

JULY | 2021



# NAROK COUNTY

OPEN DEFECTION FREE  
ROADMAP  
**2021/22 - 2025/26**

DEPARTMENT OF HEALTH AND SANITATION

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# ACRONYMS

<b>ACC</b>	:	Assistant County Commissioner
<b>AHA</b>	:	Amref Health Africa
<b>CC</b>	:	County Commissioner
<b>CEC</b>	:	County Executive Member
<b>CDH</b>	:	County Director of Health
<b>CHP</b>	:	Community Health Partners
<b>CHA</b>	:	Community Health Assistant
<b>CHEW</b>	:	Community Health Extension Worker
<b>CLTS</b>	:	Community Led Total Sanitation
<b>CPHO</b>	:	County Public Health Officer
<b>DCC</b>	:	Deputy County Commissioner
<b>IEC</b>	:	Information Education and Communication
<b>IT</b>	:	Institutional Triggering
<b>KPHC</b>	:	Kenya Population and Household Census
<b>K-SHIP</b>	:	Kenya Sanitation and Hygiene Improvement Program
<b>RTMIS</b>	:	Real Time Monitoring Information System
<b>FUM</b>	:	Follow Up Mandona
<b>MHM</b>	:	Menstrual Hygiene Management
<b>OD</b>	:	Open Defecation
<b>ODF</b>	:	Open Defecation Free
<b>PHO</b>	:	Public Health Officer
<b>PHT</b>	:	Public Health Technician
<b>SCPHO</b>	:	Sub County Public Health Officer
<b>TWG</b>	:	Technical Working Group
<b>VHC</b>	:	Village Health Committee
<b>VSCs</b>	:	Village Sanitation Committees
<b>WASH</b>	:	Water Sanitation and Hygiene

# ACRONYMS

# FOREWARD

Access to sanitation in Narok County continues to be a major challenge. According to the Kenya Population and Housing Census of 2019, the county overall access levels are low with 28.3% of households representing 332,382 people practicing open defecation resulting in the prevalence of diseases such as diarrhea, amoeba, typhoid, and cholera among other sanitation-related diseases. Narok is ranked fourth of the fifteen high Open Defecation burden counties in Kenya. Economically, Narok County loses KES 864 million annually due to poor sanitation (WSP, 2014). Following the development of the national Open Defecation Free roadmap 2016 - 2020, it was expected that all the 47 counties would contribute to the achievement of Open Defecation Free Kenya by developing and implementing individual county Open Defecation Free plans. The county commenced implementation of Community-Led Total Sanitation (CLTS) in 2015 to contribute towards achieving Open Defecation Free county and Kenya. With support from Amref Health Africa, World Vision Kenya, Operation Eyesight Universal, Fred Hollows Foundation and UNICEF the county has delivered 354 villages Open Defecation Free out of a total 2858 villages representing 12.4%. Sagamian ward in Narok South Sub County is the only ward that is Open Defecation Free out of 30 wards in the County.

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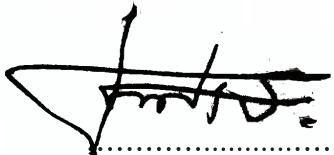
Apart from increasing Morbidity and Mortality, inadequate sanitation threatens to contaminate County water sources and undermine human dignity. Open defecation costs the County KES 864 million per year –yet eliminating the practice would require KES 86,159,500.(WSP, 2014)

The County Open Defecation Free roadmap 2026 recognizes that sanitation is a devolved function and therefore the county shall commit adequate resources for the achievement of Open Defecation Free Narok by 2026. The roadmap takes into consideration the need to work with other stakeholders and the private sector in securing additional support towards attaining Open Defecation Free County. The county government will employ several strategies towards an open defecation-free county such as allocating own resources towards CLTS implementation, creating partnerships for additional support, identification of sanitation and hygiene ambassadors, CLTS plus infusing Follow-up Mandona, MHM and institutional triggering and performance contracting to implementing officers. The roadmap has been aligned to the Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2015-2030. It is therefore going to be an indispensable tool to help in fast-tracking the county's achievement of 100% Open Defecation Free status by the year 2026 through developing capacities of key sanitation stakeholders to help in achieving the county Open Defecation Free targets.

The road map is a commitment to assist the county to mobilize resources through various sources and coordinating the key players in implementation to ensure the county becomes Open Defecation Free by 2026. It will also be geared towards meeting the development targets set in the Kenya Vision 2030. Finally, it is important to note that the ambitious targets set to be achieved by the year 2026 can only be realized if all stakeholders, county institutions, Civil Society Organizations, the Private sector, and communities bring synergy in the

implementation of this roadmap.

I am humbled to note the immense contribution of the National Ministry of Health, UNICEF, and Amref Health Africa (AHA) Kenya in technical and financial support to the county department of health and sanitation in the process of developing this County ODF 2021 – 2026 roadmap.



.....  
Morgan Siloma

County Executive Committee  
Member for Health and Sanitation

**Narok County Government.**

# ACKNOWLEDGEMENT

The production of this document is the result of concerted efforts of several stakeholders, government agencies, organizations and individuals whose dedication and hardwork made it possible to develop this ODF roadmap.

The County Department of Health and Sanitation is indebted to the National Ministry of Health, County sanitation and hygiene technical working group, subcounty and ward public health teams, partners namely UNICEF, Amref Health Africa and Welt Hunger Hilfe.

The purpose of this document is to provide guidance and appropriate approaches to eradicate open defecation in Narok County by 2026 as we work towards ensuring universal health coverage and increase access to adequate and equitable sanitation and hygiene for all as envisioned by the 2030 sustainable development.



.....  
Mr. Edward Tankoi

County Public Health Officer

**Narok County Government.**

# Introduction

## 1.1 County Overview

Narok County is one of the 47 counties created by the Constitution of Kenya 2010 and headquartered in Narok town. The County is situated in the Great Rift Valley in the Southern part of the country where it borders the Republic of Tanzania. The county covers an area of 17,950.3 Km<sup>2</sup> representing 3.1 percent of the total area in Kenya and hence the eleventh largest county in the country.

**Table 1: County Demography**



*Source: 2019 Kenya Population and Housing Census.*

The main economic activities in the county include pastoralism, crop farming, tourism, and trade among other activities undertaken on small scale.

## 1.2 Administrative Units

Administratively, Narok County is divided into six sub-counties namely, Narok East, Narok North, Narok South, Narok West, Transmara West, and Transmara East. The sub-counties are further sub-divided into 30 wards as shown in table below.

