



REPUBLIC OF KENYA
MINISTRY OF HEALTH

KENYA ENVIRONMENTAL SANITATION AND HYGIENE STRATEGIC FRAMEWORK (KESSEF)

2016 - 2020



Towards Universal Access to the Highest Standard of Sanitation



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ABBREVIATIONS AND ACRONYMS

AMCOW	The African Ministers' Council on Water
AU	African Union
ASAL	Arid and Semi-Arid Land
BCC	Behaviour Change Communication
BOD	Biochemical Oxygen Demand
BOT	Build Operate and Transfer
BOO	Build, Own, Operate
BOOT	Build, Own, Operate, Transfer
CSOs	Civil Society Organizations
CESHIPs	County Environmental Sanitation and Hygiene Strategic and Investment Plans
CBOs	Community-Based Organizations
CHEWS	Community Health Units through the Community Health Extension Workers
CPWD	County Public Works Department
CLTS	Community-Led Total Sanitation
CSOs	Civil Society Organizations
CESHSF	County ESH Stakeholders Forum
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DEHS	Department of Environmental Health and Sanitation
DALYs	Disability Adjusted Life Years
ECDE	Early Childhood Development Education
EMCA	Environmental Management Coordination Act
ESSAPs	Environmental Sanitation Strategy and Action Plans
Ecosan	Ecological Sanitation
E.coli	Escherichia Coli
ESH	Environmental Sanitation and Hygiene
ESIA	Environmental Sanitation Impact assessment
FBOs	Faith-Based Organizations
GDP	Gross Domestic Product
GIS	Geographic Information System
HWTS	Household Water Treatment and Safety
ICC	Inter-Agency Coordinating Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
IFRC	International Federation of the Red Cross/Red Crescent
IQ	Intelligence Quotient
JMP	Joint Monitoring Program
KBS	Kenya National Bureau of Statistics
KEMRI	Kenya Medical Research Institute
KIRDI	Kenya Industrial Research Institute

KESHSF	National Environmental Sanitation and Hygiene Strategic Framework
KESHIP	Kenya Environmental Sanitation and Hygiene Policy
KES	Kenya Shillings
KEPH	Kenya Essential Package of Health
MCA	Member of County Assembly
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MP	Member of Parliament
NESHARDI	National ESH Research and Development Institute
NESCRA	National Environmental Sanitation Coordination and Regulatory Authority
NEMA	National Environment Management Authority
NESHISF	National Environmental Sanitation and Hygiene Intergovernmental and Stakeholders Forum
NGOs	Non-Governmental Organizations
NASF	National Sanitation Fund
NWSS	National Water Services Strategy
ODF	Open Defecation Free
O&M	Operations and Maintenance
PPIP	Pro-Poor Implementation Plan
PTAs	Parent Teachers Associations
PPPs	Public-Private Partnerships
SDGs	Sustainable Development Goals
SSIPs	Small Scale Independent Providers/entrepreneurs
SHSIPs	Sanitation and Hygiene Strategic and Investment Plans
SCHMT	Sub-County Health Management Team
TWGs	Technical Working Groups
UDDTs	Urine Diverting Dry Toilets
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
USESIFP	Urban Strategic Environmental Sanitation Investment and Financing Plan
UESHSAPs	Urban Environmental Sanitation and Hygiene Strategic and Action Plans
USD	United States Dollar
VIP	Ventilated Improved Pit Latrine
WHO	World Health Organization
WASH	Water and Sanitation Hygiene
WASREB	Water Services Regulatory Board
WRMA	Water Resources Management Authority
WSBs	Water Service Boards
WSP	Water and Sanitation Programme
WSP-AF	Water and Sanitation Programme Africa Region
WSPs	Water Service Providers
WSSC	Water and Sanitation Concept
WSSP	Water Sector Strategic Plan

DEFINITION OF TERMS

Activated sludge: This refers to an aqueous suspension of micro-organisms cultivated in a waste treatment process to break down organic matter into carbon dioxide, water, and other inorganic compounds.

Adequate sanitation: This refers to a sanitation facility that provides privacy and separates human excreta from human contact.

Advanced (tertiary) treatment: This is the treatment step added after secondary treatment stage to remove specific pollutants, such as nutrients, suspended solids, organics, heavy metals or dissolved solids (such as salts).

Basic sanitation: This refers to access to, and the use of, excreta and wastewater facilities to ensure a clean and healthy environment within the household level and any other living environment.

Biogas: Gas consisting mainly of methane produced by anaerobic digestion of organic waste.

Composting latrine/composting toilet: These facilities - also called biological toilets, dry toilets and waterless toilets - contain and control the composting of excreta, toilet paper, carbon additive, and, optionally, food wastes.

Desludging: This refers to the removal of accumulated sludge from septic tanks and aqua-privies.

Disability Adjusted Life Years (DALYs): Public health metric of healthy life years lost to disease due to both morbidity and mortality, adjusted for disability.

Disinfection: The inactivation of disease-causing organisms using chemicals, radiation (including solar), heat or physical separation processes.

Ecological Sanitation (Ecosan): Sanitation design which strives to protect ecosystems, and treats excreta as a valuable resource to be recycled. The term is widely understood to reflect this general approach to excreta management, but Ecosan technology often implements the approach through the separation of urine and faeces at the level of the individual toilet.

Effluent: Means any liquid or other fluid of domestic, agricultural, trade or industrial origin treated or untreated and discharged directly into the environment.

Enabling Environment: This comprises laws, policies, financial instruments, formal organizations, community organizations and partnerships which together support and promote needed changes in hygiene practices and access to technology.

Environmental hygiene: The maintenance of a clean and healthy environment in order to prevent disease.

Environmental sanitation: The control of environmental factors that form a link in disease transmission and have an impact on human health. It constitutes a wide range of interventions designed to create and maintain an environment conducive to human health; reduce people's exposure to diseases by providing a clean environment in which to live; and measures to break the cycle of diseases. This includes sanitation (defined as the infrastructure and services required for the safe management of human excreta) but also includes hygienic management and/or disposal of human and animal excreta, refuse, and wastewater, solid waste management, water and wastewater treatment, industrial waste treatment, drainage of surface water and sullage, washing facilities for personal and domestic hygiene, food safety, housing and workplace sanitation, control of disease vectors and air pollution control. Sanitation involves appropriate behaviours as well as the availability of suitable facilities, which work together to form a hygienic environment.

Excreta: Faeces and urine.

Faecal sludge: Faecal sludge is the solid or settled contents of pit latrines and septic tanks. Faecal sludge differs from sludge produced in municipal wastewater treatment plants. The physical, chemical and biological qualities of faecal sludge are influenced by the duration of storage, temperature, intrusion of ground water or surface water in septic tanks or pits, performance of septic tanks, and tank emptying technology and pattern.

Faecal-oral transmission: The passage or transfer of disease whereby pathogens in faecal particles pass from one host to another via the mouth.

Food hygiene: Keeping food clean and safe in the entire pre-consumption chain in order to prevent disease.

Gender: Gender entails the social construction of roles and relationships of women and men, including how they cooperate and share work, make decisions, and exercise control in projects and programmes.

Grey water: Water from the kitchen, bath, laundry and other domestic activities which should not normally contain much excreta.

Ground water table: The level at which the subsoil is saturated with water.

Ground water: This refers to water found below ground level in the soil.

Hygiene: The term refers to the set of practices associated with the preservation of good health and healthy living. It consists of behaviours related to the safe management of human excreta, such as hand-washing with soap or the safe disposal of children's faeces. Hygiene as a method of using cleanliness to prevent disease and thus determines how much impact water and sanitation infrastructure can have

upon health, because it reflects not the construction, but the use, of such facilities. Good hygiene is the practice of keeping oneself and one's surroundings clean, especially in order to prevent illness or the spread of disease. It therefore infers cleanliness relating to good health.

Hygiene Education: An element of hygiene promotion concerned with educating people about how diseases spread; for example through the unsafe disposal of excreta or by not washing hands with soap after defecation.

Hygiene Promotion: A planned and systematic approach to preventing sanitation-related diseases through the widespread adoption of safe hygiene practices. It aims to enable people to take action to prevent or mitigate water, sanitation and hygiene related diseases. It begins with and is built on what local people know, do and want. It entails encouraging people to adopt behaviours that embody safe hygiene practices the form the basis of cleanliness and good health.

Improved sanitation: Improved sanitation means safe disposal and management of waste to prevent human exposure and environmental hazards. As defined by the Joint Monitoring Programme for water and sanitation of the WHO and UNICEF, it includes connection to public sewer, to septic system, pour-flush latrine, simple pit latrine and ventilated improved pit latrine.

Improved sanitation facility: An improved sanitation facility is one that hygienically separates human excreta from human contact, thus creating barriers to prevent the transmission of diseases. To be effective, the facility must be correctly constructed and properly maintained in a way that confers maximum health benefits to the user. An improved sanitation facility includes:

- a) Flush/pour flush to piped sewer system, septic tank, and pit latrine.
- b) Ventilated improved pit (VIP) latrine.
- c) Composting toilet.
- d) Urine Diverting Dry Toilet (UDDT)
- e) Cartridge Based Toilets (CBT)
- f) A simple improved pit latrine that has all of the following features:
 - The latrine floor is raised, smooth and impervious for it to be easily cleaned. It should leave no cracks. Where there's no slab the floor should slope towards squat hole to facilitate effective draining of water during cleaning.
 - The slab is cleanable, raised and impervious.
 - There is a well-fitting lid that does not allow flies into the pit.
 - The superstructure is offered maximum privacy with a roof to prevent rain from damaging the latrine floor.
 - The latrine should be at a distance of at least 40m from water sources and pit depth should be a minimum of 2m above the highest ground water levels.

In urban and peri-urban areas, the facility should be embedded in a functioning sanitation system, where the excreta from the toilet is properly stored, transported, treated, disposed or reused in a manner which is not hazardous to human health and not detrimental to the environment and should not contaminate water sources.

Improved sanitation and hygiene: This encompasses the promotion of skills and practices that enable individuals, families and communities to have a clean and healthy environment. The concept focuses on proper disposal (management) of human excreta and keeping drinking water safe to the point of use and adopting high levels of personal, domestic, public and food hygiene. It also focuses on ensuring safe management of solid and liquid wastes, including healthcare wastes and protecting households against vectors and rodents, especially those of public health importance.

Night soil: Human excreta transported without flushing water.

Off-site sanitation: This refers to the system of sanitation whereby excreta is removed from the place occupied by the dwelling and its immediate surroundings.

On-site sanitation: This refers to the system of sanitation whereby the means of human excreta collection, storage and treatment (where this exists) are contained within the place occupied by the dwelling and its immediate surroundings. Examples are the use of pit latrines and septic tank systems with soak away of liquid waste.

Organic matter: This includes materials which come from animal or vegetable sources. Organic matter generally can be degraded by micro-organisms.

Pathogens: Disease causing organisms. The main organisms that pose a threat to health related to poor sanitation are pathogenic bacteria, viruses, parasitic protozoa and helminths excreted in large numbers from infected individuals. Many of these organisms have low infectious doses (helminths, protozoa and viruses) which means that only small quantities of infectious agents are needed to infect a new host (the infective dose varies between organisms and with respect to the susceptibility of the exposed individual).

Personal hygiene: Keeping the body clean to prevent disease.

Pit latrine: Latrine with a pit for collection and decomposition of excreta and from which liquid infiltrates into the surrounding soil.

Pour-flush latrine: Latrine that depends for its operation of small quantities of water, poured from a container by hand, to flush away faeces from the point of defecation.

Primary treatment: Initial wastewater treatment process to remove solids which settle by sedimentation and floating objects by physical screening and skimming.

Sanitation: Sanitation is the hygienic means of preventing human contact from the hazards of waste to promote health and environmental integrity. It is generally used to refer to the provision of facilities and services for the safe disposal of human and faeces and urine. It can also be used to refer to the maintenance of hygienic conditions and healthy environments through services such as garbage collection and wastewater disposal to prevent the transmission of water and sanitation related diseases.

Sanitation marketing: The use of marketing techniques to promote the construction and use of sanitation facilities. Sanitation marketing considers the target population as customers. It borrows private sector experience to develop, place and promote an appropriate product: in this case the product is a toilet and excreta disposal system, be it sewerage connection, pit latrine or other mechanism. Critically the facilities must be readily available at an affordable price in the right place.

Sanitation Promotion: Activities undertaken to stimulate household demand for, and the supply of, the sanitation hardware necessary to maintain a healthy environment: latrines, toilets, sewer and connections.

Secondary treatment: Wastewater treatment step following primary treatment to remove biodegradable dissolved and colloidal organic matter by using biological processes, such as activated sludge, trickling filters, or various kinds of ponds and lagoon systems.

Septage: Faecal sludge removed from septic tanks.

Septic Tank: A disposal system for human excreta where the waste from water closets is disposed in an underground tank that allows settlement of sludge and disposes the liquid waste into a subsurface drain. The underground tank collects and treats wastewater by a combination of solids settling and anaerobic digestion. The effluents may be discharged into soak pits or small-bore sewers, and the solids have to be pumped out periodically. Emptying septic tank sludge and final disposal of this septage is a challenge to many countries.

Sewage: Human excreta and wastewater, flushed along a sewer pipe.

Sewerage: A system of sewer pipes, manholes and pumps for the transport of sewage.

Sludge: A mixture of solids and water deposited on the bottom of septic tanks and ponds. The term sewage sludge is generally used to describe residuals from centralised wastewater treatment, while the term septage is used to describe the residuals from septic tanks.

School WASH: This entails a school facility having adequate safe drinking water, adequate and sanitary toilets and urinals to the ratio/proportion of pupils and age cohort, adequate hand-washing facilities, properly maintained compound, well-ventilated classrooms and other living facilities including kitchen and dining facilities.

Social marketing: Social marketing is used when satisfying needs and wants is both socially and commercially beneficial to consumers and producers of goods and services. It is therefore socially advantageous to engineer in order to meet demand.

Sullage: Domestic dirty water not containing excreta. Sullage is also called grey water.

Suspended solids: Solids that are in suspension in water or other liquids.

Total sanitation: This is where all people or all community members demand, develop and sustain a totally sanitised, hygienic and healthy environment for themselves (in partnership with drivers and stakeholders) by erecting barriers to prevent the transmission of diseases, primarily from faecal contamination. It is applied at all levels from household, village, sub-county to county levels. Total sanitation is complete eradication of all indiscriminate and unhygienic practices in the disposal of excreta, drainage and litter.

Total solids: The sum of dissolved and suspended constituents in a sample usually stated in milligrams per litre or percent.

Urine Diverting Dry Toilet (UDDT): A source-separated solution that ensures the safe capture of faecal sludge into sealed cartridges, containers, or holding tanks. A urine-diverting toilet enables easy usage for residents. Such structures work extremely well in slums, urban areas, and peri-urban areas with high density populations.

Vector: Insect or organism that carries disease from one animal or human to another (such as a mosquito, fly, or bilharzia-infected snail.)

VIP latrine: (Ventilated Improved Pit latrine.) A VIP is a pit latrine with a slab and a ventilation pipe to remove foul smells from the pit and vent them to the air above the superstructure roof line. A fly screen is added to the top of the ventilation pipe to control flies.

Wastewater: The spent or used water from homes, communities, farms and businesses that contain enough harmful material to damage the water's quality. Wastewater includes both domestic sewage and industrial waste from manufacturing sources.

FOREWORD

The development of the Kenya Environmental Sanitation and Hygiene Strategic Framework (KESSF) 2016-2020 is informed by the need to provide universal access to improved sanitation leading to improved quality of life of the people of Kenya as envisaged in the Constitution of Kenya 2010, and the Kenya Vision 2030. The KESSF is further guided by the Kenya Health Policy 2012-2030 which targets to attain the highest level of health commensurate with that of a middle income economy. The KESSF in particular provides the framework for implementation of the KESH Policy 2016-2030 which aims at increasing the proportion of the population with access to improved sanitation to 100% by 2030 and ensuring progressive fulfillment of every Kenyan's right to highest attainable standards of health and sanitation as guaranteed under Article 43 of Constitution.

The strategic framework has been developed by the Ministry of Health through the Division of Environmental Health, in collaboration with all the 47 county governments, several Government Ministries and agencies as well as international stakeholders. This Strategic Framework puts in place key measures for sustained sanitation and hygiene service delivery in Kenya, including elimination of open defecation by 2020. The Strategy focuses on the pursuit of Sustainable Development Goal Number 6 on ensuring availability and sustainable management of water and sanitation for all by 2030 while building on the progress and lessons learnt from the Millennium Development Goals experience. KESSF provides the Medium Term priority sanitation investments needed to achieve the goals of open defecation free Kenya, universal access to improved sanitation and a clean and healthy environment for all by 2030.

The Ministry of Health is thankful to its staff, partners and other stakeholders who contributed to various efforts in shaping the development of this strategic framework. In particular, I would like to express my deep appreciation to the World Bank Group's Water and Sanitation Program Africa Region (WSP-AF) for providing technical support to the Ministry of Health in reviewing the National Environmental Sanitation and Hygiene Strategic Plan 2010-2015 and in making the development and publication of this Kenya Environmental Sanitation and Hygiene Strategic Framework 2016 - 2020 possible.

The Ministry is indeed committed to achieving the full implementation of this Strategy. Towards this end, the Ministry together with partners has developed a robust monitoring and evaluation framework to track the achievement of milestones in a way that will be responsive and accountable to the needs of the Kenyan people. We look forward to working collaboratively with all the relevant national government agencies, county governments, development partner and all other stakeholders to ensure the Strategy's successful implementation.



Dr. Cleopa Mailu, EBS
CABINET SECRETARY

PREFACE

The Government of Kenya has committed itself to enabling every Kenyan enjoy their right to the highest attainable standard of health and sanitation as enshrined in Article 43 of the Constitution 2010. This will be achieved progressively through appropriate policy, legislative, programmatic and sustainable financing measures at both national and county levels. This Environmental Sanitation and Hygiene Strategic Framework (KESFF) 2016 - 2020, therefore, conveys the strategic interventions necessary for achieving open defecation free Kenya by 2020 as well as universal access to improved sanitation and a clean and healthy environment for all by 2030.

In the design of this Strategic Framework, the Ministry of Health recognizes the need for a paradigm shift in conducting sanitation and hygiene business within the new devolved system of governance. The Ministry therefore expects that all state and non-state players will rally around the strategic priority interventions and actions outlined in the Strategic Framework. The Strategic Framework is intended for policy makers, state and non-state implementers and development partners in the sanitation and hygiene sector in Kenya and seeks to address challenges that have in the past impeded progress towards achieving universal access to improved sanitation. Notably, with sanitation made a guaranteed human right and sanitation services having been devolved to 47 County Governments, a practical shift in the methodology and approach to sanitation and hygiene service delivery must urgently be addressed to accelerate progress. The strategy thus puts emphasis on increasing public and private sector investment through public-private partnerships. Through this, the Strategy aims to mobilise all available resources – public and private, community and individual – in pursuit of our collective national vision of “a clean, healthy and economically prosperous Kenya free from sanitation and hygiene related diseases”.

My acknowledgement goes to various stakeholders who contributed towards development of this Strategic Framework. In particular, I applaud the Division of Environmental Health, under the direction of Dr. Kepha Ombacho, for their tireless efforts in leading this process. I commend them for the able manner in which they guided the process and the facilitation of various technical working groups. Inputs and contributions from development and implementing partners were equally commendable. Their collective input and criticism contributed greatly to the drafting and finalization of the Strategic Framework.

This Strategic Framework was developed through technical and financial assistance obtained from the World Bank Group’s Water and Sanitation Program Africa Region (WSP-AF) for which we are very grateful. Successful implementation of this strategy will require the concerted action of many sectors and the participation of all stakeholders in the sanitation and hygiene sector. I am confident that this strategy will inform the process of joint annual planning, national and county level budgeting, sector coordination, partnerships and monitoring.



Dr. Nicholas Muraguri
PRINCIPAL SECRETARY

ACKNOWLEDGEMENTS

This Environmental Sanitation and Hygiene Strategic Framework (KESSF) 2016-2020 is the result of joint efforts, contributions and guidance of the Ministry of Health, the World Bank Group's Water and Sanitation Program Africa Region (WSP-AF), the Environmental Sanitation and Hygiene Inter-Agency Coordinating Committee (ESH-ICC), all the Technical Working Groups (TWGs), all the 47 County Health Departments, Ministry of Water and Irrigation, Ministry of Environment and Natural Resources, the National Environmental Management Authority (NEMA) and Water Services Trust Fund (WSTF).

Many thanks to Ministry of Health CLTS Hub Team comprising Janet Mule, Benjamin Murkomen, Ibrahim Basweti, Lillian Mbeki and Sharon Lipesa for their critical support throughout the process of developing this Strategy. The Ministry of Health also wishes to acknowledge with deep gratitude the contribution of key members of the Technical Working Groups and partners including Mrs Catherine Mwangi (KWAHO), Prof. Mohamed Karama (UON/KEMRI), Ms Elizabeth Wamera (WSSCC), Mr. Daniel Kurao (AMREF), Mr. Tobias Omufwoko (Wash Alliance Kenya), Mr. Fanuel Nyaboro (SNV), Ms Beverly Mademba (WASH United), Ms Gertrude Salano (WSUP), Ms Beatrice Wango (PS Kenya), Mr. Samuel Muthinji (APHOK) and Mr. Shiva Singh (UNICEF) among others.

Special thanks are due to Dr. John Kariuki and Mr. Jackson Muriithi, Ag. Deputy Director of Public Health for their unwavering guidance and support throughout the process; Glenn Pearce-Oroz, Principal Regional Team Leader, Dr. Yolande Coombes, Technical Team Leader, Lewnida Sara, Operations Analyst, Sophie Hickling and Josephine Osea all of the World Bank Group's Water and Sanitation Program, Africa Region (WSP-AF) for their technical and administrative support. Gratitude for the invaluable contributions of the Consultants, Dr. Charles Oyaya (Team Leader), Mr. Paul Mbanga (Policy and Strategy), Mr. Dan Juma (Legislation) and Dr. Henrietta Bullinger (Enabling Environment) for their able technical facilitation and development of this Environmental Sanitation and Hygiene Strategic Framework.

Further, the Ministry of Health on behalf of the people of Kenya is grateful to the the World Bank Group's Water and Sanitation Program, Africa Region (WSP/AF) for providing financial and technical support that made the development of this strategic framework possible.

It is from the very vibrant and selfless engagements of various stakeholders throughout the country including the 47 County Governments of Kenya that we have put forth a vision, setting us on a trajectory that will ensure achievement of both our national and international sanitation commitments.



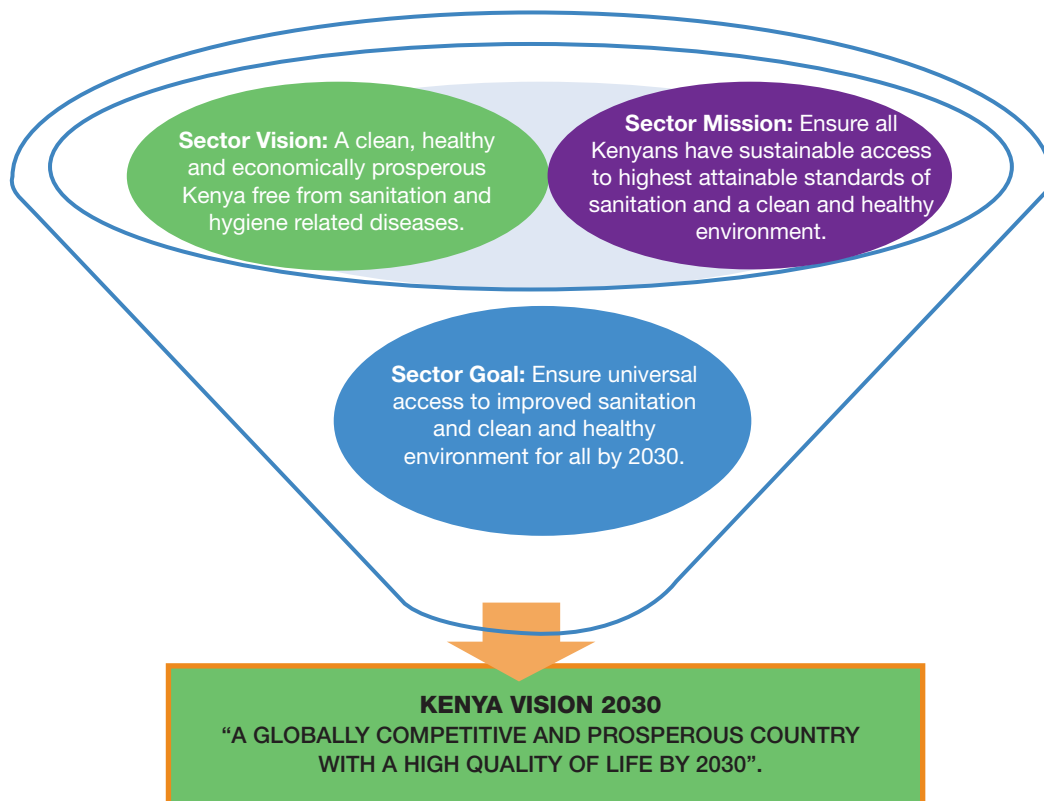
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EXECUTIVE SUMMARY

The Kenya Environmental Sanitation and Hygiene Strategic Framework (KESSF) 2016-2020 is the national guide for state and non-state actors at both national and county levels. The framework addresses the bottlenecks to achieving universal access to improved sanitation and eradication of open defecation in Kenya. The KESSF succeeds the National Environmental Sanitation and Hygiene Strategic Plan 2010-2014 and provides the medium term framework for the implementation of Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2016-2030. It also provides a framework for operational planning for multi-sectoral ESH interventions and equitable delivery of sanitation services throughout Kenya.

KESSF is aligned with the Constitution of Kenya 2010, which guarantees every Kenyan the right to highest attainable standards of sanitation and a clean and healthy environment. The Strategic Framework is also aligned with Kenya's Vision 2030 which envisions universal access to improved sanitation by 2030. Moreover, KESSF is aligned with the international and regional obligations, commitments and targets related to sanitation.

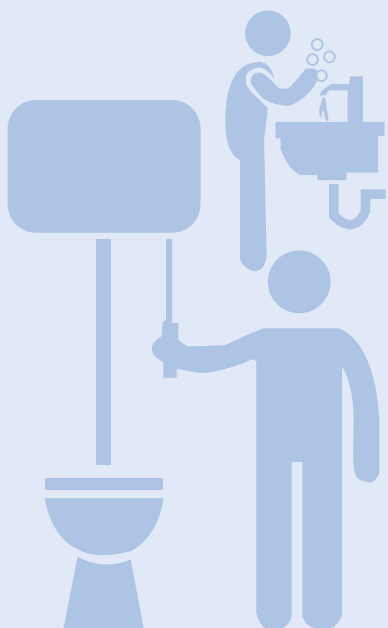
The KESSF is driven by Kenya's long-term policy goal of achieving and sustaining ODF status and ensuring universal access to improved sanitation by 2030 in line with Kenya's economic and development vision of creating a globally competitive and prosperous nation with a high quality of life by 2030.



