A REPORT ON WASH PROGRESS

NGONG DIOCESE

REPORT DATE: 18TH – 21ST MARCH, 2025

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REVIEWED BY JACINTA MUTEGI

KCCB-CHDK

Acknowledgement

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Special thanks go to Mr. John Barusei, for his continuous and relentless support during the project development and implementation.

The team also wishes to equally appreciate Ms. Jacinta Mutegi, the Head of Department Health KCCB, for her continuous support.

Last, but not least, the team wishes to appreciate KCCB WASH team for their great support, continuously linking with the Diocese teams, in order to make sure that the WASH Projects are successful.

List of Acronyms

1.	AMR	Anti-Microbial-Resistant
2.	CHA	Community Health Assistant
3.	CHEW	Community Health Extension Worker
4.	CHDK	Catholic Health Department of Kenya
5.	DHS	The Demographic and Health Surveys
6.	HCF	Health Care Facilities
7.	HCWM	Health Care Waste Management
8.	IPC	Infection prevention and control
9.	LDC	Least Developed Countries
10.	MHM	Menstrual Hygiene Management
11.	MoH	Ministry of Health
12.	ODP	Organization for Disabled People
13.	PHO	Public Health Officer
14.	PPE	Personal Protective Equipment
15.	PRA	Participatory Rural Appraisal
16.	SDG	Sustainable Development Goals
17.	SOP	Standard operating procedure
18.	SCMOH	Sub- County medical officer of health
19.	UNICEF	United Nations International Children's Emergency Fund
20.	WASH	Water Sanitation and Hygiene
21.	WASH FIT	Water Sanitation And Hygiene Facility Improvement Tool
22.	WHO	World Health Organization
23.	WiS	WASH in School

Background

The connection between WASH services and health outcomes is undeniable, particularly in regions like Kenya, where access to clean water, adequate sanitation, and proper hygiene remains a critical challenge. According to a WHO report released in February 2024, about 2.2 billion people globally still lack access to safely managed drinking water, with a significant portion residing in rural areas reliant on small, often unreliable water supplies.

In Kenya, a Ministry of Health (MoH) assessment conducted during the COVID-19 pandemic in May 2020 revealed that less than 50% of healthcare facilities (HCFs) had running water with soap at all critical service delivery points. This alarming finding was echoed in a subsequent 2022 WASH assessment in healthcare facilities across seven counties, which confirmed inadequate handwashing facilities and related WASH services in more than half of the HCFs surveyed.

This lack of WASH services in healthcare settings endangers patients, staff, and communities, increasing the risk of infections, exacerbating antimicrobial resistance (AMR), and undermining efforts to improve maternal and child health. Safe water, proper handwashing facilities, latrines, and effective hygiene practices are vital for maintaining health, particularly in maternal, newborn, and child health care.

In addition to health impacts, the ongoing droughts in Kenya, particularly in counties like Kajiado and Narok, compound the WASH crisis. Kajiado County, which is predominantly inhabited by pastoralists, lost 38.8% of its livestock population between September and November 2022 due to severe drought, according to the National Drought Management Authority (NDMA). This significant livestock loss has disrupted livelihoods, leading to food insecurity, malnutrition, and economic instability.

In 2022, Kenya experienced a cholera outbreak affecting multiple counties, including Kajiado. The Ministry of Health reported 4,186 cases and 78 deaths attributed to inadequate access to clean water and sanitation facilities. Efforts were made to control the outbreak in Kajiado and other affected areas.

Narok County faces similar challenges, with prolonged droughts diminishing water sources and grazing fields. The situation has led to a rise in diarrheal infections due to contaminated water and inadequate sanitation, especially affecting children who are already at risk of malnutrition.

Preventive measures remain crucial in combating diarrheal diseases. The World Health Organization emphasizes the importance of access to safe drinking water, improved sanitation, and proper hygiene practices to reduce the incidence of these infections.

Overall, addressing WASH challenges in healthcare facilities and communities is crucial for

safeguarding health, promoting resilience, and ensuring sustainable development. Improved infrastructure, increased awareness, and enhanced policy efforts are essential to overcoming these challenges and achieving national health goals and Sustainable Development Goals (SDG 3 and SDG 6)

Diarrhoeal infections in 3 facilities participating in wash.

Diarrheal infections remain a significant public health concern in Kenya, particularly affecting children under five in regions such as Kajiado, Narok, and Ngong. These infections are closely linked to factors like inadequate water, sanitation, and hygiene (WASH) infrastructure, as well as malnutrition.

Current Statistics and Regional Insights

Kajiado County: A 2018 survey indicated that 25% of children under five experienced watery diarrheas, while 1.9% suffered from bloody diarrhea within a two-week period. Additionally, recent reports highlight that 30% of children under five are malnourished, with stunting affecting one in four children.

Narok County: Between 2018 and 2021, integrated WASH and maternal and child health interventions led to a 69.1% reduction in diarrhea prevalence in intervention areas. However, challenges persist due to poor access to clean water and sanitation, especially in rural regions.

National Perspective: According to the 2022 Kenya Demographic and Health Survey, the national prevalence of diarrhea among children under five stands at 14%. The highest rates are observed among children aged 6–23 months and those from lower-income households.

Contributing Factors

Several factors contribute to the high incidence of diarrheal diseases among children under five in these regions:

Water and Sanitation: Limited access to clean drinking water and inadequate sanitation facilities increase exposure to pathogens.

Hygiene Practices: Poor hygiene behaviours, such as unsafe disposal of children's faeces, elevate the risk of infection.

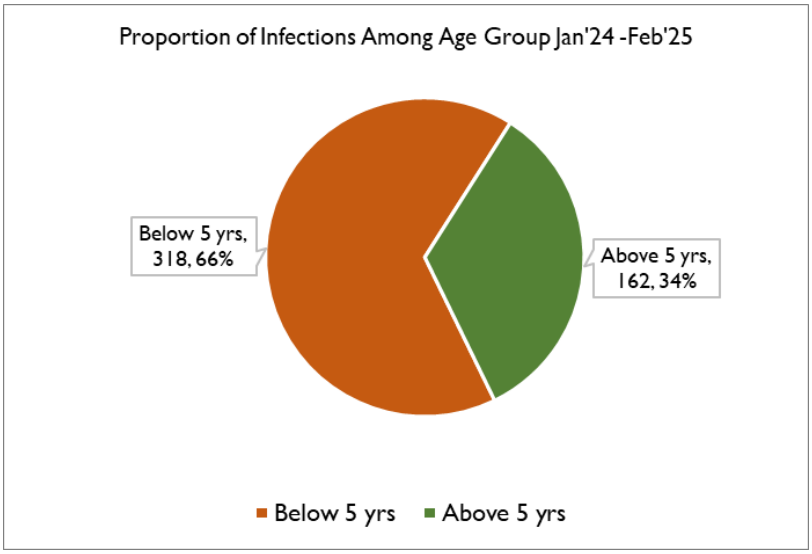
Nutrition: Malnutrition weakens children's immune systems, making them more susceptible to infections.

Healthcare Access: Inadequate healthcare infrastructure and limited access to medical services hinder timely treatment.

Total infections in the 3 facilities below.

