MINISTRY OF HEALTH

Kenya National WASH Coordination Framework for Combating NTDs

2025

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The Kenya National Coordination Framework for Combating Neglected Tropical Diseases (NTDs) 2023 is the outcome of reviews to address gaps in water sanitation and hygiene (WASH) for NTDs. Safe water, sanitation and hygiene contributes to the prevention and management of NTDs commonly referred to as preventive chemotherapy NTDs. These are Trachoma, Lymphatic filariasis commonly known as elephantiasis, soil transmitted helminthiasis and schistosomiasis commonly known as intestinal worms and Bilharzia. Neglected tropical diseases (NTDs) are a group of parasitic, viral, and bacterial diseases that cause significant illness to more than a billion people globally. Although not commonly fatal, NTDs cause immense suffering and lifelong disabilities and affect poor people living in tropical and sub-tropical areas, without adequate water, sanitation and hygiene.

The WASH Coordination Framework is aligned to the World Health Organization (WHO) Roadmap on ending the neglect to attain the sustainable development goals (SDGs). This roadmap for Neglected Tropical Diseases 2021-2030 sets clear global targets and milestones under pillar 2 on intensifying cross cutting targets for 2030 under multi sectoral coordination to achieve 100% access to at least basic water supply, sanitation and hygiene in areas endemic for NTDs on target 6.1 and 6.2 of SDG goal 6. Articles 42 and 43 of the Kenya constitution 2010 provides for the right to a clean, healthy environment, highest standard of health and health care services and a right of every person to access adequate clean and safe water.

The Kenya NTD master plan 2023-2027 has 4 strategic pillars and under strategic pillar 3, resource mobilization, advocacy, health promotion and sustainability for NTD interventions focuses on expanding WASH related activities, and promotion of healthy behaviors through Social Behavior Change Communication (SBCC). The document is also aligned to the Kenya Environmental Sanitation and Hygiene policy 2016-2030 on policy objective 3 on fostering private sector participation and investments in sanitation and the Water Act 2016 which provides for development, regulation and management of water resources and water sewerage services in line with the constitution.

Despite the recognition of the need for action on WASH for NTDs, to date WASH components for NTDs have received insufficient attention and potential to link WASH and NTDs has been largely untapped. This situation is set to change with both WASH and NTD actors increasingly focusing on broader goals of health equity and sustainability of health outcomes. The rationale for integration, coordination and collaboration among sectors, with WASH players and private partnerships is set to foster a strong working relationship which is crucial to ensure focus on universal access to basic water, sanitation and hygiene by 2030 and Universal Health Coverage as set out under the Sustainable Development Goals.

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LIST OF ACRONYMS AND ABBREVIATIONS

BEST	Behaviour, Environment, Social Inclusion, Treatment and Care
BTS	Breaking Transmission Strategy
CLTS	Community-led Total Sanitation
MDA	Mass Drug Administration
MIS	Management Information System
MMDP	Morbidity Management and Disability Prevention
MoE	Ministry of Education
MoH	Ministry of Health
MoWSI	Ministry of Water, Sanitation and Irrigation
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PHASE	Preventive Chemotherapy, Health Education, Access to Clean Water, Sanitation and Environmental Manipulation
SDGs	Sustainable Development Goals
SHC	School Health Club
STH	Soil Transmitted Helminths
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
CIDP	County Integrated Development Plan
IEC	Information Education Communication
LF	Lymphatic Filariasis
JMP	Joint Monitoring Programme Report
KESHP	Kenya Environmental Sanitation and Hygiene Policy 2016–2030
BCC	Behaviour Change Communications
SBCC	Social Behaviour Change Communication
UHC	Universal Health Coverage
WWDA	Water Works Development Agencies
WSTF	Water Sector Trust Fund

NIB	National Irrigation Board
NWCPC	National Water Conservation Pipeline Corporation
IWCC	Inter-Ministerial Water Coordination Committee
NWSSC	National Water Sector Standing Committee
KEWASNET	Kenya Water and Sanitation Civil Society Network
NEMIS	National Education Management Education Information System
CHIS	County Health Information System
WARIS	Water Regulation Information System
RTMIS	Real Time Monitoring and Information System
WiNS	WASH in Schools
SHF	Sanitation and Hygiene Fund
SWA	Sanitation and Water for All
CECs	County Executive Committees
WASREB	Water Services Regulatory Board
WRMA	Water Resources Management Authority
NEMA	National Environment Management Authority
KEWI	Kenya Water Institute
AMCOW	African Ministerial Council on Water
UN-GLAAS	United Nations Water Global Analysis and Assessment of Sanitation and Drinking Water
VBNTDU	Vector-Borne and Neglected Tropical Diseases Unit
NGOs	Non-Governmental Organizations
CHPs	Community Health Promoters
CHCs	Community Health Committees
MMDP	Morbidity Management and Disability Prevention

DEFINITIONS OF KEY TERMS, CONCEPTS AND TERMINOLOGIES

Control: Reduction of disease incidence, prevalence, morbidity and/or mortality to a locally acceptable level due to deliberate efforts; continued interventions are required to maintain the reduction. Control may or may not be related to global targets set by WHO.

Coordination process of assembling different departments, programmes, and organizations to accomplish orderly arrangement of work and unity of actions aiming to attain desired and common goal or plan. This document aims to achieve coordination through use of similar M&E indicators, sharing of facility and coordinating committees among WASH players, and government departments.

Elimination (*interruption of transmission*): Reduction to zero of the incidences of infection caused by a specific pathogen in a defined geographical area, with minimal risk of reintroduction, as a result of deliberate efforts. Continued action to prevent re-establishment of transmission may be required. Documentation of elimination of transmission is called verification.

Elimination as a public health problem: A term related to both infection and disease, defined by the achievement of measurable targets set by WHO in relation to a specific disease. When reached, continued action is required to maintain the targets and/or to advance interruption of transmission. Documentation of elimination as a public health problem is called validation.

Eradication: Permanent reduction to zero of the worldwide incidences of infection caused by a specific pathogen, because of deliberate efforts, with no risk of reintroduction.

Hygiene: Conditions or practices conducive to maintaining health and preventing disability.

Integration: Process of identifying, unifying, combining, and coordinating many activities and processes to ensure that they work together. This can be achieved through joint resource mobilization, budgeting, planning, project implementations, single M&E and management of interdependencies of stakeholders using a single structure. However, the level of integration will be dependent on the nature and context of programmes and diseases.

Integrated vector management: A rational decision-making process to optimize the use of resources for vector control.

Mass Drug Administration: Distribution of medicines to the entire population of a given administrative setting (*for instance, national, county and sub-county*), irrespective of the presence of symptoms or infection; however, exclusion criteria may apply. (*In this document, the terms mass drug administration and preventive chemotherapy are used interchangeably*).

Morbidity: Detectable, measurable clinical consequences of infections and disease that adversely affect the health of individuals. Evidence of morbidity may be overt (*such as the presence of blood in the urine, anaemia, chronic pain, or fatigue*) or subtle (*such as stunted growth, impeded school or work performance or increased susceptibility to other diseases*).

Monitoring and Evaluation: Processes for improving performance and measuring results in order to improve management of outputs, outcomes and impact.

Platform: Structure through which public health programmes or interventions are delivered.

EXECUTIVE SUMMARY

Neglected Tropical diseases (NTDs) are a diverse group of communicable diseases that prevail in tropical and subtropical conditions. The World Health Organization focuses on 20 NTDs. In Kenya, NTDs of public health importance include STH; trachoma, LF, SCH and leishmaniasis among others. The Kenya National Master Plan for the Elimination of NTDs 2023 -2027 prioritizes four preventive chemotherapy (PC) NTDs and highlights the commitment to attain national and global goals of control and elimination as highlighted in the Breaking Transmission Strategy 2019-2023.

Other NTDs include leishmaniasis, dengue and chikungunya, rabies, snakebite envenoming, Guinea worm disease, leprosy, cystic echinococcosis, taeniasis, foodborne trematodes, onchocerciasis, human African trypanosomiasis, and scabies and other ectoparasites including tungiasis (jiggers), lice, and bedbugs. The Global Strategy on Water, Sanitation and Hygiene to Combat Neglected Tropical Diseases 2021-2030 spells out the critical role played by water, sanitation, and hygiene (WASH) for prevention, care and management of NTDs.

Article 42 of the constitution provides for the right of every person to a clean and healthy environment. Article 43(1)(a) and (d) of the Kenyan constitution provide for the right of every person to the highest attainable standard of health, which includes the right to health care services; and the right to adequate clean and safe water. At the national level, responsibilities for sanitation are divided between the Ministry of Health (MoH) and the Ministry of Water, Sanitation and Irrigation (MoWSI).

The MoWSI oversees the infrastructural development of water and sewerage while the MoH is responsible for the development of sanitation policies, environmental protection, and sanitation monitoring and evaluation (M&E). Implementation of sanitation and hygiene services was devolved to the county governments. However, Kenya is a water scarce country with a significant number of households and institutions like schools having insufficient safe drinking water and inadequate WASH infrastructure.

The objectives of NTD-WASH master plan are to enhance integration of NTDs and WASH intervention in NTDs endemic areas, to enhance coordination of WASH stakeholders in NTDs endemic areas, to create structure for joint planning, budgeting and implementation of WASH-NTD interventions, and create and enhance joint monitoring and evaluation (M&E) activities to track WASH interventions.

1. INTRODUCTION

1.1 Background

Neglected Tropical Diseases (NTDs) are a diverse group of communicable diseases that prevail in tropical and subtropical conditions. They affect more than a billion people worldwide, mainly populations living in poverty, especially in tropical and subtropical areas that are characterized by inadequate sanitation and an abundance of infectious vectors. The NTDs include an ever-increasing group of infections which are considered neglected compared to the "big three" diseases - HIV/AIDS, tuberculosis (TB) and malaria. The World Health Organization (WHO) focuses on 20 NTDs, which include trachoma, soil-transmitted helminths (STH), schistosomiasis (SCH), onchocerciasis, leprosy, leishmaniasis, human African trypanosomiasis (HAT), lymphatic filariasis (LF), dracunculiasis, dengue fever (*including dengue haemorrhagic fever*), cholera, Chagas disease and Buruli ulcers.

Most of the NTDs are characterized by their focality, hence mortality and morbidity may change substantially from one place to another because of various local factors, such as prevention measures in place, access to health services and socio-cultural aspects of the affected communities. The WHO has established a roadmap for NTDs 2021-2030 which sets out global actions and targets to re-focus and align the work of stakeholders, partners and countries during the next decade. Additionally, the roadmap seeks to accelerate progress towards the elimination, control, prevention and eradication of NTDs and attainment of the Sustainable Development Goals (SDGs).

In Africa, NTDs are concentrated in Sub-Saharan Africa (SSA), which is a region that has the highest level of poverty in the world. More than 500 million people in SSA are affected by common NTDs including onchocerciasis, trachoma, LF, SCH and STH. Because of their adverse effects on child development, pregnancy outcome, and agricultural worker productivity, NTDs represent a major reason why the "bottom 500 million" people in SSA cannot escape poverty.

In Kenya, NTDs of public health importance include; STH, trachoma, LF, SCH and leishmaniasis. The Vector Borne and Neglected Tropical Diseases Unit (VBNTDU) under the Ministry of Health (MoH) is charged with the responsibility of facilitating early diagnosis, treatment, control and elimination of NTDs in Kenya (*Annex 4, 5 and 6*). Therefore, this framework will contribute to Kenya's overall development goals and targets as set out in the Kenya Vision 2030, and its commitment to the sustainable development goals.

The Kenya National Master Plan for the Elimination of NTDs 2023 – 2027[1] prioritizes four preventive chemotherapy (PC) NTDs and highlights the commitment to attain national and global goals of control and elimination as highlighted in the Breaking Transmission Strategy 2019-2023[2].

