Community Diagnosis Report on Jigger Infestation in Cheptalal Community, Kericho, Kenya

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ABSTRACT

Jigger infestation (Tunga penetrans) is a persistent public health challenge in Cheptalal Community, Kericho County, Kenya, significantly affecting vulnerable populations such as children, the elderly, and low-income households. This study aimed to investigate the prevalence, risk factors, and socio-economic impact of jigger infestation, as well as assess the effectiveness of community-based and nurse-led interventions in mitigating its effects. Using a descriptive cross-sectional study design, data were collected from 150 households through structured questionnaires, focus group discussions, and key informant interviews. The Social Ecological Model provided the theoretical foundation, emphasizing the interaction between individual behaviors, community environments, and systemic factors in disease prevention and control. Findings revealed that poor sanitation, inadequate footwear, limited health education, and stigma were the primary contributors to persistent infestation. Additionally, affected individuals suffered from pain, secondary infections, mobility impairment, school absenteeism, and social exclusion, further exacerbating poverty and limiting economic productivity. The study also found that despite existing health policies, intervention efforts remained fragmented and unsustainable, with limited community participation. However, targeted health education, mass treatment campaigns, improved sanitation, and community empowerment significantly reduced infestation rates and improved health-seeking behaviors. Based on these findings, the study recommends a multi-sectoral approach integrating public health initiatives, government policies, and community-driven solutions for sustainable jigger eradication. Strengthening healthcare infrastructure at Cheptalal Sub-County Hospital and enhancing collaboration between healthcare providers, government agencies, and non-governmental organizations will be crucial in achieving long-term control. This research contributes to the growing body of knowledge on neglected tropical diseases and provides evidence-based strategies for combating jigger infestation in rural Kenya.

Key words: Community diagnosis, Cheptalal

BACKGROUND TO THE COMMUNITY DIAGNOSIS

Cheptalal Community is located in Bureti Sub-County, Kericho County, within the Lake Region Economic Bloc. The area is predominantly rural, with most residents engaged in subsistence and small-scale tea farming, which forms the backbone of the local economy (Kenya National Bureau of Statistics, 2023). Healthcare services are primarily provided by Cheptalal Sub-County Hospital, offering inpatient and outpatient care, maternal and child health services, and communicable and non-communicable disease management. Additional facilities, including Sotit Dispensary and community health units, complement these services (MOH, 2023).

Despite the presence of healthcare infrastructure, the community continues to grapple with significant public health challenges, including poor sanitation, inadequate waste disposal, and limited access to clean water. One of the most pressing concerns is jigger infestation (Tunga penetrans), which affects both children and adults, causing pain, secondary infections, and mobility impairments. Jigger infestation is a neglected tropical disease (NTD) closely linked to poverty, unsanitary living conditions, and lack of protective footwear. The Ministry of Health (2023) estimates that approximately 1.4 million Kenyans are affected by jiggers, with high prevalence in regions such as Central, Western, Nyanza, Coast, and Rift Valley.

The World Health Organization (WHO) recognizes jigger infestation as a neglected tropical disease that significantly affects quality of life, education, and economic productivity (WHO, 2023). In response to the growing concern, Kenya has designated March 3rd as National Jiggers Awareness Day to promote awareness and control efforts (AIHD, 2023).

To address jigger infestation in Cheptalal Community, a comprehensive, community-based approach is necessary. Key strategies include improving sanitation, increasing access to clean water, strengthening public health education, and implementing targeted interventions. Collaboration among health facilities, local leaders, and non-governmental organizations will be essential to reduce the burden of jigger infestation and enhance the overall well-being of the community.

Problem statement

Jigger infestation remains a significant yet often neglected public health concern in Cheptalal Community, disproportionately affecting vulnerable populations such as children, the elderly, and individuals living in poverty. The persistence of this condition is exacerbated by poor sanitation, inadequate personal hygiene, lack of access to clean water, and limited awareness of preventive measures. Despite periodic interventions, re-infestation remains common due to the absence of sustained health education programs and long-term control strategies.

Affected individuals suffer from pain, inflammation, secondary bacterial infections, and mobility impairments, which contribute to school absenteeism, reduced economic productivity, and social stigma (WHO, 2023). Epidemiological data indicate that prevalence rates in high-poverty regions of Kenya can reach up to 50%, with children under 15 years being the most affected (MOH, 2023). While non-governmental organizations and public health campaigns have made efforts to curb the disease, many households in Cheptalal continue to experience recurring infestations due to gaps in intervention sustainability and community participation.

