AN EVALUATION OF COMMUNITY LED TOTAL SANITATION IN MOLO SUBCOUNTY TORORO DISTRICT, UGANDA

BY

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ABSTRACT

Introduction and Background: Community Led Total Sanitation (CLTS) is an integrated approach done to achieve and sustain open defecation free status and is focused on igniting a change in sanitation behaviour rather than constructing toilets in communities. Although CLTS was implemented in Tororo district in 2008, morbidity among the under five children in Tororo district is still largely attributed to poor hygiene and sanitation.

Objective: To evaluate the CLTS program and determine its effect on community knowledge, attitudes and prevalence of diarrhoeal disease and corresponding association with proper hygiene and sanitation in Molo and Nabuyoga sub counties in Tororo district.

Methods: A comparative cross sectional study design using both quantitative and qualitative methods of data collection was conducted in 2016. Multistage sampling was used to select 179 households from Molo (CLTS) sub-county and 179 households from Nabuyoga (non-CLTS) sub-county in Tororo district. Key informant interviews were conducted among community leaders, health assistants and assistant DHO. The outcome variable was proper hygiene and sanitation (no open defecation, own latrine, have a hand washing facility with water and soap). Using STATA version 12, p-values from chi-square tests was used to check for statistically significant differences in the independent variables between the two sub-counties. Odds ratios (OR) with 95% confidence intervals (CI) were obtained using the generalized estimating equation (GEE) to identify factors associated with proper hygiene and sanitation. Qualitative data was analyzed using thematic content analysis.

Results: Overall 26(7.3%) of the households had proper hygiene and sanitation, higher in CLTS 12.3% compared to non-CLTS sub-county 2.2%. One in five, 20.1% of the households had experienced diarrhoea in U5 children but more common in non-CLTS (29.1%) than CLTS sub-

county (11.2%). The odds of proper hygiene and sanitation were significantly lower among households whose heads earned 50,000-100,000/=, adj OR=0.25(0.07-0.90) or earned <50,000/=, adj OR=0.13(0.02-0.71) compared to heads earning >100,000/=. Longer duration of stay in the village (>3 years) was associated with lower odds of proper hygiene and sanitation, adj OR=0.27(0.10-0.69).

Conclusion: More of the households with proper hygiene and sanitation were from the CLTS sub-county compared to the non-CLTS sub-county. The prevalence of diarrhoeal disease was more in the non-CLTS sub-county compared to the CLTS sub-county. Households whose heads earned more than100, 000UgShs and household heads that had a shorter duration of stay in the village where more likely to have proper hygiene and sanitation. There was no difference in knowledge and attitudes associated with proper hygiene and sanitation comparing the two sub-counties.