- **Soil-Transmitted Helminthiases (STH):** caused by the intestinal parasitic worms ascaris (roundworm), trichuris (whipworm), hookworm and strongyloidiasis. STH is endemic in all the 47 counties of Kenya with the highest prevalence are those in Western (*Annex 5*) and Coastal regions (*Annex 6*).
- **Schistosomiasis:** caused by the parasitic flatworm species S. haematobium (causing urogenital schistosomiasis) and S. mansoni (causing intestinal schistosomiasis). This is endemic in 34 counties in Kenya with high burden counties being in the Western (*Annex 2*) and Coastal regions (*Annex 3*).
- Lymphatic Filariasis (LF): caused by parasitic worms spread through mosquito bites, affecting the lymphatic system and potentially leading to significant morbidity and disability. LF remains endemic in six coastal counties of Lamu, Mombasa, Taita Taveta, Tana River, Kilifi and Kwale.
- Trachoma: caused by the bacterium Chlamydia trachomatis, which is the leading infectious cause of blindness globally and is transmitted from person to person through close contact, contaminated hands, clothes and objects. Trachoma has a low to moderate prevalence in Kenya, affecting 12 counties of Baringo, West Pokot, Turkana, Narok, Kajiado, Samburu, Laikipia, Marsabit, Meru, Embu, and Kitui (*Annex 7*).

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[1] *Ministry of Health, "Kenya National Master Plan for the Elimination of Neglected Tropical Diseases, 2023 - 2027" (MoH, 2023).*

[2] *Ministry of Health, "The Kenya National Breaking Transmission Strategy for Soil-Transmitted Helminthiasis, Schistosomiasis, Lymphatic Filariasis and Trachoma 2019-2023" (MoH, 2019).*

Additional diseases of concern addressed by the Kenya National Master Plan for the Elimination of NTDs 2023–2027 are leishmaniasis, dengue and chikungunya, rabies, snakebite envenoming, Guinea worm disease, leprosy, cystic echinococcosis, taeniasis, foodborne trematodes, onchocerciasis, human African trypanosomiasis, and scabies as well as other ectoparasites including tungiasis (jiggers), lice, and bedbugs[3].

Multiple diseases often affect the same geographies, communities and individuals, as demonstrated by Figure 1. The Kenya NTD programme continues to undertake mapping activities to inform programme activities. According to the Kenya National Master Plan on NTDs, Kenya targets to eliminate Trachoma, Soil transmitted Helminths (STH), Schistosomiasis, Rabies and Lymphatic Filariasis as a public health problem by 2027.[4]

Human African Trypanosomiasis and Onchocerciasis are in the pre-certification stage of elimination (*transmission interruption*). NTDs targeted for control by 2030 include leprosy, leishmaniasis, dengue and chikungunya, snakebite envenoming, echinococcosis, taeniasis/cysticercosis, and scabies as well as other ecto-parasites.

The framework will also contribute to Kenya's overall development goals and targets as set out in the Kenya Vision 2030, and its commitment to the sustainable development goals.

Source: ESPEN portal 2022[5]

1.2 POLICY: Global, Regional and National Related to WASH-NTDs

1.2.1 Global Policies

The Sustainable Development Goals (SDGs): This framework will base its implementation on SDG 3 which emphasizes healthy lives and overall well-being and SDG 6 that advocates for the availability of and sustainable management of water and sanitation for all by the year 2030.

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[3] *Ministry of Health, "Kenya National Master Plan for the Elimination of Neglected Tropical Diseases, 2023 - 2027."*

[4] *Ministry of Health.*

[5] *https://espen.afro.who.int/countries/kenya*

The World Health Organization (WHO): *A Global Strategy on Water, Sanitation and Hygiene to Combat Neglected Tropical Diseases 2021-2030*. This strategy spells out the critical role played by water, sanitation and hygiene (WASH) for prevention, care and management of NTDs; and the strategies needed to ensure that WASH interventions result in improved health and overall well-being.

WHO Road Map 2021-2030: The road map sets global targets and milestones to prevent, control, eliminate or eradicate 20 diseases and disease groups as well as cross-cutting targets aligned with the Sustainable Development Goals.

1.2.2 Regional policies

Agenda 2063: The Africa we want: The African Union (AU) through this policy document has pledged to support efforts to end NTDs by 2030 across all AU member states. It seeks to bolster commitment towards cooperation and collaboration among stakeholders to eliminate and control NTDs and attain the vision enshrined in the Agenda 2023. It has also prioritized NTDs just like other infectious diseases in the continent by committing better leadership to tackle them.

1.2.3 National policies

Kenya Constitution 2010: Article 42 of the constitution provides for the right of every person to a clean and healthy environment. Article 43(1) (a) and (d) of the constitution provides for the right of every person to the highest attainable standard of health, which includes the right to health care services and the right to adequate clean and safe water. Likewise, the constitution establishes a devolved system of government under which responsibilities for the realization of these rights are assigned to both the national and county governments, which must cooperate and consult each other in the course of the discharge of their respective responsibilities. In line with the constitution, this framework advocates for collaboration mechanisms that will ensure provision of adequate safe water and improved sanitation and hygiene services.

Water Act 2016: The Act was passed by the Kenya Parliament in 2016 to provide for the regulation, management, and development of water resources, as well as water and sewerage services.

The Kenya Health Policy 2014-2030: This policy advocates for collaboration among various sectors and stakeholders in the elimination of communicable diseases. The policy identifies lack of safe water, sanitation and hygiene as risk factors to good health and proposes priority strategies of promoting good hygiene, improving the provision of safe water, and adequate sanitation in the control of water and food-borne diseases.

The Kenya Environmental Sanitation and Hygiene Policy 2016–2030: This policy envisions a clean, healthy and prosperous country that is free from diseases caused by lack of proper sanitation and hygiene. It seeks to prioritize universal access to improved sanitation, hygiene and a healthy environment by the year 2030.

The Kenya National Master Plan for the elimination of NTDs 2023-2027: The policy document aims to guide the process and strategies for elimination of NTDs. It lays out a multi-sectoral collaborative plan to tackle neglected diseases in the country.

The Kenya National Breaking Transmission Strategy for Soil Transmitted Helminthiasis, Schistosomiasis, Lymphatic Filariasis and Trachoma 2019-2023: This policy provides for a coordination and collaboration framework in dealing with WASH & NTDs. Emphasis has been laid on advocacy for intersectoral collaboration as well as policy change at the national and county levels.

The National Water Policy (NWP) 2020: This policy guides the country in terms of water resources use, development and management. It aims to accelerate provision of water supply and sanitation/sewerage services through human right based approach.[6]

National Water and Sanitation Strategy (NWSS) 2020-2025: The policy lays out the strategies meant for increasing access to safe water and sewerage systems in the urban and rural households in Kenya.[7]

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[6] *Ministry of Water, Sanitation and Irrigation, "National Water Policy (NWP) 2020" (MoWSI, 2020).*

[7] *Ministry of Water, Sanitation and Irrigation, "National Water and Sanitation Strategy (NWSS) 2020-2025" (MoWSI, 2020).*

The National Water Harvesting and Storage Strategy (NWHSS) 2020-2025: This policy explains the strategies adopted by the government to increase water harvesting for domestic use such as investment in infrastructure for water harvesting and storage.[8]

The National Water Resources Strategy (NWRS) 2020-2025: It explains the strategies for resource allocation in urban and rural areas where access to basic water services is below national average to ensure equitable access to water for all Kenyans.[9]

National Water and Sanitation Investment and Financing Plan (NAWASIP) – is policy action jointly developed by both levels of government i.e. the national government and counties with an aim to coordinate investments and inspire reforms in the water and sanitation services across the nation. The main goal of NAWASIP is to accelerate the attainment of universal access to safe water supply and improved sanitation services across the country by 2030 in a sustainable, equitable, and affordable manner. Moreover, it aims to enhance availability of physical infrastructure in the water and sanitation sector and improve institutional efficiency especially Water Service Providers' (WSPs) performance.

Social pillars of the Kenya Vision 2030 aim to invest in the people to enhance the quality of life for all Kenyans by focusing on a wide range of social and human welfare programmes and projects with Health as a key area of focus.

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[8] *Ministry of Water, Sanitation and Irrigation, "The National Water Harvesting and Storage Strategy (NWHSS) 2020-2025" (MoWSI, 2020).*

[9] *Ministry of Water, Sanitation and Irrigation, "The National Water Resources Strategy (NWRS) 2020-2025," 2020.*

1.3 Objectives

The main objective of the WASH-NTD Coordination framework for combating NTDs is to enhance coordination efforts towards increased WASH interventions for NTD:

i. To enhance integration of NTDs and WASH interventions for NTDs.
ii. To enhance coordination of WASH stakeholders for NTDs.
iii. To create structures for joint planning, budgeting and implementation of WASH-NTD interventions in NTDs endemic areas at both levels of government.
iv. To create and enhance joint monitoring and evaluation (M&E) activities to track WASH interventions for NTD at both levels of government.

1.4 Rationale of WASH-NTDs Coordination framework

The urgent need to address WASH intervention gaps in relation to overall health and NTDs as an essential part of national development has been acknowledged in Kenya's Health Sector Strategic Plan 2018-2023, the Kenya NTD Master Plan 2023-2027, and the WHO Ending the Neglect to Attain the Sustainable Development Goals: a rationale for continued investment in tackling NTDs 2021–2030. The Master Plan includes a specific focus on the elimination of other NTDs, and views WASH as crucial to disease containment and as a key area for collaboration with health-related sectors.

The Master Plan 2023-2025 also advocates for a joint approach in fighting NTDs through WASH interventions because it is more likely to be effective over the long term and more sustainable.[10] The MoH has placed the need to improve WASH and associated behaviours at the heart of its approach to tackle NTDs, advocating powerfully for intersectoral collaboration and the needed policy change at the national and international levels. Following extensive monitoring of the impact of NTD interventions between 2012-2017, it was recognised that a new approach was required to achieve and sustain disease elimination. In response, the MoH through the VBNTDU released the Kenya National Breaking Transmission Strategy for Soil Transmitted Helminthiasis, Schistosomiasis, Lymphatic Filariasis and Trachoma 2019-2023 (Breaking Transmission Strategy), a unique approach among NTD-endemic countries.

[10] *Ministry of Health, "Kenya National Master Plan for the Elimination of Neglected Tropical Diseases, 2023 - 2027."*

The strategy identified the fragmented approach to NTDs in Kenya and inadequate investment in social mobilization and behaviour change communications (BCC) as important challenges to breaking NTD transmission, and established WASH and BCC as key pillars alongside continued treatment of the four diseases amenable to preventive chemotherapy. To bring the strategy into effect, the MoH has established a coordination structure for WASH & NTDs led by dedicated staff and has instigated partnerships and collaborations with relevant government authorities, funders and NGOs, of the 28 counties covered by the BTS. Funding for full implementation has been sourced for four counties, with partial funding for an additional six through support from the UK aid funded Ascend programme, that ended in September 2021, which included specific funding for WASH coordination and behavior change activities.

Efforts in the country continue to be guided by the targets and strategies set out by sustainable development agenda and the Sustainable Development Goals; the WHO NTD Road Maps 2012- 2020 and 2021-2030; the WHO Global Strategies on WASH & NTDs 2015-2020 and 2021-2030; and all relevant WHO guidelines and standard operating procedures.

While acknowledging the past efforts and policy framework in Kenya and the importance of past collaboration on NTDs and WASH, there is consensus that a Coordination framework document is required to guide collaborative action on NTDs and WASH stakeholders operating in the country. There is also the need to create structures for coordination, joint planning at national, counties, sub-counties and ward levels; and promoting sustainability of impacts of NTD interventions in the communities.

The development of the coordination framework is a product of a series of stakeholders' workshops from diverse stakeholders including Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Water, Sanitation and Irrigation (MoWSI), WASH partners, Ministry of Environment and Forestry, and donors. The draft coordination was developed by MoH-VBNTDU with support from the END Fund.

