



NYANDO PEEPOO TRIAL PROJECT REPORT



MAY 2012

1. Executive Summary

The Kenya Red Cross Peepoo trial project was developed in close cooperation between Kenya Red Cross Society and Peepoople Kenya. The objectives of the project were to ascertain the effectiveness of the Peepoo solution for emergency sanitation, in this case in response to the recent flood disaster which led to displacement and flooding of household toilets. The pilot was conducted in two project sites: Oriedo village in Oren sub location, Awasi Location and Nyachoda village in Ayweyo Sub location of Kochogo North Location.

Simple random sampling techniques were used to select 40 households from the communities under the project areas. The Peepoo trial targeted 20 households each from the two sites which had their latrines damaged by the floods. The areas were badly affected by floods and the people living around the areas moved to temporary evacuation sites but some remained in their homes, their latrines were submerged hence they were having low access to improved sanitation facilities which led to faecal pollution of drinking water sources. Activities carried out in respect to the project time line and objectives to be achieved included; Field Orientation visit, Training of community leaders, Household marking, Distribution of Peepoo solution, Household follow up, Monitoring and evaluation. This trial was run from the 5th to the 22nd of May 2012.

The monitoring was done from the 14th to the 16th of May, one week after the community training and first distribution of Peepoo toilets. The final evaluation of the usage of the Peepoo solution was carried out between the 20th to the 22nd May 2012. The beneficiaries were aided to answer an evaluation questionnaire. Parents were asked to answer for their children, caretakers were asked to answer for the vulnerable if they were not capable of answering for themselves. Focus Group Discussions (FGDs) were conducted with KRCS field staff, Peepoople promoters, members from relevant line ministries (MoPHS) and the community health workers (CHWs) in the two project sites.

This report presents the findings from the pilot study. The findings of the study are presented sequentially in the report: following the methodology, activities and results and discussions of the evaluation. In the results a graphical analysis of the findings from the household evaluation is presented followed by the results of the FGDs.

One of the main findings of the pilot study is that before intervention, the majority of households were practicing open defecation in the bush (55%) while a few were using latrines (45%). About 40% of the households said they faced problems when going for defecation. A majority of the total households did not have easy access to a latrine. The condition of the latrines was dilapidated i.e. collapsed, full of water, or no latrine at all.

After the intervention all of the households accepted that the Peepoo solution had made life easier. All of the enumerated households had information about the use of Peepoo and its safe disposal. All of the households used the Peepoo and in the vast majority (35/40) all family members used it. In the remaining 5 households, the reasons for the entire family not using the Peepoo was either that children were too young or elders too old to bend when defecating.

Results of the FGDs revealed that the WATSAN activities implemented in the project areas during emergency are community sensitization on hygiene and sanitation and provision of household water treatment chemicals. The Peepoo program is beneficial to geographical zones along shores of the Lake Victoria and the Kano Plains. It is also beneficial to emergency situations i.e. flooding, mass humanitarian movement and villages with low latrine coverage

The conclusion of the evaluation findings show that there is reason to believe that the Peepoo is a good sanitation product that can be used to scale up rapid access to safe sanitation as other structures (such as pit latrines) are being set up in emergency sanitation provision. Often when displacement is encountered, the setup of adequate sanitation facilities takes up time during this period, the chances of having a lot of open defecation and disease outbreaks are very likely. The Peepoo comes as a practical solution to scale up the provision of improved sanitation, as more cost effective facilities are being setup. Also, in areas where it becomes a challenge to setup pit toilets, particularly in flood affected areas where surface waters, high water table and collapsing formations prevent the installation of pit toilets, the Peepoo could be used as a practical solution to control contamination of water sources and provide safe sanitation solutions to disaster affected populations.

2. Introduction

2.1 General Background

Greater Nyando district is one of the 21 Districts in Nyanza Province. The district lies between latitude 0° 00' (the equator) and 0° 25' South, and between longitude 34° 45' East and 35° 21' East. It borders Nandi South District to the north, Rachuonyo District to the south, Kisumu East District to the west and Kericho District to the east. Nyando District has a small shoreline to the southwest where it touches Lake Victoria. The District covers an area of 1,168km² including 71km² of the lake water surface. A vast flat area, Kano plain, stretches in the middle of the District while hilly terrains stretch in the northeast and the south.

The district is an exceedingly flat, low-lying, alluvial plain. As a result of this geography, Nyando district suffers from devastating floods, drought and disease outbreaks. There is widespread poverty combined with low levels of literacy, poor access to basic health services, and high unemployment rates.

Nyando District has often experienced disasters such as floods, droughts and disease outbreaks, which contribute to the existence of social insecurities and vulnerabilities of the helplessness of the poor, women, children, elderly and the disabled within the community. In Nyando the major disaster is floods and it leaves most families homeless and helpless and above all without latrines. The rains comes with force such that it sweeps away all the poorly constructed latrines (which are common in the area as these communities can not afford to have more permanent structures built) and due to this, individuals as well as the surrounding environment are at risk from contamination of drinking water sources because human faeces contain infectious and often lethal pathogens such as viruses, bacteria, worms and parasites mix with the water sources during the flooding.

Effects of the April – May 2012 floods in Kenya not only left the affected communities displaced but has also resulted in the damage of the related water and sanitation facilities. Destruction of latrines structures was reported across the region as most of them had been submerged posing a great risk to public health. Most of the sources of water were contaminated with faecal matter hence there was an urgent need to halt and reverse the onset and spread of water borne diseases as well as stop the further pollution of the water sources in the area. Collapsed and overflowing pit latrines were found in some areas as the soils become saturated either as a result of flooding and the rise in the water table. In areas where communities practice open defecation, the floods also resulted in faecal contamination of surface water sources further increasing the risk of outbreak of water borne diseases.

The displaced communities lacked access to portable water as a result of contamination of surface and subsurface water sources. This is a health risks as it may lead to increased incidences in water-borne diseases among the affected population. This called for an effective and secure disease prevention strategy at the source, i.e. combination of routine hygiene promotion activities.

