



SNV

Case Study: Improving Sanitation Services Through Better Sector Coordination

The Isiolo County Experience



To deliver effective sanitation services and expand coverage to all regions and populations, county governments need to work with a range of partners that include the private sector, non-governmental organisations (NGOs) and development partners as well as community-based institutions, all with varying roles and contributions.

It is therefore important that county governments put in place appropriate county-driven mechanisms to enhance the participation and contribution of these partners and stakeholders in sanitation service delivery. Such coordination requires clarity of roles and responsibilities linked to institutional mandates and comparative advantages at all levels. It should enable the county government to tap into the network of partners in resource mobilisation, monitoring and reporting of county performance and to promote sector regulation and accountability.

This case study highlights what Isiolo County has done in this regard. It is intended that other counties will use the Isiolo example as they seek to strengthen their sanitation sector coordination and collaboration efforts.

Isiolo County sanitation status at onset of devolution (2013):

- Improved sanitation coverage for only 40% of the population
- Only 4% of population connected to sewerage system
- Tiny proportion using septic tanks
- Open defecation still practised in some areas
- 65% of population relied on unprotected water sources
- High incidence of diarrhoeal diseases
- Several partners but duplication and overlap of activities

Context

Poor access to improved sanitation services

In 2013, only 40% of the residents in Isiolo County were using improved toilets,¹ while the majority used unimproved toilets, and a small percentage practiced open defecation. Only 4% of the population was connected to the main sewer system and one percent was using an onsite septic tank. Earlier sanitation efforts supported by donors provided subsidies to encourage communities to construct toilets, but these successes waned once the programme ended.² Subsequently, by 2012, no single village had attained open defecation free (ODF) status.

At least 65% of the households were relying on unprotected water sources, according to the 2013-2017 Isiolo County Integrated Development Plan (CIDP).³ A high incidence (10.5%) of diarrhoea was reported in some areas of the county, compounded by water scarcity,⁴ and about 23.9% of children in the county were reported as stunted.⁵

Lack of partner coordination and duplication of work

In 2013, several agencies were working in Isiolo County implementing sanitation activities (Box 1). Each of these agencies ran their programme independently. As a result, there was duplication and overlap of efforts and activities which affected the impact and sustainability of water, sanitation and hygiene (WASH) projects. Some of the activities were initiated in the community without proper coordination and involvement of county department of public health. The department was often not consulted in the selection and determination of areas for project coverage by the partners.

Poor inter-departmental connectedness

The county department of public health was also not well connected to other county government departments and to the communities in terms of provision and strengthening of public health and sanitation services. Overall performance of the department in terms of sanitation achievements and reach was weak, due to poor monitoring, supervision and reporting mechanisms, among other factors.

By 2014, it was clear that the county health department needed to improve coordination of the partners in the sanitation sector in order to harvest impact and increase accountability of sanitation programmes within the county as well as to reduce duplication and overlap, enhance sharing of implementation experiences and provide seamless services to the targeted communities.

Box 1

Many partners, poor coordination

Some of the partners working in Isiolo by 2013 included the following:

- UNICEF
- Kenya Red Cross Society
- Water Sector Trust Fund
- World Vision
- Catholic Relief Services
- Kenya Rapid
- SNV Netherlands Development Organisation
- Caritas Isiolo and Marsabit

New Directions: Re-Organising the Sanitation Sector, Post-Devolution

Isiolo County government has made deliberate efforts to harness the contributions of the partners working in the county and to achieve some measure of coordination of initiatives, take advantage of the resources available and ensure that partner activities are aligned to county priorities. The following are some of the actions that the county took towards achieving a coherent sector.

Mapping regional and programmatic coverage by partners

The department of health under the new government launched an exercise to map the existing stakeholders and partners working in sanitation in the county. The department of public health convened a meeting to map and take stock of existing partner efforts in the county. Partners such as UNICEF and the Red Cross were implementing county-wide activities, while others such as World Vision focused on specific sub counties like Garba Tulla.

The implementing partners agreed to work together through the coordination of the department of public health to enhance efficiencies in reporting and sharing of experiences. The department of health sought to create a department-led central mechanism for providing shared decision-making and enhancing knowledge sharing and accountabilities by the various partners.

1 KNBS and SID. 2013. Exploring Kenya's Inequality – Isiolo County.

2 Personal communication (Mr Michael Mugo, WASH Advisor, Isiolo, 2018)

3 Republic of Kenya. Isiolo County Integrated Development Plan 2013-2017.

4 Government of Kenya (GoK). District Public Health Records. Isiolo Central: Government of Kenya; 2012. a.

5 Ministry of Health and National Water Sanitation Program 2014. County Sanitation Profiles: State of Sanitation in Isiolo County

Development of a joint strategic plan

The county rallied its partners together to develop a joint county sanitation and environmental hygiene strategic plan, which partners would draw from in implementing their activities. According to a key informant from the county government,⁶ the joint plan has greatly assisted in achieving better coordination and results, by harmonising activities and helping to identify county priorities for implementation.

Establishment of a coordination committee

In 2014, the Isiolo County health and sanitation inter-agency coordination committee (ICC) was formed, in consultation with partners. The committee's mandate was to provide oversight and technical guidance to the sanitation sector. To guide the ICC, the department of public health and sanitation developed terms of reference for the committee and a schedule of meetings (once every quarter). Each quarterly meeting builds on the previous deliberations and receives progress reports and recommendation as well as partner updates. The committee also reviews activity status and helps members to draw strategies to address emerging challenges. Partners also support the deployment of public health officers (PHOs) at ward level through the county's department of health and sanitation. The PHOs have helped to set up local sanitation committees in some areas, through which partners are able to connect with others and the local community leaders.

The ICC has been instrumental in fostering communication and collaboration among all sector agencies in sanitation. It has been key in setting sanitation goals and targets for the county implementing partners who work together and thereby generate a common vision and drive among all implementing partners and sectors. Through the joint committee, other implementing partners have been able to contribute to the five-year CIDP.

Box 2

Key milestones towards better sector coordination

- 2014: Partner mapping exercise conducted
- 2014: Joint strategic plan developed
- 2014: Inter-agency Coordinating Committee (ICC) set up
- 2014: Joint action plan developed

Collaboration in capacity building for sanitation

The county government has also rallied partners to contribute to building the capacity of its staff in implementing community-led total sanitation (CLTS) activities. Through this collaboration, partners provide opportunities for community health volunteers (CHVs) and community health extension workers (CHEWs) to acquire skills in health education and promotion and community mobilisation. They conduct community education and sensitisation, conduct education at home and organise community dialogues and ODF celebrations.

Collaboration in monitoring and reporting of sanitation-related activities

As part of strengthening the sanitation management information system (MIS), the ICC members agreed in 2014 to support the development of common reporting tools to capture data and activities undertaken in the sector. Technical support in developing these tools, including the induction of PHOs on reporting, was provided by UNICEF. These reporting tools are now used by all partners in reporting on their activities. At community level, the CHVs and CHEWs submit reports to the county PHO, which also include partner activities

Inter-departmental coordination and collaboration

The department of public health and sanitation made efforts to enhance collaboration with other departments at the county government, critical to the success of the sanitation programme, especially the department of education, the department of water and the department of environment. These departments are represented at the ICC and also participate in regular inter-departmental meetings, where they report their contributions to sanitation.

Strategic and political leadership is provided by the department of public health and sanitation through the office of the County PHO (CPHO).

The CPHO regularly briefs the director for health and other senior leaders about developments in the sector, to maintain goodwill and ensure support for partners in the county. This has been important in containing political pressure from the community leaders that can threaten partner activities at ward level.

6 Personal communication (Mr Michael Mugo, WASH Advisor, Isiolo, 2018)

Box 3

Winning factors: strong sector leadership by county leads to results

- *Strong and committed leadership provided by the Isiolo County public health team has been critical in achieving better coordination of sanitation activities throughout the county.*
- *Senior level department heads taking up roles as sanitation champions, raising the profile and importance of sanitation coordination and motivating the team to work as a unit in achieving set goals.*
- *Understanding partners' projects and seeking out opportunities for more joint engagements in line with the county priorities. The working relationship between the office of the county PHO and partners has led to increased willingness by partners to work closely with the department, increasing sense of ownership.*
- *Investing time and energy in building partnerships. The county public health department has invested time and energy demonstrating and supporting coordination and encouraging this way of working*

Emerging Successes And Challenges

Isiolo is beginning to experience better outcomes in its sanitation programme, which the leaders attribute to the activities of all the players in the county. Health outcomes are improving as more villages abandon open defecation. Recent data shows that in 2017, only about seven percent (7%) of children under five years of age were reported to have diarrhoea in Isiolo County, which is about two times lower than the national rate of 15%.⁷ Other positive outcomes being witnessed in the county include those detailed below.

Improved reporting and monitoring

A shared monitoring and reporting system through the public health department MIS has enhanced reporting on progress and address problems faced in the implementation process. Partners continue to attend quarterly stakeholder meetings at the county level and prepare updates and reports on their activities helping achieve accountability. They also receive reports monthly on community activities through the jointly developed reporting tools. These reports are submitted by ward PHO electronically via short message services (SMS) on mobile phones. At the ward level, PHOs, through the CHVs, register villages and all the households in

their jurisdictions making it easy to trace and follow up households as well as triggering them to achieve ODF. The CPHO receives reports on activities from the sub-counties.

Harmonised sector regulation

Through inter-departmental collaboration, the county department of public health and sanitation contributed to the Isiolo County Water and Sanitation Bill 2016 developed by the county department of water, with support from AHADI Kenya, now pending before the county assembly. In turn, other departments have made contributions to the on-going development of a comprehensive Sanitation Bill under the leadership of the department of public health and sanitation.

Progress towards universal ODF villages

In 2016, one study found that open defecation in Isiolo County had declined to 32% from 35% in 2015.⁸ According to the county PHO, in 2016, 363 villages were triggered towards ODF status with support from UNICEF. The county ODF status has increased to between 75% and 80% compared to 40% in 2012, with a goal of achieving 100% by June 2018.

Increased capacity for delivering sanitation services

Through working with partners, the county has trained its community workers on the Community Health Strategy and CLTS. In addition, the county government has mobilised resources from the partners to equip all ward PHOs with motorcycles to enable them conduct community mobilisation. Partners contribute to fuelling the motorcycles.

Some of the challenges that the county government has experienced in providing leadership in the coordination of the sanitation sector are as follows.

Large territory to cover

Isiolo County is vast, with two constituencies, Isiolo North and Isiolo South, and six administrative divisions. The vastness of the county is a major challenge due to poor transport and communication infrastructure. This makes support supervision expensive as villages are spread far apart. Furthermore, the nomadic nature of life of the communities living in this county poses a challenge in reach.

Inadequate staff

Despite the contributions of the partners, the county does not have adequate staff to support all divisions in the county. The department of public health and sanitation is also constrained by lack of financial allocation for sanitation activities in the county budget, leading to over-reliance on partners.

⁷ Isiolo County Factsheet, 2017. Reproductive, Maternal, Neonatal and Child Health. AFIDEP, UNFPA and Norad

⁸ Ministry of Health et al. 2016. Isiolo County Integrated Smart Survey, January-February 2016.

Isiolo County offers valuable lessons to other counties seeking to enhance the coordination of partners in the sanitation sector. These include the following:

- Establishing a county sanitation committee is critical in coordination of a county sanitation programme. Regular engagement with partners at other levels is also important, to build relationships, shared vision and trust. Regular meetings and briefings on implementation progress, plans and challenges help achieve better working relationships
- The support of a senior level champion at the county government is important in raising the profile of sanitation activities and mobilising partners to support county priorities. Committed leadership at the county level helps to achieve better coordination, including with other county departments.
- Joint planning through the county development planning process with partners enhances common understanding of priorities, shared vision, goals and outcomes enhancing coordination of partner efforts.

Box 4

How other counties are enhancing coordination: Kisii county

- Kisii county has 3113 villages and a latrine coverage of 66%. To improve coordination and information sharing, the county government created an information sharing platform between sub-counties and all CLTS facilitators.
- The county also has established central coordination of CLTS activities at county level and in 20 sub-counties and trained third party certifiers and peer reviewers to speed up certification of ODF-claimed villages.
- To enhance learning and knowledge sharing, the county government organises internal exchange visits between performing sub-counties and those that are non-performing.

This Case Study is part of a series of case studies commissioned by SNV Netherlands Development Organisation (SNV) as part of the Voice for Change Partnership (V4CP) programme which advocates for county governments to address water, sanitation and hygiene (WASH) issues affecting their communities. The programme is implemented by SNV in collaboration with the Institute of Economic Affairs (IEA). The case studies were developed by the Centre for Population Health Research & Management (CPHRM).

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