**Kenya County Office Terms of Refence for Individual Contractors / Consultants**

Programme: UNICEF Sanitation Programme

Title: Development of Sanitation Context-Specific Implementation Guidelines to address the various rural sanitation challenges in Kenya including the revision of existing CLTS Protocol and Tools

Location: Kenya

Duration: 80 days (between December 2019 and December 2020)

Start Date: 1 December 2019

1. **Background and justification**

**Rural Sanitation Challenge in Kenya: Open Defecation and CLTS**

Sanitation is a significant challenge in Kenya. The Country did not meet the Millennium Development Goal (MDG) targets for sanitation or drinking water. The WHO/UNICEF MDG Assessment concluded that while “good progress” was made towards the MDG target for drinking water, “limited or no progress” was made with respect to sanitation[[1]](#footnote-2). It is estimated that today 70% of Kenya’s population, almost 33 million people, lack access to basic sanitation and 10% practice open defecation, representing 5 million people[[2]](#footnote-3). Open defecation is largely a rural problem with 15% of the rural population practicing open defecation compared to only 3% of urban residents[[3]](#footnote-4).

Kenya is also one of 26 countries in the world that are responsible for 90% of open defecation. Achieving the SDG 6.2 both at national and global level will then require a strong effort to end open defecation practices in Kenya.

The lack of access to safe and sustainable drinking water and sanitation among the poorest and most marginalized children puts them at constant risk of diarrheal diseases and malnutrition. Since 2014, Kenya has experienced recurrent outbreaks of cholera, affecting 34 counties. Between 40 and 60 % of childhood malnutrition is attributed to poor WASH conditions primarily through repeated diarrhoea or intestinal infection[[4]](#footnote-5).

Community Led Total Sanitation (CLTS) has been adopted as the core strategy for implementing the Open Defecation Free (ODF) Rural Kenya initiative aiming to achieve ODF Kenya by end of 2020. Since 2011, the GoK has put in place a comprehensive set of sanitation policies to guide progress towards the universal access target stated in Kenya’s VISION 2030[[5]](#footnote-6). This Vision is in line with the Sustainable Development Goal (SDG) Target 6.2 which aims at achieving access to adequate and equitable sanitation and hygiene for all and end open defecation by 2030. It is reflected in Kenya Environmental Sanitation and Hygiene Policy (2016-2030)[[6]](#footnote-7) and Kenya Environmental Sanitation and Hygiene Strategic Framework (2016-2030)[[7]](#footnote-8). The ODF Kenya initiative is supported by the National ODF Kenya 2020 Campaign Framework[[8]](#footnote-9), Protocol for implementing CLTS in Kenya[[9]](#footnote-10) and National guidelines for Verification and Certification of ODF Communities in Kenya[[10]](#footnote-11).

Through the Open Defecation Free Rural Kenya National Campaign, 18% of rural villages in Kenya have been ODF-certified and 3 counties have been declared ODF. However, at the same pace ODF Kenya will only be achieved in 2053. There is an urgent need to accelerate the pace to be able to achieve the SDG 6.2.

**Rural sanitation challenges beyond Open Defecation**

Rural sanitation challenge goes beyond open defecation in Kenya as access to sanitation is quite diverse:

* 79% of open defecation takes place in 13 counties which are mostly in the Arid and Semi-Arid Lands (ASAL)[[11]](#footnote-12). 9 of these 13 counties have a high proportion of nomadic people, who are difficult to reach. Efforts should be concentrated in those high burden counties to eliminate Open Defecation and achieve the SDG 6.2 by 2030. However, existing CLTS tools need to be revised to better address the specific needs of nomadic communities.
* At the same time, 17 Counties have less than 1% of people practicing open defecation, representing more than 20 million people having latrines, either improved or unimproved (KIBHS, 2015/16). These counties have been in the same situation for at least a decade, indicating that a huge proportion of their population has abandoned the practice of open defecation, and social norms with respect to the use of a sanitation facility are well established.[[12]](#footnote-13) Most of these counties also have economic conditions that suggest much of the population could afford sanitation products and services.[[13]](#footnote-14) Therefore, there is an opportunity to develop innovative and transformative approaches aimed at consolidating the existing social norms, while improving sanitation infrastructure through engaging with the private sector, developing market-based sanitation, and unlocking financial bottlenecks. In these counties, reinforcing the importance of higher levels of service through a market-based sanitation strategy, strengthening the capacity of supply chain actors, developing financing strategies for lower income market segments, can results in better sanitation services. The approach in these counties should seek to facilitate access to at least basic sanitation as defined by the SDG service levels.

Considering existing data on latrine coverage in Kenya and the fact that the SDG Target 6.2 calls for two sets of actions, i.e. eliminating Open Defecation and increasing access to adequate and equitable sanitation and hygiene, a one-size fits all strategy cannot be effective. This situation also offers a unique opportunity to develop innovative and context-specific strategies looking at eliminating open defecation in the 13 high-burden Counties as well as increasing access to basic sanitation in some of the low-burden counties based on greater engagement with the private sector.

At the same time, Post-ODF Strategy is needed to sustain ODF status among communities as well as to move people up the ladder to achieve the SDG target 6.2. As in other countries, the current CLTS protocol only aims at reaching ODF with little attention paid to Post-ODF follow-up and monitoring. However, Post-ODF follow-up is critical for the long-term sustainability of ODF status and the new social norm.[[14]](#footnote-15) Slippage is most likely to happen among the poorest and most vulnerable households and communities, raising equity issues.[[15]](#footnote-16) With the SDG target 6.2 calling for access to adequate and equitable sanitation and hygiene, counties also require strategic guidance on how to enable households to climb the sanitation ladder.

As the Open Defecation Free Rural Kenya National Campaign is coming to an end in 2020, it is the appropriate timing to critically reflect on the existing CLTS Strategy, Protocol and Tools and make some adjustments as well as to develop strategic thinking on the 2020/2030 Sanitation Roadmap in line with the SDG Target 6.2. UNICEF intends to support the MoH in strengthening the enabling environment at national level through the revision of existing CLTS Protocol and tools, the development of context-specific Implementation Guidelines to address the variety of sanitation challenges, to include a strong Post-ODF Strategy from the onset of the existing or upcoming rural sanitation approaches, and to develop an adapted Monitoring Framework. Ultimately those indicators will be incorporated into the Real Time Monitoring Platform developed for the National CLTS Programme in Kenya[[16]](#footnote-17).

**Overview of UNICEF rural sanitation and hygiene programming**

Since 2013, UNICEF supported the scale up of Community Led Total Sanitation (CLTS) through engagement with the National Ministry of Health (MoH) and priority Counties. County governments play a key role in CLTS implementation as the Constitution of Kenya 2010 established a highly-devolved model of governance, creating 47 county governments with responsibility for delivering basic services, including drinking water and sanitation. Results achieved over the past years are summarised in the following paragraphs.

**At national level**: UNICEF facilitated a micro-planning exercise to provide a baseline database of the ODF status of every village in Kenya (approximately 68,375 villages); developed a national Real-Time Monitoring system to track county progress towards ODF certified status[[17]](#footnote-18); supported the development of the national CLTS protocol which has been adopted by 46 of the 47 counties, as well as the verification and certification guidelines. UNICEF has also established Sanitation Hubs at national and county level (7 in total) which are dedicated team embedded in the existing government systems that supports capacity building, monitoring, quality assurance and knowledge management.

