

Community Water, Sanitation & Hygiene in Katanga

Annual report

1st March 2014-31st March 2015

Implemented by Humana People to People Congo (HPP-Congo)

Cooperative Agreement # AID-660-A-14-00003 –“Community Water, Sanitation & Hygiene in Kasenga, DRC” – DGP Sanitation Program, M/OAA/GRO/EGAS-DGP-10-001

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1. Introduction

The ‘Community Water, Sanitation and Hygiene (CWASH)’ project is implemented in Kasenga Health Zone, which has a population of approximately 133,500 people spread over 13 health areas. CWASH is a three-year project designed around a program hypothesis that lack of potable water supply and poor sanitation and hygiene can best be solved by matching direct improvements to community, school and household infrastructure with an effective community mobilization effort. Such an effort must ensure citizen ownership of the process, management and sustainability of locating, creating and maintaining water points. It must also lead the entire population to understand and recognize the vital need for proper sanitation and hygiene to prevent disease and improve living standards.

The project has four Program Objectives, all of which respond to prevailing development challenges facing much of the rural population of the country, but which are acute in the target region: (1) to expand potable water supply, sanitation and hygiene facilities; (2) improve basic hygiene practices; (3) give greater empowerment to women and older girls in community water policy; and (4) decrease common diseases among 113,500 people in the target area.

USAID/DRC is the key partner for CWASH, not only through its funding of the program but also through its expertise in the conditions in the country and region, its knowledge of the technical sector and the support and consultations it can provide as part of regular internal evaluations.

Planet Aid Inc. is a second partner of CWASH through funding of the program, providing technical assistance in designing program implementation approaches and models, providing capacity building of staff and work with HPP-Congo on how to ensure greater visibility for CWASH’s results.

HPP-Congo is the implementing partner of the CWASH program

2. Project initiation activities and start up

The 4 principal documents to prepare

The ‘Annual work plan’, the ‘Marking and Branding plan’, the ‘Monitoring and Evaluation Plan’, the ‘Initial Environmental Examination Plan’ have been elaborated, submitted and have been approved by the Agreement Officer Representative (AOR). The final draft of the ‘Water Quality Assurance plan’ has been submitted and is pending approval from the AOR.

Recruiting staff

11 HPP-Congo staff were been resigned duties in this new project :- 1 project manager, 5 project leaders, 4 area leaders and 1 accountant.

145 applicants (121 male, 24 female) responded to the job offer for area leaders and submitted their applications to work in the CWASH project. 91 (71 male, 20 female) were pre-selected for test and interview. After test and interviews, 40 were selected and invited to take part in 3 days training for area leaders (29 male, 11 female). After a 5 day training, 16 candidates (9 male, 7 female) were confirmed and recruited as area leaders while 24 others are on standby. With the 4 transferred from HPP-Congo, the number of functioning area leaders is 20 of which 12 are male and 8 are female.

The project has also recruited 1 secretary for monitoring and evaluation, 1 purchaser, 1 driver, 1 book keeper and 8 guards.

Capacity building in project staff

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40 area leader applicants have undergone a 3 days training and orientation session on the project objectives, the project partners and the specific job they will be doing as area leaders. The training was facilitated by the 4 project leaders and 2 staff from the health zone of Kasenga

20 area leaders and 5 project leaders have undergone a 5 day training workshop on 'participatory hygiene and sanitation for transformation' (PHAST). The training was facilitated by the program manager, the health zone supervisor for water and sanitation and the UNICEF WASH consultant in the area.

20 area leaders and 4 project leaders have undergone a 1 day training workshop on the program “school sanitation”. This took place in 2 different locations facilitated by the program manager and one of the project leaders.

20 area leaders and 5 project leaders have undergone a 1 day training workshop on sanplat production. The workshop was facilitated by the project leader for Kabyasha. Those trained will take back these techniques to the villages they assist and will likewise train the village committees so they can organize the production of the sanplats for the whole village.

A staff revue of all the project leaders and area leaders has taken place under 4 main headings:

- The employee understands the idea of the position
- The employee knows the expected practice of the position well
- If the employee is mediocre, average or excellent
- If the employee falls under the category: - strong capacity or weak capacity
- If the employee falls under the category: - strong will/commitment or weak will/commitment.

Preparing project educational manual

The writing and editing of the CWASH Kasenga project educational manual by the project staff is finished. The manual contains key messages in 24 themes identified as important information each household should know to be able to prevent the transmission of water and hygiene related diseases in the community. The manual is being used alongside water, sanitation and hygiene posters of the village sanitation program likewise are other existing documents for lessons in Community Action Groups (CAG) meetings.

Operational area

The operational area is the Kasenga Health Zone, in the 13 areas called ‘Aires de Santé’. CWASH PHASE I activities were carried out in 12 of 13 areas, and in 40 villages:

Project 1 is in 3 health areas: Mfuta, Mwaba and Nkambo reaching out to 8 villages with 1201 households,

