Applying the TIDieR-WASH Checklist to CARE Kenya's Children's Safe Drinking Water (CSDW) 2024-2025 Program

Background of CARE Program

CARE Kenya's Children's Safe Drinking Water (CSDW) Program aims to integrate water quality and safety into acute and chronic emergency response efforts by engaging communities and strengthening governance systems. The program focuses on two main pillars: (1) water purification supplies distribution and capacity building and (2) water governance and systems strengthening. Through water purification supplies distribution, capacity building, and infrastructure co-investments, the program seeks to improve water access, promote sustainable water management, and enhance health outcomes, particularly in vulnerable communities.

Summary of Methods Used to Develop the Checklist Report

The checklist case study was developed by Elly Ogolla, Project Research and Learning Officer and Samwel Ouko, Program Manager from CARE Kenya, and Kelly Alexander, Deputy Director Water+ CARE USA using a combination of project documents, activity reports, donor reports, and prior evaluations. The case study synthesizes details from ongoing program implementation (2024-2025). Each reporting item within the case study is summarized based on implementation details documented in project reports, following the guidance provided by the TIDieR-WASH Checklist. These summaries are intended to illustrate case study examples for each item in the checklist. More comprehensive details on the intervention can be found in the original project reports.

A student collects clean drinking water from a tank tap at her school. Access to safe, on-site water sources supports health, dignity, and educational outcomes, particularly for girls
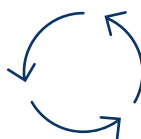
Description of the Intervention Using the Checklist

1. Name
Provide a name or phrase that describes the intervention.
CARE's Children's Safe Drinking Water (CSDW) 2024-2025 Program.

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2. Theory of change
Describe how the intervention is expected to affect the target outcomes.
The program integrates water quality and safety into emergency response efforts. The intervention is structured around two pillars: (1) water purification supplies distribution and capacity building and (2) water governance and systems strengthening. It focuses on distributing water purification supplies in vulnerable communities, and promoting sustainable solutions like boreholes and rainwater harvesting alongside financing options and local capacity building. Governance co-investment in water infrastructure strengthens sustainability. The intervention activities are designed to improve access to safe water, encourage behavioral change through local health promoters, and transition communities towards sustainable water solutions.

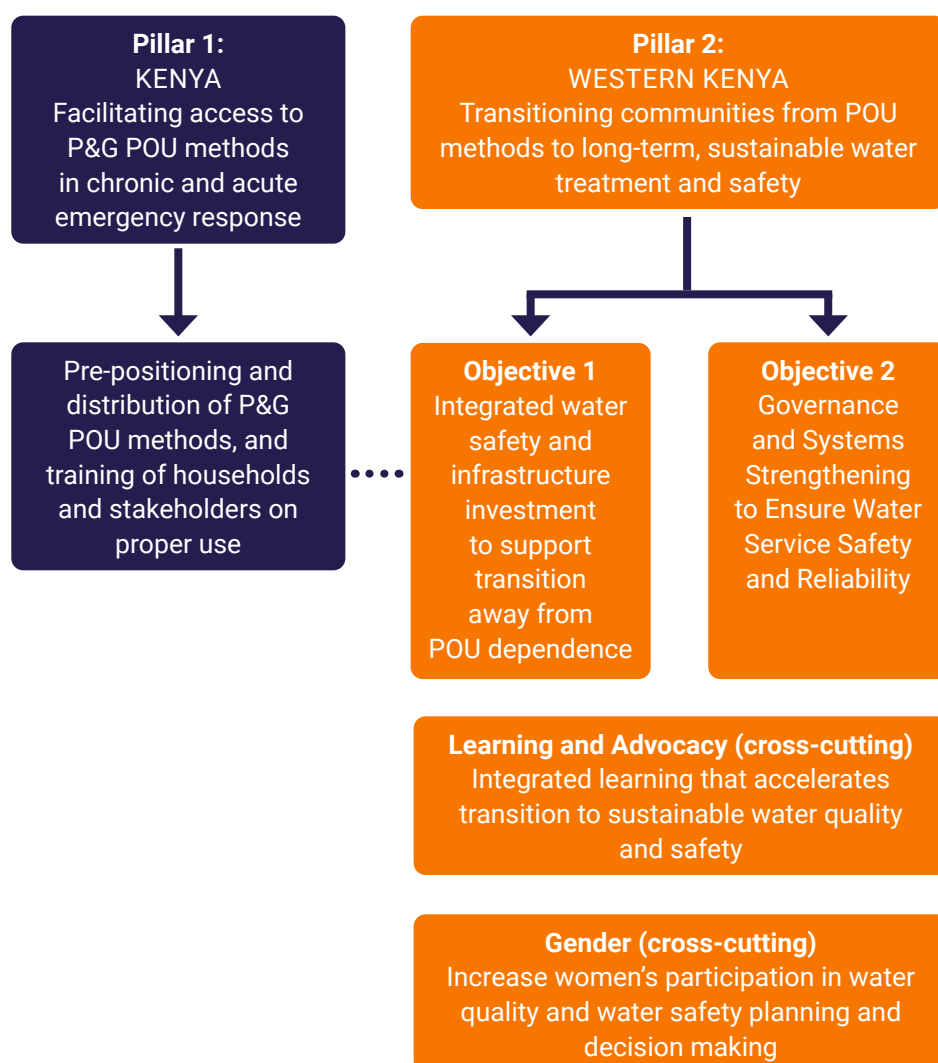*The program combines water purification supply distribution with governance and systems strengthening to promote safe, sustainable water access.*

