



Improving Urban Environmental Health in the Democratic Republic of Congo

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In the 1990s, urban areas in the Democratic Republic of Congo (DRC), a country divided by conflict, were in particular crisis as a result of rapid growth and poor management of public services. The severity of the urban crisis led USAID/DRC toward a focus on urban environmental health programming. Work began in October 2000, with the collaboration between USAID/DRC, the Environmental Health Project (EHP) and the Regional Urban Development Office (RUDO) at USAID/South Africa, to develop and implement an Urban Environmental Health Strategy. Subsequently, three short-term, results-oriented pilot projects were implemented that were consistent with the strategy. The work ended in January 2002.



A sanitation unit in a Kinshasa market

Two international NGOs—Action Against Hunger (Action Contre la Faim ACF-USA) and the International Rescue Committee (IRC)—collaborated with the University of Kinshasa’s School of Public Health and local community-based organizations to implement the pilot projects aimed at preventing diarrheal disease.

ACF Kinshasa Markets Water and Sanitation Project

- The primary goal of this project was to reduce public health hazards by improving sanitary conditions in Kinshasa’s open-air markets.
- The most noteworthy achievement of the ACF project was the collaboration with the market vendors in educating and mobilizing market communities to address their own sanitation needs and to bring about visible improvements. The project resulted in market hygiene promotion and the construction of a total of nine sanitation units and 11 water distribution points managed by local organizations in the seven targeted markets.

IRC Kananga Water Supply and Hygiene Education Project

- This project’s goal was to reduce the incidence of water-borne disease related morbidity and mortality by increasing local capacity in water provision and management, promoting preventive health measures and increasing access to potable water.
- The project’s most important achievements were the increase in protected potable water sources within walking distance of homes and the initiation of micro-enterprises by local organizations to maintain and manage these sources. Under the project, in addition to hygiene behavior change communication, 76 clean water supply sources were constructed/protected as well as four large-capacity water storage tanks and four public fountains. The project has led to the provision of safe, potable water to over 30,000 people each day.



IRC Barumbu Environmental Health Pilot Project

- The overall goal of the IRC intervention was two fold: (1) to reduce the incidence of diarrheal diseases in partnership with the community and (2) to identify and test creative solutions and alternative techniques to address urban environmental health problems.
- The project's notable achievements included the introduction of the Manual Pit Latrine Emptying Technology (MAPET) pump, and the ability to successfully tap into existing community organization capacity by training and collaborating with local community-based organizations to sensitize and mobilize the community on hygiene behavior change.

Selected Lessons Learned

Project Start-up

- A formal start-up workshop bringing together implementers and primary stakeholders is beneficial in project implementation.

Behavior Change Communication

- Multiple modes of communication should be used in implementing behavior change activities.

Strengthening Local Partners

- Sufficient time must be set aside at the beginning of implementation to understand and train local partners, including government and community-based organizations.
- Local partnership activities should not be confined to a single partner. Establishing community ownership is critical to success.

Financial Sustainability

- For income generating projects related to infrastructure management, a targeted amount of funds should be mandated to be set aside to cover recurring capital costs.

- In micro-enterprise building, strong efforts should be made to ensure that collected fees retain their value over time.

Evaluation and Follow-up

- Comprehensive baseline surveys focused on targeted behaviors are important for both planning IEC and training as well as for documenting health impacts.
- The incorporation of local institutions (e.g., the School of Public Health) can positively serve the implementation as well as the evaluation of a community-based project.
- Follow-up on initiated activities is essential to their long-term sustainability.

The full report, Activity Report 119, *Urban Environmental Health Strategies: Three Community-based Environmental Sanitation and Hygiene Projects Conducted in the Democratic Republic of Congo*, can be downloaded from the EHP website: <http://www.ehproject.org>.

To request a copy of the report, please email: info@ehproject.org.