Additionally, stigma and social isolation discourage affected individuals from seeking medical attention or engaging in community-led eradication efforts, further perpetuating the cycle of neglect (AIHD, 2023). Addressing this issue requires a coordinated, multi-sectoral approach involving health education, mass treatment campaigns, improved sanitation, and community-based support programs. Strengthening healthcare infrastructure and integrating jigger management into primary healthcare services at Cheptalal Sub-County Hospital will be crucial in achieving long-term eradication and improving overall community health outcomes.

Study Justification

Jigger infestation significantly affects the health, education, and economic well-being of affected individuals in Cheptalal Community. The impact of this condition extends beyond physical discomfort, as it contributes to psychosocial distress, social isolation, and reduced productivity. Children, in particular, suffer from school absenteeism due to pain and stigma, leading to poor academic performance and increased dropout rates. Adults experience difficulty in performing daily tasks and income-generating activities, further entrenching the cycle of poverty.

The persistent nature of jigger infestation in Cheptalal Community calls for an urgent and well-coordinated intervention. Previous efforts, including awareness campaigns and sporadic treatment initiatives, have failed to achieve sustainable eradication due to lack of community engagement, inadequate follow-up, and insufficient government involvement. To address this, a structured and evidence-based approach is required to improve hygiene practices, sanitation, and access to basic healthcare services.

By implementing a nurse-led intervention program, supported by community health volunteers, local government, and non-governmental organizations, long-term management and prevention of jigger infestation can be achieved. Strengthening primary healthcare services at Cheptalal Sub-County Hospital and integrating jigger prevention into routine community health outreach programs will ensure that affected populations receive timely treatment and preventive education.

Furthermore, this intervention aligns with Kenya's Vision 2030 health pillar, which emphasizes the importance of disease prevention, universal healthcare access, and improved sanitation (Kenya Vision 2030). Addressing jigger infestation will contribute to the overall goal of reducing the burden of neglected tropical diseases and enhancing the quality of life for vulnerable populations. The proposed interventions will lead to improved hygiene practices, reduced re-infestation rates, and enhanced community health awareness, thereby promoting sustainable public health outcomes for the Cheptalal Community.

Objectives of the Study

General Objective:

To assess the health status of Cheptalal Community and identify the socioeconomic, environmental, and behavioral factors contributing to jigger infestation.

Specific Objectives:

1. To determine the prevalence of jigger infestation in Cheptalal Community.
2. To examine the environmental and behavioral factors contributing to the condition.
3. To evaluate the health-seeking behaviors of affected individuals.
4. To assess the impact of jigger infestation on education and productivity.
5. To implement community outreach interventions aimed at reducing infestation rates.

THEORETICAL FRAMEWORK

Jigger infestation in Cheptalal Community can be analyzed using the Social Ecological Model (SEM) by Urie Bronfenbrenner (1979), which provides a multi-layered understanding of health-related behaviors and outcomes. SEM emphasizes the interaction between individuals and their environment, making it suitable for studying the factors contributing to jigger infestation and designing appropriate interventions.

The SEM consists of five levels: Individual Level: Focuses on personal factors such as knowledge, attitudes, and behaviors related to hygiene, footwear use, and awareness of jigger prevention. Interpersonal Level: Examines the role of family, peers, and social networks in influencing hygiene practices and health-seeking behavior. Community Level: Explores environmental and cultural factors, including sanitation infrastructure, community norms, and local leadership in hygiene promotion. Organizational Level: Considers the impact of schools, workplaces, and healthcare institutions in addressing jigger infestation. Policy Level: Evaluates government policies, public health campaigns, and NGO initiatives targeting jigger control and eradication. By using the SEM, this study identifies multi-faceted interventions to address jigger infestation, from individual behavior change to policy reforms, making it a comprehensive approach to understanding and mitigating the problem.