2.2 Peepoo Pilot Project Background

The Peepoo pilot project under the auspices of Peepoople Kenya, partnered with the Kenya Red Cross Society to undertake a pilot project in Nyando Branch of West Kenya Region on the use of the Peepoo sanitation solution in disaster situations with focus on floods. Nyando district was one of the hard hit areas of the Kano plains by floods with low sanitation measures and was ideal for the pilot program. The pilot project was to be carried out alongside other flood disaster response activities by the branch under the WATSAN department to help prevent infection and spread of diseases related to faecal disposal. The pilot project primarily targeted people who live in flood prone areas and were affected by the April – May 2012 floods.

2.3 Objectives of the Trial Project

1. To ascertain the effectiveness of the Peepoo solution in emergency flooding situations for homes and evacuation camps.
2. To ascertain the effectiveness of the Peepoo solution in faecal disposal in a rural set up.

2.4 Description of Peepoo Solution

Peepoo is a personal, single-use toilet made up of biodegradable plastic with urea additives which rapidly stabilize human waste, inactivating all pathogens, thereby preventing faeces from contaminating the immediate area as well as the surrounding ecosystem. Designed to be used only once, the Peepoo is in the form of a slim, elongated bag with two layers. The outer layer is a white branded bag while inside a thin green bag unfolds to form a wide funnel when the Peepoo is opened. This is where the waste is deposited before the biodegradable bag is tied up and left to stabilize the faecal matter.

The Peepoo is normally used with the aid of a small container, which acts as a trapping container where the bag is spread over to allow the user to defecate into while sitting, squatting or standing. After use, the Peepoo is securely closed by tying the top into a simple knot. The Peepoo contains urea powder which rapidly breaks down faecal matter and stabilizes the same to render disease producing pathogens found in faeces inactive within two to four weeks, depending on the surrounding environment and temperature. Untreated human faeces are not normally stabilized until after two to three years. And

when Peepoo disintegrates into the soil, the ammonia acts as a useful fertilizer that is absorbed by the plants.

2.5 Project Area Specification

Assessment conducted by the floods response team found out that during the flooding period, the displaced families were using toilets located in the camping sites but as the water levels receded and families returned into their homes, a majority of the 40 sampled households practiced open defecation in the bush (55%) while 45% were using their latrines. The pilot was conducted in Oren and Ayweyo sub-locations. Among the families that reported using their latrines, several had problems when using their latrines since the toilets were full of water.

The response team agreed to pilot in Oriedo village in Oren sub location, Awasi Location and Nyachoda village in Ayweyo Sub-location of Kochogo North Location. The areas had similarities as having been the worst affected by floods, had low latrine coverage, had large numbers of KRCS volunteers in the community and had most latrines destroyed by floods while the major differences identified included; Oriedo was noted to be sparsely populated with a lot of sugar plantation while Ayweyo was densely populated with high number of community health workers.

3. Approach and Methodology for the Peepoo Trial Project

3.1 General Approach

Both qualitative and quantitative approaches were followed to conduct the pilot study. To collect quantitative data, the households were surveyed using a structured questionnaire. Participatory approaches such as FGDs (Focus Group Discussions) were used to gather information from different groups who participated in the trial project. Findings from quantitative household surveys and consultations through FGDs were then used to obtain the results presented in this report.

3.2 Methodology

Oriedo village in Oren sub location, Awasi Location and Nyachoda village in Ayweyo Sub-location of Kochogo North Location were the sites chosen to run this pilot project.

3.2.1 Sample Size Determination

The floods experienced at the beginning of the year lead to the displacement of some populations and the filling of pit latrines with flood water, precipitating the need for a more safe and practical faecal disposal method which would curb the further pollution of surface waters and give a practical solution to the problem, thereby helping to curb

outbreak of diarrheal disease. With this in mind, KRCS took a decision to pilot and employ the Peepoo in the area as it would serve as a rapid solution to provision of safe sanitation for the affected communities and also prevent the further contamination of surface water sources.

From the assessment of the two project areas it was confirmed that both areas were adversely affected and needed the pilot project's interventions, hence 40 households (20 each in Oriendo Village and Nyanchonda Village) were targeted for a Peepoo trial between the 5th to the 22nd of May. During this period, volunteers from the KRCS were trained as TOTs (Training of Trainers) for the distribution and education on how the Peepoo should be used and disposed by the competent staff of Peepoople Kenya. The volunteers then went to each of the households with some experienced personnel from Peepoople and educated the communities and distributed Peepoos to each family. Each person in every household received one Peepoo per day for use. Continuous monitoring and mentoring was also provided during this period by the trained TOTs.

3.2.2 Field Orientation Visit

A one-day field orientation exercise was carried out with a team comprising of:

- KRCS Regional Health Officer
- KRCS Nyando Branch Coordinator
- KRCS Regional Training Focal
- 2 KRCS Health Promotion volunteers
- 2 Peepoople staff
- 2 Community Health Workers - Oren and Ayweyo
- 2 Local Administration Officials - Oren and Ayweyo

The team visited four different areas of Nyando Division; Oren A, B and C sub locations and Ayweyo Sub location and finally settled on having Oren A and Ayweyo to conduct the pilot project. The choices of the two areas provided the general indicators for Nyando district and were a reflection of the region in relation to areas that are affected by floods as a hazard.

The team was also able to gather data on the daily livelihood activities and factors that may positively or negatively impact on the objectives of the pilot project including community perception to faecal disposal, community expectations, community social activities like market days and the general household set ups. The hygiene promoters were also given the basic training on the Peepoo solution and how to carry out the hygiene promotion for the product.



Fig 1: The Peepoole staff, KRCS West Kenya officials and Nyando branch team during the field visit in Oren

3.2.3 Inception Meetings / Training of Community Leaders

The KRCS officials and the Peepoole team visited the two communities (Oren and Ayweyo) on 6th May to introduce the intervention to the community. The Peepoole field staff with the help of the Kenya Red Cross Society officials were able to carry out 2 community trainings that involved the Community Health Workers (CHWs), the Local administration representatives and community from the targeted household areas. In Oren a total of 65 people attended; 18 men and 47 women while in Ayweyo 23 people attended 9 men and 14 women. In Ayweyo all the present were CHWs while in Oren only 3 CHWs were present.

