



Martin Paluku Kalerjia, Kasitu, North Kivu,
Democratic Republic of Congo

‘Everyone is encouraging and motivating each other’: SWIFT supports Kasitu to become a ‘healthy village’

What has changed?

Kasitu is a rural village in North Kivu, in the east of the Democratic Republic of Congo. In the past, the community relied for water on an unprotected spring; latrines were poorly maintained and few; rubbish was piled up around the village; and improved hygiene behaviours such as hand-washing were rarely practised. As a result, sicknesses such as diarrhoea were endemic.

‘Before the SWIFT programme we were suffering because we were drinking dirty water, and when we drank dirty water the children suffered with diarrhoea,’ says Kambale Muwavingi, 33, father of four girls and two boys. ‘I was always taking the children to the health centre.’

A neighbour who has four children reports taking them to the health centre at least three times a month because they were suffering from diarrhoea, while another neighbour remembers sometimes having to go twice in one day. A visit to the clinic costs 2,000 Congolese Francs (£1.45), and if a stay is necessary, it costs 5,000 Congolese Francs for two days.

‘We were spending money on health care when we didn’t even have enough for food for the family,’ says Kambale’s wife, Kavugho Shabani, also 33.

Now, however, as a result of work done through the SWIFT programme, the community in Kasitu

has access to safe water; hygiene and sanitation behaviours have improved; the village is clean; and the incidence of diarrhoea, cholera and other sicknesses is reported to have fallen dramatically.

How has the change been achieved?

The Healthy Villages and Schools (Villages et Écoles Assainis, or VEA) approach is a step-by-step process of village mobilisation that is supported by DRC’s Ministry of Public Health and UNICEF. Kasitu was accepted onto the programme by the local health zone in January 2015, and under the SWIFT programme, Oxfam is supporting the village to implement the approach through local partner Centre de Promotion Socio Sanitaire (CEPROSSAN).

‘We had a meeting with the whole village and decided we wanted to get healthy village status,’ explains Kambale Karoho, 45.

CEPROSSAN has rehabilitated Kasitu’s water source and capped it to provide safe, sustainable water. It has helped the community set up a water users’ committee, composed of four men and three women, whose job it is now to maintain it. CEPROSSAN has also helped the community set up a ‘healthy village’ committee to monitor and encourage progress towards obtaining the coveted ‘healthy village’ flag.



‘When the flag is here, it will mean we have 80% clean water,’ explains Kambale.

‘At least 80% of the people will have hygienic latrines, 80% will have rubbish pits, 60% of the village will know about hygiene - for example, washing hands before eating and after going to the latrine - and 70% will know about water-related diseases and how to prevent them. The village will be cleaned once a week. When the flag arrives here we will know we have achieved all this.’

“Now we have better health and strength to work”

CEPROSSAN has trained four community motivators in hygiene awareness. These three women and one man now visit each household to check that good hygiene behaviour is being practised, including keeping latrines clean, installing ‘tippy-taps’ to encourage hand-washing as people leave the toilet, and disposing of rubbish in designated pits.

‘Before this project most people had a latrine, but they were not hygienic,’ says Kakule Kasembo Mapendo, 38, who is married with six children. ‘Now the situation has changed and everyone is encouraged to clean them every day; to cover the hole; to use ash; and to construct a door for privacy. Now even my youngest child, who is three years old, uses the tippy tap after going to the latrine and before eating.’

Why does it matter?

Kavugho Shabani says there has been a big change since CEPROSSAN began working with residents of Kasitu, particularly among the children. ‘Now, when they have been to the toilet they wash their hands, and they are getting less diarrhoea,’ she says. As diarrhoeal diseases are one of the biggest causes of deaths in childhood, this is a hugely significant change for the village.

Kambale Karoho, who is married and has three children, says the fall in the incidence of illness in the village has had other positive effects. ‘Now we have more time to go to the fields and cultivate crops,’ he says. ‘We can now grow more food. We have better health and strength to work.’ He adds that the money saved can be spent on school fees.

What are the challenges?

The ‘healthy village’ committee is challenging long-held habits in its efforts to ensure latrines are kept clean and in good repair. When it began its inspections in March 2015, just three of one hundred latrines were both undamaged and clean, though by

August this had risen to 44.

The water users’ committee also has work to do, as the rehabilitated spring does not provide water quickly enough for all inhabitants. ‘Some people get impatient while waiting to collect water – especially the children,’ says Kakule Kasembo Jean Bapiste. ‘And they won’t wait, so they go and collect water from unclean sources and this causes sickness.’

How will the challenges be met and what makes this change sustainable?

In addition to maintaining the rehabilitated water source by clearing the trenches and drains and planting grasses to protect the bank, the water users’ committee is investigating the possibility of using some of the proceeds of charges it will implement shortly to extend the system. It hopes to rehabilitate a second water source, increasing the water supply to the village.



Five of the seven members of Kasitu’s water committee (two women are absent): Kakule Kasembo Mapendo, Kakule Kasembo Jean Bapiste, Kahambu Marhata Alfonsine, Muhindo Tsongo and Maskereka Muthahwh

Meanwhile the ‘healthy village’ committee is working hard to achieve its targets by motivating villagers to change their sanitation and hygiene behaviours. ‘We sensitise people by showing them what to do,’ says Kaserfeffa Matina. ‘If they didn’t have a latrine then we can help them to start to dig, but then they look for others to help them.’

‘Helping them at the start really motivates them,’ says Kambale Karoho. ‘Everyone is encouraging and motivating each other.’

Martin Paluku Kalenjia is confident that after a year of implementing the VEA approach, the village will have changed significantly. ‘Those who do not have good latrines or hygiene now will be encouraged by others to change, especially when they see how other people’s lives have improved as a result of good hygiene and water,’ he says. ‘We will be admired for having a clean and healthy village, and we will be proud!’

Stories and photos collected by Jane Beesley, freelance humanitarian communications specialist, and edited by Emma Feeny (Oxfam).

The SWIFT Consortium works to provide access to safe water, sanitation and hygiene to people in Kenya and DRC, and builds capacity to ensure services are sustainable. It is funded with UK aid from the British people.

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