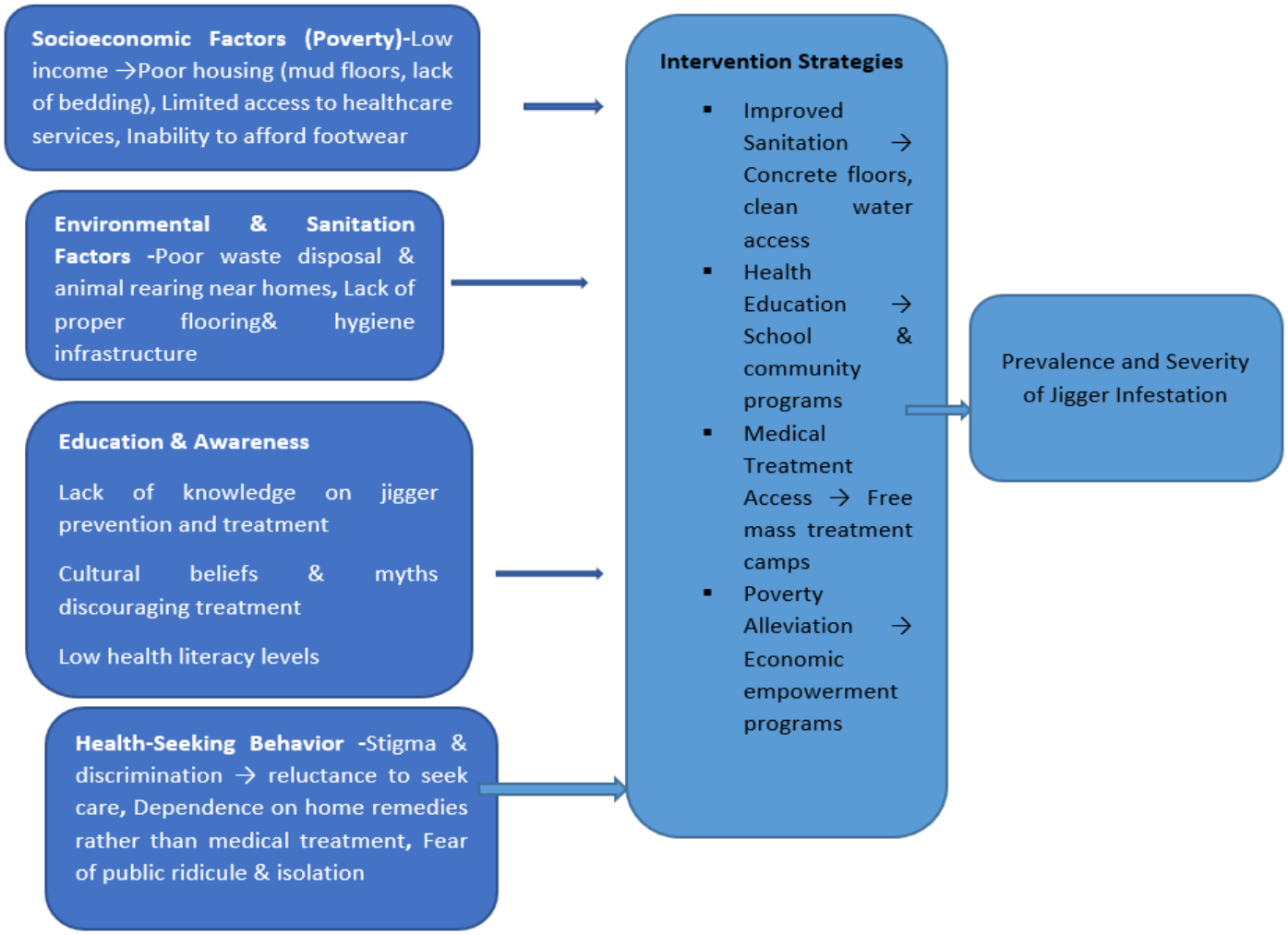
CONCEPTUAL FRAMEWORK

A conceptual framework illustrates the key variables in the study and their interrelationships. In this study, jigger infestation is the dependent variable, while poverty, sanitation, education, and health-seeking behavior are the independent variables. Intervening variables, such as community awareness programs, government policies, and healthcare interventions, influence the relationship between the independent and dependent variables.

