



**SNV**

## **ACCELERATING ACCESS TO SANITATION AT SCALE**

Experiences of the SSH4A  
Payment by Results  
Programme in Kenya



Access to  
**HANDWASHING WITH SOAP**

PHASE 1 INCREASED BY

**13%** ↑ 93,280  
people gaining  
new access

PHASE 2 INCREASED BY

**21.4%** ↑ 153,882  
people gaining  
new access

# About SNV

SNV is a not-for-profit international development organisation that makes a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. We aim for premium quality and focus in three sectors: agriculture, energy, and water, sanitation and hygiene (WASH).

Our team of more than 1,300 staff is the backbone of SNV. With a long-term, local presence in over 25 countries in Asia, Africa and Latin America, we know how governments work and how relationships are built. By applying our know-how, we can deliver impact at scale, through direct results and systems change.



# SNV in WASH

## Delivering professional WASH services at scale

Our WASH team is made up of experts in rural sanitation, rural water supply, urban sanitation and/or urban water supply. Over the years, we have been engaged in the continuous development and adaptation of our WASH products.



Sustainable sanitation and hygiene for all



Urban sanitation and hygiene for health and development



Area-wide rural water supply services

### IMPACT - 2018

Our interventions led to:  
**1.89million+**  
people gaining access to  
(at least) basic sanitation

**620,000**  
people gaining access to  
(at least) basic drinking  
water

**747,000**  
more people washing  
hands with soap after  
defecation

### STRATEGY 2019 - 2022

**2 million  
people**

gaining access  
to (at least)  
basic sanitation



**2 million  
people**

gaining access  
to (at least)  
basic drinking  
water

**1 million  
people**

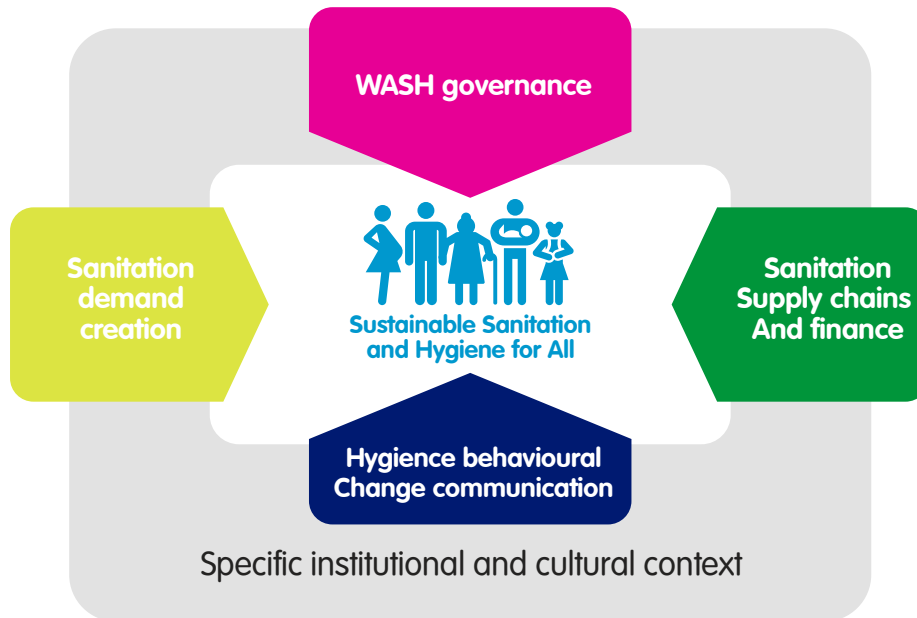
washing their  
hands with  
soap after  
defecation



# About SSH4A

Sustainable Sanitation and Hygiene for All (SSH4A) is SNV's approach to ensure equitable and sustainable access to improved sanitation and hygiene in rural areas. The SSH4A Approach combines work on demand creation, sanitation supply chains, hygiene behavioural change communication (BCC) and governance with the aim of ending open defecation, stimulating business people to offer affordable toilets, encouraging communities to maintain safe hygiene practices and supporting the local Governments to achieve area-wide access to safe sanitation.

In early 2014, SNV entered into a Results Based Financing project contract with DFID to scale-up Sustainable Sanitation and Hygiene for All (SSH4A) approach across nine countries (Kenya, South Sudan, Ghana, Ethiopia, Mozambique, Nepal, Tanzania, Uganda and Zambia) in an effort to improve access to sanitation for millions of people around the world. In 2016, the programme was expanded to additional areas in seven countries (Kenya, Ethiopia, Mozambique, Nepal, Tanzania, Uganda and Zambia). The project results were broken down into 20 packages for which payment was made after external verification of the results.



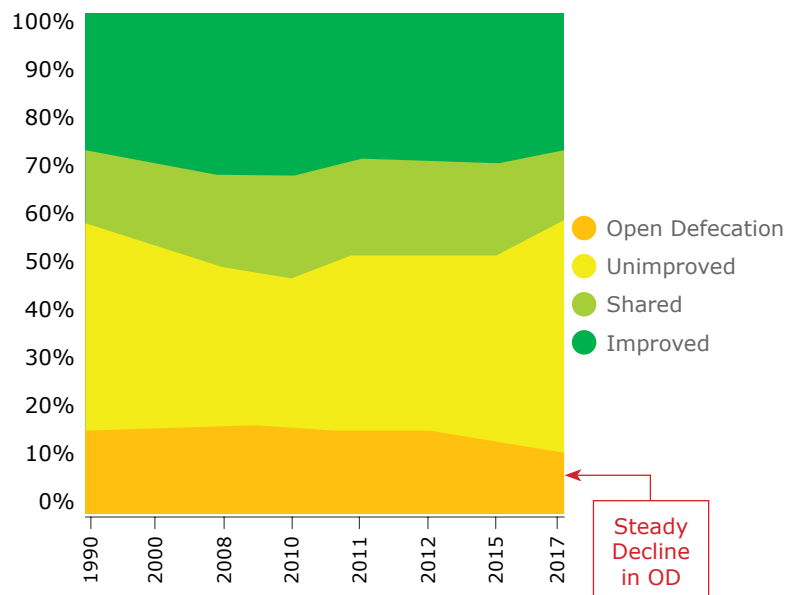
In 2016, the programme was expanded to additional areas in seven countries (Kenya, Ethiopia, Mozambique, Nepal, Tanzania, Uganda and Zambia).

# Kenya context

The Government of Kenya through the Ministry of Health initiated a national ODF campaign in 2011 after successful pilot initiatives were conducted. This campaign sought to declare rural Kenya ODF by 2013 and the target was later revised to 2020. For many years and despite numerous interventions, the number of people practicing open defecation has largely remained unchanged. However, since the government adopted CLTS as a key strategy to accelerate access to sanitation in 2011, the practice of open defecation has steadily declined (as seen in the JMP chart).

## Rural sanitation coverage in Kenya

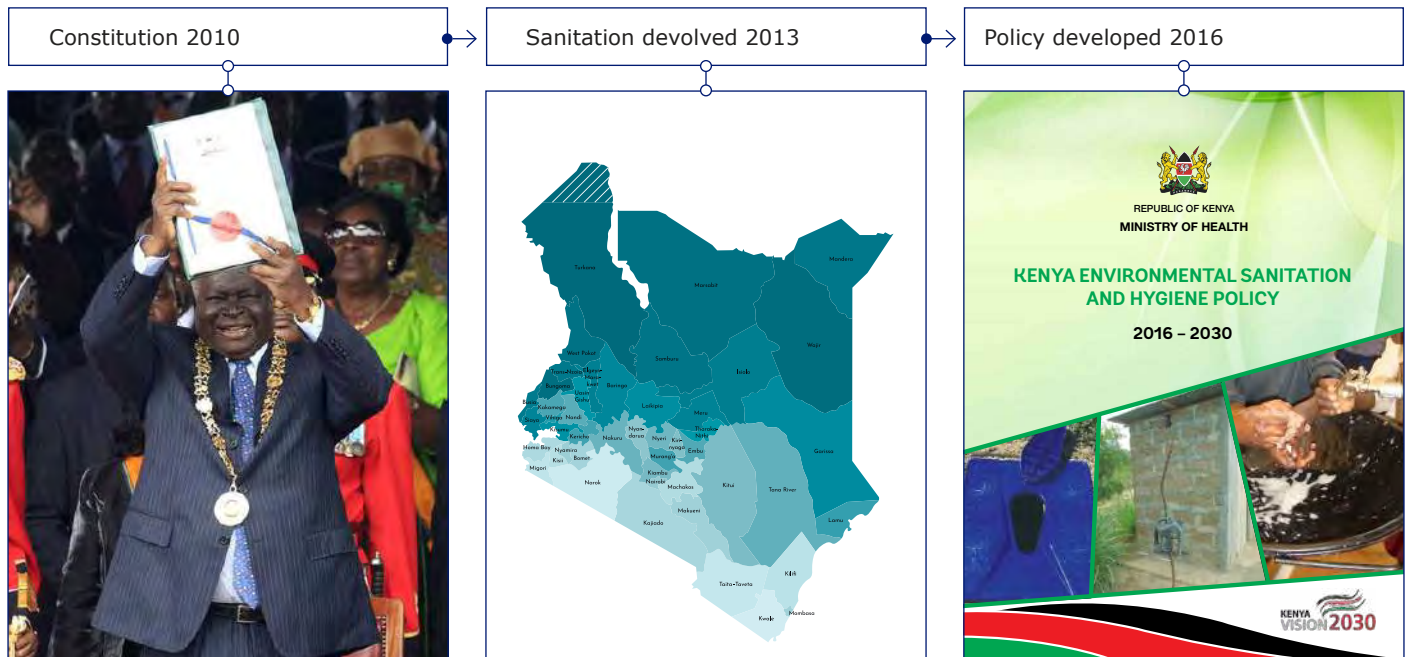
Progress on Sanitation and Drinking Water. JMP 2019 Update



Provision of **sanitation** and hygiene services became a **devolved** function in **2013** and the Ministry of Health prepared a policy, strategy and roadmap to guide the county governments on environmental health and sanitation.

The Government of the Republic of Kenya at both National and County levels committed, through the Kenya Environmental Sanitation and Hygiene Policy 2016-2030, to pursuing a robust strategy that will not only enable all Kenyans to enjoy their right to highest attainable standards of sanitation but also to a clean and healthy environment as guaranteed by the Constitution of Kenya 2010.

The Kenya Environmental Sanitation and Hygiene Strategic Framework (KESSF) 2016-2020 puts in place key measures for sustained sanitation and hygiene service delivery in Kenya, including elimination of open defecation by 2020 and provides the Medium Term priority sanitation investments needed to achieve the goal of open defecation free Kenya.



The **SSH4A** Results Programme in Kenya was implemented in support of this Government initiative.

# SSH4A approach in Kenya

## Demand creation

In 2014, the project enlisted a team of CLTS Master Trainers from the pool of Certified Master Trainers registered by the National CLTS Hub, Ministry of Health. These were taken through a two day reflection on the CLTS curriculum to harmonize the training package. The reflection with the master trainers culminated in a clear action plan to rollout the training in all the 4 SSH4A targeted Counties.

The CLTS Promoters were nominated from the Public Health Department in all the targeted counties. These were mostly Public Health Officers, Public Health Technicians and Community Health Extension Workers (CHEWs). The number of nominees was pegged on the targeted deliverables i.e. number of targeted villages in each and every sub county. The Sub County Public Health Officers had the overall responsibility to nominate the promoters in their respective areas of jurisdiction. This was to be done within the guidelines shared to them earlier.

All the nominated promoters were taken through a comprehensive 5 day training that included two days of practical to enable them internalize the process of Triggering and Implementation of CLTS with quality. The trainings were conducted at the County level. Every promoter was assigned a particular number of villages to deliver to Open Defecation Free Status within a specified period.







