

State of Sanitation in Migori County

POPULATION¹



917,170

Urban

34%

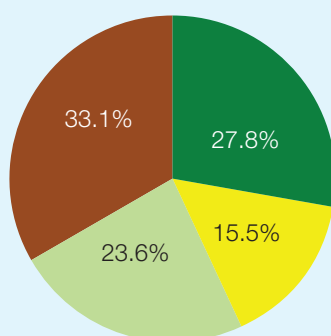
Population under 5 years

12.0%

Population density

353 / km²

Sanitation coverage²



Improved % Unimproved %
Shared % Open Defecation %

Why does coverage matter?

Sanitation is a constitutional right in Kenya, the responsibility for which rests on the shoulders of the County Government.

Universal access to improved sanitation yields maximum health, social and economic benefits.

Migori is ranked number 14 out of 47³ in the county sanitation benchmarking by the MOH according to the following key indicators:

RANK out of 47	Timely Reporting	Budget for Sanitation /5	Number of ODF Claim /10	Cost per ODF Claim /10	Economic Costs of Poor Sanitation /10	Pupil: Latrine Coverage Girls /10	Pupil: Latrine Coverage Boys /10	Household Latrine Coverage Rate /15	Number of Handwashing facilities per school /10	Rate of Open Defecation /10	Number of ODF Villages (DPHO Certified) /10	Percent of ODF Targets Achieved /10	Percent of ODF Villages /10
14	🚩	1	10	5	0	5	5	15	10	0	8	5	0

Migori County loses 800 million KES each year due to poor sanitation⁴.

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.



38.5%⁵

of children in Migori are stunted

Why does stunting matter?

Unimproved sanitation and open defecation have been linked to low height for age scores in children. Stunted children suffer a higher mortality due to infectious diseases such as diarrhoea, pneumonia and measles as well as being more likely to have poorer cognitive and educational outcomes. Adults who are stunted are more likely to earn less.

Self evaluation of the enabling environment for sanitation in Migori County

showed the following strengths and challenges.

Enabling Environment Area	Indicator	Migori
Policy, strategy and direction	The county has a clear advocacy plan to gain support for sanitation.	Partially Agree
	As a county, we have a shared vision for sanitation.	Strongly agree
	The county strategic plan includes sanitation targets.	Partially Agree
Institutional arrangements	In the county, roles and responsibilities for sanitation are clear and there is a clear operational structure.	Partially Agree
	There is a clear mechanism for coordinating sanitation in the county.	Partially Agree
	The county has a dedicated budget line for sanitation in place.	Disagree
Program methodology	The program methodology for sanitation in the county has been established.	Agree
	The program methodology is being implemented by government.	Agree
	The program methodology is being implemented by all stakeholders.	Agree
Implementation capacity	There is a sanitation capacity building plan in place for the county.	Agree
	There is a sufficient number of government staff in place to implement sanitation activities	Disagree
	Government staff have the required knowledge, skills and experience to implement sanitation activities.	Disagree
Availability of products and tools	Sanitation products and services exist in the county which respond to consumer preferences.	Disagree
	There are sanitation products and services available in the county which are affordable to the poorest members of the community.	Disagree
	The county undertakes quality assurance controls of sanitation products and services.	Partially Agree
Financing	The county has developed a sanitation funding plan.	Strongly agree
	Adequate funding is available from county government to implement planned sanitation activities.	Disagree
	Funding is being utilized effectively for sanitation activities.	Agree
M&E	A monitoring and evaluation system for sanitation is in place.	Agree
	The county has the capacity and resources to carry out M&E activities.	Disagree
	M&E results are used to inform and improve sanitation program implementation in the county.	Partially Agree

KEY: ■ Strongly agree ■ Agree ■ Partially Agree ■ Disagree

Why does this matter?

A thorough understanding of the strengths and challenges of coverage rates, ranking and enabling environment provides the county with an opportunity to put the building blocks in place for accelerated access to improved sanitation.

April 2014

The Water and Sanitation Program is a multi-donor partnership administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services.

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. The sanitation information sheets have been prepared by the Ministry of Health, with technical support from the Water and Sanitation Program. The county sanitation profiles were prepared by Sophie Hickling (consultant) and Pascal Riungu, under the task management of Yolande Coombes (WSP).

REFERENCES

¹Kenya County Factsheets, Commission of Resource Allocation, June 2013

²2009 Kenya population and housing census, Kenya National Bureau of Statistics

³Sanitation County Benchmarking, Ministry of Health, 2013. For details see full national benchmarking or contact Ministry of Health

⁴Economics of Poor Sanitation in Kenya, WSP

⁵Kenya County Factsheets, Commission of Resource Allocation, June 2013 (inverse adequate height for age data)

DISCLAIMER:

Water and Sanitation Program (WSP) reports are published to communicate the results of WSP's work to the development community. Some sources cited may be informal documents that are not readily available.

The findings, interpretations, and conclusions expressed herein are entirely those of the author and should not be attributed to the World Bank or its affiliated organizations, or to members of the Board of Executive Directors of the World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of the World Bank Group concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

The material in this publication is copyrighted. Requests for permission to reproduce portions of it should be sent to wsp@worldbank.org. WSP encourages the dissemination of its work and will normally grant permission promptly. For more information, please visit www.wsp.org

© 2014 Water and Sanitation Program

Design/Layout: Eric Lugaka



MINISTRY OF HEALTH

