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**Editorial Team**

Elizabeth Wamera – KM Officer  
Simon Mungai – DIC Consultants  
Dr. Kepha Ombacho, MBS, Patron  
Dr. John Kariuki - MOH  
Lewnida Sara - WSP

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Elizabeth Wamera  
MOH – DEH (HUB)  
Nora Onchari  
Ministry of Information  
Nicholas Makotsi  
District Public Health Officer  
Nyando Sub County  
Charles Muthui Gitonga  
District Public Health Officer  
Kandara Sub County

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**Design, Layout and Printing**  
Kul Graphics Ltd.  
email: dtown@kulgraphics.co.ke
Welcome to the SSHIT September Issue brought to you courtesy of the Ministry of Health- Department of Environmental Health, a platform that we use for sharing knowledge and experiences with WASH stakeholders in Kenya during the first quarter of 2013/2014. In this issue, we are proud to share the success stories that have triumphed over challenges that seemed insurmountable, as well as lessons learnt by WASH sector implementers. This is in an endeavor to increase access to sanitation in Kenya in order to achieve the goals of ODF Rural Kenya campaign 2013.

I would like to re-assure WASH stakeholders that, devolution has provided a great opportunity to ensuring that the best practices developed at the national level is replicated at the county level with the same high level of efficiency and a well-coordinated partnership with stakeholders in the sector.

As we progress with the implementation of Community Led Total Sanitation (CLTS) in rural Kenya, our efforts and resources are focused at ensuring development of low cost technologies that will facilitate the scaling-up of latrine coverage leading to the attainment of Open Defecation Free (ODF). The technologies may seem contextual but then, most of our rural areas share almost the same features and best practices, which are shared in this issue and could easily be replicated in other rural areas.

I will not tire to encourage our readers to share with us what has worked well that can be promoted for replication in the rest of the country, in order to facilitate attainment of our 2013 ODF target for rural Kenya of ensuring Kenyans’ access to improved sanitation.

Dr. Kepha Ombacho PhD, MBS, Chief Public Health Officer, Ministry of Health
Editors’ Note:

September is here and as we set off the first quarter of the year 2013/2014, am excited to share with you information that will excite you as you read about what our WASH Sector implementers are doing!

In this edition, you will appreciate the great effort made by various stakeholders and great lessons learnt that could be replicated to ensure more success across the nation, like the Lokatuur latrine technology in Turkana and the use of Chamama trees in Nyando to ensure that latrines do not collapse.

Devolution is here with us and we have made effort to provide support information in setting up the County ICC platforms with its constituent Technical Working Groups (TWGs) complete with their TORs! What a good way to transition, with great from the headquarters on close support to ensure that the county forums become fully functional.

There is some interesting news from the WEDC conference that was held here in Kenya in July for your information. Don’t you think it’s interesting to find a field that was once an OD site converted to a farm? Did you know that there is a way to treat your water with pottery particles? And in this issue, we also have a special feature on e-waste.... Do you ever stop to think what will happen to your computer when it gets to the end of its shelf life..... Read on!

For enquiries about the SSHIT newsletter- more information, contribution of articles, request for soft copies- contact the editor through; cltskenyahub@yahoo.com

Ms Elizabeth Wamera,
Knowledge Management Officer,
MOH-DEH/HUB
As various government ministries and departments in Kenya grapple with the challenges of devolution under the new constitutional dispensation, the WASH Sector has also taken an early lead to strategize on devolving health and sanitation services to the grassroots. While devolution has increasingly brought apprehension and fear at the political arena, the service sector—especially WASH—has embraced transferring its services closer to the communities that it so advertently desire to serve in order to improve their lives and livelihoods.

Prior to the implementation of the new constitution after the March 2013 general elections, questions have been floated on WASH structural changes that would be in line with the new constitution, like what would befall the Inter-ministerial Coordinating Committees. Or whether the Provincial offices, which were the primary coordination units at the provincial level reporting to the Ministry Headquarters? A workable and practical formula has been designed to ensure and enhance coordination of the sector.

What used to be known as the quarterly national ICC meetings will remain, but the attendance that initially used to target the 8 provincial public health officers and national partners, will have some changes. With devolution, it will be a big challenge having 47 county public health officers in one meeting, although this would enhance learning and sharing experiences altogether.

The quarterly ICC meetings will continue but on a roaster basis in various regions of the country with an aim of specifically going to learn contextual issues that are emerging in the regions. The new face of the ICC, therefore, will be that national partners and county public health officers of an identified region, say, Eastern region would be invited to the national quarterly meeting being held in that region. For instance, if the first quarterly meeting is being held in Isiolo, the neighbouring counties in the region—what was originally considered Eastern Province—will be invited to the meeting. This would result in about 10 or so county public health officers attending the national ICC meeting, although attendance will be open to officers from far counties who wish to attend. In essence, four ICC meetings will be held across the country each year, each covering at least quarter of the counties.

At the county level, the county public health officers will be expected to host quarterly County ICCs within their counties to improve coordination of partners for service delivery. The essence of devolution is to improve coordination and increase service delivery, which translates to more work at the county level relating to identifying and coordinating WASH stakeholders. As a result, there is need for closer county coordination.

With the county learning and sharing platforms taking shape over the transitional period, we anticipate to hold an annual WASH conference whereby regions will come together to learn from each other, with the main focus being how the regions are coordinating their partners for improved service delivery. It is expected that the design of the ICC with its thematic working groups known as the Technical Working Groups (TWG) are maintained at the county level. Each county, as is at the national level, will therefore have the six TWGs namely; Hygiene Promotion, Sanitation Promotion, School WASH, Health Care Waste Management, Household Water Treatment & Safe Storage, Policy, Research & Advocacy.

Devolution has therefore been a strategic tool for WASH sector members as it has provided an opportunity to get more stakeholders participating in the sector at various levels, providing more learning and sharing forums.

Kepha Ombacho (PhD, MBS), is the Chief Public Health Officer, Ministry of Health, Department of Environmental Health
The 2013 WEDC conference was held at Egerton University, Nakuru County in Kenya from July 1-5, 2013. The theme of the conference was; “Delivering Water, Sanitation and Hygiene Services in an Uncertain Environment”

The WEDC International Conference is a comprehensive learning event which provides continued professional development for WASH sector professionals. It is a highly respected, global platform for practitioners, decision makers, academics and researchers who lead water and sanitation innovation in developing countries.

The WEDC is one of the world’s leading education and research institutes for developing knowledge and capacity in water and sanitation for low- and middle- income countries.

Conceived in the early 1970s, the Conference is held regularly in either Africa or Asia and is the only conference of its type to be co-organized and hosted in a developing country.

The Ministry of Health with the Support of World Bank-WSP was represented at the Conference by Benjamin Murkomen (HQ), Redemta Muendo (Coast), Samuel Kingori (Rift Valley), and Mable Chanzu (Nyanza). Other participants were drawn from various Environmental Sanitation & hygiene promotion technical working groups in the WASH sector. These participants presented papers and exhibited their products and services at the conference.

Inclusive Water and Sanitation facilities and services would therefore benefit the whole community. These might include frail and elderly people, pregnant and lactating women, the girl-child, and the sick- including people living with HIV/AIDs.

Water and Sanitation providers in all counties in Kenya must therefore target the poorest, most disadvantaged and vulnerable sections of the population to provide more equitable access to basic services. By doing this, WASH will be in the right path in achieving Kenya’s vision 2030, MDGs and fulfilling our constitutional mandate.