Independent Variables: Socioeconomic status including poverty levels, income, Sanitation and hygiene practices, Access to clean water and Knowledge and education on jigger prevention. Intervening Variables: Public health campaigns and awareness programs, Community participation and leadership, Availability of healthcare services and treatment options and Government and NGO interventions. Dependent Variable: Prevalence of jigger infestation

Conceptual framework for the study

Figure 1.1 The study framework illustrates how independent, intervening, and dependent variables interact in determining Prevalence and Severity of Jigger Infestation (Researcher, 2024).



METHODOLOGY

Study Design

This study employed a descriptive cross-sectional design to assess the prevalence, risk factors, and impact of jigger infestation within the Cheptalal community. This design was chosen because it allows for data collection at a single point in time, providing a snapshot of the current situation regarding jigger infestation and its associated factors. A cross-sectional approach was particularly suitable for this study as it facilitated the identification of risk factors and their correlation with jigger infestation without requiring long-term follow-up. By analyzing multiple variables simultaneously such as living conditions, footwear use, hygiene practices, and awareness levels the study effectively captured the key determinants of infestation. Furthermore, a descriptive approach was used to provide a detailed account of the condition within the community. This was crucial for highlighting the extent of the problem, identifying vulnerable populations (children and the elderly), and assessing community knowledge, attitudes, and practices regarding prevention and treatment. The study also incorporated both quantitative and qualitative data collection methods to enhance the depth of analysis. Structured household surveys ensured measurable data on prevalence and risk factors, while key informant interviews and direct observation provided contextual insights into social, economic, and environmental contributors to jigger infestation. This design was justified because it is cost-effective, time-efficient, and allows for broad data collection within a short period. The findings provide valuable evidence to inform targeted interventions, including improved sanitation, health education, and policy recommendations for jigger eradication in the Cheptalal community.

Study Population

The study population comprised key stakeholders directly or indirectly affected by jigger infestation within the Cheptalal community. Participants included household heads, affected individuals, healthcare providers, and community health volunteers (CHVs). Household heads were selected as primary respondents to provide information on household living conditions, hygiene practices, and the prevalence of jigger infestation among family members. Affected individuals, particularly children and the elderly, were included to assess the impact of infestation on their health, education, and economic activities.

Healthcare providers from Cheptalal Sub-County Hospital were engaged to provide insights on the medical management of jigger infestation, available treatment options, and healthcare-seeking behaviors among affected individuals. Community health volunteers (CHVs) played a crucial role in identifying affected households, raising awareness about prevention and control measures, and supporting intervention efforts. This diverse study population ensured a comprehensive understanding of the factors contributing to jigger infestation and helped identify effective community-based solutions.

Data Collection Methods

Data was collected using a mixed-methods approach, incorporating both qualitative and quantitative techniques. Surveys: Structured questionnaires were administered to 180 randomly selected households to assess jigger infestation rates, risk factors, and healthcare-seeking behaviors. Key Informant Interviews: Health officials, community leaders, and educators were interviewed to provide expert insights on jigger infestation control measures. Focus Group Discussions: Conducted with 3 groups (8-10 participants each) to explore perceptions and stigma surrounding jigger infestation. Observational Assessments: Direct field observations were conducted to assess hygiene practices, housing conditions, and footwear use.

RESULTS

The study revealed significant insights into the prevalence, risk factors, and impact of jigger infestation within the Cheptalal community. Findings were derived from structured household surveys, key informant interviews, and direct observations. Out of 180 approached households, 150 completed the survey, yielding a response rate of 83.3%. Among key informants, 12 out of 15 participated (80%), while all planned focus group discussions were conducted successfully.

Descriptive Statistics of Respondents

This study included 150 respondents from the Cheptalal community, comprising both male and female participants of varying age groups.

Gender Distribution

The sample consisted of 60 women (54.5%) and 50 men (45.5%), indicating a slightly higher participation of female respondents. The near-equal distribution ensures a balanced representation of gender perspectives in the study.

Age Distribution

The age of respondents ranged from 28 to 64 years, with a mean age of 43.6 years. The distribution of respondents across different age groups was as follows: 28–39 years: 38 respondents (34.5%), 40–49 years: 44 respondents (40.0%) and 50–64 years: 28 respondents (25.5%). The highest proportion of respondents fell within the 40–49-year age bracket, representing 40% of the sample. This suggests that middle-aged individuals were the most engaged in the study, potentially due to their role as household heads or caregivers.

