MINISTRY OF HEALTH

County Sanitation Profiles

wsp water and sanitation program

State of Sanitation in Baringo County

POPULATION[1]

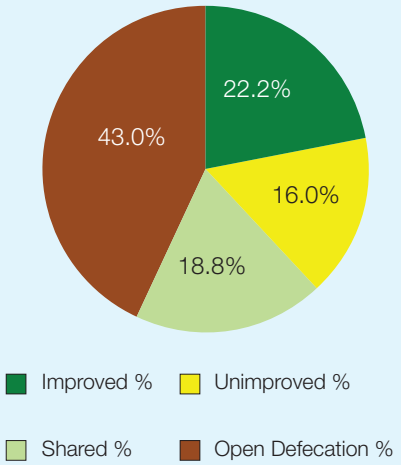
555,561

Urban
11%

Population under 5 years
9.9%

Population density
50 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Baringo is ranked number 38 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
38	⚑	0	0	0	3	3	3	5	0	0	0	0	0

Baringo County loses 538 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

48.2%[5] of children in Baringo are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Baringo County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Baringo
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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REFERENCES

[1]Kenya County Factsheets, Commission of Resource Allocation, June 2013

[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Bomet County

POPULATION[1]

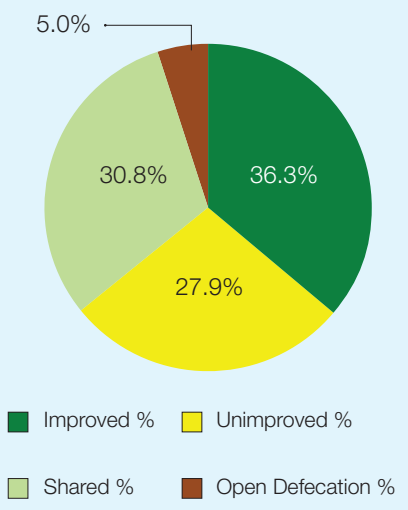
724,186

Urban
18%

Population under 5 years
10.0%

Population density
319 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Bomet is ranked number 35 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
35	⚑	3	0	0	0	3	3	5	0	3	0	0	0

Bomet County loses 600 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

39.8%[5] **of children in Bomet are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Bomet County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Bomet
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Bungoma County

POPULATION[1]

1,375,063

Urban

22%

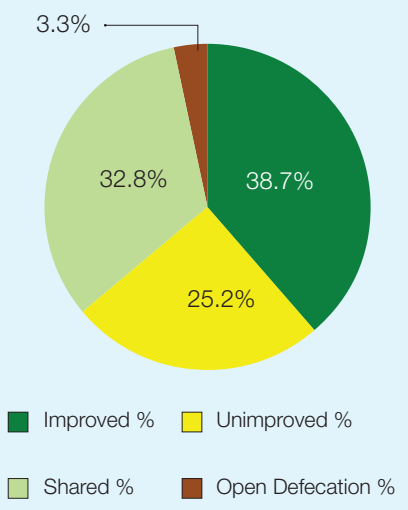
Population under 5 years

11.0%

Population density

454 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Bungoma is ranked number 33 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
33	⚑	0	5	0	0	0	0	15	0	3	0	0	0

Bungoma County loses 882 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

36.7%[5] **of children in Bungoma are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Bungoma County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Bungoma
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Strongly agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Strongly agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Agree
	The county undertakes quality assurance controls of sanitation products and services.	Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Partially Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Busia County

POPULATION[1]

743,946

Urban

16%

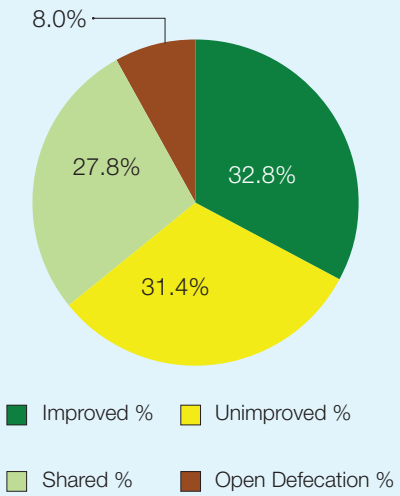
Population under 5 years

11.1%

Population density

439 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Busia is ranked number 3 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
3	⚑	5	10	10	3	5	5	15	0	3	10	10	8

Busia County loses 536 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

39.3%[5] of children in Busia are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Busia County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Busia
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Embu County

POPULATION[1]

516,212

Urban

16%

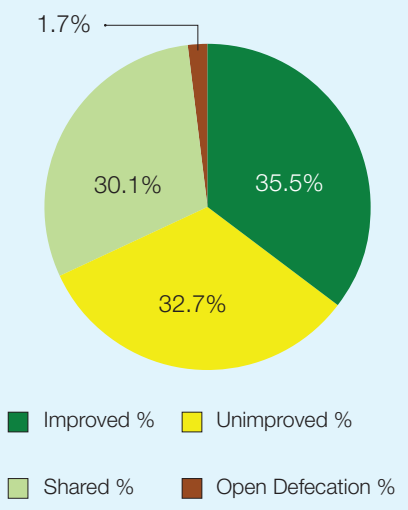
Population under 5 years

8.0%

Population density

183 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Embu is ranked number 40 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
40	⚑	0	0	0	5	0	0	0	0	5	0	0	0

Embu County loses 345 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

29.2%[5] of children in Embu are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Embu County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Embu
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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MINISTRY OF HEALTH

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County Sanitation Profiles

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State of Sanitation in Garissa County

POPULATION[1]

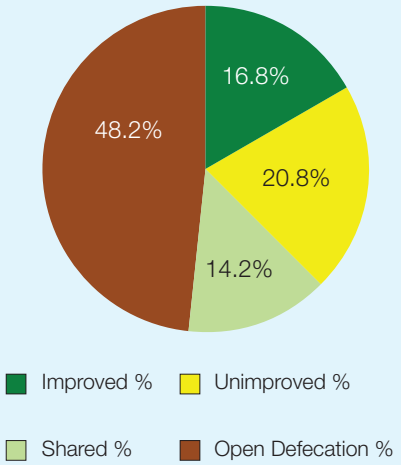
623,060

Urban
24%

Population under 5 years
8.3%

Population density
14 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Garissa is ranked number 44 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
44	⚑	0	0	0	0	0	0	0	0	0	0	0	0

Garissa County loses 652 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

50.7%[5] of children in Garissa are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Garissa County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Garissa
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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REFERENCES

[1]Kenya County Factsheets, Commission of Resource Allocation, June 2013

[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Homa Bay County

POPULATION[1]