At the end of the training, every promoter came up with his / her individual action plan with specific timelines on when to conduct Pre-triggering, Triggering, Post Triggering activities within the given timeframe. All the promoters signed individual undertakings translating their plans into commitments.

In order to intensify outreach and accelerate the results, the programme engaged community based promoters (CBPs) in 2015 through a consultative process. In the extension phase that was rolled out in 2017, M&E enumerators were engaged to support and mentor the CBPs. A robust mobile based M&E system was developed to ensure that there was focused follow up and support. This system was used to undertake a "latrine census" of all households in the extension programme area and this data was then used for decision making on whether to trigger villages or conduct BCC and for targeted follow up.

The SSH4A team together with the county public health department conducted regular field visits to support and encourage the M&E enumerators as well as the CBPs.

**2015** engaged  
**CBPs**  
through a  
consultative  
process.

**2017** **M&E**  
engaged to  
support and  
mentor the  
**CBPs.**

# SSH4A approach in Kenya



Those who were trained developed **action plans** and **engaged** in **hygiene promotion activities**.

## Behaviour change communication

In Phase 1, the SSH4A Results Programme developed a standard curriculum on social behavioural change communication in sanitation and hygiene (SBCC) and a total of 30 master trainers were selected and trained; after which they trained implementers in their respective Sub-counties for 5 days using the same curriculum. This equipped the health promoters with the necessary skills to be able to develop a strategy, design BCC messages, implement and monitor progress. The master trainers trained 100 public health officers, 100 health facility in-charges, and 50 people representing special groups, as sanitation and hygiene SBCC promoters. The promoters trained 800 teachers, 1200 religious leaders, 300 community health volunteers and 300 women group leaders. Those who were trained developed action plans and engaged in hygiene promotion activities. Each nurse and public health officer reached about 100

people per week mainly through small group meetings. Although the number of people reached was high this did not translate to increase in handwashing with soap (HWWS).

In Phase 2, the approach was revised with more emphasis on BCC at the household level. From review of phase 1 it was established that there was a need to shift the strategy from using channels like health facilities, schools and churches because not all the targeted households were being reached. It was generally agreed that there is need to focus more on channels that allow conversation between households and BCC promoters and incorporate other motivators in the IEC materials in addition to the health benefits. More emphasis was also placed on dissemination, whereby the promoters engage with households at length before leaving them with brochures or fliers as opposed to distribution where the materials are simply handed out. As a result of this, better progress in handwashing with soap was noted in phase 2.

### Supply chain

SNV designed the SAFI latrine in response to household needs that were captured in an action research conducted in Kenya, Tanzania and Ethiopia in 2013. In phase 1, the SSH4A programme trained artisans on casting and installation of the SAFI latrine. The artisans

in each of the sub counties were brought together to form SACCOs to pool resources for production as well as quality assurance. However, this model did not work very well because the artisans were not all entrepreneurs and had not fully grasped the importance of being together in this kind of business.

This called for a business re-design process which involved allowing the artisans who were entrepreneurial to drive their own business outside the SACCO and empowering them with business training. This resulted in a rapid acceleration of production and sales.

### SSH4A

programme trained artisans on casting and installation of the **SAFI** latrine.



# SSH4A approach in Kenya

## Governance

Access to safe Water, Sanitation and Hygiene is a basic human and constitutional right, yet many people today continue living without this access, stripping them off the right to dignity and health. As this is the mandate of government, the SSH4A Results Programme, from a governance perspective, sought to influence alignment of stakeholder programmes; improve sector planning, resource allocation, monitoring, transparency and social inclusion. The key driver to achieving this is the Environmental Health and Sanitation Bill. The SSH4A programme supported the counties in drafting the bill as well as the consultative discussions between different departments and stakeholders. At the close of the programme the bills were at different stages in the process of enactment. In addition, the programme supported WASH forums at county level. The WASH forum is a multi-stakeholder group comprising of departments of health, water and environment, National Environment Management Authority (NEMA),

ministry of interior and national coordination, NGOs, CBOs, FBOs, administrative department of the County Government and other stakeholders. The stakeholders meet to discuss matters on hygiene and sanitation among other health related issues and these meetings are largely supported by Non-state actors operating in the County. The functions of the forums include; advocacy, coordination of activities to ensure that there is no overlap/duplication in implementation, and knowledge sharing among partners drawn from lessons learnt in the process of implementation.

## Gender, Equity and Social Inclusion (GESI)

The SSH4A programme identified the poor, female headed households, the elderly and people with disabilities as those who are likely to be excluded from accessing sanitation and hygiene and deliberately sought to ensure their inclusion. This was done in the following ways: Sensitizing the county leaders and promoters on the importance of inclusion and not leaving anyone

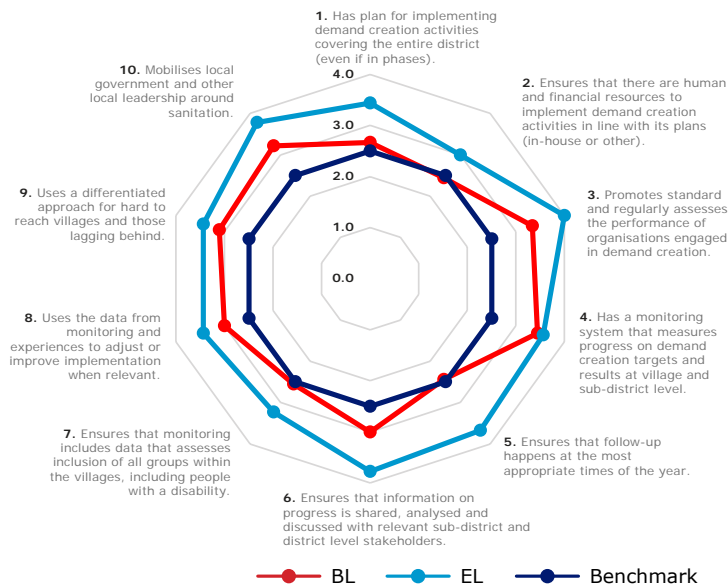
behind; identifying and tracking access to sanitation for these vulnerable groups; providing socially inclusive IEC materials to promoters to support access e.g. types of commodes for the elderly, toilet modifications for PLWDs etc.; and regular reflection meetings with them to assess whether their needs were being responded to. This led to improved access to sanitation for these groups.

## Sustainability

Sustainability is core to the SSH4A programme and a robust performance monitoring framework was developed to ensure this. It covers both impact and outcome indicators. The outcomes are related to capacities and/ or performance at different levels, which together contribute to a sustainable service delivery system for rural sanitation and hygiene. The ability to steer demand creation at scale hinges on learning of lessons that can motivate the duty bearers to set ground rules and benchmarks for implementation of demand creation activities not just at the lowest level of the current governance structure (villages) but at Sub County or County level.

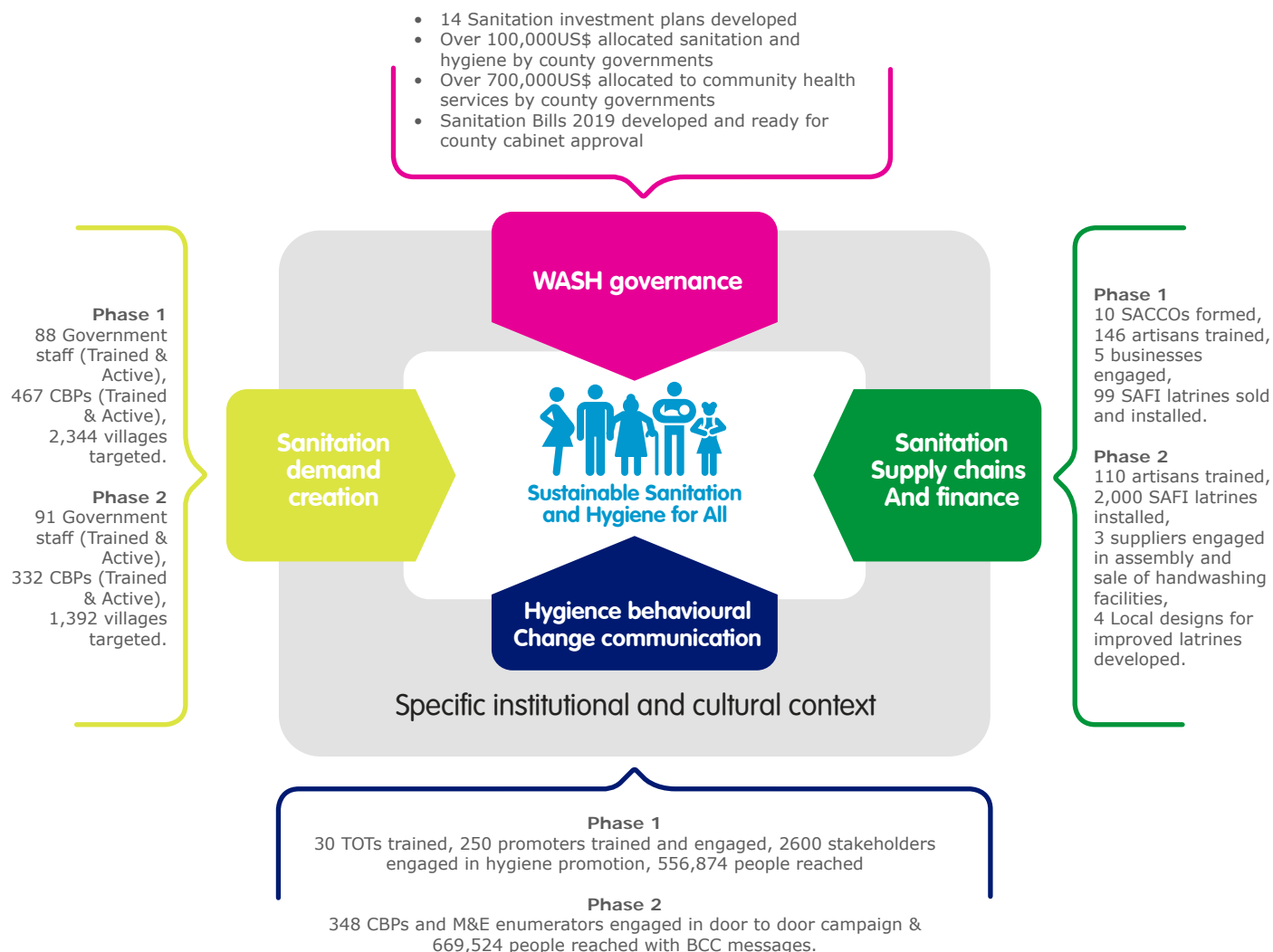
<b>Capacity for steering and implementation of sanitation demand creation</b>	<ul style="list-style-type: none"> <li>• Capacity of local governments or line agencies to steer sanitation demand creation at scale in their area</li> <li>• Capacity of local organisations implement sanitation demand creation (CLTS) with quality.</li> </ul>
<b>Capacity for sanitation supply chains and finance</b>	<ul style="list-style-type: none"> <li>• Progress on private sector engaging in sales of sanitation hardware and services to BoP.</li> <li>• Availability of affordable sanitation options for the poorest wealth quintile.</li> <li>• Progress in FSM- emptying and collection.</li> </ul>
<b>Capacity for behavioural change communication (BCC) for hygiene promotion</b>	<ul style="list-style-type: none"> <li>• Progress on institutionalising hygiene behavioural change communication.</li> </ul>
<b>Capacity for WASH governance</b>	<ul style="list-style-type: none"> <li>• Improved sector alignment at local level.</li> <li>• Progress on the influence of women in rural sanitation and hygiene programmes.</li> <li>• Progress on the influence of poor households and minority groups in rural sanitation and hygiene programmes.</li> <li>• Progress on the influence of disabled people and elderly in rural sanitation and hygiene programmes.</li> </ul>

### Capacity to Steer Demand Creation at Scale



As illustrated in the chart, realization of time bound and sustainable ODF Sub Counties and Counties is dependent on proper planning of demand creation activities that is matched by allocation of adequate human and finance resources by the County governments, without overreliance on NGO partner support. The campaign momentum cannot also be achieved by focusing on a few sections of the Sub Counties which are considered easy to deliver ODF at the expense of hard to reach areas and households headed by vulnerable groups. This path also requires that Counties focus on integration of appropriate and customized demand creation approaches such as CLTS, BCC and supply chain strategies, and also invest in performance based monitoring systems.

