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Implementing community led total sanitation in Turkana County

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**TRANSFORMATION TOWARDS SUSTAINABLE
AND RESILIENT WASH SERVICES**

**Implementing community led total sanitation
in Turkana County**

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PAPER 2939

Practical Action has been employing participatory approaches like Community Led Total Sanitation (CLTS) in Turkana to encourage communities to take initiative in addressing sanitation issues. CLTS is a process where communities are mobilized to completely eliminate open defecation (OD); mobilization focuses on helping communities understand the health risks of OD and use disgust and shame as “triggers” to promote action, which ultimately lead to the construction and use of locally-built low-cost household latrines. Sustainable WASH in fragile contexts (SWIFT) project implemented by Practical Action in Turkana County aimed at improving access to water, sanitation and hygiene practices among target communities. The sanitation component of the project was delivered using CLTS method; challenges experienced in the process enabled learning on modification of the approach and will inform design and execution of future programming in Turkana County and other semi-arid areas.

Context analysis – Turkana County

Turkana County is the Largest County in Kenya which is arid and semi-arid and is characterized by warm and hot climate. The county is sparsely populated and mostly inhabited by pastoralists. 95% of the population live below the absolute poverty line and is among the counties with the lowest WASH coverage in Kenya.

Poor sanitation is the second leading issue faced by communities in Turkana County after water scarcity. Approximately 82 % of the population has low access and use of sanitation facilities which significantly impacts on their health and development. Open defecation has over the years been practiced by the overwhelming majority of people in Turkana. Reasons associated with this include:

1. Poor awareness of good hygiene practices
2. Lack of access to adequate safe drinking water
3. Social dynamics influence how people perceive sanitation and hygiene, and the potential for long-lasting behaviour change. Some members of the community in Turkana cling to the myth that its taboo for all members of a household to use the same site for defecation while others are adamant to maintain the status quo – open defecation.
4. Low literacy levels in the majority pastoralist community in the North
5. Low prioritization by the government due to competing priorities which include building the resilience of the community against the impacts of drought.
6. Traditional practices by the communities and acceptance of toilets in view of mobile nature of communities
7. Improved sanitation often not being a prioritised need of communities – this is a reflection of the level of poverty and competing demands/problems
8. At times, the communities lack appropriate local materials (logs, branches, stone, sand) for building and support for slab and superstructures

Numerous sanitation interventions have been carried out in the past. Despite these efforts increase access to sanitation still remains below the target towards achieving Open Defecation Free (ODF) status.

Practical Action sanitation interventions in Turkana County: Implementation strategy and results

Practical Action through the DFID funded Sustainable WASH in fragile contexts (SWIFT) project implemented from July 2014 to March 2018 sought to address the sanitation problem in 14 villages in four sub counties – Loima, Turkana Central, East and South in Turkana. This was done through the Community Led Total Sanitation (CLTS) approach; an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of OD and take action to become ODF (open defecation free).

CLTS is the strategy adopted by the Kenya Governments' Ministry of Health to achieve ODF in rural areas of Kenya. At the heart of CLTS lies the recognition that merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Existing cultural practices and socio economic status of communities has a huge impact on success of this approach.

This approach was applied in Turkana and utilizing the approved CLTS protocol the identified villages were triggered in an effort to reduce open defecation. This activity was implemented in collaboration with the trained Public Health staff who led on the triggering process. Following the sensitization sessions, households began to construct latrines using locally available materials. A total of 272 latrines were constructed by the communities against a target of the same number for the project, benefitting 4,624 people.

Whilst in the short term CLTS approach was highly effective in mobilizing communities into action, a number of problems were encountered which affected the longer term use, sustainability and scale up of the approach.

The selected implementation areas were characterized by very loose soil which led to the collapse of 60% (163) of the latrines constructed. Local materials used and construction techniques were not appropriate for these soil conditions. This was also exacerbated by disruptive weather patterns including flash flooding and drought.

A new approach to CLTS

To maintain the gains realized through the community triggering process and the need to contribute towards ODF villages, the project working with the county government resolved to support the communities with the reconstruction of latrines by modifying the CLTS approach that was previously used.

This was done through Practical Action providing subsidies in the form of slabs and culverts that would make the pits stable and resilient to the climate and texture of the North. Subsidies were provided to the households whose latrines had collapsed due to the unstable ecological conditions. These households had clearly demonstrated their willingness to improve their sanitation practices through construction of latrines after the triggering process. In some instances some households had reconstructed but the latrines had collapsed for the second time. Households used locally available materials to construct these latrines; these materials are not always readily available and at the same time they are not strong and durable. The decision to provide subsidies was made in consultation with the County Government to avoid major alterations on the aspirations of the approach. Implementation of the new approach involved retriggering of communities and costs for molding culverts and slabs, as opposed to the initial pure CLTS approach which only required triggering and follow ups. However, Significant elements of CLTs continued with the community members trained as technicians to supporting digging the pit latrine and sinking the culverts. The community members were also involved in constructing the superstructure using locally available materials including wattles.

Lessons learnt

The Community Led Total Sanitation (CLTS) approach is mandated by the Government of Kenya across all counties. Through this approach, communities are triggered to construct sustainable structures but no prescribed technology or materials are provided. Indeed, CLTS promotes the use of local materials.

The collapse of 60% (163) of the latrines constructed using the pure CLTS approach by Practical Action proved that CLTS alone is not effective given the soils and environmental conditions in the ASALS. The approach is more effective if subsidies such as slabs and materials for lining the pits are provided to the communities in the ASALS. Practical Action invested in an approach that combined the community led approaches of CLTs however proposing the structure and design to be built. These structures have been resilient to the context of the arid lands and contextually relevant to the dry and loose soil of Northern Kenya and much of the Horn of Africa.

Latrines constructed using the subsidy materials have a guarantee of lasting longer, this coupled with sustained use by the households points in the right direction towards progressive realization of ODF status. In addition Post triggering and follow up activities by department of public health are guided by the realization that CLTS is not a homogenous approach and it therefore requires collaboration with the households/communities and other stakeholders in increasing latrines coverage in all villages. That said, this would still be a start. To ensure that behavioral change is observed and the facilities can relate to the nature and needs of pastoralist communities, it would be important to invest in technology that is best fit for the pastoralist communities who from time to time migrate to other areas in search of water and pasture. There is need to adapt behavioral change communication to target traditional practices and beliefs that are still deemed relevant by the community.

Declaring villages as ODF – To fully declare a village as ODF, there is need to provide comprehensive WASH interventions (Water, Sanitation and Hygiene) in a village. The criteria for verification of ODF status require hand washing facility to be in place right outside the sanitation facility. Various factors such as theft of water containers and soap, inadequate water access are barriers to achieving this. A comprehensive approach including water provision is key in dealing with sanitation issues and the context in the ASAL regions.



Photograph 1. The culverts used for lining the pit latrine in the modified CLTS approach



Photograph 2. The slabs used to cover the pits to avoid collapse in the modified CLTS approach

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