963,794

Urban

14%

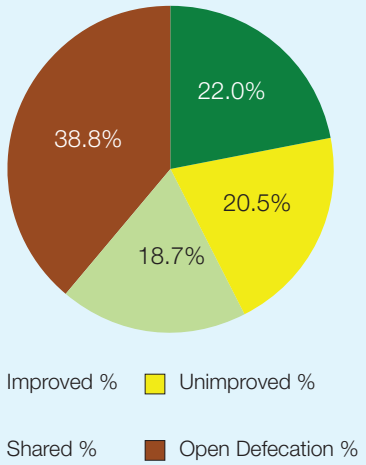
Population under 5 years

11.1%

Population density

303 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Homa Bay is ranked number 17 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
17	⚑	0	10	3	0	3	3	10	5	0	10	5	5

Homa Bay County loses 920 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

46.3%[5] of children in Homa Bay are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Homa Bay County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Homa Bay
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Partially Agree
	As a county, we have a shared vision for sanitation.	Partially Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Partially Agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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County Sanitation Profiles

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State of Sanitation in Isiolo County

POPULATION[1]

143,294

Urban

44%

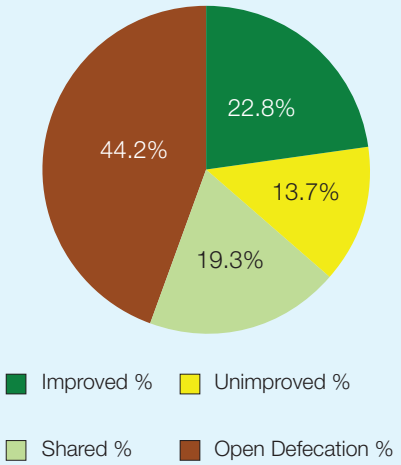
Population under 5 years

10.4%

Population density

6 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Isiolo is ranked number 20 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
20	⚑	0	8	0	10	0	0	10	0	0	8	5	5

Isiolo County loses 139 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

23.9%[5] of children in Isiolo are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Isiolo County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Isiolo
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Partially Agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Disagree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Disagree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Kajiado County

POPULATION[1]

687,312

Urban

41%

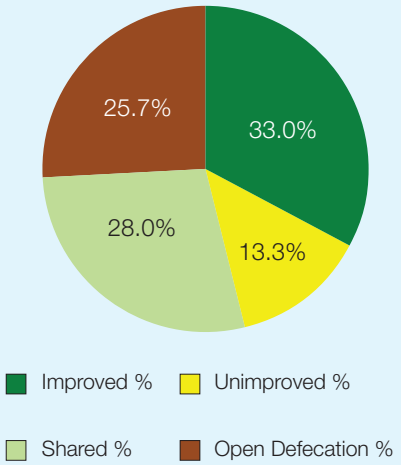
Population under 5 years

10.3%

Population density

31 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kajiado is ranked number 29 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
29	⚑	0	8	0	3	0	0	0	0	0	8	5	5

Kajiado County loses 542 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

27.0%[5] **of children in Kajiado are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kajiado County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kajiado
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Disagree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Partially Agree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Disagree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Partially Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Partially Agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Partially Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Kakamega County

POPULATION[1]

1,660,651

Urban

15%

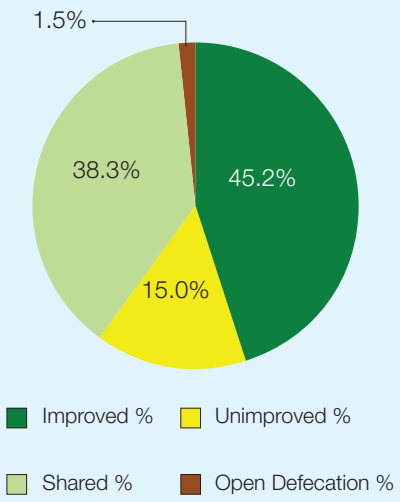
Population under 5 years

10.8%

Population density

550 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kakamega is ranked number 5 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
5	⚑	0	10	3	0	10	10	15	0	8	8	5	5

Kakamega County loses 943 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

40.4%[5] of children in Kakamega are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kakamega County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kakamega
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Strongly agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Partially Agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Strongly agree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Strongly agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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REFERENCES

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[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Kericho County

POPULATION[1]

758,339

Urban

28%

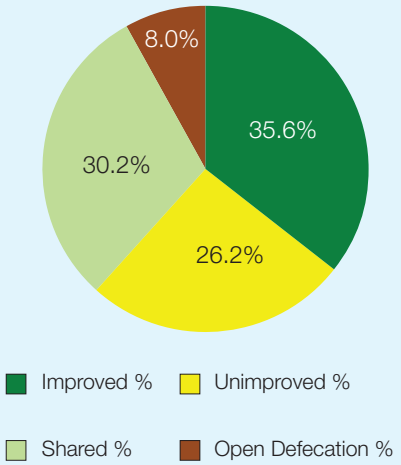
Population under 5 years

9.9%

Population density

274 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kericho is ranked number 30 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
30	⚑	0	0	0	5	10	10	0	0	3	0	0	0

Kericho County loses 409 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

45.2%[5] of children in Kericho are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kericho County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kericho
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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County Sanitation Profiles

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State of Sanitation in Kiambu County

POPULATION[1]

1,623,282

Urban

61%

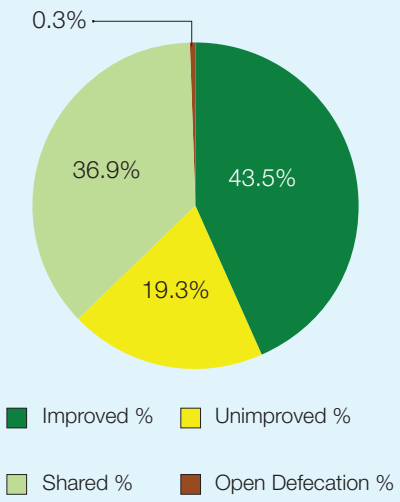
Population under 5 years

7.8%

Population density

638 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kiambu is ranked number 4 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
4	⚑	1	5	10	0	8	3	15	8	10	5	5	5

Kiambu County loses 941 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

30.7%[5] of children in Kiambu are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kiambu County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kiambu
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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County Sanitation Profiles

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State of Sanitation in Kilifi County

POPULATION[1]

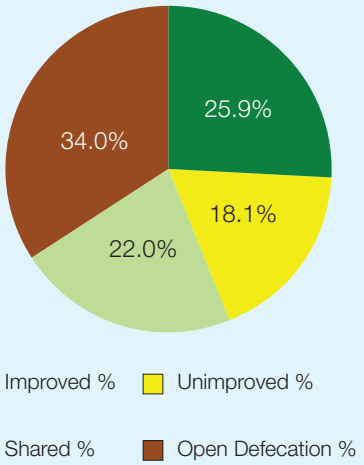
1,109,735

Urban
26%

Population under 5 years
10.8%

Population density
88 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kilifi is ranked number 33 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
33	⚑	0	5	0	0	0	0	0	0	0	8	5	5

