry-that-holds-kenya-hostage/>

- Kieffer, E. C., Salabarría-Peña, Y., Odoms-Young, A. M., Willis, S. K., Baber, K. E., & Guzman, J. R. (2005). The application of focus group methodologies to community-based participatory research. In B.A Israel, E. Eng. A.J Schulz, E. A. Parker (Eds.), *Methods in community-based participatory research for health* (146-166). San Fransisco: Jossey-Bass Inc.
- Kiiru, J. M., & Barasa, L. N. (2020). Securing Inclusive Growth: Mentorship and Youth Employment in Kenya. In M. Ramutsindela & D. Mickler. *Africa and the Sustainable Development Goals* (pp. 145-154). Cham: Springer.
- KIWASH. (n.d.-a). *Siaya County*. Retrieved on 20 May, 2020, from https://www.kiwash.org/siaya_county
- KIWASH. (n.d.-b). *Kisumu County*. Retrieved on 20 May, 2020, from https://www.kiwash.org/kisumu_county
- KUAP. (n.d.). *Kisumusan Joint Workplan*. Workplan. Kisumu: Kisumu Urban Apostolate Program.
- Langergraber, G., & Muellegger, E. (2005). Ecological Sanitation—a way to solve global sanitation problems?. *Environment international*, 31(3), 433-444.
- Lewis, D. (2006). *The management of non-governmental development organizations*. London: Routledge.
- Lewis, D., & Mosse, D. (2006). *Development brokers and translators: The ethnography of aid and agencies*. Boulder: Kumarian Press.
- Lie, J. H. S. (2008). Post-development theory and the discourse-agency conundrum. *Social Analysis*, 52(3), 118-137.
- Lipsky, M. (1980). *Street-level bureaucracy: dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Lixil. (2019). *LIXIL Marks a Year of Partnership with UNICEF, Working Together in Kenya, Ethiopia, Tanzania*. Press Release. Tokyo: Lixil.
- Lixil. (n.d.). *Partnerships*. Retrieved on 15 June, 2020, from <https://www.lixil.com/en/makeasplash/partnership/>
- Lomborg, B. (Ed.). (2013). *Global problems, smart solutions: costs and benefits*. Cambridge: Cambridge University Press.
- Malinowski, R., & Schulze, M. (2019). Out of the Frying Pan into the Fire: Are Climate Disasters Fuelling Human Trafficking in Kenya?. *Roaming Africa: Migration, Resilience and Social Protection*, 2, 143.
- Mansour, G., Oyaya, C., & Owor, M. (2017). *Situation analysis of the urban sanitation sector in Kenya*. Paper. London: Water & Sanitation for the urban poor.

- Mawdsley, D. E. (2012). *From recipients to donors: emerging powers and the changing development landscape*. London: Zed Books Ltd.
- Mayring, P. (2004). Qualitative content analysis. In U. Flick, E. Von Kardoff, & I. Steinke (Eds.), *A companion to qualitative research* (159-176). Thousand Oaks: SAGE Publications.
- Mansour, G., & Esseku, H. (2017). *Situation analysis of the urban sanitation sector in Kenya*. Paper. London: Water & Sanitation for the Urban Poor.
- Ménard, C., Jimenez, A., & Tropp, H. (2018). Addressing the policy-implementation gaps in water services: The key role of meso-institutions. *Water international*, 43(1), 13-33.
- Meyers, M. K., Vorsanger, S., Peters, B. G., & Pierre, J. (2007). Street-level bureaucrats and the implementation of public policy. In B.G. Peters, J. Pierre, & M. Acar, *The handbook of public administration* (153-163). Thousand Oaks: SAGE Publications Limited.
- Ministry of Health. (2014). *Protocol for Implementing CLTS in Kenya*. Protocol. Nairobi: Ministry of Health.
- Molle, F. (2008). Nirvana concepts, narratives and policy models: Insights from the water sector. *Water alternatives*, 1(1), 131-156.
- Mosse, D. (2004). Is good policy unimplementable? Reflections on the ethnography of aid policy and practice. *Development and change*, 35(4), 639-671.
- Mosse, D., & Lewis, D. (2005). *The aid effect. Giving and governing in international development*. London: Pluto.
- Mulhall, A. (2003). In the field: notes on observation in qualitative research. *Journal of advanced nursing*, 41(3), 306-313.
- Musyoki, S. M. (2010). Scaling up CLTS in Kenya: opportunities, challenges and lessons. In H. Ashley, N. Kenton, & A. Miligan (Eds.), *Tales of shit: Community-Led Total Sanitation in Africa* (149). London: The International Institute for Environment and Development.
- Muyanga, M., & Jayne, T. S. (2014). Effects of rising rural population density on smallholder agriculture in Kenya. *Food Policy*, 48, 98-113.
- Narayana, E. A. (1992). Bureaucratization of non-governmental organizations: An analysis of employees' perceptions and attitudes. *Public Administration and Development*, 12(2), 123-137.
- National Aids Control Council. (2018). *Homa Bay County Report on the HIV implementing partners*. Annual report. Nairobi: National Aids Control Council.
- National Council for Law Reporting. (2019). *Kenya Gazette Supplement: Bill for Introduction into the County Assembly of Homa Bay*. Policy Brief. Nairobi: National Council for Law Reporting.

