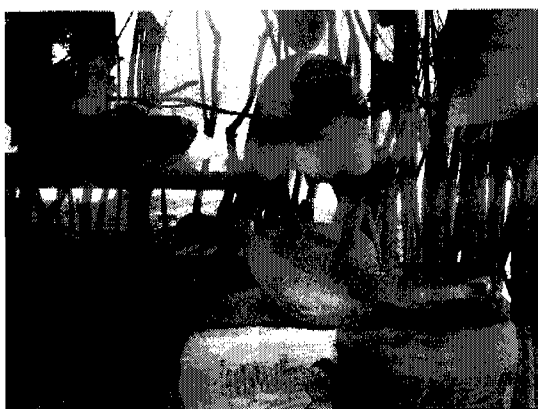


## Sanitation and hygiene promotion in ASAL areas in Kenya



304 07 SA - 1935-6

By IRC International Water and Sanitation Centre, and Maji Na Ufanisi  
for UNICEF Kenya, Nairobi, October 2007

## Contents

Key messages .....	4
What are the risky practices and behaviours? .....	5
What motivates people/different groups/men/women? .....	6
Gender roles and responsibilities .....	7
What works what does not work? .....	7
Examples of successful community based initiatives .....	7
Examples of using local materials .....	8
Financial issues .....	8
Technology options.....	8
Who are the target groups for what messages / practices .....	9
Channels for Communication .....	10
Recommendations.....	11
Sustainability.....	12
ANNEXES .....	13
Matrix with successes and challenges.....	13
List of contact persons .....	13

## Why sanitation and hygiene? Why focus on ASAL areas?

Sanitation and hygiene is about healthy men, women and children. It deals with the whole process of collecting safe water from the source to the point of use, it is about cleanliness in and around the house. Sanitation is also: safe disposal of human excreta, food hygiene and personal hygiene.

Sanitation is not only about health, it is also about livelihoods. Getting sick as a result of poor sanitation and hygiene has a direct effect on people's livelihoods through loss of income and high medical bills. Not only if wage earners get sick but also when they have to take care of sick family members.

Household sanitation brings immediate benefits of convenience and comfort for family members young and old, and the sick and pregnant especially. Having the convenience of household sanitation can also save time. Lack of privacy means that women and girls wait until it is dark to defecate, with the risk of sexual harassment and rape. Women can suffer health consequences, such as urinary tract infections, chronic constipation and unnecessary stress from having to wait until darkness.

Sanitation is a household level affair as much as an institutional issue, just think about public buildings and spaces like schools, community centres, health clinics, government offices, market places, bus stations, etc. In schools, a lack of water and sanitation facilities has an impact on school attendance especially of girls.

Frank Odhiambo, WFP, "Public buildings were built by colonial and African countries because it was not a specific building regulations. Also"

The role for stakeholders at district level and provincial level is important. In many districts (or even in all??) water and sanitation is managed by the same institution, i.e. IWASCO in Isiolo District; GAWASCO in Garissa District. Mandate of these companies is mainly for the urban areas. Outside the urban areas it is the responsibility of the Water District Commissioners' Office

Why did unicef select these districts for their local governance proposal?

## Key messages

- Learning by sharing (informal meetings on mats in village meetings (Halima & Fatuma), school to school visits / competition ; child to child school clubs ; transect walks with the teacher or with the school club representatives ; songs ; drama ; poetry by community orator – his/her words can move very fast)
- Building toilets is not difficult, building people is the challenge
- Purifying yourself is half of the faith (Quran / Hadith)
- Allah loves those who purify themselves (Quran / Hadith)
- Cleanliness is at the heart of the Islam (first chapter learned in the Madrassa's is on cleanliness)
- Everything is possible if people work together
- Cleanliness keeps your cattle healthy (eating plastic bags will make them sick or even kill them)
- Relate dowry payment and hygiene promotion as a message

- For a healthy family, invest in your wife and children. support them in their daily work.
- Secret of cleanliness
- Better hygiene for economic prosperity (picture of chickens)
- Keep in charge. Build with what you have, not with what you might get

Keep in mind when drafting messages to design messages that fit each ethnic group!

