



unicef 
for every child

2017 IMPACT REPORT

UNICEF Kenya Water, Sanitation & Hygiene (WASH) Programme

TABLE OF CONTENTS

4-9
OVERVIEW

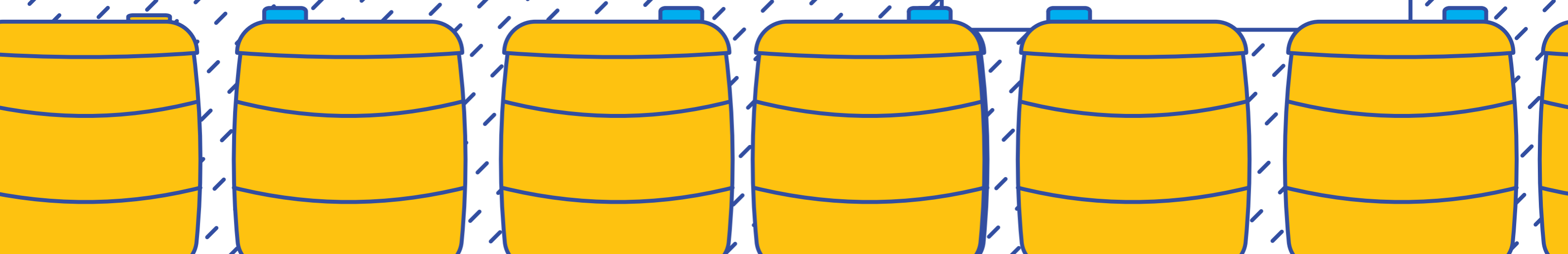
10-13
SAFE & CLEAN ENVIRONMENT

14-15
INSTITUTIONAL WASH

16-19
WATER SERVICE SUSTAINABILITY

20-23
RESILIENT WASH DEVELOPMENT

24-25
WAY FORWARD



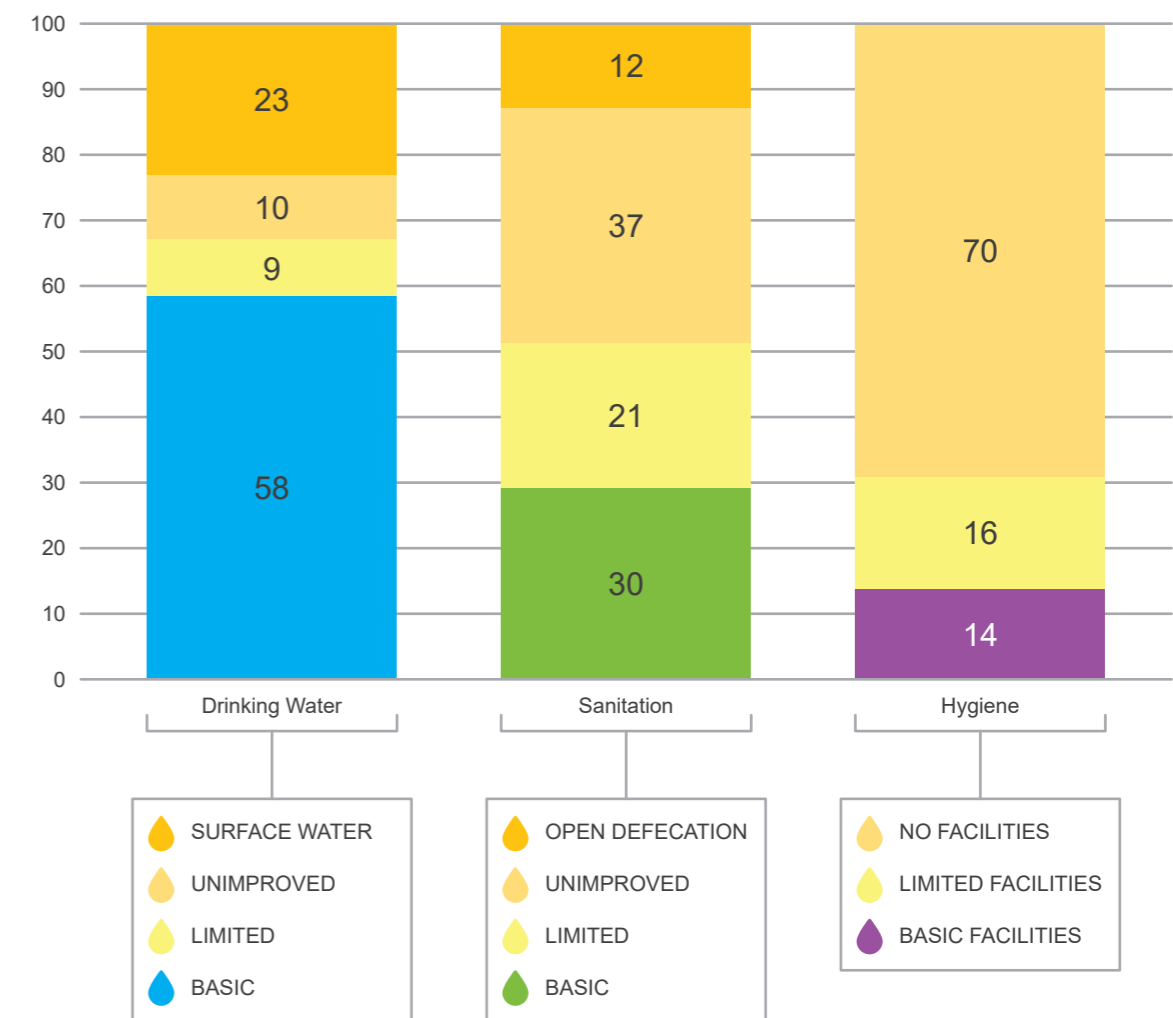
OVERVIEW

The Sustainable Development Goal (SDG) 6 baseline estimates for Kenya, indicate that just over half of the population (58 per cent) have access to drinking water from improved sources with less than a 30-minute round trip to fetch water ('basic' category).



In Sub-Saharan Africa, Kenya has the third largest number of people in absolute numbers (10.6 million) and by percentage of population (23 per cent) that have no access to a water system - a statistic incongruous to its middle-income status. Only 30 per cent have access to basic sanitation at home. Open defecation, an indicator of extreme poverty, is still practiced by 12 per cent of the population; while just 14 per cent of the population have handwashing facilities on premises with soap and water¹.