Strategic Intervention Focus	Priority interventions
<p>1. Scaling up sustainable access to improved rural and urban sanitation</p>	<ul style="list-style-type: none"> ▶ Ensure sustainable access to improved rural sanitation ▶ Ensure sustainable access to improved urban sanitation ▶ Scale up access to improved sanitation and hygiene in schools ▶ Ensure adequate, safe and clean sanitation and hygiene facilities in institutions and public places ▶ Improve menstrual health and hygiene practices among women and girls ▶ Promote household water treatment and safety ▶ Provide sanitation in disaster and emergency situations ▶ Promote sanitation education and behaviour change
<p>2. Ensuring sustainable waste management and a clean and health environment</p>	<ul style="list-style-type: none"> ▶ Promote and ensure sustainable solid waste management practices ▶ Strengthen capacity for sustainable urban wastewater management ▶ Ensure and maintain a clean and healthy environment
<p>3. Promoting private sector participation and sanitation marketing</p>	<ul style="list-style-type: none"> ▶ Enhance and promote private sector participation and sanitation marketing ▶ Ensure high quality standards of sanitation products and services
<p>4. Ensuring sustainable sanitation financing</p>	<ul style="list-style-type: none"> ▶ Establish National Sanitation Fund to raise and leverage domestic and external resources for sanitation ▶ Advocate for increased national and county budgetary allocations for sanitation ▶ Promote private sector financing options for households, utilities and small-scale independent providers/entrepreneurs (SSIPs). ▶ Develop and ensure transparent, effective and equitably applied subsidies regime for the most vulnerable and indigent groups ▶ Develop resource mobilisation strategy for KESSF
<p>5. Building enabling legal and regulatory environment for sanitation</p>	<ul style="list-style-type: none"> ▶ Review, develop, harmonize and enact enabling national and county environmental health and sanitation legislation ▶ Establish one accountable national institutional mechanism for sector coordination and regulation ▶ Strengthen sanitary inspection and law enforcement capacity.
<p>6. Establishing enabling institutional framework and promoting good governance practices and accountable leadership for the sanitation sector in Kenya</p>	<ul style="list-style-type: none"> ▶ Streamline and establish an enabling institutional framework for effective execution of the sanitation function ▶ Strengthen national and county level multi-sectoral coordination and stakeholder accountability framework for the sector ▶ Promote good governance practices and accountable leadership for the sanitation sector ▶ Strengthening human resource capacity and performance management and reward systems for the sanitation sector

7. Strengthening research and development capacity for sanitation	<ul style="list-style-type: none"> ▶ Establish an enabling national ESH research and development framework ▶ Strengthen national and county level capacity in applied research, systematic reviews and evidence-based decision making, planning, programming and policy development ▶ Establish ESH information portal for Kenya research outputs ▶ Mobilise adequate funding for Research and Development ▶ Promote private sector investment and public-private partnerships in ESH research and development.
8. Strengthening national and county level monitoring and evaluation system for the sanitation sector	<ul style="list-style-type: none"> ▶ Develop and establish an enabling M&E framework and system for the sanitation sector in Kenya ▶ Strengthen M&E capacity to effectively track the KESSF progress and sector performance at all levels ▶ Ensure harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality ESH data as per national, county and sector priority information needs ▶ Establish multi-sectoral and integrated real time ESH platform to provide updates on ESH accountability at county and national level ▶ Develop M&E Operational Documents to Support KESSF implementation ▶ Mobilise adequate funding for M&E activities

The organizational arrangement for the KESSF implementation, coordination and management is premised on a public-private partnership model at both national and county level. The organizational architecture takes into account the division of functions, powers and responsibilities between the national and county governments, between public and private sectors and between state and non-state actors, communities, households and individual citizens. The implementation of KESSF will therefore adopt and use a combination of approaches including rights based, multi-sectoral, public-private partnership, socially inclusive, consultative and participatory approaches to realise the objectives of the Strategic Framework.



CHAPTER 1



INTRODUCTION

1.1 Introduction

The Kenya Environmental Sanitation and Hygiene Strategic Framework (KESFF) 2016-2020 is the first five year strategy to implement the Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2016-2030. KESFF is a result of extensive policy review and participatory stakeholder consultations and validation meetings held throughout the country. Primarily, the KESFF provides broad strategic framework for both state and non-state actors at all levels to work towards ensuring universal access to improved sanitation and a clean and healthy for all the people of Kenya. The Strategy also focuses on the pursuit of Sustainable Development Goal Number 6 on ensuring availability and sustainable management of sanitation for all by 2030 while building on the progress and lessons learnt from the Millennium Development Goals experience.

This strategy therefore puts in place key measures to enable every Kenyan to enjoy his/her right to the highest attainable standard of health and sanitation as demanded by Article 43 of the Constitution 2010. KESFF thus provides the medium term framework for maximizing both public and private sector investment in the sanitation sector towards open defecation free Kenya and universal access to improved sanitation by 2030.

1.2 Rationale

The Constitution of Kenya, 2010 portends a major paradigm shift and fundamental change in the environment for sanitation sector governance and service delivery. The Fourth Schedule of the Constitution of Kenya devolves most of sanitation functions and services to the 47 County

Governments while the National Government retains the responsibility for national policy, training, capacity building, technical assistance and standards formulation. Coupled with the guaranteeing of every Kenyan's right to the highest attainable standard of health, sanitation and a clean and health environment by the Constitution, and the recent elevation of water and sanitation as a global Sustainable Development Goal 6, there is a compelling need for a change in policy approach and strategy to ensure sustained delivery of sanitation services. This is the major rationale for the revision of both the National Environmental Sanitation and Hygiene Policy 2007 and the National Environmental Sanitation and Hygiene Strategy 2010-2015 leading to the development of the new Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2016-2030 and this Kenya Environmental Sanitation and Hygiene Strategic Framework (KESSF) 2016–2020. The KESSF 2016–2020 therefore in the context of the new Constitution and its devolved system governance and the global Sustainable Development Agenda towards 2030, re-examines and deals more effectively with the financial, policy, structural and systemic bottlenecks that have led to persistent under performance in the sanitation sector in Kenya.

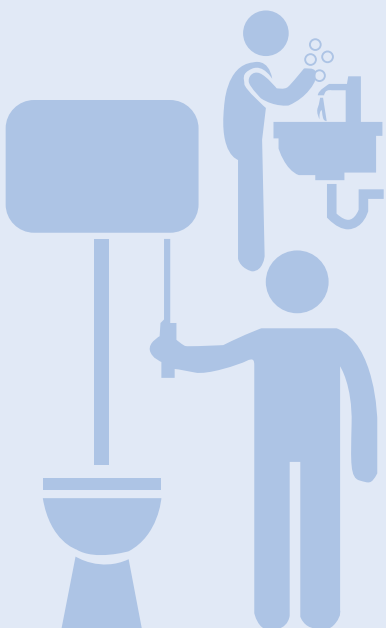
1.3 The KESSF in the context of KESHP 2016-2030

The KESSF 2016–2020 is designed as an implementation instrument of the Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2016-2030. KESHP provides broad guidelines to both state and non-state actors at all levels to work towards universal access to improved sanitation and a clean and healthy environment for all in Kenya by 2030. The policy outlines strategies and actions for achieving Kenya's national and international commitments while addressing the Millennium Development Goals and targets that were missed. The policy therefore sets the following targets:

- a) Achieve and sustain 100 percent ODF Kenya by 2030.
- b) Achieve and sustain 100 percent access to improved sanitation in rural and urban areas by 2030.
- c) Increase public investment in sanitation and hygiene from 0.2 percent to at least 0.5 percent of the GDP by 2020 and to 0.9 percent of the GDP by the year 2030.

KESHP focuses on appropriate sanitation and hygiene interventions designed and targeted at various levels of the living environment. Broadly, the policy interventions focus on eight key areas as follows:

1. Scaling up access to improved rural and urban sanitation.
2. Assuring clean and healthy environment free from public nuisances.
3. Fostering private sector participation and investment in sanitation.
4. Building governance and leadership capacity for sanitation.
5. Sustainable financing and investment for sanitation.
6. Building enabling legal and regulatory environment.
7. Establishing an effective research and development framework for sanitation.
8. Strengthening monitoring and evaluation systems for the sanitation sector



CHAPTER 2



NATIONAL AND INTERNATIONAL POLICY CONTEXT

2.1 Introduction

The Kenya Environmental Sanitation and Hygiene Strategic Framework (KESSF) 2016–2020 is developed in the context of, and is aligned with the Constitution of Kenya and the national and international policy frameworks. It builds on the experiences gained while implementing the National Environmental Sanitation and Hygiene Policy 2007, the National Environmental Sanitation and Hygiene Strategy 2010-2015 and the Millennium Development Goals.

2.2 The constitutional context

The Constitution of Kenya 2010 lays the framework for development and implementation of the KESSF 2016 - 2020. Under the Fourth Schedule Part II Articles 2(c) (d)(f)(g) and 11(a)(b) of the Constitution, the county government is functionally responsible for county water and sanitation services including control of pollution, while the National Government retains responsibility for national policy, training, capacity building, technical assistance and standards formulation.

Articles 43(1) (b) and 42 of the Constitution of Kenya 2010 guarantee the right of every person to “reasonable standards of sanitation,” and “a clean and healthy environment”. In applying the rights to sanitation and clean and healthy environment as guaranteed under Article 43(1)(b) and 42, the State is expected in Article 21 (2) to take every measure including policy and legislative measures as well as setting of standards to achieve their progressive realisation. It is also the responsibility of the State to ensure that resources are made available to ensure the widest possible

enjoyment of the rights. Article 56 further requires the State to put in place affirmative action programmes designed to ensure that minorities and marginalised groups have reasonable access to water, health services and infrastructure. In this context, the Government is required to plan and secure the necessary financial resources to execute the functions assigned to either levels of government and to ensure progressive fulfilment of the rights to sanitation and a clean and healthy environment throughout the country. The context of this constitutional provision encompasses rural and urban sanitation and hygiene including minorities and marginalised groups in society.

To ensure that the right sanitation and a clean and health environment is enforced, Articles 22 and 70 of the Constitution give every person the right to institute court proceedings when his/her rights to sanitation and clean and healthy environment have been denied, violated, infringed or threatened. A person may also apply to a court for redress in addition to any other legal remedies that are available in respect of the violation, denial or infringement of his or her right to a clean and healthy environment.

2.3 The Kenya Vision 2030

The Kenya Vision 2030,¹ developed in 2007 and revised in 2012, is the country's long-term national development blueprint. It is motivated by a collective aspiration for a much better society than the one we have today, by the year 2030 - "a globally competitive and prosperous country with a high quality of life by 2030." It aims at transforming Kenya into "a newly-industrialised, middle-income country providing a high quality of life to all its citizens in a clean and secure environment".

On sanitation, the Kenya Vision 2030 stipulates that 'every Kenyan should have access to clean, safe water and improved sanitation by the year 2030'. The goal is to ensure that water and sanitation is available and accessible to all by 2030. In the medium term, the goal was to attain 70 and 65 percent access to safe sanitation and 40 and 10 percent sewerage access in urban and rural areas respectively. Vision 2030 proposes the following sanitation strategies:

- Improvement and application of improved toilets and community sanitation;
- Promotion of the use of hygienic toilets including ventilated and improved pit (VIP) latrines and septic tanks in rural areas and schools on a ratio of one toilet for every 35 boys and one toilet for every 25 girls;
- Constructing sanitation facilities to support a growing urban and industrial population.
- Development and expansion of sewerage schemes especially in urban areas;
- Promotion of public health education on sanitation;
- Encouraging planned rural and informal urban settlements to ensure access to improved and safe sanitation;
- Research and development;

¹ GOK, 2012 Sessional paper No.10 of 2012 on Kenya Vision 2030

- Innovations in rural waste disposal combined with relevant incentives;
- Encouraging transition from traditional pit latrines to (adoption of) improved sanitation technologies or versions;
- Encouraging public-private partnerships in the development and management of sewerage systems; and
- Promotion of solutions that can provide Total Hygienic Sanitation that includes clean toilet, safe sludge removal and effective sludge treatment.

To ensure a clean, secure, healthy and sustainable environment, Vision 2030 seeks the reduction of hazards related to an unhealthy environment by improving pollution and waste management through the application of the right economic incentives and commissioning of public-private partnerships (PPPs) for improved efficiency in sanitation delivery. This would encompass the following key strategies:

- Development of solid waste management systems in at least five municipalities and in the proposed 6 economic zones.
- Development of regulations on the use of plastic bags and other hazardous products.
- Development and enforcement mechanisms targeting pollution and solid waste management regulations.
- Establishment of national air quality monitoring system.
- Application of market-oriented instruments to regulate the use of plastic bags.

2.4 National Health Policy Framework 2012-2030

The National Health Policy Framework 2012-2030² goal is to ‘attain the highest possible standard of health in a manner responsive to the needs of the population’. The policy aims to achieve this goal through supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans. The policy identifies unsafe water and sanitation as some of the leading risk factors and contributors to mortality in Kenya. The National Health Policy Framework 2012-2030 therefore aims to ensure among other things, that the health sector interacts with, and influences interventions across sectors that have an impact on health including the promotion of access to safe water and adequate sanitation and the promotion of good hygiene practices.

² Sessional Paper No. 6 of 2012 on the Kenya Health Policy 2012-2030

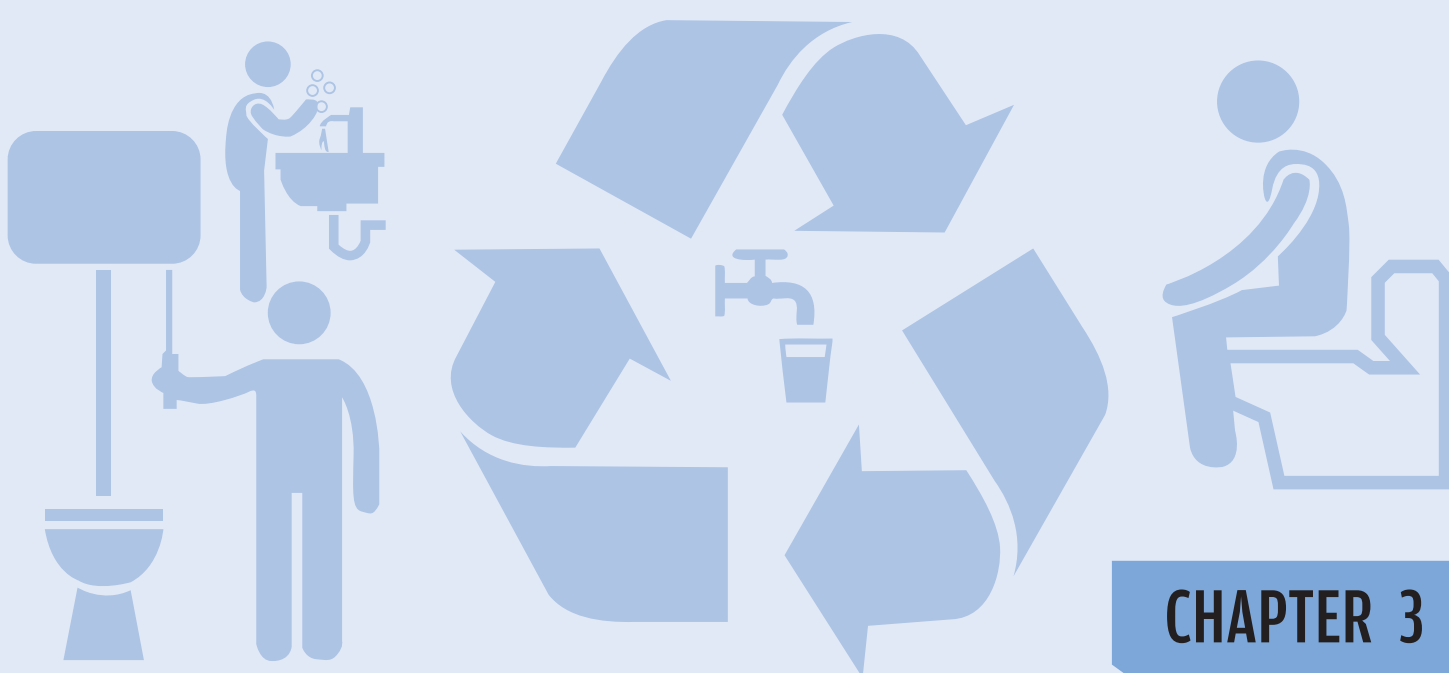
2.5 The International Policy Context

At the regional and international level, Kenya has ratified several international conventions, treaties and declarations, under which the human right to safe drinking water and sanitation is guaranteed.³ These include the International Covenant on Economic, Social and Cultural Right (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC), the Millennium Development Goals (MDGs Declaration, eThekwini Declaration and Sanitation and Water for All High-Level Meeting Commitments 2014.

At the United Nations Sustainable Development Summit on 25 September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030. The 17 SDGs with 169 associated targets are integrated and indivisible, global in nature and universally applicable, taking into account different national realities, capacities and levels of development and respecting national policies and priorities. With respect to sanitation, Sustainable Development Goal Number 6 aims to ensure access water and sanitation for all. Specifically, the Sustainable Development Goal 6 aims to:

- a) By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.
- b) By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.
- c) By 2030, expand international cooperation and capacity-building support to developing countries in water and sanitation related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies.
- d) Support and strengthen the participation of local communities for improving water and sanitation management.

³ These include the International Covenant on Economic, Social and Cultural Right (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC).



CHAPTER 3



SITUATION ANALYSIS

3.1 Introduction

The Ministry of Health estimates that in 2010, almost half of rural Kenyans did not have access to even basic sanitation. In terms of improved sanitation,⁴ access has barely improved since 1990 with a small increase from 25 percent in 1990 to 29 percent in 2013.⁵ Great variations in sanitation coverage, however, exist in different parts of the country, with low coverage closely linked to high poverty levels. Formally, planned urban areas are better served than rural areas, urban slums, and informal settlements. Regional disparities also prevail with a lower than national average coverage rate found especially in Arid and Semi-Arid Land (ASAL) and peri-urban areas.⁶ Figure 1 shows trends in access to improved sanitation in Kenya between 1990 and 2011.

3.2 Rural sanitation and open defecation situation

According to the Joint Monitoring Programme, only 32 percent of the rural population in Kenya have access to improved sanitation facilities. Of this, 72 percent of the facilities predominantly consist of simple pit latrines providing varied degrees of safety, hygiene and privacy.⁷ The national open defecation rate is about 14 percent, which masks massive regional disparities. In some

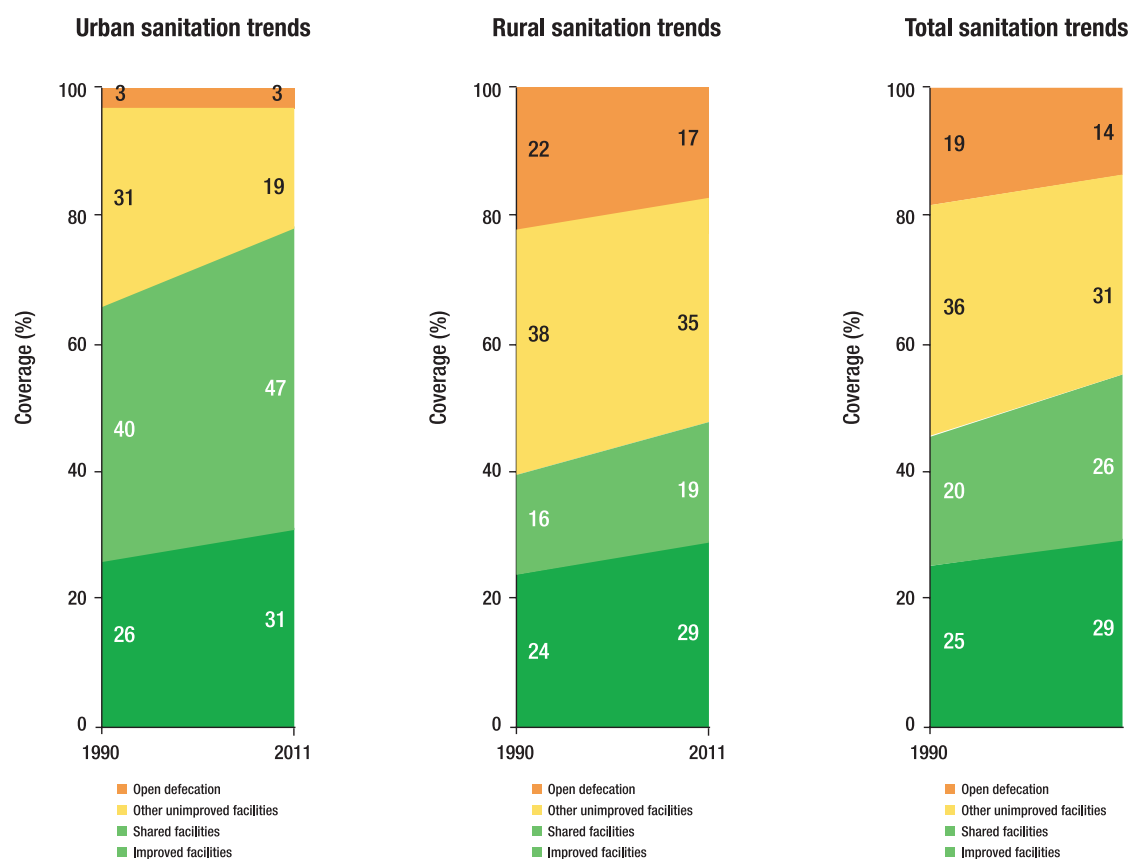
⁴ Improved sanitation includes flush, pour flush toilets connected to a piped system, septic tanks, VIP latrines and pit latrines)

⁵ Joint Monitoring Programme (JMP) Kenya country info, 2013

⁶ High Level Meeting (HLM) 2012, Statement of Commitments

⁷ Joint Monitoring Programme (JMP) Kenya country info, 2013

Figure 1: Access to improved sanitation in Kenya 1990 – 2011



counties, open defecation remains the norm for more than 70 percent of the population, such as in the northern counties of Turkana (82.2%), Wajir (76.7%) and Samburu (73.4%). These are sparsely populated areas inhabited mainly by pastoralist communities. Even in counties with lower rates of open defecation, children’s faeces are often not contained, due to parental perception that children may fall in latrines, and also the perception that children’s faeces are harmless. Some adults also continue to routinely defecate in the open at night and during the rainy season.⁸ Therefore the true rates of open defecation may be higher. Figure 2 shows the county access to improved sanitation and the prevalence of open defecation in Kenya.

Poor sanitation is also overwhelming poverty related with more than 60% of the poorest wealth quintile practicing open defecation compared to less than 1% in the wealthiest quintiles. Broadly as shown in Figure 3, access to improved sanitation is higher in counties ranked as having a low poverty gap index⁹ while counties with a higher poverty gap index have lower rates of improved sanitation and higher rates of open defecation.

⁸ Ipsos Synovate. “Formative Research Conducted for ‘Selling Sanitation’ initiative.” Unpublished, 2013. Nairobi: World Bank’s Water and Sanitation Program and International Finance Corporation.

⁹ Poverty Gap Index is a measure of how far, on average, the poor are from the poverty line. Data on poverty Gap index ranking taken from Kenya County Fact Sheets, Commission on Revenue Allocation, 2013.

Figure 2: County access improved sanitation and open defecation situation in Kenya

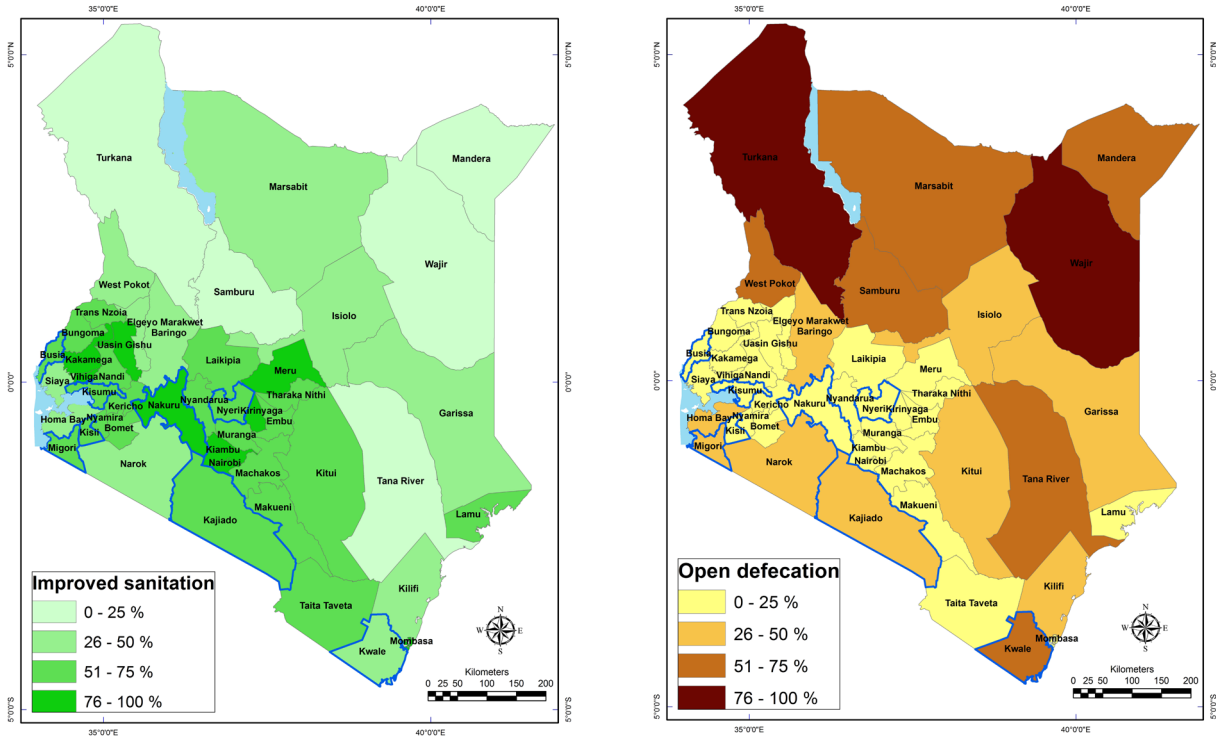
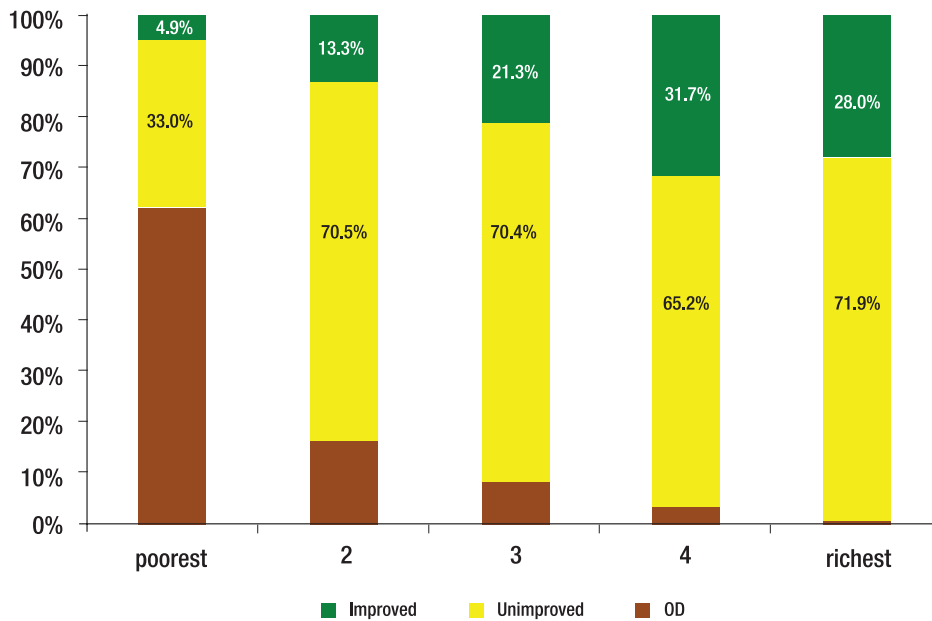


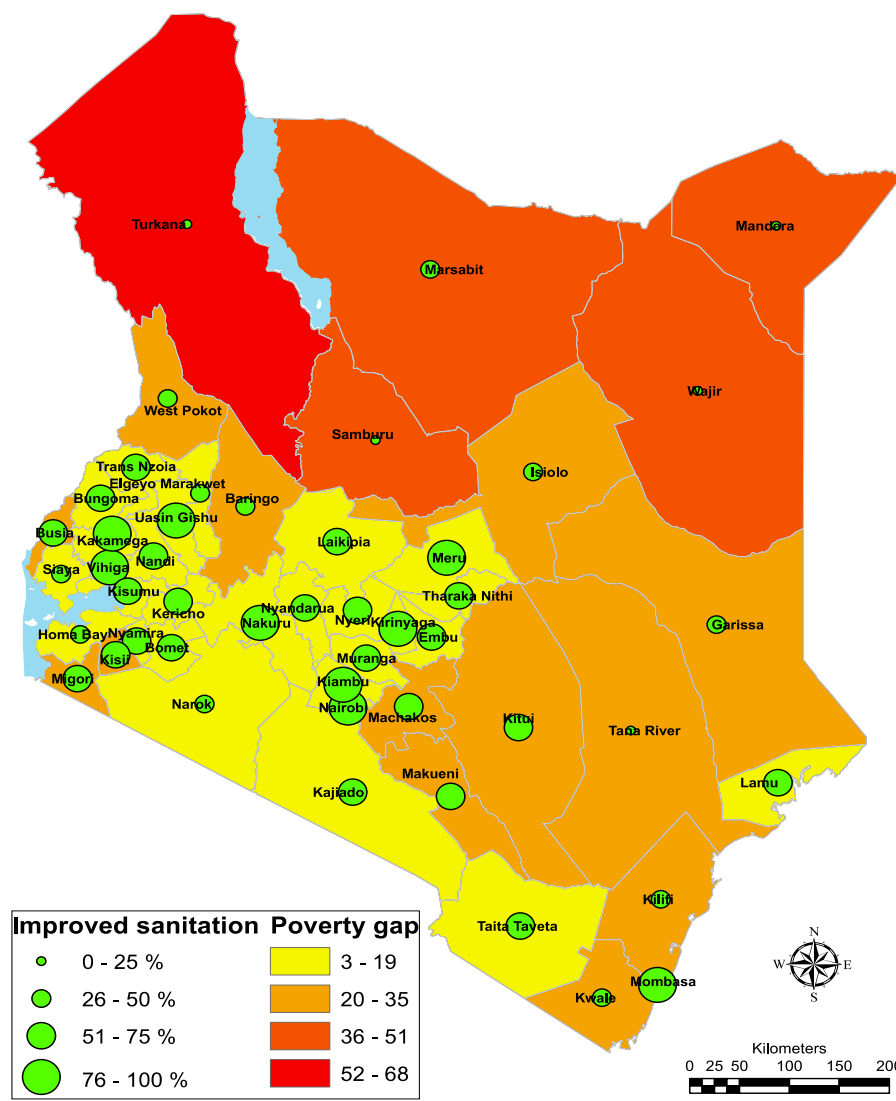
Figure 3: Sanitation type by wealth quintile



Source: DHS, 2010

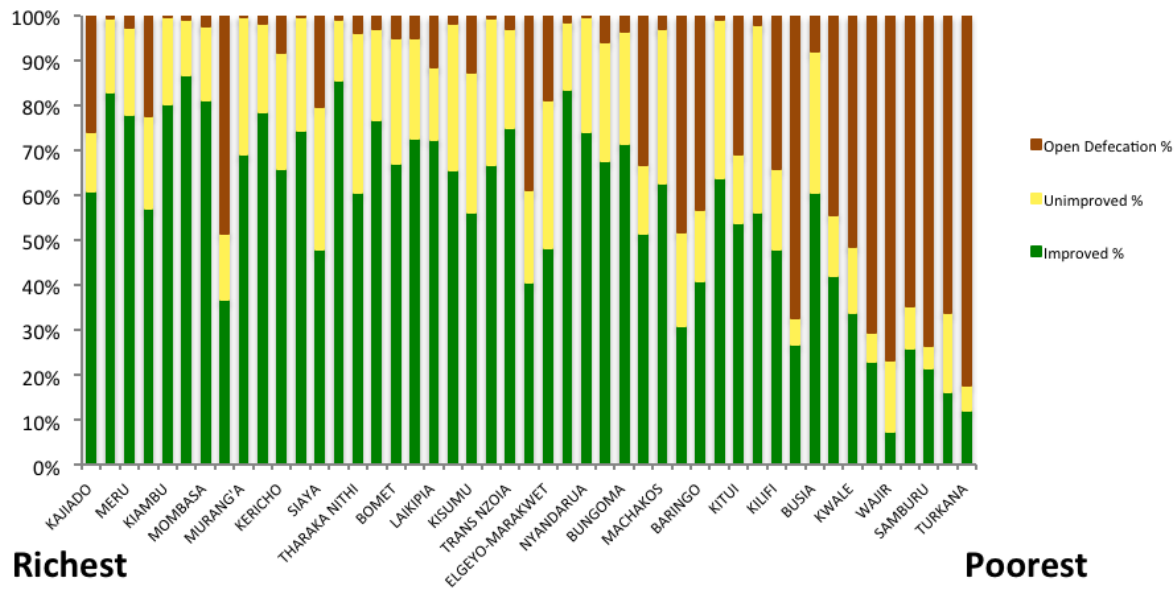
Poverty may not however be the sole determinant of sanitation type. For example, Busia, Makueni and Kisii all have relatively high improved sanitation coverage despite a high poverty gap index¹⁰. Figures 4 and 5 show the average poverty levels per county against access to improved sanitation.