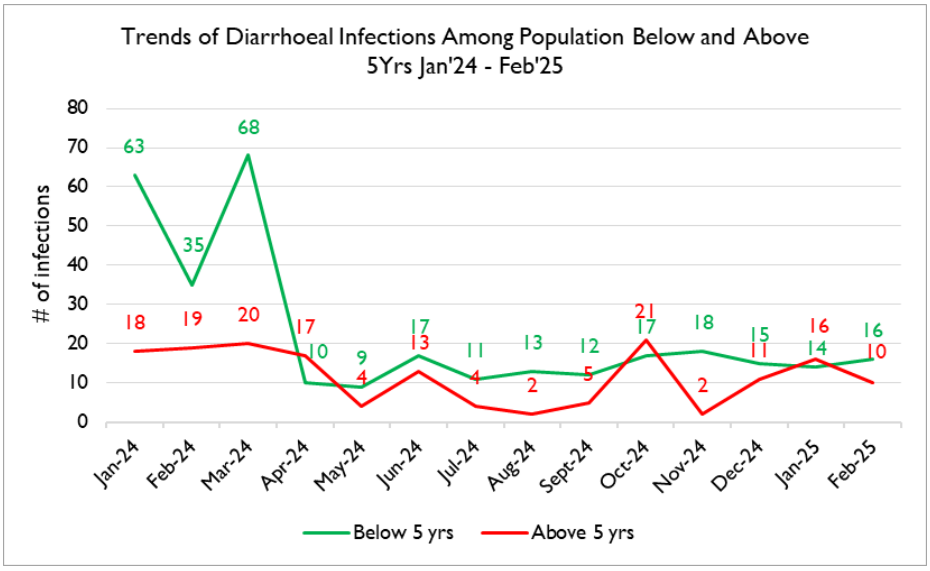
1. Fatima Health Centre Lenkisem
2. ASN Olomalaika Health Centre
3. St Anthony's Health Centre Lemek

	JAN 24	FEB 24	MAR 24	APR 24	MAY 24	JUN 24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24	JAN 25	FEB 25
Below 5 yrs	63	35	68	10	9	16	11	13	12	17	18	15	14	16
Above 5 yrs	18	19	20	17	4	13	4	2	5	21	2	11	16	10



Proportion of diarrheal infections among children aged below 5yrs is 66% (318) of the total infections (479) between Jan 2024 and Feb 2025 which is higher compared to population above 5yrs which is 34% (162) in the 5 facilities that are implementing WASH project in Ngong Diocese

TOTAL INFECTIONS IN THE 3 FACILITIES BELOW. Trends



Objectives of the visit:

1. Assess the progress and completeness of the existing projects.
2. Financial reporting
3. Administer the WASH monitoring tool to the facilities to identify gaps and close out gaps that require minimum effort.

Facility assessment

Follow-up Visit Report: Strengthening Financial and WASH Systems in Healthcare Facilities

As part of the ongoing efforts to enhance financial accountability and WASH (Water, Sanitation, and Hygiene) services in healthcare facilities, a second visit was conducted to assess progress, address challenges, and reinforce capacity-building initiatives.

1. Financial Reporting, Training and Implementation

During this visit, facility in-charges received further guidance on financial reporting, building on the initial training provided. They were equipped with essential skills to accurately document and manage financial data, ensuring improved transparency, accountability, and efficiency. To support this process, a standardized financial reporting tool was issued, reinforcing structured financial management within the facilities.

2. Implementation of WASH FIT for Healthcare Facilities

To effectively implement WASH improvements, facility staff were taken through the WASH FIT (Water and Sanitation for Health Facility Improvement Tool), a framework designed to guide the planning and execution of WASH interventions. The training emphasized:

- Aligning facility improvements with local, national, and global WASH standards

- Supporting Infection Prevention and Control (IPC) measures and transmission-based precautions as per national guidelines and Standard Operating Procedures (SOPs)
- Promoting multisectoral collaboration to ensure sustainability and shared responsibility in delivering WASH services

3. Facility Assessment and Gap Identification

A comprehensive facility assessment was conducted to evaluate key WASH components and identify existing gaps and challenges. The assessment focused on the following areas:

1. Water Availability and Quality
2. Sanitation Facilities
3. Healthcare Waste Management
4. Hand Hygiene Infrastructure and Compliance
5. Environmental Cleaning Practices
6. Decontamination and Sterilization Processes
7. Energy and Environmental Sustainability
8. Management and Sustainability Mechanisms

Ngong WASH Projects

Catholic Diocese of Ngong received funds in 3 Healthcare facilities in Ngong for WASH Projects.

The funds were channelled to individual facility accounts for selected projects that they had proposed.

The facilities include:

1. Fatima Health Centre Lenkisem
2. A.S.N Olmalaika Airritani Health Centre
3. St Anthony Health Centre Lemek

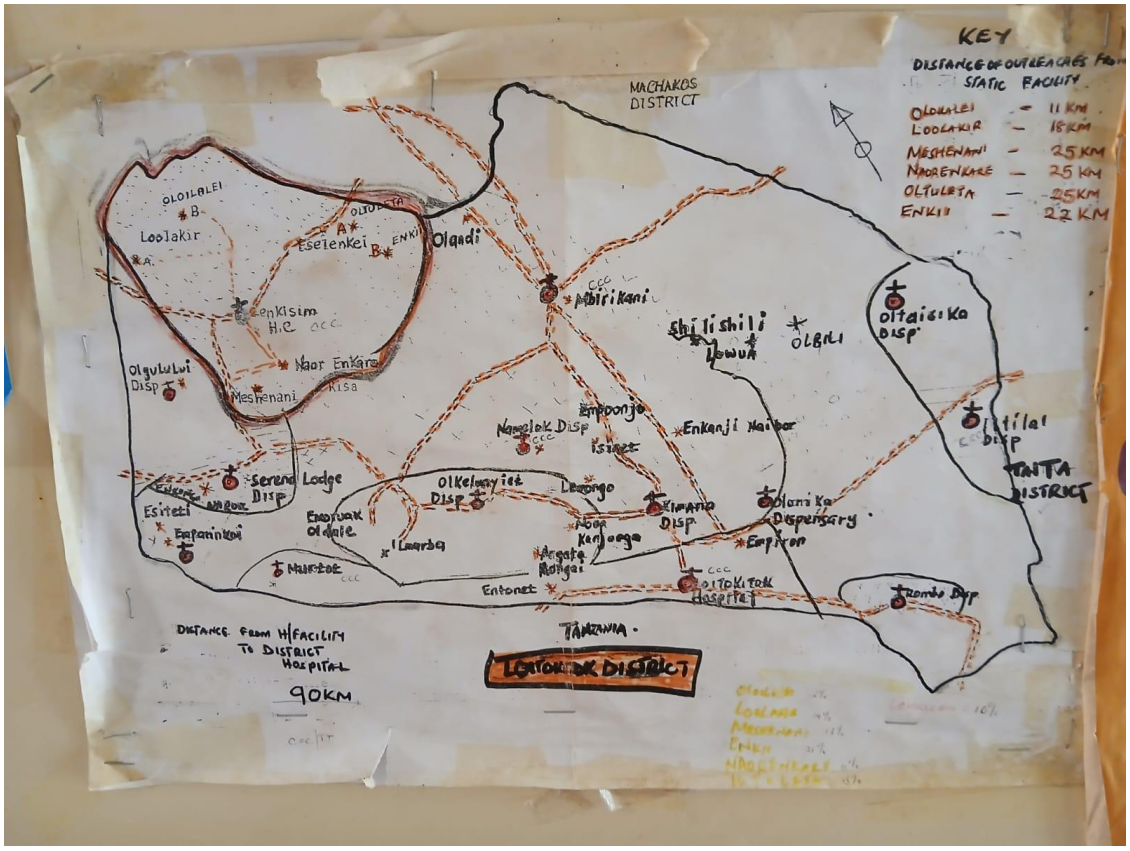
Fatima Health Centre Lenkisem

Fatima Health Centre (Lenkisem) is a Health Centre located in KAJIADO County (KAJIADO SOUTH Constituency)

It is located in Loitoktok Constituency, Lenkisem division, Loitoktok Sub-County in the Kajiado County in Kenya.

Fatima Health Centre in Lenkisem village serves about 5,000 people, of which some 150 children are estimated to be severely malnourished.

