# english black

#

# Package 93, Script 3

April 2011

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A clean village for a healthy life**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Notes to broadcaster

Diarrhoeal diseases are very common in most developing countries, and the dehydration that sometimes follows is one of the main causes of death in children.

In the Democratic Republic of the Congo (DRC), diarrhoeal diseases are one of the most common causes of visits to clinics and hospitals, especially for children. The mortality rate of infants in the DRC ranks number nine in the world. Out of 1000 live births, 129 children die. Many deaths in both children and adults are from diseases such as malaria, diarrhoea, and respiratory infections. In the DRC, 30 million (of 41 million) Congolese living in rural areas do not have access to safe drinking water or adequate sanitation.

A government program called *Sanitized Villages and Schools* is trying to address this serious situation. It aims to reach 15000 villages and 2600 schools by 2012. The program begins after a request is received from a village. Villagers choose their sanitization projects and mobilize their own resources to better benefit from the support of the Ministry of Public Health and an NGO called Humana People to People (HPP).

The first stage of the program is about raising awareness of a communities’ right for access to water and sanitation. This is one of the most important elements of the program. It is essential that community members know their rights and understand the link between water, sanitization, hygiene and water-borne diseases such as diarrhoea.

The program uses participatory techniques to help families become aware of sanitary and behavioural problems that threaten their health. Families make a list of hygiene needs. That list is a sort of “Community Action Plan” that serves as a starting point and framework for all further activities. Three specific activities must be included in each village’s Community Action Plan: protection of water points, construction of family latrines, and hand-washing. Hygiene represents a significant challenge for these communities.

This radio script illustrates a collective approach to the problem of community hygiene. People living in villages decide to work together to establish hygiene rules in their village and to fight against diarrhoeal diseases.

This script is based on actual interviews. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

SFX: *Signature tune. Play for 5 seconds, then fade out under the host’s voice.*

**Host:** Hello everyone, and welcome to the show. Today, Nsilulu Kanga is a model healthy village in the city and province of Kinshasa, capital of the Democratic Republic of the Congo. But two years ago, this little village of about 200 people was dealing with diseases related to poor hygiene. Dozens of cases of diarrhoea were recorded every month. In the first few months of 2008, more than 30 cases of diarrhoea were recorded in the Binza-Ozone area, where this village is located. The main causes were the lack of safe drinking water, the lack of hygienic toilets, poor management of garbage, and a lack of knowledge to stop the spread of water-borne diseases.

**SFX:** *Signature* *tune*. *Crossfade into everyday sounds of village for five seconds, then fade and hold under host.*

**Host:** In today’s show, we will meet five people from Nsilulu Kanga. These women and men took the initiative to stop the plague of diarrhoea and other water-borne diseases, and have the community respect hygiene rules. Thank you for joining us for this program.

**Host:** (*Paus*e) We have set up our studio inside a straw hut in Nsilulu Kanga. We are in a wide and very clean yard. Behind us are two mango trees. The main road is right in front of us, and in the background are the noises of everyday life in this village. Around me are Charlotte Nzulu, Amos Ngangu, Godelieve Masinga, Ida Tamba and Henriette Bilonda. These four women and one man will tell us about their determination to clean up their village.

Could you start by telling us about the issues you had before cleaning up your village, Mama Charlotte Nzulu?

**Charlotte Nzulu:** We noticed many cases of disease in our area. Diarrhoea was a real plague among children. Some children were dying. After this bitter observation, we decided to talk with an NGO called Humana People to People or HPP that wanted to be active in our village. We realized that these diseases were caused by the poor quality of the water from the rivers in our community. HPP divided the villagers into 20 groups led by two coordinators. I am one of the coordinators who assisted in the training sessions to help raise awareness among community members. The training was held in downtown Kinshasa. After the training, the villagers brought back products to purify the drinking water.

**Host:** Did this solve the community’s problem?

**Charlotte Nzulu:** The problem was not entirely solved. There were still cases of diarrhoea. After a new evaluation, we concluded, along with the NGO, that this was due to dirty toilets and no hand washing. Villagers were not used to washing their hands after going to the toilet. We were then trained to educate people about hand washing. We installed home-made hand-wash stations made from bamboo, plastic bottles, and clay calabashes or jugs. The containers we use most often are three or five litre cans. We pierce them with big nails that also serve as stoppers. This allows people to wash their hands with soap every time they use the toilets, or at any other time.

**Host:** I understand that you also registered with a national program called *Sanitized Village.* This is a program that sets standards related to water, hygiene and sanitation that a village must meet with its own resources. Amos Ngangu, what did you gain from this program?

**Amos Ngangu:** We benefited in many ways. Latrines needed to be built, as well as three water wells and hand-wash stations for all families. We already had some resources, including sand and gravel, plastic bottles and other containers. The Ministry of Health and the donor partners brought the other materials needed, and they trained a mason to build SANPLAT paving stones. These are paving stones that cover the holes of our toilets so that flies do not gather around them. They are made of sand and gravel, cement and iron bar. We learned how to keep our latrines covered by using these paving stones and to clean them with water and a brush.

