A note from the Patron

Chief Public Health Officer, Dr. Kepha Ombacho, PhD, MBS

A very warm welcome ladies and gentlemen to our Community Led Total Sanitation (CLTS) newsletter. As we embark on the new year, it gives me great pleasure to reflect on the successes made in the area of sanitation and hygiene in the past year, 2011. Some of these achievements include:

- A successful global hand washing day in Nakuru during the month of October where an estimated 20,000 children washed their hands with soap at the same instant, setting a world record.
- World toilet day celebrations held on 19th November 2011 in Siaya
- Exceeded target of national latrine coverage. Target was 71%, 74% target was achieved.
- The launch of an Open Defecation Free Rural Kenya by 2013 campaign launched in May 2011
- Finalization of the environmental sanitation hygiene strategy which is awaiting approval
- Preparation of the ODF RK 2013 roadmap
- Started the largest hand washing with soap ‘sopo’ campaign with support from partners
- Rolled out CLTS trainings in different parts of the country.
- The District of Nambale (Busia County) is working to achieve ODF by March 2012.

I would like to thank each and every one of our employees, our editorial team in the CLTS knowledge management hub and the development partners especially UNICEF and SNV who worked tirelessly to make all these activities happen. I am also grateful to the efforts put in by hundreds of community health workers, community leaders and natural leaders who often are our unsung heroes.

This year, one of the activities we are focusing on in the ministry is the Open Defecation Free Rural Kenya 2013 campaign. As you are all aware, we have adopted the Community Led Total Sanitation (CLTS) concept in the implementation and scaling up of this initiative. I am humbled and encouraged by the enthusiasm and passion I have seen from all members of our team along with our partners in implementing CLTS across the country. As we embark on scaling up CLTS across regions I urge you all to keep the momentum and push forward towards declaring all of rural Kenya ODF by 2013.

It is on this note that we shall continue to work closely and support all partners working in the area of environmental hygiene and sanitation promotion. We also appreciate sharing our CLTS success stories from the communities with other partners and stakeholders in view of letting them see the power that there is in this initiative to assist Kenya achieve MDG7. In this regard therefore, we shall hold a stakeholders’ conference on 8th March this year, to solicit their commitment in the ODF Rural Kenya 2013 campaign and continue to engage with them as we take this journey forward.

I encourage all of you to keep up the determination and passion you have shown in the past, to continue making the lives of all Kenyans better.

Thank You.
Updates from the CLTS Coordination Unit (CCU)

CLTS was introduced in Kenya by PLAN Kenya in May 2007. The CLTS interventions generated interest from the Ministry of Public Health and Sanitation (MOPHS) and NGOs who thereafter participated in various hands-on CLTS training. In 2010, MOPHS in partnership with UNICEF and SNV embarked on a pilot in six districts in Nyanza and Western Kenya. Within a period of one year this initiative registered impressive results with over 1,000 villages (571,231 people) attaining open defecation free status. From lessons learned in this initiative, MOPHS was inspired to adopt CLTS as a key strategy for scaling up sanitation in Kenya. This was followed by the launch of the ODF Rural Kenya 2013 campaign in May 2011. A roadmap to actualize the campaign was drafted thereafter.

As part of the national level arrangements for the Roadmap Implementation the Ministry committed to Strengthening of the CLTS Coordination Unit (CCU)

The CCU’s role is to ensure a well coordinated implementation of the road map to achieve the planned goals and objectives. Under this broad function the CCU has the following key functions:

- Ensure necessary capacities are developed at various levels to ensure quality scaling up in collaboration with key stakeholders;
- Regularly monitor field implementation and ensure timely availability of quality data for evidence based planning and course correction;
- Conduct appropriate research and studies to assist the MOPHS to properly guide the implementation of the roadmap in the right direction
- Document, package and disseminate the knowledge gained during the implementation of the roadmap through appropriate channels and products. A website and a monthly newsletter will be key instruments in this regard;
- Effectively engage and facilitate the private sector in responding to the demand created under the plan for affordable sanitation materials on sustainable basis
- Effectively engage and facilitate media in mobilisation of communities and key allies and promoting sanitation behaviour change
- Mobilise resources for effective implementation of the plan through advocacy and timely development of concepts and funding proposals.