## **What are the risky practices and behaviours?**

The risky practices we have come across in all the three districts focus on the following areas related to sanitation and hygiene:

### ***Safe disposal of human excreta, including children's faeces***

In all the three districts we have visited, open defecation appeared to be common practice. Latrine coverage is very low, and if latrines were there, it was often not used to dispose of children's faeces. If open defecation was used, the children's faeces were often thrown near the house. However, most of the people seem to be aware of the risks of unsafe human excreta disposal. Reasons mentioned for not having a latrine are: affordability and lack of relevant technological options. Affordability is also very much linked to willingness to pay. Constructing a latrine is not the highest priority for many communities, especially not for pastoralists who move around throughout the year. High priority is given to their livestock which is the main source of income for most pastoralist communities.

### ***Personal hygiene (handwashing with soap, face washing, bathing of children)***

In Islamic communities cleanliness is integrated in the religion. Handwashing is part of their way of life, although not with soap. In areas where there is water scarcity, bathing is not a priority. Even anal cleansing with water is not always possible. Sand and stones are used in stead. In many non-islamic communities handwashing with soap does not seem to be a frequently practiced activity, although the importance of handwashing is known by most people.

[picture of two sitting children – in dust]

### ***Cleanliness around the house (animal waste)***

### ***Safe water from the source to the point of use***

### ***Food hygiene***

### ***Solid waste management***

*Box: It was known to the women that drinking from the river was dangerous and also that defecating in the open could be risky. Being aware stopped the majority of the people in LMD-West to drink from the river and they started to build toilets. For the poorest group in LMD-Turkana however, being aware was not sufficient. They felt women could not dig and sons or fathers were either not around or they demanded money which the women did not have.*

Additionally

In Tana River there are farmers polluting river Tana upstream with pesticides.

In many IDPs there is a rampant dependency syndrome in the communities.

**Box: field visit to Sankuri village with health educators Fatuma and Halima:**

- *Very active and well versed chief – Mr. Rahmtu Abdi.*
- *High community attendance to meeting and commitments in meetings.*
- *High attendance and participation of both men and women.*
- *ATTENDANCE: 45 women & 40 men & 25 children.*
- *The community feels that the incidence of sicknesses is due to poor hygiene practices.*
- *Sand is used to demonstrate the PHAST tools and sanitation ladder.*

**Risky behaviours:**

- *Handling of children's' faeces.*
- *Rampant careless spitting in the sand that children play with and adults sit on.*

Making people aware about the link between their risky practices and the diseases they suffer from is an important first step. However, it will not be sufficient for behaviour change. We need to know what people motivates, for changing behaviour implies having an environment conducive to safe hygiene and sanitation practices.

## **What motivates people/different groups/men/women?**

We have looked at motivating factors underlying the behaviour of the people living in the three districts we have focused on. What motivates the people in these ASAL areas to improve their sanitation and hygiene practices?

*“We do not have the money. Last month we had to pay 600 Ksh to the hospital because of diarrhoea, stomach problems, typhoid and malaria. We get credit at the hospital to pay in installments. We cannot pay the 400 Ksh for safe drinking water. Therefore we go to the river to fetch water.” Resident of Livestock Marketing Division (LMD)*

The main driving factors to motivate people to act are:

- Affordability of the facilities
  - Incentives, e.g. drugs for digging a latrine
  - Employment
  - 50 – 50 contribution
- Economic prosperity
- Dignity and pride
- Provision of various technological options
- Being aware of the relation between hygiene and health
  - Certain level of education (up to grade four?)
- Curiosity
- Small interventions → or is this recommendation?
- Availability of water / water for livestock
- Priorities of the husbands

Latrine used as retail kiosk

*Box: From petty thief to PHT. Boy begging for money to get food. Brought to city council and was given bags to fill with waste (mainly polythene bags). The he got 3-5 Ksh. Now he is fed and had clothes, and he wants to be a Public Health Technician.*

### **Gender roles and responsibilities**

- Educating and constructing at the same time (do not waste working time)
- Women are very active in implementation, men are involved in decision-making
- According to the imam of Garissa, there is no taboo in mixed use of latrines: both men and women, boys and girls can share the same latrine. There is also no problem for women having their period to use the same latrine. (using a secluded place for defecation is important according to the Quran).
- Men control the household not women and yet the women are the ones who are targeted with this information.
- It is very difficult to find a group of men to talk to
- Women are influential at household level but not visibly.
- Women do not actively participate in PHAST trainings, making the general behaviour change to be slow.