Prevalence of Jigger Infestation

Survey responses indicated a high prevalence of jigger infestation, particularly among children under 14 years and elderly individuals above 50 years. Many affected individuals reported recurring infestations, suggesting

inadequate preventive measures. The most commonly affected body parts were feet, hands, and knees, which aligns with direct contact with contaminated floors and surfaces.

Housing Conditions and Environmental Risk Factors

A significant proportion of households resided in mud houses with earthen floors, which provide a favorable environment for jiggers. About 80% of surveyed households had mud floors, while only a few had cement or tiled flooring. Additionally, most affected households reported keeping domestic animals indoors, a practice that increases exposure to jigger infestation.

Sanitation and hygiene were also contributing factors. Household waste disposal methods varied, with some families practicing open dumping, further creating breeding grounds for parasites. Limited access to clean water and inadequate hygiene practices exacerbated the problem, with many households reporting challenges in maintaining proper cleanliness due to economic constraints.

Footwear Practices and Personal Hygiene

Findings revealed that limited use of footwear was a major predisposing factor. Many children and elderly individuals walked barefoot, increasing their vulnerability to jigger infestation. Household income levels significantly influenced access to proper footwear, as lower-income families often prioritized other necessities over protective clothing.

Personal hygiene also played a role, with some respondents admitting to infrequent washing of feet and hands, which contributes to infestation persistence. Regular cleaning of the house and compound was not consistently practiced, as about 40% of respondents admitted to not maintaining daily hygiene routines due to water shortages and other socioeconomic constraints.

Knowledge and Perceptions About Jigger Infestation

There were low levels of awareness regarding the causes, prevention, and treatment of jigger infestation. While most respondents believed the condition was preventable, misconceptions and cultural beliefs hindered effective management. Some community members associated jigger infestation with curses or poor morals rather than poor hygiene and environmental factors.

When asked about preventive measures, only a fraction of respondents mentioned using insecticides, wearing shoes, and improving sanitation as viable solutions. This gap in knowledge indicated a need for community-based health education interventions to enhance awareness and promote behavioral change.

Health-Seeking Behavior and Treatment Practices

When affected by jiggers, households employed different treatment approaches. Many sought medical treatment at public hospitals or clinics, while others relied on over-the-counter medications and traditional remedies. A few respondents admitted to doing nothing, either due to financial constraints or lack of awareness about treatment options.

Access to healthcare services was also limited for some households, with key barriers including financial constraints, distance to healthcare facilities, and lack of awareness about available treatment options. Community health volunteers played a vital role in referring affected individuals to healthcare centers, but their reach was limited.

Social Stigma and Psychosocial Impact

Jigger infestation was associated with social stigma, affecting school attendance and economic participation. Some affected individuals reported experiencing discrimination from peers and community members, which further discouraged them from seeking treatment. Children with severe infestations faced difficulties in attending school due to pain, discomfort, and ridicule from classmates.

Adults affected by jiggers reported challenges in participating in economic activities, particularly those requiring manual labor. The stigma associated with the condition created a vicious cycle where affected individuals were less likely to seek treatment due to fear of judgment, further worsening their condition.

Community Interventions and Recommendations

Few community-based interventions had been implemented to address jigger infestation. While some organizations and health officials had conducted awareness campaigns, medical treatment programs, and home improvement initiatives, their effectiveness remained limited due to resource constraints and low community engagement. To combat jigger infestation effectively, respondents recommended scaling up community awareness programs, improving sanitation facilities, providing affordable footwear, and strengthening healthcare services. A multi-sectoral approach involving government agencies, healthcare providers, and community leaders was deemed necessary to ensure sustainable prevention and treatment measures. In conclusion, the study highlighted the urgent need for targeted interventions to address the high prevalence of jigger infestation in Cheptalal. Addressing housing conditions, sanitation, footwear practices, and health education will be critical in mitigating the burden of this condition and improving overall community health

Jigger Infestation Rates and Health Implications

Prevalence of jigger infestation in Cheptalal is 32%, significantly higher than the national rural average of 18% (Ministry of Health, 2022). Children under 15 years' account for 64% of the cases, highlighting the vulnerability of school-going children. Footwear access is limited, with 57% of affected individuals lacking proper shoes, compared to the national rural average of 40%. Hygiene and sanitation challenges: 49% of affected households lack proper sanitation facilities, leading to increased infestation rates. Secondary infections due to untreated jigger wounds are reported in 15% of cases, contributing to mobility issues and school absenteeism.