**At county level:** UNICEF’s support has focused in 12 priority Counties (Kitui, Siaya, Isiolo, Kisumu, Kakamega, Homa Bay, Migori, Marsabit, Garissa, Baringo, Turkana and West Pokot). Through the joint implementation with the County Governments, 6,242 villages were certified ODF with direct UNICEF support, representing approximately 1,872,600 people. With strong political engagement from national and county governments as well as support from UNICEF, three counties have achieved ODF status in all rural villages, namely Busia in 2015 and Kitui and Siaya in 2018. Nationally, 17% of villages (11,676) have been certified ODF with support from various partners. UNICEF’ support to counties is mostly conditional in that UNICEF negotiates a financial and/or resource commitment from the County governments. To date eight Counties have made annual budgetary commitments, typically in the range of US$ 40,000 to 50,000 per County. In addition, post-ODF activities are being piloted in two counties (Siaya and Kitui) which have achieved ODF status. The focus of these actions is geared to address three thematic areas namely: how to sustain the status of the villages declared ODF, how to improve the quality of latrines and handwashing facilities in ODF villages, and how to strengthen the sanitation value chain by catalysing the demand for sanitation products and services (the supply end of the sanitation products value chain). Even though encouraging results have been observed in these pilot post ODF activities, there is no clearly defined national strategy to outline what constitutes post-ODF activities in Kenya, their expected outcomes and indicators to show the extent to which the objectives are being achieved. Private sector engagement is also a key area of work for UNICEF KCO. In this respect, UNICEF builds on its current global partnership with LIXIL[[18]](#footnote-19), world leading sanitation product manufacturer, to provide quality and affordable sanitation products and services to communities. So far, through demand creation by UNICEF together with County Governments and sanitation marketing activities undertaken by LIXIL, more than 9,000 households have had access to basic sanitation facilities.

**Purpose, objectives, and scope**

**Purpose**

The purpose of this consultancy is to support the National Ministry of Health and UNICEF to revise the existing CLTS Protocol and related tools, to facilitate the development of context-specific implementation guidelines addressing the various rural sanitation challenges faced by the Country as well as to develop an adapted monitoring framework in an inclusive and participatory manner. The revised CLTS Protocol and tools as well as the implementation guidelines must be developed based on a sound experience and capacity in sanitation sector (CLTS, Market based sanitation, sanitation financing) nationally, regionally and globally as well as on a very strong understanding of rural sanitation related issues in the unique context of Kenya. It should also be based on concrete knowledge of the UNICEF WASH Strategy and comparative advantage of UNICEF in WASH. This consultancy will feed the strategic thinking around the development of the 2020/2030 Sanitation Roadmap to accelerate progress towards SDG attainment.

**Objectives**

This consultancy will develop context-specific strategic guidance and relevant tools and instruments with specific reference to rural sanitation in Kenya through the following deliverables:

* CLTS Protocol and Tools will be revised in an inclusive manner to address the specific needs ofnomadic communities, fragile populations and high-burden counties regarding Open Defecation;
* National Context-Specific Implementation Guidelines for rural sanitation defining objectives, stakeholder roles, and strategic activities for the different typologies of Counties will be developed in a participatory manner;
* Post-ODF implementation strategy will be mainstreamed in existing CLTS protocol and tools as well as in the forthcoming implementation guidelines for rural sanitation;
* A Monitoring Framework including indicators that will be incorporated into the Real-Time Monitoring platform and related monitoring protocol will be developed.

**Approach**

The approach developed to undertake this assignment should be inclusive, participatory and based on extensive stakeholder consultations to draw and refine their experience (UNICEF, MoH, rural sanitation TWG members and other sanitation sector stakeholders including private sector actors).

**Responsibilities and management arrangement**

The consultant will work under the overall guidance of the UNICEF Chief of WASH, and under the direct supervision of the UNICEF WASH Specialist (Sanitation).

A Technical Working Group (TWG) comprising UNICEF, the Ministry of Health at both national and county level and other key sanitation partners will provide technical inputs. The TWG will be responsible for validation of deliverables at all critical stages of the consultancy. UNICEF will assist the consultant with the selection of key stakeholders to be included in the TWG.

