

Water is life, Sanitation is Dignity

Sanitation preference and household latrine designs

Briefing Note 1 (Water Aid Ethiopia)

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Summary: This briefing note summarises two pieces of research carried out to understand the factors blocking latrine uptake, sanitation preferences, appropriate technology and options. With the aim to understand the reasons that might be blocking improved sanitation coverage in the country, WaterAid (Ethiopia) undertook two related pieces of research work in 2003. The first of these - Study A - used participatory methods to gather information from communities in two regions in Ethiopia: Arsi and Gondar. This study concentrated on Ethiopian sanitation preferences and appropriate technical choice. Meanwhile Study B investigated different latrine options - both within Ethiopia and from around the world - that might address those issues emerging from the first study. Since the research, communities that were supported by our partner the EOC-DICAC achieved 100% sanitation – this is a first in Ethiopia!

Keywords: Hygiene behaviour, Research, Sanitation, Sanitation technologies, VIP Latrines



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Introduction

With around 62 million Ethiopians living without sanitation provision (UNDP, 2004); Ethiopia has one of the lowest rates of sanitation in the world. Poor sanitation is the cause of numerous cases of disease and death in the country, and also denies people the dignity of hygienic practice and a clean, safe environment.

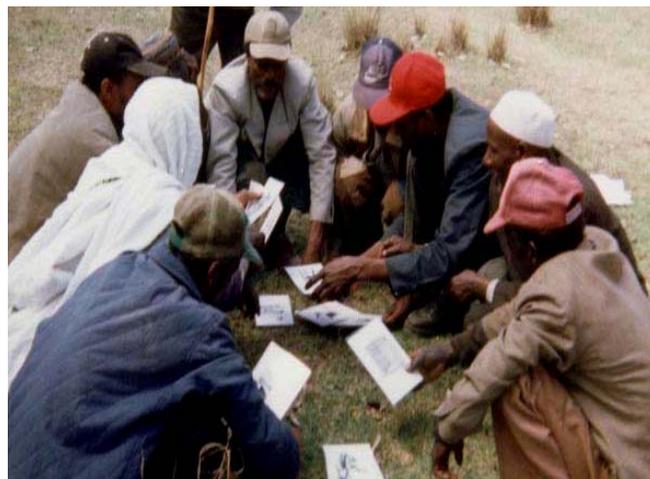
In rural areas most people still practise open defecation, a tradition that has remained widespread through a lack of hygiene awareness and technical knowledge on the part of villagers, and inadequate policy, investment and implementation on the part of the state. However, despite more concerted government efforts and greater NGO work in sanitation in recent times, the uptake of latrines remains slow and difficult.

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This Briefing note provides a broad overview of the research, together with the key findings and recommendations from the full report, copies of which are available on request from the WaterAid office in Ethiopia.

A stool in the dark causes triple problems:

Evidence that sanitation problems feature strongly in everyday life can be found in the rich store of proverbs found in Ethiopia's many languages. In a village in Arsi region a solemn meeting of elders was being disturbed by someone moving amongst the crowd. Having enough of this, the elder leading the meeting asked the man: "why do you disturb our meeting like a stool in the dark?" Explanation of this surprising expression revealed the extent of annoyance the restless man was causing: "A stool in the dark spoils the feet, if stepped on. If touched to find out what it is, it spoils the fingers. If fingers are smelt to check further, it spoils the noses".



Focus Group Discussion using pictures

WaterAid/Simon Bibby

Background

Although there are clearly regional and indeed village to village variations in the sample areas, the research was able to establish common threads in the sanitation scenarios of village people in Arsi and Gondar. Like most rural communities in Ethiopia, people use the surrounding fields, bushes and even their household compounds for defecation. They do this without realising the serious health risks and of faeces-related disease transmission, but also it seems, because their (admittedly limited) experiences of latrines have often been negative. Poor construction methods mean that people are afraid of collapse, badly maintained latrines have created a perception of dirtiness leading to fears of becoming ill due to escaping toxic and smelly gases, model latrines that are not easily replicable have led to inappropriate or uncomfortable design, and so on.

Even whilst preferring the open air to what they see as unstable stinking pits, people also acknowledge the problems of open defecation. For women, the need to limit their ablutions to the hours of darkness in order to get some privacy has made them vulnerable to attack and rape, as well as susceptible to a range of urinary and gynaecological health problems. Children and disabled people have their own set of difficulties in finding places to defecate.