Water, sanitation and hygiene components are intrinsically linked to control, prevention, and elimination of NTDs.[11] Water, sanitation and hygiene (WASH) are essential components though they are not given priority for control and elimination of NTDs.[12] The transmission of and treatment and care for NTDs are intrinsically linked with WASH. The four Preventive Chemotherapy NTDs that is, Soil Transmitted Helminths (STH), schistosomiasis (SCH), trachoma, and lymphatic filariasis, require WASH interventions for their prevention, treatment and elimination as public health problem.

Flies transmit trachoma from one infected person to another through shared towels, coupled with low sanitation and hygiene practices among others. Prevention involves facial cleanliness for children, enhanced access to safe water, and proper disposal of human excreta and animal dung to reduce the population of flies.

Soil-transmitted Helminths (*or intestinal worms*) are categorized into three types – whipworm, hookworm, and roundworm. They are transmitted through a faecal-oral route when eggs from worms are shed via faeces into the environment contaminating soil. These eggs are ingested via contaminated water, soil or fruits and vegetables that are consumed raw without washing properly. Infection of hookworm is through penetration of the larvae through the human skin when walking barefooted on contaminated soil. Intestinal worms can be prevented through handwashing, and improved sanitation.

Transmission of schistosomiasis takes place when eggs of the parasite are shed with human faeces or urine which subsequently contaminate freshwater bodies which are mostly stagnant. These eggs hatch into larvae that enter into the freshwater snails. Inside the snails, they develop and emerge inside water and enter the human body through skin. People get infected when wading, swimming, or washing in infested waters. Transmission can be controlled through proper disposal of human waste (*urine and feaces*), use of protective gears and utilization of safe water sources.

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[11] *Georgia Savage et al., "WASH: The Silent Weapon against NTDs Working Together to Achieve Prevention, Control and Elimination," 2012.*

[12] *Savage et al.*

Lymphatic flariasis is spread by Anopheles mosquitoes which breed in defectively constructed sanitation facilities.[13] Patients with disabilities caused by LF are encouraged to observe proper hygiene to control secondary infection and prevent disability. For instance, access to water for limb washing is crucial in lowering the severity of the disease. Inadequate water and sanitation conditions contribute to vector breeding for diseases such as LF and dengue, and lead to poor personal and environmental hygiene practices. Treatment and care of NTDs relies on safe WASH services, at home and in healthcare facilities. Certain diseases, such as leprosy and LF, require clean water to reduce the severity of the disease through meticulous personal hygiene; while diseases that require hospitalisation or surgical care can place patients at risk of healthcare-associated infections if treated in healthcare facilities with inadequate WASH provision.

The WASH & NTDs sectors both target the world's poorest people and work in the same communities that suffer inadequate access to safe water and sanitation services and suffer disproportionately from the devastating disease.

Water: Access to safe water is important towards control and prevention of NTDs. Ensuring supply of safe water in households, schools, and health facilities is an important step towards elimination of NTDs such as STH and Trachoma. Access to safe water is key in preventing Schistosomiasis infections by ensuring that communities do not come into contact with infested water bodies during their water related activities.

A lack of access to clean water and soap may not be able to effectively prevent or manage NTDs. Access to safe water in health facilities is necessary for hydrocele surgeries to those affected by LF. Additionally, stagnant water provides a breeding ground for mosquitoes which transmit LF and communities living near lakes/rivers, who work, wash and bathe in these water bodies are at risk of schistosomiasis.

Sanitation: This includes having access to adequate sanitation facilities in households, schools, health facilities and safe disposal of faecal waste that reduces faecal matter in the environment. Children who play barefoot in such areas have a high risk of hookworm infections. Other intestinal worms like whipworms, and Ascaris (*roundworms*) are ingested via dirty hands, raw fruits and vegetables consumed before proper washing. Soil transmitted helminths are largely prevented by good sanitation.

[13] *Savage et al.*

Hygiene: Hand and facial cleanliness with safe water and soap are key strategies in preventing and controlling some NTDs namely; Trachoma and intestinal worms. Handwashing is important to remove the eggs from intestinal worms that may contaminate food from contact with soils. Similarly, good face hygiene is key in prevention of trachoma and thorough cleaning of legs is key to morbidity prevention and disability prevention for those affected by elephantiasis of the limbs.

WASH in schools and link of WASH-NTDs

Poor hygiene and inaccessibility of safe water and sanitation services in schools increases the risk of NTDs among school-age children. In Kenya, a significant number of schools face challenges related to access to water and sanitation services. For instance, over 33% of schools in the country do not have access to safe water services while over 50% of schools lack sufficient sanitation infrastructure. Additionally, 98% of learning institutions especially in rural areas do not have hygiene services. Children living with disabilities are exposed more to challenges of access to water, sanitation and hygiene services in schools which resort to high prevalence of NTDs.

Furthermore, the problem has a negative effect on learners' enrolment, attendance and performance in schools. Poor WASH in schools increase the vulnerability to NTDs among children leading to absenteeism which subsequently contributes to poor academic outcome. NTDs also lead to slow cognitive development and stunted growth among learners.

Overall, populations lacking access to consistent, safe, and reliable WASH services, have an increased risk of NTDs infection.

Source: Global WASH Strategy, 2015-2020, WHO

Figure 1: Diagram showing common goals between NTD-WASH

2. SITUATIONAL ANALYSIS

2.1 Access to water supply, sanitation and hygiene in Kenya

The Kenya constitution 2010 through Schedule Four assigns water and sanitation services provision as part of the functions to county governments. Further, the Water Act 2016 mandates the county governments to undertake water and sanitation services. The county government's responsibilities include WASH planning and financing, implementation of national policies and development of implementation strategies and coordinating with all stakeholders at national and county levels in all WASH issues. At the national level, responsibilities for sanitation are divided between the MoH and the Ministry of Water, Sanitation and Irrigation (MoWSI). The MoWSI oversees the infrastructural development of water and sewerage while the MoH is responsible for the development of sanitation policies, environmental protection, and sanitation monitoring and evaluation (M&E). Implementation of sanitation and hygiene services was devolved to the county governments.

County governments prioritize their budgets to improve access to water supply especially in arid and semi- arid areas leaving rural sanitation and hygiene underfunded. There is a need for county governments to work closely with all stakeholders, including county treasury to identify the gaps in rural sanitation and hygiene and commit to funding and implementing strategies to improve overall WASH.

The Joint Monitoring Programme (JMP) 2021 estimates that 62% of Kenyans have access to basic drinking water.[14] Eighty-seven percent (87%) of the urban population has access to basic drinking water but only 52% of the rural population has access to basic drinking water. The report indicates that 33% of the rural population has access to basic sanitation services and 27% to basic hygiene services.

[14] *WHO, JMP, and UNICEF, "Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Kenya Status," 2021.*

For both sanitation and hygiene access, the urban population has higher access to basic sanitation and hygiene services at 36% and 33% respectively while the rural population's access to basic sanitation and hygiene services stands at 31% and 24% respectively.

Table 1: Proportion of Kenya's population with access to basic water, sanitation and Hygiene

Kenya	Driniking Water			Sanitation			Hygiene		
	National 2020*	*Rural* 2020*	*Urban* 2020*	*National* 2020*	*Rural* 2020*	*Urban* 2020*	*National* 2020*	*Rural* 2020*	*Urban* 2020*
Safely Managed	-	-	58	-	29	-	-	-	-
Basic Service	62	52	29	33	2	36	27	24	33
Limited Service	10	12	4	25	17	48	33	32	37
Unimproved	10	13	3	33	41	15	-	-	-
No Service	19	24	6	9	11	1	40	44	29

Source: WHO/UNICEF JMP (2021)

Sixty one percent (61%) of health facilities in rural areas have improved water supplies, 5% with improved sanitation, and 93% of health facilities have limited WASH services. Forty-two percent (42%) of health facilities in rural areas have sufficient handwashing facilities with soap and water, 45% of them have basic waste management while those facilities that have adequate environmental cleaning are less than 50%.

The **Kenya Environmental Sanitation and Hygiene Policy and Framework 2016-2020 (KESH)** developed by the MoH indicated the challenges facing the sanitation sector, including fragmentation of institutions working in the sanitation sector, roles and responsibilities that are not clear among stakeholders as well as non-alignment and non-coordination of sector players at national and county levels. The framework indicated that having the MoH and MoWSI develop and implement policy and strategy complicates the management of the sanitation sector at the national level.

The **Kenya Environmental Sanitation and Hygiene Policy 2016-2030 (KESHP)** defines environmental sanitation as the control of environmental factors that provide links to disease transmission, and which have an impact on human health. Thus, interventions designed to maintain a conducive and clean environment that reduces exposure to and breaks the cycle of diseases is a key mandate for the MoH regarding sanitation management.

2.2 Scope/areas of interventions/priority focus areas

2.2.1 Water, sanitation and hygiene (WASH) in schools

School WASH encompasses a learning institution having sufficient safe drinking water, adequate toilets and urinals to the ratio/proportion of learners and age cohort, enough handwashing facilities, properly sustained compound, well-ventilated classrooms and other living facilities including dining and kitchen facilities.[15]

In public primary schools in the country, the learner toilet ratio (LTR) for girls and boys is 29:1 and 34:1 respectively, against the recommended ratio of 25:1 and 30:1, respectively.[16] In terms of water access, 92 percent of public primary schools are connected to water supply, with 51.8 percent getting water from boreholes, while 22.2 percent and 17.8 percent use rainwater and river water, respectively.[17]

Nonetheless, many gaps still exist in ideal support of WASH in schools in Kenya.[18] For instance, 9.5 percent of schools have no access to water while a significant proportion of schools have not attained the national LTR norm. Other challenges facing WASH in schools include disruption of water supply, sustainability issues for WASH interventions, non-existence of sanitary pads disposal facilities, lack of mainstreaming of WASH facilities for disabled and young kids.[19]

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[15] *Ministry of Health, "Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2016-2030.," 2015.*

[16] *Ministry of Education, Ministry of Health, and Ministry of Water, Sanitation, "Standards & Guidelines for WASH Infrastructure in Pre-Primary & Primary Schools in Kenya," 2018, https://washkimhome.files.wordpress.com/2020/02/wash-standards-guidelines-full-document-21082019-compressed.pdf.*

[17] *Ministry of Education, Ministry of Health, and Ministry of Water, Sanitation.*

[18] *Ministry of Education, Ministry of Health, and Ministry of Water, Sanitation.*

[19] *Ministry of Education, Ministry of Health, and Ministry of Water, Sanitation.*

Additionally, many schools' water and sanitation facilities fail to adhere to design standards recommended by the government.[20]

Proper water supply, sanitation and hygiene in learning institutions can contribute to higher cognitive attention and function, reduced absenteeism from schools, increased safety and dignity, and more time on the learning task among the learners.[21] However, school WASH infrastructure is inadequate in Kenyan schools (*pre-primary, primary and secondary*).

The maintenance, operation and management of sanitation facilities also remain a key matter for schools and a subject which demands keen attention. Notably, teen schoolgirls face challenges in handling their menstruation. The majority of girls in poor urban and rural area environments lack sanitary menstrual materials and private facilities and water supply for washing and drying of soiled clothing, hands and cloth. Subsequently, they concentrate and engage less in class and other school activities or miss such activities because of menstruation. Generally, the majority of schools in Kenya encounter many hygiene and sanitation challenges including:

- Most schools lack acceptable and enough toilet facilities relative to the minimum standards.
- Disabled children or tutors may find it challenging to access standard facilities and may need modified designs founded on the principles of reasonable universal design and accommodation.
- In urban schools, the inadequate availability of land can contribute to insufficient space for latrine construction and emptying.
- The circumstances in the majority of schools do not promote hygiene practices because of lack/ shortage of handwashing, water facilities and poor practices.
- In most learning institutions, water supply is of poor quality and low quantity. In urban centers, some schools grapple with disconnection from their water supply by water authorities for failure to pay water bills on time.