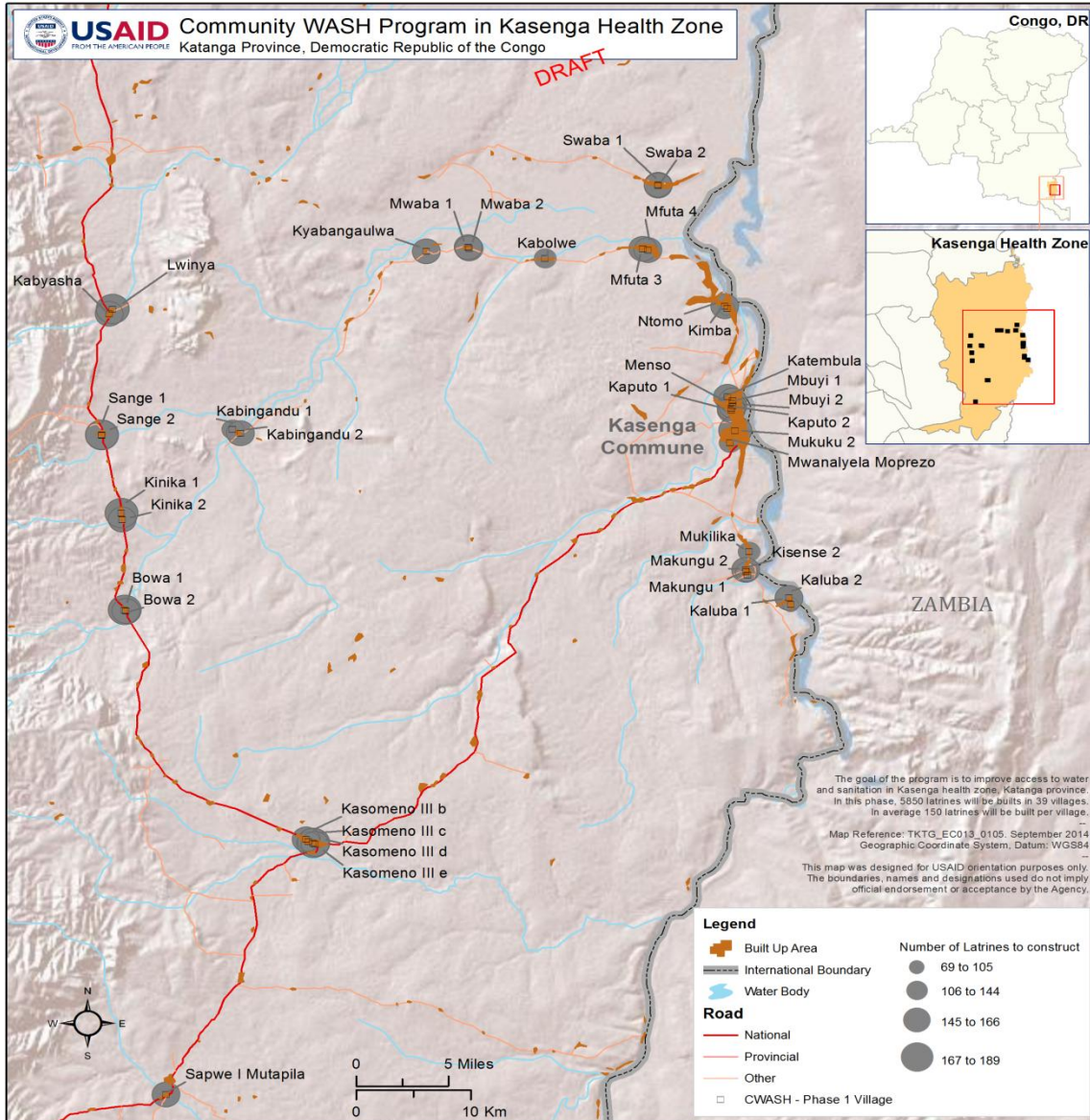
Project 2 is in 3 health areas: Chibambo, Kikungu and Kaboka reaching out to 8 villages with 1121 households,

Project 3 is in 3 health areas: Mission, Kisamamba and Chalwe, reaching out to 8 villages with 1035 households,

Project 4 is in 2 health areas: Sapwe and Kasomeno, reaching out to 6 villages with 968 households

Project 5 is in 2 health areas: Kinika and Kabyasha, reaching out to 10 villages with 1683 households

MAP OF THE OPERATIONAL AREA



Visiting and talking to local authorities in Kasenga

At the very start, HPP-Congo staff on the ground visited 39 villages (3 villages per health area) in the 13 health areas to observe the situation in these villages and to talk to local authorities. Issues for observations and discussions during the visit included: accessibility, existing and broken down water points, existing

schools, hygienic practices, perceptions about a water, sanitation and hygiene project, possibilities to rent houses and offices. During this visits, the authorities expressed their wish for the program to be implemented in their villages. A second visit was carried out to meet the whole village for them to understand the program and take a decision to be part of the program. 40 villages felt the need for such a program in their community and have written to express their commitment to actively participate to make the program a success.

A launching ceremony was held in each of the 40 villages to mark the start of project activities in the village. The occasion gave the opportunity for the project staff to explain or repeat how activities will be carried out and how the community is expected to participate and contribute. The occasion also gave the opportunity for the community to ask questions and express some of their concerns.

With activities underway in all the 40 villages, daily visits from the area leaders to the different villages took place. The area leaders in the accomplishment of their tasks, met the committees, the coordinators, the community action groups, head of education establishments, religious authorities and village headmen to galvanize support for the various activities taking place in the various villages and to continuously consult on key elements of the program.

The project was officially launched in the town of Kasenga on the 4th of October 2014. In attendance were a representative of the Chef de Territoire, the chief medical doctor, the sous-proved, the national director of HPP-Congo and a host of other dignitaries from different works of life in Kasenga. The occasion started with a caravan from the point 'Quatre Coins' with fanfares and banners to the project center. The occasion then continued at the project center with speeches and drama. The occasion gave the opportunity for the invitees to understand the organization, the objectives, the domain of intervention and the target populations of the 'Community Water, Hygiene and Sanitation' in Kasenga project.

In the accomplishment of project activities, the project has been continuously consulting with the local authorities on key elements of the program. Some issues discussed have been were to drill the new wells, authorization to make a diagnosis of the existing but non functional wells, the drawing of the community action plan PAC.

Synergies and collaboration with partners

HPP-Congo CWASH project has continuously, been consulting UNICEF Katanga and the B9 in Katanga to work out the institutional support for the program and to implement CWASH Katanga side by side other implementing agencies. From these consultations, coordination meetings bringing together the Kasenga Health Zone, UNICEF Lubumbashi, B9 of Ministry of Health Lubumbashi, HPP-Congo, FK and SAPROVIE is routinely being held.

Synergy with UNICEF and Ministry of Primary, Secondary and Professional Education has led to the inclusion of the 12 schools into the UNICEF data base meaning that UNICEF has funded the training of these teachers on 'Programme d'Education pour la Santé et l'Environneent' PESE. The training took place in January 2015 with 92 teachers, head teachers and presidents of the parent committee trained.

A memorandum of understanding **MOU** has been signed between HPP-Congo and the Kasenga health Zone BCZS on the role that each will play during the execution of the project. Collaboration with the BCZS has led to HPP-Congo identifying the 40 villages in which to execute the phase I activities, training of staff, joint field visits

A memorandum of understanding **MOU** has been signed between HPP-Congo and the Kasenga Sous-proved on the role that each will play during the implementation of the project in the schools. Collaboration

with the Sous-proved (Sub Education Province) has lead to the project identifying the 12 schools in which the program will be implemented, joint field visits and selecting enterprises to construct latrines in the schools.

The USAID AOR and her assistant have been visiting the project area for 5 days. The occasion gave the opportunity for the visitors to see first-hand the activities on the ground and whom the project is reaching out to. It also gave the opportunities for the USAID team to share experiences with the HPP-Congo team on different aspects and activities of the program.

During the quarter January to March 2015, the project has participated in 2 coordination meetings bringing together The Health Zone, The Educational Sous - Division, UNICEF and implementing partners (HPP-Congo, SAPROVIL and)

These coordinating meetings have help move issues relating to planning joint visits, planning phase II villages.

Selecting the villages and schools for the first phase

40 villages were selected in collaboration with the Kasenga health zone and other WASH implementing agencies in Kasenga to implement PHASE I activities. The villages are in 12 of the 13 health areas of the Kasenga health zone. 6008 households were registered and have been the principal targets of PHASE I activities. 12 primary schools have been registered in collaboration with UNICEF and the Kasenga Sous-Proved. These schools have been a second target of phase I activities. The schools are located in 12 of the 13 health areas where the project is being implemented. These schools have a total of 3240 pupils. 77 latrine units will be constructed in the schools and 12 water tanks for hand washing will be installed. The schools were selected in synergy with UNICEF and the Sous-Proved.