### **What works what does not work?**

#### **Examples of successful community based initiatives**

- Community partnerships to raise funds. The women's group for example, raised money for their orphan project.
- Community dispensary
- Selecting and using local materials for sanitation and hygiene facilities after going through the PHAST training by the Eastern Province branch of the Kenyan Red Cross Society
- TB manyatta, a community based care centre for people affected with TB and possibly HIV/AIDS. Set up by the community and run by the community with additional support from the national government

## **Examples of using local materials**

puppy house, drinking hole for chickens, local materials used for bathroom and toilet, hole for waste

## **Financial issues**

*Improvements on coverage and access can be made if costs are kept low and contributions are shared*

*“We are poor. We cannot afford to dig a latrine, or to pay for the superstructure of the toilets.” Resident of Manyatta Ashraf*

### **Affordability**

- A boy managing the water kiosk saying that the poorest will get water for free, but this was denied by MDF Turkana community
- Giving things for free does not work. People have to do things themselves too. (ownership). Ownership cannot be forced afterwards, activities should be planned from the start with the community.
- Not many options to offer, people can't afford those deep/ aligned latrines unless they get some subsidies
- Men/ sons dig the pits for 5000 KSH per meter (rocky). Many people can't afford but one village community has almost 100% coverage an in other Turkana village only SIDA supported structures are still in use, some almost full.

### **Income generation**

*“If we would have water nearby, we could use some (wastewater) for a kitchen garden to get some income.” Resident of Kiwanjani.*

- Some women groups have plots for tomatoes as income generating
- In the camps plastic bags are used to make ropes and caps but it can also be used for mats for houses (even slabs for toilets and for poles but this would require a machine (!))

## **Technology options**

*Improvements on coverage and access can be made when local materials are used and the technology choice is right.*

*Factors to consider when choosing a sanitation system for excreta disposal include:*

- *the initial cost of the technology and the costs of O&M;*
- *demand and use (what is the population density, and will the system be used in homes, schools, market places?);*
- *climate (temperature, humidity and rainfall);*
- *soil and topography (infiltration properties of the soil, and what is the direction of the groundwater flow?);*
- *water availability (for waterborne systems);*
- *cultural beliefs, values and practices around sanitation;*
- *the availability of technical skills (are there local craftsmen or technicians with the necessary skills to install and/or carry out O&M of the system?);*
- *agriculture (what are the characteristics of the local agriculture and home gardening*

*Source: Brikke, F. and Bredero, M. (2004). Linking technology choice with operation and maintenance in the context of community water supply and sanitation: A reference*

#### Transport of drinking water

- donkeys are used to carry water (Meru village) either by women or men (although men are owners of everything inclusive donkeys (value 5000-10.000 KSH)
- Some women use bicycles
- Rolling of water containers (not having to carry them)

#### Copying from good (and bad) examples

- People copy despite the expensive materials the first demos were made of (iron sheets and wood)! Very important to have different options also for geographical difficult areas

#### Sanitation

- Open lagoon (sewerage) systems (in Garissa town)
- Sewerage pipes in town (Isiolo?)
- VIP
- bucket latrines
- lining pits with sand bags (at the refugee camps)
- mobilets for the Internally Displaced People (IDP)

#### Water supply

- Piped water supply in towns
- Water tanks – pipes – electrical pumps run on diesel
- Water trucks
- Boreholes – pumps – diesel (and a few windmills). Many pumps are broken because of running too long (max is 8 hours a day and many run continuously - 24 hours -) due to water scarcity
- Shallow wells with hand pumps (correct?)
- Sand dams (relatively new technology which needed lots of lobbying at the gvt level to get them agree upon this – Catholic Diocese)
- Hand pumps (Action Against Hunger and UNICEF Garissa: bad experiences: break down easily)
- Use technology which is already known
- How to handle surface run offs and underground water still not effective.
- Pans and cattle troughs with infiltration galleries.
- Water pan
- Rain water harvesting in institutions

#### Water treatment

- Water guard
- PUR sachets
- Alum
- Boiling water
- Aqua tabs (refused due to bad smell)

## **Who are the target groups for what messages / practices**



Target groups which have latrines and who do not yet have latrines. If there are no latrines focus of hygiene and sanitation promotion should be on creating demand for facilities from concerned communities.

