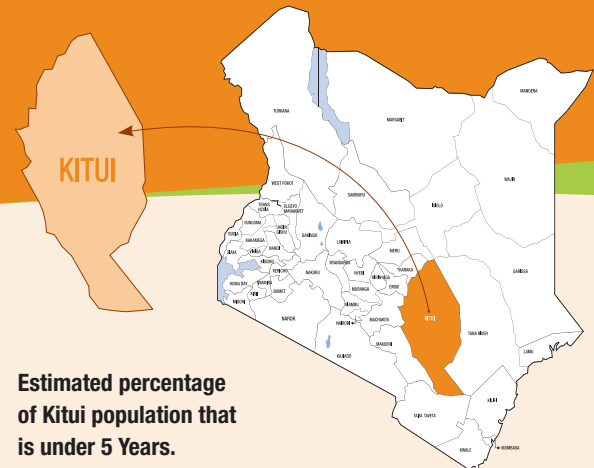


Sanitation Profile for Kitui County | 2017



1,086,598 Population of Kitui County.

14.0% Estimated percentage of Kitui population that is urban.

86.0% Estimated percentage of Kitui population that is rural.

9.9% Estimated percentage of Kitui population that is under 5 Years.

33/km² Population Density of Kitui County.

County	Grand Score (Out of 110 points)	Rank 2017	Rank 2014
Kitui	89	1	9
Siaya	86	2	13
Nakuru	80	3	2
Kiambu	79	4	4
Busia	74	5	3
Kisii	73	6	19
Machakos	71	7	5
Isiolo	68	8	20
Nyeri	68	8	1
Homa Bay	67	10	17
Kisumu	67	10	10
E/Marakwet	66	12	10
Embu	64	13	40
Tharaka Nithi	63	14	21
Bungoma	62	15	33
Kirinyaga	61	16	5
Murang'a	61	16	8
Laikipia	60	18	25
Kilifi	59	19	33
Migori	58	20	14
Nyandarua	58	20	18
Uasin Gishu	58	20	38
Kakamega	56	23	5
Trans Nzoia	55	24	35
Vihiga	53	25	37
Meru	50	26	43
Taita Taveta	50	26	27
West Pokot	50	26	26
Kajiado	49	29	29
Kericho	48	30	30
Tana River	48	30	22
Samburu	44	32	32
Lamu	43	33	40
Makueni	40	34	27
Narok	39	35	30
Marsabit	38	36	15
Kwale	34	37	23
Baringo	33	38	38
Nandi	33	38	15
Nairobi	31	40	42
Nyamira	30	41	10
Bomet	29	42	35
Mandera	29	42	44
Mombasa	28	44	24
Turkana	21	45	44
Wajir	18	46	44
Garissa	11	47	44

Source: 2009 Census Projections by the Kenya National Bureau of Statistics (2016).

Kitui is ranked number **1** out of **47** in the county sanitation benchmarking according to the following key indicators:

	RANK out of 47	Timely Reporting	Score for Budget for Sanitation /5	Score for Number of ODF Claim /10	Score for Cost per ODF Village /10	Score for Economic Costs of Poor Sanitation /10	Score for Pupil: Latrine Coverage Girls /10	Score for Pupil: Latrine Coverage Boys /10	Score for Household Improved Latrine Coverage Rate /15	Score for Number of Handwashing facilities per school /10	Score for Number of ODF villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10	GRAND TOTAL
2014	9	🟢	5	10	5	0	3	5	15	5	10	8	5	71
2017	1	🚩	3	10	10	0	10	10	15	5	10	8	8	89
Change (+/-)	+8		-2	0	+5	0	+7	+5	0	0	0	0	+3	+18

* Value shown in this table are absolute scores allocated to each indicator for purposes of computing the total aggregates used for ranking¹

KEY:

🟢 Timely submission of benchmarking data by the county

🚩 Untimely submission of benchmarking data by the county

Kitui County loses **KES 859 million** each year **due to poor sanitation**.² This includes losses due to access time, premature death, health care costs and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation.³

¹ Finance data sourced from the county finance act / approved programme budgetary estimates

² Economic Impacts of Poor Sanitation in Kenya, WSP (2014)

³ Updated figures on economic losses for the 47 counties will be availed upon the end-term evaluation of the Kenya Environmental Sanitation and Hygiene Strategic Framework 2016 - 2020.

