



## Hygiene promotion in Mwangi Camp

S Phiri, Zambia

THIS PAPER DEMONSTRATES the importance of community mobilization and participation in project implementation. It is based on the experience the author gained in the management of more than 19,000 refugees who fled armed conflict in their country, the Democratic Republic of Congo. The success of hygiene promotion in Mwangi Refugee Camp largely hinged on convincing the refugees that sanitation was a priority that required their critical consideration. The lesson to be learnt is not so much the choice of technology; rather it is its transfer that could point to the success or failure of a project. With the 'inside-out' development approach, the project team served as catalysts thereby stirring the refugee community into action.

### The Problem

Towards the close of 1999, Mwangi Camp recorded a high incidence of water and sanitation related diseases. Poor hygiene practices and unsafe water were suspected as the chief contributory factors.

To plan for intervention, a water and sanitation baseline survey was conducted in September 1999. The findings of the survey were very worrying. Household latrine coverage stood at 4% of more than 3,700 families. The few communal latrines that were constructed were filled up in no time at all. The greater majority of the refugees were disposing of their excreta indiscriminately. Refuse was strewn about. Optimum conditions for the breeding of flies and rodents were prevalent. Less than 30% of the refugee population washed their hands after using a latrine. Materials such as stones, leaves and pieces of sticks were used for wiping after defaecating. Mwangi was gravid with potential epidemics. Reports of sexual harassment of women found defaecating in the bush were not uncommon.

### The hygiene promotion intervention

For the purpose of this paper and in the context of community mobilization and participation, hygiene promotion is defined as a planned and systematic approach aimed at motivating people to take action in the prevention of water and sanitation related diseases while maximising the benefits of safe potable water and sanitation facilities. The approach recognized the refugees' knowledge and resources and combined with the WATSAN team knowledge, providing a crucial link between the community and technical interventions.

The intervention had two standards

1. The affected population becomes aware of priority hygiene practices and has adequate information and

resources for the use of water and sanitation facilities to protect their health and dignity.

2. All facilities are of the preferred type. The technology employed is appropriate - easy, affordable, acceptable and sustainable.

In the implementation of the project, the following key indicators were used: -

#### Water supply

- The refugees use the highest quality of readily available water
- Public hygiene facilities are used appropriately and equitably
- There is at least 15 litres per person per day
- Mean faecal contamination in potable water is less than 50 faecal coliforms per 100 ml.

#### Excreta disposal

- Refugees construct and use latrines. Children's faeces are also disposed of immediately and hygienically.
- Household latrines are cleaned and maintained.
- Parents and caregivers demonstrate awareness of the need to dispose of children's faeces safely.
- Families and individuals participate in a family latrine programme.

#### Vector control

- Destruction of breeding sites
- Killing of vectors at various stages of their development.
- Protection of the refugees from mosquito bites

#### Solid waste management

- Waste is disposed of safely

#### Drainage

- Areas around shelters, and water points are free of standing waste water

### Community mobilization and participation

Drawing experiences from the Ministry of Health in the provision of primary health care, it was realized that when hygiene promotion falls directly under health care providers, there is a tendency to marginalize it in preference for case finding and management. A classic example is a Zambian community health worker who is meant to serve

as an affordable and accessible human resource in terms of health service provision closest to the doorstep of the community. By design, their training and orientation is more inclined towards the preventive aspect of health. However, in real work situations they are caregivers. They find the administration of drugs more respectable than talking about proper disposal of wastes. In the management of refugees in Mwange, it was decided to set apart a special group of people devoted to issues of water and sanitation.

The size of the camp and its population expressed the need to engage camp hygiene promoters who were to be used as 'vectors' in propagating hygiene promotion messages. At the time of the selection of the hygiene promoters, the camp had about 19,000 refugees distributed in 16 sections. From each section, the refugees chose 2 women as hygiene promoters. Asked as to why only women were chosen, the refugees explained that in their culture, women handled water and sanitation issues. The beliefs and customs of the Congolese were respected.

The training and orientation of hygiene promoters was carefully designed. Using PRA the control of the investigation process was shifted; the Congolese refugees became the subjects and not the objects of water and sanitation interventions. To the refugees, PRA simply became a 'learning by doing process' while to the project implementers it was an enriching practical experience.