# Outputs and outcomes from strategy implementation



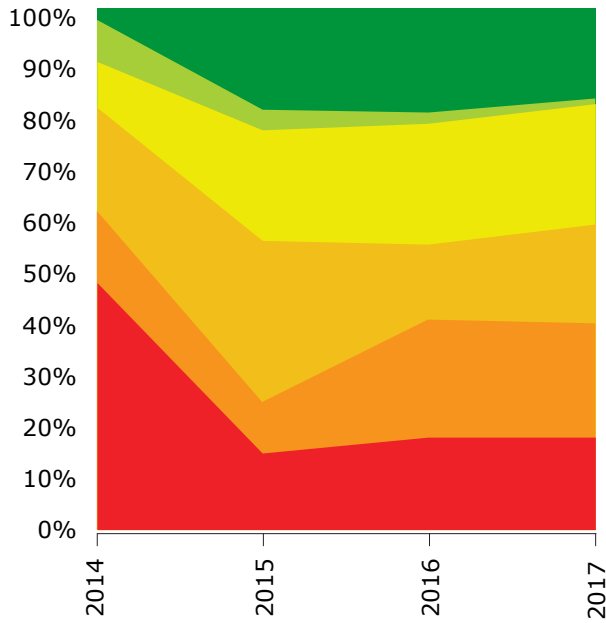
# Achievements & results

## Latrine coverage

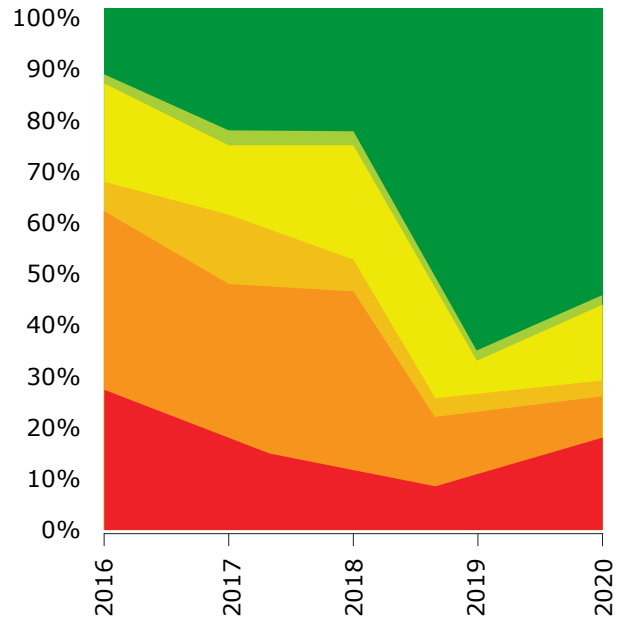
Since the inception of the programme in Kenya in late 2014, and through partnerships with the County government and other key stakeholders, the SSH4A Results Programme realised some steady reduction in open defecation and enhanced

access to basic sanitation. The number of people in the programme area who have access to a sanitary toilet has increased by **226,792** people (21.3%) in phase 1 and **214,337** people (26.3%) in phase 2

Latrines phase 1



Latrines phase 2



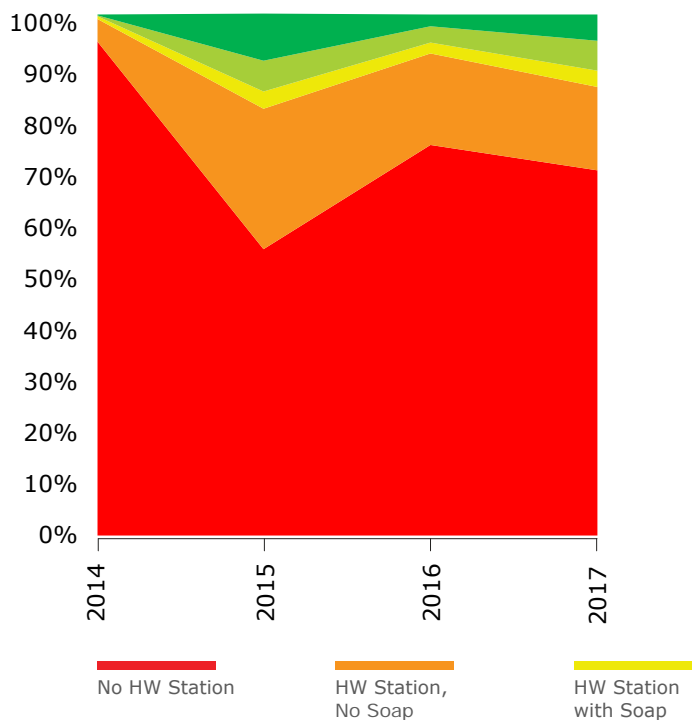
## Achievements & results

### Handwashing with Soap (HWWS)

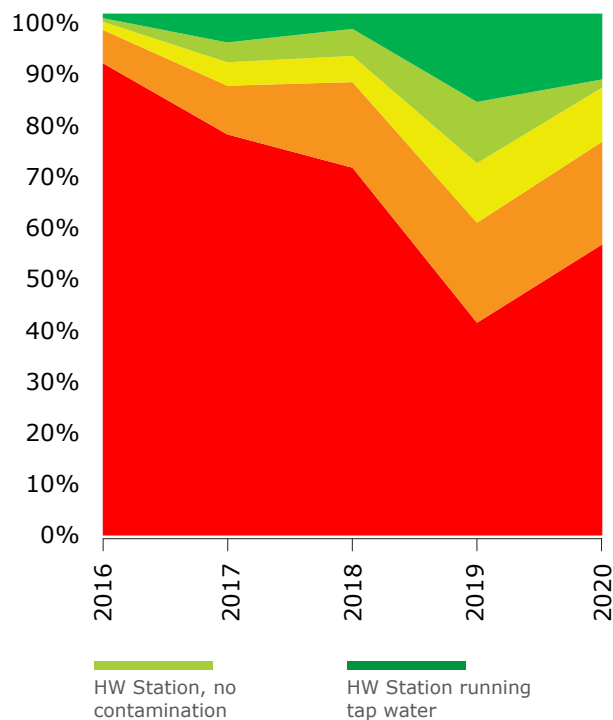
Access to HWWS after defecation improved by 13% in phase 1 with **93,280** people gaining new access while in phase 2, **153,882** people gained new access; an increase of 21.4%. In phase 2, majority of the households received messages on hand washing with soap at their homes through visits by either community based promoters or public health officials who used BCC materials ensuring consistency of the messages passed. Improved handwashing facilities (bucket

& tap) were also promoted and sold with many households purchasing them and preferring to place them inside the house to prevent theft. Some households with secure compounds have managed to firmly secure these next to their latrines. The tippy taps and leaky tins installed near the latrines may not be sustainable as high slippage on these type of facilities has been noted. From focus group discussions it was noted that many households do not like them and prefer the bucket/jerrycan with tap.

#### HWWS phase 1



#### HWWS phase 2





### Business for improved latrines

Following the business re-design, the entrepreneurs were given the freedom to source for business outside the SACCO. As a result the sale of SAFI increased from 99 in phase 1 to approximately 2000 in phase 2 with a quarter of these being installed outside the programme area. The sales have gone beyond households to institutions such as health facilities, churches and schools. Overall there has been a 37.3% increase in phase 1 and a 36.6% increase in improved latrines in phase 2.

### Planning and targeting county-wide ODF

The SSH4A Results Programme supported the targeted sub counties to develop area wide sanitation investment plans. The Sub County Sanitation Investment Plans have been used by the respective Sub Counties to mobilize for resources for sanitation especially during the public participation forums in the county budgeting cycle held at the Ward level.



# Lessons

## **Community engagement can help achieve sanitation outreach at scale**

Staffing in the Public Health department is low in all the programme counties. This lowers the capacity of the department to achieve outreach at scale on its own with the door to door approach, which is considered the most effective. To bridge this gap the SSH4A results programme engaged community based promoters and M&E enumerators training about 978 CLTS and 628 SBCC promoters on the CLTS and BCC approaches, some of whom emerged as champions and Trainers of Trainers (TOT).

To ensure quality of community engagement the programme strengthened supportive supervision through improved M&E, conducting targeted spot checks, conducting reflection meetings and different levels, exchange visits, participation in both national and international conferences where sharing of approaches and lessons learnt was done. In addition, Chiefs, Assistant chiefs, Village elders, Miji kumi leaders as well as ward and sub county administrators were engaged to support the process and played a crucial role in achieving results.

The programme also established that having a comprehensive baseline assessment of all households enabled the teams make targeted follow up and this led to acceleration of access to sanitation and handwashing with soap (HWWS). Having the data and progress captured on a mobile phone based platform made reviews simpler.

## **Handwashing with soap (HWWS) should be assessed based on known household practices**

Households have different preferences when it comes to HWWS. Many households who have improved handwashing facilities prefer to place these inside the house. The SSH4A Results Programme was only measuring facilities that were less than 10 meters from the latrine. Having the facility in the house should also be considered adequate when appropriately placed in or near the house. This is usually done to avoid theft of the handwashing facility (HWF) or damage by domestic animals and small children.

If such a household is considered to lack access yet they are engaging in the practice, it renders the follow up ineffective. It is difficult to convince such households that moving the facility closer to the toilet will improve likelihood of HWWS when they are already washing their hands in the house.



### **Demand for improved latrine options and handwashing facilities is high**

The SSH4A results programme has established that there is a strong desire by all households, including the resource poor to own improved latrines. The households have different needs and desires and products that match these are taken up easily. For example, collapsible soil is very common in Kilifi and Homa bay especially in areas along the lake/sea shores with some households constructing latrines every rainy season.

Households in these areas were exposed to various latrine options with many in Homa Bay opting for the SAFI latrine and those in Kilifi choosing between SAFI and their traditional pour flush systems. The uptake of SAFI Latrine technology is progressively rising, going beyond the households to institutions (health facilities, markets, beaches and schools). This growing demand has attracted partners implementing other programmes like the USAID funded KIWASH and the

GSF funded KSHIP to take up the SAFI latrine with the SSH4A entrepreneurs training more artisans on how to cast the components and install the SAFI latrine. In addition households have also come up with their own innovation. In Kilifi, households prefer the pour flush latrines and have continued to come up with different designs for the squat holes that are very cost effective (about 6 dollars).

In Kericho and Homa Bay households have taken up the bucket and tap handwashing facility in large numbers. There is a market for sanitation and hygiene products in the programme area as long as these respond to the needs and aspirations of the households.

### **Evidence can attract political support**

The SSH4A results programme supported the sub counties to develop sanitation investment plans which were used to lobby for increased resource allocation to sanitation. Some counties such as Elgeyo Marakwet and Homa bay have started

supporting demand creation activities through budget allocations with an aspiration to declare the counties and sub counties ODF.

Counties are now shifting the focus from ODF villages to ODF Wards and the work that the department of health is doing is gaining recognition among the political leadership and partners.