The training reviewed the ongoing flooding situation and intervention measures on prevention of infection and spread of diseases as well as water treatment options. The introduction of the Peepoo solution was part of the intervention on safe disposal of human waste and observable human hygiene behavior that minimize spread of communicable diseases.



Fig 2: The Peepoole team in Oren during the training.

3.2.4 Household Marking

After the trainings the Community leaders, the CHWs and the health promoters together enumerated the households including number of members per household and faecal disposal options currently available on site. The team successfully enumerated 20 households in Oren and 20 households in Ayweyo. The enumeration lasted for two days as Oren area was vast and in Ayweyo the training ended late. A total of 40 households were sampled and registered into the pilot project.

3.2.5 Distribution of Peepoo Solution

After the successful enumeration the health promoters, together with the CHWs under the supervision of the Peepoole staff distributed 2 rolls of Peepoo toilets to the enumerated households for the households that had a maximum of 4 members. An additional 1 roll was given to households with more than 4 members. During the distribution the household members were once again trained on the use of the Peepoo solution and monitoring indicators to be followed on explained to the household head that was expected to provide feedback in the evaluation stage. The distribution lasted for 2 days as the rains affected the movement of the team especially in Oren when river Nyaidho once again busted its banks.



Fig 3: A Peepoole field staff during the distribution

3.2.6 Household Follow-up

The team began household follow up measures from the distribution day as the health promoters and CHWs would visit households in the areas to ascertain the correct use of the Peepoo solution. The follow up was continuous on daily basis and with every household being visited every 48 hours until the final evaluation was done. A follow up exercise was done to all the 40 households and the results indicated that the product was perceived positively except for one household, which did not want to use it because the household head rejected the product.



Fig 4: Household follow-ups in Ayweyo

3.2.7 Raw Data Analysis

From the household follow up that were conducted from the time the distribution of the Peepoo solution commenced, the team was able to gather feedback as follows:

- The enumerated households could easily explain and demonstrate the use of the Peepoo solution
- The children, the aged and the vulnerable i.e. sick found it easy to use
- The distances to or problem of latrine use in the night was no longer a challenge
- There was increased demand from the households that were not in the survey to be included

3.2.8 Data Collection

During enumeration, interviews were the major methods used to collect data. Focus group discussions were held with the promoters and field staff to gather more information on the Peepoo usage. Questionnaires were used to collect information for monitoring and evaluation purposes. The monitoring was done from 14th – 16th of May 2012, one week after the community training and first distribution of Peepoo.

The final evaluation of the usage of the Peepoo solution was carried out between the 20th – 22nd of May 2012. The beneficiaries were aided to answer an evaluation questionnaire (see Appendix 1). Parents were asked to answer for their children. Caretakers were asked to answer for the vulnerable if they were not capable of answering for themselves.

Raw evaluation data was collected by Arnold Gundi, Molly Ochuka (KRCS Nyando Promoters), Geoffrey Jodo, Pamela Ambiso (CHW Oren Village) and Edward Olum (CHW Ayweyo Village), administered by Medina Abubakar (Peepoo Field Officer).

3.2.9 Data Analysis

The collected data was analyzed using SPSS data analysis package while evaluation data was analyzed using excel. The evaluation summary (for full version see Appendix 2) was produced to present the summary of the raw data results of the final evaluation of the KRCS Nyando Peepoo Trial Project.

4 Findings and Discussions

4.1 Enumerated Household Profile and Defecation Habits before Peepoo

40 out of 40 enumerated households (HH) in Village Oren (20 HH) and Village Ayweyo (20 HH) participated in the final evaluation of the KRCS Nyando Peepoo Trial Project. Average number of members per household were 5 people. Households with 4-6 members (54%), were followed by households with 2-3 members (31%) and families with 7-9 members (15%). 15% of the participating households had a minimum of one vulnerable person within the household. Before intervention, the majority of households were practicing open defecation in the bush (55%) while 45% were using latrines. About 40% of the households further noted that they faced problems when going for defecation. A majority of the total households (78%) did not have easy access to a latrine. The statistics of the sanitation facilities were found to be as follows: the conditions of the latrines were bad (62%), collapsed (18%), full of water (15%) and no latrine at all (5%).

4.2 Analysis of Information about Peepoo Training

All of the 40 households (100%) had received information on the use, disposal of the used Peepoo and use of the Moyla for disposal of used Peepoo.

Fig 5: Information on how to dispose of used Peepoos

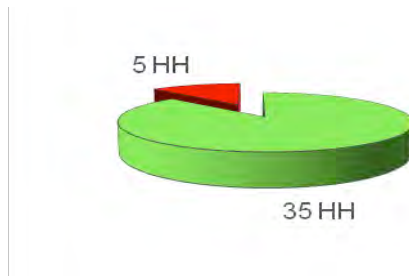


4.3 Information on Usage of Peepoo Toilet

4.3.1 Household Members Using the Peepoo Toilet

100% of the selected households were found to be using the Peepoos distributed to them. In 87.5% (35/40) of the selected households the Peepoo was used by the entire family, while in 12.5% of the households the Peepoo was not used by all family members due to various reasons such as difficulty in squatting (the elderly) and in some instances the children were too young (infants) to use the Peepoo.

Fig 6: Households with all family members using the Peepoo toilet



4.3.2 What the Community Thinks about the Peepoo Toilet

As an initial open question in the evaluation the 40 enumerated households (HH) were asked to explain their general spontaneous feeling about the Peepoo. The most frequent answers in order were: good/very good (29 HH), easy to use (25 HH), safe (8 HH) and clean (4 HH). One household suggested it should be introduced to the whole community, and that it was good for the environment and convenient. Two households said they liked using the Peepoo toilet as well as it being comfortable.

All households (100%) said the Peepoo had made life easier.

Perceived usefulness of Peepoo:

- Easy to access
- Good to use at night / no fear to defecate at night
- Short distance / not far to walk
- It saves time
- No more going to the bush thus environment friendly
- It is secure
- Easy and convenient
- Hygienic

The full Evaluation Summary from the household questionnaires is found in Appendix 2.

