

The background of the slide is a light gray gradient. It is decorated with numerous realistic water droplets of various sizes. Some droplets are at the top left, some are scattered in the middle, and a large, prominent one is at the bottom right. The droplets have highlights and shadows, giving them a three-dimensional appearance.

HYGIENE AND SANITATION ASSESSMENT OF PUBLIC SITES

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RESEARCH QUESTIONS

- What is the hygiene and cleanliness quality of public sanitation facilities?
- How do people manage their sanitation and hygiene needs in the absence of these facilities?
- How are public sanitation facilities managed?



MAIN OBJECTIVES

- Goal: to understand sanitation practices at public sites
 - Strategically test public spaces
 - Identify *E. coli* and total coliform contamination
 - Administer interviews
 - Pinpoint service gaps at public sites



MATERIALS AND METHODS

- **Study site**
 - Mzuzu city
 - 10 public sites with highly visited toilets by the general public.
 - Included medical facilities, schools, markets, and other sites



MATERIALS AND METHODS

- **Study Design**

- Quantitative data involved determination of *E. coli* and total coliforms in the samples
- Qualitative data was derived from the administered questionnaires and observation checklists



SAMPLING PROCEDURE AND SAMPLE SIZE

- A total of 150 samples were collected by swabbing hands and suspected surfaces of fecal contamination
- 15 blank samples were performed as controls
- Swabs were placed into 15ml test tubes containing 3ml Ringer solution
- Samples were transported to the laboratory for analysis within 6 hours of sampling



DATA COLLECTION AND PROCEDURE

- Samples were analyzed for total coliforms and *E. coli* using Petri film
- 1 ml of sample was pipetted into Petri film-two tests were performed per sample
- Samples incubated for 24 hours at 35.0 degrees Celsius
- Total coliforms and *E. coli* were manually counted after 24 hours of incubation
- Questionnaires and checklist observational forms used to collect field data

PUBLIC SITES



- 70% of sites had standing water
- 20% had open sewage
- 50% had animals
- 100% had handwashing stations
- 20% had soap



“There is no soap. **Ever.**”- Male, School

“...There is no soap. **We have to improvise.**”- Female,
School

“There is a tap in the bathroom. **I have never found soap** in there.”- Male, Transportation Center



TYPES OF TOILETS



Flush Toilet
N=20



Flush Latrine
N=11



Pit Latrine
N=10



Toilet Type	Paying Toilets	Free Toilets
Pit Latrine	2	8
Flush Latrine	8	3
Flush Toilet	3	17

