

Breaking shit taboos: CLTS in Kenya

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Introduction

Community-Led Total Sanitation (CLTS) was introduced in Kilifi District, Kenya in 2007. There has been a steep uptake in the construction and use of latrines by local communities. From only one in 2007, there are now over 200 open defecation free (ODF) villages. The number of latrines increased from 300 in 2007 to over 4,550 in 2009. The success of CLTS benefited from local sanitation practices, which hinge on cultural beliefs that affect all aspects of the villagers' day-to-day activities. These helped trigger the community's desire to end open defecation and embrace CLTS. This article examines the link between those local sanitation practices and the success of CLTS in Kilifi.

The Kilifi context

The story of Plan Kenya and Community-Led Total Sanitation (CLTS) began in May 2007 when three Plan Kenya staff attended CLTS training workshops held in Ethiopia and Tanzania. Afterwards, a decision was made to pilot CLTS in three districts where

Plan Kenya has Programme Units (PUs): Kilifi, Homa Bay and Machakos. Working in partnership with the Ministry of Public Health and Sanitation, Plan Kenya introduced CLTS in Kilifi in November 2007. At the time, there was only one open defecation free (ODF) village.

Kilifi District is located in the Coast province of Kenya. According to the 1999 population and housing census, Kilifi has a population of 544,305 people living in an estimated 90,311 households. In June 2007 Kenya signed an Environmental Sanitation and Hygiene Promotion Policy, committing itself to ensure that 90% of households would have access to sanitation by the year 2015. Among the strategies adopted under the policy was the promotion of hygiene and sanitation using CLTS. Its launch in October 2007 coincided with the introduction of the Plan Kenya CLTS pilot in Kilifi. Plan Kenya entered into partnership with the Ministry of Public Health and Sanitation to implement CLTS in Kilifi. The two were already working together in Kilifi District under the KIDCARE Child

Survival Project which was implemented by Plan Kenya in Kilifi in 2004–2009. On the ground, Plan Kenya Programme Facilitators (PFs) worked hand in hand with the District Public Health Officer (DPHO), the representative of the Division of Sanitation and Hygiene within the Ministry of Public Health and Sanitation.

The process

In addition to the PFs and the DPHO, in implementing CLTS in the district it was decided to tap into the existing network of Village Health Committees, which include community health workers (CHWs) who had been trained under the Child Survival Project. The CHWs were introduced to CLTS at Plan Kenya Training of Trainers (ToT) workshops. The CHWs were to help in sensitising the community on the ills of open defecation and ultimately assisted greatly in the triggering process. It was during the discussions held during this process that we discovered that there were indigenous sanitation practices that could be used as strong triggers which could assist in changing sanitation practices and help the community embrace CLTS.

The Kilifi population is predominantly drawn from the Mijikenda ethnic community. They have a strong reverence for their highly developed cultural norms and practices centred on the Kaya, a religious shrine located deep in the forests next to the villages. These cultural norms and practices pervade and guide all aspects of villagers' day-to-day life, and ultimately also affect sanitation practices.

'The faeces of in-laws should never mix!'

It is taboo, for example, for a father-in-law's faeces to mix with those of his daughter(s)-in-law. In Kilifi, extended families share a homestead and it is common for a man and his wife to have their house within the same homestead as the man's father, the family patriarch. To avoid the father-in-law's and daughter-in-law's

faeces mixing, there are gender-segregated open defecation sites, in the forests surrounding the homesteads and these are well known so that the taboo is not broken. This is an extension of beliefs that seek to limit contact between a father-in-law and his daughter(s)-in-law, which is a recurring theme in most African cultures.

'Don't use another family's open defecation site, lest you are bewitched!'

It is widely believed that a person's faeces can be used to bewitch him/her. Therefore most people avoid using a defecation site other than their own. Witchcraft still plays a major role in the lives of the Kilifi communities and they have a mortal fear of being bewitched. While visiting another homestead, a visitor is usually shown a designated spot to use. The belief is that their faeces could easily be picked up and used for witchcraft once they have left. So it is common for people upon visiting a neighbouring homestead to walk all the way back to their own home, should they feel the urge to attend to a 'call of nature'.