The CLTS initiative under the leadership of the Ministry has realized the following results since inception August 2010 to date:

- √ 305 PHOs/PHTs have been trained
- √ 5402 Villages triggered
- √ 976 Villages declared ODF
- √ 86 ODF celebrations
- √ 457,716 People reached
- √ 16 Counties reached
**Viewpoint On training and triggering with Ibrahim Basweti**

“I have had many great experiences but if I have to mention one it has to be my experience in Turkana. I learnt that the Turkana people have a very strong self-identity and high self esteem. They do not consider themselves poor at all and so when we carried out a triggering and had them understand this harmful practice of OD they immediately declared that they were willing to sell a few goats to construct latrines. During this triggering there emerged a very strong natural leader and the community were so disgusted and ashamed that the decision to construct latrines came from them very easily.”

Understanding local cultures and being respectful are some of the basic essentials that all trainers must have to ease community entry. Speaking, dressing, or behaving in a certain manner sometimes creates a barrier between the trainer and the community and this could make it difficult to achieve any success. It is therefore necessary that all implementers are fully aware of this aspect of preparation.

“It is also necessary for the officers to believe in CLTS itself. It is completely impossible to promote and succeed in ensuring behaviour change and convincing whole villages to adopt a style of life that one does not believe in. It is therefore important that all officers understand the CLTS principle and passionately empower and support communities in achieving ODF. We have seen areas where people have tried to enforce the law by forcing communities to dig pit latrines and they failed totally”.

As the MoPHS with support from partners seek to upscale CLTS implementation towards declaring all of rural Kenya by 2013, quality training, triggering and follow-up is very critical in ensuring success. This will require not only partial ‘sticking to the rules’ but that all implementing officers get it right the first time and keep it right all the time as they interact with communities they are engaging with.

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**The Essence of Community Ownership: Experiences from Plan Kenya**

PLAN having worked in different regions of Kenya has had the experience of working alongside communities with various cultural beliefs and practices. Philip Otieno, national CLTS co-ordinator, points out that one of the most important things in achieving success in the process, is in first acknowledging these differences and therefore planning an approach in triggering and implementation that will be acceptable to the specific community. Because CLTS is really about behaviour change, implementers should recognise that this involves a process of unlearning an existing habit, learning a new habit and ‘freezing’ or solidifying this new adopted habit.

A successful process is one that will take into consideration this cultural dynamics. Collaboration with partners in the regions has also been a strong point in achieving success. Plan has worked alongside government officers as well as other NGOs like Kenya Red Cross. Philip explains that creating such partnerships and establishing strong collaborations can be a challenge in the beginning but he advises that it is a strategy worth pursuing as it is a sure way of achieving better and sustainable results.

“We have also learnt that strong community engagement and communication is a solid pillar for CLTS success. We had an experience in Siaya where a village claimed ODF and together with a team of PHOs, community leaders and natural leaders, we made a visit to this village to carry out a verification survey. Our survey involved us walking around the village and evaluating practices as well as latrine construction. As we did that, alongside the community members they started to feel a greater sense of ownership of the results. At the end when we sat down and asked the villagers to carry out a self assessment based on the agreed metrics, the villagers gave themselves a 70% mark and admitted that they had identified areas of improvement. That amazed even us, because we had given them an 85% mark! This meant that they were even more critical about their own performance than we were. One month later the same village called us back and they had made great progress in all areas previously identified. They were declared ODF. The message from this story is that involvement of the community in the entire CLTS implementation process enables them to own their results and even though they fail initially they are motivated to attain ODF.”

Philip explains.

Plan continues to be engaged in CLTS in these 7 counties and is now pioneering urban CLTS.

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1. Mr. Ibrahim Basweti is a public health specialist at the Ministry of Public Health and Sanitation, a CLTS Trainer and the Ministry representative in the project management unit (PMU) of the GoK-UNICEF WASH Programme.

2. Plan Kenya is the pioneer of CLTS in Kenya and currently implements CLTS in 7 counties: Homabay, Tharaka, Bondo, Kilifi, Kwale, Machakos and Kisumu. Plan has declared over 100 villages ODF in the selected areas of program implementation.
Taking CLTS To Scale in Kenya: A Candid Talk with Mr. Thowai Zai, Chief, WASH Section,

What in your view is critical in ensuring success in implementation of CLTS?