CLEANLINESS SCALE



Clean

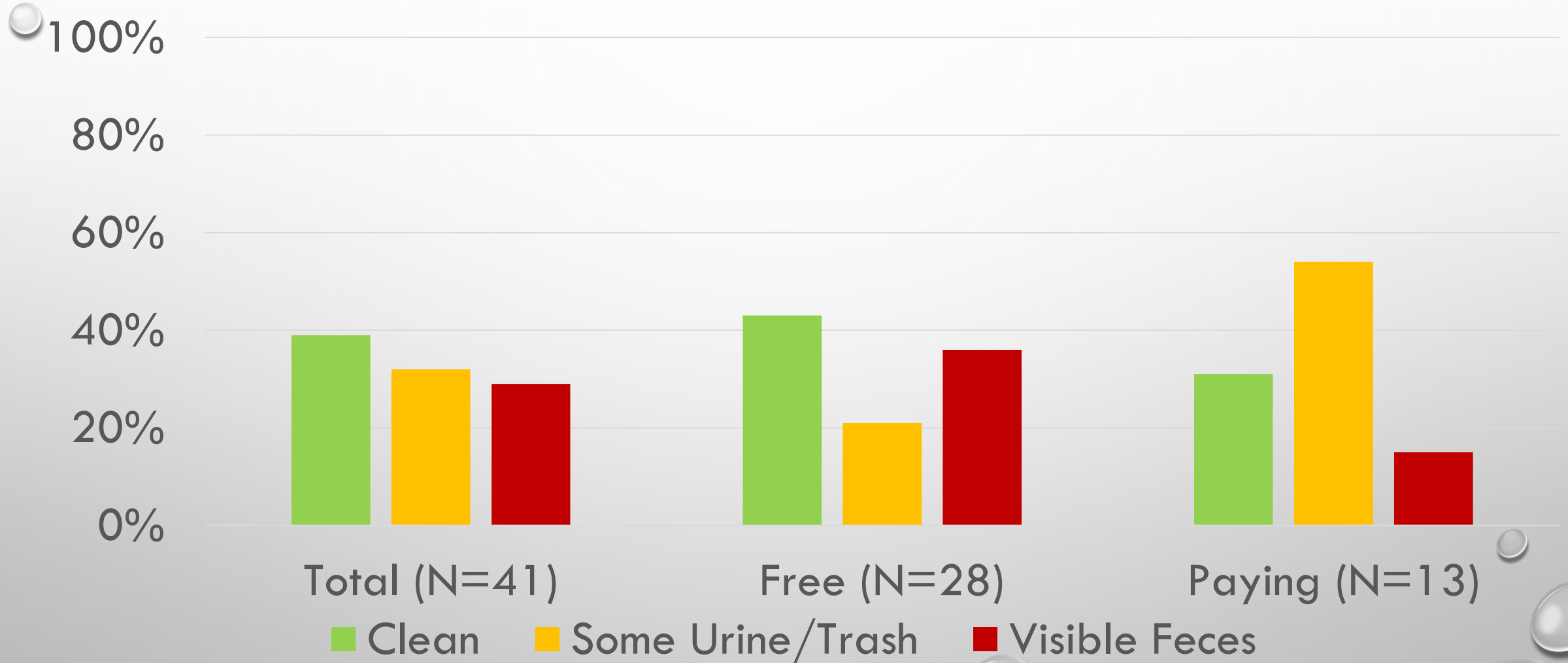


Some
Urine/Trash

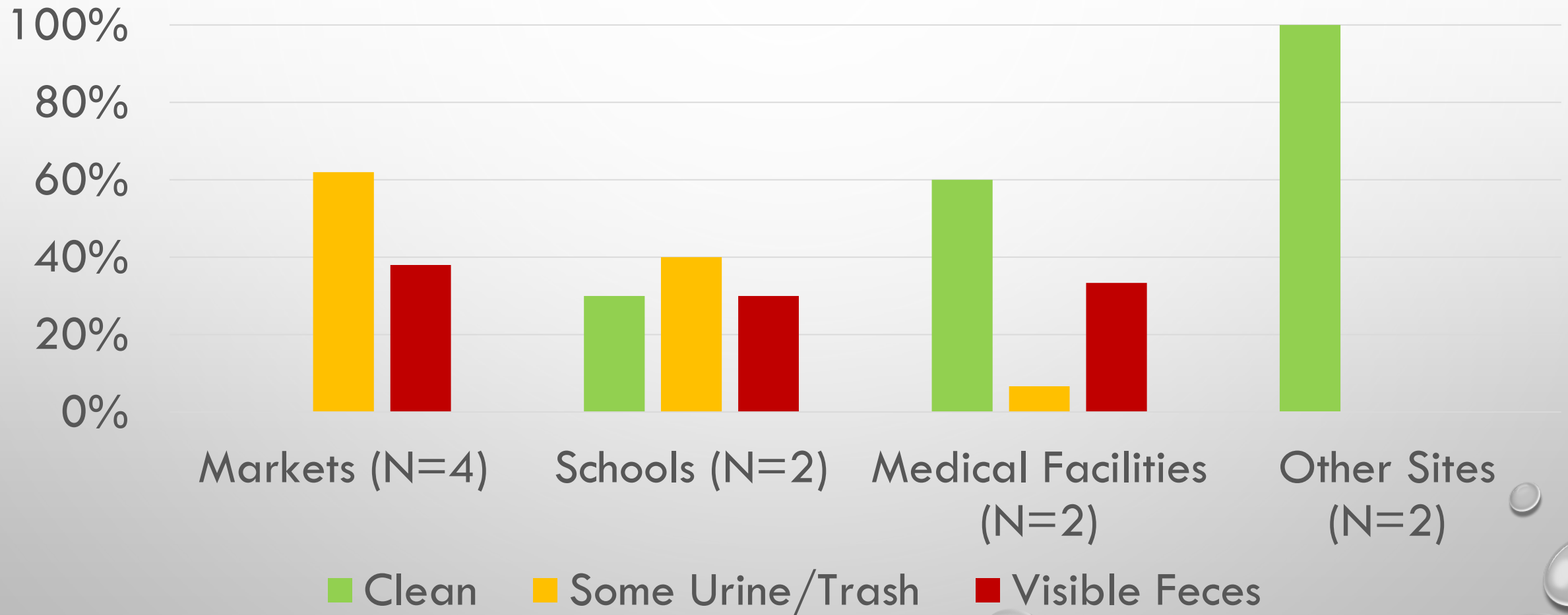


Visible Feces

LATRINE BLOC CLEANLINESS