Pillar 1:
KENYA
Facilitating access to P&G POU methods in chronic and acute emergency response

Pillar 2:
WESTERN KENYA
Transitioning communities from POU methods to long-term, sustainable water treatment and safety

Pre-positioning and distribution of P&G POU methods, and training of households and stakeholders on proper use

Objective 1
Integrated water safety and infrastructure investment to support transition away from POU dependence

Objective 2
Governance and Systems Strengthening to Ensure Water Service Safety and Reliability

Learning and Advocacy (cross-cutting)
Integrated learning that accelerates transition to sustainable water quality and safety

Gender (cross-cutting)
Increase women's participation in water quality and water safety planning and decision making

3. Prior evidence

Describe any prior effectiveness evidence for this or related interventions.

CARE's past water, sanitation and hygiene (WASH) interventions in Kenya demonstrated a significant reduction in waterborne diseases and school absenteeism.[1] The SWASH+ program highlighted the effectiveness of governance-based WASH interventions, reinforcing the need for sustainability through policy integration.[2] Previous studies on water purification supplies distribution in similar contexts have shown a 40% decrease in diarrheal diseases among children under five.[3] Longitudinal studies indicate that consistent access to water purification supplies, coupled with behavior change campaigns, leads to improved hygiene practices, greater adoption of water safety measures, and long-term improvements in public health outcomes.[4] Additionally, evaluations from community engagement initiatives demonstrate that schools with integrated WASH education experience higher student retention and lower absenteeism due to waterborne illnesses.[5] These findings emphasize the importance of incorporating governance-strengthening measures alongside community-based interventions to sustain impact.

Evidence shows WASH interventions combining governance, purification supplies, and behavior change reduce disease, improve hygiene, and boost school attendance.

1   Caruso, Bethany A., et al. "Assessing the impact of a school-based latrine cleaning and handwashing program on pupil absence in Nyanza Province, Kenya: a cluster-randomized trial." Tropical medicine & international health 19.10 (2014): 1185-1197.

2   Wasonga, Job and Betty Ojeny. "A case study on improving governance and accountability in primary schools in Kenya." Waterlines (2013): 237-242.

3   Eugène, Basandja Longembe, Panda Lukongo Kitronza Jean, and Losimba Likwela Joris. "Effectiveness of home water treatment for the control of diarrhea in children under five years: an intervention study in a rural health zone of Tshopo in the Democratic Republic of Congo." Journal of Water, Sanitation and Hygiene for Development 15.1 (2025): 61-74.

4   World Health Organization. "Preventing diarrhoea through better water, sanitation and hygiene: exposures and impacts in low-and middle-income countries." Preventing diarrhoea through better water, sanitation and hygiene: exposures and impacts in low-and middle-income countries. 2014.

5   Rosenfeld, Jason, Ruth Berggren, and Leah Frerichs. "A review of the community health club literature describing water, sanitation, and hygiene outcomes." International Journal of Environmental Research and Public Health 18.4 (2021): 1880.

4. Location and setting

List the geographical locations and settings where implementation occurred.

Implemented in Kenya across Migori (sub-county Nyatike), Siaya (sub-county Rarieda), Kisumu (sub-county Seme), and Busia (sub-county Bunyala) counties. Settings include schools, health facilities, and flood-prone and lakeside communities where access to clean water remains inconsistent.