**Table 2: Administrative units**

Sub-County	Number of Wards	Wards		Number of Villages
		Name	Area (KM <sup>2</sup> )	
Transmara West	6	Kilgoris Central	305.8	482
		Keyian	270.3	
		Angata Barikoi	315.2	
		Shankoe	220.5	
		Kimintet	813.5	
		Lolgorian	600.7	
Transmara East	4	Ilkerin	96.7	349
		Ololmasani	83	
		Mogondo	62.4	
		Kapsasian	78.4	
Narok North	6	Olposimoru	270.2	397
		Olokurto	572.6	
		Narok Town	373.7	
		Nkareta	462.9	
		Olorropil	412.2	
		Melili	556.7	
Narok East	4	Mosiro	867.9	334
		Ildamat	474.8	
		Keekonyokie	408.2	
		Suswa	308.6	
Narok South	6	Maji Moto/Naroosura	2,139.2	883
		Ololulung'a	444.6	
		Melelo	214.4	
		Loita	1675.6	
		Sogoo	84.1	
		Sagamian	401.3	
Narok West	6	Ilmotiok	279.1	413
		Mara	1318.2	
		Siana	2802.8	
		Naikarra	1,052.6	
<b>Total</b>	<b>30</b>		<b>17,921.2</b>	<b>2858</b>

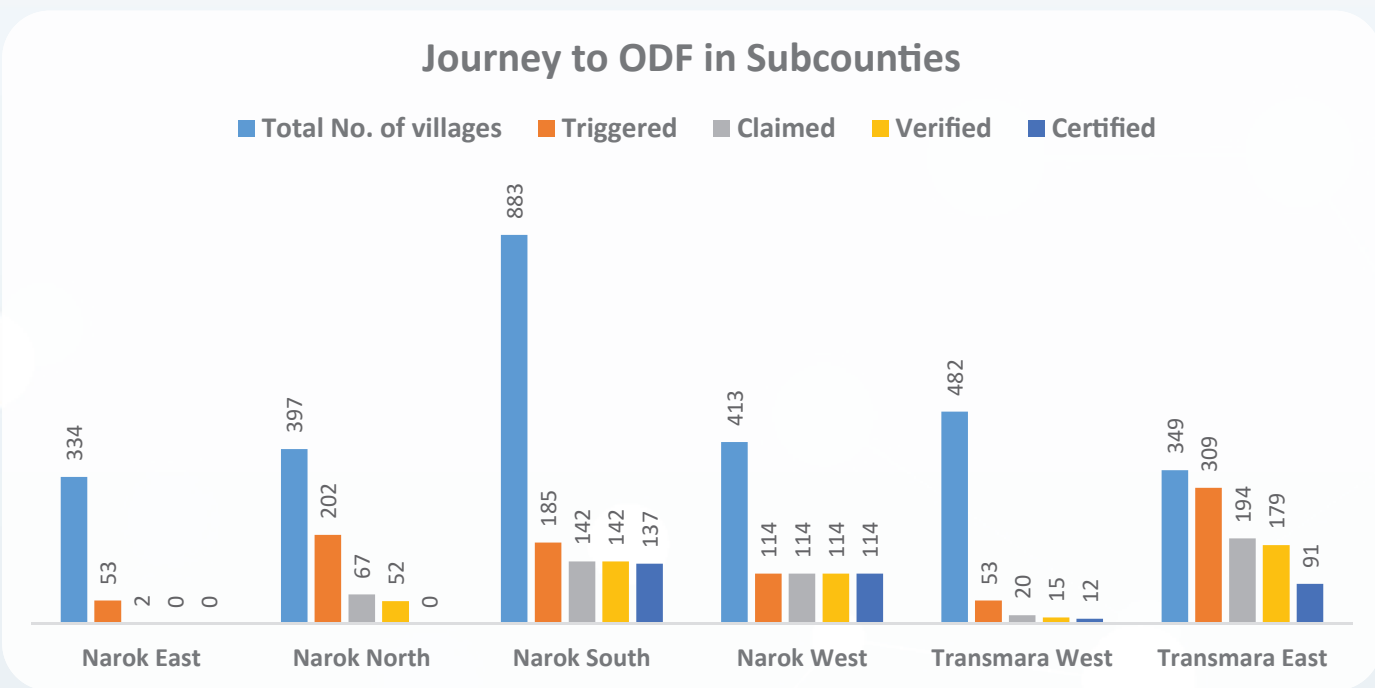


### 1.3 Efforts towards open defecation free (ODF) status

The Government of Kenya’s Ministry of Health rolled out the Open Defecation Free (ODF) Rural Kenya campaign in May 2011 through a road map aimed at eradicating Open Defecation (OD) in Rural Kenya by 2013 but later revised to National ODF Kenya 2020 campaign. Community-Led Total Sanitation (CLTS) was adopted as the core strategy for implementing the ODF Rural Kenya campaign. The National ODF Kenya 2020 campaign roadmap entails working through partnerships and devolved government structures throughout rural Kenya to reach all the communities and to ensure that they are Open Defecation Free.

To contribute to the achievement of ODF Kenya 2020, Narok County began implementing CLTS in 2015 under the Kenya Sanitation and Hygiene Improvement Programme (KSHIP) through Amref Health Africa Kenya. The programme introduced CLTS in two subcounties with each subcounty having an implementing partner - Caritas Ngong in Narok South and Community Health Partners (CHP) in Narok West. Later, We World Foundation Kenya, Operation Eyesight Universal, World Vision Kenya, Fred Hollows Foundation and UNICEF supported implementation of CLTS in Transmara West and Transmara East Subcounties. Since the introduction of CLTS in the county, 354 villages out of 2858 (12.4%) have been certified Open Defecation Free. Figure 1 shows the journey to ODF in the six subcounties.

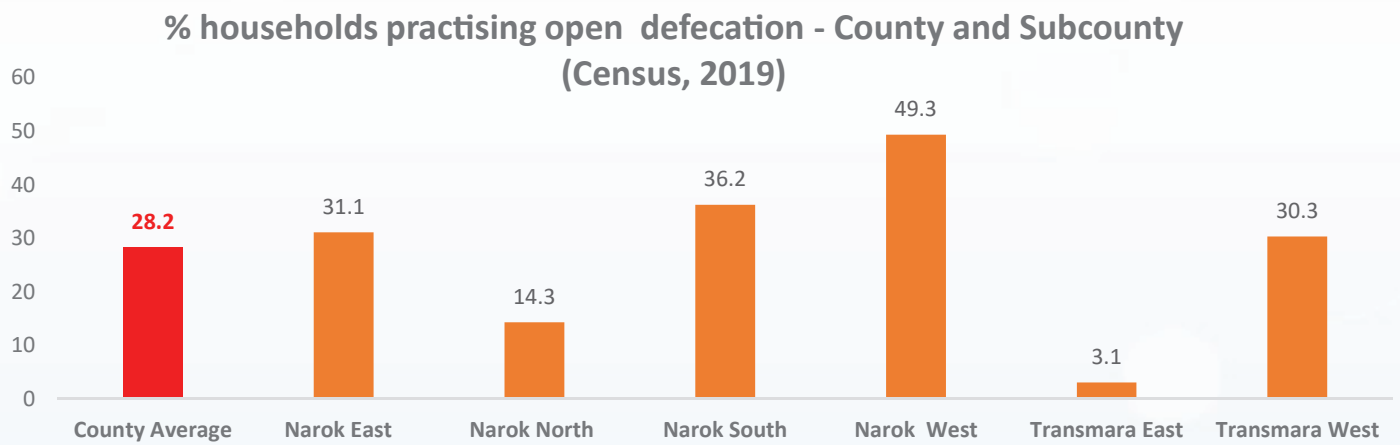
Figure 1: Journey to ODF in subcounties



Source: CLTS RTMIS and actuals reported by subcounties as at June 2021.