CLEANLINESS OF SITE TYPES



CLEANLINESS OF TOILET TYPES

100%

80%

60%

40%

20%

0%

Pit Latrines (N=11)

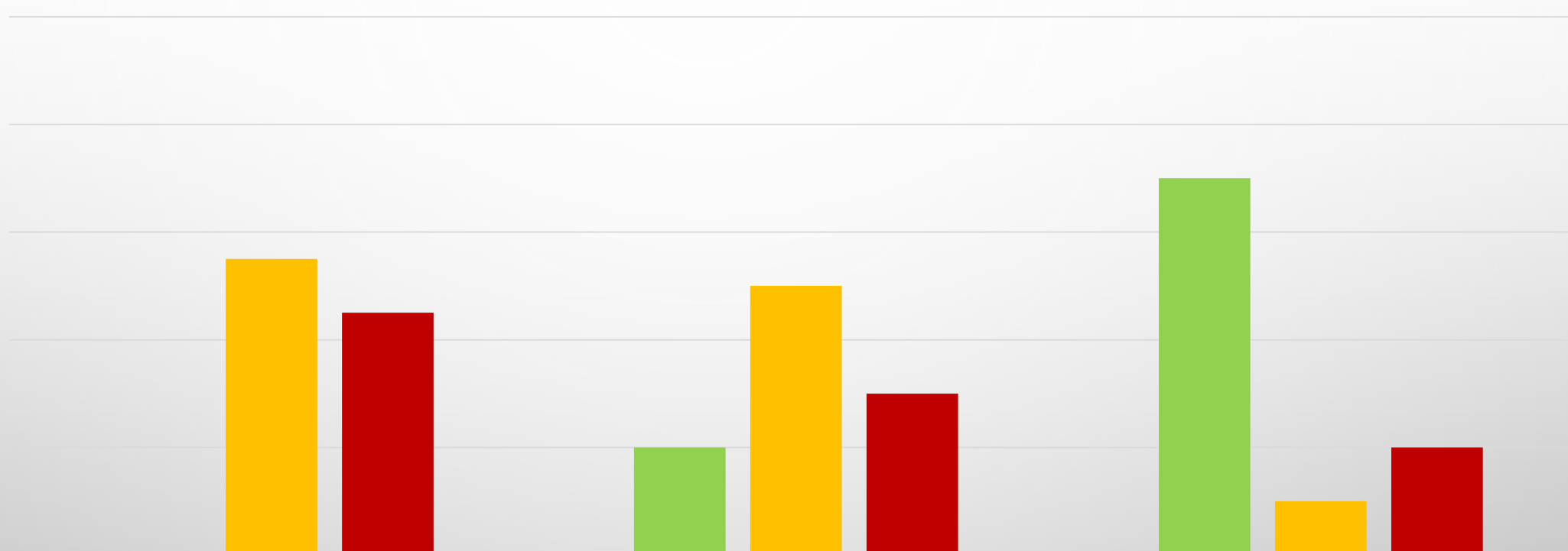
Flush Latrines (N=10)