In one of the side-events meeting it emerged that globally, the physically challenged are among the poorest members of the community. More often than not, they are obscurely disadvantaged, vulnerable and marginalized. In essence, they have least access to basic water and sanitation services, resulting to increased poor health, poverty and isolation.

Thus any of these people may have difficulty with their balance or lifting, most of which are needed to access water and sanitation facilities.

Inclusive Water and Sanitation facilities and services would therefore benefit the whole community. These might include frail and elderly people, pregnant and lactating women, the girl-child, and the sick- including people living with HIV/AIDs.

40 Officers from the 8 sub counties in Murang’a counties were successfully trained in CLTS for 5 days that included the principles of CLTS and how to practice it leading to mock and actual triggering that enabled them to sharpen their skills in CLTS. After which all the 8 sub counties came up with a work plan for the first 100 days set to trigger villages and deliver them ODF.

The training was officially opened by the Chief of Public Health at the Ministry of Health, who also handed certificates to the participants. The facilitators included; Mr. Ibrahim Basweti, Ms. Elizabeth Wamera, Ms. Lillian Mbeki and Ms. Carolyn Vatta.
CAPACITY BUILDING in Murang’a

a) Official Opening
b) Participants in group work
c) Getting guidance from facilitator
d) Practicing how to trigger
e) Murang’a county PHO
f) Disgust after trigger
g) The community listened
h) Even the women participated
i) Even the old participated
j) Triggered woman
k) Disgust
l) Disgust
m) Emerging natural leaders
n) Officer Certification

Shared Sanitation, Hygiene, Information & Tales
THE ‘THREE TENT STORY’:
CLTS Tames Diarrhoea in Nyando

By Nicholas S. Makotsi,

CLTS in Nyando was initiated in 2008. Prior to this, it was predictable that there would be an upsurge in diarrhoea and cholera cases in the District immediately after the floods that occurred every rainy season. The influx in diarrhoea patients used to force the district hospital to erect three tents, in which to admit them, hence the “Three Tent Story.”

Loose soils and dependency syndrome due to handouts common during such calamities compounded the challenge. But all this changed after 2008 and the community’s problems from then onwards were tackled through their own efforts, local solutions, resources and designs.

Some of the solutions included:-
1. Constructing round pits to handle the problem of collapsing soils.
2. Use of “Achak” poles from a local tree species for erection of the superstructure covering the pit. The hardwood handled termite menace that used to lead to collapsing of the superstructures.

To handle the perennial Cholera outbreaks, the Public health department and the community developed simple strategies that included:-
1. Using Community Based Information Systems: The community through the CHWs was able to monitor disease trends regularly.

The CHWs going through their chalk board tracking the disease trend so as to plan the next course of action
2. Nurturing of Natural Leaders, by exposing and encouraging them.
3. Involving the local administration for mobilization and support- the District Commissioner in Nyando was one of the graduates of the first CLTS training.
4. Encouraging the community to come up with own local designs. This proved to be more acceptable and sustainable than imposed designs promoted by previous programs such as the VIP Latrines.

Other measures that have helped sustain CLTS in Nyando include:-
1. Formation of CLTS committees that have been registered as CBOs by the Social Services Department.
2. Initiation of income generating activities by CHWs e.g. dairy goat-rearing and horticultural farming.
3. Formation of a volley ball team with frequent inter-Community Units (CUs) competitions
4. Development of a program for village surveillance
5. Setting of community targets according to the villages where they came from.

Apart from ensuring reduction of diseases especially diarrhea, CLTS has contributed to meeting the Millennium Development Goals with the following results:-
1. Reducing inequalities gap, especially poverty, through incoming generating activities such as dairy goat-rearing, poultry keeping and brick making.
2. Ensuring universal education by reduced school absenteeism caused by diarrhea attacks. Worm infestation is now under control.
3. Reducing Child Mortality: most children die due to poor sanitation especially diarrhea diseases hence their reduction automatically translated to improved child health.
4. Improving Maternal Health: reduced long treks to the hospital translated to good health and more time spent on economic activities.
5. Ensuring safe water and Sanitation: alongside the provision of latrines, improved water source is provided for every one ODF village.
6. Reducing HIV/ AIDS infections and other diseases: opportunistic infections including diarrhea and malaria, have been reduced.
7. Ensuring sustainable environment: the eradication of open defecation ensures the water sources and environment is clean, hence ensuring sustainability.
8. Ensure global partnership (cohesiveness & communal sense): the community has organized exchange visits e.g. to surrounding villages, Busia, and Rwanda during the AfricaSan.

Use of local materials especially a tree known as “ACHAK” in Luo language which is known to resist termite attacks, is very strong once dry, and is readily available in the community. In Kiswahili it is known as Chamama.

Nicholas S. Makotsi is the District Public Health Officer, Nyando Sub County, KISUMU COUNTY
The WASH-sector in Kieni East Sub-County has verified and declared Open Defecation Free (ODF) in 133 villages. Public Health Officers in Kieni, as is elsewhere in the country, are fighting Open Defecation (OD) from the frontlines to ensure a contamination-free environment. Administratively there are 196 villages in the sub-county, but after identifying all the villages, records show that in order to make the sub-county ODF, WASH partners are required to trigger, follow and verify 182 villages. This is an arduous task and the triggering process has become hackneyed. The WASH-sector is now triggering the remaining villages including the Road Map ones in tandem with schools. Since children are agents of change, 13 public primary schools have been triggered in an endeavor to inculcate discipline and WASH responsibility in children at an early age.

An experience from Karichuta Primary School- Gikamba Sub-Location, Kiamathaga Location of Kirimara Division of Kieni East Sub-County- with a population of 350 pupils and 11 teaching staff demonstrates children as agents of change.

Triggering was arranged on June 16, 2013. The (PHOs) from the District Public Health Office and Kirimara Division where the school is located called on the school, which has an idyllic scenery, at around 10:00 am.

The Deputy Head teacher assembled the intractable children at the compound and introduced the PHOs. During the rapport building, one of the PHOs called a boy from the upper classes and gave him money to buy a loaf of bread and ready-to-drink juice from the local shopping center.
The officers learnt from the children that they have knowledge on diarrhoea diseases and how they are transmitted. When the rapport building was in progress, a PHO called all the prefects who accompanied him to the pit latrines. They inspected the pit latrines together and found a lump of excreta in one of them. The PHO collected the excreta on a manila paper and carried it back to the assembled pupils who were sent aback by the change of events. The excreta was placed in front of the pupils. The smell was unbearable and soon attracted countless flies.

The boy who was sent to buy bread and juice returned. A few children were called forward, were asked to eat and drink and spare some. The excreta was applied to the spared bread and juice, then the children were asked to eat but none could accept. The PHOs probed to know why they had declined the offer. After all, they had been eating their faeces by eating contaminated food from their dirty hands and flies that had landed on the faeces.

The situation was odious and the pupils were surprised that they had been eating their faeces!

The flow diagram was explained to them gingerly avoiding the health mumbo-jumbo and using local languages; Kikuyu and Kimeru. The children realized the harmful effects of Open defecation and resolved to stop.

They soon started disclosing the names of the parents without pit latrines. The children then resolved to make sure that their homes will have hand-washing contraptions near the pit latrines and would be replenishing them with water. These are simple targeting technologies that convert containers to tippy taps or leaky tins. They promised to assist their parents to ensure there are squat hole covers to avoid flies in their latrines.