[20] *Ministry of Education, Ministry of Health, and Ministry of Water, Sanitation.*

[21] *Ministry of Health, "Kenya Environmental Sanitation and Hygiene Policy (KESHP) 2016-2030."*

- There are no standards on how many hand washing facilities are needed in a learning institution. 1 hand washing facility: 40 learners; according to the Environmental health and Sanitation policy
- There is no specific budgetary allocation in any government ministry, department or county authorities for school WASH.
- Unfavourable conditions in schools such as overcrowding, poor housekeeping, and ergonomics are risk factors that predispose school communities to diseases.
- School sanitation and hygiene is a multi-sectoral issue, whose coordination is compromised by lack of guidelines for execution and inadequate directions specifying responsibilities and roles of every player.
- The participation of communities and the private sector in the hygiene promotion and sanitation is low because of poor sensitization on their role.

The NTD-WASH Coordination Framework identified the need to enhance the quality and number of water, sanitation and hygiene facilities and their management, and promote hygienic practices, especially hand hygiene, facial cleanliness and menstrual hygiene in schools. The content of this coordination framework is also guided by the Kenya Environmental Sanitation and Hygiene Policy 2016-2020 as it also promotes environmental sanitation and hygiene including water supply, storage and use, latrine coverage and use, personal and environmental hygiene, solid and liquid waste management, food hygiene, and hand-washing. The cycle of transmission of NTDs cannot be broken by treatment alone but also improving access to water, hygiene and sanitation is important in controlling and eliminating these diseases in schools.

The WASH-NTD coordination framework seeks to do the following in respect to School WASH:

- Facilitate learners/ students to acquire skills, and knowledge on NTDs, change attitudes and practices for effective water, sanitation and hygiene practices at school and at home.
- Schools should have indispensable access to safe and adequate water supply for drinking, achieve proper sanitation and hygiene targeting NTD control and elimination.
- Schools should be used as centers for promotion and empowerment of learners/ students to become change agents in the fight against endemic NTDs in the areas where they live.

- Schools' health clubs should not only be for learning and participation of pupils on sanitation and hygiene but also for linkage of NTDs with water sanitation and hygiene.
- School management boards and parents' associations should be encouraged to enhance learners, teachers and parents' knowledge on t endemic NTDs and their control strategies.
- The government and stakeholders support schools in NTDs endemic areas in order to have sufficient and functional sanitation facilities based on the minimum standards. The minimum standards are one toilet for 35 boys and a urinal and one toilet for 25 girls.[22]
- The government and stakeholders to support girls on good menstrual hygiene practices and to also gain knowledge on NTDs affecting females' reproductive system such as Female Genital Schistosomiasis (FGS).
- The government and its stakeholders will ensure provision of well-sustained and maintained sanitation and hygiene facilities, promotion of best practices and sustenance in schools targeting control and elimination of NTD endemic diseases.
- The government and WASH partners to support schools to implement guidelines, regulations and coordination framework for prevention and control of NTDs.
- The government and other stakeholders should ensure provision of safe, inclusive and accessible WASH facilities beneficial to all.

2.2.2 WASH in healthcare facilities

According to a Joint Monitoring Program report, 49% of health care facilities across the globe lacked basic hygiene services in 2021. This translated to approximately 3.85 billion persons who could not access basic hygiene facilities at healthcare institutions. Notably, 688 million persons lacked any hygiene services at all.

Additionally, 22% of health care facilities globally had no basic water services which meant that 1.7 billion persons did not have basic water services at health care facilities. More than 857 million people had no form of water service.

There is no data in Kenya (KHIS) that show the level of WASH in health care facilities but this data may be found at the county level.

[22] *Ministry of Health.*

2.2.3 WASH in communities – (*households*) and CHP roles

Approximately 59% of households in the country have access to safe drinking water. However, only 29 have access to basic sanitation. Notably, 9.9 million Kenyans drink directly from contaminated surface water sources hence they do not have access to safe water. Additionally, five million Kenyans defecate in the open. Besides, over 75% of the households have no handwashing facilities with running water and soap. Safe drinking water, basic sanitation and appropriate hygiene practices are important for the control of NTDs such as trachoma, STH and SCH. Water insecurity coupled with lack of hygiene and sanitation services and products, increase the risk to NTDs, and perpetuates poverty and inequalities.

The Primary Health Care Act 2023 mandated the community health promoters (CHPs) in the role of preventive care. Each CHP is allocated 100 households in their localities to facilitate access to and effective provision of community health services at the community. CHPs are mandated to visit 100 households every two to three months to deliver care services to Kenyans in their homes. At this level, they offer basic services such as tests and screening at no cost. Some of the services include sugar level tests, blood pressure and weight tests. They also provide health education on NTDs prevention, first aid and referral of patients.

3. COORDINATION, COLLABORATION AND INTEGRATION STRUCTURES IN WASH AND NTDS

3.1 Introduction

The purpose of the National WASH-NTDs Coordination Framework is to lay down the building blocks for strengthening the coordination and integration of WASH and NTDs sectors at national and county levels for control and elimination of NTDs.

This framework sets out MoH -NTD program targets and all stakeholders delivering WASH NTD programme interventions in NTD endemic counties. It is intended to suppor alignment of all partner activities with existing plans and strategies, as well as active contribution to a process of mainstreaming NTD control in all relevant policies and strategies in the country. Program Location and Targeting. The NTD programme is being implemented in endemic counties in Kenya.

3.2 WASH and NTD sector Coordination

Coordination is working together to achieve a common goal while maintaining separate structures. This definition recognizes that both the WASH and NTD sectors in Kenya have their own management structures at various levels, and purposefully come together to achieve the ultimate goal of improving the health and well-being of the Kenyan population.

3.3 WASH & NTD Collaboration

3.3.1 Key Principles

Coordination and collaboration on WASH & NTDs sectors is guided by the following principles:

- **Cooperative Devolved government:** The spirit of devolution is to bring services closer to the people. However, the success of the devolved system lies in the two levels of government working together in a well-coordinated and collaborative manner to deliver services to the citizens. Devolution is outlined in the Kenyan constitution article

- **Harmonization:** The Ministry of Health (MoH) takes overall leadership in WASH-NTDs data collection on WASH situational analysis, NTDs mapping and other relevant sources. This data is analysed, harmonized and shared with relevant stakeholders on established platforms. The MoH will further guide on sector requirements and any gaps in resource allocation for WASH-NTDs. State and non- state actors' role is to actively participate in coordination processes at national and county levels as well as ensure mechanisms for engagement with the government are synchronized.
- **Ownership:** To promote ownership MoH will collaborate with other relevant government ministries, agencies and departments, County governments, NGOs, CSOs, FBOs, CBOs, and other non-state actors in WASH coordination framework, dissemination and implementation. NTD endemic counties are mandated to include and integrate WASH-NTDs in County Integrated Development Plans (CIDPs), Annual Development Plans (ADPs) and annual work plans (AWPs). This will require political and financial commitment of the national and county governments. Monitoring and evaluation will be done jointly by the national and county governments to ensure the framework achieves its intended objectives.
- **Alignment:** The MoH will ensure the alignment of the WASH-NTD framework with; the WHO roadmap on ending the neglect to attain sustainable development goals 2021-2030, Africa Health Strategy (AHS) 2016-2030, Continental Framework on the control and elimination of NTDs in Africa by 2030 and the Kenya NTD Master plan 2023-2027.
- **Results:** The MoH shall guide with a clear results framework to achieve Kenya SSHP priorities and coordinate analysis of data and information to inform policy decisions. State and non-state actors' responsibilities are to ensure that regular and timely reports, based on output, are provided to enhance policy decisions.
- **Responsibility:** The MoH will ensure that all partners are treated fairly and recognized as key stakeholders in the implementation of the WASH-NTD framework. All partners working and supporting the government will be provided with the necessary support by establishing mechanisms that will ensure they have an equal stake in the implementation process. Counties will be involved in the implementation of the WASH activities related to NTDs.

- **Accountability:** The MoH will be responsible for successful acceleration of the implementation of the WASH-NTDs framework in the country. Systems and mechanisms will be established and joint annual assessments and reviews will be carried out by the National and county government.
- **Inclusivity:** The MoH shall provide a conducive environment for stakeholder engagements and equal opportunity for sector players to actively contribute to the implementation of this framework and commit to reduction of inequalities so that no one is left behind. The Ministry will also include counties in the joint planning and implementation of the WASH-NTDs activities.
- **Empowerment:** The MoH shall lead in identification of gaps for capacity building in order to achieve the objectives of this WASH- NTD framework. Technical and financial support will be mobilized internally and externally to support the delivery process.
- **Quality of Life:** All Kenyans have a right to a quality sanitary and hygiene environment that guarantees a life free from illnesses caused by poor sanitation and hygiene.

3.3.2 Key actions to develop and sustain WASH-NTDs collaboration in Kenya

What criteria to consider for WASH-NTD collaboration?

a. National partners focusing on NTDs

b. Non-state actors, CSOs, NGOS, PPP

c. Partners need to have interventions ongoing or planned in NTD endemic.

d. Water institutions - National, (*policy development*), county level

e. Coordination forums in NTD endemic regions

f. Development partners in endemic regions

g. WASH stakeholders willing to participate in NTD WASH interventions

Key actions for WASH-NTD stakeholders

a. Joint Planning and implementation of key targeted interventions
b. Regular review meetings
c. Data sharing
d. Advocacy to policy makers and development partners and Creating awareness on WASH and NTDs (*NTD players to understand WASH and vice verses*).

All stakeholders should:

a. Align with WHO roadmap, Ending the neglect to attain sustainable development goals 2021-2030, the African Health strategy 2016-2030, the Continental Framework for control and elimination of NTDs in Africa by 2030 and the Kenya National Master Plan for the Elimination of NTDs 2023-2027.
b. Sustainability financing from the counties.
c. Co-create WASH programmes and involve all stakeholders from inception to joint planning and roll-out of projects. The stakeholders dealing with water-related diseases such as typhoid fever and diarrheal diseases will participate in joint planning activities and share relevant information or data on endemic NTDs.
d. Provide reports on programme activities as per the process set out in the Kenya National Master Plan for the Elimination of NTDs 2023-2027.
e. Strengthening the structure for collaboration among stakeholders to ensure better coordination of their activities at national and county levels.

3.3.3 WASH-NTDs coordination structure

3.3.3.1 WASH sector management structure

This section outlines the existing management structures within the WASH sector from the national to the sub-county levels.