Flush Toilets (N=20)

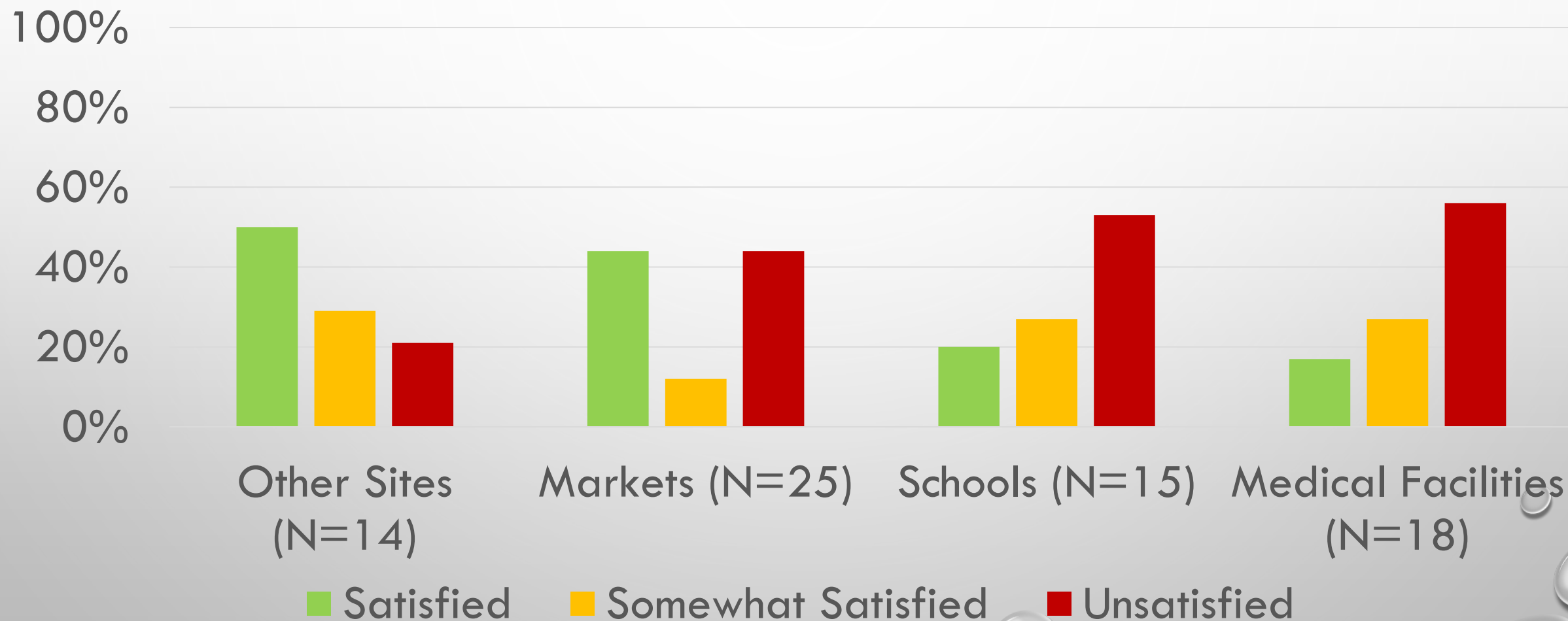
■ Clean

■ Some Urine/Trash

■ Visible Feces



INTERVIEWEES' SANITATION FACILITY SATISFACTION



E. COLI AND TOTAL COLIFORMS

- Out of a total 165 samples, 12 had *E. coli*.
 - Predominantly found in latrine blocs and on hands
 - Markets, transportation centers, and medical facilities had the highest concentrations
- Out of the total samples, 74 had coliforms
 - Mostly found in latrine blocs and on surfaces
 - Markets, medical facilities, and transportation centers had the highest concentrations