Broken shit taboos

A key aspect of the CLTS approach is the stimulation of a collective sense of disgust amongst community members as they come to realise the adverse effects of mass open defecation. At its core is the concept of faecal-oral transmission that occurs when bacteria or viruses found in the excrement of one person are ingested by another. CLTS facilitators work with the community to explore just how faeces located in the areas of open defecation end up being ingested through e.g.:

- contamination of water supplies;
- eating food contaminated by houseflies;
- poor handwashing; and
- food preparation practices.

The intention is to trigger feelings of acute embarrassment and/or disgust in people that will invoke an immediate desire to stop open defecation. It was during the transect walks that the community

members discovered that despite there existing separate open defecation sites, the nature of things was such that the faeces of fathers-in-law were mixing freely with those of the daughters-in-law, as well as contaminating the food and water.¹ So a double threat of open defecation was observed and exposed:

- contamination of food and water with faeces; and
- breaking of important cultural taboos.

To make matters worse it was found that open defecation actually made it easier for those who sought to bewitch others to access their intended victim's faeces. Bewitching is not about the individual, it is about the individual and his family as a whole. Anyone could easily access a family's open defecation site and use the faeces there to cast a spell of misfortune on the entire family. This is to be contrasted with a latrine which is located within the homestead. To access it, an intruder would be seen and moreover in a latrine it would be pretty difficult to dig up the faeces. The revelation that people were ingesting one another's faeces through contaminated food and water, as well as unwittingly breaking important cultural taboos triggered them into action and they decided to put an end to open defecation in their villages.

'We have decided to stop eating our own and other people's shit!'

The words of this Katsemerini villager capture the sentiments of all those who embraced CLTS within the community. People began to take action towards achieving ODF status within their respective villages. The CHWs mobilised community members to construct and use pit latrines. The communities worked in the communal spirit known as *Mweria*, assist-

ing each other in the digging and construction of latrines within individual homesteads. The communities also carried out other sanitation interventions such as providing improvised handwashing tools made out of plastic cans outside the latrines, and digging rubbish pits for garbage collection and disposal.

ODF celebrations

Once a village attains ODF status they hold an ODF celebration. They invite community members from neighbouring villages, staff from the Ministry of Public Health and Sanitation and Plan Kenya, members of the local administration (councillors, chiefs and assistant chiefs) as well as other stakeholders, such as other civil society organisations (CSOs) working within the community. During the celebrations the invited guests are taken on a transect walk to ascertain the village's ODF status. The village is then awarded an ODF certificate by the Ministry of Public Health and Sanitation in partnership with Plan Kenya in recognition of having successfully overcome the practice of open defecation. The ODF certification is an emblem of community pride and they are greatly motivated to maintain their ODF status to the extent that they form watch groups to monitor that no one regresses to open defecation within the village. Moreover, on follow-up visits by Plan Kenya community-based facilitators (CBFs) and Ministry of Public Health and Sanitation field officers, it has been observed that some community members in ODF villages have improved on the temporary latrines initially constructed and have engaged in the construction of permanent structures. To date, all the villages that have been certified ODF have maintained their ODF status.

¹ A transect walk involves walking with community members through the village from one side to the other, observing, asking questions and listening. During a transect walk for CLTS you could locate the areas of open defecation and visit the different types of latrines along the way. See also Tips for trainers, this issue.



Photo: Beatrice Barasa

An ODF verification in progress. This man is demonstrating the handwashing facility.

Looking back to move forwards

Kilifi now has its sights set on becoming the first ODF district – not only in the Coast region, but in the whole of Kenya. Given the rate of their success so far, I believe it is only a matter of time before this goal is achieved. The Ministry of Public Health and Sanitation has committed to scale up sanitation efforts using the CLTS approach, and has adopted it as a national strategy to promote hygiene and sanitation. The chief public health officer is on record as saying,

We see it as complementing both the Government of Kenya policy on environmental sanitation and hygiene (launched in July 2007) and the Community Health Strategy launched in 2008.

As of June 2009 around 800 CLTS facilitators from government ministries, CSOs and communities have been trained through the Plan Kenya CLTS initiative

and close to 200 villages triggered. All these are primary factors which will no doubt contribute to the continued success of the CLTS approach in the region.

