

The SHIT NEWS

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We are proud to introduce our very first CLTS newsletter after the recent inauguration of the CLTS Coordination Unit (CCU), and the launching of “ODF Rural Kenya by 2013” by the Hon Minister Beth Mugo on 11th May 2011, roughly two and half months ago. CCU is a national hub, which will nationally coordinate CLTS activities throughout the country, and will also act as resource centre for CLTS initiatives. The unit is managing the CLTS website that will give you current information nationally and globally and especially give you up to date information on the scaling up activities on rural Kenya ODF status as we countdown to 2013. Partners in the Sanitation area are

welcome to contribute to the hub through material support, monetary and in human resource. We need collective and affirmative action from all concerned to rid off Kenya from the plaque of diarrhea and cholera that robs us millions of our innocent children every year.

Kenya is among thirteen other African countries namely Eritrea, Ethiopia, Malawi, Sierra Leone, Nigeria, Ghana, Cameroon, The Gambia, Guinea Conakry, Liberia and Togo that have strongly taken up CLTS as an approach to reach the global sanitation goal. Kenya has made a commitment to achieve sanitation goal by declaring to have all rural Kenya Open defecation Free (ODF), by 2013. The following article by the National Coordinator of CLTS Mr. Adam Mohamed, will give you the entry point of CLTS in Kenya, and how far CLTS approach is hoping to achieve by 2013.

Evolution of CLTS in Kenya

CLTS activities started in Kenya in 2007, through a partner; namely Plan Kenya. Three regional trainings were held in the country by Dr. Kamal Kar (2007 – 2010).

The Ministry of Public Health and Sanitation participated in the first and second regional training workshop, where Mr. Adam Mohamed and four other officers were invited to attend. The Ministry took the training positively and ventured into the new approach by writing a proposal and requesting partners to support CLTS Capacity building in five regions. Towards the end of 2009, the Ministry with support from UNICEF Kenya Country Office contracted Network for Water and Sanitation International (NETWAS) to carry out capacity building for Public Health Officers in five regions. The training went on well, but the results were not impressive, no village attained ODF status within three months. Although all participants of the training appreciated the CLTS concept, follow-up did not give any convincing outcomes.

Other partners implementing CLTS were reporting ODF villages, a positive step that made CLTS gain recognition that the approach actually works, however it was observed that one ODF village here and there will not add much to the reduction of disease burden of rural Kenya. The Kenya Government, through the Ministry

of Public Health and Sanitation thought of having a different approach to the training, implementation, follow-up and verification.

In order to fast track the implementation of CLTS in the Country, the Ministry of Public Health and Sanitation, a leader on Sanitation issues, requested UNICEF to identify renowned consultant on CLTS to assist the Ministry to properly strategize the same. Mr. Farooq Khan, a CLTS practitioner who pioneered CLTS in Pakistan and Afghanistan was identified by UNICEF as the most appropriate Consultant for CLTS, to provide necessary support to the Ministry and in developing the programme. With the UNICEF support a training manual was developed.

Greater Busia, Siaya, Bondo, Kisumu West, Nyando and Rachuonyo districts were taken as the phase one districts and the results were very impressive.

Within four months after triggering over 745 villages,

including 3 sub-locations became ODF and 14 active natural leaders emerged.

Kamal Kar visited the six phase one districts in April 2011, and met hundreds and thousands of villagers who had many success stories to tell. Several villages were celebrating their ODF status and had chat with the founder of CLTS. After a week of field visit, Kamal conducted a five days skills sharpening, up scaling and sustainability approach for 73 CLTS master trainers. After the training, members who came from different background and work for different organization came up with what is now popular referred to as the “Kisumu Declaration”(to [read this, visit www.cltskenya.org](http://www.cltskenya.org)). The impressive and well searched findings of Kamal Kar motivated the Government of Kenya to tighten its belt and it immediately came up with the “ODF rural Kenya 2013 campaign”.

