

## RURAL SANITATION IN MOZAMBIQUE - SEARCHING FOR THE CORRECT APPROACH

by Mike Muller and Paulo Oscar Monteiro

### Background

In response to the need for an improved technical solution to the problem of low-cost sanitation in the periphery of Mozambican cities, the National Institute for Physical Planning initiated a programme to develop an appropriate technology. The result, a simple unreinforced concrete slab, has been demonstrated to be successful.

A National Programme has established production of slabs in Maputo and 5 other Mozambican cities. Production is organised on a community basis with small cooperatives producing locally. 30 000 slabs have been sold since the Programme began and current production is over 1000 slabs per month.

The Programme relies on a high degree of community participation both in the organisation of the workshops and in the promotion of the use of the latrines. Local currency running costs are met by the proceeds from the sale of the latrines. The most important measure of the success of the Programme is that demand for the improved latrine slab outstrips supply.

### The Rural Dimension

The improved latrines programme in Mozambique at the moment functions exclusively in the peri-urban areas of six (shortly to be increased to 8) cities. So what are the perspectives for the rural areas?

Sometimes, visitors can provide a useful point of reference. Thus, a donor agency consultant who recently visited Mozambique reported:-

"There is no national department specifically charged with responsibility for sanitation in rural areas."

Were that to be true, it would be clear that some major institutional problems would have to be resolved before even venturing into the field. Fortunately it is not, as the same source acknowledged, albeit in a somewhat elliptical form:-

"It is traditional that when a family builds their traditional hut, they also build some kind of latrine. As such, it should not be difficult to implement a programme of appropriate latrine construction," he wrote in his report.

It is true that there is a tradition of latrine building in Mozambique. As we show in the figures appended, in Mozambican villages, the majority of households have latrines. According to the WHO's data, Mozambique has twice as many latrines in the rural areas as the African average. The point is however that the tradition is of very recent origin, the result of intensive sanitation campaigns promoted by the Ministry of Health and by the whole local government and Party apparatus, immediately after independence. The consultant's confusion arose because the Ministry of Health's Environmental Health Unit promotes, rather than constructs latrines.

### Questions To Be Answered

Given that the Ministry of Health is promoting latrine construction using local resources, what role is there for a construction programme like ours? We are reluctant to extend our activities to the rural areas before our potential contribution has been clarified.

The questions as we see them are:-

- where there are no latrines is this because of failures in the promotional campaign or because of specific technical, social or economic problems?
- where there are latrines, are they in fact used, by all or even any of the family?
- is there a need for technical assistance from outside the community to enable latrines to be built?

Even if there is a technical need, we still need to establish the potential benefits of an externally based latrine construction programme. While there may be health benefits (though these depend more on the change of behaviour than on the latrine technology itself) there are few of the time-saving/production related benefits which help to justify rural water supply investments. It is also more difficult to mobilise people for whom improved sanitation is not as important as improved water supplies.

(In parenthesis we should note that one critical issue to be taken into account is the real nature of our rural communities. The depredations of the armed bandits have created great instability and it is necessary to distinguish between temporary settlements, effectively of refugees, and permanent, viable rural communities.)

### Priorities

Against this background, what are our priorities?

- we need to confirm through surveys that our impression of a relatively good coverage of latrines in the permanent rural settlements is in fact correct;
- at the same time we need to determine the reasons for failure to build latrines or to use those that exist;
- in the event that technical problems are either preventing latrine construction or discouraging usage there may be a case for a latrine construction programme although this should use locally available materials wherever possible.

What must be avoided is on the one hand an 'enforced' campaign which obliges people to build latrines and on the other, 'give away' programmes which provide one or other type of improved latrine effectively free of charge. Our impression is that neither compulsion nor handouts achieve the fundamental objective which is to change peoples' behaviour. It is that behavioural change rather than any technical improvements in latrine construction that must be our priority.

1. AFRICA - SANITATION COVERAGE - RURAL POPULATION

	1980	1983
AFRICA	20%	18%

(Source: Progress in the Attainment of the Goals of the International Drinking Water Supply and Sanitation Decade - Report of the Secretary General, UN General Assembly Economic and Social Council, A/40/108, E/1985/49, 6th March 1985)

2. MOZAMBIQUE - RURAL LATRINE COVERAGE

(1980 Census)	(%)
NIASSA	62
CABO DELGADO	49
NAMPULA	
ZAMBESIA	48
TETE	45
MANICA	29
SOFALA	18
INHAMBANE	59
GAZA	45
MAPUTO	43
NATIONAL	43.4

3. LATRINE COVERAGE - CABO DELGADO PROVINCE

(33 Village Survey 1982/3)

54% Average

(Maximum - 90%, Minimum 6%)