



Improved health through access to clean water in health facilities and schools in rural Ituri, D. R. Congo

Duration	01.02.2025 – 31.01.2027 (24 months)
Reporting Period	01.02.2025 – 31.01.2026 (12 months)
Project location	Ituri Province, Democratic Republic of the Congo
Sector	Water, sanitation and hygiene (WASH)
Beneficiaries	Year 1: 24,405 direct beneficiaries (achieved) Total: 49,299 direct beneficiaries (planned)

Summary:

This project in the province of Ituri in eastern DR Congo aims to sustainably improve health in rural communities by expanding access to water and promoting basic hygiene practices. Medair plans to construct two gravity-fed water systems, equip four health centres with WASH facilities, and implement targeted hygiene measures in surrounding communities and schools. Medair ensures careful planning, construction, and long-term maintenance of the water systems, as well as the improvement of sanitation and hygiene conditions in health facilities. Behavioural practices such as regular handwashing, safe water storage, and the use of hygienic sanitation facilities are promoted through training sessions and awareness campaigns. Schools will be connected to the gravitational water systems and will receive menstrual hygiene support and targeted hygiene education to help strengthen long-term awareness of health and disease prevention.

1. Context and Needs - Update



Eastern DRC continues to face conflict, violence, sudden and significant pendular displacement of people and recurrent outbreaks, leaving communities (including host populations receiving high number of returnees) with high vulnerability due to limited access to essential services and increased morbidity and mortality. The scale of displacement is severe: as of September 2025, 5.3 million people were internally displaced, with projections suggesting this figure could rise up to 9 million people by end-2026 (UNHCR, Jan 2026).

This intensified conflict has had devastating consequences across Eastern DRC. In January 2025 alone, an estimated 480,000 people fled renewed attacks in North Kivu (UNICEF, Jan 2025), followed by additional displacements throughout the year. Ituri has been particularly affected by overlapping violence and spillover from neighbouring provinces, contributing to continual population movements (IOM/OCHA, Feb 2026). The closure of internally displaced people (IDPs) sites has forced many households to return to areas that remain insecure and underserved, intensifying protection risks and placing additional pressure on already weakened services.

Public health risks are also rising sharply. The country recorded over 58,000 suspected cholera cases and more than 1,700 deaths between January and October 2025, representing the highest burden ever documented (WFP, Nov 2025). Ituri is among the regions hardest hit, particularly in displacement sites where WASH infrastructure is extremely limited. Humanitarian assessments indicate that 1.3 million of Ituri's 4.5 million inhabitants require WASH assistance, facing severe shortages of clean water, sanitation and hygiene (WASH) supplies (OCHA, Dec 2025).

Medair's assessments in Ituri reflect these broader trends. Many health facilities lack adequate waste management systems, sanitation blocks, or reliable water sources. Households face significant barriers, including insufficient access to safe water, minimal hygiene materials, and limited awareness of healthy hygiene practices. These conditions increase vulnerability to cholera, diarrhoea and other preventable diseases. As a result, comprehensive WASH interventions targeting both health facilities and communities are essential to improving health outcomes and strengthening resilience in this highly volatile and underserved region.

2. Project Objective and Activities

The **overall project objective** is to sustainably improve access to clean water and promote appropriate hygiene practices, thereby contributing to better health in conflict affected communities.

To achieve this, Medair applies a holistic WASH approach that integrates community-level activities with targeted interventions in schools and health facilities. The project is structured around the following sub-objectives:

- 1) Improved access to safe and sufficient water
- 2) Improved WASH infrastructure in healthcare facilities
- 3) Improved resilience and hygiene practices in the communities
- 4) Improved knowledge about menstrual hygiene in schools

Beneficiaries and Locations: During implementation, Medair made several small but necessary adjustments to the originally proposed intervention areas to ensure feasibility, safety, and the effective service delivery. Activities in the Bale and Walu health areas progressed as planned. The Aboro and Pekele health areas initially included in the project design could not be retained due to persistent insecurity and physical inaccessibility. These constraints would have severely compromised the transport of construction materials and the team's ability to conduct regular supervision visits, undermining both the quality and continuity of project activities.

To maintain the planned outputs and beneficiary targets, the project replaced Aboro and Pekele with the Kunda and Nyamusasi health areas for WASH improvements in health facilities. Both newly selected locations were accessible, demonstrated urgent WASH and health needs, and were situated within the same province of Ituri. This adjustment allowed Medair to maintain operational safety and effectiveness while continuing to deliver the intended support to conflict affected communities.

Additionally, Medair will target two further locations (Mangambo and Mbr'bu), also located in Ituri, for the construction of the two gravity-fed water systems. This geographic shift was necessary after previously prioritised areas were found to already have sufficient water access. The adaptation therefore ensures equitable access to safe water for communities with the highest unmet needs while avoiding duplication.

During Year 1, Medair reached 24,405 people who directly benefited from improved WASH services. With the inclusion of the additional locations, the total number of unique beneficiaries targeted by the end of the project has increased to 49,299. The expanded target reflects the project's refined focus on areas with the greatest gaps in essential WASH services, ensuring maximum impact and relevance of the intervention.