With only 12.4% of villages certified as ODF, a lot of work still needs to be done to move the remaining 2504 villages (87.6%) to open defecation free status. According to the Kenya Population and Housing Census 2019, Narok County has an open defecation rate of 28.3% translating to 332,382 people defecating in the open/bush. Narok West Subcounty had the highest open defecation rate (49.3%) among the six subcounties as shown in figure 2.

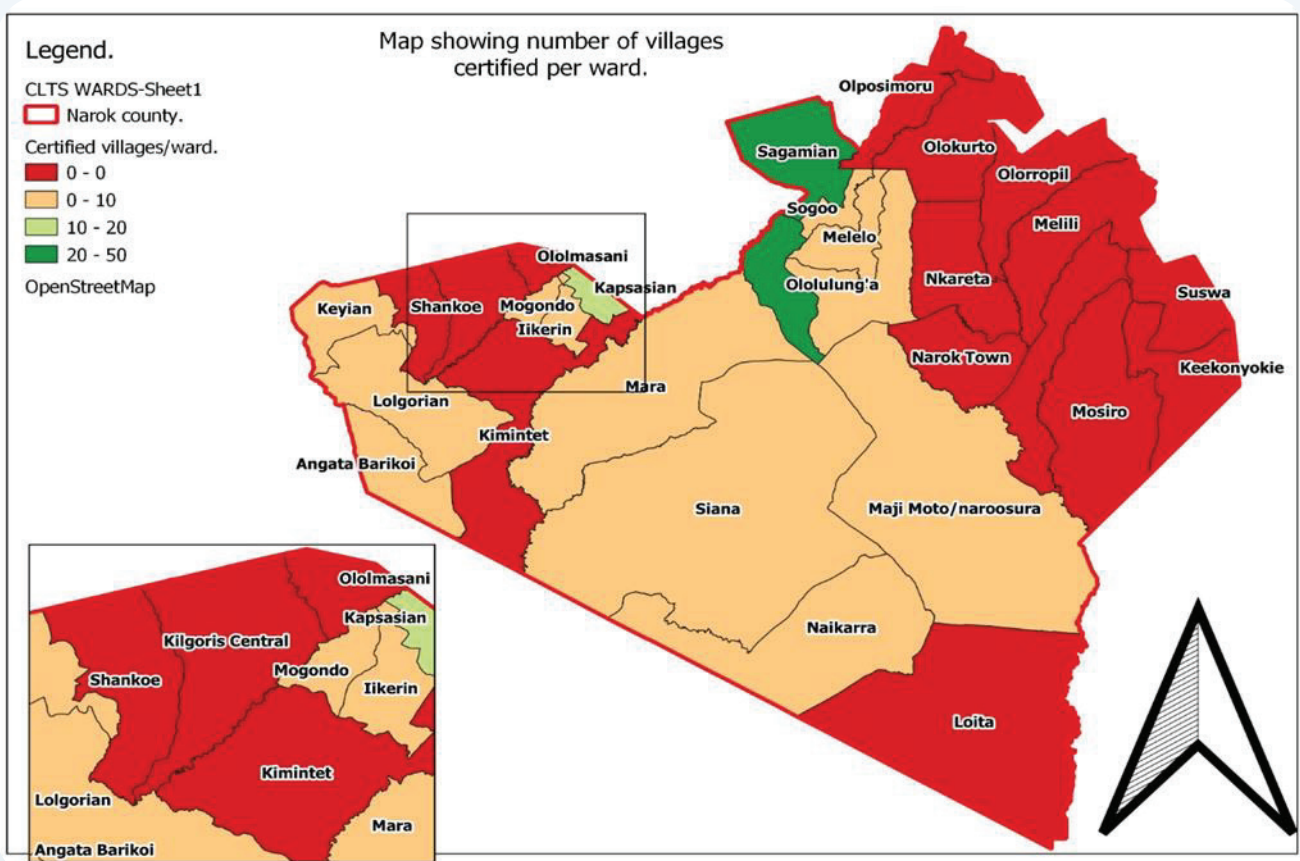
Figure 2: Open defecation rates



### ODF status of wards.

Sagamian in Narok South subcounty is the only ward that is ODF out of the 30 wards in the county. Figure 3 presents the ODF status of wards in the county.

Figure 3: ODF status of wards

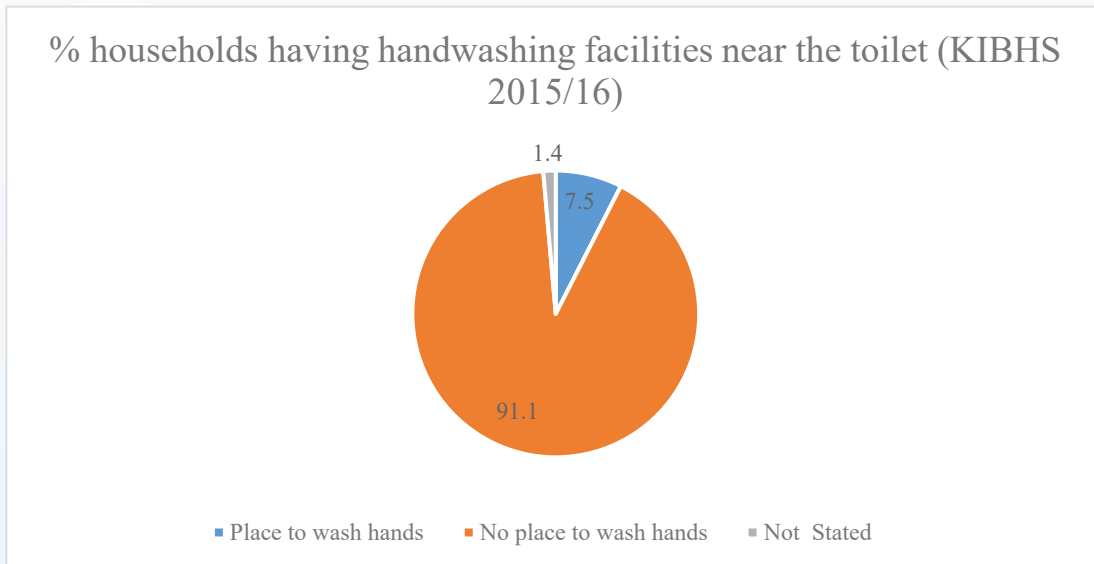


Economically, Narok County loses KES 864 million each year due to poor sanitation (WSP 2014). This includes losses due to access time, premature death, health care costs, and productivity. This estimate does not include some costs that could be significant (such as water pollution and tourism) and is therefore likely to under-estimate the true cost of poor sanitation. There is a need to invest in sanitation to improve the socio-economic status of the communities.

### 1.3.1 Handwashing coverage

According to the Kenya Intergrated Household Burget Survey (KIHBS) 2015/16, 91.1% of households in Narok county did not have a place to wash hands near the toilet or residence as shown in figure 3. This makes handwashing a component that needs strengthening as the county works towards ODF status. The county has identified strategies towards strengthening the handwashing component to push households towards 100% handwashing facility coverage.

Figure 4: Handwashing coverage



### 1.4 Roadmap goal

The roadmap goal is to eliminate open defecation in Narok County by 2026.