The teachers were also impressed and said they will assist the pupils to form a health club. The officers later de-wormed the pupils. Triggering for the rest of the schools continue.

Mrs. Monica Ndegwa is DPHO, Kieni East
Many places in the arid and coastal areas of the country suffer from unstable soil conditions which make latrine construction a daunting task. To a large extent, these places lag behind in sanitation coverage due to lack of appropriate technology to protect the latrine pits.

However many people can be motivated. The demand for sanitation facilities should be marched with corresponding access to information on technological options, designs, safety issues, longevity, access to materials, skilled labour, tools and cost implications.

The greatest challenge is how to protect latrine pits from collapse using low-cost, appropriate and locally available materials by considering the following.

1. The design of the latrine should determine to a large extent its operational viability, efficiency, ease and cost of maintenance.
2. The design should consider the local situation in the area and opportunity of use of locally available materials such as building posts, rafters, mud etc. However, this should not rule out the importation of materials and technologies in cases where local materials are not available.
3. The appropriate technology should be one of a scale and design that the community can manage with minimal external inputs and assistance of specialized personnel and one that requires minimum training and maintenance. It’s important that the scale be such that the community can mobilize labour or finance to replicate it.
4. Technologies that require burdensome investment and maintenance processes should be kept to a minimum.
5. The effect of the technologies on the physical environment such as excessive cutting of trees for construction should be carefully considered.
6. Latrine designs should blend as much as possible with the cultural environment and experiences and should not cause social conflicts.
7. The design should not be seen as a final solution. A good design would offer opportunity for future improvements. In an ideal situation, there should be continuous communication between the designer and the users of the system and this can be achieved through participatory operations research.
It is our desire to shift the responsibility of addressing problems by increasing the percentage of the community through such home grown solutions.

Origins of the Lokatuur Latrine

In 2007, CEDS was contracted by UNICEF to implement an “Emergency Hygiene and Sanitation programme.” This in part included marketing and production research for materials to construct low-cost household sanitation facilities and providing a hands-on training of 100 sanitation promoters in toilet construction techniques.

During one of the training of hygiene and sanitation promoters, one trainee known as Pastor Peter Lokatur was discovered to have invented a pit latrine stabilization technology eight years ago in Nakwamekwi village of Lodwar town. It is based on the principles of the culvert ring but uses locally available materials and time-tested building technology.

The model is quite simple. A vertical 3 x 3 ft mud structure with a height of 6 – 10 feet is built above ground using posts and rafters and then plastered with mud. The mud is allowed to dry and baked in the sun for at least three days and then lowered into the ground. Due to its weight and the digging and scoping of soil at its base, the structure slides into the pit the way culverts do. Once the structure is in the ground, the pit is now fully reinforced and safe for use as a latrine.

Pastor Lokatuur was hired by CEDS to train village artisans from areas that have unstable soil conditions in the application of the new technology. Already 20 such latrines have been built in the villages of Nabulon, Natole, Long’ech, Loreng’lop, Nakurio and Nadoto in Turkana District with the high prospects of going large-scale.

It is hoped that the Public Health office will support the new innovation and popularize and promote it in those areas that the project did not cover.

Lessons Learnt;

1. Given the simplicity of the Lokatuur latrine technology, the availability of local materials and a trained cadre of fundis, it is expected that villages will carry out the process with a multiplying effect.
2. Identifying and training of local artisans and masons to construct latrines according to community level standards will encourage the community to provide latrines in their homes. The community will also have the necessary skills within easy reach from the trained personnel who live within the area.

Other parts of the country such as the Coast, along River Tana, and parts of the Lake Victoria basin should try out this technology given the history of collapsible soils.
Outstanding Practices in Implementing CLTS in Kisumu West

By Hilda Ayieko

Kisumu West District was curved from the greater Kisumu used to be known as Kisumu Rural Constituency. It lies in a depression that is part of large lowland on the Nyanza Gulf - a protruding part of Lake Victoria and the midland area of Maseno and Kombewa. Major outstanding features in the district include the overhanging huge granite rock, the legendary “kit Mikayi” in the Maseno Division, the Lake Victoria which is the second fresh water lake in the world, and the Islands e.g. Ndere National Park which is a tourist attraction.

The area is dominated by clay soil associated with swamps which is a challenge to pit latrine construction during rainy seasons. Diarrhea disease is the fourth most common disease followed by skin infections and intestinal worms respectively.

The CLTS Concept

CLTS was introduced in the district in 2010. Latrine coverage then was 59% and incidences of diarrhea outbreaks were outstanding due to low sanitation coverage and poor hygiene practices. CLTS Concept was given a low reception since the community relied on subsidies from the partners. After the inception of CLTS the diarrhea trend has changed from upward to downward trend, the health facilities started reporting zero cases of diarrhea and cholera outbreaks, levels that have been sustained since 2010. These developments, and the recognition of the role of the promoters at the District Stakeholders Forum, were a motivation factor for the promoters.

Another reason that facilitated the uptake of CLTS was the pomp and colour that characterized celebrations in communities that attained ODF status. The celebrations were self-triggering to neighbouring villages, which eventually turned around the OD sites to crop farming land, and started structures for ODF.

The villages that have displayed exemplary effort in sustaining ODF status include:
1. Kodiera village: Converted active OD sites to groundnut farms
2. Kamuga village: Converted active OD sites to maize and beans farms
3. Lower Kombam village: Converted active OD sites to maize farms.

All the above sites have billboards with large inscriptions informing the passersby that there is no Open Defecation in that specific village. Written both in English and vernacular “OnglePielooko kata e Bungu e gwengni” translated as “there is no defecating in the open in this village” causes embarrassment to other community members, who don’t want to read these billboards and have tried by all means to scrap them off by all means. Nevertheless, the community has ensured that the billboards continue to pass the message it is meant to.

In conclusion, CLTS has been proven in the sub-county, where strategies in preventing water, hygiene and sanitation-related diseases have been implemented, posting outstanding results.

Hilda Ayieko is the District Public Health Officer Kisumu West Sub-County
CLTS SUCCESS STORIES: FIGURES THAT TELL THE STORY OF KISUMU WEST SUB COUNTY

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Lower Kombam Village</th>
<th>Kamuga B Village</th>
<th>Kodiera Village</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kombewa Division</td>
<td>Kombewa Division</td>
<td>Kombewa Division</td>
</tr>
<tr>
<td>Total Population</td>
<td>152</td>
<td>280</td>
<td>252</td>
</tr>
<tr>
<td>Total Household</td>
<td>40</td>
<td>30</td>
<td>47</td>
</tr>
<tr>
<td>Households with latrines before triggering</td>
<td>27</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>Households without latrines before triggering</td>
<td>13</td>
<td>37</td>
<td>25</td>
</tr>
<tr>
<td>Total latrines constructed after triggering</td>
<td>13</td>
<td>37</td>
<td>25</td>
</tr>
<tr>
<td>Date village triggered</td>
<td>15/11/10</td>
<td>7/10/10</td>
<td>29/11/11</td>
</tr>
<tr>
<td>Date village claimed ODF</td>
<td>19/3/11</td>
<td>17/3/11</td>
<td>5/2/12</td>
</tr>
<tr>
<td>Date 3rd Party Certified</td>
<td>8/4/11</td>
<td>9/4/11</td>
<td>9/4/12</td>
</tr>
<tr>
<td>Date ODF celebration held</td>
<td>15/8/11</td>
<td>8/8/11</td>
<td>29/4/12</td>
</tr>
<tr>
<td>SUCCESS STORY</td>
<td>OD site converted to maize &amp; Bean farms</td>
<td>OD site converted to maize &amp; Bean farms</td>
<td>OD site converted to maize &amp; Bean farms</td>
</tr>
</tbody>
</table>

Kamuga B Village

A groundnut farm in Manyuanda village that was once an OD Site

Graph Showing Diarrhea trends in Kisumu West Sub-County between 2009 & 2011

Country Director SNV Kenya, Harm Duiker visiting Manyuanda village that was declared ODF in November 2010.
Aligning the Africasan and HLM Processes: 
Kenya Priority Action Plan on Sanitation

By Sophie Hickling & Benjamin Murkomen.