- Girls: sanitary towels and disposal (school girls (dropout rate very high), privacy girls, circumcision of girls?)
- School children: cleansing for school children as water is scarce
- Households should be targeted for community entry.
- Target opinion people in community – women, youth groups and sheikhs.

## Channels for Communication

### Influential people

- Teachers
- Councillors
- Opinion leaders, e.g. traditional birth attendants, traditional healers, nurses
- Village leaders / chiefs

### Institutions / Networks

- Health Centres, Village Health Dispensaries: Village health committees; Public Health Technicians
- Schools: school clubs; child to child clubs, PTAs
  - Mobile schools
  - CHAST training
- National Library: mobile camel library
- Mosque; madrassa's
- Church
- Women's groups
- PRASO network meetings

### Informal education channels

- Adult education
- PHAST training
- Step by Step training
- Community Strategy training
- CDP training ??
- Workshops with water users, representatives of the users, both men and women (IWASCO)
- PHT door to door visits

### Local community channels

- Public address system / announcements through vehicles, speakers
- Barazas
- Poetry by community orator
- Face to face meetings / informal gatherings / water point meetings
- Security meetings
- District Education Officers

### Formal channels

- Radio: Star FM; Frontier FM

## Events

- Annual Camel derby
- Annual Lewa marathon
- Day of the African Child: Camel Dance
- Annual Agricultural show
- National Cleaning Day (by the Kenya Revenue Refugee (??))
- International Year of Sanitation 2008
- Fund raising events by women's groups for example (name?!)

## Recommendations

Recommend that schools (and also health institutions?) should be dealt with separately??

- school committee (club) meetings, PTA meetings.

YES, but mention key issues in WASH in schools to show the importance.

To come up with simple and effective hygiene and sanitation tools and messages that can be used at the community level, it is essential to take into account the point of view of the various ethnic groups, disaggregated by men and women of various age groups.

Support from various levels What is needed and who is responsible?	Policy level	Implementing level	Community level
Giving good examples: now: even in district offices and health clinics latrines are lacking	X		X
Planning and harmonisation	X	X	
Accountability and trust	X	X	
Allocations from government for sanitation and hygiene	X		
Line up with govt programmes, i.e. school feeding programmes, immunization programmes, and other externally funded projects		X	
Demand driven approach, being sensitive to what is important for the community members		X	
Encourage WESCORD to put sanitation and hygiene on their agenda	X	X	
Facilitate and support communities to make use of the water trust fund of Kenya	X		
Involve all stakeholders	X	X	X
Sensitization of legislators (MPs) to consider hygiene promotion and sanitation activities during prioritization of CDF funds disbursement.		X	X
Promote alternative containers for milk vending – like metallic cans.		X	
Recycling and reuse of plastic papers	X	X	
Farms upstream to control water pollution in Tana river			X
Farms to get alternative water sources	X	X	
Enforce the requirement that where there is a water point, there must be a bath and toilet facility	X		
Promote community based initiatives in latrine coverage and		X	

usage and solid waste management.			
Encourage use of sanitation groups who are mostly locally established women groups who collect and burn rubbish and trim edges especially in urban centers		X	
Flexible training sessions and work sessions		X	X
Capacity building of staff	X	X	
Implement structure for post-emergency water and sanitation programme / activities	X		
Intensive resource mobilization required for integrated programs as hygiene and sanitation promotion can not be done as a stand alone project.		X	
Incentives and subsidies for the most vulnerable groups could be considered in sanitation.	X		

