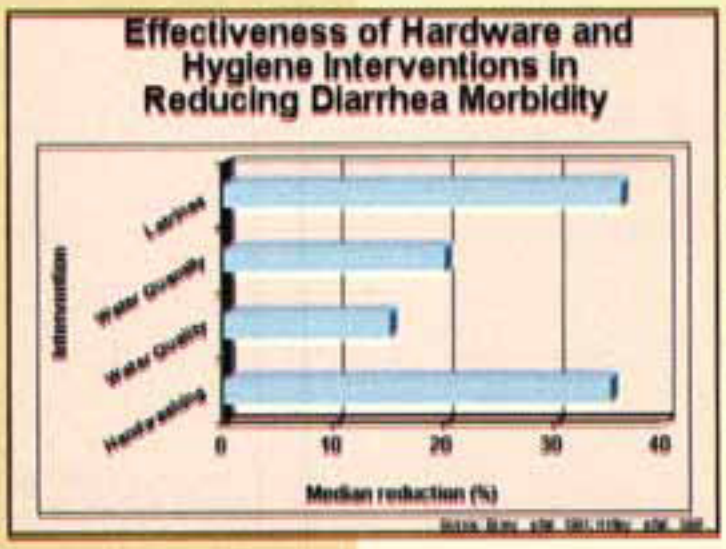
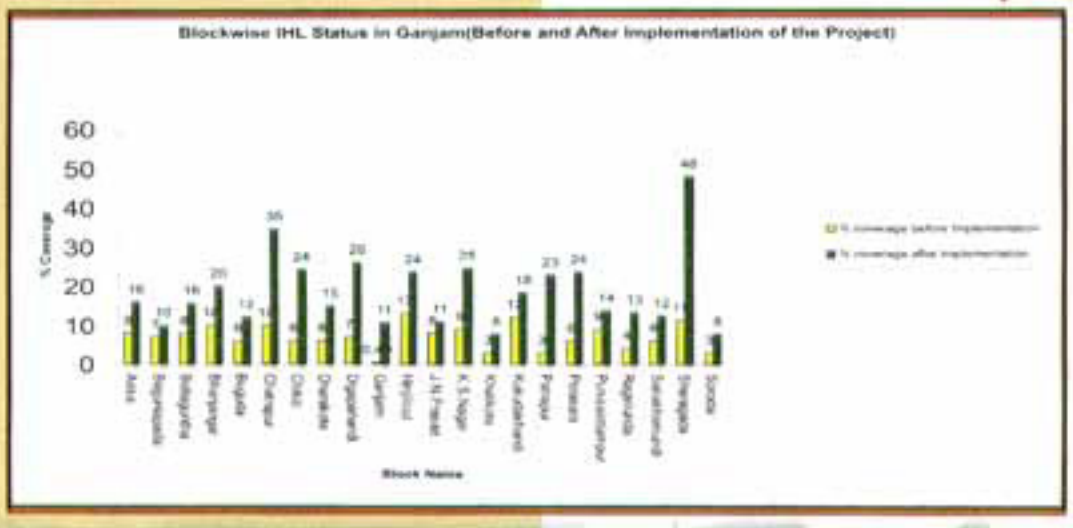
UNDERSTANDING SANITATION

Water supply, sanitation and hygiene are about more than health. Saved time, particularly for women and children, is a major benefit. Beneficiaries of water and sanitation projects in India reported these benefits: less tension/conflict in homes and communities; community unity, self-esteem, women's empowerment (less harassment) and improved school attendance (WaterAid 2001).

Improved hygiene (hand washing) and sanitation (latrines) have more impact than drinking water quality on health outcomes, specifically reductions in diarrhea, parasitic infections, morbidity and mortality, and increases in child growth (Esrey et al 1991; Hutley et al 1997). Most endemic diarrhea is not water-borne, but transmitted from person to person by poor hygiene practices, so an increase in the quantity of water has a greater health impact than improved water quality because it makes it possible (or at least more feasible) for people to adopt safe hygiene behaviors (Esrey et al 1996).



Experience shows that constructing water supply and sanitation facilities is not enough to improve health; sanitation and hygiene promotion must accompany the infrastructure investments to realize their full potential as a public health intervention. Changing hygiene behavior is complex. Hygiene promotion is most successful when it targets a few behaviors with the most potential for impact. Based on extensive research, WHO and UNICEF have identified hand washing with soap (or ash or other aid) after stool disposal and before preparing food; safe disposal of feaces and use of latrines; and safe weaning food preparation, water handling and storage as the key hygiene behaviors. A recent review (Curtis) of all the available evidence suggests that handwashing with soap could reduce diarrhea incidence by 47% and save at least one million lives per year. This is consistent with other studies, which found that 12 hand washing interventions in 9 countries achieved a median reduction in diarrhea incidence of 35% (Hill, Kirkwood and Edmond, 2001). Many of the most successful interventions provided soap to mothers, explained the oral-fecal route for disease transmission, and asked mothers to wash their hands before preparing food, and after defecation. There are fewer studies of results of interventions to improve feces disposal, but Hill et al. found a median reduction of diarrheal disease of 26% (9 studies, range 0-68%), a median reductions in all-cause child mortality of 55% (6 studies, range 20-80%) and a median reduction in mortality from diarrhea of 65% (3 studies, range 43-70%).

Source: *Effectiveness of water supply, sanitation and hygiene interventions, Water, sanitation and hygiene and the Millennium Development Goals, The World Bank Group*

INDIVIDUAL HOUSEHOLD LATRINES : GANJAM (31.03.2005)