

UBSUP

Up-scaling Basic Sanitation for the Urban Poor

APPLICATION FORM FOR FUNDING OF

HOUSEHOLD SANITATION PROJECTS IN LOW INCOME URBAN AREAS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***For use by the WSTF*** | | | | |
| Name of Fund: | |  | Project Code: |  |
| Date Application Form was received: | |  | Date evaluated: |  |
| Desk screening carried out by (names): | |  |  |  |
| Evaluated by (names): | |  |  |  |
| Field Appraisal carried out by (names): | |  |  |  |
| Remarks: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The remaining sections are to be filled in by the Water Service Provider:** | | | | |
| Has this Application Form been approved by the  County Government? Please tick (**√**) | Yes: |  | No: |  |
| Who approved this Application Form? (title): |  | | | |
| Did you (the WSP (1)) receive an approval letter? | Yes: |  | No: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project title: |  | | | |
| **WSP Details** | | | | |
| Name of WSP: |  | | | |
| City/town: |  | Building: | |  |
| Box no.: |  | | Tel.: |  |
| E-mail: |  | | Fax: |  |

1): WSP = Water Service Provider

This Application Form was filled in and approved by: (1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity: > | Filled in by: (2) | Filled in by: | Filled in by: | Approved by: (3) |
| Name(s): |  |  |  |  |
| Designation: |  |  |  |  |
| Tel.: |  |  |  |  |
| Fax: |  |  |  |  |
| E-mail: |  |  |  |  |
| Date: |  |  |  |  |

1): WSP and County staff

2): Please indicate if an external consultant was contracted to prepare this proposal or to assist with filling in this Application Form

3): Approval by WSP management

**Filling in the Application Form**

*Please fill in this Application Form as carefully and as completely as possible.*

Please ensure that:

* An Application Form is filled in for each project area.
* All data are coherent (no contradictive data).
* Descriptive statements are concise, to the point and presented in an easily readable format (e.g. use of bulleted lists, use of paragraphs, etc.).
* Statements are substantiated (e.g. with figures).
* If external data are used, the source of data has to be mentioned.

The WSP is responsible for providing accurate data. Any deviation from the data presented in the MajiData database shall be explained in detail.

If the space provided in the tables is insufficient, please use the tables presented on the last two (2) pages of this Application Form.

Sections of this Application Form that are filled in

Please tick (√) in the table below all the sections in this Application Form you have filled in.

Please insert any remarks you may have in the column to the right.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section | Section of the Application Form | | Tick (√) | Remarks |
| 1. | Overview of Project Area | |  |  |
| *1.1* | *Type and Legal Status of the Project Area(s)* | |  |  |
| *1.2* | *Present Situation in the Proposed Project (Areas)* | |  |  |
| *1.3* | *Project Area Population and 10-Year Population Projection* | |  |  |
| *1.4* | *Public Health Indicators for the Project Area(s)* | |  |  |
| 2. | Proposed Sanitation Infrastructure | |  |  |
| *2.1* |  | *Description of the Proposed Works* |  |  |
| *2.2* |  | *Household Sanitation* |  |  |
| *2.3* |  | *Sewer Network Design* |  |  |
| *2.4* |  | *Decentralised Sludge Treatment* |  |  |
| 3. | Community Characteristics, Mobilisation and Sensitisation | |  |  |
| *3.1* |  | *Socio-Economic Situation in the Project Area* |  |  |
| *3.2* |  | *Community Organisations* |  |  |
| *3.3* |  | *Mobilisation and Sensitisation Activities* |  |  |
| 4. | Capacity Constraints of the WSP and Capacity Building | |  |  |
| *4.1* | *Main Current Weaknesses* | |  |  |
| *4.2* | *Current and Planned WSP Staff Capacity Building Programmes/Activities* | |  |  |
| 5. | Capacity and Input of the WSP for Project Execution | |  |  |
| *5.1* | *Capacity of the WSP and Performance Indicators* | |  |  |
| *5.2* | *Previous Projects (of at least similar size) Implemented by the WSP* | |  |  |
| *5.3* | *Relevant Qualifications and Experience* | |  |  |
| *5.4* | *Organisation Set-up for the Implementation of the Proposed Project* | |  |  |
| *5.5* | *Input of WSP Staff and of the Contractor* | |  |  |
| 6. | Operation, Maintenance and Management of Proposed Project Infrastructure | |  |  |
| *6.1* | *Maintenance and Repair of Existing Infrastructure* | |  |  |
| *6.2* | *Existing Sludge Management Practices & Strategies of the WSP* | |  |  |
| *6.3* | *Proposed Sludge Disposal & Management Solutions* | |  |  |
| *6.4* | *DTF Operators (Selection and Management)* | |  |  |
| *6.5* | *Involvement of the Private Sector in Sludge Management* | |  |  |
| *6.6* | *Involvement of Manual Emptiers/Sanitation Teams in Sludge Management* | |  |  |
| *6.7* | *Opportunities for Realising a Complete Sanitation Value Chain* | |  |  |
| 7. | Expected Project Sustainability and Impact | |  |  |
| *7.1* | *Willingness & Ability to Pay for Better Sanitation & Services* | |  |  |
| *7.2* | *Impact of Existing County Development Master Plans* | |  |  |
| *7.3* | *Anticipated Revenues for the WSP (project area(s)only)* | |  |  |
| *7.4* | *Organisation of the WSP and the Management of the Low Income Areas* | |  |  |
| *7.5* | *Impact on the Environment in the Project Area(s)* | |  |  |
| 8. | Key Data on the WSP | |  |  |
| 9 | Additional Information | |  |  |