4.3.3 Household Habits after the Peepoo Intervention

- a) 100% of the enumerated households were well equipped with adequate information on how to use Peepoo.

- b) 100% of the enumerated households were trained on the disposal methods of used Peepoo.
- c) 100% of the enumerated households were oriented on the use of Moylas for disposal of used Peepoos.
- d) 90% of the selected households were using the Peepoo both for pee and poo but 10% were only using them for poo.

5.0 Barriers to implementing Peepoo

- a) The flooding makes it difficult for the digging and disposal of waste in a pit.
- b) Limited Moyla disposal bags is a challenge to continuous disposal of the waste more so to big size families as waste collection becomes a challenge to structure.
- c) Lack of accompanying water treatment chemicals and soap limits the water and hygiene aspect that is crucial in prevention of infection and spread of diseases.
- d) High community expectation in times of emergency more so in relation to food.

6.0 Lessons learnt from Pilot Project

- The Peepoo solution fits well into provision of emergency sanitation response. However, it can not stand alone as other needs such as hand-washing and the like must also be catered for to have a holistic approach to the prevention of diarrheal disease.
- The social community and user acceptance in the targeted population was high, with all family members using the Peepoo in 87.5% of the enumerated households.
- The ToT (training of trainers) concept, with Peepoople promoters educating KRCS volunteers, and the community roll-out model worked smoothly and were easily integrated with KRCS's established routines.
- The disposal mechanism must be well organized, structured and disseminated. This collection system could perhaps be linked to a financial model of collection where collectors could develop the waste further into fertilizer and eventually sell off the stabilized and decomposed product.

- The community must be strongly educated on the decomposition process and must be engaged to ensure they do not come into contact with the faecal matter until its full stability (for at least 21 days).
- The Peepoo's positive effect may be enhanced with a software approach like PHAST or CLTS and in future this should be combined with this model. Hygiene and Sanitation promotion Key messages must be given hand in hand with the Peepoo solution more so in flooding situations like hand-washing with soap.

7.0 Project Limitations

- The trial project only covered 40 households which was too small. The trial needs to be scaled up to compare other geographic areas and localities so as to get even more conclusive results.
- The trial was done for a very limited period of time i.e. two weeks.

8.0 Conclusion

Oren and Ayweyo sub locations have witnessed a significant number of devastating health hazards in recent times, and if current health trends remain unchanged this phenomenon is only likely to increase the mortality rate in coming years. Communities in the two locations have learnt only through a high cost to themselves that being prepared can save their own lives and those of their relatives in the context of a changing climate. Any project that aims to work at making the communities disaster-resilient should build on this existing knowledge and reinforce it mainly by ensuring that good practices are singled out, promoted and disseminated, and that knowledge is institutionalized and shared in a systematic way.

Schools through the school health clubs have a key role to play in ensuring knowledge institutionalization and sharing. The Peepoo pilot project has the potential to contribute to making the communities of Oren and Ayweyo disaster-resilient if it manages to effectively address the existing informational and knowledge gaps, to create sustainable and institutionalized knowledge networks at community levels as well as to establish functioning coordination mechanisms that are active before, during as well as after flood disasters.

The Peepoo solution remains a noble idea and the response team noted that in cases where there is mass displacement of populations, the Peepoo is a good sanitation product that can be used to scale up rapid access to safe sanitation as other structures

(such as pit latrines) are being set up. Often when displaced persons are encountered, setup of adequate sanitation facilities take up time and during this period, the chances of having a lot of open defecation and disease outbreak are very likely. The Peepoo comes as a practical solution to scale up the provision of improved sanitation as more cost effective facilities are being setup. Also, in areas where it becomes a challenge to setup pit toilets, particularly in flood affected areas where surface waters, high water table and collapsing formations prevent the installation of pit toilets, the Peepoo could be used as a practical solution to control contamination of water sources and provide safe sanitation solution to these disaster affected populations.

The Peepoo solution also has an application in urban areas which are underserved with sanitation facilities with a potential for a financial model to be created around the sanitation provision and collection. This is currently being piloted in Kibera by Peepoople with success and learning from this pilot may be of benefit to the Red Cross movement when exploring ways to address sanitation prevention in low income urban areas as a disaster risk reduction measure.

Appendix 1: Peepoople Evaluation Questionnaire

KRCS Nyando Peepoo Trial Project

Evaluation Questionnaire

Evaluation of the usage of the Peepoo solution will be conducted after the final distribution. The beneficiaries will be aided to answer an evaluation questionnaire. Parents will be asked to answer for their children. Caretakers will be asked to answer for the vulnerable if they are not capable of answering for themselves.

The evaluation will be conducted by KRC Promoters supported by Peepoople Field Officer and the result will be presented to KRC by Peepoo Field Officer.

1. Respondent profile and defecation habits before Peepoo

a) Name:

b) Age:

c) Gender:

d) Nationality:

e) Camp and Block:

f) How many people live in Household? _____

Of which Adults: _____ Children: _____

g) Vulnerable people in Household:

h) What defecation habits did the different members of your Household have before introduction of the Peepoo?

i) Did anyone face problems when going to defecate? (Yes)___ (No) ___

If Yes, who? _____ What problems? _____

j) Do you have easy access to a latrine? (Yes)___ (No) ___

2. Information about Peepoo Training

a) Did you get sufficient information on how to use the Peepoo toilet?

(Yes)___ (No) ___

If no, what information was lacking? _____

b) Did you get sufficient information on how to dispose of used Peepoos?

(Yes)___ (No) ___

If no, what information was lacking? _____

c) Did you get sufficient information on how to use the Moyla? (Yes)___ (No) ___

If no, what information was lacking? _____

d) Any other comments regarding the training?