Figure 4: County poverty gap and access to improved sanitation



¹⁰ Kajiado appears at the far left of the graph indicating a low level of poverty; however this large county encompasses wealthy Nairobi neighborhoods as well as rural areas so the poverty gap index is skewed.

Figure 5: Sanitation coverage according to poverty gap index rank



Source: Population census data 2009 + Commission on Revenue Allocation)

3.3 Urban Sanitation

Urbanisation is occurring at a rapid rate and by 2030 more than 60 percent of Kenyans will be living in cities and towns. Major developments anticipated by Vision 2030 will therefore affect pollution levels and generate larger quantities of solid waste than at present. Anticipated growth in manufacturing in particular will give rise to an increase in effluents discharged, which will require effective disposal management. According to the Joint Monitoring Programme, only 27 percent of the urban the population have access to private improved sanitation most of which consist of simple pit latrines providing varied degrees of safety, hygiene and privacy.¹¹ In poor urban settlements, less than 20 percent of the population has access to sanitation, and 80 percent of facilities are shallow pit latrines that contribute to pollution of the environment. Kenyan urban settlements are also characterized by uncontrolled, unsightly, and indiscriminate garbage disposal. Drains are clogged during the rainy season, while streams running through settlements carry polluted water from a combination of sources including sullage (refuse and dirt carried by drains), pit latrine wastes, and drainage. These polluted streams are also sources of drinking water to downstream users.

At present, the sewerage coverage is estimated at only about 12 percent with 5 percent of the national sewerage effectively treated.¹² An assessment report in 2009 showed there were 43 sewerage systems in Kenya and wastewater treatment plants in 15 towns (total population served: 900,000 inhabitants). The operation capacity of these wastewater treatment plants is however,

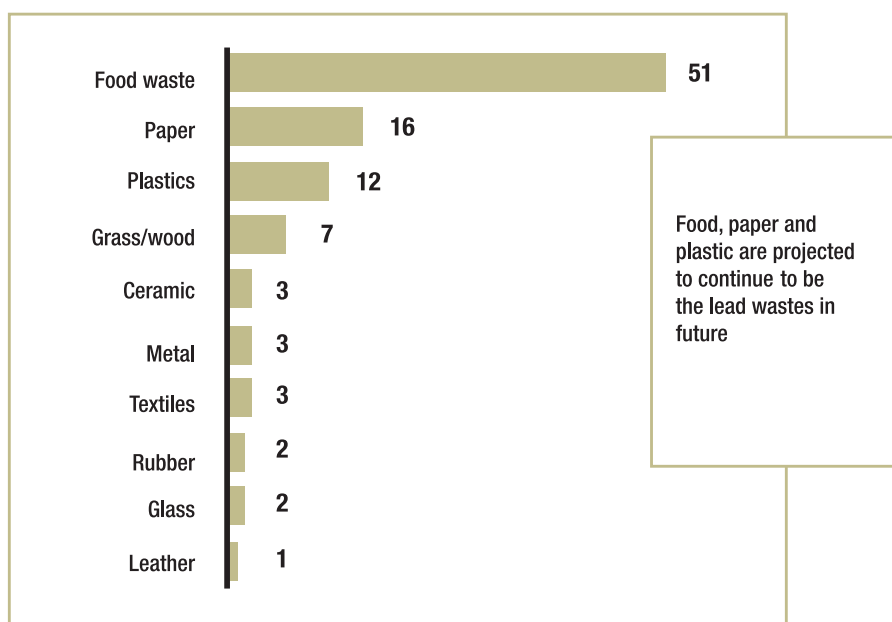
¹¹ Joint Monitoring Programme Kenya country info, 2013

¹² R. Gakubia, U. Pokorski and P. Onyango, Upscaling Access to Sustainable Sanitation – Kenya, January 2010, slide 7. Retrieved 16 March 2010

estimated at around 16 percent of design capacity. The inefficiency is due to inadequate operation and maintenance and low connection rates to sewerage systems, which are often neglected and characterized by overloaded pipes and blockages owing to intermittent water supply. Sewer bursts and non-functional treatment plants that discharge raw sewage into the watercourses are also common. The waste treatment is also characterized by low operational capacity. The most common solution used for wastewater treatment in Kenya is waste stabilisation ponds.¹³ Mixing industrial effluent and domestic sewage in mixed sewer systems causes poor performance of the pond treatment systems. Of the wastewater that enters the sewer network, only about 60 percent reaches the treatment plants.¹⁴

Solid waste management is a major environmental hazard in Kenya. The per capita waste generated ranges between 0.29-0.66 kg/day projected to rise to 1 kg/day by 2012; 61 percent of this waste is residential and hence, non-hazardous.¹⁵ The rest is industrial and hospital/pharmaceutical waste, which is highly hazardous. As Figure 6 shows, food, paper and plastic waste make up the bulk of the country's solid waste and are projected to continue to be the leading solid waste in the future. Chemical and hazardous waste is mainly attributed to use of farm inputs. However, waste from hospitals and import of cheap counterfeit goods (especially electronics) are the main sources of hazardous waste. These types of waste are projected to pose a great danger to the population as the economy grows. Creating public awareness of and building capacity of institutions handling these issues will be given priority.

Figure 6: Composition (in %) of Kenya's solid waste



Source: Kenya Vision 2030

¹³ H.W. Pearson, S.T. Avery, S.W. Mills, P. Njaggah and P. Odhiambo, Performance of the phase II Dandora waste stabilisation ponds: The case for anaerobic ponds, Water Science and Technology Volume 33, Issue 7, 1996, Pages 91–98. Retrieved 16 March 2010

¹⁴ Institute of Economic Affairs 2010: A Rapid Assessment of Kenya's Water, Sanitation and Sewerage Framework, June 2007 Retrieved 16 March 2010

¹⁵ *Ibid.*

Due to lack of appropriate disposal facilities, medical and hazardous wastes continue to pose a challenge in environmental management. This waste is disposed together with general municipal waste without segregation. Currently, there are only two incinerators in the country (both located in Nairobi) for destroying medical and hazardous waste.¹⁶ With health care services devolved to 47 counties, there is need to build necessary capacities, especially within the county medical facilities, to handle all types of wastes. This calls for the use of market-based instruments to improve waste management, as well as public awareness measures to promote sound waste disposal practice.

As to pollution, although there is no system in place to collect data on air quality in Kenya, pollution levels in urban areas is high. The high particulate matter in the air emanates from industrial activities concentrated in urban areas and from emissions by cars and other forms of transport. Pollution levels in Nairobi for example are estimated to be 45µg/m³, three times higher than the World Health Organisation (WHO) recommended level of 15µg/m³. In rural areas, the quality of air is affected mostly by over-reliance on wood fuel, agricultural activities and poor housing.¹⁷

3.4 Status of Sanitation Millennium Development Goals (MDG) in Kenya

Kenya made a primary commitment to reduce by 63 percent the proportion of the population without access to improved sanitation by 2015. This entailed having an additional 20 million people with access to sanitation by 2015, which would bring the proportion of people with access to improved sanitation to a new coverage rate of 82 percent, more than two and half times the current JMP estimate of 32 percent.¹⁸ However, according to the Joint Monitoring Program for Water and Sanitation 2011 report, Kenya was off track in meeting the MDGs targets as well as the national targets enshrined in the Vision 2030. Yet a relatively small additional annual rate of acceleration is required to reach universal access by 2040. At the prevailing 0.75 percent acceleration rate, Kenya missed the MDGs target of 63 percent improved sanitation coverage by over 100 years and universal coverage will be reached in 133 years as shown in Table 1.¹⁹ The lack of acceleration in rural sanitation can be attributed in part to key bottlenecks in an otherwise strong enabling environment.²⁰ An assessment of the enabling environment in Kenya undertaken in July 2013 found major bottlenecks in decentralized human capacity, monitoring and evaluation and financing.

¹⁶ *Ibid.*

¹⁷ Government of Kenya, 2012, Sessional paper No. 10. of 2012 On Kenya Vision 2030; UNEP 2005, Solid Waste Management Vol. I &II

¹⁸ GOK, Sanitation and Water for All High Level Meeting: Kenya- Statement of Commitments

¹⁹ MOH 2014, Draft Report of the First National Sanitation Conference, 1-3 April 2014, KICC Nairobi.

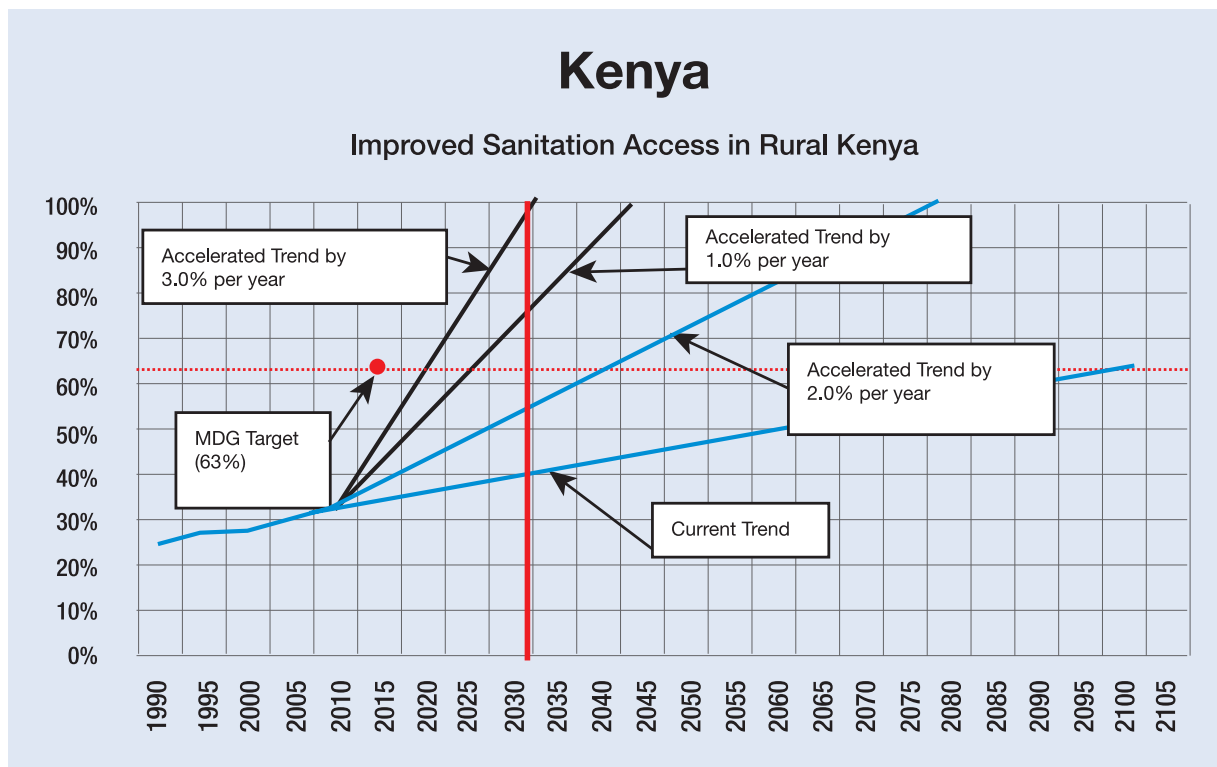
²⁰ World Bank Group Water and Sanitation program (WSP) 2013, Final Draft Report of Enabling Environment Baseline Assessment for Sustainable Rural Sanitation and Hygiene at Scale: Kenya

Table 1: Acceleration required to meet the universal access targets by 2040

	Annual rate since 1995 to 2011	Years to Gain Universal Access	Date which Universal Access will be achieved by	Additional Annual Rate of acceleration needed to reach 2040 target
Kenya	0.75%	133	2146	2.75%
Africa	0.81%	123	2136	2.69%

It is estimated that with acceleration rate of about three to five percent per year from the current rate of 0.75 percent Kenya can achieve the universal access to improved sanitation target by the year 2030. The Figure 7 below shows current rate of acceleration and possible improvements in acceleration with the subsequent achievements of Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) target by the year.²¹

Figure 7: Trends towards universal access to improved sanitation by different acceleration rates



²¹ Ibid.

3.5 The Impact of Poor Sanitation Coverage in Kenya

The lack of improved sanitation in Kenya has major health, economic and social impacts. Lack of sanitation is a major cause identified as a leading risk factor and contributor to mortality and morbidity in Kenya. Unsafe water and sanitation (5.3 percent) is the second leading risk factor and contributor to all mortality (deaths) and morbidity burden (DALY) in Kenya²² as shown in Table 2 below.

Table 2: Leading risk factors and contribution to mortality and morbidity (WHO 2009)

Mortality (Deaths)			Burden (DALYs)		
Rank	Risk Factor	% Total Deaths	Rank	Risk Factor	% Total DALYs
	Unsafe sex ²³	29.7%		Unsafe sex	25.2%
	Unsafe water, sanitation, and hygiene	5.3%		Unsafe water, sanitation, and hygiene	5.3%
	Suboptimal breast feeding	4.1%		Childhood and maternal underweight	4.8%
	Childhood and maternal underweight	3.5%		Suboptimal breast feeding	4.3%
	Indoor air pollution	3.2%		High blood pressure	3.1%
	Alcohol use	2.6%		Alcohol use	2.3%
	Vitamin A deficiency	2.1%		Vitamin A deficiency	2.1%
	High blood glucose	1.8%		Zinc deficiency	1.8%
	High blood pressure	1.6%		Iron deficiency	1.2%
	Zinc deficiency	1.6%		Lack of contraception	1.2%

Due to poor sanitation and hygiene, more than half of the population, are at risk of diseases and death, with over 75 percent of the country's disease burden caused by poor personal hygiene, inadequate sanitation practices and unsafe drinking water. Among children, diarrhoeal diseases and intestinal worm infestation contribute to a high disease burden and mortality with diarrhoea contributing at least 40 percent of deaths among under-five children. As a result, approximately 19,500 Kenyans, including 17,100 children under the age of five years are dying each year from diarrhoea – nearly 90 percent directly attributed to poor water, sanitation and hygiene.²⁴ Table 3 shows that diarrhoeal diseases is one of the top five leading causes of deaths and disabilities in Kenya.²⁵

²² WHO 2009, Global Health Risks Global Health Risks, WHO Mortality and burden of disease attributable to selected major risks.

²³ Unsafe sex is highly ranked as a risk factor because it leads to many conditions affecting health such as HIV, reproductive tract cancers/conditions and other Sexually Transmitted Infections, unwanted pregnancies, psychosocial conditions, amongst others.

²⁴ MOH 2012, Report of the Global Hand washing Day in Kenya, 2012

²⁵ MOH 2010, Review of the Kenya Health Policy Framework, 1994 – 2010

Table 3: Leading causes of deaths, and disabilities in Kenya

Causes of Deaths			Causes of DALYs		
Rank	Disease or Injury	% Total Deaths	Rank	Disease or Injury	% Total DALYs
	HIV/AIDS	29.3		HIV/AIDS	24.2
	Conditions arising during perinatal period	9		Conditions arising during perinatal period	10.7
	Lower respiratory infections	8.1		Malaria	7.2
	Tuberculosis	6.3		Lower respiratory infection	7.1
	Diarrhoeal diseases	6.0		Diarrhoeal diseases	6.0
	Malaria	5.8		Tuberculosis	4.8
	Cerebrovascular disease	3.3		Road traffic injuries	2.0
	Ischemic heart disease	2.8		Congenital anomalies	1.7
	Road traffic injuries	1.9		Violence	1.6
	Violence	1.6		Unipolar depressive disorder	1.5

DALY's = Disability Adjusted Life Years – Time lost due to incapacity arising from ill health

Statistics indicate that 35 percent of children in Kenya suffer from moderate to severe stunting.²⁶ Childhood stunting which can affect both educational and long-term productivity outcomes has been linked to poor sanitation, particularly to open defecation. Besides the burden of sickness and death, inadequate sanitation threatens to contaminate Kenya's water sources and undermine human dignity. The poor quality of air is also responsible for most cases of acute respiratory infections and accounts for 18.4 percent of infant mortality.²⁷

In economic terms, Kenya loses an estimated KES 27 billion (US\$365 million) annually which is about 1 percent of the national GDP, due to poor sanitation. Open defecation costs Kenya KES 8 billion (US\$88 million) per year – yet eliminating the practice would require less than 1.2 million latrines to be built. At over KES 1,530 (US\$17) per person each year, open defecation is the most costly unimproved sanitation practice. In addition, to health and economic impacts, poor sanitation in Kenya has adverse social consequences. A recent SHARE study, which included Kenya, found that the poorest children and families bear the greatest sanitation-related health-burden due to both exposure and susceptibility. Continued lack of progress in sanitation would ultimately undermine efforts to reduce poverty in the

²⁶ UNICEF 2013, The State of the World's Children(SOWC): Children with Disabilities, UNICEF, New York, May 2013

²⁷ Government of Kenya, 2012, Sessional paper No. 10 of 2012 on Kenya Vision 2030

country. Another study which documented the experiences of women in informal settlements in Nairobi, found that inadequate access to sanitation facilities left women and girls vulnerable to rape and other forms of gender-based violence.

3.6 Investment in Sanitation

Despite the poor state of sanitation and its impact on the health status, economic and social wellbeing of the population, the level of investment in sanitation is very low. Kenya is estimated to allocate only 0.2 percent of GDP to sanitation as compared to the global target of 0.9 percent and eThekweni Declaration commitment of at least 0.5 percent of GDP to sanitation and hygiene. In 2010, the combined water and sanitation expenditure in Kenya represented only 0.86 percent of GDP, down from 1.10 percent in 2008.²⁸ It is however common for government agencies to give priority to improving water supplies rather than for improving sanitation and hygiene in their allocation of resources. In 2014, the Global Assessment and Analysis of Sanitation and Water Supply (GLAAS) report indicated that only 35 percent of countries are able to provide a detailed WASH expenditure and 80 percent of countries reported insufficient funding for sanitation.²⁹

One of the reasons why sanitation remains a low investment priority lies in institutional fragmentation, with different elements of the sanitation supply chain being in the hands of different players. This fragmentation has led to lack of proper coordination of sanitation services and hindered a holistic approach to sanitation financing. The development of a sanitation and hygiene investment plan has also been a pending priority within Kenya's Country Priority Action Plan on Sanitation. Progress has been constrained by a lack of specific capacity in the sector. Thus despite financial support and donor interest for sanitation in Kenya, sustainable financing remains a key bottleneck to accelerated progress.

3.7 Key bottlenecks in sanitation interventions

The lack of acceleration in urban and rural sanitation can be attributed in part to key bottlenecks in an otherwise strong enabling environment.³⁰ An assessment of the enabling environment in Kenya undertaken in July 2013 found major bottlenecks in decentralised human capacity, monitoring and evaluation and financing. These three in addition to regulatory and institutional bottlenecks are echoed in other sector assessments such as the eThekweni monitoring, national priority actions planning process. According to CSO2, in urban areas, water supply and sanitation and sewerage reforms have yet to result in increased coverage, quality and equity.³¹

²⁸ WaterAid, 2011, Off track, off target: Why investment in water, sanitation and hygiene is not reaching those who need it most, WaterAid, Nov. 2011 - http://www.wateraid.org/documents/plugin_documents/offtrack_offtarget.pdf

²⁹ 2014 GLAAS report

³⁰ Full summary of the WSP Enabling Environment Assessment can be found in Annex.

³¹ AMCOW CSO2 Report Water Supply and Sanitation in Kenya: Turning Finance into Services for 2015 and Beyond



Capacity: Capacity is now a critical issue in Kenya due to devolution, as responsibility for sanitation has been devolved to the new county structures which are unprepared in terms of skills and human resources. Capacity mapping and capacity building at decentralised level is a priority to facilitate the transition. The frontline staff for improving (urban and rural) sanitation in Kenya is a large network of salaried public health officers (PHOs), public health technicians (PHTs) and Community Health Extension Workers (CHEWs), plus Community Health Volunteers (CHVs) who receive a small stipend (if available), and voluntary natural leaders. Human capacity, in terms of staff numbers and skills, is not adequate to meet the needs on the ground. This situation may result in no-compliance with public health laws in construction of houses for households, schools and institutions, leading to poor sanitation services. In other cases human capacity is not optimally utilised to maximise results. Roles, responsibilities of CHEWs and CHVs are currently not standardised. CHEWs themselves can come from a variety of professional backgrounds. Particularly in the context of devolution, having a set of standard operating procedures and building capacity in a set of key skills and competencies could transition rural sanitation implementation from ad-hoc practice to a trackable system that can accelerate progress even in “difficult” counties.

Monitoring and Evaluation: There are critical barriers to effective monitoring and evaluation at every level. Local capacity and incentive to carry out and report monitoring activities is inconsistent across counties; at national level the analysis of collected data is limited and there is no effective system of presenting, utilising and disseminating monitoring data to complete the feedback loop, so that it can be utilised for programme planning and implementation.

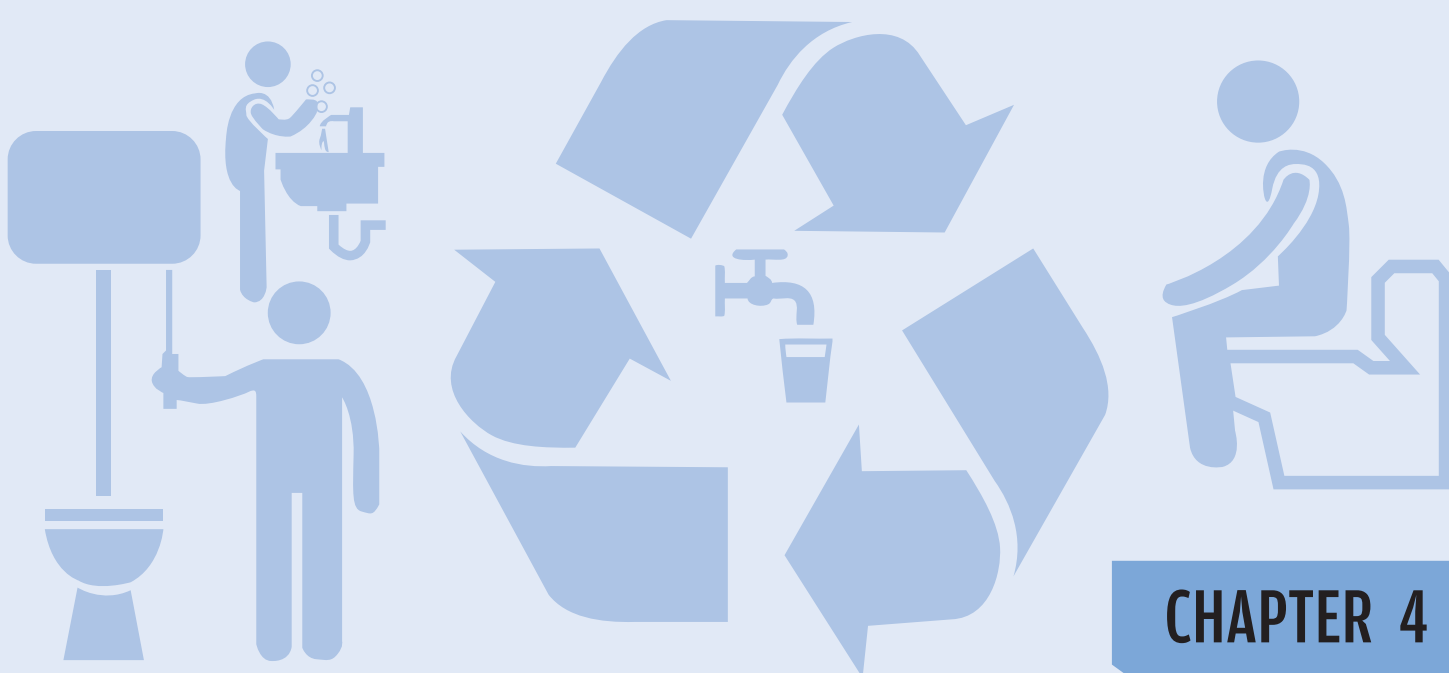
Financing: Kenya previously had a dedicated sanitation budget, albeit very conservative and it is not clear whether this would be the case for the financial years following devolution. A national budget line for sanitation will also not necessarily be reflected in devolved county budgets. According to county budgets 2013/2014, only 11 counties specifically referred to sanitation in their health, water or environmental budget lines. Currently, sanitation budgets remain separately with the Ministry of Health, the Ministry of Environment and Natural Resources, the Ministry of Water and Irrigation, counties, NGOs and the private sector. Lack of clear mechanism for planning, monitoring and coordinating total financing of sanitation function is therefore a major bottleneck to accelerated progress. The development of a sanitation and hygiene investment plan has been pending within Kenya's Country Priority Action Plan on Sanitation, but progress is constrained by a lack of specific expertise in the sector. Currently counties have problems in allocating and appropriating budgets on sanitation activities due to lack of assigned budget code or a coding mismatch.

