

Making Running Water a Reality in Rural Health Centers

by Colleen Laurence
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The room was bare - a green-sheeted examination table pushed up against the far wall and a large desk, cluttered with papers, bisecting the room's length. A lone poster fluttered on the wall, moving every time the door swung open or shut. The lack of other adornment so typical of Western medical offices was not uncommon here at the Ruhunda Health Center. More striking, however, was the absence of a sink or even a bucket in which health center staff and patients could wash their hands.

Before the Access Project and Rwanda Peace Corps Volunteers helped the center install running water in May 2010, Juvenal Niyomugaba, the Vice Director at Ruhunda Health Center, saw as many as 60 patients in a day but was unable to wash his hands between all consultations. Beginning at 8:00 each morning and working until 4:00 or 5:00 each evening, Juvenal consults with patients, treating them for a wide assortment of illnesses and conditions including respiratory illnesses, malaria, pre and postnatal consultations, and general wounds and skin infections. As patients enter the room, he congenially greets them with a handshake and then proceeds to investigate their aches and pains or dress their wounds. Despite the otherwise professional nature of the visit, the health center's lack of running water made it difficult for Juvenal to wash his hands and maintain a hygienic space for his patients.

"I am busy every minute of the day - in consultations with new patients, meeting with past patients, and performing administrative tasks," said Juvenal. "I am a professional, so I know the importance of hand washing between patients, but how can I do it when there is no sink and no bucket to wash my hands with and I have to go outside to fetch water? It's not possible."

This unsanitary and poor clinical practice was not singular to Juvenal's service, but was rather an intolerable condition shared among all rooms and health professionals at the health center. Most notably, neither the delivery room nor the pediatric and adult consultation rooms at Ruhunda had access to running water.



Above: Stark conditions in Murehe Health Post before the installation of running water

Rwandans face a daily onslaught of pathogens and parasites which threaten their health in both small and large ways. Intestinal worms, amebas, and general bacteria and viruses exploit the country's poor hygiene, resulting in increased morbidity and lowered productivity among both working adults and students.

Running water is an easy remedy to these problems, and ready and reliable access to water is critical in determining the quality of care offered in Rwandan health centers. Not only does water enable equipment sterilization and hygienic care, but its presence in health centers also allows health professionals to role model good hygiene and hand washing.

Unfortunately, many health centers must operate without this basic service. According to the 2008-2009 Ministry of Health Annual Statistical Booklet, only 59% of health centers nationwide are connected to either the local or national water grid. Before local Peace Corps Volunteers applied for and received water grants from Water Charity's Appropriate Projects initiative, both Ruhunda and Musha Health Centers were among Rwanda's many health centers without internal running water.

The villages of Ruhunda and Musha are both located in Rwamagana District in Rwanda's Eastern Province. Ensnared in the folds of gently rolling hills in rural Rwanda, they both host small communities of small scale and subsistence farmers. In March and April of 2010, the Ruhunda and Musha Health Centers took a critical step in improving the care they provide. With assistance from the Access Project and its Peace Corps Volunteers, funding from Water Charity, a non-profit organization working solely with

Peace Corps Volunteers to provide small water grants, and the initiative and leadership of the health center directors, sinks were finally installed and connected to running water at both health centers.

The projects were organized and executed by Peace Corps Volunteers Colleen Laurence and Kara Rogers in coordination with the Access-employed Rwamagana District Health Advisor, Charles Ngirabatware. The U.S. Peace Corps has been collaborating with the Access Project since April 2009. There are currently five Health and Community Development Peace Corps Volunteers working with the Access Project in all of its supported districts.



Above: Charles Ngirabatware, DHA Rwamagana, tests Ruhunda Health Center's new sink as a nurse consults with a patient

At Ruhunda, the project outfitted both the general and pediatric consultation rooms as well as the delivery room with sinks. Similarly at Musha, the consultation, pharmacy, surgery, and pediatric rooms received sinks and were connected to the local water source. From start to finish, the projects took on average two months to finish, and the positive results were visible immediately. A combined population of 22,167 people from the cities of Gishari, Munyiginya, and Ruhunda (all served by the Ruhunda Health Center) and 15,432 people within the Musha Health Center catchment area now receive a higher standard of care when they visit the local health center. In follow-up visits after the conclusion of construction, nurses and technicians applauded the improvements and noted an unexpected benefit from the water project – namely, they've noticed their health has improved as well!

During the grant application process, Gerard Kaberuka, Director of Ruhunda Health Center, said, "Everyone knows that water is the source of life. If we receive water, then we receive life. Water will decrease disease prevalence and improve the quality of services offered at the center." Now, thanks to Water Charity, water flows freely and life blooms in a healthy environment at Ruhunda and Musha.

Several other projects to install internal running water in health centers have been organized and completed by Peace Corps Volunteers in conjunction with Water Charity's Appropriate Projects initiative and the Access Project. Jessica McGhie facilitated projects at three separate health centers in the northern district of Musanze to install sinks and running water in the delivery and maternity rooms at Bisate Health Center, improve water pressure and expand running water into critical services in Busogo Health Center, and install running water into male, female and pediatric consultation rooms in Murandi Health Center. Colleen Laurence completed a second project at the Murehe Health Post in Rwamagana District, her colleague in Rwamagana, Jenny Boyd, has completed two water projects to date, and Amy Studenic is currently working on two water projects for Musanze District health centers. The combined impact of these projects will affect the over 125,000 people who seek care at these health centers.



Above: Bisate Health Center Director Jacqueline Nyirabyimana enjoying the new sink in the center's delivery room