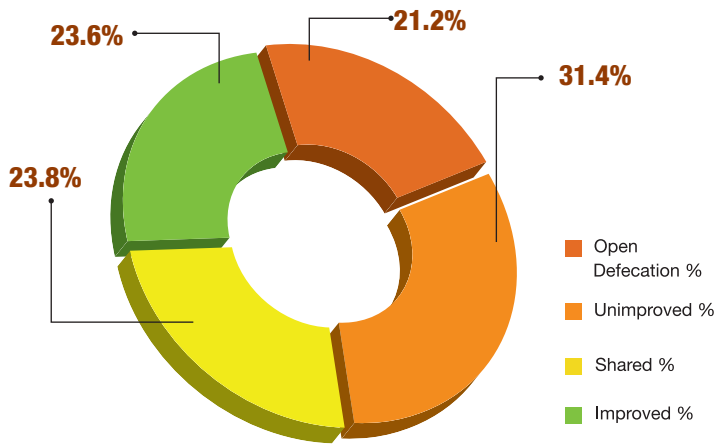


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Overall Sanitation Coverage

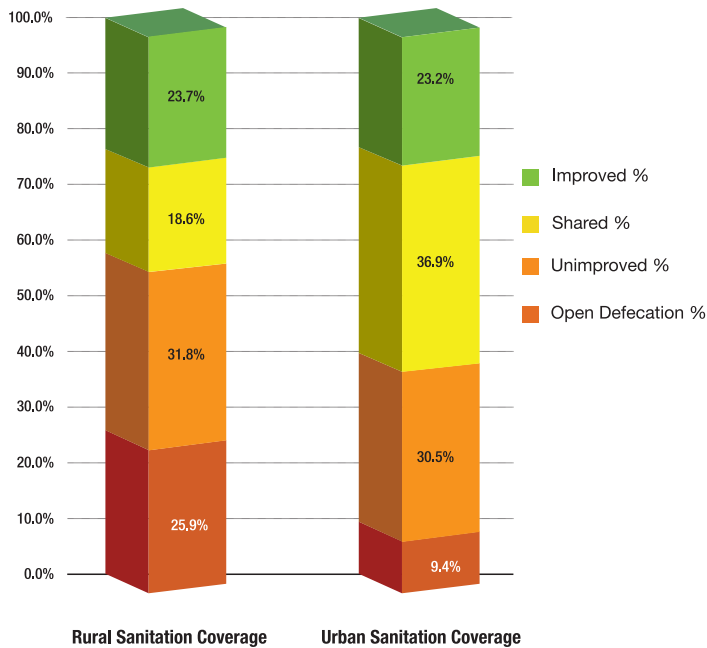


* Overall county sanitation coverage based on computations from the 2014 Kenya Demographic and Health Survey Raw Datasets.

** Improved sanitation facility is one that hygienically separates human excreta from human contact. They include: flush/pour flush to pipes sewer system, septic tank, pit latrine; ventilated improved pit latrines; pit latrine with a slab; composting toilet (Source: JMP 2015 for MDG monitoring).

** Unimproved sanitation is one that does not ensure hygienic separation of human excreta from human contact. Includes: pit latrines without a slab or platform, hanging latrines and bucket latrines (Source: JMP 2015 for MDG monitoring).

** Open defecation is when faeces are disposed of in the fields, forests, bushes, open water bodies, beaches or other open spaces or disposed with solid waste (Source: JMP 2015 for MDG monitoring).



*Comparison of Rural and Urban Sanitation coverage based on computations from the 2014 Kenya Demographic and Health Survey Datasets.

Sanitation coverage

The Constitution in Articles 42 and 43 (b) guarantees every person the right to a clean and healthy environment and to reasonable standards of sanitation respectively. The duty for the promotion, protection and fulfilment of these rights rests on the State including the County Governments. Universal access to improved sanitation yields maximum health, social and economic benefits.



Urban and Peri-Urban Coverage⁴

0.0%

Urban Sewerage coverage.



School Latrine Coverage

	Public primary schools	Private primary schools
Average Pupil to Latrine Ratio for Boys*	28:1	19:1
Average Pupil to Latrine Ratio for Girls**	26:1	17:1

Source: Ministry of Education, 2014 Basic Education Statistical Booklet.

*As per the national standard of 1 cubicle for every 30 boys (MoE, School Infrastructure Standards Manual 2010).

**As per the national standard of 1 cubicle for every 25 girls (MoE, School Infrastructure Standards Manual 2010).

Progress made towards attainment of ODF status⁵

63.0%* Percentage of CLTS triggered villages

36.0%* Percentage of villages claiming ODF

26.0%* Percentage of ODF certified villages.