Annex 1: List of villages including number of households in each village and the GPS coordinates sent with 4th quarter report for the period July - September 2014.

Annex 2: List of schools including number of pupils and the GPS coordinates sent with 4th quarter report for the period July - September 2014.

Installation of staff in the project area

The 20 area leaders and 5 project leaders have been assigned duties in the 5 organizational units of the project.

Project 1: Mfuta, Mwaba and Nkambo with 1201 households has 1 project leader and 4 area leaders,

Project 2: Chibambo, Kikungu and Kaboka with 1132 households has 1 project leader and 4 area leaders,

Project 3: Mission, Kisamamba and Chalwe with 1035 households has 1 project leader and 4 area leaders,

Project 4: Sapwe and Kasomeno with 968 households has 1 project leader and 3 area leaders,

Project 5: Kinika and Kabyasha with 1683 households has 1 project leader and 5 area leaders,

Renting and equipping offices and houses

The house for the project manager has been rented, improved and equipped

4 project houses have been found, rented and renovated

4 project offices have been rented, renovated and equipped

The central office has been rented, renovated and equipped.

3. Summary of actual activities and results during this reporting period

1. Activities to expand potable water supply, sanitation and hygiene facilities in Kasenga Health Zone

1 PROVISION OF HYGIENE FACILITIES IN VILLAGES

1.1 Build and install 15,000 household latrines with slabs

6178 sanplats have been produced and 5290 household have constructed their latrines with sanplats

1.2 Dig refuse pits in 15,000 households

5050 households have dug and are using refuse pits at their homes.

1.3 Install hand washing systems in 15,000 households

4948 concrete hand wash systems have been produced and 627 households have installed hand wash systems at their homes and are using them to wash their hands before eating and after using the latrine.

2. PROVISION OF HYGIENE FACILITIES IN SCHOOLS

2.1 Construction of school latrines

3 companies have been hired to construct a total of 77 latrine units in 12 schools after a public tender process in which 22 companies tendering . The construction work is currently on going with construction completed at EP Bukanda (16 latrines), EP Pensulo (4 latrines) and EP Nkambo (8 latrines). Construction work is going on and is far advanced at EP Kisapa (5 latrines), EP Katipa (6 latrines), EP Lubuto (6 latrines), EP Chalwe (4 latrines) and EP Munene (5 latrines). Construction work has not yet started in EP Pulumani (7 latrines), EP Nsansamina (5 latrines), EP Ngayi Bona (5 latrines) and EP Kuboko (6 latrines)

3. PROVISION OF WATER FACILITIES

There has been progress in water facilities through the drilling of boreholes and rehabilitation of existing but broken down water points. Manual drilling of boreholes and rehabilitation of water points was carried out in project Mfuta and Project Kabyasha. Rehabilitations work was mostly in repairing defective hand pumps; replacing the pistons, increasing the length of the pump pipes, replacing the seals and repairing the pump cylinder.

3.1 Refurbish 37 wells

11 water points were rehabilitated in project Mfuta (6 water points) and, Project Kabyasha (5 water points). These water points are now functioning and supply potable water to 1103 households. Due to the fact that that improvements in hygiene and sanitation is taking place in some villages that already have a potable water source, we now have 3091 households with access to a potable water source.

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| Village | Number of water points rehabilitated | Number of households benefiting |
|--------------|--------------------------------------|---------------------------------|
| Swaba 1 | 2 | 53 |
| Mfuta 3 | 2 | 96 |
| Mwaba 1 | 2 | 136 |
| Kinika 1 | 1 | 132 |
| Nsange 1 | 1 | 162 |
| Nsange 2 | 1 | 157 |
| Kabyasha | 1 | 148 |
| Lywinya | 1 | 165 |
| | | |
| Total | 11 | 1103 |

3.2 Drill 33 boreholes

9 manually drilled boreholes have been established in project Kabyasha (4 boreholes) and in project Mfuta (4 boreholes). Manual pumps have not yet been installed. We have received quotations for pumps and the price analysis has been made. The pumps will be delivered in April

| Village | Number boreholes drilled |
|--------------|--------------------------|
| Swaba 1 | 1 |
| Mwaba 2 | 1 |
| Kyabangaulwa | 1 |
| Kabolwe | 1 |
| Kinika 2 | 1 |
| Nsange 2 | 1 |
| Kabyasha | 1 |
| Lywinya | 1 |
| Total | 8 |

A tender process was launched on the 25th of August for companies to apply. 8 companies did apply and we have selected 2 companies to carry out the drilling of boreholes. One of the 2 companies has signed the contract and drilling of 5 boreholes has started.

3.3 Form and capacitate 77 Water Committees

26 water committees have been established and trained. The training of each committee was organized over 3 days. A total of 124 persons have been trained of which 57 are female. The training module covered the following topics:-

- Hygiene related diseases,
- The functioning of a committee
- The 10 commandments of a good committee

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- Management and maintenance of a water point
- Practices to avoid and those to encourage at a water point
- The functions and role of the water committee

| Village | Number of water committees established | Number of water points | Number of people trained |
|--------------|--|------------------------|--------------------------|
| Swaba 1 | 1 | 2 | 5 |
| Swaba 2 | 1 | 1 | 5 |
| Mfuta 3 | 1 | 2 | 6 |
| Mwaba 1 | 1 | 2 | 5 |
| Mwaba 2 | 1 | 1 | 5 |
| Kyabangaulwa | 1 | 1 | 6 |
| Kabolwe | 1 | 1 | 5 |
| kimba | 1 | 0 | 5 |
| Mbuyu 2 | 1 | 0 | 5 |
| Mukuku | 1 | 0 | 5 |
| Kisense | 3 | 0 | 9 |
| Makungu 1 | 1 | 0 | 4 |
| Kaluba 1 | 1 | 0 | 4 |
| Bowa 1 | 1 | 0 | 5 |
| Kinika i | 1 | 1 | 5 |
| Kinika 2 | | 1 | |
| Kabingandu 1 | 1 | 0 | 5 |
| Kabingandu 2 | 1 | 0 | 5 |
| Nsange 1 | 1 | 1 | 5 |
| Nsange 2 | 2 | 2 | 10 |
| Kabyasha | 2 | 2 | 10 |
| Lywinya | 2 | 2 | 10 |
| Total | 26 | 19 | 124 |

2. Activities to improve basic hygiene and sanitation practices in Kasenga Health Zone

2.1 -Form and train 300 Community Action Groups (CAGs) to lead improved hygiene practices at the household and community level;

A total of 114 CAGs have been established in 40 villages of the Kasenga health zone. 5947 households are now registered in CAGs, each CAG having 2 elected coordinators. Of the 2 coordinators for each CAG, at least 1 is female. Of the 228 elected coordinators, 121 are female. The 228 coordinators have been trained over 3 days on :

- Presentation of the CWASH partners: HPP-Congo, USAID, UNICEF, Sous-Proved, Zone de Santé de Kasenga
- Presentation of the Child Aid project, The millennium development goals, The situation of children around the world
- Presenting the CWASH-Kasenga project

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- Community approach: Participatory methods, Community participation
- Efficient communication
- The role and qualities of a coordinator in the community action group
- Conflict management
- The standards and processes in the village sanitation program

Each of 40 villages has also elected 7 persons into its committees for water and sanitation. Of the 280 committee members, 128 are female. These are the attributions within each committee:-

- 1 president,
- 1 vice president,
- 1 secretary,
- 1 treasurer,
- 1 commissaire au compte
- 2 sanitation and hygiene responsables.

