

# LEARNING NOTE

## PIVOTING HYGIENE AND WATER ACTIVITIES TO RESPOND TO COVID-19 IN THE DRC

### SUMMARY

The COVID-19 pandemic is anticipated to contribute to widespread food insecurity and malnutrition and have long-term health, social, and economic repercussions. Central to the pandemic response is ensuring adequate water and sanitation services, and improved hygiene practices to reduce disease transmission. The USAID Bureau for Humanitarian Assistance (BHA)-funded Budikadidi Development Food Security Activity (DFSA) located in the Democratic Republic of the Congo (DRC) and led by Catholic



Relief Services, has pivoted water management and governance, Care Groups,<sup>1</sup> mass media, and community outreach and education activities to address immediate shocks caused by COVID-19 pandemic. The program aims to ensure that every community member has access to accurate, complete, and early information on COVID-19. Equipping community change agents with the skills to conduct behavior change activities allows for a coordinated response with the health system, local government, and other partners, which will improve readiness for future outbreaks of COVID-19 and other infectious diseases. This learning note shares some of the adaptations, early results, lessons learned, and challenges experienced by the Budikadidi project as they adapted programming to meet WASH needs that arose from the COVID-19 pandemic.

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<sup>1</sup> A Care Group is a community-based model, which includes re-grouping community volunteers in a structured way with the aim to support the adoption of optimal nutrition and health behaviors among neighbor households.

## INTRODUCTION

Budikadidi (which translates to “self-sufficiency” in Tshiluba) aims to improve food security and nutrition through an evidence-based, locally-appropriate package of interventions that builds local capacity, strengthens service-delivery systems, increases accountability, and reduces structural, cultural, and gender-based barriers to change.<sup>2</sup> In project regions within the Kasai Oriental province, key underlying causes of food insecurity are compounded by geographic and economic isolation and long-term underinvestment by the Congolese state.<sup>3</sup> In addition, recent militia activities and a large cholera outbreak in 2018 have had significant impacts on both health and social well-being.



Prior to the COVID-19 pandemic, Budikadidi’s WASH interventions focused on rehabilitating and building new water points, supporting the creation and training of water management committees (WMCs), and targeting essential hygiene behaviors through radio campaigns, Care Groups, and sanitation activities. Budikadidi closely collaborated with government authorities, including the National Water and Sanitation Committee (*Comité National d’Action de l’Eau et de l’Assainissement*), Provincial Department of the National Rural Water Service (*Service National de l’Hydraulique Rurale*), Provincial Department of Public Health (*Direction Provinciale de la Santé*), and the Central Health Zone Offices (*Bureau Central de Zone de Santé*).

The 2019 project mid-term evaluation demonstrated that WMCs were shown to be a strong community-based structure, well-trained, and equipped with the appropriate tools for strong water management and governance. Village chiefs and community member engagement with WMCs also provided oversight of the water points to ensure that they were operational and sustainably managed. The mid-term evaluators recognized that having WASH promoters that live and work in and near communities ultimately helped accelerate and sustain mobilization efforts of WASH interventions.

The success of this water management and governance work was built off of previous efforts under the DFID-funded [DRC WASH Consortium](#). Water management training manuals developed under this project were adapted into easy-to-use technical guides for field staff training. Adapted from the [Empowers Approach to Water Governance](#), these guides were oriented towards lower-literacy populations and promoted scenario-

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<sup>2</sup> Implemented by a consortium of partners, including Catholic Relief Services, the National Cooperative Business Association CLUSA International (NCBA/CLUSA), Tufts University, Caritas Mbuji Mayi, Réseaux Femmes et Développement (REFED), and Réseau des Associations Congolaises de Jeunes (RACOJ).

<sup>3</sup> Murphy, E., Glaeser, L., Maalouf-Manasseh, Z., & Collison, D.K. (2015). *USAID Office of Food for Peace Food Security Desk Review for Kasai Occidental and Kasai Oriental, Democratic Republic of Congo*. Washington, DC: FHI 360/FANTA

based discussions with illustrative drawings and participatory techniques. Links to these guides on topics such as monitoring water quality, organizing and facilitating meetings, collecting and managing water user fees, and operations/maintenance of water points are found at the end of [this learning note](#). This scenario-based learning was as an interactive process that helped WMC members assess risk and challenges associated with user fee collection, to collectively adapt and action plan, and build consensus on solutions to develop the WMC's administrative and financial systems.

