



FALL 2014



CPAR report

WATER, SANITATION AND HYGIENE – IMPORTANT COMPONENTS OF CPAR’S WORK TO BUILD HEALTHY COMMUNITIES IN AFRICA.

“Water and Sanitation is one of the primary drivers of public health. I often refer to it as “Health 101”, which means that once we can secure access to clean water and to adequate sanitation facilities for all people, irrespective of the difference in their living conditions, a huge battle against all kinds of diseases will be won.”

*Dr. Lee Jong-wook,
past Director-General of the World Health Organization*

Water, sanitation and hygiene (WASH) are the foundation of health. Without these, all other health interventions are rendered ineffective. WASH is a priority component of CPAR programming and we have been implementing successful WASH interventions for over a decade.

CPAR approaches its WASH programs through a series of interconnected activities designed to address water, sanitation and hygiene deficits. In the delivery of public health education campaigns and training, the link between unsafe water, poor sanitation and hygiene, and preventable illnesses is highlighted. Practical demonstrations reveal how resource poor communities can provide wider access to clean water and achieve improved and sustained hygiene and sanitation status. Using the Community-Led Total Sanitation (CLTS) approach, CPAR supports communities in assessing their own water and sanitation needs and in taking action to become open defecation free (ODF). Our goal is to move families up the drinking water and sanitation ladders.

The drinking water ladder presents a three-step progression that includes the proportion of the community using either unimproved drinking water sources (for example, a stream, river, lake, or swamp), improved drinking water sources (such as public taps or standpipes, borehole wells, protected dug wells,

protected springs and rainwater collection), and water that is piped directly into the home or yard.

The sanitation ladder monitors the progress of communities towards the sanitation target of the Millennium Development Goals (MDGs). It describes four steps of sanitation coverage. The first and lowest rung is the practice of open defecation, which includes defecation in fields, forests, and bodies of water or other open spaces. The second rung refers to the use of unimproved sanitation facilities – facilities that do not ensure hygienic separation of human excreta from human contact. Examples include pit latrines without a slab or platform, hanging latrines, and bucket latrines.

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A small rainwater harvesting tank for handwashing at a primary school in Malawi



Learning proper hand washing techniques



Drinking fresh cool water

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Shared sanitation facilities are placed on the third rung and are acceptable facilities, like public toilets, but are shared between two or more households. The top rung of the sanitation ladder is the use of improved sanitation facilities, which ensure hygienic separation of human excreta from human contact and include flush toilets connected to a piped sewer system, septic tank or pit latrine, ventilated improved pit latrines, and pit latrines with slab.

CPAR supports rural communities' climb up the drinking water and sanitation ladders. Through demonstrations on household water treatment and safe water storage, the installation of hand washing facilities at schools, health centres and homes, the mobilizing of community based water committees, and the delivery of training on water point operation and management, CPAR is working to reduce diarrhoeal diseases and build healthy communities in Africa.

Children can be effective agents of change and play an important role in sanitation and hygiene promotion. Children share what they learn at school with their families and grow up adopting good hygiene behaviour.

The World Health Organization (WHO) reports that in sub-Saharan Africa:

- 325 million people do not have access to an improved drinking water source
- 644 million people do not have access to an improved sanitation facility

It is estimated that diarrhoea is responsible for as much as 7.7% of all deaths in Africa.

The combination of contaminated drinking water, poor sanitation and hygiene, and improper handling of food causes a health crisis that affects all members of a community, but leaves children under five especially vulnerable.

Investment to improve drinking water, sanitation and hygiene, and strengthening water resource management systems makes strong economic sense. According to the WHO, every dollar invested in water, sanitation and hygiene (WASH) leads to eight dollars' worth of benefits. Investment in WASH interventions saves human lives and supports community members in their ability to achieve higher economic productivity and higher levels of quality education, and also reduces household health-care expenses - all of which adds to a family's ability to lift itself out of poverty.



Collecting water from Lake Victoria



Pumping water at the Haruzale Borehole Well

BOREHOLES KEEP PEOPLE HEALTHY AND BRING CHILDREN BACK TO SCHOOL

Before the borehole, the people of Haruzale village in Bunda District, Tanzania were not happy. The community voiced concerns of the negative health effects families were experiencing due to a lack of clean and safe water. Waterborne illnesses were rampant and valuable time was being spent travelling the long distance between the village and the nearest water source – Lake Victoria - to collect water.

Women and children (mostly girls) would wake up at 5 o'clock every morning to walk 5 km from their homes to the lake, sometimes encountering dangers along the way. They made the long journey back carrying 20 litre buckets of water balanced on their heads, knowing that this water was barely enough to prepare tea and porridge for the family, and to clean the day's dishes.

