County Government of [County Name]
Department of [Department Name]
[Postal Address]
[Email | Phone Number]

Ref.no.

Date: [Insert Date]

The Principal Secretary
State Department for Water and Sanitation
Nairobi, Kenya

Dear Sir/Madam

Subject: Confirmation of Improved Water Service Access–) for [County Name] County during the reporting period 1st May 2025 to 30th June 2026.

Reference is made to the Kenya Water, Sanitation, and Hygiene (K-WASH) Program being implemented by the State Department for Water and Sanitation in collaboration with County Governments.

In line with the requirements of Disbursement Linked Indicator 2 (DLI 2) and as per Section 11 of the Program Operations Manual, we wish to submit households reported in the County Results Monitoring Report (CRMR) for **[County Name]** County during the reporting period **1st May 2025 to 30th June 2026.**

Specifically, we confirm that:

(a) A total of **[Insert Number] households** gained access to improved water service from the **[Insert Number]** of Water Schemes enclosed with this letter, meet the definition of improved water service as outlined in Section 11 of the K-WASH Program Operations Manual (POM).
(b) The households reported under DLI 2 were without access to an improved water service prior to the beginning of the K-WASH Program (February 2024).
(c) These households have not been reported under the K-WASH Program in any previous Program period.
(d) Households reported are served by water schemes that meet the minimum design checklist for K-WASH as defined in Section 11 of the POM, and this is specified in the design report submitted.
(e) The schemes submitted are accompanied by the following:
    a. A design report and construction completion certificates signed by the EBK approved professional engineer
    b. Environmental and Social (E&S) statutory licenses (NEMA EIA licences and WRA abstraction permits)
    c. Land ownership confirmations for the land that the scheme is constructed upon

d. Water Quality test certificates
e. A service area map drawn to scale, enabling determination of households served within 500m for eligible point sources

We understand that the conditions of disbursement for DLI 2/DLR 10.1 specify that 80% of households in the sample extracted by the IVA from Annex 1 must pass verification in order for [County name] to get disbursement.

Please accept the assurances of our highest regard and continued commitment to the successful implementation of the K-WASH Program.

Yours faithfully,

[Full Name]

County Executive Committee Member (CECM) – Water
County Government of [County Name]
Encl

Annex 1: Summary of Beneficiary Households per Scheme – [County Name]

In the table below please provide the details for each household you are submitting for verification.

No.	Name of Water Scheme / Project	Number of Households	Number of Persons in the Household	Number of Male Persons	Number of Female Persons	PWD
1.	[Project/Scheme Name]	[Number]				[Number]
2.	[Project/Scheme Name]	[Number]				[Number]
3.	[Project/Scheme Name]	[Number]				[Number]
…	…	…				…