### Why Scenario Building?

When the WMC members identified solution themselves, their systems became more sustainable. The Budikadidi staff played a facilitator role, offering alternative solutions from other WMCs. For example:

**Facilitator:** *What if some people have no money to pay water. What are you going to do?*

**WMC members:** *We cannot give water.*

**Facilitator:** *So vulnerable people in your village cannot have access to clean water?*

**WMC members:** *But they should have access.*

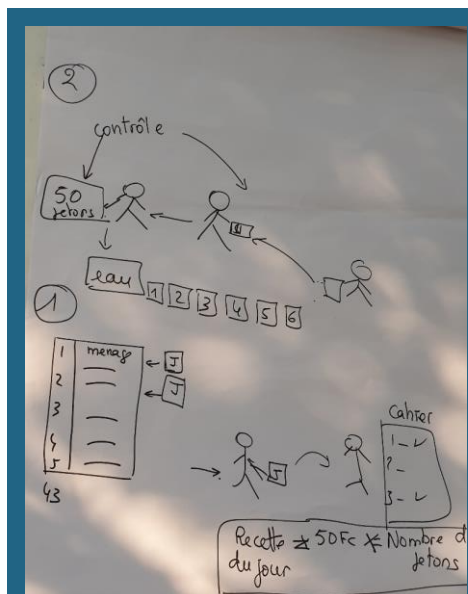
**Facilitator:** *Are there many? What are your thoughts on establishing a list of people who are exempt from payment?*

**WMC members:** *Then they would agree that's the way to proceed.*

## PIVOTING PROGRAM ACTIVITIES TO PREVENT COVID-19

The early decision to heavily engage village leadership and local authorities as part of Budikadidi's WASH service delivery built trust between project staff, communities, and local leaders, and helped to strengthen the activity's pandemic response activities. In addition, during the 2018 cholera epidemic, staff worked closely with local government and implementing partners to develop a well-coordinated strategy. This preparedness planning shaped the program's early response to the COVID-19 pandemic.

In support of the government's response to COVID-19, Budikadidi collaborated closely with the Provincial Task Force in developing messages as well as producing and distributing informative materials in rural communities. Radio content was reviewed and approved by the task force before airing and Budikadidi used the national SBC tools. In addition, Budikadidi coordinated activities with other WASH actors and local administrations, including the *Administrateur du Territoire*, *Chef Secteur*, and *Chef de villages*.



Examples of flipcharts with scenarios.  
Photo Credit: Tresor Tshiteya/Catholic Relief

## WATER GOVERNANCE ACTIVITIES TO PREVENT COVID-19

Ongoing water governance activities have been leveraged to support COVID-19 response activities, including building on existing risk communication and community engagement (RCCE) efforts. At the early stages of the pandemic, Budikadidi worked with the WMC, village chiefs, care group lead mothers, and community members at water points to:

- Identify and discuss the risks and mitigation measures that are feasible at water points through illustrative and scenario-based lessons.
- Communicate risks of COVID-19 and of large group gatherings, particularly at the water point.
- Communicate instructions to water users to spread out their water containers while queuing and to respect social distancing while standing in line.
- Increase the number of hours that water is available while respecting the requisite recharge time for the water point to ensure proper operations and maintenance.
- Restrict the number of people allowed inside the fence and who are allowed to touch the pump.
- Install a handwashing station for users, water technicians, and fee collectors to use before using the water point.

### Scenario Building during COVID-19

Similar to the scenario building described above, Budikadidi adapted the scenario for COVID-19 prevention and transmission pathways. This included:

- *What are high-risk moments for COVID-19 disease transmission at the water point?*
- *What are the risks when people pay for water?*
- *What can happen if the jerry can is unclean?*
- *When and how does the technician clean the water point/pump?*

The water technician was responsible for both managing the water point and overseeing social distancing and hygiene at the water collection point. Care Group lead mothers also raised conduct RCCE on COVID-19 at the water points. Both groups were part of the health and WASH group under the leadership of the village development committee. Lead mothers were tasked with conducting door-to-door interpersonal counseling for COVID-19 and other health, nutrition, and WASH practices. They also received formal training on COVID-19 through the care group training system and organized regular hygiene promotion activities at the water point.

