



By December 2016, 233,046 people had gained access to new and improved latrines across ten sub-counties since 2014 under the Sustainable Sanitation and Hygiene For All – Results Programme (SSH4A-RP) implemented by SNV and the government of Kenya and funded by UKAID.

The Sustainable Sanitation and Hygiene For All (SSH4A) is SNV’s approach to ensure equitable and sustainable access to improved sanitation and hygiene. This is done by supporting district-wide rural sanitation and hygiene services. Developed since 2008 in Asia, the SSH4A approach is currently being implemented and scaled up across fifteen countries in Asia and Africa. The SSH4A Programme integrates best practices in sanitation demand creation and supply chain strengthening, hygiene behaviour change communication, governance, gender and social inclusion. SNV focuses on strengthening the capacities of local stakeholders to plan, implement, monitor and sustain sanitation and hygiene interventions.

The SSH4A-RP is funded by UKAID under the WASH Results Programme using a results based funding (RBF) modality. RBF is a type of Payment By Results (PbR), used by the UKAID that makes payments contingent on the independent verification of results.

This brief presents a summary of progress on the SSH4A-RP in Kenya from the third midterm conducted in December 2016 against a baseline done in 2014 at the household level. The brief also gives an overview of the programme’s impact on poverty, gender and people living with disabilities.

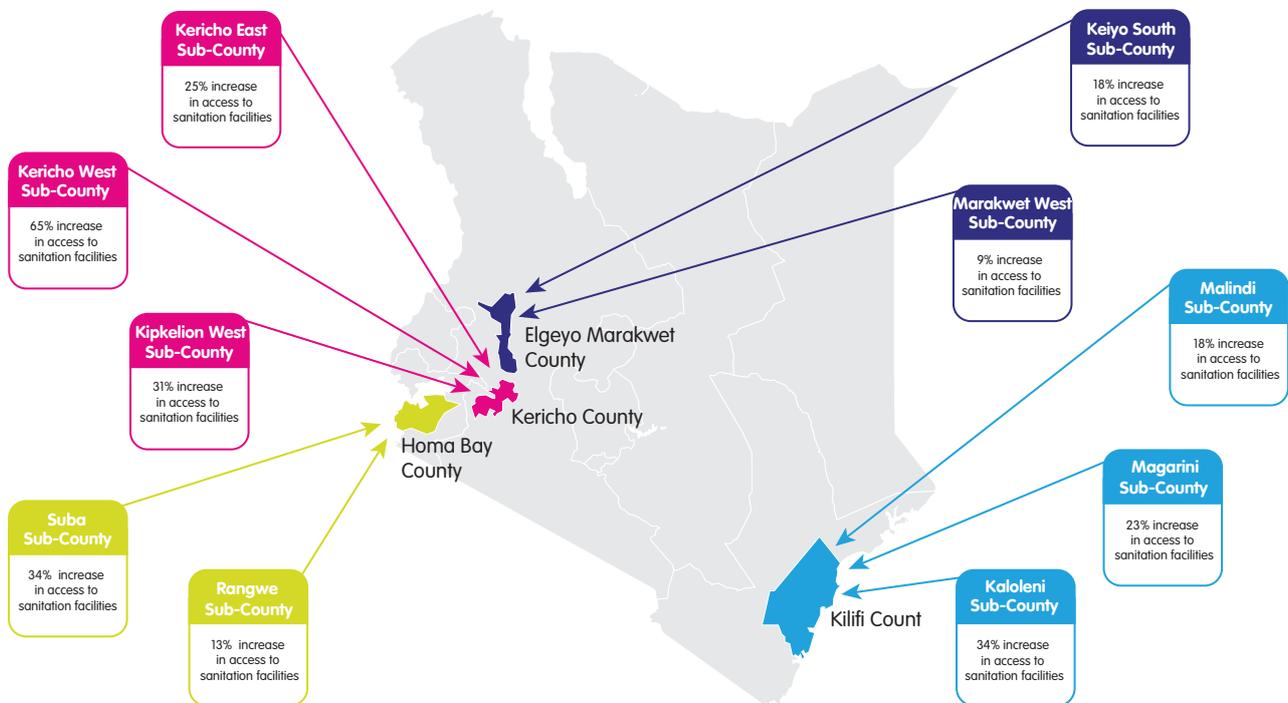


Figure 1: Overview of progress in access to sanitation in Kenya according to counties

Country context

The Government of Kenya has committed itself to enabling Kenyans to enjoy their right to the highest attainable standard of health and sanitation as enshrined in the 2010 Constitution. Open defecation rates in Kenya stand at 14% ^[1].

