Welcome

Dear CLTS stakeholders,

Community Led Total Sanitation (CLTS) is a continuously evolving practice. In Kenya, the Ministry of Public Health and Sanitation (MoPHS) with its supporting partners are working hard to scale up CLTS across the country after witnessing its initial success in triggering communities to improve their livelihoods. Scaling up with speed however offers potential pitfalls. As Kamal Kar and Robert Chambers noted on their open letter on CLTS, Participatory Rural Appraisal (PRA) in the 1990s rapid spread led to much bad practice. The label PRA was adopted in many places without the behavior, attitudes and practices of good PRA. One way in helping CLTS to avoid following suit is at field level, identifying and embracing principles of CLTS. This can be the core of good practice as it spreads and develops; bearing in mind those principles themselves can evolve.

At all levels, creative innovation includes inventing and adapting practice to overcome obstacles and shortcomings, and to suit local capacities and conditions. The aim of this newsletter is to help to share knowledge and improve communication amongst interested stakeholders. We expect that through the newsletter everyone and anyone who wants to know what is happening in Kenya with regards to CLTS and the road to Open Defecation Free (ODF) Kenya 2013 will be duly aware and knowledgeable. In the long term, we expect this improved communication and knowledge sharing will enrich the quality of triggering and post-triggering support to communities making Kenya on-track to achieve its’ MDGs on sanitation.

On behalf of the MoPHS, I welcome you to this month’s CLTS newsletter and hope you will join us for many more.

Sincerely,
Kepha Ombacho, PhD
Chief Public Health Officer

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**Kenya Celebrates Global Handwashing Day**

Global Handwashing Day (GHD) was celebrated across the world and across Kenya on Saturday 15th October with Nakuru leading the way in the celebrations. GHD was created in 2008 to foster and support a global culture of handwashing with soap, shine a spotlight on the state of handwashing in every country, and raise awareness about the benefits of handwashing with soap.

To mark the special occasion, events were held at Afraha Stadium in Nakuru on the 14th and 15th October. On the first day the Mayor’s workshop was held to open the event. This was followed by celebrations in Afraha Stadium the following day. The guest of honour at the event was Hon. Beth Mugo, Minister for Public Health and Sanitation.

It is hoped that the campaign will promote hand washing with soap in Kenyan society, as well as raising awareness on the benefits, including decreased spread of diarrhoeal and respiratory disease. Speaking at the event, Hon. Beth Mugo, said “My Ministry is collaborating with municipal and county councils in the country to entrench the culture of hand washing with soap at the grassroots level to help reduce diarrhea-related diseases in the country”. “If we can impart hand washing with soap before eating and after using the toilet into an ingrained habit, this could save more lives than any single vaccine or medical intervention”. She continued to stress that hand washing is key to the attainment of the government’s intention to promote preventive health care over curative health care.

The Minister presided over a mass hand washing exercise where an estimated 20,000 school children, as well as Mayors and Chairmen of county councils from all over Kenya, took turns to wash their hands in a symbolic gesture to mark the event. Only recently in July this year at the 3rd African Sanitation and Hygiene Conference in Kigali Rwanda, Kenya received recognition as an outstanding nation for having brought together the largest number of children to wash hands simultaneously at one site. This was at a previous gathering in Nairobi and earned Kenya a place in the Guinness Book of World Records.

If you did something special to celebrate GHD, we could love to hear from you. Contact us at cltskenya@gmail.com

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**CLTS Reflection Workshops**

During the first week of October, three district CLTS reflection workshops took place in Western Kenya. These were held in Busia, Siaya and Bondo districts on the 3rd, 5th and 6th of October respectively. The workshops opened with an introduction of all members of the meeting, including District Public Health Officers (DPHO), Public Health Officers (PHO) and facilitator Fanuel Nyaboro (WASH Advisor from SNV). The team from the knowledge and co-ordination hub at MoPHS, Ammar Fawzi and Isabelle Ackers, were also in attendance to collect stories of interesting experiences,
problems and solutions encountered in the roll out of CLTS. The workshops were made up of the following three components;

**CLTS experiences from the Field**
The first activity involved the distribution of three cards to each attendee. The activity aimed to capture the most ‘extra-ordinary’ experiences that the PHO’s have encountered during CLTS. The situation, problem, actions taken and results were reported. These experiences were shared with the whole group, and the actions taken, and alternative solutions discussed by all. Several factors frequently arising were the presence of snakes deterring latrine use, the need to go the ‘extra mile’ for the individuals whose behaviour is most difficult to change, and the debated issue of enforcing the public health act.