3. Information about usage of Peepoo toilet

a) Are all of your Household members using the Peepoo toilet? (Yes)___ (No) ___

If no, who is using? _____

What are the reasons for the others not using? _____

b) What do you think about the Peepoo toilet? How do you feel about using it?

c) Has the Peepoo toilet made life easier for you? (Yes)___ (No) ___

If yes, in what way? _____

If no, why not? _____

d) Opinions about the Peepoo toilet:

Easy to use?(Yes)___ (No) ___ If no, why not? _____

Easy to close/knot?(Yes)___ (No) ___ If no, why not? _____

Safe? (Yes)___ (No) ___ If no, why not? _____

Clean? (Yes)___ (No) ___ If no, why not? _____

Private? (Yes)___ (No) ___ If no, why not? _____

Convenient? (Yes)___ (No) ___ If no, why not? _____

Easy to access?(Yes)___ (No) ___ If no, why not? _____

Saves time? (Yes)___ (No) ___ If no, why not? _____

Good size? (Yes)___ (No) ___ If no, why not? _____

Smell after use? (Yes) _____ (A little)_____ (No) _____

e) Is the Peepoo toilet used for both pee and poo? (Yes) ___ (No) ___

If no, why not? _____

f) Where is the Peepoo used? _____

Does this place offer enough privacy? (Yes)___ (No) ___

Also for women and girls? (Yes)___ (No) ___

If no, what problems do you experience with privacy?

g) Have you used Peepoo at night time? (Yes)___ (No) _____

If no, why not? _____

h) Does the human faeces enter the Peepoo easily? (Yes) _____ (No) _____

If no, what is the problem? _____

i) Does the human waste ever come outside the thin inner green bag?

(Yes) _____ (No) _____

j) Does the human waste ever come into the knot? (Yes) _____ (No) _____

About disposal:

k) How do you dispose of the used Peepoo?

l) Have you had any problems/issues with disposal of used Peepoo?

(Yes) _____ (No) _____

If yes, what problems/issues?

m) Have you had any problems/issues with using the Moyla? (Yes) _____ (No) _____

If yes, what problems/issues? _____

n) What are the most important benefits of the Peepoo to you and your family?

o) Anything else you would like to share with me regarding Peepoo? Final comments?

Date of interview: _____

Name of interviewer: _____

Signature of interviewer: _____

Appendix 2: Nyando Peepoo Trial Project Evaluation Summary

Evaluation Summary

The KRCS Nyando Peepoo Trial Project was conducted from 5th May 2012 to 22nd May 2012. The final evaluation of the usage of the Peepoo solution was carried out between the 20th May 2012 to the 22nd May 2012. The beneficiaries were aided to answer an evaluation questionnaire. Parents were asked to answer for their children. Caretakers were asked to answer for the vulnerable if they were not capable of answering for themselves.

Evaluation Data Collection: Raw data collected by Arnold Gundi, Moly Ochuka (KRCS Nyando Promoters), Geoffrey Jodo, Pamela Ambiso (CHW Oren Village) and Edward Olum (CHW Ayweyo Village). Administered by Medina Abakar (Peepoo Field Officer).

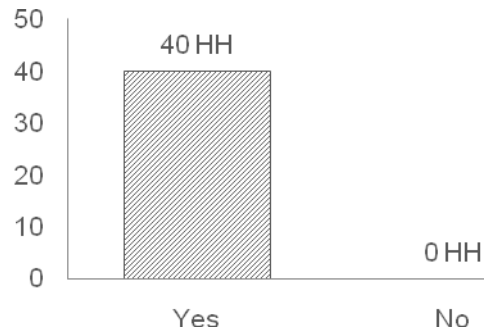
Evaluation Summary was produced to present the summary of the raw data results of the final evaluation of the KRCS Nyando Peepoo Trial Project.

1. Enumerated HH profile and defecation habits before Peepoo

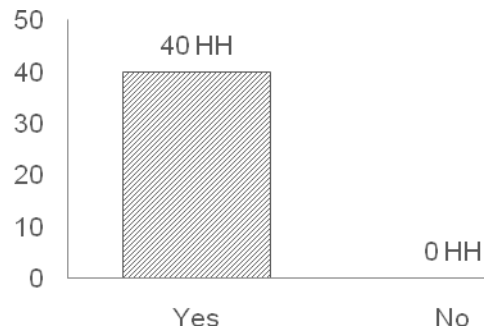
- 40 out of 40 enumerated HH in Oren Sublocation (20 HH) and Ayweyo Sublocation (20 HH) participated in the final evaluation of the KRCS Nyando Peepoo Trial Project.
- Average no of members per household were 5 people. Households with 4-6 members (54%), were followed by households with 2-3 members (31%) and families with 7-9 members (15%). 15% of the participating households had a minimum of one vulnerable person within the household.
- Before intervention, the majority of households (55%) were practicing open defecation in the bush while 45% were using latrines. About 40% of the households said they faced problems when going for defecation.
- A majority of the total households (78%) did not have easy access to a latrine. The conditions of the latrines were bad (62%), collapsed (18%), full of water (15%), no latrine at all (5%).

2. Information about Peepoo Training

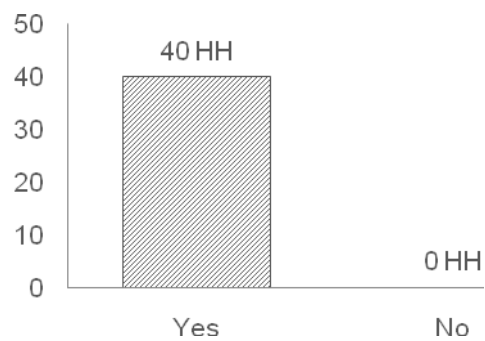
a) Did you get sufficient information on how to use the Peepoo toilet?



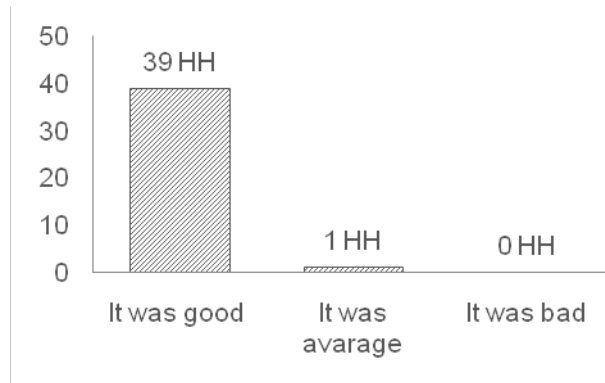
b) Did you get sufficient information on how to dispose of used Peepoos?



c) Did you get sufficient information on how to use the Moyla?

