PROMOTING BEST SANITATION AND HYGIENE PRACTICES FOR RESIDENTS OF UASIN GISHU COUNTY.

By

KIP CAPITAL

(2021/22)
# Contents

1.0 EXECUTIVE SUMMARY ................................................................................................................. 3

2.0 ORGANIZATION DESCRIPTION AND HISTORY ........................................................................... 3

2.1 Some of our Key responsibilities include; ....................................................................................... 3

3.0 BACKGROUND ................................................................................................................................. 3

4.0 PROJECT DESCRIPTION .................................................................................................................. 4

4.1 Objectives and Outcomes .............................................................................................................. 5

4.2 Project goal ...................................................................................................................................... 5

4.3 Project outcome .............................................................................................................................. 5

4.4 Project outputs .................................................................................................................................. 5

4.5 Community Engagement and Training ........................................................................................... 6

4.6 Monitoring and Evaluation ............................................................................................................. 7

5.0 PROJECT TIMELINE/ BUDGET TIMELINE ..................................................................................... 8

6.0 BUDGET ........................................................................................................................................... 8
1.0 EXECUTIVE SUMMARY

This project will improve livelihoods for vulnerable households by cushioning them from the effects of Covid_19 pandemic. The project will be implemented in Uasin Gishu County covering three constituencies i.e Turbo, Kesses and Kapsaret. Kip Capital aims to deliver results through partnerships with the Civil society and Government at the cost of USD 96,716.

2.0 ORGANIZATION DESCRIPTION AND HISTORY

Kip Capital is a social enterprise focused on creating descent jobs for vulnerable groups across Africa. The Organization comprises of 15 employees with its administrative office situated in Eldoret, UasinGishu County,

Our organization is committed to offering intervention driven solutions (focused on adaptability and resilience) that are responsive to the needs of different communities.

Kip Capital’s Research division also specializes in market intelligence i.e transforming information into knowledge and knowledge into strategy. We are redefining the art of understanding through the use of advanced and modern market research tools.

2.1 Some of our Key responsibilities include;

a) Supporting in Capacity development initiatives through stimulating transfer of skills and knowledge for continuity.

b) Facilitating, coordinating and carrying out Effective Monitoring and evaluation that will enhance program efficiency and accountability.

c) Playing a role in Multi stakeholder and multi actor processes by identifying likeminded partners and linking learning forums to keep such processes active and beneficial to target groups.

d) Facilitating Pragmatic approaches with the aim of enhancing synergy and complementing efforts.

e) Working towards our own Sustainability through innovative approaches and networks.

We have consistently renovated ourselves in responding to the changing needs of the communities. Our vision is to lead in the provision of innovative driven solutions that will empower different communities.

3.0 BACKGROUND.

According to the Kenya National Bureau of Statistic report, Kenya is a water-scarce country with widespread water pollution and low levels of rainfall. National access to clean water stands at 58% (50% for rural areas, and 83% for urban).
Few communities have access to safe water from protected springs, shallow wells, or boreholes. Most households draw water from unsafe rivers, dams, water pans, rainwater, and groundwater. Most parts of Kenya experienced drought in 2018 and 2019. Subsequent heavy rainfall in 2020 caused flooding, further reducing access to safe water sources.

In rural areas, only 30% of the population have access to improved sanitation facilities, leading to a high incidence of diarrhoea, cholera, measles, scurvy, and other hygiene-related diseases.

Water purifying solutions combined with hygiene and sanitation promotion, can prevent/mitigate these outbreaks thus saving lives and reduced suffering.

In UasinGishu county specifically, contaminated drinking water and poor sanitation is a major cause of poor health and leading cause of deaths especially among young children below the age of five years.

Diarrhoea diseases cause an average of 2.5 million deaths each year of which 80% occur among the under-fives. One in every ten children die of diarrhoea before their fifth-birthday, while those under the age of three years suffer an average of eight diarrhoea episodes, 10% being persistent.