### 1.5 Objectives

The specific objectives of the roadmap are:

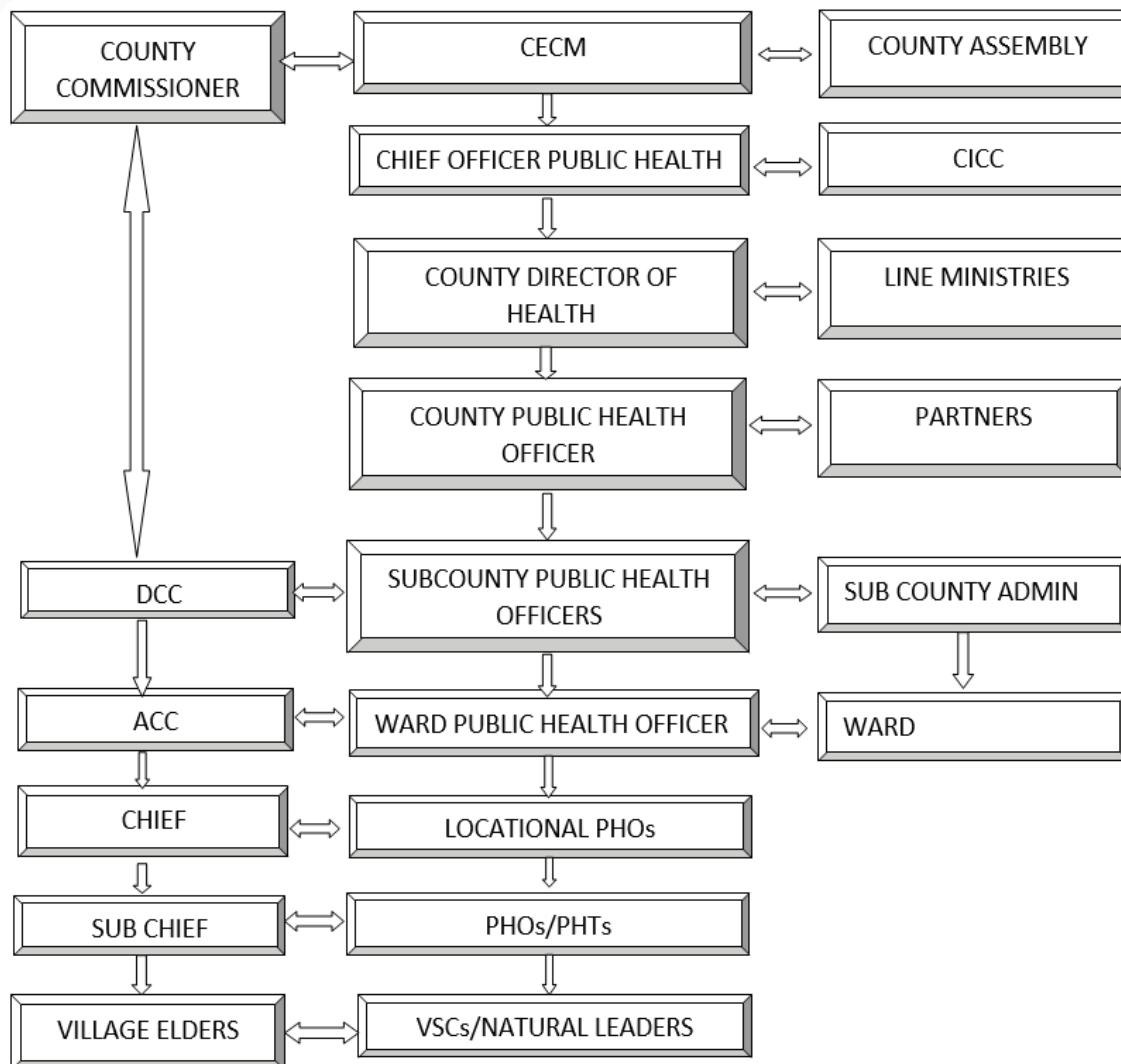
1. To capacity build CLTS implementers across the County and promote handwashing practices with soap and running water in households and institutions.
2. To accelerate the achievement of ODF villages and integrate other CLTS plus approaches such as Follow up Mandona, Menstrual Health Management (MHM), Institutional Triggering (IT), and Equality and Non-discrimination.
3. To coordinate stakeholders, strengthen planning, monitoring, evaluation and learning through the establishment of a County WASH hub.

# IMPLEMENTATION STRATEGY

## 2.1 Implementation structure

Figure 5 shows the implementation arrangement of the roadmap.

**Figure 5: Implementation structure**



## 2.2 Capacity building of CLTS implementers

The roadmap implementation will require skilled, experienced and knowledgeable human resources at all levels of implementation. The roadmap will be seeking to increase the skill and knowledge base through equipping various groups with knowledge and skills relevant to the ODF achievement. This will include:

- a) Refresher training for 60 Public Health Officers and Public Health Technicians on CLTS, IT, FUM and MHM.
- b) Training for 38 PHOs and PHTs on CLTS, FUM, IT and MHM.
- c) Training of 36 verifiers/certifiers.
- d) Formation and orientation of 1942 VSCs on CLTS.
- e) Training of 15 officers on CLTS monitoring and reporting including basic data management.
- f) Training of 15 officers on Arc-GIS for CLTS.

## **2.3 CLTS implementation process**

### **i. Triggering 1942 villages**

The activity will allow the community to analyze their sanitation situation to take collective responsibility for corrective action leading to the elimination of Open Defecation (OD). Trained CLTS facilitators who will include VSCs (Natural leaders), PHTs, and PHOs will enlist the support of the community and traditional leaders to participate in the process. The activity costs will include procurement of CLTS trigger materials and facilitation of two officers per village. The activity will also include pre-triggering activities such as prior visit to the village to engage leaders and set triggering date.

### **ii. Post-Triggering follow-ups targeting 2319 villages**

To ensure that each household implements activities geared towards the safe disposal of excreta in the sanitation facility of their choice, follow-ups will be undertaken within the estimated timeline. The activity will be carried out by the Village Sanitation Committees (VSCs) and supervised by PHOs and PHTs in charge of their respective areas based on need. The county will employ Follow-up Mandona (FUM) an action-oriented approach to accelerate the end of Open defecation after the initial triggering session. as a strategy to accelerate ODF villages. The follow-up process of triggered villages will be output-based incentive paid out based on the actual result that a village claims ODF status. The County will employ performance-based contracting for PHOs/PHTs and VSCs.

### **iii. ODF verification for 2356 villages**

Once the 2071 villages claim ODF status, the Sub County Public Health Officer will undertake 100% verification of the claim by physically visiting the village to check it meets specified standards as detailed in the CLTS protocol. The households should ensure they conform to the CLTS non-negotiables; no exposed human excreta within the community/households, all households have access to a latrine which does not facilitate fecal-oral transmission; squat hole cover for ordinary or traditional latrines), superstructure providing privacy and all households have a handwashing station near the latrine with water and soap/ash. While integrating COVID-19 IPC, all households will ensure that they have a handwashing facility with water and soap.

### **iv. ODF certification by county team of 2504 villages**

Upon satisfying the verification process of the 2084 villages, the County Public Health Officer will set an appointment with each of the villages to be certified by a trained master certifier in the County. The certifiers will have no association with the village or locality and will be objective and completely unbiased. The certification parameters will be similar to the ODF claim and verification process without any “shift of the goal post.” A 100% certification will be undertaken.