CPAR partnered with Haruzale community to make a change. A borehole well was constructed and CPAR mobilized a local water committee to manage the new water point. Soon the health of the community began to improve. They stopped accessing unprotected, open source, Lake Victoria water that had made people ill.

As village members reported, *"Before the borehole it was common for us to have stomach problems. At the hospital the doctor told us that we were affected by typhoid, amoebas, worms and bilharzia. These diseases were caused by drinking unclean and unsafe water from the lake. At the lake people bathe and wash cooking utensils, human faeces pollutes the*

water, and livestock drink at the shore. After CPAR came to our village and drilled the borehole, life changed. There are very few incidences of stomach problems. We have enough water for drinking and home use. Now we don't have to wake up early in the morning and walk long distances to get water. We have more time for other activities like growing food and raising livestock."

The presence of the borehole has made other impacts on the community as well. The village has experienced a rise in school attendance. Before the borehole, children were exhausted from the long distances travelled to collect heavy loads of water. Often returning late from the lake, children missed bathing and eating breakfast before going to school. Ezekiel-Haruzale, a primary school teacher, shared, *"Student performance was very low. More than half of the students were not attending school and these were mostly girls. Those who were present seemed to be very tired. Also, when water was not available, teachers did not want to stay in our village. But due to the presence of the borehole, teachers are staying and more students are coming to school."*

The borehole continues to be well maintained and is supported by financial contributions of community members made for the purchase of spare parts for the pump. Haruzale village has demonstrated the power of locally owned and managed WASH interventions and has succeeded in climbing an important rung on the drinking water ladder.



Water Committee members in Tanzania learning how to maintain and fix a pump



Getting water from a protected spring

WATER COMMITTEES, SAFE WATER STORAGE, AND LATRINES INTRODUCED IN RURAL ETHIOPIA

As part of CPAR's Farmers First food security program, a well was hand dug in Aleku village, Jarso District, giving 40 households access to clean and safe drinking water. To ensure sustained operation and management of the well, fourteen water committee members and four hand pump attendants participated in two days of training on water scheme management, sanitation and hygiene. Facilitated by CPAR, the training was presented by technical experts from the local government's Water Resource Development Office. Upon completion of the training, the water committee was given a maintenance tool kit, containing a wrench, Fisher hooks and reserve plastic seals for basic well and pump maintenance. Aleku village water committee members meet every month to collect water usage fees and discuss issues raised by the community relating to water management, sanitation and hygiene.

In Ethiopia, as part of the Farmers First food security program, the development of water infrastructure for irrigation and domestic consumption was an important strategy. The shortage of water was a major challenge for farmers. The water schemes constructed over the past five years are providing 209 families with a protected source of clean water within a 30 minute

walk from their home. In addition to having safe water to drink, access to a reliable water supply has enabled farmers to produce vegetables that are being added to household diets for food diversification and nutrition and the surplus vegetables are being sold to increase household incomes.

When there is no source of safe drinking water available, however, it is vital that community members learn how to make unsafe water potable. In Ethiopia's remote district of Guba, drinking water is not readily accessible. To address this challenge, CPAR delivers community education sessions where people learn about different methods of water purification (including filtering and boiling), the safe storage of water at the household level, and how to prevent contamination.

In Guba, the community has also prioritized improved sanitation. Model farmers act as community sanitation champions and encourage other community members to build latrines. As part of the program, model farmers are required to construct an improved latrine at their home, which serves as an example for other community members to follow.



New latrine block at Hayedesh Primary School



Monika Karato at a drinking water station at Umoja primary school

STUDENTS CONNECT RAINWATER HARVESTING AND HAND WASHING TO BETTER HEALTH

Since 2005, CPAR has implemented rainwater harvesting, sanitation and hygiene programs at 30 primary schools in Karatu District, Tanzania. At each school the following are constructed: two 30,000 litre water tanks; an eight-unit sex-segregated ventilated pit latrine; and drinking water and hand washing stations. As well, health and hygiene training is delivered to students and teachers, and school water committees are formed and supported through training and supplies.

In 2013, CPAR partnered with the Umoja Primary School, reaching 368 students with a WASH intervention. In years prior, students collected water from a source located 5 km away and the school was furnished with seven latrine units in poor condition and shared between boys and girls.

Sixth grade student Monika explained, *“Drinking water was an issue in our school. We were drinking water which comes directly from Ngorongoro forest. This water is not clean and safe at all. It is always grey and contaminated by wild animals and every day students were complaining of stomach illnesses and diarrhoea. I am thankful for the water tanks and this nice project because now we are drinking clean and safe water. We also wash our hands after every toilet*

visit and before and after every meal. We learned a lot about the importance of washing hands from Delfina (CPAR Country Manager) and now I wash my hands at school and at home too! Look: hygiene and sanitation is now improved!”