Kilifi County loses 993 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

64.0%[5] of children in Kilifi are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kilifi County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kilifi
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Strongly agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Strongly agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Strongly agree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Strongly agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Partially Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Strongly agree
M&E	A monitoring and evaluation system for sanitation is in place.	Partially Agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Kirinyaga County

POPULATION[1]

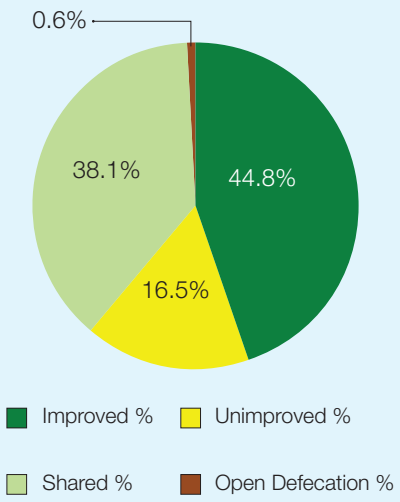
528,054

Urban
16%

Population under 5 years
6.8%

Population density
357 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kirinyaga is ranked number 5 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
5	⚑	0	5	10	8	10	10	0	8	8	5	5	5

Kirinyaga County loses 300 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

23.9%[5] of children in Kirinyaga are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kirinyaga County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kirinyaga
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Strongly agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Strongly agree
	The program methodology is being implemented by all stakeholders.	Disagree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Partially Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Disagree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Disagree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Strongly agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Strongly agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

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State of Sanitation in Kisii County

POPULATION[1]

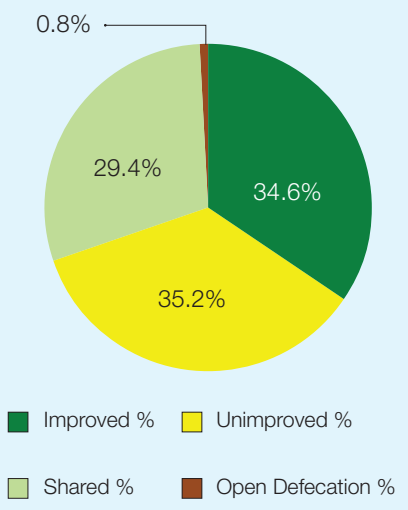
1,152,282

Urban
22%

Population under 5 years
10.3%

Population density
874 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kisii is ranked number 19 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
19	⚑	0	0	0	0	10	10	10	10	8	0	0	0

Kisii County loses 776 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

39.3%[5] **of children in Kisii are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kisii County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kisii
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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REFERENCES

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[4]Economics of Poor Sanitation in Kenya, WSP

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County Sanitation Profiles

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State of Sanitation in Kisumu County

POPULATION[1]

968,909

Urban

52%

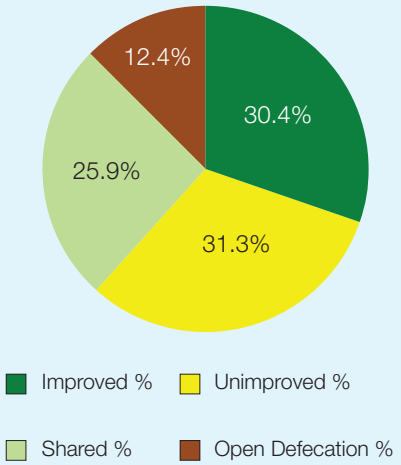
Population under 5 years

10.9%

Population density

464 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kisumu is ranked number 10 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
10	⚑	5	10	8	0	3	3	10	0	3	10	10	8

Kisumu County loses 740 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

23.6%[5] **of children in Kisumu are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kisumu County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kisumu
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Kitui County

POPULATION[1]

1,012,709

Urban

14%

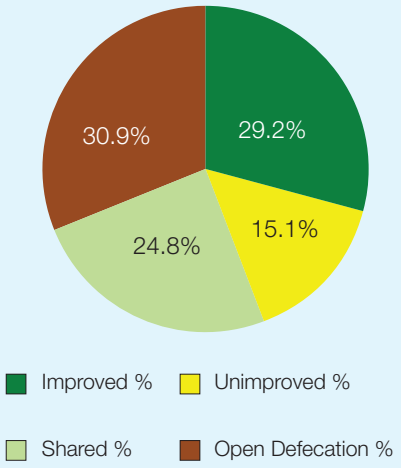
Population under 5 years

9.9%

Population density

33 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kitui is ranked number 9 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
9	⚑	5	10	5	0	3	5	15	5	0	10	8	5

Kitui County loses 859 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

42.0%[5] of children in Kitui are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kitui County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kitui
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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County Sanitation Profiles

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State of Sanitation in Kwale County

POPULATION[1]

649,931

Urban

18%

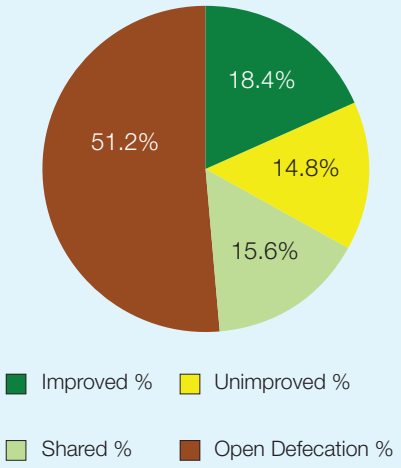
Population under 5 years

11.2%

Population density

79 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Kwale is ranked number 23 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
23	⚑	3	10	8	0	3	3	0	0	0	5	5	5

Kwale County loses 677 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

31.4%[5] **of children in Kwale are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Kwale County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Kwale
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Laikipia County

POPULATION[1]

399,227

Urban

25%

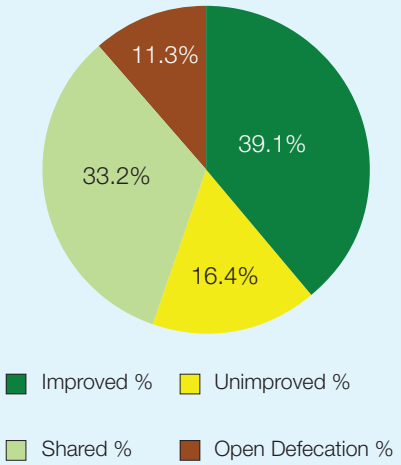
Population under 5 years

9.3%

Population density

42 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Laikipia is ranked number 25 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
25	⚑	0	0	0	10	10	10	0	5	3	0	0	0

Laikipia County loses 267 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

26.7%[5] of children in Laikipia are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Laikipia County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Laikipia
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Disagree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Disagree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Disagree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Disagree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Disagree
	M&E results are used to inform and improve sanitation program implementation in the county.	Disagree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Lamu County

POPULATION[1]

