

Community-Led Total Sanitation: Naivasha Pilot project

In Kenya, over 5.8 million Kenyans still defecate in the open [JMP 2013]. This increases the risk of diarrhea, which is among the top five killer diseases in the country. To address the problem, Kenya has adopted the community led total sanitation (CLTS) approach to mobilize communities towards improving their sanitation and hygiene practices.



Primary School children in Maa Mahiu. Such good hygiene practices should begin in pre-school.

The USAID-supported WASHplus Project is working with the Ministry of Health to integrate equity and inclusion in the current CLTS approach. The intervention is addressing sanitation needs affecting children, the elderly and people with disabilities. The pilot project covers Maai Mahiu Division, Naivasha Sub-county.

CLTS+ approach

WASHplus has successfully applied an approach that promotes small doable actions to improve sanitation and hygiene in many areas. CLTS+ integrates this approach into a child health platform that includes CLTS activities. The plus component also includes a more focused emphasis on hand washing with soap and inclusive sanitation, which is often not adequately integrated into CLTS programs. Integrating inclusive sanitation in CLTS ensures that the needs of the mobility challenged such as older persons, the physically challenged, and young children are addressed.

Process

Naivasha sub-county has communities that include pastoralists, farmers and peri-urban dwellers. To address their diverse needs, different approaches were employed to implement CLTS+.



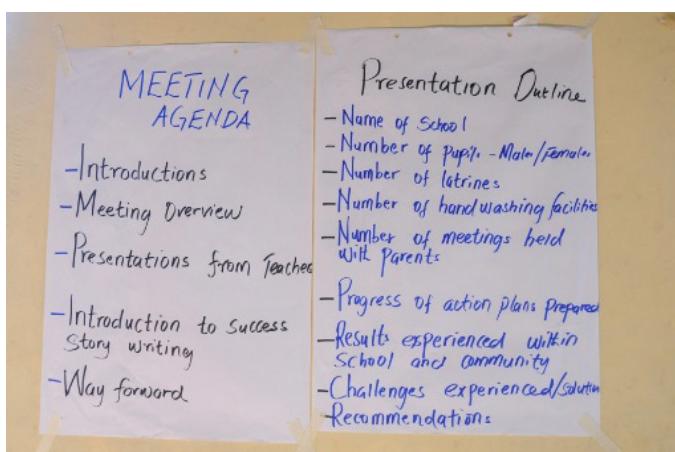
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Steps in the CLTS+ process

Training/capacity building	<ul style="list-style-type: none"> ■ Training Ministry of Health staff on community-led total sanitation (CLTS) — February 2013 ■ Formation of Sub-County CLTS committee — February ■ Training of Ministry of Health staff on equity and inclusion — August ■ Orientation of natural leaders on CLTS May — June ■ Orientation of ECD teachers on CLTS — August ■ Training of artisans on improved latrine construction and linking them to communities — March 14, 2014.
Triggering	<ul style="list-style-type: none"> ■ Formation of Divisional CLTS committee in Maai Mahiu — May 2013 ■ Triggering — March-November
Follow ups	<ul style="list-style-type: none"> ■ Monthly follow-up meetings ■ Quarterly review meetings for ECD teachers - November 2013 ■ Engaging county administration March — November ■ Involvement of primary schools in CLTS — August-November
Equity and inclusion	<ul style="list-style-type: none"> ■ Introduction of a tool for capturing data on mobility challenged individuals — April-May 13 ■ Household visits informed by data generated to assess equity and inclusion ■ Orientation of natural leaders and community health volunteers on equity and inclusion ■ Documentation of success stories on the progress of mobility challenged persons.
Verification	<ul style="list-style-type: none"> ■ Verification conducted by the sub-county team — November 2013 & February 2014
ODF certification	<ul style="list-style-type: none"> ■ Facilitated training of 3rd Party Certifiers (Certifiers trained in March 2014).



Results

- All 138 targeted villages have made significant progress towards being declared open-defecation free. Over 75 percent of the villages (104) have been verified as ODF-free by the public health officer.
- 23 individuals trained as 3rd Party Certifiers for CLTS
- 21 identified mobility challenged persons are using sanitation friendly facilities
- Increased involvement of schools in improving sanitation: Teachers from 23 participating schools trained, over 800 pre-school pupils and 2,821 primary school pupils reached in May - November 2013

Way forward

- Follow up with Ministry of Health to carry out ODF certification for all 104 villages targeted.
- Document lessons learned to inform scale-up by Ministry of Health and partners.