WATER, SANITATION AND HYGIENE IN KENYA
2015 SDG BASELINE

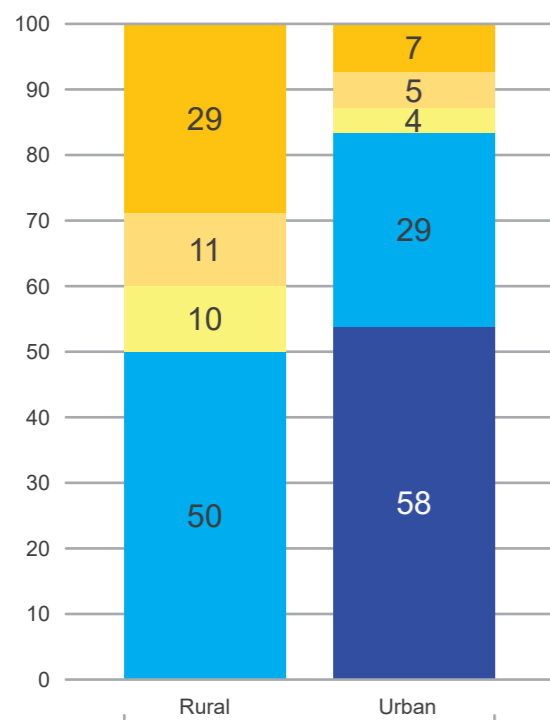


¹ Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, Joint Monitoring Programme (UNICEF and World Health Organization) 2017

Across the country, there are significant geographic and socio-economic inequalities in access to water, sanitation and hygiene. For example, 87 per cent of the urban population enjoys access to at least basic water service, compared to 50 per cent of rural inhabitants. Some 29 per cent of the rural population have no access to any kind of water system, compared to 7 per cent of the urban population. Access to basic drinking water amongst the richest quintile is 89 per cent compared to 31 per cent in the poorest quintile.

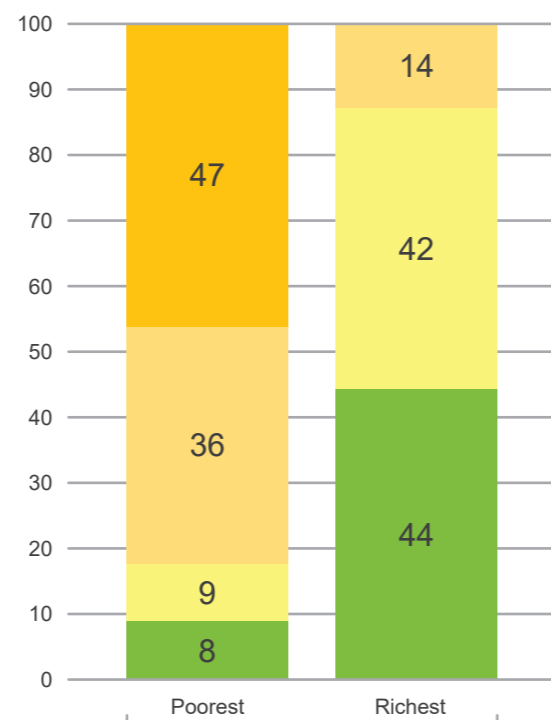
Open defecation is largely a rural issue and practiced by 15 per cent of the rural population, compared to 3 per cent in urban areas. Disparities in access to sanitation are also evident across wealth quintiles: 44 per cent of the richest quintile has access to basic sanitation, compared to just 8 per cent in the poorest quintile; almost half (47 per cent) of the poorest quintile practices open defecation, while none in the richest endure such indignity.

DRINKING WATER COVERAGE 2015 SDG BASELINE



- SURFACE WATER
- UNIMPROVED
- LIMITED
- BASIC
- SAFELY MANAGED

SANITATION COVERAGE 2015 SDG BASELINE



- OPEN DEFECTION
- UNIMPROVED
- LIMITED
- BASIC

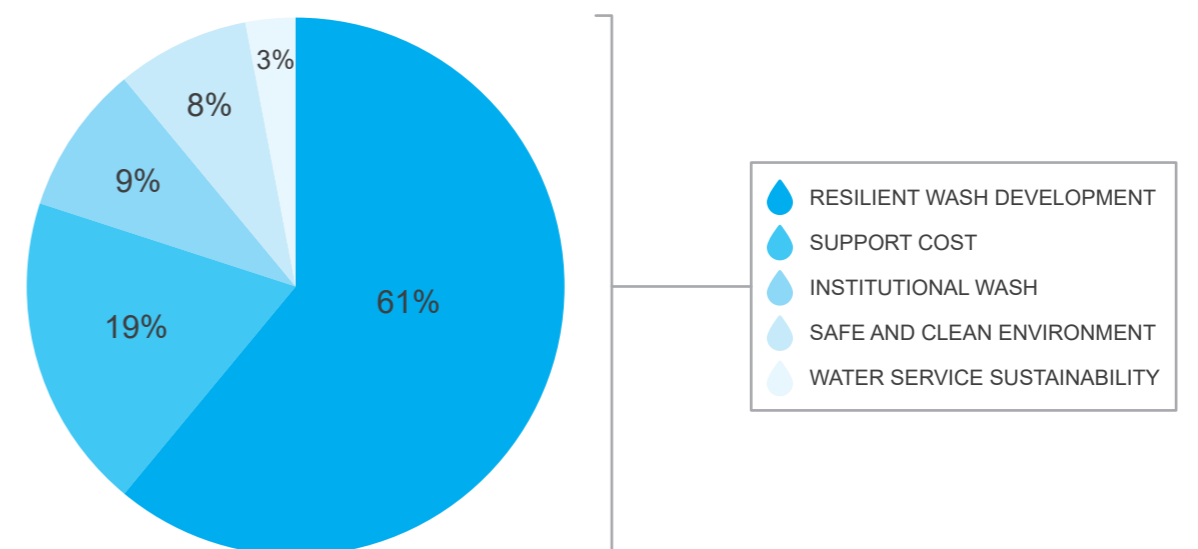
Kenya's Vision 2030 aims "...to ensure that improved water and sanitation are available and accessible to all",² and closely reflects SDG 6 "Ensure availability and sustainable management of water and sanitation for all".