For instance, Keiyo South allocated more than KES 10M (about 100,000 US\$) during the past two financial years to sanitation and hygiene to Soy North, Soy South, Chepkorio, Kaptarakwa, Lelboinet, and Kabiemit Wards while more than KES 70 Million (about 700,000 US\$) is was allocated for community health services. The County government of Homa Bay also allocated KES 4 million (about 40,000 US\$) for sanitation activities in 2019.

As we close out the programme, we would like to recommend the following:

# Recommendations

## **I. Institutionalizing of simple and robust M&E system:**

Over the years, the department of health has relied on sanitation data collected by the CHVs and collated by the CHEWs before being submitted to the Ward and eventually the Sub County and County level through the DHIS system. However, a gap remains in validation and verification of the data that may make authenticity questionable.

Establishing of simple and friendly mobile to web based system that enables the department to track household based change in access to latrine, HWF and lid would be invaluable. The SSH4A results based programme has tested this with baseline surveys, verification, certifications and outreaches processes and believes that with just a little investment, this will enable the Sub Counties and the County to track the household, village, CU, Ward and Sub County ODF journey.

## **II. Embracing results based approach to sanitation work:**

Given that budgetary allocation to sanitation is limited it is important to minimize the risks of budget expenditure without any results being achieved. The way to do it as demonstrated in the SSH4A programme is to have a strong results focus which is backed by a robust M&E system and technical support through monitoring visits and reflection meetings. As the aim is to work at scale, targets for the health departments and

promoters should be broken into smaller phases and funding for each phase tied to successful delivery of the previous phase. This way if something is not working and results are not being achieved corrective action can be taken. A robust M&E system together with technical support is critical for this.

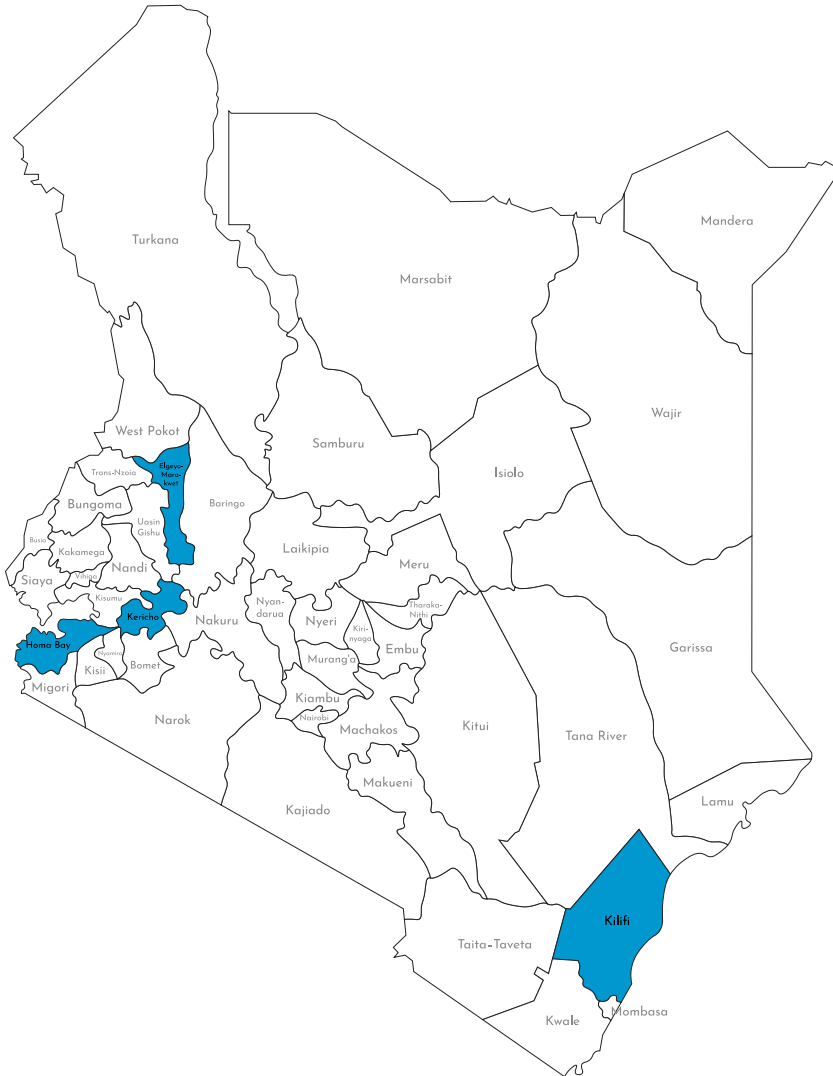
## **III. High level commitment by the key political leaders such as Governor, CECMs and MCAs:**

For effective results to be attained in declaring the Counties ODF, the momentum must be reignited and retained by the highest political figures in the community such as the Governor, MCA, and CECMs. This can be achieved by asking the political leaders to make formal and public commitments for financial support and by openly educating the communities on the need to end open defecation with clearly set targets and timeframes for the County.

## **IV. Sanitation in rapidly growing market centres**

There are several market centres that are growing rapidly in the programme areas. These centres are coming up without proper planning for water and sanitation services. It is important to provide guidelines for this at the county level and tie specific approvals to provision of water and sanitation.

# SSH4A results per sub county



The **SSH4A Programme** was implemented in four counties: Kilifi, Kericho, Elgeyo Marakwet & Homa Bay.

In these **4 counties**, implementation took place in **14 sub counties**.

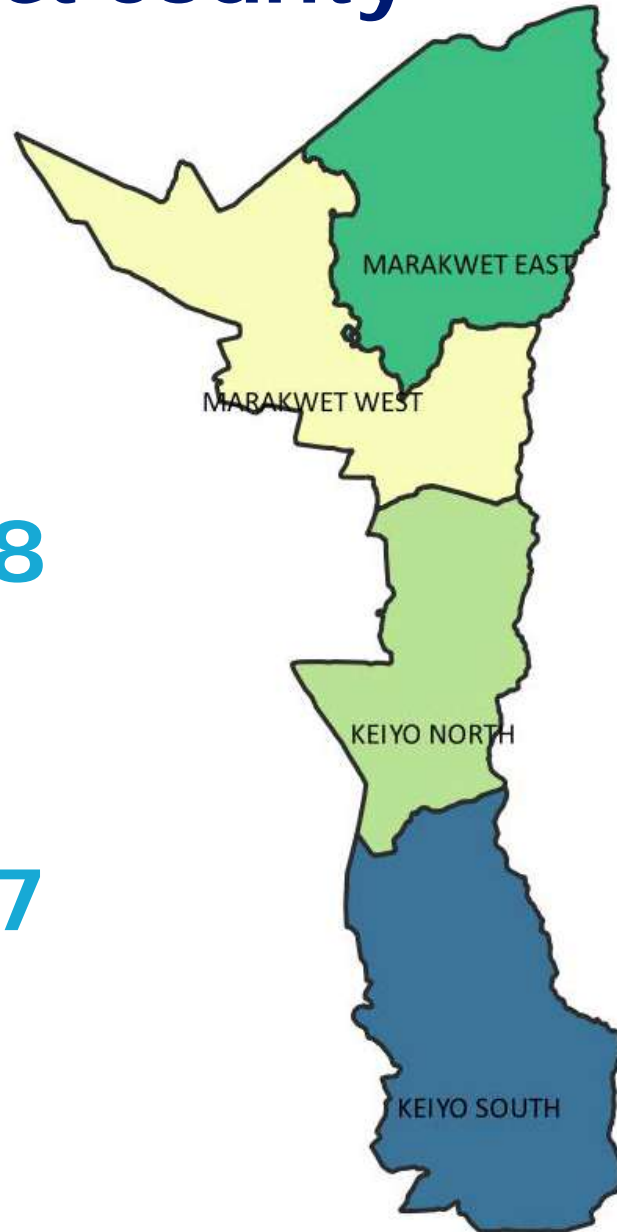
The **Sanitation and Handwashing with Soap** results for each of the sub counties is presented in the sections that follow.

It should be noted that in Kericho the old districts **Kericho East** (Ainamoi & part of Sigowet Soin) and **Kericho West** (Belgut & part of Sigowet Soin) were used in **Phase 1**.



**Sanitation  
access above  
85% in SSH4A  
Programme  
areas.**

# Elgeyo Marakwet county



PHASE 1  
**15,098**  
People gain new access through **SSH4A**

PHASE 2  
**14,587**  
People gain new access through **SSH4A**

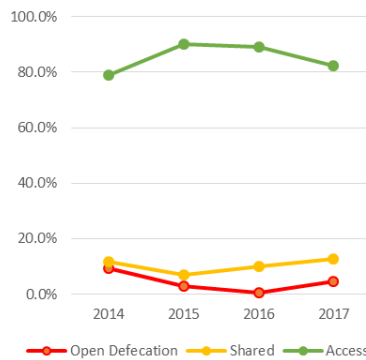
# Elgeyo Marakwet county

Marakwet West - 5 Wards | 25 Sub Locations | 158 Villages

PHASE 1



**3.6% Increase**  
Marakwet West  
Phase 1  
Latrine Access



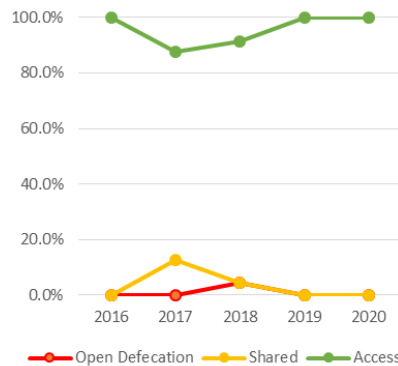
**17.5% Increase**  
Marakwet West  
Phase 1  
Handwashing



PHASE 2



**100% Access**  
Marakwet West  
Phase 2  
Latrine Access



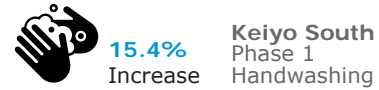
**91.7% Increase**  
Marakwet West  
Phase 2  
Handwashing