Access to safe drinking water is an important component in the prevention of prevalence of diarrhoea disease in Uasin Gishu County.

A cross-sectional comparative study was carried out on 500 respondents distributed proportionally to the experimental areas (Kapsaret constituency, Turbo constituency and Kesses constituency). This study evaluated environmental interventions initiated by the community and other change agents to mitigate the effects of diarrhoea.

Our review of health records and bacteriological analysis of patients from Moi Teaching and Referral Hospital in Eldoret revealed that most respondents perceived contaminated water, poor methods of faecal disposal and poor food hygiene as the main factors associated with increased risk of diarrhoea diseases.

A significant association was observed between occurrence of diarrhoea and status of water sources, as well as availability of latrine facilities in the proposed projects areas.

It is on the basis of the foregoing that Kip Capital recommends that local capacity development should be intensified and environmental health interventions be extended to cover the affected areas.

4.0 PROJECT DESCRIPTION.
Kenya’s unprecedented urban growth is attributable two main factors: natural population growth and rural-urban migration due to factors like drought, conflict and rural poverty. This rapid urbanization
has left specific regions with huge unmet demand for critical infrastructure and basic services, adversely affecting quality of life for residents.

Rapid but poorly managed urbanization has also led to the proliferation of overcrowded and impoverished informal settlements; around 50% of people in major towns live in such communities. Only one third of urban residents have access to at least a basic sanitation service.

4.1 Objectives and Outcomes
The project contributes to the Government of Kenya National WASH Strategy of increasing access to sustainable, safe water supplies, improving sanitation services, and promoting hygienic practices under a sustainably managed program for communities and children.

The primary focus of the project will be distributing of Water purifying solutions and training families to use them properly to improve access to safe drinking water. We will also promote better sanitation and hygiene practices through interventions such as Community Led Total Sanitation.

Additionally, the project will develop capacity of the community health volunteers to raise awareness and monitor the spread of COVID-19 during their monthly household visits.

4.2 Project goal
To improve health of communities through improved access to sustainable and safe water supplies in three constituencies within Uasin Gishu (i.e kapsaret, Turbo and Kesses) in Kenya.

4.3 Project outcome
Increased access to safe drinking water, improved sanitation, and hygiene practices for 450 households.

4.4 Project outputs

a) Enhanced use of household water treatment tools through purchasing and distributing to 450 households.

Targeted households will use Water purifying bottles to purify their water and store it properly and use purified water for drinking and cooking.

Key activities:

i. Distributing 1 Water purifying solutions per week to households in target communities, either through pickup at health centers or by delivery from community health volunteers

ii. Conducting bi-weekly training for 15 community health volunteers (5 per project area)

iii. Incentivizing health volunteers to conduct community and household education on water treatment, storage and distribution of the Water purifying solutions through a market-based approach
iv. Developing capacity of households to uphold best sanitation and hygiene practices.

Targeted households will understand basic sanitation and hygiene practices such as hand washing with soap at critical times and using latrines.

**Key activities:**

i. Facilitating 15 community health volunteers to trigger communities using the Community Led Total Sanitation approach

ii. Supporting follow-up monthly review meetings, and feedback sessions.

iii. Technical assistance provided to community groups for sustainable access to Water purifying solutions.

In an effort to create sustainable, market-driven access to Water purifying solutions, the project will be piloted in strategic target locations, where the solutions will be availed for purchase locally and will continue to be available after the conclusion of the project.

The current wholesale price in Kenya is around 70 cents (US) a bottle (150ml). To make a small profit, vendors will need to sell for about 80 cents a bottle. This will be a subject for discussion with the groups once the project begins.

The project will train community health volunteers to develop small income-generating enterprises selling Water purifying solutions in their villages. They will form Village Savings and Loans Association groups, which will enable them to leverage small loans so they can purchase the Water purifying solutions.

4.5 Community Engagement and Training

The project will be carried out by 15 trained community health volunteers. Kip Capital, in partnership with the qualified WASH specialists from the Ministry of Health will organize the volunteers into community health units and train them on the use of the Water purifying solutions and on best sanitation and hygiene practices.