**Please tick (√) in the table below all documents appended to this Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appendix | Description | Note: | Tick (√) (1) | Remarks |
|  | Memorandum of Understanding (County – WSP – County) |  |  |  |
|  | Technical drawings approved by the County (One copy) | 2 |  |  |
| *2a.* | * + Toilet facility / sanitation installations |  |  |  |
| *2b.* | * + Decentralised Treatment |  |  |  |
| *2c.* | * + Additional works (if any) |  |  |  |
|  | Sanitation Planning Sheet | 3 |  |  |
|  | Work plan | 4 |  |  |
| *4a.* | * Technical Works |  |  |  |
| *4b.* | * Accompanying Measures (Socio-Economic Activities) |  |  |  |
| *4c.* | * Other Activities |  |  |  |
|  | Project Budget | 5 |  |  |
| *5a.* | * Summary Budget |  |  |  |
| *5b.* | * Personnel (Payment & Transport for 3 Social Animators) |  |  |  |
| *5c.* | * Accompanying Measures |  |  |  |
| *5d.* | * Social Marketing Package |  |  |  |
| *5e.* | * Project Administration |  |  |  |
| *5f.* | * Sanitation Unit Package |  |  |  |
| *5g.* | * Sanitation Infrastructure |  |  |  |
| *5g.1.* | * Schedule of Materials for the DTF |  |  |  |
| *5g.2.* | * Labour Cost DTF |  |  |  |
|  | Project Approval Letter (issued by the WSB) |  |  |  |

1): Write “NA” if “Non Applicable”

2): See Module 6 of the SafiSan

3): See File 4 of this Application Form folder

4): See File 5 of this Application Form folder

5): See File 6 of this Application Form folder

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Scope and Impact** | | | | | | | | | | | |
| A | Project title: |  | | | | | | | | | |
|  | | | | | | | | | |
| B | Project Manager: | Name: | |  | | | | | | | |
| Tel.: | |  | E-mail: | | |  | | | |
| C | Location of project: | County: | |  | Sub County: | | |  | | | |
| WWDA: | |  | Town: | | |  | | | |
| Constituency: | |  | Ward: | | |  | | | |
| Area: | |  | Sub-area: | | |  | | | |
| Area: | |  | Sub-area: | | |  | | | |
| Area: | |  | Sub-area: | | |  | | | |
| D | Type of interventions (√): | Improved toilets | | |  | | Community mobilisation: | | | |  |
| Hygiene promotion | | |  | | Social marketing: | | | |  |
| Operator training: | | |  | | Solid waste management: | | | |  |
| Emptiers training: | | |  | | Emptiers certification: | | | |  |
| Sludge treatment / disposal: | | |  | | Construction of DTFs (1) | | | |  |
| E | Number of DTFs to be constructed: | | | |  | | | | | | |
| DTFs designed for (no. of people): | | | |  | | | | | | |
| Does the project target the urban poor? | | | |  | | | | | | |
| Will you cooperate with the Public Health Dept.? | | | |  | | | | | | |
| Will you seek NEMA approvals? | | | |  | | | | | | |
| F | Area(s) population: | | No.: |  | Beneficiary population: | | | | | No.: |  |
| G | Anticipated cost: | | KSh: |  | | | | | | | |
| H | Cost per beneficiary: (2) | | KSh: |  | | | | | | | |
| I | Period of execution: | |  | | | No. of months: | | | |  | |
| J | Objectives of the project: | |  | | | | | | | | |
| K | Planned activities: | |  | | | | | | | | |
| L | Are there any known challenges that may jeopardise the success of the project? | |  | | | | | | | | |
| M | Description of project management (implementation phase): | | Works supervision: | | | | | |  | | |
|  | | | | | | | | |
| Implementation arrangement: | | | | | |  | | |
|  | | | | | | | | |
| Support (by NGOs, CBOs, Consultants, etc.) (3): | | | | | |  | | |
|  | | | | | | | | |

# Overview of the Project Area

“Project Area” refers to the name of a specific area where the proposed project will be implemented; e.g. the name of the informal settlement or planned low-income area or sub-area.

If the proposed project is to be implemented in an informal settlement or in a planned low-income area, without being confined to a specific boundary identified by any particular name, the project area is the name of that particular informal settlement or planned low-income area.