Kenya has been actively involved in the reporting of eThekwini commitments of 2008 and the High level Commitments 2012 (HLM) on Water and Sanitation.

There was an overlap between HLM commitments and Africasan priority areas: the timelines and milestones in the lead-up to the next HLM (April 2014), and the Africasan 4 conference (May 2014). Therefore, the Kenyan Technical Working Group on National Sanitation Actions felt that it was appropriate to align the processes after attending the regional meeting in Addis Ethiopia in April 2012. Alignment will bring benefits of efficiency, convenience and most importantly strengthen inter-linkages.

Planning and reporting aspects of the processes can be brought together, in terms of the timing and the team involved. The planned review of the Priority Action Plan is scheduled for November 2013, which coincides with the preparation of the new HLM commitments and the monitoring of existing HLM commitments. A single meeting will be designed for both processes.

Country focal points for both processes are the same and the working-group will be the same in both cases (i.e. the Priority Action Plan team will be the ones also working on sanitation aspects of the HLM planning and monitoring).

The HLM commitments are not exactly the same as the Priority Actions, so monitoring cannot be completely integrated. However the Priority Action Plan monitoring will be harmonized and adjusted accordingly.

There was consensus that an urban sanitation action area should be added to the Priority Action Plan, with an initial focus on exploring urban sanitation and unpacking what exists in terms of ongoing work, institutional roles, existing policies and guidelines.

New targets for the Priority Areas
Through plenary discussion the 6-month targets for each priority area were set for the next 6-month timeframe (June –November 2013).

<table>
<thead>
<tr>
<th>Priority action area</th>
<th>Target by November 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Endorse &amp; disseminate National Sanitation &amp; Hygiene strategy</td>
<td>Have the strategy disseminated to 50% of counties</td>
</tr>
<tr>
<td>2. Realisation of the ODF Kenya Road Map</td>
<td>Be on schedule with the implementation of the ODF Rural Kenya plan</td>
</tr>
<tr>
<td>3. Institutionalise the Inter-agency Co-ordinating committee</td>
<td>Revised TORs for ICC and all TWGs being implemented in line with the devolved system</td>
</tr>
<tr>
<td>4. Sustainable financing mechanism with proper targeting and implementation</td>
<td>Develop sanitation and hygiene investment plan</td>
</tr>
<tr>
<td>5. Create demand for sanitation / sanitation marketing to scale up coverage</td>
<td>Launch national sanitation marketing and BCC campaign</td>
</tr>
<tr>
<td>6. Develop and improve on M+E system</td>
<td>M+E framework developed and operational at national level</td>
</tr>
</tbody>
</table>

The graph below summarizes achievements against planned activities over the last 6 months of the plan.

For a detailed up-to-date Priority Action Plan for June to November 2013 contact Benjamin Murkomen at: murkomen@yahoo.com
Sophie Hickling- World Bank-WSP and Benjamin Murkomen- Ministry of Health.
People living with HIV face a higher risk of getting infected with diseases such as diarrhea and other common illnesses, because HIV lowers the body’s ability to fight infections. Therefore healthy water, sanitation, and hygiene (WASH) practices are especially important for them to follow.

USAID’s WASH-plus project is working with the Ministry of Health and community groups to promote healthy WASH practices alongside existing interventions for people with HIV and their households across Kenya.

The project is building the capacity of Kenya’s public health system in WASH-HIV integration at all levels by training health workers on an approach that encourages small do-able actions, which are feasible steps that move people towards an ideal behavior.

To reach more people, the training is multi-level. First, public health officers are trained to be trainers of trainers (TOTs). More than 300 public health officials and NGO workers at the district level have been trained as TOTs. They, in turn, train community health extension workers, who then pass on HIV-WASH integration knowledge and skills to volunteer community health workers (CHWs).

Since the project started in 2010, a total of 1,500 community health workers in over 30 districts have been trained or oriented in WASH promotion. They are now educating communities on how to undertake small do-able actions that use local resources to improve health and prevent diseases by promoting hand washing, making drinking water safe, and improving sanitation and menstrual hygiene. The volunteer health workers promote these simple but effective WASH practices to improve conditions for people living with HIV/AIDS and their families.

Monica Alouch, a 35-year-old mother of four living with HIV/AIDS who lives in Mombasa, says she has benefited immensely from the advice of community health workers in her village. WASH-plus partners are implementing activities in four sub-counties in the larger Mombasa County.

“I was afraid when I found out I was HIV+ and my health quickly deteriorated,” Monica says in Swahili language. “Whenever community health worker Benta Awino visited me, I sent her away many times but she persisted.”

The community health worker taught Monica how to avoid diarrhoea and other infections. She learned how to treat drinking water and the importance of washing hands, especially after visiting the toilet and before eating or preparing food.

Monica says that she has accepted her HIV status and lives a healthier life. She and her children rarely get diarrhoea.
STRUGGLES TO END “FLYING TOILETS” IN MUKURU SLUMS: STORIES FROM ‘FOOT’ SOLDIERS

GOAL and KWAHO work in the communities in Nairobi’s informal settlements to improve access to sanitation for some of Nairobi’s most impoverished citizens. Since their partnership, GOAL and KWAHO have constructed 3 ablution centres in Mukuru, with plans to construct more. It is interesting to hear from the affected.

“Improving Sanitation as a Shosho” - From the ‘horse’s mouth

Name: Rose W. Mungai - Residence: Mukuru Kayaba

My name is Rose W. Mungai and I am currently the Vice Chairlady of KUUM self-help group. I am a mother of 4 and a grandmother of 6:5 boys and 1 girl. When I moved to Mukuru Kayaba in 1990, I was living in one room with my children, with no access to sanitation facility. Life wasn’t easy with the children who needed to use the toilet and have access to water. The sanitation situation was so bad since there were few sanitation facilities and the few that were there were dilapidated. Most people were either using the open spaces in the community or ‘flying toilets’ when nature called. These flying toilets scattered on every roof in the area and walking in the morning you could be hit with the flying toilets.

The water situation was the same - few water points and the water being sold was not safe. There were a lot of cases of diseases that are water-related affecting community members. I am sure this was being caused by drinking and using contaminated water.

The situation has changed since the intervention of NGOs, such as GOAL and KWAHO who have trained the community members on the need to keep their environment clean, practice handwashing and ensure that people don’t use flying toilets or defecate in the open by constructing bio-centres within the community.

I am one of the pioneers of the KUUM group in the area, which has a good number of members presently. “Nimepata mafunzo mengi ya Usafi kwa kufanya kazi pamoja na KWAHO na GOAL” – (Personally, I have gained a lot of information on sanitation through KWAHO and GOAL. As members, we have also replicated the same to the community member on hand washing and health hygiene promotion.