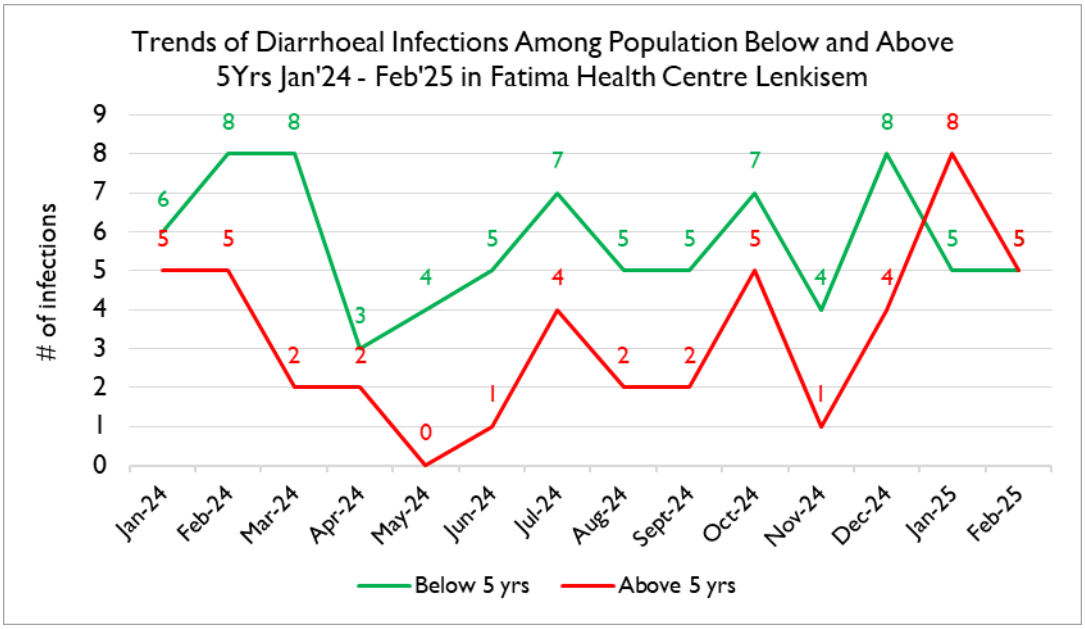
The facility offers Outpatient services, Inpatient services, Maternity services and Laboratory services



Picture showing a map that shows the coverage area of Fatima Health Centre Lenkisem

Fatima Health Centre, situated in the remote area of Lenkisim, has long struggled with inconsistent power supply, which severely impacted the ability to pump water from the borehole. The lack of reliable electricity not only hindered daily operations but also posed a risk to the safety and well-being of the patients and staff. Additionally, the borehole's location exposed it to potential damage from wild animals, necessitating the installation of an electric fence for protection.

	JAN 24	FEB 24	MAR 24	APR 24	MAY 24	JUN 24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24	JAN 25	FEB 25
Below 5 yrs	6	8	8	3	4	5	7	5	5	7	4	8	5	5
Above 5 yrs	5	5	2	2	0	1	4	2	2	5	1	4	8	5



The scope of works included:

1. Provide a constant supply of power to the borehole through solar energy.
2. Install an electric fence around the borehole to protect it from wild animals.
3. Enhance plumbing works within the health centre to ensure efficient water distribution.

1. Solarization of the Borehole and electric fencing.

The installation of the solar system to power the borehole pump was completed. The project involved the following key components:

Pump Capacity: The borehole pump has a capacity of 4.5 kW, powered by a 3-phase electrical system.

Inverter and Panels: A Hober 7.5 KW pump inverter along with 10 pieces of Jinko 580W solar panels were installed.

Protection Devices: Input and output protection devices were installed to ensure the safety and longevity of the system.

This solarization has enabled the facility to maintain a consistent and reliable water supply, greatly improving operational efficiency and service delivery.

Picture Showing the solarized borehole and electric fence at Fatima Health Centre.

To safeguard the borehole from potential damage by wild animals, the facility installed an electric fence with the following specifications:

- Energizer: A solar/AC-based energizer was used to power the fence.
- Power Supply: The fence is powered by a 580 W Jinko solar panel and a 12V/200AH Felicity battery.
- Earthing: Proper earthing was carried out for the fence and other electrical installations to ensure safety and functionality.

The electric fence now provides a secure perimeter around the borehole, preventing wildlife from interfering with water supply infrastructure

2. Enhance plumbing works within the health centre to ensure efficient water distribution.

This involved**:**

•Removing the old pipes and replacing them with high pressure pipe, PPR (Polypropylene Random Copolymer) pipes,

•Replacing the cistern tanks and the associated items

•Installing a hot water system

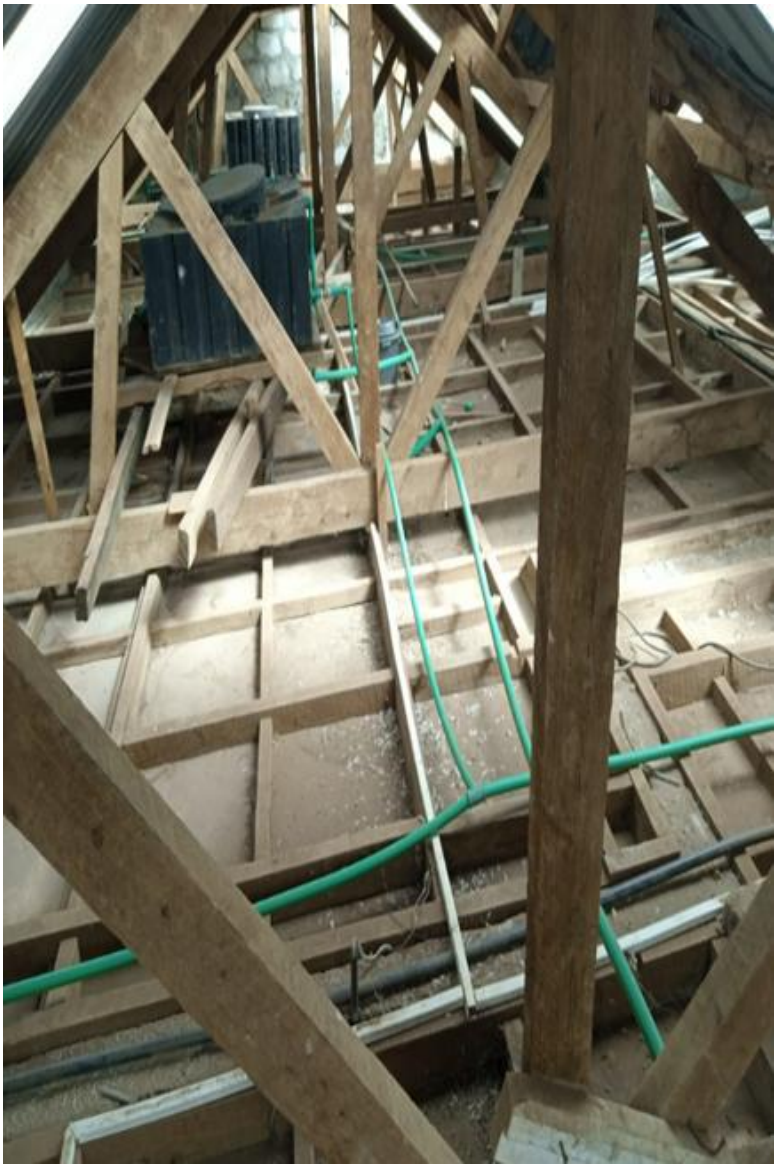
•Relocating the WC in the maternity and creating a new passage

•Cleaning the terrazzo for the laundry area, washrooms and the kitchen

•Installing new hand wash basins and sinks

•Cleaning all the tanks and removing the scalant.

plumbing works have already been completed and the facility is fully connected with water.



Pictures Showing the new bathrooms, maternity latrine, handwashing points and Laundry

Current Status of the Project

The solar system and electric fence installations have been successfully completed and are fully operational. The water supply at Fatima Health Centre is now stable, and the borehole is adequately protected. The plumbing works in the hospital are complete. These improvements have already begun to make a significant impact on the day-to-day operations, allowing the facility to focus on delivering quality healthcare services without the constant worry of water shortages or equipment damage.