- Ngigi, S., & Busolo, D. N. (2019). Devolution in Kenya: The Good, the Bad and the Ugly. *Public Policy and Administration Research*, 9(6), 9-21.
- Njuguna, J. (2016). Effect of eliminating open defecation on diarrhoeal morbidity: an ecological study of Nyando and Nambale sub-counties, Kenya. *BMC public health*, 16(1), 712.
- Njuguna, J. (2019). Progress in sanitation among poor households in Kenya: evidence from demographic and health surveys. *BMC public health*, 19(1), 135.
- Nustad, K. G., & Sending, O. J. (2003). The instrumentalisation of development knowledge. In *Banking on Knowledge* (pp. 63-80). London: Routledge.
- Oloo, J. A., Ayieko, M., & Nyongesah, J. M. (2020). Acheta domesticus (Cricket) feed resources among smallholder farmers in Lake Victoria region of Kenya. *Food Science & Nutrition*, 8(1), 69-78.
- Oswald, D., Sherratt, F., & Smith, S. (2014). Handling the Hawthorne effect: The challenges surrounding a participant observer. *Review of social studies*, 1(1), 53-73
- The Health Policy Project. (2015). *Kenya County Health Fact Sheets*. Retrieved on 10 June, 2020, from <https://www.healthpolicyproject.com/index.cfm?id=kenyaCHFS>
- Plan UK. (2008). *Handbook on Community-Led Total Sanitation*. Handbook. London: Plan UK.
- Postman. (n.d.). *Kenya Electoral Wards*. Retrieved on 5 May, 2020, from <https://documenter.getpostman.com/view/4315414/Rzn8NgRo?version=latest>
- Ranjan, G. (2011). Ethnography of development: Challenges and Promises. *The NEHU Journal*, 6(2), 50-62.
- Saleem, M., Burdett, T., & Heaslip, V. (2019). Health and social impacts of open defecation on women: a systematic review. *BMC public health*, 19(1), 158.
- Sapkota, M., & Tharu, M. (2016). Development as a 'Contested Discourse': An Overview. *Nepalese Journal of Development and Rural Studies*, 13(1), 13-28.
- Satterthwaite, D. (2016). Missing the Millennium Development Goal targets for water and sanitation in urban areas. *Environment and Urbanization*, 28(1), 99-118.
- Savelli, E., Schwartz, K., & Ahlers, R. (2019). The Dutch aid and trade policy: Policy discourses versus development practices in the Kenyan water and sanitation sector. *Environment and Planning C: Politics and Space*, 37(6), 1126-1147.
- Shapiro, J. (2019). Exploring Recipient Preferences and Allocation Mechanisms in the Distribution of Development Aid. *The World Bank Economic Review*, 00(0), 1-18.
- Siaya County. (2015). Concept Paper for the Establishment of Siaya County CLTS Hub. Report. Siaya: County Government of Siaya.