If you analyse CLTS which means community led total sanitation you realise that there are two essential components. One, it has to be owned and led by communities. Two, it is total, meaning all community members practise good sanitation behaviour at all times. Therefore everyone’s environment is safe and there is a subsequent reduction of preventable diseases specifically diarrhoeal diseases.

Are you happy so far with the progress towards ODF rural Kenya 2013?

We have made significant achievement so far. Following the ministry’s declaration of the campaign towards ODF rural Kenya by 2013, the MoPHS with support from partners has developed a roadmap. This roadmap for ODF allows for different organisations to pool resources and efforts towards the initiative and sets the stage for implementation.

What makes CLTS different from previous approaches that have failed to succeed in achieving sanitation improvement?

CLTS stands out from different approaches as it looks at outcomes and not just outputs. CLTS looks at benefits to children, to households and to communities. It takes into consideration not only one output or determinant of health but looks comprehensively at all factors that contribute to the health status.

What would you say to those who may be sceptical about the CLTS initiative?

I would like to say that it is our responsibility as part of the community to put our hands together and I am sure if we all do that we will succeed. If the demand can be created by the communities this process can be scaled up and sustained very easily.

What is the way forward for CLTS and ODF in Kenya?

So far the CLTS approach has been implemented as small projects in different places/communities. We now need to make it a movement across the country. It is up to all stakeholders to support communities to create community champions and natural leaders so that it is communities owned and driven.

How can we sustain the gains made so far with CLTS? Do you think it is possible to achieve ODF rural Kenya by 2013?

This requires support and collaboration of all stakeholders, taking a sector wide approach towards safe sanitation. Sustained dialogue and engagement with partners under the leadership of the government is important. It is with this in mind that the Ministry of Public Health and Sanitation is planning a stakeholders’ conference with the objective of thinking through this CLTS initiative and ODF campaign together, to analyse the situation and make a collective commitment to take this initiative forward and make ODF rural Kenya 2013 a reality.
What is your view on the partnership between UNICEF and the Government of Kenya so far in the process of improving sanitation and hygiene?

Our partnership with the government and specifically with the Ministry of Public Health and Sanitation has been very strong. We are convinced that CLTS is the way forward to create a movement within communities that currently have limited access to sanitation facilities and creating drive towards improved sanitation.

What would you like to say to all stakeholders involved in and interested in sanitation and hygiene promotion?

CLTS is a noble mission for the people. It’s not just about health but also about dignity of communities. By being a part of this noble mission we are on a journey towards achieving a bigger goal. I encourage everyone not to lose enthusiasm, we need to join hands and strengthen our efforts.

When did you start working on CLTS
March 2011

How many villages have you triggered
280 villages

How many villages have you helped attain ODF certification?
15

How do you feel people respond in your triggering meetings?
I am generally happy with the response we’ve been getting. We have so far not encountered any big challenge.

What do you perceive as the benefits of CLTS? What do you perceive as the limitations?
There is generally improved sanitation.

Toilet coverage has increased and so has hygiene.

We have had no reports of cholera and diarrhoeal cases this year as was previously the case.

The limitations are challenges of dealing with the dependency syndrome that our villagers had developed

How could these be addressed?
It would be important to work with donors at all levels to eliminate any form of subsidy towards latrine construction.

What do you consider to be your be greatest personal achievement in CLTS?
To see the community who had no toilets having them and using them. This has been my greatest satisfaction.

What is the greatest challenge you have faced within CLTS?
Because of the nature of Isiolo, we have villages that cover vast areas.

Getting many community members together into one meeting from across the village is a challenge

How did you overcome this problem?
What has worked so far is dividing regions into smaller cohesive units that are easier to cover.

What are the qualities that make a natural leader successful in CLTS?
I have seen that a person whose opinion is listened to and well respected by the community is likely to succeed as a natural leader.

What do your friends and family think of your work in CLTS?
They encourage me and think we are doing an amazing job

Do you think Kenya can become ODF by 2013? Why/Why not?
Yes I think it is possible. The reason is I feel that CLTS and indeed the initiative towards ODF is gaining acceptance in the communities

What would you like to learn from other communites about CLTS?
I would like to learn how long it usually takes them to attain an ODF status. Through this I would also learn how it is that they have managed to accelerate implementation of CLTS.
A natural leader engages the villagers during a triggering session in Turkana.