**Keiyo South**  
6 Wards  
43 Sub-Locations  
406 Villages

PHASE 1

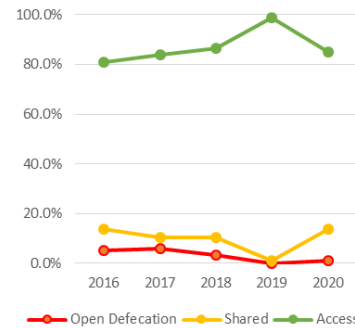


PHASE 2



**Marakwet East**  
3 Wards  
11 Sub-Locations  
104 Villages

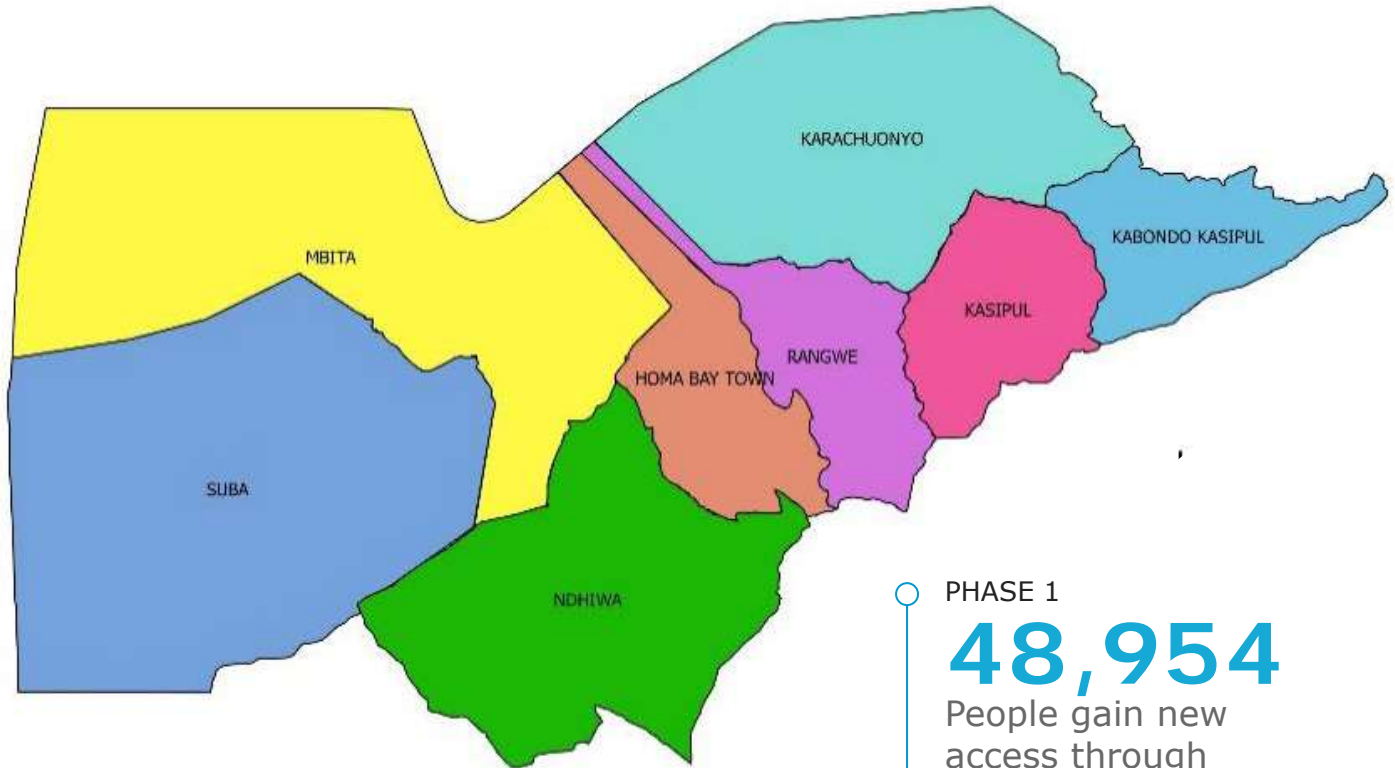
PHASE 2



**Over  
2,000 SAFI  
Latrines  
Installed.**



# Homa Bay county



PHASE 1

**48,954**

People gain new access through **SSH4A**

PHASE 2

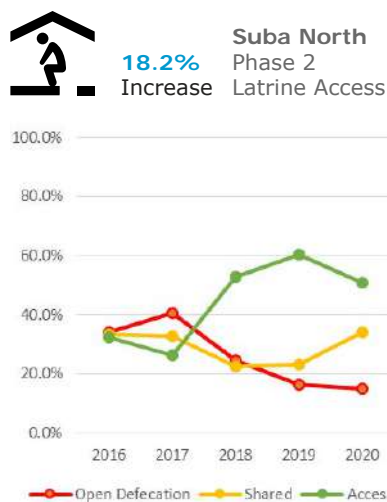
**47,689**

People gain new access through **SSH4A**

# Homa Bay county

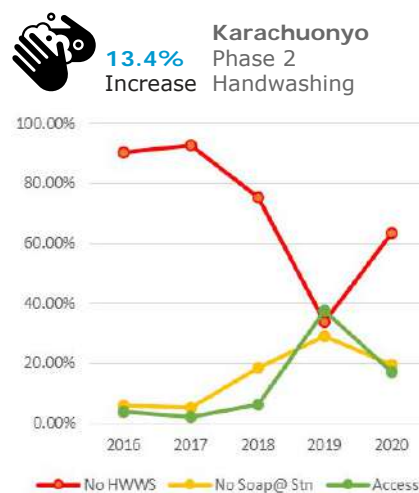
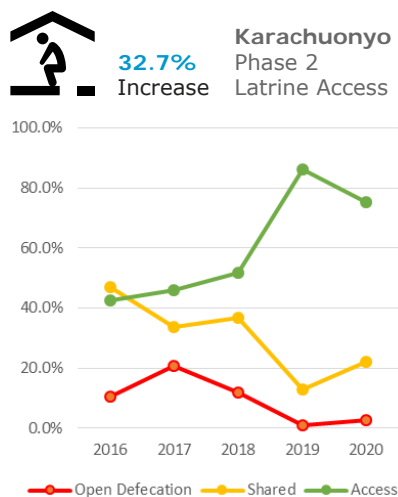
Suba North (Mbita) - 4 Wards | 18 Sub Locations | 194 Villages

PHASE 2



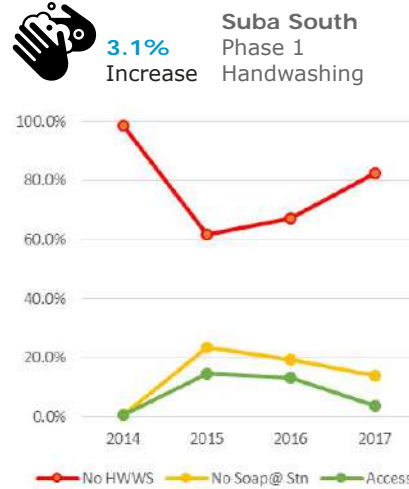
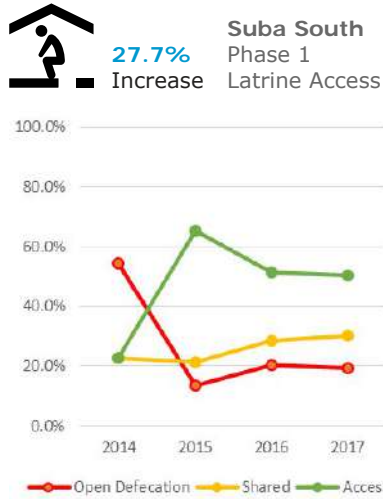
Karachuonyo - 3 Wards | 27 Sub Locations | 256 Villages

PHASE 2



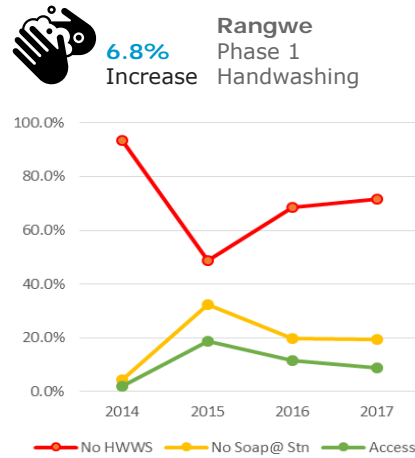
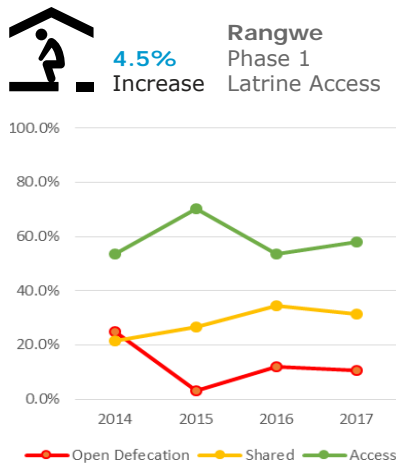
Suba South - 4 Wards | 24 Sub Locations | 376 Villages

PHASE 1



Rangwe - 4 Wards | 17 Sub Locations | 374 Villages

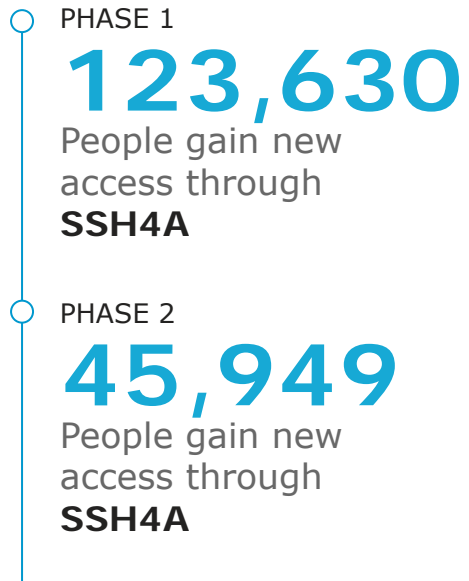
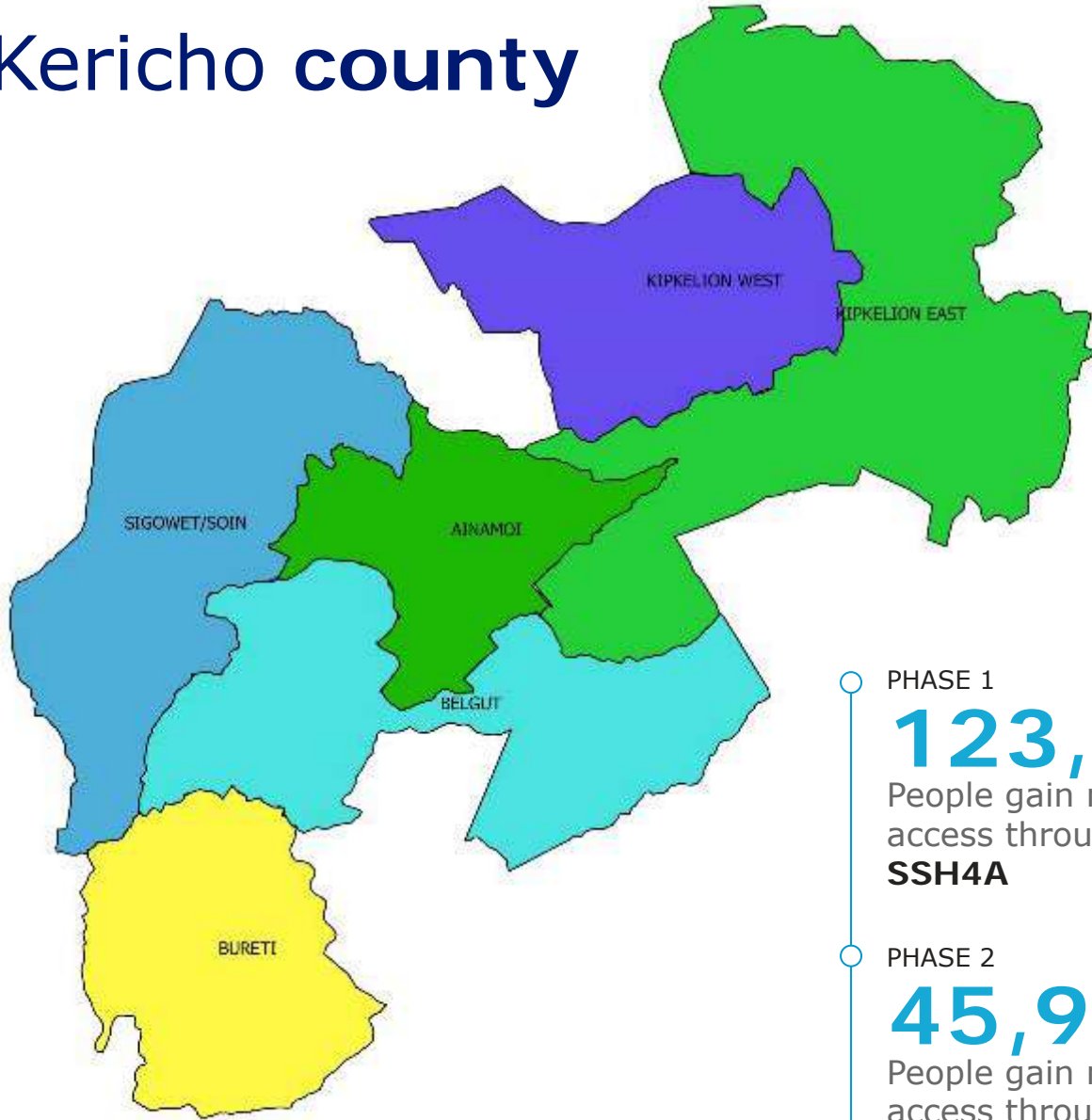
PHASE 1