- GOKenya has proclaimed free education but this is unrealistic and people lost confidence but do not want to contribute, teachers are frustrated because all initiative is killed in communities
- There is trust in the Water sewerage company, consumer groups are solidair with more unfortunate poorer groups in their neighbourhood and willing to pay extra for pro-poor options up to 20%
- . E.g. a week training from morning to late in the evening will make it impossible for the women to participate.
- WESCORD is set up for coordination and harmonisation of efforts, however, resources cannot be changed. Allocation of resources needs to be planned in from the beginning of a project or programme. Agenda is set up by the Water District Commission.
- DANIDA provided 140 motorbikes for immunization activities by the Health Centres in Garissa district
- Catholic Diocese acts as intermediary to 5 communities in fund raising through the water trust fund of Kenya that requires that communities directly applies for funding with a renowned NGO back stopping: one from Garissa district, 2 from Wajir, and 2 from Tana River.
- Introducing hand pumps to be managed by water committees in the communities.
- The DSG (district steering committee) and WESCORD (water and environmental sanitation coordinating committee) should harmonise all initiatives at the District level.
- Catholic Diocese of Garissa acts as a support organization for Northern Water Services board by doing capacity building for their staff through TOT PHAST training in Mandera, Wajir and Marsabit districts.
- Maendeleo Ya Wanawake has recently hired professional program coordinators to coordinate district activities of women groups, seek partnerships and funding

Hand-washing requires a lot of water. Soap companies in public private partnerships could adopt health centres and subsidize water, soap and cleaning materials and interior decoration competitions (Sidibe and Curtis, WSP Fieldnote, 2007)

## **Sustainability**

*"Sanitation facilities are only sustainable when people make their own choices and own contribution towards obtaining and maintaining them. People have to experience the toilet as an improvement in their daily life. Sanitation systems have to be embedded in the local institutional, financial-economic, social-cultural, legal-political, and environmental context.*

*[...] Sanitation must meet the needs of the user, must be simple to use, to maintain and repair, be possible to replicate and be affordable.”  
(NWP, 2006)*

- financial options  
Issues associated with the availability of water and the ability to pay for it are central
- MUS / income generating activities
- O&M  
Problems with assuming responsibility for the operation and maintenance
  
- Focus in PHAST is very much on structures such as toilets, drying racks and bathrooms
- Structure needed for women and children who stay behind, men move with cattle
- Projects lasting for 1-1,5 year and with a clear exit strategy (Action Against Hunger)
- Examples using local materials should be shared and supported
- Encouraging partnerships in communal toilets by households.
- Build capacities for water committees at the water points
- Need to invest in software- refresher courses and new training needs assessments (TNAs)

## **ANNEXES**

### ***Matrix with successes and challenges***

### ***List of contact persons***



appendix 1

key questions +  
methods used

WHAT ARE THE LEVELS OF SOCIAL ACCEPTANCE	WHAT ARE THE TECHNOLOGICAL OPTIONS	WHAT ARE THE SERVICE LEVELS OF HYGIENE PROMOTION AND SANITATION	WHICH METHODS AND APPROACHES ARE USED?	WHAT ARE THE SUCCESSES?	WHAT ARE THE CHALLENGES?	HOW TO IMPROVE THE CURRENT SITUATION ?	WHAT ARE APPROPRIATE / POTENTIAL COMMUNICATION CHANNELS?	WHO SHOULD BE TARGETED?
High levels of acceptance of the current tools being used by different government departments and NGOs (DO)	Sewered toilets V.I.P latrines Mobile toilets. Institutional interventions	Very low service levels as compared to what is required standards.	Many PHO staff trained by PLAN International, facilitation is needed to extend this to communities. For example via PRASO, school committees, PTAs (Njarambo)	Community based interventions. Devolved funds are available for use in the constituency like LATF, CDF. The WESCARD meeting offering forums of sharing and knowing what other agencies are doing.	Lack of sufficient funding for initiatives. Prioritization of hygiene promotion and sanitation vs. water as this is a water scarce district. Limited technologies. Vast district. Way of life of the communities – pastoralists.	Continuous hygiene promotion and sanitation information dissemination . Coordinated interventions by varied agencies. Prioritization of hygiene promotion and sanitation in devolved funds budgets.	TV in vernacular language can attract people (in Isiolo, in rural areas no TV)  No local newspaper available  Radio is listened to (if in vernacular), however, mainly by the men (PRASO), and timing is also crucial.	Traditional healers, birth attendants, village leaders, PHT via door to door visits Councilors, opinion leaders, chiefs. Volunteer youth (KRCS) Teachers, local persons (DEO) Opinion leaders, village health workers, for example traditional birth attendants, nurses (PRASO)
High levels of acceptance of the current tools being used by PHTS (DO)	Mobile outreach on hygiene promotion Community contribution in latrine construction Different pits constructed – VIP, mounted and lined pits.	Communal PHAST. Institutional capacity building Religious institutions & FBOs Door to door promotions	Workshops with water users, representatives of the users, both men and women (IWASCO)	Less incidences of waterborne diseases Trained communities resource persons on PHAST and hygiene promotion.	No permanent settlement of people Frequent drought or flooding No budget allocation for	More emphasis should be put in hygiene promotion. Additional information should be made		

