

CLTS PROGRAMME REPORT FEBRUARY TO MAY 2020

Introduction

We have been implementing the Community Led Total sanitation programme in Sarura unit of Kwanza sub county Transzoia County since February 2020. The unit has an approximate population of 5824 with 13 villages and 1624 households by the time we started the programme in February 2020. Focus has been in 5 villages namely:

1. Sarura A
2. Sarura B
3. Mwangaza A
4. Mwangaza B
5. Sande

Since February the activities flew as follows;

1. We started with the meeting with the county public health department followed by village mapping and meeting with the community and local administration of the 5 villages on the 11th and 14th February 2020 respectively.
2. We did a combined triggering activity for all the 5 villages on the 19th February 2020 where members of all the villages, the local administration, the county public health officials and RDS staff were in attendance.



3. After the triggering we had community sensitization training for 60 key persons of the community that were to be directly involved in the facilitation of the programme. This included all the village elders, Nyumba kumi representatives (community police/guards), community health volunteers and latrine construction artisans from the villages.



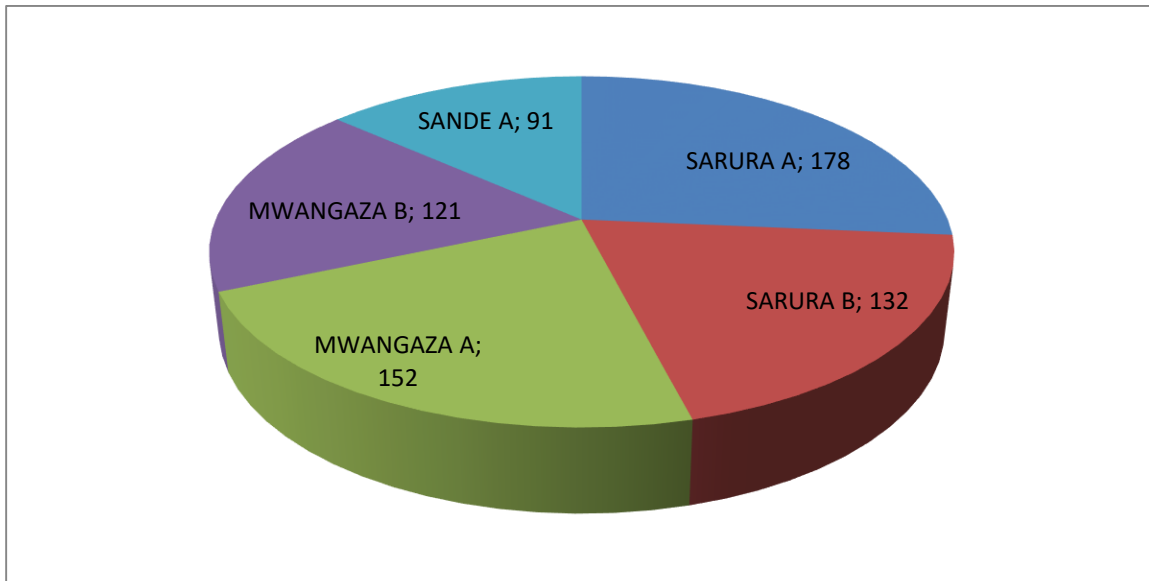
4. After the sensitization we have had series of follow ups to households by RDS staffs, village elders, CHVs and Nyumba kumi representatives doing the following;

- Giving health education on sanitation, importance of having and using a latrine with a squat hole lid, hand washing using soap or ash.
- Following up on households commitment to acquire a latrine and put up all parameters.
- General home hygiene and waste disposal.
- Access and use of safe water all the above aimed at reducing sanitation related illnesses.

In the month of April 2020 all the 7 RDS staff were involved in 2 follow up sessions whereas in the month of May the Rotary doctors' team of 2 staff, village elders, CHVs and Nyumba kumi representatives did follow up sessions to households; this was intended to give education on sanitation and follow up on the commitment to put up a latrine with all the parameters to ensure 100% latrine coverage in all the villages.

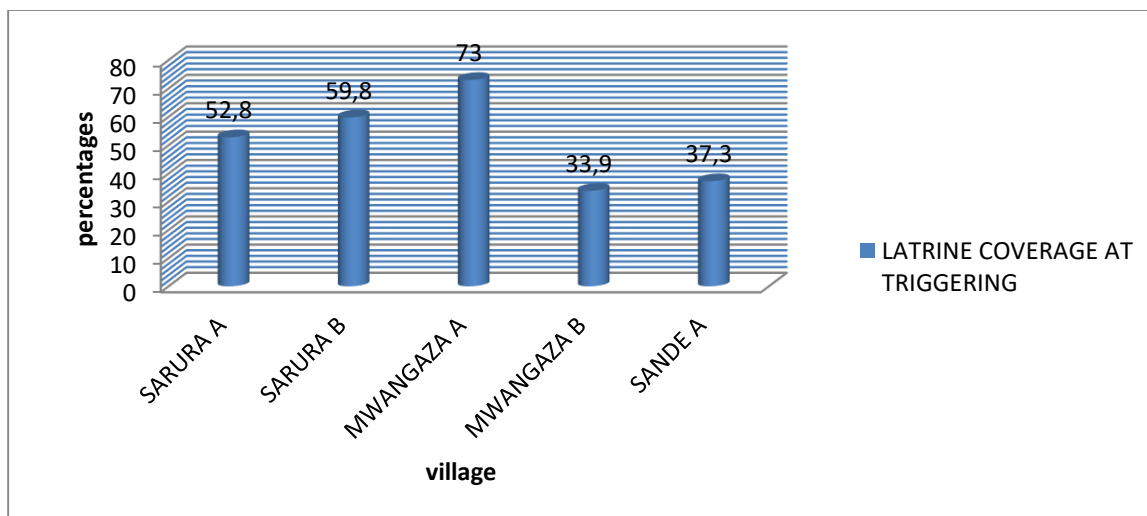


The above villages constitute 38.5% of the unit and this has a total of 674 households with the distribution per village as below:

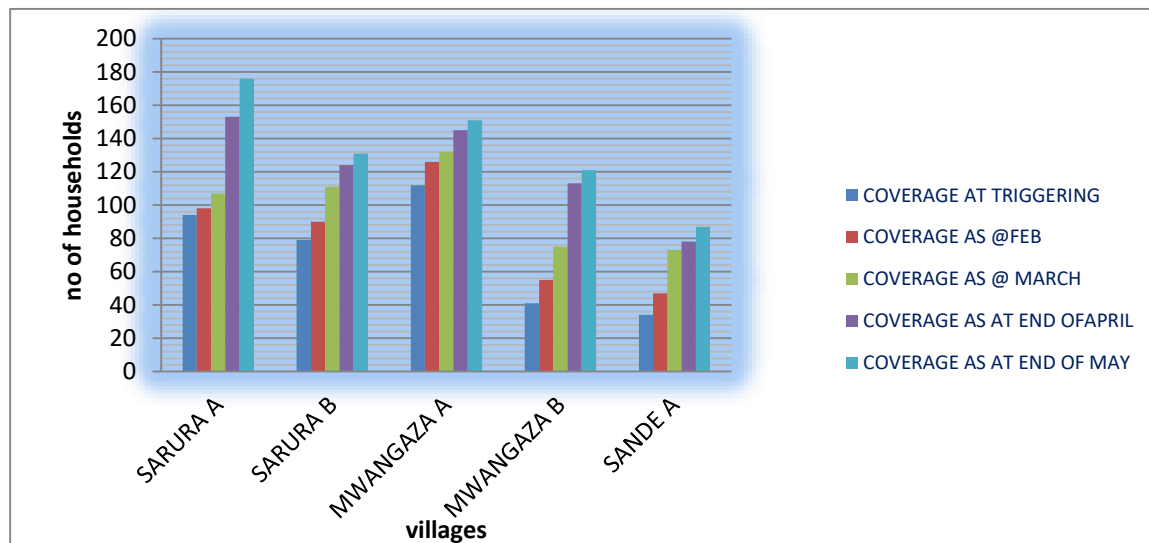


In these villages, there are varied economic activities carried out to include; farming, chicken keeping and cattle keeping. In Sarura A and B half the populations have large pieces of land where they do farming in large scale and most households have only 2 to 4 adults.

At the beginning of implementation i.e. at triggering the latrine coverage for the villages was as follows. However all of these latrines did not have the right sanitary measures (lid, water to wash hands).



Below is a graphical representation on how the latrine coverage has progressed since we started the programme in February to May 2020 when we have attained 95 - 100% coverage for all the 5 villages, since some households are sharing latrines. See more information below.



Below is a tabulated increase in number of latrine coverage from February to May 2020

	HOUSE-HOLDS	COVERAGE AT TRIGGERING	COVERAGE AS @FEB	COVERAGE AS @ MARCH	COVERAGE AS AT END OF APRIL	COVERAGE AS AT END OF MAY
SARURA A	178	94	98	107	153	176
SARURA B	132	79	90	111	124	131
MWANGAZA A	152	112	126	132	145	151
MWANGAZA B	121	41	55	75	113	121
SANDE A	91	34	47	73	78	87

GENERAL COMMENTS

The latrine coverage is up to date for all the villages as per the community led total sanitation protocol.

In most of the villages the coverage ranges between 95%-100% due to latrine sharing in cases of semi-urban setting. This is a scenario where we have a landlord tenant relationship and sharing is

unavoidable. In this case we give a lot of education for sustainability because in most sharing scenarios sustainability is normally a challenge.

We managed to address all the challenges that come with putting up a latrine as we had identified among this community for instance too old members of the community that needed support to put up their own latrines were well assisted by other able members of the community and now they have their own latrines with all the parameters.

The health education given to households during follow up sessions has helped in more households acquiring latrines and the sustainability is also good for households who already had.

During the follow up we also managed to give education on corona virus disease, we checked on the immunization status of children, family planning uptake among reproductive age women and the general hygiene of the households.

We climaxed the follow up session with a meeting with the area chief , area public health officer, village elders and CHVs where we had an overall overview of all the 5 villages with first hand feedbacks from village representatives. The area chief appreciated the work done and promised their commitment in sustaining the sanitation standards reached so far in implementing the program me

CHALLENGES

Our initial work plan was to have achieved 100% coverage by end of April to give way for the claim stage; this was not possible due to the corona pandemic as the rules around curbing this disease hindered some activities from taking place. For instance, the second phase of community sensitization could not happen because it requires gathering people. The claim activity is also a community activity that requires community members to gather and make decisions on the same.

WAYFORWARD

Having achieved up to 100 % coverage of latrines, once the corona pandemic is over, we will do the pending activities including the second sensitization session that is useful in sustainability in that the community is empowered on handling all challenges that come with putting up a latrine within their respective villages, claim, verification and certification processes will also be done then the declaration and celebration.

Report compiled by

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