



‘When others see what we are achieving, they want to join’: A community health club set up by SWIFT inspires improvements in hygiene and sanitation in Mwandiga I

What has changed?

Mwandiga I is a semi-urban village in South Kivu, in the east of the Democratic Republic of Congo (DRC). In the past, defecation took place mostly in the surrounding bush. Hand-washing with soap or ash wasn’t practised, the importance of hygiene in preparing food wasn’t understood, and discarded rubbish rotted in the roads.

Residents had no access to clean water in the village, remembers Zaina Mlebinge, who guesses her age to be over 90. ‘We always used the water from Lake Tanganyika,’ she says. ‘We used it for everything: drinking, washing and cooking. It was the only source of water.’

‘We could see through the water so we thought it was clean, but there was a lot of sickness in the community,’ another resident recalls.

Now, however, as a result of work done through the SWIFT programme, the community has access to clean water in the heart of the village, which has been transformed. Many families have constructed rubbish pits and household latrines with hand-washing facilities, and awareness of the importance of hygiene practices and disease prevention has improved dramatically. ‘Now I am seeing some big changes,’ says Zaina Mlebinge.

How has the change been achieved?

Under the SWIFT programme, Tearfund extended the water system at Mwandiga I to provide more residents with access to clean, safe water. With the support of Africa AHEAD, Tearfund then helped the community to integrate the water management committee – which collects fees from each household to pay for maintenance and repairs to the water system – into a Community Health Club, an approach being piloted by the SWIFT programme in semi-urban areas of DRC.

Water remains available to all residents of Mwandiga I – which is home to 244 households – regardless of whether they are members of the club, but the integration of water, sanitation and hygiene management into one committee has strengthened cohesion and sustainability.

Membership of the Community Health Club is voluntary, free and open to all, and currently stands at 189; so many that the club will shortly be divided into two.

‘When others see what we are achieving, they want to join,’ says member Byjsa’a Kambi.

The club holds weekly discussions on health and hygiene topics, such as the safe storage of drinking water, or making soap to ensure ready availability.

Members are given practical assignments; for example, digging a refuse pit, or making a dish rack to dry dishes off the ground.

These assignments are monitored, and members receive stamps and certificates for attending sessions and completing tasks.

Mwandiga I Community Health Club also holds discussions on how to prevent diseases such as malaria.

‘To protect yourself from getting malaria, you should sleep under a net and it should be tucked in,’ says Bakwalufu Washindi, a club member who attended the discussion. ‘You should avoid having stagnant water, and clear the environment to stop mosquitoes breeding.’



Members of Mwandiga I Community Health Club discuss health and hygiene issues

Why does it matter?

Within a few short months of the Community Health Club being established, residents of Mwandiga I noticed significant improvements in their health and well-being, with a noticeable fall in the incidence of sickness and disease.

They also noticed that as a result, the club was having a beneficial effect on the village economy. ‘The money people were spending at the clinic is now being spent locally, on food and other items for the family,’ noted a resident of Mwandiga I.

What are the challenges?

The challenge for the village now is to maintain the smooth running of the Community Health Club, ensuring that members do not fall back into their old ways in terms of open defecation and poor hygiene habits, in order to establish long-term health improvements.

The club must also try to ensure that the new behaviours are adopted by the majority of Mwandiga

I’s residents, including non-members, in order to minimise the risk of sickness and disease spreading in the village.

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

Community Health Clubs are given a sound long-term footing, run as they are by management committees composed of president, vice-president, secretary, vice-secretary, treasurer, vice-treasurer and two water technicians.

“We are training others, like our neighbours, who are not in the club”

These committees work in collaboration with the head of the village and the facilitator of the dialogue sessions: typically a community resident with reading and writing skills who has been trained by Africa AHEAD and Tearfund.

Mwandiga I’s Community Health Club is confident that improved sanitation and hygiene behaviours will spread quickly from members to other village residents.

‘Some people took longer to realise the benefits of the club,’ says Byjsa’a Kambi. ‘But they are realising now, and we are training others, like our neighbours, who are not in the club.’

Members are also clear that the club as an institution is set to last, and will bring long-term, sustainable benefits in terms of health and well-being.



A Community Health Club member holds one of the group’s discussion cards

‘I’m not seeing challenges,’ says one of them, Bakwalufu Kashindi. ‘I see, with the strength we get from the club, confidence in continuing to improve.’

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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