Legislative and regulatory environment: Despite the requirement of a strong and robust legal regime to bring the constitutional provisions on the right to sanitation and a clean and healthy environment and devolution of sanitation services to all the 47 counties into full effect, the existing legal and regulatory environment for sanitation remains fragmented with sanitation related laws scattered in various legal instruments - most of which are only ancillary to sanitation. The upshot is that there is no coherent legislative and regulatory framework defining a set of normative principles and institutional and regulatory structures for sanitation that reflect the current developments in the international, constitutional and policy spheres.

Institutional environment: A key challenge in the sanitation sector has been the institutional fragmentation, unclear allocation of roles and responsibilities, weak institutional alignment and poor coordination within and across the sector especially in the context of a devolved system of government. At the national level, this is complicated by an institutional context in which policy and strategy development and implementation is shared between the Ministry of Health, Ministry of Water and Irrigation and Ministry of Environment and Natural Resources. In the regulatory sphere, gaps and overlaps define the institutional context within the sector and across related sectors. For example, whereas the Water Act 2002 mandates WSBs and WSPs over water, sewerage and sanitation, the Environmental Management and Co-ordination Act 1999 mandates NEMA over matters relating to water pollution control, effluents discharge into sewerage system and hazardous waste including pesticides and toxic wastes which are normally only ancillary to their 'core' function.

Moreover, these entities and the principal regulators, the Water Service Regulatory Board and NEMA, are hosted under the Ministry of Water and Irrigation and Ministry Environment and Natural Resources respectively. Finally, service provision is shared among a range of institutions, governmental and nongovernmental, public and private, enacting a complex institutional network. For example, the Environmental Sanitation and Hygiene Policy (2007) bestows upon the Ministry of Health the overall supervision whilst the entities charged with actual service provision i.e. Water Service Boards and Water Service Providers fall under the Ministry of Water and Irrigation.

The complexity of the institutional framework is heightened by the new system of devolution, with constitutional division of functions and powers between the national and county levels of government. Whereas the development of national policy vests in the national government, an absence of supportive inter-agency mechanism to promote vertical and horizontal coherence in sanitation planning and service delivery can undermine overall service provision. This should be addressed by clearly vesting the responsibility in some lead multi-sectoral and interagency agency to promote national and cross-county coordination, cooperation and collaboration. In addition to horizontal institutional alignment, the institutional framework should also entail clear vertical delineation of national and county policy development, implementation and regulatory roles. With some regulatory role vesting in the county governments, a related issue for discussion is how to effect horizontal separation of operational and management (sanitation service provision) responsibility from regulation. This delimitation is important for purposes of minimizing duplication, maximizing efficiency and increasing accountability. Finally, as with other aspects of the proposed legislation, the institutional framework should enable private or non-governmental entities participation through a variety of organizational forms.



CHAPTER 4



VISION, MISSION AND GUIDING PRINCIPLES

4.1 Introduction

This Chapter presents the sector vision, mission and guiding principles towards Kenya's vision of transforming the country into "a newly-industrialised, middle-income country providing a high quality of life to all its citizens in a clean and secure environment." The KESSF 2016 - 2020 provides the framework for mobilising both state and non-state actors' including the international partners' efforts towards achieving this national vision by ensuring that all Kenyans have sustainable access to improved sanitation and a clean and healthy environment by 2030. The Strategy therefore provides the framework for implementing the KESH policy goals of transforming Kenya into an open defecation free (ODF) society and ensuring universal access to improved sanitation and a clean and healthy environment in both rural and urban areas by 2030. The Strategy further aims to increase both public and private sector investment in sanitation and hygiene towards achieving the global standard of at least 0.9 percent of the GDP by the year 2030.

4.2 Sector vision, mission and goal

4.2.1 Vision statement

The sanitation sector envisions a clean, healthy and economically prosperous Kenya free from sanitation and hygiene related diseases.

4.2.2 Mission statement

The sector mission is to ensure all Kenyans have sustainable access to highest attainable standards of sanitation, clean and healthy environment.

4.2.3 Strategic goal

The strategic goal of the sector is to ensure universal access to improved sanitation,³² clean and healthy environment by 2030.

4.3 Immutable guiding constitutional values and principles

The Constitution of Kenya 2010 provides clear immutable guiding principles and values that bind the State and all persons in governance, leadership and development and implementation of public policy.

4.3.1 Guiding governance principles and values

This Strategic Framework is guided by the national governance values and principles provided in Article 10 of the Constitution of Kenya that are binding to all state organs, state officers, public officers and all persons wherever they apply and interpret the Constitution; enact and apply laws; or make or implement public policy decisions. These include first, patriotism, national unity, sharing and devolution of power, the rule of law, democracy and participation of the people; second, human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized; and third, good governance, integrity, transparency and accountability; and fourth, sustainable development.

4.3.2 Guiding leadership principles and values

The Constitution in Chapter Six provides the principles and values of leadership. It emphasizes, first, selection of public officials on the basis of personal integrity, competence and suitability, or election in free and fair elections; second, objectivity and impartiality in decision making, and in ensuring that decisions are not influenced by nepotism, favoritism, other improper motives or corrupt practices; third, selfless service based solely on the public interest, demonstrated by honesty in the execution of public duties, and the declaration of any personal interest that may conflict with public duties; fourth, accountability to the public for decisions and actions; and fifth, discipline and commitment in service to the people. In view of these leadership values and principles, public officials are required to exercise the public trust and authority vested in them in a manner that demonstrates respect for the people; brings honour to the nation and dignity to the office; promotes public confidence in the integrity of the office; and demonstrates responsibility to serve the people rather than the power to rule them.

³² Improved sanitation includes the provision of hygienic facilities and the safe, environmentally-responsible collection and treatment of faecal sludge.

In relation to the ethical and professional character of the public service, the Constitution in Chapter Thirteen puts emphasis on, first, high standards of professional ethics; second, efficient, effective and economic use of public resources; third, responsive, prompt, effective, impartial and equitable provision of public services; fourth, involvement of the people in the process of policy making; fifth, accountability for administrative acts; sixth, transparency and provision to the public of timely, accurate information; seventh, fair competition and merit as the basis of appointments and promotions; eighth, representation of Kenya's diverse communities; and ninth, affording adequate and equal opportunities for appointment, training and advancement, at all levels of the public service, of men and women, the members of all ethnic groups and persons with disabilities.

4.3.3 Directive principles of state policy

The Constitution provides clear directive principles of state policy that apply to sanitation policy. In Article 6 (3) a national state organ is required to ensure reasonable access to its services in all parts of the Republic of Kenya, so far as it is appropriate to do so having regard to the nature of the service. Article 19 of the Constitution establishes the Bill of Rights as an integral part of Kenya's democratic state and the framework for social, economic and cultural policies. Article 174 outlines the objects of the devolution of government which include promotion of democratic and accountable exercise of power, fostering national unity by recognising diversity, giving powers of self-governance to the people and enhancing the participation of the people in the exercise of the powers of the state and in making decisions affecting them, recognition of the right of communities to manage their own affairs and to further their development, protection and promotion of the interests and rights of minorities and marginalised communities, promotion of social and economic development and the provision of proximate, easily accessible services throughout Kenya, ensuring equitable sharing of national and local resources throughout Kenya, facilitation of the decentralisation of State organs, their functions and services, from the capital of Kenya and enhancing checks and balances and the separation of powers.

4.3.4 Guiding principles for public finance management

Articles 201 and 202 of the Constitution emphasize the principles of openness and accountability, including public participation in financial matters, promotion of equitable society and fairness in sharing of the burden of taxation, equitable sharing of revenue raised nationally among national and county governments and the promotion of the equitable development of the country, including by making special provision for marginalised groups and areas.

4.4 Guiding policy principles

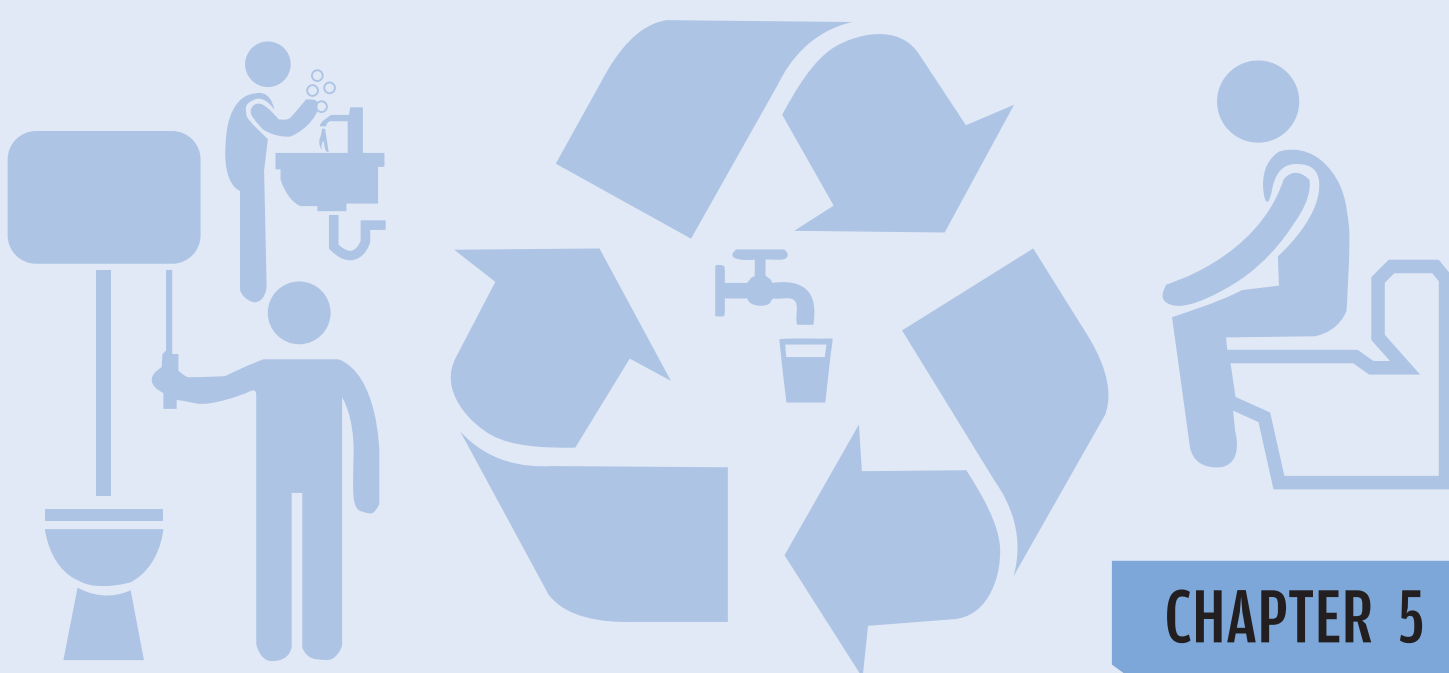
The strategic interventions shall embrace the following principles that impact on the access to improved environmental sanitation and hygiene services and a clean and healthy environment.

- a) **Recognition of a clean and healthy environment and sanitation as human rights:** The policy recognizes that enjoyment of a clean and healthy environment and access to reasonable standards of sanitation are guaranteed human rights. It shall therefore be the responsibility of the state to employ the best and equitable measures to enable the widest possible enjoyment of these rights.
- b) **Sanitation as a public service and an economic good:** Sanitation services shall be treated as both public and economic good.
- c) **Recognition of sanitation and hygiene promotion as cost-effective preventive means in public health:** Good sanitation and hygiene practice is the best means of preventing adverse public health conditions. Sanitation and hygiene promotion shall be therefore rigorously applied to improving public health conditions in the various community environments, at individual household, community, school, public and institutional levels.
- d) **Community-Led Total Sanitation (CLTS):** The policy emphasizes community-led total sanitation, especially in rural areas, with the aim of complete eradication of all indiscriminate and unhygienic practices in the disposal of excreta, liquid and solid waste. The key aspects of CLTS are:
 - i) **Participation:** All members of the community should have an equal opportunity to participate in the development and management process, and there must be broad community support for community-based management.
 - ii) **Responsibility:** The community owns and is responsible for maintaining the systems.
 - iii) **Authority:** The community has the legitimate right to make decisions on behalf of the users.
 - iv) **Control:** The community is able to carry out and determine the outcome of its decisions.
 - v) **Accountability:** The community must accept the consequences of its decisions and understand that it is accountable for its actions.
- e) **Integrated approach:** Sanitation development is essentially multi-sectoral. An integrated approach combining safe sanitation, hygiene education and promotion and safe water supply ensures improved health and livelihood. The successful promotion and implementation of sanitation programmes and services will require the involvement of all stakeholders in all stages of the sanitation process from the pre-planning stage, through implementation to monitoring and evaluation stages.
- f) **Results oriented:** Sanitation programming shall be results and outcome-based, with emphasis on outcome indicators for improved sanitation coverage.
- g) **Equity:** The poor suffer most from lack of access to basic sanitation facilities and services. Access to sanitation for the poorest and most facility-deprived segments of the population shall be ensured as a means of improving their socio-economic status.

- h) Gender responsiveness and social inclusion:** Vulnerable sections of the community - children, women, older members of society and persons with disability - shall be given priority attention in environmental sanitation promotion. When vulnerable sections of the community have a genuine inability to carry out environmental sanitation measures, they shall be supported by the community and others to enable them carry out all necessary environmental sanitation tasks within their compounds or dwellings. The planning of, investment in, and the promotion of sanitation facilities must therefore address the special needs, interests and priorities of women and girls, older members of society and persons with disability with due consideration for men and boys to ensure adequate access, usage and maintenance of the facilities.
- i) Demand creation and responsiveness:** Through awareness creation, sanitation and hygiene promotion and education, community mobilisation, enforcement and appropriate incentives for improved sanitation and hygiene, households and communities shall be empowered to demand for improved sanitation. Household innovation will be encouraged.
- j) Sustained political will:** Sustained political will is required at all levels to generate increased public investment, commitment and interest in sanitation activities towards universal coverage of improved sanitation.
- k) Ownership with responsibility:** Enabling institutional structures shall be put in place to guide sanitation activities at various levels. The ownership of the facilities shall be matched with the responsibility for operation and maintenance at national, county and municipal levels, households and the communities.
- l) Responsibility of households and communities for rural sanitation and hygiene:** Each household and community shall shoulder the responsibility of maintaining an open defecation free (ODF) environment through collective decision-making. Each household shall be responsible for the environmental sanitation tasks in its compound. However, the government shall have the responsibility for creating awareness and demand in the community for all environmental sanitation measures. Community-based and demand-responsive approaches shall be applied at household, community and government levels to fulfil their respective responsibilities in the drive toward total environmental sanitation and ODF environment.
- m) Responsibility for urban environmental sanitation and hygiene:** As urban environmental sanitation facilities are usually expensive and require specialised technical skills to establish, the government at national and county levels, including urban authorities, shall take initiatives to plan and establish such facilities with the community's involvement. An appropriate mechanism shall be established to sustain such facilities by introducing cost recovery measures. The government shall ensure the need of the poor segments of society is addressed by making suitable arrangements.
- n) Private sector involvement in environmental sanitation and hygiene services:** The private sector shall be encouraged and facilitated for active involvement in the provision of environmental sanitation services to communities. The government shall empower and

support private sector initiatives with required legal instruments including exemptions and creating the enabling environment such as clear standards and guidelines and transparent tendering processes for the promotion of different technology options and management by the private sector.

- o) Promotion of sustainable, appropriate and affordable technology options:** A variety of affordable and appropriate sanitation systems must be available to all users. The advancement and upgrading of technologies and participatory hygiene methods through research and development of appropriate and affordable technologies and management systems shall be pursued.
- p) Environmental protection:** Environmental sanitation facilities shall not be allowed to pollute the environment. The household or private sector or any other eligible entity, when establishing environmental sanitation facilities, shall ensure that the waste from such environmental sanitation facilities do not pollute the environment and water bodies, including ground water aquifers. All construction of environmental sanitation facilities shall therefore consider environmental measures for the conservation of the environment such as water resources and vegetation cover from contamination.
- q) The polluter pays:** The environment shall be kept free from contamination and pollution as the result of uncontrolled sewage flows, solid and liquid waste disposal, industrial waste discharges, chemical fertilizers and pesticides. The polluters, whether individuals or organizations, shall be responsible for all the damages caused by the contamination and pollution and for the required cleanup measures.
- r) Enforcement and regulation:** Appropriate, transparent, national and county legislation for the enhancement of sanitation service delivery and regulation shall be enacted taking into account the sanitation related laws and bylaws. There shall be a zero tolerance to corruption policy and code of conduct developed for the sector in line with Chapter 6 of the Constitution and the Ethics and Anti-corruption Act. Enforcement agencies shall be empowered to deal with offenders of sanitation laws.
- s) Sustainable sanitation financing:** It shall be an obligation of the national and county governments and municipal authorities to establish enabling and sustainable financing mechanism(s) for sanitation services and development and to make yearly budgetary provisions with timely release for the implementation of sanitation plans, programmes, activities, services and functions. The private sector, communities and individuals shall be encouraged and mobilised to contribute towards funding hygiene and sanitation services and programmes.
- t) Monitoring and Evaluation (M&E):** An effective monitoring and evaluation system shall be put in place at all levels to ensure coordinated and sustained development of the sanitation sector.



CHAPTER 5



STRATEGIC OBJECTIVES AND INTERVENTION FRAMEWORK

5.1 Introduction

The Kenya Environmental Sanitation Strategic Framework (KESSF) 2016 - 2020 provides a medium term framework for action for both state and non-state actors at national and county levels. The framework sets out strategic priority interventions geared towards increasing access to improved sanitation and ensuring a clean and healthy environment for improved quality of life for all the people of Kenya.

5.2 KESSF strategic objectives

KESSF will pursue eight strategic objectives as follows:

1. To increase improved rural and urban sanitation coverage by 50 percent and declare Kenya ODF by 2020.
2. To promote sustainable waste management practices and ensure a clean and healthy environment for all Kenyans.
3. To promote private sector participation and investment in increasing uptake of appropriate improved sanitation and hygiene products and services.
4. To establish sustainable financing mechanism for sanitation and increase public investment to meet Kenya's international financing commitments by 2020.
5. To establish an enabling legal and regulatory framework for sanitation at national and county levels.

6. To establish an enabling institutional framework and strengthen good governance practices, accountable leadership and human resource capacity for the sanitation sector in Kenya
7. To establish an effective research and development framework for sanitation to improve access to appropriate technologies and evidence-informed decision making and programming
8. To establish a functionally effective national monitoring and evaluation framework for the sanitation sector to ensure maximum accountability in KESSF implementation at all levels.

5.3 Key strategic interventions

Broadly, this strategic framework focuses on the following eight key strategic interventions areas described hereinafter:

Table 4: KESSF strategic intervention areas

Strategic Intervention Area 1	Scaling up sustainable access to improved rural and urban sanitation
Strategic Intervention Area 2	Ensuring sustainable waste management and a clean and health environment
Strategic Intervention Area 3	Promoting private sector participation and sanitation marketing
Strategic Intervention Area 4	Ensuring sustainable sanitation financing
Strategic Intervention Area 5	Building enabling legal and regulatory environment for sanitation
Strategic Intervention Area 6	Establishing enabling institutional framework and promoting good governance practices and accountable leadership for the sanitation sector in Kenya
Strategic Intervention Area 7	Strengthening research and development capacity for sanitation
Strategic Intervention Area 8	Strengthening national and county level monitoring and evaluation system for the sanitation sector

5.4 Strategic Intervention Area 1: Scaling up sustainable access to improved rural and urban sanitation

Strategic Objective 1

To increase improved rural and urban sanitation coverage by 50 percent and declare Kenya ODF by 2020.

This strategic intervention focus area aims to scale up access to improved rural and urban sanitation in order to increase national improved sanitation coverage from 32 percent to 65 percent and to declare Kenya ODF by 2020. The purpose is to progressively enable all Kenyans to enjoy, to the widest possible extent, their right to the highest attainable standards of health, sanitation and a clean and healthy environment. The intervention will be expected to yield the following key results.

Table 5: Scaling up sustainable access to improved rural and urban sanitation

Key Intervention	Key Result by 2020
<ul style="list-style-type: none"> Ensuring sustainable access to improved rural sanitation Ensuring Sustainable access to improved urban sanitation Scaling up access to improved sanitation and hygiene in schools Ensuring adequate, safe and clean sanitation and hygiene facilities in institutions and public places Improving menstrual health and hygiene practices among women and girls Promoting household water treatment and safety Sanitation in disaster and emergency situations Promoting sanitation education and behaviour change 	<ul style="list-style-type: none"> Increased sustainable access to improved rural sanitation Increased sustainable access to improved urban sanitation Improved sanitation and hygiene in schools Improved sanitation and hygiene in institutions Improved hygiene behaviour and practices Improved menstrual health and hygiene practices among women and girls Improved household water treatment and safety Strengthened sanitation in disaster and emergency situations

5.4.1 Ensuring sustainable access to improved rural sanitation

An estimated 50 percent of rural Kenyans do not have access to basic sanitation, with open defecation being the norm for a significant proportion of the rural population. This strategy therefore aims to promote total access to safe sanitation through a participatory community health strategy, involving households and community groups as key beneficiaries and owners of interventions.

Table 6: Ensuring sustainable access to improved rural sanitation

Key Intervention Objective 1.1: To increase access to improved rural sanitation facilities by at least 50% and declare 100% villages ODF by 2020.		
Key Results: <ul style="list-style-type: none"> ▪ 100% villages declared ODF by 2020. ▪ Rural improved sanitation coverage increased by 50%. ▪ At least 65% of rural households have access improved sanitation facilities. ▪ Sanitation and hygiene related diseases reduced by 50%. ▪ Sanitation and hygiene related child morbidities mortalities reduced by 50%. 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Intensify ODF campaigns in all counties across Kenya. • Promote environmental sanitation. • Increase the number of people with improved sanitation facilities. • Promote sanitation marketing • Promote household wastewater and solid waste recycling 	<ul style="list-style-type: none"> ▪ Develop and implement comprehensive county ODF campaign programmes 	County Department of Health & partners (NGOs, FBOs etc.)
	<ul style="list-style-type: none"> ▪ Create effective awareness among communities on proper sanitation and hygiene knowledge and practices. 	County Department of Health, Community Units, partners (Development partners, NGOs, FBOs etc.)
	<ul style="list-style-type: none"> ▪ Facilitate adoption of the Total Sanitation Model for communities of population of less than 5,000 	County Department of Health, Community Units, partners (Development partners, NGOs FBOs etc.)
	<ul style="list-style-type: none"> ▪ Initiate and ensure (a) safe water handling and proper use; (b) latrines construction and proper use (low-cost option, effectively used and kept clean); (c) sustained hand-washing practices (d) food hygiene, and (e) maintaining a clean home environment 	County governments and relevant agencies
	<ul style="list-style-type: none"> ▪ Mobilise communities and provide incentives to build their sanitary latrines and wastewater disposal systems along with the promotion of hygiene and preventive health practices 	County governments, town or city authorities and relevant agencies
	<ul style="list-style-type: none"> ▪ Institute community-based programmes for awareness and demand creation to ensure community acceptance of and commitment to environmental sanitation and hygiene promotion, and advocacy measures 	National and county governments
	<ul style="list-style-type: none"> ▪ Initiate programmes for motivation, technical advice and minimal subsidy (through supply of materials only to indigent groups in the community) for the construction of ventilated pit latrines and safe disposal of wastewater 	National and county governments
	<ul style="list-style-type: none"> ▪ Ensure that environmental sanitation technology options adopted are cost-effective and designed in consultation and agreement with the community 	National and county governments

	<ul style="list-style-type: none"> ▪ Initiate use of wastewater for agricultural purpose from individual households through the provision of designs for collection and use in households; ▪ Promotion of biogas projects to generate energy from solid waste for household use. 	National and county governments.
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5.4.2 Ensuring sustainable access to improved urban sanitation

An estimated 60 per cent of Kenya’s population is expected to live in cities and towns by the end of 2030.³³ Consequently, increased levels of pollution and larger quantities of liquid and solid waste are expected. At present sewerage coverage remains at about 12 percent and only 5 percent of the national sewerage is effectively treated. The operation capacity of the wastewater treatment plants is also estimated at around 16 percent of design capacity. Of the wastewater that enters the sewer network, only about 60 percent reaches the treatment plants.³⁴ In poor urban settlements, less than 20 percent of the population has access to sanitation, and 80 percent of facilities are shallow pit latrines that contribute to pollution of the environment. This strategy therefore seeks to increase access improved urban sanitation facilities and to ensure effective waste disposal and management systems.

Table 7: Ensuring sustainable access to improved urban sanitation

Key Intervention Objective 1.2: To increase access to improved urban sanitation facilities by at least 50% and declare 100% peri-urban and informal settlements ODF by 2020		
Key results		
<ul style="list-style-type: none"> ▪ 100% peri-urban and informal settlements declared ODF by 2020 ▪ Improved urban sanitation coverage increased by 50% by 2020 ▪ At least 55% of urban households have access to improved sanitation facilities by 2020 ▪ Sanitation and hygiene related diseases reduced by 50% by 2020 ▪ Sewerage coverage increased by 50% by 2020 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop a program for increasing the number of households accessing and using appropriate technology options. 	<ul style="list-style-type: none"> ▪ Develop Urban Environmental Sanitation and Hygiene Strategic and Action Plans (UESHSAPs) and Urban Strategic Environmental Sanitation Investment and Financing Plans (USESIFPs) 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities

³³ Kenya Vision 2030

³⁴ Institute of Economic Affairs 2010: A Rapid Assessment of Kenya’s Water, Sanitation and Sewerage Framework, June 2007 Retrieved 16 March 2010

<ul style="list-style-type: none"> • Intensify ODF Campaigns in peri-urban and informal settlements • Capacity building and training. • Promote sanitation marketing. • Build enabling legal and regulatory environment for urban sanitation. • Promote multiple sanitation options through private sector participation. • Resource mobilisation • Build safe subsidy options for the core urban poor 	<ul style="list-style-type: none"> ▪ Develop and implement comprehensive peri-urban and informal settlements ODF campaign programmes 	County governments, City/ Municipality Boards and Town Committees and WASH partners
	<ul style="list-style-type: none"> ▪ Establish mechanism for collection, storage, removal and safe disposal and treatment of residential and commercial wastewaters 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities
	<ul style="list-style-type: none"> ▪ Promote low-cost appropriate technologies such as twin pit or eco-sanitation in peri-urban and slum areas and in other small to medium-sized urban centers. The Component Sharing Model should be adopted for these areas 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities. the private sector, NGOs, individuals
	<ul style="list-style-type: none"> ▪ Provide and ensure that quality sanitation technology options in urban areas, including flush latrines and/or pour flush latrines in homes (or privately-shared) are connected to an underground sewage system terminating in a sewage treatment facility 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities
	<ul style="list-style-type: none"> ▪ Facilitate households in urban areas to own and have access to safe sanitary facilities that use suitable and affordable water conveyance systems (at least pour-flush toilet) 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities
	<ul style="list-style-type: none"> ▪ Develop a detailed annual sanitation plan and budgets for all urban settlements 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities
	<ul style="list-style-type: none"> ▪ Develop necessary national environmental quality standards for effluent to be used for different purposes enforced by the defaulter-pays principle 	NESCRA, NEMA and WASREB
	<ul style="list-style-type: none"> ▪ Encourage gravity flow systems to be used for sewage schemes (unless not feasible) so as to avoid dumping and O&M costs 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities
	<ul style="list-style-type: none"> ▪ Build one chamber septic tank between the toilet and the main sewer so as to avoid solids from entering the system and clogging it where self-cleansing cannot be achieved 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities, NEMA, NESCRA
	<ul style="list-style-type: none"> ▪ Promote sewage treatment technologies with greater emphasis on resource recovery and recycling as a high priority in improving urban sanitation 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities, NEMA, NESCRA

	<ul style="list-style-type: none"> Encourage less energy-intensive technologies such as wetland construction, oxidation ditches, extended aeration and stabilisation ponds 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities, NEMA, NESCR
	<ul style="list-style-type: none"> Develop minimum sewage treatment facilities of biological treatment with retention time calculated to conform the results with the Environmental Management Coordination Act (EMCA) requirement 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities, NEMA, NESCR
	<ul style="list-style-type: none"> Promote the principle of 3R's of waste management (reduce, reuse, recycle) and encourage waste separation to maximise resource use and conservation. The involvement of the formal and informal solid waste recycling industry will be sought 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities, private sector, NESCR

5.4.3 Scaling up access to improved sanitation and hygiene in schools

The population of school going children (2-14yrs) is estimated at about a third of the total population. Most schools however, lack adequate water supply, sanitation and hygiene facilities particularly for girls and children with disabilities. This strategy therefore aims to scale up the provision of adequate number of sanitation and hygiene facilities as well as promotion of good hygiene practices including menstrual hygiene in all public and private schools and ECDE centres throughout the country. Essentially, access to adequate and safe water supply, hygienic sanitation facilities and good hygiene practices in schools is linked to better child health and learning outcomes.

