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SUSTAINABLE ENVIRONMENTAL SANITATION AND WATER SERVICES

A healthier Kakuma

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KAKUMA REFUGEE CAMP has existed for 10 years. Its population has increased year by year from 22.000 in 1992 to 86.000 displaced people from different African countries, as currently. The majority of the population are Sudanese from South Sudan (80.55 %), as well as nine other nationalities from nearby countries: Rwanda (0.27 %), Ethiopia (2.97 %), Somalia (15.10 %), Uganda (0.42 %), Burundi (0.15 %), Eritrea (0.03 %), Liberia (0.002 %), Congo/Zaire (0.37 %), and stateless refugees (0.13 %). The population in the camp is organized into communities led by Community Leaders.

As a result of the on-going influx of refugees, and continuous refugee resettlement from the camp, Kakuma Refugee Camp cannot be considered a "settled" environment wherein service providers cannot work wholly with either a development or an emergency-context strategy.

Continuous humanitarian assistance has been provided from the initial phase of the existence of the camp, and that has led to minimal or no refugee participation in all aspects of camp life thus creating a weak basis for future sustainability. Sanitation program is implemented as part of the Preventative Health Program.

Rapid sanitation Knowledge, Attitudes and Practices (KAP) survey was conducted, which indicated that the sanitation service provision is below the SPHERE and UNHCR standards (e.g. 49 persons per latrine). Some of the results were:

Hygiene promotion component was integrated into the sanitation program. Its overall goal was to improve the community's capacity to decrease incidences of preventable diseases and to increase the beneficiary's self-sustainability. It was envisioned that this would be achieved by increased "sanigiene" awareness and behavioural change through participatory Hygiene education and community mobilization.

Alongside "sanigiene" promotion through hygiene education, which uses both the community and the school ("Child to Child") approaches, community sanitation activities through Zonal Health Committees (ZHC) have been introduced. This has involved the refugees in support and use for "sanigiene" extension up to the household level, as well as empowering the community through their participation and thus creating a sense of ownership.

Table 1. Results of KAP survey

Latrine coverage:	49 persons/latrine
Non – usable latrines	28 % of total number of latrines
Faeces on/around latrine	24 % of usable latrines
Faeces present in the compound	30 % of households
Claims to wash hands *before* eating	62 % of respondents
Claims to wash hands after defecating	66 % of respondents
Households where soap was present	40 % of households
Latrine users	50 % of respondents
Bush users	32 % of respondents
Estimated diarrhoea prevalence	101 cases/1000 people/week

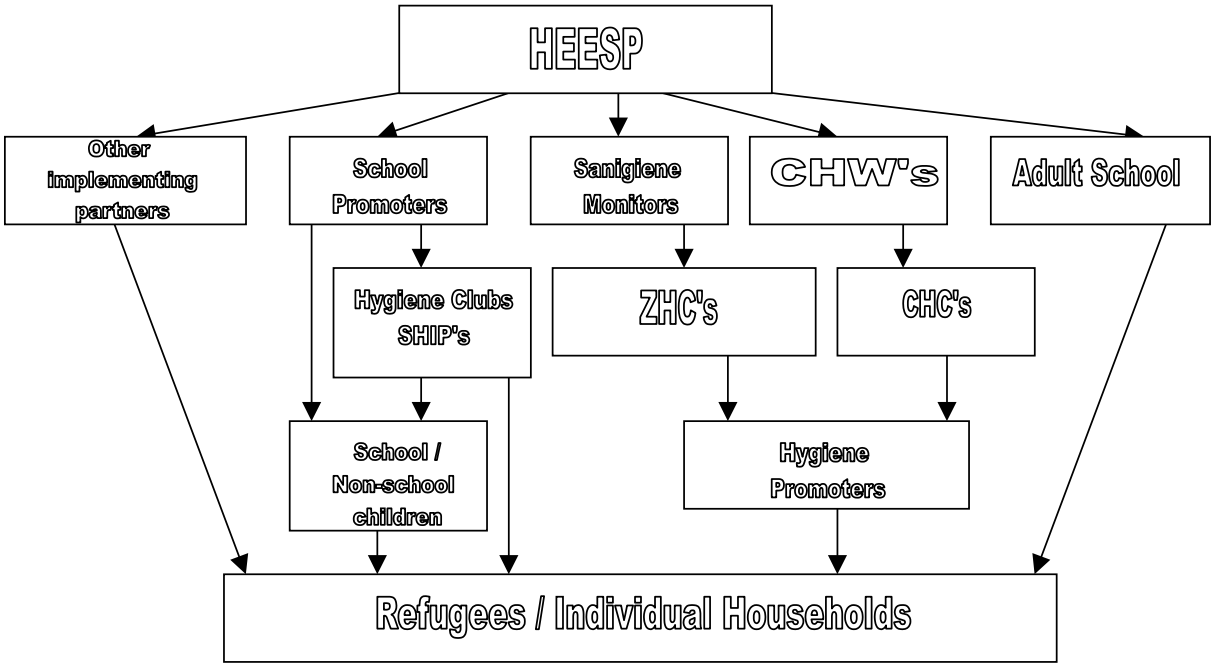

Figure 1. Implementation strategy for hygiene promotion

Abbreviations:

CHC – Central Health Committee

ZHC – Zonal Health Committee

CHIP – Community Hygiene Information Promoter

CHW – Community Health Worker

SHIP – School Hygiene Information Promoters

HEESP – Hygiene Education and Environmental Sanitation Promotion

Sanigiene – Sanitation/Hygiene

Techniques used

1. *Zonal mapping* – Together with the community leaders, IRC conducted mapping and surveying all 9 zones in the camp in order to identify sanitation/hygiene needs; the data collected was then converted by using GIS/GPS techniques;
2. *Home visits* – Through daily CHW's home visits each house in the camp was visited in order to assess the needs of each family;
3. *Market theatre* – Different role plays were performed in five markets around the camp to demonstrate bad practices, while different products and services were offered and sold.
4. *Visual aids* – 300 T-shirts with three different messages/designs were printed and distributed among the members of the Sanitation team, ZHC members, and CHW's. One video film focusing on hygiene promotion was developed and played during evening screenings in the camp with the support of Film Aid International. 100 posters with different messages were also produced and used during HEESP trainings for the sanitation team, ZHC members, and CHW's;
5. *Information campaign* – A combination of information campaigns and practical exercises (e.g. clean-up campaigns and jerry-can cleaning) were conducted camp-wide;
6. *"Child to child"* – Through structuring and establishing hygiene clubs in the elementary schools, we introduced the "Child to Child" approach in all of the schools.
7. *Development and introduction of HEESP Training Manual* – Refugees between 16 to 26 years taking adult education classes are considered as the 'youth' population in the camp. The HEESP training manual was introduced and is a part of the curriculum being implemented in all adult education schools.

Implementation Strategy for Hygiene Promotion

At the beginning of the HEESP implementation, 9 Zonal Health Committees (ZHC's) were formed and training was conducted after identifying 72 male and female community members. The community's representatives recommend these people who serve on a voluntary basis.

Each ZHC signed a Draft Constitution with IRC, which clearly states the future roles of each involved party. After signing, the ZHC's take over the responsibility of sets of sanitation tools (e.g. rakes, digging-bars, wheel-barrows etc.), issued by IRC. This results in weekly garbage clean-up campaigns around the camp organized by different communities.

In cooperation with the Community Outreach Team, 120 Community Health Workers have been trained on HEESP, and are involved in hygiene promotion and monitoring trends in the camp, on a daily basis.

In order to promote the importance of the proper hygiene behaviour, a manual was developed and introduced through Adult Education Program activities. Under the "Child to Child" approach to health education twenty-six school clubs were formed and are participating in the promotion of proper hygiene practices in the schools and within the community. Using this approach approximately twenty four thousand pupils can be reached by the club members in the schools alone.

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Successes

During the period between July 2001 and May 2002, the latrine coverage ratio was decreased from 1:49 to 1:34 through construction of 1000 new latrines.

According to the monthly monitoring reports presented by the curative and community outreach health team, the diarrhoea and malaria trends have been going down, which encourages us to believe that this is a result of the provision of more latrines and "sanigiene" promotion, as well as sanitation's overall implementing strategy of involving the community.

Women's groups have been formed and are actively involved in "sanigiene" and recycling activities

Challenges and limitations

In spite of the successes achieved within a short time, various challenges were encountered.

The involvement of women in the sanitation activity implementation is limited insofar as the whole refugee sanitation team, consisting of 50 staff are male. During the recruitment process of the staff, there was only one female applicant, who, after being short-listed, did not show up for the interview. The majority of the camp population is male (61 %) and all community leaders are man. As a result, women, who should be key-players in sanitation, are sidelined.

During the KAP survey, one conclusion was that although the majority of community members are aware of bad practices, they are reluctant to take action in changing their behavioural habits (e.g. specific areas continue to be used as defecation sites).

By using lack of finance and energy as excuses, some families refuse to contribute their own effort in latrine construction activities, and garbage clean-up campaigns.

Cultural and traditional mechanisms are sometimes limiting factors while promoting HEESP.

Lessons learned

Community motivation, sensitisation, and involvement are time consuming and require considerable effort and time. Thus, small successes in the process are more fruitful than completion of the stated objectives in a hurry. One recommendation that follows is that programs involving community participation should "go at the people's pace".

As a result of our approach through HEESP we can also conclude that there is no standard recipe to be followed. Each group of people, especially in situations of ethnic diversity differs even in the same environment. While various guidelines can be followed it is most important that knowledge analysis is undertaken and shared with community members according to their awareness and traditional beliefs. HEESP should be flexible, participatory and change according to context.

Women and children are key players in HEESP and higher involvement in sanitation overall should be encouraged in order to have greater program effectiveness.

Basic water and sanitation requirements should be in place in order to facilitate improvement of the overall behavioural change. In some areas of the camp where, most of the time, provision of water is inadequate (5 l/person/day), hand washing, body hygiene, and latrine cleaning necessarily become secondary in the scale of importance, while cooking and drinking remain the priorities.

Information alone does not ensure a change in behaviour. Communities must be involved from the initial stage, through empowerment, capacity building, and involvement in the all stages of the project.

Initiatives and future plans

The second phase of the program is the promotion of income-generating activities through the recycling of solid waste such as plastic bags and waste paper, as well as exploring projects that transform waste into marketable products.

Women will be the group targeted for such activities. We expect that these activities will introduce environmentally friendly approaches to the participants as well as enabling them to derive income by selling the products. It will lead to women's empowerment and their active participation in all of the aspects of community life.

Identification of more women as HEESP promoters in each of the groups within the zones of the camp will be one of the main focii.

Integration of HEESP as part of the elementary school curriculum will also encourage school groups, and increase the numbers of students learning about efficient environmental protection.

In order to increase knowledge about water and sanitation related/borne diseases, we plan to establish HEESP education centres. Books, videotapes, workshops, and trainings will be accessible to all members of the communities including local hosts.

Finally a KAP survey will be conducted together with ZHC members and the results shared with the communities. We expect that this will act as a guide for future planning as well as an indicating the success or failure of the program's strategy to date.

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