

State of Sanitation in Kajiado County

POPULATION¹



687,312

Urban

41%

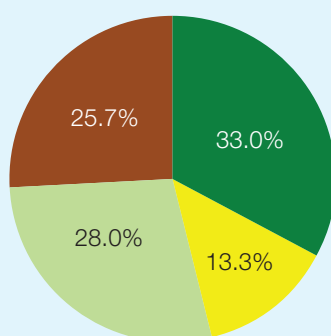
Population under 5 years

10.3%

Population density

31 / 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.

Kajiado is ranked number 29 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 |
|----------------|------------------|--------------------------|-------------------------|------------------------|---------------------------------------|-----------------------------------|----------------------------------|-------------------------------------|---|-----------------------------|---|-------------------------------------|-----------------------------|
| 29 | 🚩 | 0 | 8 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 8 | 5 | 5 |

Kajiado County loses 542 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.



27.0%⁵

of children in Kajiado 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 Kajiado County

showed the following strengths and challenges.

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

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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)

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