101,539

Urban

20%

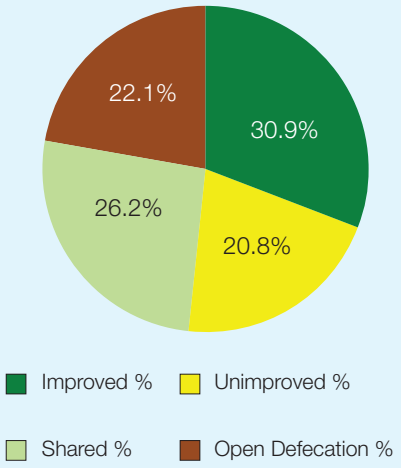
Population under 5 years

10.0%

Population density

16 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Lamu is ranked number 40 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
40	⚑	0	0	0	10	0	0	0	0	0	0	0	0

Lamu County loses 81 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

34.8%[5] of children in Lamu are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Lamu County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Lamu
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Machakos County

POPULATION[1]

1,098,584

Urban

52%

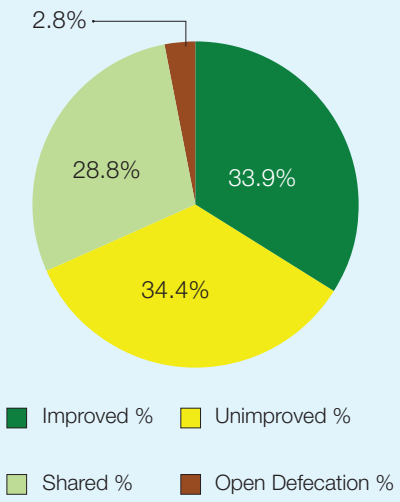
Population under 5 years

8.3%

Population density

177 / km^2

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Machakos is ranked number 5 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
5	⚑	3	5	10	0	10	10	15	8	3	5	5	0

Machakos County loses 757 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

52.9%[5] of children in Machakos are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Machakos County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Machakos
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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State of Sanitation in Makueni County

POPULATION[1]

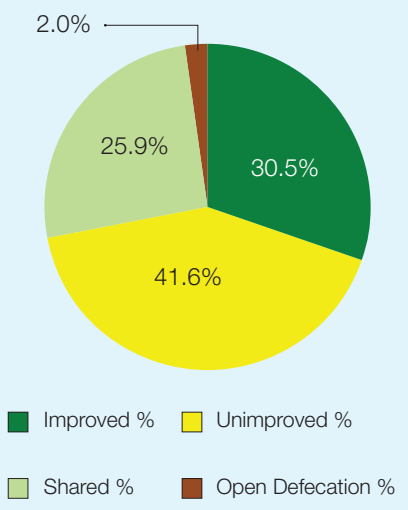
884,527

Urban
12%

Population under 5 years
8.9%

Population density
110 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Makueni is ranked number 27 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
27	⚑	0	0	0	0	5	8	15	0	5	0	0	0

Makueni County loses 638 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

58.6%[5] **of children in Makueni are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Makueni County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Makueni
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Agree
Program methodology	The program methodology for sanitation in the county has been established.	Agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Disagree
	There is a sufficient number of government staff in place to implement sanitation activities	Disagree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Partially Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Partially Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Mandera County

POPULATION[1]

1,025,756

Urban

18%

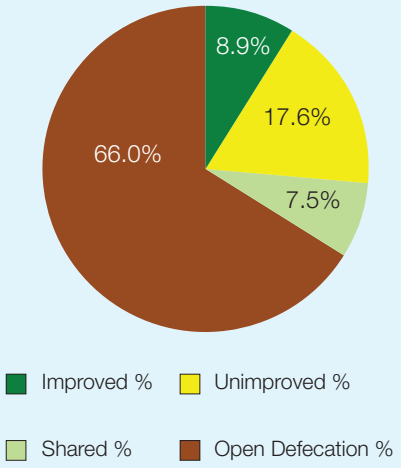
Population under 5 years

7.3%

Population density

39 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Mandera is ranked number 44 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
44	⚑	0	0	0	0	0	0	0	0	0	0	0	0

Mandera County loses 1.3 Billion KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

30.3%[5] of children in Mandera are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Mandera County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Mandera
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Partially Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Agree
Program methodology	The program methodology for sanitation in the county has been established.	Agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Disagree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Disagree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Agree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Partially Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Elgeyo Marakwet County

POPULATION[1]

369,998

Urban

14%

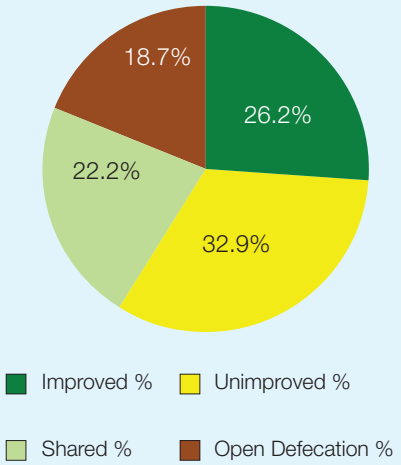
Population under 5 years

9.9%

Population density

122 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Elgeyo Marakwet is ranked number 10 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
10	⚑	1	10	8	8	8	10	15	0	0	5	0	5

Elgeyo Marakwet County loses 308 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

33.9%[5] **of children in Elgeyo Marakwet are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Elgeyo Marakwet County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Elgeyo Marakwet
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Marsabit County

POPULATION[1]

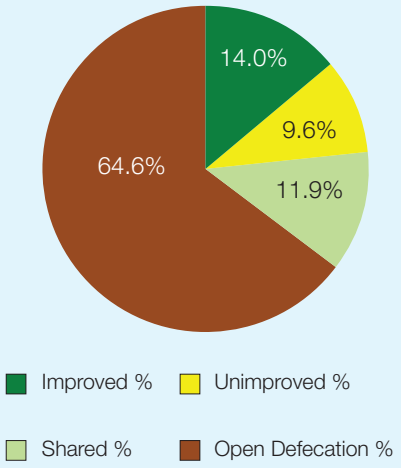
291,166

Urban
22%

Population under 5 years
9.3%

Population density
4 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Marsabit is ranked number 15 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
15	⚑	0	8	5	5	8	5	10	0	0	8	5	5

Marsabit County loses 332 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

33.1%[5] of children in Marsabit are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Marsabit County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Marsabit
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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REFERENCES

[1]Kenya County Factsheets, Commission of Resource Allocation, June 2013

[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Meru County

POPULATION[1]

1,356,301

Urban

12%

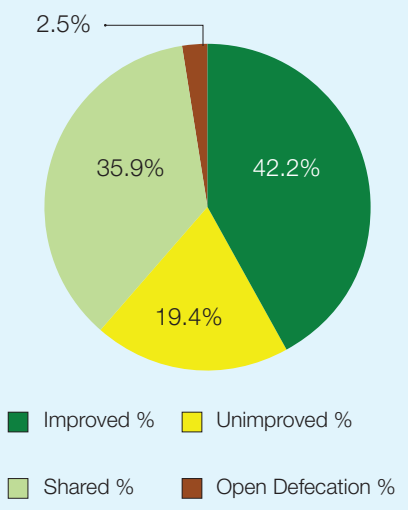
Population under 5 years

8.7%

Population density

196 / km^2

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Meru is ranked number 43 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
43	⚑	0	0	0	0	0	0	0	0	5	0	0	0