If the proposed project is to be undertaken in a (sub-) area located within a larger named area (e.g. within the boundaries an existing informal settlement or planned low-income area):

* This should be mentioned in the brief description of the project.
* The working population should be that of the sub-area.
* The boundaries of the sub-area have to be described using GPS readings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type and Legal Status of Project Area(s) | | |  | | |
| Name of area(s): | |  | | | |
| Name of sub-area(s): | |  | | | |
| Short description of the project area(s) (please focus on technical, social and legal issues): | | | | |  |
| * Technical constraints: |  | | | | |
| * Social issues: |  | | | | |
| * Legal issues: |  | | | | |
| * Dwelling ownership (\*) |  | | | | |
| * Population density: |  | | | | |
| * Sanitation situation: |  | | | | |
| * Topography: |  | | | | |
| * Soil type   (geological formation): |  | | | | |
| * Water table: |  | | | | |
| What is the legal status of the area? (see Toolkit, Module 1, Section 5): | | | |  | |
| Please indicate: Is the area a planned or an unplanned settlement? (see SafiSan Toolkit, Module 1): | | | | | |
|  | | | | | |
| Please indicate below who owns the land in the project area? (Is the land owned by the County, is land privately owned, a combination of both, etc.?): | | | | | |
|  | | | | | |
| Please indicate below which building materials have been used for the construction of most dwellings? | | | | | |
|  | | | | | |
| Do you consider the area to be a low-income area? Please explain: (see SafiSan Toolkit, Module 1): | | | | | |
|  | | | | | |

\*): Are residents renting or owning their accommodation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1 Type and Legal Status of the Project Area(s) (continued)** | | | | | | | |
| Describe the (expected) impact the County development- or master plans have (will have) on the area. | | | | | | | |
|  | | | | | | | |
| **Note**: If the settlement in the proposed project area is illegal, please attach a supporting letter from the County. This letter should state the approval by the County of the proposed works. | | | | | | | |
| GPS (UTM) readings (of sub-area boundaries): | | | | | | | |
| North/South: |  | East: |  | Elevation: |  | Remark: |  |
| North/South: |  | East: |  | Elevation: |  | Remark: |  |
| North/South: |  | East: |  | Elevation: |  | Remark: |  |
| North/South: |  | East: |  | Elevation: |  | Remark: |  |
| North/South: |  | East: |  | Elevation: |  | Remark: |  |
| North/South: |  | East: |  | Elevation: |  | Remark: |  |

| Present Situation in the Proposed Project Area(s) |
| --- |
| Please describe the present situation in the proposed project area (see below): |
| Location of the project area(s) (vis-à-vis the town centre): |
|  |
| Existing water supply installations (operated by the WSP in the project area(s)): |
|  |
| Existing household sanitation installations & practices (describe the existing variety (\*)): |
|  |
| Existing public sanitation facilities in the area(s): |
|  |
| Current ways of wastewater disposal and treatment in the area(s): |
|  |
| Do you have a functioning sewage network in the area(s)? |
|  |
| Do you have functioning sewage treatment works? |
|  |

\*): Traditional pit latrines; flush toilets linked to the sewer; flush toilets linked to a septic tank; ventilated improved pit latrines (VIPs); urine diverting dry toilet (UDDT), open defecation; flying toilets, public toilets, commercially operated private toilets

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.2 Present Situation in the Proposed Project Area(s) (continued)** | | | | | | |
| Please describe the present situation in the proposed project area(s) (see below): | | | | | | |
| Do you carry out regular effluent tests? | | | | | | |
|  | | | | | | |
| What do these tests indicate? | | | | | | |
|  | | | | | | |
| Solid waste disposal: | | | | | | |
|  | | | | | | |
| Storm water drainage: | | | | | | |
|  | | | | | | |
| Service hours (of public sanitation infrastructure in proposed project area): | | | | | | |
|  | | | | | | |
| Tariff at the public sanitation facilities (please specify): | | | | Explain (if necessary): | | |
| Toilet – long call: | KSh |  | Urinal: | KSh |  |  |
| Toilet – short call: | KSh |  | Shower: | KSh |  |  |
| Laundry: | KSh |  | Other services: | KSh |  |  |
| Demographic trend (population growth patterns; e.g., area is extending, population density is increasing, etc.): | | | | | | |
|  | | | | | | |
| Main religions in the area(s): | | | | | | |
|  | | | | | | |
| Current hygiene behaviour (including anal cleansing methods used): | | | | | | |
|  | | | | | | |
| Current public health situation: | | | | | | |
|  | | | | | | |
| Current environmental situation (e.g. flooding, high water table, overflowing latrines, etc.): | | | | | | |
|  | | | | | | |
| Please describe below why the project area was selected: | | | | | | |
|  | | | | | | |