27 presidents/vice presidents of committees are female.

The 280 committee members have been trained over 2 days each on

- The diagram on the transmission and prevention of hygiene related diseases,
- The standards and processes in the village sanitation program
- Administrative, financial, stock and conflict management of the committee
- Composition of the committee and the role for each committee
- The 10 commandments of a village committee

2.2 -All CAGs conduct sanitation and hygiene education lessons

Hygiene and sanitation education lessons are ongoing in all the CAGs. 13 sessions have so far been held in each CAG. These are participatory sessions facilitated by the area leader but in some cases coordinators are guided to facilitate these sessions both for capacity building of the coordinators and for community ownership. These sessions continue to touch on all the 3 key messages of the program: Do not defecate in the open - use a latrine, always wash hands with soap/ash before eating and after using a latrine, only drink water from a safe source. The area leader will once a month visit each household under his/her supervision to assure that lessons taught in CAGs were properly understood by the participating family member, that others in the household have also been sensitized on the theme that was facilitated in the CAG, that good hygiene infrastructure are being established at each home and that the family members are properly using and maintaining the established infrastructure: water storage at home, hand washing, keeping the compound clean and community actions to keep the village clean 'salongo', are amongst the many things checked during the area leader visits.

Participatory hygiene and sanitation has been conducted in each of 40 targeted villages. Each session carried over 5 days facilitated by the area leaders has permitted each village to take stock of the water, hygiene and sanitation situation of their village, how diseases are transmitted and how they can be prevented, hygiene practices habits they should encourage and those to discourage. From these sessions, each village has made an action plan that will permit them to achieve improve water, sanitation and hygiene in collaboration with the project.

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Village committee meetings are being held monthly in each village to look at the entire hygiene and sanitation of the village and to plan village actions to improve this. These meetings are chaired by the village committee president with the support of the area leader.

174 community actions have been organized during this period making an average of 29 actions per month.

2.3 -300 community water, sanitation and hygiene awareness and cleaning campaigns

2 community awareness campaigns have been carried out in each of the 40 PHASE I villages. The first campaign centered on hand washing while the second campaign carried the 3 key program messages:- 1. Wash your hands before eating and after using the latrine, 2. only drink water from a protected water source, 3. do not defecate in the open. Coordinators and committee members were mobilized and capacitated to lead these campaigns. The campaigns went door to door to meet people at homes, took time in schools and clinics to promote these key messages to pupils and sick people and pregnant women. Road side sellers and buyers were also not left out. In all, 968 households and 11.772 people including pupils in schools, women in clinics, road sellers and buyers were reached during these campaigns.

2.4 -Form 17 school brigades

School brigades have been established in 12 schools. Each and every pupil in the school is part of the brigade. The brigade operated by the pupils themselves but each day supervised by 1 teacher do maintenance of the school premises. They do routine maintenance comprising sweeping of the classrooms each day, weeding and clearing of the school yard as the need might be and in each school they have dug refuse pits where all waste materials are deposited.

2.5 -Training of teachers to lead school brigades

A 1 week training session for teachers, head teachers and school parent committee presidents from the 12 schools in the program was organized from the 7 to the 12 of January in Kasenga. The training facilitated by the EPSP (Ministry of Education) and funded by UNICEF saw the training of 76 teachers, 8 head teachers and 8 school parent committee presidents. The training module was 'Educational program for health and environment' PESE. The training has provided the teachers, head teachers and school parent committee presidents with strategies to carry out the school sanitation program in their respective schools.

The effects of these hygiene sessions and other efforts can be felt in that there is better understanding and consciousness about hygiene, the transmission of hygiene/water related diseases and how to prevent the proliferation of diseases in the community. The effects can be seen in that the communities are cleaner and being maintained, more households using improved hygiene infrastructure, all due to USG assistance.

3. Activities to give greater empowerment to women and older girls in community water policy

3.1 Mobilize and enroll older girls and women to participate in each CAG;

121 women and girls representing 53% have been elected to serve in CAGs as coordinators
128 women and girls representing 46% serve the village as committee members in the village committee for water and sanitation.

A total number of 3467 women and girls representing 58.33% are enrolled in CAGs to participate on behalf of their families, a total of 27 women and girls serve as committee presidents and vice presidents in the 40 established village committees making 33.75% women and girls.

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All the 121 women and girls serving as CAGs as coordinators and the 128 women and girls serving in village committee members including the 27 women committee presidents are being supported to play their role effectively. The 3467 women and girls enrolled in CAGs are building their capacities to prevent the spread of hygiene related diseases, to contribute in decision making in the drafting of water policies in the communities and to bring social change in their community relating to water, hygiene and sanitation.

3.2 Trainings for women and older girls to effectively participate in Water Committees

26 water committees have been established and the committee members trained. Of the 124 persons trained, 57 are female. The committees have just been established and we expect to see women and older girls playing a greater role in the policies of water in the community.

4. Activities to decrease common diseases among 113,500 people in the Kasenga Health Zone

4.1 Annual internal evaluations will make comparative analyses between outcomes of all project interventions and reported incidence of water-borne diseases in the health zone. (Measured reductions in general in reported incidents of diarrhea and cholera in Kasenga Health Zone, Measured reductions in reported incidents of diarrhea, cholera and worms among children in Kasenga Health Zone, Measured reduction in school absences by children due to illness. Clinic & school reports, interviews of families)

4.1.1 Measured reductions in general in reported incidents of diarrhea and cholera in Kasenga Health Zone.

The annual internal evaluation will take place in April 2015

25 surveyors have carried out the baseline studies in 39 villages in all the 13 ‘aires de santé’ of the health zone. Total number of households interviewed is 390. 2 staff from the health zone participated in the survey both in the data collection and compiling the data collected. The baseline has permitted us to know the hygienic practices and knowledge about the transmission of diseases in the health zone. This study will be repeated at the end of the program to measure the general reduction in reported incidents of diarrhea and cholera in the Kasenga health zone.