E. COLI PRESENCE IN SAMPLES

- Low presence of *E. coli*
- Our data was not conclusive
- Evidence of fecal matter, but no *E. coli*



CITY VS. PRIVATELY MANAGED SANITATION FACILITIES

- Interviewee satisfaction was significantly higher at privately managed facilities ($p=0.045$)
- Public satisfaction is higher on privately managed facilities
 - Some city managed facilities can't reserve the right of admission
 - Pride in ownership – accountability

CITY VS. PRIVATELY MANAGED SANITATION FACILITIES

City Managed




Privately Managed





“Since the city has taken over, the sanitation has gotten **worse.**”- Female, Market

“The situation is bad at the toilets because the users which include **patients, vendors, and passersby** **improperly use it** even if the cleaner does their job.”- Male, Medical Facility



PAYING TOILETS

- Price as a deterrent to use the facilities
 - Open defecation
 - Abuse of free of charge facilities






“K100 is a lot of money that **we cannot afford to pay every time** we need to answer the call of nature.”- Male, Market

“Since you have to pay to use the toilets, **people urinate anywhere**, especially during the night.”-Male,
Transportation Center

“... Where people go to the bathroom is not safe, but the toilets are too expensive and **they have no choice.**”- Male,
Market



COST AND QUALITY OF SANITATION FACILITIES


- Had no significant effect on interviewee satisfaction
- Compares urban market toilets to medical facilities
- Price varies from urban to peri-urban areas



MISUSE OF FLUSH TOILETS


- A main factor affecting cleanliness
- Flush toilets are not being properly used, they are constantly “broken”





“I wish water toilets were used so the students **would learn how to use them** and better manage them.”- Male, School

“... [toilets] are often dirty. Sometimes you find people have **defecated on the ground** around the toilet and you cannot use.”- Female, Market



LACK OF SOAP


- Soap was only found in 2/5 paying toilets
- Not found in any of the free toilets
- Soap often reported stolen



PUBLIC SATISFACTION

- Public's main concerns
 - Latrine misuse and management
 - Inadequate numbers of latrines
 - Waste management





“The population is high and the cleaners are very little. There’s no rubbish bins inside the market. **How I wish they would clean more.**”- Male, Market

“The facilities are not adequate. Some cannot afford. **We need to have more options.**”-Male, Market

“The cleaners do their work, but the problem is with the people. **They just throw trash anywhere.**”- Male, Transportation Center



RESEARCH LIMITATIONS

- Timing; visiting specific sites during “off” hours results in less representative data
- Limited number of interviewees at schools and health facilities
- People skeptical of being swabbed
- Being denied access to swabbing & interviews at particular sites
- Language used in interviews