| Project Area Population and 10-Year Population Projection | | | |
| --- | --- | --- | --- |
| Data on population | Current | In 5 years (\*) | In 10 years |
| No. of persons in the project area: |  |  |  |
| No. of potential users in the project area: |  |  |  |
| The method used for collecting the population data, or the source of population data: | | | |
|  | | | |
| The assumed annual population growth rate ***and***the source of the annual population growth figure: | | | |
|  | | | |
| \*): Please use KNBS (Kenya National Bureau of Statistics) data for population forecasts | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Public Health Indicators for the Project Area(s) | | | | | | | | | |
| **Indicator** (1) | | | **Current Year** | | **Previous Year** | | **Year Before Previous Year** | | |
| Cases of diarrhoea: | | |  | |  | |  | | |
| Cases of intestinal worms: | | |  | |  | |  | | |
| Infections (no. of cases): (2) | | |  | |  | |  | | |
| Cases of cholera: | | |  | |  | |  | | |
| Cases of typhoid fever: | | |  | |  | |  | | |
| Cases of dysentery: | | |  | |  | |  | | |
| Cases of (3): |  | |  | |  | |  | | |
| Cases of (3): |  | |  | |  | |  | | |
| Please indicate the source for the data above (e.g. Council, Ministry of Health, dispensary, hospital, etc.) | | | | | | | | | |
|  | | | | | | | | | |
| Additional observation Please tick (√) | | | | | | **Common** | | **Rarely** | **Never** |
| Presence of foul smells: | | | | | |  | |  |  |
| Insect nuisance: | | | | | |  | |  |  |
| Overflowing sewers: | | | | | |  | |  |  |
| Overflowing latrines: | | | | | |  | |  |  |
| Uncontrolled solid waste dumping: | | | | | |  | |  |  |
| “Flying toilets”: | | | | | |  | |  |  |
| Open defecation: | | | | | |  | |  |  |
| Stagnant wastewater ditches: | | | | | |  | |  |  |
| Open channels carrying wastewater: | | | | | |  | |  |  |
| Other observations: | |  | |  | |  | |  |  |
| Additional remarks regarding the public health situation in the project area: | | | | | | | | | |
|  | | | | | | | | | |
| Assumptions regarding the use of public health data (4) to describe public health situation in project area: | | | | | | | | | |
|  | | | | | | | | | |

1): Write NA (= Non Applicable) if no data were available, or if collected data are considered irrelevant

2): Infections of eyes, ears, urinary tract and respiratory infections

3): Please provide names of water-related disease

4): Please mention the source of your data and the year it was collected or updated

# Proposed Sanitation Infrastructure

| Description of the Proposed Works |
| --- |
| Please give below an overview of the installations to be built or refurbished: |
|  |
| Please describe the objectives of the project: |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Sanitation | | | | |
| **Toilet types to be promoted by proposed project**: | | Yes | No | Explain: |
| * Flush toilet connected to the sewer: | |  |  |  |
| * Flush toilet connected to a (e.g. communal) septic tank: | |  |  |  |
| * Flush toilet connected to a DTF: (1) | |  |  |  |
| * Other Type of toilets: | |  |  |  |
| * Other type of toilet: | |  |  |  |
| Total number of beneficiaries: | No. |  | |  |
| **Note:** The total number of persons a single toilet unit (door) can adequately serve is 10. | | | | |

1): DTF = Decentralised treatment facility

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sewer Network Design | The “network” referred to here, consists of the sewage conduits and wastewater treatment | | | | | |
| Is there an existing sewer network in the project area? | | | Yes: |  | No: |  |
| Technical Details (please fill in the columns to the right): | | | | | | |
| * Size of the existing sewer mains: | |  | | | | mm |
| * Length of the existing sewer mains: | |  | | | | metres |
| * Proximity to existing sewer mains: | |  | | | | metres |
| * Current physical state of existing sewer mains: | |  | | | | |
| * Type of material of existing mains: | |  | | | | |
| Metering in Project Area (please fill out the columns to the right): | | | | | | |
| Current number of sewer connections in the project area: | |  | | | | |
| Number of customers billed for sewer connection: | |  | | | | |
| Does the ground elevation allow for gravitational flow of wastewater? (If necessary, attach the relevant map): | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Decentralised Sludge Treatment | | | | | | | | | | | | |
| Has the site been acquired for constructing a sludge treatment facility? Provide evidence. | | | | | | | | | | | | |
| Has the DTF site been acquired? Please tick (√): | | Yes: |  | No: |  | |  | | | | | |
| Type of evidence: |  | | | | | | | | | | | |
| What is the distance (by road) between the proposed DTF(s) and the project area(s)? (in kilometres): | | | | | |  | | km |  | km |  | km |
| Site(s) suitability: | | | | | | | | | | | | |
| If the site(s) is (are) available and already acquired, is it (are they) sufficient for the appropriate sludge treatment technology? Please explain in some detail: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

# Community Characteristics, Mobilisation and Sensitisation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Socio-Economic Situation in the Project Area | | | | |  | | | |
| Please provide a short description of the beneficiaries of the proposed project, e.g. socio-economic situation, main income generating activities in the project area, average number of persons per plot, etc.  Also mention your source of data or information (*e.g. household survey, KNBS data, etc.*) | | | | | | | | |
| Main income generating activities: | | | | | | | | |
|  | | | | | | | | |
| Are most residents renting the accommodation or do they own their homes? | | | | | | | | |
|  | | | | | | | | |
| Average number of persons per **plot**: | |  | | Average number of persons per **dwelling**: | | |  | |
| Comments: |  | | | | | | | |
|  | | | | | | | | |
| Are female-headed households common? | | | | | | | | |
|  | | | | | | | | |
|  | | | Percentage of female-headed households: | | |  | | % |
| Describe and explain the pattern of migration: | | | | | | | | |
|  | | | | | | | | |
| Other relevant characteristics: | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Organisations | | | | | | | | | |
| Contact details of the Chief: | | | Location: |  | | Name : | |  | |
|  | | | Telephone: |  | | E-mail: | |  | |
| Are there local Elders (1) in the area (Yes / No)? Please tick (√): | | | | | Yes: | |  | No: |  |
| Are there any Government organisations/officials working in the area (e.g. Public Health Officer, CHW, CHV): (1) | | | | | | | | | |
| Please specify: | |  | | | | | | | |
|  | | | | | | | | | |
| List the active and **relevant** (i.e. involved in sanitation or health & hygiene education) community-based organisations (CBOs) and NGOs in the area and describe their main activities: | | | | | | | | | |
| CBOs (1): |  | | | | | | | | |
|  | | | | | | | | | |
| NGOs: |  | | | | | | | | |
|  | | | | | | | | | |
| Which of the above listed organisations are going to be involved in the proposed project? | | | | | | | | | |
|  | | | | | | | | | |
| What will be the role and responsibility of these organisations? | | | | | | | | | |
|  | | | | | | | | | |