Annex 2: Summary of findings from base line survey sent with 3rd quarter report for the period March-June 2014

4.1.2 Measured reductions in reported incidents of diarrhea, cholera and worms among children in Kasenga Health Zone

25 surveyors made up of area leaders and project leaders have carried out the initial capacity aptitude practice CAP in each of the 40 villages the program is implemented in. A total of 770 households have been surveyed with questions and observations. This study will be repeated at the end of the phase I in each village to see progress resulting from program activities.

Records from clinics and health centers showing incidents of diarrhea, cholera and worms will be compared at the period before the program started in the villages so as to measure progress.

Annex 2: Summary report of initial CAP in 40 villages sent with 4th quarter report for the period July - September 2014.

4.1.3 Measured reduction in school absences by children due to illness

Pupils from the 12 schools currently in the program have each carried out a self evaluation of the state of hygiene and hygiene practices in their respective schools. This self evaluation will be repeated when all the program elements and hygiene infrastructure have been completed in each school to compare progress. At this time also, school records showing absences due to illnesses will also be compared with that at the period last year before the program started in each school

4.2 Consultations with partners on conclusions and proposed adjustments to implementation plans

The project has over the past year been continuously consulting with the partner on key program elements here listed

Establishing the 5 program documents : -

- The ‘Annual work plan’, the ‘Marking and Branding plan’, the ‘Monitoring and Evaluation Plan’, the “Initial Environmental Examination Plan” and the 'Water Quality Assurance plan'..
- The revised annual work plan for year 1
- The monitoring visits from the partner
- The year 2 work plan

4. Plan versus achieved

| No | Activity/indicators | Measure | Program targets | Phase I Targets 1st March 2014- 31st March 2015 | Actual 1st March 2014- 31st March 2015 |
|---|--|-----------|-----------------|---|--|
| Project initiation activities and start up | | | | | |
| | Conduct baseline assessment in the project area | | 1 | 1 | 1 |
| | Produce and get approval of plans work,, marking and branding plan, M&E and IEE approved | | 4 | 4 | 4 |
| | Establish project centers | | 5 | 5 | 5 |
| | Recruit/train project staff | | 25 | 25 | 25 |
| 1. Activities to expand potable water supply, sanitation and hygiene facilities in Kasenga Health Zone | | | | | |
| 1.1 | Train local latrine producers | Number | 500 | 200 | 280 |
| 1.2 | Tender for bore hole drilling | Number | 33 | 9 | 10 |
| 1.3 | Form and train water committees | Number | 300 | 24 | 26 |
| 1.4 | Rehabilitate existing but broken water points | Number | 37 | 15 | 11 |
| 1.5 | Recruit, train and equip the local pump menders | Number | 26 | 26 | 0 |
| 1.6 | Drill bore holes | Number | 37 | 9 | 8 |
| 1.7 | Produce hygienic slabs | Number | 15000 | 6000 | 6178 |
| 1.8 | Deliver/install household latrines | Number | 15000 | 6000 | 5290 |
| 1.9 | Build household wash hand system | Number | 15000 | 6000 | 627 |
| 1.10 | Dig home refuse pits Phase I | Number | 15000 | 6000 | 5050 |
| 1.11 | Install school water tanks | Number | 17 | 12 | 3 |
| 1.12 | Make school latrines | Number | 17 | 12 | 3 |
| 2. Activities to improve basic hygiene and sanitation practices in Kasenga Health Zone | | | | | |
| 2.1 | Creation of CAGs | Number | 300 | 90 | 114 |
| 2.2 | Elect/train CAG coordinators | Number | 600 | 180 | 228 |
| 2.3 | CAG hygiene education session | Number | 30 | 12 | 13 |
| 2.4 | Conduct PHAST in villages | Number | 300 | 40 | 40 |
| 2.5 | Training of school teachers in target schools | Number | 55 | 55 | 92 |
| 2.6 | Form school brigades in target schools | Number | 17 | 12 | 12 |
| 2.7 | Organize monthly community cleaning actions in each village (Average per month) | Number | 40 | 40 | 29 |
| 2.8 | Organize community awareness campaigns (1 in each of 40 villages) | Quarterly | 300 | 80 | 80 |
| 3. Activities to give greater empowerment to women and older girls in community water policy | | | | | |
| 3.1 | Outreach mobilization of women and girls for CAGs | Number | 7500 | 3000 | 3467 |
| | % women and girls mobilized for CAGs | % | 50 | 50 | 57.8 |
| | Training of women elected to serve as CAG coordinators | Number | 300 | 120 | 121 |
| | % female elected to serve as coordinators of CAGs | % | 50 | 50 | 53 |
| 3.2 | Training of female CAG members to serve on water committees | Number | 175 | 60 | 57 |
| | % female elected CAG members to serve on water committees | % | 50 | 50 | 46 |
| 3.3 | Training of women elected to serve as committee members in village committee of sanitation and hygiene | number | 350 | 140 | 128 |
| | % female elected to serve as committee members in village committee of sanitation and hygiene | % | 50 | 50 | 46 |
| 4. Activities to decrease common diseases among 113,500 people in the Kasenga Health Zone | | | | | |
| 4.1 | Annual internal evaluation/ comparative analysis with reported disease incidence rates | | 3 | 1 | 1 |

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| No | Activity/indicators | Measure | Program targets | PHASE I Targets Jun 2014 Mar 2015 | Actual Jun 2014 Mar 2015 |
|-----|--|---------|-----------------|---|-----------------------------|
| 4.2 | Partner consultation on conclusions, proposed adjustments to implementation plan | | | | ● |
| 4.3 | Conduct baseline assessment at project start | Number | 1 | 1 | 1 ● |
| | Conduct final assessment in the project area at project end | Number | 1 | 0 | 0 ● |
| 4.4 | Conduct initial survey (CAP) in each village | | 300 | 40 | 40 ● |
| | Conduct final survey (CAP) in each village | | 300 | 40 | 0 ● |
| | Conduct initial self analysis in schools | | 17 | 12 | 12 ● |
| | Conduct final self assessment in schools | | 17 | 12 | 0 ● |