Table 8: Scaling up access to improved sanitation and hygiene in schools

Key Intervention Objective 1.3: To ensure 100% of schools and ECDE centers have adequate and safe water and hygienic sanitation facilities for boys and girls according standards by 2020.		
Key Results		
<ul style="list-style-type: none"> ▪ 100% of schools and ECDE centres have and use clean child-friendly sanitation including hand-washing facilities and safe water supply by 2020 ▪ Schools with adequate safe water supply and sanitation facilities for girl and boys increased by at least 50 percent by 2020 ▪ 100% schools have menstrual hygiene management facilities ▪ Sanitation and hygiene related diseases among school going children reduced by at least 30 ▪ Improved school attendance and performance 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop and implement school WASH program • Develop standard WASH facilities and infrastructure for schools and ECDE centres • Promote good hygiene practices in schools including hand washing with soaps • Promote good menstrual hygiene practices in schools 	<ul style="list-style-type: none"> ▪ Develop a program to promote good hygiene practices and proper and hygienic use of sanitation facilities in schools and ECDE centres 	
	<ul style="list-style-type: none"> ▪ Develop and reinforce regulations on access to adequate and safe water supply and satisfactory environmental sanitation for all rural and urban schools in Kenya 	Ministry of Education, Ministry of Health, county departments of education and health
	<ul style="list-style-type: none"> ▪ Develop and maintain clean child-friendly sanitation facilities, hand-washing and water supply for all school children 	Ministry of Education, Ministry of Health, county departments of education and health
	<ul style="list-style-type: none"> ▪ Develop and promote child-to-child learning models to enable children acquire essential skills, knowledge and attitudes for good hygiene practices at school and at home 	Ministry of Education, Ministry of Health, county department education
	<ul style="list-style-type: none"> ▪ Establish and promote school health clubs for participation and learning by schoolchildren on hygiene and environmental sanitation through 'child-to-child approaches and peer education ▪ Empower children/youth to be agents of hygiene behaviour change 	Schools, Ministry of Education, Ministry of Health, county department education and health and partners
	<ul style="list-style-type: none"> ▪ Encourage involvement of Parent Teachers Associations (PTAs) and school management boards in the promotion of sanitation and hygiene education 	Schools, PTAs, School management boards, Ministry of Education, county education department
	<ul style="list-style-type: none"> ▪ Introduce environmental health and hygiene education as a compulsory subject in school curricula at all levels 	Ministry of Education

	<ul style="list-style-type: none"> Regulate and enforce an optimum number of toilet facilities in line with the minimum standards consistent with gender needs, especially for adolescent girls and children and teachers with disability 	Ministry of Education, County Health and Education Departments, PTAs, school management boards
	<ul style="list-style-type: none"> Provide well-maintained and sustained hygiene facilities with water and soap as well as the promotion of a culture of good hygiene practice in schools 	Ministry of Education, county health and education departments, school management and WASH stakeholders
	<ul style="list-style-type: none"> Legislate and regulate adequate budgetary allocation for sanitation by respective institutions 	County governments and County Legislative Assemblies
	<ul style="list-style-type: none"> Advocate for the provision of sufficient funds for the construction or rehabilitation or maintenance of water supplies and sanitation facilities in schools and ECDE centres 	School management and school WASH partners
	<ul style="list-style-type: none"> Build capacities for institutional management and sustainability of WASH facilities 	Ministry of Education and school WASH partners
	<ul style="list-style-type: none"> Mobilise communities and other stakeholders in the implementation of regulations, guidelines and strategies for preventing and controlling water and sanitation related diseases in schools 	School WASH partners
	<ul style="list-style-type: none"> Incorporate water, sanitation and hygiene into the school health programme 	Ministry of Education, school management, county departments of health and education and school WASH partners
	<ul style="list-style-type: none"> Establish and facilitate a coordination mechanism for water, sanitation and hygiene services in schools 	Ministry of Education, county health departments, school WASH partners and the private sector

5.4.4 Provision of adequate, safe and clean sanitation and hygiene facilities in institutions and public places

It is recognised that sanitation and hygiene concerns in institutions and public places affect both public and private sectors uniquely depending on their respective needs. The needs for sanitation and hygiene are however diverse according to the nature of the institution and place. Institutions include industries, factories and garages, hotels, restaurants and guest houses, worship centres, nursing homes, orphanage and elderly care centres, police stations, military camps, prisons, refugees or internally displaced persons camps, office premises and higher institutions of learning. A public place on the other hand refers to an area or place that is open and accessible to all citizens, regardless of disability, gender, race, ethnicity, age or socio-economic level. There are several places grouped as public areas including markets, trade fairs and recreational areas (playgrounds, beaches, recreational halls), transport facilities/stands/stop-over locations such as railway stations, bus stop-over locations, bus and lorry parks, fishing camps, burial places, depots/warehouses, beaches, river banks, fuel stations, places of worship etc. The strategy therefore aims to ensure that all public and private institutions and public places install and maintain adequate, disability-friendly, safe and clean sanitation and hygiene facilities, including hygienic toilets, urinals, hand-washing facilities with soap, facilities for the anal cleansing population, toilet paper and solid waste disposal facilities with sanitary pads disposal bins.

Table 9: Provision of adequate, safe and clean sanitation and hygiene facilities in institutions and public places

Key Intervention Objective 1.4: To ensure that 100 percent public and private institutions and public places have adequate, clean and accessible sanitation and hygiene facilities by 2020.		
Key Results <ul style="list-style-type: none"> • 100% of institutions have adequate and clean sanitation and hygiene facilities • 100% of institutions are fully compliant with sanitation legislation, regulations, standards and guidelines for institutions • 100% of public places have adequate and clean sanitation and hygiene facilities 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop regulations, guidelines and standards on sanitation and hygiene in institutions and public places • Conduct regular sanitary inspections in institutions and public places 	<ul style="list-style-type: none"> • Develop regulations and standards on sanitation and hygiene in institutions and public places 	Ministry of Health, County Department of Health, National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA)
	<ul style="list-style-type: none"> • Ensure adequate provision of sanitation and hygiene facilities for all public and private institutions. The primary responsibility of management shall remain with respective institutions 	Private and public institutions

<ul style="list-style-type: none"> Establish PPP arrangements for developing sanitation and hygiene infrastructure/ facilities for institutions and public places. Enforce legislations, regulations, standards and guidelines regulating provision and management of sanitation and hygiene in institutions Build institutional capacities for effective management of sanitation in institutions 	<ul style="list-style-type: none"> Ensure all public and private institutions provide adequate and clean sanitation facilities 	Ministry of Health, Ministry of Education, and county health departments
	<ul style="list-style-type: none"> Ensure new institutions have reliable sanitation and hygiene facilities as part of the initial construction components 	Ministry of Health, Ministry of Education, National Environmental Management Agency (NEMA), National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA), Physical planning department
	<ul style="list-style-type: none"> Enforce legislations, regulations, standards and guidelines regulating provision and management of sanitation and hygiene services including solid and liquid waste management in public and private institutions. 	Public health departments, National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA)
	<ul style="list-style-type: none"> Provide and enforce guidelines for adequate cost estimation and budgetary allocations for environmental sanitation and hygiene services for institutions, including operation and maintenance 	National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA)
	<ul style="list-style-type: none"> Ensure that institutions' capacity is developed in managing sanitation and hygiene facilities and waste management is strengthened 	National and county governments, institutions, National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA)
	<ul style="list-style-type: none"> Ensure provision and maintenance of adequate sanitary and hygiene facilities including toilets with hand-washing facilities and provision of public cleansing services to maintain a clean and pleasant environment in all the public places 	County governments, City/ Municipality Boards and Town Committees/ Urban Utilities, private sector

5.4.5 Improving menstrual health and hygiene practices

Menstruation is a key indicator of health and vitality for women and girls. Managing it hygienically with dignity thus constitutes not only a reproductive health right of women and girls, but also their basic human right. The strategy therefore aims to ensure provision of safe, adequate, disability-friendly, appropriate and affordable menstrual hygiene facilities including adequate water, cleansing and washing materials and private spaces for managing menstrual flows hygienically and with dignity in different environments including schools, work places, public spaces, institutions and emergency situations.

Table 10: Improving menstrual health and hygiene practices

Key Intervention Objective 1.5: To ensure equitable access to safe, healthy and affordable menstrual hygiene facilities for women and girls at all levels		
Key result		
<ul style="list-style-type: none"> • Access to safe and affordable sanitary towels/pads for women and girls increased by at least 30% by 2020 • 100% of public schools with girls regularly supplied with sanitary towels/pads • Improved school attendance rates and performance levels for girls • Fully functioning national menstrual sanitary commodities supply chain system established 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop menstrual health and hygiene management policy • Promote integration/mainstreaming of menstrual health and hygiene into work place policies, plans and programmes • Sensitize WASH and health practitioners on menstrual hygiene management to promote good menstrual management practices at all levels • Establish a national menstrual sanitary commodities supply chain system and program 	<ul style="list-style-type: none"> • Develop national menstrual health and hygiene management policy 	Ministry of Health and partners.
	<ul style="list-style-type: none"> • Establish a mechanism to support vulnerable girls and women in special circumstances such as disaster and emergency situations including internally displaced persons camps to have access to appropriate sanitary towels 	Ministry of Health, county department of health, disaster management, Ministry of Interior, Ministry of Planning and Devolution, private sector and partners e.g. Red Cross
	<ul style="list-style-type: none"> • Establish national menstrual health and hygiene programme for women and girls 	Ministry of Health, county department of health and partners
	<ul style="list-style-type: none"> • Ensure the provision of safe, disability-friendly, adequate and appropriate sanitary facilities in schools, work places, public spaces and institutions • Ensure integration of menstrual health and hygiene issues into various sector and work place policies, plans and programmes 	Ministry of Education, Ministry of Health, county department of health, partners, employers and institutions, City/municipality board, town committees
	<ul style="list-style-type: none"> • Ensure that appropriate mechanisms are put in place for safe reuse, collection and disposal of menstrual waste in an environmentally safe manner 	Ministry of Health, Ministry of Education county department of health, Parents Teachers Associations

5.4.6 Promoting household water treatment and safety

Unsafe drinking water, along with inadequate hygiene and sanitation contributes much of the disease burden in Kenya. Households therefore must be enabled to ensure proper household treatment and safety of the water they consume to address faecal contamination and vector breeding in household water storage. This strategy thus aims to promote the use of appropriate technology options for household water treatment and safety in the context of sanitation and hygiene interventions at the household and community levels.

Table 11: Promoting household water treatment and safety

Key Intervention Objective 1.6: To increase the number of households properly treating household water using appropriate technologies by 50% by 2020		
Key Results <ul style="list-style-type: none"> Number of households properly treating household water increased by 50% by 2020 Prevalence of waterborne diseases reduced by 40% by 2020 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Sensitize and train households on water treatment and safety. Promote the use of appropriate technology options for water safety and treatment for households. 	<ul style="list-style-type: none"> Integration of household water treatment and safety (HWTS) along with sanitation and hygiene interventions 	County governments, WASH partners City/ municipality boards, town committees, water utilities
	<ul style="list-style-type: none"> Develop and implement sanitation and hygiene interventions that address faecal contamination and vector breeding in household water storage 	County governments, WASH partners, community units, City/ municipality boards, town committees, water utilities
	<ul style="list-style-type: none"> Build capacity of households and community on management of water sources, water treatment, safe transportation and storage 	County governments, community units and WASH partners, City/ municipality boards, town committees, water utilities
	<ul style="list-style-type: none"> Establishment of water treatment facilities at source. Promote appropriate technology options for household water treatment and safety at household and community levels 	County departments of health and water, U City/ municipality boards, town committees, water utilities, community units and WASH partners

5.4.7 Provision of sanitation services in disaster and emergency situations

Kenya is prone to natural and man-made disasters such as floods, droughts, disease outbreaks, communal violence, terrorism, internal population displacements and refugee influx from neighboring countries. When such events occur, maintaining good hygiene and sanitation can be a challenge. The key sanitation and hygiene related services in such situations include provision of safe water supply, safe excreta disposal, safe solid and liquid waste management, hand washing with soap, proper cleaning and sanitization of affected homes and hygiene promotion. This strategy therefore aims to establish a minimum national and county response mechanism to ensure rapid and timely provision of sanitation services in disaster and emergency situations according to principles of reasonable accommodation or universal designs.

Table 12: Provision of sanitation services in disaster and emergency situations

Key Intervention Objective 1.7: To establish a minimum national and county response system to ensure rapid and timely provision of sanitation services in disaster and emergency situations.		
Key Results		
<ul style="list-style-type: none"> Well-functioning disaster and emergency response system established for sanitation at national and county levels Interagency coordination mechanisms established at national and county levels 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Establish national and county response mechanism for rapid and timely provision of sanitation services in disaster and emergency situations. Promote private sector participation in supporting provision of sanitation services in disaster and emergency situations. Establish national and county multi-stakeholder coordination mechanisms for sanitation during disaster and emergencies situations 	<ul style="list-style-type: none"> Develop and roll out a National and County Sanitation Disaster and Emergency Response strategy to guide the delivery of quality environmental sanitation and hygiene services in emergency situations 	National government, county governments and partners
	<ul style="list-style-type: none"> Develop the principles to prevent threats of pollution and risks to water bodies and underground water for providing environmentally-safe sanitation to communities and settlements affected by disasters such as floods 	National government in collaboration with stakeholders
	<ul style="list-style-type: none"> Develop and implement sanitation emergency and disaster prevention and mitigation plans 	City, and town authorities
	<ul style="list-style-type: none"> Develop and make available to all stakeholders sanitation disaster management protocol 	National government, county governments and emergency response groups
	<ul style="list-style-type: none"> Develop the county government capacity in vulnerability and risk assessment 	Government in collaboration with stakeholders
	<ul style="list-style-type: none"> Develop institutional procedures and guidelines for gender, age and disability inclusion in disaster and emergency programming 	National and county governments and town/city authorities
	<ul style="list-style-type: none"> Provide training programmes sanitation and disaster risk management and emergency preparedness and response 	National and county governments
	<ul style="list-style-type: none"> Establish an effective coordination mechanism for human resource deployment, commodities supply and management during the emergency response and recovery phases 	National government, Ministry of Health, Red Cross Society and partners

5.4.8 Promoting sanitation education and behaviour change

Provision of sanitation infrastructure and regulation by themselves do not guarantee improvement in sanitation and hygiene practices. Essentially therefore, environmental sanitation education and promotion must be made an integral part of all sanitation and hygiene activities at all levels. Integration of effective hygiene promotion and behaviour change efforts must hence be given priority if the provision of improved sanitation infrastructure and regulatory interventions are to be effective and the benefits of increased investment in sanitation are to be realised. This strategy therefore aims to sensitise and raise public on the negative impact of poor environmental sanitation and the benefits of good environmental sanitation and hygiene practices.

Table 13: Promoting sanitation education and behaviour change

Key Intervention Objective 1.8: To sensitize and raise public awareness on the benefits of improved environmental sanitation and hygiene practices.		
Key Results		
<ul style="list-style-type: none"> Improved household and personal hygiene behaviour and practices Increased household, community and individual awareness on the negative impact of poor environmental sanitation and the benefits of good sanitation and hygiene practices 90% of the households using appropriate hand washing facilities with soap by 2020 At least 90% of villages reached with BCC /sanitation and hygiene education and promotion messages by year 2020 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Develop and implement a national and county environmental sanitation and hygiene education and promotion programmes Develop and disseminate training modules and BCC materials to support county and national programmes 	<ul style="list-style-type: none"> Design and implement a national sanitation and hygiene education and BCC programme 	Ministry of Health, NESCRA, development partners and WASH NGOs
	<ul style="list-style-type: none"> Develop county sanitation and hygiene education and BCC programmes 	County health departments, stakeholders, government NESCRA and partner NGOs, FBOs and development partners
	<ul style="list-style-type: none"> Establish and declare a National Sanitation and Cleanup Day to be held at all levels every year 	National and county governments, development partners, NESCRA, community units, NGOs, FBOs, etc.
	<ul style="list-style-type: none"> Organize and facilitate vigorous national and county ESH campaigns 	Ministry of health, County department of health, community units and partner NGOs, FBOs etc.
	<ul style="list-style-type: none"> Develop and disseminate training modules, advocacy and multimedia BCC materials on improved sanitation, hygiene and waste management 	National and county governments and NESCRA
	<ul style="list-style-type: none"> Develop a sanitation sector communication and media relations strategy 	Ministry of Health and county department of health, NESCRA, and partner NGOs, FBOs and private sector players

5.5 Strategic Intervention Area 2: Ensuring sustainable waste management and a clean and health environment

Strategic Objective 2:

To promote sustainable waste management practices and ensure a clean and healthy environment for all Kenyans.

Urbanisation is occurring at a rapid rate and by 2030 more than 60 percent of Kenyans will be living in cities and towns. This growth is however, expected to generate large quantities of solid and liquid waste with serious impact on the environment and human health. Management of this waste will not only require effective collection, storage, transportation and disposal systems but also clean management technologies. Efforts to effectively and efficiently manage waste however face several challenges including lack of designated sites for waste disposal; inadequate waste collection materials/equipment including waste collection trucks and bins; lack of sewerage and drainage systems; lack or poor of town planning; poor maintenance of systems and infrastructure; inconsistency in waste collection; and weak regulatory and enforcement systems.

This strategy therefore aims to promote sustainable solid and liquid waste management practices at levels and ensure a clean and healthy living environment for all Kenyans. The strategy also aims to promote and ensure the use of appropriate and clean technologies for effective and efficient waste management and pollution control at all levels. To this end, NESCRRA in collaboration with NEMA and WASREB will develop guidelines for solid and liquid waste management for different waste streams. The intervention will be expected to yield the following key results.

Table 14: Ensuring sustainable waste management and a clean and health environment

Key Interventions	Key Result by 2020
<ul style="list-style-type: none"> Promoting and ensuring sustainable solid waste management practices Strengthening capacity for sustainable urban wastewater management Ensuring and maintaining a clean and healthy environment 	<ul style="list-style-type: none"> A clean and healthy environment maintained Reduced threat of indiscriminate disposal of waste to the environment and human health A pleasant and clean living environment maintained Increased capacity in wastewater management Improved solid waste management practices Reduced air and water pollution

5.5.1 Promoting and ensuring sustainable solid waste management practices

Solid wastes comprise all solid waste material generated by households, institutions, commercial establishments and industries. At present, 61 percent of the solid waste generated is from residential sources even though only less than 10 percent of the households currently dispose their garbage or solid waste through an organized system. The rest consist of industrial, chemical, electronic and healthcare waste which is highly hazardous. These types of waste are projected to pose a great danger to the population as the economy grows. Food, paper and plastic waste make up the bulk of the country’s solid waste and are projected to continue to be the leading solid waste in the future. This strategy therefore aims promote good solid waste management practices and ensure effective and timely collection, storage, transportation and disposal/recycling of all types of waste at all levels. The strategy also aims to create public awareness and build capacity of institutions handling solid wastes especially hazardous waste. To this end, appropriate monitoring and surveillance systems will be established at national and county levels to help prevent their negative impact on the environment and human health.

Table 15: Promoting and ensuring sustainable solid waste management practices

Key Intervention Objective 2.1: To promote good solid waste management practices and ensure effective and timely collection, storage, transportation and disposal/recycling of all types of waste at all levels		
Key Results		
<ul style="list-style-type: none"> • Increased county and city/municipality and town authorities’ capacity to manage solid waste • Improved waste management practices in all counties and city/municipality and town authorities • Reduced impact of solid waste on the environment and human health • Number of urban households with access to solid waste segregation and collection facilities increased by at least 60% by 2020 • Improved compliance rate • Reduced air pollution 		
Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop guidelines and standards for efficient and sustainable management of different streams of solid waste • Develop and expand appropriate solid waste management infrastructure and facilities 	<ul style="list-style-type: none"> • Develop and enact county solid waste management policy and legislation 	National and county governments, NESCR, NEMA and partners
	<ul style="list-style-type: none"> • Develop regulations, standards, guidelines, procedures and protocols on solid waste management for different streams of waste including hazardous waste 	Ministry of Health, Ministry of Environment, NESCR, NEMA, County Governments
	<ul style="list-style-type: none"> • Develop and resource county-based solid waste management investment plans 	County governments, City/ Municipality Boards and Town Committees and partners

<ul style="list-style-type: none"> Promote private sector participation in solid waste management Establish an effective waste monitoring and surveillance system Strengthen regulatory and enforcement mechanisms Promote safer, clean and more responsible methods of solid waste recycling, reuse, recovery and reduction Build institutional capacity in sustainable solid waste management 	<ul style="list-style-type: none"> Develop new and rehabilitate and expand existing solid waste management facilities and systems 	National Government, County governments, City/ Municipality Boards, utilities, development partners, private sector
	<ul style="list-style-type: none"> Establish an organized systems for collection and transportation of appropriately desegregated household garbage or solid waste in all urban settlements and market centres 	County governments, City/ Municipality Boards, utilities, private sector
	<ul style="list-style-type: none"> Develop guidelines and regulations for engagement of private sector players and PPPs in provision of solid waste management services under contract or franchise, as appropriate. 	County governments, City/ Municipality Boards, NESCRA, NEMA
	<ul style="list-style-type: none"> Develop guidelines for third party certification of solid waste recyclers 	Ministry of Health, Ministry of Environment, NESCRA, NEMA
	<ul style="list-style-type: none"> Promote 4Rs (Waste Reduction, Reuse, Recycling and Recovery) approach to solid waste management. Carry out a national awareness campaign on the benefits of 4Rs in waste management 	Ministry of Health, Ministry of Environment, Ministry of Education, county departments of health and environment, NESCRA, NEMA, the private sector (KEPSA, KAM, FKE etc.), City/ Municipality Boards and Town Committees, partner NGO, FBOs and all stakeholders
	<ul style="list-style-type: none"> Strengthen county and city, municipality and town authorities' institutional and infrastructure capacity including skills, knowledge, equipment and devices for sustainable management and operations of different streams of solid waste 	Ministry of Health, Ministry of Environment, NESCRA, NEMA, county governments and partners
	<ul style="list-style-type: none"> Develop guidelines and regulations for healthcare waste management to ensure all medical wastes are separated at the point of origin into appropriate, properly labeled containers, packaged, contained and located in a manner that prevents and protects the waste from release before ultimate disposal 	Ministry of Health, NESCRA, NEMA, county governments and partners
	<ul style="list-style-type: none"> Develop training modules on sustainable management of various streams of solid waste e.g. healthcare, industrial, commercial, residential, e-waste etc. 	National and county governments, the private sector and NGO partners

	<ul style="list-style-type: none"> Establish a national and county level air quality monitoring system 	Ministry of Health, Ministry of Environment, NESCR/ NEMA and county governments
	<ul style="list-style-type: none"> Develop and implement public education program on solid waste management 	Ministry of Health, Ministry of Environment, Ministry of Education, county departments of health and environment, NESCR/ NEMA, the private sector (KEPSA, KAM, FKE etc.), City/ Municipality Boards and Town Committees, partner NGO, FBOs
	<ul style="list-style-type: none"> Establish an effective waste monitoring and surveillance system 	Ministry of Health, Ministry of Environment, NESCR/ NEMA
	<ul style="list-style-type: none"> Enforce legislations, regulations, standards and guidelines regulating solid waste management in all sectors 	Public health departments, NESCR/ NEMA
	<ul style="list-style-type: none"> Acquire and bank sufficient land with secure title for immediate and future development of solid waste treatment and disposal facilities 	County governments, City/ Municipality Boards and Town Committees

5.5.2 Strengthening capacity for sustainable urban wastewater management

Wastewater is any spent or used water from homes, farms, institutional, commercial and industrial entities that contains enough harmful material to damage the water’s quality. Wastewater includes sludge from on-site sanitation systems such as pit latrines, Urine Diverting Dry Toilets (UDDT) and septic tanks, domestic sewage and industrial waste from manufacturing sources. Nationally, wastewater management remains a huge challenge. The sewerage coverage is estimated at only about 12 percent with 5 percent of the national sewage effectively treated.³⁵ Furthermore the operational capacity of the existing treatment plants is only estimated at around 16 percent of design capacity. Of the wastewater that enters the sewer network, only about 60 percent reaches the treatment plants.³⁶ This strategy therefore aims to increase the capacity of major urban authorities and utilities to effectively and efficiently manage wastewater in their jurisdictions and to increase urban sewerage coverage by 50 percent by 2020.

³⁵ R. Gakubia, U. Pokorski and P. Onyango, Upscaling Access to Sustainable Sanitation – Kenya, January 2010, slide 7. Retrieved 16 March 2010

³⁶ Institute of Economic Affairs 2010: A Rapid Assessment of Kenya’s Water, Sanitation and Sewerage Framework, June 2007 Retrieved 16 March 2010

Table 16: Strengthening capacity for sustainable urban wastewater management

Key Intervention Objective 2.2: To increase capacity of major urban authorities and utilities to effectively and efficiently manage wastewater and to increase urban sewerage coverage by 50% by 2020.		
Key Results		
<ul style="list-style-type: none"> Increased capacity of urban authorities' and utilities to effectively and efficiently manage wastewater in their jurisdictions Reduced discharge of untreated wastewater into water courses 100% county capitals have functional sewerage and wastewater treatment systems Urban sewerage coverage increased by at least 50% by 2020 Number of households connected to public sewer system increased by 50% by 2020 Wastewater treatment plants operational capacity increased by 70% of design capacity Reduced level of water pollution 		
Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Develop guidelines and standards for efficient and sustainable management of wastewater Develop and expand appropriate wastewater management infrastructure and systems Promote the use of small-scale sewerage systems in high-density areas where other on-site options are not technically feasible, institutions (schools, colleges etc.), and small estate developments 	<ul style="list-style-type: none"> Develop and enact county wastewater management policy and legislation 	National and county governments, NESCR, WASREB and partners
	<ul style="list-style-type: none"> Develop regulations, standards, guidelines, procedures and protocols on wastewater management 	Ministry of Health, Ministry of Water, NESCR, WASREB, County Governments
	<ul style="list-style-type: none"> Develop and resource county-based wastewater/sewerage management investment plans 	County governments, City/ Municipality Boards and Town Committees, utilities and partners
	<ul style="list-style-type: none"> Develop new and rehabilitate and expand existing wastewater management facilities and systems 	National Government, County governments, City/ Municipality Boards, utilities, development partners, private sector
	<ul style="list-style-type: none"> Develop guidelines and regulations for engagement of private sector players and PPPs in provision of sewerage management services under contract or franchise, as appropriate 	County governments, City/ Municipality Boards, utilities, NESCR, WASREB
	<ul style="list-style-type: none"> Develop guidelines for third party certification of wastewater recyclers 	Ministry of Health, Ministry of Environment, NESCR, WASREB

<ul style="list-style-type: none"> Promote private sector participation in wastewater management Establish an effective wastewater monitoring and surveillance system Strengthen regulatory and enforcement mechanisms Promote safer, clean and more responsible methods of wastewater recycling, reuse, recovery Build institutional capacity in sustainable wastewater management 	<ul style="list-style-type: none"> Promote 3Rs (Waste Recycling, Reuse and Recovery) approach to wastewater management Carry out a national awareness campaign on the benefits of 4Rs in wastewater management 	Ministry of Health, Ministry of Water, county departments of health and water, NESCRRA, WASREB, institutions e.g. prisons, the private sector (KEPSA, KAM, FKE etc.), City/ Municipality Boards and Town Committees, partner NGO, FBOs and all stakeholders
	<ul style="list-style-type: none"> Strengthen county and urban authorities' institutional and infrastructure capacity including skills, knowledge, equipment and devices for sustainable wastewater management 	Ministry of Health, Ministry of Environment, NESCRRA, WASREB, county governments and partners
	<ul style="list-style-type: none"> Develop training modules on sustainable wastewater management 	National and county governments, the private sector and NGO partners
	<ul style="list-style-type: none"> Establish a national and county level water quality monitoring system 	Ministry of Health, Ministry of Water, NESCRRA/ WASREB and county governments
	<ul style="list-style-type: none"> Develop and implement public education program on wastewater management 	Ministry of Health, Ministry of Water, Ministry of Education, county departments of health and environment, NESCRRA, WASREB, the private sector (KEPSA, KAM, FKE etc.), City/ Municipality Boards and Town Committees, partner NGO, FBOs
	<ul style="list-style-type: none"> Establish an effective wastewater monitoring and surveillance system 	Ministry of Health, Ministry of Water, NESCRRA/WASREB
	<ul style="list-style-type: none"> Enforce legislations, regulations, standards and guidelines regulating wastewater management in all sectors including use of hygienic standards, equipment and protective clothing for staff, staff training and regular medical check-ups 	Public health departments, NESCRRA, WASREB
	<ul style="list-style-type: none"> Ensure industrial effluents are pre-treated to prescribed standards before discharge into the environment (land, public drains, sewers, water courses and other receiving water bodies) 	Public health departments, NESCRRA, WASREB

	<ul style="list-style-type: none"> Develop technical guidelines specifying which technologies may be used, including design parameters and recommended operating procedures for safe handling, disposal and treatment of different streams of wastewater e.g. night soil and sewage, industrial sewage, domestic and commercial wastewaters 	NESCRA, WASREB and Kenya Bureau of standards
	<ul style="list-style-type: none"> Promote the use of small-scale sewerage systems in high-density areas where other on-site options are not technically feasible e.g. educational institutions (schools, colleges etc.) and small estate developments. 	County governments, NESCRA, WASREB, the private sector (KEPSA, KAM, FKE etc.), City/ Municipality Boards and Town Committees, partner NGO, FBOs
	<ul style="list-style-type: none"> Establish licensing systems relating to hygienic desludging of UDDTs, septic tanks and VIP latrines 	NESCRA, WASREB and county governments
	<ul style="list-style-type: none"> Develop and implemented master plans for treatment of municipal and industrial wastewater 	County governments, City/ Municipality Boards and Town Committees, partners
	<ul style="list-style-type: none"> Acquire and bank sufficient land with secure title for immediate and future development of wastewater treatment and disposal facilities 	County governments, City/ Municipality Boards and Town Committees

5.5.3 Ensuring and maintaining a clean and healthy environment

Article 42 of the Constitution of Kenya guarantees every person the right to a clean and healthy environment. If a person however, under Article 70 of the Constitution, alleges that his/her right to a clean and healthy environment is denied, violated, infringed or threatened, the person may apply to a court for redress in addition to any other legal remedies that are available. The court may therefore make any order, or give any directions, it considers appropriate:

- a) To prevent, stop or discontinue any act or omission that is harmful to the environment;
- b) To compel any public officer to take measures to prevent or discontinue any act or omission that is harmful to the environment; or
- c) To provide compensation for any victim of a violation of the right to a clean and healthy environment.