The campaign was launched by the Minister of Public health and sanitation, Hon. Madam Beth

Mugo, Where major partners were invited, namely; UNICEF, WSP, UN-habitat, Plan, WHO, CEO of Media houses, Ministry of water & Irrigation, NEMA, Local Government, all Provincial Public Health Officers’, District Public Health Officers, Medical Officers of Health, Community consultants and NGO partners.

“Yes we can” is the slogan for Kenya’s CLTS campaign. A national CLTS Coordinating Unit (CCU) and knowledge management hub has been established at the ministry’s headquarter with support from UNICEF and SNV. The hub is intended to be a resource centre for knowledge on sanitation for the African Continent, Sanitation practitioners and the general public, in the next 2 – 3 years. The Unit has developed a two and half year’s implementation strategy for achieving Rural ODF status in Kenya, and it will roll out its programme in a phased manner.

State of CLTS Programme in Kenya

The six wash districts are both in Nyanza and Western Province. Busia is the only district in Western Province, while Nyando, Bondo, Rachuonyo, Kisumu West and Siaya are in Nyanza Province. CLTS trainings were done between August and October 2010 in all the six districts. 10 villages were targeted to an individual implementer (Public Health Officer or Public Health Technician) in every district. The table below is a

summarized report of the ODF status in the pilot Districts.

Implementing District s' performance: July 2011 Report

Region/District	No. Of Villages Targeted	No. Of ODF claims	No. verified by DPHO	No. Certified by 3 rd Party	No. Of celebrations held
Western Province					
Busia	320	249	70	38 (+11 old ones)	11
Nyanza Province					
Nyando	238	135	59	39 (+2 old ones)	12
Siaya	200	149	66	24	10
Bondo	200	51	49	29	0
Kisumu West	130	102	59	5	5
Rachuonyo	200	135	54	33	0
Total	1288	819	357	168	38

- The total no. of villages has increased from the initial **1220** to **1288**. **38** of the surplus villages came from Nyando, due to the demonstration triggering done during the training of the Public Health Officers (PHOs) and Public Health Technicians (PHTs). The extra **30** villages is an additional from Rachuonyo District out of passion and dedication of the PHOs and PHTs.
- The total No. of ODF claims has also increased from **819 (by PHOs) to 837**; the extra **18** ODF claimed villages is a result of the exemplary work of the **Natural Leaders**.
- 837 villages are awaiting third party certification to be declared ODF by an independent and credible organization called KWAHO (Kenya for Water and Hygiene Organisation)

Impact of CLTS on Diarrheal Disease Reduction: Evidence from the Field

Mr. Makotsi recalls how the rainy season, especially the months between April to June used to be a nightmare for him. Every year when there is heavy down pour of rain, there was a regular outbreak of diarrhea, cholera and typhoid. This was his most trying moments, and many times he had sleepless nights working tirelessly to suppress the spread of the epidemic. Since major parts of Nyando district falls under the low lying flat plains of Nyando river, flooding and submergence is a regular phenomena. Lack of a drainage system and the presence

of heavy black cotton soil worsen the situation. Almost every year flooding water will inundate hundreds of villages, forcing communities to move together with the livestock and a few belongings to higher grounds on the highway for shelter. Communities living in slightly higher ground would remain marooned and cut off from basic necessities like safe drinking water and access to health care. Normally the flooding water lasts for three weeks and sometimes more than a month, this are the times when incidences of diarrhea,

cholera and typhoid and other enteric diseases would reach their peak killing hundreds of children and debilitating thousands. After the flooding water recedes, communities will move back to their villages, some will use the free sanitary hardware given to them by national and international NGOs, but most of them will continue with the practice of OD (Open Defecation), as they have