Monitoring DGP 2014-2017 : - **Annex 1**

5. Explanations of results

1. Not achieved

- *Number of boreholes drilled.* Kabingandu is a village 15 kilometers from a motor able road. 2 wells were planed for manual drilling. After several trials, the team decided to abandon the site due to the nature of the soil that does not permit manual drills to take place. The lost of time has meant that only 4 of the 5 planed boreholes has been realized. The 1 borehole is being drilled in another village accessible to vehicles and is expected to be completed in April
- *Number of existing but broken down water points rehabilitated.* A total of 16 points were examined and repairs attempted. Of the 16, 5 could not be repaired so we ended up with 11 repaired water points.
- *Number of latrines constructed in schools.* The tender process for latrine construction dragged into February 2015. Contracts were signed on the 23th for a period of 60 days that will expire on the 29th of April.
- *Number of water tanks installed in schools.* Construction is completed in 3 schools with 28 latrines and due to complete by 29th April in 4 schools with 26 latrines while construction in 5 schools with 23 latrines will only be completed in June.
- *Number of household latrines constructed.* With most of the households out in the fields during the agricultural season, we could not achieve the goal of 6008 household latrines constructed. The households have now returned to the villages and the construction is advancing rapidly and will be completed within the month of April.
- *Number of wash hand systems installed.* Production of 6000 wash hand tanks with covers was completed end of March and distribution for installations at homes started by mid March. Installation will advance rapidly and we expect to have installed the 6000 wash hand systems by end April.
- *Number of villages certified.* 17 villages are ready for certification in April while 14 others will be ready for certification in May. 9 will be ready in June. We have discussed the progress in these villages with the health zone and made a plan for the health zone to visit the villages to confirm the progress and start the process of certifying the villages as “healthy villages”.
- *Number of schools certified.* Due to delays with the construction of latrines in schools, we see certification to only take place in September when the new school year starts.
- *Number of monthly actions in each of 40 participating villages:* The average number of actions per month is 32 instead of 40. There has been an increase from the last quarter from 26 to 32. With the community members back in the villages after the planting season, we see the number of actions reaching the 40 mark.

2. Surpassed

- *Number of teachers trained.* 36 teachers were planned 3 from each of the 12 schools. The new policy put in place by UNICEF and the Ministry of Primary, Secondary and Professional Education requires that 1 teacher from each class, the head teacher and the president of the school parent association should be trained. With this policy, 6 teachers, the head teachers and the school parent committee president were all invited. Thus a total of 96 were invited with a final participation of 92.

- *Form and train water committees.* 24 water committees were planned for training during this quarter. The actual trained is 26 committees. This is because we had trained 2 water committees in the village Kabingandu in which drilling of 2 boreholes manually did not succeed. We have reallocated the 2 boreholes to Lywinya and Kabyasha and have trained 2 new committees for these water points.

3. Delayed

- Testing for the quality of water. Water testing is delayed for 2 reasons

- Getting the WQAP approved
- Installing hand pumps to the 8 drilled boreholes
- Organizing a joint team HPP-Congo and the Health Zone for field visits to all these areas to carry out field test on water samples

- *Recruit, train and equip the local pump menders.* With the hand pumps not yet available in the project area, we could not organize just a theoretical training without the participants seeing and manipulating the hand pumps during the training. The training will take place in April as the tender process is completed and the pumps have been ordered.

6. Participants training information

| N° | Training title | Training objectives | N° of participants trained | N° of female participants | N° of male participants | Training period | N° of days |
|----|--|---|----------------------------|---------------------------|-------------------------|-------------------|------------|
| 1 | Training of area leaders | Build capacity in staff on the specifics and strategies of the CWASH project | 40 | 30 | 10 | 19-21 Mai 2014 | 3 |
| 2 | Training of CAG coordinators | Build capacity of coordinators to lead CAG activities | 228 | 121 | 107 | 03-13 July 2014 | 3 |
| 3 | Training of village committee members | Build capacity of committee members on the transmission & prevention of diseases and on how to manage the village committee | 280 | 128 | 152 | 05-13 July 2014 | 2 |
| 4 | Training of staff on PHAST | Building capacity in staff to facilitate participatory hygiene and sanitation in the villages | 25 | 9 | 16 | 16-19 July 2014 | 4 |
| 5 | Training of staff on the school sanitation program | Building capacity in staff to facilitate sanitation activities in schools | 25 | 9 | 16 | 19 September 2014 | 1 |
| 6 | Training of water committee members | Build capacity to manage and maintain a water point | 124 | 57 | 63 | 10-16 February | 2 |

8. Success stories

8.1 Success Story I: - As part of improving hygiene and sanitation practices in our operational area, the project CWASH through its approach, has trained and put a lot of importance to women participation in the implementation, in leadership and in decision making. In this process, women have shown what they are capable of participating from the beginning until the end of this activity.

Women alongside men have gladly shown their capabilities in some skills that were sometimes considered to be the exclusive domain of men, to the satisfaction and admiration of the whole community.

For us, this is an achievement showing that women can be the center of their own development. Here are some pictures

Women alongside men molding hand wash systems in concrete



Women making latrine slabs (sanplats)



8.2 Success Story II: Sharing lessons in community action groups (CAG) has brought positive fruits because households are making efforts every week to participate in lessons given by the area leaders and through their participation, households have acquired new knowledge that they practice with regard to the 3 key project messages:

- ✓ Wash hands before eating and after using the latrine
- ✓ Do not defecate in the open - use a hygienic latrine
- ✓ Only drink water from a protected water source

With increased consciousness on transmission and prevention of diseases in the community, the new hand wash systems in concrete that the project has introduced received an enormous positive response from the community as every household is making the conscious effort to install and use the wash hand system as a preventive measure against the proliferation of diseases. All over in the community, you can see wash hand stations next to their latrines or somewhere in the compound.

Hygiene lesson in a CAG



Massive turnout at a wash hand system distribution action in the community



An installed hand wash system in the community



9. Unit cost information

10. Markings & Branding and Initial Environmental Examination

- Campaign posters for the 2 campaigns carried out were all branded in conformity with the branding and marking plan.
- The construction of latrines, the drilling of boreholes, refurbishing of existing water points and the digging of refuse pits are complying with the Initial Environmental Examination plan.

11. Constraints

- In accessibility to some villages slowing down the drilling of boreholes and the transport of construction materials,
- Late start in construction activities after the contracts had been signed.
- The tender process taking longer than was expected as to reach a common agreement with the companies
- Absence of a majority of community members in the villages due to the farming activities from late October to late February has slowed the speed at which the project should have moved.

11. Implementing recommendations from the last quarter

| ACTION | RESPONSABLE | ECHEANCE | RESULTATS DU SUIVI |
|--------|-------------|----------|--------------------|
| • N/A | • | • | • |

12. PROJECT MANAGEMENT AND STAFF

The project is over all managed by the project manager. He works closely with HPP-Congo National Director based in Kinshasa. 5 project leaders, 1 M&E secretary and the project accountant are his immediate collaborators. Monthly planning and budgeting meetings are held with the 5 project leaders and the M&E secretary to take stock of the achievements of the past month and to draft the goals for the next month. Also, the project manager collaborates with the AOR to ensure that the project is being implemented according to the agreed procedures.

The 5 project leaders each supervises 3-5 area leaders. They are also the first contact in the field with sub contractors like drillers and latrine constructors. Weekly meetings of each project leader and the area leaders under his/her supervision are held to take stock of what was achieved during the past week and what should be achieved within the next week so as to achieve the overall month plan of the project drafted.