Impact Assessment: Immediate and Long -Term Benefits

i. Significant Reduction in Borehole Running Costs:

One of the most immediate benefits of the solar-powered borehole system is the substantial reduction in operating costs. By transitioning from a diesel or electricity-powered system to a solar energy solution, the health center will save considerably on fuel and electricity expenses. This cost reduction is not only immediate but will continue to accrue over the long term, providing the health center with financial savings that can be redirected to other essential services or maintenance activities.

ii. Constant and Reliable Water Supply:

The installation of the solar-powered borehole ensures a consistent and reliable water supply for the Fatima Health Centre. Unlike systems dependent on external power sources, the solar-powered pump operates independently of the grid, reducing the likelihood of water shortages due to power outages. This reliability is critical for the health center's operations, ensuring that water is always available for medical, cleaning, and other essential uses.

iii. Enhanced Tree Watering and Small-Scale Irrigation:

The reliable water supply also enables the health center to maintain and enhance the greenery around the facility. Trees and plants can now be watered regularly, contributing to a more pleasant and healthier environment for patients, staff, and visitors. Additionally, the availability of water makes it feasible to undertake small-scale irrigation, such as the cultivation of a greenhouse. This could potentially provide fresh produce for the health center, supporting nutritional needs and possibly generating a small income through the sale of excess produce.

iv. Security for the Borehole and Facility:

The installation of an electric fence around the borehole area adds a layer of security, protecting the critical infrastructure from theft, vandalism, or unauthorized access. This ensures that the borehole remains operational and undamaged, safeguarding the investment in the solar system and maintaining the consistent water supply. The long-term benefit is the sustained functionality

of the borehole, which is essential for the health center's operations.

v. Free Service and Maintenance in the Initial Period:
For the first year, the solar system will be serviced free of charge in case of any faults, which provides peace of mind and ensures that any issues that arise can be promptly addressed without incurring additional costs. The electric fence comes with a six-month warranty, and after this period, maintenance will be conducted biannually at a minimal fee. This planned maintenance schedule helps in preserving the longevity and efficiency of both the solar system and the electric fence, ensuring they continue to function optimally over the long term.

vi. Active Involvement and Oversight by Board Members:
During the installation phase, board members were actively involved, receiving daily briefings and visiting the site to monitor progress. This active oversight ensured transparency, accountability, and a shared understanding of the project's development. The involvement of the board also fostered a sense of ownership and commitment to the project's success, which is crucial for ensuring continued support and resource allocation for the maintenance and further development of the borehole system.

In summary, the solar-powered borehole installation at Fatima Health Centre offers both immediate and long-term benefits, including reduced operating costs, reliable water supply, enhanced irrigation capabilities, improved security, and planned maintenance support. The active involvement of the board during the installation phase further strengthens the project's foundation, ensuring its sustainability and success in the years to come

Facility assessment

1. **Water**

Supply- Water is piped inside the facility to all high-risk wards.

Water services are available all day everyday throughout the facility.

Availability – Water is available in all seasons of the year.

An additional water source has been identified but not improved.

Quality-Sanitary inspection of water has not been carried out.

Picture showing the water drinking station at the waiting bay

picture showing the Solar Water heating panel

2. Sanitation

The facility has a sufficient number of latrines which are functional.

There is sufficient number of hand hygiene stations that are all functioning.

A staff toilet exists and clearly separated.

All female toilets provide means to manage menstrual hygiene management needs.

No functional toilet meets the needs of people with reduced mobility.

Picture showing Facility Toilets

3. Healthcare Waste

A functional 3 bin waste segregated system exists at some but not all waste generation points.

All bins have correct waste.

An ash pit exists but not well maintained.

All pharmaceutical waste is treated and disposed of safely.

picture showing the burning chamber

4. **Hand Hygiene**

All points of care have functioning hand hygiene.

Hand Hygiene promotional materials exist but are not displayed in hand washing points.

Hand hygiene compliance policy exists but not carried out.

5. **Environmental Cleaning**

There is a clear, detailed, facility cleaning policy and is implemented.

Record of cleaning toilets exists.

All staff have received training on environmental cleaning.

Some but not all staff have full PPE.

6. **Decontamination Process**

Sterilization equipment exists and is well maintained.

All health workers know certain steps in sterilization and disinfection.

7. **Energy and Environment**

Energy from electricity exists but is not well maintained.

Sufficient energy is not available for all electrical needs to the facility.

An energy backup does not exist.

There is sufficient ventilation and is sufficient in all patient areas.

8. Management and Sustainability

Facility a functional IPC/WASH team exists, with a designated focal person.

An up-to-date diagram of the facility management structure does not exist.

Training takes place in regards to cleaning, waste handling.

A facility wide patient safety policy/charter for improving quality care is available.

No Emergency preparedness and response exists.

Facility Major gaps:

- **WATER FILTRATION**

Chemical contamination of water continues to pose a health burden, whether natural in origin such as arsenic and fluoride, or anthropogenic such as nitrate. Safe and sufficient WASH plays a key role in preventing numerous NTDs such as trachoma, soil-transmitted helminths and schistosomiasis**.**

There is need to revive the water filtration at the health Centre. This will be of great use not only to the residents who use the water but also will make the installed infrastructure to last long. The cleaning of the tanks and removing of the scalant will be reduced

Below is the Laboratory Water Analysis Report

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LABORATORY WATER ANALYSIS REPORT

Client : Fatima Health Center Lenkisim		**Reference No : 03/25/RO/0844**		**Date Received : 25/03/2025**	
Site Location : Nairobi		**Source : Borehole**		**Analysis Date : 28/03/2025**	
Type of Test : Reverse Osmosis Water Analysis		**Sampling Date : 21/03/2025**		**Report Date : 02/04/2025**	
KEY:	**PASS**	**NS - No Standard**	**ND - Not Detected**	**TN - Too Numerous**	
PARAMETERS	**METHOD OF ANALYSIS**	**UNITS**	**VALUES**	**WHO GUIDELINES**	**REMARKS**
PHYSICAL ANALYSIS					
pH	8156	pH Units	7.79	6.5 - 8.50	
TDS	10256	Mg/l	2280	<1000	
Total Suspended Solids(TSS)	8006	Mg/l	150	NIL	
Salinity	8160	ppt	1.69	NS	
Electrical Conductivity(EC)	10256	µS/cm	3380	<1500	
Turbidity	8237	NTU	90.7	<5	
Color	8025	PtCo	300	<15	
CHEMICAL ANALYSIS					
Iron, Fe	8008	Mg/l Fe	1.40	<0.30	
Manganese, Mn	8149	Mg/l Mn	0.33	<0.10	
Copper, Cu	8506	Mg/l Cu	3.22	<2.0	
Fluorides	8323	Mg/l F	1.4	<1.5	

*Ammonical Nitrogen	8155	NH3-N	0.07	NS	
*Ammonium	8155	NH4+	0.09	<1.5	
*Ammonia	8155	NH3	0.09	<2.0	
Nitrate N	8039	Mg/l NO3N	15.8	<11.3	
Nitrate	8039	NO3-	70	<50	
*Nitrites	8153	Mg/l NO2	5	<3	
*Nitrite N	8153	Mg/l NO2-N	1.5	<1	
*Potassium	8049	Mg/l K	39	<50	
Phosphates	8048	Mg/lPO_4^{3-}	1.46	<0.61	
*Silicon	8185	Mg/l	39	< 50	
*Silica	8185	Mg/l SiO2	83	<107	
Calcium	8204	Mg/l Ca2+	123	<150	
Magnesium	8213	Mg/l Mg2+	225	<100	
Calcium Hardness	8204	Mg/l Ca2+ (CaCO3)	308	NS	
Magnesium Hardness	8213	Mg/l Mg2+ (CaCO3)	922	NS	
Total Hardness	8213	Mg/l CaCO3	1230	<300	
Aluminium, Al	8012	Mg/l Al	0.04	<0.10	
Sulphate, SO4	8051	Mg/l SO4	102	<400	
Chlorides	8207	Mg/l Cl	550	<250	
Total Alkalinity	8203	Mg/l CaCO3	215	NS	
Phenolphthalein Alkalinity	8204	Mg/l CaCO3	ND	NS	
Bicarbonates	8205	Mg/l HCO3-	215	<255	
Carbonates	8206	Mg/l CO^{2-}_3	0	<121	
Barium	8014	Mg/L Ba2+	0	<0.7	
Sodium, Na	8322	Mg/l Na	135	<200	

COMMENTS

Based on the water analysis, the TDS, EC, TSS, Turbidity, Copper, Phosphate, Total Hardness, Chloride, Colour, Iron, Manganese, Nitrate N, Nitrate, Nitrite, Nitrite N and Maganesium ion levels did not conform to WHO drinking water guidelines.