Majority of Kenyans especially in urban areas and other high density settlements are however living in highly polluted environments characterized by among other things, uncollected garbage heaps including dead animals, plastic bags and other hazardous products, lack of drainage systems

and regular drainage cleansing, clogged sewer systems and heavily polluted water courses from a combination of sources including raw sewage, sullage (refuse and dirt carried by drains), pit latrine wastes, commercial discharges and industrial effluents. This strategy therefore aims to ensure and maintain a clean and healthy environment free from public nuisances and reduce the threat of indiscriminate disposal of waste to the environment and human health.

Table 17: Ensuring and maintaining a clean and healthy environment

Key Intervention Objective 2.3: To maintain a clean and healthy environment free from public nuisances and reduce the threat of indiscriminate disposal of waste to the environment and human health.		
Key Results		
<ul style="list-style-type: none"> • Reduced levels of air and water pollution • Improved living environments maintained in pleasant and clean state • Reduced prevalence of environment related health hazards and diseases • Increased public awareness of their right to a clean and healthy environment, citizen responsibility and the available legal remedies for the violation of the right. 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop guidelines and standards for public cleansing and maintenance of the environment • Establish a national/county public and environment cleansing programme • Promote private sector participation in cleansing and maintenance of clean environment • Strengthen regulatory and enforcement mechanisms 	<ul style="list-style-type: none"> • Develop regulations, guidelines and standards for maintenance and public cleansing of the environment e.g. homes, communities, neighborhoods, public places and institutions etc. 	National and county governments, NESCR, WASREB, NEMA and partners
	<ul style="list-style-type: none"> • Develop guidelines for preparation of Environmental Sanitation Impact Assessments (ESIAs) 	NESCR
	<ul style="list-style-type: none"> • Develop appropriate by-laws to ensure that households, communities and occupiers of premises maintain and cleanse all drains and gutters abutting their properties and to ensure that faecal and solid wastes are not discharged into storm water drainage systems 	County governments, City/ Municipality Boards and Town Committees
	<ul style="list-style-type: none"> • Develop and disseminate citizen charter on clean and healthy environment 	National and county governments, NESCR
	<ul style="list-style-type: none"> • Promote private sector participation in cleansing and maintenance of clean environment 	National and county governments, NESCR, Municipality Boards and Town Committees, private sector

	<ul style="list-style-type: none"> Designate days every quarter for environmental cleanups in all public places and neighbourhoods 	National and county governments, NESCRRA, Municipality Boards and Town Committees, partner NGO, FBOs, private sector
	<ul style="list-style-type: none"> Strengthen the capacity of county and city, municipality and town authorities to ensure and maintain a clean and pleasant environment in all public places e.g. bus and lorry parks, markets, public gardens, streets, public beaches, drains and river banks 	Ministry of Health, Ministry of Environment, NESCRRA, NEMA, county governments and partners
	<ul style="list-style-type: none"> Carry out public education and awareness campaign on the right and responsibility for a clean and healthy environment 	County governments, City/ Municipality Boards and Town Committees and partner NGOs etc.
	<ul style="list-style-type: none"> Establish countywide environment cleansing programme at all levels 	County governments, City/ Municipality Boards and Town Committees and partner NGOs etc.
	<ul style="list-style-type: none"> Strengthen regulatory and enforcement capacity to ensure continuous monitoring, surveillance and compliance with set standards, bylaws and regulations relating to waste disposal and treatment and protection of environment wetlands and water courses from indiscriminate disposal of waste 	National and county governments, NESCRRA, NEMA, law enforcement, public health departments
Food safety and hygiene	<ul style="list-style-type: none"> Establish and run programmes to control the sale of prepared foods, including the specification of utensils and display containers Register all eating establishments and food premises and specify the standards to be observed Ensure that all communities that need slaughtering facilities have access to them, either as public or private facilities Ensure the availability of suitable and hygienic market facilities for the handling, display and preservation of meat, fish and other perishable foods to prevent contamination and decomposition Undertake regular inspection of all food outlets and slaughterhouses 	County governments, public health department, city/ municipality and town authorities

	<ul style="list-style-type: none"> • Establish effective mechanisms and enact appropriate legislation including by-laws for inspection, monitoring and the enforcement of standards • Make by-laws allowing for the development of markets by the private sector and providing for their control 	
<p>Vector and pest control</p>	<ul style="list-style-type: none"> • Make arrangements, both directly and through the private sector, for the effective and continuous control of insect vectors and pests, especially mosquitoes and flies. This shall include the provision of infrastructure and services such as drainage and waste management, public education and action campaigns, and the application of chemicals or other control measures to critical sites • Give priority to the control of rats and mice in markets and other public places and allow private participation in this and other pest control services • Make by-laws for the registration and control of private pest control operators 	<p>County governments, public health department, city/municipality and town authorities</p>
<p>Ensuring healthy and dignified disposal of the dead.</p>	<ul style="list-style-type: none"> • Enact national and local legislation empowering county governments to perform relevant functions • Regulate the burial and cremation of the dead and the provision of all facilities and services related to the handling, transportation and preservation of the dead • Make adequate and appropriate arrangements for the registration of deaths and the control of burials and cremations as specified in the Registration of Births and Deaths Act and adhere to all relevant legislations. • Ensure that all communities have approved cemeteries as well as make provision for the approval of private burial grounds. Standard specifications for the siting of cemeteries, works for the protection, drainage, and beautification of these facilities and provision of access roads shall be issued by county governments. Appropriate national legislation shall be enacted to facilitate the acquisition of lands for public cemeteries 	<p>County governments, public health department, city/municipality and town authorities</p>

	<ul style="list-style-type: none"> • Develop policy guideline on the disposal of unclaimed and police cases bodies, cemeteries and crematoriums and decisions on donation of body parts to the Medical School • Regulate the provision and operation of crematoria facilities in accordance with the national legislation in force. Private organisations shall be allowed to provide and operate crematoria. The provision of crematoria by county governments shall however not be mandatory • Allow, subject to the provisions of relevant national legislation, the provision and operation of private mortuaries 	
Control of rearing and straying of animals	<ul style="list-style-type: none"> • Make regulations to control the rearing and straying of animals, so as to protect humans from the health hazards and sanitary nuisances arising therefrom Existing legislation shall be reviewed and strengthened when necessary • Enforce with adequate penalties for offences, the relevant regulations and by-laws applicable to control of the rearing and straying of animals including the control and keeping of dogs in designated areas of a community or limiting the number of animals to be allowed 	County governments, public health department, city/municipality and town authorities

5.6 Strategic Intervention Area 3: Promoting private sector participation and sanitation marketing

Strategic Objective 3:

To promote private sector participation and investment in increasing uptake of appropriate improved sanitation and hygiene products and services.

Enhancing the role of the private sector in delivery of appropriate and affordable sanitation and waste management products and services is critical for ensuring access to improved sanitation and a clean and healthy environment. The private sector includes large scale sanitation industry players such as manufacturers, sanitation service providers, waste management companies/utilities and the small scale independent providers/entrepreneurs (SSIPs). Sanitation services delivered by the private sector come in many forms ranging from latrine construction, demand generation for sanitation and hygiene services, product design and manufacturing, sanitation marketing, safe waste removal, disposal recycling, reuse and recovery. The private sector is also the driving force behind the development, manufacturing and retail of various sanitation and sludge management technologies and products. The Strategy therefore aims to promote private sector participation and investment in increasing uptake of appropriate improved sanitation and hygiene technologies, products and services. The intervention will be expected to yield the following key results.

Table 18: Promoting private sector participation and sanitation marketing

Key Intervention	Key Result by 2020
<ul style="list-style-type: none"> Enhancing private sector participation and sanitation marketing Ensuring high quality standards of sanitation products and services 	<ul style="list-style-type: none"> Increased private sector participation in provision of sanitation services Increased demand and uptake of sanitation and hygiene products and services Increased private sector investment in sanitation Improved access to high standards of sanitation and hygiene products and services.

5.6.1 Enhancing and promoting private sector participation and sanitation marketing

The strategy aims to promote public-private partnerships and private sector investment and participation in the provision of sanitation services including product and infrastructure development. To generate demand for sanitation products, sanitation marketing interventions will be employed. The goal of sanitation marketing will be to catalyse the market to respond to market demand and to offer better services responsive to the needs of the population, especially

the poor. Sanitation market development shall in particular take into consideration different access bottlenecks and factors such as equity and social inclusion considerations, different consumer needs in rural and urban areas and topographical challenges. With adequate demand for sanitation services and products, the private sector investment in sanitation will be leveraged upon and scaled up.

Table 19: Enhancing private sector participation and sanitation marketing

Key Intervention Objective 3.1: To promote public-private partnerships and private sector investment and participation in the provision of sanitation services including product and infrastructure development.		
Key Results		
<ul style="list-style-type: none"> • Increased private sector participation in provision of sanitation services • The number of households accessing appropriate technology options increased by 30 percent • Increased demand for sanitation and hygiene products and services • Increased uptake of appropriate sanitation and hygiene technologies • Increased production of appropriate sanitation and hygiene technology options • Increased sales volume of sanitation and hygiene products • Increased private sector investment in sanitation 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Build enabling legislative and regulatory environment for private sector participation • Promote public-private partnership • Sanitation marketing • Capacity building for private sector players • Promote development and use of appropriate technology options 	<ul style="list-style-type: none"> • Develop and enforce enabling legislation, regulations, and guidelines in support of private sector participation 	National and county governments, NESCRRA, private sector (KAM, KEPSA etc.)
	<ul style="list-style-type: none"> • Develop guidelines on public-private partnerships and joint ventures in the sanitation sector 	Ministry of Health and county governments, NESCRRA.
	<ul style="list-style-type: none"> • Develop and a national Sanitation Marketing (SanMark) program to foster and sustain the uptake of appropriate improved sanitation and hygiene products and services 	National and county governments, NESCRRA, partner NGOs, private sector players
	<ul style="list-style-type: none"> • Design and provide appropriate incentives to encourage private sector investment and participation in sanitation services and development of pro-poor appropriate technology options 	National and county governments
	<ul style="list-style-type: none"> • Establish private sector sanitation stakeholders forum (PRISSSFO) 	Private sector players
	<ul style="list-style-type: none"> • Develop policy on tariffication for sanitation services that is affordable, fair, and sustainable while ensuring continuity and expansion of sanitation facilities 	National and county governments, NESCRRA, WASREB

	<ul style="list-style-type: none"> • Conduct comprehensive national sanitation market survey 	Ministry of Health, NESCRA
	<ul style="list-style-type: none"> • Develop and regularly update a database of private sector sanitation service providers. 	NESCRA, county governments
	<ul style="list-style-type: none"> • Develop and regularly update a list of available sanitation and hygiene technology options based on ability to pay for operation, maintenance and replacement 	NESCRA, county governments
	<ul style="list-style-type: none"> • Establish and strengthen systems for gathering information and carrying out operational market research on the costs, performance, adaptability, relevance, maintenance requirements, and durability of available hygiene and sanitation technologies 	NESCRA and county government
	<ul style="list-style-type: none"> • Develop and use criterion for choosing sanitation technologies and systems to avoid negative impacts on the environment such as sanitary land fill sites, large-scale construction of ventilated improved pit (VIP) latrines and discharge of sewage effluent 	National and county governments
	<ul style="list-style-type: none"> • Build capacity and train community based health workers, community groups, retailers and distributors as sanitation marketing facilitators and product sales agents 	CHEWs, Private sector and NGOs

5.6.2 Ensuring high quality standards of sanitation products and services

Article 46 of the Constitution of Kenya provides consumers with the right—

- a) To goods and services of reasonable quality;
- b) To the information necessary for them to gain full benefit from goods and services;
- c) To the protection of their health, safety, and economic interests; and
- d) To compensation for loss or injury arising from defects in goods or services.

This strategy therefore aims to ensure consumers of sanitation and hygiene products and services enjoy the highest standards of such goods and services including equipment and supplies.

Table 20: Ensuring high quality standards of sanitation products and services

Key Intervention Objective 3.2: To ensure provision of high standards of sanitation and hygiene goods and services including equipment and supplies.		
Key Results		
<ul style="list-style-type: none"> Improved access to high standards of sanitation and hygiene products and services 		
Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Develop and enforce quality standards and guidelines for sanitation goods and services Strengthen the national sanitation and hygiene commodities supply chain Build Capacity in quality assurance 	<ul style="list-style-type: none"> Develop standard specifications, guidelines and selection criteria for sanitation and hygiene equipment and supplies 	Ministry of Health, NESCRA KEBS & private sector
	<ul style="list-style-type: none"> Carry out national (county-by-county) sanitation supply chain situation analysis to improve the sanitation supply chain system 	Ministry of Health and NESCRA,
	<ul style="list-style-type: none"> Standardize the procurement system for sanitation and hygiene equipment and supplies and promote joint procurement of essential equipment and supplies especially for large purchases or imported items Consideration, be given to an annual prequalification of suppliers to be undertaken by the Ministry and County Health Departments, city/municipality and town authorities/utilities and private sector service providers 	Ministry of Health and NESCRA, city/municipality and town authorities/utilities and private sector service providers
	<ul style="list-style-type: none"> Provide training on quality assurance for sanitation entrepreneurs including small-scale independent providers/entrepreneurs (SSIPs) 	National and county governments, NESCRA, NEMA and KEBS
	<ul style="list-style-type: none"> Conduct periodic inspections of sanitation products and services to protect consumers from sub-standard products and services 	NESCRA, NEMA and KEBS

5.7 Strategic Intervention Area 4: Ensuring sustainable sanitation financing

Strategic Objective 4:

To establish sustainable financing mechanism for sanitation and increase public investment to meet Kenya's international financing commitments by 2020.

A major bottleneck to making improved sanitation and hygiene accessible to majority of Kenyans continues to be the low levels of public investment in the sanitation sector. Despite sanitation being declared a guaranteed constitutional right, it has not received its fair share of the needed funding and investment from both national and county governments. It is also common for government agencies such as Water Services Trust Fund (WSTF) to give priority to raising funds for improving water supplies rather than for improving sanitation services. The strategy therefore aims to establish a sustainable financing mechanism for sanitation and to increase public investment to meet Kenya's international financing commitments by 2020. The strategy will especially seek to provide an enabling framework to attract both public and private sector funding and investment. The establishment of a National Sanitation Fund (NASF) therefore promises to not only aid resource mobilisation, but also to ring-fence the necessary funds at both national and county for investment in the sanitation sector.

Table 21: Ensuring sustainable sanitation financing

Key Intervention Objective 4.1: To establish sustainable financing mechanism for sanitation and increase public investment to meet Kenya's international financing commitments by 2020.		
Key Results		
<ul style="list-style-type: none"> Increased budgetary allocations for sanitation sector and services at the national level and in all 47 counties Public investment in sanitation increased from 0.2 percent to at least 0.5 percent of the GDP by 2020 Increased financial inclusion of the poor and special needs population Increased access to improved sanitation and hygiene products and services Economic losses related to poor sanitation halved by 2020 Improved KESH Policy and KESSF outcomes 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Establish National Sanitation Fund to raise and leverage domestic and external resources for sanitation 	<ul style="list-style-type: none"> Conduct a national sanitation financing situation analysis and develop national sustainable sanitation financing options and strategy 	Ministry of Health, NESCR and partners
	<ul style="list-style-type: none"> Establish National Sanitation Fund to raise and leverage domestic and external resources for sanitation 	National government in consultations with county governments, development partners

<ul style="list-style-type: none"> • Advocate for increased national and county budgetary allocations for sanitation • Promote private sector financing options for households, utilities and small-scale independent providers/entrepreneurs (SSIPs) • Develop and ensure transparent, effective and equitably applied subsidies regime for the most vulnerable and indigent groups • Develop resource mobilisation strategy for KESSF 	<ul style="list-style-type: none"> • Develop national, county and Urban Strategic Environmental Sanitation Investment and Financing Plan 	Ministry of Health, County Governments, City/municipality boards and town committees, partners
	<ul style="list-style-type: none"> • Provide a budget code for sanitation and hygiene function 	County Departments of Health and Finance
	<ul style="list-style-type: none"> • Establish a special County ESH accounts jointly managed by County Departments of Health and Finance for management of grants (conditional, unconditional and development partner off budget funds) 	Ministry of Health, National Treasury, County Departments of Health and Finance and partners
	<ul style="list-style-type: none"> • Develop cost-sharing policy for capital development between National, County and City/municipality boards 	National Government in consultation with County Governments and City/municipality boards
	<ul style="list-style-type: none"> • Develop cost recovery and pricing policy for sanitation utilities to cover all operating and capital costs, for services such as liquid and solid waste collection, public toilets and issue of permits 	National Government in consultation with County Governments, City/municipality boards
	<ul style="list-style-type: none"> • Negotiate with financial institutions for affordable financing products for large capital development projects e.g. targeting sanitation utilities and large private sector projects and design appropriate micro-credit products for households and small-scale independent providers/entrepreneurs (SSIPs) 	County Governments, city/municipality boards, Private sector partners including investors, banks, micro-lenders, developers and landlords
	<ul style="list-style-type: none"> • Negotiate with development partners for support towards establishment of the National Sanitation Fund and implementation of sanitation and sanitation programmes 	National Government Ministry of Health and Treasury
	<ul style="list-style-type: none"> • Design an appropriate market-compatible subsidy and social protection regime to address issues of financial exclusion of the poor and people with special needs such as the chronically ill, the elderly and persons with disability from enjoying their right to highest standards of sanitation 	National and county governments

5.8 Strategic Intervention Area 5: Building enabling legal and regulatory environment for sanitation

Strategic Objective 5:

To establish an enabling legal and regulatory framework for sanitation at national and county levels.

Article 43 and 42 of the Constitution of Kenya guarantees every person's right to reasonable standards of sanitation and to a clean and healthy environment respectively. Article Article 21 (2) requires the State to take legislative measures including setting of standards to ensure the progressive realisation of the right to sanitation as guaranteed under Article 43 of the Constitution. Article 185(2) of the Constitution further provides that a county assembly may make any laws that are necessary for or incidental to, the effective performance of the functions and exercise of the powers of the county government under the Fourth Schedule. The respective sanitation related functions and powers of the county governments set out in Part II of the Fourth Schedule to the Constitution include among others:

- a) Refuse removal, refuse dumps and solid waste disposal.
- b) Licensing and control of undertakings that sell food to the public.
- c) Cemeteries, funeral parlours and crematoria.
- d) Storm water management system in built up area.
- e) Water and sanitation services.
- f) County abattoirs.
- g) Control of air pollution, noise pollution and other public nuisances.
- h) Burial of animals.

However, despite the requirement of a strong and robust legal regime to bring these constitutional provisions into full effect, the existing legal environment for sanitation remains fragmented with sanitation related laws scattered in various legal instruments - most of which are only ancillary to sanitation. In the regulatory sphere, gaps and overlaps define the regulatory context within the sector operates. For example, whereas the Water Act 2002 mandates WSBs and WSPs over water, sewerage and sanitation, the Environmental Management and Co-ordination Act 1999 mandates NEMA over matters relating to water pollution control, effluents discharge into sewerage system and hazardous waste including pesticides and toxic wastes which are normally only ancillary to their 'core' function. Moreover, these entities and the principal regulators, the Water Service Regulatory Board and NEMA, are hosted under the Ministry of Water and Irrigation and Ministry Environment and Natural Resources respectively.

The result is a lack of coherent legislative and regulatory framework defining a set of normative principles and institutional structures for sanitation that reflect the current developments in the international, constitutional and policy spheres. It is against this background that this strategy aims to build an enabling legal and regulatory framework for sanitation at national and county levels as a critical enabler for achieving the right to sanitation and a clean and healthy environment as well as effective execution of the sanitation functions and powers vested in the county governments.

Table 22: Building enabling legal and regulatory environment for sanitation

Key Intervention Objective 5.1: To establish an enabling legal and regulatory framework for sanitation at national and county levels.		
Key Results		
<ul style="list-style-type: none"> • A strong and enabling legal and regulatory framework for sanitation • A unified and coordinated legally established institutional framework for the sanitation sector • Strengthened inspection and law enforcement capacity • Improved compliance and environmental health, sanitation and hygiene practices 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Review, develop, harmonize and enact enabling national and county environmental health and sanitation legislation • Establish one accountable national institutional mechanism for sector coordination and regulation • Strengthen sanitary inspection and law enforcement capacity 	<ul style="list-style-type: none"> • Develop and enact National Environmental Health and Sanitation Bill to bring into effective Articles 42 and 43(1)(b) of the Constitution 	National government (Ministry of Health, Parliament, Kenya Law Reform Commission, CIC)
	<ul style="list-style-type: none"> • Develop and enact county environmental health and sanitation Bills to bring into full effect Articles 42, 43 and Part II of the Fourth to the Constitution 	County government (County Department of Health and allied departments e.g. Environment and Water) and County Legislative Assemblies
	<ul style="list-style-type: none"> • Establish the National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA) to provide one accountable national institutional framework for multi-sectoral coordination and regulation 	National Government (Ministry of Health, Parliament)
	<ul style="list-style-type: none"> • Develop and enforce sector-wide standards, bylaws and regulations on sanitation and clean and healthy environment 	Ministry of Health, county governments, NESCRA, NEMA, WASREB
	<ul style="list-style-type: none"> • Build the capacity of sanitary inspection and law enforcement agencies including the Judiciary, public health personnel, city/ municipality and town authorities, the police and Directorate of Public prosecution 	National Government, Judiciary, DPP, Kenya Policy Service, County governments, partners
	<ul style="list-style-type: none"> • Review, develop and enforce sector-wide standards, bylaws and regulations relating to environmental health, sanitation and hygiene. 	Ministry of Health, county governments, NESCRA, NEMA, WASREB, city/ municipality and town authorities
	<ul style="list-style-type: none"> • Develop model/prototype urban by-laws covering all aspects of environmental health, sanitation and hygiene 	Ministry of Health, county governments, NESCRA

	<ul style="list-style-type: none"> Develop and issue specifications and guidelines for environmental health, sanitation and hygiene services including the selection of technologies for waste treatment and disposal 	NESCRA, NEMA, WASREB
	<ul style="list-style-type: none"> Develop regulations for implementation and enforcement of the polluter pay principles 	NESCRA, NEMA

5.9 Strategic Intervention Area 6: Establishing enabling institutional framework and promoting good governance practices and accountable leadership for the sanitation sector in Kenya

Strategic Objective 6:

To establish an enabling institutional framework and strengthen good governance practices, accountable leadership and human resource capacity for the sanitation sector in Kenya.

The Constitution of Kenya 2010 provides a fundamentally new governance and institutional environment for delivery of sanitation services. Articles 10(2) and 73 outline key defining elements of good governance and leadership while Article 6 establishes functionally distinct and inter-dependent governments at national and county levels. This requires fundamental change in institutional and governance environment for sanitation which is currently characterised by a number of challenges including institutional fragmentation, unclear allocation of roles and responsibilities, inadequate human resources capacity and poor governance practices, coordination and stakeholder accountability within and across the sector especially in the context of a devolved system of government. This strategy therefore aims to establish an enabling institutional framework for the sanitation sector and strengthen good governance practices, accountable leadership and human resource capacity for efficient and effective delivery of sanitation and hygiene services at all levels.

Table 23: Establishing enabling institutional framework and promoting good governance practices and accountable leadership for the sanitation sector in Kenya

Key Intervention	Key Result by 2020
<ul style="list-style-type: none"> Streamline and establish an enabling institutional framework for the effective execution of the sanitation function at national and county levels Strengthening national and county level multi-sectoral coordination and stakeholder accountability framework for the sector Promoting good governance practices and accountable leadership for sanitation Strengthening human resource capacity and performance management and reward systems for the sanitation sector 	<ul style="list-style-type: none"> An enabling institutional framework for the sanitation function established and fully operational at national and county levels Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalised at national and county levels Good governance practices and accountable leadership entrenched at all levels of the sanitation governance and service chain Adequately staffed ESH workforce at county and national levels Improved sector performance and productivity Increased and sustained political commitment at national and county levels

5.9.1 Streamline and establish an enabling institutional framework for the sanitation function at national and county levels

The institutional context in which sanitation function, strategy development and implementation is taking place is complex with national responsibility currently shared between the Ministry of Health, Ministry of Water and Irrigation, Ministry of Environment and Natural Resources and the 47 county governments. Sanitation service provision is also shared among a range of players including national and county government ministries, departments and agencies, non-governmental organizations, private sector institutions and community based institutions enacting a complex institutional framework for service delivery. The complexity of the institutional environment is heightened by the new system of devolution, with constitutional division of functions and powers between the national government and the 47 county governments. An absence of a formally established institutional mechanism to promote vertical and horizontal coherence in execution of the sanitation function including planning, service delivery and sector regulation has however, worked to undermine the overall sanitation service provision. Thus without a clear common national institutional framework for sector coordination and regulation, key interventions largely remain disjointed, uncoordinated, duplicative and even contradictory. This strategy therefore aims to streamline and establish an enabling national institutional framework for the coordination and regulation of the sanitation function throughout the country.