Women and children attending triggering session in Turkana.

MoPHS/UNICEF/SNV consultative meeting chaired by DR. Kepha Ombacho Chief of Public health.

A triggered Mother in Turkana decided to manicure her nails immediately.

A boy in K’Odhiambo Village, Nyando re-fills the tippy tap at the family latrine.

Latrine floor sinking in Nyando- a challenge in Latrine construction.
Mr. N. Makotsi, DPHO Nyando, Mr. Tom Omullo, CLTS Consultant and area PHO at the family latrine that collapsed following heavy rains in Nyando.

A child prepares to take a bath in the stagnant waters following heavy flooding in Nyando.

CLTS trainers, community members and area DPHO in Kajiado training.

Community members in a triggering exercise in Kajiado.

CLTS Master Trainer Edwin Odhiambo takes participants through a session.

Kamal Kar at the ODF celebration in Siaya.
Nyando district in Nyanza province is one of the districts selected among the pilot areas for community led total sanitation (CLTS) implementation in Kenya in 2010. Part of what informed this decision is the fact that Nyando traditionally was a district that experienced deadly cholera outbreaks every year during the rainy season. The DPHO of Nyando district Mr. Nicholas Makotsi explains that the disease burden was so huge and had such devastating effects on the Nyando community, making it a big priority for his team to control. From the time of implementation of CLTS in Nyando, the impact on health outcomes were so impressive that Nyando is now no-longer vulnerable to these annual outbreaks.

Sustainability of open defecation free (ODF) status in villages is critical if the health benefits realized through CLTS are to be maintained. This is not without challenges as the residents of Nyando found out. This region experiences floods during the long rainy season which result in homes and latrines being swept away.

Tom Omullo, a passionate CLTS consultant cum natural leader in Nyando, realises just how important it is to sustain the gains already made in Kochogo village that was verified and celebrated as ODF. He realises that the measure of success in CLTS is in developing and retaining behaviour change in the community such that they can handle and overcome challenges such as floods without slipping back to open defecation. One such example of community resilience is demonstrated by Ms. Sarah Atieno whose family latrine collapsed due to heavy rains and immediately began re-construction. Sarah observed that this was an easy decision for her. “Before Tom and the health officers came to our village to talk to us about our unhealthy lifestyle, my family suffered a lot from diarrhoeal diseases like amoebia. At that time I never saw the connection between open shitting and these diseases. I also did not see how my neighbours’ waste disposal practises affected our family health. I spent a lot of money treating my children and myself for these diseases. I also lost time from my farm and the children missed days of school as a result. But during the triggering meetings, we did the shit calculation and cost of managing these diseases and I realised how much money we were spending. So now, I am sure that a latrine is a must for my home. I would also expect my neighbours to re-construct their toilets if theirs collapsed” she said. Tom Omullo obviously pleased by this outcome noted “It is very good to see what communities can achieve on their own. You see this mother has decided on her own to re-construct this toilet without expecting somebody to do it for her”.

TRIGGERED! : December 2011 Accounts from Kajiado

Nalepo Village
Kennedy Ole Nkine a member of Nalepo Village in Kajiado, was sent to the triggering meeting to represent the local area chief. The opportunity to learn about CLTS and sanitation, excited him. The process of mapping the community was especially fascinating for him which revealed that out of the 40 households only 5 had latrines while the remaining 35 households practiced open defecation. When they started the process of shit calculation, all community members were shocked at what they learnt about the amount of shit produced by Nalepo! 75 full pick-ups! 75 tonnes! There had been no time before that they had been taught to see shit in this perspective. It was even more shocking that the 5 households that have latrines are exposed to eating “Nkik” from the rest of the community. At this point they realised that the issue of latrines is a community issue. The chief had been trying to convince the community to construct latrines with very little success, even though they knew it was a one day event. This realisation caused Kennedy to make a personal commitment to share the word on CLTS and the negative effects of OD. He says that his village would require follow-up from a community worker very soon to check on progress.