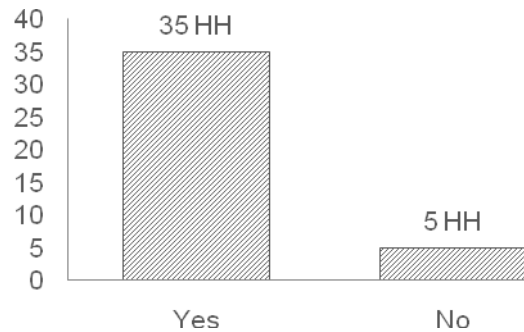


d) Any other comments regarding the training?



3. Information about usage of Peepoo toilet

a) Are all of your Household members using the Peepoo toilet?

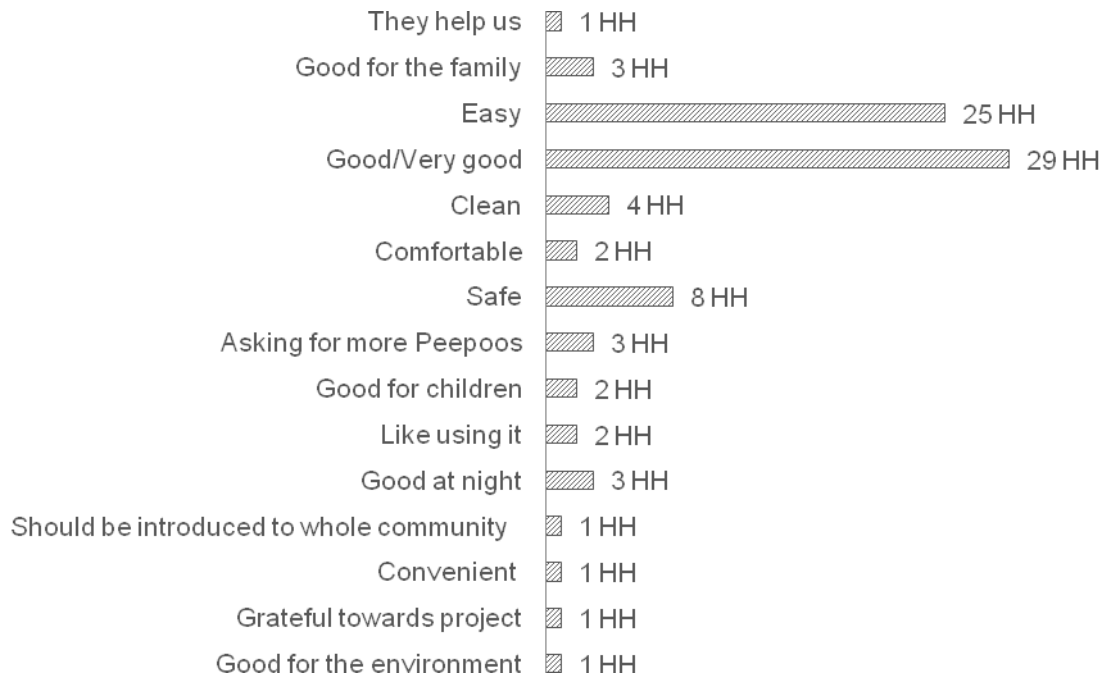


If no, who is using? Elder (1 HH), Adult (1 HH), Children (3 HH)

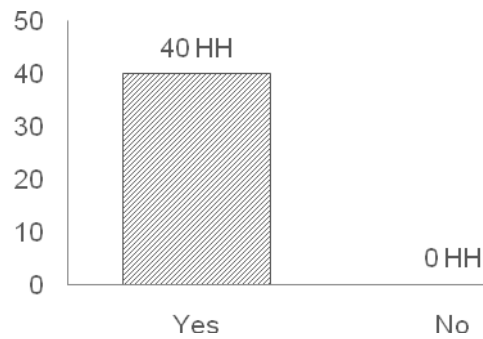
What are the reasons for the others not using?

It's difficult (1 HH), children are under 1 year old (3 HH), husband is working (1 HH)

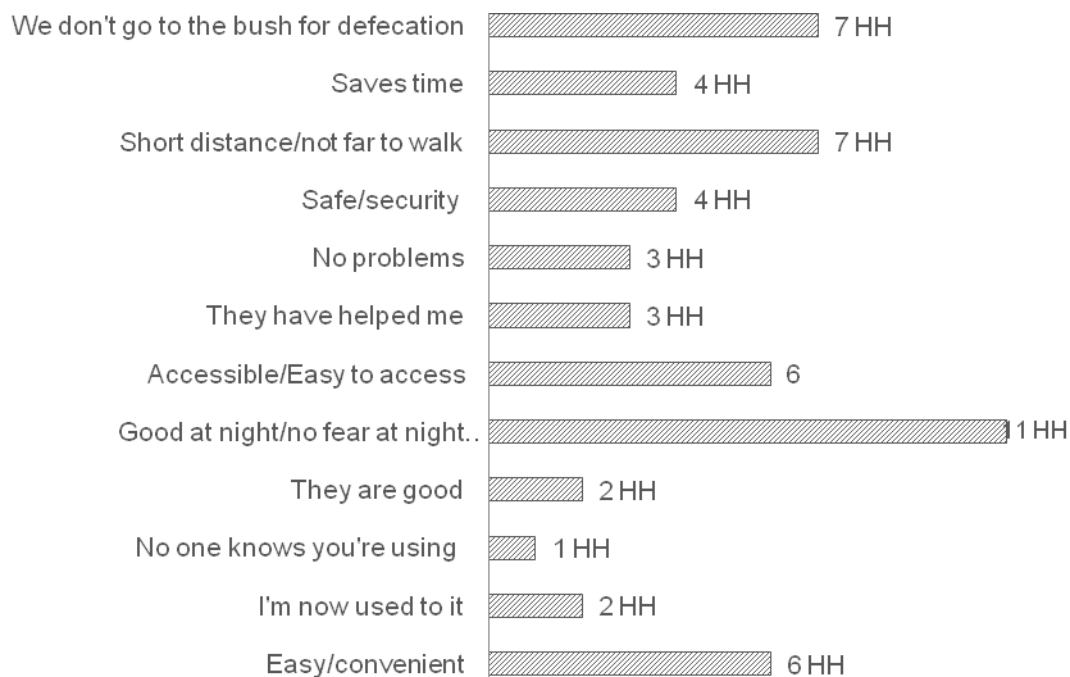
b) What do you think about the Peepoo toilet? How do you feel about using it?



c) Has the Peepoo toilet made life easier for you?