### **Water supply in the Camp**

Mwange Refugee Camp is richly endowed with water. To the east of the camp are two springs giving life to a majestic stream that meanders through a thick forest. One of the springs is a source of water for the main water supply system. Water is fed from the spring by gravity into a reservoir with two pump outlets. Water is then lifted to a central point for storage, treatment and distribution. It is important to state that a team of refugees was constituted and trained in the operation and maintenance of the water supply system. It could be safely said that the refugees are now running their own operation.

The camp has an elaborate network of pipes and tap stands. As backup, 22 boreholes have been sunk. At each tap stand and borehole, aprons and soak pits were constructed. Where soil profiles are poor, canals leading to vegetable gardens were constructed.

The longest distance any refugee can walk to the nearest water point is 400 metres from their houses. The positioning of water points at their doorsteps has discouraged the use of raw water in the stream. It has also greatly contributed to the improvement of the quality of life of women and girls. Each refugee is assured of 20 litres of water per day. The water quality is regularly monitored. No faecal pollution from the tap stands and boreholes has ever been recorded.

### **Promotion of family latrines**

The promotion of family latrines was most challenging. It was dogged with religious beliefs, customs, ignorance and complacency. A number of health education talks, centred on the 'germ theory' and disease prevention, were given relentlessly.

Some religious sects who claimed that it was sinful to share latrines with 'non believers' were shunning communal latrines.

When family latrine promotion started bearing fruit, another problem was conceived. If each family were to dig their own pits for their family latrines, the camp was going to have in excess of 3,700 pits! There was not enough space for that.

In order to ensure that each family had a latrine while keeping the number of pits to the barest minimum, the project team suggested that two families share each pit; with partitioned superstructures constructed over them. This suggestion resolved the issue of sharing because each household was assured of their own separate latrines.

At meetings held for women in all the sections, hygiene promoters urged their fellow women to ensure that latrines were constructed for their families to ensure that they, and their daughters, were not subjected to sexual harassment in the bush. The hygiene promoters also reasoned that quite apart from disease prevention, if water and sanitation facilities were put close to their homesteads, women and girls were going to have more time for other household chores and relaxation.

Refugees were encouraged to construct the latrines in designated areas. They constructed them in their traditional manner. However, sanitation platforms (Sanplats), made by a special group of trained refugees were provided to each family that completed the construction of their latrines. The Sanplats were fitted with lids to deny fly access to excreta. By end of January 2000, the family latrine coverage peaked 92%.

### **Hand washing facilities**

Sustained health education talks centred on the importance of washing hands after using a latrine brought about a high demand for hand wash facilities.

The project staff, without verbally promoting the idea of using locally available materials, collected emptied cooking oil containers, cleaned them and filled them with water. These containers were tied to the doorposts of latrines at public places. The aid workers were seen washing their hands each time they used a latrine. Hygiene promoters emulated the practice and sold the idea to the rest of the people in the camp. Since the containers were in abundance, the practice grew. To encourage hand washing, toilet soap was distributed through hygiene promoters. At each distribution, hygiene messages were given.

### **Refuse disposal**

The digging of refuse pits did not need any promotion at all. The only areas of concern were their siting and proper use. The refugees, through the hygiene promoters, were asked to suggest ways of making refuse in pits less attractive to flies. They reasoned that if a layer of soil were thrown on the refuse, flies would be denied access. Others suggested the sprinkling of ash in the pits. The WATSAN team commended the refugees for coming up with their own solution to the problem of fly infestation.

### **Vector and rodent control**

In spite of the use of chemicals in the control of vectors, refugees were made to understand that the intervention was short term and unsustainable. Emphasis was put on proper disposal of wastes, both human and domestic, the destruction of breeding grounds for vectors let alone keeping food covered.

Following a complaint of rodent infestation, the project staff encouraged the physical killing of rats. Plastic buckets or bars of soap were given to refugees who killed and brought 25 rats to the project office. School children were given books and pens. The population of rats, which had

swelled, started to dwindle. When the incentives ran out, the refugees continued killing the rats.

### **Conclusion**

Today, Mwange is the cleanest refugee camp in Africa; recording an insignificantly low incidence rate of water and sanitation related diseases. The WATSAN project was based on approaches meant to build community will and decision making power through individuals, families and communities. It also built the capacity of the refugees in operation and maintenance of the systems that were established and developed.

### **References**

- UNICEF Handbook, April 1997: Better Sanitation Programming  
The Sphere Project, 1998: Humanitarian Charter and Minimum Standards in Disaster Response.

---

SAM WILLIAM PHIRI, Hygiene Promotion Specialist,  
Zambia Red Cross Society, P. O. Box 50001, Lusaka-  
ZAMBIA, AFRICA.

---