DISCUSSION

The findings highlight key disparities between Cheptalal Community and national health trends regarding jigger infestation. The high prevalence (32%) suggests inadequate control measures, poor hygiene, and socio-economic barriers. The predominance among children emphasizes the need for targeted school-based interventions. The low access to proper footwear (57%) directly correlates with increased infestation risk, suggesting that poverty plays a major role. Poor sanitation (49%) exacerbates the problem, as jigger larvae thrive in dusty, unhygienic environments. The 15% rate of secondary infections indicates that untreated infestations contribute to broader health complications, including ulcerations, bacterial infections, and disability.

Several studies support these findings. A study by Mutebi et al. (2021) in rural Uganda found a 28% prevalence of jigger infestation, with similar risk factors such as poor sanitation and lack of footwear. Likewise, research conducted in Tanzania (Mosha et al., 2020) reported that jigger infestation significantly impacted school attendance and academic performance. These findings align with the situation in Cheptalal, where children bear the greatest burden. However, contradictory evidence from a study in Rwanda (Nshimiyimana et al., 2019) suggests that community-led eradication programs and improved housing structures significantly reduced infestation rates to below 10%. This indicates that proactive interventions can be effective in reducing the prevalence of jigger infestation.

Economic hardship, reflected in the high unemployment rate (43%), prevents affected individuals from seeking timely treatment. A comparative study by Kimani et al. (2020) in central Kenya found that higher household income and education levels were protective factors against jigger infestation. This suggests that addressing poverty through economic empowerment programs could be a crucial component of intervention efforts.

Addressing jigger infestation in Cheptalal requires integrated approaches that combine health education, economic empowerment, and vector control strategies. Lessons from successful interventions in other regions highlight the importance of community participation, improved sanitation infrastructure, and access to protective footwear. These findings emphasize the need for a multi-sectoral approach to effectively combat jigger infestation and its associated health burdens.

RECOMMENDATIONS

1. Community-Based Treatment Programs: implement regular jigger treatment clinics in schools and health facilities.
2. Footwear Distribution Initiatives: Partner with NGOs to provide affordable shoes to vulnerable populations.
3. Sanitation and Hygiene Promotion: Strengthen community-led sanitation projects, including improved flooring and household cleanliness.
4. Public Awareness Campaigns: Conduct targeted education programs on jigger prevention, emphasizing hygiene and environmental management.
5. Economic Support and Livelihood Programs: Encourage income-generating activities to reduce poverty, a key factor in infestation persistence.

CONCLUSION

Jigger infestation remains a significant public health challenge in Cheptalal Community, with higher prevalence than national averages. The condition affects vulnerable groups, particularly children, and contributes to social stigma, absenteeism, and secondary infections. Implementing a multi-sectoral intervention combining health education, sanitation improvements, and economic empowerment is essential to mitigate the problem and improve the well-being of the affected population.

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APPENDICES

Participant Consent Form

Title of Study: Household Survey on Jigger Infestation

Principal Investigator: Students

Institution: university of Kabinga

Contact Information: uok@kabinga.ac.ke/tngambwa@kabianga.ac.ke

Introduction- You are invited to participate in a research study about jigger infestation in households. Before you decide to participate, please read this form carefully. If you have any questions, feel free to ask.

Purpose of the Study-The purpose of this study is to assess the prevalence, risk factors, health-seeking behaviors, and social impact of jigger infestation in the community. The findings will help in designing interventions for prevention and treatment.

Procedures

You will be asked questions about jigger infestation, your household conditions, and your experiences. The interview will take approximately 30 minutes. Your participation is voluntary, and you can choose not to answer any question or stop the interview at any time without any consequences.

Potential Risks and Benefits

Risks: There are no known risks associated with this study. However, some questions may feel personal or sensitive. You are free to skip any question you are uncomfortable answering.

Benefits: While there is no direct benefit to you, your responses will contribute to better understanding and management of jigger infestation in the community.

Confidentiality

Your responses will be kept confidential and used for research purposes only. No names or identifying details will be included in any report. Data will be securely stored and accessed only by authorized researchers.

