

Country Name: Kenya

WASH in Health care facilities: 7% of HCFs don't have water, 14% don't have sanitation facilities, while 10% don't have handwashing facilities

Health care facility data - Kenya - 2021 - Service Levels



JMP 2022



Country Name: Kenya

Progress to-date on WASH in HCFs:

- WASH Facility improvement tool (WASH FIT) training has been rolled out to 38 counties in Kenya
- A total of 76 staff (county public Health officers, WASH coordinators and Sanitation extenders and WASH in HCFs partners) were trained through two (2) workshops.
- Comprehensive and detailed training conducted for Public Health Officers (PHOs) and WASH coordinators in five (5) counties (Nairobi, Garissa, Wajir, Mandera , Isiolo).
- The trained officers conducted WASH assessment in 290 Health care facilities and developed WASH facility improvement plans. The findings were disseminated to county leadership and WASH in Institutions (schools and HCFs)TWG at National level.
- For Nairobi county 27 PHOs have been trained and are rolling out WASH FIT in 34 Health Care facilities.
- For system strengthening, a coordination mechanism has been put in place for WASH in HCFs led by MOH and with TOR and concept note developed.
- 56 HCFs reached with WASH services in 3 Counties,(Nairobi, Busia ,Homabay) , 2025



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Successes:

- The WASH FIT tool has been contextualized to Kenya, approved by MOH and disseminated to partners working in WASH in Health Care facilities.
- WASH FIT assessment conducted in 290 HCFs creating evidence for advocacy on WASH in HCFs.
- Some funding received in 2024 enabled the detailed assessment in four (4) Counties and strengthening of the enabling environment for WASH in HCFs.
- Development of standards and designs for WASH in HCFs is ongoing with leadership of MOH and MOWSI with support from World Bank.

Lessons Learned:

- Training rollout to the Public Health Officers, WASH coordinators and partners is important for successful roll out.
- Importance of WASH FIT to conduct comprehensive assessment and generate evidence that support advocacy and resource mobilization



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Challenges: Limited funding by Counties for WASH FIT implementation (especially WASH Infrastructure) given health is a devolved function in Kenya.

Limited coordination among health and WASH actors for better budgeting, planning, implementation, monitoring and reporting of WASH in HCFs.

Lack of data for planning: KHIS is one of the well-established MIS, but lacks indicators on WASH

Next Steps: Trainings of WASH FIT in the remaining nine (9) counties in Kenya to ensure all counties are trained in the approach.

Support implementation of the WASH facility improvement plans in the 38 counties (esp Hand hygiene and Environmental cleaning).

Strengthen the enabling environment for WASH in HCFs (coordination, policies, standards and guidelines).

Support advocacy initiatives with county leaders for improvement of WASH in HCFs

Set up/ activate IPC committees (training and sensitization in IPC guidelines and policies)



Summary of the facilities assessed

WASH services in health care facilities (HCFs) assessment was conducted during August – Mid September 2024, using WASH FIT tool

A total of **290** HCFs were assessed in four counties (Isiolo, Garissa, Mandera and Wajir), 20 sub-counties

These include:

- Level 2 dispensaries – 174 (**60.0%**)
- Level 3 health centers – 89 (**30.6%**)
- Level 4 sub-county hospitals – 22 (**7.6%**)
- Level 5 county hospitals – 5 (**1.7%**)



