



# NATIONAL SANITATION AND HYGIENE UPDATE

Presented by

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**USAID**  
FROM THE AMERICAN PEOPLE



From  
the People of Japan

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for every child

# Presentation Outline

1. Sanitation and Hygiene, a major Public Health Concern
2. Risk Factors to Health?
3. Impact of the Risk Factors?
4. What must we do differently?
5. What is in place?
6. Changes recommended to achieve more?
7. MoH Priority for 2023 and beyond
8. Recommendation to USAID Project.

# Why is Water Safety, Sanitation and Hygiene a major concern to Health

- ✓ Poor sanitation has direct impact to health; from faecal-oral infections, helminthes infections / infestation to insect vectors.
- ✓ Has secondary effect to health too; e.g. stunted growth, impaired cognitive and complications during delivery.
- ✓ Broader well-being

NB/ Sanitation and hygiene prevents diseases and promotes human dignity and well-being.



# Risk Factors associated to poor health



Wespionage/Flickr



# Common Risk Factors in Rural Communities





# Impact of the Risk Factors



WHAT MUST WE DO  
DIFFERENTLY?

# What do we have in place to mitigate WASH challenges?

1. Established environmental health sanitation and hygiene inter-agency coordinating committee
2. Established 7 TWGs on different thematic areas ( Sanitation, hygiene, HWTS, WiS, MHM, Urban sanitation, Policy advocacy and research.
3. Reviewed the environmental health, sanitation and hygiene 2007 to meet the COK 2010 requirements
4. Developed environmental health, sanitation and hygiene 2015 - 2030 strategy
5. Developed a ODF Kenya road map
6. Developed teachers hand book on hygiene



# What do we have in place Con't?

7. Capacity build county staff on rural sanitation and WASH in emergency
8. Developed real-time monitoring system on ODF status
9. Support Counties to domesticate environmental health sanitation and hygiene prototype
10. Support Counties to come up with county specific ODF road map and policy.
11. Established Kenya Sanitation Alliance for the 15 high burden counties, Governors & CEC Health signing commitments

To achieve more health-based result oriented programming, we have again reviewed some of our documents.

What are the documents we reviewed, and what are our objectives?

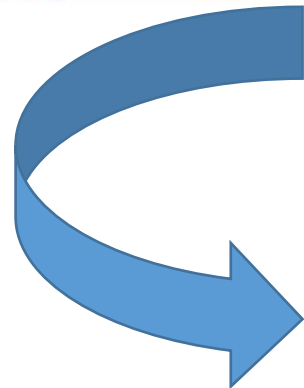
# RURAL SANITATION AND HYGIENE PROTOCOL





# Rural Sanitation and Hygiene Protocol

The RuSH Protocol sets out a phased approach including three renamed grades:



# National sanitation protocol

- Revised protocol drafted in 2021.
- Current protocol in use for CLTS implementation is National and rural sanitation protocol.
- Introduction of the “grade” structure (similar to the notion of “service level” but combining behaviour as well) to determine communities’ sanitation and hand hygiene situation
- National Sanitation and Hand Hygiene aligns to Protocol for setting and verifying sanitation and hand hygiene targets.

# National Rural sanitation protocol

- How National Rural Sanitation Protocol grades relate to SDG 6.2 targets and JMP



Protocol grade indicators for sanitation services

JMP sanitation service ladder



REPUBLIC OF KENYA



MINISTRY OF HEALTH

**COSTED  
NATIONAL RURAL  
SANITATION AND  
HAND HYGIENE  
ROADMAP  
2022-2030**



**National  
Rural  
Sanitation  
and Hand  
Hygiene  
Roadmap**

# Sanitation and Hygiene Roadmap

By 2030, all of Kenya's rural population is living in an environment free from open defecation, with access to basic hand hygiene facilities and with some rural communities able to access higher sanitation service levels

