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National Environmental Sanitation and Hygiene Policy

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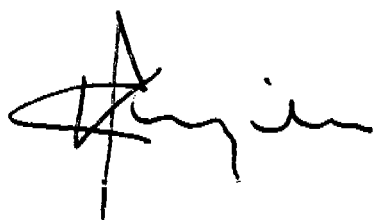
Foreword

The National Environmental Sanitation and Hygiene Policy is devoted to environmental sanitation and hygiene in Kenya as a major contribution to the dignity, health, welfare, social well-being and prosperity of all Kenyan residents. The policy recognizes that healthy and hygienic behaviour and practices begin with the individual. The implementation of the policy will greatly increase the demand for sanitation, hygiene, food safety, improved housing, use of safe drinking water, waste management, and vector control at the household level, and encourage communities to take responsibility for improving the sanitary conditions of their immediate environment.

As a basic human right, all Kenyans should be able to live with dignity in a hygienic and sanitary environment. It is therefore the Government's aim to ensure that all households and communities understand what constitutes a healthy human environment, and that they adopt attitudes and practices that create and sustain such an environment. It is well known that the need for improved environmental sanitation and hygiene is great but that the available resources are limited, so we acknowledge that conducting 'business as usual' will not enable us to accelerate service delivery. This policy therefore aims to mobilize all available resources – public and private, community and individual – in pursuit of a healthy environment for all.

The policy has been developed by the Ministry of Health through the Division of Environmental Health, in collaboration with several Government Ministries, as well as National and International stakeholders. It articulates Government's objectives in the Health and Hygiene sub-sector, clarifies the roles and responsibilities of the many agencies involved, spelling out Government's commitments to create an appropriate enabling environment.

This policy will be useful to all agencies that are, or will be, actively working towards the achievement of Millennium Development Goals (MDGs) in Kenya.



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The formulation of this policy was made possible by financial and technical support from some of Kenya's development partners, especially the Water and Sanitation Program–Africa Region (WSP-AF), the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF). The Ministry of Health wishes to acknowledge the contribution of these development partners.



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Abbreviations and Acronyms

AIDS	Acquired immune deficiency syndrome
ESH	Environmental sanitation and hygiene
ESHWG	Environmental Sanitation and Hygiene Working Group
HIV	Human immunodeficiency virus
MDGs	Millennium Development Goals
NGO	Non-governmental organization
PHAST	Participatory hygiene and sanitation transformation
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene for All
WHO	World Health Organization
WSP-AF	Water and Sanitation Program—Africa Region
WSBs	Water Service Boards
WSPs	Water Service Providers

Definition of Terms

Environmental Sanitation

Interventions to reduce people's exposure to diseases by providing a clean environment in which to live; measures to break the cycle of diseases. This usually includes the hygienic management and/or disposal of human and animal excreta, refuse, and wastewater; the control of disease vectors; and the provision of washing facilities for personal and domestic hygiene including food safety, and housing and workplace sanitation. Sanitation involves appropriate behaviours as well as the availability of suitable facilities, which work together to form a hygienic environment

Health

A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Hygiene

The practice of keeping oneself and the surrounding environment clean.

Improved Sanitation

Means the availability and use of a simple pit latrine, ventilated improved pit latrine, pour-flush latrine, or connection to septic tank, or a public sewer.

Basic Sanitation

One that provides privacy and separates human excreta from human contact.

Executive Summary

1. As a basic human right, all Kenyans should enjoy a quality of life with dignity in a hygienic and sanitary environment. Our vision is to create an enabling environment in which all Kenyans will be motivated to improve their hygienic behaviours and environmental sanitation.
2. By the year 2015, as a contribution to Kenya attaining the Millennium Development Goals, we aim to ensure that all households will be made aware of the importance of improved environmental sanitation and hygiene (ESH) practices for improved health; and that 90 percent of households will have access to a hygienic, affordable, and sustainable toilet facility, improved housing, food safety, usage of safe drinking water and the means to safely dispose of waste products. In particular, every school will have hygienic toilets and hand-washing facilities – separate for boys and girls. Attainment of these goals is expected to drastically reduce the incidence of sanitation-related diseases.
3. In order to effect widespread behaviour change and the improvement of environmental sanitation, many actions are required, including:
 - i) A nationwide, gender-sensitive campaign for hygiene promotion and marketing to stimulate behaviour change and household demand for improved environmental sanitation services.
 - ii) Information on a range of safe sanitation options and services for households.
 - iii) Training and support for private-sector artisans and operators of sanitation facilities, assisting them to make their sanitation improvement work into a viable and attractive business.
 - iv) Training and support for public health officers and technicians, other public officials and community workers, to enable them to facilitate and monitor sanitation improvements.
 - v) The clear definition of the roles and responsibilities of all stakeholders.
 - vi) A high-level mechanism to ensure coordination with other interested parties.
 - vii) Increased sector funding and commitment to the above activities.
 - viii) The creation of an environmental sanitation and hygiene Trust Fund to enhance implementation of the policy.
4. Approximately 80 percent of the hospital attendance in Kenya is due to preventable diseases. About 50 percent of these illnesses are water, sanitation and hygiene related. The status of environmental sanitation in Kenya has been declining. The Kenya Health Sector Strategic Plan (1999 - 2004) identifies environmental sanitation as one of the six essential priority health packages for implementation in the health sector. The current Health Sector Strategic Plan (2005 - 2010) dubbed "reversing the trends", has identified environmental sanitation as an important component in delivery of health care in all levels and age cohorts. It is indicated as strongest at level one, the community level which is the foundation of the service delivery priorities in the health sector.

5. Improving sanitation and hygiene not only improves health but it generates considerable socio-economic benefits in terms of a better living environment and an expression of care for the dignity of citizens, especially women and children.
6. Improving sanitation is not limited to physical-structural aspects but also includes the proper use and maintenance of facilities as well as behaviour change towards more hygienic practices. Environmental sanitation and hygiene (ESH) will be promoted as a continuous process, at all levels: within the community, as well as through public and private support agencies. The policy will entrench community participation from the very beginning, with widespread use of the demand-responsive approach and the active involvement of women, children and underprivileged groups. The community strategy as stipulated in the National Health Sector Strategic Plan II (2005 – 2010) which aims at empowering Kenyan households and communities to take charge of improving their own health will be followed. There will also be extensive social marketing activities aimed at raising awareness of the need for improved sanitation services. Appropriate messages will be developed for a range of target audiences including household decision-makers and those responsible for budget allocations and investment decisions at all levels of government. Prominent opinion leaders with widespread credibility will be encouraged to participate in such social marketing. Advocacy programmes will be implemented which will focus on both the socio-economic benefits and the improved health benefits of securing the dignity of women and girl children.
7. To enable householders to make informed choices about improved sanitation technology there is a need for the provision of better information regarding alternative technologies and their corresponding management requirements and costs. To provide such information careful research needs to be done to identify feasible technological alternatives to suit the needs and ability of both Government and communities in different parts of the country. The technologies selected need to be cost-effective, affordable, and appropriate to the needs of children, women, and men. They must also be environmentally friendly and sustainable, with manageable and affordable operation and maintenance requirements.
8. In urban areas there is a need to develop long-term service delivery plans while implementing short-term service provision. Local authorities and their service providers will be required to draw up strategic sanitation plans for all residents in their area of responsibility (including informal and peri-urban areas) as an essential part of their Local Authority Strategic Development Action Plan. In relation to the potential users, such plans must take into account the affordability of the facilities or services, the users' willingness to pay for particular technologies (correctly priced), the operation and maintenance requirements and costs, and the financing and cost-recovery arrangements needed to sustain the service in full working order. Similar planning will be required in rural areas which will be linked to the Health Sector Plan for those areas.
9. It is common for both households and government agencies to give priority to raising funds for improving water supplies rather than for improving environmentally sound sanitation. However, international studies have shown that while investment in water supplies alone can result in significant health improvements in a community, such health benefits are massively increased by relatively small investments in accompanying measures to improve hygiene behaviour and basic sanitation facilities.