“Tumeweza kupeana ndo kwa wanaikiji ili iwasaidie katika mambo ya kuosha mkono nyumbani kwa maji inyao tirrika vile vile kuwapa mafunzo” – We have also managed to distribute bucket for hygiene promotion in the slums of Mukuru Kayaba.

Because of this knowledge, I encourage all my grandchildren to practice proper hand washing; as a result of this, there has been reduced cases waterborne diseases and diarrhoea in my household. My grandchildren also take the initiative of draining water to avoid mosquitoes breeding in the surrounding area and hence malaria has significantly reduced.

As a mother and a “Shosho” (grandmother), one thing I have noticed is that women do not access the bathrooms in the ablution block. This is because the women access the water kiosk more that the ablution blocks. It would be nice to have many water kiosks, where women can come to fetch water with bathrooms and cleaning facilities attached to them. Then they would access this because they will fetch water, wash their clothes and take shower and walk back home.
A pay-per-use community toilet, showing the dire sanitation situation in Mukuru

“Kujifanya Kislum” (To adapt to the Slum Life)

Name: Juma Ibrahim
Residence: Mukuru Kayaba
Secretary of KUUM group

My name is Juma Ibrahim and I am the Secretary of the KUUM Group.

On my journey to get a job in 2002, I left home and went to a friend in Mukuru Kayaba. This was the time “Kujifanya kislum.” To adapt to the slum life. During this time, the neighbours’ roofs were spotted and littered with “flying toilets”. Because of lack of toilets in the area. This is made worse by insecurity in the area during the morning and late evening which prevents people from leaving their homes to access a community latrine. Later in the years, KUMM, KWAHO and GOAL began an intervention that greatly impacted into the community of Mukuru Kayaba [building the ablution centre].

Apart from this project, there are other projects initiated by individuals and groups with the aim of improving the sanitation situation of the community. In particular, KUUM has made it possible to support the members of the group that are managing the facility [ablution centre] to get small loans from the revenue being collected at the centre to boost their own small businesses. This is evidently a sustainable project that we can run, even though we have issues with some repairs or maintenance that are expensive. The “fundi” [repairmen] thinks that we make a lot of money out of it [and therefore charge more].

“No More Roof Decorations”

Name: Wilfred Nyamwamu
Assistant Secretary KUUM Group
Residence: Mukuru Kayaba
Age: 43 Years Old.

My name is Wilfred Nyanwamu. I am 43 years old and am the Assistant Secretary with the KUUM Group.

My life in Nairobi got shape when I came from the rural home to stay with my brother in Mukuru Kayaba at a place known as “Joint”. Later I moved to “Kwa Muriuki” in the same slum with my current wife and two children and we use the ablution block as a family.

In 1992 there were very few toilets in the area and water points for the community. People would use the river bank which is around the corner for open defecation and disposing of waste generated from the houses.

There were security issues especially in the morning and evening where young boys would sit around waiting for those who come to the river and rob them off their property. The community members were as well afraid of “Ngeta” (people who would mug them). This typically propelled the use of the “Juala” (polythene bags) in the houses and disposed of by throwing up in the air to land elsewhere [‘flying toilets’]. As a result, the whole community was filthy.

Before the start of the ablution block project, a group started that was termed as “Ushirika wa Usafi na Maendeleo.” There was a lot of resistance from the people because they were viewed as “kanjo” (City Council Askaris) who were out to clean the slum. But with the development of the permanent ablution structure, it has made the residents have hope that they are in the area to stay and there is to be more development of permanent structures in Mukuru Kayaba.

With the production of bio gas, people had no interest to use it, but it is currently used by all the women in the community and they even fight over its use.

Since GOAL and other organizations came into the community, the situation has changed. Groups, schools and the community members have been trained on the need to practice good hygiene practices within the community. Organizations have constructed sanitation facilities within the communities that are safe and clean, which as a result, improved the sanitation situation of the community. Hence, cases of water-related diseases have gone down and it’s now a rare case of incidents of decorated roof tops from the use of the flying toilet method that was being practiced back in those days.
Health Applications of Pottery for Clean Water and Clean Air

By Reid Harvey

In 2013, babies are still dying due to pathogen contaminated water, and mothers continue to develop respiratory illnesses due to smoke from the kitchens. Fortunately, common pottery clays allow for appropriate water filters and eco-stoves, almost anywhere, for almost everyone. Industrial ceramic research indicates that health applications of pottery provide for safe water and improved indoor air quality.

The rocket stove was developed in the U.S.A. by Aprovecho - a Pacific Northwest organization. For the pottery stoves, as a result of a 50/50 mix of clay and charcoal powder, the small curved bricks from which the stoves are built, are insulating. Further, because of this mix, the stove is light-weight and is largely portable. This consists of a cylindrical stove, with a height of roughly double the diameter of a cook pot, for which the pot fits down inside the liner of the stove. Because this is like a short section of chimney, the burn is very hot.

Using this stove, it will be possible to burn sticks of wood, rather than using charcoal. Building awareness of this, should allow governments to outlaw the production of charcoal. The need for this is enormous as the production of one kilogramme of charcoal requires ten kilogrammes of wood.

An outline of Steps in Producing Pottery Water-Filter, PPBs

Meanwhile, the production of the water-filter systems of packed particle beds (PPBs) is a relatively simple matter, as per the following. Note that the only import that is required for such filters is pure silver, yet, the amount needed is very little.

The aim here is to indicate the simplicity of these methods given certain basic facilities. The primary intent is to reach as many beneficiaries as possible.

1. Production of silver nitrate, AgNO₃, using pure silver, boiled in nitric acid.
2. Silver treat, broken pottery shards, are dropped into a bucket of dilute AgNO₃.
3. Firing, of the treated pottery is to 480 degrees celcius. This burns the nitrate, with the silver metal bonding to the pottery.
4. Milling. The treated pottery pieces are placed in a mill, which rotates overnight, breaking the pieces to very small sizes.
5. Sieving. The small pieces are put through sieves, for correct particle size, allowing for the appropriate rate of flow.

Reid Harvey is a Consultant Ceramics Engineer-Eastleigh Community Center, Nairobi.
Kenya generates a phenomenal 17,350 metric tonnes (Mt) of electronic and electrical waste (e-waste) annually. Unfortunately, e-waste causes damage to the nervous system and development of foetuses; promotion of various types of cancer; and air pollution among others. The governments’ vision 2030 in which, broadcasting is scheduled to migrate from analogue to digital, government’s commitment to stimulating investment in the ICT sector and provision of laptops to children in 2014 poses major e-waste challenges while at the same time providing opportunities for e-waste recycling.

E-waste

E-waste is a term that encompasses various forms of electrical and electronic equipment that are old; end-of-life appliances that have ceased to be of any value to their owners. It includes electronics which are destined for re-use, re-sale, salvage, recycling or disposal.
E-waste is the most rapidly growing problem in waste streams due to its quantity, toxicity and carcinogenicity. As equipment reaches its end-of-life, disposal challenges arise. Often the material is improperly disposed of, posing a threat to human health and the environment.

The exact amount of e-waste generated in Kenya is estimated at about 2,980 per year, consisting of old PCs and cathode ray tubes (CRTs) in almost equal proportions.

The United Nations Environment Programme (UNEP) in an assessment in 2009, put the quantity of electric and electronic equipment (consisting of PCs and mobile phones alone) entering the Kenyan market at 5,650 metric tonnes (mt) per year.

