Select Water, Sanitation & Hygiene (WASH) Indicators
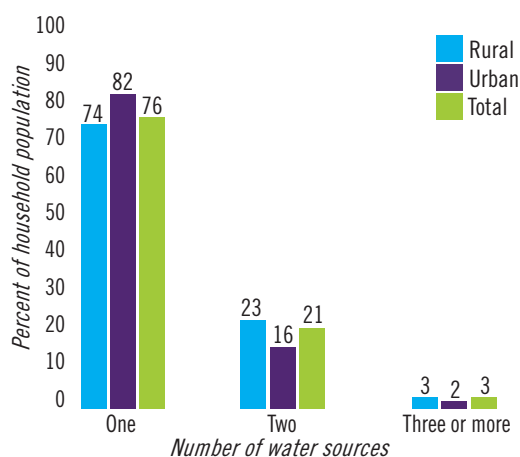
PMA2016/KENYA-R5

PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning and water, sanitation and hygiene (WASH). The project is implemented by local university and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Kenya was carried out in eleven counties in 2016 for round 5. PMA2020/Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health and the Johns Hopkins University Water Institute and at the Johns Hopkins Bloomberg School of Public Health through a grant from the Bill & Melinda Gates Foundation.
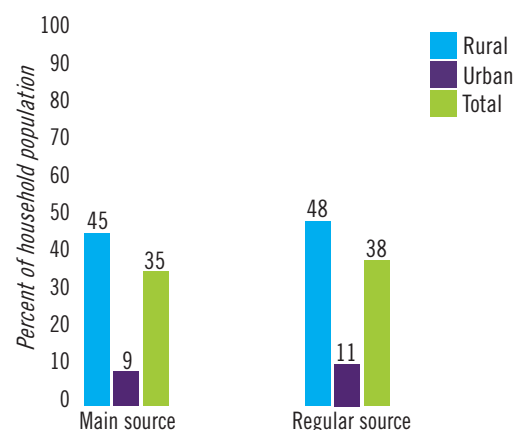
For more information on PMA2020 please visit http://www.pma2020.org.

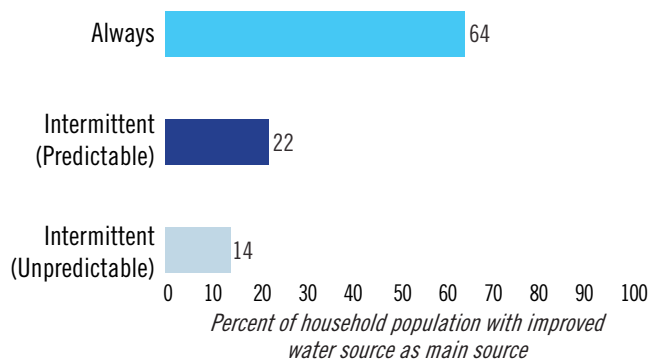## Number of Regular Household Drinking Water Sources

The majority of households in Kenya rely on one drinking water source. 21% of households rely on an additional water source to meet their drinking water needs.

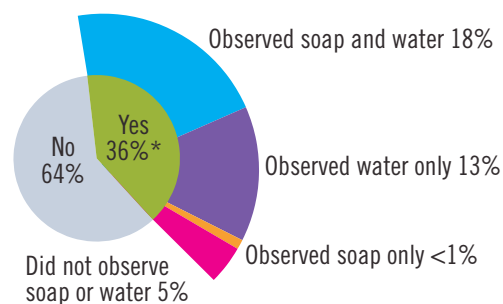## Household Use of Unimproved Drinking Water by Residence

The percent of households using an unimproved source for at least one of their drinking water sources (regular source) is higher in rural areas than in urban areas. Of the regular drinking water sources identified by a household, one is selected as their main household source.

Reliability of Main Household Drinking Water Source (Improved)

Among household residents whose main drinking water source is improved, 64% report it is always available.

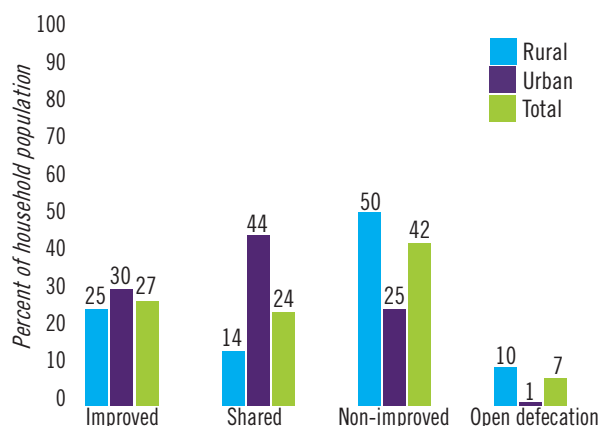## Household Access to Dedicated Handwashing Station