The team will link with these community health units bi-weekly, engaging them through the county and sub county health management teams.

The trainings will be done face-to-face with a focus on how to utilize the Water purifying solutions. With adherence to the COVID-19 social distancing guidelines, the trainings will be integrated into the overall community health volunteer trainings, which will cover topics such as referrals for expectant and post-natal mothers, water-related health issues, latrine use, best practices in hygiene, malnutrition and HIV awareness. The trainings will also cover COVID-19 prevention and surveillance.

Each community health volunteer will train 30 households. In addition to providing initial training, each community health volunteer will visit each assigned household at least once every week to
ensure the proper use of the Water purifying solutions. The volunteers will also monitor other sanitation and hygiene related activities at household level.

Refresher trainings will be conducted bi-weekly to the community health volunteers. The community health volunteers will be managed by the Project sanitation and hygiene officer, who reports to the coordinator.

Bi-weekly meetings with each community health unit will provide updates on key project deliverables. Community meetings will engage community leaders to reinforce sanitation and hygiene messages.

4.6 Monitoring and Evaluation
Kip Capital will enforce the following steps to ensure successful project implementation:

i. Plan for M&E;
ii. Collect data and check for quality;
iii. Analyze and reflect on findings;  iv. Use the findings to improve; (Project effectiveness, increase accountability, and demonstrate results).

The project will report monthly, and we will conduct joint monitoring activities with the community stakeholders. Semiannual meetings will be held with the local government to report progress and to integrate best practices and lessons learned. We will assign M&E dedicated staff to all 3 operational areas. Staff at both field and county levels will provide technical and financial oversight.

Key indicators to be tracked include:

- Number of Water purifying solutions procured monthly
- Number of households in need of purifying solutions monthly
- Number of households receiving purifying solutions monthly (distribution list)
- Number of households receiving hygiene and sanitation education monthly
- Number of households trained on using Water purifying solutions.
- Number of community health volunteers trained/refreshed on household point-of-use water treatment
- Number of households reached with water and sanitation information.

Research, good practices, lessons learned, and new innovations will be documented and shared with partners through publications and conferences. Project staff will attend local forums and join the county steering group membership to strengthen integration with partners and other important players in the county. An end-of-year review will enable staff and partners to consolidate learnings and form recommendations for the future of the project.
5.0 PROJECT TIMELINE/ BUDGET TIMELINE.

The project will engage the community through trained community health volunteers, approved by the Ministry of Health, who will monitor the use of the water purifying solutions and share hygiene messages at the household level.

To save community health workers the inconvenience of long distance travels carrying heavy boxes of the Water purifying solutions, the project will ensure availability of pickup at the local health facilities.

Each household will indicate their choice of distribution mode, pickup or delivery at the beginning of the project. The Water purifying solutions will be distributed once a month, startup activities such as staff hiring and orientation, volunteer training, identification of beneficiaries and procurement of buckets and filter cloths.

The average household size is five persons in the rural areas, and we are budgeting twenty liters of water per household per day. Thus, one Water purifying solutions will be used per household per week to treat 140 liters of water for drinking and cooking only as illustrated below.

<table>
<thead>
<tr>
<th>No. of targeted Households</th>
<th>Liters of Kitchen water needed per day.</th>
<th>No. of days</th>
<th>No. of Months</th>
<th>Total Liters of water in need of purification</th>
<th>No. of water purifying solutions required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>450</td>
<td>20</td>
<td>30</td>
<td>12</td>
<td>3,240,000</td>
<td>21,600</td>
</tr>
</tbody>
</table>

The project will choose the most vulnerable families from each site to receive two 20-liter buckets to ensure proper utilization of the water purifying solutions. Each household will also receive a white cotton cloth which will be used to filter water. All households will be trained on cleaning and drying the buckets and filter cloths as well as safely disposing of the flocculants.