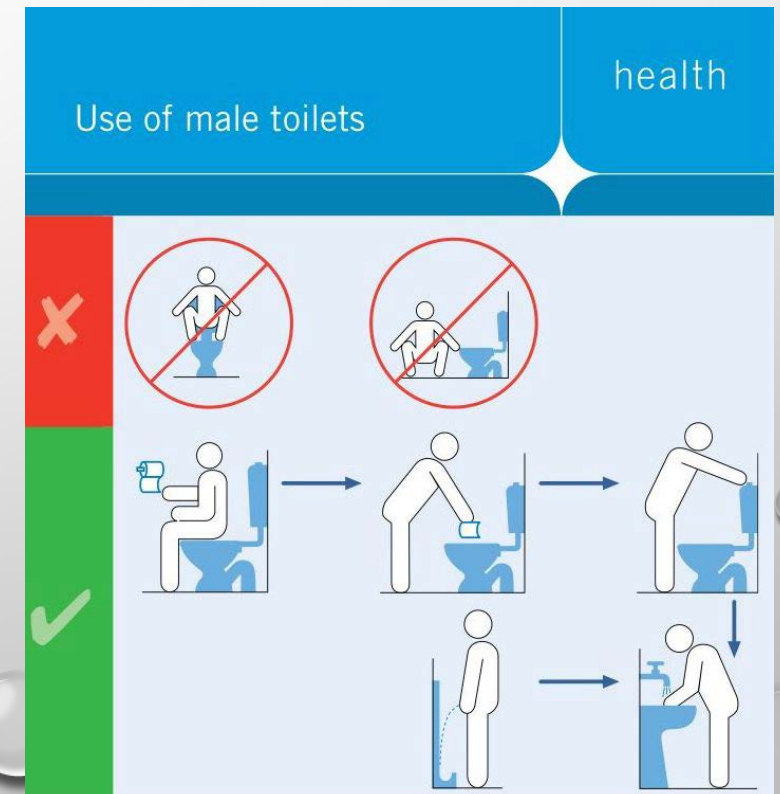
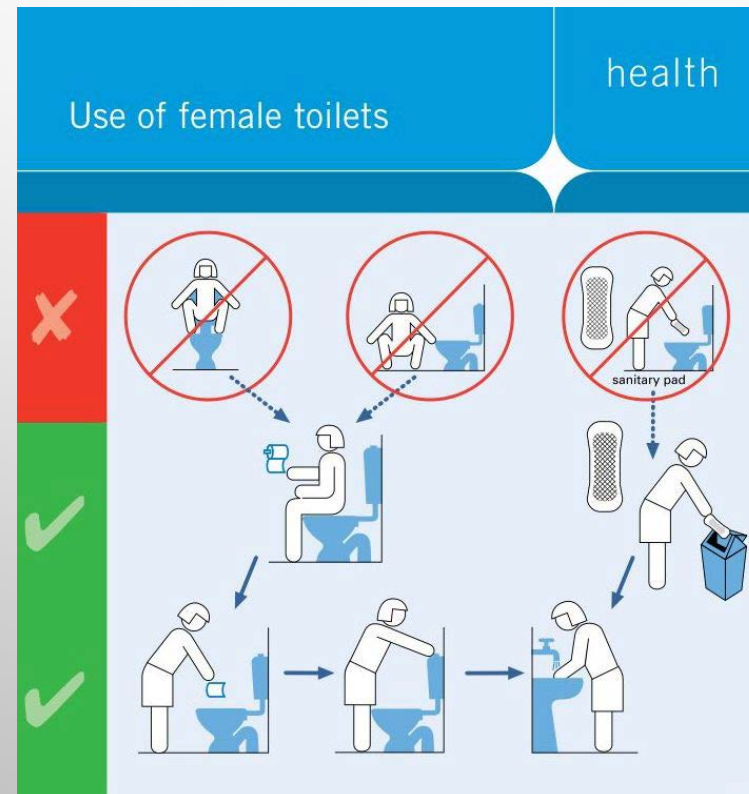
SUGGESTIONS FOR FURTHER RESEARCH

- City management vs. Private management
 - Cost/benefit analysis
 - Which type of facilities are cleaner, better cared for, and used most?
- Collection of samples and interviews
 - Pilot study potential
 - Timing: how does it affect the data collected?