Meanwhile everyone must struggle equally with the problems of going out at night, in the rain or in the baking sun, coming face-to-face with wild animals in more isolated areas, and coping with diarrhoea.

In the light of the sanitation challenges present in such communities, WaterAid's policy and practice underlines the need to integrate sanitation and hygiene promotion work with the provision of water and community management training.

However despite the daily difficulties associated with sanitation issues, there is a notable gap in most people's understanding and prioritisation around latrine construction, hand-washing and environmental sanitation. While clean and accessible water is a priority need identified by most communities - something clearly demonstrated by their willingness to contribute labour and materials during the construction of schemes and, where applicable, to pay for the water supplied - hygiene and sanitation inputs are recognised only by agencies and governments as essential components to realise the health benefits of clean water.

Thus the WaterAid commissioned research set out to understand more fully the low recognition by communities of the health benefits of sanitation as opposed to the benefits of clean water, and to understand why people show are so often unwilling to change behaviour and adopt more hygienic practices.

The combined aim of Study A (investigating attitudes and behaviour regarding open defecation and latrine use) and of Study B (researching more appropriate latrine designs that might be offered to communities) was to provide stakeholders - and above all WaterAid and its partners - with a set of sanitation issues and latrine options that might more effectively address the sanitation challenges in various parts of Ethiopia.

Methodology

The research approach for Study A attempted to combine a variety of participatory methods. The tools used reflected variations on the participatory hygiene and sanitation transformation (PHAST) methods. Approaches included focus groups, key informant interviews, village mapping and observation etc.

The study team included three external consultants, current and former staff from WaterAid partner organisations Water Action and EOC-DICAC, and four WaterAid (Ethiopia) staff.

The research approach included a one-week preparation workshop to develop and practice checklists and methods, four weeks field work and one week for writing-up. Some picture based toolkits were also developed to assist discussion.

Villages were selected according to agreed criteria which included project/non-project, highland/lowland, Christian/Muslim or combination, high uptake/low uptake of latrines. A total of 18 villages were visited.

It was decided that women facilitators should talk to women and men to men so as to allow for open and uninhibited discussion. The different groups were then asked to feed back to a village plenary meeting to cross-check results.

Children were also engaged in a variety of exercises including drawing village maps to depict resources, houses plus latrines, water points, defecation zones and key institutions.

Study B was largely based on a literature review, with some interviews with key stakeholders based in Addis Ababa.

Key Findings

Study A

The research work found that factors affecting the uptake of latrines fall into two broad categories: those related to attitudes and perceptions and those related to the design and construction of latrines.

Related to attitudes and perceptions:

- A lack of appreciation of the health risks associated with open defecation

Voices and views from rural Arsi and Gondar

About open defecation:

"Open defecation is passed down from our forefathers. We have always done it. We are used to it."

"Where did your mother go?" "She is out for a call of nature." "Will she come back soon?" "She will come back soon since the bad smell won't allow her to stay any longer."

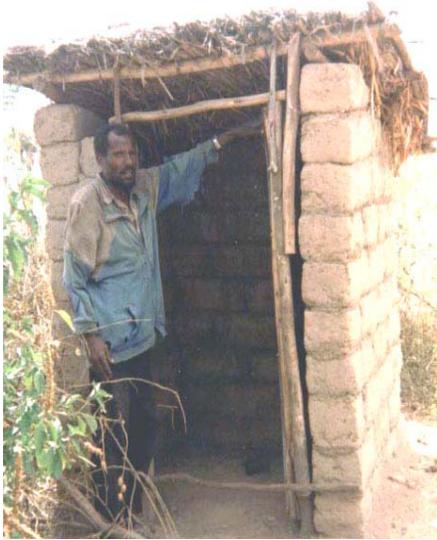
About latrines:

"We have so many troubles on our minds. Latrines are not one of them."

"Instead of digging a pit for faeces, let me go and plough a couple of lines on my field."

"We don't have the money. If the government would build a latrine for us we would be happy to use it."

"I just hate latrines. I would rather die than use one. I don't care how clean and safe they say it is. It makes me ill."



Sample Traditional Pit Latrine visited during the study. All materials used are locally available. Blocks used for the wall are made up of mud and straw.