Furthermore it has been shown that, when members of a household have been motivated to invest their own resources in sanitation improvements, they are more likely to change to the kind of behaviour that will achieve lasting health benefits.

10. The comprehensive approach envisaged by this policy requires significant amounts of resources now and in future. It is clear that this cannot come solely from the national budget, nor should it do so. Individual households and many other stakeholders will be expected to contribute to these costs. Recent research has shown that willingness to pay for improved sanitation is generally high. However, willingness and ability to pay will vary across the country, so some understanding of local attitudes will be needed when designing tariff systems and credit schemes. Direct subsidies of household sanitation facilities from the central Government should only occur in the context of a clear subsidy policy: this will be developed by a special task team. Government subsidies shall be specific, transparent, and carefully targeted. The public sector will play a major role in the mobilization of financial resources from various traditional sources, including budgetary allocations and donor assistance, in order to support the expansion and growth of the ESH sector.
11. One of the key purposes of this policy framework is to clarify the various roles and mandates in order to enhance the existing legal and institutional framework and to encourage active private sector, civil society and community participation in the planning, implementation and ownership of ESH services. Special attention will be given to ways of ensuring that property owners and developers invest in and construct suitable sanitation facilities for tenants and home-buyers.
12. Government will make dedicated efforts to engage all stakeholders in addressing the ESH needs of hitherto marginalized communities, which represent a large proportion of the total population in some urban areas. An inter-ministerial task team, with representation from local authorities, will be set up to gather specialist skills and experience and to develop approaches, guidelines and standards for addressing the ESH needs of marginalized urban communities. The team will engage all stakeholders and address issues such as land ownership, security of tenure, the role of chiefs and landlords, and the scope for involving small-scale service providers.
13. An Environmental Sanitation and Hygiene Working Group (ESHWG) will be formally established as a collaborative oversight and advisory structure. It will be chaired at a high level by the Ministry of Health, and membership will be expanded where necessary (for example, to include representatives of civil society). This group will review national and regional strategies and plans, clarify roles and responsibilities when problems occur, resolve regulatory inconsistencies, monitor the implementation of policy, regulations and strategy, and propose amendments when needed.
14. The ESHWG in consultation with its constituent ministries, non-governmental organizations (NGOs), and other actors, will develop ESH strategies and programmes. From these the ESHWG can identify the ESH capacity requirements, develop appropriate capacity-building strategies, and seek the necessary funding and resources.
15. ESH policy aims to improve people's health and quality of life. To determine the success of the policy implementation, the progress of the strategic interventions developed under this policy shall be carefully monitored and evaluated at community, district, and national levels. The Ministry of Health, in conjunction with other ESH

sector actors, led and coordinated by the Division of Environmental Health (DEH), will develop a sound and achievable monitoring and evaluation model oriented towards meeting the set goals and objectives of ESH development programmes, and will quantify and secure resources to carry it out.

16. Following approval of this policy there are a number of actions that must be put into effect as soon as possible. These include:

- i. Formally establish the ESHWG as a policy guidance and coordinating mechanism, with high-level representation to facilitate interagency discussions.
- ii. Form technical subgroups of the ESHWG to develop strategies and guidelines.
- iii. Identify key people in other levels of government, NGOs, and other organizations who can assist with strategy formulation and act as focal points for activities in their locality.
- iv. Develop strategies, guidelines, manuals, training courses, etc.
- v. Solicit external technical and financial assistance.

17. It will take time to get all of the above in place, and more time to identify and recruit suitable people throughout the country to train and involve in the proposed programmes. Government's goal is to achieve a major nationwide impact on hygiene and sanitation-related diseases to by the year 2015. A carefully designed programme is needed that will build up steadily until all citizens have been influenced by it, which has built-in learning and corrective action, and which has continued political and financial support. There is no doubt that contributing towards attaining the Millennium Development Goals through achieving our own goals for sanitation and hygiene will have broad long-lasting beneficial effects on the nation.

1. Overview

1.1 Vision

To create and enhance an enabling environment in which all Kenyans will be motivated to improve their hygiene behaviour and environmental sanitation, and which gives people access to the necessary support to achieve this. As a basic human right, all Kenyans should enjoy a dignified quality of life in a hygienic and sanitary environment and be free from suffering any ill health caused by poor sanitation.

1.2 Goals

By the year 2015 as a contribution to Kenya attaining the Millennium Development Goals, it is envisaged that the policy will achieve the following:

- i. All households will be educated and made aware of the importance and need for improved Environmental Sanitation and Hygiene (ESH) practices for improved health, resulting in positive changes in behaviour.
- ii. Every school, institution, household, market and other public place will have access to, and make use of, hygienic, affordable, functional, and sustainable toilet and hand washing facilities.
- iii. All premises, dwellings and their immediate surroundings will be clean and free from waste and unpleasant odours, and will have adequate drainage.
- iv. The burden of environmental sanitation and hygiene related diseases will be drastically reduced.

1.3 Key building blocks

In order to effect widespread behaviour change and improvement of environmental health and hygiene practices, the following building blocks will, among others, be needed:

- i. A nationwide gender and culture-sensitive campaign for hygiene promotion, and marketing to stimulate positive behaviour change and household demand for improved health.
- ii. Information on a wide range of appropriate safe sanitation options with clear implications for aiding community and household choice.
- iii. Training and support for artisans and operators of sanitation facilities, assisting them to make sanitation improvement into a viable and attractive investment for the households
- iv. Clear standards and guidelines for the provision or improvement of environmental sanitation and hygiene.
- v. Training and support for public health officers and technicians, other public officials, and community workers to enable them to facilitate and monitor environmental sanitation and hygiene improvements.
- vi. Recognition of the Ministry of Health (Public Health) as the national lead agency for environmental sanitation and hygiene.

