



Safe Excreta Disposal

11.1 Introduction

Measures to collect human excreta and to dispose of refuse should be taken immediately after a disaster and rehabilitation phase itself. It is almost impossible to estimate how long affected community will stay at a given site; more durable facilities should also be established simultaneously. Therefore,

- Identify the site for a defecation field
- Start latrine construction at once
- The greater the time lag between those two actions, the more difficult to shift people from their previous habits
- It is always more efficient to have only one agency responsible for both sensitizing people to environmental sanitation and supervising related activities.

11.2 Activities Required

- education for environmental sanitation should focus on the *"how and why"* of hygienic containment of human excreta,
- Simple methods for waste disposal and hygiene at household level (water storage in the home, habitat and personal hygiene, etc.)
- Women, teachers, leaders, and school children should be the first target for such a program. Community participation is a very effective key to the success of sanitation projects.
- Health education and sensitization are a prerequisite to that participation. It should nevertheless be recognized that it takes time to convince the communities.
- Form community based committees to monitor and maintenance.
- Individual families will be responsible for their own units, but where communal latrines are unavoidable, special arrangements to keep them clean will be essential.
- Particular attention must be given to the maintenance and cleanliness of the latrines serving community facilities such as health centers.



Information, Education and Communication



- Workers with proper supervision will be required. It may be necessary to pay or otherwise compensate those who are responsible for keeping communal latrines clean and operational.

Two main factors will affect the choice of an excreta disposal system in displaced community :

- Traditional sanitation practices of the refugees and the physical characteristics of the area, including the geology,
- Availability of water, rainfall and drainage.

Box 11.1
Human Excreta Disposal

Take immediate action to localize excreta disposal and prevent contamination of water supply; Carefully consider cultural and physical factors and ensure that appropriate anal cleaning materials and hand-washing facilities are available at the toilets.

Communal trench latrines may be needed initially, but in most circumstances pit latrines are much better; ensure that latrines can be used at nights also and are safe for women and children for which good lighting is essential.

Failure to take proper account of these can easily result in the system itself rapidly becoming a health hazard.

For a displaced population – relief camps, shelters, where there are no existing toilets, it is not always possible to provide one toilet per 20 people immediately.

It should be remembered that the primary aim is to provide and maintain an environment free from human faeces. Where one toilet is shared by four or five families it is generally better kept, cleaner and therefore regularly used when the families have been consulted about its seating and design. During rescue and in relief camps and in affected areas, people must have access to adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable facility at all times of the day and night.

Table 11: Minimum Numbers of Toilets at Public Places and Institutions in Disaster Situations

Short Term	Long Term
1 toilet to 50 stalls	1 toilet to 20 stalls
1 toilet to 20 beds or 50 out-patients	1 toilet to 10 beds or 20 out-patients
1 toilet to 50 adults	1 toilet to 20 adults
1 toilet to 20 Staff	1 toilet to 10 children
children-1 toilet per 50	1 toilet to 30 girls, 1 toilet to 60 boys
3:1 female to male	1 toilet to 20 staff
1 toilet to 30 girls, 1 toilet to 60 boys	