The Ministry of Health developed an Open Defecation Free Roadmap in 2011 (revised in 2016) and rallied support from development partners to support implementation. SNV Kenya is working closely with the Ministry of Health and four county governments to deliver this result based programme.

SSH4A-RP is being implemented across ten sub-counties within four targeted counties, namely Homa Bay (Rangwe and Suba sub-counties); Kericho (Kericho West, Kericho East ^[2], Kipkelion West); Elgeyo Marakwet (Marakwet West and Keiyo South) and Kilifi (Malindi, Magarini and Kaloleni).

Pp. 1, NATIONAL ODF KENYA 2020 CAMPAIGN FRAMEWORK, 2016/17-2019/20, Ministry of Health, Republic of Kenya http://www.washwatch.org/uploads/filer_public/2c/8f/2c8f15cb-70f7-4387-a648-0cb440a8df95/odf_open_defecation_free_2020_campaign_framework_kenya_2016.pdf (accessed 10 November 2017).

Kericho West and Kericho East are old districts which have been split into Ainamoi, Belgut and Sigowet/Soin sub-counties

SSH4A Programme Impact End 2016

Outcome Indicator 1: Access to sanitation facilities

This indicator is measured at the household level. It assesses access to new and improved latrines within the project areas using a sanitation ladder as shown in Figure 2.

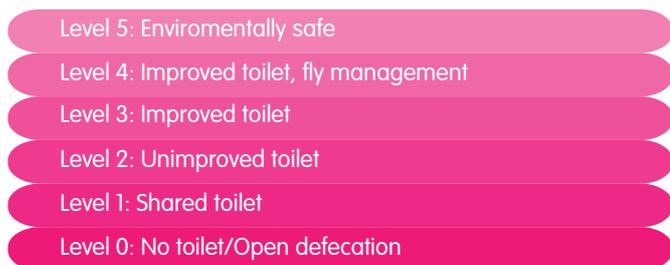


Figure 2: The sanitation ladder representing scale of access to sanitation facility



Figure 3: Overall change in access to sanitation

By the third midterm review

- 233,046 people gained new and improved access to sanitation facilities
- Open defecation reduced to 18% from a baseline of 48%

Access to sanitation facilities against wealth quintile, gender and people living with disability

- The poorest wealth quintile registered a 29% reduction in open defecation to 48% at the third midterm review
- Female-headed households registered a 29% increase in access to improved latrines with fly management. This was up from 13% at baseline

Sustained use of sanitation facilities

This indicator measures the number of people with access to a sanitation facility and are able to use it as intended.

- Sustained use of sanitation facilities increased to 56% from 34% at baseline within the programme area
- Female-headed households registered a 20% increase in sustained use of sanitation facilities from 31% at the baseline
- The poorest wealth quintile registered a 16% increase in sustained use of sanitation facilities from 15% at baseline

Outcome Indicator 2: Hygienic use and maintenance of sanitation facilities

This indicator is measured at the household level. It assesses whether a toilet is used and maintained as intended. It also measures the hygienic use and maintenance of sanitation facilities using a ladder as shown in Figure 4.

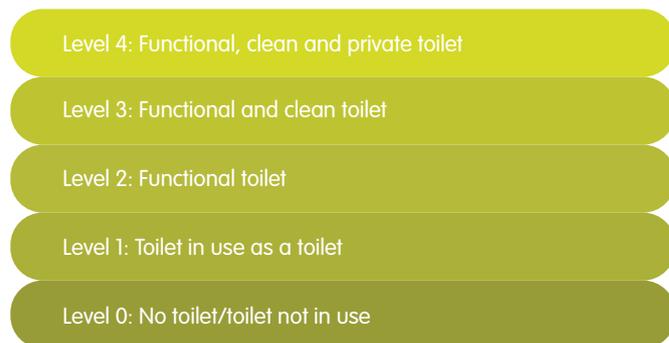


Figure 4: Scale of hygienic use and maintenance of toilets

Overall hygienic use and maintenance of sanitation facilities

- 70% of households with toilets were found to be hygienically used and maintained during the third midterm review, compared to a baseline of 47%

Hygienic use and maintenance of sanitation facilities against wealth quintile

- The poorest wealth quintile recorded a 14% increase in access to functional toilets from 19% at the baseline

While the poorest wealth quintile recorded the highest improvement in accessing functional toilets, the quality of latrine and usage need to be further supported to move them up the sanitation ladder. Most of the new latrines are at an unimproved level.