Meru County loses 816 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

51.0%[5] of children in Meru are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Meru County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Meru
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Strongly agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Disagree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Strongly agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Agree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Strongly agree
	The program methodology is being implemented by all stakeholders.	Strongly agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Strongly agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Agree
	The county undertakes quality assurance controls of sanitation products and services.	Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Strongly agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Migori County

POPULATION[1]

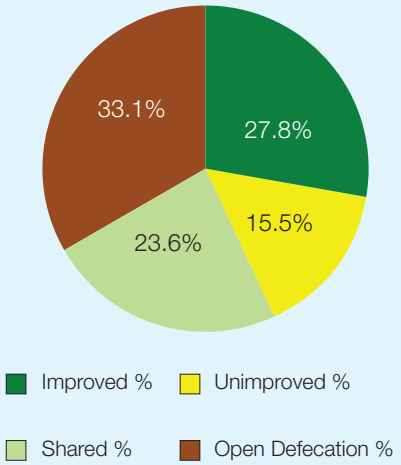
917,170

Urban
34%

Population under 5 years
12.0%

Population density
353 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Migori is ranked number 14 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
14	⚑	1	10	5	0	5	5	15	10	0	8	5	0

Migori County loses 800 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

38.5%[5] of children in Migori are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Migori County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Migori
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

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County Sanitation Profiles

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State of Sanitation in Mombasa County

POPULATION[1]

939,370

Urban

100%

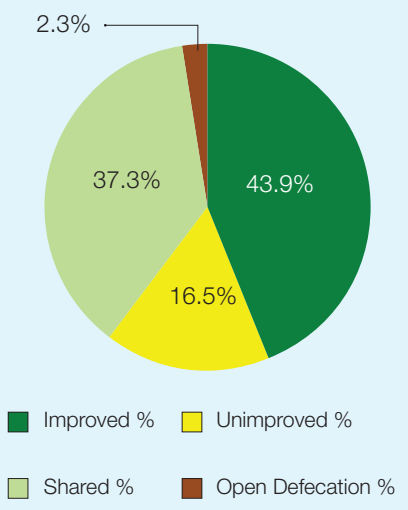
Population under 5 years

9.8%

Population density

4,289 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Mombasa is ranked number 24 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
24	⚑	3	0	0	0	10	8	5	8	5	0	0	0

Mombasa County loses 548 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

15.7%[5] **of children in Mombasa are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Mombasa County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Mombasa
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Disagree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Partially Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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County Sanitation Profiles

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State of Sanitation in Murang'a County

POPULATION[1]

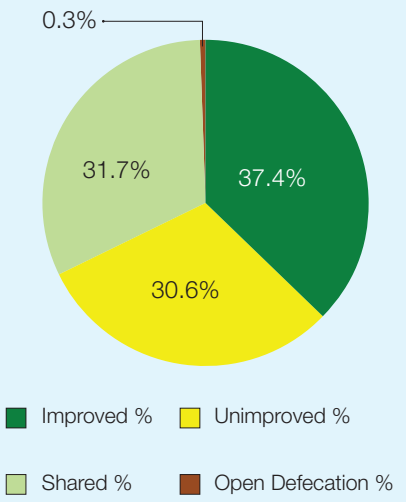
942,581

Urban
16%

Population under 5 years
7.2%

Population density
368 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Murang'a is ranked number 8 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
8	⚑	0	5	5	0	10	10	10	8	10	5	5	5

Murang'a County loses 606 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

37.1%[5] **of children in Murang'a are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Murang'a County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Murang'a
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Partially Agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Agree
Financing	The county has developed a sanitation funding plan.	Strongly agree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Nairobi County

POPULATION[1]

3,138,369

Urban

100%

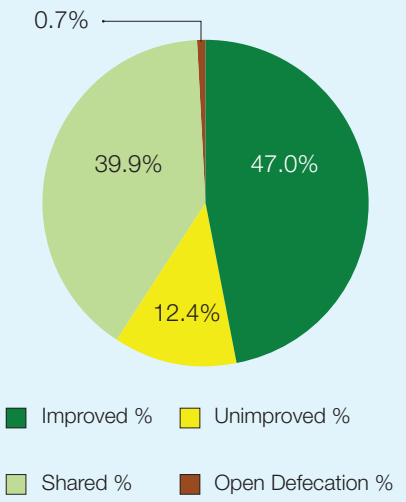
Population under 5 years

8.7%

Population density

4,516 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Nairobi is ranked number 42 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
42	⚑	0	0	0	0	0	0	0	0	8	0	0	0

Nairobi County loses 1.7 Billion KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

34.2%[5] of children in Nairobi are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Nairobi County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Nairobi
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Partially Agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Disagree
	The program methodology is being implemented by all stakeholders.	Disagree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Disagree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Disagree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Partially Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Partially Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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ABOUT THE COUNTY SANITATION PROFILES

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REFERENCES

[1]Kenya County Factsheets, Commission of Resource Allocation, June 2013

[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Nakuru County

POPULATION[1]

1,603,325

Urban

46%

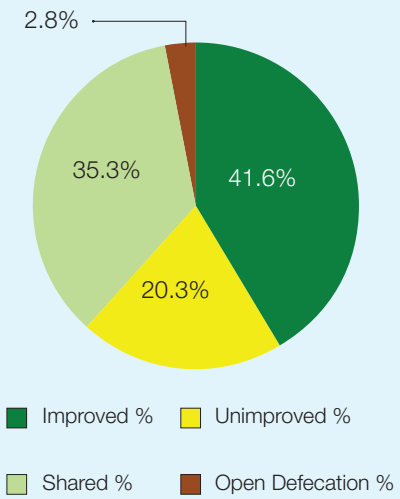
Population under 5 years

9.5 %

Population density

214 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Nakuru is ranked number 2 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
2	⚑	5	10	10	0	10	10	15	10	3	5	5	5

Nakuru County loses 978 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

50.7%[5] **of children in Nakuru are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Nakuru County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Nakuru
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

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State of Sanitation in Nandi County

POPULATION[1]

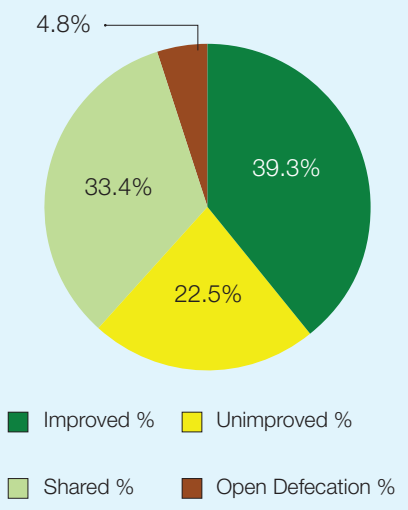
752,965

Urban
14%

Population under 5 years
9.9%

Population density
261 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Nandi is ranked number 15 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
15	⚑	0	5	8	3	10	10	15	0	3	5	0	0