- Siaya County. (2018). *Siaya journey to Open Defecation free rural communities*. Report. Siaya: County Government of Siaya.
- Siaya County Assembly. (2018). *The Siaya County Water and Sanitation Bill 2018*. Policy Brief. Siaya: Siaya County Assembly.
- Smith, L. (2008). Power and the hierarchy of knowledge: A review of a decade of the World Bank's relationship with South Africa. *Geoforum*, 39(1), 236-251.
- SNV. (2018). *Understanding the Effects of Poor Sanitation on Public Health, the Environment and Well-being: Report of a study conducted in Homa Bay, Elgeyo Marakwet and Kericho counties in Kenya*. Nairobi: SNV Kenya County Office.
- Tummers, L., & Bekkers, V. (2014). Policy implementation, street-level bureaucracy, and the importance of discretion. *Public Management Review*, 16(4), 527-547.
- UNC Water Institute. (2015). *Community-led Total Sanitation in Kenya Findings from a Situational Assessment*. Research Summary. Chapel Hill: UNC Water Institute.
- UNICEF. (2018). *UNICEF Kenya Water, Sanitation & Hygiene (WASH) Programme*. Report. New York: UNICEF.
- UNICEF. (n.d.). *What we do*. Retrieved on 14 June, 2020, from <https://www.unicef.org/kenya/what-we-do>
- Walker, J. L. (2012). Research column. The Use of Saturation in Qualitative Research. *Canadian Journal of Cardiovascular Nursing*, 22(2), 37-41
- Walker, C. (2016). *Lack of safe water, sanitation spurs growing dissatisfaction with government performance*. Paper. Accra: Afrobarometer.
- Wamera, E. (2016). *Who is managing post-ODF process in the community?*. Briefing Paper. London: SOAS University of London.
- Wayland, J. (2018). Constraints on foreign aid effectiveness in the water, sanitation, and hygiene (WaSH) sector. *Journal of Water, Sanitation and Hygiene for Development*, 8(1), 44-52.
- Welle, K. (2001). *Contending discourses on 'Partnership'. A comparative analysis of the rural water and sanitation sector in Ghana*. Occasional paper. London: University of London.
- World Health Organization. (2018). *Kenya: Sanitation Policy and Planning Framework Case Study for Discussion*. Case study. Geneva: World Health Organization.
- Wright, G. W. (2012). NGOs and Western hegemony: causes for concern and ideas for change. *Development in Practice*, 22(1), 123-134.

Yeda, R. A., Omemo, P., Makunda, N., Okello, E., & Ayodo, G. (2019). Epidemiological Assessment of Seasonal Diarrhoea Cases in Flood Prone Chiga Ward, Lake Victoria Basin, Kenya. *J Epidemiol Public Health Rev*, 4(2), 1-4.

Zilber, T. B., Amis, J. M., & Mair, J. (Eds.). (2019). *The production of managerial knowledge and organizational theory: New approaches to writing, producing and consuming theory*. Bingley: Emerald Publishing

Appendices

Appendix 1: Interview Guide

Introduction

“My name is Ranna, and I am a Master student from the Netherlands. For my Master’s thesis research in Sustainable Development – International Development at Utrecht university I am conducting qualitative research on actual implementation practices of sanitation policy.

I will conduct in-depth interviews with the professionals that implement sanitation policy on the ground. Therefore I have contacted you (found you via xxx) for this interview. I will be asking you questions about different themes related to the way you implement sanitation policy (with others). In doing so I hope to find out how sanitation policy is actually implemented in practice.

“I want to refer you to the consent form and ask permission to record the interview, so that I can optimally write out the answers that have been given during our conversation. You will be anonymized, and the transcript will be handled with extreme trust and care. Is that okay with you?”

	Question	Probes and notes for researcher
Opening questions	Can you tell me something about yourself?	Probe: age, education, family situation, residence, social background, CV
	Do you perceive the sanitation situation in Kenya as problematic?	Probe: compared to other countries/regions
	How would you describe the current sanitation problem in Kenya?	Probe: open defecation, basic sanitation, safely managed, gender, health
	What is needed in your opinion to tackle the sanitation problem you described?	Probe: resources
Organizational: Identification/ characterization	What organization do you work for?	Probe: name, type
	What is your role within the organization?	Probe: organigram, reporting lines within organization