After working through scenarios on COVID-19, the cash collector of the WMC in Ditalala Village in Katende reported that:

*“We have purchased the modern hand washing station and soap from the WMC funds. It has cost us 20,000 Fc (\$10), and we are asking every water user to wash their hands when they arrive at the water point. To ensure maximum safety, we decided on a new system: no one is allowed to enter the water point’s fence, except the two [people] in charge of pushing the hand pumps. The person in charge of collecting the cash is different [from the persons in charge of pushing the hand pumps].”*

Each of the sixteen WMC managing boreholes have developed their own business plans, have operating accounts, and determine allowable costs according to their saving and provisional expenses and cash needed



per period. As the above quoted committee member noted, they decided that a hand washing station and local soap was a relevant expense. Half of these WMCs have already started expanding the water business to other income generating activities to increase their savings, which allows them to ensure that smaller expenses, such as soap, do not negatively affect their savings and budget.

## CARE GROUP VOLUNTEERS

Early in the pandemic, some Care Group promoters took the initiative to conduct COVID-19 sensitization. To reinforce these self-driven efforts, Budikadidi used a COVID-19 RCCE [training module](#). Care Group promoters and lead mothers were trained on what is COVID-19, transmission pathways, symptoms, and essential practices for preventing the spread. The lessons focused on key behaviors, including frequent hand hygiene, covering the mouth and nose with the elbow or a disposable tissue

when coughing or sneezing, avoiding touching the eyes, nose, and mouth with unwashed hands, avoiding touching other people, and staying home, if feeling unwell. A subsequent lesson focused on how to make, wear, and care for a fabric mask. However, few members adopted this behavior despite free distribution of facial masks from some politicians at the beginning of the pandemic. Many feel that wearing a mask is not practical with their daily life, which includes working long hours outside in hot weather, and there is a general perception in the province that COVID-19 is not present.

The Care Group promoters received megaphones to conduct socially distant hygiene promotion activities, and they carried out promotion early in the morning or late in the evening when people were at home. In addition to promoting key behaviors, such as handwashing and social distancing, instructions on how to make masks using local fabric was translated for community members since mask wearing was mandated by the government.

## MASS COMMUNICATION ACTIVITIES

Radio programming ensures that timely and accurate information counteracts the myths and misinformation circulating around COVID-19. Budikadidi was able to use existing community radio partner partnerships to rapidly pivot programming to disseminate information from the [World Health Organization](#) on COVID-19 and Ministry of Health (MoH) early on in the pandemic. Physicians, the head of the Provincial Health Department, Budikadidi staff, and community members participated in the radio shows. These shows provided easy-to-understand information about disease transmission/prevention and dispelled common myths about COVID-19. An interactive discussion allowed listeners to call in and share their own stories on adapting to COVID-19. Youth radio listening clubs that were meeting weekly began playing a vital role in organizing small group discussions in open areas to discuss the content (while ensuring social distancing).



Care Group Volunteer with COVID-19 visual aid.

Photo Credit: Tresor Tshiteya/Catholic Relief Services

Posters with MoH key messages were distributed to village leaders to reach groups without radio access. Trainings accompanied this messaging to encourage village leaders to remind community members about the importance of building and maintaining household handwashing stations. In addition, Budikadidi donated megaphones and batteries to the local health centers to be used by community volunteer serving as “town criers” who provided messaging to the village early in the morning and at sunset. Maintaining strong connections with the COVID-19 government task force was also important in order to validate the radio messages and for leadership buy-in.

## EARLY RESULTS

The early adaptation of Budikadidi’s activities supported the Ministry of Health in the pandemic response and supported community members to have the necessary knowledge and skills to navigate the pandemic. Ultimately, leveraging previously established preparedness plans enabled Budikadidi to better respond to COVID-19. Very remote communities received early and accurate information on COVID-19 through the use of a diverse set of communication channels. Integrating COVID-19 behavior change messaging and barrier measures (hand washing stations, physical distance, and contactless greeting) into sectoral activities (agriculture, health, livelihoods, etc.) reinforced key behaviors.