To support this Vision, UNICEF has been working closely with the government in the poorest and most marginalised communities. The remainder of this report summarises the key results delivered by UNICEF Kenya in 2017 with respect to increasing access and use of safe drinking water and improved sanitation at household level, access to adequate WASH facilities and hygiene practices at schools and health centres, building resilient WASH services and responding to humanitarian crises.

The achievements were made with the support of and in collaboration with seven donors and over 40 partners at the national as well as county level. UNICEF implemented the WASH programme with a total expenditure of USD 6.3 million, 88 per cent of the planned budget, in 17 counties (see map on page 9). In 2017, Kenya faced multiple humanitarian challenges including severe drought, disease outbreaks, refugee influx, flash floods, industrial action by health workers, inter-ethnic conflict and elections-related insecurity. Consequently, the life-saving humanitarian assistance constituted a major proportion of the WASH programme delivery and expenditure (61 per cent).

Outputs	Budget (USD)	Expenditures (USD)	Funded
Safe and clean environment	2,373,125	481,457	20%
Institutional WASH	2,043,125	549,377	27%
Water service sustainability	880,625	209,365	24%
Resilient WASH development	610,625	3,850,399	631%
Support cost	1,174,615	1,174,616	100%
Total	7,082,115	6,265,214	88%

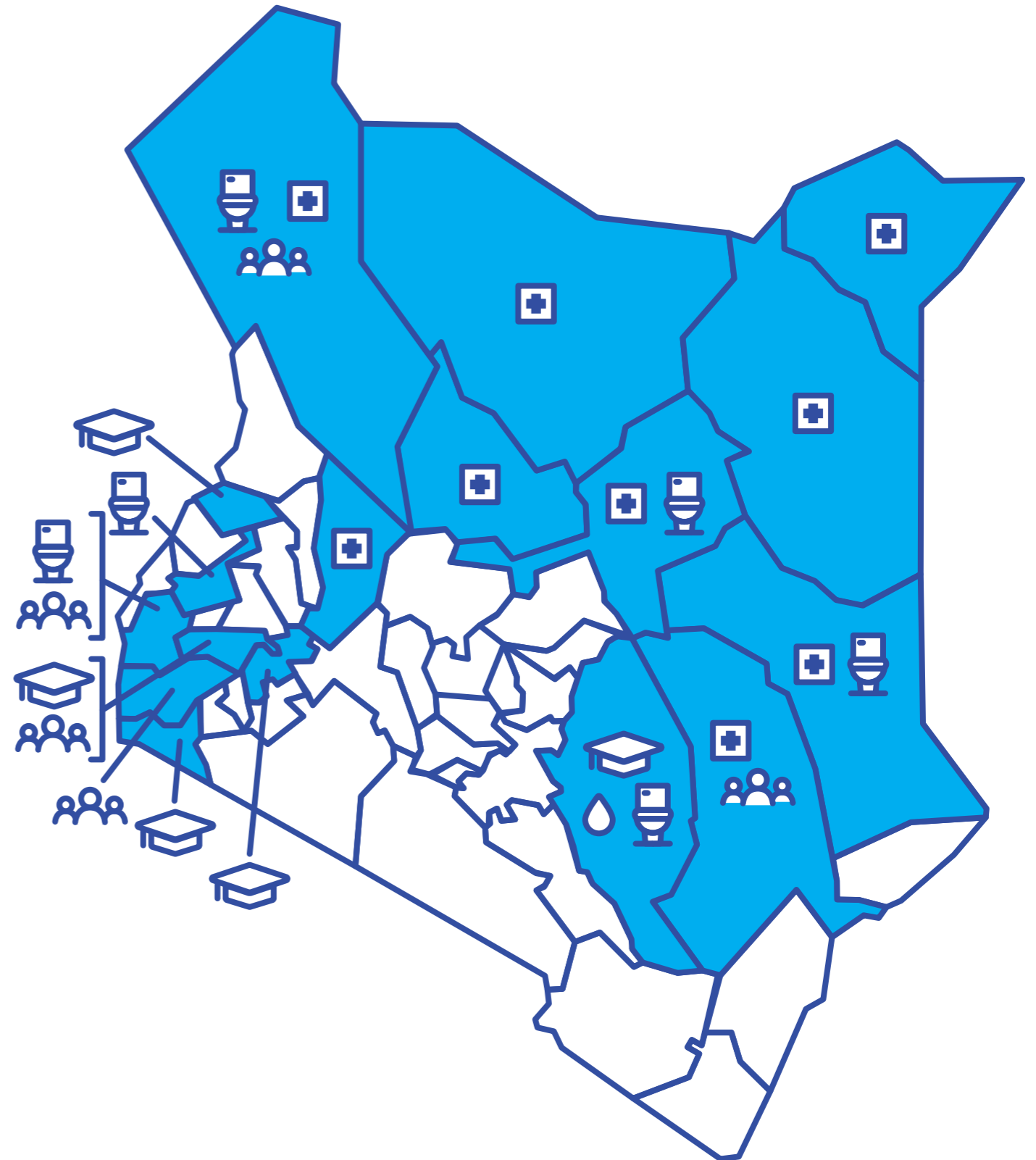
PROPORTION OF FUNDING PER OUTPUT





UNICEF WASH INTERVENTION COUNTIES IN 2017

- 
SANITATION & HYGIENE
- 
WASH IN SCHOOLS
- 
WATER SUPPLY
- 
WASH IN EMERGENCY
- 
WASH COORDINATION



UNICEF WASH PARTNERS IN 2017

DONORS

DFID
National Committees for Swedish government (through the WASH global thematic funds)
UNICEF (Belgium, French, Netherlands and Swedish)
UNOCHA

NATIONAL GOVERNMENT

Ministry of Education
Ministry of Health
Ministry of Water and Sanitation

COUNTY GOVERNMENTS

Baringo
Garissa
Homa Bay

Isiolo
Kakamega
Kericho
Kisumu
Kitui
Mandera
Marsabit
Migori
Samburu
Siaya
Tana River
Trans Nzoia
Turkana
Wajir

PRIVATE SECTOR

IDInsight
Lixil

ACADEMIA

Oxford University

NGOS

ACTED
Caritas
Diocese of Lodwar
Finn Church Aid
German Agro Action
Kenya Red Cross Society
Norwegian Refugee Council
OXFAM
PLAN International
Samaritan's Purse
Save the Children
Welthungerhilfe Kenya
World Vision

UN AGENCIES

FAO
UNHCR
UNOCHA
WHO
World Bank

SAFE & CLEAN ENVIRONMENT

UNICEF supports the government initiative to achieve an Open Defecation Free (ODF) Kenya by 2020, and to move households up the 'sanitation ladder'. UNICEF aims to improve sanitation practices and access to 'basic' (improved) sanitation in communities, thereby, contributing to better health and nutrition outcomes of children.



