

LATRINE CONSTRUCTION NOT ONLY A HOUSEHOLD MATTER BUT A PUBLIC GOOD

Revolutionary thinking to end a long standing problem of low coverage of improved toilets in Tanzania

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For close to fifty years, most African countries have enjoyed independence from colonial regimes, a long enough time to have adequately developed the correct thinking and approaches to basic socio-economic issues that include latrine coverage and quality of toilets in households, schools and other institutions. Data from UNICEF/WHO - JMP shows that the coverage of improved latrine in Tanzania stands at just 24%. What does it mean by improved latrine; the draft sanitation and hygiene policy prepared by the MOH&SW - Tanzania has come up with a standard definition of a sanitarily latrine. This has been done for the purpose of uniformity in data interpretation across the subsector and internationally particular the JMP of WHO&UNICEF. The terms improved latrines will mean the following technologies; connection to public sewer, connection to septic system, pour-flush latrine, simple pit latrine and Ventilated improved pit latrine.

Simple pit latrine can mean different thing to different people all together, so in order to have a common understanding or standard the Ministry has further set some key conditions that should be found in an improved latrine, it should have an impervious floor, adequate privacy (wall height at least 1.8m), roof and a door¹.

It is discouraging that although poor sanitation is associated with nearly 80% of the daily hospital attendance it has never received significant attention or prioritization by communities. There are three detrimental issues that have been blocking progress in improving sanitation in Tanzania.

- Sanitation particularly toilet construction, has been treated as a household issue and not a public good², although the public health benefits of universal coverage are considerable. Individual latrine construction or on-site sanitation has remained a solution for excreta disposal for more than 80% of households. The costs of constructing and upgrading latrines are high, especially for the poorest Tanzanians.
- Sewerage system is a public good, managed by utilities at high cost but benefiting few people i.e. well to-do people living in planned areas but they pay relatively low cost, Tsh. 350 or 0.3 USD per m³ of wastewater as compared to cost of cesspit emptier or gulper. Cost per m³ per kilometer is about Tsh7500 when using Gulper method, which is about 9 times more than cesspit emptier truck users and 22 times more than sewerage connected clients³.
- As general principles, at community level water supply is primarily a communal service, whereas sanitation and hygiene behavior are individual or family affairs⁴. Although it is estimated that 80% of the water supplied into household turn into sewerage.



Type of unimproved toilet representing nearly 70% of the type of toilets used in Tanzania

¹ Latrine Construction Guide, MOH&SW 2009.

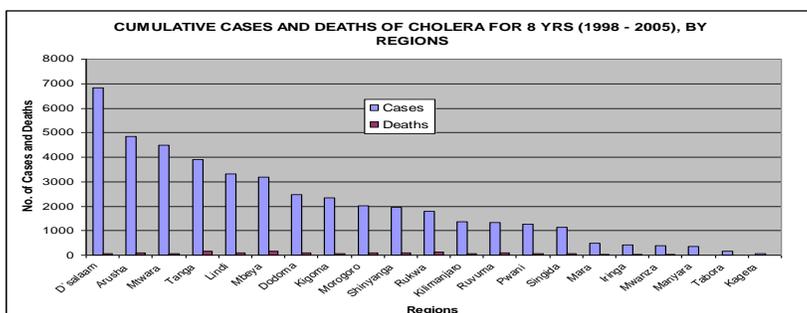
² Parliamentary Office of Science and Technology, Post note, December 2002 Number 1903

³ Natty M. Dar es Salaam City Engineer, IA annual meeting May, 2010

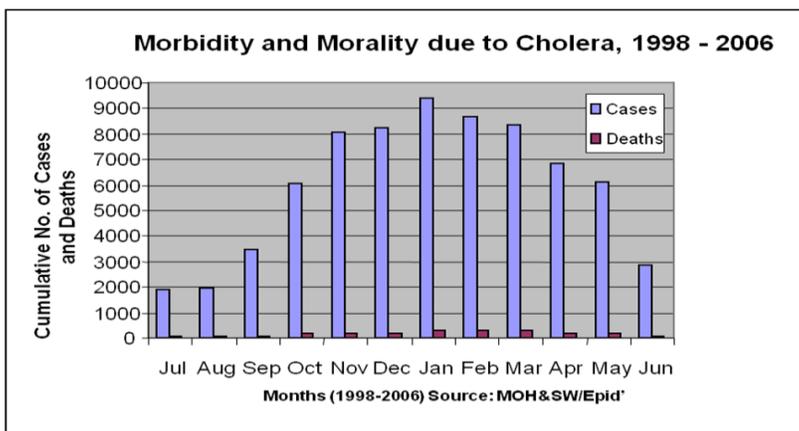
⁴ DFID Guidance manual on water supply and sanitation programmes; General principles pg 157

A different kind of thinking

Latrine construction and use is not only a household issue but essentially a public good; Contamination caused by unprotected excreta result in the outbreak of fatal diseases which can affect both those who do not have toilet and those who do. Moreover resources used to contain the diseases and treatment of the patients are usually public funds. So where is the logic here - *that the latrine issue is of household but the impacts are of public concern?!!* Since sanitation and hygiene-related diseases are of public health importance, the cause of such diseases including toilet related issues should be treated by the Governments as a public good as same as water, roads and other public amenities.



Graph 1: Shows cases of cholera and deaths by regions, using commutative figures from 1998 – 2005.



The graph above shows trend of cholera from 1998 – 2006, using monthly commutative figures

However, this does not mean governments and development partners constructing toilets for households, but rather thinking strategically about how to create the enabling environment to facilitate the construction and use of improved latrines.

What strategic approach should be followed?

- First, the change of mind set of implementers, planners, policy makers etc; Let us now treat sanitation essentially as a public good, though it is households also; Governments should show great concern.
- Treat sanitation as a major field of endeavour in its own right, with sufficient investment to revitalize training programs and professional standing
- Ensure there are long term campaign (5 - 15years) focusing on promotion of sanitation
- Focus seriously into school children (the future generation), make them hate dirty and uncivilized life
- Make sanitation a viable business so that private sector can think about it and invest; the marketing approach should adhere to 4Ps principles⁵. The private sector is quite potential for any business that has profit, it just need to be assured that public services including sanitation and public health services can be turned into business.

The above thinking is what WaterAid Tanzania is focusing through Sanitation IrishAid Supported Project, 2008/9 – 2010/11. The project has tested low cost technologies for pit latrine emptying in unplanned urban areas where emptying services by large tankers is not possible; Gulper pump and tricycle motorbike with a small tank (350 -500lts) has been used. In rural areas latrine promotion has been carried out using Mtumba approach where sanitation centres has been constructed for marketing, and community based groups for latrine construction have been initiated. For more information read the Summary of the Project Report and don't hesitate to contact the authors for more discussion.

⁵ Product, Price, Place, Promotion