

# How long could you wait for the toilet?

- Over **5 million** people in Tanzania do not have access to any kind of toilet
- Over **20 million** people in Tanzania do not have access to an improved latrine and are at risk from deadly diseases
- At the current rate of progress it will take **67 years** just to reach the Millennium Development Goal (MDG) for sanitation

## What do we need to address this...

- A National Hygiene and Sanitation Policy
- A National Sanitation Investment Plan
- Well defined institutional roles and responsibilities
- An agreed National Latrine Standard

## Fact file

- Sanitation is important in achieving economic growth, ensuring health, access to education and ensuring vulnerable groups are safe and treated with dignity
- The global return on investment for sanitation is projected at \$9 for every \$1 spent
- 53% of Tanzanians do not have access to improved sanitation
- One gram of faeces can contain 10,000,000 viruses, 1,000,000 bacteria, 1,000 parasite cysts and 100 parasite eggs
- The simple act of washing hands with soap and water after going to the toilet can reduce diarrhoeal diseases by over 40%
- Safe disposal of children's faeces leads to a reduction of 40% in childhood diarrhoea



WaterAid/Alex Macro

## Over 5 out of every 10 people in Tanzania, do not have a safe, clean place to go to the toilet

Poor sanitation and hygiene practices leads to bad health. Bacteria, viruses and parasites found in human waste are responsible for the transmission of cholera, typhoid and other infectious diseases that kill thousands of people every year. 90% of these are children.

This not only affects individual's health and daily lives but is one of the most effective ways to promote economic growth, education and equity issues. The provision of sanitation is not only important in terms of improving peoples daily lives but is one of the most cost effective ways to help improve the economy, health, education and help address equity issues. Access to adequate sanitation cannot cure all development issues but access to adequate sanitation does underpin them.

Despite being included in both MKUKUTA and the Millennium Development Goals (MDGs) sanitation is the dirtiest of all sectors and the one that people least want to touch. The United Nations Development Programme (UNDP) reports that the percentage of the population using improved sanitation in Tanzania did not improve in the 14 years from 1990 to 2004.

**Whilst Tanzania is making progress towards meeting the MDG for water, why are over 20 million people (53% of the population) still waiting for a safe toilet?**

## The real sanitation story in Tanzania?

The urgent need for sanitation and hygiene services in Tanzania is often hidden by misleading statistics.

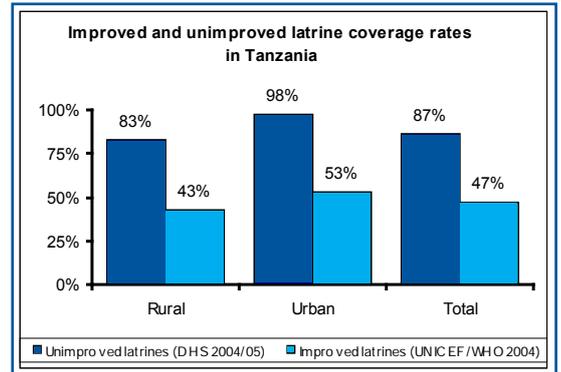
When we hear that 90% of households have latrines, it sounds like Tanzania is doing well but in reality the quality of many of these latrines is very low. Unimproved latrines may not be safe, hygienic or effective at preventing the spread of disease.

If we use World Health Organisation and UNICEF standards for the definition of an 'improved' latrine – the latrine coverage figures are much lower. These 'improved latrines' include only those which are more effective at preventing the spread of disease. One important difference is that pit latrines only count as 'improved' if they have a washable slab.

Using this definition, Tanzania's sanitation coverage is:

**43%** in rural areas and **53%** in urban areas

The difference in coverage using these two definitions is substantial (see chart) and important to understand in more detail.



The high level of coverage of basic latrines reflects a long history of sanitation and hygiene education in Tanzania, most particularly the "Mtu ni Afya" campaign of the 1970s. This campaign was very successful at moving people away from open defecation and onto the first step of the sanitation ladder. However, many of these basic latrines are of a very low standard, unsafe, unhygienic and ineffective at preventing the spread of disease. The challenge facing Tanzania is how to persuade the 57% of rural households and 47% of urban that currently have a poor standard of latrine to construct something better.

## Health benefits

Poor sanitation kills people...