OPEN DEFECTION FREE

In 2017, together with county governments, UNICEF supported 2,508 villages in six counties to achieve certified ODF status. Despite the very limited funding available for this component (20 per cent of planned budget), UNICEF reached 2.5 times more villages than planned. This represents around 3.7 per cent of Kenyan villages, approximately 752,400 people.



2,508

villages in 6 counties achieved certified ODF status



2.5X

more villages were reached than planned



752,400

people were reached in 2017 despite limited funding

PLANNING & MONITORING

In February, UNICEF supported the organisation of the 2nd National Sanitation and Hygiene Conference in Kenya. It resulted in commitment to the timelines to achieve ODF by each county, based on the ODF Kenya campaign roadmap 2020. To strengthen the planning and monitoring of activities, a national Real-Time Monitoring system to track progress towards ODF certified status was developed in collaboration with the Ministry of Health.

<http://wash.health.go.ke/clts/index.jsp>

POLICY AND INSTITUTIONAL ARRANGEMENT

To strengthen coordination, service delivery and accountability, UNICEF hosted the sectoral Inter-Agency meeting to disseminate the new Environmental Sanitation and Hygiene Policy, National Sanitation and Hygiene Strategic Framework, the Prototype County Environmental Health and Sanitation Bill, and the National ODF Kenya 2020 Campaign framework. For an effective programme implementation at the local level, UNICEF provided training to over 530 local health staff in three focus counties on ODF certification, the ODF monitoring system and facilitation of Community-Led Total Sanitation (CLTS).

TODDLER WASH

To contribute to addressing stunting among children under five years old, UNICEF (WASH & Nutrition), in partnership with the research consultancy, IDInsight, initiated an innovative approach called "SanNut", to integrate key baby and toddler nutrition practices into the CLTS programme. This action research study involved training 340 Health Workers on specific tools for behaviour change communication, and monitoring change in practice in 600 villages in Kitui County. The evaluation with more than 4,430 respondents showed modest but statistically significant improvements in sanitation knowledge, the practice of hand washing after contact with child faeces and correct disposal of child faeces.



1
PRE-TRIGGERING



2
TRIGGERING



3
CAREGIVER MEETING
Toddler Hygiene



4
CAREGIVER MEETING
Toddler Nutrition



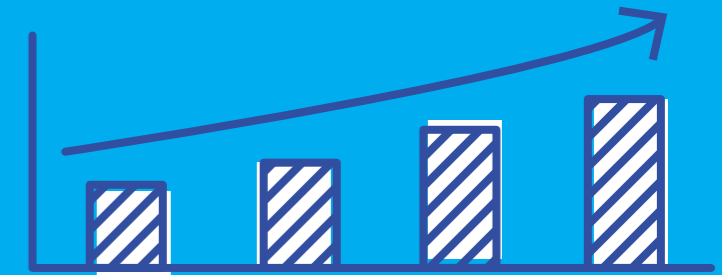
5
HOUSEHOLD VISIT

PRIVATE PARTNERSHIP

UNICEF partnered with the private company Lixil, to support market shaping to increase the availability of affordable sanitation products and services. UNICEF worked with county governments to create sanitation demand in communities and 800 households purchased and installed new plastic pans developed by Lixil during the market testing phase in Kitui county. Providing information on all available sanitation products to communities is important as it allows them to choose what fits their needs within their financial capacity and to own at least 'basic' sanitation facilities.

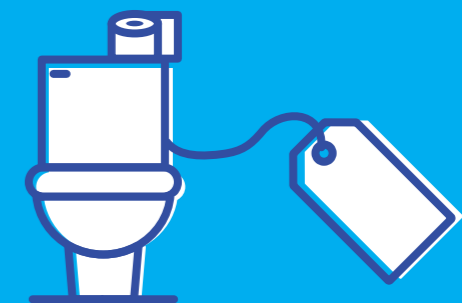


KEY ISSUES



SECTOR FINANCING

UNICEF successfully leveraged matching funds from two county governments for the sanitation programme to accelerate improvements. However, it is quite challenging to advocate for allocating resources and clarifying accountability when there is no clear budget. According to the Public Expenditure Review in 2017 supported by UNICEF, five out of ten counties had sanitation specific expenditures within their health budgets, ranging from between 0.8 per cent and 1.8 per cent. It is important to advocate for discrete budget lines for sanitation to facilitate expenditure monitoring, and provide adequate support for developing investment plans and implementing activities.



SANITATION MARKETING

Trials in Kitui have shown that when products meet household needs and aspirations, they are willing to pay. UNICEF can help Kenya to reach the SDG goals and national targets through creating an enabling environment for more private investments to provide desirable, aspirational and affordable sanitation services. UNICEF's supportive role is also in creating demand, promoting the benefits of improved sanitation, supporting the training of artisans on different toilet technologies, facilitating local retailers to stock more sanitation products and households to purchase upgrades through loan and micro-financing options.



INSTITUTIONAL WASH

Improving access to WASH in schools (WinS) means providing a safe and healthy learning environment for children, thereby contributing to their participation and performance at school, particularly for girls. Achieving and maintaining WASH services in health care facilities (HCF) is a critical element for quality universal health coverage, including for infection prevention and control, patient safety, and child and maternal health.



© UNICEF Kenya/2017/Hinga

ACCESS TO WASH SERVICES

In 2017, 16 counties implemented WinS programmes benefiting 295,340 children in 574 schools with improved WASH facilities. WASH services were also developed in 71 health facilities in five counties.