1. **Activities, deliverables and timeline**

The assignment is to be undertaken over a period of 12 months starting in November 2019.

**Major tasks**

* Develop an inception report which will include the methodology and detailed work plan;
* Critically review the existing CLTS Protocol and requisite tools;
* Organise open and participatory consultation workshops with Department of Environmental Health- National Ministry of Health, sanitation stakeholders and UNICEF to better understand the specific needs of communities living in high-burden counties and identify possible adjustments to the existing CLTS Protocol and tools;
* Revise the existing CLTS Protocol and tools and oversee a pilot phase;
* Document existing approaches, experiences and knowledge beyond CLTS, i.e. market-based sanitation and sanitation financing in Kenya;
* Consult with key Sanitation stakeholders to develop a tailored, user friendly context-specific approach and Implementation Guideline addressing the complexity of sanitation challenges in Kenya;
* Propose relevant indicators to be included in the Real Time Monitoring Platform;
* Facilitate a validation workshop on draft products at national level to ensure strong buy-in at national and county level.
* Conduct training of the products to the National Ministry of Health, UNICEF and sanitation stakeholders.

**Key tasks and expected deliverables with corresponding indicative timeline and payment schedule**

The following table show the key deliverables and associated proposed timeline and milestone payments:

|  |  |  |
| --- | --- | --- |
| **Tasks**  | **Deliverables** | **Timeline** |
| **Inception phase** |
| Inception meeting with UNICEF and MoH | **(Deliverable 1)** Inception report including methodology and detailed work plan endorsed by UNICEF and MoH | 10 days |
| Develop methodology, work plans and time frame |
| Draft and finalise inception report in consultation with UNICEF and TWG |
| **Review of CLTS Protocol and Tools to better address specific needs**  |
| Desk review of existing Protocol and Tools | **(Deliverable 2)** Revised CLTS Protocol and Tools | 20 days |
| Facilitate 2 sub-national level consultative workshops involving national and sub-national key stakeholders to better understand challenges and come up with proposed adjustments based on local knowledge |
| Revise CLTS Protocol and tools in consultation with UNICEF, MoH and TWG |
| Provide technical support to the pre-testing of revised CLTS Protocol and Tools  |
| Finalise CLTS Protocol and tools based on learnings from the pre-testing |
| **Document existing approaches beyond CLTS** |
| Consultation with sanitation stakeholders through interviews  | **(Deliverable 3)** Completed desk review of existing approaches and experiences, including an analysis of further research required, mapping of key counterparts/stakeholders, lessons learned and possible value addition of UNICEF | 10 days  |
| Document existing approaches, experiences and knowledge with regards to rural sanitation, especially on market-based sanitation and sanitation financing in Kenya |
| **Development of Context-specific Sanitation (and Hygiene?) Implementation Guideline and Monitoring Framework** |
| Organise a 2-days consultation workshop at national level involving national and sub-national key stakeholders to discuss context-specific implementation strategies | **(Deliverable 4)** DraftImplementation Guideline and Monitoring Framework | 25 days |
| Organise 2 Field visits to different types of counties |
| Prepare draft Implementation guidelines and Monitoring Framework |
| **Validation Phase** |
| Work with the MoH to organise and facilitate a two-days national level validation workshop bringing together all national level government WASH stakeholders, WASH donors as well as all senior WASH managers from implementing partners | **(Deliverable 5)** PowerPoint presentation and workshop report | 5 days |
|
| Integrate comments into draft documents, submit the final deliverables | **(Deliverable 6)** Final CLTS Protocol and Tools, Implementation Guideline and Monitoring Framework endorsed by the TWG | 5 days |
| Training of National master trainers on the validated documents.  | **(Deliverable 7)** 20 Master trainers in place to roll out the new products to the Counties**.** | 5 days |

Payment will be made on the submission of a detailed invoice and acceptance of satisfactory deliverables by UNICEF. Payment schedulde is indicated below.