1 Kenya's rural population has access to G1, G2 or G3-level sanitation containment

2 Kenya's rural population has access to basic hand hygiene

3 All rural schools have basic sanitation and hand hygiene facilities

4 All rural healthcare facilities have basic sanitation and hand hygiene facilities

5 Improved institutional capacity for planning and implementation

6 Improved demand for sanitation and hand hygiene products and services

7 Improved supply of adequate sanitation and hand hygiene products and services

8 Improved availability of financial services for sanitation investments

9 Resources mobilised for roadmap implementation

1 Improved organisational capacity for monitoring and accountability

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Overall objective and outcomes

# What costs are taken into account?

- The following costs were taken into account for costing the achievement of G1, G2 and G3-level sanitation containment improvements (including superstructure):
- Cost of G1: Triggering/demand generation; verification; certification; monitoring; follow-up; and training material and meetings and toilet construction (according to the National Sanitation Protocol, G1 containment are shared toilets)
- Cost of G2: Demand creation and toilet construction (according to the National Sanitation Protocol, G2 containment are individual toilets)
- Cost of G3: septic tank construction for low to medium OD rate counties (categories 2 and 3) and double pit for high OD rate counties (category 1)

**TOTAL SANITATION COST – KHS 245 BILLION (US\$ 2.1 BILLION)**





# 4.7M

people still practice open defecation in Kenya. This represents 10% of the population and 7.3% of households in Kenya.

Kenya Vision 2030 aims to transform Kenya into a “**middle-income country providing a high quality of life to all its citizens by 2030.**”

SDG Target 6-2. “**By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation**, paying special attention to the needs of women and girls and those in vulnerable situations.”