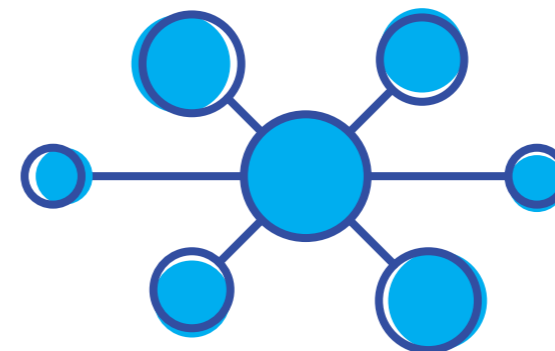
CAPACITY DEVELOPMENT

UNICEF supported the Ministry of Education and Ministry of Health on delivering training on hygiene promotion, as well as WinS approaches for effective programme implementation. For sustainable use and management of newly built WASH facilities, 2,870 Board of Management members received training on operation and maintenance. UNICEF also enhanced the capacity of about 1,150 teachers on hygiene promotion so that children learn and practice good hygiene behaviours at school and at home.

MENSTRUAL HYGIENE MANAGEMENT (MHM)

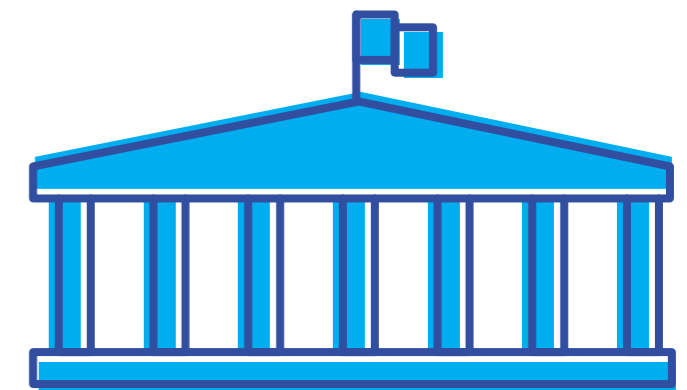
39,400 girls in 197 schools gained access to gender sensitive toilets, bathrooms, sanitary towels, education on MHM and peer support groups. At the national level, UNICEF worked with the Ministry of Health to develop an MHM Policy and reviewed the school health policy to incorporate MHM and align with devolution accountability. With UNICEF support, the Ministry of Education developed the designs and standards for WinS infrastructure, hygiene promotion and MHM handbooks for teachers to ensure quality WASH access at schools across the country. Hygiene education, including MHM was included in the new education curriculum as part of life skills promotion.

KEY ISSUES



COORDINATION

The main challenge for accelerating WinS programmes is coordination across three ministries and different degrees of their devolution. UNICEF continues to advocate and lobby county and national governments to set up operational coordination mechanisms and allocation of budgets for WASH in schools. Such efforts have led to Kisumu, Migori and Trans-Nzoia counties to commit approximately USD 600,000 for WinS activities. UNICEF will facilitate the sharing of good practices among counties for peer-learning.



UPSTREAM STRATEGIC APPROACH

To progress towards universal access to WASH in schools and HCF, more efforts are required at the strategic and political level in Kenya. Raising broad awareness at all levels on the MHM needs of girls is particularly important. UNICEF is well positioned to support the government on this aspect together with evidence generation through programme implementation on the ground in focus counties.

WATER SERVICE SUSTAINABILITY

The lack of continuous technical support to community managed rural water supplies is an underlying cause of their non-functionality. In partnership with Oxford University, a 2017 study of all rural water supplies in Kitui County revealed that only 50 per cent were fully functional, with a further 14 per cent being partially functional. This is comparable to an 11-country study indicating 78 per cent functionality³. Challenges of ensuring sustainable water supply in Kenya are likely to be exacerbated in the future because of climate change and population growth.

CONSTRUCTION & REHABILITATION

In Kitui County, UNICEF and the county government rehabilitated 10 boreholes and 2 dams, providing closer access to more water for 45,100 people, including 10,750 women and 7,740 school children. Another 32,000 people gained access to water from 16 newly completed boreholes in partnership with stakeholders including the private sector, faith-based organisations and an NGO.

MAINTENANCE OF RURAL WATER SERVICES

In partnership with the Kitui County government and Oxford University's REACH Programme⁴, UNICEF continued to build on the innovative Public-Private Partnership (PPP) model, FundiFix, to improve maintenance services for rural water supplies. In 2017, the model was scaled up to include service contracts for rural piped schemes in addition to handpump systems. UNICEF supported the rehabilitation of eight schemes with a maintenance contract signed with FundiFix and organised an advocacy workshop to showcase successful case studies and promote the model to other stakeholders.