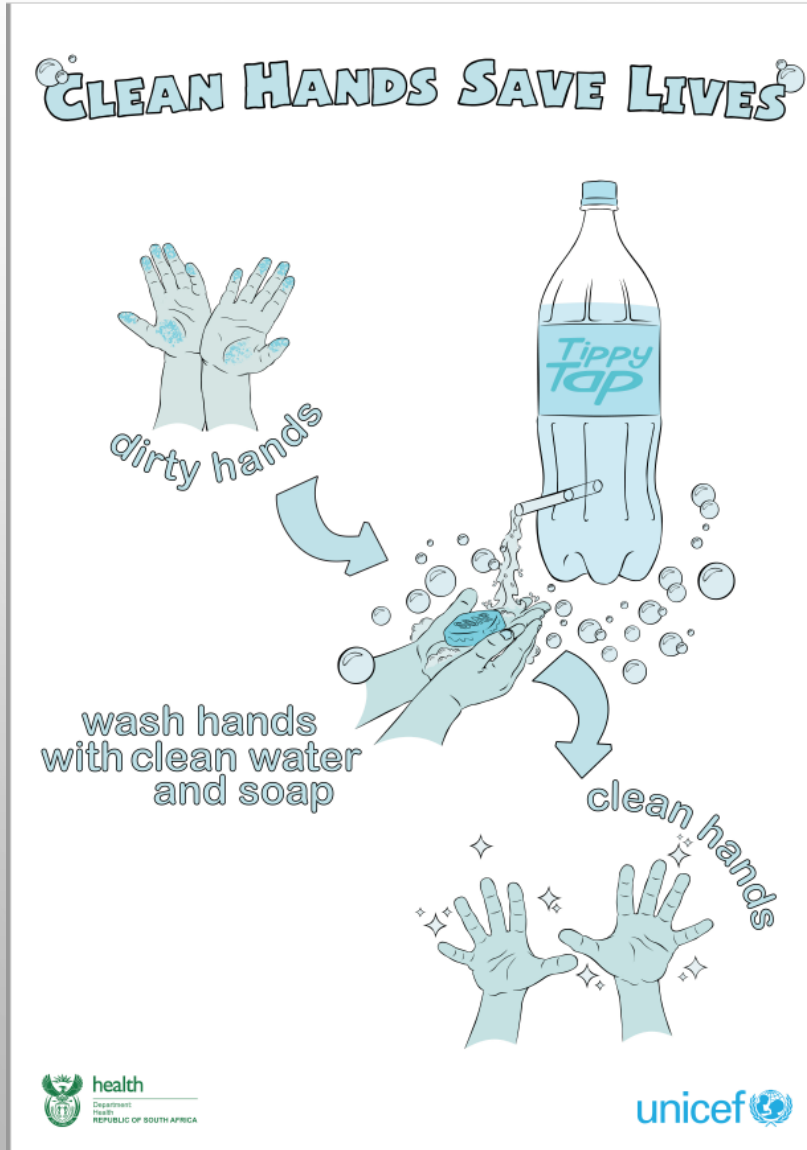
POLICY RECOMMENDATIONS

- Offer information on proper use of different latrine technologies
this can be done through

