ACCELERATING ACCESS TO SANITATION AT SCALE: KENYA

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.

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**SNV strategy 2019–2022**

**Who we are**
- We lift up **incomes** and access to **basic services**
- We make a **lasting difference** for **millions of people** living in **poverty**

**What we do**
- **Our expertise** is in agriculture, energy, and WASH
- We work on both **direct results** and systems change
- Local **presence** and know-how is connected with **global knowledge** and **expertise**

**Our goals**
- Improve the **quality of life** of 20 million people
- Significantly contribute to systems change in agriculture, energy and WASH in at least 21 countries

**Our focus**
- Consolidated sector and product scope and investment in knowledge flow to the frontline
- **Our project financing** requires us to work efficiently and to invest in **operational excellence** every day
Our interventions led to:

**1.89 million+**
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
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 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.
SSH4A approach in Kenya

**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.
**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 commodities 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.
Capacity to Steer Demand Creation at Scale

1. Has plan for implementing demand creation activities covering the entire district (even if in phases).
2. Ensures that there are human and financial resources to implement demand creation activities in line with its plans (in-house or other).
3. Promotes standard and regularly assesses the performance of organisations engaged in demand creation.
4. Has a monitoring system that measures progress on demand creation targets and results at village and sub-district level.
5. Ensures that follow-up happens at the most appropriate times of the year.
6. Ensures that information on progress is shared, analysed and discussed with relevant sub-district and district level stakeholders.
7. Ensures that monitoring includes data that assesses inclusion of all groups within the villages, including people with a disability.
8. Uses the data from monitoring and experiences to adjust or improve implementation when relevant.
9. Uses a differentiated approach for hard to reach villages and those lagging behind.
10. Mobilises local government and other local leadership around sanitation.

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

- 14 Sanitation investment plans developed
- Over 100,000US$ allocated sanitation and hygiene by county governments
- Over 700,000US$ allocated to community health services by county governments
- Sanitation Bills 2019 developed and ready for county cabinet approval

**Phase 1**
- 30 TOTs trained, 250 promoters trained and engaged, 2600 stakeholders engaged in hygiene promotion, 556,874 people reached

**Phase 2**
- 348 CBPs and M&E enumerators engaged in door to door campaign & 669,524 people reached with BCC messages.
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](image1)

![Latrines phase 2](image2)
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.
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**

- **Marakwet West Phase 1 Latrine Access**
  - 3.6% Increase
  - Graph showing percentage trends from 2014 to 2017

- **Marakwet West Phase 1 Handwashing**
  - 17.5% Increase
  - Graph showing percentage trends from 2014 to 2017

**PHASE 2**

- **Marakwet West Phase 2 Latrine Access**
  - 100% Access
  - Graph showing 100% access from 2016 to 2020

- **Marakwet West Phase 2 Handwashing**
  - 91.7% Increase
  - Graph showing percentage trends from 2016 to 2020
Keiyo South
6 Wards
43 Sub-Locations
406 Villages

Keiyo South
Phase 1
Latrine Access
7.2% Increase

Keiyo South
Phase 1
Handwashing
15.4% Increase

Keiyo South
Phase 2
Latrine Access
20.8% Increase

Keiyo South
Phase 2
Handwashing
45.8% Increase

Marakwet East
3 Wards
11 Sub-Locations
104 Villages

Marakwet East
Phase 2
Latrine Access
4.1% Increase

Marakwet East
Phase 2
Handwashing
26.1% Increase
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

Karachuonyo - 3 Wards | 27 Sub Locations | 256 Villages
Suba South - 4 Wards | 24 Sub Locations | 376 Villages

Suba South Phase 1
Latrine Access

27.7% Increase

Handwashing

3.1% Increase

Rangwe - 4 Wards | 17 Sub Locations | 374 Villages

Rangwe Phase 1
Latrine Access

4.5% Increase

Handwashing

6.8% Increase
3 Entrepreneurs Sell Approximately 8,000 Handwashing Facilities
Kericho county

PHASE 1
123,630
People gain new access through
SSH4A

PHASE 2
45,949
People gain new access through
SSH4A
Kericho county

Ainamoi - 2 Wards | 2 Sub Locations | 23 Villages

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

**Ainamoi Phase 2**
- Latrine Access: 18.4% Increase
- Handwashing: 46.8% Increase

**Kipkelion East Phase 2**
- Latrine Access: 20.4% Increase
- Handwashing: 21.6% Increase
Belgut - 3 Wards | 6 Sub Locations | 63 Villages