³ <http://www.rural-water-supply.net/en/resources/details/787>

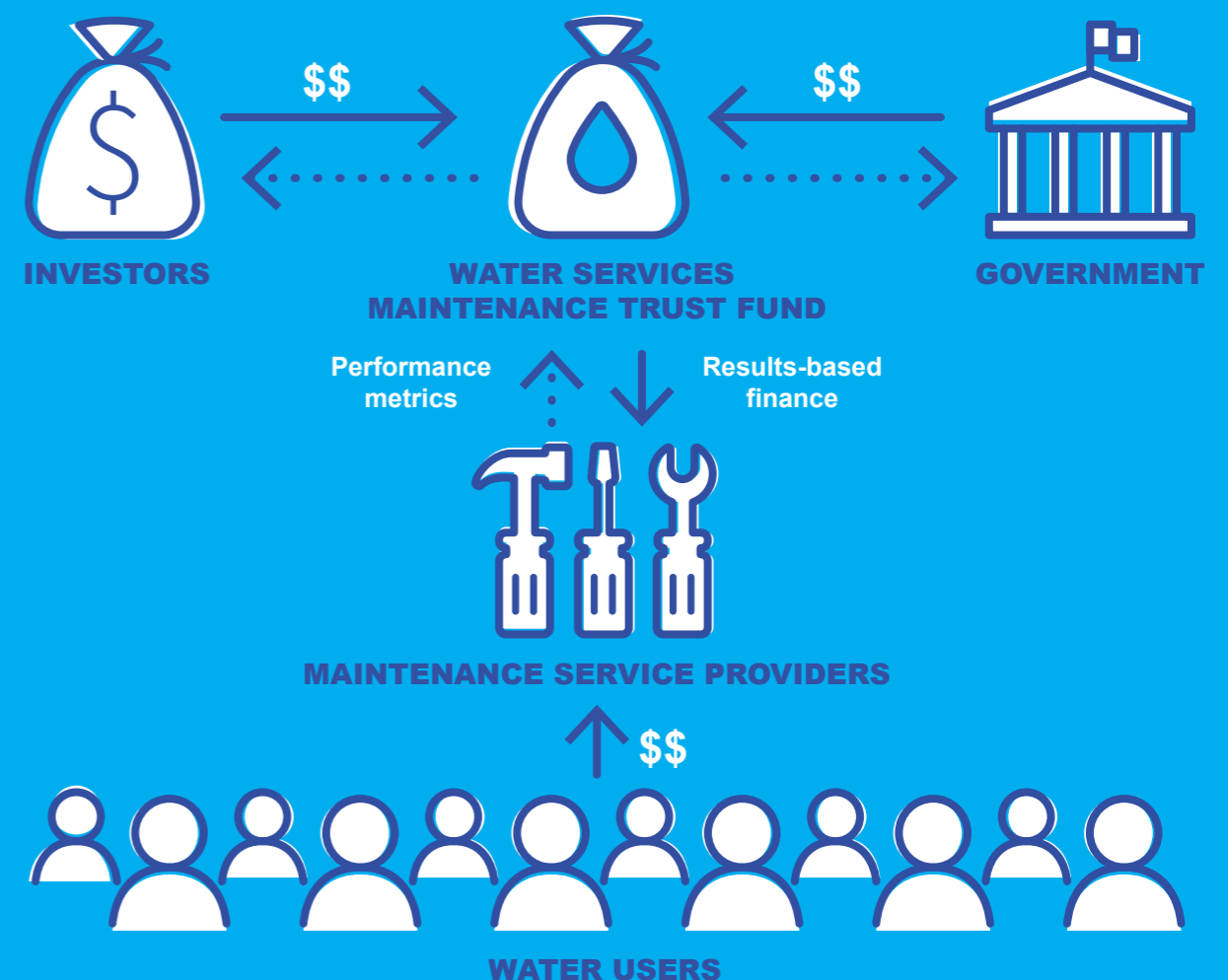
⁴ REACH is a global research programme (2015-2022) to improve water security for the poor: <https://reachwater.org.uk/>

INSTITUTIONAL COORDINATION & SUSTAINABLE FINANCE

Regulation of rural water services has been a challenge due to uncoordinated infrastructure investments and a data deficit. Improved monitoring platforms support regulatory reform to guide investment decisions to meet policy goals. Through UNICEF advocacy, six counties held regular WASH forums to bring together key stakeholders from public, private and civil society organizations and to roll out activities in line with the county development plans.

INNOVATIVE PPP MODEL FOR SUSTAINABLE WATER PROVISION FOR ALL - "FUNDIFIX"

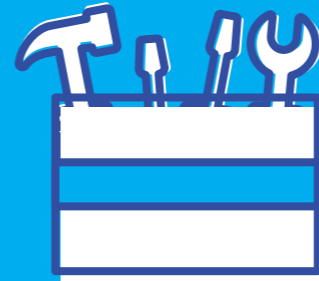
The "Fundifix" model aims at providing a performance-based, sustainable model for maintaining all water supply infrastructure for communities, schools and health facilities: Universal service delivery = leaving no one behind. Rather than each community tackling often similar but infrequent repairs, local companies guarantee a high-quality team to fix repairs fast. Service charges are pre-paid by communities to maintenance providers via mobile money. Local entrepreneurs guarantee to repair rural water infrastructure within three days, reducing downtime from over a month. Based on agreed performance targets, a Trust Fund blends donor, investor and government finance to enable the full cost of the maintenance service to be met.





KEY ISSUES

ADVOCACY FOR OPERATION & MAINTENANCE



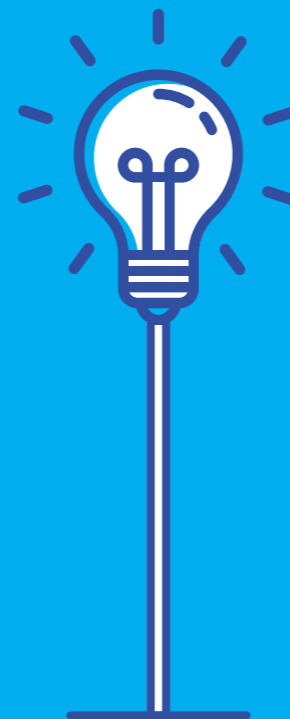
Turkana county increased more than 1.5 times the county budget for capacity building to strengthen the sustainability of water services. However, in many counties, county funding remains oriented towards provision of hardware and development of additional water sources even though some rural water supplies face downtime of up to three months. UNICEF continues to advocate for prioritising county budgets for sustainable management of schemes and expanding the scalable PPP model to other counties.

SUSTAINABILITY STRATEGY



Pressure on existing water resources is increasing with the impact of population growth and climate change. Consequently, the emphasis on water supply sustainability is more critical than ever. UNICEF continues to explore different models for sustainable management, including introducing sustainability checks as a monitoring tool in target counties and piloting “water ATMs” (a pre-paid metering system for water access).