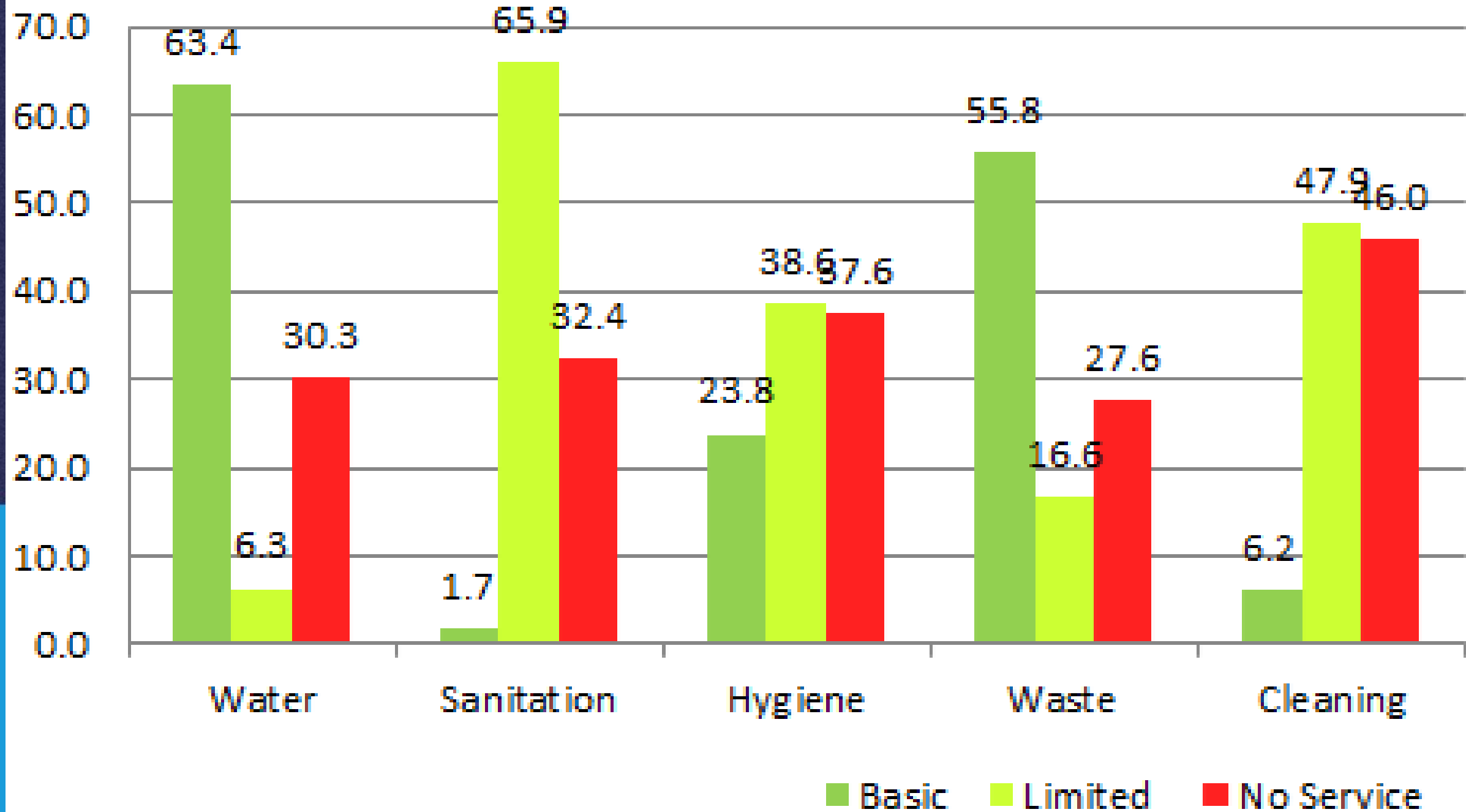
Findings of the assessment

Findings

Domain	Assessment	National JMP report
Water	63.4%	68.0%
Sanitation	1.7%	15.0%
Hygiene	23.8%,	45.0%
Waste management	55.8%,	48.0%
Environmental cleaning	6.2%	8.0%



JMP service level (percentage)



Detailed assessment report

Garissa and Turkana counties



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Methodology: Garissa and Turkana

- Face-to-face structured Key Informant Interviews (KIIs) in Turkana and Garissa counties
- Phone-based/remote KIIs in facilities that were found to be insecure or inaccessible.
- Census methodology was used - All public primary schools and health facilities were assessed (*5 HFs in the Dadaab refugee camp were not assessed*). ***Note that the analysis for camps' schools includes both primary and secondary levels***
- KIs profile: Heads of institutions, community leaders, and WASH implementing partners.
- Data was collected between 18th June –5th, July 2024.
- Fully fledged WASH FIT assessment in Garissa, Wajir, Mandera and Isiolo

Coverage

Population group	Location	Health facility (HF) KIs assessed	School KIs assessed	Community leader KIs assessed	Implementing partner KIs assessed
Host Community	Turkana County	205	425	97	14
	Garissa County	80	225	89	13
Refugee community	Dadaab	7	42	10	7
	Kakuma	6	31	24	7
	Kalobeyei	4	9	0	0
	Total	302	732	220	41

Key findings

- Treated water sources were mostly used in **assessed camps (100%)** and have fewer purification needs (**almost 0%**) compared to Garissa and Turkana, where many facilities still use unimproved sources and engage in chlorination
- **In Garissa, 19% of HFs and 27% of schools** use unimproved or no sanitation facilities, heightening the risk of waterborne diseases
- Schools shows a higher toilet ratio compared to HFs, indicating a need for additional sanitation resources in schools, particularly in Garissa and in the camps.
- **All HFs in camps** provide gender-separated sanitation facilities, whereas only **50%** of HFs and a significant portion of schools in host communities do
- **All HFs in Garissa and 75% in Turkana** reporting lack soap at handwashing stations. Increased handwashing practices in Kalobeyei camp are attributed to hygiene promotion programs
- WASH infrastructure in Garissa and Turkana is generally not adapted for persons with disabilities (PWDs), unlike in camps where many facilities are more accessible.
- Burning in protected pits is the predominant waste disposal method across host communities and camps. Staff in Dadaab and Kalobeyei camps are equipped but lack training on waste disposal procedures, posing health risks.
- **Nearly half (48%) of schools in Garissa** lack menstrual hygiene management amenities, potentially leading to absenteeism among girls. Inadequate menstrual waste disposal bins in HFs and schools **across all locations affect hygiene**.
- In Garissa, the primary need is access to clean water (**58% HF, 69% schools**), while in Turkana, access to sanitation facilities (**82% HF, 81% schools**) was listed as the highest need.
- Clean water remains a primary concern in schools and HFs, with improvements in sanitation infrastructure noted

Conclusion and recommendations

- The low coverage of Water, sanitation and Hygiene including Waste management services in the facilities has considerable implication on the quality of health care, infection and antimicrobial resistance prevention and vulnerability to climate change hazards. Almost all the facilities require extensive demand for WASH services improvement.



Conclusion and recommendations

Recommendations

- Development of incremental improvement plan for the facilities
- Rollout WASH FIT training to the facilities' team
- Ensuring the engagement and commitment of the leadership at all level
- Establish functional working group at different levels to oversee the implementation through the involvement of stakeholders and partners
- Strengthening other enabling conditions including human resources, financing, monitoring, operation and maintenance capacity at different levels as applicable
- Promoting WASH in HCFs program integration with primary and quality of health care, IPC and antimicrobial resistance, climate resilience and environmental sustainability

