Photo-report of a visit to Rhonda
Total Sanitation in low-income areas of Nakuru, Kenya

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In the context of the 36th WEDC International Conference "Delivering Water, Sanitation and Hygiene Services in an Uncertain Environment", taking place in the city of Nakuru, Kenya, between the 1st and the 5th of July 2013, I had the opportunity to take part in a visit to Rhonda area in Nakuru. There, I could learn about the Realizing the Right to Total Sanitation project, initiated by Practical Action and Umande Trust and using Urban CLTS (see the more information on Practical Action's web).

This photo-report –commissioned by the CLTS Knowledge Hub at the Institute of Development Studies– consists of a series of pictures complemented by my observations and reflections (partly already recorded in the CLTS blog) and data from the related paper presented at the WEDC conference by Mwanzia and Misati. Due to my limited exposure to urban sanitation and the brevity of the visit, I do not draw any conclusion but just share the thoughts inspired by the visit.

Nakuru is the fastest urbanising town in Africa (13% annual growth in 2010) and has an estimated population of over 600,000 people, 60% of them living in low-income settlements. These people generally work in any casual manual job, informal selling, etc. The two largest settlements, Rhonda and Kaptembwo –with a combined population close to 200.000 people– were targeted in the programme. The settlement pattern consists mainly of plots with an average of around 20 rental rooms per plot. Many times, the owners of the plots leave in the plot itself or nearby. The settlement pattern is somehow less complex than in other cities such as Nairobi where land tenure is an important challenge. The pictures below show some of the rental rooms in one plot (left) and an aerial view of part of Rhonda (right).

98% of the plots had some toilets but generally too few for the number of residents and in poor conditions. As a result, there are open defecation points, overflowing pits, 'flying toilets'… Solid waste is collected once a week, after the payment the corresponding fee.

Practical Action and Umande Trust have been working in these areas for some time, trying to introduce an adaptation of the CLTS approach to urban areas. The methodology included triggering sessions that help spread the message of sanitation and participatory GIS mapping.

One component of the programme is to mobilise community health workers, which are trained volunteers. There are 20 active in Rhonda area, going to the different plots, 'teaching people about sanitation', talking with the landlords of the plots and motivating them to provide adequate

sanitation facilities to the tenants. In one of the plots visited, the process had been initiated, and there we could interact with the health workers, the landlord and some residents (see pictures below).


Around 300 households live in the 80 rooms in the plot, which has only two pit latrines (see picture below, left). Due to the insufficient number of facilities, long queues are formed in the mornings and evenings and there are open defecation stops in the plot and within the latrine (see picture below, right).


The landlord was sensitised and is now negotiating the loan with the bank in order to build six pour-flush latrines with a septic tank, with a cost of between 100,000 and 170,000 Kenyan Shilings each (1000-1700€), depending on the size.

The community health workers are also informing and supporting him regarding the legal procedures needed. The existence of legislation affecting the construction of latrines and the technical standards accepted poses a challenge to CLTS, as latrines at the lower end of the sanitation ladder may not be acceptable. This is indeed the case of Nakuru, where only ecological sanitation, pour flush to sewer or septic tank were accepted. An innovative VIP latrine model, co-designed during the programme, was later approved by the municipality. Municipal engineers also have to visit the area of construction and grant the permission for building, if the conditions and the project are deemed adequate.

Financially, the landlord will have to make a heavy investment and will incur in losses due to the fact that he has to demolish some shops in order to build the latrines. For tank emptying purposes, latrines have to be located by the road –where the shops are now. To compensate this, once the

latrines are operative, he will increase the monthly rent by 400 Kenyan Shillings (around 4€) to all the tenants, which now pay between 1000 and 1600 Shillings. One resident questioned by us about this said that the increase was fine, given that clean and good facilities were provided. On the other hand, the current setting (dry latrines that are rebuilt after they fill in one or two years) is also generating income losses to him as the areas where ancient pits stood, cannot be used for constructing more rooms, as the soil is not compacted enough.

In this plot we also learnt a bit about menstrual hygiene management. The schools distribute free sanitary pads to the students, but there is no provision for disposing the pads used. Thus, these are many times thrown away or inside the latrine, posing a problem for pit emptying afterwards. There is a specific service for management of this waste (collected every 2 weeks), but there is a fee, which landlords are not likely to want to pay.

We visited another plot, which belonged to one of the community health workers, and where a rainwater harvesting system (see pictures below, left and centre) and six good quality pour-flush latrines had been constructed thanks to the financial schemes envisaged in the programme. Hygiene promotion was also part of the process, as the picture below (right) shows.

The condition and cleanliness of the latrines and rooms was remarkable. There were still some issues to address in the plot such as the prevention of insects entering the septic tank (see picture below, left), the management of solid waste (see picture below, centre) or the provision of more robust handwashing facilities (see picture below, right). Moreover, families with children were not accepted as tenants in the plot, as the landlady had decided to prioritise students and young workers.

We also had the accidental 'opportunity' to witness one faecal-diseases transmission route. A little boy walking barefoot stepped on a fresh shit that was on a step (see pictures below) without even noticing, and kept moving around and playing with other kids, thus spreading the pathogens to his house or to wherever he went.



Another initiative linked to the programme is led by the youth group in Rhonda area: they go door to door sensitising their neighbours about adequate hygiene practices. In addition, they are starting to build a public bio-sanitary centre, located between a big daily marketplace (see picture below, left) and a church, and producing biogas out of shit. The youth group has about 200 members, with different committees, including one devoted to sanitation, which will be in charge of managing the centre. Some members of the committee had gone to Nairobi to visit a similar facility in Mathare.


The visit finished with a visit to the local government officer, with whom Umande Trust and Practical Action are trying to establish an enduring partnership in order to advance the condition of the areas regarding WASH.

In all, the field visit was very thought-provoking, making evident the specificities of urban sanitation and how these affect the potential of 'standard' CLTS and call for innovation and adaptation to such areas. Due to my lack of experience in urban sanitation, and the brevity of the field visit, I won't try to systematise the insights or extract any conclusion. Instead, I will just synthesise some of these specificities of urban settings, as observed in Nakuru:

- High population density makes it practically impossible to have household-level latrines. Shared or public latrines have the added challenges of management of the facilities.

- The population is less stable, moving from one place to the other frequently. Also, most households do not own their house. These two combined dilute the sense of 'community', making more difficult to address sanitation collectively and to achieve appropriation by the households.
- There are many players involved in sanitation apart from the households (landlords, authorities, pit emptiers, environment protection agency, banks etc.) and as a consequence the sanitation dynamics are more complex.
- In plots where landlords do not even live in the area, it is difficult to involve them in sanitation issues
- There is legislation about latrine construction which impedes starting at low steps of the sanitation ladder, reducing the possibilities of achieving quick change after triggering.
- Sludge and solid waste management, grey water and drainage are critical issues that need to be taken into account along with latrine construction

As a final thought or hypothesis, I would say that the contribution of CLTS to this process is not so much about the methodology but rather about the principles inspiring the intervention: sanitation has to be an insider issue (so no subsidies!), community-led and focused on collective behaviour change. Anyway, the programme of Umande Trust and Practical Action is a really exciting one and it would be very positive to thoroughly document and monitoring the process –including some external research– in order learn as much as possible from it and contribute to the development of urban CLTS.