Table 24: Streamline and establish enabling institutional framework for the sanitation function

Key Intervention Objective 6.1: To streamline and establish an enabling national institutional framework to ensure effective execution of the sanitation function and regulation throughout the country.		
Key Results		
<ul style="list-style-type: none"> • An enabling institutional framework for the sanitation function established and fully operational at national and county levels • Improved institutional effectiveness and functional efficiency at national and county levels • Improved stakeholder coordination and accountability for results 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Establish and strengthen enabling national and county co-ordination and regulatory mechanisms for the sanitation function in Kenya. 	<ul style="list-style-type: none"> • Review the existing institutional environment, gaps and challenges in the execution of the sanitation function with a view to aligning with the new constitution and the devolved government system 	Ministry of Health and partners
	<ul style="list-style-type: none"> • Establish and operationalize the National Environmental Sanitation Coordinating and Regulatory Authority (NESCRA) to provide one accountable national institutional framework for sector leadership, coordination and regulation 	National Government in consultation with county governments
	<ul style="list-style-type: none"> • Establish and strengthen county environmental health and sanitation directorates/units to effectively oversee ESH programmes throughout the county 	County Health Departments
	<ul style="list-style-type: none"> • Establish and operationalize County Environmental Sanitation Coordinating mechanism 	County Governments and NESCRA
	<ul style="list-style-type: none"> • Strengthen the capacity of the Ministry of Health ESH Department/Division and County Health Departments to effectively play their respective national and county policy, oversight, coordination, capacity building, technical support, research and development, resource mobilisation, M&E functions and mandates 	Ministry of Health, County Health Departments and partners

5.9.2 Strengthen national and county level multi-sectoral coordination and stakeholder accountability framework for the sector

With the change in the overall national service delivery architecture as a result of the new Constitution, co-ordination of stakeholders and management of sanitation function within a devolved structure has become more complex, challenging and dynamic. The structure and process of co-ordination and management of the sector, therefore, demands innovation, clarity of roles and responsibilities linked to institutional mandates and comparative advantages at various levels including national, county, decentralised, intergovernmental and cross county and sectoral levels. While there is an Environmental Sanitation and Hygiene Inter-Agency Coordinating Committee (ICC), established as a collaborative oversight and advisory structure within the Ministry of Health, it has no formal legal force to effectively coordinate interagency relations within the sector.

This strategy therefore aims to review, strengthen and establish effective and well-functioning stakeholder co-ordination mechanisms at both national and county levels to ensure effective accountability of KESSF results throughout the country. Nationally, the Ministry of Health through the multi-sectoral coordination mechanism established will ensure coherence and close collaboration among CSOs, FBOs, the private and public sector stakeholders to align and harmonise ESH activities for results and synergy of efforts. The co-ordination structure will align with various legislative instruments that have defined different levels of service delivery and co-ordination within the national and devolved government system to the lowest administrative level.

Table 25: Strengthen national and county level multi-sectoral coordination and stakeholder accountability framework for the sector

Key Intervention Objective 6.2: To review, strengthen and establish effective and well-functioning stakeholder co-ordination mechanisms at both national and county levels to ensure effective accountability of KESSF results throughout the country.		
Key results		
<ul style="list-style-type: none"> • Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalised at national and county levels • Improved accountability for results 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Establish, operationalize and strengthen effective and well-functioning multi-sector stakeholder and partner accountability mechanisms for KESSF delivery at national and county levels 	<ul style="list-style-type: none"> • Reform and strengthen the national ESH inter-agency coordinating committee (ICC) for monitoring of the ESH sector interventions and KESSF implementation 	Ministry of Health and partners
	<ul style="list-style-type: none"> • Establish and strengthen county level ESH ICC model 	County Health Departments and partners
	<ul style="list-style-type: none"> • Establish and strengthen development partners sanitation forum to ensure effective partner accountability and alignment to KESSF priorities at national and county levels 	Partners and National and County Governments

	<ul style="list-style-type: none"> • Develop and implement a partnership accountability mechanism based on targets and results for national and county levels of interventions • Build capacity of implementing partners on stewardship, social accountability and resource management through institutionalised technical support mechanisms 	Partners and National and County Governments
	<ul style="list-style-type: none"> • Review reporting mechanisms to leverage on other regulatory institutions in order to capture private sector contribution to the ESH sector interventions 	Ministry of Health, County Health Departments, NESCRRA and partners
	<ul style="list-style-type: none"> • Build capacity of CSOs and private sector ESH stakeholder networks, forums and /or associations to promote strong accountable institutions that hold duty bearers accountable for ESH interventions and services at national and county levels 	Ministry of Health, County Health Departments and partners

5.9.3 Promoting good governance practices and accountable leadership

The Constitution of Kenya 2010 in Article 10, Chapter Six and Chapter Thirteen envisions a more ethical, fair and inclusive society pervaded by the values of good governance, integrity, probity, fairness, social justice, equity, servant leadership and professional public service which is accountable for its administrative actions, impartial, meritorious and demonstrates high professional and ethical standards. In this context, good governance practices and accountable and ethical leadership are critical ingredients for an effective and efficient sanitation service delivery system. This strategy therefore aims to promote and entrench good governance practices and strengthen accountable leadership including political commitment for effective delivery of KESSF results at all levels. Efforts will therefore be made to promote good governance practices by identifying, developing and nurturing effective and committed leaders for sanitation at all levels.

Table 26: Promoting good governance practices and accountable leadership

Key Intervention Objective 6.3: To promote and entrench good governance practices and strengthen accountable and committed leadership for effective delivery of KESSF results at all levels.		
Key Results		
<ul style="list-style-type: none"> • Good governance practices and accountable leadership entrenched at all levels of the sanitation governance and service chain 		
Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Advocate, build and sustain high level political commitment and ownership of the KESSF delivery • Promote and entrench good governance practices and stakeholder accountability for delivery of KESSF results • Identify, nurture and build effective, accountable and committed leadership for the sanitation sector at all levels 	<ul style="list-style-type: none"> • Mobilise political leaders at every level- MCAs, MPs , Senators, Governors, First Ladies and other key national leaders to become sanitation champions 	Ministry of Health, NESCR, County Departments of Health and partners
	<ul style="list-style-type: none"> • Establish National ESH Award Scheme to reward best performance in environmental sanitation and hygiene service delivery, innovations and promotion of good environmental sanitation and hygiene practices 	Ministry of Health, NESCR, City/Municipality Boards, CSOs, development partners and private sector
	<ul style="list-style-type: none"> • Facilitate County Governments to establish county ESH Award Schemes for best performance in environmental sanitation and hygiene service delivery and innovations 	NESCR, County Departments of Health, City/Municipality Boards, town committees, CSOs, development partners and private sector
	<ul style="list-style-type: none"> • Ensure effective country participation and representation in international and regional sanitation fora and conferences. 	Ministry of Health, CSOs, development partners and private sector
	<ul style="list-style-type: none"> • Develop and implement governance policy guidelines to strengthen good governance practices at all levels of the sanitation sector 	Ministry of Health, NESCR, development partners
	<ul style="list-style-type: none"> • Establish systems at all levels of the sanitation service chain to ensure sector compliance with existing governance laws and regulations (Chapter 6 of the Constitution on ethics and integrity) 	Ministry of Health NESCR, EACC, County Departments of Health, City/Municipality Boards, town committees, CSOs, development partners
	<ul style="list-style-type: none"> • Train and sensitize sector leaders and staff at all levels on principles and values of good governance, servant leadership, social accountability and roles and responsibilities in line with Article 10, Chapter Six and Chapter 13 of the Constitution and Ethics and Anti-corruption Act 	Ministry of Health NESCR, EACC, County Departments of Health, City/Municipality Boards, town committees, CSOs, development partners and private sector
	<ul style="list-style-type: none"> • Document, profile and share sector institutions with best good governance and leadership practices 	NESCR and EACC

5.9.4 Strengthening human resource capacity and performance management and reward systems for the sanitation sector

The Kenya health system experiences an acute shortage of qualified and competent Human Resources for Health (HRH) at all levels. Other human resource challenges identified include the skewed distribution of health worker force geographically; high levels of attrition; unfavourable working conditions; lack of adequate functional structures to support performance; weak staff performance appraisal system; lack of a mechanism to link training institutions involved in pre-service training with the services; and inadequate policy guidelines on competencies and skills required for specific cadres, coupled with inadequate facilities for in-service training. Specific to sanitation, the unavailability of adequate, technically competent and skilled personnel at various levels of the sanitation service chain is identified as a key challenge. Other challenges include critical gaps between the existing and required levels of competence to plan, implement, operate, and maintain the ESH infrastructure; the shortage of skilled personnel including public health officers, engineers, planners, artisans and prosecutors, inadequate management capacity and shortage of accredited training service providers. This Strategy therefore proposes to strengthen the human resource capacity and performance management and rewards systems for the sanitation sector at both county and national levels.

Table 27: Strengthening human resource capacity and performance management and reward systems for the sanitation sector

Key Intervention Objective 6.4: To strengthen the human resource capacity and performance management and rewards systems for the sanitation sector at national and county levels		
Key Results		
<ul style="list-style-type: none"> • Adequately staffed ESH workforce at county and national levels • Improved sector performance in achieving KESSF results • Improved staff productivity 		
Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Develop and implement a national and county level ESH capacity building, education, training and skills (NCETS) Development Program 	<ul style="list-style-type: none"> • Conduct national ESH training needs, capacity and skills gap analysis covering all the 47 counties 	Ministry of Health, County departments of health, partners
	<ul style="list-style-type: none"> • Develop National and County level ESH Human Resource Development Plan to guide HR needs of the sanitation sector 	Ministry of Health, County departments of health, PSC and CPSBs, partners
	<ul style="list-style-type: none"> • Forge appropriate partnerships with universities and research institutions to strengthen and support the schools of sanitation and hygiene for the training and retraining of ESH personnel. 	Ministry of Health, Public Health Council and other relevant professional bodies, training institutions, partners

<ul style="list-style-type: none"> • Provide a competent, motivated and adequately established ESH workforce at national and county levels • Strengthen continuing professional development programs for ESH • Improve performance management systems 	<ul style="list-style-type: none"> • Establish a national training program in collaboration with the private sector and relevant technical training institutions to develop appropriate learning materials and train local artisans 	Ministry of Health, County departments of health, PSC and CPSBs, Public Health Council and other relevant professional bodies, training institutions, partners
	<ul style="list-style-type: none"> • Develop and implement a national ESH capacity building, education, training and skills (NCETS) Development Program to accelerate and expand formal and structured training and education in environmental sanitation and hygiene 	Ministry of Health, Ministry of Education, Kenya Institute for Curriculum Development, PSC, Public Health Council and other relevant professional bodies, training institutions, partners
	<ul style="list-style-type: none"> • Develop and offer specialised training programmes for public/environmental health officers on environmental protection, contract management and supervision, sanitation marketing, control and management of marine pollution and related issues, sanitation planning, public relations, prosecution and law enforcement and monitoring and evaluation, environmental sanitation impact assessment (ESIA) 	Ministry of Health, NESCRRA, NEMA, DPP, Kenya Police Service, Public Health Council and other relevant professional bodies, training institutions, partners
	<ul style="list-style-type: none"> • Integrate and improve capacity building of staff in ESH management and leadership in general pre-service and in-service public/environmental health, civil and marine engineering, law and environmental planning and management training etc. 	Training institutions, Kenya School of Law, Kenya Police Training School, partners
	<ul style="list-style-type: none"> • Carry our recruitment drive for ESH personnel at national and county levels in line with the Kenya staffing norms. 	Ministry of Health/ PSC and County Health Departments/CPSBs,
	<ul style="list-style-type: none"> • Establish national and county ESH staff rationalization and redistribution program to ensure availability of appropriate competent and skilled personnel in line with Kenya staffing norms especially within the county system 	Ministry of Health/ PSC and County Health Departments/CPSBs, City/ Municipality Boards, town committees, Utilities
	<ul style="list-style-type: none"> • Institute mechanisms for Task sharing and mentorship for skills transfer to ensure delivery of the essential ESH service package 	Ministry of Health/ PSC and County Health Departments/CPSBs, City/ Municipality Boards, town committees, Utilities

	<ul style="list-style-type: none"> • Improve the human resource performance management system to ensure efficient and effective use of available human resources in delivery of ESH services 	Ministry of Health/ PSC and County Health Departments/CPSBs, City/ Municipality Boards, town committees, Utilities
	<ul style="list-style-type: none"> • Review and align performance contracting to facilitate target setting and sector reporting on KESSF results framework at national, county and decentralized levels 	Ministry of Health, Public Service Commission (PSC) and County Departments of Health and County Public Service Boards (CPSBs)
	<ul style="list-style-type: none"> • Create incentives for ESH staff in terms of training, remuneration and other rewards, with a particular focus on disadvantaged areas 	Ministry of Health/ PSC and County Health Departments/CPSBs, City/ Municipality Boards, town committees, Utilities

5.10 Strategic Intervention Area 7: Strengthening research and development capacity for sanitation

Strategic Objective 7:

To establish an effective research and development framework for sanitation to improve access to appropriate technologies and evidence-informed decision making and programming.

Research and development are critical ingredients to the sanitation sector as the demand for improved sanitation increases. It is necessary not just for identifying and adapting appropriate technological choices, but also for evidence informed sanitation programming and service delivery. However, efficient translation of strong research findings into policies and practices remains weak. There are still research gaps in understanding drivers of the poor sanitation by communities and geography; in evaluating effectiveness and efficiency of various interventions in addition to the effectiveness of proven efficacious technological options and programmatic interventions. Timely translation of data and evidence for programming and policies are also hampered by a multiplicity of data sources, disparity in methodologies and time frames and user-friendliness of data collected and generated at various levels. Capacity for ESH research is lacking. This Strategy thus aims to establish an effective research and development framework for sanitation to improve access to appropriate technologies and evidence-informed decision making and programming.

Table 28: Strengthening research and development capacity for sanitation

Key Intervention Objective 7.1: To establish an effective research and development framework for sanitation to improve access to appropriate technologies and evidence-informed decision making and programming.		
Key Results		
<ul style="list-style-type: none"> • Functional R&D framework at the national and county levels • Increased capacity at national and county levels in applied research and evidence based decision making, programming and policy development • Increased funding for R&D • Increased access to appropriate ESH technology options especially by the vulnerable and the poor 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> • Establish an enabling national ESH research and development framework • Strengthen national and county level capacity in applied research, systematic reviews and evidence-based decision making, planning, programming and policy development • Establish ESH information portal for Kenya's research output • Mobilise adequate funding for Research and Development • Promote private sector investment and public-private partnerships in ESH research and development 	<ul style="list-style-type: none"> • Develop and implement a National ESH Research Policy framework to guide research and development activities in sanitation at various levels by different stakeholders 	Ministry of Health in consultation with county governments
	<ul style="list-style-type: none"> • Develop unified national ESH research agenda through a consultative to address emerging challenges and gaps and propel evidence-based policy and programming in the sector. • Identify and implement high-impact research priorities, innovative programming and capacity strengthening to conduct research 	Ministry of Health and County Health Departments
	<ul style="list-style-type: none"> • Examine and assess the existing capacity among the research institutions to determine their capabilities for ESH research and development 	Ministry of Health and NESCR
	<ul style="list-style-type: none"> • Establish a National ESH Research and Development Institute (NESHDI) to respond to the changing sanitation needs of the society especially towards universal access to improved sanitation by 2030 	Ministry of Health
	<ul style="list-style-type: none"> • Carry out a national ESH technology needs assessments and risks modeling for various available technology options and sanitary system 	NESCR in collaboration with NEMA, WASREB and KEBS
	<ul style="list-style-type: none"> • Establish an ESH innovation fund to support local private sector entrepreneurs and artisanal entities to design and produce appropriate ESH technologies for local use • Advocate for allocation of at least 10% of health sector research budget to ESH through a sound investment case 	National and county governments, NESCR and Ministry of Health and County Health Departments

	<ul style="list-style-type: none"> Provide training and capacity building in applied research and evidence-based planning, programming and policy development 	Ministry of Health and National ESH Research and Development Institute (NESHRDI)
	<ul style="list-style-type: none"> Forge appropriate partnerships with universities and research institutions to strengthen and support ESH research. 	Ministry of Health and NESHRDI county governments and Partners,
	<ul style="list-style-type: none"> Promote private sector investment and public-private partnerships in ESH research and development. 	National and county governments, NESHRDI and Ministry of Health and County Health Departments
	<ul style="list-style-type: none"> Integrate research funding in KESSF Investment plan and funding priorities and develop resource mobilisation plan for ESH Research and Development 	National and county governments, NESHRDI and Ministry of Health and County Health Departments
	<ul style="list-style-type: none"> Establish a multi-sectoral and interactive web-based ESH research and development hub with geographic mapping of all research on ESH 	Ministry of Health and County Health Departments and NESCR, NESHRDI
	<ul style="list-style-type: none"> Develop and disseminate regular review of papers on key research findings, local innovations, systematic reviews and their policy, funding and practice implications 	Ministry of Health and County Health Departments and NESCR, NESHRDI
	<ul style="list-style-type: none"> Publish systematic reviews of research on the KESSF priorities and publish policy research briefs biennially 	Ministry of Health and County Health Departments and NESCR, NESHRDI
	<ul style="list-style-type: none"> Establish communities of practice (CoP) on the KESSF priorities to review evidence and propose policy recommendations 	Ministry of Health and County Health Departments and NESCR, NESHRDI
	<ul style="list-style-type: none"> Establish standing or ad hoc research committees to identify county ESH research and development priorities, determine policy changes from existing research and disseminate findings 	County Health Departments and NESHRDI

5.11 Strategic Intervention Area 8: Strengthening national and county level monitoring and evaluation system for the sanitation sector

Strategic Objective 8:

To establish a functionally effective national monitoring and evaluation framework for the sanitation sector to ensure maximum accountability in KESSF implementation at all levels.

A functionally effective and efficient monitoring and evaluation system is critical for ensuring accountability, the effectiveness of interventions and the overall achievement of the universal access to improved sanitation goal. The sanitation sector monitoring and evaluation system is however, not fully and formally established, contributing to weak sector co-ordination, ownership and meaningful data use for decision-making and planning among various stakeholders at various levels. Among the key system gaps and challenges include lack of a national and county level ESH M&E plan with relevant indicators and well-defined responsibilities; inadequate M&E capacity; inadequate commitment establishing an effective and efficient M&E system; lack of effective mechanisms for capturing and managing data to support a Results-Based Management System; weak analytical capacity at the county level; lack of harmonised and comprehensive M&E framework for the sector to address the comprehensive set of indicators required for the multi-sectoral approach; and over-dependence on external funding for M&E functions leading to delays or incomplete implementation of planned M&E activities including population-based surveys.

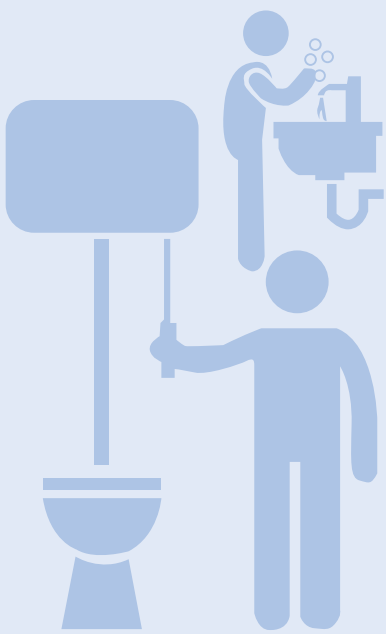
There is therefore need to strengthen the existing national and county level M&E system for ESH so as to make it more flexible to respond to the data needs of both National and County governments and partners, and to facilitate generation of high quality and timely strategic information for ESH decision making, planning, programming and interventions at all levels. This will, however, require adequate funding for M&E activities, increased ownership and support for ESH M&E system and data quality assurance at national, county and sector levels. There is also need to address the specific needs of counties and to cascade data collection and analysis capacity to sub county and community levels.

This Strategy thus aims to establish a functionally effective national monitoring and evaluation framework for the sanitation sector to ensure maximum accountability in KESSF implementation at all levels. As the routine M&E systems become more accessible, a renewed focus on improving data quality, demand and use of data for decision making, programming and global at various levels will be given priority.

Table 29: Strengthening national and county level monitoring and evaluation system for the sanitation sector

Key Intervention Objective 8.1: To establish a functionally effective national monitoring and evaluation framework for the sanitation sector to ensure maximum accountability in KESSF implementation at all levels.		
Key Results		
<ul style="list-style-type: none"> Increased availability of strategic information to inform ESH decision making, planning and programming at national and county level Planned evaluations, reviews and surveys implemented and results disseminated in timely manner M&E Information Hubs established at National and County levels and providing comprehensive information package on key KESSF Indicators for decision making, planning, programming and reporting 		
Key Interventions	Recommended/proposed actions	Responsible agency
<ul style="list-style-type: none"> Develop and establish an enabling M&E framework and system for the sanitation sector in Kenya Strengthen M&E capacity to effectively track the KESSF progress and sector performance at all levels Ensure harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality ESH data as per national, county and sector priority information needs 	<ul style="list-style-type: none"> Develop National ESH Monitoring and Evaluation Framework and system aligned to the new devolved governance and accountability structure 	Ministry of health in consultation with county governments and partners
	<ul style="list-style-type: none"> Develop operational documents to support KESSF implementation. These documents include KESSF M&E, indicators and accountability for results framework; KESSF operational plans including annual work plans; National ESH Status Report and County Profiles; and Annual KESSF Implementation and Kenya’s International Commitments Status Update Report 	Ministry of Health and partners
	<ul style="list-style-type: none"> Conduct national and county M&E systems capacity assessment and gap analysis for ESH 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Establish and strengthen functional multi-sectoral M&E co-ordination structures and capacity at national and county levels 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Establish and strengthen ESH M&E Information Hubs at national and county Level 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Develop comprehensive ESH M&E guidelines, tools and standard operating procedures 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Strengthen and harmonise ESH M&E data management at national and county levels and create linkages between sectoral and sub system data collection tools and databases 	Ministry of Health, county governments and partners

<ul style="list-style-type: none"> Establish multi-sectoral and integrated real time ESH platform to provide updates on ESH accountability at county and national level Develop M&E Operational Documents to Support KESSF implementation Mobilise adequate funding for M&E activities 	<ul style="list-style-type: none"> Strengthen routine and non-routine ESH information systems 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Conduct periodic data quality audits and verification 	Ministry of Health, county governments, Kenya Bureau of Statistics and partners
	<ul style="list-style-type: none"> Establish a multi-sectoral ESH web-based data management system 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Promote data demand and use of ESH strategic information to inform policy decisions, planning, programming and reporting 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Produce and regularly submit sector reports in a timely manner in accordance with global, regional, national, county and programme reporting obligations and schedules 	Ministry of Health, county governments and partners
	<ul style="list-style-type: none"> Integrate M&E funding in KESSF Investment plan and funding priorities and develop resource mobilisation plan for ESH M&E activities 	National and county governments, NESCRA and Ministry of Health and County Health Departments
	<ul style="list-style-type: none"> Develop policy guidelines on results-based national, county, programme, institutional and global level reporting and feedback Ensure that relevant stakeholders including implementing partners and agencies at all levels provide timely and reliable data and information for tracking KESSF and sector progress 	Ministry of Health, county governments and partners
		<ul style="list-style-type: none"> Develop M&E system communication and dissemination strategy
	<ul style="list-style-type: none"> Train and induct sector stakeholders and M&E staff on KESSF M&E Framework, guidelines, tools and standard operating procedures 	Ministry of Health and partners



CHAPTER 6



KESSF IMPLEMENTATION FRAMEWORK

6.1 Introduction

There are many institutions, stakeholders and sectors involved in sanitation service chain at different levels of the national and devolved system in Kenya. These include the public sector including Government ministries, departments and agencies (MDAs) and state institutions at both national and county levels; civil society organizations including households and communities, community based organizations, NGOs and Faith Based Organizations (FBOs); Private sector; and development partners. All these actors have an essential part to play as strategic enablers, implementers and service providers towards ensure universal access to improved sanitation and a clean and healthy environment for all by 2030. Sanitation is also a function of an intersection of interventions in health, water, environment, education, food and agriculture, housing, manufacturing, justice system and other related sectors. KESSF implementation and delivery framework therefore aims to achieve the following five basic purposes:

- a) Ensure that mandates, roles and responsibilities among the institutions, stakeholders and sectors at different levels of the national and devolved systems are clearly defined.
- b) Enable all state and non-state actors to play an effective role in promoting and implementing the KESSF at different levels of the sanitation service chain.
- c) Foster and maximise strategic partnerships, public participation, stakeholder coordination and accountability at various levels of the delivery chain.
- d) Minimise conflicts between and among the stakeholders at different levels in the KESSF implementation structure.
- e) Ensure accountability for performance and results by all implementing partners at various levels.

6.2 KESSF Strategic approach

The implementation of KESSF will adopt and use a combination of approaches including rights based, multi-sectoral, public-private partnership, socially inclusive, consultative and participatory approaches to realise the objectives of the Strategy. Since sanitation sector draws together many institutions and stakeholders at different levels of interest, the KESSF provides a framework for public participation and involvement of various public and private sector actors including vulnerable and marginalized groups at different levels of the service chain. The actors include individual citizens, households, communities, private sector enterprises, NGOs, development partners, County Government department, and agencies, National Government ministries, departments and agencies. To this end, a key strategic approach will involve building strategic partnerships and collaborations between various public and private sector entities at various levels. The approach will particularly emphasize flexibility, innovation and mutual exchange of ideas including complementary use of expertise and resources with partners. The strategic approach will further put emphasis on periodic national, county, community and institutional level stakeholder reflections and system adaptability in order to effectively respond to the environmental dynamics in the sanitation sector. For rural and peri-urban areas including urban informal settlements, the Community-Led Total Sanitation (CLTS) approach will be adopted by engaging local communities in the identification of ESH problems and transmission routes to wider public health effects.

6.3 KESSF implementation framework

6.3.1 National Level

At the national level, KESSF implementation will be supported by a number of key operational documents including:

- a) A costed KESSF implementation and Investment Plan
- b) KESSF Resource Mobilisation Strategy
- c) KESSF M&E Framework
- d) Annual work plans and budgets developed within the national planning and budgeting framework.

The implementation will be spearheaded by Ministry of Health. The Ministry of Health in collaboration with the Council of Governors may establish an annual National ESH Intergovernmental and Stakeholders Forum (NESHISF). The forum should bring together all sector players from the county and national levels to review, track progress in achieving policy targets, share information and best practices, network and build linkages, award best sector performers and set priorities for the sector for the following year.

6.3.2 County Level

On the basis of KESSF and its operational documents, each County will develop a County Environmental Sanitation and Hygiene Strategic and Investment Plan (CESHSIP) within one year of the KESSF launch. The CESHSIPs shall also be aligned with the respective CIDPs and the relevant county sector plans (CSPs). The county ESH strategic and investment plans shall be executed through annual work plans and budgets developed within the county planning and budget framework.

The County Health Department in collaboration with the stakeholders may hold an annual County ESH Stakeholders Forum (CESF). The forum should bring together all sector players from the county to review, track progress in achieving policy targets, share information and best practices, network and build linkages, award best sector performers and set priorities for the sector for the following year.

6.3.3 Urban Areas

In urban areas, the boards of cities and municipalities and the town committees shall implement the CESHSIPs through their respective Urban Environmental Sanitation and Hygiene Strategic and Action Plans (UESHSAPs). Both CESHSIPs and UESHSAPs will be implemented within county and urban area sanitation services delivery structures and shall be cascaded to the sub-county, ward, community/village and institutional levels.

6.3.4 Non-state sector

Various ESH public, private and community service providers will be required to also draw up their respective ESH programme plans based the KESSF, CESHSIPs and UESHSAPs. Such plans shall take into account the budget of potential users, their willingness to pay for particular technologies, operation and maintenance requirements and costs, and the financing and cost-recovery arrangements needed to sustain the services in full working order.