		Influential persons – TBAs, youth, women groups Community health campaigns and competitions		Integrating most of the PHT activities with hygiene promotion. Involving communities in latrine construction	hygiene promotion. Limited technological options Far distances involved in covering the district. Living with animals as a way of life.	available on hygiene and sanitation to the communities. Government budget allocations to PHO in hygiene promotion and sanitation coverage Make hygiene promotion and sanitation a priority like immunization and HIV		
Low levels of acceptance of the current tools being used by water technicians in the district (DO)	Water connections to IWASCO Boreholes Water pans Hand pump wells Dams	There are no follow up activities to HH levels on hygiene practices after information dissemination. There is no sanitation and hygiene promotion provision in the current budget allocation so not much is done.	Telling people again and again, they do not listen (Mwangi)	There is a provision of 4000m3 in Isiolo district that was not there before.	Un coordinated interventions in the district. WESCORD does not prioritize WASH issues but drought issues only. Modes of transporting water from source are perpetrators of	Target HH on information of water handling. Target opinion leaders on hygiene promotion campaigns; such as politicians, local administration and water management committees. Introduce		

					contamination. The sewage system only covers the urban centre. The water produced in the district is not enough for animals and humans, thus compromising hygiene.	new technologies with subsidies for water production in the district.		
Stakeholders and community members highly appreciate the services from the IWASCO company and tools used to disseminate information.	Convectional sewage system within the urban area in central division. Water supply within 26km radius in the urban area. Water rationing per zone to ensure there is water consumption by all the customers connected.	Service levels on sanitation and water are low beyond 26km radius. The water demand within the 26km radius is very high that the company cannot meet. Production is at 5,000ltrs yet requirement is at 12,000ltrs.	PHAST (KRCS) ToT with screened volunteers	Information dissemination on proper water usage and maintenance through public address systems, bulletins and posters. Hygiene and sanitation promotion to customers. Involving other stakeholders in customer satisfaction survey (SNV). Using staff as disseminators as they live within the communities.	45% unaccounted for water due to illegal connections, burst pipes, malfunctioning meters. Poor/old infrastructure for water and sewerage supply. Population in the town doubled from the planned for number of 30,000 to 65,000 people. Low water	Continuous consumer training to be done in zones. Continuous open channels of communication between consumers and company. African Development Bank is working on Phase II of water supply. Government funding is going to extend		



					production Vs. water demand. Ignorance levels on proper water use. Poor planning. Low education levels. Large pending bills.	coverage of the company since inception last year.		
High levels of acceptance of the current tools being used by volunteers. (KRCS)	PHAST tools. TOT of PHAST where there is further training in the communities. Giving subsidies in the form of soap for hand washing at critical times, jerry cans for drinking water storage and aqua tab for water treatment.	The trained community members have gone further to disseminate information on hygiene promotion and increasing sanitation coverage	Training using very practical tools – adapted from PHAST – and by providing examples: learning by doing (PRASO). Important aspects: using local language –which is not Swahili!- using local features in the images, i.e. haircut, dress, animals (or not)... <i>The Marie Stopes</i>	Trained Community members have formed community health promotion teams and registered as CBOs with the ministry of social services in Isiolo and are disseminating information on hygiene and sanitation leading to innovative community based initiatives	Community members expect to be paid allowances during the many days they attend the PHAST training. The PHAST tool training is taking too many days. Translating the PHAST tool was challenging. Male spouses were	Contextualize the PHAST tools. Shorten the PHAST training days. Training more community members of PHAST. Training water committees on PHAST. Providing institutional support for community based		

