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Delivering WASH services in a devolved context: the experience of Kenya

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Kenya's agitation for a new constitution and for the devolution of powers away from a centralized government has been about equitable sharing of resources and bringing services closer to the people. Following a highly-contested election in 2007, the push for a new constitution hit a crescendo and in 2010, Kenya promulgated a new constitution that has been widely hailed as one of the most progressive in the world. The new constitution took effect in 2013, and has tremendously upset the old order. Whilst the devolution process provides a unique window of opportunity to support the acceleration of access to sanitation, if not well managed, it could significantly roll back the gains that have been made over the years. This paper seeks to examine Kenya's journey in setting up the required institutional mechanisms in a devolved context to attain the now constitutional right to sanitation.

Background

The Constitution of Kenya 2010, in Article 43, declares access to "reasonable standards of sanitation" a human right, thereby ushering in a new era of sanitation service delivery and accountability for the sector. However, following the devolution of powers and functions from national to county governments in 2013, the health sector, which houses sanitation, is one of the sectors that has experienced greatest turbulence and requires great care and attention to stabilize. This paper seeks to examine Kenya's journey in devolution of sanitation service delivery since 2013, and presents the partnership between the World Bank's Water & Sanitation Program (WSP) and the Government of Kenya (GoK), alongside other sector players, in setting up the required institutional mechanisms to attain the now constitutional right to sanitation. During this period, the WSP/GoK partnership focused on efforts to strengthen the enabling environment nationally and in eight of forty-seven focus counties in the following key challenge areas:

1. Revising policy and strategy in line with the new constitution
2. Building capacity for sanitation service provision by the new county governments
3. Deepening knowledge and advocacy for increased investment and prioritisation of sanitation at county level
4. Innovative technologies and approaches to accelerate rates of access to sanitation within counties.

Kenya's sanitation situation

In 2011, WSP estimated that the Kenyan economy loses approximately KES 27 billion (USD 324 million) each year because of poor sanitation, which is 1% of national GDP. An estimated 6 million Kenyans defecate in the open as they have no access to latrines [WSP, 2011].

The Ministry of Health estimates that a significant proportion of the country' disease burden is caused by poor personal hygiene, inadequate sanitation practices and unsafe drinking water [GoK, 2012]. UNICEF estimates that the under-5 mortality, while below the Sub Saharan Africa regional average of 98, remains at 73 per 1,000 live births, equating to 107,000 children each year [UNICEF, 2014]. Diarrhoea prevalence for under-5's remains at 17% nationally, but again disproportionately affects the poorest quintiles [DHS, 2009].

Childhood stunting which can affect both educational and long-term productivity outcomes has been attributed to poor sanitation and in particular open defecation[i].

Revising policy and strategy in line with the new constitution

The Government of Kenya had developed a sanitation policy in 2002, a strategy in 2007 and agreed upon a program methodology (Community Led Total Sanitation - CLTS)) for which a roadmap was drawn up in 2011 to make Kenya open defecation free by 2013. However, these documents became outdated with the promulgation of the new constitution of 2010.

The significance of the new Constitution was that (i) it ushered in a new system of governance that included the creation of 47 county governments and one national government; (ii) access to "reasonable standards of sanitation" was declared a human right in Article 43; and (iii) service provision for sanitation, amongst others, was mandated to the respective county governments instead of national government. National government, however, retains the role of providing overall sector leadership and direction through development of national policies and strategies, and an overall monitoring and evaluation function. This led to an increased sector focus on revising and realigning the sector documents:

- With each other (policy, strategy, roadmap)
- With new constitution
- With new devolved structure
- With National Health Policy and other related policies
- With National Strategic Plan for health sector
- With international and global targets and commitments

These documents needed to take into account the following considerations:

- Equity
- Targeting of resources
- Levels of service
- Health considerations
- Environmental considerations
- Financial considerations
- Institutional roles and responsibilities

This revision was imperative in order to galvanize Government's leadership and to ensure that there is one approach being advocated by Government, and adhered to by both partners and the counties. This required a huge effort, also given that constitutionally, it is required that extensive consultations be undertaken at all levels to ensure ownership of new policies and laws.