### **v. Quality assurance by national level resource persons**

Quality of ODF certification will be ensured by a random sample check of randomly selected 10% of the villages certified by county level teams. This exercise would be carried out by accredited independent institutions. The activity will be carried by a team from National WASH Hub at the National MOH.

## **vi. Celebrations of ODF at ward level**

Villages that are certified as ODF per location or ward will be mobilized to celebrate their status in a selected venue in the community in a public ceremony, which is attended by the community leaders, traditional leaders, political leaders, local administrators, community members, and partners. Further, residents of the villages undertake to adhere to social norms expected of their ODF status. The celebration of these villages will act as a catalyst in the neighboring sub-counties in self-trigger and adopting the CLTS initiative.

## **2.4 Promotion of handwashing with soap in households and institutions**

Presence of handwashing facility with soap and water is among the non-negotiables of CLTS. For a village to be certified ODF, all households must have a handwashing facility with soap and water. Therefore more education on hand hygiene is needed to ensure handwashing facilities are used at critical times by household members. It will be crucial for CLTS implementers to reinforce key messages on handwashing during triggering and follow-up household visits.

The following strategies will be used to strengthen handwashing at households, schools and health facilities:

- Identify already existing local structures within the community that can be used as forums for dissemination of hand hygiene messages.
- Identification of community champions in the CLTS process to reinforce hand hygiene messages in the community.
- Use VSCs (village elders and Natural leaders) as ambassadors in household demonstration on location, construction and maintenance of handwashing facility – during household follow-up visits.
- Encouragement of routine inspection of handwashing facilities by VSCs to re-inforce usage and availability of water and soap.
- Distribution of posters and encourage households, schools and health facilities to put them near the toilet as visual cues to remind members to wash their hands.
- Strengthening schools health clubs as champions for handwashing in schools and communities.
- Marking of the Global Handwashing Day on 15th October to promote handwashing at community level, create awareness around hand hygiene and recognize handwashing champions.
- Encouraging and showcasing innovations in handwashing facilities.

## **2.5 Sanitation and Hygiene in Schools and Health Care Facilities**

Sanitation and hygiene in schools and health care facilities is critical for infection prevention and control. The department of health and sanitation together with the ministry of education and stakeholders shall coordinate its implementation through the following strategies:

- Institutional triggering for schools and health care facilities for the provision of sanitation and hygiene facilities.
- Formation and training of school health clubs to support sanitation and hygiene messaging in schools.
- Production and dissemination of sanitation and hygiene IEC materials.
- Institutional observation during claim, verification, and certification of villages.

## 2.6 Intergration of other CLTS plus approaches

Implementation of CLTS will include the integration of approaches such as Institutional triggering (IT), Follow-up Mandona (FUM), Menstrual Hygiene Management (MHM), equality and non-discrimination.

Institutional Triggering (IT) will target the Governor, county executive member, local MPs, MCAs, administration officers, religious leaders and learning institutions to accelerate achievement of ODF status in the county.

In implementation of CLTS, the county will intergrate follow-up Mandona as an approach for accelerated delivery of ODF villages.

The county will endeavor to enhance the MHM status of women and girls by:

- Involving the services of the county women representative, county first lady and the state department of social protection, gender and youth affairs.
- Integration of MHM in CLTS implementation.
- Breaking myths and taboos surrounding menstrual health and hygiene through developing a communication and media strategy.
- Including MHM in County Integrated Development Plan (CIDP) and County Health Strategy Plan.
- Establish MHM lab at County and sub-counties.
- Marking the Menstrual Hygiene Day on 28th May.
- Ensuring the provision of MHM waste receptacles in learning institutions, workplaces, and Health care facilities.

In the principle of 'leave no one behind' implementation of sanitation and hygiene activities will pay attention to the needs of the elderly, women, persons with disabilities and children.

## 2.7 Designing, Development and Printing of Sanitation and hygiene materials

The county will adopt existing resource materials developed by the National Ministry of Health through the National WASH Hub which will act as guides to CLTS facilitators and will be used for reference during orientation of Village Sanitation Committees. The following already existing documents will be needed in implementation of the roadmap:

1. Kenya Environmental Sanitation and Hygiene Policy
2. MHM Policy and Strategy
3. CLTS manual (Protocol)
4. Verification and Certification of ODF villages

The county will employ Follow Up Mandona (FUM) to accelerate the delivery of villages. Alongside training facilitators on FUM, the county will need to print 100 copies of the FUM module to be used for reference and during orientation of Village Sanitation Committees.

The county will also set up a County Menstrual Hygiene Management (MHM) Laboratory with all materials needed for MHM programming. This will ensure MHM is integrated with CLTS implementation.

Through the WASH Hub, the County will design and print 10000 pieces of sanitation and hygiene behavior change communication materials for dissemination across the sub-counties.

## 2.8 Sub-county/ward exchange visits

Experience sharing is key in CLTS implementation as it exposes teams to real-life experiences that accelerate the establishment of community practice for effective implementation of the ODF Campaign.

The County will encourage sanitation exposure and exchange activities within the county for County teams, Sub-County teams and ward teams including the village sanitation committees to learn from others from real-life experiences.

Such exchange visits will be integrated into other activities where possible.

## 2.9 Communication and knowledge management in Sanitation and Hygiene

The County will establish the County WASH Hub that will be central to the documentation of innovations, lessons, success stories, and best practices that emerge from the implementation of the ODF roadmap. These will be packaged and disseminated to relevant audiences promptly. The Hub will develop and disseminate bi-annual county sanitation bulletin showcasing roadmap activities, experiences, innovation, lessons, and best practices.

The County ODF 2026 roadmap will encompass an extensive multi-media campaign to create mass awareness on the benefits of improved sanitation and the effect of open defecation on health and the economy. In this regard, all forms of communication will be applied including interpersonal communications, mass media and social media. The objectives of the Communication Strategy include to:

- a) Educate the target audience on the dangers of open defecation to health and economy and the benefits of improved sanitation technology options.
- b) Create a demand for improved sanitation within the target audience.

The strategy will be driven by interpersonal communication, mainstream media and will be delivered in Kiswahili, English, and local dialects. This will ride on the local radio FM stations and TV programs.

The interpersonal communication (IPC) channel will target behavior change within communities to address individual barriers to the adoption of positive behavior, the use of Radio (radio spots and radio talk shows) and TV channels will be used as the most cost-effective media to reach both rural and urban county households.

Other media channels including Social media, Use of IEC materials like flyers, posters, and billboards will support the communication on sanitation within the community. There will be the use of County and community events.

There will be Community engagement activities like dialogue and action days to address individual barriers in sanitation. This will be expected to present a high-definition social behavior change. The use of interpersonal communication activities will nevertheless need to be sustained over a longer duration of time to ensure saturation of the communities and households.

## 2.10 Provision of Sanitation and hygiene technical support to the sub-counties

Continuous support to the implementing levels will be key through the roadmap period. This will include facilitating and assisting sub-county and ward teams in preparing their respective action plans and implementing them. Subsequently, there will be technical support in various forms including:

- Regular support supervision to the sub-counties, wards, and villages.
- Monitoring and reporting support.
- Conducting mentorship sessions to artisans and officers within sub-counties and wards.
- Holding quarterly technical working group (TWG) meetings to review and assess the progress of implementation.

