



## Kenya Integrated Water, Sanitation, and Hygiene Project (KIWASH)



Rural areas in Kenya have much lower coverage than urban areas for water supply (54% rural versus 83% urban).

**Funding Level:**  
\$50.9 million

**Duration:**  
September 2015 – September 2020

- Activity Goals:**
- Improve service delivery and business operations of water service providers (WSPs)
  - Increase necessary access to financing
  - Support Community-Led Total Sanitation targets
  - Incubate private sector WASH enterprises
  - Institutionalize WASH/nutrition best practices

**Beneficiaries: 1,000,000**

**Implementing Partner:**  
DAI

### ACTIVITY OVERVIEW

KIWASH will combine nutrition programming with improved access to water, sanitation, and hygiene (WASH). KIWASH aims to enable more than one million Kenyans across nine counties to gain access to improved WASH services and increase access to irrigation and nutrition services.

As county governments take on responsibility for investment in and oversight of service delivery to keep their constituents healthy—and their economies thriving—great opportunities arise to expand service delivery through public-private partnerships bringing new actors into the WASH sector. KIWASH will partner with water and sanitation providers to develop bankable business plans, improve operations, and facilitate access to financing. In parallel, behavior-change communications linked to Community-Led Total Sanitation and hygiene will stimulate demand for improved household sanitation, hygiene, and nutrition.

### ACTIVITY AREAS

To improve water services, KIWASH will assist water service providers (WSPs) in expanding household connections and extending their networks to unserved communities. In rural areas, we will work with counties, WSPs, and private entrepreneurs to expand and improve operations and management of existing community drinking water systems. We will also work with Water Resource Users Association to improve catchment area protection and water access, and improve sanitation and multi-use services that reinforce KIWASH interventions in nutrition.

To improve access to sanitation services and reduce open defecation, we will work with counties that make strong commitments to apply the community-led total sanitation (CLTS) approach and engage with private sector providers to make access to household latrines/toilets more affordable.

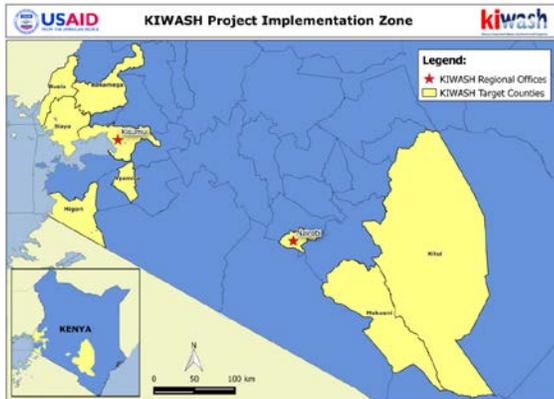
KIWASH will work through public health clinics and local organizations already active in the agricultural and health/nutrition sectors (community savings groups, farmer groups, and community care groups), prioritizing locations with high percentages of malnourished or stunted children and

**Key Partners:**

Counties, WSPs, Ministry of Water and Irrigation, Ministry of Health, Water Services Regulatory Board, Water Resource Management Authority, Water Services Trust Fund, private sector

**Activity Locations:**

Busia, Kakamega, Kisumu, Kitui, Makueni, Migori, Nairobi, Nyamira and Siaya counties

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where there are opportunities to link with related USAID activities.

The KIWASH project is structured has seven main output areas (or program objectives):

1. Market-based WASH service-delivery models scaled up
2. Sustained access to finance/credit for WASH increased,
3. Access to integrated WASH and Nutrition services improved,
4. Production and consumption of nutrient-dense, diverse foods increased,
5. Environmental sustainability of WASH services increased,
6. WASH services and water-resource institutions strengthened and appropriately governed,
7. Targeted policy reforms advanced to stimulate and support access improvements.

**ACTIVITY IMPACT**

Overall, the project will meet or exceed the following achievements:

**Improved access to WASH services**

- More than 1,000,000 people will have gained access to improved WASH services.
- Access to improved water will have increased by 1.0 percent per year above current trend (1.9 percent overall increase).
- Access to improved sanitation will have increased by 1.0 percent per year above current trend (1.2 percent overall increase).
- 2.2 percent reduction in the population in target counties that practice open defecation.
- 5 percent increase over baseline in households with water and cleansing agent at a hand washing station.

**Improved access to nutrition services**

- At least 50,000 households gaining access to irrigation and nutrition services.
- At least 100,000 children between six- and 23-months-old receiving minimal acceptable diet.