To this end, GoK approached the World Bank Group's Water & Sanitation Program to spearhead the process of revising and aligning these documents. WSP consequently put in place a legal team that, in frequent consultation with the sector and both levels of Government, undertook the review. The new policy and legislative framework, consisting of the Kenya Environmental Sanitation & Hygiene Policy 2015-2030, the Kenya Environmental Sanitation & Hygiene Strategic Framework, the National ODF Kenya 2020 Campaign Framework, the Prototype Kenya Environmental Sanitation & Hygiene Bill**,** and a draft National Environmental Health & Sanitation Bill, are expected to be launched in February 2016. The revised documentation takes into account new strategies such as sanitation marketing which is focused on household and individual behaviour change to encourage people to build and use better latrines which take them to improved sanitation status; in addition to creating space for the private sector to enter the market and provide low cost solutions for poor households.

Popular versions of these documents as well as guidance for Members of County Assemblies (MCAs) on their legislative duties are currently under development.

Building capacity for sanitation service provision by the new County Governments

Transition to the new county system has significantly shifted the role of public health officers working within county and sub-county teams. There is therefore need to strengthen overall sector capacity to ensure that county teams can deliver on responsibilities such as planning, coordination, budgeting, M+E, and evidence based decision-making. This need was made even greater by an outbreak of cholera that the almost half of the country's counties have experienced since December 2014, with some having recurrent waves

that have claimed many casualties. The main focus of capacity building in this area has been technical assistance that focuses on preventive solutions rather than reactive responses to outbreaks.

Deepening knowledge and advocacy for increased investment and prioritisation of sanitation at county level

To accelerate access rates to sanitation and make the progress needed, it is important that all stakeholders have reached consensus with respect to program methodology and institutional arrangements. A key part of the technical assistance was assisting the Ministry of Health and the new County Governments to achieve consensus on the core approaches to be used and to mobilize the necessary financial, human and logistical resources they required to implement sanitation activities under the new constitution. Therefore a need was identified for developing advocacy materials, knowledge exchange and support to raise the profile of sanitation. During the devolution transition period, WSP assisted all the 47 counties to assess their critical challenges in terms of the enabling environment. A set of 47 county fact sheets were developed which gave coverage rates, information on impacts and costs of poor sanitation for the counties as well as the baseline enabling environment scores.

