



## How Mai Mahiu Ward in Nakuru Implements Community Activities to Address Poor Sanitation and Related Health Problems

<b>County:</b>	Nakuru		
<b>Sector:</b>	Public Health	<b>Sub-Sector/Theme:</b>	Community-Led Total Sanitation
<b>Keywords:</b>	CLTS; WASH(Water, Sanitation And Hygiene); ODF (Open Defecation Free); Nakuru; Mai-Mahiu; Community Mobilization		
<b>Target Audience:</b>	CECs Environment, Health, Sanitation; Other Counties' Public Health Departments		
<b>Author(S) And Contacts:</b>	Michael Njoroge Tel: 0799613950, E-Mail: <a href="mailto:njorogenmichael@gmail.com">njorogenmichael@gmail.com</a>		
<b>Institution(S):</b>	Community Health Department, School of Public Health, Jomo Kenyatta University of Agriculture and Technology		
<b>Resource Person(S) And Contacts:</b>	Dr. George Mwangi, Public Health Officer, Mai Mahiu Ward, Nakuru County Tel: 0720964719; E-Mail: <a href="mailto:mwangig15@gmail.com">mwangig15@gmail.com</a>		

### Context and Challenge

Nakuru County is home to 2.1 Million people as per the Kenya National Bureau of Statistics (KNBS) projections for 2017. The County's two major towns are Nakuru Town, which is the County's headquarters, and Naivasha Town. Nakuru and Naivasha towns are complemented by other urban centres spread across the County that include; Molo, Njoro, Gilgil, Mai Mahiu, Subukia, Salgaa and Rongai. At the onset of devolution in 2013, the county had poor levels of sanitation, and most of the population had limited access to improved toilets, with the most commonly used sanitation facilities being pit latrines. By 2016, 76.9 percent of the county residents were using pit latrine and the rest were using rudimentary facilities, with 3% practicing Open Defecation (OD). Open defecation is associated with multiple health issues due to water pollution and an unhygienic environment. As in many communities in rural Kenya, OD is a social dilemma in Nakuru County, including in Mai Mahiu Ward, and a systematic approach is required to address it.

Mai Mahiu Ward uses community led total sanitation (CLTS) to address elimination of OD and improve environmental health and community hygiene among its mixed farming and pastoralist communities. CLTS entails the facilitation of the community to conduct an analysis of the defecation, practices, waste disposal and the associated consequences leading to collective action to become ODF. The process of pre triggering is central part of CLTs process. It refers to ways of igniting community interest in ending open defecation, usually by building simple toilets such as pit latrine. CLTs involves action leading to increased self-respect and in one's community. In Mai Mahiu Ward, uptake of toilets had proved problematic and in 2013, only 50% of the homesteads had a toilet. The situation was worse among the pastoralist community in the ward.

### Response and Actions

The public health officers in the ward had to change tack and modify their approach to be more effective. They started implementing the following activities, with renewed focus to addressing resistance:

- a) *Using community leaders to support public education:* In all awareness creation activities, the public health officers engage the community gate keepers (elders/*wazee wa kijiji*, the chiefs, and religious leaders). This is especially important to gain local ownership of the CLTS drive and avoid the communities treating the activities as 'government affairs'. The public health officers engage these leaders and sensitize them on the planned activities and why improved sanitation is important. In addition, working with leaders helps to overcome resistance.
- b) *Providing public education:* The public health officers in Mai Mahiu ward use public meetings and other events, including church meetings, to give education to the community about sanitation. The team helps the community identify their most common health challenges, and how these link to poor sanitation, and how families lose money through poor sanitation. They create and distribute simple materials that members of the community can read.
- c) *Using local community mobilizers:* Mobilization is done by the local administration i.e. the headmen, the chief and village elders. The public health officers organize local health committees which meet twice per month to discuss issues affecting the community and suggesting solutions. The committee is recognized by the local communities and respected, and their recommendations are taken seriously.
- d) *Using persuasive messages on sanitation that the local community can relate with:* The public health officers and the local mobilizers adopted the use of information that the community understands well, as arguments about why they should build toilets. For instance, they often use messages from the Bible regarding how human waste should be disposed of. This helps overcome resistance and counter-arguments from the locals, and makes the messages authoritative.
- e) *Making follow-ups* to ensure activities are implemented. The CLTS mobilizers follow up with the community members to ensure that they understand why sanitation is important, and to clarify any questions they may have. To ensure families can construct the model they can afford, there is no specific prescribed design of latrine, but it is encouraged that there are basic things that need to be considered while constructing a latrine, such as; an easy to clean floor, a lid for the squat hole, a superstructure and adequate privacy for the user.
- f) *Mobilizing support for the elderly and the handicapped:* A key advantage of working with local gatekeepers is their ability to identify elderly and handicapped people living on their own and who are unable to construct latrines, and cannot afford to hire someone to do it for them. They mobilize the community members to chip in and help to build toilets for them.

### **Outcomes and Results**

- Nakuru County has made tremendous progress in its sanitation programme, and by 2019, 87% of the population has a latrine and 20% of its 1692 villages are ODF certified. In Mai Mahiu, latrine coverage has increased and 24 of the 48 villages have now been declared OD-free. Only 10 villages remain, for the entire ward to be OD free.
- Families report improved health and fewer visits to the health facilities as a result of having a cleaner environment. In addition, families now report saving more money as a result of reduced incidence of illness and visits to the hospital.
- Both farming and pastoralist communities have embraced latrine construction, with some families even putting up improved permanent models.

### **Lessons Learned**

- Working with community leaders and gatekeepers is important, to secure community acceptance and ownership of government-led activities
- Understanding why communities do not practice healthy behaviors is important, while designing projects, to ensure that the project delivers relevant messages and other information
- Other wards in Nakuru County should learn from Mai Mahiu on how to work with the local community, to increase the eradication of open defecation in the county.