Radio was a successful strategy for getting the word out and dispelling myths among the broader population. In total, 76 radio talk shows were produced in three months for a total of 3,420 hours of broadcasting. 189 youth clubs reported having listened to these radio programs during 2,268 listening sessions. Budikadidi and partner stations estimate that 300,000 people (including 45,360 members of youth clubs) were reached through these radio broadcasts on COVID-19 prevention.

However, since women access radio programming is limited, it was important to leverage other channels, including local leaders, WMCs, youth, and Care Group volunteers. For that reason, Budikadidi donated 150 loudspeakers, 300 batteries, and 50 kg of bleach to the Kasai Oriental COVID-19 Task Force and equipped 81 Care Group promoters from all 47 health areas with 1,110 posters in Tshiluba and French. 515 WASH focal points implemented door-to-door sensitizations, reaching 19,580 households. 106 WMC readjusted their working hours and ensured social distancing and key hygiene practices at water points.

Rapid qualitative assessments and observations indicate that the number and quality of handwashing stations and practices around handwashing with soap at public places (such as markets and water points) increased. At the beginning of the program, Budikadidi promoted different models of tippy-taps (bottles, jerry cans, or bamboos) according to locally available materials. During the pandemic, different types of hand washing stations became available in the market. Budikadidi continued to promote handwashing with soap, continuously stressing the “frequency” of hand washing with soap, which addressed the concept of germ transmission through fomites. Rather than promoting specific hand washing station models, households could choose available models in their local market according to their budget. This was a programmatic adaptation of the changing demand and aspiration for more modern technology as well as increased accessibility of different models.

Local authorities have ensured that handwashing stations were available at local markets and accompanied with a monitor to ensure that people wash their hands before entering the market. Strong relationships with market management, along with the Care Group lead mothers who often do hygiene promotion at local markets, have been helpful. However, ensuring that soap was readily available remains a challenge.

Social distancing is being practiced more frequently, especially in group gatherings such as those hosted by the village chief, Care Group promoters, and the WMCs. While many people have adopted behaviors such as contactless greetings, social distancing, sneeze etiquette (sneezing inside the elbow), and frequent hand washing, the use of masks remains low. Unfortunately, there's no enforcement of mask wearing policy in Mbuji-Mayi and few people routinely wear masks. Current beliefs, such as the belief that prayer can prevent COVID-19, may also help explain the low levels of compliance.

Given the increased focus on hygiene because of COVID-19, there is more messaging around hygiene from the Care Groups, government authorities, and health centers. In turn, sanitation masons are capitalizing on this increased sensitization to sell their services and their products. While the monitoring system is still being fully operationalized, early anecdotal data indicates that there is an increase in service requests and demand for latrine slabs.<sup>4</sup> This is likely because many local politicians, traditional chiefs, administration officer, and health center staffs were organizing hygiene and sanitation SBC activities. At the same time, sensitization in large groups is not permitted, which may impact sales over the long term. Some households who received cement slabs under the government's "National Healthy Schools and Village Program"<sup>5</sup> initiative have used the slabs for other purposes. However, since the start of the COVID-19, some people rehabilitated and improved their latrine using these slabs, recognizing the importance of sanitation in their lives.



## CHALLENGES AND LEARNINGS

COVID-19 rumors spread rapidly among target communities and on social media, creating fear, panic, and confusion. Therefore, easy access to correct and complete information is critical. Already established annual contract and annual media planning with eight radio stations allowed Budikadidi to immediately air COVID-19 radio shows at the beginning of the pandemic, which avoiding the time lag of the contracting process.

More than half of villages included in the project area have "open defecation free" (ODF) status<sup>6</sup> yet there is room to improve their latrines.<sup>7</sup> Markets are still functional and masons (supported and trained by the Budikadidi business team) are marketing latrine slabs and building latrines based on the requests.

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<sup>4</sup> The annual survey that is currently underway will be able to quantify this figure. Some field staff noticed an increase of mason's service request to build latrines, which also coincides with the launching of the new reduced-price cement slab (using less cement).