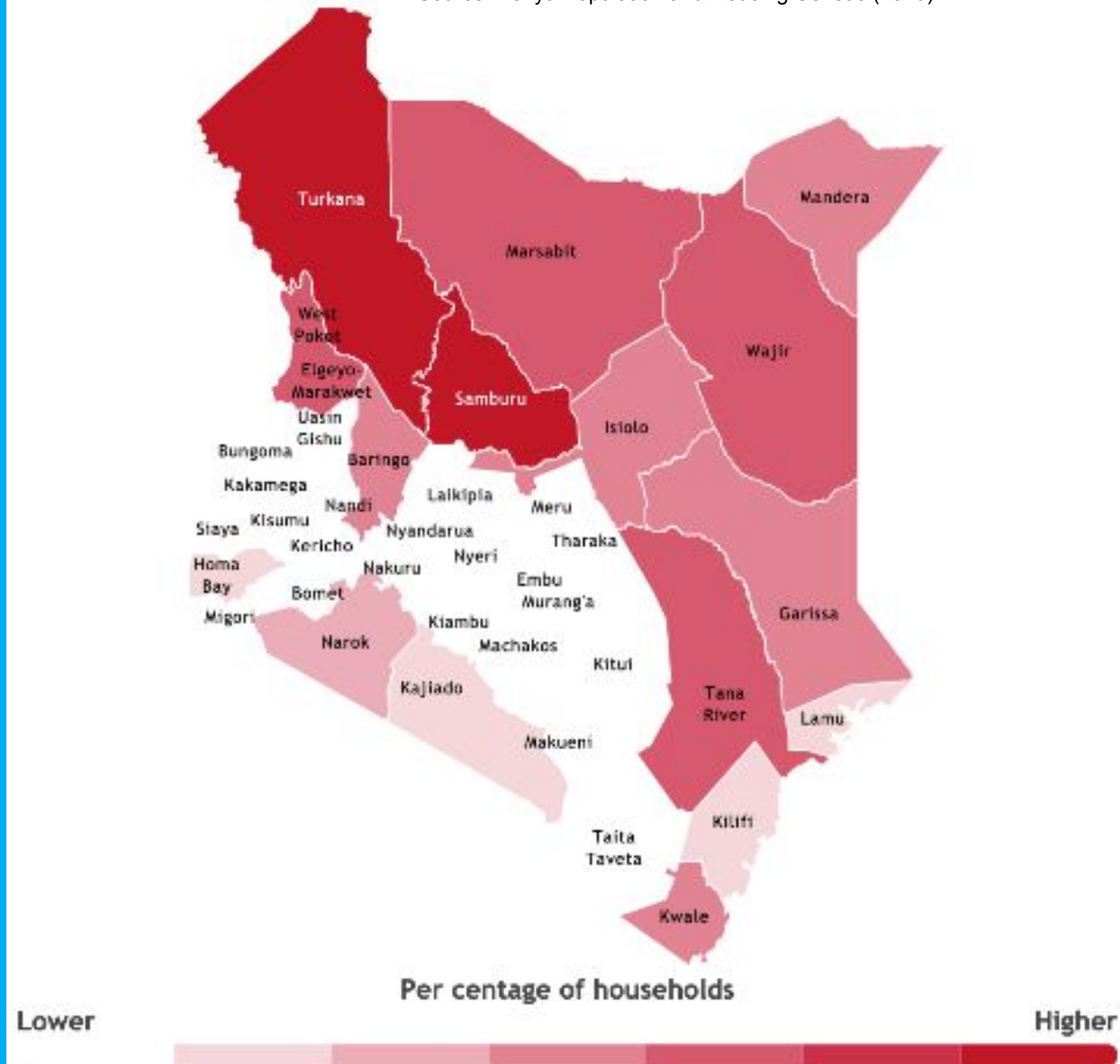


**Kenya has a significant open defecation problem.** Over 4 million people practice open defecation in 15 counties (2019 Census). These counties must be targeted in order to achieve Kenya Vision 2030 and the SDGs.

**Open defecation is largely a rural problem.** Open defecation is disproportionately higher in rural areas (11.5%) than in urban areas (0.8%) (ibid.)

## Per centage of households practicing open defecation

Source: Kenya Population and Housing Census (2019)





## % of HHs and # of People Practicing Open Defecation in Kenya (2019 Census)

### Category 1

#### High OD counties (targeted for CLTS)

Isiolo	<b>85,205</b> (30.6%)
Homa Bay	<b>116,464</b> (10.2%)
Tana River	<b>154,628</b> (48.6%)
Kajiado	<b>182,097</b> (13.6%)
Samburu	<b>203,336</b> (65.6%)
Marsabit	<b>222,424</b> (47.4%)
Baringo	<b>229,357</b> (30.8%)
West Pokot	<b>262,145</b> (42.7%)
Kilifi	<b>270,717</b> (17.0%)
Kwale	<b>291,387</b> (31.7%)
Garissa	<b>323,252</b> (36.2%)
Narok	<b>332,383</b> (28.2%)
Mandera	<b>342,312</b> (39.4%)
Wajir	<b>347,256</b> (43.6%)
Turkana	<b>642,666</b> (68.1%)

### Category 2

#### Moderate OD counties (targeted for CLTS & MBS approach)

Kakamega	<b>20,299</b> (1.1%)
Busia	<b>22,309</b> (2.5%)
Bungoma	<b>22,732</b> (1.4%)
Meru	<b>24,661</b> (1.4%)
Lamu	<b>25,257</b> (17.9%)
Elgeyo Marakwet	<b>30,920</b> (6.8%)
Kisumu	<b>44,456</b> (3.6%)
Laikipia	<b>56,779</b> (9.4%)
Siaya	<b>59,464</b> (6.0%)
Migori	<b>102,931</b> (9.4%)
Kitui	<b>111,536</b> (9.2%)