always done



Figure 1 Flooding in Nyando District

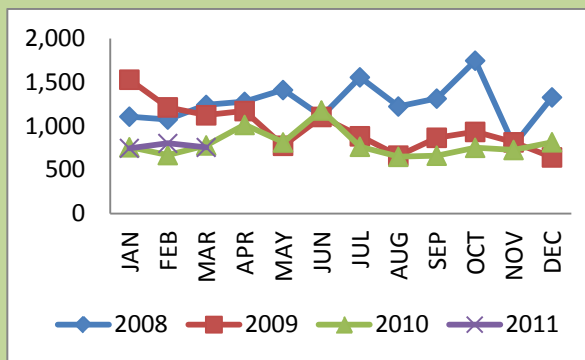
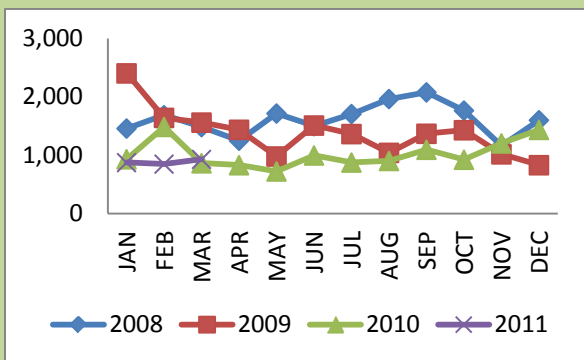
Mr. Makotsi tells of a massive influx of patients suffering from diarrhea, cholera and typhoid in the District hospital during the flooding season. Many times the hospital is filled with patients beyond its capacity to treat; hence tents are put up in the hospital campus. Diarrhea deaths used to be the highest in the country during the wet season. Many times treated

patients will go home, pick new infections and again return to the hospital. It was an endless cycle.

CLTS without subsidy was introduced in Nyando District in the late 2010. It was a difficult process because it was not easy to change the mindset, attitude and behaviour of the communities who were used to receiving handouts and free supply of sanitary hardware. Interestingly enough, after CLTS trigger, it didn't take long for the community members to realize that the major cause of their misery and child death was due to their practice of Open Defecation (OD). Soon the

communities adopted and accepted the CLTS idea and jumpstarted collective local action to stop open defecation; they constructed simple homemade pit latrines in order to stop the spread of these deadly diseases. The community members realized that these latrines must at least last for a year before the next floods come.

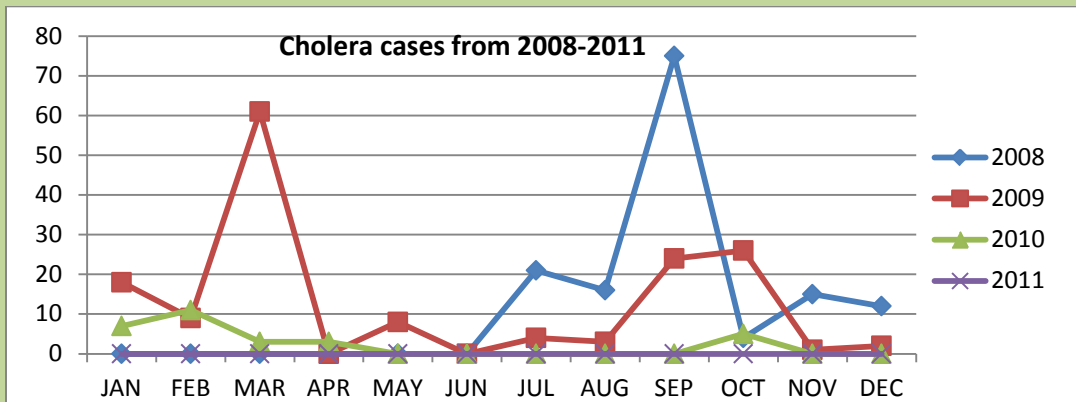
The following graphs demonstrate the sharp decline of diarrhea and cholera cases amongst children under and upper five years between the years 2008 to 2011 in Nyando District.



SOURCE: HMIS NYANDO DISTRICT.

Analysis of both the diarrhea and cholera graphs clearly shows how incidences of both diseases have gone down between the years 2008 -2011. Mr. Makhotsi strongly emphasizes that this was only possible with the introduction of CLTS in the region. CLTS revolutionary methodologies reinforces sanitation practices that are essential to completely eliminating fecal- oral route contamination, suppressing the spread of diseases such as cholera, and diarrhea to minimal or off completely. CLTS is the way to better health and the sure route to take in achieving milestones towards accomplishing the 7th Millennium Development Goal.

SOURCE: HMIS NYANDO DISTRICT.



Scaling Up CLTS in Kenya: PIONEERING ROLE OF LOCAL NATURAL LEADERS

Historically in all the villages of Kenya, there are CHWs (Community Health Workers) whose role is to implement the many activities mandated by the health department. The success of CLTS and its consequent impact on health has spread like bush fire amongst the CHWs. It is also fascinating to see the emergence of Natural Leaders (NLs) in some of the ODF villages. Natural leaders like Tom Omullo and Mary Nyanchoka Monari (Both attended the AfricaSan Conference in

Kigali), and many others like them emerged from ODF villages.

Tom and Mary are both from Kodhiambo village, and they have transformed several neighbouring villages into ODF by their own initiative. Not only is Tom and his team of five other natural leaders in high demand in Nyando District but also in the neighbouring Districts. Tom has so far delivered **20 ODF villages on his own.**

The District Public Health Department has facilitated to

develop a contractual agreement with Tom to extend his support in other villages as the community consultant.



Fig 2. Tom assists an old woman to make a simple latrine.

Kenya's CLTS Approach Shows the Way to the Rest of Africa

The Third Africa Conference on Hygiene and sanitation (AfricaSan) was held on 19 – 21 July, 2011 in Kigali, Rwanda.

Kenya was well represented with over 30 participants from different stakeholders, namely Government, WSP, SNV, PLAN, KWAHO,

AMREF and other local NGO's and community members. The CLTS Team was equally well represented with 7 Government

representatives, 4 from Plan, 2 community members and 1 from The conference objectives were to:

1. Present and exchange knowledge on strategies to overcome key bottlenecks to implementing large scale sanitation and hygiene programs
2. Strengthen the evidence base for scaling up sanitation and hygiene programs in Africa
3. Kick start the 5 year drive to get Africa back on track to meet the sanitation MDG and achieve sustainable universal coverage

SNV.

The preliminary programme included two types of learning opportunities:

1. Thematic learning exchange which draws from key experiences and studies to address critical issues – these sessions are designed by the conference organizers.
2. Seminars hosted by agencies or groups of agencies, showcasing their latest thinking and findings – these sessions are designed by the agency in consultation with the conference organizers.

The Kenyan experience and achievements on CLTS over

shadowed all other countries and was referred to as the icon of Africa on sanitation. A well researched paper on CLTS implementation in Kenya was presented by Mr. Tiwari from SNV Kenya. The paper highlighted on the structures, commitments, implementation, results, process monitoring and third party verification process. It was a presentation every other country wanted to emulate. The establishment of the national CLTS coordination and knowledge management hub was seen to be a big milestone for Kenya. Beside CLTS, Kenya won the African award for hand washing.

Farewell to Mohamed el Fatih, Chief WASH UNICEF



Mr. Mohamed el Fatih, The Chief of WASH Section in UNICEF Kenya, is calling it a day after a long and distinguished service to the water and sanitation sector. Mohamed, who joined UNICEF Kenya in 2008 from UNICEF Nigeria, will be retiring at the end of August 2011.

The sanitation and hygiene sector acknowledges the tremendous support and partnership accorded by UNICEF through Mohamed's

leadership. Mohamed has been instrumental in scaling up UNICEF WASH interventions, including strengthening of the CLTS programme whereby UNICEF has been the biggest supporter/ partner, ensuring resources and technical support since the roll-out of the intensive programme in 2010. His strategic engagement has ensured that the programme is gaining momentum and is not simply a small pilot project. But more than CLTS, Mohamed has been instrumental in bringing into the sector new approaches. Through his support, UNICEF has invested significantly in community water supply, WASH in schools, Water Safety

Planning, marketing of household water treatment and safe storage (HWTS), and also contributed to better understanding of arsenic contamination, HWTS and WASH in schools. Through his leadership, UNICEF has been very visible in national engagements for policy elaboration, networking and partnerships, and advocacy.

The Sanitation and Hygiene sector in Kenya appreciates the support provided by Mohamed and the partnerships initiated with UNICEF support, and we wish him even more success in his next endeavors.

Kenya's Commitment to Eradicate Open Defecation Recognized Globally

The sanitation target for the Millennium Development Goal 2015, to halve the proportions of people living without basic sanitation is off track, and needs collective action globally to reduce in big masses the number of the 2.6 billion people still living without adequate and safe sanitation facilities.

The five year drive campaign by the United Nations; Sanitation for All, The Drive to 2015, is a reminder to all nations committed to achieving the sanitation goal to redouble their efforts and standards in order to close the existing sanitation gap. In his speech during the Five year drive launch, Ban Ki-Moon Secretary General to United Nations is quoted saying



... *"I am also encouraged by the recently launched 'Rural Kenya Open Defecation Free by 2013' campaign. I urge other countries to follow Kenya's example, and launch policies that will eradicate open defecation"...*

Kudos Kenya, but the real task is just around the corner.

In preparation for the campaign, CLTS Coordination Unit has finalized the 'ODF Rural Kenya by 2013' Implementation plan. The road map give details of the CLTS training, the budget, the National and provincial/county level

arrangements, Planning Monitoring Evaluation and research, Media and communication. The hub will be strengthened by additional staff who will do research, monitoring and evaluation, and a media specialist who will keep the nation abreast with the progress made, as well as sensitizing all on sanitation and hygiene issues.

Formulation of provincial and district implementation plan is already on progress.

Our Newsletter will be coming to you on quarterly basis. For continuous up to date information on CLTS activities country wide, please visit our CLTS website www.cltskenya.org. You will also find instructions on how to subscribe to our newsletter.

OUR HEROES

DPHO OF THE MONTH: Mr. Ambrose Fwamba, DPHO, the Greater Busia.



Achievement

- Greater Busia has a population of 454,737, with 62% latrine coverage
- 320 villages out of 918 is the target number. By end of December 2010, 249 (79.3%) had claimed Open

Defecation (ODF) Free status.

- So far 259 villages have been verified as ODF, 12 have celebrated while 72 are waiting to celebrate.
- 80,000 people are approximated to have undergone a behavioural

change in sanitation and hygiene practices through triggering. Equally, close to 40,000 became new latrine users, as 7,255 new latrines were built using local available materials. Ksh. 2,500 was approximated to cost each latrine; household expenditure to provide sanitation facilities is therefore translated to cost Ksh. 18 Million.

Ambition

- To declare Nambale District in the greater Busia Open Defecation Free by Mid September 2011.

PHO/PHT OF THE MONTH:

Mr. Frankline Bwire, PHT,

Nambale District in the Greater

Busia



Achievement:

- He is the first Public Health Technician in the region to register 10 Villages attaining ODF status in 4 months, with a population of 5737 and 1037 households, with 2

spill over villages in the neighborhood of the 10 villages

- The 12 villages constitutes Sikinga sub location where the first CLTS millennium village (Milimani) was first recorded in 2008 by the same officer and now the sub location is enjoying open defecation free status

CHW/NATURAL LEADER OF

THE MONTH: Mr. Tom Omullo



Achievement

- So far he has delivered 20 ODF villages, verified by the DPHO, Nyando District
- He has created his own CLTS committee that helps him in sanitation work, and he also has developed close links with most of the Community Health Workers in his area.
- The District Public Health Department has facilitated to develop a contractual

agreement with Tom to extend his support in other villages as the community consultant.

- Tom was chosen by the Kenyan team to attend the third AfricaSan Conference that was held in Kigali July 2011

Note from the /Editors:

- *At the CLTS Coordination and Knowledge Management Hub at MOPHs we look forward to have your news, information, stories and updates. Please write to us and we will publish your items. For more information contact:*
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