|  |  |
| --- | --- |
| Payment  | Conditions  |
| 20% of total consultancy fees | Upon submission of deliverable 1 |
| 40% of total consultancy fees  | Upon submission of deliverables 2, 3 and 4 |
| 40% of total consultancy fees  | Upon submission of deliverables 5 and 6 |

**Qualifications and experience required**

**Profile of the consultant**

UNICEF is looking for **either** a consulting company **or** an independent consultant (ideally to make up a core team of at least an international team leader and a national expert) with a track record of substantial sanitation expertise that includes CLTS, market-based sanitation, Post-ODF, and sanitation financing. Institutions/Individuals based within and outside Kenya are welcome to apply. Some part of the assignment can be done remotely but at least 3 missions in Kenya are required. Gender balance in the team is desired.

The exact division of work among the proposed evaluation team is to be decided by the team and described in the technical proposal. In general, the team leader will be responsible for team coordination, communications with UNICEF and high-level stakeholders, defining the scope and focus of the work, and quality assurance of all deliverables. Other team members can be tasked with more technical issues and/or communication with other stakeholders and beneficiaries. The more specific composition of the team and their respective qualifications and level of seniority is to be proposed by the bidders, based on the following guidance.

**Qualifications and experience**

The **international team leader** must demonstrate the following:

* Must hold a postgraduate qualification (PhD, MSc/MA) in one or more of the disciplines relevant to the following areas: development studies, WASH or sanitation and hygiene, public health, behaviour change communication, or economics and social sciences;
* Minimum 10 years of relevant work experience in developing countries;
* At least 8 years at a senior level working in the areas of programme management, strategic planning and strategy, strategy development and research;
* At least 5 previous experiences in research, review and/or development of Sanitation or WASH programmes;
* Familiar with the current developments, research, and best practices in development of environmental sanitation and hygiene strategy;
* Experience in community-based approaches and strong understanding in CLTS approach;
* Expertise in the various technical aspects related to sanitation and hygiene programming, including private sector involvement, market-based sanitation, CLTS, development of sanitation related tools and protocols, and innovative financing;
* Good knowledge of the WASH sector and of the political governance structure in Kenya is required;
* Experience working with/in UNICEF, the UN or other international development organizations is an asset;
* Demonstrated technical report writing skills.
* Fluency in written and oral English;
* Excellent communication and facilitation skills, especially in facilitating key informant interviews, and workshops with various groups of stakeholders;
* Sensitivity to cultural and political issues. Integrity and respect to all stakeholders;
* Experience working with/in UNICEF.

The **national expert** must demonstrate the following:

* Must hold a postgraduate qualification (PhD, MSc/MA) in one or more of the disciplines relevant to the following areas: development studies, WASH or sanitation and hygiene, public health, behaviour change communication, or economics and social sciences or equivalent work experience in addition to the experience listed below
* Minimum of 5 years of relevant experience in the sanitation sub-sector in Kenya;
* Sound understanding of sanitation issues, policies and stakeholders in Kenya;
* Implementation experience in community-based approaches and strong understanding of the CLTS approach;
* Demonstrated experience in capacity building and training for CLTS
* Fluency in English and local languages;
* Good facilitation and communication skills.

**Proposal submission**

* **Technical Proposal**: The consultancy firm or individual consultant(s) is expected to provide a technical proposal detailing understanding of the context and assignment, proposed methodology and timeline, expected challenges and mitigation measures, references for similar assignments, examples of sample reports/public documents from similar assignments (co)authored by the proposed consultant, and detailed CV(s). The proposal should not exceed 20 pages.
* **Financial Proposal:** The financial proposal will be all-inclusive and will provide a detailed budget covering consultant fees, travel and subsistence costs, and other expenses to be incurred for this assignment. Note that UNICEF will cover the workshop costs, and this should not be included in the financial proposal.