	<p>What is the goal of your organization?</p> <ul style="list-style-type: none"> - Results/goals to be achieved? - Opinion of the goals 	Probe: mission
	<p><i>(if applicable)</i> Can you tell me something about the sanitation program/project of your organization/that you are involved with?</p>	Probe: target group, type interventions, monetary value project
	<p>To what extent does your organization's sanitation approach align with national sanitation policy?</p>	Probe: goals, content
	<p>What type of interventions are done by your organization?</p>	Probe: infrastructure, sanitation and hygiene education ('soft' interventions)
	<p>How do you perceive the usage of donor funds in the field?</p>	Hard infrastructure to justify expenditure
	<p>Sanitation sector heavily dependent on donor money, what is your perception on this?</p>	
	<p>How is your organizations reputation amongst other actors and in this sector?</p> <ul style="list-style-type: none"> - Is this important and if so, why? 	
	<p>What are your daily tasks?</p>	Probe: field, meetings, reporting
	<p>How much time do you spend on writing reports?</p>	Probe: type of reports, for whom, relevance according to SLP, time devoted
	<p>How important are interactions/ professional relationships in your work?</p> <ul style="list-style-type: none"> - Relationships with who? - How do you maintain them? 	Probe: beneficiaries, colleagues within and outside own organization
	<p>Can you give an indication of how much you interact with people?</p>	Probe: percentage of time
	<p>How do you approach problems?</p>	Probe: lead by control, lead by trust

	Do you have enough liberty to work our own way to achieve results, or do you have to comply with strict procedures?	
	What are barriers for you in doing your work?	Probe: resources, knowledge, communication, complexity sector
	Can you give me an example of a success story that you have achieved within your work?	Probe: personal achievement, project achievement
External relations	What other organizations do you work with? <ul style="list-style-type: none"> ▪ If partnership, how does that look like? 	Probe: division roles and responsibilities, financial arrangements
	How do you work with the government? <ul style="list-style-type: none"> ▪ If PPP, how does that look like? 	Probe: division roles and responsibilities, financial arrangements
	How do you deal with (different approaches of) other organizations?	Probe: free supply, paid supply, money to government officials
	How does your organization decide where to implement, and is this discussed or aligned with other organizations?	Probe:
	How do you deal with government demands?	Probe: laws, regulations, frameworks, goals, SDGs
	How do you deal with public expectations?	Probe: perception, (infrastructural) expectations,
	What are current practices in relation to sanitation that you observe in the field amongst communities? <ul style="list-style-type: none"> - How do people perceive sanitation currently? 	Probe: current sanitation practices of people, infrastructure
	What do you expect from colleagues in the field?	Probe: different organizations

Closing questions	- Do you have any questions or is there anything you would like to add?	
--------------------------	---	--

Corona	- Is your organization pulling back due to Corona, or is it still active? - If still active, how are the activities continuing now? Are they modified?	
	- Has a situation like this happened before/similar situation? Cholera/Ebola? How did it prepare you for current pandemic and its consequences?	
	- How does it influence your way of work? - What are the consequences of working from home?	
	- How is COVID-19 influencing the WASH/Health sector in Kenya?	Prioritization over other running projects, aligned with running projects, organizations pulling back

“All the questions that I wanted to discuss have now been addressed. Thank you so much for making time for this interview.”

Appendix 2: Detailed Interviewee list

	Entity name	Position	Location
Faith-based organization	KUAP	Project leader WASH – environment & health programme	Kisumu County
Social enterprise	Healthy Entrepreneurs	Project leader	Homa Bay & Kisumu County
			Homa Bay & Kisumu County
IGO	UNICEF	WASH specialist	Kisumu & Siaya County
		WASH officer for sanitation and hygiene promotion	Nairobi
		Driver	Kisumu & Siaya County
		Sanitation extender #1	Kisumu & Homa Bay County
		Sanitation extender #2	Siaya County
NGO	Amref Health Africa	Public Health Specialist	Homa Bay County
		Senior Programme Manager	Nairobi
	FINISH Mondial	Programme Coordinator	Homa Bay County
	World Vision	WASH engineer	Nyakach sub-county – Kisumu county
	KiWASH	Regional Sanitation & Hygiene Manager	Kisumu & Siaya County
		Founder	Homa Bay County
Government	Siaya County	WASH officer / PHO	Siaya County
	Kisumu County	WASH officer	Kisumu County

	Nyakach sub-county	PHO	Nyakach sub-county – Kisumu County
	Seme sub-county	WASH officer	Seme sub-county – Kisumu County
	Muhoroni sub-county	PHO	Muhoroni sub-county – Kisumu County
		WASH Officer	Muhoroni sub-county – Kisumu Sub-county
Embassy	Dutch Embassy	Policy Officer Food Security and Water	Nairobi
Community	Community member #1		Nyakach sub-county – Kisumu County
	Community member #2		Seme sub-county – Kisumu County
	Community member #3		Seme sub-county – Kisumu County
	Community member #4		Seme sub-county – Kisumu County