

Barriers to Availability and Access to Sanitation Facilities in Tanzania

Ruvugo JS¹, Teo SP²

¹Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, United Kingdom, ² Department of Internal Medicine, RIPAS Hospital, Jalan Putera Al-Muhtadee Bil-lah, Bandar Seri Begawan, BA1710, Brunei Darussalam

Received: November 14, 2022

Accepted: December 13, 2022

Published: January 31, 2023

Cite this paper:

Ruvugo JS, Teo SP. Barriers to Availability and Access to Sanitation Facilities in Tanzania. *Nepal Journal of Medical Sciences*.2023;8(1):3-4. <https://doi.org/10.3126/njms.v8i1.54308>

In 2015, the World Health Organisation and United Nations Children's Fund (UNICEF) estimated up to 2.6 billion individuals lacked access to appropriate sanitation facilities. [1] Poor sanitation is the improper disposal of human excreta and untimely personal and household hygiene. This can cause increased transmission of infectious water-borne diseases, including lymphatic filariasis, typhoid, hepatitis, schistosomiasis, cholera, skin diseases and trachoma.

Sub-Saharan Africa (SSA) has the highest number of people in the world without access to clean drinking water. An estimated 663 million people worldwide access unimproved drinking water sources, such as unprotected wells, springs and surface water; of which nearly half (319 million) live in SSA. [2] While good sanitation and clean water are basic human rights, this remains indescribable to many SSA communities, especially the United Republic of Tanzania. Despite appropriate water, sanitation and hygiene governance policies with efforts to improve safe water, sanitation and hygiene; only 12% of the country can access improved water and sanitation between 1990 and 2015.[3] Over 18,500 children less than five years old die annually

due to diarrhoea from contaminated water and hygiene practices.[4] Additionally, 12.1% of the national deaths were related to poor water, sanitation and hygiene.[5]

The challenges in the sanitation sector are multiple: poor education and health literacy, poverty, dense populations, water transportation, distribution and storage with limited sanitation facilities and resource allocation for public services.

There is a need to define the problem and develop policies to manage this public health issue. Several action steps are required to improve access to sanitation. Collaboration between the public and private sectors is required to gather information and coordinate public health interventions. A collective responsibility among stakeholders is important; appropriate sanitation uptake should be viewed as the norm, being cost-effective, executable, applicable, usable and sustainable. Action cycles close to communities should be approached in a participatory manner to implement behavioural changes and accept improved sanitation as an important public health measure. Affirmative involvement in the development of interventions ensures ownership and sus-

Correspondence to: Shyh Poh TEO (FRACP)

Department of Internal Medicine,
RIPAS Hospital, Brunei Darussalam
Email: shyhpoh.teo@moh.gov.bn



Licensed under CC BY 4.0 International License which permits use, distribution and reproduction in any medium, provided the original work is properly cited

tainability by the community. Finally, service providers should be available to install home sanitation and availability of methods and technology to execute sanitation and hygiene interventions.

Overall, there are still barriers to the availability and access to sanitation facilities in some parts of the world, such as the United Republic of Tanzania. These are basic needs with significant public health implications. Awareness regarding this problem and urgent steps to remedy the situation is required.

REFERENCES

1. WHO/UNICEF. The Joint Monitoring Programme report, progress on sanitation and drinking water: 2015 update and MDG assessment; 2015. UNICEF; World Health Organisation: New York, USA.
2. United Nations. The Millennium Development Goals Report 2015. [Internet]. New York: United Nations; 2015. [cited 2022 Apr 23]. Available from: [https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)
3. WHO/UNICEF. Water, sanitation and hygiene in health care facilities, status in low-and middle-income countries and way forward; 2015. World Health Organization: Geneva, Switzerland.
4. Kessy F, Mahali R. Water, sanitation and hygiene services in Tanzania: Access, Policy Trends and Financing; THDR 2017: Background Paper No. 11; The Economic and Social Research Foundation (ESRF): Dar es Salaam, Tanzania, 2016; ISBN 978-9987-770-25-0.
5. United Nations. Water United Republic of Tanzania: UN-water country briefs United Republic of Tanzania; 2017. United Nations: Geneva, Switzerland.