Despite being both highly treatable and preventable, diarrheal disease exists as the world’s second leading cause of death in children under the age of five. My time in Kenya this past summer was spent investigating how community-based health interventions operating within resource-poor areas target the issues of water, sanitation, and hygiene (WASH). I was given the incredible opportunity to spend my 10 weeks working with Carolina for Kibera (CFK), a nonprofit organization dedicated to improving the health, education, and overall wellbeing of the estimated 200,000 residents living within Kibera’s thirteen villages. As dictated within their mission statement, “Slums are unsafe and dirty; the people who live there are not.”

As with many informal settlements across the globe, WASH-related issues exist as everyday obstacles for the residents of Kibera in accessing an improved quality of life. The open sewage system is poorly managed, and often overflows into the streets during the rainy seasons, leading to a phenomenon known as “flying toilets” – the disposal of human excreta into bags and then tossing them into the open alleys. While clean water is available, it is largely managed by private vendors who are able to raise prices as they see fit. Even when clean water is purchased, the channel of rubber hoses it travels through often become punctured and contaminated by pathogens and fecal matter, further contributing to the burden of waterborne disease.

These issues contribute to high mortality rates among children under the age of five throughout Kibera, as infants who fall ill from diarrheal disease within the first 28 days of life often do not have the immunological strength to overcome the illness. Realizing that diarrheal disease and other waterborne illnesses are both highly preventable and treatable, CFK has recently adopted the Care Group strategy – an innovative community-based health model offering free maternal and child health-care information to expecting or lactating girls and women. Despite operating for only two years, these Care Groups already reach an estimated 500 women each week throughout Kibera. Community health workers involved in the intervention, known as Care Group Promoters, recruit women within their own neighborhoods and hold group meetings to promote healthy living for both the mother and the child. While the curriculum is broad, one of the core modules taught deals with issues of WASH, where women are educated on critical handwashing moments, proper disposal of feces, how to treat drinking water, among other topics. The meetings also facilitate knowledge on detecting the danger signs of diarrheal disease in children and how to treat the illness.

Prior to my recruitment to work with CFK, no formal project evaluation had been carried out on the Care Group intervention. Through collaboration with Mark Muasa, head of the organization’s department of health services, and Yunus Mohammad, CFK’s community outreach officer, we conducted a 10-week evaluation of the Care Groups with the overall goal of understanding how effective the program is in facilitating sanitation behavior change communication among the neighborhood women. Utilizing the FOAM (focus on opportunity, ability, and motivation) framework, 210 surveys were conducted to identify how the Care Groups address the obstacles to practicing improved sanitation and hygiene that exist within Kibera’s environment. The surveys were also used to identify any knowledge-behavior gaps among the members in order to strengthen the WASH curriculum. I further conducted appreciative inquiry questionnaires with the women to understand how they felt about their respective Care Groups and what they believed the future of the program could look like. Direct observations, focus groups, and informal interviews were other methodological tools utilized to complete this evaluation.

Although I am currently conducting my data analysis, preliminary results, along with my personal experiences within Kibera, overwhelmingly highlight the pride Kiberans have for their community. I’ve come to understand that, while they may be lacking improved toilets and durable pipe systems, the residents of Kibera are themselves the greatest resource to creating a positive change within their communities.

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