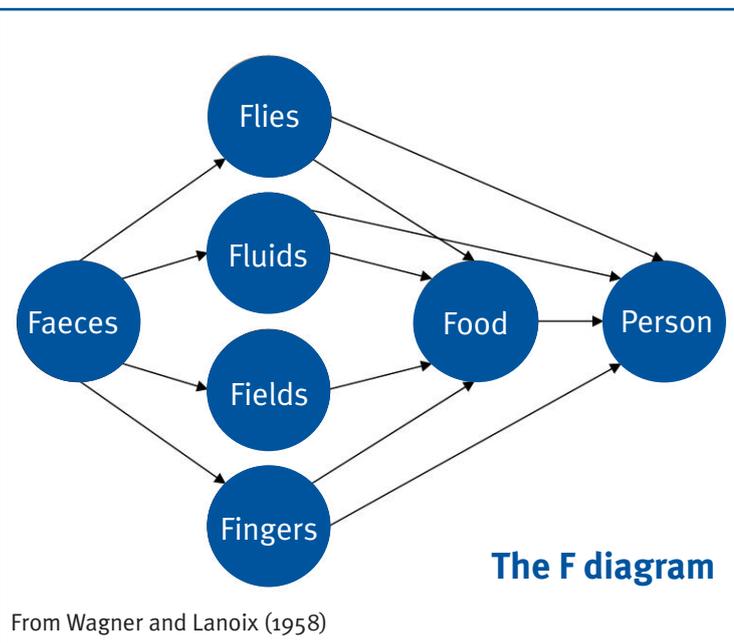
Cholera, dysentery, typhoid and diarrhoea kill thousands of people in Tanzania every year. In 2004-2005, nationally there were 12,923 reported cases of cholera with **350 deaths**, 154,551 cases of dysentery with **170 deaths** and 863,488 cases of typhoid with **1,167 deaths**<sup>1</sup>. These figures are likely to be well under the true figures as inadequate and unreliable data hides thousands of deaths. On top of this many thousands die each year from diarrhoea and 90% of them are children.

These diseases are all spread by the faecal oral route (see below). The bacteria or virus enters the body as tiny particles of faeces are passed into the body via the mouth. People are literally eating shit.

The MKUKUTA target for sanitation includes a reduction of cholera outbreaks by 50% by 2010. This will only be achieved by breaking the faecal oral route. Hand-washing and safe faeces disposal are the most effective, affordable, long term solutions to do this.

### Reduction in Diarrhea Morbidity

Hand-washing over **40%** with Soap:  
Safe disposal of faeces: **32%**



### Hand-washing

Hand-washing is the single most effective way to reduce the diarrhoea morbidity levels.

Good sanitation is more than just giving people toilets. However good your toilet is faeces can still enter your body if it is on your hands.

To benefit from good sanitation it is also important that:

- people understand the importance of hand-washing
- people have the means to wash their hands with soap

### Latrines

Latrines are vital to provide a barrier to diseases carried in faecal matter. These pathogens can enter people's mouths via a number of routes including water, soil, flies and fingers. This is called the faecal-oral route. Hygiene education and proper excreta disposal block this route and so reduce the likelihood of diseases being transmitted.

<sup>1</sup>Source: "Meeting the MDG drinking water and sanitation target: the urban and rural challenge of the decade" WHO & UNICEF, 2006

<sup>2</sup>Source: "Working document on Sanitation and Hygiene interventions" UNICEF Dec 2007

## Economic benefits

It is clear that countries with strong economies are better able to provide their people with good sanitation. But good sanitation is also a key building block to economic growth. On a cost benefit analysis, ensuring access to low cost sanitation facilities is the most cost effective development strategy there is. **The global return on investment for sanitation is projected at \$9 for every \$1 spent.**

Good sanitation means less preventable disease. This has a huge economic impact:

### Short term

#### Increasing production

Millions of work days are wasted every year because of diseases caused by inadequate sanitation

#### Increasing productivity

Not only will extra days be added but healthier people are likely to work better

#### Increasing spending power

Money which would be spent on treating preventable diseases in clinics and hospitals can be used for other things

#### Boosting the economy

Women don't have to spend as much time looking after sick children and can find employment

### Long term

#### Better education

Children will be better educated as they will not miss as much school because of illness

#### Increasing income

These children will become better educated adults who will earn more and live healthier life styles

#### Knowledge transfer

By educating children about the importance of sanitation and hygiene you are educating their children and future generations

#### Increasing population stability

Decreasing child mortality is associated with lower fertility

#### Decreasing dependence

As people are healthier longer the burden on their families will reduce

## Sanitation and education

Imagine your office had no toilet...

Everyday millions of children go to schools without safe toilets. Imagine having to wait until a break between classes to run into the bush. As you run you have to be careful not to step in the piles of shit surrounding your school. You are a girl and feel humiliated and ashamed as the boys laugh, catching you squatting on the ground. There is no water or soap for you to wash your hands so you run as fast as you can back to class before the teacher shouts at you for being late. When you get to class the teacher is enthusiastic but not well educated. The school can't get good teachers because of the lack of a latrine and running water. At lunch you eat with your unclean hands, the boys still laughing as you sit chewing.

The next morning you wake up with a bad stomach ache. You lie in pain as your mother shouts that you will be late for school. When you arrive, you can't concentrate on what the teacher is saying because your stomach hurts too much. You sit for an hour desperately needing the toilet. Halfway through the class you give in and run from the class room as your classmates all laugh and the teacher shouts. The diarrhoea is terrible and you feel sick from the smell.