Nandi County loses 483 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

31.7%[5] of children in Nandi are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Nandi County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Nandi
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Strongly agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Partially Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Partially Agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Partially Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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State of Sanitation in Narok County

POPULATION[1]

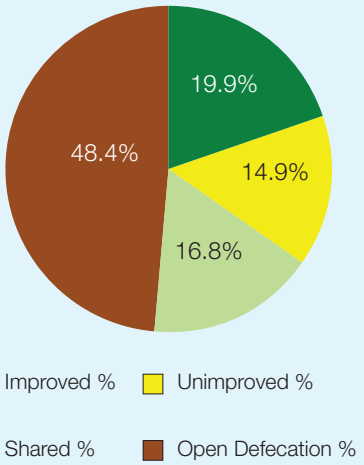
850,920

Urban
7%

Population under 5 years
12.4%

Population density
47 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Narok is ranked number 30 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
30	⚑	0	0	0	5	5	3	15	0	0	0	0	0

Narok County loses 864 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

34.6%[5] of children in Narok are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Narok County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Narok
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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County Sanitation Profiles

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State of Sanitation in Nyamira County

POPULATION[1]

598,252

Urban

14%

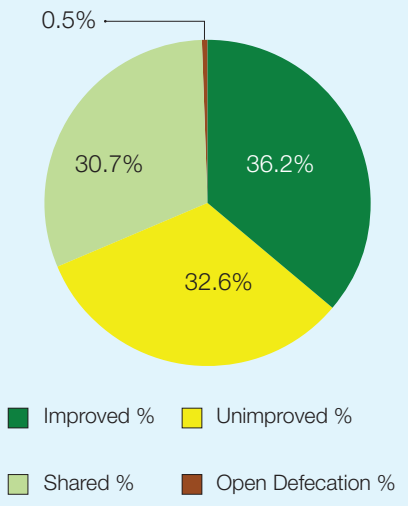
Population under 5 years

9.6%

Population density

665 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Nyamira is ranked number 10 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
10	⚑	1	5	8	5	8	8	15	0	10	5	5	0

Nyamira County loses 393 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

34.7%[5] of children in Nyamira are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Nyamira County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Nyamira
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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State of Sanitation in Nyandarua County

POPULATION[1]

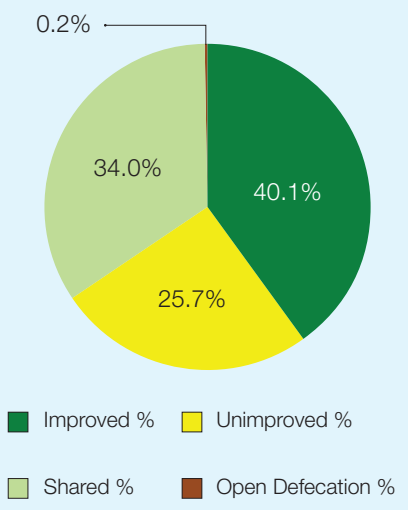
596,268

Urban
19%

Population under 5 years
8.0%

Population density
184 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Nyandarua is ranked number 18 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
18	⚑	1	0	0	5	10	10	5	10	10	0	0	0

Nyandarua County loses 367 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

42.1%[5] **of children in Nyandarua are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Nyandarua County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Nyandarua
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Partially Agree
	There is a clear mechanism for coordinating sanitation in the county.	Partially Agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Disagree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Disagree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Agree
Financing	The county has developed a sanitation funding plan.	Disagree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Strongly agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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ABOUT THE COUNTY SANITATION PROFILES

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REFERENCES

[1]Kenya County Factsheets, Commission of Resource Allocation, June 2013

[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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State of Sanitation in Nyeri County

POPULATION[1]

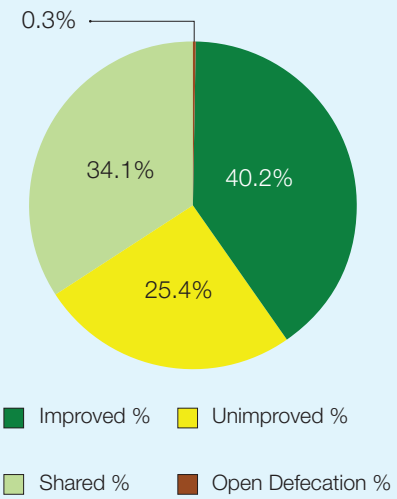
693,558

Urban
24%

Population under 5 years
7.0%

Population density
208 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Nyeri is ranked number 1 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
1	⚑	3	10	5	8	10	10	10	5	10	10	10	5

Nyeri County loses 426 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

55.2%[5] of children in Nyeri are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Nyeri County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Nyeri
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Strongly agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Strongly agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Strongly agree
	The program methodology is being implemented by all stakeholders.	Strongly agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Partially Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Disagree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Disagree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Partially Agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Samburu County

POPULATION[1]

223,947

Urban

17%

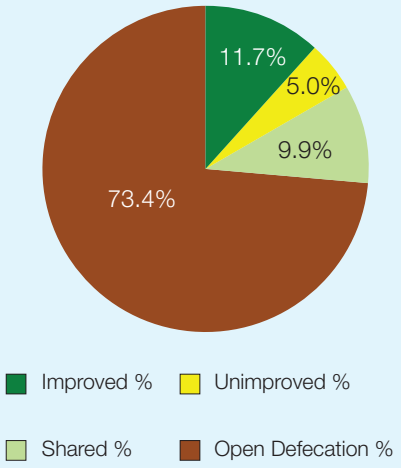
Population under 5 years

11.6%

Population density

11 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Samburu is ranked number 32 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
32	⚑	0	0	0	8	3	3	0	10	0	0	0	0

Samburu County loses 268 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

42.2%[5] of children in Samburu are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Samburu County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Samburu
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Disagree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Strongly agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Disagree
Financing	The county has developed a sanitation funding plan.	Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Agree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Strongly agree
	The county has the capacity and resources to carry out M&E activities.	Strongly agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Strongly agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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County Sanitation Profiles

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State of Sanitation in Siaya County

POPULATION[1]

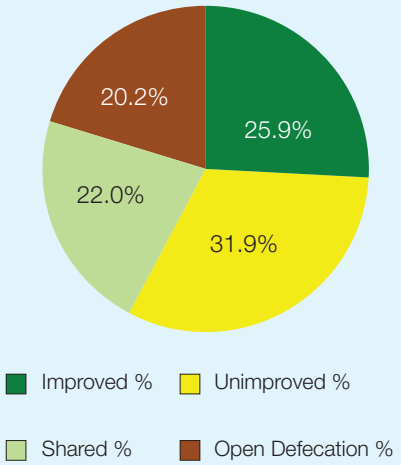
842,304

Urban
11%

Population under 5 years
10.5%

Population density
333 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Siaya is ranked number 13 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
13	⚑	0	10	3	0	3	3	10	10	0	10	10	8