If yes, in what way?



d) Opinions about the Peepoo toilet:

Is the Peepoo toilet easy to use? **YES** (40 HH) **NO** (0 HH)

Is the Peepoo toilet easy to close/knot? **YES** (40 HH) **NO** (0 HH)

Is the Peepoo toilet safe? **YES** (40 HH) **NO** (0 HH)

Is the Peepoo toilet clean? **YES** (40 HH) **NO** (0 HH)

Is the Peepoo toilet private? **YES** (36 HH) **NO** (4 HH)

Is the Peepoo toilet convenient? **YES** (40 HH) **NO** (0 HH)

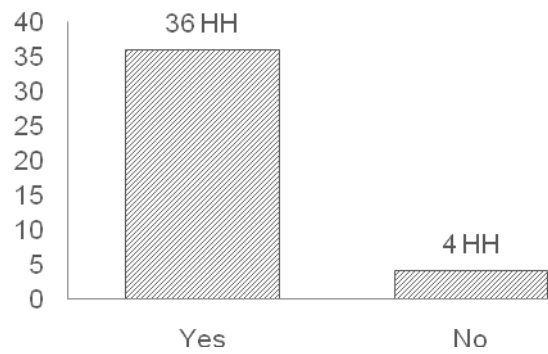
Is the Peepoo toilet easy to access? **YES** (40 HH) **NO** (0 HH)

Does the Peepoo toilet save time? **YES** (40 HH) **NO** (0 HH)

Is the Peepoo toilet a good size? **YES** (40 HH) **NO** (0 HH)

Does the Peepoo toilet smell after use? **YES** (1 HH) **A LITTLE** (11 HH) **NO** (28 HH)

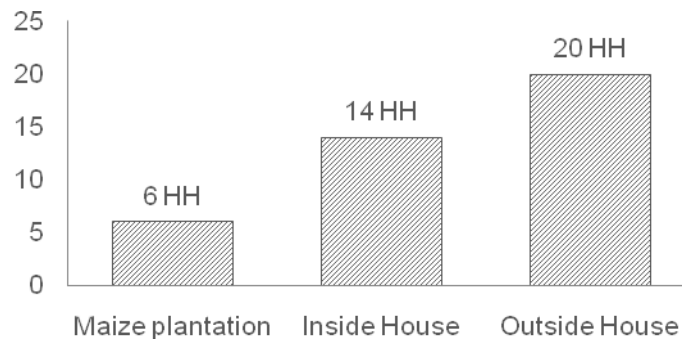
e) Is the Peepoo toilet used for both pee and poo?



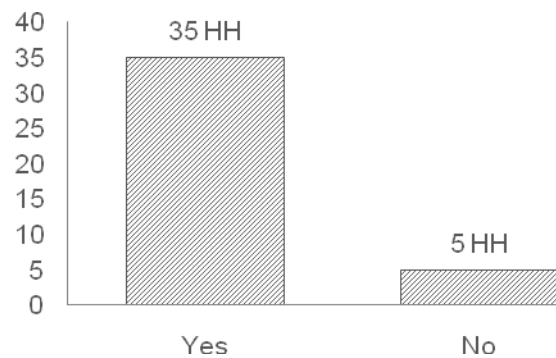
If no, why not?

Peepoo is used only for poo (4 HH)

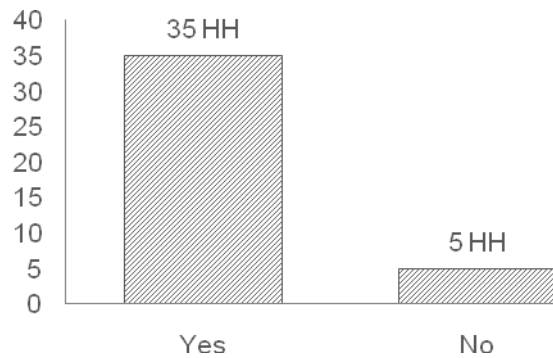
f) Where is the Peepoo used?



Does this place offer enough privacy?



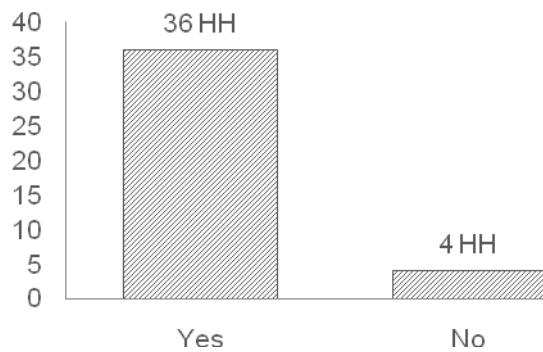
Also for women and girls?



If no, what problems do you experience with privacy?

No place to hide (3 HH), the bush is not private and safe (1 HH) it's hard to use when having visitors in the house (1 HH)

g) Have you used Peepoo at night time?



If no, why not? Prefer to use it in the day time (4 HH).

h) Does the human faeces enter the Peepoo easily? YES (40 HH) NO (0 HH)

i) Does the human waste come outside the inner green bag? YES (0 HH) NO (40 HH)

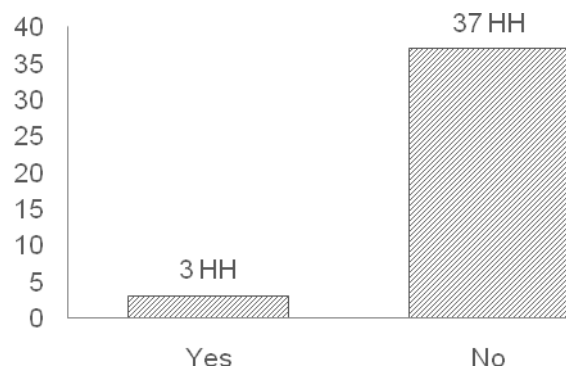
j) Does the human waste ever come into the knot? YES (0 HH) NO (40 HH)

About disposal:

k) How do you dispose of the used Peepoos?