- vii. **An efficient and effective mechanism to ensure the coordination and active participation of all ESH sector players.**
- viii. **Prioritised and increased commitment of public funds to creating and facilitating the above activities.**
- ix. **Consistent public and private finance policies to enhance ESH priorities.**
- x. **Credit arrangements for households and small service providers.**

2. Background and Rationale

2.1 Introduction

Approximately 80 percent of the hospital attendance in Kenya is due to preventable diseases. About 50 percent of these illnesses are water, sanitation, and hygiene related. Sanitation and hygiene are also major determinants of poverty. Poverty causes ill health and ill health causes poverty. According to the Government of Kenya Poverty Reduction Strategy Paper of 2001, and Economic Recovery Strategy for Wealth and Employment Creation 2003 – 2007, poverty is multidimensional: It includes shortages of income, deprivation of basic needs, and other aspects of social exclusion.

Improving sanitation and hygiene not only generates considerable economic benefits (for example better health and hence more time for productive pursuits, higher productivity, better attendance and performance at school, lower health treatment costs) but it can also reap significant benefits in terms of a better living environment and an expression of care for the dignity of citizens.

In 1994, the Ministry of Health produced Kenya's Health Policy Framework document, which is the Government's blueprint for future development in the health sector. The document highlights promotive and preventive health care as one of the agendas for reform in the health sector, with an emphasis on expansion of environmental health programmes such as safe water programmes, sanitation, and disease vector and vermin control.

The current Kenya Health Sector Strategic Plan (1999 - 2004) identifies environmental health at community level as one of the six essential priority health packages for implementation in the health sector. To put this broad concept into operation, the Ministry of Health established a Steering Committee and Environmental Sanitation and Hygiene Working Group (ESHWG) in the year 2000. The Committee's mandate was to develop an environmental sanitation and hygiene policy. The Working Group was multidisciplinary, composed of members drawn from public, private sector, civil society and international agencies. The current Health Sector Strategic Plan (2005 - 2010) dubbed "reversing the trends", has identified environmental sanitation as an important component in delivery of health care in all levels and age cohorts. It is indicated as strongest at level one, the community level, which is the foundation of the service delivery priorities in the health sector.

2.2 Situation analysis

- i. Environmental sanitation coverage in Kenya declined in the decade up to 1990 and saw modest gains thereafter. According to a rapid assessment of water and sanitation carried out by the Ministry of Health and the Ministry of Water in 1983 the national sanitation coverage was 49 percent. A UNICEF situation analysis of children and women in Kenya, dated 1998, estimated the national sanitation coverage to be 45 percent in 1990 and 46 percent in 1996, an increase of 1 percent. Differences in access to adequate sanitation between urban and rural environments still persist, with the formally planned urban areas being better served than rural areas, urban slums, and informal settlements. The limited coverage is largely a result of increasing migration into emerging informal settlements in urban areas. In most informal settlements there are very limited facilities available for excreta disposal. Most of the

excreta disposal facilities (72 percent) in Kenya are simple pit latrines providing varied degrees of safety, hygiene, and privacy.

- ii. In cities and towns, where water-borne sanitation is preferred, the sewerage systems are often neglected and are 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 due to poor operation and maintenance are common in sewered urban centres. Some people illegally use untreated effluent for irrigation.
- iii. Kenyan cities are characterized by uncontrolled, unsightly, and indiscriminate garbage disposal. Drains are clogged during rainy seasons and heavy flooding is experienced. The situation is even worse in informal settlements where, due to overcrowding, there is no space for garbage disposal. Uncontrolled garbage dumping is dangerous to human health. The sites become breeding grounds for rodents, vermin, and other vectors that transmit diseases to man.
- iv. In peri-urban areas, development of facilities for the disposal of human and household waste and storm water is ranked very high on the priority list. 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. Polluted water is harmful to human health.
- v. In the last 20 years, ventilated improved pit latrines have been introduced by the Ministry of Health with support from donors and other stakeholders. However, they failed to scale up, as the designs promoted were not affordable by the majority of Kenyans.
- vi. In 1999 alone more than 2,500 Kenyans died from diarrhoea and gastroenteritis diseases as compared to a reported mortality of 2,787 from HIV-AIDS (figure 1). Whereas more emphasis is given to HIV/AIDS, environmental sanitation and hygiene related diseases have gone unnoticed. Diarrhoea and gastroenteritis diseases were the highest causes of infant hospitalization in 1999 (figure 2). These diseases are a result of poor hygiene and unsanitary living conditions, which could be prevented by appropriate sanitation and hygiene practice. Thousands of children suffer nutritional, educational, and economic loss through diarrhoea and worm infections. Poor disposal of human excreta is responsible for the spread of cholera, typhoid, schistosomiasis, and other infections resulting in the hospitalization or death of thousands of Kenyans, with corresponding economic costs in health care and morbidity. Besides the burden of sickness and death, inadequate sanitation threatens to contaminate Kenya's water sources and undermine human dignity.
- vii. On the positive side there is a growing awareness that poor sanitation must be urgently addressed in the burgeoning informal urban settlements. There is widespread willingness to pay for improved facilities, and the legal frameworks are in place.

Figure 1. Leading Causes of Mortality 1999

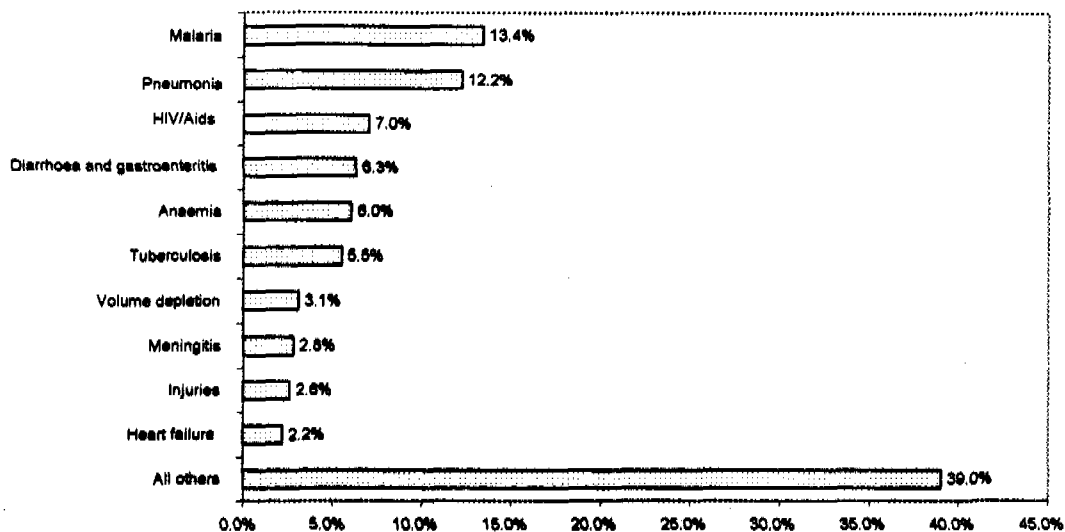
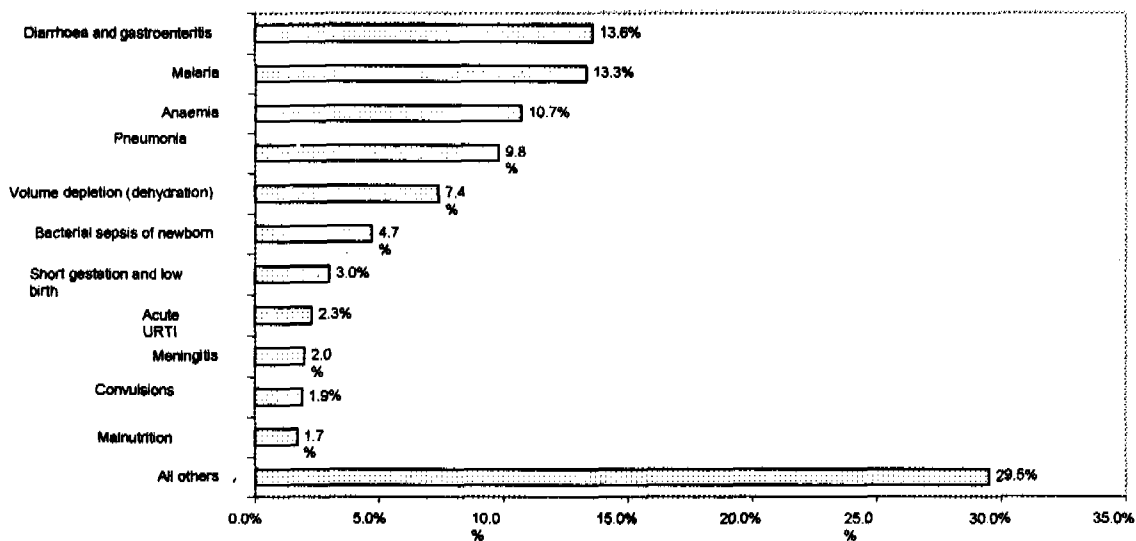


