IMPROVING WATER ACCESS, SANITATION AND HYGIENE in informal settlements in Kisumu city

Kisumu City Partnerships for Improved Sanitation and Safe Pair of Hands projects

SUMMARY

Location: Kisumu City: Nyalenda A, Nyalenda B and Obunga informal settlements

Beneficiaries reached:
- 95,087 men and women with improved access to water
- 21,746 people with improved sanitation (on plot toilets, demo toilets and ablution blocks)
- 35,768 School children and 3001 children under 5 benefitted from handwashing improvement

Improved hygiene for 98% of households with children under 5 (SPOH) and 86% households (KisumuSan)

Technology/Approaches: Safe pit emptying technologies such as the gulper technology to improve faecal sludge management
- Urban CLTS to improve on plot sanitation
- Delegated management model to increase last mile water access
- Behaviour change communication targeting school going and out of school children on hygiene practices including Menstrual Hygiene Management (MHM)
- Behaviour change communication on hygiene targeting children under 5 in Early Childhood Centers (ECD), at home as well as their carers

BACKGROUND

Kisumu is Kenya's third largest city. 80% of its residents are tenants and 60% live in informal settlements with limited access to clean water and inadequate toilets shared by multiple families (County Integrated Development Plan 2018–2022). Over 50% of Kisumu's 501,818 residents live below the poverty line. In 2014, fewer than 30% of the population in the informal settlements had adequate toilets and open defecation was widespread (Practical Action, 2014).

Globally, half of all cases of malnutrition in young children are caused by unsafe water, inadequate sanitation or poor hygiene. A young child with diarrhoea loses much of the nutrition they gain through good feeding practices, and repeated cases of diarrhoea can negatively affect a child's ability to absorb nutrition from food. The effects of this malnutrition are stunting and wasting, which irreversibly affect young children's physical and cognitive development (WHO Global Nutrition Targets 2025). Malnourished pregnant women and girls can also experience obstructed labour which leads to a cycle of poor health.

Without access to adequate clean water for drinking and to facilitate hand washing, young children are at a significant risk to infections and associated malnutrition.
APPRAOCH

Practical Action and Kisumu Urban Apostolate Program (KUAP) worked with and through communities and stakeholders to improve access to water, sanitation and hygiene (WASH). Our approaches included:

- **Delegated management** model to increase last mile water connections in the informal settlements with KIWASCO, including supporting water operators contracted by KIWASCO.

- **Urban Community Led Total Sanitation** (UCLTS) encouraging the community to construct and use improved sanitation facilities.

- **Faecal sludge management** supporting informal pit emptiers in safe pit emptying technologies including development and implementation of by-laws that legalized their operations.

- **Behaviour change communication** on hygiene targeting both in and out of school going children including distribution of child friendly handwashing vessels.

- **Behaviour change communication** on hygiene targeting children under 5 and their carers.

- **Support to the County government** in development and implementation of policies and guidelines on WASH.

PROJECT IMPACT

1. **The verification, certification and declaration of seven units**, namely; Western B in Nyalenda B, Dago & Kanyakwar in Nyalenda A and Kasarani, Sega Sega, Central 2 and Kamakowa in Obunga settlement, which are home to over 22,000 people as hygienically safe neighbourhoods within the informal settlements. Over 90% of the households in these communities now have improved sanitation facilities and there are no visible faeces in the villages.

   “…Before the project, only 30%-45% of the population in the three informal settlements had toilets and now around 90%-95% of the population have toilets…” – Excerpt from NPA FGD

2. **Improved access to water** befitting over 75,257 men and women (17,316 Obunga, Nyalenda A 26,417, Nyalenda B 31,524). In Nyalenda A & B, there was an increase in the number of people accessing water from HH connections from 10% to 21% while in Obunga from 4 to 14% this is attributed to the Delegated Management Model. There is notable increase in the population accessing safe water citywide in Kisumu resulting from improved coverage from 60% to 89% (KIWASCO Impact report, 2019).

