The Integrated Health Project in the Democratic Republic of Congo (DRC-IHP) has been working since 2010 to improve the health of the Congolese people in 78 health zones in four provinces. Funded by USAID and led by Management Sciences for Health, with partners International Rescue Committee and Overseas Strategic Consulting, Ltd. (OSC), the project focuses on maternal, newborn, and child health; family planning; nutrition; malaria; and tuberculosis; HIV and AIDS; and water, sanitation, and hygiene (WASH)—applying many proven, low-cost, high-impact innovations on a large scale.

DRC-IHP stresses low-cost, high-impact innovations that can be used by providers at all levels of the health system. This project has improved health services for more than 12 million people—17 percent of the Congolese population. Data modeling shows that DRC-IHP interventions saved the lives of more than 150,000 children over just three years. Now replaced by DRC-IHPplus, the project has recently been expanded to 83 health zones through June 2016, with partners OSC and Pathfinder/Evidence to Action (E2A).

**STRATEGY**

Safe water sources and usable toilets are vital for public health. In the DRC, their lack leads to high levels of water-borne disease. Diarrheal disease is a major cause of infant and child mortality. Since sanitation facilities require new habits, *community mobilization* is critical.

**RESULTS**

**At a Glance**

<table>
<thead>
<tr>
<th>BASELINE</th>
<th>2015</th>
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<tr>
<td>1.3% of population with potable water</td>
<td>70% of population with potable water</td>
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602 WASH communities formed in 9 health zones

2.9 million residents with improved water supply

869,000 residents with latrines for the first time
**Challenge:** Outside of cities, only one in three Congolese households has convenient access to potable water, and fewer than one in four has adequate sanitation, according to the World Bank.

**DRC-IHP response:** DRC-IHP supported the Ministry of Health’s “healthy village” strategy, mobilizing citizens to develop safe water sources and sanitation facilities. DRC’s health and environmental strategy embraces a vision of the “village assaini,” or “healthy village.” Standards for a village assaini include at least 80% of residents with access to potable water and sanitary latrines.

DRC-IHP promotes “community-led total sanitation”—a globally recognized system of scaling up water and sanitation facilities that people will use.

First, DRC-IHP trains trainers among health zone officials and community leaders, and teaches local masons how to build latrines. The local facilitators spark awareness among families and communities about the links between hygiene and health.

The community then develops its action plan for improving and maintaining water and sanitation points, including organizing a local committee to take responsibility for hygiene and sanitation. Community members also contribute local materials and labor to assist the artisans.

Since sanitation facilities require new habits, community sessions use dramatic demonstrations to overcome inertia:

- Community mapping and strolling the village so residents take a good look at the places where people defecate
- Calculating how much people spend on diseases that can be prevented by good hygiene and sanitation
- The water glass test: presenting a glass of water with fecal contamination—and asking who wants to drink it.

After such eye-opening activities, residents are usually motivated to own their hygiene and sanitation effort.

**Clean Water: A Life-Changing Event**

**“HALLELUJAH!”** I don’t have to wake up at 5 a.m. anymore and risk my life and health for water that was making me and my family sick.”

That’s how Alice Nlukogo, resident of Sud Kivu, reacted as members of her community finished constructing a water system in her village, with DRC-IHP facilitation and support.

Today, the 4,000 people in her village of Kimuka have clean drinking water, easy to get at the tap. She and her neighbors no longer have to trudge an hour, risking sexual violence, to fetch water from the river. Diarrhea cases have dropped from a reported 35 cases a month to 5.

“I can’t contain my joy,” says Alice. “IHP was able to remove the thorn from our foot. God only knows how much we needed this!”