

# The Role of National & County Governments in the Implementation of Water Safety, Sanitation and Hygiene (WASH) Interventions

A Major Public Health Concern

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# Presentation Outline

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2. Effect of Poor Sanitation & Hygiene
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# Summary of The Country Status

- ◆ Only 30% of Rural and 31% of urban Kenyans have access to Improved Sanitation (JMP 2015)
- ◆ 6 million Kenyans have no access to any form of sanitation facilities & practice total open defecation
- ◆ 24 million use un-improved sanitation facilities or share latrines (mostly becoming fix point defecation)
- ◆ Only one County has attained open Defecation free status, and 3 more are on track.
- ◆ Many Counties have not seen open defecation & raw sewage discharge into the environment as a PH concern
- ◆ Malnutrition and stunted growth is on the rise in many counties, and is mainly attributed to poor sanitation and hygiene as one of the underlying risk factor.
- ◆ In 2017, 34 Counties reported Cholera outbreaks
- ◆ Many Counties have not set aside funds for Sanitation & Hygiene improvement – only during outbreaks.

# Due to poor Sanitation & Hygiene, the Country:

## The Country losses USD 324 M /YR (WSP 2013)

- ◆ USD 244 million – approx. 19,500 Kenyans, including 17,000 <5 die each year from diarrhea
- ◆ USD 51 m – Health care costs – consultation, medical treatment, transport, hospitalization
- ◆ USD 2.7 M – Productivity cost – time absent from work or school due to diarrheal diseases, seeking treatment, time spent on caring for children
- ◆ USD 26 m – Access time – each person practicing open defecation spends almost 2.5 days a year finding appropriate location to defecate, leading to lost productive time.

**NB/ County specific Cost has been shared earlier**

# Other Study; 2015 Show (TICAD VI).

- ◆ Due to Sanitation problems, African losses USD 19.3 billion, almost the annual budget of Kenya
- ◆ 2015 – study showed the Country loses USD 574 Million (LIXIL Group Corporation / Oxford)
- ◆ 1 KES invested in sanitation gives in return KES 5.5

# Why WASH is our Concern Now?

- ◆ The Kenya Constitution & UN made Health, Water & Sanitation a right.
- ◆ More than 60% of diseases reported in our health facilities are WASH related.
- ◆ The Country is loosing billions of shillings due to poor sanitation and hygiene
- ◆ Kenya has committed itself to the Ngor Declaration – Commitments aimed to fast-track the SDG 6 achievements.
- ◆ There is emerging and re-emerging of waterborne and water related diseases across the Country & Region.
- ◆ Water, Sanitation and Hygiene is a devolved function of the Counties Governments.
- ◆ Many WASH partners have seen the need & shown interest in partnering with Counties & National Government.
- ◆ Upward trend of life style diseases – need to create space
- ◆ Informed communities, demanding for services.

# overview of Diseases Reported in our Facilities- DHIS

## 2 ~ 2017 (Top 20)

1. Upper Respiratory Tract Infections ✓ **11,305,814**
2. Confirmed Malaria ✓ **4,087,925**
3. Suspected Malaria ✓ **3,829,084**
4. Disease of the skin ✓ X **3,253,814**
5. Other Dis. of Respiratory System ✓ X **3,119,938**
6. Diarrhea ✓ **2,603,701**
7. Urinary Tract Infection ✓ X **1,549,124**
8. Arthritis, Joint pains etc. X **1,242,902**
9. Pneumonia ✓ X **1,203,624**
10. Fevers ✓ X **1,142,150**
11. Other injuries X **943,118**
12. Hypertension X **910,346**
13. Intestinal worms ✓ **762,033**
14. Eye Infections ✓ **653,172**
15. Ear Infections/ Conditions ✓ **624,164**
16. Dental Disorders ✓ X **565,419**
17. Typhoid fever ✓ **502,337**
18. Asthma ✓ X **348,318**
19. Diabetes X **315,837**
20. Tonsilitis ✓ X **303,507**

**NB: ISR / IHR**

# The Role of National Government

- Develop Country Policy ✓
- Develop Strategy ✓
- Develop road map ✓
- Develop a prototype for Counties ✓
- Facilitate Counties to develop bills to be discussed at the respective County assemblies ✓
- Resource Mobilize ✓ ✗
- Capacity building ✓
- M & E ( real Time Monitoring) ✓ ✗
- Bench marking ✓ ✗
- Supporting Counties during emergencies / outbreaks ✓



# The Role of County Government

- Customize Country Policies, Strategy, Roadmaps
- Develop county specific bills to facilitate funding mechanism from County Government
- Implement the bills / road maps
- Resource mobilize
- Establish Strong stakeholders forum
- Put in place real time M & E system
- Be informed by data – regular data review
- Do bench marking – be prepared to learn from others

# What Should inform Counties & National Governments on Priority focus areas?

- Rumours & Public Complains
- Facility based report ~ Health based indicators
- County HMIS reports (Within the County)
- DMIS2 reports
- KDHS
- Census
- Partner report – WHO, UNICEF, JMP (SDGs), CDC

# What Next?

HOLD THE BULL BY THE HORN – WATER SAFETY, SANITATION AND HYGIENE IS A BIG PUBLIC HEALTH CONCERN **TO ALL OF US** –

**FACE HEAD ON, BEFORE WE ARE QUESTIONED BY OTHERS, WHY WE ARE NOT RESPECTING THE RIGHTS.**

It might look funny, but it's the reality. **WE ARE A NATION EATING EACH OTHERS FAECES, UNABLE TO TAKE CARE OF SIMPLE DOABLE ACTIONS.**

Move away from program driven, to need / demand driven approaches. **Bring everyone on board.** Take charge and be counted.

# Recommendations – Issues to Consider

- Review DHIS2 data & flag out priority areas.
- Have active stakeholders forum (Multi-Sectoral)
- Customize the Country policy, strategy & ODF roadmap documents (essential for funding)
- Involve County assemblies, members of the Health Committees for lobbying during debate.
- All Counties to have their bill (sanitation) discussed in their respective County Assemblies
- Roll out **Community-Led Total Sanitation** in All Counties and strive to achieve ODF status by 2020
- Understand the SDG commitments
- Share timely & complete reports with the line national Ministries for external review & inputs.

**SHUKRAN**