Figure 2. Leading Causes of Hospitalization among Infants 1999



Source: Health Management Information Systems Report for the 1996–1999 Period

2.3 Rationale for this policy

In addition to the health problems highlighted above, the ESH sector is faced with a number of challenges that must be addressed. These include:

- i. **Lack of policy and guidelines.** There is no existing national sanitation policy or set of guidelines with clearly stated goals to shape the direction and determine the momentum of sanitation development in the country.
- ii. **Poor perception of sanitation.** The benefits of good and adequate sanitation are not directly perceivable by most Kenyan communities, and therefore there is no felt need for the services.
- iii. **Low priority.** ESH is ranked low in the National development agenda. There is a misplaced perception that sanitation only means the provision of excreta disposal facilities thus reducing the scope of resource allocation.
- iv. **Institutional fragmentation.** Although the Public Health Act is emphatic on sanitation and hygiene issues, the current ESH operators are spread among several institutions. These include city/municipal councils, government departments, NGOs, community-based organizations, and private companies. While local service delivery is desirable, this fragmentation of operators has resulted in the loss of economies of scale, duplication of administration and technical functions, inability to attract and retain good management and technical staff, and inability to invest in the development and training of specialist skills.
- v. **Inadequate and ineffective collaboration and coordination.** Until the year 2000, there was no forum for sanitation actors to meet and map out strategies, exchange ideas, and explore ways of pooling resources.
- vi. **Inadequate database.** There is insufficient reliable data and no adequate central database on hygiene and sanitation in the country.
- vii. **Scarcity of resources.** The resources allocated to ESH activities are grossly inadequate for facilitating the creation of demand for sanitation and catering for hygiene promotion programmes in order to generate community motivation for mobilization of community resources.
- viii. **Low sanitation and hygiene awareness.** The majority of households have had no hygiene and sanitation education. This has resulted in sanitation practices that are unhygienic and unsafe.
- ix. **Lack of information, education and communication strategy.** To facilitate adequate hygiene promotion and education and to increase demand for health-seeking behaviour there is a need to equip extension workers with skills that encourage the participation of communities and empower them to take responsibility for their own health.
- x. **Insufficient technical knowledge** on how to construct and maintain on-site sanitation systems within households. This has resulted in unsafe sanitary facilities and poor maintenance of the same.
- xi. **Inadequate appropriate technology solutions for difficult geohydrological conditions,** including weak soils, high water tables, shallow rock, and poor absorptive capacity.

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- xii. **Land use.** The low population density and nomadic lifestyle of communities in pastoral lands creates little demand for environmental sanitation facilities. Conversely, informal and peri-urban areas are so crowded that there is very limited space available for constructing ESH facilities, and unclear land ownership patterns are a major constraint.
- xiii. **Cultural beliefs and practices.** There are some socio-cultural beliefs, taboos and misconceptions that militate against the provision of good and adequate sanitation and acceptable hygiene practices. Some communities in Kenya believe that faeces from young children are harmless.
- xiv. **Insufficient research.** The sector is faced with diverse ESH technologies and approaches which require field testing prior to adoption. The impact of the various technologies on ESH interventions is not well documented.

The purpose of this ESH policy is to give direction on how to structure the sector in order to massively expand existing preventive and promotive environmental health programmes to achieve real and lasting behaviour change and consequently expedite the coverage of improved hygiene and sanitation in a coordinated manner.

For instance, only 46 percent of 34 million Kenyans have adequate sanitation, meaning that 15.64 million Kenyans do not have adequate sanitation. This amounts to about 2.6 million households without coverage. If it is assumed that only 10 percent of those households can afford water-borne sanitation and that the other 90 percent opt for on-site sanitation facilities, then in order to reach the proposed national targets, the country has to facilitate the construction of an average of 234,000 toilets per year for the next 10 years (excluding population growth). This is a huge task requiring the development of new ways of doing business, increased financial and human resources, more efficient institutional arrangements, and the political will to support the proposed policy framework and resource implications.

3. Hygiene Promotion and Sanitation Marketing

3.1 Central role of hygiene promotion

Improving sanitation is not just about building improved facilities. If the facilities are not properly used and maintained, and if the users do not themselves use hygienic modes of behaviour, then the investment in facilities will not result in improved health.

In order to achieve the desired national goals, the Government will increase budgetary provision and facilitate vigorous ESH campaigns on various hygienic practices, social and cultural factors, lifestyles, and environmental awareness in order to improve basic knowledge, skills, and human behaviour. These campaigns will build on traditional practices to assist acceptability. They will recognize the needs of different age groups and genders.

Campaigns will target children through early childhood education, recognizing that promotion of good hygiene in schools can nurture long-term behaviour changes in communities. Where possible, such campaigns will be linked to the provision of improved water and sanitation facilities in schools.

ESH will be promoted as a continuous process, at all levels: within the community, among political decision makers, and at managerial level within aid agencies.

Key messages will include awareness creation and demonstrations on:

- i. Personal hygiene (washing, dressing, eating, etc.)
- ii. Household cleanliness (kitchen, bathroom cleanliness, etc.)
- iii. Food safety (hygienic storage, preparation, etc.)
- iv. Environmental cleanliness (waste collection, communal places, etc.)
- v. The beneficial effects of improved hygiene in assisting People living with HIV/AIDS sufferers
- vi. Vector and vermin control.
- vii. Hygiene and sanitation in all workplaces

This will be achieved through, among other things:

- i. The use of participatory approaches or methodologies.
- ii. Designing and testing household health education messages.
- iii. Development of training tools and promotional materials.
- iv. Conducting campaigns and exhibitions at chiefs' *barazas* (meetings), markets, and schools.
- v. Targeting messages in radio and other media for people at all levels.
- vi. Establishing a national sanitation and hygiene week.