Goal 1: Improved access to safe and sufficient water

1.1 Construction and renovation of gravity water systems

Although construction has not yet started, prefeasibility studies for the gravitational systems in Mbr'bu and Mangambo have been finalised. Medair has completed all preparatory steps, and construction is scheduled to begin in April 2026. The locations selection is based on feasibility, needs and accessibility.

1.2 Formation and training of WASH committees for the maintenance and servicing of water systems

Medair will establish and train water user committees as soon as the gravity fed systems have been constructed. These committees will be equipped with the skills needed to operate, maintain and manage the systems sustainably, ensuring longterm functionality and community ownership.

Goal 2: Improved WASH infrastructure in healthcare facilities

Medair achieved substantial improvements in WASH conditions across the four supported health facilities in Bale, Walu, Kunda and Nyamusasi. All activities were conducted in close collaboration with local health authorities to ensure quality, sustainability and compliance with national and WHO WASH standards. These interventions strengthened infection prevention and control, enhanced patient safety and improved the overall hygiene environment in health facilities for vulnerable populations.

2.1 Safe and sufficient water for infection control and medical activities was ensured through the water systems constructed under Goal 1 and complemented by a series of capacity-building activities. Health providers in all four facilities were trained in chlorination procedures, routine cleaning, and the disinfection of surfaces and equipment, strengthening their ability to maintain hygienic conditions and reduce infection risks. Hygiene committees were also trained to maintain the newly installed WASH facilities, supporting community participation and the long-term sustainability of the improvements.

2.2 Construction or repair of toilets and bathrooms for visitors, patients and staff

Significant sanitation upgrades were completed during the reporting period. Across the four health facilities, twelve latrine doors were constructed or rehabilitated. Durable two-door latrines were built at the Bale Health Centre, while Kunda received a semi-durable two-door block. In Walu, a six-door durable latrine block was fully rehabilitated, and Nyamusasi benefited from the rehabilitation of a two-door durable block. Shower facilities were also improved, with a total of ten shower doors installed. This included a new semi-durable two-door shower block in Kunda, the rehabilitation of a two-door block in Nyamusasi and the rehabilitation of a durable four-door shower unit in Walu. These improvements have created safer, cleaner and more dignified sanitation conditions for patients, caregivers and staff.

2.3 Introduction and standardisation of waste disposal facilities and protocols

Waste management infrastructure was also significantly strengthened to support infection prevention and environmental health. In Bale, the maternity ward and an observation block were rehabilitated, while in Kunda the maternity ward was upgraded. Walu received comprehensive rehabilitation works, including the maternity ward, male and female observation units and the administrative building. In Nyamusasi, the male observation block and a consultation room were rehabilitated. Each facility was also equipped with a fully established and fenced waste disposal zone, including an incinerator, placenta pit, general waste pit, sharps pit, bottle-crushing box and protective fencing. These waste zones now enable the safe segregation, handling and disposal of healthcare waste in accordance with essential IPC standards.

2.4 Improve hygiene conditions and practices and infection prevention and control

To reinforce hygiene practices and ensure correct use of the upgraded infrastructure, Medair provided each facility with essential hygiene and maintenance kits. These included cleaning kits, personal protective equipment, waste-management supplies and basic tools for ongoing maintenance of WASH infrastructure. Together with the training provided to health staff and hygiene committees, these inputs have strengthened daily hygiene, improved infection control and enhanced the capacity of health facilities to provide safe and hygienic care.

Goal 3: Improved resilience and hygiene practices in the communities

Medair strengthened community resilience and hygiene practices through targeted behaviour-change activities and WASH improvements. Community engagement teams led participatory water safety planning, helping communities

to identify contamination risks and adopt measures to reduce waterborne diseases. Trained volunteer community health workers conducted awareness-raising through group sessions, home visits and mass communication tools such as posters, radio messages and role plays promoting essential behaviours including handwashing at critical moments, safe water storage and the elimination of open defecation. To reinforce these efforts, several health facilities received hygiene and infection-prevention kits, including cleaning kits, personal protective equipment, waste-management kits and maintenance kits for WASH infrastructure. Community health workers also received training in monitoring and reporting to track facility use, identifying maintenance needs and gathering community feedback. Collectively, these actions supported the adoption of long-term hygiene practices and helped reduce disease transmission.

Goal 4: Improved knowledge about menstrual hygiene in schools

Medair was unable to implement menstrual hygiene management activities during the reporting period due to insecurity in the intervention zones, which repeatedly limited safe access for Medair teams. Despite these constraints, Medair continues to explore alternative solutions and identify safer locations where activities could be implemented within the project timeframe.