**3** Entrepreneurs  
Sell Approximately  
**8,000**  
Handwashing Facilities

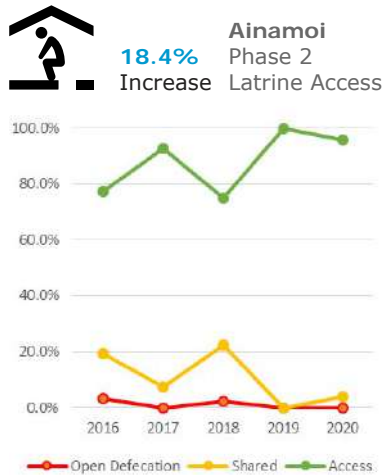
# Kericho county



# Kericho county

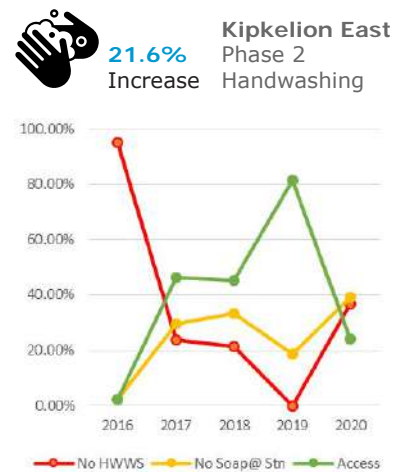
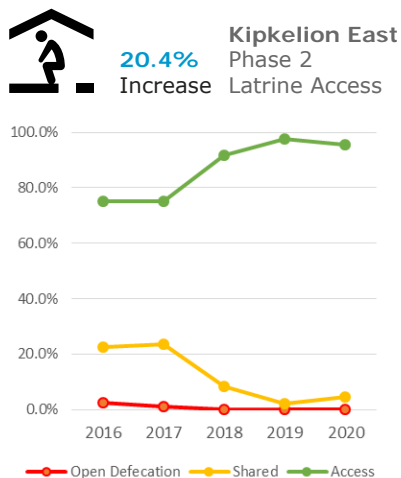
**Ainamoi** - 2 Wards | 2 Sub Locations | 23 Villages

PHASE 2



**Kipkelion East** - 3 Wards | 7 Sub Locations | 86 Villages

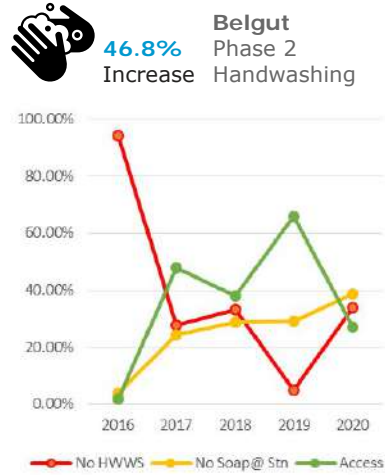
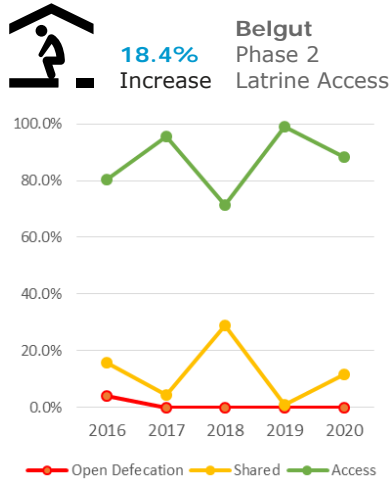
PHASE 2





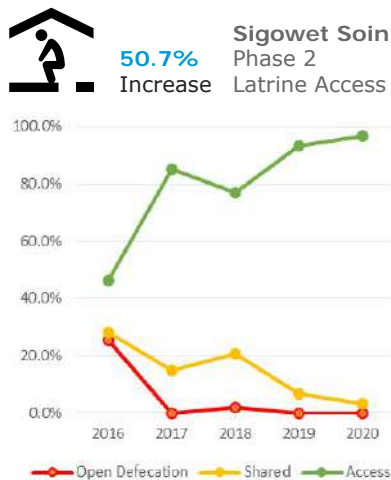
**Belgut - 3 Wards | 6 Sub Locations | 63 Villages**

PHASE 2



**Sigowet Soim - 3 Wards | 4 Sub Locations | 53 Villages**

PHASE 2



# Kericho county

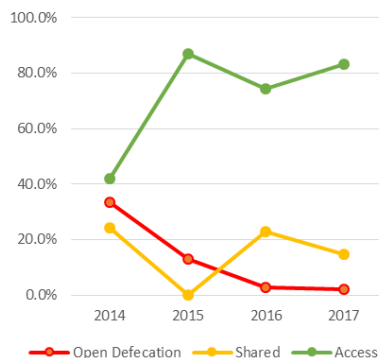
**Kipkelion West** - 2 Wards | 5 Sub Locations | 80 Villages

PHASE 1



**41.2%**  
Increase

**Kipkelion West  
Phase 1  
Latrine Access**



**59.4%**  
Increase

**Kipkelion West  
Phase 1  
Handwashing**

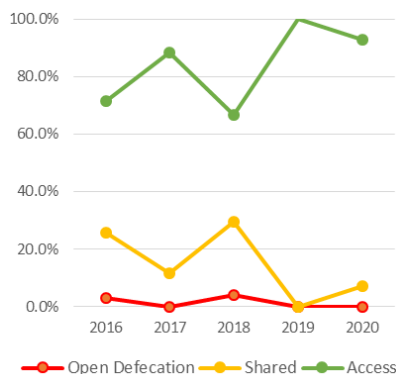


PHASE 2



**50.7%**  
Increase

**Kipkelion West  
Phase 2  
Latrine Access**



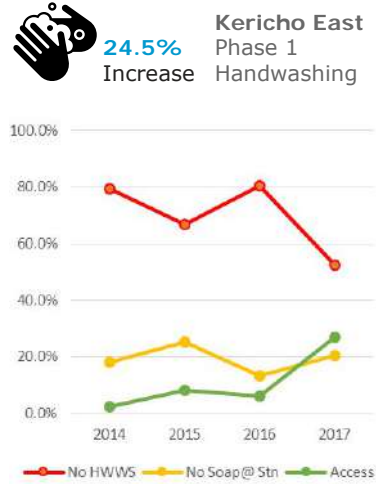
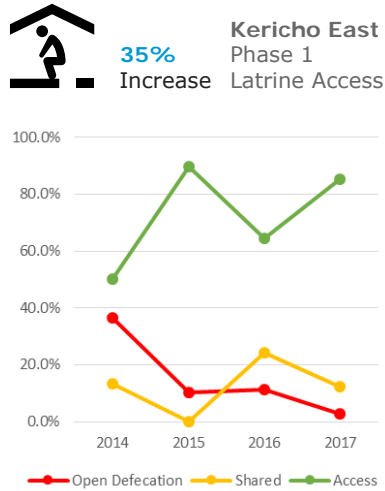
**34.9%**  
Increase

**Kipkelion West  
Phase 2  
Handwashing**



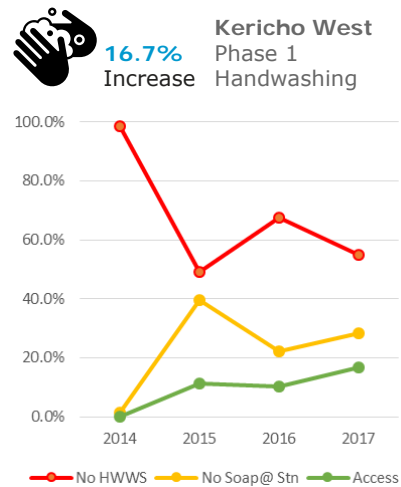
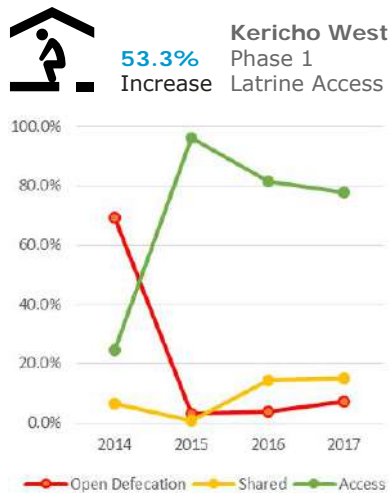
**Kericho East - 5 Wards | 32 Sub Locations | 274 Villages (Ainamoi 136 & Sigowet Soin 138)**

PHASE 1



**Kericho West - 4 Wards | 24 Sub Locations | 320 Villages (Belgut 163 & Sigowet Soin 157)**

PHASE 1

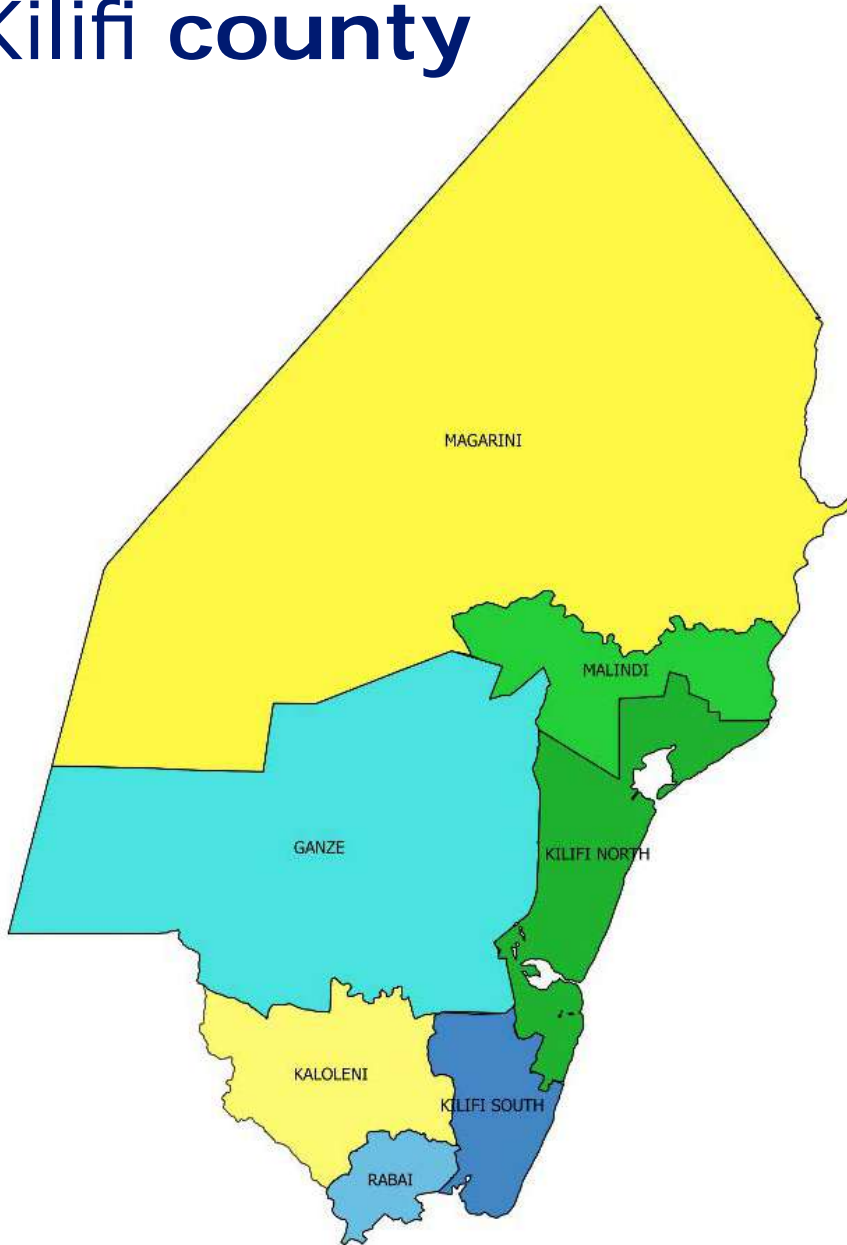




## SSH4A

engaged community based promoters and M&E enumerators training about **978 CLTs & 628 SBCC** promoters on the **CLTs & BCC** approaches, some of whom emerged as champions & **Trainers of Trainers (TOT)**.

