

Map of a small world — developing a latrine-programme monitoring tool in Guinea

by Jill McLaren

Sanitation programmes must be reviewed if they are not going to stagnate. Finding out who has access to, and how far people have got in the construction of, latrines has immediate benefits for both staff and camp inhabitants.

THE PROVISION AND maintenance of adequate sanitation is often the most neglected aspect of the personal environment, and this is especially true in emergency/relief situations. Quotations from recent issues of *Waterlines* exemplify this: 'lack of safe water and inadequate sanitation are the main causes of cholera epidemics',¹ and 'Over three million children still die of intestinal infections in developing countries each year; one third of the world's population is still infected with parasitic worms'.² Consequently, as Dick de Jong stated in the January 1996 issue, 'one of our major challenges is to find ways of creating the same demand for improved sanitation as for improved water supply'.³

Provision of latrines in refugee sites

Over the past few years, Oxfam, working in partnership with UNHCR, has been responsible for providing sanitation facilities within six refugee sites in south-eastern Guinea, for people fleeing the continuing civil war across the border in Sierra Leone. The construction of family latrines was overseen by refugee Community Health Supervisors (CHSs), and was a major longer-term component of adequate sanitation provision.

Each latrine unit was shared by two families. Next to the latrine, under the same roof and with a dividing wall, was a shower area. The latrine was

constructed in a 'corridor' — an area between two rows of houses.

Preparing the ground

Numerical records were kept of each site on a weekly basis, showing the numbers of latrines being built and those needing to be built. Once the technical and logistical side of the latrine construction was at a certain stage — building materials in place, holes being dug, slab production underway etc. — the programme was reviewed.

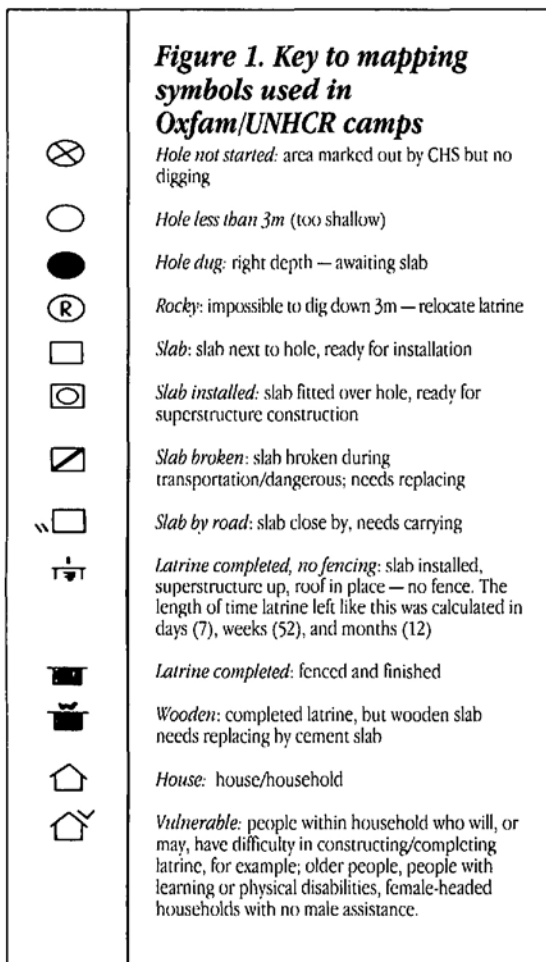
To supplement these statistics, health staff developed a mapping tool to monitor the on-going status of the latrine programme in a physical layout of each site.

A simple symbol was designed to represent each component of a pit latrine's construction (see Figure 1). When the symbols were combined, it was possible to pinpoint exactly where each family lived, and how far they had progressed in building their latrine.

Methodology and findings

Working together with well-organized, motivated refugee CHSs, the field-workers mapped out every latrine and

made up of a 3 metre-deep hole, a reinforced concrete slab with a cement cover, a wooden superstructure with grass fencing and a zinc roof. Latrines were



A latrine with the ideal mapping description: fenced and finished.

