



Ministry of Health

KENYA SANITATION AND HYGIENE IMPROVEMENT PROGRAMME

Instructions to Prospective Sub-Grantees on Proposal Development

Background

Lack of sanitation is a major cause of morbidity and mortality and is identified as a leading risk factor and contributor to mortality and morbidity in Kenya. The lack of improved sanitation in Kenya therefore has major health, economic and social impacts. Unsafe water and sanitation (5.3%) is the second leading risk factor and contributor to all mortality (deaths) and morbidity burden (DALY) in Kenya. Poor sanitation costs the country Kshs27 billion each year (USD324 million). This is equivalent to USD8 per person year or 0.9% of the national GDP. About 21 million Kenyans use unsanitary or shared latrines and a further 5.6 million defecate in the open. Notably, Kenya is not on track to achieving the MDGs target of 79% for sanitation coverage. The impact of inadequate sanitation on the well-being and productivity of Kenya's growing population are profound. Diarrheal diseases remain the second leading cause of under-five mortality, and about 35% of children under five are stunted, largely due to poor sanitation and hygiene practices.

Priority Interventions

Through the implementation of appropriate sanitation and hygiene interventions using the Community-Led Total Sanitation approach, the programme intends to: increase the number of people who change from open defecation to safe defecation; promote hand washing with soap and adoption of appropriate hygiene practices; increase access to sanitation and adoption of hygiene behavior among the most vulnerable groups; the disabled, the chronically ill as well as those stigmatized as a result of different illnesses and gender; build



Ministry of Health

the capacity of health officers, technician and community health workers in both government and civil society to improve their skills in sanitation technology as well as ensure improved access to sanitation products for the community; raise the profile of sanitation to the national and county leaders in the devolved government and establish a coordination mechanism at the national and county levels; document and share experiences and learning themes within and between counties.

About Kenya Sanitation and Hygiene Improvement Programme (K-SHIP)

The *Kenya Sanitation and Hygiene Improvement Programme* (K-SHIP) will be rolled out in 11 sub counties within Kenya. The Kenya government through the Ministry of Health, as the policy holder, will support with policy guidance and technical assistance. With the USD5 million funding, the programme intends to accelerate sanitation coverage and reach over 1.92 million people with appropriate sanitation and hygiene interventions using the Community-Led Total Sanitation approach. This support will directly contribute to the achievements of the Open Defecation Free (ODF) road map goals and the national health sector goals.

Call for Proposals for K-SHIP Sub-Grantees

The sub-grantees of the fund will include; NGOs, CSOs/CBOs, FBOs and Private organisations/companies (involved in sanitation and hygiene products) with active programmes in non-subsidy sanitation and hygiene interventions. The targets of the proposals of the sub-recipients will be in line with those of the original country proposal.

Goal: To reduce disease burden resulting from poor sanitation and hygiene and improve the health outcomes



Ministry of Health

Specific Objectives:

The key objectives for the proposals are to;

1. Reach 1.92 million people, who will be sensitised on improved sanitation and hygiene practices;
2. Move 755,400 people or 39% of the target population from open defecation to basic latrines;
3. Move an estimated 50% of those with basic latrines, i.e. 377,700 people, onto improved sanitation;
4. Identify and provide sanitation access to 55,000 vulnerable people
5. Help 400 villages to become ODF;
6. Achieve an 80% coverage target (improved and unimproved) in the selected sub-counties
7. Benefit 500 officers from both government and the private sector within the selected sub-counties through trainings.

Scope of Work for Prospective Sub Grantees

a) Sanitation and Hygiene Promotion:

The programme proposes villages at different levels of sanitation to be mapped out and appropriate interventions implemented including pre-triggering and triggering and sanitation improvement in communities and schools with basic latrines. Emphasis on hygiene promotion on behavior change focusing on: consistent use of latrines; hand washing with soap and drinking safe water. Employing use of appropriate IEC/BCC materials/approaches will also be encouraged. After verification villages will be certified ODF and celebrations undertaken to encourage competition. Community Units will be used as a link with



Ministry of Health

communities and schools. Children will be sensitised as agents of change to influence their parents, siblings and peers.

b) Equity & Inclusion:

The programme anticipates that sanitation will be addressed from a rights based approach (RBA) addressing inequities in society. This will address inequities in sanitation based on gender needs, vulnerability based on physical disability, age and illnesses including chronic illnesses and infection where discrimination and stigmatisation features. This is intended to support the community in reaching the most vulnerable including orphans and the poor in society. Behaviour and attitude change will be achieved through community sensitisation using BCC and IEC materials/approaches.

c) Sanitation Marketing

The programme anticipates promoting and using of affordable sanitation technologies and options that are acceptable within the target communities. To achieve this, it will develop necessary linkages for sanitation products among suppliers and consumers, all the while strengthening the supply chains hence lowering the cost of sanitation hardware. This will be enhanced by conducting campaigns and other activities aimed at selling toilets and assisting communities to move up the sanitation ladder.