*Summary as at December 2016 (MOH Microplan, 2016).

⁴ 2016 urban sewerage coverage reports from Water Services Regulatory Board (WASREB) as reported by WSPs.

⁵ Summary from the Kenya Country 2020 ODF Roadmap Summary as at December 2016 (For latest ODF status visit www.health.go.ke).



Level of Preparedness for Cholera

Response/Preparedness Mechanism	In place or not?
Rapid response teams	
Cholera control taskforce	
Cholera preparedness response plan	
Active surveillance and reporting system.	

Source: County Self-Assessments (2017).

KEY:

	Mechanism in Place		Mechanism not in Place		Response not Received
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County preparedness for Cholera response

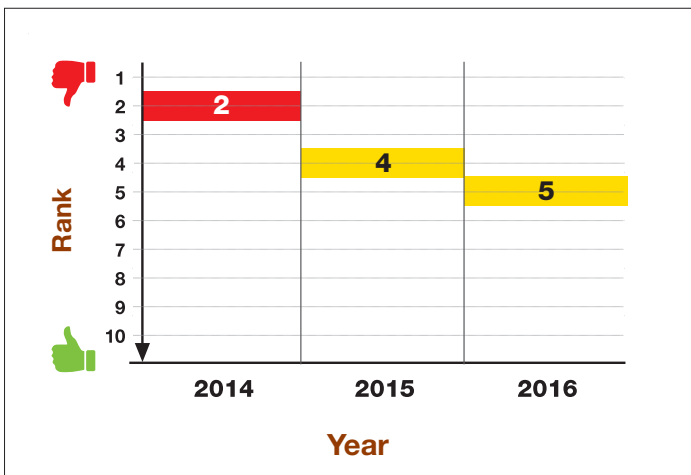
Cholera is an acute bacterial enteric disease characterised by sudden onset of profuse watery diarrhoea, vomiting, rapid dehydration and circulatory collapse. It's a life threatening secretory diarrhoea induced by enterotoxins secreted by *v. cholerae* found in contaminated water and food. It's transmitted through fecal-oral route. Between **December, 2014 to December, 2016, 17,156** cases were reported in **30** counties, with **85** deaths and Case Fatality Ratio of **1.5%**. It is important for counties to have response and preparedness mechanisms in place.



17,156

Approximate number of Cholera cases reported in 30 counties, with 85 deaths between December, 2014 and December, 2016.

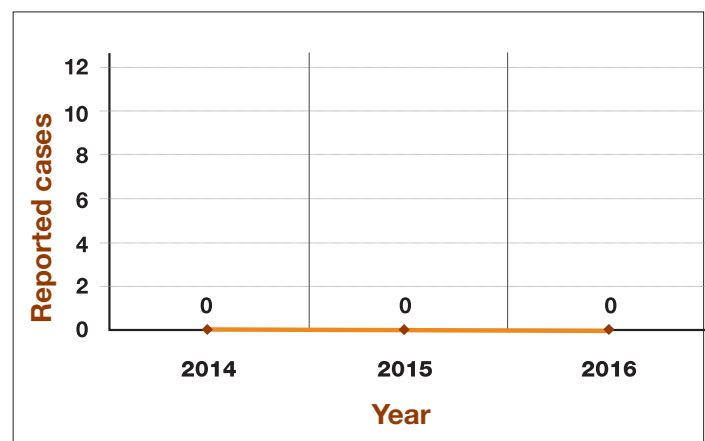
Trend of diarrhoea disease burden as ranked in the county (2014 - 2016)



Source: County Self-Assessments (2017).

Ranking/position based on the top 10 morbidity and mortality causing diseases as reported by the counties.

Trend of Cholera Prevalence (2014 - 2016)



Source: County Self-Assessments (2017).



KES 859 MILLION

Approximate amount lost annually in Kitui county due to poor sanitation. This includes losses due to access time, premature death, health care costs and productivity.