The same assessment put the stock (installed base) of electric and electronic equipment at 58,110mt per year. This is broken down as follows: 21,300mt of PCs, 610mt of mobile phones, 22,600mt of TVs and 13,600mt of refrigerators. It places the quantity of e-waste generated per year at 11,400mt from refrigerators, 2,800mt from TV sets, 2,500mt from PCs, 500mt from printers and 150mt from mobile phones, making a total of 17,350mt annually.

According to industry research, Kenya is already well on the way to becoming a major e-waste producer and runs the increased risk of corresponding health, economic and social implications.

Average lifetime and weights of different electrical and electronic appliances

The key driver to the rapid generation of e-waste in Kenya is policy failure particularly with respect to importation of used computers and other electronic equipment. Vision 2030 is expected to worsen this policy gap. The first Medium Term Plan (2008-2012) of Vision 2030 states the government’s commitment to improve ICT infrastructure as the foundation for a knowledge-economy. The same document states the government’s commitment to simulating investment in the ICT sector.

This has seen a rapid expansion in the use of ICT through interventions meant to promote use of computer technology, mobile telephony and other ICTs. If growth in these sectors is not well managed, the problem of e-waste could rapidly worsen.

Within the medium term plan of Vision 2030, the proposal to migrate from analogue to digital broadcasting in the year 2012 presented potentially huge benefits but also saw most of the analogue television sets, which were used in Kenyan households, rendered obsolete.

This has come with a huge waste disposal problem. More impetus for growth of the ICT sector has come from regional decisions such as the AMCEN Decision 6 from the Johannesburg conference of 2008 that encouraged governments to promote ICT and environmental education.

Capacity constraints hindering the disposal of e-waste as well as the collection system and recycling infrastructure are the major challenges facing all the East African countries. A lot of the old technology is held in storage due to lack of clear strategies for disposal. Box 1 lists some of the programmes planned in the ICT sector.

Most e-waste recycling in developing countries is done informally and there is little regulation in place to safeguard the health of those who dismantle the electronic equipment.

In Kenya, quite a huge quantity of e-waste is handled by the informal (jua kali) sector. In addition, many developing countries have been caught up in the web of global e-waste dumping.

Opportunities and risks

The first medium term plan of Vision 2030 recognizes the problem of lack of standardization for ICT components and systems being procured, installed and applied across the government ministries and departments. The result is accumulation of old electrical equipment in institutions and households. Some are arbitrarily disposed of in dumpsites that are intended for non-hazardous waste. E-waste contains a number of harmful fractions some of which are outlined below.

1. Lead is found in the Cathode Ray Tubes (CRTs) of computer and television monitors. The metal
causes damage to the nervous system.

2. Mercury, a hazardous metal used in the flat-panel display screens, is a neurotoxin. High levels of metallic mercury damages the nervous system and the developing foetus. It is also difficult to get rid of mercury once it is released in the environment.

3. Circuit boards and batteries contain cadmium which is known to be a carcinogen as it is directly implicated in the promotion of various types of cancer.

4. Polyvinyl Chloride (PVC), a synthetic polymer used for the insulation of wires and cables of electronic equipments, emits chlorinated dioxins and furans which pollute the air when it is exposed to heat.

Inappropriate disposal of e-waste leads to significant environmental problems but also to a systematic loss of secondary materials. There is need to put in place appropriate interventions to protect human health and create opportunities for employment and wealth creation.

The interventions could be in the form of amending the current waste regulations of 2006 to embrace e-waste and promote refurbishment to extend the life of appliances through recycling. In addition, stringent enforcement of the Basel Convention should be observed so that, Kenya does not unwittingly become an importer of e-waste.

The inter-agency cooperation required to prevent dumping of illegal goods in the country needs to be quickly instituted. There have been incidents of electrical goods earmarked for transit ending up in the country. There have also been incidents of deliberate mislabelling of containers in a bid to conceal the true identity of goods. This has led to substandard electrical and electronic goods finding their way into the local market.

Other opportunities to improve disposal of e-waste include take-back schemes, recycling, re-use and educational research. Some manufacturers- such as Sony Ericsson, LG and associated suppliers- and service providers are implementing take-back schemes. When the Safaricom scheme became operational, it only took back its own obsolete appliances. The scheme has stalled in recent years and is in the process of being revitalized.

Kenya was the first sub-Saharan country to have a NOKIA take-back point and the firm has six take-back points in Nairobi, Kisumu and Mombasa. This presents a business opportunity for those who collect e-waste and hand it over to recyclers, refurbishing firms and treatment plants because they are paid a take-back fee.

Hewlett Packard is currently partnering with Camara Education, a non-profit organization that uses technology to improve education in Africa, to establish the East Africa Recycling Company. The partnership targets to capture at least 20 percent of the e-waste market in Kenya. E-waste management is also a potential research and educational area for institutions of higher learning.

Some private organizations are already partnering with universities to develop and implement training programmes. The growth of the electronics sector provides numerous economic and environmental opportunities. Innovations in e-banking, education, and research are now possible. The mobile telephony growth has been phenomenal in recent years and has been largely fuelled by the government’s liberalization of the mobile cellular market leading to an exponential increase in the number of handsets and their accessories.

In Kenya, access to telephone services has helped to grow a number of other sectors including agriculture, education, health and business. In the financial arena, for instance, Kenyans transfer huge sums of money daily through various mobile phone products offered by the different telecommunications operators. Growth in the ICT sector has led to a significant reduction in transaction costs and time as well as the migration to less energy and material-dependent processes. In the learning sector alone, e-learning promises to reach a vast number of people, especially the youth who are currently outside the formal education bracket.

Lastly the New Government policy to equip all pupils joining standard one in the year 2014 with laptops is a great achievement of vision 2030 under ICT. However, this poses challenges if stronger policies are not put in place to address proper disposal of the spoilt or end-of-life laptops. Given the environments in which they will be, the risk of exposing young children to their emissions will be huge.

Mr. Omondi Gamaliel is the MPH - Head, Division of Occupational Health and Safety

E-waste is the most rapidly growing problem in waste streams due to its quantity, toxicity and carcinogenicity.
Operationalizing Devolved Sanitation and Hygiene ICCs.

By Dr. John Kariuki

With the emergence of 47 counties, also emerged 47 County Public Health officers from the original 8 Provincial Public Health Officers. These are experienced public health officers who have previously served in various levels in government under the Ministry of Public Health that is now Ministry of Health.

The devolution system has affected all the systems that were previously working well and transition to county operation may face a few challenges as it seeks to stabilize and operate effectively as previously in the central system.

At the Ministry of Health, the department of Environmental Health had anticipated this and is restructuring the WASH Sector to ensure a smooth transition. One of the key organs that face challenges of transition in devolution is the Inter Ministerial Coordination Committee (ICC). It is well known that the ICC has 6 thematic working groups that have effectively supported the sector, namely Policy, Research & Advocacy; Hygiene Promotion; Sanitation Promotion; Household Water Treatment & Safe Storage; Health Care Waste Management & School WASH.

The six technical working groups have a clear mandate and terms of reference that indicate the kind of support that the groups provide to the government as well as the entire WASH sector. The TWGs have taken time through their conveners to share the very clear TORs that enable them to operate efficiently. This information-sharing is meant to support the transition of the ICC to the county platforms that will be created in the subsequent months with backing from the Ministry of Health headquarters, through the Hub.

The county ICCs are expected to take shape and start having their regular quarterly meetings from the second quarter of Year 2013/2014, with the leadership of the County Public Health Officers and partners in the counties. One of the most critical steps in ensuring a vibrant WASH sector is by stakeholder mapping and developing a partner database that indicate the kind of partners, their interest and areas of coverage.

