What has changed?
In Morung’ole in Kakuma, residents had no access to sanitation, and instead practised open defecation in the bushes, a source of fear and shame among many members of the community, particularly women. Illnesses including diarrhoea, malaria and cholera were common.

‘We were afraid that men might attack us (at night),’ says Mary Lodio, 35. ‘We felt more comfortable going during the daytime, but then you would feel shame in case you were seen by others. We would fear meeting our in-laws, as this is disrespectful in Turkana culture.’

Joseph Ekiru, 25, says open defecation was also a source of fear and shame for men in the village.

‘At night, when you went to the bush you would meet snakes, scorpions and spiders,’ he says, ‘but if you went during the day you would feel ashamed, and it could take time to relieve yourself because you felt ashamed and you were worried people would see you.’

Now, however, many of the households in Morung’ole have built their own latrines within easy reach, and have access to safe, sustainable sanitation for the first time. Community members are also practising improved hygiene behavior such as hand-washing, cleaning cooking utensils, constructing and using drying racks and covering food and water.

How has the change been achieved?
Community-Led Total Sanitation (CLTS) is a process of mobilising communities to completely eliminate open defecation, and is promoted by the Government of Kenya. The CLTS approach involves triggering a community’s disgust at the impact of open defecation and desire for collective change, and supporting residents to build latrines and change their hygiene practices.

Oxfam has been implementing the CLTS approach in Kakuma through the SWIFT programme. It held a public meeting at which community volunteers from each village in Morung’ole were chosen, and has trained these volunteers in hygiene promotion and conducting the CLTS triggering exercise, during which flies land on faeces and uncovered food and water.

‘The exercise makes you feel sick,’ says Raphael Ewoi Eboot, community volunteer for the Legion of Mary village and chair of the Morung’ole volunteers. ‘Everyone felt shocked and sickened by it, but at the end everyone agreed we have to follow this process, and show people in the community what happens.’

Oxfam’s sanitation technicians have shown communities how to dig pits for latrines and put up structures around them, and supported households to ensure basic standards are met; for example, pits
must be at least three-five metres deep depending on the soil formation, latrines must be sited well away from water points, and the privacy and dignity of users must be ensured.

Why does it matter?
For women in Morung’ole, easy access to latrines has meant an end to the shame they used to feel when defecating in the bush, and the fear they suffered when venturing out in the dark to relieve themselves. Lucy Ayanae, 20, who is Joseph’s wife, says, ‘At night I would be afraid to go out. I had to ask my husband to go with me. Now, I no longer have that fear.’

Communities also feel their new access to improved sanitation has had a positive impact on their health. ‘It’s been important for the prevention of sicknesses,’ says Raphael. ‘Before this project it was very unclean here and there were a lot of sicknesses... Now we feel we will not have to seek medical help so much as before.’

What are the challenges?
In Turkana, the CLTS approach – which in its purest form does not include any kind of material support for communities - has faced a number of challenges in the past. The poor soil formation in the area led many latrines to collapse, while the timber slabs used for squatting became infested by termites.

In addition, flooding affected the floors of the latrines and caused many of the pits to fill with water, and the use of timber was considered unsustainable because of the lack of vegetation in the region.

How will the challenges be met and what makes this change sustainable?
In recognition of these issues, Oxfam’s team in Turkana asked the County Government if it could pilot a modified version of CLTS, under which communities are trained to produce dome-shaped slabs from ferrocement, a form of cement mortar applied over wire meshes. These slabs are permanent, inexpensive, easy to replicate and much stronger than the timber alternatives.

“Now we have few stomach problems, and my family is healthier”

After several months of discussion, the County Government agreed. It has since thrown its full weight behind the modified approach, actively supporting the roll-out and asking Oxfam to scale up the process in other villages.

Under the SWIFT programme, community health volunteers have been shown not only how to produce the slabs themselves, but also how to train others to do so, ensuring the sustainability of the approach. Once built, the slabs are allocated to households who have already dug the pits for their latrines, and who then decide which materials to use for the structures.

Joseph, who built a latrine five months ago, says the four families that share it – all of whom help to keep it clean – feel good as a result of the changes in the community. ‘Before this programme, we were feeding on our own faeces, and we were using and drinking contaminated water,’’ he says. ‘Now...we have learnt about using latrines and washing hands. Now we have few stomach problems, and my family is healthier.’

The care invested in constructing the latrines, in Morung’ole as elsewhere, shows communities’ high level of engagement with the process. There is a clear sense of ownership on display, suggesting that families which now have access to sanitation for the first time will ensure the latrines are maintained well into the future.

As Joseph says of his new latrine, which is shared by 27 people: ‘Everyone is happy to have it here, and no one wants to go back to the bush.’