Table 2: WASH sector management structure

Theme	National	County
Planning	MoH MoWSI	County Departments of Health Tools » CIDPs » Annual work plans » Budgets Water Works Development Boards (*5-year plans*)
Service delivery	National WASH/CLTS Hub (*under MoH-DoEH*)	**CDoH:** *Primary Health Care (PHC)* through community health promoters (CHPs) WASH Hub *County – Promotive, preventive, curative Plans)* **Water:** Water Works Development Boards through Water Service Providers, Water Suppliers
Coordination	COG – Service Delivery Technical Thematic Committee (*County CECs for Health*) **Inter-Ministerial Water Coordination Committee (IWCC)**: high-level coordination, accountability. **National Water Sector Standing Committee (NWSSC)**: ministries, development partners, private sector, civil society. Kenya Water and Sanitation Civil Society Network (KEWASNET)	County Government CHMTs WASH TWGs CECM for responsible for health in counties in consultation with CECM water
Monitoring and Evaluation	Ministry of Health Annual water sector conference (AWSC) Water sector working groups	County Annual health reports Quarterly TWG reports County TWGs, review meetings

Theme	National	County
Financing	Treasury through MoH, MoWSI **The Water Sector Trust Fund (WSTF):** grants to counties Development Partners	County Government County allocations Partners Own source revenue
Regulation	**MoH** Food drugs and chemical substances Act (Cap 254) Public Health Act Cap 242 Laws of Kenya **Water Services Regulatory Board (WASREB):** licensing, standards, guidelines **Water Resources Authority (WRA):** water allocation, protection, quality	NAWASIP County health act Policies, Acts of parliament County regulations Technical support Spot checks for quality control
Operation and Maintenance	MoWSI MoH - through its development partners – oversight	Water Works Development Boards (*5-year plans*) NAWASIP
Technical Support and oversight	**Kenya Water Institute (KEWI):** training, research, consultancy Regional Centre on Ground Water Resources Education, Training and Research	CHMTs TWGs

3.3.3.2 NTD Management structure

The NTD Programme is housed within the Vector Borne and Neglected Tropical Diseases Unit (VBNTDU) of the MoH. Its mandate, among others, is to set the overall vision and direction of the programme, guide the implementation of disease control activities, lead coordination with all relevant partners, and advocate to higher levels of government and other partners for resource allocation for NTDs control. An Interagency Coordination Committee on NTDs was launched in June 2014, which will be replaced by a National Steering Committee on NTDs chaired by the Cabinet Secretary for Health under the 2023-2027 Kenya NTD master plan.

The NTD Programme, comprises the Head, the Vector-Borne and Neglected Tropical Diseases Unit, disease focal points persons, other programme officers, and interns seconded to the programs.

The Head of VBNTDU oversees the running and management of the day-to-day activities of the Unit and provides a link between the MoH, donors, partners, and NGOs. The VBNTDU consists of a pharmacist, 4 scientists, an M&E officer, 2 laboratory managers, a WASH/ACSM coordinator, and seconded Interns.

As part of the implementation of the BTS, County NTD TWG will be formed in every county, drawn from different stakeholders to spearhead the MDA campaigns and all other NTD control interventions. The Unit develops annual operating plans from key strategic plans and policy documents as well as the medium-term framework in consultation with various donors and partners to prepare a budget. The budget indicates sources of funding, split between the government of Kenya and partners/ donors.

3.3.3.3 WASH-NTDs coordination structure (*To revise and align*)

As per the Kenya National Master Plan for elimination of NTDs 2023-2027 WASH and NTD coordination is led by a Technical Working Group (TWG) housed within the national NTD programme, which brings together all the stakeholders involved in WASH & NTDs including the MoWSI, Ministry of Environment (MoE) and all the relevant departments within the MoH such as Environmental Health, Health Promotion, Community Health and Public Health. The TWG is scheduled to meet four times per year. Coordination efforts also include non-governmental organizations (NGOs), research institutions, and county governments of endemic counties.

The TWG works to engage the WASH sector in the NTD control and elimination agenda and to advocate for targeting of WASH investment and implementation in accordance with population health needs, including and beyond NTDs. Additional responsibilities set out in the Kenya National Master Plan 2023-27 include organizing forums at the national and county levels where partners will be engaged in discussions on the strategy; identifying areas of need and reporting back on the agreed milestones and challenges; and keeping the global community informed about progress being made in Kenya towards elimination and control of NTDs.

Data merge process will involve collecting all existing data on NTDs prevalence and WASH status to get insights and generate evidence for NTDs and WASH in order to get more WASH investments in NTD endemic areas. WASH data will be collected from DHIS 2 while NTD data will be from surveys. WASH data from the DHIS2 will be on access to safe water functional latrines and hand washing facilities.

3.4 Joint Planning

3.4.1 Process and timing for joint annual planning and budgeting

Adequate funding to achieve the targets for the prevention, control and eradication of NTDs is a key challenge facing the health sector. Currently, NTDs interventions such as medicines and technical assistance are funded by partners. Increased funding by the national and county governments towards both WASH & NTDs will be crucial to ensure that the objectives of both WASH & NTDs are realized. NTDs sector clearly need to integrate water and sanitation into their programs but are unable to do so because of the high cost of WASH infrastructure. The following are critical areas for joint planning to ensure coordinated resource mobilization by both the national and county governments:

The focal persons for NTDs andWASH at both national and county levels. There is a need to have dedicated staff or focal persons at both levels of government to focus on coordination, implementation, monitoring, resource mobilization, donor and implementing partner management, communication as well as joint budgeting and planning. Inclusion of NTDs-WASH activities in the County Integrated Development Plans (CIDP): Many county governments endemic with NTDs do not have budgets allocated to control these diseases.

It's important to factor them in their CIDP's for resource mobilization and allocation to meet control and elimination targets through the annual work plans set out by the NTD-WASH programme.

Drug Donations are through development partners who donate drugs used for mass drug administration (MDA) for the PC-NTDs. Funding gaps affect availability of medicines and distribution hampering control efforts. Additional purchases from state actors (national and county governments) would enhance availability of the drugs.

Cross-sectoralbudgetingandresourcetrackingeffortsareneededtoensureefficient use of resources, elimination of duplication and improvement of implementation of programmed activities. For instance, WASH component expenditure tracking for NTDs should capture resources from both NTDs programming as well as from WASH implementation. The NTD program to coordinate the planning processes to ensure endemic counties are prioritized when WASH infrastructure is being planned. This can be done by participating in the WASH Technical Working Groups (TWGs), WASH Forums and WASH sector planning and review meetings.

Partnerships and integration: National and county governments should leverage partnerships within the NTD programs across disease areas, regional and global bodies to support programming for NTDs and WASH and drive the conversation away from siloed funding and implementation.

Resource mapping and gap analysis across both the national and county governments to ensure all stakeholders align their activities to the county's WASH & NTDs strategic objectives, existing structures, and procedures, rather than establishing parallel or fragmented systems and implementation arrangements.

3.4.1.1 Data requirements for joint planning

The Table 3.3 below describes the data needed by different actors for joint planning between the state and non-state actors for WASH & NTDs.

Table 3: Data requirements for joint planning

Stakeholder	Data needed	Source of data	Actions for timely submission
WASH and NTD partners	List of WASH partners, core areas of focus scope location, and time frame of interventions	MoH (WASH) County Governments e.g. TWGs reports MWSI. Additional information to be supplemented by KEWASNET	The secretariat to develop a matrix of wash partners and identify their niche
	Prevalence of NTDs	VKHIS, & sector performance reports, Surveys, eCHIS	MoH to constantly update NTD incidence & prevalence
	Contextualized NTD prevention and control, WHO recommended intervention strategies	Vector Borne and Neglected Tropical Diseases Unit	VBNTD to disseminate and/or publish papers and recommended strategies on endemic NTDs
	Active Technical working groups in the line ministries	MoH TWG, County TWGs,	Secretariat to share a matrix of active working groups with WASH partners
	Best practices in NTD intervention work	SBCC/WASH partners Social mobilization package WASH Road maps County WASH Hubs Maarifa Platform (*online portal for Best practices*)	Secretariat to routinely compile and disseminate best practices

3.4.1.2 Community engagement in joint planning

In order to ensure community ownership, participation, and sustainability of WASH-NTD interventions, it is important to engage them throughout the planning process. Community engagement can be achieved through existing community structures like Level One such as Community Health Promoters (CHPs), CHA's MHM Champions, NTD champions, Community Health Committee, Village elders, nyumba kumi, assistant chiefs and chiefs, youth groups, women groups, religious leaders, curriculum support officers, civil society organizations (CSOs).

Level 2 include Facility in-charge, CHA's, PHO's, facility health management committees, MHM champions, Civil society organisations (CSO). Level 3 include facility in-charge, ward PHO, ACC, Ward Admin, and community development officers.

Healthcare service provision (MoH), Nyumba Kumi initiatives (CAC), youth groups, women groups, chamas, church groups, and self-help groups among others. The participation of the community members in planning should be incentivized appropriately to ensure full participation. Continuous demand creation for WASH AND NTDs interventions rather than incentivization

3.4.2 Data Merge for WASH and NTDs

The data merge is informed by the integrated NTD-WASH theory of change. The NTD programme hypothesis was that endemicity and morbidity related to NTD will be reduced through the following:

- Reaching target populations with mass treatment, delivering key messages, Community mobilisation, and adopting best wash practices.
- Joint planning coordination, and creation of an enabling environment with WASH-NTD stakeholders for integrated WASH-NTDs interventions.
- Generating strategic information from data merge to inform mass treatment and advocacy for increased WASH interventions.
- Integration/data merge of MDA and school-based deworming programmes
- Integration of NTD's and wash data from routine outreaches into Health Information System (HIS)
- Integrated data review meetings of NTD's, MHM and WASH

Data merge process will involve collecting all existing data on NTDs and WASH and uploading it in the CIND (Country integrated NTD database). The main goal of this process will be to generate evidence for NTDs and WASH in order to get more WASH investments in NTD endemic areas.

WASH data will be collected from DHIS 2 while NTD data will be from interventions. WASH data from the DHIS2 will be on water treatment, functional latrines and hand hygiene.

Data merge process was anchored with a landscape analysis document which was supported by MOH and Sight Savers. The main goal of this process was to generate evidence for NTD and WASH in order to get more WASH investments in NTD endemic areas. The process involved collecting all existing data on NTD prevalence and WASH data.

The main source of WASH data was from DHIS2 and ESPEN while NTD data (STH, Trachoma, Schistosomiasis and Lymphatic Filariasis) was from Surveys/mapping, aggregated up to sub-county levels. Insights were developed by overlaying the two data sets (NTD prevalence and WASH). Data tables and maps were developed from the overlays. After the data merge process, map and fact sheets were developed to give insights that were used for:

- **Advocacy** – national and county governments, ministry of water, sanitation and irrigation, water service boards, NGOs, CSOs, FBOs, and private sector.
- **Collaboration** – create avenues for WASH and NTDs collaborations and partnerships.
- Generating WASH investment and NTD endemicity matrix.

3.4.3 WASH investments and NTDs endemicity Matrix

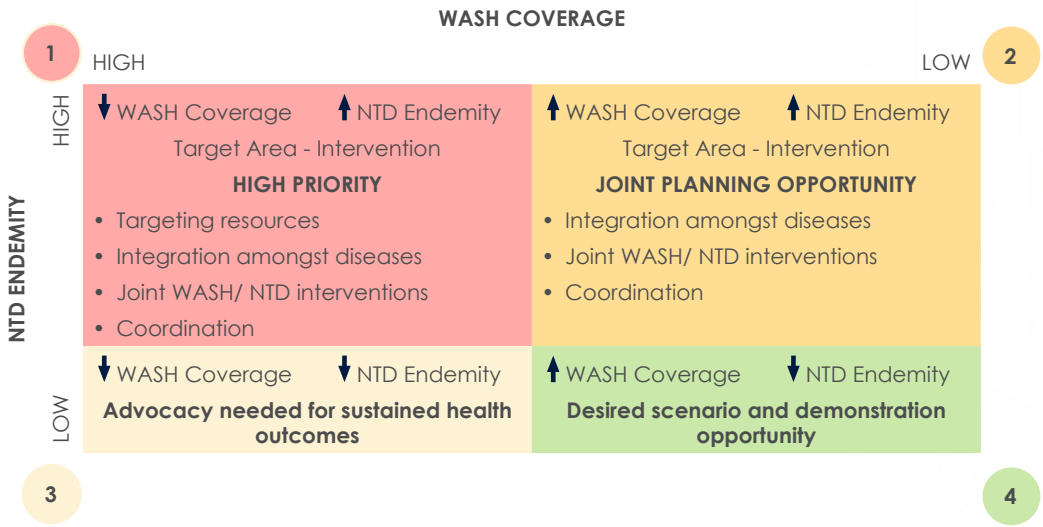

Figure 2: WASH investments and NTD endemimicity Matrix

Scenario 1: **Resource targeting -** In scenario one, there is high endemicity of NTDs and low WASH coverage. In this case, identification of funding opportunities needs to be prioritized. Government programs and structures to work in order to facilitate pooled funds for WASH. Planning and targeting for infrastructural investment to be initiated among WASH stakeholders. NTD co-endemicity e.g. STH and SCH are co-endemic in areas with low WASH investments, myths and misconceptions.