- Posters
- Handouts
- Info sessions



POLICY RECOMMENDATIONS



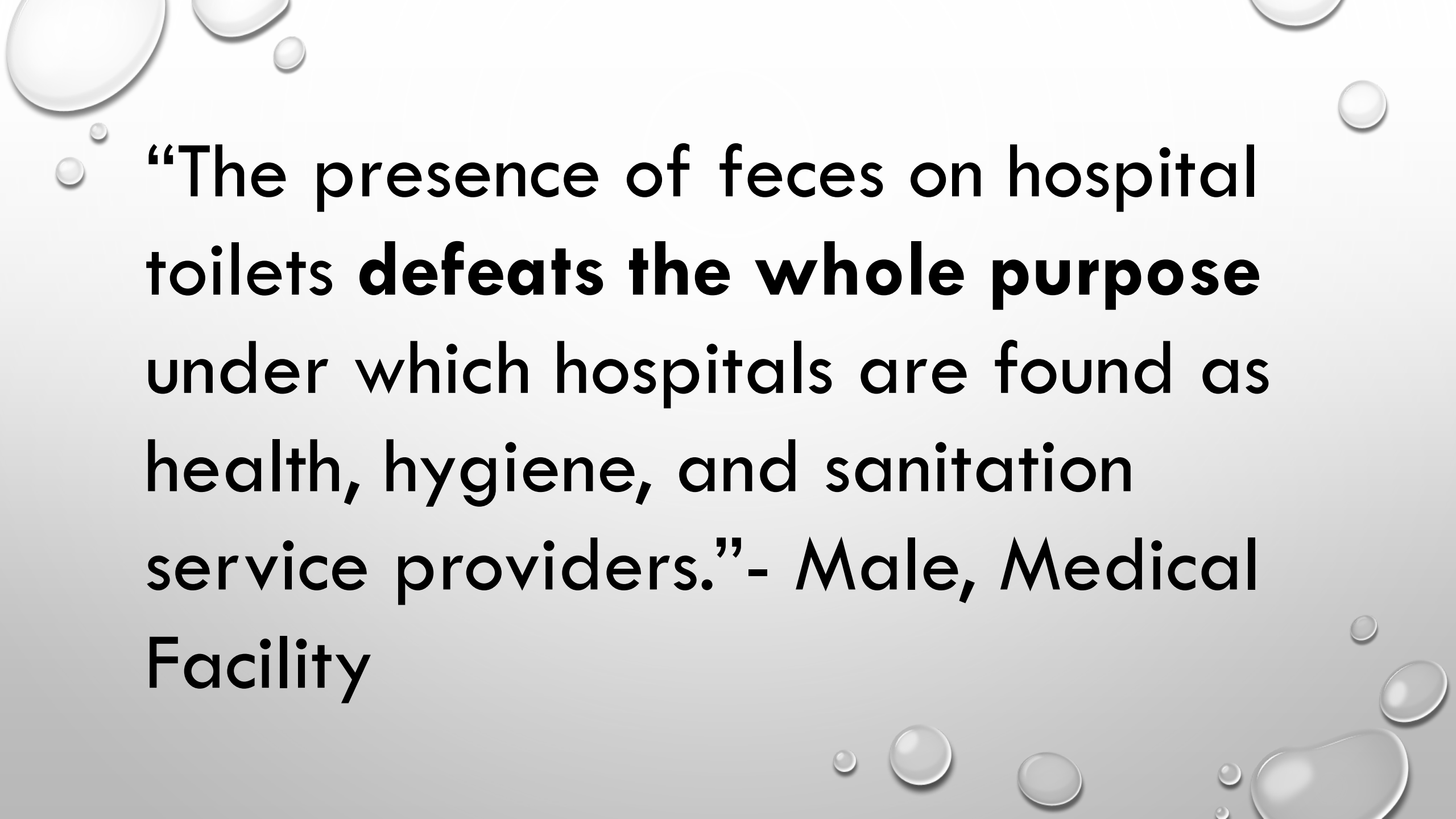
- Encourage soap use
 - Awareness campaigns
 - Increase the capacity of organizations
 - Increased supervision of public toilets



POLICY RECOMMENDATIONS

- If possible, for future toilet construction projects, offer more than one type of toilet
 - Discourage pit latrines
- Discounts for frequent users of public toilets
 - Tax paying vendors





“The presence of feces on hospital toilets **defeats the whole purpose** under which hospitals are found as health, hygiene, and sanitation service providers.”- Male, Medical Facility

The background is a light gray gradient. In the top-left and bottom-right corners, there are several realistic-looking water droplets of various sizes, rendered with highlights and shadows to give them a 3D effect.

THANK YOU!

Hygiene and Sanitation Assessment of Public Sites



All of the sites visited had handwashing facilities
Only 2 out of 10 sites had soap available

E. coli and other diarrhea and disease causing bacteria from faeces were found in:



Markets



Transportation centers



Medical facilities

These bacteria can be killed with soap!

Flush toilets



70% were found to be clean

Pit latrines



0% were found to be clean



If customers were taught how to use flush toilets, these would require less management

USER SATISFACTION

