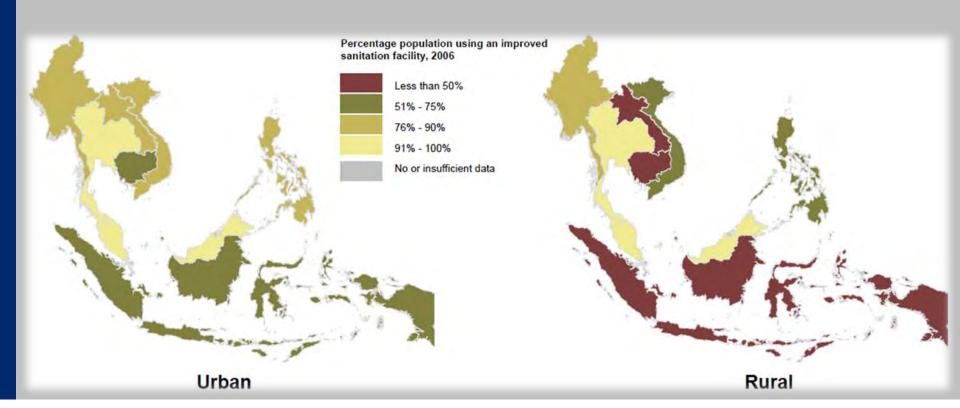


Scaling Up Sanitation: The Case of Rural Thailand

Jay Graham, MBA, PhD
USAID Environmental Health Advisor





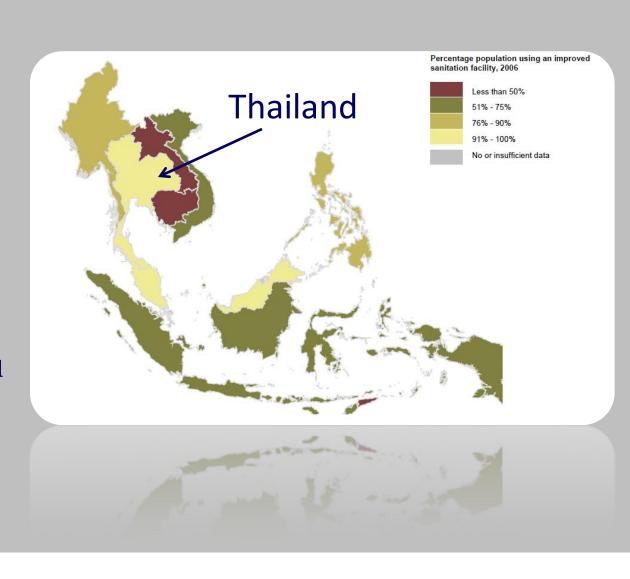
Background

Thailand -- 1960s

- 26 Million people
- <1% of rural population had basic sanitation
- Population growth rate: 3.2%
- 80% of population rural

Thailand -- Today

- 66 Million people
- 96% (JMP) / 99.9% (National survey) of rural population has basic sanitation
- Population growth rate: 0.6%
- 67% of population rural





Initial driver for sanitation

Origins: Sanitation improvements rank as one of greatest public health

achievements

CHOLERA.

DUDLEY BOARD OF HEALTH.

REGION OF THE PART IN COMMEQUENCE OF THE

Church-yards at Dudley

Being so full, no one who has died of the CHOLERA will be permitted to be buried after SUNDAY next, (To-morrow) in either of the Burial Grounds of St. Thomas's, or St. Edmund's, in this Town.

All Persons who die from CHOLERA, must for the future be buried in the Church-yard at Netherton.

DOARD of BEALTH, DUDGEY.

W. RANGERS, PRINTER, MIGH STREET, DESC.



"Several millions of Baht were spent annually for the treatment of people suffering from gastrointestinal diseases. With this amount of expenditure, human excreta can be systematically controlled. When excreta is safely disposed, sickness from these communicable diseases could eventually be halved..."

-- Prince Mahidol of Songkhla (1924)



Rural Environmental Sanitation Program

Rural Environmental Sanitation program (1961)

- Community volunteers
- Provincial health officers and sanitarians (Toilet Doctors)
- Village committees
- Seven intervention modules
 - 1. Water supply
 - 2. Excreta disposal
 - 3. Solid waste disposal
 - 4. Food sanitation
 - 5. Housing sanitation
 - 6. Vector control
 - 7. Wastewater disposal

