



## How Mbeere South Sub County is Using Persuasive Communication to Reinforce CLTS and Achieve Open Defecation Free Villages

<b>County:</b>	Embu		
<b>Sector:</b>	Health	<b>Sub-Sector/Theme:</b>	Sanitation
<b>Keywords:</b>	Community Total Led Sanitation, ODF, Embu, public health, CLTS		
<b>Target Audience:</b>	Public Health Officers; County Directors of Public Health and Sanitation		
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### CONTEXT AND CHALLENGE

Mbeere South sub-County is among one of the four sub-counties in Embu County. Mbeere South is divided into seven locations namely: Karaba, Kiambere, Kianjiru, Makima, Mavuria, Mbeti South and Riakanau. There are 273 villages in the sub county. The sub-county faces a significant problem with sanitation. Some households lack pit latrines and sanitary handwashing facilities, and family members instead resort to open defecation in the bushes. There are also poor handwashing habits. One research study has shown that water-borne illnesses are most common in Embu County, and could be caused by the poor sanitation. According to the 2017-2022 County Integrated Plan, in both Mbeere North and Mbeere South (with a combined population of 219,220 in 2009 housing census), 2013-2017 33 constituencies, 329 persons use main sewer, 400 use septic tanks, 57 use cess pools, 3,173 use VIP latrines, 45,504 used pit latrines, while 2082 persons who used other methods of human waste disposal such as bucket and bush.

Mbeere sub-county for long used community led total sanitation (CLTS) to mobilize communities to completely eliminate open defecation (OD). In CLTS, communities are facilitated to conduct their own appraisal and analysis of OD and take action to become ODF (open defecation free). The Ministry of Health adopted CLTS to improve the quality of water, sanitation and hygiene in rural areas through a combined community effort and use of the available resources. Its main aim is to make sure that every village in Kenya has being declared open defecation free sites. CLTS focuses on the behaviour change needed to ensure real and sustainable improvements in eliminating open defecation.

CLTS was started in Mbeere south sub county in 2016. The public health officers used to force homesteads to build latrines, with threats of prosecution for those who did not have them. The local administration together with the public health officers used to enforce the directive that every home must have a pit latrine. The public health officers would make households visits to check on the sanitation situation, and if a community member would not comply to construct a toilet in their homestead, they would be taken to the chief and forced to build the toilets. However, this failed to bring about the required behavior change because people saw the toilets as the 'doctors' and did not use them, but continued using the bush, and the sanitation situation continued to deteriorate.

## **RESPONSE AND ACTIONS**

The public health officers in Mbeere south sub-county had to change their approach towards making sure a household/homestead have a toilet and a hand washing facility. They decided to adopt an approach with personal education for the affected families rather than forcing them to comply with sanitation rules.

- a) Nowadays, the public health officers convene meetings and reason with the community members in order for them to take up the initiative as their own considering their own well-being. They follow up with individual families and sit down and discuss the dangers of not having toilets and hand washing facilities using the incidences of their normal life

as example. Together they get to see how costly it is to seek medical services for faecal transmitted diseases.

- b) As a temporary solution, neighbours are encouraged to allow families that do not have toilets to use theirs, while they construct one. This helps in curbing open defecation in the bushes and near water sources. The public health officers are always there to advise them when faced with a challenge.
- c) In addition, public health officers also do the following:
  - Provide Health education and regular visits to help families cope with behavioral change.
  - Encouraging of community members to help elderly people in construction of toilets.
  - Advising of people on how to build strong structures using the available materials.
  - By advising drug addicts to construct toilets through the help of their friends.
  - Educating women on the safe disposal of children faeces.
  - Those never found in their homesteads are either communicated through their neighbors, sub chief, community health volunteer or public health officer via phone.
  - In the case of shortage of staff to cover some village some of the public health officers get to be in charge of two villages but still get help from the others when they need help.

## **OUTCOMES**

Through the personalized approach more community members have built latrines in the sub county. Today, 73 villages out of 273 have been declared open defecation free. For example in Gacegethiori sub location, Mavuria ward has 971 households with toilets and a hand washing facility. Those families also have hand washing facilities with soap or ash near the pit latrines which has helped improve sanitation standards in the community.

## **LESSONS LEARNT**

Reasoning with the community members, on the importance of a toilet in a household and use of the available materials to construct it, is better than the use of authority.

## **RECOMENDATIONS**

- Public health officers should be considerate at times by considering the situation at hand.
- Public health officers should be friendly with the community members so that they can easily reach out to them for advice when faced with a challenge.