The grey water from hand washing stands is used in the school garden and fresh vegetables have been added to the school lunch program. Fourth grade student Sixbeth enjoys working in the school garden. He became interested in planting when a nurse at the village dispensary advised him to eat more vegetables as he was suffering from a mineral deficiency. Sixbeth shared, *“I had no time for vegetables, but after getting advice from the village nurse I started to work hard in the school garden. Now I have a small garden for my family at home too.”*

Now I wash my hands at school and at home too!

Monika, sixth grade student





Daniel Nyaluwanga in front of his latrine demonstrating hand washing



Turning used water bottles into a handwashing station in Malawi

WATERBORNE ILLNESS PREVENTION EFFORTS CROSS VILLAGE LINES

Water and sanitation-related diseases are one of the greatest challenges to health in the Nkhotakota district of Malawi. Productive working days lost to sickness, the exorbitant cost of medicine, and preventable deaths place a crushing economic burden on rural families.

If you asked Chilowa village resident Daniel Nyaluwanga about the state of sanitation and hygiene in his community before CPAR's Global Sanitation Fund project, he would just shake his head. Only a third of the households in his village had latrines. Ask him today and Daniel will tell you that his village has been declared Open Defecation Free (ODF). All 63 households now have a latrine with a drop-hole cover and a hand washing facility nearby.

Daniel is a natural leader. After being introduced to the project, he and his team worked tirelessly going house-to-house to teach people about the importance of good hygiene and to encourage their fellow residents to build latrines. They monitored the progress and often helped with the construction work.

"Success did not just come the easy way. At first it was very difficult. We had some people in the village who were not cooperative at all. They openly challenged us, saying that they couldn't construct a latrine when God had already blessed them with a natural one, meaning the bushes," Daniel shared.

Once all the households in his village had latrines, Daniel did not stop there. Daniel expanded his work to nearby villages.

"I was very happy that we had finally achieved what we were fighting for. But I knew the battle was not over because our neighbouring villages were still practising open defecation. We told ourselves that if we are to stay safe from diseases like cholera, the surrounding villages had to be safe as well."

As a result of Daniel's unwavering efforts and his passion for volunteer work, every household in the two neighbouring villages had built a latrine by the end of 2013.

The Global Sanitation Fund project has the goal of reaching 113,618 people – Daniel's efforts have helped many households take a first and important step up the sanitation ladder.

"...If we are to stay safe from diseases like cholera, the surrounding villages had to be safe as well."

Daniel Nyaluwanga, Chilowa Village

PARTNERSHIPS AND OTHER NEWS

CPAR IS PLEASED TO ANNOUNCE A NEW WASH PROGRAM IN MALAWI.

In partnership with UNICEF, CPAR is launching a new two-year Water, Sanitation and Hygiene project in Malawi. The project will directly benefit 336,740 community members and 10,200 students at 17 primary schools across three districts. Of the 5,000 primary schools in Malawi, under a quarter meet the national standard of one latrine per 60 students and only 4% of schools have hand washing facilities. Considering nearly 25% of the Malawian population is of school-going age, these statistics are particularly alarming.

Over the course of the project period, 46 new water points appropriate to the location will be constructed, such as drilled wells, protected rope pump wells, gravity fed systems (using pipes to transport water to tap stands) and rainwater harvesting. Using the Community-Led Total Sanitation approach, CPAR will support 130,000 people in 200 villages to help them gain access to improved sanitation facilities. Public health education will be delivered in schools and communities. Water and sanitation committees will be formed and trained to play a dual role of conducting community health education campaigns and managing and maintaining the newly constructed facilities.

CPAR will work in collaboration with key community-based partners such as government extension workers, the District Health Officer, District Council, local private sector stakeholders and Area Mechanics to improve WASH service delivery and management at the community level.

IN PARTNERSHIP WITH ALGONQUIN COLLEGE

In June, five instructors and 18 students from Algonquin College in Ottawa spent three weeks working alongside CPAR staff and the Bunda District Health Department in the Mara Region of northern Tanzania to deliver a unique health program. Breath of Life - Helping Babies Breathe (HBB) is a program created to train birth attendants, and clinic and hospital staff on the essential skills of newborn resuscitation. HBB explores the concept of the Golden Minute, which recognizes the vital importance of an infant's breath within the first minute of birth, and if there are difficulties, breathing can be stimulated by ventilation through a bag and mask. The hands-on practical training was supplemented by the use of realistic newborn simulators. Algonquin College provided

the HBB training package, which included picture-based learning materials printed in Swahili, newborn simulators, and a supply of durable bulb suction and bag-mask ventilators that can be sterilized through boiling and re-used.