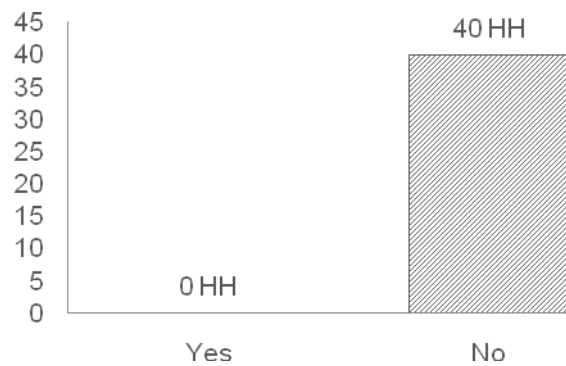


l) Have you had any problems/issues with disposal of used Peepoos?

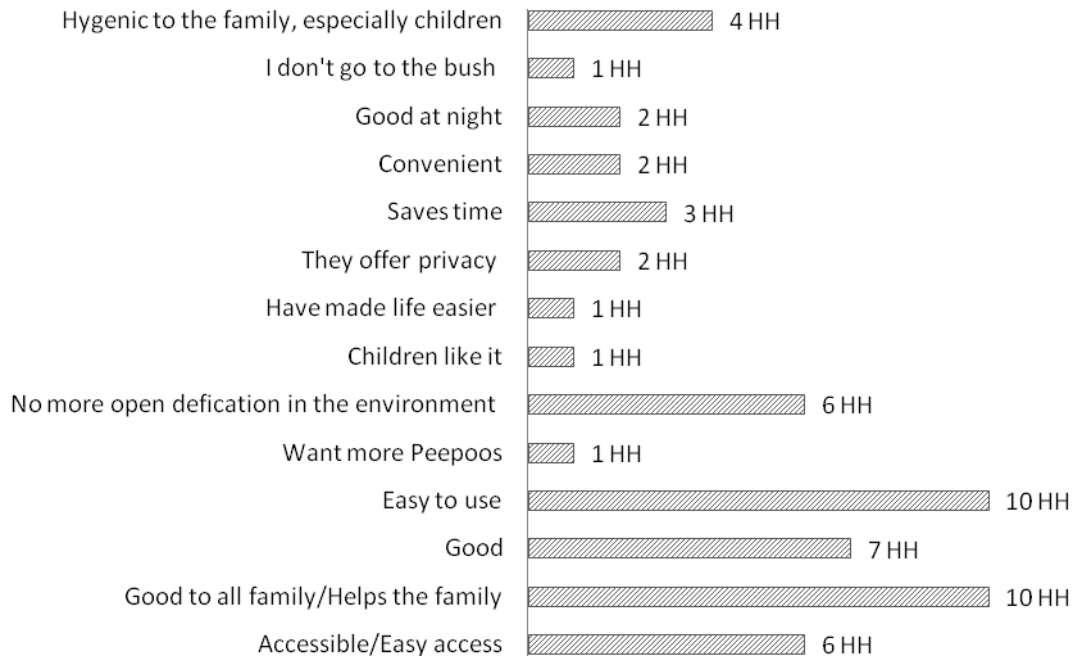


If yes, what problems/issues? High water level (1 HH)

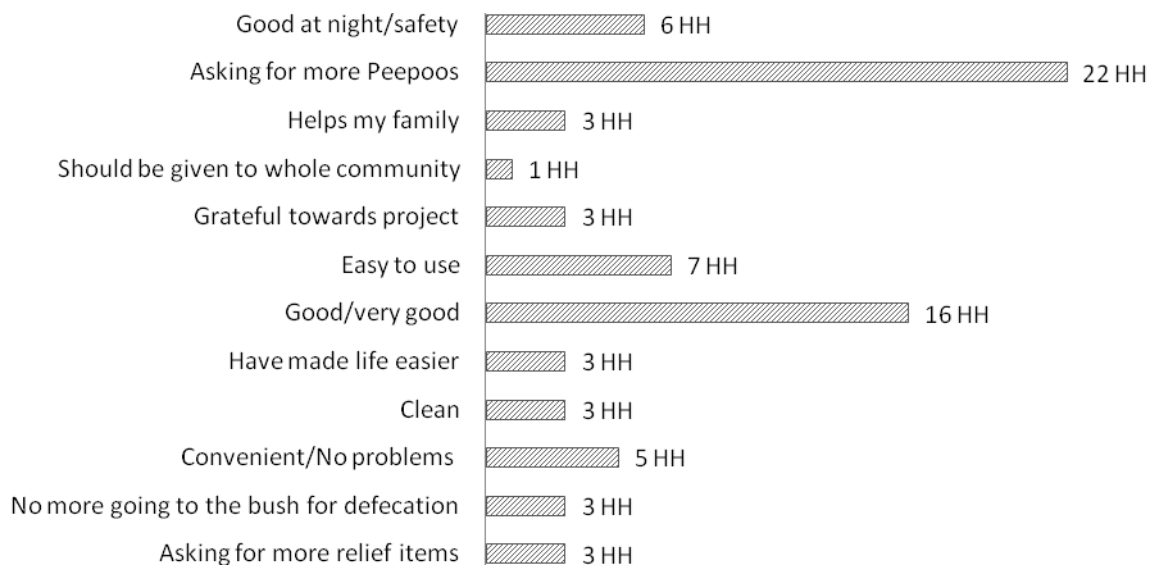
m) Have you had any problems/issues with using the Moyla?



n) What are the most important benefits of the Peepoo to you and your family?



o) Anything else you would like to share with me regarding Peepoo? Final comment?











pee people

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12

Turns into fertilizer after 2-4 weeks

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14

15

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