Outcome Indicator 3: Access to handwashing stations with soap

Measured at the household level, this indicator assesses the existence and quality of handwashing facilities in or near the toilet, and close to food preparation areas. The existence and proximity of these facilities serve as proxy indicators for the practice of handwashing after defecation and before cooking or preparing food respectively as indicated in Figure 5 below.

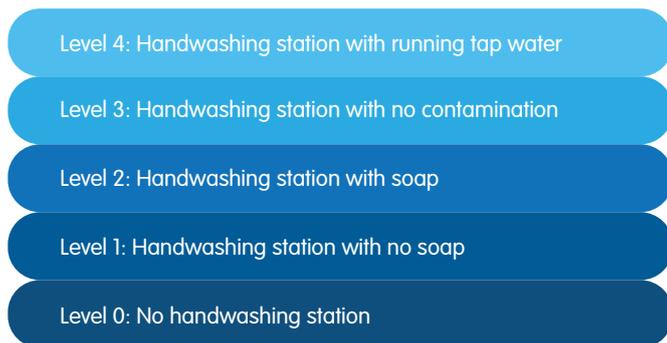


Figure 5: Presence of a handwashing station with soap after defecation

Presence of handwashing stations next to sanitation facilities

- By the third midterm review, 20% of households gained access to a handwashing facility from a baseline of 75%
- Female-headed households registered a 32% improvement at Level 3, i.e. access to handwashing facilities without water contamination from nil at the baseline

Findings on presence of handwashing with soap

- Most households are at Level 2, i.e. they have access to a handwashing station with soap, which allows contamination of the water
- There remains a disparity between knowledge and practice when it comes to handwashing with soap. This has been attributed to lack of appropriate technologies for handwashing which limits practice
- Regular monitoring of households by health promoters is critical in supporting behaviour change as this is related to behavior of people

Conclusions and key recommendations

Access to sanitation facilities

Overall, the SSH4A Results Programme has contributed to reducing open defecation within the programme area by 30%. In areas where open defecation rates still remain relatively high, such as Kilifi, the programme will continue to support the government in community outreach strategies to increase ODF rates.

Hygienic use and maintenance of toilets

The survey results show that there has been an increase in access to functional toilets. The poorest quintile recorded the highest improvement across the wealth quintiles. More behavior change strategies are required to get the communities to understand the need for hygienic use and maintenance of facilities that they have constructed.

Access to handwashing stations with soap

The survey reveals that there is still a disparity between knowledge and practice on handwashing with soap. Where 38% of respondents expressed knowledge about handwashing after defecation against access levels of 25%, only 13% expressed knowledge about handwashing before food preparation against access levels of 8%.

A key emerging challenge is on the sustainability of the tippy taps and leaky tins. Anecdotal evidence shows that they do not last beyond six months after installation. Trials are underway on the use of buckets and taps as an alternative. The households will be exposed to different design options of these facilities in order to inform the final design options to use.

This progress update was produced by the SSH4A Programme Management Unit with support from the SSH4A Country Project Team in Kenya. The results presented in this paper are based on the performance monitoring data collected, analyzed and independently verified in Kenya under the SSH4A Results Programme.



SNV is a not-for-profit international development organisation. Founded in the Netherlands nearly 50 years ago, we have built a long-term, local presence in 38 of the poorest countries in Asia, Africa and Latin America. Our global team of local and international advisors work with local partners to equip communities, businesses and organisations with the tools, knowledge and connections they need to increase their incomes and gain access to basic services – empowering them to break the cycle of poverty and guide their own development.



This programme has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.



The Sustainable Sanitation and Hygiene For All Results Programme (SSH4A-RP) approach is a capacity building approach that supports local government to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning. SSH4A-RP is being implemented across four targeted counties, namely Homa Bay (Rangwe and Suba Sub-counties); Kericho (Kericho West, Kericho East, Kipkelion West); Elgeyo Marakwet (Marakwet West and Keiyo South) and Kilifi (Malindi, Magarini and Kaloleni).

The findings from the 2016 third midterm review show that there has been significant progress in access to sanitation facilities since the baseline survey was conducted in May 2014. During the 2016 third midterm review, data was collected from 2,449 households in 146 villages in the 87 sub-locations of the ten sub-counties.

