1. WATERBORNE ILLNESS IN THE GLOBAL SOUTH

- Although extremely preventable & treatable, diarrheal disease persists as the world’s 2nd leading cause of death in children under 5
  - 80% of diarrhea mortality cases occur in Sub-Saharan Africa & Asia alone
  - 2.4 billion people lack access to improved sanitation facilities
  - 663 million people lack access to sources of clean drinking water

2. KIBERA, KENYA

- Kibera exists as the world’s 2nd largest informal settlement
  - 150,000-1.5 million Kiberans live on a plot of land the size of Central Park
- Diarrheal disease: 2nd leading killer of children throughout Kibera

3. HOST: CAROLINA FOR KIBERA (CFK)

- Non-profit community-based organization developing local leaders, catalyzing positive change, and alleviating poverty in Kibera
  - Recruited into CFK’s Health Department to conduct an evaluation of the Care Group Intervention: Neighborhood health intervention working to reduce the incidence of child morbidity/mortality through education
    - Currently operating in 3 out of Kibera’s 13 villages

4. OBJECTIVES AND METHODOLOGIES

- Survey Interviews (n = 209)
- Appreciative Inquiry Questionnaires (n = 75)
- Focus Group (n = 1)

- Evaluated the program’s enabling environment promoting health knowledge/practice
- Analyzed underlying behavioral determinants to sanitation behavior change to increase WASH curriculum effectiveness

5. RESULTS

- Mothers associate their CGs with an environment promoting empowerment, motivation, and knowledge to provide healthcare for their families
  - While they want to learn, women identified the difficulty in leaving their market space to attend their CGs, and recommended financial incentives
- Mothers indicated their environmental resources catalyze their ability to practice sanitation behavior change
  - While they are able to practice the CG curriculum and show the desire to learn, CG meetings on WASH were not shown to be frequently offered, or they were too crowded to attend

6. CONCLUSIONS

- The CGs are effective in providing mothers with the motivation and empowerment to become healthcare leaders. The scaling up of the intervention into other Kibera villages should be considered.
- The implementation of microfinance club may provide incentives to mothers to attend their CG meetings and access life-saving healthcare information.
- Mothers possess the underlying behavioral determinants to sanitation behavior change, and further indicate their willingness to learn about WASH. The frequency of WASH meetings should therefore be scaled up.
- Venue space was indicated as an obstacle to attend meetings, as many mothers are left standing in the doorways. CFK may want to consider more spacious venues, or smaller group sizes.
- Mothers indicate their desire to understand more about waterborne illness, specifically indicating they want the curriculum to discuss more about the treatment of diarrheal disease for their children.
- Visual aids are also identified by the mothers as a helpful tool to understand their CG lessons more effectively. Suggestions include cue cards, skits, and posters.

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