Scenario 2: **Integration -** In scenario two, there is high NTD endemicity and high WASH coverage. In this case, there is a good opportunity for integration in order to identify co-endemicity of several NTDs. It is important to develop joint WASH messaging to control NTDs such as Trachoma, SCH, and STH. Coordination between different NTD/WASH players to be emphasized at national and county levels.

Scenario 3: **Advocacy -** In the third scenario, there is low NTD endemicity and low WASH coverage. In this case, advocacy is required for increased WASH infrastructure, partner coordination, and government ownership to ensure sustainability of interventions for better health outcomes.

Scenario 4: **Continuous monitoring -** The fourth scenario is the desired occurrence where there is low NTD endemicity and high coverage of WASH. This presents an opportunity for continuous monitoring of WASH indicators and NTD prevalence to ensure sustained low endemicity of NTDs.

3.5 Integration

For the purpose of this WASH-NTD framework, integration is defined as an action or complete merging process of joining some or all components of different programmes; it includes joint planning, implementation, and evaluation of activities across sectors or programmes to achieve common goals. The degree of integration needed depends on the context and nature of the diseases being addressed, and it is possible to integrate selected programme components. This framework defines a set of interventions designed to meet both WASH & NTDs objectives and delivered through a single-entry point. In the delivery of these interventions, the following policy guidelines can be referred to:

i. **'Ending the Neglect to attain the Sustainable Development Goals: A road map for NTDs 2021-2030'**: Enhanced cross-cutting approaches: - The WHO roadmap calls for integration of delivery platforms, mainstreaming of WASH, MoE and MoH platforms to intensify capacity for resource mobilization.

ii. **'WHO Global strategy in Water, Sanitation and hygiene to combat neglected tropical diseases 2021-2030'**: Recommends integration of WASH and NTDs interventions into other programs.

iii. **'The Africa we Want 2063'**: It calls for an integrated and comprehensive health service to rid Africa of all NTDs.

iv. **'Continental Framework on Control and Elimination of NTDs in Africa by 2030'**: In its mission, it strives towards the integration of strategies and efforts in control and elimination of NTDs across the entire continent.

v. **'Kenya NTD Master Plan 2023-2027'**: The Master plan recommends integration of NTDs interventions into routine WASH and health care services.

Integration of activities between WASH partners

Advocacy between national and county government, ministry of water and sanitation and irrigation, water service board, FBOs and private sector

Collaboration to create avenues for WASH and NTDs/mapping partners and relating activities for WASH and NTDs

Generating WASH investment and NTD endemicity matrix.

3.5.1 Standards of WASH services and products

The Constitution of Kenya Chapter 4 recognises the human rights to water and sanitation, which stipulates the commitment to provide services that are accessible, available, affordable, acceptable and of high quality. It guarantees the right of every person to reasonable standards of sanitation, and the right to a clean and healthy environment. To realize these rights, all providers of WASH services, including those involved in efforts for demand creation for sanitation (*such as CLTS and sanitation marketing*), must adhere to the set-out government quality standards.

These include; WASH legislations such as the Water Act 2016, WASREB guidelines on water and sanitation services provision in the rural and underserved areas 2017-2019, and Kenya Environmental Sanitation and Hygiene Policy 2016-2030. The Kenya National Master Plan 2023-207 envisions that the access to water and sanitation should be over 85%. This would help to reduce most of the NTDs which thrive in areas where access to WASH services is low.

WASH infrastructure and products should be implemented adhering to national standards. Additionally, the delivery of WASH services should meet the basic minimum of high standards. For instance, water supply should adhere to water quality policy and should not put any health risk to consumers. Meanwhile, water and sanitation infrastructure should be technically and hygienically safe for users. The delivery of WASH services and projects should be inclusive of people living with disabilities (PLWDs), gender-sensitive and satisfy the needs of all people at every step of life. Essentially, all WASH infrastructures in public institutions especially healthcare facilities and schools should conform to the universal access design standards. The ministry of health should ensure sufficient levels of monitoring and supervision to guarantee partners adhere to quality standards at the county level.

WASH interventions should be implemented to achieve the goal of "Universal Access to Improved Sanitation, Clean and healthy environment by 2030 as provided for in Kenya Vision 2030. Access to improved facility is key in fighting NTDs, sanitation provision should be implemented to achieve universal access to improved[23] facilities. Implementers should adhere to the Kenya ODF campaign roadmap, which sets out the coordination structures and requirements for ODF verification and certification.

In schools, toilet provision should adhere to the standard requirements of 1 toilet per 25 girls, 1 toilet per 30 boys plus a urinal, and one toilet for female and male staff respectively, in line with the Standards & Guidelines for WASH Infrastructure in pre-primary and primary schools in Kenya (2018). In addition, all schools must provide sanitation facilities for students and/or staff living with disability, regardless of whether any member of the current school population is a person living with disability.

Sanitation technologies[24] should be cost-effective, affordable, and appropriate to the needs of population groups, and must be environmentally friendly and sustainable, with manageable and affordable operation and maintenance requirements.

All stakeholders involved in the planning, delivery and monitoring of WASH interventions in the context of NTD control and care must work to ensure the adherence of interventions to the quality standards set by the Government of Kenya. In order to ensure that interventions achieve their intended impact in an equitable and sustainable manner.

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[23] *https://washdata.org/monitoring/sanitation*

[24] *See p38 of the Kenya Environmental Sanitation and Hygiene Policy for a list of sanitation technologies.*

3.5.2 Behavior change

Behaviour change activities should be informed by and aligned with the Advocacy, Communication and Social Mobilization (ACSM) Strategic Plan for NTDs in Kenya (*2023-2027*), including:

i. Alignment with the objectives of the ACSM Strategic Plan:
   a. To increase awareness of neglected and tropical diseases (NTDs) for prioritization by the targeted audience and government.
   b. To strengthen advocacy for NTDs control, elimination and the eradication interventions at the national and county levels.
   c. To increase collaboration among stakeholders for synergy and complementarity.
   d. To scale-up social mobilization for use across all NTD interventions.
   e. To strengthen monitoring, evaluation, reporting and learning for ACSM.
ii. Aligning with agreed messages and communication channels to avoid confusion, misconceptions and the spread of misinformation.
iii. Using where possible jointly developed and agreed tools and resources.
iv. Strengthen and enable health workers to understand and engage NTD-affected groups and individuals and promote healthy behaviours and practices.
v. Contribute to efforts to reduce stigmatisation and social exclusion.
vi. Promote inclusivity through participation by communities and decision makers.

3.5.3 Integration Process and Activities

Priority NTDs/ or NTDs interventions	WASH activities to be integrated	Mechanism for Integration	Means of verification	Role of NTDs intervention implementer	Role of WASH intervention implementer
MDA	• Health promotion and community sensitisation on key WASH messages related to NTDs such as face washing, latrine use and improved water and sanitation management • Ensuring availability of toilets, handwashing facilities with soap and safe drinking water during MDAs	• Pre-MDA mobilisation activities • MDA campaigns	Activity reports	• Monitor activities being implemented • Fund the activity	Technical support on key messages to be integrated
Integrated disease management	• Survey of WASH access and needs of individuals affected by NTD-related disability or other chronic impacts • Provision of inclusive WASH facilities in health care settings and for individuals affected by NTDs (*including provision of water piped into premises over public water points, accessible facilities*) • Pro-poor strategy incentives, for example incentives or subsidies for participation in community activities and for obtaining WASH services • Infection prevention and control measures in healthcare settings.	• NTD impact surveys to include WASH access indicators • CLTS triggering, inclusion of people with disabilities in community mobilisation • LF and trichiasis surgical outreach	Survey reports	Include WASH indicators in survey protocols	• Advise on WASH indicators and provide data • Provide technical support on adequate provisions

Priority NTDs/ or NTDs interventions	WASH activities to be integrated	Mechanism for Integration	Means of verification	Role of NTDs intervention implementer	Role of WASH intervention implementer
NTD promotion through community health strategy	• Community social mobilization • Improved access to safe water • Improved sanitation • Behaviour change communication campaigns • Promotion of hand washing, facial cleanliness and shoe wearing	• Community Led Total Sanitation • Household visits • Community dialogue and action days • Barazas	• Activity reports • CLTS database • KHIS	• To integrate the relevant NTD strategy in social mobilization • Provision of Finance and technical support • Designing robust Social and Behaviour Change Communications interventions scalable and appropriate to NTD work • To integrate the NTDs in community health promoters training curriculum • Integrate NTDs into the electronic community health information system (eCHIS)	• Integrate relevant NTD strategy into their programmes • Provision of WASH technical support • Integrate CLTS messages

Priority NTDs/ or NTDs interventions	WASH activities to be integrated	Mechanism for Integration	Means of verification	Role of NTDs intervention implementer	Role of WASH intervention implementer
School Health	• Safe Water supply for drinking, school feeding program cooking and handwashing • Provision of adequate gender sensitive sanitary facilities with inclusion of special needs learners • Menstrual health and hygiene, resting/changing/washing rooms and availability of disposal bins where applicable • Adequate and acceptable management of solid and liquid waste • Promotion of healthy/hygienic behaviours related to NTDs (*handwashing, shoe wearing, face washing, availability of anal cleansing materials*) • Provision of handwashing facilities with water and soap • School-led Total Sanitation	• School health clubs • School administration • School Board of Management • Parents Association • Board of management (BOM) • School health clubs • Games and safe play sessions • Counselling sessions	• Activity reports • School club health reports • National Education Management Information Systems (NEMIS) • Reports from county & sub-county school health coordinators	• Conduct review meetings with stakeholders • Conduct school audits • Orientation of school health clubs on WASH-related diseases • Capacity building health club teachers • Activation and strengthening of health clubs • Contribute to school health reports	• Mapping of WASH status in schools • Contribute to school health reports. • Gap analysis and resource mobilization • Provision of WASH hardware and software

Priority NTDs/ or NTDs interventions	WASH activities to be integrated	Mechanism for Integration	Means of verification	Role of NTDs intervention implementer	Role of WASH intervention implementer
Identification and management of vector breeding sites	• Types of vectors in NTD endemic region • Breeding patterns and sites • Vector management at community and household level • Mapping vector sites and development of vector maps	• Community dialogue and action days • CHPs household visits • National NTD programs • Integrated Chiefs barazas • messages through local radios • National surveys	• Activity reports • Community score cards • Vector breeding sites maps • Population reached (*coverage*) by local radios	• Technical guidance • Promotion of vector control measures • Funding the activities • Identification of vector breeding sites • Prepare activity plans	• Coordination of stakeholders • Resource mobilization • Promotion of domestic water treatment
WASH-NTD forums	• WASH TWGs, WASH forums • WASH-NTD conferences	• Joint planning of meetings • Co-funding of meetings	• Activity reports • Minutes	• Co-Funding interventions • Participate in WASH forums	• Host WASH forums • Participate in NTD forums

Priority NTDs/ or NTDs interventions	WASH activities to be integrated	Mechanism for Integration	Means of verification	Role of NTDs intervention implementer	Role of WASH intervention implementer
Social and Behavior Change Communication	• School Health • Commemoration of globally recognized WASH-NTD days • WASH promotion in the community • Campaigns and outreaches	• Development and dissemination of IEC materials • Engagement of CHPs • Media engagement • Community champions and influencers	• Activity reports • Media coverage • IEC material developed and disseminated • Public Expenditure Tracking surveys • Social audit reports	• Co-funding • Conduct formative research • Conduct social audits • Impact assessments	• Co-funding • Develop key messages for integration • Sustainability of good WASH practices
Joint resource mobilization	• Stakeholders' or partners engagements • Advocacy	• Joint proposal writing • Co-creation meetings	• Funds received • Minutes • Proposals developed • Policy briefs	Provision of relevant data	Provision of relevant data on WASH
Joint NTD-WASH Surveys	• Inclusion of WASH indicators in NTD survey tools • WASH-NTD Data merge	Joint development of survey tools	• Joint surveys conducted • WASH and NTD data • Survey reports • Data book	• Provision of NTD indicators for the surveys • Provide NTD prevalence	• Provision of WASH indicators • Provide WASH data

3.6 Monitoring, Evaluation, and Reporting

Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes whereas evaluation determines the relevance and level of achievement of project objectives, development effectiveness, efficiency, impact and sustainability (Annex 1). Therefore, the purpose of enhanced monitoring and evaluation (M&E) for WASH-NTD includes:

i. Share data mapping and collection costs between the NTD and WASH sector. Currently, each sector conducts separate data mapping and collection. A coordinated approach in data mapping and collection presents an opportunity to save costs.

ii. Create integrated WASH-NTDs indicators to track progress on each focus area ensuring regular monitoring of these indicators by sector players.

iii. To facilitate targeted NTD-WASH research investments, jointly develop a joint research agenda that defines operational and applied research for both sectors.

iv. Creation of a centralized single point of information for WASH and NTD data collected.

v. Ascertain the required frequency of treatment based on WASH coverage.

vi. Determine areas and communities that require the greatest intervention requirements.

vii. Jointly track progress of meeting the WHO goals in the eradication of NTDs by establishing common indicators for both WASH and NTD.