### Category 3

#### Counties with little or no OD (targeted for Market-Based Sanitation (MBS))

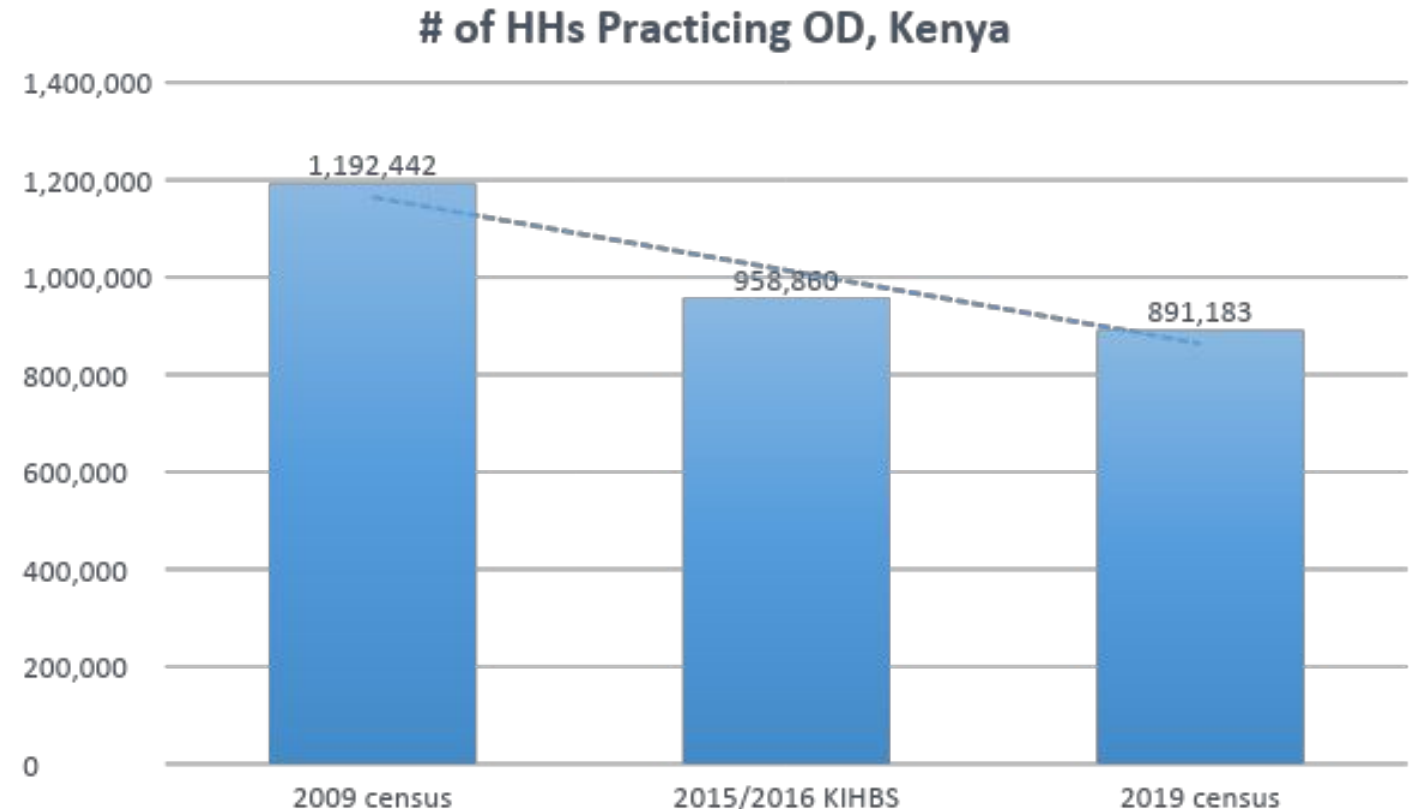
Nyeri	<b>663</b> (0.1%)
Nyandarua	<b>917</b> (0.2%)
Kirinyaga	<b>1,248</b> (0.2%)
Kiambu	<b>2,342</b> (0.1%)
Murang'a	<b>2,666</b> (0.2%)
Vihiga	<b>3,258</b> (0.6%)
Embu	<b>4,221</b> (0.7%)
Nairobi City	<b>4,692</b> (0.1%)
Tharaka-Nithi	<b>4,815</b> (1.1%)
Uasin Gishu	<b>5,564</b> (0.5%)
Nyamira	<b>5,823</b> (1.0%)
Taita/Taveta	<b>8,226</b> (2.4%)
Bomet	<b>8,940</b> (1.0%)
Mombasa	<b>11,204</b> (0.9%)
Makueni	<b>11,663</b> (1.2%)
Kisii	<b>12,226</b> (0.9%)
Machakos	<b>13,671</b> (0.9%)
Nandi	<b>13,977</b> (1.5%)
Trans Nzoia	<b>14,091</b> (1.4%)
Kericho	<b>14,333</b> (1.5%)
Nakuru	<b>17,170</b> (0.8%)