Enabling environment for sanitation in Kitui County

Progress made in achieving an enabling environment for sanitation (2014-2017)

The first national conference on sanitation held in April 2014 provided an opportunity to share knowledge and experiences and plan concrete actions to put the building blocks in place for accelerated access to improved sanitation in the country. The second national sanitation conference was held in February 2017 to track the progress made by the counties in regard to six strategic focus areas namely:

Indicator	2014 Benchmarking	2017 Benchmarking	Progress
1. Policy, strategy and direction (i.e. whether there is a shared vision and strategy developed collaboratively / Whether there is political will for sanitation).			
The county has a clear advocacy plan to gain political support for sanitation.			↑
As a county we have a shared vision for sanitation.			→
The development partners are adhering to one plan, planning processes and policies.	INE		↑
The county strategic plan includes sanitation targets.			→
2. Institutional arrangements (i.e. Institutional roles and responsibilities; resources and coordination).			
In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.			→
There is a clear mechanism for coordinating sanitation in the county.			→
The county has a dedicated budget line for sanitation in place.			↑
3. Sanitation Programmes implementation capacity (i.e. Institutional capacity to carry out roles and responsibilities; adequate skilled human resources; organizational home; implementation systems and procedures).			
There is a sanitation capacity building plan in place for the county.			↑
There is a sufficient number of government staff in place to implement sanitation activities.			↑
Government staff have the required knowledge, skills and experience to implement sanitation activities.			→

Indicator	2014 Benchmarking	2017 Benchmarking	Progress
4. Availability of products and tools (i.e. Existence and availability of products and services that respond to consumer preferences and their willingness and ability to pay for them).			
Sanitation products and services exist in the county which respond to consumer preferences.			➡
There are sanitation products and services available in the county which are affordable to the poorest members of the community.			➡
The county undertakes quality assurance controls of sanitation products and services.			⬆
5. Financing (Adequacy of arrangements for financing the programmatic costs).			
The county has developed a sanitation funding plan.			⬆
Adequate funding is available from county government to implement planned sanitation activities.			⬆
Funding is being utilized effectively for sanitation activities.			➡
Development partners assistance to sanitation & hygiene is adequate and commensurate to our specific needs.	INE		⬇
6. Monitoring and evaluation (i.e. regular monitoring, periodic evaluation; willingness and ability to utilize the monitoring to make adjustments in the program).			
A monitoring and evaluation system for sanitation is in place. (i.e. county is regularly collecting data, feeding data and using the data for planning and strengthening implementation).			⬆
The county has the capacity and resources to carry out M & E activities.			⬆
M & E results are used to inform and improve sanitation program implementation in the county.			➡
Development partners have integrated their sanitation monitoring systems into the county monitoring frameworks.	INE		⬆

Sanitation Financing in Kitui County

Allocation of financial resources to sanitation programmes in the 2015/2016 financial year		
Allocations for sanitation in relation to total county budget allocations (KES 7,542,541,593) in the 2015/2016 financial year		
Source of funds	Allocation in %	Absolute values
Proportion from Government sources*	0.40%	KES 30,485,701
Proportion from External sources**	0.00%	KES 0
Total allocated to sanitation	0.40%	KES 30,485,701
Rank out of 47		10/47

*Data sourced from both the National Treasury and County internal revenue departmental reports.

** Data sourced from various county financial documents/reports for FY 2015 / 2016

** Includes partner organizations and donor agencies as self-reported by the county public health department.

KEY	
■	Strongly Disagree
■	Fairly Agree
■	Strongly Agree
⬆	Upward Gains Realized
➡	No Gains Realized
⬇	Reduced Gains
INE	Indicator Not Evaluated



4. Progress in Delivery of the 2014 First National Sanitation Conference Commitments

During the first national sanitation conference held in April 2014, counties developed action plans and committed to deliver within specific time frames. The table below shows commitments as made and documented by Kitui County in 2014 and progress made in realization of the same.

Commitments made in 2014	Progress made in realization	Remarks
Resource allocation		
Launch county sensitization campaign		
Finalize CLTS strategic plan		
Staff capacity building on sanitation		
Continue with sanitation campaigns at the sub-counties		
To attain one ODF district		Lower Yatta district attained ODF status.
Initiate establishment of county legal framework		
Half of the un-triggered villages triggered		
Post ODF village monitoring and facilitate IGA interventions for ODF sustainability		Post ODF activities earmarked for Lower Yatta. Patuma programme outlined how CHVs are saving for IGA activities.
Priority Area 1: Allocation of reasonable budget or sanitation		County Government agreed to support in payment of stipends for CHVs.
Priority Area 2: Provide political goodwill		The County Governor launched the county ODF campaign and also presided over the declaration of Lower Yatta district as ODF.
Priority Area 3: Enactment of county sanitation and hygiene legislation		

Source: 2014 Kitui County Commitments as provided by the MoH WASH Hub.