There are 20 area leaders each working with 2 village committees with 5-6 CAGs. The area leaders lead community activities and are in the field on a daily basis in contact with the committees, CAGs, coordinators and member families. Lessons are held in CAGs, meetings are held with committee members, campaigns are organized, actions are carried out all under the leadership of the area leader

| Designation | No. | Duty Station |
|-------------------------------------|-----|----------------------|
| Chief of Party | 1 | Kasenga and Kinshasa |
| Project Leaders | 5 | Kasenga |
| Area leaders | 20 | Kasenga |
| Monitoring and Evaluation secretary | 1 | Kasenga |
| Accountant | 1 | Kasenga |
| Book keeper | 1 | Kasenga |
| Purchaser | 1 | Kasenga |
| Driver | 1 | Kasenga |
| Guards | 1 | Kasenga |

13 Conclusion

The first year of the project has been very productive: 6000 families mobilized in 40 villages, 114 CAG established, 40 village committees established and trained, 13 hygiene sessions held in each of 40 villages, 2 community awareness campaigns realized in all 40 villages, 12 schools selected and latrines are under construction, 8 boreholes drilled. Although some goals were not achieved, the production level at the project has been good and the staff is in high spirit to finish PHASE I and to start PHASE II. The communities have greatly and largely increased their capacities as to the 3 key messages of the project and are mobilized to reduce the spread of diseases in their respective communities. Village actions have increased from an average per month from 26 to 32. Hygiene sessions are taking place in the participating schools and understanding and practices from school pupils is moving in the right direction. Water from rehabilitated water points is now flowing from 11 points increasing access to water from a protected water source. 28 school latrines have been completed in 3 schools. Collaboration with UNICEF, the health zone and the Sous-Préfecture has greatly increased with joint supervisions and coordinating meetings to secure that the project reaches its planned goals.

14. Selected photos from the project : - Annex 2

THANKS

Monitoring DGP 2014-2017

USAID - HPP-Congo

Project Community Water, Sanitation and Hygiene in Kasenga

Country Democratic Republic of Congo

Location Kasenga : Haute Katanga

Date 15th May 2015

Period 1st March 2014- 31st March 2015

| | INDICATOR | Goal | Goal | Results | Achieved | Difference | Results | Achieved | Difference | Results | Achieved | Difference | Results | Achieved | Difference | Total | Difference |
|----------|---|---------|--------|------------|----------|------------|------------|----------|------------|-----------|----------|------------|----------|----------|------------|----------|------------|
| | | 3 years | Year I | Mar - juin | | | Jul - Sept | | | Oct - Dec | | | Jan-Mars | | | Achieved | from goal |
| | | | | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2015 | Year I | Year I |
| 1 | Project Implantation Activities | | | | | | | | | | | | | | | | |
| 1.1 | Conduct a baseline Assessment in the project area | 1 | 1 | 1 | 1 | 0 | | | 0 | | | 0 | | | 0 | 1 | 0 |
| 1.2 | Elaborate project Annual Work plan, M&E plan, Marking and Branding | 4 | 4 | 4 | 2 | 2 | | 1 | -1 | | 1 | -1 | | | 0 | 4 | 0 |
| 1.3 | Meet with stake holders | 4 | 4 | 4 | 4 | 0 | | | 0 | | | 0 | | | 0 | 4 | 0 |
| 1.4 | Introduce program components to administrative authorities in Kasenga | 5 | 5 | 5 | 5 | 0 | | | 0 | | | 0 | | | 0 | 5 | 0 |
| 1.5 | Establishing project centers | 5 | 5 | 5 | | 5 | | 3 | -3 | | 1 | -1 | | 1 | -1 | 5 | 0 |
| 1.6 | Recruit/train project staff | 41 | 41 | 41 | 28 | 13 | | 2 | -2 | | 3 | -3 | | 7 | -7 | 40 | 1 |
| 1.7 | Number of Area leaders | 20 | 20 | 20 | 20 | 0 | | | 0 | | | 0 | | | 0 | 20 | 0 |
| 1.8 | Female area leaders | 10 | 10 | 10 | 7 | 3 | | | 0 | | | 0 | | | 0 | 7 | 3 |
| 1.9 | Male area leaders | 10 | 10 | 10 | 13 | -3 | | | 0 | | | 0 | | | 0 | 13 | -3 |
| 2 | To expand potable water supply, sanitation and hygiene facilities in Kasenga Health Zone | | | | | | | | | | | | | | | | |
| 2.1 | Train local latrine producers Phase I | 500 | 200 | | | 0 | | | 0 | 200 | 280 | -80 | | | 0 | 280 | -80 |
| 2.2 | Tender for bore hole drilling Phase I | 33 | 9 | | | 0 | | | 0 | 9 | 19 | -10 | | | 0 | 19 | -10 |
| 2.3 | Form and train water Committees Phase I | 70 | 24 | | | 0 | | | 0 | | | 0 | 24 | 26 | -2 | 26 | -2 |
| 2.4 | Rehabilitate existing but broken down water points Phase I | 37 | 15 | | | 0 | | | 0 | | | 0 | 15 | 11 | 4 | 11 | 4 |
| 2.5 | Recruit, train and equip the local pump menders | 26 | 26 | | | 0 | | | 0 | | | 0 | 26 | | 26 | 0 | 26 |
| 2.6 | Drill bore holes/install new wells Phase I | 33 | 9 | | | 0 | | | 0 | 9 | 4 | 5 | 4 | 5 | -1 | 9 | 0 |
| 2.7 | Produce hygienic slabs | 15000 | 6000 | | | 0 | | | 0 | 3000 | 5464 | -2 464 | 3000 | 714 | 2 286 | 6 178 | -178 |
| 2.8 | Deliver/install household latrines Phase I | 15000 | 6000 | | | 0 | | | 0 | | 200 | -200 | 6000 | 5090 | 910 | 5 290 | 710 |
| 2.9 | Build household hand wash stations Phase I | 15000 | 6000 | | | 0 | | | 0 | | | 0 | 6000 | 627 | 5 373 | 627 | 5 373 |
| 2.10 | Dig home refuse pits Phase I | 15000 | 6000 | | | 0 | | | 0 | 3000 | 4084 | -1 084 | 3000 | 966 | 2 034 | 5 050 | 950 |
| 2.11 | Install school water tanks Phase I | 17 | 12 | | | 0 | | | 0 | | | 0 | 12 | 3 | 9 | 3 | 9 |
| 2.12 | Build latrines in schools | 17 | 12 | | | 0 | | | 0 | | | 0 | 12 | 3 | 9 | 3 | 9 |
| 3 | Improve basic hygiene and sanitation practices in Kasenga Health Zone | | | | | | | | | | | | | | | | |
| 3.1 | Creation of CAGs Phase I | 300 | 120 | | | 0 | 120 | 114 | 6 | | | 0 | | | 0 | 114 | 6 |
| 3.2 | Elect/train CAG coordinators phase I | 600 | 240 | | | 0 | 240 | 228 | 12 | | | 0 | | | 0 | 228 | 12 |
| 3.3 | CAG hygiene education sessions Phase I | | 12 | | | 0 | | | 0 | 6 | 6 | 0 | 6 | 7 | -1 | 13 | -1 |
| 3.4 | Conduct PHAST Phase I | 100 | 40 | | | 0 | 40 | 40 | 0 | | | 0 | | | 0 | 40 | 0 |
| 3.5 | Training of school teachers | 55 | 36 | | | 0 | | | 0 | | | 0 | 36 | 92 | -56 | 92 | -56 |
| 3.6 | Form school brigades Phase I | 17 | 12 | | | 0 | | | 0 | 12 | 12 | 0 | | | 0 | 12 | 0 |
| 3.7 | Organize community cleaning actions-Monthly/village (Average) | 120 | 40 | | | 0 | | | 0 | 40 | 26 | 14 | 40 | 32 | 8 | 29 | 11 |
| 3.8 | Organize community awareness campaigns | 10 | 2 | | | 0 | | | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 2 | 0 |
| 4 | Give greater empowerment to women and older girls in community water policy | | | | | | | | | | | | | | | | |
| 4.1 | Outreach mobilization of women/older girls for CAGs Phase I | 7 500 | 3 000 | | | 0 | 3 000 | 3 467 | -467 | | | 0 | | | 0 | 3 467 | -467 |
| | % women/girls mobilized for CAGS | 50,00 | 50 | | | 0 | 50 | 58 | -8 | | | 0 | | | 0 | 58 | -8 |
| 4.2 | Number of female cag members elected to serve as coordinators | 300 | 120 | | | 0 | 120 | 121 | -1 | | | 0 | | | 0 | 121 | -1 |
| | % female cag members elected to serve as coordinators | 50 | 50 | | | 0 | 50 | 53 | -3 | | | 0 | | | 0 | 53 | -3 |