   “…we now use tap water for cooking and only use well and spring water for dusting floors and cloth washing to reduce cost”. Again, the round trip has tremendously reduced to approximately 10 minutes. Some household do not have clean water due to lack of connection fee, no materials, attitude from DMM operators which is discouraging and water kiosk is affordable at KS 3 per 20L Jerri can... many vulnerable people got materials and connected their water…” – Excerpt from FGD

The graph below shows an increase in household connections and number of people accessing water from communal/on plot standpipe. A decrease in people accessing water from water vendors was noted leading to reduced time spent in fetching water from a 30 – minute round trip to an approximate 5 min round trip.
3. **Manual pit emptiers** (64 males, 9 female) supported on safe pit emptying using the gulper technology. We influenced the development of Standard Operating Procedures (SOPs) for pit emptiers which have helped in regulating fecal sludge management within the communities by outlawing poor disposal of fecal sludge and restricting all disposals to be done at the designated KIWASCO sludge treatment lagoons. This has led to the recognition of their work, exposed them to more modern and safer ways of working, and has given them more confidence. The result has been increased income from Kshs 1,500 at baseline to Kshs. 5,000 at the end of the project.

“...You know in Kenya, there are limited employment opportunities. Pit emptying has given me a job and enabled me to fend for my family and kept me away from criminal activities”

4. **Over 38,778 school children benefitting from health education** including improved WASH situation in 65 schools through provision of handwashing stations, liquid soap as well as health education. Improved hygiene practices from 51% households to 98% households who have set up handwashing facilities and continue to practice improved hygiene behaviour at critical times.

“Before the project, many people did not know how to wash their hands. They all washed in one basin with no running water. Now people are using leaky tins with running water”. – Excerpt from FGD

5. **Improved hygiene practices** among carers and children under 5 through provision of handwashing facilitates to 43 ECD centres benefiting 3001 under 5 children.

“I now know the importance of washing hands and drinking clean water, it has gone a long way to improve my children’s health” – Florence Akoth

“The children are so much excited about the handwashing stations. The fact that they get to press on the foot paddle and water flows, excites them so much.”

– Centre manager, Phoebe, Akoth Juma

6. **Developed the Kisumu County Environmental Sanitation and Hygiene Policy and Bill**, which is awaiting County Assembly approvals. The policy will seek to support streamlining of WASH investment for Kisumu, including the informal settlements, and ensure availability and sustainable management of fecal sludge, as well as inclusion of community WASH needs in the CIDPs.
7. **Contributed to the development of UCLTS protocols and tools** that can be emulated by other WASH programmes targeting ODF in urban setups. Including institutionalizing of UCLTS through training of public health officers in Kisumu and Homabay counties.

8. **Stronger community voices**, improved capacity for 70 NPA leaders (men and women) and engagement with County Government of Kisumu and other non-state actors on WASH issues in Kisumu. The NPAs have been able to actively take part in public participation and influence county budget on WASH issues through advocacy at grassroots level, social audits and planning of development projects. Revision of Strategic Ward Action Plans (SWAPS) feeding into County Integrated Development Plans (CIDPs) and Annual Development Plan (ADPs).

9. **Developed 4 policy briefs** to advocate for prioritizing of sanitation and hygiene for children under 5. The policy briefs included information and suggestions on; data driven WASH plans, the building blocks for financing WASH services, building the agenda for improved handwashing in ECD centres and water safety. These policy briefs have been shared with the county government policy makers and key WASH partners and will inform the County Government and stakeholders on the existing gaps in accessing improved hygiene services while offering possible solutions which can be jointly implemented to improve the WASH situation in the county.

10. Global research suggests that health benefits occur once community coverage in sanitation and hand hygiene reach high levels. Local health centres treating patients from the low-income settlements reported a **drop in the proportion of under 5s out of total diarrhoea cases** from 15% in 2018 to 8% in 2019 and 7% in 2021.