Nkuseron Village
Wilson Koileken a member of Nkuseron Village was shocked by the amount of shit villagers produce in a year. 453.6 tonnes of shit from a village of 760 adults and about 500 children! After mapping they realised that there were only 3 latrines in the village. He admits that Villagers were largely unaware of the environmental impacts of OD. Lack of latrines has mainly been because of lack of awareness. He requested that the CHWs keep educating them and provide follow-up so that the level of awareness raised can result in positive behaviour change. (Cont. page. 9)
TRIGGERED! : December 2011 Accounts from Kajiado

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Wilson believes that cleanliness and creating an ODF village is biblical (Deut. 23: 12-14), there is a religious call not to open defecate. He is therefore committed in the next few days to mobilise more members of the community and get them convinced on CLTS. He also commits that in 2 months the community should have fully embraced CLTS and will be very well on the path to ODF.

Oloserian village
During the social mapping in Oloserian village, the villagers tried to influence Peter Matunke (a natural leader who emerged immediately during the process of triggering) not to not to reveal too much about their current OD status for fear of shaming them. “Just put col-

ours on many of them...hide some de-

tails” they said. In the beginning, a men-
tion of the word “Nikik” made every-
body cringe. It took many mentions of the word to finally get used to it and be willing to listen to it. Also at the begin-
ning the villagers were saying they were sharing toilets which was not true. With more probing, members told the truth. Peter himself was shy about saying that his toilet’s super structure was made of gunny bags. After triggering he learnt

that he was better off with his simple

toilet, than with none at all. The village elder himself had no toilet and the shame that was created by this process triggered him to urge the whole village to construct latrines. The villagers with toi-

lets also put pressure on those without toilets to stop OD saying that they were not willing to eat their shit anymore.

Peter admits that listening to this shit stories in front of the in-laws was very embarrassing, but the CLTS approach got them out of the cocoon. “Unless you take the issue head-on among the Maasais its difficult to achieve much success” Peter says.” So, do not be shy to tell the truth about things as they are” he advises.

Olomayiana Village
Mama Seneiya of Olomayiana village

said that she had learnt that it is wrong to drink water flowing in River Silanga when they have no la-

trines. The villagers have been practicing OD. There are only 4 households with la-

trines out of 200 households. The chal-

lenge here was that

villagers believed that they
do not have the capacity to

build toilets. But they had never made the connection between OD and water contamination in the rivers. The CLTS trigger process gave the villagers a lot of information that was previously unavailable.

For example the true cost of practic-

ing OD, considering treatment costs, hospital admission, time lost and lives lost. They are now scared to drink water from River Silanga because of this new information about contamination (the village has 2 borehole supplies in addi-
tion to the river). The knowledge of diarrhe-
al diseases linked with water contamination is a large driver to the community who are now convinced about the need for latrine construction.

Stephen Ntakuni the Chief Sajiloni Sub

Location

has latrine construction in his per-
formance plans. He realised that those who were educated in the communities tended to have latrines while those less educated ones tended not to have. He has been at the forefront in advocating for latrine con-

struction in his location. Chief Sajiloni ex-

plained that at the beginning, the com-

munity felt insulted by his insistence that they were eating shit, but with persistence he has achieved results. He is grateful about the current CLTS campaign and requests the healthcare workers to continue this pro-
cess. He admits that the Maasai culture is conservative, and in fact the act of shitting is so mystified that they believe men do not shit! Only women and children do. The chief insists that understanding the culture of the Maasai is essential in changing their mind-set. The Maasai are very wealthy peo-

ple who if convinced would be able to im-

plement their plans. So changing their mind-set is the most important thing. He

advises that cultural barriers could present a challenge. For example, parents- in-

law seated in the same meeting and listening to some of these issues is deeply shaming.

Those conducting CLTS triggering exercises would need to bear this in mind and keep being persistent in handling these challeng-

es.

Overcoming cultural issues as well as the reliance on subsidy requires a similar ap-

proach-continuous education and persis-
tence.” We need to hold their hands and keep walking with them, some of them could be slow but we will keep moving at their pace” chief Ntakuni urged.
West Pokot

West Pokot started CLTS implementation in December 2011 after training of the staff. Latrine coverage in Pokot is very low. Some cultural practices such as that of not sharing latrines with in-laws and the fear that digging a latrine pit could bring bad luck to a family because it is like digging grave also present a significant challenge in achieving initial results. Ms. Hellen Jechumba who is a community mobiliser says that in the past some organisations have come and constructed smart and beautiful latrines but until now they remain largely unused. She says that the reason for this is that in most cases the toilet was infact the smartest building in the compound and was consequently covered and converted for different use. The villagers did not see the importance of using the latrine for waste disposal. Hellen admits that in the beginning villagers were resistant to the triggering sessions and especially during the transect walk they considered the field officers carrying shit as being crazy. But following the CLTS triggering process of evoking shame and disgust and of showing how much impact the practise of ODF was affecting their own lives, villagers slowly began warming up.