County ICCs will provide a contextual learning and sharing forum. They will facilitate scaling up of best practices that have yielded great results in the specific region towards attaining access to improved sanitation and hygiene in the counties. It is expected that the county ICCs will automatically take shape of the national ICC, by having the technical working groups as earlier on mentioned for improved efficiency in implementation and learning.

The subsequent articles from the TWGs indicate in detail what is expected to be replicated at the county level.

Dr. John Kariuki (PhD) is the Deputy Chief of Public Health – Ministry of Health
Healthcare Waste Management
Technical Working Group

Conveners:
Ms. Gladys Ngeno – PATH & Mr. Jackson Mureithi - MOH

Health Care Waste Management Technical Working Group is one of the TWG’s in the larger Joint Inter-agency Coordination Committee. The TWG is co-convened by PATH and WHO. Its mandate is to coordinate partners in waste management, provide guidance in policy and guidelines development in waste management.

Its terms of reference include:
• Developing National Standards and Guidelines on Health Care Waste Management.
• Conduct Stakeholder Mapping.
• Healthcare Waste Treatment Technologies
• Knowledge Management and Research
• Capacity building
• Resource Mobilization

Active Members
• World Bank.
• PEPFAR – CDC.
• WHO.
• World Bank.
• PATH.
• SIMED.
• Nairobi City Council.
• University of Nairobi.
• Moi University
• Nairobi Women Hospital.
• Health Advantage Kenya.

Past Achievements
National Standards and Guidelines
• National Guidelines for safe management of Health Care Waste 2011
• Infection Prevention Policy 2010
• Infection Prevention Guidelines 2010
• HCWM commodities standards developed with KBS.
• National Health Care Waste Management Plan 2008- 2012

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<td>World Bank, PEPFAR-CDC,WHO,USAID</td>
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<td>PATH, JHPIEGO, Aphia Plus Kamili, APHIA Plus, Western and Nyanza</td>
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<td>Private sector</td>
<td>Nairobi Women Hospital, Health Advantage Kenya, Green City, REDI.</td>
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Household Water Treatment and Safe Storage Technical Working Group

Conveners:
Mrs. Catherine Mwango – KWAHO
Ms. Wanjiru Mathenge – PSI

TOR of the HWTSS TWG in brief
(Focus on Why, objectives and strategy, membership, broad action areas). The Household Water Treatment and Safe Storage Technical working group (HWTS-TWG) was formed as an advisory body to the Ministry of Public Health and Sanitation (Now a Department in the Ministry of Health) and has its membership drawn from organizations active in House Hold Water Treatment and Safe Storage e.g. CSOs, NGOs, academia and private sector. These are spearheaded by the Ministry of Health whose mandate is to chair, set goals and standards for results with a close collaboration with the conveners (KWAHO and PSI).

The main objective of the technical working group is to accelerate coverage of safe water storage and safety at the Point Of Use (POU), contribute towards the significant reduction of environmental sanitation and hygiene related diseases by 2015 through active promotion of HWTSS. This is because 88% of diarrhoea diseases globally result from unsafe water, sanitation and hygiene. HWTSS thus mitigates the gap on improving microbial quality of unsafe water, contributing to the control and prevention of diarrhoea diseases. Strategies in place to achieve this include operationalization of a HWTS action plan, sharing best practices, documentation of stakeholder intervention techniques/stakeholder mapping, development of standards and guidelines, advocacy on adoption of appropriate HWTSS technologies and resource mobilization.

Active Members
Kenya Water for Health Organization (KWAHO) – Convenor, PSI (Co-Convenor), UNICEF, KEMRI, Vestergaard Frandsen, Kenya WASH Alliance, Innovation Poverty Action organization, PATH, Chujio Ceramics. Nakuru Defloridation Company, WHO, Institute of Water and Environment, Ken-tainers,

Past achievements
1. Stakeholder Mapping – resulting to a database with 19 members
3. Development of HWTS Guidelines
5. HWTS Technologies

Challenges
1. Mixed Messages on improved water supply and HWTS: In pursuit of MDG 7 (Target 10) on improved water supply, this message has been broadly advocated for among communities. Despite this, a multiple barrier approach is necessary since there are several stages of possible contamination. Thus it’s an item of improved water supply and HWTS complementing efforts to achieve safety of water for human consumption.
2. Lack of information on combined systems implementation and integration into HWTS in other programs. Most massive water projects on supply do not have a focus on water safety. Exploring synergies between water supply, sanitation, hygiene and health programs will go a long way in sensitization of the community on HWTS
3. Sharing best practices for scaling up
4. Cost effectiveness of HWTS techniques and effects of subsidies, most programs disseminate HWTS technologies of intervention as a donation or highly subsidized, causing a serious barrier in commercial development of the products to ensure these products and technologies are available beyond NGO intervention periods.

Plan for the year
1. Quarterly meetings of the TWG
2. Continue with Stakeholder Mapping of all partners country wide
4. Disseminate the HWTS Guidelines
5. Print and disseminate the HWTS Training Manual
6. Document new and upcoming technologies
7. Guide members on adhering to KEBS standards
Hygiene Promotion Technical Working Group

Conveners:
Wanjiku Kuria – World Vision Kenya
Evelyne Makena – FHI360

The current conveners of this hygiene promotion technical working group namely World Vision Kenya and FHI360 took up leadership in July 2012 after the TWG had undergone a long period of dormancy.

Terms of Reference

Purpose
To spearhead and advocate for hygiene issues in the country.

Specific Objectives
1. To identify, promote adoption and use of appropriate hygiene technologies and options that are effective, affordable, acceptable and sustainable at individual, household, community and institutional levels
2. To harmonize, document and share lessons and best practices from hygiene interventions.
3. To promote innovations in hygiene promotion
4. To promote research in hygiene promotion to inform practice and policy.
5. To guide and standardize hygiene messages

Active members
World Vision Kenya, FHI360, WSP, KWAHO, Proctor & Gamble, Ministry of Health-Department of Environmental Health, PSI, WASH Alliance, WSUP.

Members targeted to join soon:
Millennium Water Alliance (MWA), WASH United & Ahadi Kenya

Past Achievements
1. Drawing up the TWG TORs
2. Celebration of GHD 2012
3. Reaching 1.6 million children during the GHD 2012
4. Forming sub-committees on menstrual hygiene, jigger management and standardization of hygiene promotion messages
5. Jigger campaign carried out with Ahadi Kenya and World Vision in Matete, Kakamega county
6. Selling sanitation research-WSP
7. WASH baseline survey-FHI360

Challenges
Low participation in the TWG by the private sector in the days leading up to the GHD celebrations, which fizzle out after celebrations.