- Cultural factors which favour open defecation or discourage latrine use
- Traditional beliefs affecting the perception of latrines
- Past experiences affecting attitudes towards latrine construction and use
- Various factors affecting local and individual preferences

Related to design and construction:

- Inappropriateness of the latrine designs promoted
- The lack of availability of construction materials
- The un-suitability of local soils
- The lack of availability of skills and materials
- The cost and unwillingness to pay

Study B Study B revealed a variety of latrine designs and construction techniques currently in use in Ethiopia: models that were promoted by particular stakeholders, designs adapted to the local soil, climatic or socio-economic conditions and modifications made by local people for a variety of reasons. Considered alongside these are eco-san and "arborloo" latrines from Zimbabwe, dome slabs from Mozambique, low cost units from Tanzania, urban slum pour-flush latrines from Bangladesh, as well as female-only latrine options etc.

As well as providing diagrams and detail about the advantages and disadvantages of different technologies, Study B highlights the following findings:

- there is a wide variety of sanitation initiatives being carried out by the Ethiopian government in partnership with donors, international and national NGOs
- a number of sanitation policies exist but the country lacks a single, coherent framework for implementation, particularly regarding the issues of subsidy and technology choice

- the institutional framework relies on donor support and the limited political will does not translate into effective funding for either human resource or technology development
- there is a great opportunity for key stakeholders to develop a convincing sanitation advocacy campaign which could influence policy and lead to the development of an effective framework

Recommendations

1. The Case for sanitation: water alone is not enough.

Water supply along with safe excreta management, hand washing with soap and water after contact with stools, and a safe water chain to the point of consumption are the means whereby people will improve their environmental health status and achieve a better quality of life.

Community, government, multilateral and NGO attention have been focused more on water provision than on sanitation and hygiene to date. This needs to be redressed.

2. The key principles

Stakeholders should agree to the key principles of an integrated water, sanitation and hygiene promotion package for delivery at community level.

3. Joint planning and harmonisation

A sanitation promotion framework needs to integrate government, multi-laterals and NGO work plans.

4. Product: develop a range of designs

Conditions are different in different areas and people's priorities and motivation vary. Thus there is a need to pilot a social marketing strategy on the basis of different sanitation issues. For this, a range of low cost technologies needs to be developed.

5. Promotion

Promotional materials to be used in discussions with communities about the most appropriate sanitation options need to be developed, improved/adapted.

6. Community choice and engagement

Participatory sanitation promotion frameworks need to agree an appropriate, transparent and participatory community entry and consultation procedure which uncovers latent demand and engages all community members and not just the leaders.

7. Technical skills transfer and sustainable supply streams

Technical skills must be transferred into the local market with manuals, guidelines, tools and essential equipment (sanplat mould kits, stabilised soil block makers). Distribution options also need to be considered.

8. Creative Finance

The financial sustainability of sanitation options and ways in which financing can continue in the longer term must be considered from the outset.

9. Target Areas and client segmentation

Sanitation promotion pilots have a greater chance of success in urban areas and those in proximity to towns and main roads.

10. Demonstration sites

Demonstration units should be replicable (i.e. latrine components should be readily available from a local source/sanitation-outlet) and be of the highest quality of workmanship within the available budget.

11. Advocating sanitation

There is a need for a sanitation secretariat which could provide a focal point for sharing approaches

and ideas and ensuring that any successful innovative work can be shared with interested parties.

12. Mobilising key stakeholders

Meetings with key stakeholders in target areas need to be facilitated to discuss and gain support for proposed sanitation approaches prior to the implementation of any pilot activities.

13. Developing a communication strategy

It is important to test different communication options. A communications strategy should start from community perceptions of appropriate slogans and key messages (using an appropriate style and language) targeted at the different audiences and using appropriate media.

14. Supportive supervision, monitoring and evaluation

It is important to draw up plans with outputs, outcome indicators, activities, inputs (costed) and process indicators. This will provide a means for monitoring and evaluating the success or failure of different approaches as well as providing objective evidence for the purposes of advocacy.

Keywords

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Authors

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Full report: Simon Bibby, December 2003



WaterAid-water for life

The international NGO dedicated exclusively to the provision of safe domestic water, sanitation and hygiene promotion to the world's poorest people

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