By Mid January 2012 43 villages had been triggered and the West Pokot DPHO Mr. Otieno says that progress is very impressive so far and the lessons learnt is the need for intensive follow-up and support following initial triggering. “If you take too long to follow up it is very easy to lose the gains made through triggering, so it’s important to plan properly such that the triggered villages are well followed up and encouraged to attain ODF” Mr Otieno urges. Parts of Pokot have poor infrastructure and the area is vast and sparsely populated. It is therefore necessary to carry out proper planning and allocation of resources including time and staff in such circumstances if CLTS implementation is to be successful.

Turkana

CLTS training of trainers and field implementation started in December 2011. This community is mainly pastoralist and latrine coverage is quite low. Being pastoralists there is community land ownership and therefore there is no real motivation for one individual to put up a latrine for only himself or his family. Mr. Justus Arodi explains that using community elders for community entry in communities such as this one is an important aspect in ensuring program success. This is because the elders are very well respected and they are able to mobilise villagers to attend triggering meetings and to influence efforts of behaviour change.

A big challenge in Turkana is that the community has been historically accustomed to subsidies and some sort of material support. They therefore have it in their minds that at some point during the triggering process, one will declare that a certain amount of donation will be made. Sometimes even the community elders could misinform the villagers during the process of mobilisation for the triggering meeting. This challenge will require the trainers to remain with the core message of CLTS which is towards enabling the community members to see how their own behaviours are affecting their health and social outcomes. This also includes being very clear that the CLTS approach does not offer subsidy of hardware.

Following triggering and community engagement 30 latrines had been constructed by the time of follow-up within the first week! “We are especially proud of the results achieved in Turkana for two reasons: 1) the huge challenge of loose sandy soils has been addressed through an innovative latrine model that lines the pit latrine before putting up the superstructure (a Kenya-specific community originat-ed model); 2) culturally, it is the responsibility of women to carry out construction, so we were very impressed to see how hard they worked with the aforementioned challenge in putting up these latrines” Mr. Arodi explains.

While the vast land mass and poor infrastructure in Turkana still presents a challenge in CLTS implementation, it is clear that it is innovations like this that will drive and build the ODF rural Kenya 2013 campaign.
My Experience- By Julianne Wanyama

I triggered two villages; Sajiloni and Oloserian in Kajiado District. At Sajiloni we had a group of 26 men, 8 women and 4 children. They were mostly illiterate villagers, but curious to hear what we had to say. The village elder, Daniel, who also doubles up as the secretary to the village committee was very instrumental in the meeting. He made the introductions and acted as interpreter when there was need. The village has 2 schools, Sajiloni primary and Sajiloni secondary and has 3 streams running through it. One of them was marking the border between Sajiloni and the neighbouring village. They also have some man-made dams. The population is estimated at about 1000 people.

When we introduced social mapping the villagers got excited. They felt that it was something important they could be a part of, since normally maps are drawn by experts and presented to them complete. It was mostly men participating as the women held back. It emerged that the number of households with latrines was 23 while those without was 48. At this point the villagers began to hang their heads in shame. They told us that those without latrines go to the bush or into the animals’ boma but most of the time they go to the streams, the very same ones they use for their daily water needs, both for the people and the animals.

We encountered decomposing shit on our transect walk and that shamed them some more. But it was during the food- water demonstration that they got truly disgusted with their way of life. They got to see how shit left in the open was transported by flies into their food and water and they realised they were eating and drinking one another’s faeces. A few people walked away at this point, others covered their faces in deep shame and two women vomited. The community members then asked for help and advice on what to do as they realised they could not continue living in the same conditions. They admitted that their lack of adequate latrine coverage wasn’t so much from a lack of money, but rather from ignorance, but they were now determined to make a change and the first step would be to spread the knowledge of what they had learned through the Chief’s barazas, church meetings and to school children through the teachers. They promised to come up with a strategy to ensure complete latrine coverage in the village and beyond, and in the mean time, they would boil their water.