**Capturing Experiences**
The development of an effective method for capturing CLTS experiences in the field is important as information and knowledge needs to be shared in order to facilitate change. Suggestions included e-forums, weekly reporting tools and diaries to capture daily experiences, active/focused supervision and the desire for computer lessons and access to cameras.

**Sharing and Learning**
The group discussed the various ways in which their experiences could be better shared with the wider community. Sharing the successes, arising limitations and solutions of CLTS to other districts in Kenya, and worldwide will enable CLTS facilitators elsewhere to learn from past experiences and progress more effectively. Suggested means included regular sharing meetings, team work across work stations and exchange visits across districts.

### School Boy Leads the Way

Milando Village, situated in the Maranda sub-location of Bondo district was selected as a target village for CLTS. After triggering, huge success in the scale up of building and using latrines was reported. However, one household, inhabited by a single mother and her two primary school aged children was preventing the village from attaining ODF certification.

Mrs Asewe was widowed several years ago, and now lives alone with her two children. After CLTS triggering in the village, the young women found she was unable to dig a pit latrine herself. The PHO, Community Health workers (CHWs) and the village elder, Mr William Kisira, visited Mrs Asewe at her home to discuss the importance of building a latrine and attaining ODF status for the entire village. However, it was not her ignorance at the importance of sanitation and hygiene that prevented her from building a latrine, but simply the lack of a husband to complete the labour. Her young son, Brian Omondo Asewe, a standard 5 pupil (at the time) at Maranda School was at home and overheard the conversation. Seeing his mother’s disappointment at not being able to participate in the community activities distressed Brian, and encouraged him to undertake the project of building a pit latrine himself.

Brian was aware of the health impacts of using a pit latrine. He described his shame at using the bush to defecate, and frequently worried about finding a place that would effectively hide him. Furthermore, he feared that the faeces would be washed away by rainwater to the local water source,
As well as resulting in the ODF status of his own village, the story of Brian's commitment and hardwork has achieved a knock on effect in the neighbouring village of Maranda, where Brian goes to school. Having heard of Brian's success, Mr Agiddho, the headteacher, requested that a triggering meeting be held in the school. He emphasized the importance of targeting children in health projects, due to their influence and ability to spread the message at home. The story of Brian's dedication, loyalty and success has consequently inspired others to uptake CLTS and aim for improved sanitation and hygiene.

Brian's proud Mum, Mrs Asewe proudly shows off the latrine her son built

Snakes A Threat to CLTS Success As Well As People

Kenya is home to 126 different species of Snakes with plenty of deadly species including the Cobra, Adder, Puff Adder, Boomslang and Twig Snake. Unsurprisingly many people in Kenya are afraid of these creatures but when this fear starts impacting on the success of CLTS and ultimately the health of the people in Kenya, it is an alarming concern.

Stories of people unwilling to or uncomfortable using their latrine due to experiences with snakes inside or outside of the superstructure seem to be a common occurrence. In Akuma B Village in Siaya District, PHO Martin Kangichu decided to gather the CHW’s to take action after he learnt that a lady in the village had stopped using her latrine after an encounter with a snake in the bushes surrounding it. Martin led the community in chopping down the bushes and dense undergrowth that surrounded the latrine; an environment that was hospitable to snakes. After taking this decisive action and reassuring the women that her latrine was now safe to use, the lady was able to resume using her latrine.

The three main reasons listed by Brian as prompting him to dig the latrine were;
1. Desire to help protect his mother’s reputation
2. Fear of being bitten by a snake
3. Fear of spreading disease.

After consulting the natural village leader, Mr Kisira, for advice, Brian undertook the construction of the latrine on weekends. When the pit became too deep for Brian to continue removing the earth himself, he called upon his school friends to help. The pit took two days to dig, reaching a total depth of 10 feet. The following weekend, Brian undertook building the superstructure of the new latrine. 'I learnt how to build the latrine and superstructure through observations of others in the village' explained Brian. However, Brian’s design exceeded those of others in the village, as CHW Mr Brooker Ngoye explained the 'uniqueness' of the floor. Created through the use of cow dung, soil, ash and a cup of chalk, the floor of Brian's latrine has a strong, durable quality. Furthermore, he added a wooden slab to cover the defecating hole. Brian's 'good, hardworking and creative' nature, has enabled him to build what is now described as 'one of the best latrines in the entire village' according to Mr Ngoye.