**Belgut**

**Phase 2 Latrine Access**

- **18.4% Increase**

**Handwashing**

- **46.8% Increase**

Sigowet Soin - 3 Wards | 4 Sub Locations | 53 Villages

**Sigowet Soin**

**Phase 2 Latrine Access**

- **50.7% Increase**

**Handwashing**

- **34.9% Increase**
Kipkelion West - 2 Wards | 5 Sub Locations | 80 Villages

**Kipkelion West - Phase 1**

- Latrine Access: 41.2% Increase
- Handwashing: 59.4% Increase

**Kipkelion West - Phase 2**

- Latrine Access: 50.7% Increase
- Handwashing: 34.9% Increase

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

**Kericho East Phase 1 Latrine Access**

**Kericho East Phase 1 Handwashing**

Kericho West - 4 Wards | 24 Sub Locations | 320 Villages (Belgut 163 & Sigowet Soin 157)
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
Magarini - 4 Wards | 21 Sub Locations | 307 Villages

**PHASE 1**

- **Latrine Access**
  - Increase: 11.5%
  - 2014: 11.5%
  - 2015: 15.0%
  - 2016: 18.0%
  - 2017: 20.0%

- **Handwashing**
  - Increase: 3.2%
  - 2014: 0.00%
  - 2015: 0.00%
  - 2016: 0.00%
  - 2017: 0.00%

**PHASE 2**

- **Latrine Access**
  - Increase: 22.6%
  - 2016: 22.6%
  - 2017: 24.8%
  - 2018: 27.0%
  - 2019: 29.2%
  - 2020: 31.4%

- **Handwashing**
  - Increase: 7.7%
  - 2015: 7.7%
  - 2016: 8.4%
  - 2017: 9.1%
  - 2018: 9.8%
  - 2019: 10.5%
  - 2020: 11.2%
Malindi - 4 Wards | 17 Sub Locations | 232 Villages

**PHASE 1**

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Kilifi county

Kaloleni - 4 Wards | 20 Sub Locations | 237 Villages

PHASE 1

Kaloleni

12.4% Increase

Latrine Access

Kaloleni

10.5% Increase

Handwashing

PHASE 2

Kaloleni

37.3% Increase

Latrine Access

Kaloleni

34.9% Increase

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

PHASE 2

**Kilifi North**

- **34% Increase**
  - Phase 2
  - Latrine Access

- **6.6% Increase**
  - 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

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<td>Wang’chieng</td>
<td>Kagwa, Kajiei, Kamser Seka, Kamwala, Karabondi, Kobala, Kobuya East, Kobuya West &amp; Rakwaro Sub-Locations</td>
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<tr>
<td>Kendu Bay Town</td>
<td>Kanyadhiang’, Konyango, Konyango Majieri, Kotieno, Gumba, Lower Kakwajuok &amp; Upper Kakwajuok Sub-Locations</td>
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### Rangwe

<table>
<thead>
<tr>
<th>Constituency Name</th>
<th>County Assembly Ward Name</th>
<th>County Assembly Ward Description</th>
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</thead>
<tbody>
<tr>
<td>West Gem</td>
<td>Genga, Kamagawi, &amp; Kanyanjwa Sub-Locations</td>
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<tr>
<td>East Gem</td>
<td>Kotieno, Kajulu &amp; Koyolo Sub-Locations</td>
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<tr>
<td>Kagan</td>
<td>Gongo, Kanyaruanda, Kanyiriema, Kokoko &amp; Komenya Sub–Locations</td>
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<tr>
<td>Kochia</td>
<td>Kaura, Kowili, Korayo, Kamunya &amp; Kanam Sub–Locations</td>
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### Suba North (Mbita)

<table>
<thead>
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<th>Constituency Name</th>
<th>County Assembly Ward Name</th>
<th>County Assembly Ward Description</th>
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<tbody>
<tr>
<td>Mfangano Island</td>
<td>Wakula North, Wakula South, Soklo South, Soklo North, Wakinga &amp; Waware Sub-Locations</td>
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<tr>
<td>Rusinga Island</td>
<td>Kamasangre West, Kamasangre East, Waware South, Kaswanga, Wanyama &amp; Waware North Sub-Locations</td>
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<tr>
<td>Kasgunga</td>
<td>Kasgunga West, Kasgunga Central &amp; Kasgunga East Sub–Locations (Mbita Township)</td>
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<tr>
<td>Gembe</td>
<td>Kamreri West, Kamreri East, Waondo, Kayanja, Ngodhe &amp; Usao Sub–Locations of Homa Bay County</td>
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<td>Lambwe</td>
<td>God Jope, Ruri West, Ruri East, Nyamaji East, Nyamaji West &amp; Oengo Sub–Locations</td>
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### Suba South (Suba)

