Mobile sanitation for transitional and difficult situations

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Mobile sanitation for transitional and difficult situations

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Since October 93, Burundi has been experiencing a socio-political crisis that has caused the displacement of thousands of people from their hills of origins to extremely crowded camps within the country. Bubanza province is situated in the northwest of Burundi and borders the Democratic Republic of Congo in the West and has been particularly affected during the crisis because Bubanza was the passage leading to the Kibira Forest where rebels had found their niche (See Map). In May 2000, there were 119,700 displaced persons in 48 IDP camps in Bubanza province (OCHA, 2000). Some of these camps had been there since 93, however recently those camps are closing down at alarming rates because of the Arusha negotiations, Mandela and government pressures. Communities are going back to their hills of origin or being resettled in villages. While most sites and communities were already lacking in basic sanitary facilities, this sudden change is aggravating the situation further. International Rescue Committee (IRC) under European Community Humanitarian Office (ECHO) funding has been operating in Bubanza province since June 1998 and through on-going evaluations, the following needs seem to be in general true in sites:

- Limited to no access to adequate food supply
- Limited access to medical services
- Limited access to potable water and sanitary facilities
- Limited access to schools
- No basic shelter and household goods.

This paper is attempting to:

- Create awareness upon the urgent needs expressed by these displaced communities
- Analyze the nature of the Sanitation program interventions in place
- Document the experiences/lessons learned by International Rescue Committee Sanitation program in promoting sanitation and hygiene in the Bubanza context.

Development of the concept of mobile sanitation services

During all this time where communities had been displaced in camps they had recreated a temporary structure, often comprising of temporary schools and people living in small shelters. This total disruption of these originally agricultural societies meant that camp dwellers had been deprived of access to land, and had heavily relied upon NGO help. After having been in camp for many years, they are now finally either being sent back to their hills of origins or resettled elsewhere. The emergency remains as serious as ever in terms of sanitation interventions. The situation in sanitation coverage had started to reach a relatively acceptable level, and hygiene education that focused mainly on usage and maintenance of latrines was still relatively new. A transitional step is therefore necessary in order to ensure that sanitation services are still provided to these communities. The idea of a mobile sanitation kit that communities will take with them upon their return was then thought through. The most important element for the future generations and even those ones is that focus on sanitation and hygiene education does not stop, as education takes a long time and effort that should not be discontinuous.

Various components of then sanitation program

The main components of the program consists of:

1. Provision of sanitary facilities:

At the school levels, the latrines are constructed with materials that are easily dismantled and reused like plastic sheetings, and poles that are common to be reused. In terms of public showers in health centers, the main important consideration is the location factor as it is crucial for their use.

At the community level, easily transportable slabs are provided to the communities. These slabs are wooden slabs that even have a handle to allow for easier carriage.

2. Wide hygiene education program across all parts of the province

The hygiene education program is based upon the assumption that hygiene committee members are trained on the importance of using participatory methods to lead hygiene education to communities. Hygiene committees’ members have been chosen according to their hills of origins so that capacities can be spread out amongst hills when communities return home. The main components of the training include learning to reproduce slabs, and being equipped with their own visual tools to lead their training sessions. Materials such as hoes, spraying pumps, and protection materials are also distributed to hygiene committees in order to facilitate their sanitation activities in those camps.

Results and impacts

Impact assessment has not been done yet, because the program is still in the early stage. However, internal and
external monitoring exercises are on going and the results outlined below are based on the stated activities in the study:

- **The hygiene education-training program** was reported to be good in terms of content and delivery and very relevant to the transitional needs. After the training, the hygiene committee members have improved their pre-tests score by about 50% and they were able to convince their neighbors to dig more holes. The committees also organized themselves to write hygiene related songs and act in drama plays relevant to their contexts. However it was observed that the materials distributed to the committee should have included more transport means for them to move from one hill to another. Communities are appreciating the participatory method a lot as it created as well some distractions for thousands of camp members that have been marginalized for many years.

- **The hardware part** of the program is still more appreciated and requested. Communities are appreciating a lot the part of learning to construct their own latrines. Increased demand for slabs has also been noticed, meaning an increased understanding of the importance of sanitation. Materials distributed to the hygiene committees seem to be adequate and very useful.

- **Better hygienic practices** at various levels have been observed through the results recorded from the baseline surveys.

- **Higher level of participation** of communities in sanitation activities and in sessions organized by the hygiene committee members.

- **Increased trust from the communities**, as well as an increased capacity to organize themselves.

### Constraints observed when implementing program

The sanitation program has however observed certain constraints:

- **Logistical constraints** as it has been difficult to organize the communities to come to meetings and to be able to reach them in their newly housings. It is also important to state that Burundi is a very hilly country and Burundians in general are very individualistic communities that live very spread out.

- **Insecurity** has also been a constant concern through the establishment of the sanitation program as well as for the running of the program, making access to communities very difficult.

- **Land ownership and allocation** is one of the most challenging part of the sanitation program. Nobody wants to give up valuable land for building latrines and with government policies access to land has been very difficult.

- **Difficulty to plan activities** as the situation is so volatile that communities move around the country at an alarming rate, which requires certain flexibility on the field workers as well as for donors to keep re-orienting their mandates to reach needy communities.

- **Communities attitudes and beliefs:** There are many believes that make implementing a hygiene education program difficult, such as people believing that eating peanuts will cause malaria, or that a pregnant woman breastfeeding will cause diarrhea. There are also many inhibiting attitudes that can be seen among the communities such as dependency, lack of patience, individualistic selfishness and lack of trust from any existing structures. This comes from a combination of a history of regroupement, lack of trust from government policies, lack of education and poverty.

- **Lack of consistent participation policy:** Many NGOs in the past had paid communities in the past; therefore coming in with a participation policy is often not well seen and can create conflict.

- **No support from the government for sanitation sector:** In a long list of priorities, sanitation is often not given a high ranking if not even ignored. That has been a major challenge to get local authorities attention to a sector that is not only essential, but also detrimental to the survival of these communities.

- **Getting an increased support from donors:** It has been extremely difficult to convince donors that the country is still in an emergency situation as camps are closing down and that the country seems to be in relatively calm atmosphere.

### The way forward

Sanitation and hygiene education program are very needed amongst those rural communities in Bubanza and in Burundi in general, however if the program wants to be more successful, adopting some of the below approaches might be necessary:

- **Use more of a gender-approach** in sanitation program, increasing number of female in hygiene committees members, as these programs cannot succeed without the active role played by the women, and also because traditionally women are the ones assuming many of the educational roles.

- **Focus on school sanitation and hygiene:** As camps are dismantled and communities return to surrounding hills, the schools structures remain the same and attendance to schools remain constant. A sure impact can therefore be achieved through these children and hopefully messages can be spread out to their families and neighbors in the hills.

- **Wider mobile sanitation program** through regular distribution of slabs to help people settling down in their
new houses and a decentralization of capacities in order to give maximum responsibilities to hygiene committees returning to the hills.

- **Coordinate activities with water program** to facilitate practicing newly acquired hygiene knowledge.

- **Flexibility in program implementation** as objectives are likely to change regularly, while keeping communities needs in perspective.

- **More advocacy to increase support from donors and government officials.**

**References**

**Ocha 2000** (Office for coordination of humanitarian affairs) notes gathered in May 2000

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