**Host:** What else can you tell me about the program’s benefits?

**Amos Ngangu:** This program organizes regular meetings in the village to ensure that villagers respect the hygiene-related rules that they learn in the program. Now we have wells that are properly protected by concrete structures that surround them. This prevents water from getting soiled when it rains. With the clean-up, we decreased the number of flies and mosquitoes that cause malaria and diarrhoea. Now, you can’t even smell any bad odour.

**SFX:** *Three second musical interlude, then fade out*

**Host:** All the families in Nsilulu Kanga village now have clean, hygienic latrines and hand-wash stations. Three wells are working. And the partners of the *Sanitized Village* program gave the villagers products to purify their drinking water. (*Pause*) Back to our interview.

*Fade in village sounds for three seconds, then fade under*

**Host:** Mama Godelieve Masinga, you are an advisor on the committee of Nsilulu Kanga. Now that your village has been declared clean, is there any reason to fear a return of diarrhoeal diseases?

**Godelieve Masinga:** As we all go to the toilet every day, it’s always a risk. But we are on the lookout. I spend my days monitoring habits, especially in the youngest kids, when they go to the toilet. I make sure that they always wash their hands with soap at the hand-wash stations. It’s encouraging because we have no more cases of diarrhoeal diseases.

**Host:** How did you manage to maintain the better hygiene that you achieved, Mama Ida Tamba?

**Ida Tamba:** I am the secretary of the committee in the village. After the work we accomplished with the NGO and the *Sanitized Village* program, the Binza-Ozone health region advised us to form a committee in the village. We elected 10 members to be in charge of raising the villagers’ awareness about the action plan that we developed before joining the program. That action plan includes proper use of latrines and of hand-wash stations, the fight against diarrhoeal diseases, and disposing of garbage in holes dug in home yards. Every second week of the month, we go door to door to raise people’s awareness about a particular topic. For example, it might be about how to clean and maintain latrines. After raising awareness, we verify, four times a week, that everyone really has hygienic latrines and uses hand-wash stations correctly.

**Host:** So it sounds as if everything is going well in Nsilulu Kanga village. But you must face some challenges still, Amos Ngangu?

**Amos Ngangu:** We are facing a lack of sanitation equipment: spades to dig garbage holes, machetes, wheelbarrows and sacks to deal with the soil erosion that is a threat to our village. But we are organizing ourselves within the committee to find efficient solutions.

**Host:** To finish, I believe that the clean-up of this village is more women’s business than men’s. Women make up the majority in this studio.

**Mama Charlotte Bilonda:** It is not only women’s business. Our committee is a model of parity: there are five men and five women. It is just that more women were available to participate in this show. We work hand-in-hand, women and men. I will even confess that it is the men who motivate us to do the work.

**Maman Ida Tamba:** I believe that our efforts have been successful particularly because women are determined and know how to recognize issues. If women get involved in something, it *will* work.

**Amos Ngangu:** I think that it’s the fact that we are all united, women and men. That makes us an exemplary village within the *Sanitized Village* program. I particularly want to thank the Binza-Ozone health region for assisting us in our efforts. We hope that Nsilulu Kanga will be a role model for many. Thank you.

**Host:** Thank you for agreeing to share your experience with the *Sanitized Village* program.

*Fade in signature tune, then under host*

**Host:** (*Pause*) Listeners, if you have questions on this topic or other sanitation issues, contact the closest healthcare institution or UNICEF office. Or you can call our station at 089 813 7000.

Please join us next week for a new show, at the same time. My name is Alice Bafiala Mutombo and I wish you an excellent day.

*Closing signature tune, four seconds hold, then fade out*

## Acknowledgements

Contributed by: Alice Bafiala Mutombo, Kinshasa

Reviewed by: Alan Etherington, independent consultant in water, sanitation and hygiene promotion, and ex-WaterAid staff

Translated by: Madzouka B. Kokolo, consultant

## Information sources

Le Programme National « Village Assaini » en République Démocratique du Congo, document *à l’attention des Apprenants de l’Ecole de Santé Publique*. PowerPoint presentation from the provincial coordinator of the Sanitized Village program in Kinshasa.

### Humana People to People, DRC. http://www.humana.org/Child-Aid-Country-by-Country/dr-congo-child-aid UNICEF, undated. *Visite d'une école assainie par M. Gianfranco, Directeur Régional pour l'Afrique de l'Ouest et du Centre*. <http://www.unicef.org/drcongo/french/wes_4212.html>

# UNICEF, undated. *République démocratique du Congo*. <http://www.unicef.org/french/infobycountry/drcongo.html>

# UNICEF, undated, *Congo, Democratic Republic of the Congo*. <http://www.unicef.org/infobycountry/drcongo.html>

Special thanks to the Commonwealth of Learning (COL), the Donner Canadian Foundation, The McCain Foundation, the Government of Canada through the Canadian International Development Agency (CIDA), Anne Burnett, the Canadian Public Health Association (CPHA), the Food and Agriculture Organization of the United Nations (FAO), and the Technical Centre for Agricultural and Rural Cooperation (CTA), for supporting the radio scriptwriting competition on healthy communities.