Siaya County loses 708 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

43.8%[5] **of children in Siaya are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Siaya County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Siaya
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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County Sanitation Profiles

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State of Sanitation in Taita Taveta County

POPULATION[1]

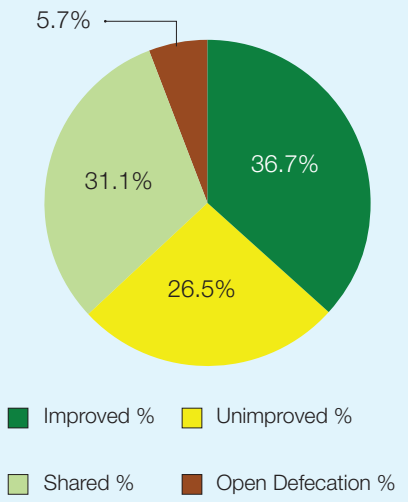
284,657

Urban
23%

Population under 5 years
10.4%

Population density
17 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Taita Taveta is ranked number 27 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
27	⚑	0	5	0	8	0	0	0	0	0	5	10	5

Taita Taveta County loses 283 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

50.4%[5] **of children in Taita Taveta are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Taita Taveta County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Taita Taveta
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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MINISTRY OF HEALTH

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County Sanitation Profiles

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State of Sanitation in Tana River County

POPULATION[1]

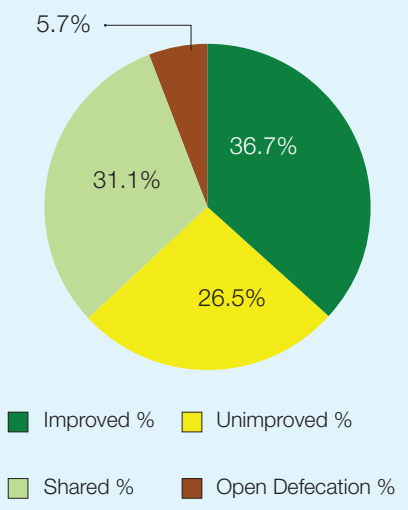
240,075

Urban
15%

Population under 5 years
9.8%

Population density
6 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Tana River is ranked number 22 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
22	⚑	0	0	0	10	10	10	10	0	3	0	0	0

Tana River County loses 257 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

50.3%[5] **of children in Tana River are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Tana River County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Tana River
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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REFERENCES

[1]Kenya County Factsheets, Commission of Resource Allocation, June 2013

[2]2009 Kenya population and housing census, Kenya National Bureau of Statistics

[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

[4]Economics of Poor Sanitation in Kenya, WSP

[5]Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

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County Sanitation Profiles

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State of Sanitation in Tharaka Nithi County

POPULATION[1]

365,330

Urban

7%

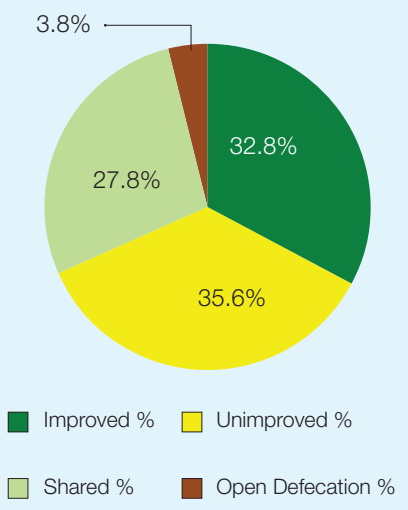
Population under 5 years

8.3%

Population density

138 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Tharaka Nithi is ranked number 21 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
21	⚑	0	0	0	10	10	10	0	5	10	0	0	0

Tharaka Nithi County loses 191 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

56.1%[5] **of children in Tharaka Nithi are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Tharaka Nithi County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Tharaka Nithi
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Strongly agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Strongly agree
	There is a clear mechanism for coordinating sanitation in the county.	Strongly agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Strongly agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Strongly agree
	There is a sufficient number of government staff in place to implement sanitation activities	Partially Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Partially Agree
	The county undertakes quality assurance controls of sanitation products and services.	Agree
Financing	The county has developed a sanitation funding plan.	Strongly agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Strongly agree
M&E	A monitoring and evaluation system for sanitation is in place.	Strongly agree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Partially Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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County Sanitation Profiles

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State of Sanitation in Trans Nzoia County

POPULATION[1]

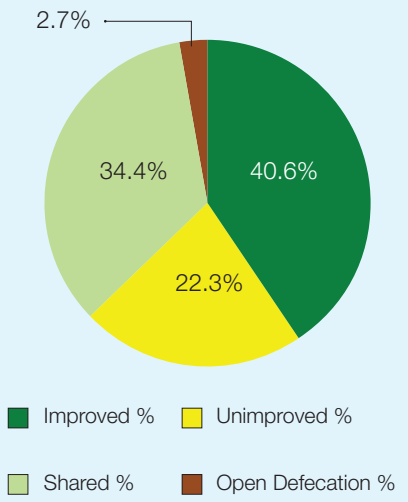
818,757

Urban
20%

Population under 5 years
10.6%

Population density
328 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Trans Nzoia is ranked number 35 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
35	⚑	5	0	0	3	3	3	0	0	3	0	0	0

Trans Nzoia County loses 506 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

47.4%[5] **of children in Trans Nzoia are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Trans Nzoia County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Trans Nzoia
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Partially Agree
	There is a clear mechanism for coordinating sanitation in the county.	Partially Agree
	The county has a dedicated budget line for sanitation in place.	Partially Agree
Program methodology	The program methodology for sanitation in the county has been established.	Partially Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Disagree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Disagree
	There is a sufficient number of government staff in place to implement sanitation activities	Agree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Agree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Disagree
	Adequate funding is available from county government to implement planned sanitation activities.	Partially Agree
	Funding is being utilized effectively for sanitation activities.	Disagree
M&E	A monitoring and evaluation system for sanitation is in place.	Disagree
	The county has the capacity and resources to carry out M&E activities.	Partially Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Disagree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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[3]Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

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State of Sanitation in Turkana County

POPULATION[1]