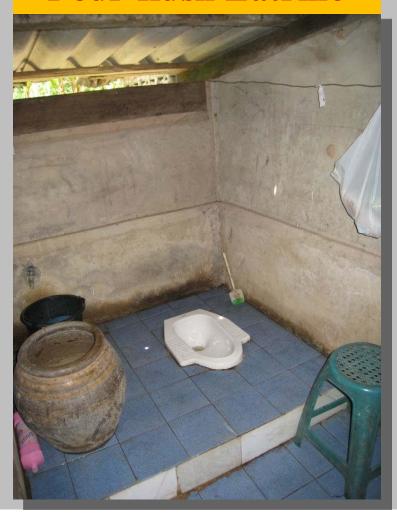




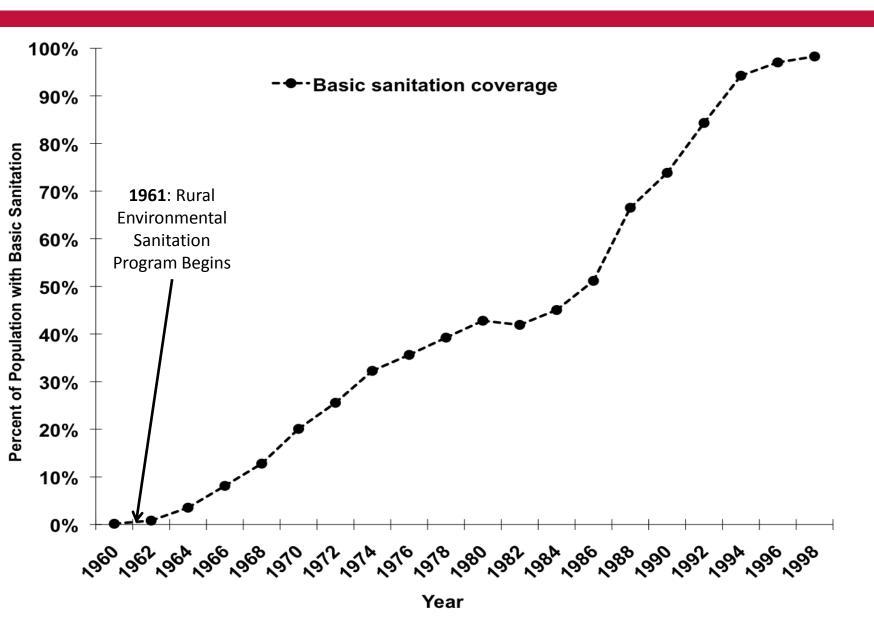
Hardware

- Water-seal latrine selected by Government
 - Considered culturally appropriate
- Government supplied latrine pans/slabs and molds for latrine
- Early stages: Free
- Later stages: Revolving fund and local private sector