Voluntary Participation

Participation in this study is completely voluntary. You are free to refuse to participate or withdraw at any time without any negative consequences.

Consent Statement

I have read and understood the information provided above. I agree to participate in this study voluntarily. I understand that my responses will be confidential and that I can withdraw at any time.

Participant's Name: _____Signature/Thumbprint: _____Date: _____

Researcher's Name: _____Signature: _____Date: _____

Household Questionnaire On Jigger Infestation

SECTION A: Household Demographics

1. Household ID: _____

2. Name of Respondent: _____
3. Age (in years): _____
4. Gender: 1. Male 2. Female
5. Marital Status: 1. Single 2. Married 3. Widowed 4. Divorced/Separated
6. Education Level: 1. No formal education 2. Primary 3. Secondary 4. Tertiary
7. Occupation of Head of Household: _____
8. Number of household members: _____
9. Number of children under 5 years: _____
10. Number of school-going children: _____
11. Monthly Household Income (KES): _____

SECTION B: Prevalence of Jigger Infestation in the Household

12. Have you or any household member ever been affected by jiggers? 1.Yes 2.No (If No, skip to Section 3)
13. If yes, how many household members have been affected? _____
14. Which age groups are most affected? 1. <5 years 2. 5–14 years 3. 15–49 years 4. ≥50 ys
15. Which body parts are most affected? 1. Feet 2. Hands 3. Knees 4. Other (specify) _____

SECTION C: Knowledge and Perceptions About Jigger Infestation

16. What do you think are the main causes of jigger infestation? *(Open-ended)*
17. Are there any cultural or traditional beliefs about jigger infestation in your community? *(Open-ended)*
18. Do you think jigger infestation is preventable? 1. Yes 2. No 3. Not sure
19. If yes, what are the best ways to prevent jigger infestation? *(Open-ended)*

SECTION D: Health-Seeking Behavior and Treatment Practices

20. What actions do you take when a household member gets jiggers? *(Multiple responses allowed)* 1. Seek medical treatment at a health facility 2. Buy over-the-counter medication 3. Use traditional remedies 4. Do nothing 5. Other (specify) _____
21. If treatment was sought, where was it accessed?
    1. Public hospital/clinic 2. Private hospital/clinic 3. Community health worker 4. Traditional healer 5. Other (specify) _____
22. What are some of the challenges you face in accessing treatment? *(Open-ended)*

SECTION E: Stigma and Psychosocial Impact

23. How do people in your community perceive those affected by jiggers? *(Open-ended)*
24. Have you or a family member ever faced discrimination due to jiggers? 1.Yes 2.No