36% of households in Kenya can access a dedicated handwashing station. Among households that have a dedicated handwashing station, more than half (19%) had both soap and water at the handwashing station at the time of the interview. *Numbers do not add to 36% due to rouding.
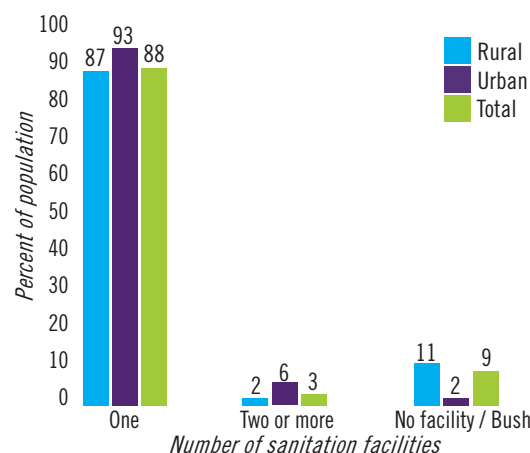
PMA2016/KENYA-ROUND 5
INDICATORS FOR WATER, SANITATION & HYGIENE (WASH)

Main Household Sanitation Facility by Residence

Percent of household population

Legend: Rural, Urban, Total

Improved: 25, 30, 27
Shared: 14, 44, 24
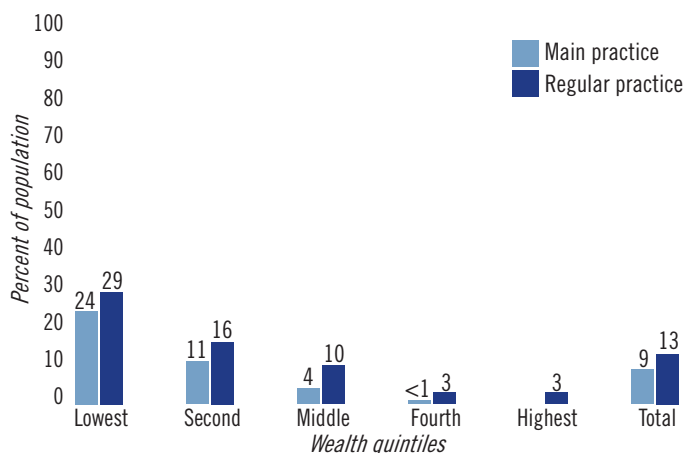Non-improved: 50, 25, 42
Open defecation: 10, 1, 7

The use of unimproved sanitation facilities and the practice of open defecation is higher in rural areas; in contrast, the use of improved and shared sanitation facilities is higher in urban areas.

Number of Regular Household Sanitation Facilities by Residence

Percent of population

Legend: Rural, Urban, Total

One: 87, 93, 88
Two or more: 2, 6, 3
No facility / Bush: 11, 2, 9

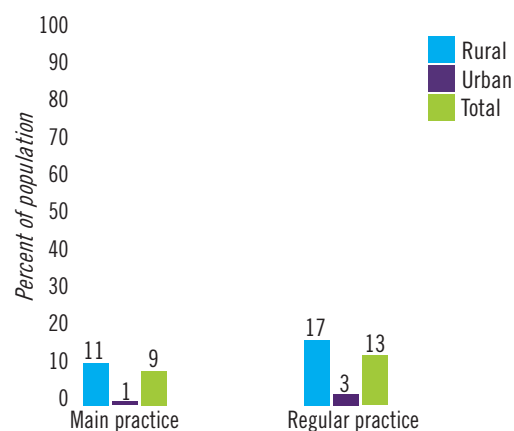*Number of sanitation facilities*

The majority of the population uses one sanitation facility. 11% of the rural population reports having no sanitation facility and are openly defecating compared with only 2% of the urban population.

Open Defecation by Wealth Quintile

Percent of population

Legend: Main practice, Regular practice

Lowest: 24, 29
Second: 11, 16
Middle: 4, 10
Fourth: <1, 3
Highest: , 3
Total: 9, 13

Wealth quintiles

Wealth is inversely related to the practice of open defecation. In all wealth quintiles, the percentage of the population that regularly practice open defecation but report some other facility as their main sanitation facility is higher than those who report open defecation as their main practice.

Open Defecation by Residence

Percent of population

Legend: Rural, Urban, Total

Main practice: 11, 1, 9
Regular practice: 17, 3, 13

Open defecation is more common in rural than urban areas. In addition, the population reporting open defecation as a regular practice is higher than those that report open defecation as their main practice. Thus, the overall prevalence of open defecation is higher than implied by the main practice indicator.

SAMPLE DESIGN

The PMA2016/Kenya-R5 survey, the fifth round of data collection in Kenya, used a two-stage cluster design with urban-rural and county as strata. A sample of 151 enumeration areas (EAs) was drawn by the Kenya National Bureau of Statistics from its master sampling frame. The round 5 sample included the addition of two new counties, Kakamega and West Pokot. In each EA households and private health facilities were listed and mapped, with 42 households randomly selected. Households were surveyed and occupants enumerated. The final sample included 6,128 households and a total population of 25,011. Data collection was conducted between November and December 2016. The definitions of improved and unimproved water sources and sanitation facilities follow the definitions used by the WHO / UNICEF Joint Monitoring Programme.

Photo Credit: Nyabuto Marube (2014), Courtesy of Photoshare