The CLTS focus on behavioural change in the context of existing cultural norms and attitudes to ensure real and sustainable development has worked within the Kilifi context. Here we have witnessed an example where indigenous sanitation taboos have triggered the communities to desire change, propelling them into communal action to stop open defecation. Villages are very proud to achieve ODF status and put up warning signs saying:

- ‘*Usinye Msituni!*’ (Don’t defecate in the bush!), or
- ‘*Usinye Ovyo Ovyo!*’ (Don’t defecate aimlessly!).

Community own resource persons (CORPs), who in CLTS terms are known as natural leaders, include children and youth. These are the ones who monitor

latrine construction, use and maintenance within the villages under the oversight of the CHWs who have been specifically trained in the CLTS approach during the Plan Kenya/Ministry of Public Health and Sanitation ToTs.

The Ministry of Public Health and Sanitation has also taken up the challenge of triggering and providing follow-up support to villages which have not attained ODF status in the Kilifi District. This has contributed to the spread of CLTS since the District Public Health Officer is required as per his/her performance contract to implement CLTS in the area, as CLTS has been adopted as a national government policy. DPHOs therefore incorporate CLTS into the work they do with the communities to improve the overall district sanitation standards. Being government policy, this also means that CLTS implementation is planned and budgeted for by the line ministry therefore providing a resource base for the continued implementation of CLTS in the district. This has helped to almost guarantee the sustainability of CLTS in Kilifi District. As noted by Dr. Tsofa,

I attribute the achievements to the stewardship from senior District Health Management Team members [led by the District Medical Officer and comprised of departmental heads working in the District Hospital] and the fact that the trained public health staff had taken up CLTS with enthusiasm.

Village Health Committee (VHC) members of triggered villages are also involved in the triggering of neighbouring villages that have not attained ODF status.

Challenges

The adoption of CLTS within the villages has had its share of challenges. Some are physical challenges. For example, problems such as collapsing soils, rocky formations and high water tables hinder the construction of latrines in such areas. But other chal-

lenges centre around the personal, ethical and organisational attitudes of professionals, some of whom can only participate in development activities if they are paid allowances. The implementation of CLTS is a part of District Public Health officers job description, so they do not expect allowances. There is also the on-going debate on subsidy versus non subsidy-based approaches to development. The subsidy approach is where the development agency uses funds to construct the latrines for the communities – whereas the non-subsidy approach is one of the fundamental aspects of CLTS: communities take charge and construct their latrines themselves from locally available materials, without the use of subsidies, after being triggered to end open defecation. In Kilifi District the Ministry of Public Health and Sanitation officers have been very receptive since CLTS implementation essentially falls within their job description. However, other government officials such as those in the provincial administration (chiefs, assistant chiefs, etc.) who are the government's link to the community, still feel entitled to draw such allowances for doing CLTS work.

Beyond CLTS

Through the successes achieved using the CLTS approach, communities have been motivated to use the same communal approach to address other development activities. Within Kilifi District the villages that have attained ODF status have now moved on to tackle livelihood issues, undertaking sustainable organic agricultural production activities such as passion fruit, cassava, mushroom and melon farming. They have achieved this through the same communal spirit, *Mweria*, whereby community members are taught farming techniques through the Farmers Field Schools run by the Village Health Committees headed by the CHWs. They are then provided with seedlings and establish kitchen gardens to enhance food production within the villages. A case in

point is Katsemereni village, the first ODF village in Kilifi to organise and fund their own ODF celebration. The villagers went on to establish such farms and also ventured into goat keeping, boosting milk production and meat for sale at the market.

It is believed that CLTS has contributed to the reduction in incidences of diarrhoeal diseases within the ODF villages and this is the subject of ongoing research being conducted by Plan Kenya in Kilifi in collaboration with the Ministry of Public Health and Sanitation. If this link can be proven through research then it shall contribute greatly towards the scaling up of CLTS by the government in other areas of the country.

CLTS can be said to have evolved another taboo within the Kilifi communities: the taboo of open defecation. ODF villages take great pains to maintain their ODF status including nominating 'shame watchers' who act as monitors to ensure that no one within the ODF village goes back to open defecation. In this manner the 'open defecation taboo' is not broken.

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