1): In Swahili: *Mzee wa Mtaa*; CBO = Community-based organisation; NGO = Non-governmental organisation; CHW = Community Health Worker; CHV = Community Health Volunteer

|  |  |
| --- | --- |
| Mobilisation and Sensitisation Activities |  |
| List the community mobilisation, sensitisation and social marketing activities you intend to carry out: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity (1): | | | |
| Description of activity: |  | | |
| Objective: |  | | |
| Target group(s) / participants: |  | | |
| Specific activities: |  | | |
| Message(s) / topic(s): |  | | |
| Media used: |  | | |
| Number: |  | Comments: |  |
| List of costs: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity (1): | | | |
| Description of activity: |  | | |
| Objective: |  | | |
| Target group(s) / participants: |  | | |
| Specific activities: |  | | |
| Message(s) / topic(s): |  | | |
| Media used: |  | | |
| Number: |  | Comments: |  |
| List of costs: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity: | | | |
| Description of activity: |  | | |
| Objective: |  | | |
| Target group(s) / participants: |  | | |
| Specific activities: |  | | |
| Message(s) / topic(s): |  | | |
| Media used: |  | | |
| Number: |  | Comments: |  |
| List of costs: |  | | |

1): **Example**: Description of activity: Public meeting (*baraza*); Objective: sensitise residents on health and hygiene and the importance of improved sanitation; Target group(s)/participants: population of the project area; Specific activities: performance of a drama group, drumming, speeches; Message(s)/topic(s): advantages of improved toilets; Media used: public gathering; Number: 2 *barazas* per public toilet catchment area; List of costs: hiring of drama group, flipchart stand, A1 size paper, batteries for megaphone

|  |  |  |  |
| --- | --- | --- | --- |
| Activity: | | | |
| Description of activity: |  | | |
| Objective: |  | | |
| Target group(s) / participants: |  | | |
| Specific activities: |  | | |
| Message(s) / topic(s): |  | | |
| Media used: |  | | |
| Number: |  | Comments: |  |
| List of costs: |  | | |

# 

# Capacity Constraints of the WSP and Capacity Building

Please fill in this section if the proposed project envisages carrying out capacity building measures for WSP staff responsible for the operation and maintenance of the water supply scheme funded by the WSTF.

|  |  |
| --- | --- |
| Main Current Weaknesses |  |
| Assess and describe the current weaknesses the WSP intends to address through capacity building: | |
|  | |
|  | |

| Current and Planned WSP Staff Capacity Building Programmes/Activities | | |  |
| --- | --- | --- | --- |
| Please list and describe all current and planned capacity building programmes/activities for WSP staff (\*): | | | |
| No. | Staff member(s): | Programme/activity: | |
| 1 |  |  | |
| 2 |  |  | |
| 3 |  |  | |
| 4 |  |  | |
| 5 |  |  | |
| 6 |  |  | |
| 7 |  |  | |
| 8 |  |  | |
| 9 |  |  | |
| 10 |  |  | |

\*): Please fill in “NA” (Non Applicable) if no capacity building programmes are being implemented or planned

# Capacity and Input of the WSP for Project Execution

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Capacity of the WSP and Performance Indicators | | | | | |
| No. | Question | Answer; please tick (√): >> | Yes | No | Remark/additional information: |
| 1 | Are all senior manager positions filled? (*If not*) What are the reasons for the vacancies? | |  |  |  |
| 2 | Is the WSP (company) staff to be involved in the project appropriate with adequate authority? | |  |  |  |
| 3 | Does the WSP have an existing low-income unit (sanitation unit)? | |  |  |  |
| 4 | Does the WSP have the capacity to procure the intended goods and services or has the WSP make appropriate arrangements to do so? | |  |  |  |
| 5 | Does the company receive any external support? | |  |  |  |
| 6 | Does the company have the necessary, tools, equipment, vehicles, office equipment and other non-human resources to implement the project? | |  |  |  |
| 7 | Does WASREB have any outstanding issues with the company? (*If yes*) Please explain: | |  |  |  |
| 8 | Is there any known history of management inadequacy of malpractice (corruption)? (*If yes*) what has been done to rectify the situation? | |  |  |  |
| 9 | Is the trend in the company’s collection ratio showing consistent improvement or is it above 95%? | |  |  |  |
| 10 | Is the collection ratio below 25%? | |  |  |  |
| 11 | Does WASREB have any governance issues with the WSP, which should be considered? | |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous Projects (of at least similar size) Implemented by the WSP (\*) | | | | | |
| Please list previous most important investment projects done (applicant may add rows): | | | | | |
| No. | Project Title | Year(s) | Investment volume  (KSh) | Type of Project | Contracted out (inter) nationally or done by Applicant |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

