

THE  
CARTER CENTER



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

**September 2005**

*“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 **Surgery**, **Antibiotic** therapy, promotion of **Facial** cleanliness and **Environmental** 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 experience in Amhara of over 89,000 in a single year is remarkable, and the factors that contributed to this success need consideration by all other programs.

The report that this summary accompanies was written in Amharic after many interviews with the implementing program officers and community participants. A direct translation into English is available (see below). This summary has been produced to improve accessibility of the main ideas, but is written in a style that attempts to capture the voices of the people involved and the spirit of the full report.

### **Community commitment: The key to success**

“The Center believes that people can improve their lives when provided with the necessary skills, knowledge, and access to resources.” (One of the five guiding principles of The Carter Center.)

### *Mobilizing Communities*

No public health intervention can be truly successful without the acceptance and support of a community. In order for this come about in Hulet Eju Enessie, poor access to latrines was recognized as a problem and made a priority of the political leaders, the informal village leaders, and the majority of the population themselves. Once the problem was accepted as their own, the community set about taking care of it for themselves. The political leaders worked through the existing community structures and

mobilized people with reference to community practices and cultural norms. Village leaders and influential decision makers in the community were approached first, educated, and involved individually. After they had given the initiative their full support, they were empowered to build latrines for themselves, their families, and for demonstration purposes to encourage project participation. Women, who are traditionally responsible for caring for the young, sick, and elderly in the family, were educated on the health benefits of the safe disposal of human feces to themselves and their loved ones. The women's groups and individual women petitioned and motivated their husbands to join the movement. These women advocates were crucial in motivating otherwise reluctant members of the villages. Since women in these communities have been the victims of harmful traditional practices (were unable to defecate in the open field during daylight), they were very persuasive in this process. The men were also advised and instructed in how to build a latrine for their families by the political leaders and village leaders. During 2004, 95 percent of household heads were advised on the benefits of latrine ownership, exposed to a demonstration latrine facility and encouraged to build one. Half of them did.

#### *Efficient and targeted training*

The program did not have the financial capacity to provide any materials or any subsidy to the community. It could, however, provide training; over the year, in excess of 2,000 community members were trained how to construct a latrine for themselves. The aim was to create a self-sustaining system through which communities could build and use latrines in the absence of external supervision and without expert advice. Training was for two days, which consisted of a half-day on the problems of open defecation and the health benefits of safe disposal of human feces; two half-days spent practically building a demonstration latrine; and a final half day considering the benefits and talking of putting the training into practice. Training was conducted to fit in with the demands of the community members, as and when they found it convenient, not at the convenience of the leaders or trainers. The first people to be trained and to build their own latrines were the political and village leaders themselves: they were to lead by example and not shout instructions from the rear. The leaders selected the next trainees by identifying those individuals in the woreda who were quick to accept change and adopt new ideas. These early acceptors are recognized as having undue influence within the community and are a potent force for change. The leaders and early acceptors promised to return to their communities and help their neighbors by sharing their practical and theoretical training,

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 USDS\$2.80.

## **Conclusions and lessons learnt**

The main lesson from Hulet Eju Enessie is that it is possible to rapidly and effectively mobilize communities for latrine promotion. This was aided by community leaders and local resources being incorporated into the plan of action and access to sanitation being seen as desirable and attainable by the community members. In less than one year, access to latrines rose from 6 percent of households to just over 50 percent of households. Nongovernmental organizations are ultimately shown to act as simple catalysts. Real change occurs when a problem is recognized politically and in the communities, and when a solution is in their own hands. Then it can be tackled and solved by their own dedication and hard work.

For More Information Contact:

### **The Trachoma Control Program of The Carter Center**

Dr. Paul Emerson, Technical Director  
The Carter Center  
One Copenhill  
453 Freedom Parkway  
Atlanta, Georgia 30307

Tel: +1 404 420 3854

Fax: +1 404 874 5515

[Paul.Emerson@emory.edu](mailto:Paul.Emerson@emory.edu)