



# SNV

## Policy Brief

### Improving Sanitation in Homa Bay County: Recommendations from Research



**In Kenya, diarrhoeal diseases are among the leading causes of morbidity and mortality in children under five, attributed to inadequate safe water, sanitation and hygiene. Poor sanitation may be associated with a number of infectious and nutritional outcomes, and these outcomes also cause a heavy burden of disease.**

Inadequate access to improved water and sanitation facilities remains a major cause of health problems in Homa Bay, particularly in the rural areas.

In 2014,<sup>1</sup> only 22% of the population in Homa Bay had access to improved sanitation facilities, while 20.5% were using unimproved latrines (Ministry of Health 2014). The proportion of the population that were sharing latrines in 2014 was 18.7%. This means that about 61% of the population had access to some form of latrine, irrespective of its quality. Open defecation had declined to 38.8% in 2014 compared to 44.8% in 2012. Sewerage systems only cover 8% of the county, with the vast majority (about 92% of the county's population) served by on-site sanitation systems such as septic tanks, improved pit latrines and unimproved pit latrines.

This brief highlights the key findings from a recent study entitled *Understanding the Effects of Poor Sanitation on Public Health, the Environment and Well-being*, commissioned by SNV Netherlands Development Organisation (SNV) as part of the Voice for Change Partnership (V4CP) programme. This programme advocates for county governments to address water, sanitation and hygiene (WASH) issues affecting their communities. This brief recommends measures that the

#### Key recommendations for Homa Bay County government and partners

- Improve faecal sludge management in the county
- Ensure children with diarrhoea receive appropriate treatment
- Increase sanitation messaging and campaigns
- Increase treatment of drinking water in the county
- Address social exclusion and discrimination in sanitation

county government and partners can take to improve the sanitation and health outcomes for the population in Homa Bay County.

The V4CP programme is implemented by SNV in collaboration with the Institute of Economic Affairs (IEA). The research was conducted by the Centre for Population Health Research & Management (CPHRM).

1 Ministry of Health. 2015. State of Sanitation in Homa Bay. WSP.

## Key Finding 1: Diarrhoea appears to be a common problem among children in Homa Bay

The research study found that, besides malaria, sanitation-related illnesses are the most common reason the community seeks treatment, and that households with a child suffering from diarrhoea already bear a bigger burden of sanitation-related illness. The findings suggest that recurrent diarrhoea in children is also common: more of the cases children in the study who were being treated for diarrhoea had suffered diarrhoea two weeks before the survey than in the control.

## Key Finding 2: Diarrhoea in children appears to be linked to caregivers' personal hygiene habits and exposure to sanitation messages

Although those interviewed in the study said they wash hands after using the toilet and before eating, a physical examination of the homestead by the study team did not find evidence of using soap in a majority of the homes. The majority of the caregivers said they washed hands after using the toilet, with more caregivers in the control group washing hands (94.8%) than those in the case group (86.6%).

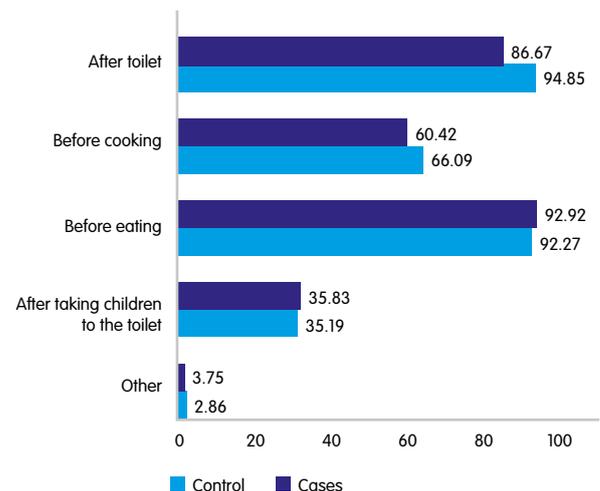
It also appears that there is a link between exposure to sanitation messages and a child having diarrhoea as more respondents in the control group had heard messages related to sanitation than had those in the case group.

## Research design and approach

This research study was conducted in February and March 2018. It used a mixed methods design that comprised a case-control quantitative study, qualitative interviews in the community (key informant interviews and focus group discussions), observation, review of health facility data on under-five morbidity and mortality, and water sampling and testing.

Cases were children under five years of age who presented to the participating health facilities with diarrhoea (as defined by the health worker, with a minimum requirement of three or more loose or watery stools in the previous 24 hours). Controls were children in the same age range, who reported with any other infection or trauma but without diarrhoea.