3.2 Specific approaches to marketing sanitation

Hygiene promotion can effectively link the introduction and adoption of appropriate technology with behaviour change. It can also stimulate a willingness to invest in new technology, however more targeted approaches are often needed to encourage

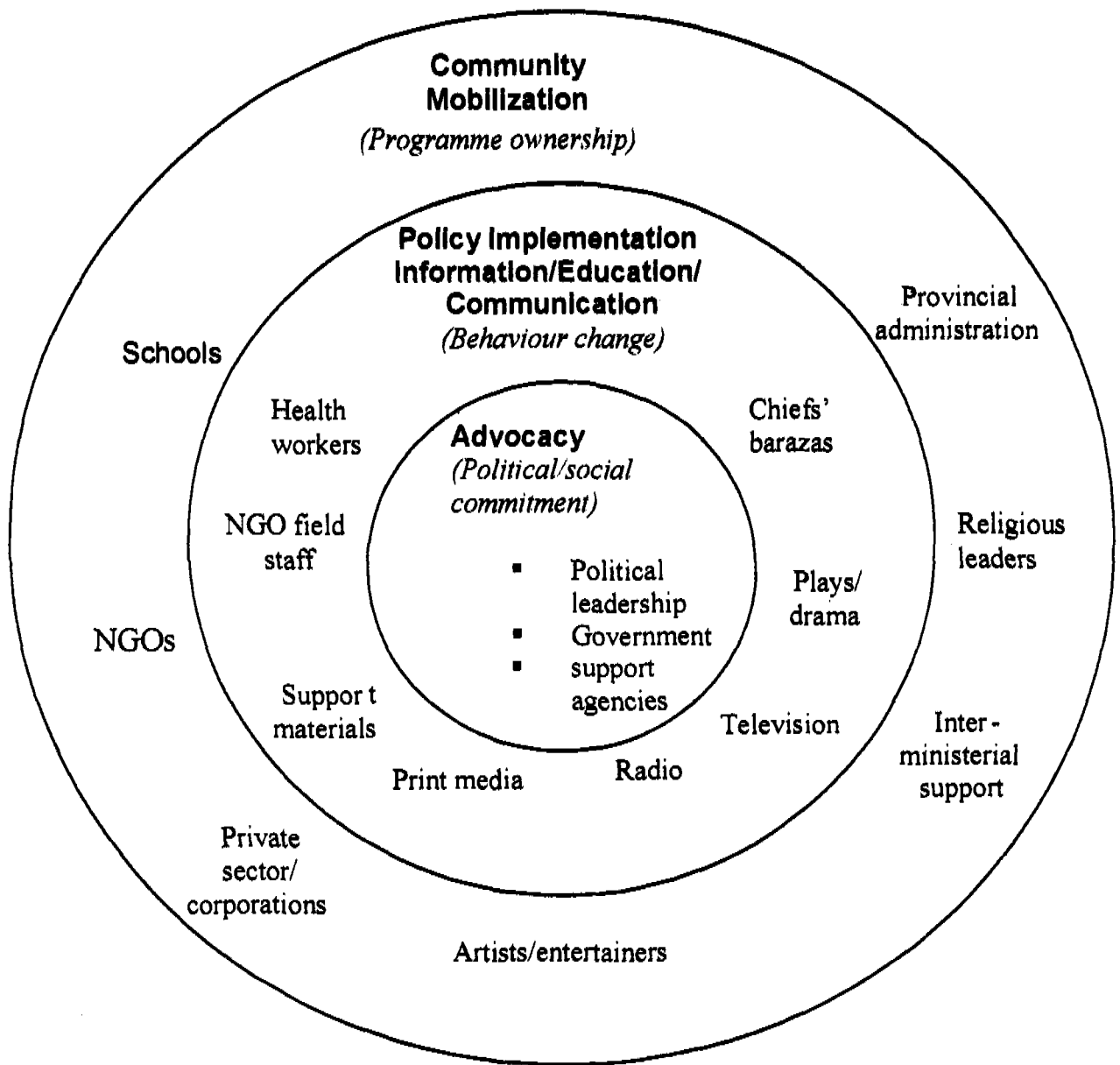
householders to invest scarce funds in sanitation improvements. Such targeted approaches could include mass media campaigns using commercial or social marketing techniques along the lines of the international Water, Sanitation and Hygiene for All (WASH) campaign. At the other end of the scale, the use of community-level decision making structures can be effective in hygiene promotion (figure 3).

The policy will entrench community participation from the very beginning. It is important that ordinary people be involved in discussions about improving sanitation. Sanitation is both a household and a community matter. However, unless individuals and households are committed to the success of a hygiene and sanitation programme including the behavioural changes needed, little will be achieved. The use of participatory hygiene and sanitation transformation (PHAST) techniques and other participatory methodologies will assist community groups to identify needs, consider actions they can take, and create appropriate messages to stimulate the desired behaviour change. Development must be demand-driven and community based. Decision making and control will be devolved as far as possible to accountable community structures. The ESH policy will therefore support community efforts through the development and dissemination of appropriate programmes to build capacity and train personnel at local government and community level to act as facilitators of community decision making.

The policy envisages widespread use of the demand-responsive approach, in which the community members are the decision makers. Informed choice is the basis for the demand-responsive approach. The community will be provided with user-friendly information on the financial and institutional aspects of technology choice, in order to make informed choices before constructing environmental sanitation facilities. Government will seek to enhance the active participation of women and other marginalized groups in problem determination and decision making. This will be particularly important in communities with very poor hygiene and sanitation coverage, especially informal settlements.

Government will make budgetary provision for social marketing activities aimed at raising awareness of the need for improved sanitation and hygiene. Target audiences and appropriate messages will include not only household decision makers but also those responsible for budget allocations and investment decisions at all levels of government. Prominent opinion leaders with widespread credibility will be encouraged to participate in such social marketing. Advocacy programmes will stress both the economic benefits of improved health and securing the dignity of women.

Figure 3. Range of activities in sanitation social marketing and hygiene promotion



4. Choice of Technology and Levels of Service

4.1 Identifying appropriate technologies

There have been various technologies in use within the ESH sector. Some of these technologies have proved to be unsustainable and many sanitation facilities are currently not being used. It is quite evident that the selection of technology types that are unsuited to users' needs and capabilities has contributed to this state of affairs. Furthermore, innovative technologies have sometimes been introduced without sufficient assessment of their suitability and adaptability. Some of these technologies have proved to be costly and inappropriate, leading to their abandonment.