<sup>5</sup> [Programme National École et Village Assainis](#)

<sup>6</sup> 268 of the targeted 474 villages are open defecation free as of September 2020.

<sup>7</sup> IMPEL. (2020). *Mid-term Evaluation of the Budikadidi Development Food Security Activity in the Democratic Republic of the Congo (DRC)*. Washington, DC: The Implementer-Led Evaluation & Learning Associate Award

Another challenge to note is that managing water points is a new concept for all the WMCs managing boreholes. Scenario building has been a powerful tool to help WMCs apply the administrative, financial, and technical management of water services. Similar to storytelling, WMC members were able to learn potential risks and threats to the functionality of their water services through different illustrative scenarios. Using scenario building became efficient in convincing organized community groups, like the WMC, to adapt key prevention measures. WMCs were able to rapidly adopt COVID-19 measures due to income from providing water services and an established decision-making process that allowed them to approve expenses related to handwashing stations and soap. Clearly written and legally approved internal regulations also allowed WMCs to adapt to immediate needs.



Promoter teaching Lead Mothers regrouped in Care Group on COVID-19.  
Photo Credit: Tresor Tshiteya/Catholic Relief Services

However, water point tensions have increased due to the amount of water needed for personal consumption. This is due to more frequent handwashing and because family members, including school aged children, are at home more often. To respond to this challenge, communities organized general assemblies to find peaceful resolutions. Some WMCs have increased the hours of water point operations to improve access for all users, whereas others have limited the amount of water that each household can collect.

Household finances have also been severely affected, particularly those working in mining and agriculture production as sales have been affected by travel restrictions and many have no alternative source of revenue. Negative coping mechanisms, such as reducing the variety, quality, and quantity of food consumed has been adopted. Limited financial means may affect people's ability to continue WASH practices, such as purchasing soap and/or latrine slabs. The pandemic's economic and health impacts may have long lasting effects on food insecurity, malnutrition, and wellbeing, thus reinforcing the importance of clean water, sanitation, and hygiene programming. While the initial uptake of key COVID-19 prevention behaviors has been encouraging, continued encouragement and motivation through the use of multiple communication channels and livelihood activities is necessary to sustain these behaviors.

## RECOMMENDATIONS

- At the onset of a pandemic, development programs working in remote communities must immediately seek to join the local government's established response committee to ensure their actions are in line with the government's response framework. Communication materials must be reviewed and approved by the Ministry of Health to ensure messages are correct and complement overall national messaging.



- WASH programs must be ready to adapt to unforeseen outbreaks by establishing preparedness plan, having flexible programmatic plans, and engaging with rapid decision-making processes to reorient resources and activities accordingly.
- WASH programs need immediate emergency and long-term WASH strategies to respond quickly to shocks (such as the pandemics). Ensuring adequate staff capacity and opportunities to build skill sets for both emergency and development activities is critical.
- Consider which program activities can be adapted for emergency contexts. For example, Budikadidi's scenario building activities was already a skill that the WMCs had cultivated and, with support from Budikadidi, this technique was rapidly adapted to COVID-19.

## ADDITIONAL RESOURCES

The [Care Group Lessons on COVID-19](#) and WMC technical sheets are available in French. The series includes:

- [FICHE TECHNIQUE \(FT\) 1 : ORIENTATION DES FACILITATEURS](#)
- [FT 2 : MESSAGES-CLES POUR LA SENSIBILISATION SUR LA DEMANDE EN EAU POTABLE](#)
- [FT 3 : GESTION OPÉRATIONNELLE DES SERVICE D'EAU](#)
- [FT 4 : MISE EN PLACE DU COMITE DE GESTION D'EAU](#)
- [FT 5: MAINTENANCE DU SYSTEME D'APPROVISIONNEMENT EN EAU POTABLE](#)
- [FT 6: GESTION DES FONDS DES USAGERS DE L'EAU](#)
- [FT 7 : ASSURANCE DE LA QUALITE DE L'EAU TEST DE LA QUALITE DE L'EAU](#)
- [GESTION ADMINISTRATIVE SERVICE EN EAU](#)

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