INNOVATIVE SOLUTIONS FOR CLEAN WATER IN WAJIR COUNTY – WATER ATMS



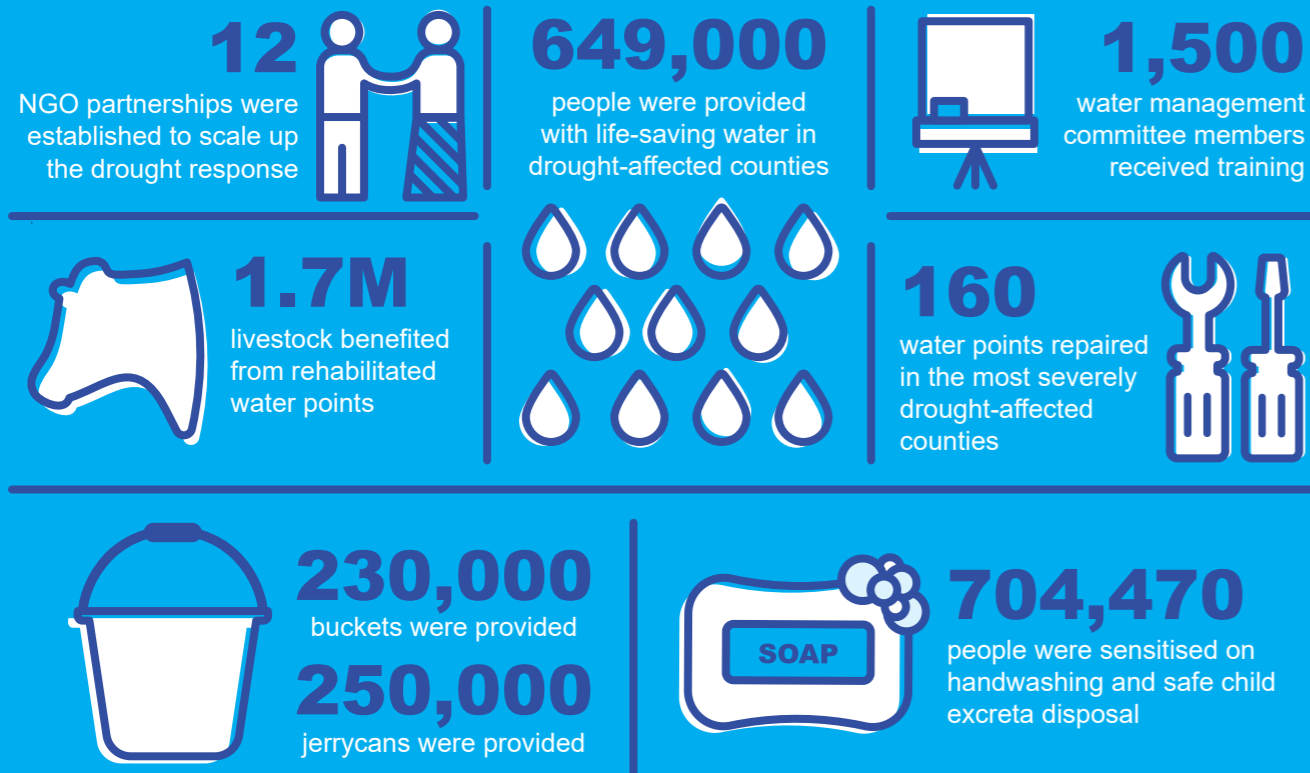
Wajir County in north eastern Kenya was hard-hit by the 2017 drought emergency. Water sources dried up leaving communities vulnerable to disease and loss of livestock, their main source of livelihood. The crisis put immense pressure on the few available boreholes and water pans causing frequent breakdowns. Families, including children, were forced to walk 10 to 15 km to find water. An innovative approach to water distribution in this county is making a difference in the management and maintenance of water kiosks. Community members are issued smart cards which they load with money and swipe at the water kiosk to pay for and gain access to clean water. The typical charge for 20 litres of water is 2.5 Kenyan Shillings (about 2 cents). This technology allows online monitoring of sales and revenue, significantly reducing the possibilities of non-revenue water. In the long-term it is believed that addressing the revenue component of sustainability should make rural water supplies more reliable.



RESILIENT WASH DEVELOPMENT

In 2017, Kenya experienced numerous challenges to its development progress, foremost amongst these were severe drought (affecting 3.4 million people), disease outbreaks, industrial action by health workers and a continued influx of refugees across the borders with Somalia and South Sudan. The scale, complexity and continuous nature of these humanitarian challenges placed considerable demand on UNICEF to respond across all programme areas.





©UNICEFKENYA/2017/Knowles-Coursin

RESTORED WATER ACCESS

UNICEF repaired more than 160 water points, providing life-saving water to 649,000 people including 85,759 children in 243 schools and 24 HCFs in the most severely drought-affected counties. The average distance to water was reduced to less than 2km from as far as 10-15 km in some areas. For sustainable management of the water sources, more than 1,500 water management committee members received refresher training. More than 1.7 million livestock also benefited from the rehabilitated water points, ensuring livelihood security for populations dependent on livestock. Sustaining livelihoods increases the chance and speed of recovery from shocks and builds community resilience.

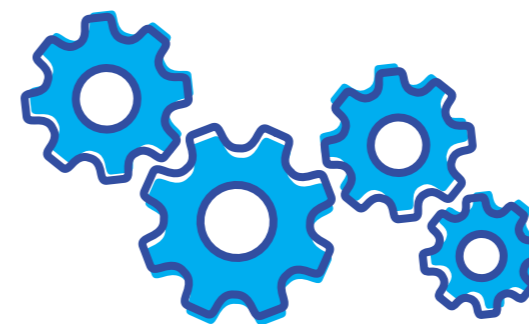
SURVIVAL HYGIENE PRACTICES

Given the severity of the wide-spread drought, UNICEF reached out to more than 111,800 households using unsafe water sources with household water treatment and safe storage practices to improve water quality. A further 704,470 people were sensitised on handwashing and safe child excreta disposal. UNICEF also responded to the price spike of jerrycans for water transport and storage by providing 250,000 jerrycans and 230,000 buckets alongside of water treatment chemicals to ensure safe drinking water at home. Cholera persisted in 2017 with more than 4,200 cases reported, affecting 20 out of 47 counties. To respond to the outbreaks, UNICEF promoted water treatment at source as well as at home and disseminated key hygiene messages with partners.

PARTNERSHIP & COORDINATION

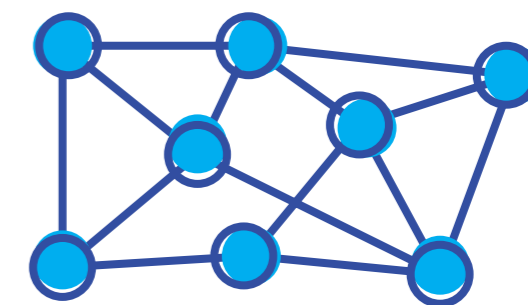
UNICEF partnered with 12 NGOs to scale up the drought response. UNICEF provided WASH sector Information management training to 100 county and national government officials and NGO staff to improve the implementation and monitoring of response. UNICEF also strengthened the sectoral response capacity with the support of global emergency experts.