Improved technology choice therefore requires that better information is provided regarding alternative technologies and their corresponding management requirements and costs. Careful research is needed to identify feasible technological alternatives which suit the needs and ability of both Government and communities in different parts of the country. Technologies need to be cost-effective, affordable, and appropriate to the needs of children, women, men, displaced people and the physically challenged. They must also be environmentally friendly and sustainable, with manageable and affordable operation and maintenance requirements.

The various available technologies, including the upgrading of traditional ones, must be examined critically and a selection made of those most appropriate to specific community needs. Government will facilitate the selection or development of a wide range of hygiene and sanitation technologies. Households and communities, and especially women, will be able to choose from a list of approved technology options that are relevant and appropriate to local conditions and they will have ready access to information on how best to improve their sanitation.

Government will make budgetary provision to the ESH sector and strengthen existing structures to gather information and carry out research on the costs, performance, adaptability, relevance, maintenance requirements, and durability of hygiene and sanitation technologies. The result will be a degree of standardization, but in a way that will not obstruct the possibility of technological breakthroughs.

4.2 Strategic ESH planning

In urban areas there is a need to develop long-term service delivery plans and implement short-term service provision. Local authorities and their service providers will be required to draw up strategic ESH plans for all residents in their area of responsibility (including informal and peri-urban areas) as an essential part of their Local Authority Strategic Development Action Plan. Such plans must 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 service in full working order. ESH sector planning will be linked to the Health Sector Plan.

Government will require that investments and operational choices are driven both by what users want and what they are willing to pay for. This strategy is designed to ensure that those who make investment choices also incur an opportunity cost, as a consequence of making choices in the context of a scarcity of resources. The informed expression of local demand will serve as a key criterion for devising technical solutions and for the allocation of

financial resources. The overall output will be reversed trends of the current poor health indicators resulting to improved health status of the Kenyans.

4.3 Sanitation and the environment

One of the key objectives of this policy is to protect the environment from pollution and its negative effect on human health. Government shall ensure that the technologies used uphold the right of present and future generations to a healthy and pollution-free environment.

Sanitation systems must be environmentally sound. Government recognizes the range of environmental effects that result from different types of sanitation systems and will seek to minimize negative impacts and maximize positive effects. In cases where inappropriate hygiene and sanitation systems have negative environmental impacts, the particular choice of technology will be weighed against the unimproved or less elaborate sanitation practices

The Ministry of Health, through the Division of Environmental Health in partnership with relevant ministries and other agencies, with the coordination and support of the ESHWG, will provide guidelines for the delivery and management of environmental infrastructure, particularly household sanitation, and solid waste disposal including health care waste and other wastes.

Well-functioning sanitation and hygiene coverage is a means of protecting and conserving the environment. Monitoring and surveillance will be increased and undertaken systematically to help prevent environmental pollution from liquid and solid wastes.

4.4 Potential for job creation and poverty alleviation

The provision of hygiene promotion and the improvement of environmental sanitation has significant potential to alleviate poverty through creation of jobs, use of local resources, improvement of health and productivity, development of skills, and provision of long-term livelihoods for many households. The ESH policy is designed in such a way as to create job opportunities, and this includes labour-intensive construction, sustainable livelihoods and long-term entrepreneurial activities.

Poor access to adequate sanitation and hygiene is a major hindrance to poverty alleviation. The health risks associated with poor ESH exacerbate poverty. The Poverty Reduction and Economic Recovery Plan are in line with the Millennium Development Goals, notably the goal to halve the proportion of people living in poverty by 2015.

Government recognizes that growth, pro-poor and equity goals can be achieved simultaneously and sees the mainstreaming of the National ESH policy as an important step for poverty reduction.

5. Financial Framework

5.1 Overall approach

It is common for both households and government agencies to give priority to raising funds for improving water supplies rather than for improving environmental sanitation and hygiene. However, international studies have shown that while investment in water supplies alone can result in significant health improvements in a community, those health benefits are massively increased by relatively small investments in accompanying measures to improve hygiene behaviour and basic sanitation. Furthermore, when members of a household have been motivated to invest their own resources in sanitation improvements, they are more likely to change to the kind of behaviour that will achieve lasting health benefits.

The comprehensive approach envisaged by this policy requires significant amounts of finance to enhance the process in line with the Kenya Essential Health Packages stipulated in National Health Sector Strategic Plan II. The funding for ESH activities will be sector wide while Individual households and other stakeholders will be expected to contribute to these costs.

In summary, the sources and applications of finance are as follows:

- i. **Government budgetary allocations** will be used to cover core activities such as a coordinating team, promotional material, capacity building, field staff, and limited subsidies.
- ii. **Households** should bear the cost of providing, improving and maintaining environmental sanitation and hygiene. This may be assisted by loan schemes and/or carefully targeted subsidies.
- iii. **Local authorities** will mobilize funds for the implementation of the ESH policy in their respective areas. This may be sourced from their own funds, central government transfers, or borrowing.
- iv. **NGOs and community-based organizations** will be encouraged to participate with their own funds, or as agents for others, carrying out activities for which they are best suited.
- v. **Donors** will be invited to support the implementation of ESH policy.
- vi. **The private sector**, including investors, banks, micro-lenders, developers, and landlords, will be encouraged to provide financial input.
- vii. **A trust fund** to support ESH policy implementation will be set up.

5.2 Household contributions

Households will be encouraged to invest their own resources in improving their own sanitation and hygiene. All running costs (operation and maintenance) of the technology chosen must be borne by households to ensure the sustainability of the sanitation and hygiene system. The capital and maintenance costs will be clearly communicated to target communities to assist them in making informed choices within a demand-responsive approach.

Willingness to pay for proper sanitation and hygiene is generally regarded to be high, although households lack the financial capacity owing to other competing needs. Ability to pay varies from one region to another as well as within communities across the country.

In order to address sanitation and hygiene needs many households would benefit from increased access to targeted subsidies. However, microfinance enterprises, merry-go-rounds savings clubs, and farm produce credit are some of the methods that can be explored to make resources available for sanitation and hygiene. Gender needs and opinions will be taken into consideration when devising repayment schedules and outreach mechanisms for credit schemes.

Direct subsidies of household sanitation and hygiene improvements from the Government should only occur in the context of a clear national policy. State subsidies should be directed at subsidizing demand rather than supply, thus ensuring adequate targeting of the poor in both urban and rural settings. In a long-term programme such as that envisaged by this policy, the use of subsidies must be kept to a minimum to avoid unsustainable demands on the tax base. For this reason, Government subsidies should be specific, transparent, and temporary. Government will set up a task team to develop a comprehensive, consistent, and sustainable policy on subsidies, tax waivers, and incentives to support the aims and objectives of the ESH policy.

5.3 Government budget

The public sector will play a major role in the mobilization of financial resources from various traditional sources, including budgetary allocations and donor assistance, in order to support the expansion and growth of the ESH sector. The Ministry of Health, through the Division of Environmental Health, will take the lead role in this process. These resources will be used to cover core activities, including the work of a coordinating and advisory team, development, production, dissemination of promotional material, advocacy campaigns, training and capacity building, payment of field staff, and monitoring and evaluation; they will also cover limited subsidies. The resources will also cover activities such as research, standardization, preparation of guidelines and construction of demonstration units. An ESH trust fund will be established to support and hasten the ESH policy implementation. Ministry of water and irrigation through Water Service Boards (WSBs) and Water Service Providers (WSPs) will contribute resources towards sewerage systems development.