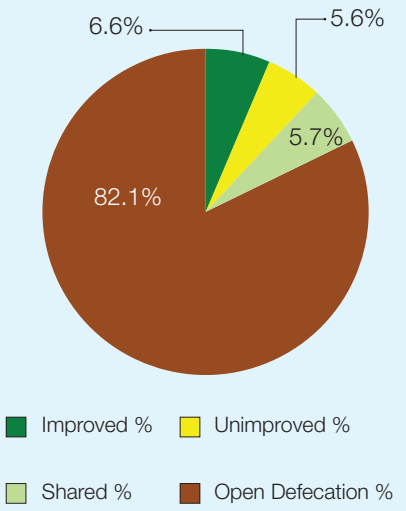
855,399

Urban
14%

Population under 5 years
7.5%

Population density
12 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Turkana is ranked number 44 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
44	⚑	0	0	0	0	0	0	0	0	0	0	0	0

Turkana County loses 1.1 Billion KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

34.2%[5] of children in Turkana are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Turkana County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Turkana
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Agree
	As a county, we have a shared vision for sanitation.	Partially Agree
	The county strategic plan includes sanitation targets.	Strongly agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Agree
	There is a clear mechanism for coordinating sanitation in the county.	Agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Agree
	The program methodology is being implemented by government.	Partially Agree
	The program methodology is being implemented by all stakeholders.	Partially Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Partially Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Disagree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Agree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Partially Agree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Partially Agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Partially Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Agree
	M&E results are used to inform and improve sanitation program implementation in the county.	Agree

KEY: Strongly agree · Agree · Partially Agree · Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in Uasin Gishu County

POPULATION[1]

894,179

Urban

39%

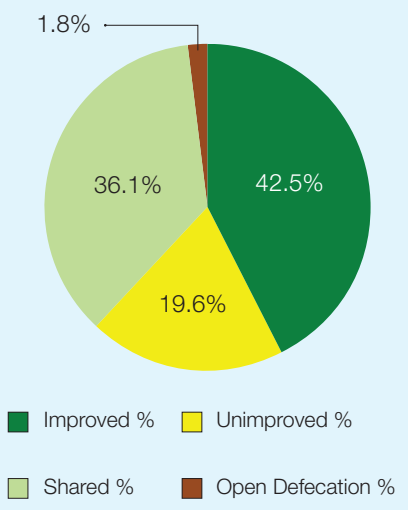
Population under 5 years

9.7%

Population density

267 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Uasin Gishu is ranked number 38 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
38	⚑	0	0	0	3	3	3	0	0	5	0	0	0

Uasin Gishu County loses 533 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

25.1%[5] of children in Uasin Gishu are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Uasin Gishu County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Uasin Gishu
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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REFERENCES

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County Sanitation Profiles

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State of Sanitation in Vihiga County

POPULATION[1]

554,622

Urban

31%

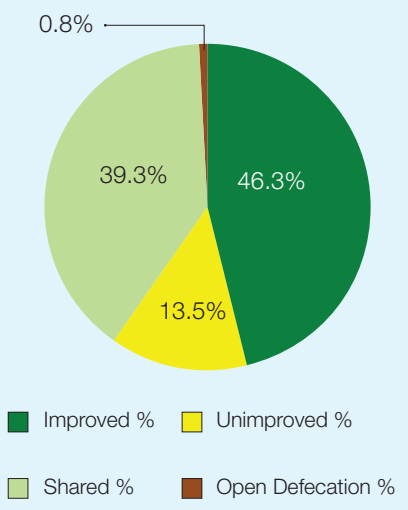
Population under 5 years

9.4%

Population density

983 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Vihiga is ranked number 37 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
37	⚑	0	0	0	8	0	0	0	0	8	0	0	0

Vihiga County loses 307 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

37.8%[5] of children in Vihiga are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Vihiga County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Vihiga
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

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County Sanitation Profiles

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State of Sanitation in Wajir County

POPULATION[1]

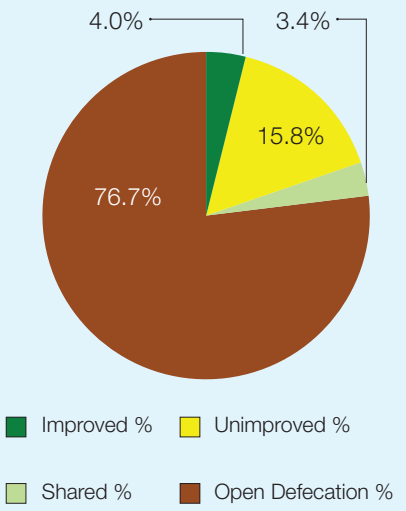
661,941

Urban
15%

Population under 5 years
7.6%

Population density
12 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Wajir is ranked number 44 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
44	⚑	0	0	0	0	0	0	0	0	0	0	0	0

Wajir County loses 854 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

78.3%[5] **of children in Wajir are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Wajir County showed the following strengths and challenges.

Enabling Environment Area	Indicator	Wajir
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
	There is a clear mechanism for coordinating sanitation in the county.	
	The county has a dedicated budget line for sanitation in place.	
Program methodology	The program methodology for sanitation in the county has been established.	
	The program methodology is being implemented by government.	
	The program methodology is being implemented by all stakeholders.	
Implementation capacity	There is a sanitation capacity building plan in place for the county.	
	There is a sufficient number of government staff in place to implement sanitation activities	
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	
	The county undertakes quality assurance controls of sanitation products and services.	
Financing	The county has developed a sanitation funding plan.	
	Adequate funding is available from county government to implement planned sanitation activities.	
	Funding is being utilized effectively for sanitation activities.	
M&E	A monitoring and evaluation system for sanitation is in place.	
	The county has the capacity and resources to carry out M&E activities.	
	M&E results are used to inform and improve sanitation program implementation in the county.	

KEY: Strongly agree Agree Partially Agree Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

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County Sanitation Profiles

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State of Sanitation in West Pokot County

POPULATION[1]

512,690

Urban

8%

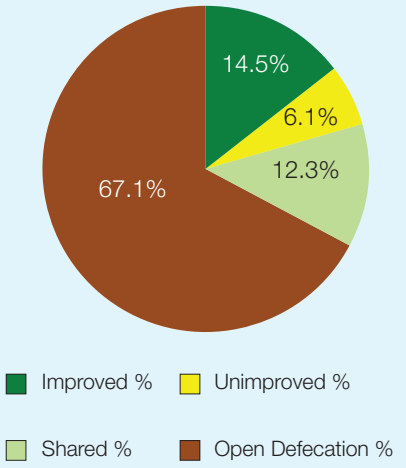
Population under 5 years

11.3%

Population density

56 / km²

Sanitation coverage[2]



Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

West Pokot is ranked number 26 out of 47[3] in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
26	⚑	0	10	0	0	3	3	0	0	0	8	5	5

West Pokot County loses 587 million KES each year due to poor sanitation[4]. This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.

47.3%[5] **of children in West Pokot are stunted**

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in West Pokot County showed the following strengths and challenges.

Enabling Environment Area	Indicator	West Pokot
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	
	As a county, we have a shared vision for sanitation.	
	The county strategic plan includes sanitation targets.	
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	
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Program methodology	The program methodology for sanitation in the county has been established.	
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KEY: Strongly agree Agree Partially Agree Disagree

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