# Kilifi county



PHASE 1

**36,681**

People gain new access through **SSH4A**

PHASE 2

**118,398**

People gain new access through **SSH4A**

# Kilifi county

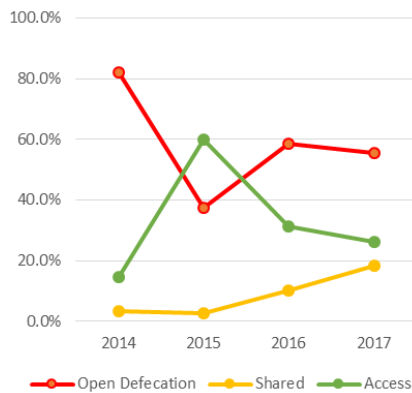
Magarini - 4 Wards | 21 Sub Locations | 307 Villages

PHASE 1



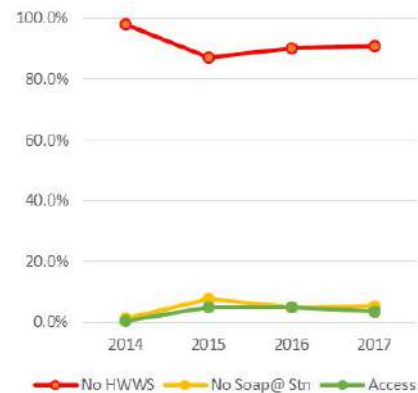
11.5%  
Increase

Magarini  
Phase 1  
Latrine Access



3.2%  
Increase

Magarini  
Phase 1  
Handwashing

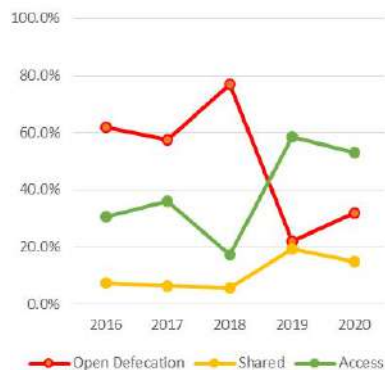


PHASE 2



22.6%  
Increase

Magarini  
Phase 2  
Latrine Access



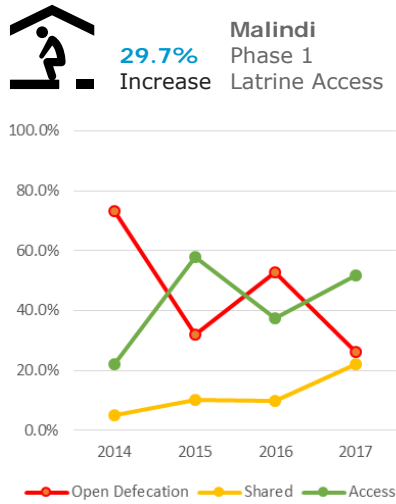
7.7%  
Increase

Magarini  
Phase 2  
Handwashing

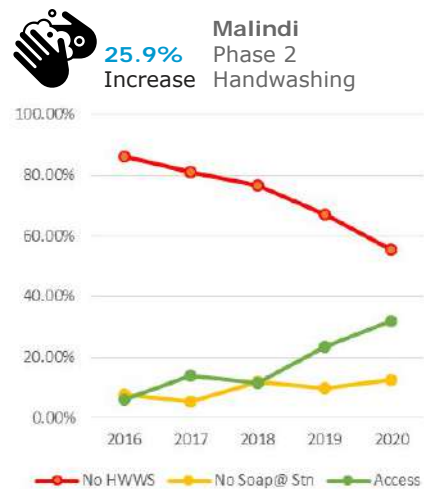
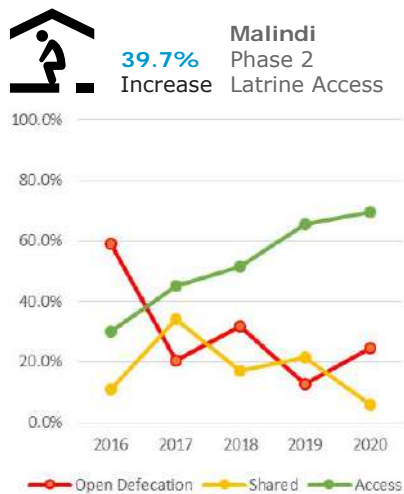


Malindi - 4 Wards | 17 Sub Locations | 232 Villages

PHASE 1



PHASE 2



# Kilifi county

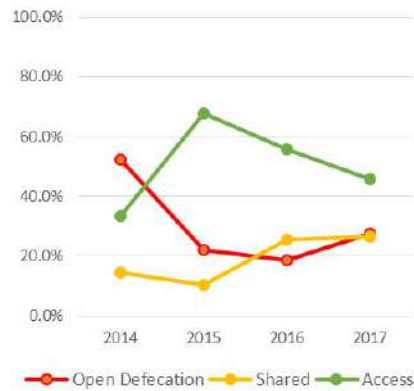
**Kaloleni** - 4 Wards | 20 Sub Locations | 237 Villages

PHASE 1



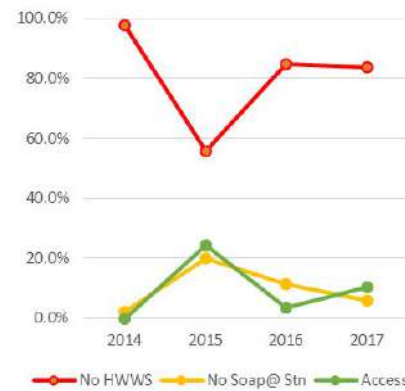
**12.4%**  
Increase

**Kaloleni**  
Phase 1  
Latrine Access



**10.5%**  
Increase

**Kaloleni**  
Phase 1  
Handwashing

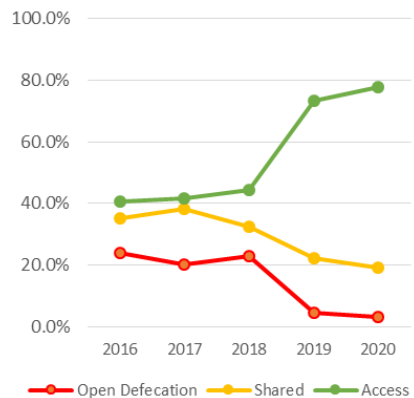


PHASE 2



**37.3%**  
Increase

**Kaloleni**  
Phase 2  
Latrine Access



**34.9%**  
Increase

**Kaloleni**  
Phase 2  
Handwashing





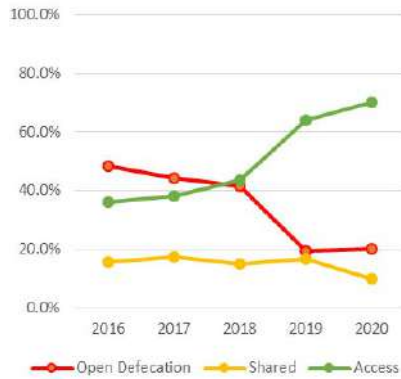
**Kilifi North - 3 Wards | 10 Sub Locations | 98 Villages**

PHASE 2



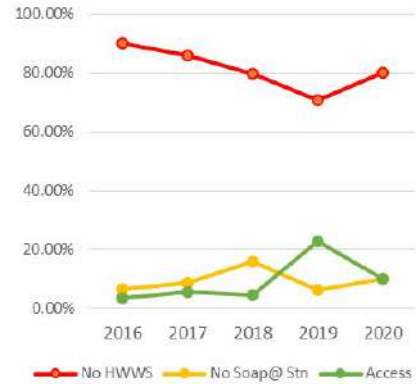
**34%**  
Increase

**Kilifi North**  
Phase 2  
Latrine Access



**6.6%**  
Increase

**Kilifi North**  
Phase 2  
Handwashing





For effective results to be attained in declaring the Counties **ODF**, the momentum must be reignited and retained by the highest political figures in the community such as the **Governor, MCA & CECMs**.

# Project intervention areas

## Homa Bay county

Constituency Name	County Assembly Ward Name	County Assembly Ward Description (IEBC 2013)
Karachuonyo	West Karachuonyo	Koguta, Kowuor, Kanyadenda, Rabuor, Kanyango, Kayoo East, Kayoo West, Kayoo Central, Kamuga, Kawiti, & Kalwal Sub-Locations
	North Karachuonyo	Kokoth 'B', Koyumbre, Kakoko, Kochola, Kokidi, Kamwania, South Wagwe, North Wagwe, Kadik, & Koredoo Sub-Locations
	Central	Kamser 'A', Kamser 'B', Kodondi, Kogembo, Kogweno Kawour, Kogweno Oriang East & Kogweno Oriang West Sub-Locations
	Kanyaluo	East Kowour, West Kowour, North Kamenya, Kamenya Central, Kobilu, Kamenya South & Komuoyo Sub Locations
	Kibiri	Kamuga, Kanyong'o, Katonde, Kawadhgone, Kodero, Kojwang, Kowili, Kowili 2 & Ouko Ondeng'e Sub-Locations
	Wang'chieng	Kagwa, Kajiei, Kamser Seka, Kamwala, Karabondi, Kobala, Kobuya East, Kobuya West & Rakwaro Sub-Locations
	Kendu Bay Town	Kanyadhiang', Konyango, Konyango Majieri, Kotieno, Gumba, Lower Kakwajuok & Upper Kakwajuok Sub-Locations
Rangwe	West Gem	Genga, Kamagawi, & Kanyanjwa Sub-Locations
	East Gem	Kotieno, Kajulu & Koyolo Sub-Locations
	Kagan	Gongo, Kanyaruanda, Kanyiriema, Kokoko & Komenya Sub-Locations
	Kochia	Kaura, Kowili, Korayo, Kamenya & Kanam Sub-Locations
Suba North (Mbita)	Mfangano Island	Wakula North, Wakula South, Soklo South, Soklo North, Wakinga & Waware Sub-Locations
	Rusinga Island	Kamasangre West, Kamasangre East, Waware South, Kaswanga, Wanyama & Waware North Sub-Locations
	Kasgunga	Kasgunga West, Kasgunga Central & Kasgunga East Sub-Locations (Mbita Township)
	Gembe	Kamreri West, Kamreri East, Waondo, Kayanja, Ngodhe & Usao Sub-Locations of Homa Bay County
	Lambwe	God Jope, Ruri West, Ruri East, Nyamaji East, Nyamaji West & Ogongo Sub-Locations
Suba South (Suba)	Gwassii South	Owich, Lwala, Kiabuya, Nyancha, Magunga, Samba, Seka & Kibwer Sub-Locations
	Gwassii North	Nyangwethe, Uterere, Kitawa, Kisaku, Malongo, Tonga, & Nyandiwa Sub-Locations
	Kaksingiri West	Nyamrisra, Rang'wa West, Rang'wa East, Nyamarandi & Sindo Sub-Locations
	Ruma-Kaksingiri East	Sumba West, Sumba East, Nyatoto & Nyadenda Sub-Locations