## 2.11 Sanitation and hygiene quarterly Review Meetings

To accelerate the achievement of the roadmap targets, there will be quarterly review meeting to discuss the progress and institute remedial actions where necessary. The quarterly review meeting will be involve the participation of implementing units, partners, and stakeholders to take stock of the milestones towards the goal of this roadmap.



## 2.12 Recognition and Competency award of Sanitation and Hygiene champions

To uphold the spirit towards ODF County by 2026, there will be recognition of various players in sanitation every year. This will be organized annually in a ceremony graced by the county's top leadership including the Governor, County executive committee member for health and sanitation, and the county Director of health to honor the best performers and sanitation champions.

The sub-counties may also plan similar events to celebrate their achievements, top achievers, and champions. This will be done way before the county award event. In all the celebrations, key individuals, community resource persons, VSCs, Natural leaders, Public health staff will be recognized for their extraordinary efforts and awarded.

To build towards the award ceremonies, the County executive member overseeing health and sanitation will establish a county ODF award committee, develop terms of reference for the committee after which the committee will select its leadership, and come up with award criteria. The committee will execute the assessment and present the results to the executive committee member overseeing health and sanitation at least one month before the award ceremony.

## 2.13 Coordination and linkage of Water, Sanitation and Hygiene (WASH) Partners

The county will conduct a comprehensive stakeholder mapping to establish the key players and their potential role and contribution to the implementation of the ODF County 2026 roadmap. This will include stakeholder mapping of both the demand-side (CLTS triggering and ODF achievement) and the supply-side (producers, retailers, and suppliers of various latrine solutions and technologies) in the County.

To enhance coordination, the county WASH coordinator will keep the list of all the players and their potentials and have them updated every quarter. Coordination will also be enhanced through bi-annual WASH stakeholder's meeting.

## COUNTY ACTION PLAN

This section provides all activities towards realizing ODF Narok and the yearly targets as shown in table 3.

Table 3: County action plan

Activity	Key Outcome	Key performance indicator	Baseline	Target					Total Cost
				YR 1	YR 2	YR 3	YR 4	YR 5	
Refresher training for 60 PHOs and PHTs on CLTS, IT, FUM and MHM	Improved CLTS service delivery	No. of PHOs and PHTs trained on CLTS	60	0	0	0	0	0	1,304,000
Training for 38 PHOs and PHTs on CLTS, FUM, IT and MHM	Improved CLTS service delivery	No. of PHOs and PHTs trained on CLTS	23	0	0	0	0	0	1,533,000
Training of 36 verifiers/certifiers	Improved CLTS service delivery	No. of verifiers and certifiers trained	21	18	0	0	0	0	1,112,000
Formation and orientation of 1942 VSCs on CLTS	Improved CLTS service delivery	No. of VSCs oriented on CLTS	916	388	388	388	388	388	2,588,400
Training of 15 officers on CLTS monitoring and reporting including basic data management.	Updated CLTS RTMIS	No. of officers trained	15	0	0	0	0	0	487,000
Training of 15 officers on Arc-GIS for CLTS	Improved advocacy for resource allocation	No. of officers trained on Arc-GIS for CLTS	0	15	0	0	0	0	544,000
Design and print CLTS/SBCC materials – 10000 pieces	Increased awareness on sanitation and hygiene	No. of SBCC Material printed and disseminated	0	2000	2000	2000	2000	2000	1,634,000
Conduct 40 radio spots on sanitation and hygiene	Increased awareness on sanitation and hygiene	No. of radio spots conducted	0	8	8	8	8	8	360,000
Conduct 40 radio talkshows on sanitation and hygiene	Increased awareness on sanitation and hygiene	No. of radio talkshows conducted	0	8	8	8	8	8	920,000
Conduct 20 county advocacy meetings on sanitation and hygiene	Increased resource allocation and sensitization	No. of county advocacy meeting conducted	0	4	4	4	4	4	2,240,000
Conduct 120 subcounty advocacy meetings on sanitation and hygiene	Increased resource allocation and sensitization	No. of sub county advocacy meetings conducted	0	24	24	24	24	24	4,800,000
Conduct 5 community PAS roadshows in 6 six subcounties during sanitation week	Increased resource allocation and sensitization	No. of roadshows conducted	0	1	1	1	1	1	1,975,000
Set up a county and sub-county MHM Lab	Increased awareness on MHM	County and sub-county MHM labs established	0	1	3	3	0	0	560,000
Trigger 1942 villages	Increased demand for sanitation and hygiene	No. of villages triggered	916	388	388	388	388	388	7,379,600
Conduct post-triggering follow-ups for 2319 villages	Increased demand for sanitation	No. of villages claimed ODF	-	467	463	463	463	463	18,552,000

Activity	Key Outcome	Key performance indicator	Baseline	Target					Total Cost
				YR 1	YR 2	YR 3	YR 4	YR 5	
Conduct ODF verification for 2356 villages	Improved sanitation status	No. of ODF verified villages	502	504	463	463	463	463	5,890,000
Conduct ODF certification for 2504 villages	Improved sanitation status	No. of ODF certified villages	354	652	463	463	463	463	21,284,000
Celebrate 30 ODF wards	Increased ODF villages	No. of ODF wards	0	6	6	6	6	6	1,950,000
Conduct bi-annual stakeholder meetings on sanitation and hygiene.	Coordinated implementation of sanitation and hygiene programs.	No. of meetings held	2	2	2	2	2	2	2,355,000
Establish and equip the county WASH Hub for documentation and dissemination of lessons, innovations, success stories, best practices	Strengthened documentation, learning and reporting	Functional WASH Hub established	0	1	0	0	0	0	1,000,000
Produce bi-annual county sanitation bulletin	Improved sanitation and hygiene information sharing	No. of bulletins published	0	2	2	2	2	2	250,000
Conduct quarterly support supervision to sub-county, ward, and villages	Strengthened sanitation program	No. of support supervision sessions done	4	4	4	4	4	4	1,039,000
Conduct quarterly sanitation and hygiene TWG meetings	Strengthened coordination	No. of TWG meetings held	0	4	4	4	4	4	2,575,000
Conduct annual county review meeting	Improved performance	No. of annual review meetings held	0	1	1	1	1	1	585,000
Recognize and award sanitation and hygiene champions and best performing staff	Improved performance	No. of champions awarded	0	12	12	12	12	12	3,242,500
<b>Total Budget</b>								<b>86,159,500</b>	

## PLANNING, MONITORING, EVALUATION, AND REPORTING

In the implementation of the ODF roadmap 2026, the focus should be on planning, generation of monitoring data as well as collection and reporting of results. The county WASH Hub will be established and be central to planning, monitoring, evaluation, and reporting throughout the implementation period. The WASH Hub will:

- Develop, update and disseminate yearly roadmap implementation work plans and ensure timely initiation and completion of planned activities.
- Ensure all CLTS reporting tools are available and distributed based on needs in the sub-counties
- Ensure real-time update of CLTS data on the CLTS Real-Time Monitoring Information System (RTMIS) to support planning and decision-making.
- Conduct county and sub-county review meetings based on the county action plan and yearly work plan
- Receive and analyze monitoring data to inform necessary adjustments and actions in ensuring the highest quality of facilitation and a higher rate of ODF villages in the sub-counties
- Ensure adequate data collection and progress reporting at sub-county, ward, and village level
- Conduct mid-term and end of campaign evaluation and disseminate findings

### 4.1 Post-ODF sustainability

The county will employ different strategies to sustain the ODF status of villages through sanitation marketing /market-based sanitation, identification of financial institutions that can support sanitation, training of artisans as well as the use of organized community groups and structures. Post ODF activities will be geared towards empowering community structures to support the community climbing the sanitation ladder.