5.4 Other levels of government

Promoting improved hygiene and sanitation throughout the country requires the cooperation of every level of government. Government will make annual allocations to all local and regional authorities earmarked for promotion and support of ESH activities. The Government will lay down guidelines and conditions on how these allocations shall be utilized. Local authorities shall be expected to maintain high standards of ESH services in their areas of jurisdiction. They will also be encouraged to allocate some of their own funds to ESH.

Local government also receives conditional capital grants for the provision of infrastructure, including community-level ESH services. These conditional grants consist of the local government grant administered by the Ministry of Local Government, and the public health grant administered by the Ministry of Health.

Local government authorities will be encouraged to establish systems to generate sustainable revenues to cover the costs of environmental sanitation services. Amongst options to be considered are the inclusion of an element to cover ESH in fees, rates, or other charges levied by the local government authorities; a surcharge on water payments (conservancy charge); direct levies on producers of solid wastes, especially non-biodegradable pollutants such as plastics; and the use of a reasonable proportion of local government's general revenue to subsidize the cost of environmental sanitation services. The income from any additional user charges will be earmarked specifically for supporting ESH activities.

5.5 External sources

Donor funding. Government will seek donor funding to supplement the implementation of the ESH policy. This support will need to be coordinated, aligned, and integrated with the Kenya Government's funding and support policies and managed in terms of national policies and strategies for the sector as a whole.

NGOs will be encouraged to participate either as agents for others, or as partners carrying out activities for which they are well suited.

Private sector investment. Considerable ongoing investment is required to expand and sustain ESH service infrastructure in Kenya. This investment is of both a social nature (to meet basic needs such as wastewater disposal) and an economic nature (to meet economic demands, such as refuse collection and dealing with commercial and industrial wastes). It is important that the ESH service sector has the ability to attract financing in the form of loans, bonds, or equity, particularly for investments necessary to meet economic demand.

The development of financially strong and soundly managed ESH service providers will greatly assist in this. Government will seek to ensure the financial viability and sustainability of ESH service providers through firmly establishing policies that support revenue collection (from sewerage services and refuse collection), pro-poor tariff structures, and improved accountability of service providers to users. Government will encourage the emerging ESH service providers to adopt modern management practices and information systems, including appropriate cost accounting, customer account management, and a consumer-oriented approach (collection of users' complaints, information, suggestions, etc.), in order to improve their efficiency and create an atmosphere of trust for potential investors.

Private sector partners will be encouraged to invest in ESH services on commercial principles; and in the introduction of affordable and modern technology that can easily be replicated by communities. This may be done through local authorities where it is possible to enforce the user pays principle. The private sector can also put up facilities in public institutions and enter into contracts with these institutions on investment recovery arrangements. Private sector partners will be encouraged to invest in garbage collection trucks and exhaustor equipment, as well as being invited to bid for service contracts. To support household-driven improvement of sanitation services, Government will facilitate the establishment of private sanitation service outlets throughout the country at each administrative location. Micro-finance institutions will be encouraged to provide suitable finance.

Special attention will be given to ways of ensuring that landlords and developers of properties invest in and construct suitable sanitation services for tenants and home-buyers.

6. Institutional Roles and Responsibilities

Government will make dedicated efforts to engage all stakeholders in addressing the ESH needs in the country. A multi-disciplinary team, with representation from all stakeholders, will be set up to gather information, develop approaches, guidelines, and standards for addressing the ESH needs of rural and urban communities. The team will engage all stakeholders at all levels.

It is the responsibility of ESH stakeholders to make suitable arrangements for sector promotion within their areas of jurisdiction. The Ministry of Health, through the Division of Environmental Health, will coordinate and monitor the various actors engaged in ESH activities. Coordination and monitoring will be enhanced through an integrated approach, including positive changes in attitudes and behaviour and ensuring gender consideration in relation to participation at all levels in sector institutions.

6.1 Roles and responsibilities of ESH actors

The following roles and responsibilities are proposed.

Ministry of Health

In recognition of the central role of ESH-associated activities, the Ministry of Health is the sector leader. These ESH leadership roles include:

- i. **Policy and strategy.** Development and revision of national policies, oversight of all legislation impacting on the ESH sector (including the setting of national norms and standards), coordination with other government departments on policy, legislation, and other sector issues, national communications, and the development of national strategies to achieve the sector goals.
- ii. **Research.** In order to maintain proper standards and custody of information, the Ministry of Health will be the lead agency for ESH research in adopting new technologies and documenting the impact of the same. This will involve actual research, and coordination of research carried out by other stakeholders.
- iii. **Information, education, and communication.** Development of promotional and marketing materials, leadership of marketing campaigns, building and maintaining capacity in relation to information dissemination, education, and communication.
- iv. **Regulation** comprises two functions: monitoring sector performance (including conformity to national norms and standards) and making regulatory interventions (to improve performance and ensure compliance).
- v. **Implementation.** The Ministry of Health will take the leading role in implementing ESH activities in the country as stipulated by the Cabinet memo of 24th September 2004 and the Public Health Act Chapter 242 and Foods Drug and Chemical substances Act Chapter 254 laws of Kenya.
- vi. **Support** to ESH activities and related institutions will be undertaken in terms of the principle of collaboration. Financial support will take place within the framework of the sector mandate.

- vii. **Information management.** The Ministry of Health will generate, gather and manage information to be used for planning, implementation, support, monitoring, and regulation. This information will be shared with other stakeholders.

Other government agencies

Other national government departments have the general responsibility to support the Ministry of Health in its role as the ESH sector leader, and in fulfilling its policy, regulatory, implementation, support and information management roles. In addition to this general responsibility, certain government departments have the following specific responsibilities with respect to ESH activities:

- i. **The role of provincial administration.** Provincial administration, through the chiefs will assist in the mobilization of communities for sanitation and hygiene awareness campaigns and may also provide security.
- ii. **The Ministry of Finance** monitors and regulates the finances of all public bodies. This Ministry's primary role is to manage fiscal activities on national economic policies and to regulate financial management. The Finance Ministry will also play a role in supporting the Ministry of Health and other government departments in fulfilling their support and regulatory roles as far as these roles relate to fiscal and financial matters.
- iii. **The Ministry of Water and Irrigation** will be responsible for the provision of water and sewerage systems to compliment ESH activities through WSBs and WSPs.
- iv. **The Ministry of Local Government** will be responsible for ESH activities in their respective local authorities, as defined in this policy.
- v. **The Ministry of Education** will be responsible for developing national education curricula, which will include appropriate sanitation and hygiene education. This Ministry, in collaboration with the Ministry of Health at all levels, is also responsible for ensuring that all schools are provided with adequate sanitation and hygiene services.
- vi. **The Ministry of Housing** will be responsible for the construction of government houses. Its activities will include ensuring that adequate provision is made for sanitation services in government and public buildings and projects, in line with ESH policy.
- vii. **Non-governmental agencies** will be encouraged to assist in community mobilization, education, and training in improved ESH methods. They may also construct demonstration ESH services in selected areas as part of a national plan to progressively develop support programmes throughout the country.
- viii. **The private sector** will be encouraged to invest in ESH services and in the introduction of affordable and modern technology that can easily be replicated by communities. Consulting services will be provided by the private sector.
- ix. **Community (households) responsibility.** All households will be responsible for improving their own ESH services on their properties. They are also expected to use them appropriately and maintain them.