The results relate to the sample(s) submitted.The laboratory will not be held responsible for any sampling errors.
*The parameter is not accredited. # Parameters is sub contracted to a third party laboratory

PREPARED BY : RACHEAL KIMANI | **APPROVED BY: JOHN WAEMA**

SIGN **Date: 02/04/2025** | **SIGN** **Date: 02/04/2025**

Pictures showing the cleaning and removing of the scalant at the Health Centre Water Tanks

- **SOLAR WATERHEATERS**

There is need to plan to install solar water heaters in the future. This expansion will reduce dependency on traditional energy sources for heating water since its plumbing has already been done, further lowering operational costs and enhancing sustainability. The system which used to be there is completely broken down

Picture showing the inspection of the solar water heater and plumbing

FACILITY THEATRE

The facility has a fully equipped theatre with modern surgical equipment and infrastructure designed to support a wide range of medical procedures. However, it is not fully operational due to an insufficient and unreliable power supply. The lack of consistent energy limits the theatre's functionality, affecting the scheduling of surgeries, compromising the safety of patients and staff, and hindering emergency response

capabilities. Investing in a sustainable and dependable energy solution—such as solar power systems with battery backup—would significantly enhance the facility's capacity to deliver quality surgical services and improve overall healthcare outcomes.

Picture showing the fully equipped theatre

The following documents were issued:

1. Environmental Cleaning Protocols
2. CCM Assessment tools
3. Action Plan Matrix
4. Incinerator Maintenance Checklist
5. Job Aid for Incinerator operators
6. WASH Spot Check Form
7. Maintenance Checklist for Incinerator
8. Supervision/improvement Form
9. WASH Service ladder

A.S.N OLMALAIKA AIRRITANI HEALTH CENTRE

ASN Olomalaika (means: “under the protection of the Guardian Angels” to guard, protect and pray for the premises, the sick, the staff, administration and the Assumption Sisters.)

The Health Centre was started on 3rd March 2002 in a very humble background under the ownership of the Assumption Sisters of the Blessed Virgin Mary of Nairobi (ASN).

The health Centre is situated next to Olooloitikosh trading Centre on Kiserian-Isinya main road; in Catholic Diocese of Ngong, Kajiado County in Kenya.

The Health Centre was started as a dispensary in a portable wooden house to serve Baraka High School Students by then manned by the Assumption Sisters; after which the local native community of Masai expressed their need and desire for medical services from the Assumption Sisters. This was considered and the portable building was transferred to Olmalaika land at Olooloitikosh in a small town by name Birika, where the facility developed to health Centre in 2005 after inspection by the Ministry of Health from Kajiado County (District by then).

The legal registration and Licensing of operation was done on 27th July 2005 and 3rd August 2005 respectively.

ASN Olomalaika Health Centre offers quite a variety of services beneficial to the rising population of Birika and neighbourhood.

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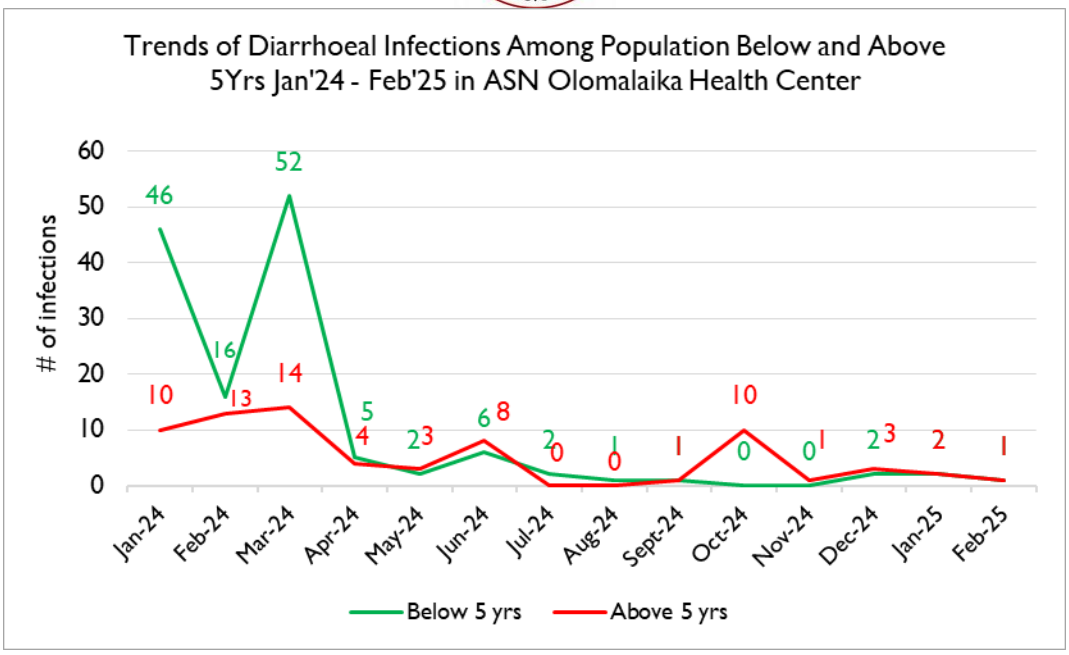
Above 5 yrs	10	13	14	4	3	8	0	0	1	10	1	3	2	1



The scope of work included:

Reconstruction of water tower

1. Construction of water tower and purchase of 2 tanks (5,000 litres)
2. Piping of borehole water /plumbing works to the expected areas and Repair of underground water tank and gutters
3. Repair and construction of hand washing sinks in the missing areas.
4. Repair of floor and making the entrances and toilets friendly to physically challenged (RAM) and repair of laboratory waste water drainage system
5. Reconstruction of an incinerator and placenta pit
6. Construction of a pit to deposit waste from incinerator and construct a compost pit for burning of papers and other waste.
7. Purchase color coded pedal bins and PPEs for the cleaners (IPC) i.e. 2 pairs of gumboots, 2 aprons, Heavy duty gloves, 3 pairs maximum size

1. Construction of Water tower and purchase of 2 tanks (5,000 litres)

The water tower is complete.

2 tanks have been purchased and installed.

Water connection has not been done.

showing the completed tower and installed Tanks

2.Piping of borehole water/ plumbing works to the expected areas and Repair of underground water tank and gutters

Pipes have been connected from the borehole to the Tanks at the water Tower. Piping has not been completed.

3.Repair and construction of hand washing sinks in the missing areas.

All handwashing sinks have been repaired and are fully functioning.

Picture showing hand washing points.

4.Repair of floor and making the entrances and toilets friendly to physically challenged (RAM) Repair of laboratory waste water drainage system.

Disabled toilets are specifically designed to cater to people with specific needs, such as mobility issues, and offer significant advantages in enhancing comfort, safety and accessibility. Equipped with features such as adjustable toilet seats, carefully planned dimensions and essential disability aids, disabled toilets and disability toilet aids play an essential role in supporting independence and dignity.

The repair of the toilets has been completed.

5.Reconstruction of an incinerator Construction of placenta pit

With the reconstruction of burning chamber/incinerator it will enhance efficiency in the handling and management of hazardous and general healthcare waste in the facility.

The reconstruction of the incinerator has not been done.

6.Construction of ash pit and a compost pit.

Construction of the ash pit and compost pit is not complete.

Picture showing the ongoing construction of the compost pit

7.Purchase of color-coded pedal bins and PPEs for the cleaners (IPC)` i.e. 2 pairs of gumboots, 2 aprons, Heavy duty gloves, 3 pairs maximum size

Color coded pedal bins and PPEs have been purchased.