Algonquin College volunteers also offered parents oral health education and practical demonstrations on improved oral hygiene and teeth cleaning with a focus on infants and children. To add fun to the technical training, mothers and children in the health centre waiting areas were engaged in activities like singing and crafts.

CPAR thanks Algonquin College, especially the group who travelled to Tanzania, for developing this exceptionally rewarding program.



Using a newborn simulator to learn how to help babies breathe.

Have you prepared your Will yet?

Bequeathing a gift to CPAR is one of the most meaningful donations you can make. Having learned how your support is changing lives, please take a moment to consider leaving CPAR a lasting legacy to help us continue to build healthy communities in Africa.

For more information, please visit our website or contact Dusanka Pavlica, Director of Development at 1-800-263-2727 or (416) 369-0865 ext. 28 or email dpavlica@cpar.ca



CPAR'S INTEGRATED APPROACH TO PROGRAMMING

Founded in 1984 to respond to the famine in Ethiopia, Canadian Physicians for Aid and Relief (CPAR) is a non-profit organization working in partnership with vulnerable communities and diverse organizations to overcome poverty and build healthy communities in Africa. CPAR supports community efforts to address determinants of health through improved access to primary health care, clean water and adequate food, better hygiene and sanitation, and the creation of secure livelihoods.

Food Security and Nutrition Health without adequate and varied food is impossible. Recognizing that the vast majority of households in communities in which CPAR works engage in farming, CPAR is supporting farmers to improve their production and the variety of foods they grow as an essential aspect of our work. We also work with partner communities to maximize their nutrition through the food available and to improve their livelihoods so that they have the resources to protect their health in the long-term.

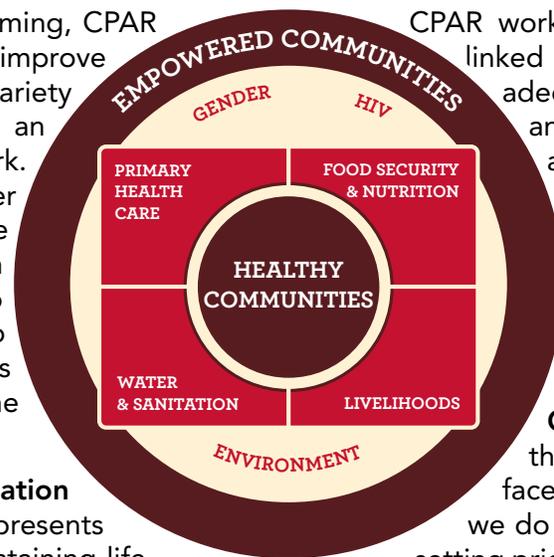
Clean Water and Sanitation

Access to clean water represents the most basic need to sustaining life, and access to adequate sanitation is imperative to maintaining health and preventing the contraction and spread of a myriad of diseases. Unfortunately, in the communities in which CPAR works, far too many families go without either. CPAR works with communities to establish water points, develop latrines and provide training in such a way that communities themselves manage the new infrastructure and lead behaviour change to adopt practices that promote health and limit the spread of disease.

Primary Health Care All people require access to health care. The communities with whom CPAR works often lack access to the most basic of health care services, for example adequate support to pregnant women to deliver their babies safely. These are services that require long-term and reliable solutions, which is why CPAR works closely with local health professionals and local health workers (e.g. Village Health Workers, Traditional Birth Attendants, etc.) supporting them to build capacity and plan for the future.

Building Secure Livelihoods Long-term health solutions cannot function without the foundation of communities working in secure livelihoods. Where CPAR works, household livelihoods are integrally linked with health outcomes – accessing adequate food, water, sanitation, education and medical care isn't possible without an income. And livelihood gaps can result in a vicious cycle of expanding marginalization as families are forced to compromise their long-term interests for immediate survival, increasing the burden on public systems and limiting options in the future.

Crosscutting Issues CPAR recognizes three crosscutting issues that pervade all facets of life and colour every aspect of what we do – Gender, HIV and the Environment. In setting priorities and focusing our limited resources to ensure that our work with communities achieves tangible results, we must ensure that all of our projects take special consideration of each of these issues as we plan and work together with communities to improve their overall health through our priority program areas: Food Security and Nutrition, Clean Water and Sanitation, Primary Health Care and Building Secure Livelihoods.



A SPECIAL THANK YOU
to all of you for your recent donations and support.

**Together we can build
healthy communities in Africa!**

CPAR works in partnership with vulnerable communities and diverse organizations to overcome poverty and build healthy communities in Africa.

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