| | | | | | | | | | | | | | | | | | |
|----------|---|-----|-----|---|---|---|-----|-----|----|---|----|-----|----|----|----|-----|----|
| 4.3 | Training of female CAG members to serve on Water Committees Phase I | 175 | 60 | | | 0 | | | 0 | | | 0 | 60 | 57 | 3 | 57 | 3 |
| | % of female CAG members elected to serve on Water Committees Phase I | 50 | 50 | | | 0 | | | 0 | | | 0 | 50 | 46 | 4 | 46 | 4 |
| 4.4 | Training of female CAG members to serve in village committee of schools Phase I | 350 | 140 | | | 0 | 140 | 128 | 12 | | | 0 | | | 0 | 128 | 12 |
| | % of female CAG members trained to serve in village committee of schools Phase I | 50 | 50 | | | 0 | 50 | 46 | 4 | | | 0 | | | 0 | 46 | 4 |
| 5 | To decrease common diseases among 113,500 people in the Kasenga Health Zone. | | | | | | | | | | | | | | | | |
| 5.1 | Annual internal evaluation/ comparative analysis with reported diseases | 3 | 1 | | | 0 | | | 0 | | | 0 | 1 | | 1 | 0 | 1 |
| 5.2 | Partner consultation on conclusions, proposed adjustments to implementation | 3 | 2 | 1 | 1 | 0 | | | 0 | | 2 | -2 | 1 | | 1 | 3 | -1 |
| 5.3 | Conduct baseline assessment in the project area at project start | 1 | 1 | 1 | 1 | 0 | | | 0 | | | 0 | | | 0 | 1 | 0 |
| 5.4 | Conduct final assessment in the project area at project end | 1 | 1 | | | 0 | | | 0 | | | 0 | | | 0 | 0 | 0 |
| 5.5 | Conduct initial baseline (CAP) in each village Phase I | 100 | 40 | | | 0 | 40 | 40 | 0 | | | 0 | | | 0 | 40 | 0 |
| 5.6 | Conduct final survey (CAP) in each village Phase I | 100 | 40 | | | 0 | | | 0 | | | 0 | 40 | | 40 | 0 | 40 |
| 5.7 | Conduct initial self analysis in schools Phase I | 17 | 12 | | | 0 | 12 | | 12 | | 12 | -12 | | | 0 | 12 | 0 |
| 5.8 | Conduct final self assessment in schools Phase I | 17 | 12 | | | 0 | | | 0 | | | 0 | 12 | | 12 | 0 | 12 |
| 6 | Monitoring | | | | | | | | | | | | | | | | |
| 6.1 | Number of Monitoring visits from National HQ | 12 | 4 | 1 | | 1 | 1 | 1 | 0 | 1 | 2 | -1 | 1 | 1 | 0 | | 0 |

| no. | Results achieved | Source of verification |
|-----|---|---|
| 1 | Family Action Groups | project register |
| 2 | Initial and final baseline survey | Questionnaires and reports |
| 3 | Participatory hygiene and sanitation for transformation | liste of participants, Report |
| 4 | Families using refuse pits, washing their hands, using hygienic latrines, access to water | project register |
| 5 | Wells constructed and sanplats produced | Report, handover & reception by village committee/school administration |
| 6 | Potable water supply | Bacteriology test |
| 7 | Trainings | Presence liste, report |
| 8 | Number of families with knowledge on how diseases are transmitted due to the presence of fecal matter | Survey, project register |
| 9 | Monitoring visits from National HQ | Reports |

CWASH COMMUNITY ACTIVITIES IN PHOTOS



Participation of women in the infrastructural change in the community of Kasomeno



An action group meeting in Chibambo building capacity in men, women and children to prevent the transmission of hygiene related diseases



Well maintain compounds with hand wash systems installed in the community of Nsange



The health zone supervisor for water and sanitation engaging children and youths on their understanding and practices relating to water hygiene and sanitation in Nsange



This water point in Nsange has been broken down for the past 3 years. Now in use after maintenance from the project



The village is well maintained and clean in Kabyasha

Other Illustrations



Meeting in the community



Visibility

Visibility



Visibility



Women in the community

Women in the community

Other Illustrations



Photos of improved hygiene infrastructures (Forages & latrines)

Latrines in Bukanda primary school



Photo de site EP. BUKANDA (At the beginning of the intervention)



Photo de site EP. BUKANDA (After the intervention)

Latrines in Nkambo primary school



Photo of the site EP. NKAMBO (during construction)



Photo de site EP. NKAMBO (after construction)

Latrines in Pensulo primary school



Photo of the site EP. PENSOLU (at the beginning of the construction)



Photo of the site EP. PENSULO (after construction)

Water points repair and in use in the Village Lwinya



Photo of the borehole in LWINYA village (before intervention)



Photo of the borehole in LWINYA village (after maintenance)

Water points repair and in use in the Village Nsange



Photo of the borehole in Nsange village (before intervention)



Photo of the borehole in LWINYA village (after maintenance)