

Exploring potential linkages between national legislation, water and sanitation services, access levels and WaSH related health outcomes in Kenya, Tanzania and Uganda

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INTRODUCTION

Poor water, sanitation and hygiene (WaSH) access leads to detrimental effects on health outcomes of people.

- 663 million people worldwide are living today without access to improved safe drinking water services and 2.4 billion people are without adequate sanitation facilities.¹
- 319 million of the 663 million people without safe drinking water are inhabitants of sub-Saharan Africa.¹
- It is estimated that there are 842 000 deaths annually due to WaSH associated illnesses as a result of inadequate water, sanitation and poor hygiene practices.²

These highlight that WaSH interventions are necessary to expand services, especially in low and middle income countries (LMIC) where the prevalence of preventable infectious diseases are high and there is a desperate need for safe drinking water and basic sanitation facilities.³

In collaboration with United Nations University- Institute for Water, Environment and Health and Bachelor of Health Sciences Program, the objective of this project was to explore the linkages between legislation, access to WaSH related services and health outcomes in Kenya, Tanzania and Uganda. By doing so, we can determine what type of interventions are needed, areas where interventions are needed and where there is a need to strengthen existing development efforts.

METHODS

- Examination & evaluation of national legislations
- Literature review of the current state of accessibility to WaSH services and health outcomes in Kenya, Tanzania and Uganda

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FINDINGS

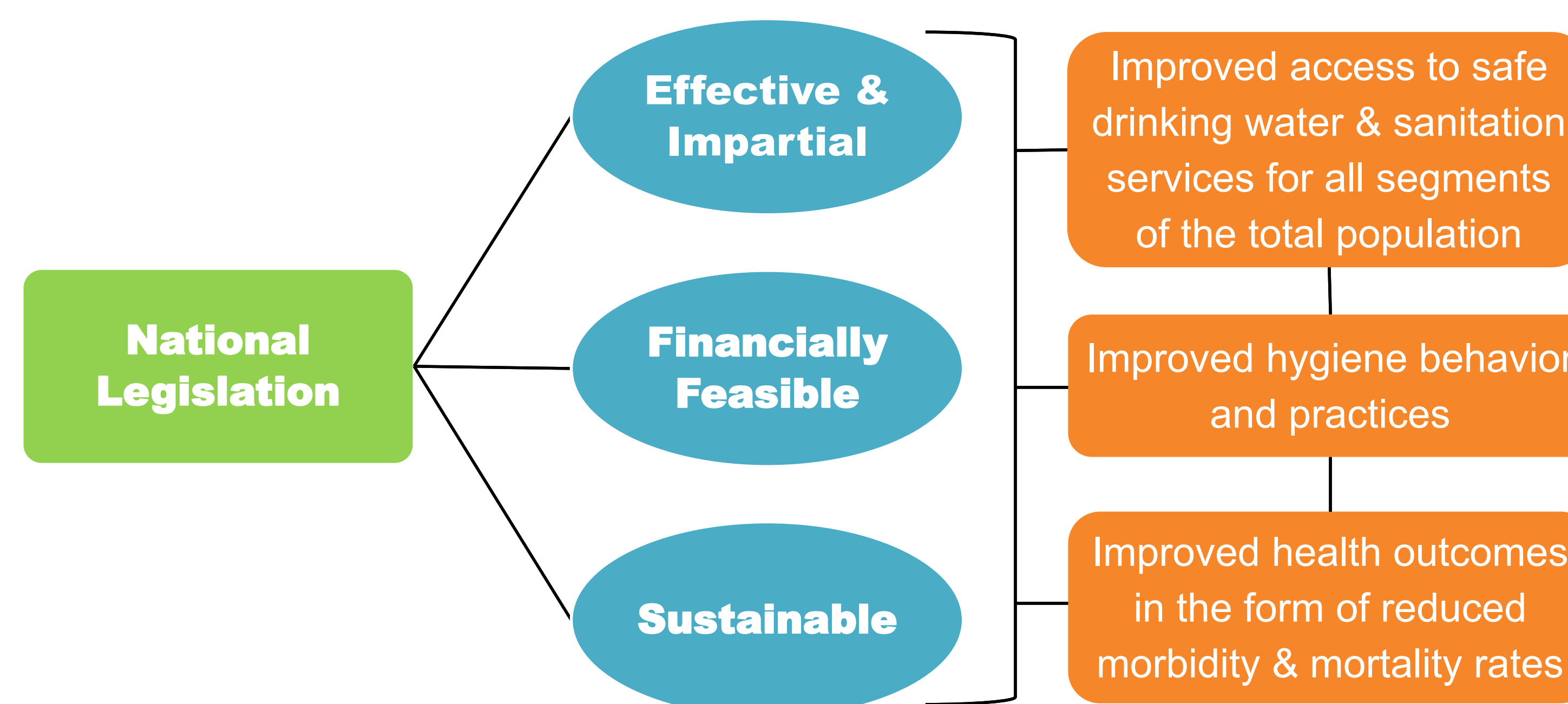


Figure 1: Theoretical model of linkages between the legislations and policies, access to WaSH and health outcomes

Criteria for analysis	Kenya	Tanzania	Uganda
Legislation Examined	Water Act (2002)	Water Supply & Sanitation Act (2008) Water Resource Management Act (2009)	Water Policy (1997)
Pro-poor focus	Social tariffs used to pay for provision costs of water for poor people	Users pay for water services	Not clearly evident
Focus on gender equity	Persisting gender disparities in participation	Persisting gender disparities in participation	Women recognized as key players in promotion and management of water and sanitation resources
Focus on urban vs rural areas	Increased investment to meet needs of marginalized rural population	Not clearly evident	Lack of investment to sustain the increase in access to water and sanitation access

Figure 2: Details of evaluation of national legislation

Health profile	Kenya	Tanzania	Uganda
Infant mortality rate (per 1000 live births)⁴	36	35	38
Deaths under 5 years of age due to Diarrhoea⁵	5 442	8 000	7 001
Deaths under 5 years of age due to Pneumonia⁶	10 507	14 322	13 659

Figure 3: Health outcomes relevant to WaSH

Framework for Analysis	Kenya	Tanzania	Uganda
EFFECTIVENESS			
Achievement of set goals	Medium	Medium	Medium
Equity	Strong	Medium	Weak
FEASIBILITY			
Financing Mechanism	Strong	Weak	Weak
Availability of human resources & necessary infrastructure	Strong	Weak	Medium
SUSTAINABILITY			
Capacity building through engagement of the community	Strong	Weak	Weak

Figure 4: Evaluation of national legislation based on criteria developed for this project

DISCUSSION

As illustrated by Kenya, a country may have a strong national legislation however, the health outcomes may still be poor. This may be occurring because national legislations lack insight of the true needs of the population. These discrepancies reveal the existence of a gap between legislation and practice, top-down and bottom-up, in how national legislations and policies are formulated, resourced, implemented, and reformulated.

RECOMMENDATIONS

- A pro-poor focus is needed to ensure equity in resource allocation, to meet the needs of the population and to build capacity for change
- Better financing mechanism to ensure access and sustainability of water and sanitation services at an affordable cost to the poor. Subsidization of water and sanitation services for the poor can address the urban-rural and intra-urban disparities.
- Greater participation, engagement and incorporation of local authorities in decision making and planning processes to ensure that needs are being met accordingly for all segments of the population
- Greater participation, engagement and incorporation of women in decision making, planning, promotion and maintenance of local water services
- Strengthen efforts to educate people to bring about lasting changes in hygiene behavior