6.2 Sector collaboration and coordination

The Ministry of Health, as sector leader, will be responsible for the coordination of all ESH activities. To this end, the Environmental Sanitation and Hygiene Working Group (ESHWG) will be established as a collaborative oversight and advisory structure. It will be chaired by the Permanent Secretary, Ministry of Health, and its membership expanded where necessary, for example to include representatives of civil society and the community. To implement this policy, the Ministry of Health will establish a multidisciplinary unit consisting of a number of experts with experience in promotion and marketing, capacity-building, as well as institutional and technical ESH issues. The Division of Environmental Health (DEH) in the Ministry of Health will be the secretariat to the ESHWG and will serve as a national resource in terms of expertise and knowledge. The DEH will carry out or commission those activities best performed at national level. Such activities include policy implementation coordination, developing strategies and programmes, advocacy work, development and standardization of information, education and communication material, gathering and disseminating best practices, and technology research and standardization.

In the interests of bringing together sector actors in a spirit of cooperation, including community members, the ESHWG through the DEH will facilitate the establishment of ESH committees at the provincial, district, divisional, and village levels.

7. Capacity-building Needs

7.1 Assessing capacity needs

The Ministry of Health in collaboration with other stakeholders will develop strategies and programmes. From these, capacity requirements will be identified and resources mobilised for development of sanitation facilities and services.

In improving environmental sanitation, the Ministry of Health will promote participatory approaches that allow community members to assess their sanitation and hygiene situation and develop local response to the needs they have identified. The Ministry of Health and other partners will work with formal and informal sectors in urban, peri-urban and rural communities to implement awareness and information programmes and promote people's participation.

To enhance community-based hygiene and sanitation participation, there is need to train local artisans and community members. As a result of enhanced awareness it is foreseen that there will be positive behaviour change and an increased demand for sanitation and hygiene services.

Intensified ESH training will be conducted by Ministry of Health and relevant stakeholders regarding all that pertains to ESH activities. For the training to be conducted a team of will be needed in every district. There capacity of all ESH professional and management staff members will also need to be developed.

7.2 Meeting capacity needs

The Division of Environmental Health within the Ministry of Health in collaboration with other stakeholders will take responsibility for training needs analysis, applied research, development of course curricula and training materials, implementation of capacity-building and educational activities. The DEH will collaborate with relevant training institutions to develop a capacity-building strategy for the entire environmental sanitation and hygiene sector. This will continuously guide the sector to build, strengthen, and maintain the required institutional capacities.

Organizing effective participation in the development and management of ESH services requires specific skills and outreach services from government agencies, the ESH sector, NGOs, and grass-roots organizations. The Ministry of Health will create an enabling environment for capacity building specifically aimed at enabling these organizations to implement participatory projects.

The Ministry of Health will set up an information management centre or clearing house in order to facilitate informed decision-making within the sector as well as capacity building (particularly within the ESH sector institutions). The general approach will build on the intellectual capital and potential of existing information management centres coordinating and optimizing their contributions for the good of the sector. This will entail a range of activities, from information management, to peer learning and lesson sharing through a variety of mechanisms, such as Internet-based knowledge hubs, e-mail-based newsgroups, forums, conferences, workshops, and radio programmes. The ultimate goal is that all sector players should be able to contribute to and access appropriate knowledge from local and international information networks.

The Ministry of Health in consultation with other partners will offer advisory services for capacity building through sharing expert knowledge with sector role players in response to demand.

Capacity building through education, training, and skills development will form a major component of the support offered to the sector. The skills development strategy for the sector will take into account the need to accelerate and expand formal and structured training and education programmes in the light of the following critical priorities:

- i. Gaps between the existing and required levels of competence to plan, implement, operate, and maintain the ESH infrastructure.
- ii. The shortage of skilled personnel, both technical and promotional.
- iii. The shortage of management capacity.
- iv. The shortage of accredited training providers.

Training institutions offering ESH-related courses will be engaged to cooperate in developing appropriate learning material. Research will play an important part in underpinning support.

8. Monitoring and Evaluation

The environmental sanitation and hygiene policy aims to improve people's health and quality of life. To determine the success of policy implementation, the progress of the strategic interventions developed under this policy shall be carefully monitored and evaluated at community, district, provincial and national levels. The Ministry of Health will take the lead role in coordinating other stakeholders in reviewing policy implementation, and in developing a sound and achievable monitoring and evaluation model oriented towards meeting the set goals and objectives of ESH development programmes, and in quantifying and securing resources to carry out the policy.

On a continuous basis, Government will monitor changes in relation to a number of key indicators using existing government monitoring systems and through other stakeholders, including communities. The Ministry and other stakeholders will collaborate and agree on common key indicators. Performance indicators include hygienic practices, the incidence and prevalence of hygiene-related infections, patterns of demand for and coverage of facilities, use of inventory of existing data bases among others. The information, education, and communication systems and all other delivery systems envisaged under this policy will be regularly evaluated for continuous improvement and revision.

The development of monitoring and evaluation systems will be strategic, seeking to maximize the outcomes in consideration of the limited resources available. Seven strategies will be adopted:

- i. **Development of a strategic Plan.** A national strategic plan will be developed for the implementation of this policy.
- ii. **Monitoring to inform national policy and strategy.** The monitoring system for the purpose of evaluating overall sector progress will be designed around the ESH sector vision, goals, and targets.
- iii. **Monitoring to inform planning.** The basic building blocks of the sanitation and hygiene services planning system are the strategic plans, together with any other relevant plans.
- iv. **Monitoring to inform support strategies.** Monitoring systems to inform strategies and interventions will be strategic in nature, focusing on key indicators.
- v. **Monitoring to regulate.** The information system for regulation will be strategic in nature and focus on critical indicators. A regulatory monitoring framework will also recognize the role of users.
- vi. **Compatibility with other monitoring and information systems.** ESH monitoring and evaluation systems will be compatible with and avoid duplication of other existing systems, within the Ministry of Health and other organisations.
- vii. **Development of a logical framework** with clear process indicators and outputs.
- viii. **Setting up a monitoring and evaluation system** for ESH in the Ministry of Health.

At all levels, success in achieving the aims of this policy will be measured not only by the increase in access to sanitation and hygiene services, but also by the reduction of diseases as a result of the provision of sanitation and hygiene facilities. Success at community level will be measured by the extent to which individuals participate in taking responsibility for their own health, and the actual implementation of the targeted activities.

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