According to the 2013-2014 Demographic and Health Survey, the DRC is the most “water rich” country in Africa yet, in rural locations where ASSP works, only 32 percent of the population is able to access potable water and 17 percent benefit from suitable water and sanitation devices. The lack of adequate available water and sanitation creates a ripple of impacts on the population. Most seriously, water-borne diarrheal diseases drive alarming rates of child mortality, causing an estimated 17 percent of all child deaths. ASSP has increased access and use of potable water and hygienic sanitation by constructing water infrastructures at both the health facility and community levels. Many health facilities now have community rainwater collection cisterns with a water filter and newly built latrines with showers, a handwashing device, incinerator and placenta pit. Villages enrolled in the WASH program received new protected water points including a capped spring or a hand pump installed in a dug well and tiles for families to build their own latrines to improve hygiene and sanitation.

Our Approach

WASH Program

Bringing improved water sources, latrines and hygienic practices to the most remote communities.

Providing Access to Improved Water Sources

Providing access to water reduces the burden of collecting water on women and children.

274 Springs Capped
274 springs have been capped in 261 villages, providing more than 215,974 people in 128 health areas with safe drinking water. When tested for water quality these springs result in pure, drinkable water, no

144 Hand Pumps Installed
Hand Pumps installed in wells dug in areas where no spring existed or could be capped serving 59,613 people in 19 health zones.

12 Solar Pumps Installed
Solar Pumps installed in existing wells in hospitals and health centers helping both patients and neighboring communities to collect safe drinking water. Water sales generate additional income to be used to maintain the system and motivate health facility staff and community workers.

327,454
Provided with access to safe drinking water
The number of people receiving clean water from capped springs, wells, and community cisterns installed at health centers has reached 327,454.

304,975
Provided with access to adequate sanitation
More than 300,000 people now have access to adequate sanitation through our Village Assaini program, which requires that 80 percent of people in a village have access to hygienic latrines. IMA assists with this achievement by distributing and fabricating san plat tiles, which provide the concrete base for a latrine. Included in this number are also the sanitation blocs that we have built at over one third of assisted health centers.

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In an effort to improve hygienic conditions in health centers, ASSP launched its Centre de Santé Assaini, or Sanitary Health Center program. To date, 1,399 structures have been constructed at assisted health centers, providing the means to keep these centers safe and clean. This includes:

- **544 Community Cisterns**
  Small cisterns have been used in Congo for centuries, but IMA has introduced, for the first time, large-scale community cisterns at local health centers. These cisterns hold 12,000 to 24,000 liters of rainwater and greatly reduce the burden of collecting water in the rainy season and help improve the hygiene and sanitation in the health facility.

- **454 Latrines**
  384 latrines with showers allowing separation of sexes and a hand washing station were built in assisted health centers. 70 larger latrines with the same characteristics were also built in the schools. In addition to these sanitation blocs, IMA has assisted in the fabrication of 36,930 toilet tiles in 399 villages. These tiles are used for constructing latrines in the community.

- **244 Incinerators**
  Incinerators provide a low cost method for disposing high volumes of waste. These are especially useful at health centers where large amounts of medical and hazardous wastes are produced daily.

- **157 Placenta Pits**
  These concrete pits provide a sanitary means for disposing of placentas, allowing the natural anaerobic processes to degrade the biological materials while preventing leakage of pathogens into the water table.

In order for a village to be certified “sanitary,” they must have a dynamic village committee, 80 percent of the population must have access to drinking water, hygienic latrines, and proper methods of garbage disposal, 60 percent of the population must wash their hands with soap before eating and after being in the toilet, and 70 percent of the population must know the routes of transmission of waterborne diseases and how to prevent them. Also, the village must be cleaned once per month.

Close to 20,000 students are attending certified schools, where cisterns and latrines have been constructed and LifeStraw filters distributed.