			<p>poster lacks all this: pregnant woman looks like a man, nurse too, cloth are not recognizable, language is English</p> <p>Comments on PHAST:  - too bulky and time constraints. Difficult to follow it all through, and if you don't you miss the important part of sharing with the community</p> <p>Solution: adapt the participatory part and the images, and do story telling in an informal way at times women can also attend: after 8 PM. Not in a formal training session, but just near some houses so women can just come and listen and participate.</p> <p>Idea: showing</p>	<p>in providing facilities (bathroom, toilets, rubbish pits)</p>	<p>suspicious when their women attended the PHAST training for too many days. Vast distances to be covered between the villages.</p>	<p>initiatives to ensure sustainability after NGOs exit. Encourage more use of locally available materials. Motivate the trained community members with some form of incentives like tool kits to be accessed from the district hospital or district public health office.</p>	
--	--	--	---	--	--	--	--

			images with technology options using local materials for superstructure					
High levels of acceptance of the current tools being used by CBOs. (PRASO)	<p>PHAST tools.</p> <p>Informal dissemination of PHAST tools (evening talks between 3-4 HH).</p> <p>Translating the PHAST tools.</p> <p>Information on hygiene promotion is done through schools and mosques.</p> <p>Working in partnerships between groups and CBOs and FBOs.</p> <p>Community based contextual trainings.</p> <p>Rehabilitation of broken down boreholes.</p>	<p>Sanitation coverage very low in most settlements.</p> <p>Very low levels of alternative faecal disposal.</p> <p>Available facilities are mostly found in institutions (school and mosque)</p>	<p>PHAST and Community Project Cycle (see copy) (KWAHI): addressing the men is an issue</p>	<p>Informal evening meetings in households to promote hygiene and sanitation coverage.</p> <p>Rehabilitation of boreholes.</p> <p>Mobilized women groups around water and hygiene issues.</p>	<p>Limited facilitation to work – distances to be covered and wide.</p> <p>The PHAST tool is too bulky.</p> <p>Limited capacity to carry out PHAST training.</p> <p>PHAST tool needs a lot of time for training.</p> <p>Sanitation provision is an extra burden to the women, because the women build houses, so they have to build and maintain the toilets.</p> <p>Limited</p>	<p>Posters in local language.</p> <p>Target women in hygiene promotion and sanitation coverage.</p> <p>Mobile cinema on hygiene promotion.</p> <p>Community theatre and drama.</p>		

					<p>technological options. Mobile toilets are considered mysterious things due to the way they were introduced to the settlement and the community has never accepted this technological option.</p>			
<p>High levels of acceptance of the current tools being used especially in the schools and institutions (church &amp; mosque). (KWAHI)</p>	<p>Gender sensitive V.I.P latrines in schools. Dissemination of latrine use through school sanitation initiatives. PHAST tools training for communities. Community project cycle management in hygiene and sanitation. Murals and talking compounds. Child to child approach in schools in hygiene promotion through health clubs formation and</p>	<p>30 schools have received hygiene promotion and sanitation through funding from UNICEF and building of VIP latrines and hand washing points.</p>		<p>Partnerships of NGOs, UN and the government to improve on hygiene and sanitation in schools.</p>	<p>Lack of adoption of PHAST tool culturally. No funding for follow up on initiated funded activities leading to collapse of projects started.</p>	<p>Sustainable options in hygiene and sanitation promotion. Subsidies and incentives for the communities in sanitation coverage. Continuous sensitization on latrine use in the communities and institutions. Sustainable</p>		

	refresher courses.					solid waste management in institutions.		
					No money for hygiene promotion, lined up with existing activities such as child immunization or malaria prevention (Njarambo)	Promotion through PHAST to the community starting with 10 in each division, then use people that are trained in the community. - Provision of facilities through school teachers or community centers. Structures are in place.		