Picture showing color coded bins

Facility assessment

1. **Water**

Improved water supply is piped into the facility to all high-risk wards.

All end points are connected to water and functioning.

Water is available all day, everyday throughout the facility.

An additional water source has been identified, improved but not sufficient.

Inspection of water has never been carried out.

Safe drinking water is available in all locations, at all times, and accessible to all.

Picture Showing safe drinking water at the waiting bay in ASN Olomalaika Health Centre

2. **Sanitation**

The facility has sufficient number of required number of latrines and functioning.

One toilet for staff exists and is clearly separated.

Toilets are clearly separated for male and female to provide privacy.

The female toilets provide the means for menstrual hygiene management.

Toilet meets needs of people with reduced mobility.

Sewerage systems are functioning.

Picture Showing separated toilets

3.Healthcare Waste

There are functional bins at some but not all waste generation points.

More than 70% of bins have the correct waste.

Guidance on waste segregation is available at some but not all points.

More than 70% of bins have correct waste.

Dedicated waste storage area is available and fenced/secure and is of sufficient capacity.

An anatomical/pathological waste pit exists but is not well maintained.

4.Hand Hygiene

All points of care have functioning hand hygiene, with water and soap.

Hand hygiene promotional materials are displayed in some but not all areas.

Hand hygiene compliance activities are undertaken regularly.

Picture Showing a handwashing point.

5.Environmental Cleaning

A cleaning policy or protocol exists but is not implemented and monitored.

A record of cleaning toilets is available and signed each day.

A dedicated staff is available at all times when needed and have a dedicated time for performing cleaning activities.

A dedicated storage area exists well maintained, kept clean and used according to its purpose.

Some staff have received training but not regularly supervised.

Adequate PPE is available at all times and in sufficient quantities for all cleaning staff.

6.Decontamination Process

Sterilization equipment exists and is well maintained.
All health workers know certain steps in cleaning, disinfection and sterilization.

7.Energy and Environment

Electricity exists, functional and well maintained.

There is sufficient energy at all times and is efficiently used.

There is a no functional backup source of energy.

There is sufficient functioning environmental ventilation and in all patient areas.

8.Management and Sustainability

A functional IPC/WASH team with a designated focal person exists.
An up-to-date diagram of the facility management structure, including cleaning staff is not available.
A budget is available to cover costs of cleaners and maintenance staff and procurement of consumables.
Some staff are adequately trained on WASH.

An emergency preparedness and response plan is in place.

The following documents were issued:

1. Environmental Cleaning Protocols
2. CCM Assessment tools
3. Action Plan Matrix
4. Incinerator Maintenance Checklist
5. Job Aid for Incinerator operators
6. WASH Spot Check Form
7. Maintenance Checklist for Incinerator
8. Supervision/improvement Form

9. WASH Service ladder

ST. ANTHONY HEALTH CENTRE LEMEK

St. Anthony Health Centre is managed by the Little Sisters of St. Joseph. The Health Centre is uniquely situated in a very needy area and serves many clients in the Maasai Mara division of Narok West, focusing on the poor and marginalized members of the community.

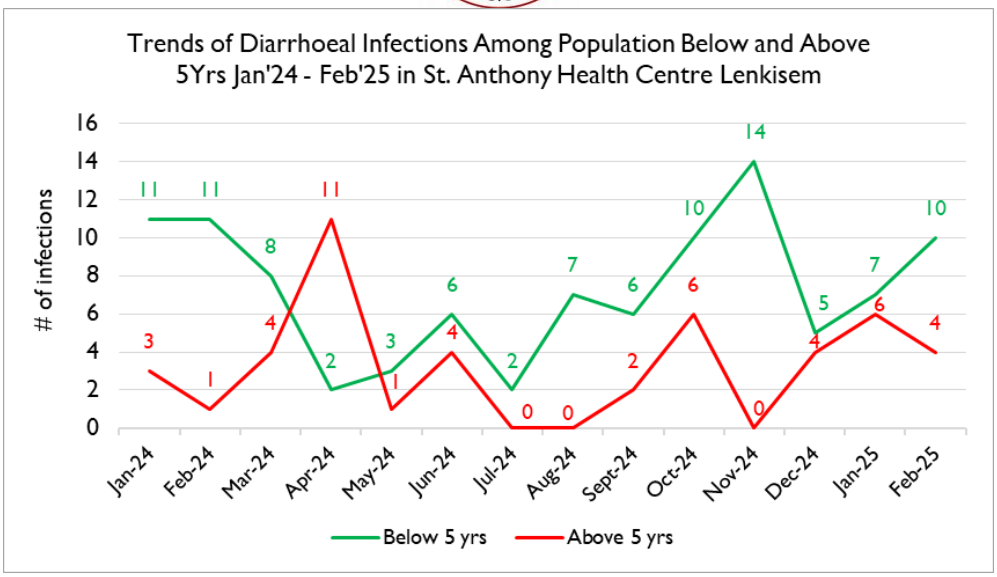
It is located in Narok South Constituency, Ololulunga division, Narok South Sub-County in the Narok County in Kenya.

The facility provides both outpatient and inpatient services within the facility, as well as mobile outreach services. Some of the services include Mother and Child Health Clinics, antenatal clinics, postnatal clinics, prevention of Mother-to-Child Transmission of HIV/Hepatitis, and deliveries.

The facility is located in an ASAL (Arid and Semi-arid) region, where prolonged droughts and inadequate rainfall is common throughout the year. By providing water tanks and implementing proper water harvesting, the facility aims to alleviate the hygiene challenges in the Centre. The facility also looks forward to reducing the spread of communicable diseases caused by a lack of clean water. The staff will ensure that there is no water wastage due to roof leaks or spills within the entire health facility.

Number of Diarrheal infections between the Months of Jan2024-Feb 2025 below

	JAN 24	FEB 24	MAR 24	APR 24	MAY 24	JUN 24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24	JAN 25	FEB 25
Below 5 yrs	11	11	8	2	3	6	2	7	6	10	14	5	7	10
Above 5 yrs	3	1	4	11	1	4	0	0	2	6	0	4	6	4



The scope of works included:

1. Renovation of the maternity Wing and plumbing works
2. Construction of a water Tower and Installation of 2 Storage containers/Water Tanks.
3. Purchase and fitting of gutters for collecting rain water.
4. Construction of the burning chamber.
5. Construction of patients' toilets.
6. Purchase of the water pump

1.Renovation of the Maternity Wing and Plumbing Works

Maternal health plays a vital role in ensuring the health and well-being of both the mother and the child. A healthy pregnancy is essential for the healthy growth and development of the foetus, and it can reduce the risk of infant mortality and morbidity.

The maternity wing is not complete and construction is on progress.

The plumbing works were 80%complete during the visit.

A picture showing the newly Constructed Maternity Wing

2.Construction of a water Tower, Purchase and Installation of 2 Storage containers/Water Tanks

A water tower has been constructed.

Water towers work by using gravity to store water and then release it to provide a steady supply of water.

The tower will supply water to the wards and facility.

2 Tanks have been purchased and installed.

With the provision of the water tank at the centre, the hygienic status of the health facility will improve.

Picture showing a Water Tower and storage Tank.

Water storage tanks are used to store water and provide faster access to a water supply.

3.Purchase and fitting of gutters for collecting rain water.

Gutters have been purchased but have not been fitted by the time of visit.

The gutters have been fitted.

A picture showing the installed gutters

4.Construction of the burning chamber.

The incinerator is not complete and construction is on progress.

Picture showing the burning chamber that is still under construction

With the construction of burning chamber/incinerator it will enhance efficiency in the handling and management of hazardous and general healthcare waste in the facility. It will also boost staff

working morale since they will feel safe as it reduces the risks of health care workers being exposed to infectious agents while handling waste.

5.Construction of patients' toilets.

