PERIODIC MONITORING OF THE WATER POINTS IN BURKINA FASO

EXECUTIVE SUMMARY

The primary goal of the USAID West Africa Water Supply, Sanitation, and Hygiene (USAID WA-WASH) Program is to increase sustainable access to safe water and sanitation and improve hygiene in West Africa. The Program ensures the provision of safe drinking water as defined by the standards in Burkina Faso and the guidelines of the World Health Organization (WHO). The Program, through Winrock, put in place a periodic monitoring system of water points at the municipalities and at the community level through the water point's management committees. A part of its water quality assurance plan and to ensure drinking water quality standards are met in the intervention areas, the Program conducts three systematic activities that include: (1) initial water treatment of the water points; (2) water quality monitoring; and (3) make the follow-up of water management committees. This initial water treatment at the water points involves chlorinating water after constructing or rehabilitating the water points. The water points are sterilized according to the protocol defined in the water quality assurance plan. Initial water treatment is followed by periodic treatment in order to preserve the water quality. The treatment frequency is adapted to the seasons. Periodic water treatment is done every six months during the dry season and every two to three months during the rainy season.

Water point monitoring is conducted in three steps: (1) initial water quality analysis; (2) periodic water quality analysis; and (3) qualitative monitoring of the water points. The initial water analysis ensures that the drinking water complies with the standards of safe drinking water in Burkina Faso. Water samples from the water points are collected and analyzed in a laboratory to determine the bacteriological and physiochemical characteristics according to the protocol defined in the water quality assurance plan. A copy of the results of the analysis is kept by the water point management committee. Periodic monitoring of water quality is conducted after the laboratory analysis results confirms the water is of good quality as defined in the quality standards. The Program performs regular water quality monitoring by analyzing water samples in the intervention area every three months particularly to check for arsenic. Other parameters and bacteriological analysis are evaluated every six months. In case of non-compliance with the bacteriological test results, the water is treated and analyzed again to ensure its potability. The Program's community mobilizers and the village water management committees conducts period qualitative monitoring of water points the Program conducts qualitative monitoring of the water points at two levels; (1) updating information of the database designed to monitor the water quality; and (2) periodic monitoring of water sources through field visits. The Program designed and regularly updates the database with information for each water point. The information provided in the water quality database include: the results of the water analysis, the reasons for the water quality tests, the types of analysis (bacteriological, physical and chemical, arsenic), the dates of sample collection, the laboratory where the analysis was done, and the date of sample collection for subsequent analysis. The up-to-dated data ensures that the monitoring of the state of the water pump any changes in the water quality in each water point in a given period of time is accurately documented. The community mobilizers monitor the water points using a monitoring sheet to document information related to the water quality and the surrounding environment of each water point. This ensures timely maintenance and sustainability of the water points.

In addition, monthly meetings gather information on water uses, the state of the water point area planning, water quality in relation to color and taste and observations on hygiene around the water point. Through periodic water monitoring, the challenges such as turbidity of water, insufficient water in the borehole, and water pump breakdown are identified and addressed on-time. In cases where water quality does not meet the set standards, water users are advised to use household water treatments products such as chlorinated tablets (Aquatabs) and water filters until the water quality problem is resolved. In the villages where quality drinking water is inadequate, the Program supports construction of new water points and/or increase the depths of the existing water points. In various villages, the Program has trained local technicians in repairs and maintenance of the water pumps to ensure that the communities will always have access to clean water.

The village water point management committees are established and trained to ensure sustainable management and hygiene of the water points. The committees defines the rules of hygiene and use of water points. To ensure that users comply with the rules, the committees also conduct daily monitoring of the use of the water point by users. The Program built the capacity of the members of the committees on water-related health problems, the diarrheal disease transmission routes, the preventive measures of diarrheal diseases, water point hygiene, hydrological cycle and the technical and financial management of the water point. At the end of 2014, there were a total of 103 village water management committees. The majority of the water management committees (93%) had at least 40% women. The community mobilizers and hygiene promoters monitor the effective functioning of the water point management committees.

The full report is available (in English) upon request via our website. For more details about our program activities and other reports please visit http://wawash.fiu.edu/.

This publication was funded by the people of the United States through the Agency for International Development (USAID) within the framework of the West Africa Water Supply, Sanitation, and Hygiene (USAID WA-WASH) Program. The views and opinions of authors expressed herein do not necessarily state or reflect those of the United States Agency for International Development of the United States Government.