

Kenya

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	43.18 M
Urban population (2012)^a	10.52 M
Rural population (2012)^a	32.65 M
Population growth rate (2012)^a	2.69%
Gross domestic product USD (2012)^b	40.70 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	48.7
Under 5 mortality / 1,000 live births (2012)^c	72.9
Life expectancy at birth (2012)^d	61 yrs
Diarrhoea deaths attributable to WASH (2012)^e	13 497

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	30%
Use of drinking-water from improved sources (2012)^f	62%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

Kenya is currently in transition from a national to a devolved county government. The Constitution of Kenya 2010 recognizes access to safe water and sanitation and hygiene as a basic human right and assigns overall responsibility on water resources management to the national government while assigning the provision of water, sanitation and hygiene services to the county governments.

The GLAAS 2011/2012 cycle highlighted the fact that Kenya did not have indicators and tools to monitor rural formal services and customer satisfaction reviews. The new GLAAS 2013/2014 survey has provided Kenya with an opportunity to re-evaluate its strategies and the way monitoring is carried-out. The aim is to strengthen monitoring and evaluation (M&E) and ensure that it receives support in terms of funding and that capacity is built amongst officers to carry out effective M&E.

The Kenyan government is focusing on working with partners to align policies, strategies, and road maps to the constitution. There are plans to develop sanitation standards and sanitation guidelines before August 2015. Such guidelines would provide the opportunity to address internal formal monitoring in rural areas, which will ensure monitoring of customer satisfaction. WASH stakeholders and partners in Kenya are also required to align their interventions to the policy guidelines and roads maps.

Performance reviews for sanitation in urban and rural settings were not shared with the public before, but now it is a constitutional requirement. With the new devolved structure, counties will be accountable for all sanitation services to the people.

A capacity mapping exercise carried out in 2013 showed that Kenya still has some gaps in human resource (HR) skills and deploying them appropriately in areas of high priority. WASH human resources concentrates in urban and peri-urban areas. There is a need to strengthen human resources and capacity development strategies for water, sanitation and hygiene to promote rationalization of staff deployment as well as staff training.

Financing plans are in place especially from the WASH partners who are implementing activities in the counties. The only challenge has been preparation of investment plans for the sanitation sector. The GLAAS tool has given Kenya an opportunity to ensure that it prepares a WASH investment plan, financial monitoring tool and includes it in the strategic plans and MTPII Plans geared towards achieving the vision 2030.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

The Ministry of Environment currently has lead responsibilities for drinking-water. The Ministry of Health leads hygiene promotion initiatives and has lead responsibilities for sanitation.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Environment, Water and Natural Resources		✓	
Ministry of Health	✓		✓

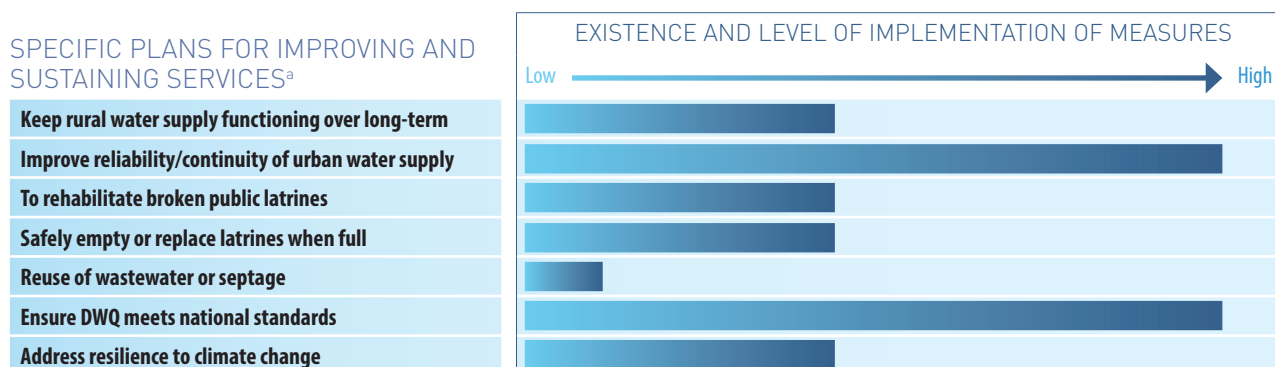
Number of ministries and national institutions with responsibilities in WASH: **3**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	97	2015
Rural sanitation	✓	83	2015
Sanitation in schools	✓	95	
Sanitation in health facilities	✓	80	2015
Urban drinking-water supply	✓	80	2015
Rural drinking-water supply	✓	75	2015
Drinking-water in schools	✓	55	
Drinking-water in health facilities	✓	75	
Hygiene promotion	✓	40	
Hygiene promotion in schools	✓	55	
Hygiene promotion in health facilities	✓	70	

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a



^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making for drinking-water and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2013		2013		
Use of performance indicators^a	●		●		●
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	●		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✗	✓	✗	
Communication^a					
Performance reviews made public	●	●	✓	✗	
Customer satisfaction reviews made public	✗	✗	✓	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are under development for sanitation, drinking-water and hygiene with gaps identified in approved personnel development and benchmarking locally and internationally. The most important constraints identified are the preference by skilled workers and graduates to work in other sectors and urban areas. There is also a reported insufficient performance based motivation for the staff working in the WASH sector and inadequate infrastructure and tools for WASH services for the staff.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	●		●		●
Strategy defines gaps and actions needed to improve^a	●		✗		●
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	✓		✓		✓
Availability of education/training organisations	●		●		●
Skilled graduates	●		●		●
Preference by skilled graduates to work in other sectors	✓		✗		✓
Emigration of skilled workers abroad	●		●		✓
Skilled workers do not want to live and work in rural areas	✗		✓		✗
Recruitment practices	●		✓		●
Other					

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of donor and domestic commitments. There is also an insufficiency of funds to meet MDG targets. Though no disaggregated data was provided for sanitation, funds for water were reported to be nearly 300 M.USD in 2012 over half of which was funded by ODA.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	●	●	●	●
Estimated % of donor commitments used ^b	●	●	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	●	●	●	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	6.7
Health ²	4.5
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, seven disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation	✓		✓	
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	●	●
Effective complaint mechanisms	✓	✗	✓	●

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Displaced persons
6. Ethnic minorities
7. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

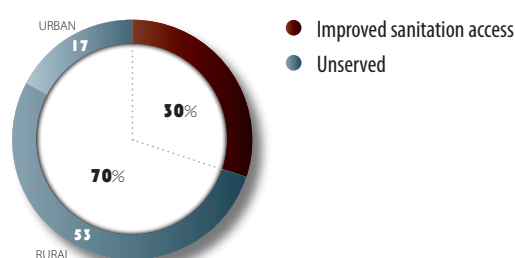
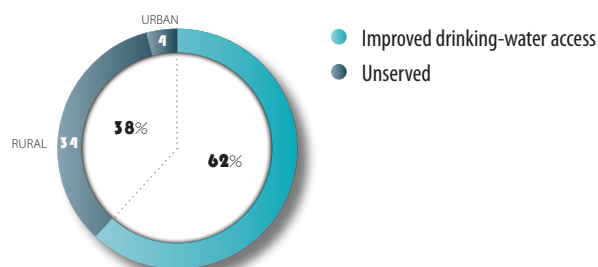


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.