Since the construction of Brian’s latrine, Milando Village has achieved ODF status. Brian explained how having the latrine made him happier than practising OD. Furthermore, he was pleased to make his mother proud and aid the village in their success. In the future, Brian intends to make further improvements to his latrine, including an improved cover for the defecation hole. His desire to pursue a career in civil engineering will stand a good chance judging by the creativity he has shown in constructing his latrine.

Contaminating it making his community ill.

Schoolboy, Brian Omondo Asewe with Natural Village leader, Mr Kisira
Witch Doctor No Longer Feared

Last month, Kamusogoni village, in Busia district achieved ODF status. However, despite the pride and elation of the success, Community Health Worker’s from the village explained how the road to achieving certification is not always a smooth process. Four years ago, an elderly man settled in the village. However, it soon became known that he was a ‘magician’ or ‘witch doctor.’ In Kenya, witch doctors are a source of fear and are generally avoided.

Indigenous knowledge certainly has a place in CLTS. Communities’ livelihoods are often dependent on specific skills and knowledge. As communities use CLTS to empower themselves, it is important that they combine their existing knowledge with what they learn from CLTS as this can lead to innovative solutions as demonstrated here.

What Would You Do?

Here at S.S.H.I.T, we would like to introduce a monthly feature that we feel could contribute significantly to sharing knowledge on CLTS in Kenya. Each month we will share a story or problem that a PHO or community has been facing. We would then like your thoughts and feedback on what action should be taken. Maybe you have encountered a similar problem or perhaps you just feel you have a good idea on what would work. Either way, we want to hear from you. The best responses will be published next month.

This month, we highlight a rather unusual and difficult case in Miyare Village, Bondo District shared by PHO Alex Odhiambo. Here, the community had failed to respond and attend triggering activities in the community on three separate occasions. Eventually at the fourth attempt, Alex managed to motivate some people from the community to attend and participate. There was however an unusual twist – only women attended! The village is still far from ODF and to further complicate matters the village elder still has no latrine and fails to be sparked into creating change. How can Alex go about making this village ODF? How can he ignite the interest of the men in the village? How can he encourage the village elder to build a latrine and get his community on board? We want to hear from you! Please send your responses to us at cltskenya@gmail.com.
CLTS triggering was initiated in Kamusongoni village, and although the man initially attended, he repeatedly departed before the end of the activities. Whilst the rest of the village was successfully triggered, the magician was not as he failed to build or use a latrine.

A follow-up discussion by CHWs with the elderly man was therefore required. However, no CHW or committee members were willing to approach him due to his reputation. The community decided to call upon the PHO officer, Mr Ndiema to address the elderly man and CHW, Johnstone Barrasa accompanied Mr Ndiema on his visit. Despite addressing the man slowly and politely to prevent harassment, the magician still initially resisted the request to build and use a latrine. ‘He even threatened our lives with his magic and power’ described Mr Barrasa. The CLTS team decided another strategy would have to be implemented to convince the magician of the importance of stopping open defecation. The team called upon the revered village elder, and the area assistant chief to approach the man. Upon realising these well respected members of the community were also supporting the villages’ plea to stop open defecation, the magician knew the issue must be of great significance, and they explained to him that it was also of government policy.

Since the visit by the village elder, DPHO and assistant area leader, the magician has fully co-operated with their requests and started using his son’s latrine. The elderly man puts his reluctance down to his inability to build a latrine at his old age. He explains how the implementation of CLTS has led to his understanding of the importance of stopping open defecation, and describes how as a Muslim who requires a source of water for defecation he ‘appreciates the latrine is a much better option than using the field.’

As described by PHO Mr Ndiema, this story illustrates how it is sometimes necessary to ‘go the extra-mile’ to ensure every individual stops practising OD. The villagers’ unremitting efforts and the use of CLTS to educate, has led to the ODF status of Kamusogoni village. Furthermore, CLTS has resulted in the breaking down of communication barriers between community members, with previously unapproachable members of the community. ‘We are no longer afraid to approach and speak with this man’ exclaims Mr Barrasa.

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**Interview with PHO Elisha M. Tongo**

What did Mr Elisha Mtongo, a PHO working in Ugunja division, Siaya District in Western Kenyan say on his experiences and views of CLTS?

**When did you start working on CLTS?**
July 2010

**How many villages have you triggered?**
12

**How many villages have you helped attain ODF certification?**
6
How do you feel people respond in your triggering meetings?
People who come are shamed. It makes them aware of what open defecation is doing. They are ashamed to think they are eating it. They say ‘no, no I don’t want to eat it.’ So they change their behaviour. I think the method works well. Often they encourage me to do it for more villages.