\*): Only list non-WSTF projects

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relevant Qualifications and Experience | | | | | | | | | |
| Does the WSP have experience with the implementation of sanitation projects? | | | | | Yes: | |  | No: |  |
| Please explain in some detail: | |  | | | | | | | |
| Does the WSP have experience with the operation of sanitation infrastructure? | | | | | | Yes: |  | No: |  |
| Please explain in some detail: | |  | | | | | | | |
| Does the WSP have members of staff with relevant sanitation experience? | | | | | | Yes: |  | No: |  |
| (*If yes*) Provide details of at least three key staff members to be involved in the proposed project? | | | | | | | | | |
| No. | Designation | | Experience relevant regarding household and plot level sanitation | Past similar projects undertaken | | | | | |
| 1 |  | |  |  | | | | | |
| 2 |  | |  |  | | | | | |
| 3 |  | |  |  | | | | | |
| 4 |  | |  |  | | | | | |
| 5 |  | |  |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational Set-up for the Implementation of the Proposed Project | |  |  |
| Please describe below the organisational set-up the WSP will adopt for project execution: | | | |
| Who will be in charge of **supervision** of works: |  | | |
|  | | | |
| Who will be in charge of the **execution** of works: |  | | |
|  | | | |
| Who will manage the **Project Task Team**: |  | | |
|  | | | |
| Composition of the **Project Task Team**: |  | | |
|  | | | |
| Main responsibilities of the **Project Task Team**: |  | | |
|  | | | |
| Please describe below the work force input the WSP intends to make.  Also mention the casual labour input: | | | |
|  | | | |
| Are consultants (*other than WSTF-Consultants*) and/or contractors going to be used in any of the proposed activities of the project (other than the employment of casual labour)? | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Input of WSP Staff and of the Contractor | | | | | |
| No. | (Job) Title: | WSP staff: (\*) | Time Input  (Person-Months): | Tasks and responsibilities: | |
| 1 |  |  |  |  | |
| 2 |  |  |  |  | |
| 3 |  |  |  |  | |
| 4 |  |  |  |  | |
| 5 |  |  |  |  | |
| No. | Title: | Contractor: | Time input: | Tasks and responsibilities: | |
| 1 |  |  |  |  | |
| 2 |  |  |  |  | |
| 3 |  |  |  |  | |
| 4 |  |  |  |  | |
| 5 |  |  |  |  | |
| Total: | | |  |  |  |

\*): Cost of WSP personnel is to be borne by the WSP

# Operation, Maintenance and Management of Proposed Project Infrastructure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maintenance and Repair of Existing Infrastructure | | | | |
| Are existing sanitation infrastructures included in the annual maintenance plans (yes/no)? Please tick (√): | Yes: |  | No: |  |
| Which maintenance works have been undertaken on sanitation infrastructures and schemes (last two years)? | | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Existing Sludge Management Practices & Strategies of the WSP | | | | | | | | | | |
| Does your company have an exhauster? | | | | | Yes: |  | | No: |  | |
| (*If yes*) How many? | | No. of functional exhausters: |  | No. of non-functional exhausters: | | | | |  | |
| Does your company have an operational sludge treatment plant? | | | | | Yes: |  | | No: |  | |
| What is the capacity of this facility: | | | | | |  | | | m3 | |
| Can this facility accommodate the additional sludge generated by the sanitation facilities of the proposed project? | | | | | Yes: |  | | No: |  | |
| Please explain: |  | | | | | | | | | |
| How far is the operational sludge treatment plant from the proposed project area? | | | | | | |  | | | km |
| Does your company have a non-operational sludge treatment plant? | | | | | Yes: |  | No: | | |  |
| What is the capacity of this facility: | | | | | |  | | | | m3 |
| Can this facility be upgraded or repaired to accommodate the additional sludge generated by the toilets in the proposed project area and by the other proposed sanitation facilities? | | | | | Yes: |  | No: | | |  |
| How far is the non-operational sludge treatment plant from the proposed project area? | | | | | | |  | | | km |