Format of the Proposal

The entire technical proposal should be no more than __20__pages and should take the following format:

a) Cover Page-to include:

- Title of the proposed project.
- Name and address of the prospective Sub-Grantee



Ministry of Health

- Duration of the project in years.
- Location of the project (Sub-County, County).
- Amount requested in Kenya Shillings

b) *Executive Summary Page (Should not exceed one page)*

c) *Main Proposal- to include:*

- **BACKGROUND:** The section should cover: Organisation profile information, geographical area, statement of the problem, current situation and justification for the programme component(s) covered.
- **OBJECTIVES:** The section should cover 6 objectives of the proposal. These objectives should be specific, measurable, attainable, realistic and time-bound.
- **PROPOSED INTERVENTIONS:** The section should describe the, expected important results – outputs and impacts, what do you want to achieve and why? Expected beneficiaries or target groups, key procedures/strategies/activities/approaches of implementation- how will you do it?
- **WORK-PLAN AND BUDGET:** Under this section, prepare a detailed budget and a detailed work plan (attachments) as guided in the table below. In the budget, 30% of total costs should be allocated to operations while 70% allocated to the main activities.

Programme Components		Main Activities	Sub-activities
1	Sanitation and hygiene Promotion	a) Demand creation for access and use of safe and sustainable sanitation through CLTS and other community driven participatory approaches, and using the BCC tools. All possible avenues including community organisations and religious gathering will be used to achieve intended targets.	<i>[SG to develop sub-activities and their budget]</i>
		b) Hygiene Promotion at communities, schools and health facilities level, this will include but not limited to the promotion of hand washing at critical times with water and soap	<i>[SG to develop sub-activities and their budget]</i>



Ministry of Health

2	Equity and Inclusion	a) Develop and support a community participatory strategy to reduce inequalities and exclusion in relation to Sanitation and Hygiene (S&H)	<i>[SG to develop sub-activities and their budget]</i>
		b) Establish a sustainable mechanism to reach the most vulnerable with community support in the sub-county, develop and implement a plan for monitoring access of excluded groups and of the most vulnerable.	<i>[SG to develop sub-activities and their budget]</i>
3	Capacity building and Sanitation Marketing	a) Establish a mechanism to promote use of affordable sanitation technologies and options that are acceptable within the target communities including conducting campaigns and other activities aimed at selling toilets and assisting communities to move up the sanitation ladder	<i>[SG to develop sub-activities and their budget]</i>
		b) Build the capacity of sanitation promoters to conduct sanitation and hygiene promotion activities in the communities.	<i>[SG to develop sub-activities and their budget]</i>
4	Advocacy and Coordination	a) Raise the profile of S&H among various levels of leadership at community, county and national. The aim is to encourage counties to prioritize S&H in their planning, budget allocation, enhance experience sharing and networking.	<i>[SG to develop sub-activities and their budget]</i>
5	Evidence based Documentation, Learning and Research	a) Document and share experiences and learning among SGs and EA, counties, at national and regional level, all in an effort to improve the quality of the programme. Learning should be real-time, dynamic, rapid capturing of information and sharing	<i>[SG to develop sub-activities and their budget]</i>
6	Coordination	a) Work closely with county and sub-county officers to enhance the implementation of proposed activities, strengthen M&E activities and take part in sanitation and hygiene promotion related national/international days/events.	<i>[SG to develop sub-activities and their budget]</i>



Ministry of Health

d) Monitoring and evaluation:

The section should address issues such as how indicators monitored are to be followed up. Have the responsibilities for reporting been clearly stated? Project learning and knowledge management - M&E and dissemination.

e) Institutional capacity:

The section should describe organisational structure, management capacity, human resource capacity, fiduciary arrangements as well as partners and collaborators.

f) Accounting capacity:

The section should describe the organisation financial system.

g) Sustainability:

The section should address how the activities would be sustained after the financing is over.

h) Summary table of key personnel, qualifications and roles

Show the relevant skills set

Submission of the Proposals

Hard copies of the technical proposal, budget, work-plan and completed application forms and all required attachments should be delivered to Amref Health Africa in Kenya Country Office (KCO), or posted to the address given below so as to reach us on or before 10th February 2017 at 5.00pm.

All applications must be packaged in one envelope clearly marked **K-SHIP PROPOSAL** and dropped at the KCO tender box next to the reception. Application should NOT be submitted to any other contact except to the address provided:



Ministry of Health

Country Director,
Amref Health Africa in Kenya,
Wilson Airport, Lang'ata Road
P.O. BOX 30125-00100, Nairobi, Kenya.

Any Queries should be sent to kship.gsf@Amref.org