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5. ANNEXES

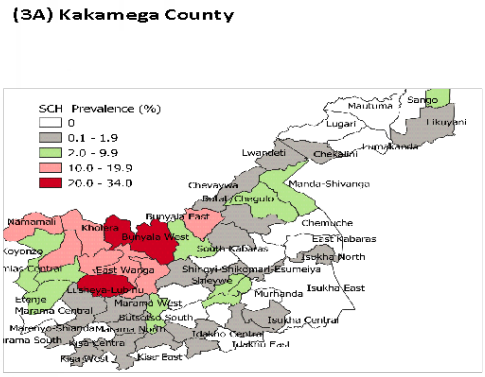
Annex 1: **Monitoring and Evaluation Framework for WASH – NTDS Interventions**

WASH-NTDs interventions		Indicators	Baseline	Y1	Y2	Y3	Y4	Y5	Data Source
Goal/ Impact Results? To increase sustained effort of controlling and eliminating NTDs associated with WASH through coordinated platforms with different players/stakeholders and integrated NTDs	• Reduced morbidity and mortality from NTDs (SCH, STH, Trachoma, and Lymphatic Filariasis (LF)). • Improved chemotherapy treatment of the 4 targeted NTDs	• Reduced deaths from NTDs (*SCH, STH, Trachoma, and Lymphatic LF*) by 75% • Prevalence of SCH, STH, Trachoma and LF in endemicity counties • Achieve 75% integrated treatment coverage index for preventive clp[chemotherapy] of the 4 targeted NTDs							• DHIS2 • MDA data • Mapping survey data • Hospital mortality cause of death reports
Coordination structure: Increased WASH_NTDs coordination structure		Number of engagement meetings held with WASH partners (*National level*)	4	4	4	4	4	4	• Activity Reports • Annual report

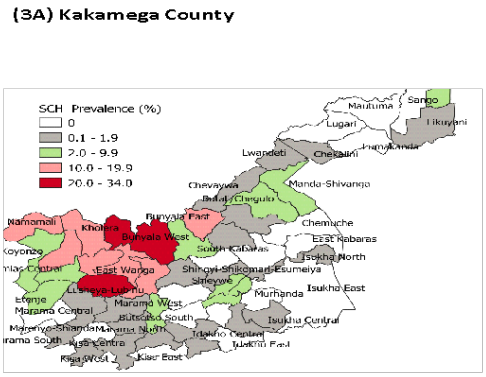
WASH-NTDs interventions		Indicators	Baseline	Y1	Y2	Y3	Y4	Y5	Data Source
Coordination structure: Increased WASH_NTDs coordination structure		Number of engagement meetings held with WASH partners (*National level*)	4	4	4	4	4	4	• Activity Reports • Annual report
		Number of meetings held with County Governments (*Departments of water, environment, health and education*) and WASH partners to ensure that communities have access to safe water for domestic use and toilet facilities							• Activity Reports • Annual report
Joint planning: Increased resource mobilization and allocation to NTDs-WASH interventions									• Program Reports • Media Monitoring

WASH-NTDs interventions		Indicators	Baseline	Y1	Y2	Y3	Y4	Y5	Data Source
NTD-WASH programming: Improved NTD_WASH related interventions through joint integration programming	• Low level of open defecation 2027 • Increased access to safe and improved sanitation • Improved access to safe and clean water • A functional hand washing facilities	• 0% of population practicing open defecation 2027 • % of villages verified as open defecation free (ODF) • 100% of population using at least basic sanitation 2027 • 100% of population using at least basic water supply 2027 • 100 % of population with hand-washing facilities, including soap and water 2027 • Proportion of households with access to safe drinking water • Proportion of households/schools with access to functional latrines • Proportion of households with functional hand washing facilities with soap and water							• Mapping surveys • KDHS

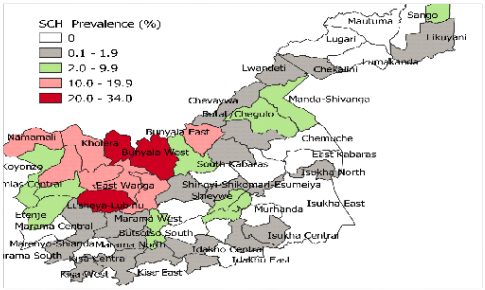
Annex 2: **Schistosomiasis Prevalence in 2021 in Western counties of (***Kakamega, Bungoma, Vihiga, and Trans Nzoia***)**



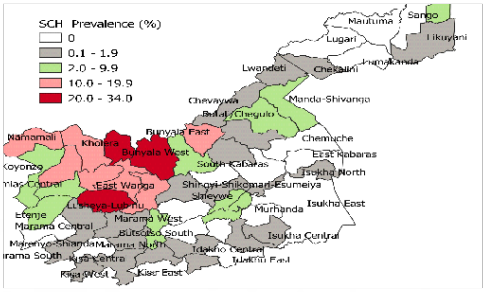
Kakamega County



(3A) Bungoma County

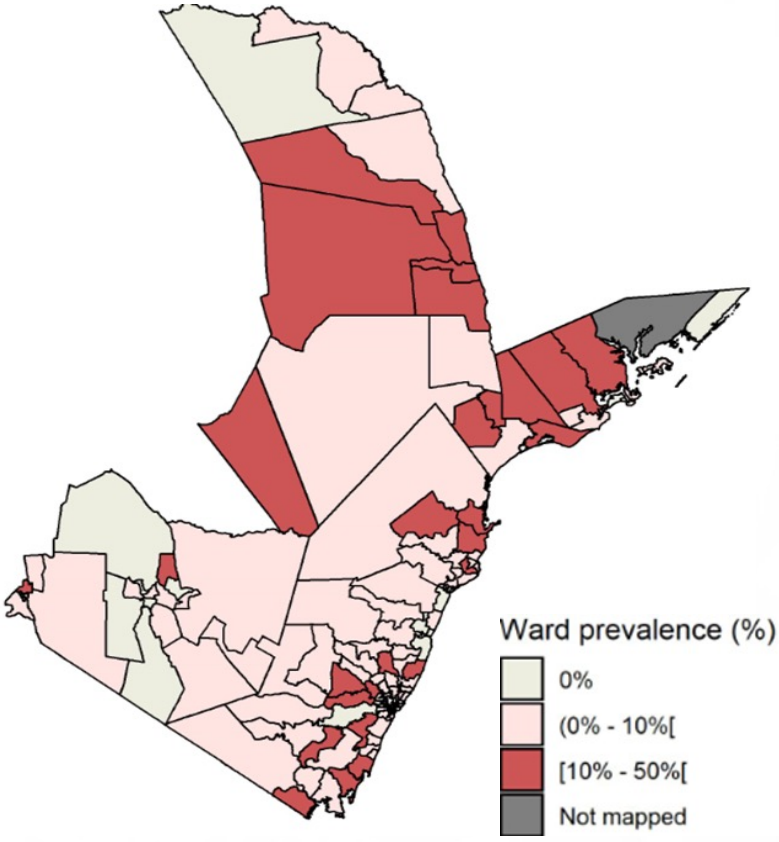


Vihiga County



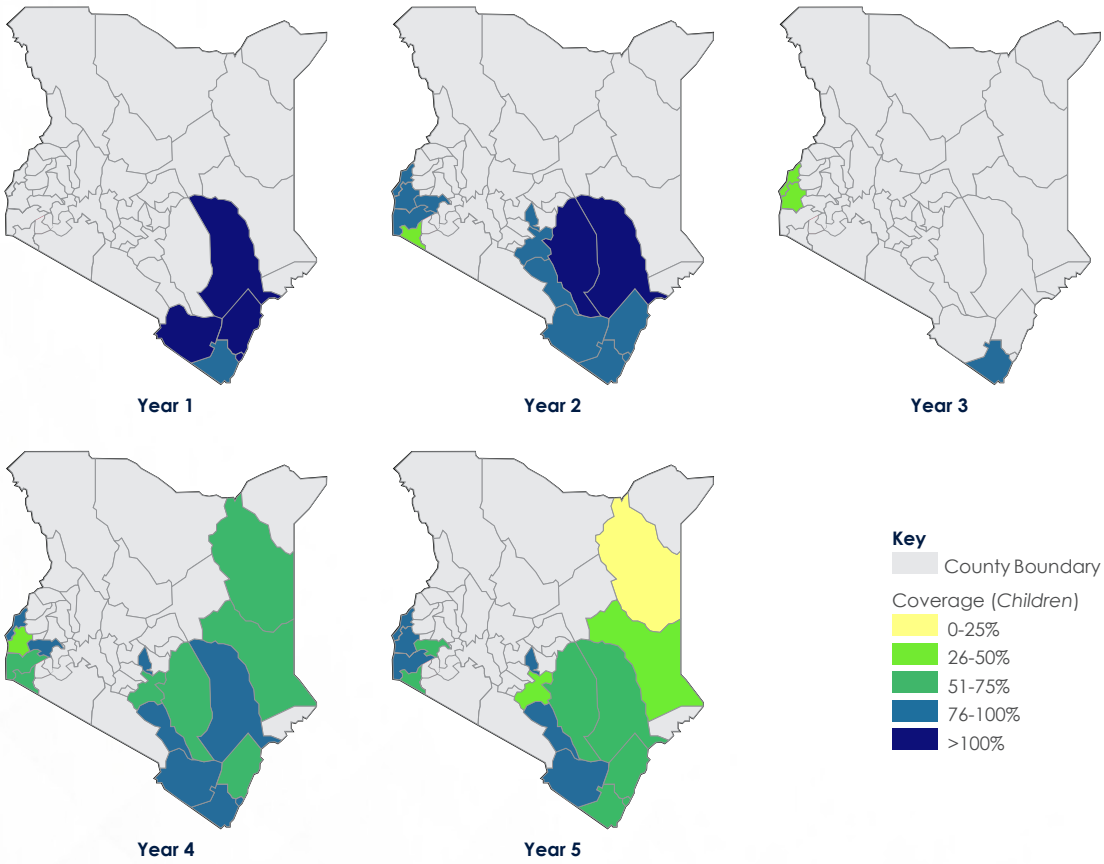
Trans Nzoia County

Annex 3: **Prevalence of Schistosomiasis among Coastal Counties (***Kwale, Kilifi, Taita Taveta, Mombasa, Lamu, and Tana River***) in 2021**