Toilets prevent people from exposure to deadly germs that are transmitted through faeces. Poor sanitation puts children at risk of diarrhoeal disease, the second leading infectious cause of death in children, as well as chronic conditions like malnutrition and stunting

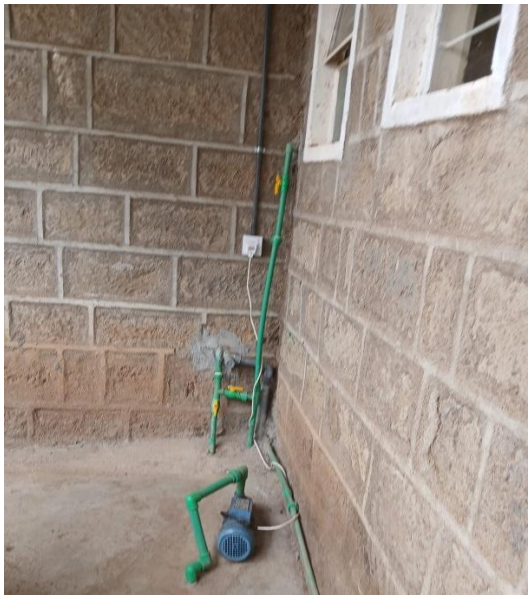
The existing toilets have been improved.

picture showing the improved toilets

6.Purchase of the water pump

The water pump has been purchased.

Installation of the pump has been done.



Picture showing the installed pump

<u>Facility assessment</u>

1. **Water**

Water is piped inside the facility to all high-risk wards.

Water is available all day everyday throughout the facility.

There is an additional water source identified but not improved.

Sanitary inspection of water is not carried out on a regular basis.

Picture showing water Storage Tanks

Picture showing the water holding Tank from the stream

Picture showing the water drinking point at the Patient waiting area

2. Sanitation

Facility has sufficient number of functional latrines.

More than 75% of toilets have functioning hand hygiene sanitations within 5 metres.

At least one toilet for staff exists.

Some but not all toilets are clearly separated.

A toilet that provides the means of menstrual hygiene management does not exist.

A sewerage system exists.

No toilets for disabled persons to use.

Picture showing the sewarage system

3. Healthcare Waste

Functional 3 bin system for segregating waste collection containers exist but not at all waste generation points.

More than 75% have the correct waste.

Waste properly segregated.

Guidance on waste segregation exists at some but not all points.

A waste storage area does not exist.

An incinerator exists but not functioning.

An ash pit does not exist.

No equipment is available for staff to perform handling waste and treatment

A few staff have been vaccinated against Hepatitis B.

Picture showing waste pedal bins

4. Hand Hygiene

All points of care have functioning hand hygiene stations.

Hand hygiene promotion materials are displayed in some areas.

Hand washing stations are present but not all are functioning.

Picture showing a newly installed handwashing station

Picture showing a handwashimg station

Picture showing a handwashing promotional material

5. Environmental Cleaning

There is no cleaning policy in place or protocol which is implemented and monitored.

There is a record of cleaning toilets available and signed.

Few staff have received training on environmental cleaning.

Some but not all staff have full PPE.

Laundry facilities are functional and well maintained.

6. Decontamination Process

Sterilization equipment exists and is well maintained.

Health workers know certain steps in sterilization.

7. **Energy and Environment**

Electricity exists, is functional and well maintained.

Energy is of sufficient quantity at all times and efficiently used.

A functional backup source of energy exists but is not functional.

There is sufficient ventilation and is functional in all patient areas.

Insecticide treated nets are available in some beds.

8. **Management and Sustainability**

Functional IPC/WASH team exists.

No up-to-date diagram of the facility management structure including cleaning staff exists.

Not all staff have been trained.

Not all staff are appraised on their performance.

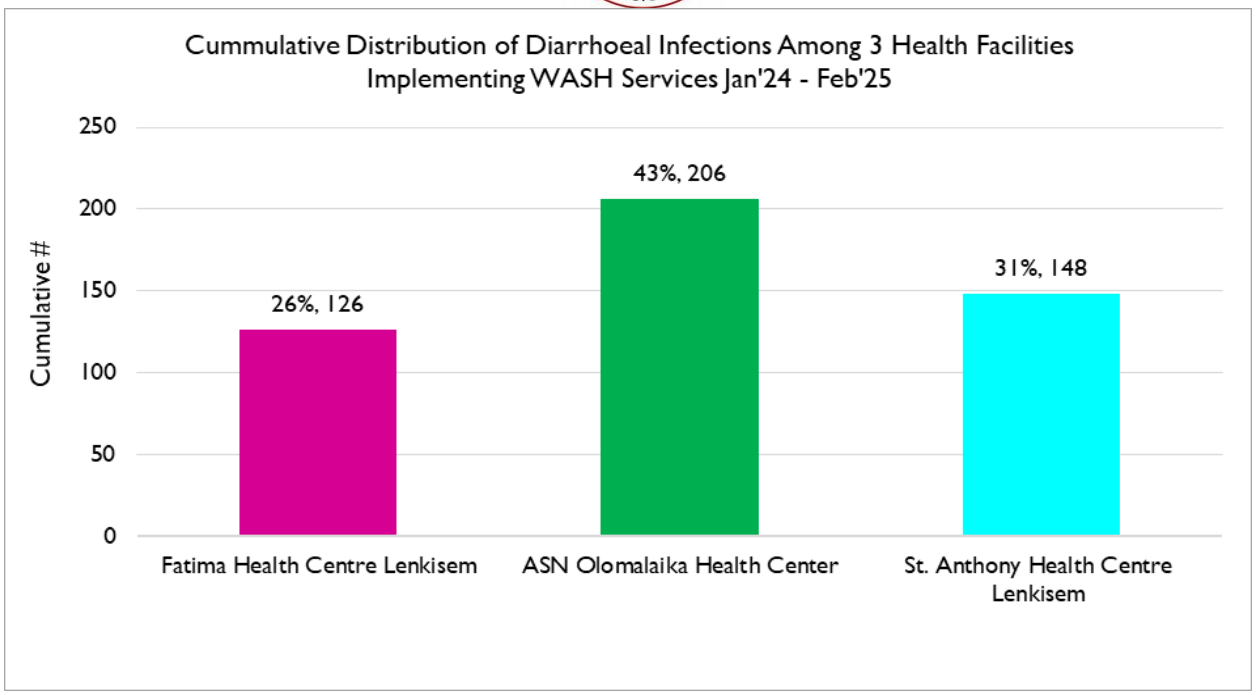
A budget is available to cover WASH/ IPC training

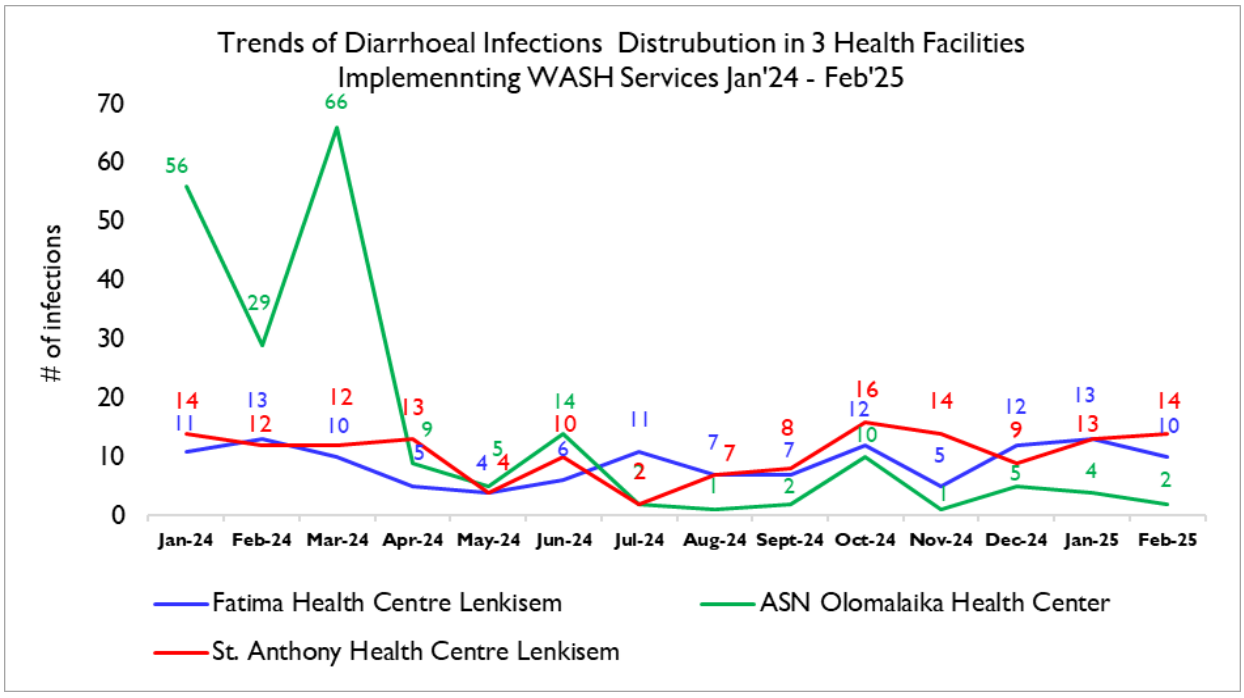
An emergency preparedness and response plan exist.