# Current sanitation situation in Kenya

- Almost 85% of open defecation in Kenya takes place in 15 counties and 6 counties have rates exceeding 40% with wide intra-county disparities.
- In 2019 the six highest open defecation counties were Turkana 68.1%, Samburu 65.6%, Tana River 48.6%, Marsabit 47.4%, Wajir 43.6% and West Pokot 42.7% (ibid.).
- these 15 'high-burden' counties have more than 80,000 people practicing open defecation and more than 10% of households defecating in the open.
- Out of the 15 counties, **Homa Bay and Garissa are amongst the top performers who have achieved ODF certification in over half of their villages.** Overall, 10 sub counties in 4 Counties have been certified and declared ODF.
- Between 2020 and 2022, 4,873 villages have become ODF certified, and 1.5 million people were reached with behavior change messages including hand washing through triggering 6,108 villages.

# Trends in Open Defecation Rates

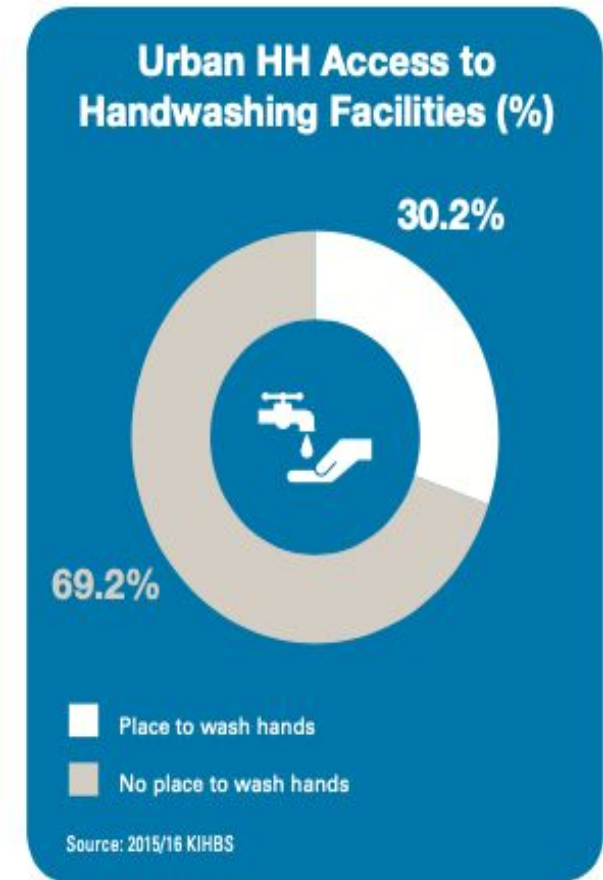
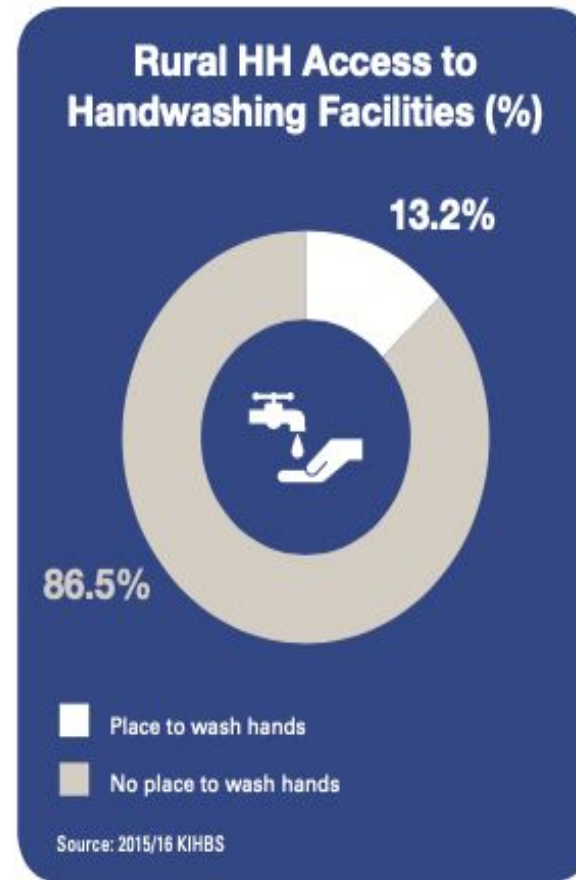
- **OD rates have slowly declined in the past 10 years.** But despite progress, well over 800,000 HHs still practice OD
- Achieving the SDG Target 6.2 to end open defecation by 2030 will require **coordinated actions**