KEY ISSUES



PREPAREDNESS

Coordination of the sector response remains a challenge. Low prioritization of sectoral and inter-sectoral coordination can result in information gaps and a poorly managed response. For future hazards, particularly droughts and disease outbreaks, UNICEF will support the government to identify risks and better prepare the response system and capacity in advance, beyond emergency supply stock pre-positioning.



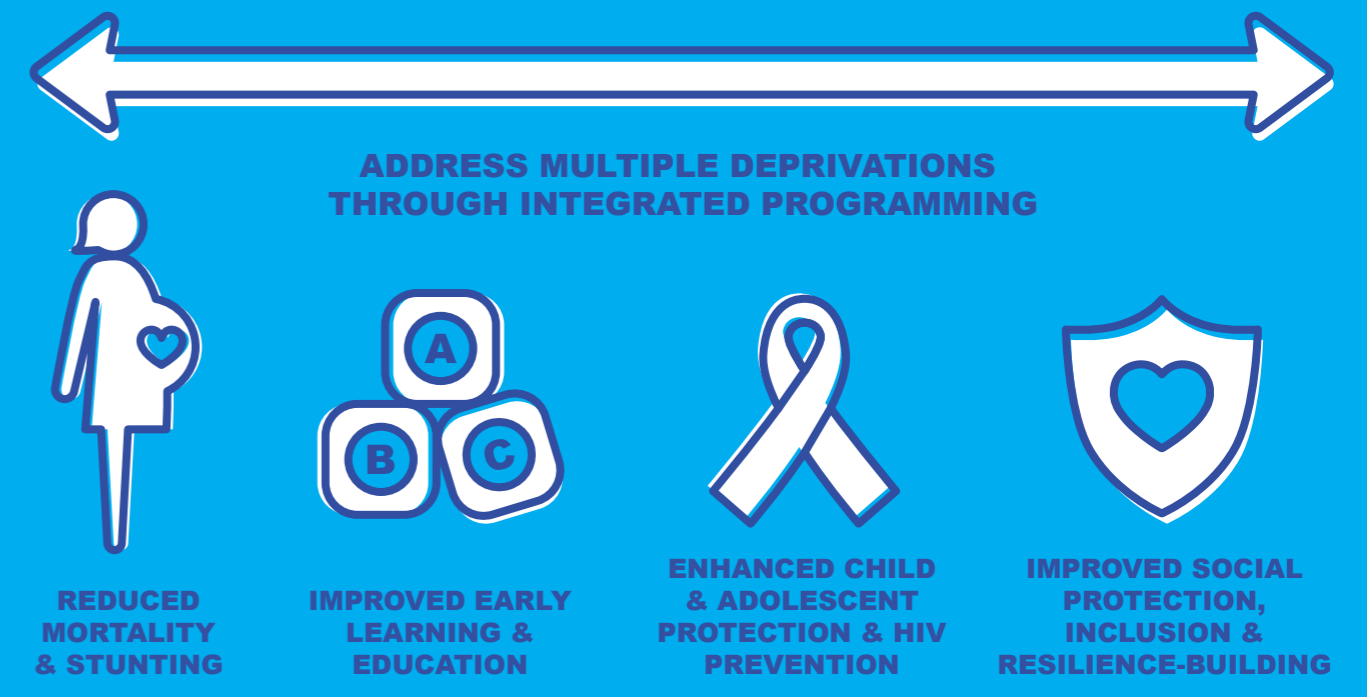
RESILIENCE STRATEGY

The frequent droughts experienced in arid and semi-arid land counties not only result in food insecurity, malnutrition, disease and great hardship particularly amongst women and children but also spark inter-communal conflicts. UNICEF continues to emphasise the importance of bridging the humanitarian-development nexus, hence building resilience through risk-informed programming with resilient infrastructure.



WAY FORWARD

UNICEF Kenya commences a new Country Programme cycle (2018-2022) in July 2018. It aims at addressing multiple deprivations through integrated programming across sectors. WASH interventions are essential to achieve health, education and socio-economic development priorities. As such, the vision of the WASH programme is that by 2022, an increased proportion of children in the poorest and most marginalised communities will gain sustainable access to basic sanitation and drinking water services.



The implementation strategies of the UNICEF WASH programme are formed around the following three key areas.

ENABLING ENVIRONMENT

UNICEF will address the major bottlenecks to an effective enabling environment. We will strengthen sector governance for delivering inclusive and accessible WASH services. UNICEF will enhance the capacity of national and county coordination platforms, and develop common information management and accountability systems in support of informed decision-making. And we will advocate for child-sensitive and pro-poor WASH investment planning in County Integrated Development Plans, and for discrete budget lines for sanitation.

SUPPLY

UNICEF will prioritise the provision of WASH services to the unserved population, and especially so during emergencies. We will use this experience to build resilient systems and implement disaster risk reduction measures. Within this framework, UNICEF will leverage county government financial and human resources to address inequalities in access to water supply and sanitation. We will develop innovative public-private partnerships, and support the government to create favourable conditions for private enterprise to enter the WASH sector. UNICEF will invest in developing evidence, and scaling up proven approaches for sustainable WASH service delivery through partnership with the government, private sector and academia.

DEMAND

Ultimately, UNICEF aims to ensure that the human right to water and sanitation is met for all children in Kenya. Through demand creation approaches, UNICEF will continue to empower and mobilise communities, including schools and youth groups as well as social influencers such as decision makers, media and legislators to adopt and sustain new sanitation social norms. Scaling up the CLTS approach to increase household demand for sanitation is one of the priorities for children given its role in preventing stunting and diarrhoeal diseases. To meet user expectation and better understand affordability, the willingness and ability to pay for water services in rural and urban informal settings will be carefully assessed. The results will be taken into consideration in the process of developing sustainable and resilient water provision mechanisms.





for every child

© United Nations Children's Fund (UNICEF) Kenya, September 2018

UNICEF Kenya Office
P.O. Box 44145-00100 GPO Nairobi

Cover photograph

© UNICEFKenya/2009/d'Elbee