For the next three days you stay at home not able to go to school. The next week you start your period and as there is nowhere to change or wash you don't go that week either. If only there was a toilet then this would never have happened. You could have got an education, you could have done anything. Instead, today you sit in a mud house full of children you can't feed, risking HIV because you can't even read the advice handed to you.

### All for the lack of a toilet.

Currently only 37% of schools have adequate sanitation. A main target of MKUKUTA is that 100% of schools will have adequate sanitary facilities by 2010. At the moment this is a distant dream. For it to become a reality will require financial commitment and cooperation between ministries.

## Equity benefits

There are groups in society who are even more at risk than most from the dangers of poor sanitation:

### HIV/AIDS

People living with HIV/AIDS are very vulnerable to diseases caused by bad sanitation. For most adults diarrhoea is likely to be uncomfortable and inconvenient. To someone with HIV/AIDS it could be fatal.

### Disabled and Elderly

The elderly and disabled can both face problems accessing toilets. If toilets are shared, if they are too far away or they are not designed for easy access then many people are excluded from using them.

This not only affects the people who can't get to the toilet. As it increases the likelihood that they will defecate in the open it will affect the health of the whole community.

### Women and Girls

Women and girls face particular risk from a lack of adequate sanitation.

- Makes menstrual hygiene very difficult
- In some areas women risk rape if they venture to far away latrines at night
- Women forced into open defecation by a lack of facilities face shame and ridicule

Adequate sanitation is required for all of these groups to live **safely and with dignity.**



# Giving sanitation the green light

This table shows the progress of 12 African countries in laying the foundations to tackle the sanitation crisis: **green** for good progress, **yellow** for some progress and **red** for bad progress.

	Malawi	Nigeria	Tanzania	Zambia	Madagascar	Mali	Ghana	Ethiopia	Burkina Faso	Uganda	South Africa	Senegal
1. Are they on track to meet the sanitation MDG?	Yellow	Red	Red	Yellow	Red	Red	Red	Red	Red	Red	Red	Green
2. Is there a national sanitation policy?	Green	Green	Yellow	Red	Yellow	Yellow	Green	Green	Green	Green	Green	Green
3. Are national targets in line with the MDG target?	Yellow	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green
4. What weighting is given to sanitation in the PRSP?	Red	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green
5. Is there a sector investment plan?	Red	Red	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
6. Is there a single body to coordinate action?	Yellow	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green
7. Are donors coordinating their support to sanitation?	Red	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green
8. Is there sufficient budget allocation to meet targets?	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
9. Is there a single budget line for sanitation?	Red	Red	Red	Red	Red	Green	Yellow	Red	Red	Yellow	Red	Green
10. Is there a performance monitoring mechanism?	Yellow	Red	Yellow	Yellow	Green	Yellow	Yellow	Green	Green	Yellow	Green	Green
Total out of 20	6	6	7	8	9	11	12	12	13	14	15	19

## Sanitation policy, institutions and finance

In comparison to other countries in sub-Saharan Africa, sanitation has not been prioritised in Tanzania. This can be seen in the 'giving sanitation the green light' chart above. There are several reasons for Tanzania's relatively poor score:

- **Sanitation is a cross-sectoral issue**, and therefore responsibility for addressing sanitation is split between different national ministries and local government authorities. The result has been a lack of leadership and direction, as well as a lot of time and effort discussing responsibilities rather than delivering services.
- Although it is almost impossible to get accurate budget data, **public expenditure on sanitation is very low** in comparison to spending on other health challenges or on water supply. Moreover, existing spending is spread between ministries and Local Government Authorities (LGAs) and remains highly uncoordinated.
- Tanzania does not yet have a dedicated **National Sanitation and Hygiene Policy**, although the Ministry of Health has begun to develop one.

## What needs to be done

Sanitation is a forgotten sector in Tanzania, split between ministries, confused by misleading data, and lacking in policy direction. Nevertheless, this situation could be turned around with some simple and achievable measures:

1. **Institutional roles and responsibilities need to be clarified**, so that the different agencies involved are working together rather than in opposition. Leadership from the Ministry of Health is needed, as well as willingness to work together from other ministries and agencies.
2. Access to sanitation will not improve without adequate public finance. **A National Sanitation Investment Plan** linked to the Water Sector Development Programme offers the best means to increasing finance towards the target of 0.5% of GDP allocated as public expenditure on sanitation as pledged at the 2008 AfricaSan conference in South Africa.
3. The Ministry of Health has started a process to develop and **National Hygiene and Sanitation Policy**. This should contribute towards clarifying institutional roles and responsibilities as well as increasing the prioritisation of sanitation.
4. Using an **agreed National Latrine Standard** in all household surveys is an important first step towards more effective monitoring of progress in the sector. The UNICEF-WHO definition of 'improved latrines' is the best option.

WaterAid's mission is to overcome poverty by enabling the world's poorest people to gain access to safe water, sanitation and hygiene education.

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