Figure 1: Instances caregiver washed hands in last 24 hours

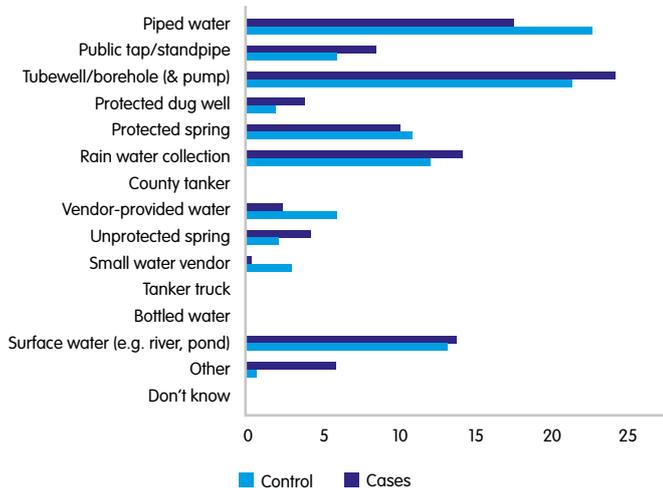


Locally innovated hand washing facility in use

### Key Finding 3: Diarrhoea in children is linked to sources of drinking water

The study findings show a clear link between household source of water and a child having diarrhoea. More households in the control group used protected water sources than those in the case group (Figure 2).

**Figure 2: Household's main source of drinking water**



However, tests on the water collected shows that over half of the sampled households in Homa Bay were using water that was contaminated and unfit for human consumption. Laboratory tests show that 52% of the water samples collected from the households were contaminated with *E. coli*, a clear indication of contamination with faecal matter. An analysis of faecal sludge management in the county also reveals that over half of the faecal sludge in the county (52%) is unsafely managed or disposed of, resulting in significant amounts of excreta ending up in the environment and polluting water sources. Most respondents (over 60%) in both groups said they use chlorine to treat the water, but about 20% said they do nothing.



Toilet built after CLTS triggering session

### Key Finding 4: Unsafe disposal of faecal matter is common

Most of the households in both groups (87%) use unimproved sanitation facilities (traditional pit latrine) and more case households use open defecation (13.3%) than in the control (9%), suggesting a strong link between open defecation and the child having diarrhoea. Although small in proportion, slightly more households in the case group left a child's stool in the open (5.4% compared to 3% in the control) or rinsed it off in a ditch or drain (7% compared to 3% in the control).

### Key Finding 5: Some groups suffer social exclusion and discrimination in accessing sanitation services

The study results show that there is some degree of social discrimination and exclusion of certain groups in Homa Bay County, linked to their inability to have or to use proper sanitation facilities. These groups include the elderly, young children and people living with disability, who may not be able to use the conventional pit latrines. Findings also suggest that there may be security concerns that prevent some groups from using household toilets at night. Eight percent of the respondents said that some cultural norms also impact on access to sanitation for some groups.



PLWD latrine model

## Policy Options: What can the county government and partners do, to address poor sanitation in Homa Bay?

To address these challenges, it is recommended that the county government and partners take action to, among others, improve sanitation services and promote public education on sanitation and hygiene. The county government should consider taking the following actions:

- **Ensure drinking water safety.** The county should put more efforts into securing the quality of drinking water by ensuring all water is treated and by increasing the supply of clean water to households. This can be achieved by developing new water points and upgrading existing unimproved sources. This requires that the county develops and implements a water safety policy and allocates adequate resources to purchase the inputs required.
- **Implement policy on faecal sludge management.** To increase the proportion of faecal sludge that is treated and safely contained, the county must develop and enforce a policy on faecal sludge management. The county must also make provisions to support homes in safe disposal of faecal sludge, including developing appropriate legislation to support regulated services for safe disposal of faecal sludge.
- **Ensure children with diarrhoea receive appropriate treatment.** The results also show that a small number of children with diarrhoea did not get oral rehydration salts (ORS) and Zinc supplements, which are crucial to management of diarrhoea. Health facilities can improve how they monitor such children and perhaps link them with community health workers to ensure continuity of care.
- **Increase sanitation messaging campaigns.** The county needs to address personal hygiene and sanitation at household level, through consistent campaigns using a variety of appropriate channels and with an emphasis on hand washing with soap and the proper disposal of children's faeces. It should also educate communities on the potential sources of water contamination, proper water treatment methods and safe disposal of faeces away from the domestic environment.
- **Address social exclusion and discrimination in sanitation.** The study results show that poor sanitation is linked to social discrimination and exclusion of some groups in Homa Bay County as a result of their inability to have or to use proper sanitation facilities. Among those who suffer social exclusion and discrimination are the poor, who may lack the means to construct toilets to an acceptable standard, or any at all. The county government, with partners, should also address the social and cultural norms that contribute to social exclusion and discrimination of some groups related to sharing of toilets as well as security issues that limit use of toilet to daylight hours.

For more information on these findings, see report: *Understanding the Effects of Poor Sanitation on Public Health, the Environment and Well-being – Homa Bay County. 2018*. Report of research findings published by the V4CP programme.

### Further information

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