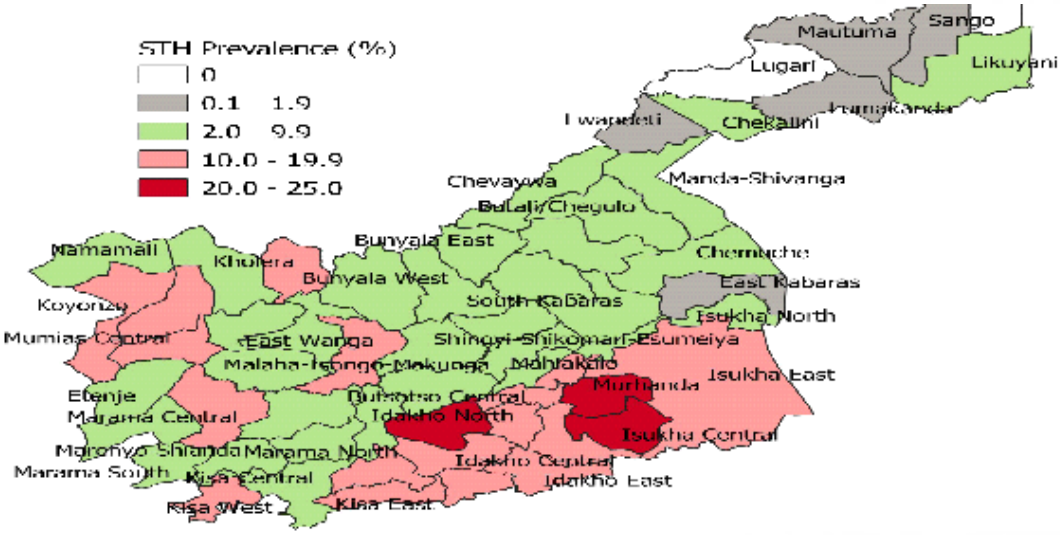


Annex 4: **Schistosomiasis Treatment Coverage between 2015-2017**

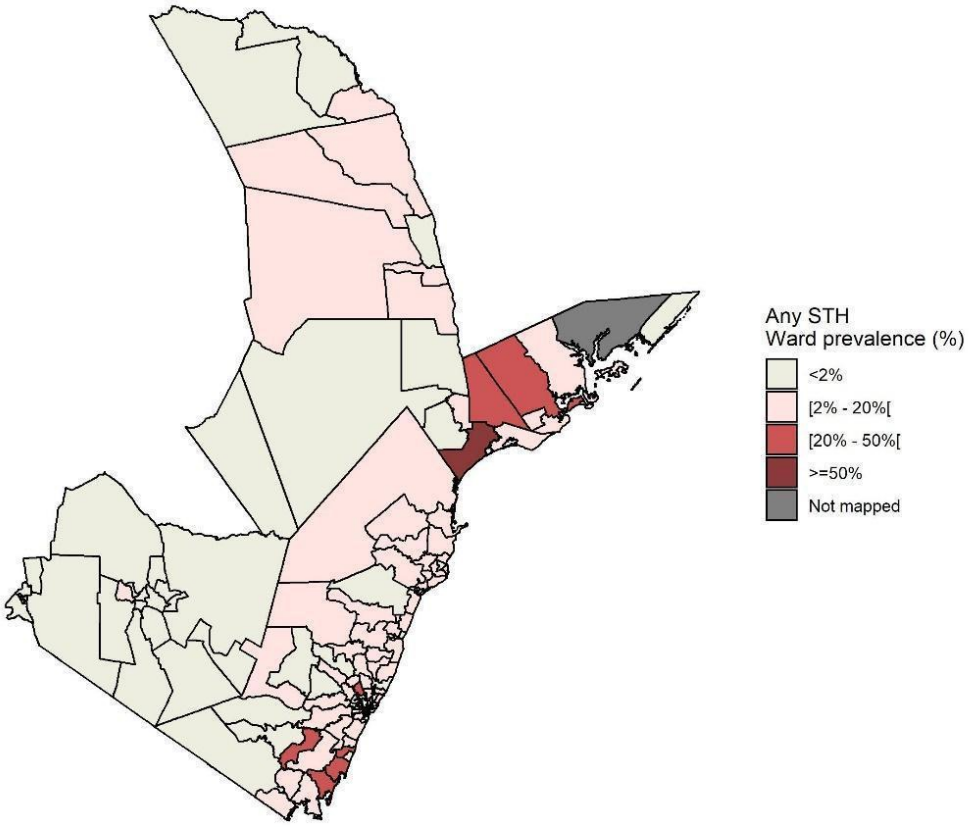
Schistosomiasis Treatment Coverage (Children): Year 1 to 5



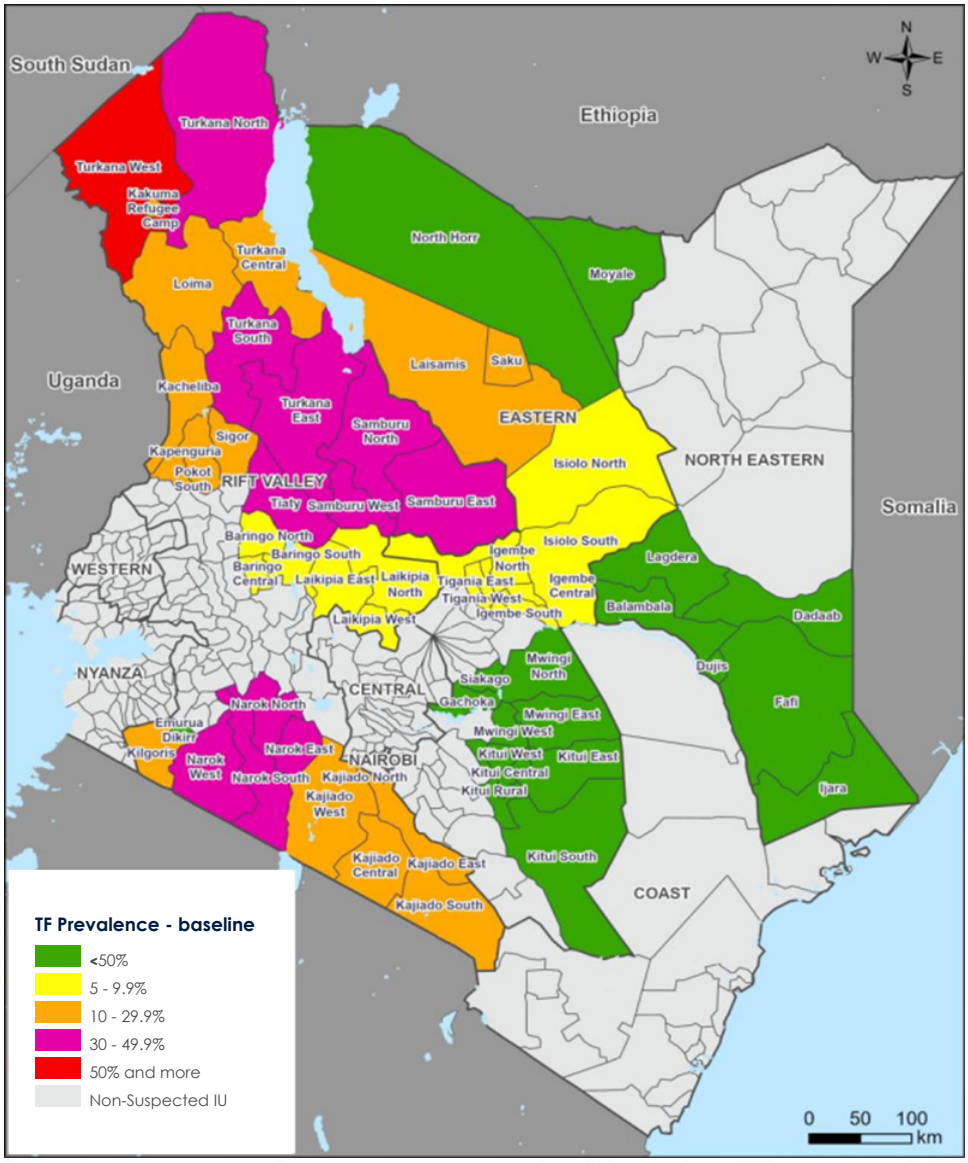
Annex 5: **STH Prevalence among Western Counties (***Kakamega, Bungoma, Vihiga, and Trans Nzoia***) in 2021**



Annex 6: **Prevalence of STH among Coastal Counties (**Kwale, Kilifi, Taita Taveta, Mombasa, Lamu, and Tana River**) in 2021**

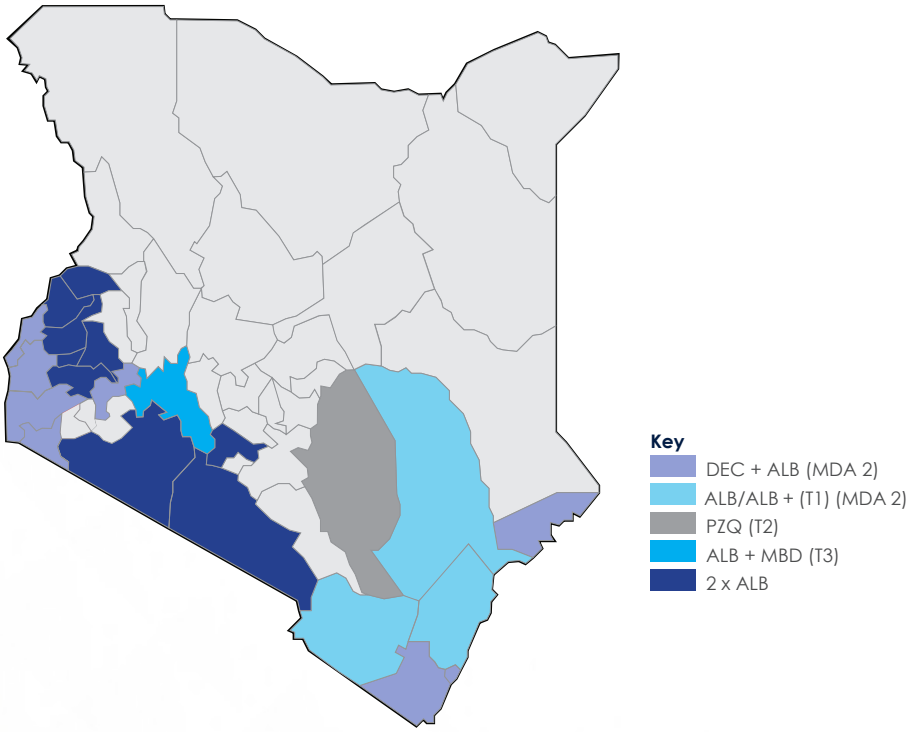


Annex 7: **Trachoma Status 2010**



Integrated Actions

Map



Annex 8: **Indicator Table**

The Indicator table is to enable WASH stakeholders to understand NTDs endemic areas and investments needed.

Disease	Indicator
Soil transmitted helminths	1. Households/ schools/ health facilities utilising safe water/treated water 2. Household/ schools/ health facilities with functional latrines 3. Households/ schools/ health facilities with functional handwashing facilities 4. Number of villages verified as ODF
Trachoma	1. Households/ schools/ health facilities utilising safe water/treated water 2. Household/ schools/ health facilities with functional latrines 3. Households/ schools/ health facilities with functional handwashing facilities 4. Number of villages verified as ODF
Schistosomiasis	1. Households/ schools/ health facilities utilising safe water/ treated water 2. Household/ schools/ health facilities with functional latrines 3. Number of villages verified as ODF
Lymphatic filariasis	1. Households utilizing safe water for MMDP 2. Households with functional latrines 3. Health facilities utilizing safe water