Implemented in schools, health facilities, and flood-prone communities across four Kenyan counties.

A community water kiosk supplies safe drinking water from a nearby storage tank elevated on a metal tower. These systems improve reliable access to clean water, especially in rural or peri-urban areas with limited infrastructure.

The program addresses water quality and governance challenges in flood-prone areas reliant on contaminated surface water, with limited local capacity, funding, and infrastructure, and emphasizes women's roles in water management.

5. Context

Detail all known relevant contextual factors for each location reached by the intervention.

The program operates in areas facing various contextual challenges that impact water quality and governance:

- Communities rely on untreated surface water sources, including rivers and lakes (particularly Lake Victoria), which are highly susceptible to contamination from agricultural runoff, waste disposal, and seasonal floods.
- Flooding exacerbates contamination risks by introducing pathogens and pollutants into drinking water sources, leading to frequent outbreaks of waterborne diseases such as cholera and typhoid.
- Local governments, now responsible for water management due to devolution, face resource and capacity limitations. CARE supports co-investment strategies to strengthen local ownership, but external support remains necessary for sustainability.
- Many local water authorities lack adequate funding for infrastructure development and maintenance, necessitating external financial and technical support.
- Economic barriers further impede households from adopting sustainable water treatment solutions, as high upfront costs for technologies like filtration systems or rainwater harvesting units remain prohibitive.
- In these counties, women have primary responsibility for water collection and management, shaping household and community-level water access and use. This influences program outcomes, as women's involvement in decision-making in water collection and treatment directly affects the sustainability and effectiveness of interventions.
- The lack of trained personnel for infrastructure maintenance contributes to system failures, requiring continuous external facilitation to ensure long-term water security and service reliability.

6. Suitability

Justify why the intervention is relevant and appropriate for where it was implemented.

The program aligns with local governance policies and builds capacity in communities through education and infrastructure investment at the county level, where increased responsibility for water has been placed. It includes training local leaders and water committees to strengthen decision-making on water resource management. Additionally, partnerships with local governments help reinforce policies that enhance water access and sustainability.

There is also direct support for women's participation in water management through women-led water groups and incorporating training modules that address traditional gender roles. The program also adapts to seasonal variations in water availability by promoting rainwater harvesting, constructing storage tanks, and integrating alternative water sources, ensuring year-round access to safe drinking water.

7. Implementers

List all the institutions who provided each intervention or type of activity.

CARE Kenya leads the program, with Procter & Gamble (P&G) providing funding. PSI Kenya supplies the water purification supplies (purchased by CARE with P&G funds). The Agencies and Departments of Water, Education, and Health of the national and local county governments co-invest in infrastructure. Community health promoters and school health clubs drive localized education and monitoring. School-based engagement ensures young populations develop good water safety habits.

Led by CARE Kenya with P&G funding, the program strengthens county-level water governance, promotes women's leadership, and ensures year-round safe water access through education, infrastructure, and partnerships.

8. Recipients

Report the number of recipients or the population reached, and descriptive statistics of those recipients.

Water purification supplies distribution will benefit 166,530 individuals across 39 communities and 22 health facilities, as well as 17,114 students (9,041female, 8073 male) in 27 public primary schools. System strengthening and governance efforts, including co-investment of 5 boreholes and rehabilitation of infrastructure or retraining of WASH committees will improve or expand water access for over 330,000 individuals in Kisumu, Busia, and Migori counties.

Water supply efforts will reach over 330,000 people, with purification supplies benefiting 166,530 individuals and 17,114 students across Kenya.

9. Targeting

Report whether any intervention components were targeted to specific subpopulations, how they were targeted, and how the target subpopulations were identified.

The program prioritizes subpopulations based on vulnerability and limited water access. Twenty-seven public primary schools were selected for water purification supplies distribution due to high susceptibility to waterborne diseases, low access to safe water, and the potential to educate young populations on safe water practices. Local capacity-building efforts focus on empowering women to contribute to decision-making and management of water supplies. Emergency response interventions target flood-prone communities facing acute water-related emergencies, while water infrastructure co-investment is directed toward areas with chronic shortages and strong community demand for improved systems.

The program targets vulnerable groups, prioritizing schools, flood-prone communities, and women's leadership in areas with limited water access and high disease risk.

10. Activities

Provide a clear, detailed description of the activities included, their procedures, and supporting activities.

