Sanitation in primary health care

19th WEDC Conference ACCRA, Ghana 1993

WATER, SANITATION, ENVIRONMENT and DEVELOPMENT

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Summary

As the year 2000 is fast getting close, one wonders whether, with the present coverage levels in sanitation, the goal of Health for All would be attained.

The Global Coverage Levels have been looked at and the situation in Ghana has been likened to this situation.

A Kumasi Sanitation Project has been studied and some lessons learned are highlighted.

A warning signal has been given to the Accra Healthy Cities Project.

A few major issues to consider for a successful sanitation project have been listed in the conclusion of this paper.

Introduction

The Thirtieth World Health Assembly in 1977 decided that by the year 2000 all people in all countries should have a level of health that will permit them to lead socially and economically productive lives, which was coded "HEALTH FOR ALL BY THE YEAR 2000".

At the Alma-At Conference in 1978, it was agreed that Primary Health Care was the key to attaining this gaol of Health for All by 2000. This implies the promotion of highest possible level of physical, mental and social well-being of individuals, within families, living in communities. The World Health Organization in consonance with its leadership role in International Health, ratified the Primary Health Care Approach in 1981.

The ensuring of adequate supply of safe water and basic sanitation among others formed the eight essential elements of Primary Health Care, an approach to health that has been so dear to the World Health Organization over the years.

In the realization that inadequate and unsafe water and the unavailability of or poor sanitation facilities accounted for over 80% of disease in the developing world, the World Health Organization declared 1981 to 1990 an International Decade for Drinking Water Supply and Sanitation.

During the international Drinking Water Supply and Sanitation Decade, all countries harnessed their efforts at providing potable water sources and latrines to their urban and rural communities with the assistance of multilateral agencies, bilateral organizations and non-governmental organizations.

The rapid population growth and the world-wide economic recession have not made it possible for the targets set for the decade to be achieved. The various appropriate technologies developed for latrine provision have in most cases proved not appropriate as cost of same became prohibitive to the average person and the vulnerable communities.

The Global Scene in Sanitation Coverage in the Developing World, from the 1990 review of the International Drinking Water Supply and Sanitation Decade tells the story better.

Urban sanitation

At the end of the Decade an estimated 26% of the urban population was estimated to be without access to an appropriate means of excreta disposal. This represents a total of 345 million people unserved. The total urban population to be served with appropriate sanitation by the year 2000 for universal coverage to be attained is therefore almost 915 million.

Rural sanitation

Sixty per cent of the rural population of developing countries is estimated to be without access to an appropriate facility at then end of the IDWSSD. This represents a total of around 1603 unserved. The level of unserved varies greatly from region to region, being 88% in south-east Asia but only 24% in the Western Pacific Region. Allowing for population increase by the year 2000, a total of 9155 million will have to be provided with access to a service if universal coverage is to be attained.

The Ghanaian situation is not any different from the global scene we have just discussed.

If, however, we would wish to discuss sanitation in its wider sense, one could say that apart from the poor and inadequate latrine accommodation domestic drains connected to public open drains, and indiscriminate dumping of refuse in drains and on open spaces, on the beaches (coastal towns) and in market places, constitute a major environmental health problem in the urban centres, resulting in foul scenting streets and drains, and beaches, and in heavy mosquito - breeding.

The External Support Agencies which have been concerned with development of water and sanitation during the decade concentrated more on the provision of water supply systems than on the sanitation facilities.

That there are very little or no data on sanitation, especially on the rural sanitation.

The lessons learned from Kumasi sanitation project

The Chums Metropolitan Assembly having noticed the decline in the sanitary conditions in the one time Garden City of West Africa, came up with a project document No. GHA/87/016 in 1987, in collaboration with the UNDP/IBRD.

The project was 3 years, March 1989 to March 1992.

The lessons learned from a Pilot Project of this nature were numerous but the major and the most useful ones for future similar projects are:

(a) Situational Analysis on existing facilities.

(b) Total involvement of the beneficiary, in planning and implementation of project.

(c) The choice of technology for the facility to be made by the beneficiary.

(d) Willingness to pay for cost of construction, operation and maintenance of facility survey to be properly carried out.

(e) Health/Hygiene Education to be a major component of the project.

(f) Project staff development essential.

(g) Rigid enforcement of building regulations.

(h) Rigid enforcement of Sanitary regulations.

The problems ahead for the Accra Health Cities Project

A "Health Cities project" has been proposed by the World Health Organization for Accra. This project is still at its planning stage.

The city centre of Accra has a very serious problem of encroachment on land by landlords. The spaces meant for sanitary sites have been encroached upon, and proposed roads and streets have houses built on them.

For any satisfactory implementation of a sanitation project, a number of buildings would need to be demolished. This involves a fortune to do.

It is quite surprising, therefore, to note that the new areas being developed around Accra, are facing the same problem of non-adherence to Town Planning and Building Regulations.

That the Accra Metropolitan Assembly is not able to put in place infrastructures like roads, drains, water supply lines, sewers and electricity.

One becomes appalled to find individuals making their own connections in these developing areas, for utility services which do not conform to any town planning order.

The Accra Metropolitan Assembly should take immediate steps to halt the unauthorised buildings and connections being made at these developing areas in order to minimise the total cost of the proposed Health Cities Project if it should be reality.

It would serve a good purpose if other urban and pre-urban areas, now developing, would take this last warning to the Accra Metropolitan Assembly.

Conclusion

The Accra Metropolitan Assembly in particular, and other Urban and peri-urban centres should for the sake of future plans for sanitation facilities, re-organise their Building Regulations and rigidly enforce same.

There should be designated, an agency to co-ordinate the activities of the sanitation facilities, and facilitate the planning for same at both rural and urban centres.

The idea of strategic sanitation projects, that provides affordability at the constructional, operational and maintenance stages, should be considered when embarking on any sanitation project.

The recruitment and adequate training of the right cadre for sanitation project would enhance all such programmes.

That, private sector involvement in sanitation projects should be seen as invaluable to a successful programme.

That, the Government could learn from the Zimbabwe experience, where in 1985 it became a pre-requisite for any Water Supply Project to have a Sanitation and Health/Hygiene Education Component, for it to receive Government Approval.

The District Assemblies should be reminded of their responsibilities embodied in the instrument that establishes them, - the provision of services, including sanitation facilities to the communities.

The Rural Communities that would not be able to fund sanitation facilities could be adequately assisted by the Government and the External Support Agencies, as "diseases know no Boundaries".

In the Urban Centres, drain cleansing should be given a more serious consideration than it is now.

Finally, a concerted effort by Government, External Support Agencies, Local Authorities and Communities/Individuals should be made to secure sanitation for all by the year 2000.