|  |
| --- |
| Proposed Sludge Disposal & Management Solutions |
| Can you describe in some detail how and where (type of facility) your company intends to dispose the sludge generated by the toilets in the proposed project area(s)? |
|  |
| Can you describe in some detail how your company intends to manage the sludge generated by the toilets in the project area in a sustainable way? |
|  |
| Do you think there is a local market for treated (bio-) waste you could benefit from? Please explain: |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DTF Operators (Selection and Management) | | | | | | | | | | | | | | | |  | |
| Will your company operate the DTF(s), or will this activity be outsourced? | | | | | | | | | | | | | | | | | |
| WSP | |  | County | | |  | | Community (group) | |  | | Private Operator | |  | Other arrangement | |  |
| Please explain your answer: | | | |  | | | | | | | | | | | | | |
| *(In case of outsourcin*g) Describe how you intend to identify, select and train the Operators: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *(In case of outsourcin*g) Explain how do you intend to train the Operators? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *(In case of outsourcin*g) Which selection criteria will be used? | | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | 4 | |  | | | | |
| 2 |  | | | | | | | | | | 5 | |  | | | | |
| 3 |  | | | | | | | | | | 6 | |  | | | | |
| *(In case of outsourcin*g) How will the private DTF Operator be remunerated? Please explain: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *(In case of outsourcin*g) Will private DTF Operators be charged for operating the DTF? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| How will (private or other) Operators be supervised? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| How will the DTF & other project infrastructure be inspected? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Will you include the operation & maintenance costs of the DTF(s) in your tariff (proposal)? | | | | | | | | | | | | | | | | | |
| Yes: | |  | No: | |  | | Please explain: | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Involvement of Private Sector in Sludge Management | | | | | | |
| Are private entrepreneurs operating exhausting services within your service area? | | | Yes: |  | No: |  |
| Does your company intend to use the services of a private exhauster? | | | Yes: |  | No: |  |
| Is (are) this (these) private exhausters licensed? | | | Yes: |  | No: |  |
| Who licenses the private exhausters? Please explain: | |  | | | | |
|  | | | | | | |
| What are the terms of engagement? Please explain: | |  | | | | |
|  | | | | | | |
| Where do the private exhausters dispose of the sludge collected? Please explain: | | | | | | |
|  | | | | | | |
| If they use the WSP’s treatment facility, how much do they pay to use the facility? | | | KSh |  | | |
| Please explain: |  | | | | | |
| What are the terms & conditions for accessing the treatment facility? Please explain: | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Involvement of Manual Emptiers/Sanitation Teams in Sludge Management | | | | | | | | | | |
| Are there individuals or groups performing emptying services within your service area? | | | | | | | Yes: (\*) |  | No: |  |
| Please describe the emptying methods used by such groups: | | | | |  | | | | | |
| Where do these groups deposit the sludge they collect? | | | | |  | | | | | |
| (*If yes*) Does your company intend to use the services of these groups? | | | | | | | Yes: |  | No: |  |
| Is (are) this (these) groups licensed? | | | | | | | Yes: |  | No: |  |
| Who licenses such groups? Please explain: | | | | | | |  | | | |
|  | | | | | | | | | | |
| What will be the terms of engagement with such groups? Please explain: | | | | | | |  | | | |
|  | | | | | | | | | | |
| Should emptiers and emptying groups pay for depositing sludge or bio-solids at the DTF? | | | | | | | | | | |
| Yes: |  | No: |  | Please explain your answer: | |  | | | | |
|  | | | | | | | | | | |
| Should emptiers and emptying groups be paid for depositing sludge or bio-solids at the DTF? | | | | | | | | | | |
| Yes: |  | No: |  | Please explain your answer: | |  | | | | |
|  | | | | | | | | | | |

|  |  |
| --- | --- |
| Opportunities for Realising a Complete Sanitation Value Chain |  |
| Describe the agricultural activities in the area and near the project area: | |
|  | |
| Is there a potential for processed fertilizer (from human sludge) in the area? | |
|  | |
| Are there existing biogas systems in the area or in the neighbourhood? | |
|  | |

# Expected Project Sustainability and Impact

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Willingness & Ability to Pay for Better Sanitation & Services | | | | | | |  |
| According to you are the residents (landlords, tenants, householders) of the proposed project area(s) able and willing to pay for: | | | | | | | |
| Improved toilets | Yes: |  | No: |  | Explain: |  | |
| Sewer connection charges (\*) | Yes: |  | No: |  | Explain: |  | |
| According to you are the residents (landlords, tenants, householders) of the proposed project area(s) able and willing to pay for: | | | | | | | |
| Emptying charges | Yes: |  | No: |  | Explain: |  | |
| (monthly) Sewer charges | Yes: |  | No: |  | Explain: |  | |

\*): In case of pour flush toilets linked to the sewer or a communal septic tank

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Impact of Existing County Development Master Plans | | | | | | | | | |
| Is there an existing County Development Master Plan? | | Yes: | |  | No: | | | |  |
| Please explain: |  | | | | | | | | |
| (*If yes*) Is the proposed project anchored in the County Master Plan? | | Yes: | |  | No: | | | |  |
| Please explain: |  | | | | | | | | |
| (*If no*) Was the County Government involved in the preparation of the proposed project? | | Yes: | |  | | No: | | |  |
| Please explain: |  | | | | | | | | |
| Has the County government allocated funds for sanitation improvement? | | | Yes: |  | | | No: |  | |
| Please explain: |  | | | | | | | | |
| (*If yes*) How much? | | KSh | |  | | | | | |
| (*If yes*) Describe the plans (infrastructure, toilets, emptying, transport, treatment, awareness, etc.) of the County with regard to sanitation. Do the plans have an impact upon the project area(s)? | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Anticipated Revenues for the WSP (Project Area Only) | | | | | | |
| Expected sales and revenue from the project area at proposed tariffs: | | | | | | |
| Expected total number of DTF users: | | | Expected daily deposition: | | Tariff (paid by customer): | Expected daily revenue: |
| No. | | | m3/day | | KSh per deposition | KSh/day |
|  | | |  | |  |  |
| (*If the project areas are connected to the sewer*) What is the current number of sewer connections in project area? | | | | | | |
| No. |  | Comments? | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation of the WSP and the Management of Low-income Areas | | | | | |
| What is the WSP’s policy with regard to the underserved low-income areas? (\*) | | | | | |
|  | | | | | |
| Which Department, Section or Unit of the WSP is in charge of the underserved low-income areas? | | | | | |
|  | | | | | |
| What are the main responsibilities of the Department, Section or Unit? | | | | | |
|  | | | | | |
| Is the WSP already active in onsite sanitation? | | Yes: |  | No: |  |
| Does the WSP have a Sanitation Department, Section or Unit? | | Yes: |  | No: |  |
| (*If no*) Why not? |  | | | | |
| Please describe in reasonable detail how the WSP communicates with the population of the proposed project area, their representatives and the existing active CBOs? | | | | | |
|  | | | | | |
| Give an indication of the WSP’s overall (all customers) customer care concept/policy: | | | | | |
|  | | | | | |
| Is this proposal-demand driven?   * (*If so*) How has this been established? * (*If not*) Why is the proposed project important? | | | | | |
|  | | | | | |