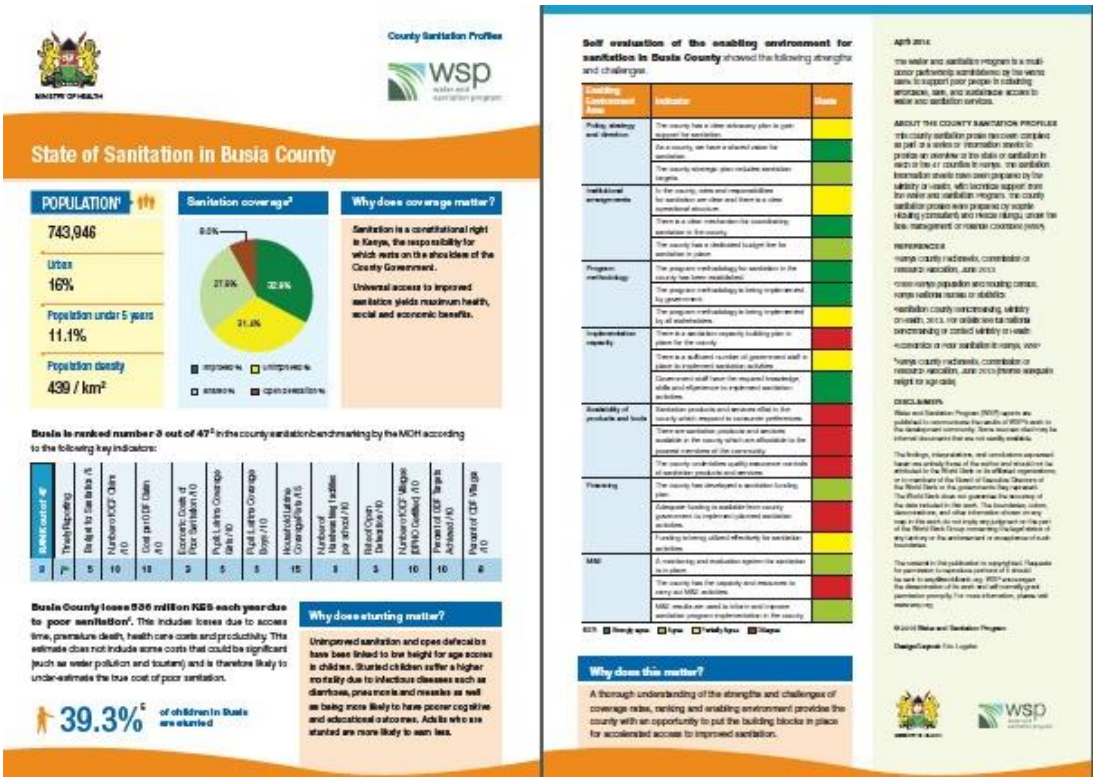

Figure 1. Busia County fact sheet

Source: WSP – County Sanitation Profiles

Innovative technologies and approaches to accelerate rates of access to sanitation within counties

In 2007, the Ministry of Health in Kenya started a pilot of the CLTS approach in accelerating access to basic sanitation in rural areas and in 2011, launched a national campaign to declare rural Kenya open defecation free by end of 2013. This target was missed and is currently being revised to 2020, as well as expanded to include urban Kenya. Kenya is one of the pioneer countries in the region to declare a national strategy for elimination of open defecation, and to develop a roadmap for achieving this goal through CLTS. In addition,

Kenya adopted a Third Party system of certification of ODF status, which was previously undertaken by an independent NGO, but is now being devolved to each of the counties for greater efficiency and sustainability.

Formative research carried out in 2013 indicated that, despite the clear need, few affordable products and services exist for low-income households looking to upgrade from a poor quality latrine, or build new sanitation facilities. Consequently, Government of Kenya, in collaboration with WSP and the International Finance Corporation (IFC), worked with the private sector to test, develop, market and finance, affordable and desirable sanitation products for low-income households. Following in-depth market research, the human-centred design approach was used to develop a range of hygienic, aspirational plastic latrine slabs that are manufactured locally in Kenya. Lightweight, durable plastic was the material chosen for the slabs, which makes it easily transportable and easy to clean – a key consideration of consumers. Other product attributes include:

- **Self-supporting larger slabs** do not need timber or steel as reinforcement, lowering total cost
- **Sloped surfaces** towards the centre hole allowing for self-draining
- **Few nooks and crannies to collect dirt** and allow for easy clean-up
- **Large vent hole** improves smell and fly control
- **Foot-operated lid** controls odour, keeps hands from contamination
- **Butterfly-shaped footrests** allows flexibility in foot position and use by children, while also enabling a self-draining surface

Photograph 1. - Plastic latrine slab

Source: WSP

To complement the supply-side work, a national improved sanitation campaign was developed that included an integrated communication strategy, communication messages and tools, for use by Government and other implementing partners.

Key learnings

1. Despite the health function being devolved, there has been an unprecedented push and pull between the national and county governments for control of the health sector. If not properly managed, service delivery will be sacrificed, as has been witnessed in the recent cholera outbreaks that as of October 2015, had affected about 21 of the 47 counties

2. It is important that institutions and mechanisms, including M&E, be established at county level to support equitable sanitation service delivery. Whilst a few counties recognize the importance of sanitation and have even allocated funding for it, a larger number prefer to fund visible medical health infrastructure to ensure re-election come the next election cycle.
3. Without adequate institutions, systems and funding mechanisms in place, disparities between the counties will start to emerge and make the country's sanitation service delivery more inequitable, depending on each county's capacity and inclination.
4. Continuous, increased advocacy is required to mobilize members of county assemblies and executive teams to legislate for, and allocated resources to sanitation.
5. The marginalized counties, and in particular the arid and semi-arid lands (ASAL) where poverty is highest and rates of improved sanitation are lowest, need an increased focus to reverse the trend.
6. Given that M&E is a concurrent function of both national and county governments, it is imperative that a single M&E system is set up to allow for comparative analysis of progress.
7. There is need for continued, stronger, public-private collaboration, including linking consumers, artisans and front-line workers to micro-finance and community-based organisations that are able to get to them products more cheaply.

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Note/s

[i] Dean Spears (2012) Height and cognitive achievement among Indian children, Economics & Human Biology; Volume 10, Issue 2, March 2012, Pages 210–219

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