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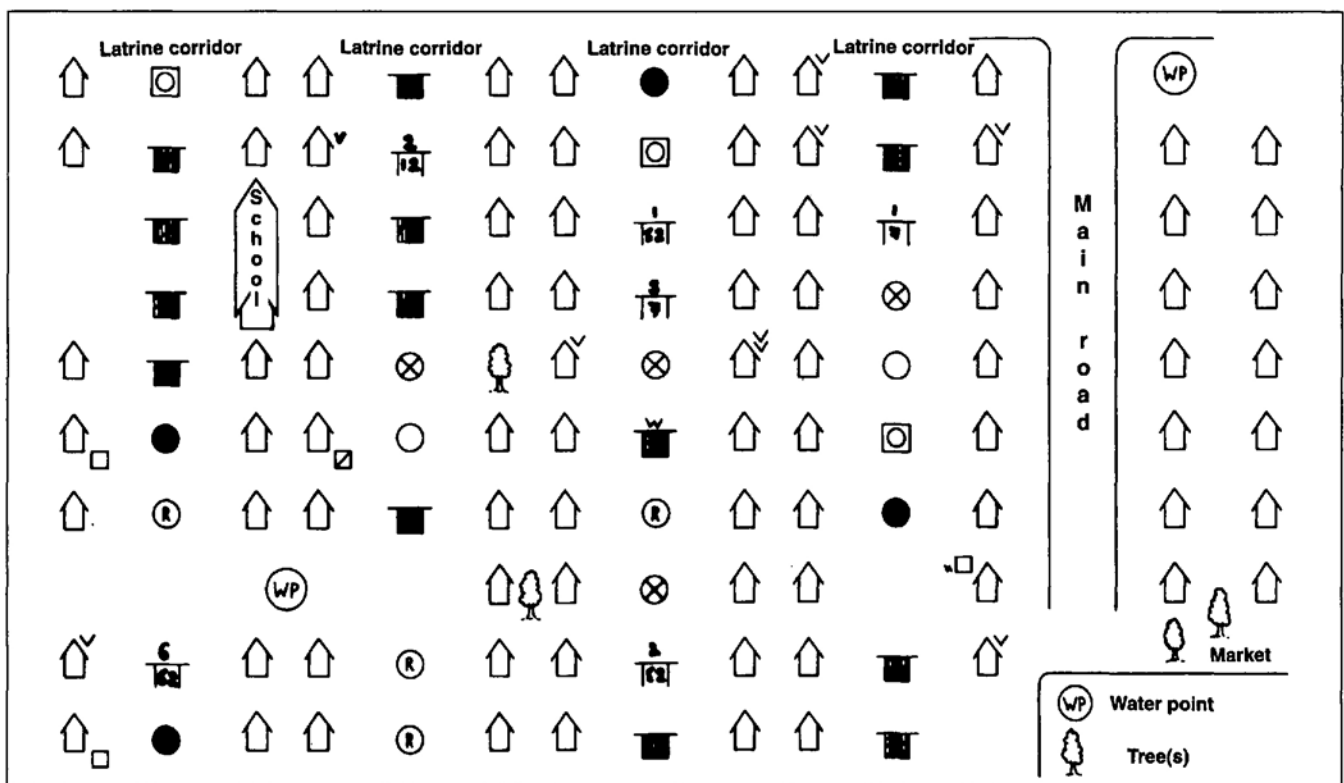


Figure 2. An example of a completed mapping survey of a refugee camp; illustrating both positioning and status of latrines.

house on each of the six refugee sites; talked to refugee committees and their leaders; then, armed with paper and pencil, they toured the sites, section by section.

The mapping survey, illustrated in Figure 2, provided the health team with technical information about various stages of latrine construction. For example:

- number and location of completed latrines (including fenced and unfenced) serving two families;
- number and location of latrines as yet unfenced;
- number and location of less-able people who possessed completed latrines, or who had no access to a latrine (hole not started or too shallow);
- rocky area;
- people without a latrine or with an incomplete latrine often used their neighbours' latrine. This decreased



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Cause to celebrate — Famoliالي's first pit latrine with structure.

- the fill-up time, and also created maintenance and cleaning problems;
- the presence of broken or wooden slabs; and
- a fenced latrine

is more popular — by identifying how long a structure had been up but not fenced, the CHS could follow up any problems with the households involved.

The mapping tool provides both an overview of the latrine programme, as well as a detailed look at the needs and status of individual families.

- it helps agency staff to monitor

resource needs

- makes possible and encourages refugees' ongoing involvement;
- refugee committees, community leaders and agencies have a visual record of the status of the programme;
- CHSs and other health and sanitation workers can target their activities and monitor the programme regularly;
- (probably) enhances workers' visibility and credibility; and
- users can get advice from individual healthworkers.

References

1. Hueb, J.A., *Waterlines*, Vol. 12, No. 4.
2. Almedom, A. and Curtis, V., *Waterlines*, Vol. 13, No. 3.
3. De Jong, D., *Waterlines*, Vol. 14, No. 3.

Jill McLaren RGN is a Public Health Nurse working in Rwanda on a water and sanitation project run by the International Red Cross. She can be contacted c/o Dr D.S. McLaren, 12 Offington Avenue, Worthing, West Sussex BN14 9PE, UK. Fax: +44 1903 206 770.

Mapping: Some practical tips

- Use a pencil so that mistakes can be corrected. An initial mapping will provide baseline information which fieldworkers can update
- As the mapping tool provides a 'bird's eye view', it is important, while on the ground, to take into account the orientation of each house and latrine, particularly if there are no latrine corridors or regimented rows
- Large camps or villages can be divided into 'sections' by using, for example, water points, paths and market-places as borders. Aerial photographs are useful planning tools
- Fieldworkers should be known to the communities
- Where possible, one worker should observe while another records the data