**Technical evaluation criteria and relative points**

|  |  |  |
| --- | --- | --- |
| **Technical criteria** | **Sub-criteria** | **Max points** |
| **Key Personnel** | Number of similar assignments carried out by the company/consultant in the past 10 years and client satisfaction (provide references as well as certificate of completion from former clients)  | 10 |
| Qualifications and experience of proposed consultant (as per TOR requirements) | 15 |
| Quality of sample reports (provide at least 2 reports from a similar assignment (co)authored by the proposed consultant)  | 10 |
| *Maximum Points for Key Personnel* | *35* |
| **Proposed Methodology and Approach**  | Understanding of the TOR objectives and quality of the comments and suggestions made by the bidder | 5 |
| Proposed methodology  | *20* |
| Comprehensiveness and realism of proposed work plan and timeline  | *10* |
| *Maximum Points for Proposed Methodology and Approach* | *35* |
| **TOTAL Maximum** | **70** |

Only those proposals that score 50 points or more out of 70 will be shortlisted for the financial assessment stage.

**Weighted ratio between the technical proposal and the financial proposal criteria: (70:30)**

1. Progress on Sanitation and Drinking Water, WHO, UNICEF, 2017 [↑](#footnote-ref-2)
2. Ibid. [↑](#footnote-ref-3)
3. Ibid. [↑](#footnote-ref-4)
4. Prüss-Üstün A, Bos R, Gore F, Bartram J. (2008), Safer water, better health: costs, benefits and sustainability of

interventions to protect and promote health. World Health Organization, Geneva [↑](#footnote-ref-5)
5. http://vision2030.go.ke/inc/uploads/2018/05/Vision-2030-Popular-Version.pdf [↑](#footnote-ref-6)
6. <http://sanitationandwaterforall.org/wp-content/uploads/download-manager-files/KESH%20POLICY_1.pdf> [↑](#footnote-ref-7)
7. https://www.wsp.org/sites/wsp.org/files/publications/Kenya%20Environmental%20Sanitation%20and%20Hygiene%20Strategic%20Framework.pdf [↑](#footnote-ref-8)
8. http://www.health.go.ke/wp-content/uploads/2018/04/NATIONAL-ODF-KENYA-2020-CAMPAIGN-FRAMEWORK.pdf [↑](#footnote-ref-9)
9. http://guidelines.health.go.ke:8000/media/Community\_Led\_Total\_Sanitation\_MoH\_Guideline\_2014.pdf [↑](#footnote-ref-10)
10. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kenya\_ODF\_Verification\_Guide\_2011.pdf [↑](#footnote-ref-11)
11. Kenya Integrated Household Budget Survey 2015-2016 [↑](#footnote-ref-12)
12. Kenya Integrated Household Budget Survey 2015-2016, Kenya Demographic and Health Survey 2014, 2009 Kenya Population and Housing Census [↑](#footnote-ref-13)
13. Kenya Integrated Household Budget Survey 2015-2016 [↑](#footnote-ref-14)
14. Bevan, J. (2011) Review of the UNICEF Roll-Out of the CLTS Approach in West and Central Africa, Briefing Paper 1247, 35th WEDC International Conference, Loughborough, UK, [↑](#footnote-ref-15)
15. Robinson, A and Gnilo, M. (2016) Beyond ODF: a phased approach to rural sanitation Development, in Bongartz, P., Vernon, N., and Fox, J. (eds) (2016) Sustainable Sanitation for All:

Experiences, challenges, and innovations, Rugby, UK: Practical Action Publishing, [↑](#footnote-ref-16)
16. <http://wash.health.go.ke/clts/index.jsp> [↑](#footnote-ref-17)
17. <http://wash.health.go.ke/clts/index.jsp> [↑](#footnote-ref-18)
18. <https://www.unicef.org/corporate_partners/index_102946.html> [↑](#footnote-ref-19)