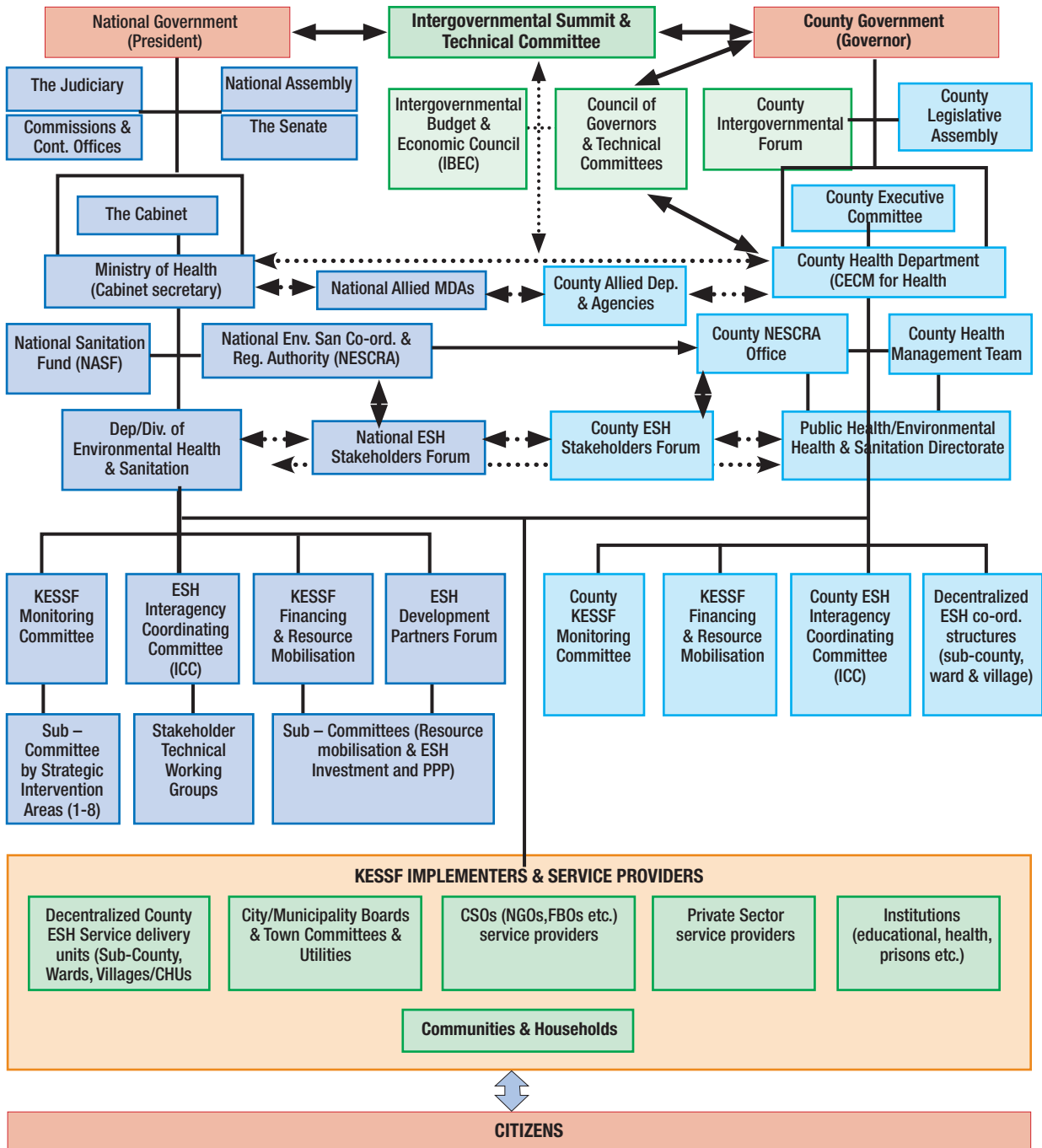
6.3.5 Development partners

Development partners will also be expected to align their respective assistance and partnership strategies and frameworks with the KESSF and its operational frameworks at national and county levels as appropriate depending on the development partner's level of engagement. This will greatly improve coordination and harmonisation from major development partners at national and county levels.

6.4 KESSF implementation organizational framework

The organizational arrangement for the KESSF implementation, coordination and management is premised on a public-private partnership model at both national and county level. The organizational architecture takes into account the division of functions, powers and responsibilities between the national and county governments, between public and private sectors and between state and non-state actors, communities, households and individual citizens.

Figure 8: KESSF Implementation Organization Structure



6.5 Roles and responsibilities of the key institutions, stakeholders/actors

The successful KESSF implementation requires that all stakeholders in the sector carry out their individual and collective roles and responsibilities with clarity and coordination as they endeavor to fulfil their respective mandates and commitments to achieving the desired KESSF objectives. Table 30 below outlines the key institutions and stakeholders with roles and responsibilities to play in implementing KESSF at various levels.

Table 30: KESSF implementation roles and responsibilities

Key stakeholders and actors	Recommended actions
The Presidency	<ul style="list-style-type: none"> • Provide direction to the public sector including government ministries, departments, agencies and state institutions on the national development agenda including ESH • Report to the nation and National Assembly on the measures taken and the progress achieved in the implementation of KESSF and Kenya's international obligations on sanitation • International advocacy
The Judiciary	<ul style="list-style-type: none"> • Advance the aspirations of Kenyans by ensuring adherence to the rule of law and enforcement of the Bill of Rights and in particular the right to sanitation and clean and healthy environment • Create dialogue between the leadership of the judiciary and the national and county governments aimed at establishing the sufficiency of the courts to meet the national and county governments' legal obligations on matters relating to ESH and clean and healthy environment
The National Assembly	<ul style="list-style-type: none"> • Legislate on the right to sanitation and a clean and healthy environment • Determine the allocation of revenue between the levels of government hence influencing resource allocation for the fulfilling the right to sanitation and a clean and healthy environment and execution of sanitation functions at national and county levels • Exercise oversight of state organs to ensure effective governance and leadership of the ESH functions
The Senate	<ul style="list-style-type: none"> • Participate in law making function of parliament by considering, debating and approving bills concerning counties including those related to the right to sanitation and a clean and healthy environment and execution of sanitation functions at the county level • Determine the allocation of revenue going to counties hence influencing revenue allocation for ESH functions at county levels • Exercise oversight of state organs to ensure effective governance and leadership of the ESH functions

<p>Constitutional Commissions (e.g. the National Commission on Human Rights, the Gender and Equality Commissions, Commission on Administrative Justice, Ethics and Anti-Corruption Commission)</p>	<ul style="list-style-type: none"> • Promote the respect, protection and observance of sanitation rights in public and private institutions • Monitor, investigate and report on the observance of the rights • Receive and investigate complaints about alleged abuses of the sanitation rights and take steps to secure appropriate redress where the rights have been violated • Act as the principal organs of the state in ensuring compliance with obligations under treaties and conventions relating to sanitation rights • Investigate complaints of unfair or unresponsive official conduct, report on complaints investigated and take remedial action and make recommendations to improve the functioning of state organs • Investigate any conduct in state affairs, or any act or omission in public administration in any sphere of government that is alleged or suspected to be prejudicial or improper or to result in any impropriety or prejudice in respect of the rights-related to sanitation including the right to a clean and healthy environment • Enforce ethical behaviour and professionalism
<p>Ministry of Health</p>	<ul style="list-style-type: none"> • Provide national sector leadership • Establish and support the Environmental Sanitation and Hygiene Inter-Agency Coordinating Committee (ICC) as a collaborative oversight and advisory structure • Formulate and review national environmental sanitation policies, standards, technical guidelines and strategies. • Work with parliament to develop enabling sector legislation and regulations • Oversee and coordinate the implementation of national sanitation and hygiene policy, legislation, regulations, guidelines and standards • Coordinate with other government departments on policy, legislation and other sector issues • Develop promotional and sanitation marketing materials • Mobilise funds for KESSF implementation and national programmes • Monitor and evaluate national performance and compliance with national norms and standards, laws, regulations and guidelines • Facilitate and coordinate sector research and development activities i. • Manage and provide ESH data and information • Capacity building and technical assistance to counties and other sector stakeholders • Create policies and regulations that promote private sector participation in ESH service delivery and infrastructure development • Support human resources development for the sanitation sector • Promote intergovernmental relations and public and private partnerships

Allied National and County Governments Ministries, Departments and Agencies	<ul style="list-style-type: none"> • Support the Ministry of Health, county health departments and NESCRAs in fulfilling their policy, regulatory, implementation, technical support and information management roles
The National Environmental Sanitation Coordination and Regulatory Authority (NESCRAs)	<ul style="list-style-type: none"> • Provide effective strategic multi-sectoral leadership for the sanitation sector • Develop and review national policies, strategies, regulations and guidelines relevant to the ESH and collaboration with partners • Co-ordinate stakeholders • Explore new and innovative approaches to ESH interventions and achievement of the KESSF results • Co-ordinate with partners to develop a research agenda and identify, conceptualize and articulate areas for research and knowledge building • Co-ordinate advocacy work and information and knowledge management • Provide technical support and capacity building to counties • Ensure effective communication and co-operation between different agencies involved in environmental sanitation, within the context of a coherent national ESH strategy • Coordinate, harmonise, monitor and evaluate sector performance • Issue licences for the provision of environmental sanitation services • Monitor and regulate licensees and enforce licence conditions • Determine the standards for the provision of environmental sanitation services • Establish procedures for handling complaints made by consumers against licensees • Monitor compliance with established standards for the design, construction, operation and maintenance of sanitation and sewerage facilities • Advise licensees on procedures for dealing with complaints from consumers and monitoring the operation of procedures • Develop guidelines in consultation with other regulatory agencies for the fixing of tariffs for the provision of sanitation services including fees, levies, premiums and other charges to be imposed for sanitation services and advice on the cost-effective and efficient management and operation of sanitation services • Develop model performance agreements for use between licensees and sanitation service providers • Monitor the operation of agreements between counties and boards of cities and towns and to take appropriate action to improve their effectiveness; • Gather, maintain and disseminate information on environmental sanitation and hygiene services and from time to time publish forecasts and projections on demand for sanitation services in rural and urban areas • Liaise with other bodies for the better regulation and management of sanitation and hygiene services

	<ul style="list-style-type: none"> • Advise the Cabinet Secretary and County Executive Committees members responsible for environmental sanitation and hygiene services concerning any and all matters in connection with sanitation and hygiene services including KESSF implementation • Undertake the prosecution, with consent of the Director of Public Prosecutions (DPP), of any offences under sanitation law, or any other law or in connection with the performance of its functions
National and County Government Intergovernmental Coordinating Summit	<ul style="list-style-type: none"> • Provide in its programme a special session on the state of Sanitation in Kenya and the country efforts towards the Vision 2030 universal access to improved sanitation and a clean and healthy environment
Council of Governors (COG)	<ul style="list-style-type: none"> • Provide a forum for consultation amongst county government including sharing of information on the performance of the counties in the implementation of County ESH strategic and investment plans and programmes
The Intergovernmental Budget and Economic Council	<ul style="list-style-type: none"> • Provide a forum for consultation and cooperation between the national government and county governments on sustainable and innovative national and county ESH financing
Office of the Controller of Budget(OCoB)	<ul style="list-style-type: none"> • Conduct budget implementation review and prepare and submit a report on the implementation of budgets of the National and County Governments to Parliament • Oversee the implementation of the national and county budgets
National Audit Office (NAO)	<ul style="list-style-type: none"> • Audit and report on the accounts of all funds and authorities of the national and county governments • Submit audit reports to Parliament (National Assembly and Senate) and county legislative assemblies
National and County Treasuries	<ul style="list-style-type: none"> • Facilitate and guide sanitation sector budget making processes • Guide sanitation-related fiscal activities, including administering all public investments in environmental sanitation • Support negotiations for grants and loans in accordance with the Public Finance Management Act • Mobilise domestic and external resources for financing national and county government ESH budgetary requirements • Support the national and county governments in fulfilling their ESH mandates as far as they relate to fiscal and financial matters. • Facilitate sanitation budget implementation reviews

<p>The County Governments (County Executive – County Health Department)</p>	<ul style="list-style-type: none"> • Provide effective leadership and support for the county level multi-sectoral ESH service delivery • Establish and support the County Environmental Sanitation and Hygiene Inter-Agency Coordinating Committee (ICC) as a collaborative oversight and advisory structure • Ensure high level political support and commitment to county ESH interventions • Report on the measures taken and the progress achieved in the implementation of county ESH Strategic and Investment Plan and the KESSF • Design a county ESH sector performance management plan to evaluate performance of the county ESH functions, services and programmes • Establish and oversee the county ESH programme • Ensure equitable access to ESH services • Coordinate stakeholders in implementing KESSF and county ESH strategic and investment plans and programme • Mobilise local communities to participate in implementation of KESF and county ESH strategic and investment plans and programmes • Mobilise local communities to participate in ESH promotion and education campaigns • Develop enabling county level policies, legislation and guidelines for ESH • Mobilise and allocate adequate resources for implantation of county ESH strategic and investment plans, programme and provision of ESH services
<p>Boards of cities and municipalities and town committees</p>	<ul style="list-style-type: none"> • Develop and implement ESH strategic and investment plans • Provide waste management services including collection and sanitary disposal of wastes, including solid wastes, liquid wastes, excreta, industrial wastes, health-care and other hazardous wastes; storm water drainage, cleansing of thoroughfares, markets and other public spaces • Perform public and environmental health management functions including covering control of pests and vectors of disease, food hygiene, environmental sanitation education, inspection and enforcement of sanitary regulations, disposal of the dead, control of rearing and straying of animals • Monitor and enforce environmental standards and regulations and to protect the public against “nuisance”. • Ensure continuous public education on safeguarding the environment. • Maintain specified public areas in a sanitary condition and charge fees for the use of such areas. • Develop sanitation infrastructure and provide works related to environmental sanitation facilities • Prepare capital development plans and costs for environmental sanitation infrastructure and facilities • Encourage, enable, and permit private sector entities to build, operate and manage treatment works, solid waste management services, waste recycling and management of on-site sanitation services

Sanitation utility companies	<ul style="list-style-type: none"> • Manage sewerage network, treatment works and the provision and management of on-site sanitation services • Develop, operate, maintain and repair sewerage systems • Collect and manage wastewater tariffs • Regulate the discharge of septage from septic tanks into the sewerage network or wastewater treatment plants • Support and finance construction or management (including emptying) of onsite sanitation facilities such as latrines or septic tanks in partnership with private sector partners • Manage solid waste • Provide services and facilities for primary separation and removal of solid wastes at household, community, commercial, industrial and public levels • Promote the principle of 3R's of waste management (i.e. reduce, reuse, recycle)
County Legislative Assemblies	<ul style="list-style-type: none"> • Legislate on the exercise of the assigned county sanitation and a clean and healthy environment functions and powers • Determine the allocation of revenue and budget for fulfilling the right to sanitation and a clean and healthy environment and execution of county sanitation functions • Exercise oversight of county departments and agencies to ensure effective implement of County ESH strategic and investment plans and budgets • Mobilise constituents in support of ESH activities including ODF campaigns
Community health units	<ul style="list-style-type: none"> • Promote food safety and hygiene practices including education on five key elements of safer food • Promote household water treatment, safety and storage • Promote personal hygiene practices • CLTS training and mobilisation • Education and sensitisation on waste water disposal and control of vectors, vermins and rodents
Private sector	<ul style="list-style-type: none"> • Promote public-private partnerships • Planning, design and contract supervision • Carry out large and small-scale construction works and installation of equipment • Manufacturing environmental sanitation and hygiene materials and equipment • Operation and maintenance of all sanitation facilities • Provision of finance to support capital development and delivery of ESH services • Carrying out sanitation marketing and campaigns

	<ul style="list-style-type: none"> • Provision and management of waste management services including cleansing of designated areas and facilities, waste treatment, recycling and disposal facilities, transfer stations and bulk waste transfer to disposal under contract, franchise, concession, Build Operate and Transfer (BOT), Build, Own, Operate (BOO), Build, Own, Operate, transfer (BOOT) or other arrangements • Equipment leasing and maintenance/workshop services • Adherence to the established standards, regulations and requirements for environmental sanitation and hygiene services • Research and development
<p>Non-State Actors/ CSOs (including non-governmental organizations (NGOs), faith-based organisations (FBOs), societies, corporate social responsibility foundations or agencies and other charitable entities</p>	<ul style="list-style-type: none"> • Support government plans at both national and county levels to progressively ensure that all Kenyans fully enjoy their rights to highest attainable standards of sanitation and a clean and healthy environment • Promote environmental health, improved sanitation and personal hygiene practices at all levels • Design, development and implementation of community ESH programmes • Developing information, education and communication materials that are easily understood and accepted by the community • Health, hygiene education and sanitation promotion in the community • Awareness creation • Capacity building and training • Community mobilisation • Policy advocacy and participation in forums • Sanitation marketing and communication • Promotion of affordable and appropriate ESH technologies that can easily be adopted and replicated by communities • Resource mobilisation and fund raising for ESH programmes • Contributing expertise for the promotion of the ESH services • Bridging existing gaps between government and communities in ESH services • Operations research and development activities • Monitoring, evaluation and social accountability • Working with lead government agencies at various levels to ensure generation, reporting and consolidation of relevant ESH data and information to promote evidence-informed decision-making in the sector • Adherence to the established standards and requirements for environmental sanitation and hygiene services

Development partners (multilateral and bilateral agencies, international NGOs and private foundations)	<ul style="list-style-type: none"> • Provide financial and technical assistance to complement government efforts in the environmental sanitation sector
Communities and households	<ul style="list-style-type: none"> • Promote good community and household sanitation and hygiene practices • Provide and own appropriate sanitation facilities for the disposal of human waste and ensuring their proper use and maintenance • Improve their own ESH facilities on their properties to the required standards • Adopt positive sanitation and hygiene behaviour • Participate in community ESH promotion activities including dialogue and health action days and other community decision-making activities such as community consultations, planning, monitoring, evaluation and feedback activities • Mobilise and invest community and household resources in promoting ESH activities • Take full responsibility for cleaning immediate environment and ensuring proper disposal of the wastes thereof • Recognise the dangers of breeding disease vectors in their environment and ensuring prevention of such situation • Ensure participation of all household members in ESH activities both within the household and the community • Observe accepted ESH norms
Citizens	<ul style="list-style-type: none"> • Claim rights and hold duty bearers accountable • Maintain a clean, safe and pleasant environment • Cleanse the immediate environment or dwellings, including access ways and the drains and roads abutting the property or dwellings • Take measures to prevent the breeding of pests and disease vectors within and in the immediate environs of the property they occupy • Ensure that the wider environment is not polluted or otherwise adversely affected by their activities • Hygienically dispose all wastes generated • Participate in all communal environmental sanitation exercises • Provide and maintain appropriate sanitation facilities • Ensure appropriate use of sanitation facilities

6.6 Ensuring stakeholder accountability in KESSF implementation

To ensure stakeholder accountability in the implementation KESSF, a number of actions will be taken at both national and county levels as highlighted in Table 31 below.

Table 31: Stakeholder accountability action framework

Accountability Focus	Recommended actions	Responsibility
Stakeholder accountability policy	<ul style="list-style-type: none"> Develop and implement stakeholder accountability policy to strengthen good governance and accountable leadership at national and county levels Build capacity of partners in resource management and accountability through institutionalized technical support mechanisms 	<ul style="list-style-type: none"> Ministry of Health NESCRA County Governments, Partners
Stakeholder accountability	<ul style="list-style-type: none"> Review and strengthen the ESH inter-agency coordinating committee at national and county for monitoring of KESSF implementation, programs and services Build capacity of civil society stakeholder networks and groups to promote strong accountable institutions that hold duty bearers accountable 	<ul style="list-style-type: none"> Ministry of Health NESCRA County Governments Partners
Development partners accountability	<ul style="list-style-type: none"> Establish and strengthen national and county level development partners ESH forum focusing on alignment to KESSF policies 	<ul style="list-style-type: none"> Ministry of Health County Governments, Partners
Implementing partners accountability	<ul style="list-style-type: none"> Develop and implement a partnership accountability mechanism based on targets and results for national and county levels of interventions 	<ul style="list-style-type: none"> Ministry of Health County Governments, Partners
Private sector Accountability	<ul style="list-style-type: none"> Review reporting mechanisms to leverage on regulatory institutions in order to capture private sector contribution to KESSF implementation 	<ul style="list-style-type: none"> MOH NESCRA County Governments, Private sector
Multi-sectoral accountability	<ul style="list-style-type: none"> Review the performance contracting framework to facilitate target setting and alignment of the sector reporting to KESSF results framework 	<ul style="list-style-type: none"> Ministry of Health County Governments, Partners
KESSF Governance	<ul style="list-style-type: none"> Establish a National KESSF monitoring committee to oversee tracking of progress towards the expected results 	<ul style="list-style-type: none"> Ministry of Health NESCRA County Governments, Partners

6.7 Risk assessment and mitigation

The implementation of the KESSF is likely to face a wide range of strategic, financial, operational and environmental risks which may represent material threats to the success of the implementation of the Strategy. This will require a strategic risk management mechanism to continually analyse, profile, control and manage the identified risks. The purpose of the risk management mechanism will be to facilitate better and informed decision making at all levels and increase the likelihood of achieving the KESSF objectives. Table 32 below presents the KESSF risk profile and means of mitigating the risks

Table 32: KESSF risk profile and means of mitigating the risks

	Risk Assessment	Probability			Impact			Risk Mitigating Measures
		Low	Medium	High	Low	Medium	High	
A: INHERENT/STRATEGIC RISK								
1.	Contextual (political, economic, socio-cultural etc.) risks			X			X	<ul style="list-style-type: none"> • Advocacy for high level political commitment at national and county levels • Involvement of stakeholders and partners in KESSF implementation activities. • Promotion of private sector participation and public and private partnerships • Behaviour Change Communication & Sanitation marketing campaign to persuade communities to drop retrogressive cultural practices and adopt positive sanitation behaviours.
2.	Stakeholder/ Partnership risks		X			X		<ul style="list-style-type: none"> • Establish national and county level multi sectoral and stakeholder coordination mechanisms • Hold Regular stakeholders forum

							<ul style="list-style-type: none"> • Establish stakeholder and partner accountability mechanisms • Strengthen the national and county level ESH Inter-agency Coordinating Committee (ICC)
3.	Governance and leadership		X			X	<ul style="list-style-type: none"> • Promote and entrench good governance practices • Promote and strengthen accountable leadership for effective delivery of KESSF results at all levels. • Train and sensitize sector leaders and staff at all levels on principles and values of good governance, servant leadership, social accountability and roles and responsibilities in line with Article 10, Chapter Six and Chapter 13 of the Constitution and Ethics and Anti-corruption Act.
4.	Legal and regulatory		X			X	<ul style="list-style-type: none"> • Review, enact and enforce ESH legislation at national and county levels • Establish Environmental Sanitation Coordination and Regulatory Authority (NESCRA) • Build capacity of law enforcement agencies, inspectorates and public prosecutors

B: OPERATIONAL RISKS:								
5.	Staffing/HR risks			X			X	<ul style="list-style-type: none"> • Review staffing norms and standards in the context of devolution • Recruit additional ESH personnel • Promote continuous professional development • Develop sector HR development plan
6.	Infrastructure/technology risks			X			X	<ul style="list-style-type: none"> • Develop ESH infrastructure/capital development investment plan • Promote sanitation marketing • Promote private sector participation and PPPs
7.	Integrity (theft, fraud) risks			X			X	<ul style="list-style-type: none"> • Conduct sector corruption risk analysis • Ensure sector compliance with Chapter 6 of the Constitution on ethics and integrity and other governance laws and regulations • Develop and implement sector ethics integrity policy guidelines to strengthen good governance and ethical practices at all levels of the sanitation sector • -Induct stakeholders and staff on Chapter 6 of the Constitution and relevant laws and codes of conduct (COC).

8.	Information and reporting risks			X			X	<ul style="list-style-type: none"> • Establish ESH M&E Information Hubs at national and county levels • Develop comprehensive ESH M&E guidelines, tools and standard operating procedures • Strengthen a linkages between sectoral and sub system data collection tools and databases • Develop policy guidelines on results-based national, county, programme, institutional and global level reporting and feedback • Capacity building on information management and reporting • Hold Regular KESSF review meetings at national and county levels. • Provide adequate reporting tools
C: CONTROL RISK								
9.	Budget risks			X			X	<ul style="list-style-type: none"> • High level advocacy for increased budgetary allocation for ESH and KESSF implementation at County and National levels • Capacity building on national and county budgeting process • Develop costed KESSF investment plans and resource mobilisation • Create ESH specific budget codes

10.	Financial Policies and Procedures			X			X	<ul style="list-style-type: none"> • Capacity building on Public Finance Management Act, policies and procedures
11.	Internal control risks			X			X	<ul style="list-style-type: none"> • Strengthen internal and external audit functions • Introduction of e-systems in every department • Conduct internal control risk audits
12.	Funds Flow (disbursement) risks			X			X	<ul style="list-style-type: none"> • Establish National Sanitation Fund (NASF) and county level funds/special accounts • Avoid push and embrace pull in resource allocation. • Itemization of the budget lines to include sanitation investment activities
13.	Financial Reporting and Monitoring			X			X	<ul style="list-style-type: none"> • Strengthen budget review systems • Capacity building on financial reporting • Introduction of financial e-reporting • Intensifying of financial external and internal audit functions

6.8 KESSF Monitoring and Evaluation Framework

The KESSF monitoring and evaluation will be carried out within the national and county frameworks while taking into account Kenya's regional and global reporting commitments and obligations. The M&E framework for KESSF and its implementing and operational instruments will be accompanied with common national, county and community level indicators to monitor performance and measure changes at various levels. The aim of the monitoring and evaluation framework will be threefold:

- a) to track progress in the implementation of the KESSF and its implementing and operational instruments at national and county levels;
- b) to provide quality, timely and accurate evidence to aid decision making at different levels of the sanitation service delivery chain; and
- c) to ensure maximum accountability, efficiency and effectiveness in the implementation of the KESSF at national, county and decentralized levels.

6.8.1 Monitoring processes

The implementation of the KESSF and its implementing and operational instruments will be monitored continually at agreed intervals based on the defined statements of objectives, activities, results and indicators. The monitoring process will involve information gathering and feedback through periodic meetings; quarterly review meetings; performance appraisals; monthly, quarterly, and annual reporting reports.

6.8.2 Evaluation processes

The evaluation function will involve both process and impact evaluation approaches.

- a) **Process Evaluation:** The process evaluation will involve ongoing and periodic KESSF reviews. The purpose will be to determine the extent to which KESSF objectives and targets are being achieved. This would provide the basis for making improvement and adjustments in the course of the Strategy implementation. The process evaluation processes will include quarterly reviews, annual general meetings, budget implementation reviews, annual financial audits, and the midterm review/evaluation.
- b) **End term Evaluation:** This form of evaluation will focus on assessing and evaluating the overall performance, outcomes and impacts of the KESSF and its implementing and operational instruments at national, county and decentralized levels. The outcome of the evaluation will provide the basis for the next strategic planning cycle.
- c) **Specific Evaluation:** Specific ESH program evaluations will be undertaken based on specific program objectives, activities and results.

Table 33: KESSF 2015/16-2019/20 monitoring and evaluation framework

Frequency	Target	Focus	Level of monitoring and evaluation
Monthly	Monthly activity reports	<ul style="list-style-type: none"> ▶ Identify activities whose implementation is delaying delivery of outputs, and plan to address challenges 	Activity level
Quarterly	Quarterly progress and performance reports	<ul style="list-style-type: none"> ▶ Hold quarterly review meetings to assess implementation progress towards the annual targets ▶ Identify outputs whose achievement during the year is threatened, and plan to address challenges affecting them 	Output level
Annually	Annual progress and performance reports	<ul style="list-style-type: none"> ▶ Internal assessment of progress, issues and challenges affecting implementation of outputs, and make recommendations of priorities for coming year 	Output level
Mid term	Mid-term review/ evaluation report	<ul style="list-style-type: none"> ▶ In depth external evaluation to examine accomplishments by KESSF midterm against expected results ▶ Identify progress, issues and challenges affecting implementation of outcomes towards supporting the achievement of the overall goal, and make recommendations for adjustments during the remaining half of the KESSF 	Outcome level
End term	End term review/ evaluation report	<ul style="list-style-type: none"> ▶ In depth external evaluation to assess progress and success of the KESSF implementation in achieving intended outcomes and impacts as well as the overall sector goals, and make recommendations for the next Strategic Framework 	Sector goal - Outcome and impact level

6.9 Resource Requirements

The Kenya Environmental Sanitation Strategic Framework (KESSF) has outlined strategic priorities and specific actions and interventions at various levels of sanitation service delivery chain that provide the basis for formulating resource requirements for KESSF implementation over the next five years. As part of the KESSF implementation efforts therefore, the following actions will be taken within the first six months of its launch to determine the resource requirements for KESSF implementation starting the FY 2016/2017:

- a) Cost the KESSF 2016 - 2020 to determine the total gross resource requirements
- b) Conduct a resource gap analysis and propose strategies of bridging the gaps

- c) Develop KESSF Resource Mobilisation Strategy
- d) Develop an annual KESSF Operational Plan and budget within the national and county planning and budgeting framework.

Similarly at the county level, each County will within one year of the KESSF launch:

- a) Develop a four to five year costed County Environmental Sanitation and Hygiene Strategic and Investment Plan (CESHSIP)
- b) Conduct resource gap analysis
- c) Develop county resource mobilisation strategy.

The county ESH strategic and investment plans shall be executed through the county annual ESH work plans and budgets developed within the county planning and budget framework.

In a context of limited resources and to maximize allocative efficiencies, it is critical that resource allocation shall be aligned to the KESSF and CESHSIP priorities. The purpose will to provide an enabling framework for attracting funding to the sector and ensuring sustainable financing for sanitation through public, private and development partners investment.



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With technical and financial support from the World Bank