# Handwashing Snapshot

- Basic handwashing coverage is higher among the urban HHs (30.2%) than among rural HHs (13.2%) (KIHBS, 2015/16)
- HW facilities with water and soap is critical to prevent transmission of life-threatening diseases including COVID-19



Source: Kenya Integrated Household Budget Survey (2015/16)

# How do we accelerate elimination of open defecation?

- There are still **44 counties** to reach ODF by 2030 but significant efforts need to be put in 15 Counties;
- GoK commitment is to achieve **ODF Kenya by 2030**;
- **Coordinated action** is needed to reach ODF as at the current rate of progress, ODF will only be achieved in Kenya by 2053.
- Call to action on financing;
  - Coordinated, government-led action is required to ensure that all 15 counties make financial commitments to end open defecation and have dedicated budget lines to sanitation and hygiene activities.
  - County governments need to be held accountable for the commitments they have made and increase expenditure in S&H.

# Achievement/Learning in 2022

- ❑ **Enabling environment** was strengthened through supporting the Kenya Sanitation Alliance, developing and piloting National Monitoring System for S&H and Policies and Guidelines (National Rural Sanitation Protocol and Implementation Guideline), and S&H market analysis.
- ❑ Dissemination and launch of Kenya Status report on Infection and prevention and control(IPC) in Health Care Facilities. (HCF).
- ❑ Kenya Sanitation Alliance Technical meeting and review meeting held. Chair of County Assembly Health committee in participation on matters sanitation financing.

# Priorities for 2023 and Beyond

- Launch of National Documents; Rural Sanitation and Hygiene Protocol, Roadmap and S&H Real time monitoring information system.
- Finalization of WASH in Healthcare Facilities training Manual for facilitators.
- Engage the Governors more and ensure county commitments are signed
- Committed funds to be used for the intended purpose
- Prioritize cholera hotspots undernutrition hotspot areas
- Prioritize WASH in HCF. This includes development of the 2nd edition of the Kenya Status report on IPC in HCF
- Integrate climate change into WASH programming
- All counties to operationalise ODF road maps.
- Continue capacity building for all New Staff.
- Enhance county level WASH sector Coordination, supportive supervision and quality assurance
- Strengthen M&E through establishment of 35 County Sanitation Hubs.
- Enhance Kenya sanitation Week to facilitate competition among counties
- Promote HWTS and Personal Hygiene
- Strengthen WASH in school activities
- Enhance WASH in Emergency interventions - humanitarian setting



# Recommendations to the USAID High Priority Plan

1. Strengthen sector coordination through the lead Ministry or Department
2. Learn and adopt emerging County based best practices to avoid pit fall and leverage on the existing best practices
3. Activities should be informed by local evidence
4. Advocate for joint review meetings, and all other WASH actors within the target counties sharing their activities and results. (Quarterly meetings)
5. Advocate for more county based financing, with the right policies, vote heads and vote item.
6. Adopt the real-time monitoring systems
7. Support PPP
8. Advocate more on BCC, especially at community level
9. Sensitize and engage other actors like CEC's of other line departments, SCA, MCAs, NEMA, WRMA, DCs, DCCs, ACCs and Chiefs through institutional triggering
10. Utilize the county sanitation hubs that are establish in some counties.



**THANK YOU. QUESTIONS?  
COMMENTS?**