

Sustainability and acceptability of latrine provision in The Gambia

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Transactions of the Royal Society of Tropical Medicine and Hygiene;
2005;99:631-637

Summary

As part of a trachoma control programme in a rural part of The Gambia all households in 32 villages were provided with improved pit latrines. Latrine provision was externally driven and was not in response to a request from the communities involved. Materials were provided for free, and labour was paid for. To assess durability and acceptability we conducted a follow-up 25-47 months after construction. Before the intervention only 32% of households in these villages had access to any type of latrine, at follow-up this had risen to 95%. On visual inspection 585/666 latrines (87.3%) were usable and 510 (87.2% of those usable) were currently used. During interviews 566/637 latrine owners (89%) said they were either happy or very happy with their latrines, and 620 (97.3%) reported that they would make a new latrine of some kind when the current one was full or unusable. We interpret these data to suggest that externally driven latrine provision, without additional health education, to an area with poor latrine coverage can result in high, sustainable levels of uptake and generate future demand for sanitation.

Synopsis of the paper:

Sustainability and acceptability of latrine provision in The Gambia

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Background

As part of a randomised controlled trial of pit latrines to reduce trachoma, Emerson and colleagues supplied pit latrines to all households in 32 villages, achieving 100% coverage of targeted households. Prior to the study only a third of households had access to a latrine. 25-47 months after construction of the latrines we conducted a follow-up survey to establish physical durability of the latrines, continued usage, and their acceptability to the households.

Methods

There were 666 latrines, in 639 households. The survey consisted of a visual inspection of each latrine to establish whether it was usable and in use, and a short, structured questionnaire with the household head. This included questions on whether anyone was excluded from using the latrine, what was done with young children's faeces, and whether the latrine would be replaced when it filled up.

Results

585 latrines were usable and 510 in use. The main reasons for a latrine being unusable were collapse or damage due to heavy rains. Some latrines were

temporarily not in use, the commonest reasons being because owners had moved away, the fence needed replacing, or they were being kept as a spare. 95% of households had access to a latrine at the time of the survey, since if their own was unusable they usually shared the neighbours' one. In almost all cases everyone except young children was allowed to use the latrine. Children under about six years who did not use the latrines reportedly defecated either on the ground, on the rubbish heap, or in a potty. 97.3% of household heads said they intended to use a latrine of some kind when this one was filled up.

Interpretation

The latrines were provided externally, not in response to demand, and no health education was given apart from trachoma information. Nonetheless, a median of 3 years after construction, a high proportion of the latrines were still in use and the programme had generated demand for improved sanitation. These results suggest that a blanket approach to latrine provision could be successful as a sustainable way of reducing trachoma.