The program employs a multi-faceted approach to improving water access, quality, and governance in vulnerable communities.

The first pillar focuses on water purification supplies distribution and capacity building, ensuring that vulnerable communities, schools, and health facilities have access to safe drinking water.

- Water purification supplies are distributed to communities, schools, and health facilities.
- To ensure effectiveness, post-distribution monitoring is conducted to assess usage and gather feedback for continuous improvement.
- Beyond distribution, the program invests in capacity building by training community health promoters and school health clubs to educate households on water safety and point-of-use practices. A strong emphasis is placed on men and boys also understanding and participating in water safety and water treatment, so that women and girls are not allocated as the only people responsible for water duties.
- To reduce dependency on water purification supplies and enhance water security, rainwater harvesting systems will be installed in select schools and health clinics, with accompanying training on maintenance.
- The program is training households in rainwater harvesting techniques and connecting community members with local financing options for purchasing point-of-use water technologies.

The second pillar focuses on water governance and systems strengthening, ensuring that improvements in water access are sustainable over the long term.

- Through co-investment with local governments, the program will support the rehabilitation and expansion of five water systems, directly benefiting people across Kisumu, Busia, and Migori counties.
- To further strengthen local oversight and accountability, community engagement forums will empower residents to monitor water service quality and governance, ensuring that local leadership is actively involved in managing and maintaining water infrastructure.

11. Intervention dose

Quantify the frequency and number of contacts between implementers and recipients, and the duration of those contacts.

Water purification supplies will be distributed 3−4 times per year across 39 communities, 27 schools, and 22 health facilities, ensuring direct contact with each recipient during distribution. Post-distribution monitoring surveys are conducted biannually to assess the "consumption" of water purification supplies and gather feedback on ease of use, taste, storage, etc. Training sessions and sensitization meetings are held as needed for communities, school health clubs, and health promoters, with multiple contacts per participant in small groups or one-on-one sessions. Additionally, semi-annual governance review meetings bring together 20−50 participants, including CARE staff, community leaders, and stakeholders, for 2−3 hours to discuss water system management and accountability.

12. Fidelity

Report fidelity monitoring and actual fidelity. Include any planned or unplanned modifications to the intervention.

Since the program is still ongoing, a full fidelity summary is not yet available. However, lack of water purification supplies in schools or health facilities is the assumption that they were used and water was treated. Fidelity, in terms of institutions always treating the water to make it safe to drink, is not measured.

Water purification supplies distribution successfully reached 183,644 individuals across 39 communities, 27 schools, and 22 health facilities, with minor delays in remote areas. Rainwater harvesting system installations in model schools and clinics are progressing as planned, with sustainability training scheduled and no modifications required. Similarly, water system co-investment efforts are underway in collaboration with local governments, with five water systems undergoing rehabilitation. While slight delays have extended the timeline, the intervention remains aligned with its original objectives. Future activities, including post-distribution monitoring, community and school engagement, and training sessions, will be monitored for fidelity and reported in upcoming project reports.

13. Costs

Report the program costs by activity category and input type.

A full financial breakdown is available in the supporting documentation. The approximate cost distribution below reflects the allocation of program resources across key activity categories and inputs:

- Water purification supplies procurement – 30%
- Community training – 4%
- Governance strengthening – 10%
- Infrastructure co-investments – 15%
- Rainwater harvesting system installation – 3%
- School-based hygiene education – 2%
- Monitoring, research, and learning – 3%
- Personnel – 15%
- Transportation – 5%
- Office operations and overhead – 13%

14. Materials

Describe all materials delivered as part of the intervention or used to guide the intervention.

Materials include water purification supplies (Purifier of Water, 2 20L buckets, 1M filter cloth and wooden stirrer) for household water treatment, educational pamphlets detailing safe water practices, and school training manuals designed to integrate water safety into the curriculum. Water quality monitoring kits are provided to assess the effectiveness of water purification supplies used at the household and community levels. Rainwater harvesting infrastructure, including tanks, gutters and filtration systems, are installed in schools and health facilities. Governance framework documents outline policies and responsibilities for local water management, while advocacy materials support community-led initiatives for sustained behavior change. Training guides for community health promoters and teachers include step-by-step instructions on promoting WASH behaviors and facilitating community engagement. Governance monitoring tools, such as accountability checklists and performance tracking sheets, support local governments and institutions in maintaining transparency and efficiency in water service delivery.