|  |
| --- |
| Impact on the Environment in the Project Area |
| Give details of the possible impact on the environment of this project in the project area and indicate the steps being taken to minimise any adverse effects. (*Reference should be made to the geological conditions, proximity of natural watercourses, water table levels, land gradients and drainage conditions*) |
|  |
|  |

# Key Data on the WSP

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Data on WSP Staff, Legal Status, Connections, Equipment, Production, Billing & Banking | | | | | | | | | | | | |
| Description: | | | | | | | No. | | | |
| 1. | Number of staff (all staff): | | | | | |  | | | |
| 2. | Managerial staff: | | | | | |  | | | |
| 3. | Number of Directors: | | | | | |  | | | |
| 4. | Number of towns within service area: | | | | | |  | | | |
| Legal status: | | | | | | | Yes/No | | | | Remarks | |
| 5. | When was the company registered? | | | | | |  | | | |  | |
| 6. | Does the company have a license? | | | | | |  | | | |  | |
| Connections: | | | | | | | Metered | | | | Un-metered | Total |
| 7. | Domestic connections: | | | | | |  | | | |  |  |
| 8. | Institutional connections: | | | | | |  | | | |  |  |
| 9. | Commercial connections: | | | | | |  | | | |  |  |
| 10. | Industrial connections: | | | | | |  | | | |  |  |
| 11. | Kiosks: | | | | | |  | | | |  |  |
| Equipment: | | | | | | | No. | | | |
| 12. | Vehicles: | | | | | |  | | | |
| 13. | Exhausters: | | | | | |  | | | |
| 14. | Motorcycles: | | | | | |  | | | |
| 15. | Bicycles: | | | | | |  | | | |
| 16. | Computers: | | | | | |  | | | |
| 17. | Printers: | | | | | |  | | | |
| 18. | Offices and Pay Points: | | | | | |  | | | |
| Water production and billing: | | | | | | | | | | | |
| 19. | Capacity of water works: | | | | | |  | | | | M3/day |
| 20. | Average quantity of water produced (during last 6 months): | | | | | |  | | | | M3/day |
| 21. | Average quantity billed (during last 6 months): | | | | | |  | | | | M3/month |
| 22. | Average amount billed (during last 6 months): | | | | | |  | | | | KSh/month |
| 23. | Average amount collected from customers (during last 6 months): | | | | | |  | | | | KSh/month |
|  | Please indicate: >> | | | | | | Yes/No | | | | Remarks | | |
| 24. | Does the WSP have a computerised billing system? | | | | | |  | | | |  | | |
| 25. | Does the WSP have a computerised accounting system? | | | | | |  | | | |  | | |
| 26. | Does the WSP have a customer complaints procedure? | | | | | |  | | | |  | | |
| 27. | Does the WSP have a Tender Committee? | | | | | |  | | | |  | | |
| 28. | Does the WSP have a Procurement Committee? | | | | | |  | | | |  | | |
| 29. | Is a WSP staff member/section in charge of accounts? | | | | | |  | | | |  | | |
| 30. | Is a WSP staff member/section in charge of low-income areas? | | | | | |  | | | |  | | |
| 31. | Does the WSP operate a sewerage system? | | | | | |  | | | |  | | |
| 32. | When was the last water quality test carried out? | | | | | | Date: >> | | | |  | | |
| 33. | Outcome of water quality test report. | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| 34. | Does the WSP have a water-rationing programme? | | | | |  | | | |  | | | |
| WSP banking details: | | | | | | | | | | | | | |
| 35. | Name of bank: | |  | | | | | | | | | | |
| 36. | Bank account number: | |  | | | | |  | | | | | |
| 37. | Address of bank: | |  | | | | | | | | | | |
| 38. | Contact person: | |  | | | | | Tel.: |  | | | | |
| Fax: |  | | | E-mail: | | |  | | | | | |
| 39. | Name and function of bank account signatories: | | | | | | | | | | | | |
| Name: |  | | | Function: | | |  | | | | | |
| Name: |  | | | Function: | | |  | | | | | |
| Name: |  | | | Function: | | |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Additional Information | | | | | |
|  | | | | | |
| Section: |  | No.: |  | Title: (\*) |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |

\*): For example: Section 1; No. 1.4; Title: Public Health Indicators for the Project Area(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section: |  | No.: |  | Title: (\*) |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section: |  | No.: |  | Title: (\*) |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section: |  | No.: |  | Title: (\*) |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |