THE
CARTER CENTER

EXECUTIVE SUMMARY
Pit Latrines for All Households: The experience of Hulet Eju Enessie Woreda, Amhara National Regional State, Northwest Ethiopia

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"Using a pit latrine is freedom, comfort, and honour!"
— Villager from Hulet Eju Enessie Woreda

Summary

Motivated by the motto "prevention is better than cure," The Carter Center's Trachoma Control Program - in partnership with the Ethiopian Ministry of Health - works to reduce blinding trachoma in the Amhara region of Ethiopia. Trachoma is the world's leading cause of preventable blindness and is caused by ocular infection with the bacteria *Chlamydia trachomatis*. However, disease transmission can be effectively controlled through improvements in personal and environmental hygiene and through the use of antibiotic treatment. Ethiopia has the highest incidence of blinding trachoma in the world, and The Carter Center has joined forces with the Amhara Regional Health Bureau to fight it in 19 woredas (districts) in four zones of Amhara. In 2004, the 19 woredas reported that a total of more than 89,000 latrines had been built as part of the trachoma control program. One in particular, Hulet Eju Enessie, reported in excess of 23,000 latrines. This remarkable success was primarily accomplished through the use of *community mobilization*, *the presence of a strong political commitment among local leaders*, and *integration into the pre-existing community structures and practices*. An independent report of how this achievement came about was published in Amharic and has been translated into English. This short document summarizes the key processes and lessons learnt.

Background

Trachoma control programs use an integrated strategy of **S**urgery, **A**ntibiotic therapy, promotion of **F**acial cleanliness and **E**nvironmental improvement known by the acronym **SAFE**. Eyelid surgery corrects severe blinding trachoma, antibiotics cure current infections and reduce the infectious reservoir, whilst facial cleanliness and environmental improvement aim to stop transmission of the disease. This combined strategy is effective and also addresses many other communicable diseases. The main components for environmental improvement are the provision of safe water and access to sanitation; in other words, access to proper disposal of human waste. Human feces is the preferred breeding media for the eye-seeking flies that are responsible for the transmission of trachoma. Proper disposal of human feces in a latrine reduces breeding opportunities for these flies and lowers transmission. Latrine promotion programs in sub-saharan Africa are frequently time-consuming and expensive, with output being measured in hundreds of latrines per year at a unit cost of US$50 or more. The

which resulted in even larger numbers of people being trained in latrine construction and use, without an additional need for training resources.

Political support

Fostering political support and government policy

Access to latrines was made a political priority in Hulet Eju Enessie. The support provided by the program fitted in well with the new government policy on access to sanitation and the requirements of the millennium development goals adopted in Addis Ababa. The program was seen as an opportunity for the leaders to be highly productive. The notion that success in supporting the communities in need was a reward in itself, over and above the salary they received, was adopted and leaders were encouraged to set their own targets. The performance evaluation of these individual officials was then linked to their success in latrine construction, giving them everything to gain by doing well. In addition, by making latrine ownership a local government objective, leaders were empowered to put sanctions on laggards in the community who were liable to resist change. Although there are no records of sanctions being used, their existence added an element of urgency and legality to the program.

Construction techniques

Using local solutions to solve a local problem

The program could not provide any materials or subsidize the purchase of materials, so community members had to provide their own. Because most people already had experience constructing their own homes with local materials, training in construction fundamentals and how to use local materials was unnecessary. The latrines are comprised of simple pits 2-4 meters deep, with a platform of wood poles and mud plaster over it, and a traditionally built superstructure around it. A hand-washing station made from a gourde was added. The majority of people were able to build a latrine without spending any money—a major benefit in communities with limited resources—but those who could afford to buy iron sheet or thatch for the roof, or employ a laborer to dig the pit, did so. More than half of the people paid nothing for their latrines; of those who paid anything, the median amount was USD$2.80.

Conclusions and lessons learnt