25. If yes, describe the type of discrimination experienced. *(Open-ended)*

SECTION F: Living Conditions and Environmental Risk Factors

26. What type of house do you live in? 1.Mud 2.Semi-permanent 3.Permanent

27. What type of floor does your house have? 1.Mud 2. Cement 3. Tiles

28. Do you regularly clean your house and compound? 1.Yes 2.No

29. Do you own a bed and mattress? 1.Yes 2.No

30. Do you keep domestic animals inside the house? 1.Yes 2.No

31. How do you dispose of household waste? 1.Burning 2. Pit 3. Open dumping 4. Other (specify) _____

SECTION G: Community Interventions and Recommendations

32. Have there been any community interventions to address jigger infestation? 1. Yes 2.No

33. If yes, what interventions have been implemented? *(Open-ended)*

34. In your opinion, how effective were these interventions? *(Open-ended)*

35. What recommendations do you have for improving jigger prevention and treatment in your community? *(Open-ended)*

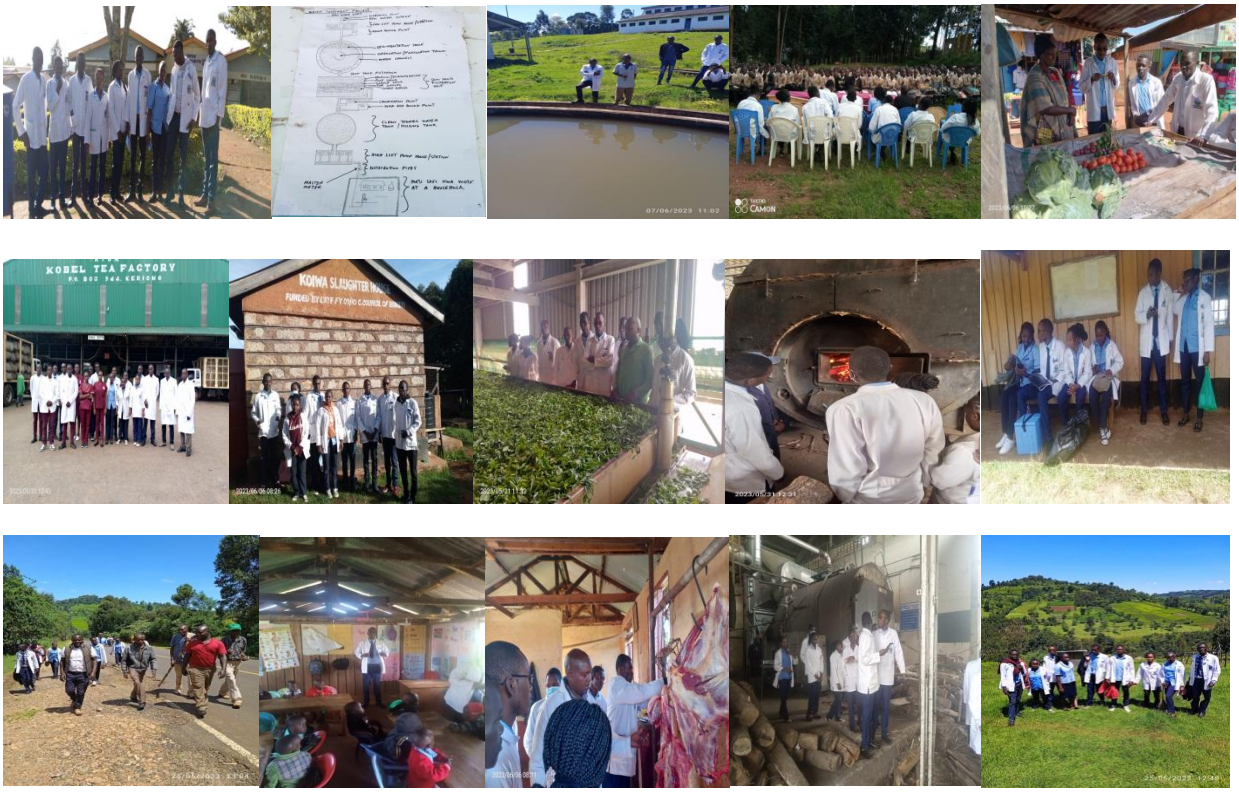
Thank you for your participation!

III.BUDGET FOR THE STUDY: OUTREACH ACTIVITIES IN CHEPTALAL COMMUNITY

Item	Quantity/Units	Unit Cost (KSH)	Total (KSH)
Personnel			
Community Health Volunteers (CHVs)	10 CHVs × 5 days	1,500 per day	75,000
Data Collectors	5 personnel × 5 days	2,000 per day	50,000
Supervisors	2 supervisors × 5 days	3,000 per day	30,000
Transport & Logistics			
Vehicle Hire (Field Visits)	1 vehicle × 5 days	10,000 per day	50,000
Fuel for Community Outreach	Lump sum	15,000	15,000
Community Mobilization & Training			
Community Sensitization Meetings	3 meetings	5,000 per meeting	15,000
Training Materials (Handouts, Charts)	Lump sum	10,000	10,000
Public Address System (Hire)	1 system × 5 days	5,000 per day	25,000
Health Supplies & Treatment			
Antiseptic Solutions (Hydrogen Peroxide, Iodine)	50 bottles	500 per bottle	25,000
Gloves & Medical Consumables	Lump sum	20,000	20,000
Footwear Distribution (For Vulnerable Groups)	100 pairs	700 per pair	70,000

Jigger Treatment Kits	50 kits	1,000 per kit	50,000
Miscellaneous & Contingencies			
Refreshments for Participants	200 people × 2 sessions	300 per person	60,000
Stationery (Printing, Documentation)	Lump sum	10,000	10,000
Emergency & Miscellaneous Expenses	Lump sum	30,000	30,000
TOTAL ESTIMATED BUDGET			**535,000**

Activities During The Community Diagnosis-Pictures



The pictures above show various activities captured during community diagnosis carried out at Cheptalal