At Oloserian, the members were hesitant to indicate latrines made of local materials during the mapping since for a long time they’ve been told to build the standard VIP latrine. Here the village elder stayed back probably because he didn’t have a latrine himself and was feeling embarrassed, but there emerged a natural leader from among the people present, a young man named Peter. Latrine coverage was about 30%. We didn’t need to do a transect walk or even the food water demonstration, as at the social mapping stage when they realised how many of them were defecating at the water points and then using the same water for their domestic use they got very ashamed. At first they did not want to talk about it as it is considered taboo among the Maasai to talk about shit, especially in public, and it is unheard of for them to discuss private matters in the presence of in-laws. Our discussion on shit, which they call ‘Nkik’, shamed them but in the end they were very grateful as they could now see clearly how they were endangering their lives. As we left they stayed on and continued with the meeting to discuss a way forward and come up with a work plan on increasing latrine coverage in the village and eradicating open defecation. They realised it was ok to build latrines using locally available materials.

Both villages were in the same location and it turns out that the chief had been trying for a long time to get them to change their behaviour and eradicate open defecation but so far he had failed to convince them. He was so grateful that someone else had now brought the same message to his people and he was excited to see that they were triggered and ready for the task ahead of them. He told us that their main problem was ignorance.

The CLTS approach helped a lot since this time it’s not experts in the health sector diagnosing their problems for them and prescribing solutions, rather its facilitation so the community members can diagnose their own situation and come up with solutions suited to their needs and capabilities. They own the process more this way and actually feel empowered and valued for having been involved from the very start.

Julianne Wanyama is a Public Health Technician in the Ministry of Public Health and Sanitation, based in Ongata Rongai, Kajiado County.
Connecting with the Knowledge Management Hub

As the Ministry of Public Health and Sanitation scales up the ODF Rural Kenya 2013 campaign, there are numerous activities going on, many stories to share and a lot of information and knowledge generated. The Knowledge Management hub is the nerve centre for collating CLTS progress and field experiences and communicating the same to internal and external audiences.

To better share CLTS experiences and knowledge, the hub is employing various communication channels currently as outlined below:

- The www.cltskenya.org Website:- On this website you will find useful resources on the CLTS concept including the manual on training of trainers on CLTS. The website is our endeavour to keep you informed and updated on CLTS progress in Kenya.
- The S.S.H.I.T newsletter – The Ministry produces an e-newsletter to regularly update you on developments, initiatives and current plans for CLTS in Kenya. Please subscribe through our website or send your e-mail address to info@cltskenya.org to receive this newsletter. We also appreciate your contribution on news from the field, your reflections, new initiatives, community innovations and information that you would like to share with other stakeholders. Send your articles to us at editor@cltskenya.org and we will be glad to share your story.
- CLTS Documentary – the Ministry has developed a documentary on community led total sanitation (CLTS) in Kenya. It is informative and gives insight into the thinking behind and the process of CLTS. We at the hub are glad to share a copy of this with you for use in your education and promotion of community programs. Send your request to lmbeki@cltskenya.org.
- CLTS on social media- CLTS Kenya is now on facebook and Twitter! Link up with us by connecting from the www.cltskenya.org website or go straight to cltskenya on facebook and @cltskenya on twitter. Feel free to share with us your stories and to start and contribute to conversations around sanitation and hygiene in kenya. Karibu sana!

The CCU hub always has its doors open and we look forward to continuously engaging with you on various issues of sanitation and hygiene around the country. We appreciate your input and ideas on how we can build on this CLTS initiative and scale-up successfully to declare all of rural Kenya ODF by 2013 and beyond.

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2 A Section under the CLTS Coordination Unit Launched in May 2011.

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The S.S.H.I.T newsletter is compiled every month as part of an ongoing effort from the MoPHS to promote and improve communication and sharing of knowledge and experience amongst all CLTS stakeholders. Although the CLTS Co-ordination Unit at the MoPHS is responsible for its publication, we want to encourage all bodies and individuals taking part in CLTS to contribute. It is our hope that this newsletter can become a joint initiative amongst all our partners. If you would like to contribute, please contact us at the opposite addresses. Asante sana.

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CLTS Coordination Unit (CCU)
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