**KEY**

 Blue Text  
Phase 1

 Green Text  
Phase 2

 Purple Text  
Phase 1 & 2

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Not Covered

# Project intervention areas

## Kilifi county

Constituency Name	County Assembly Ward Name	County Assembly Ward Description (IEBC 2013)
<b>Kilifi North</b>	Tezo	Ngerenya, Zowerani & Mtondia/Majaoni Sub-Locations
	Sokoni	Hospital & Sokoni Sub-Locations
	Kibarani	Konjora, Kibarani & Ezamoyo Sub-Locations
	Dabaso	Dabaso, Mida, Mijomboni & Mkenge Sub-Locations
	Matsangoni	Matsangoni, Roka, Mkongani, Uyombo & Chumani Sub-Locations
	Watamu	Jimba, Mbaraka Chembe, Watamu & Chembe Kibambamu
	Mnarani	Mnarani, Takaungu, Mkomani/Mkwajuni, Mavueni/Majajani & Kiriba Wangwani Sub-Locations
<b>Kaloleni</b>	Mariakani	Mitangani/Mariakani, Kawala & Kanzonzo Sub-Locations
	Kayafungo	Mbala Mweni, Kinagoni, Miyani, Tsangatsini, Mrimani & Mnyenzi Sub-Locations
	Kaloleni	Chilulu, Tsagwa, Kwale, Nyalani, Birini/Mwamleka, Vishakani/Kaloleni, Kinani/Makomboani, Mikiriani & Chalani/Mihingoni Sub-Locations
	Mwanamwinga	Viragoni, Kithengwani/Maziachenda & Kibwabwani Sub-Locations
<b>Malindi</b>	Jilore	Marikano/Kakoneni, Mikondoni, Makobeni, Langobaya, Girimacha & Jilore
	Kakuyuni	Madunguni, Kakuyuni, Paziani, Bura/Magongoloni & Malimo Sub-Locations
	Ganda	Ganda, Msabaha, Mere, Kijiwetanga Sub-Locations
	Malindi Town	Central & Barani Sub-Location
	Shella	Shella* Sub-Location
<b>Magarini</b>	Marafa	Mambasa, Madina & Dakacha Sub-Locations
	Magarini	Marikebuni, Bomani, Pumwani & Mambrui Sub-Locations
	Gongoni	Shomela, Fundissa, Ngomeni & Gongoni Sub-Locations
	Adu	Kamale, Adu, Kadzandani, Ramada, Marereni, Kisiki Makongeni & Matolani Sub-Locations
	Garashi	Bura, Kaya, Bate, Mikuyuni, Masindeneni, Singwaya, Baricho, Bore & Gandini Sub-Locations
	Sabaki	Sabaki Sub-Location

\*Only the rural part of Shella

### KEY

Blue Text  
Phase 1

Green Text  
Phase 2

Purple Text  
Phase 1 & 2

Black Text  
Not Covered

## Elgeyo Marakwet county

Constituency Name	County Assembly Ward Name	County Assembly Ward Description (IEBC 2013)
Marakwet East	Kapyego	Kesom, <b>Kapyego</b> , <b>Kararia</b> , Segut, Kamasia & Cheptobot Sub-Locations
	Sambirir	Maina, Metipsoo, Nyirar, Kapkuto, Chemworor, <b>Kimuren</b> , Chesoi, <b>Tuturung</b> , <b>Chesiyo</b> , Kombases, Lukuket, Chesetan, Chugor, Mogil & Kipyebo Sub- Locations
	Endo	Kaben, Marich, Barkelat, Talai, Kisiwei, Kasemol, Sagat, Sibow, Kakiptul, Olot, Ketut, Rocho, Enou, Kisoka, Muruber & Kapkondot Sub-Locations
	Embobut / Embulot	<b>Korou</b> , <b>Kaitamoi</b> , <b>Mumol</b> , <b>Endul</b> , <b>Maron</b> & <b>Kipchumwa Sub-Locations</b>
Marakwet West	Lelan	Chemosong, Chorwo, Kaptalamwa, Kapkochur, <b>Kapchepsar</b> , Kapsait, Kimnai, Kokwongoi & Kibigos Sub-Locations
	Sengwer	<b>Kapterit</b> , Kipsambach, <b>Korongoi</b> , Kapcherop, Kipsero, <b>Kakisonga</b> , Kamoi & Kibuga Sub-Locations
	Cherang'any / Chebororwa	Chebai, Tenden, Koitugum, Kaptiony, Kamanin, <b>Kabelio</b> , <b>Busiesoo</b> & <b>Kondabilet Sub-Locations</b>
	Moiben / Kuserwo	Yemit, Jemunada, <b>Sumbeiywet</b> , <b>Kilima</b> , Cheptongei, <b>Nerkwo</b> & <b>Chebiemit Sub-Locations</b>
	Kapsowar	Kapsowar, <b>Kapsumai</b> , <b>Kobuswo</b> , <b>Sangurur</b> , <b>Tuiyobei</b> , Kipsaiya & Sisiya Sub-Locations
	Error	<b>Aror</b> , <b>Resim</b> , Chepkum, <b>Kapchemuta</b> , <b>Niwai</b> & <b>Koitilial Sub- Locations</b>
Keiyo South	Kaptarakwa	<b>Chebior</b> , <b>Kitany</b> , <b>Kaptarakwa</b> , <b>Mokwo</b> , <b>Kaptagat</b> , <b>Kiptulos</b> & <b>Kapkenda Sub-Locations</b>
	Chepkorio	<b>Flax</b> , <b>Chepkorio</b> , <b>Lelboinet</b> , <b>Kamelil</b> , <b>Samich</b> , <b>Cherota</b> , <b>Kapcheptek</b> , <b>Kipsaina</b> & <b>Mwen Sub-Locations</b>
	Soy North	<b>Kabito</b> , <b>Chebinyiny</b> , Epke, <b>Chepsigot</b> , <b>Cheptebo</b> , <b>Rokocho</b> , <b>Emsea</b> , <b>Changach</b> , <b>Kapsokom</b> , <b>Sego</b> & <b>Muskut Sub-Locations</b>
	Soy South	<b>Morop</b> , <b>Turesia</b> , <b>Chop</b> , <b>Tumeiyo</b> , <b>Chepsirei</b> , <b>Koimur</b> , <b>Enego</b> , <b>Kocholwo</b> , <b>Salawa</b> , <b>Molol</b> & <b>Kapkosom Sub-Locations</b>
	Kabiemit	Kapchebelel, <b>Kabiemit</b> , Cheboen, Kapkoma, Tumeiyo, <b>Ketigoi</b> , Chepkosom, Chepkurmum, Tambul, Kipkomwo & <b>Kapkitony Sub-Locations</b>
	Metkei	<b>Kapchorua</b> , <b>Kamwosor</b> , <b>Kombatich</b> , <b>Kimamet</b> , <b>Cheboge</b> , <b>Kiptengwer</b> , <b>Kipsaos</b> , <b>Kabirirsus</b> & <b>Tugumoi Sub-Locations</b>

## KEY

Blue Text  
Phase 1Green Text  
Phase 2Purple Text  
Phase 1 & 2Black Text  
Not Covered

# Project intervention areas

## Kericho county

Constituency Name	County Assembly Ward Name	County Assembly Ward Description (IEBC 2013)
Kipkelion East	Londiani	Jagoror, Kipsirichet, Tuiyobei, <b>Masaita &amp; Saramek Sub-Locations</b>
	Kedowa/Kimugul	Tegunot, <b>Chepkongony</b> , Kedowa, <b>Kisabo</b> , Kimasian, <b>Cheptangulgei</b> , Kimugul, Kipkerengwe & Kibiemit Sub-Locations
	Chepseon	Chagaik, Chepsir, Tugunon, Chepcholiet, Kaplamboi, Kipkeremwo, Cheymen, Kapkugerwet, Chesinende & Momoniat Sub-Locations
	Tendeno/Sorget	Tendeno, Subukia, <b>Sorget</b> , Malaget, Chemare & Kongoni Sub-Locations
Kipkelion West	Kunyak	<b>Chemogoch, Kapkemoi, Kapkwen, Chelele, Chesonoi &amp; Timbilil Sub-Locations</b>
	Kamasian	Mutaragon, Nyairobi, <b>Kutung</b> , Bartera, Tuiyobei (Kipsegi), Leldet, Lelu & <b>Kapkures Sub-Locations</b>
	Kipkelion	Kalyet, <b>Siret</b> , Barsiele, Segetet, Ting'oro, Macheisok, Tombo, Kipkelion Town, Kipkelion North, Kapkwen, <b>Matarmat &amp; Lesirwa Sub-Locations</b>
	Chilchila	<b>Mentera</b> , Sereng, Siwot, Koisagat, Sombo, Song'onyet, Chepkechei, Magire, Tulwoapmoi, Kokwet & <b>Cherara Sub-Locations</b>
Ainamoi	Kapsoit	<b>Kenegut, Cheplel, Chepsoo, Chepkoinik, Sitotwet, Samutet, Kapsoit, Kapkitony, Chepkurbet &amp; Ketitui Sub-Locations</b>
	Ainamoi	<b>Poiywek, Laliat &amp; Ainamoi Sub-Locations</b>
	Kapkugerwet	<b>Kapkugerwet &amp; Township Part Sub-Locations</b>
	Kipchebor	Chebocho, Chepkolon, Township Part & Motobo Sub-Locations
	Kipchimchim	<b>Kipchimchim</b> & Taiywet Sub-Locations
	Kapsaos	<b>Maso, Kapsaos, Buchenge &amp; Tendwet Sub-Locations</b>
Belgut	Waldai	<b>Kaborok, Sosiot, Kapkpkwon*, Cheronet* Kaptoboiti</b> & Waldai Location
	Kabianga	<b>Mobego, Kiptome, Kapkitony, Chebirirbei, Koiwalelach, Kapcheluch, Chemalul, Kibingei* &amp; Kabianga Sub-Locations</b>
	Cheptorriet / Seretut	<b>Chepkosilen, Seretut</b> , Anapkoi & Kipsolu Sub-Locations
	Chaik	Kiptetan & Chamogonday Sub-Locations
	Kapsuser	<b>Kapsuser (Part A)</b> , Kakiptui (Part A), <b>Kipkoian &amp; Borborwet Sub-Locations</b>
Sigowet/Soin	Sigowet	Sigowet, <b>Kaptebengwo, Kamaget, Kebeneti Mindililwet, Kiptere, Kakeburu &amp; Cheptuiyet Sub-Locations</b>
	Kaplelartet	<b>Kaplelartet, Kalyangowet, Singoronik, Iraa, Tabaita, Kapkochei*, Chepkemel &amp; Kapsomboch Sub-Locations</b>
	Soliat	<b>Baregeiwet, Kaitui, Kiptugumo, Kapsegut, Chesiche, Kabokyek, Lekwenyi, Kapkara, Kapsorok, Motero, Soliat, Sombicho*</b> , Kamasega & <b>Kong'eren Sub-Locations</b>
	Soin	<b>Simbi, Kaplelach, Kipsitet, Kapchebwai, Koitaborut, Kapkormon, Kejiriet &amp; Kaptalamwa Sub-Locations</b>

\*Not in IEBC list but in 2009 census

KEY	Blue Text Phase 1	Green Text Phase 2	Purple Text Phase 1 & 2	Black Text Not Covered
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**SSH4A**

**COVERAGE**

**3,736** Villages  
Covered

**318**

Sub-Locations

**63**

Wards



**SNV**

*Safis*  
Choo Kinachodumu

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