Trends in WASH Diarrheal infections

Continuous monitoring of WASH (Water, Sanitation, and Hygiene) trends will be sustained to evaluate progress and measure the impact of WASH programs, ensuring ongoing improvements in service delivery and policy implementation. As part of this effort, we will track trends in diarrheal infections to assess health outcomes and the effectiveness of interventions.

Cumulative Diarrhoeal Infection Distribution the 3 Facilities Implementing WASH





Interventions to Address Gaps

Planned WASH Interventions and Follow-Up Activities

To enhance the quality and sustainability of WASH services in healthcare facilities, the following follow-up and planned interventions will be implemented:

1. **Post-Assessment Review and Engagement Monitoring**
   A comprehensive follow-up post-assessment will be conducted to evaluate the level of engagement by facility staff and leadership. This will specifically focus on areas within the original scope of work that were either partially completed or not addressed. The assessment will help identify persistent gaps, inform targeted support, and guide the next steps for continuous improvement.
2. **Hepatitis B Vaccination Compliance**
   In coordination with the County Health Office, follow-up engagements will be undertaken to ensure 100% Hepatitis B vaccination coverage for all health workers. This is a critical component of infection prevention and control (IPC) and will involve:
   - Reviewing vaccination records.
   - Organizing mop-up vaccination campaigns for unvaccinated staff.
   - Sensitization sessions on the importance of the Hepatitis B vaccine.
3. **Water Quality and Infrastructure Assessments**
   Structured **water assessments** will be planned and conducted across healthcare facilities. These will include:
   - Testing for microbiological and chemical contaminants.
   - Assessing the reliability of water supply sources.
   - Evaluating the condition and maintenance of water infrastructure (pipes, tanks, filtration systems).
   - Developing action plans to address any deficiencies identified.
4. **Continuous Professional Development on WASH**
   To build knowledge and sustain behaviour change, a schedule for weekly Clinical Mentorships and Education (CMEs), on-the-job trainings (OJTs), and awareness sessions will be implemented. These will cover:
   - WASH standards and best practices.
   - Infection prevention and control (IPC).
   - Hand hygiene, waste management, and environmental cleaning.
   - Roles and responsibilities of healthcare staff in maintaining safe WASH services.
     The sessions will be documented, and participation tracked to ensure inclusivity and consistency.
5. **Strengthening WASH Governance and Accountability**
   - Establishing or strengthening facility-level WASH/IPC committees.
   - Assigning focal persons for WASH with clear roles and responsibilities.
   - Ensuring regular review meetings and reporting mechanisms to monitor progress and share lessons learned.
6. **Community Engagement and Health Promotion**
   - Where applicable, initiate community dialogues and health talks to reinforce the role of the community in supporting WASH in healthcare settings.
   - Develop and distribute IEC (Information, Education, and Communication) materials on hygiene practices, safe water handling, and waste disposal.
7. **Documentation and Learning**

- Develop case studies and success stories from facilities that show significant improvements.
- Organize learning exchange visits between facilities to promote peer learning and motivation.

Assessment Outcomes

All the members appreciated the assessment and visit, acknowledging the valuable insights gained regarding the current state of WASH in health care settings. They pledged to not only initiate and implement what they had learned but also to champion WASH practices within their respective facilities. Each member committed to sensitizing their colleagues on critical WASH issues, with the aim of fostering a culture of hygiene, safety, and accountability in service delivery.

Furthermore, members expressed strong willingness to support and participate in any future initiatives or programs geared towards enhancing service delivery through WASH interventions. They recognized the direct impact of WASH improvements on the health and wellbeing of patients, caregivers, health workers, and the broader community.

In a show of sustained commitment, members agreed to strengthen the WASH stakeholders' forum within their respective catchment areas. They resolved to use these platforms to share best practices, monitor progress, and advocate for resource allocation and policy support. Members also emphasized the need to introduce and regularly highlight the importance of WASH in health care settings to both new and existing staff. By doing so, they aim to build collective responsibility and ensure long-term sustainability of WASH interventions for the benefit of all.

Recommendations

The visit and assessment were well-received by all participants and provided valuable insights into the current WASH (Water, Sanitation, and Hygiene) situation in healthcare facilities (HCFs) within the Diocese. The findings were not only revealing but also inspiring, offering several key recommendations for strengthening WASH efforts in future visits and assessments:

Sensitization of Diocese Leadership:

Diocese-level teams overseeing key departments—such as administration, finance (including accounting officers), clinical (nursing and medical), and development—should be sensitized on the importance of WASH in healthcare facilities. Additionally, heads responsible for environmental matters, water services, and private health facilities within the Diocese should also be engaged to ensure their buy-in and participation.

Post-Assessment Follow-Up Visits:

A structured follow-up visit should be planned to assess the level of engagement and progress made in implementing WASH improvements in the facilities assessed. This visit would also provide an opportunity for continuous learning and reinforcement of good practices.

Engagement of Other WASH Partners:

All WASH partners operating within the Diocese should be brought on board and sensitized on the findings and recommendations of the assessment. Their involvement could help in scaling up support, leveraging resources, and extending best practices to more facilities.

Model Facilities for Learning:

Select one or two facilities per sub-county to receive targeted support for full WASH FIT (Water and Sanitation for Health Facility Improvement Tool) compliance. These facilities can then serve as models or learning sites for others within and outside the Diocese.

Documentation of Best Practices:

There is a strong need to document the achievements, success stories, and emerging best practices from the assessment and implementation processes. These documented lessons should be shared during stakeholders' forums and meetings at Diocese, county, and national levels to inspire replication and continuous improvement.

Capacity Building and Training:

Continuous capacity building through trainings and refresher courses for facility staff on WASH FIT, infection prevention and control (IPC), and operation and maintenance of WASH infrastructure should be institutionalized to maintain standards.

Integration into Planning and Budgeting:

WASH in HCF should be integrated into the Diocese's strategic plans and annual budgets to ensure sustainability and long-term impact. Facilities should also be encouraged to include WASH priorities in their own work plans.

Monitoring and Evaluation Framework:

Establish a monitoring and evaluation mechanism to track progress of WASH improvements across facilities, using clear indicators and periodic reviews. This will enhance accountability and guide decision-making.

Conclusion

The assessment went on well, with 100% turnout which was made possible by the thorough mobilization of the Ngong Diocese Health Coordinator and his team.

The participant's engagement and interactions were also encouraging, and highly appreciated if the assessment could be cascaded to all other facilities and managers.

Looking Ahead

With this being the second follow-up visit, it is encouraging to see incremental improvements in WASH implementation across healthcare facilities. The Diocese and its partners remain committed to sustained engagement, ensuring that WASH interventions are institutionalized rather than one-off initiatives. Future assessments will continue tracking progress, refining strategies, and reinforcing best practices for long-term health system resilience.


YOU SHALL BE MY WITNESSES
K.C.C.B