What do you perceive as the benefits of CLTS?
People don’t need to rely on subsidies. It allows ownership of the programme by the community.

What do you perceive as the limitations?
I see two problems. Movement is a problem for CLTS. Because Kenya is so big it’s hard to get around. I am the only person trained in Ugunja so I have a lot of ground to cover. This also costs me a lot in transport. Secondly, the CHWs think they should be paid. Sometimes I buy them lunch out of my own pocket.

How could these be addressed?
1. CHW and villagers leaders should be trained in follow-up activities.
2. The CHWs should be given a greater financial incentive.

What do you consider to be your greatest personal achievement in CLTS?
Since CLTS, there has never been a cholera outbreak in my division. Before CLTS there were so many cases here. The health clinics tell me that diarrhoeal diseases have gone down.

What is the greatest challenge you have ever faced with CLTS?
In-laws feel they are unable to share the same latrine. It is not acceptable. But the only other latrine is too far away.

What is the biggest mistake you have ever made in CLTS?
I’ve promised to go to communities and sometimes I haven’t made it or I’ve been late. This is because of the transport challenge I face. If meetings are cancelled or delayed, people lose confidence in the program.

What do you like best about CLTS?
There is less disease now. It’s a very good approach if implemented well. Before communities believed in subsidies but now they know they don’t. CLTS means communities can be independent and rely on themselves.

What do your friends and family think of your work in CLTS?
My wife loves my job. Because of what she has learnt about hygiene from CLTS we now have the most hygienic house in our village. It is a good example to others and she feels very proud. Now she is a natural leader and teaches other people in the community.

Do you think Kenya can become ODF by 2013?
Yes. It’s very possible, if the finances reach the lower levels. Then yes, 100% I think we can become ODF.

Big Soap for Big Cause

Kenya is set to build world’s biggest bar of soap. An initiative that seeks to make the largest bar of soap in the world, to promote handwashing in Kenya, was launched in Nakuru during the Global Handwashing Day celebrations as part of the Sopo initiative.

On the day, a truck departed from Nakuru on-route to all the provinces of Kenya. It will encourage the people of all the cities, towns and schools it visits to donate a bar or even just a small piece of soap to the cause. With this collective effort, the end result will then be moulded into a huge bar of soap which it is hoped will be the world’s biggest – ever!

After an almost 4 month journey around Kenya including some 47 different destinations, the truck will return to Nairobi in February and begin the process of moulding all the soaps together to form the giant bar. From here, the record-breaking soap will embark on a new journey at the start of April where it will be proudly showed off for all of Kenya to see and to promote the importance of handwashing. Finally, upon returning to Nairobi, the soap will be given a home at the National Museum where all may come to admire it.
Visit us at www.cltskenya.org

House in Nairobi, the MoPHS launched its official handwashing mascot – Sopo. The launch of Sopo is part of the same named initiative that aims to increase washing of hands with soap from the current 5 per cent to 30 per cent by December 2012. The core target demographic of the campaign is children and it is hoped that Sopo will help to win them over. Sopo will soon have his own website where children can learn more about him and why he is important by playing games, reading stories and singing along to his song and learn his dance.

If you have not yet seen *Digging in, Spreading Out and Growing Up: Introducing CLTS in Africa*, be sure to check it out. The paper draws on the extensive involvement of Kamal Kar with the spread of CLTS in Africa to describe the early stages of the process, to elaborate on its developments and to outline insights into the circumstances and features which have facilitated its rapid spread. The paper can be downloaded here.

Lukenya Notes on Taking CLTS to Scale with Quality are a collection of experiences and key recommendations from the meeting of CLTS practitioners held in Lukenya, Nairobi in July 2011, immediately after the AfricaSan3. The aim of the workshop was to focus on the key challenges faced in taking CLTS to scale. An executive summary can be found here at the communityledtotalsanitation.org website and the full notes here.

The latest edition of the communityledtotalsanitation.org newsletter which contains the latest CLTS news from around the world is now out. You can view the newsletter here.

If you have any news, comments, stories or anything that you would like to share about CLTS, please contact S.S.H.I.T. at cltskenya@gmail.com

Welcome to Thowai Zai

The MOPHS and all its supporting partners would like to extend a warm welcome to Mr. Thowai Zai in his new role as WASH Chief of UNICEF. We wish him the best of luck with his endeavors and we all look forward working together to continuing to improve the livelihoods of Kenyans by improving access to improved water, sanitation and hygiene under his esteemed leadership and guidance.

Local and Global CLTS News and Events

The Launch of Sopo. On Tuesday 11th October at Afya

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