It will involve working with the stakeholders to identify appropriate sanitation products. This will include mobilizing manufacturers and Stockists in a bid to ensure that the appropriate products are available in the market at an affordable cost. Sanitation marketing will be key to ensure a change of practice towards climbing the sanitation ladder.

To ensure the continuum of sanitation services, there shall be continuous training of artisans in keeping with upcoming appropriate technologies. This will guarantee maintenance and operation.

To reach the community for behavior change and practice, there will be involvement of organized groups like Civil Society Organizations(CSOs), Faith Based Organizations(FBO), Community Based Organizations (CBOs) and Self-help groups. This will be geared towards mobilizing the resources that can be pooled for the sanitation support services.

Use of sanitation Ambassadors, champions, change agents and community health units and other community structures to advocate for sanitation within their communities as well as instituting community own measures as regards sanitation.

The County executive member for health shall coordinate stakeholders and partners to ensure sustainability of gains achieved through the implementation of the county ODF roadmap.

## RESOURCE REQUIREMENTS AND FINANCING

The overall investment required over the next five years (2020/21-2025/26) to achieve access and sustainable sanitation and hygiene across all the 30 wards in the county is estimated at KES 86,159,500 as presented in the table below.

*Table 4: Resource requirements and financing*

Description	Amount	Proportion
Training and capacity building	4,980,000	6%
Advocacy, communication and social mobilization	11,929,000	14%
Delivering of villages ODF and celebrations	57,644,000	67%
Technical support	9,251,500	11%
Stakeholder coordination and planning	2,355,000	3%
<b>Total</b>	<b>86,159,500</b>	<b>100%</b>

To fully implement the proposed roadmap activities, the County Government will need to prioritise Sanitation and Hygiene through targeted budgetary allocation and expenditure as envisioned in the roadmap. Additionally the county government shall mobilize resources through innovative financing strategies, donor funding, Non Governmental Organizations (NGOs), private sector investment, public and private partnerships, community and household investment. The funding for the implementation of this roadmap will therefore come from various sources including:

- a) County government allocations;
- b) Development Partners;
- c) Private sector players;
- d) Local and International NGOs/FBOs;
- e) Communities and households .

As part of the implementation efforts, a resource gap analysis shall be conducted, and strategies developed to bridge the gaps. The county health and sanitation department will develop an accompanying ODF County 2026 roadmap resource mobilization strategy. During the development of Program based budget and annual workplan, the county ODF roadmap shall be used as guiding and reference document.

# ANNEXES

## Annex 1: Detailed Budget

<b>Refresher training for 60 PHOs and PHTs on CLTS, FUM &amp; MHM</b>					
<b>Item Description</b>	<b>Units</b>	<b>No of Pax</b>	<b>No. Days</b>	<b>Unit cost KES.</b>	<b>Total Cost KES.</b>
Conference package	Pax	60	2	2000	240,000
Accommodation	Pax	60	3	3000	540,000
Transport Refund	Pax	60	1	2000	120,000
Training cost	Pax	5	6	11400	342,000
Training material	Pax	60	1	500	30,000
Fuel	Litres	200	1	110	22,000
Driver lunch	Pax	2	5	1000	10,000
					<b>1,304,000</b>
<b>Training for 38 PHOs and PHTs on CLTS, FUM, IT and MHM</b>					
Conference package	Pax	38	5	2000	380,000
Accommodation	Pax	38	6	3000	684,000
Transport Refund	Pax	38	1	2000	76,000
Training cost	Pax	5	6	11400	342,000
Training material	Pax	38	1	500	19,000
Fuel	Litres	200	1	110	22,000
Driver lunch	Pax	2	5	1000	10,000
					<b>1,533,000</b>
<b>Training of 36 verifiers/certifiers</b>					
Conference package	Pax	36	3	2000	216,000
Accommodation	Pax	36	4	3000	432,000
Transport Refund	Pax	36	1	2000	72,000
Training cost	Pax	5	6	11400	342,000
Training material	Pax	36	1	500	18,000
Fuel	Litres	200	1	110	22,000
Driver lunch	Pax	2	5	1000	10,000
					<b>1,112,000</b>
<b>Formation and orientation of 1942 VSCs on CLTS (2 per village)</b>					
Transport Refund	Pax	3884	1	300	1165200
Facilitator's Lunch Allowance	Pax	80	2	1500	240000
Training material	Pax	3884	1	100	388400
Lunch	Pax	3884	1	200	776800
Coordination	Pax	6	1	3000	18000
					<b>2,588,400</b>
<b>Training of 15 officers on monitoring and reporting including basic data management</b>					
Conference package	Pax	15	3	2,000	90,000
Accommodation	Pax	15	4	3,000	180,000
Transport Refund	Pax	15	1	2,000	30,000
Training cost	Pax	5	3	11,400	171,000
Training material	Pax	15	1	500	7,500
Fuel	Litres	50	1	110	5,500
Driver lunch	Pax	1	3	1,000	3,000
					<b>487,000</b>
<b>Training of 15 officers on Arc-GIS for CLTS</b>					
Conference package	Pax	15	3	2,000	90,000
Accommodation	Pax	15	4	3,000	180,000
Transport Refund	Pax	15	1	2,000	30,000
Training cost	Pax	5	4	11,400	228,000
Training material	pax	15	1	500	7,500
Fuel	litre	50	1	110	5,500
Driver lunch	Pax	1	3	1,000	3,000
					<b>544,000</b>
<b>Advocacy, Communication and Social Mobilization</b>					
Conference package	Pax	30	3	2000	180,000
Accommodation	Pax	30	4	3000	360,000
Transport Refund	Pax	30	1	2000	60,000
Coordination	Pax	3	1	3000	9,000