** Progress on realization: County Self-Assessments (2017).

KEY:





Stunting Prevalence for children aged below 5 years

% Prevalence for under 5s

45.8%

Height-for-age (HAZ) z-scores measure the deviation of a child's height from the median of children of the same age in a reference population. A HAZ less than 2 standard deviations below the median for the reference population is classified as stunted; a HAZ less than 3 standard deviations is classified as severely stunted (WHO).

Source: Based on computations from the 2014 Kenya Demographic and Health Survey Datasets.

Why does stunting matter?

Water, sanitation, and hygiene can have a profound effect on health and nutrition. Lack of access to WASH can affect a child's nutritional status in many ways, especially in the first **1,000** days of life. Existing evidence supports at least three pathways: *via diarrhoeal diseases, intestinal parasite infections and environmental enteropathy*. A significant proportion of diarrhoeal disease especially among children, contributes to malnutrition through reduction in food intake and decrease in absorption of nutrients. The World Health Organization estimates that as much as 50 per cent of childhood under nutrition is associated with poor WASH. Approximately **45.8%** of children in Kitui are stunted (*KDHS 2014*). Stunted children suffer higher mortality due to infectious diseases such as diarrhea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes.



County Climate Change Preparedness

Level of Preparedness by the County

Response/Preparedness Mechanism	Some action reported or not?
Climate Change preparedness and response strategy.	Red
Climate Change and health technical desks/team.	Red
Action plans for risk assessment.	Yellow
Capacity for risk assessment.	Yellow
Plans and capacity for integrated environment and health surveillance.	Yellow
Response strategies targeting reduction of public health impacts of Climate Change.	Red
Generation of bio gas from solid waste.	Yellow
Use of solar energy to power sanitation and hygiene initiatives.	Red
Use of wind energy to power sanitation and hygiene initiatives.	Red
Rainwater harvesting (for use in sanitation and hygiene in institutions).	Yellow

* Continued on next page.

Why is preparedness and response important?

Climate change has become the greatest threat to development globally, impacting differently on water resources, agricultural, and food systems. The impact of climate change on water availability does not only affect food production but also the health and other development aspects of communities; this impact is also profound in other critical health determining sectors like livestock, fisheries, road network, service delivery and supply chain. In health, the risk of diarrhea is projected to increase in future years due to changing climate conditions and variability. Kenya's National Climate Change Response Strategy 2010, the National Climate Change Action Plan (NCCAP 2013-2017) and the National Adaptation Plan (NAP) guides the efforts in addressing the country's vulnerability and resilience to climate change.

Response/Preparedness Mechanism	Some action reported or not?	KEY	
Reduction of household air pollution (through improved cooking energy initiatives).			Some action reported
			No action reported

* Information based on self-reports as provided by County Public Health officers in consultation with relevant departments within the counties.

Institutional Level Environment-Friendly Initiatives

		KEY	
Systems of excreta disposal in school toilets are environment-friendly.			Not at all
Systems of excreta disposal in household toilets are environment-friendly.			Sometimes
Disposal of healthcare waste by health facilities is in accordance with national guidelines.			Most of the time or Always

* Information based on self-reports as provided by County Public Health officers in consultation with relevant departments within the counties.

References

- Basic Education Statistical Booklet Ministry of Education, 2014
- County Summary Journey to ODF, MoH Microplan, 2016
- Commission on Revenue Authority (CRA) reports, FY 2015/16
- Kenya Demographic and Health Survey Datasets, 2014
- Urban sewerage coverage reports, Water Services Regulatory Board (WASREB), 2016.

2017

ABOUT THE COUNTY SANITATION PROFILES

This county sanitation profile has been compiled as part of a series of information sheets to provide an overview of the state of sanitation in each of the 47 counties in Kenya. Primary data was collected from county self-assessments. Secondary data was sourced from the Kenya Demographic and Health Survey Datasets, Ministry of Health, Ministry of Education, Water Services Regulatory Board, Commission on Revenue Allocation and County internal departmental reports among others. Definitions on sanitation are based on the 2015 Update and Millennium Development Goals monitoring for Sanitation and Drinking water. The sanitation information sheets have been prepared by the Ministry of Health, with technical and financial support from the World Bank and the United Nations Children's Fund (UNICEF). We particularly acknowledge the following for their invaluable inputs to the production of this county sanitation profile: Dr. James Mwitari, Adam Mohammed, Benjamin Murkomen and Lolem Lokolile (Ministry of Health); Shivanarain Singh (UNICEF); Lewnida Sara, Pascal Riungu and Evelyn Makena (World Bank).

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