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<tr>
<td>Gwassi South</td>
<td>Owich, Lwala, Kiabuya, Nyancha, Magunga, Samba, Seka &amp; Kibwer Sub–Locations</td>
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<tr>
<td>Gwassi North</td>
<td>Nyangwethe, Uterere, Kitawa, Kisaku, Malongo, Tonga, &amp; Nyandiwa Sub–Locations</td>
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<tr>
<td>Kaksingiri West</td>
<td>Nyamrisra, Rang’wa West, Rang’wa East, Nyamarandi &amp; Sind Sub–Locations</td>
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<tr>
<td>Ruma-Kaksingiri East</td>
<td>Sumba West, Sumba East, Nyatoto &amp; Nyadenda Sub–Locations</td>
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### KEY

- **Blue Text:** Phase 1
- **Green Text:** Phase 2
- **Purple Text:** Phase 1 & 2
- **Black Text:** Not Covered
Kilifi county

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

*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

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

**KEY**

<table>
<thead>
<tr>
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<td>Phase 1</td>
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<td>Phase 1 &amp; 2</td>
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## Kericho county

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<tr>
<th>Constituency Name</th>
<th>County Assembly Ward Name</th>
<th>County Assembly Ward Description (IEBC 2013)</th>
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<tbody>
<tr>
<td><strong>Kipkelion East</strong></td>
<td>Londiani</td>
<td>Jagoror, Kipsirichet, Tulyoboi, Masaita &amp; Saramek Sub-Locations</td>
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<td>Kedowa/Kimugul</td>
<td>Tegunot, Chepkongony, Kedowa, Kisabo, Kimasian, Cheptangulgei, Kimugul, Kipkerengwe &amp; Kibiemit Sub-Locations</td>
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<td>Chepseon</td>
<td>Chagaik, Chepsir, Tugunon, Chepcholiet, Kaplamboi, Kipkeremwo, Cheymen, Kapkugerwet, Chesinende &amp; Momoniat Sub-Locations</td>
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<td>Tendeno/Sorget</td>
<td>Tendeno, Subukia, Sorget, Malaget, Chemare &amp; Kongoni Sub-Locations</td>
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<td><strong>Kipkelion West</strong></td>
<td>Kunyak</td>
<td>Chemogoch, Kapkemoi, Kapkwon, Chelele, Chesonoi &amp; Timbilil Sub-Locations</td>
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<td>Kamasian</td>
<td>Mutaragon, Nyairobi, Kutung, Bartera, Tulyoboi(Kipseg), Leldet, Lelu &amp; Kapkures Sub–Locations</td>
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<td>Kipkelion</td>
<td>Kalyet, Siret, Barsiele, Segetet, Ting’oro, Macheisok, Tombo, Kipkelion Town, Kipkelion North, Kapkwon, Matarmat &amp; Lesirwa Sub–Locations</td>
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<td>Chilchila</td>
<td>Mentera, Sereng, Siwot, Koisagat, Sombo, Song’onyet, Chepkechei, Magire, Tulwoapmoi, Kokwet &amp; Cherara Sub–Locations</td>
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<td>Kapkugerwet &amp; Township Part Sub–Locations</td>
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<td>Kipchebor</td>
<td>Chebocho, Chepkolon, Township Part &amp; Motobo Sub–Locations</td>
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<td>Kipchimchim</td>
<td>Kipchimchim &amp; Taiywet Sub–Locations</td>
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<td>Kapsaos</td>
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<td><strong>Belgut</strong></td>
<td>Walda</td>
<td>Kaboros, Sosiot, Kapkpkwon*, Cheronget* Kaptoboi &amp; Walda Location</td>
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<td>Mobego, Kiptome, Kapkitony, Chebirirbei, Koiwalelach, Kapcheluch, Chemalul, Kibingei* &amp; Kabianga Sub–Locations</td>
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<td>Cheptororiet / Seretut</td>
<td>Chepkosilen, Seretut, Anapkoi &amp; Kipsolu Sub–Locations</td>
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<td>Chaik</td>
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<td>Baregeiwt, Kaitui, Kiptugumo, Kapsegut, Chesiche, Kabokyek, Lekwenyi, Kapkara, Kapsorok, Motero, Soliat, Sombicho*, Kamasega &amp; Kong’eren Sub–Locations</td>
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<td>Simbi, Kaplelach, Kipsitet, Kapchebwai, Koitaborut, Kapkormon, Kejiriet &amp; Kaptalamwa Sub–Locations</td>
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*Not in IEBC list but in 2009 census*
SSH4A

COVERAGE

3,736 Villages Covered
318 Sub-locations
63 Wards