3. Expected Results – Logframe

Project goals	Indicators	Target value	Results (year 1)
Goal 1: Improved access to safe and sufficient water	% of the target population reporting improved access to safe and reliable water	80%	n/a
	# of newly built or rehabilitated gravity water systems	2	0
	# of formed and trained WASH committees	2	0
	# of people directly benefiting from improved WASH interventions in health facilities and at household level	20,000	24,405
Goal 2: Improved WASH infrastructure in health facilities	# of health facilities that fulfil the minimum WASH standards according to WHO	4	4
	# of latrine blocks built/rehabilitated	4	4
	# of shower blocks built/rehabilitated	4	4
	# of built/rehabilitated waste zones	4	4
	# of trained and equipped employees of healthcare facilities	12	8
Goal 3: Improved resilience and hygiene practices in the communities	% of people reached with hygiene promotion who practise good hygiene and store water safely	90%	n/a
	# of trained health workers from the communities	120	120
	Reduction of open defecation in %	80%	n/a
Goal 4: Improved menstrual hygiene in schools	# Schoolgirls who use washable menstrual hygiene kits	250	0

**Medair will conduct a Knowledge, Attitudes and Practices (KAP) survey at the end of the project to determine the performance of three indicators on reduction of open defecation, people reached with hygiene promotion who practise good hygiene and store water safely and % of the target population reporting improved access to safe and reliable water*

4. Risks and Mitigation Measures

During Year 1, the project faced several operational challenges primarily linked to insecurity, access constraints, and capacity gaps. Medair implemented mitigation measures to ensure continuity, safeguard staff, and maintain progress toward planned outcomes.

- In Ituri, persistent ethnic conflict in Irumu (health zone Rwampara: Kunda, Walu) repeatedly disrupted routine health service delivery and restricted access for regular supervision visits. These disruptions also affected the timely implementation of planned activities. Medair mitigated these challenges by adjusting supervision schedules, utilising brief windows of access, and responding flexibly to emerging needs, including expanding interventions where new humanitarian gaps appeared.

- Heightened interethnic tensions further complicated the delivery of training to health facility staff, as participants could not safely attend sessions in some locations. To ensure continuity, all trainings were relocated to Bunia, which served as a neutral and safer meeting point and allowed full participation without exacerbating local tensions.
- Insecurity also affected the transfer of funds to some supported health facilities and staff. Physical cash delivery was at times impossible due to movement restrictions. Medair mitigated this by shifting to mobile money transfers, ensuring payments and support to health facilities continued despite access limitations.
- Operational risks also emerged during the year, with the lack of qualified personnel creating bottlenecks for WASH-related interventions. This was addressed through ongoing capacity-building efforts targeting WASH committees and local technicians, reinforcing local competencies and strengthening the foundations for sustainable management of WASH activities.
- Finally, broader security risks, including the threat of violence and potential damage to infrastructure, remained a constant concern. These were mitigated through strong community engagement and acceptance strategies, which helped maintain safe access across project locations. Partnerships with local authorities and NGOs provided additional support, while the project's monitoring framework ensured accountability and enabled continuous adjustments in response to evolving risks.

5. Pictures



Incinerator at the Kunda health facility. ©Medair



Showers and latrines at the Kunda health facility. ©Medair



Waste management at the Bale health facility. ©Medair



Block of latrines at the Bale health facility. ©Medair



Impluvium at the Bale health facility. ©Medair



Waste pit at the Bale health facility. ©Medair

6. Budget and Funding Plan (in CHF)

Budget (01.02.2025 31.01.2027)	Total Budget	Actuals (Year 1)
Costs for beneficiaries	140'688	66,498
Distribution Expenses (e.g. soap, water canisters, water treatment materials, menstrual hygiene kits)	13'100	6,574
Value-Added Services (including casual labour, building materials, latrine and shower construction, maintenance kits for gravity fed water systems, transport)	124'302	58,614
Training (including community mobilisation and awareness raising, accommodation, advertising, fees and incentives for teachers, training materials)	3'286	1,311
Personnel costs	63'435	33,003
Salary and Benefits	57'214	30,408
Food and Living	5'058	2,120
Travel expenses	1'163	475
Professional Service Costs (including audit and legal fees)	90	41
Security Costs (e.g. security services, construction)	1'783	786
Equipment Costs (e.g. vehicle hire, petrol, IT)	2'876	1,485
Infrastructure Costs (including rental and operating costs)	4'117	2,026
Other Costs (including communication costs (telephone, internet), delivery costs, general office costs)	4'465	2,119
Administration costs	32'618	15,894
Total	250'072	121,852

Funding plan	CHF
European Commission Humanitarian Aid and Civil Protection Office (ECHO) (confirmed)	100,000
Canton of Zurich (confirmed)	45,000
Tareno AG (confirmed)	28'072
Maria & Rudolf Läderach Stiftung (confirmed)	20,000
Ökumenische Arbeitsgruppe für Entwicklungshilfe Stäfa/Ürikon (confirmed)	10,000
Gemeinde Binningen (confirmed)	5,000
Kanton Obwalden (confirmed)	3,000
Gemeinde Herrliberg (confirmed)	2,000
Minikus Vogt & Partner AG (confirmed)	200
Funding Gap	36'800
Total	250'072