Plans for the year
1. Standardization of hand washing messages
2. Coordinating the jigger campaigns
3. Research on hygiene promotion
4. Preparation of GHD 2013
5. Quarterly meetings of the TWG & ICC
Policy Research and Advocacy
Technical Working Group

Conveners:
Prof. Karama Mohammed – KEMRI
Mr. Tobias Omufwoko – Kenya WASH Alliance

Active members
All Technical Working Groups are represented in this group

The Convener:
Kenya Medical Research Institute (KEMRI) & Kenya Medical Training Center (KMTC)

Past achievements:
1. Holding regular policy meetings
2. Supporting the formulation of research
3. Attending other TWGs meetings to provide guidance on policy, research & advocacy.
4. Representation at the ICC
5. Working as PCM member in coordinating the GSF proposal development
6. Conducted research on hand washing in 100 primary schools in Nairobi
7. Developed proposals approved by National Council for Science and Technology

Challenges
1. Insufficient resources for TWG activities
2. Weak linkages with other TWGs

Plan for the year
1. Completion of GSF proposal
2. Support in undertaking national situation analysis on Sanitation and Hygiene
3. Research in sanitation related diseases and trends to be undertaken in 4 sub counties: Kajiado, Kwale, Wajir and Nyando
4. Support in national adaption of the “improved sanitation” concept.
The School Water, Sanitation and Hygiene (WASH) Technical Working Group (TWG)

Conveners:
Mr. Steve Osingo – SNV
Ms. Rachel Waithaka – Kenya Red Cross

Overview
The School WASH TWG is a Sub-Committee of the Inter-Agency Coordination Committee (ICC) set up under the Ministry of Health to spearhead the coordination as well as harmonize implementation of School WASH approaches by the various partners in Kenya.

Overall, the TWG has the mandate to advocate for compliance to Government strategies, policies and guidelines by all actors. It also advises the Government of Kenya (GoK) and stakeholders on the best practices to scale up School WASH interventions.

Further, the TWG advocates for increased resource allocation for initiatives targeting improvement of WASH in schools and sets the national annual agenda (annual School WASH-plan) in line with government priorities for adoption by all School WASH actors in Kenya.

The set agenda and plan is periodically reviewed and revised to suit the changing operational context. To execute its roles and mandates, the School WASH TWG is guided by the Constitution of Kenya 2010 and relevant policy instruments, mainly the Environmental Management and Hygiene Policy 2010, the National School Health Policy & National School Health Guidelines 2009 and national blueprints that support improvement of WASH in schools.

Currently, the School WASH TWG is alternately chaired by the Ministry of Health and Ministry of Education Science and Technology and is convened by SNV and Kenya Red Cross Society.


Achievements
1. Revamping and remapping of 2013 stakeholders
2. Giving the Government and non-State School WASH Actors a platform to articulate school WASH issues
3. Finalizing revisions of its original TOR developed in 2010
4. Creating awareness on National School Health Policy and Guidelines
5. Formed sub-committees to enhance effective and efficient delivery of annual School WASH TWG targets
6. Held two meetings since its reconstitution and participated in the 1st ICC
7. Is in the process of finalizing the development and operationalization of a National School WASH Strategy to promote harmonized and effective coordination of School WASH initiatives leading to realization of sustainable impact.
8. Has continued to encourage the adoption of innovative solutions and new knowledge sharing through the TWG and ICC.

Challenges
1. Inconsistency in convening School WASH TWG meetings– there was a long period of no activity between 2010 and 2013
SANITATION PROMOTION TWG:
The drive to ODF rural Kenya by 2013

Conveners:
Mr. Daniel Kurao – AMREF
Mr. Charles Ngira – Plan International

Provision of sanitation is a key development intervention that the Ministry of Health together with partners, is addressing in order to improve the health and well-being of the Kenyan citizenry. Poor access to sanitation is a life without dignity. Access to appropriate sanitation has a direct impact in improving health and well-being of a community. It also impacts positively on improved economic productivity. Inadequate sanitation comes with negative impacts to individuals, households, communities and the country at large.

In Kenya, scaling up sanitation coverage has been slow despite its importance. In response to this, the Government has made commitments in collaboration with partners in the WASH sub sector and established a National plan for accelerating progress to meet national sanitation goals that also contribute to the MDGs by 2015. Achievement of the National and MDG targets is only a first milestone. Eventually, the country’s target is sanitation for all people as envisaged in the new constitution. This is based on the fact that access to sanitation is now a basic right.

Firm evidence demonstrates that:
1. Sanitation is vital for good health.
2. Sanitation brings dignity, equality and safety.
3. Sanitation is a good economic investment.
4. Sanitation sustains clean environments.

It is against this background that the Sanitation Promotion Technical Working Group (SPTWG) was formed in 2011. The Technical Working Group TWG plays a key role in the coordination of stakeholders towards scaling up and increasing the effectiveness of investments in sanitation sub-sector so as to meet national targets.

SPTWG is one of the six TWGs under the Environmental Sanitation Inter-Agency Coordination Committee (ICC). Upon its establishment, the TWG developed its terms of reference that provide guidance on the conduct of business for the technical working group as well as sanitation partners in the implementation of sanitation activities in the country.

The working group relate well with all the other TWGs and all are responsible to the Inter-Agency Coordinating Committee (ICC). To further outline the key priorities of the SPTWG, there is a work plan that gives a synopsis of the sanitation promotion activities. The SPTWG has two conveners; AMREF and Plan Kenya chapters and Conveners and Co-conveners respectively.


Achievements
Meetings are conducted on quarterly basis but also on a need-to-basis. Since inception, the TWG has achieved a number milestones;

1. Strengthening partnerships
Addressing the sanitation crisis requires a national strategy that builds partnerships between national government, International agencies, NGOs, communities and households as well as the private sector. Partnerships provide a platform for increasing information-sharing between implementing agencies and partners, and help to reduce duplication of efforts. It also provides a forum for
Sharing experiences, lessons learnt and harmonization of approaches. Additionally, partnerships offer a good opportunity for leveraging of scarce resources. These partnerships are built and strengthened at all levels including National Government, County Governments, International Agencies, Civil Society, Communities and households. The SPTWG has been able to use its quarterly forums to strengthen partnerships among all sanitation sector stakeholders.

2. Resource Mobilization
Resource constraints, both financial and human, are some of the major challenges in increasing sanitation coverage. The ministry is working towards establishing a specific budget allocation for sanitation. Partners in the sanitation sector are also increasingly allocating more resources to sanitation programmes. This kind of resource allocation is meant to stimulate demand for sanitation and promote hygienic practices at the community level. The SPTWG, working closely with the Ministry of Health and other sector partners, are mobilizing resources through positive engagements with the WSSCC. A Country programme proposal under the leadership of the Ministry of Health and the GSF steering committee has been developed. It is due for submission to the Global Sanitation Fund (GSF) towards a five year sanitation programme. In the long term, the SPTWG in collaboration with UNICEF is developing a sector resource mobilization strategy.

3. Monitoring
Achieving the national targets for sanitation coverage poses a significant challenge but progress is being made. However, the best approach to sanitation is developing and implementing effective sanitation programmes that combine interventions aimed at behavior-change using modern technological approaches. To ensure this, it will be important to keep track of implementation, monitor progress, explore how new ideas are impacting on access and evaluate whether programmes being implemented are actually improving households’ livelihoods. There will also be need to build capacity at all levels and particularly at the community level to generate and use information. The SPTWG and the Ministry of Health are already developing tools- sanitation information monitoring systems and tools- for use in monitoring progress. These will be used at all levels by all partners.

4. Capacity Building
More capacity is needed to reach both national and international targets on sanitation. Currently, there is limited capacity in some parts of the country. Therefore, there is need to collate more resources, strengthen institutions and train people to improve skills in sanitation promotion. Additionally, capacity building should include development and dissemination of tools for good practice, and development of skills and innovative ways of sanitation service delivery, among others.

So far, the SPTWG has finalized the ODF road map that is now being disseminated, and finalized the CLTS training Manual (third edition). It has also developed third party certification TOR, and is finalizing guidelines for third party certification.