Designing and Printing Cost	pax	10000	1	100	1,000,000
Fuel	litre	200	1	110	22,000
Driver lunch	Pax	1	3	1000	3,000
Radio Spots	Spots	40	1	9000	360,000
Radio Talkshows	Sessions	40	1	15000	600,000
Lunch	Pax	4	40	2000	320,000
PAS	Sessions	5	1	395000	1,975,000
County advocacy meetings	Meetings	20	1	112000	2,240,000
Subcounty advocacy meetings	Meetings	120	1	40000	4,800,000
					<b>11,929,000</b>
<b>Set up a county and Sub-county MHM Lab</b>					
Purchase and equip MHM Labs	No.	7	1	80000	<b>560,000</b>
<b>Trigger 1942 villages</b>					
Pre-trigger villages	No.	1942	1	1500	2,913,000
Trigger Villages	No.	1942	1	2000	3,884,000
Triggering material	No.	1942	1	300	582,600
					<b>7,379,600</b>
<b>Conduct post-triggering follow-ups for 2319 villages (5 follow-ups)</b>					
Officer lunch allowance	No.	2319	5	1000	11,595,000
VSCs allowances (2 per village)	No.	4638	5	300	6,957,000
					<b>18,552,000</b>
<b>Conduct ODF verification for 2356 villages</b>					
Verifier lunch allowance	No.	2356	1	1500	3,534,000
VSC lunch (2 Per village)	No.	4712	1	500	2,356,000
					<b>5,890,000</b>
<b>Conduct ODF certification for 2504 villages</b>					
Certifier DSA	No.	2504	1	7000	17,528,000
Enumerator allowance	No.	2504	1	1500	3,756,000
					<b>21,284,000</b>
<b>Celebrate 30 ODF wards</b>					
Design and fabricate billboards	No.	30	1	15000	450,000
Actual celebrations	No.	30	1	50000	1,500,000
					<b>1,950,000</b>
<b>Conduct bi-annual stakeholder meetings on sanitation and hygiene.</b>					
Conference package	Pax	50	10	2000	1,000,000
Accommodation	Pax	20	10	3000	600,000
Transport Refund	Pax	30	10	2000	600,000
Coordination	Pax	3	10	3000	90,000
Fuel	Litres	50	10	110	55,000
Driver lunch	Pax	1	10	1000	10,000
					<b>2,355,000</b>
<b>Establish and equip the county WASH Hub for documentation and dissemination of lessons, innovations, success stories, best practices</b>					
Procurement of office equipment and maintenance	No.	1	5	200,000	1,000,000
					<b>1,000,000</b>
<b>Produce bi-annual county sanitation bulletin</b>					
Designing and printing	No.	50	10	500	<b>250,000</b>
<b>Conduct quarterly support supervision to subcounty, ward and villages</b>					
Daily subsistence allowance	No.	20	5	8400	840,000
Daily subsistence allowance for driver	No.	4	5	4200	84,000
Fuel	Litres	200	5	115	115,000
					<b>1,039,000</b>
<b>Conduct quarterly sanitation and hygiene TWG meetings</b>					
Conference package	Pax	120	5	2000	1,200,000
Transport refund	Pax	120	5	2000	1,200,000
Coordination	Pax	1	20	3000	60,000
Fuel	Litres	200	5	115	115,000
					<b>2,575,000</b>
<b>Conduct annual county review meeting</b>					
Conference facilities	Pax	30	5	1800	270,000
Transport refund	Pax	30	5	2000	300,000
Coordination	Pax	1	5	3000	15,000
					<b>585,000</b>
<b>Recognize and award sanitation and hygiene champions and best performing staff</b>					

Daily subsistence allowance	Pax	7	50	8400	2,940,000
Fuel	Litres	50	50	115	287,500
Coordination	Pax	1	5	3000	15,000
					<b>3,242,500</b>
<b>TOTAL BUDGET</b>					<b>86,159,500</b>

### *Annex 2: List of Key Contributors*

	NAME	DESIGNATION	ORGANIZATION
1.	Morgan Siloma	County Executive Committee Member for Health	Department of Health and Sanitation
2.	Geofrey Sang	Chief Officer Public Health	Department of Health and Sanitation
3.	Dr. Francis Kioo	County Director of Health	Department of Health and Sanitation
4.	Edward Tankoi	County Public Health Officer	Department of Health and Sanitation
5.	Ibrahim Basweti	Principal Public Health Officer	Department of Environmental Health, MOH
6.	Daniel Kurao	Programme Manager	Amref Health Africa
7.	Geofrey Ikiara	Project Officer	Amref Health Africa
8.	Steve Juma	County Sanitation Extender	Department of Health and Sanitation
9.	Abigael Rono	WASH Coordinator	Department of Health and Sanitation
10.	John Kiu	Sub County Public Health Officer, Narok North	Department of Health and Sanitation
11.	Patrick Njoka	Principal Assistant Public Health Officer	Department of Health and Sanitation
12.	John Omondi	Sub County Public Health Officer, Narok South	Department of Health and Sanitation
13.	Jane Kiok	Principal Assistant Public Health Officer	Department of Health and Sanitation
14.	Daniel Sironka	Subcounty Public Health Officer, Narok East	Department of Health and Sanitation
15.	Sahara Ibrahim	Chief Officer, Medical Services	Department of Health and Sanitation
16.	Adam Mohammed	Head of WASH	Department of Health and Sanitation, MOH



## Data Architecture

Outcome indicators	Baseline 20/2021	Source of Data	Reporting Responsibility	Mid-term Target (2023/24)	End-term Target (2026/27)
Proportion of PHOs and PHTs who have attended refresher trainings on CLTS, IT, FUM and MHM	60	Training Logs	CPHO	60	60
Proportion of PHOs, PHTs trained on CLTS, FUM, IT and MHM	23	Training Logs	CPHO	38	38
Proportion of PHOs trained on Verification	21	Training Logs	CLTS Coordinator	36	36
Proportion of VSCs formed and oriented on CLTs	916	Training logs	CLTS Coordinator	2083	2858
Number of Officers trained on Monitoring and evaluation including reporting	15	Training Logs	CLTS Coordinator	30	45
Number of officers trained on Arc-GIS for CLTs	0	Training Logs	County Sanitation extender	15	15
Number of CLTS/SBCC materials designed, printed, and disseminated	0	IEC Inventory	CLTS Coordinator	6000	10,000
Number of radio spots conducted on Sanitation and hygiene	0	Communication Log	HPO	32	40
Number of radio talkshows conducted on sanitation and hygiene	0	Communication Log	HPO	32	40
Number of county advocacy meetings conducted on sanitation and hygiene	0	Communication Log	HPO	12	20
Number of subcounty advocacy meetings conducted on sanitation and hygiene	0	Communication Log	CLTS coordinator	72	120
Number of community PAS roadshows conducted during sanitation weeks	0	Communication Log	CLTS coordinator	3	5

Number of Subcounty MHM Labs established	0	MHM inventory	MHM Champion	7	7
Number of post triggering follow ups done	-	Village follow up registers	CPHO	1393	2319
Proportion of villages verified for ODF	502	Village registers	Sanitation extender	1430	2356
Number of Villages certified ODF	354	Village registers	Sanitation extender	1579	2505
Number of Wards celebrated ODF	0	Villages Registers	Sanitation extender	18	30
Number of bi-annual stakeholders meetings conducted on sanitation and hygiene	2	RTMIS	CPHO	6	10
Number of County WASH hub established and functional	0	RTMIS	CPHO	1	1
Number of bi-annual county sanitation and hygiene bulletins produced and disseminated	0	RTMIS	CLTS Coordinator	6	10
Number of quarterly support supervisions conducted	4	Meetings Log	CPHO	16	20
Number of quarterly Sanitation and hygiene TWGs	0	Meetings Log	CPHO	12	20
Number of county review meetings held on sanitation and hygiene	0	Meetings Log	CPHO	3	5
Number of Annual recognition and award sessions held	0	Meetings Log	CPHO	3	5



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