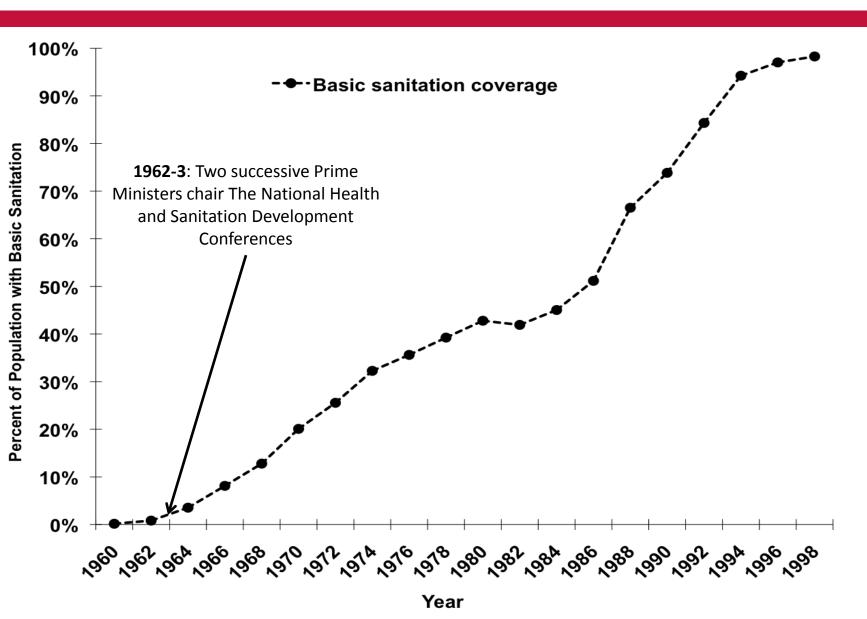
Pour-flush Latrine



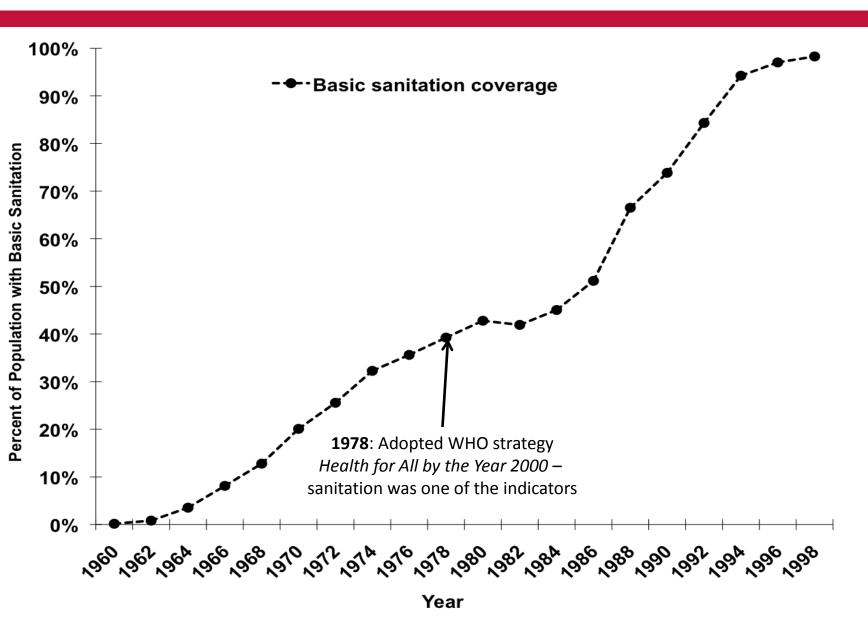




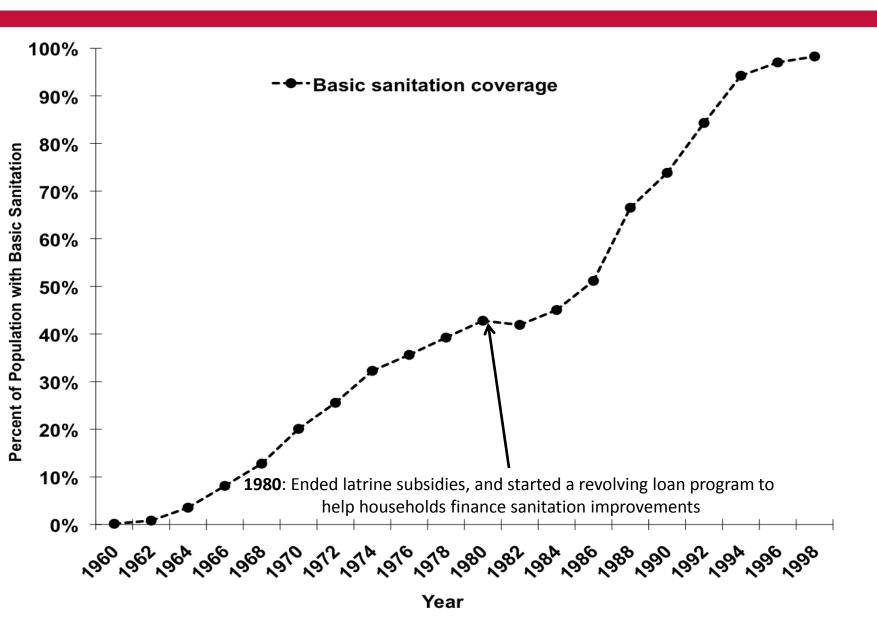




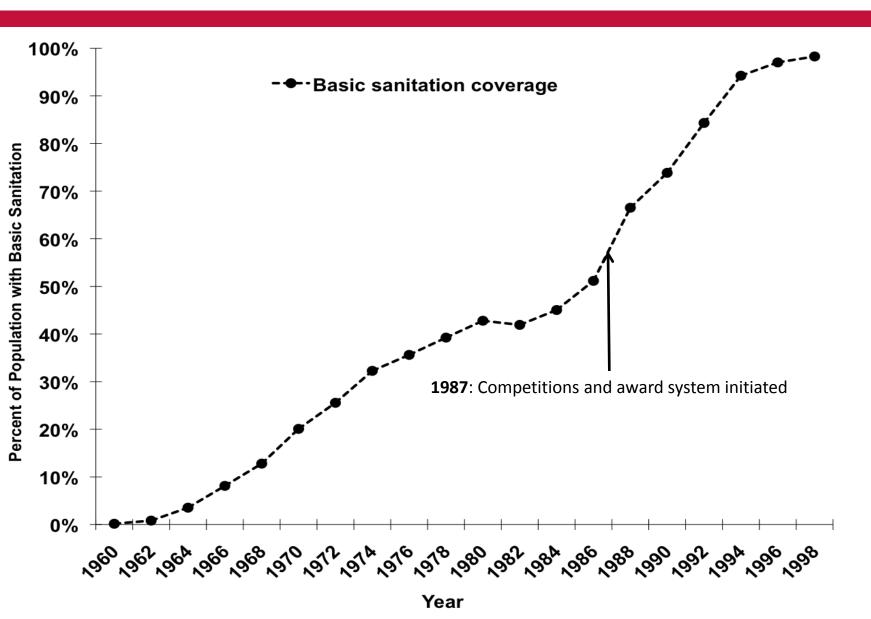




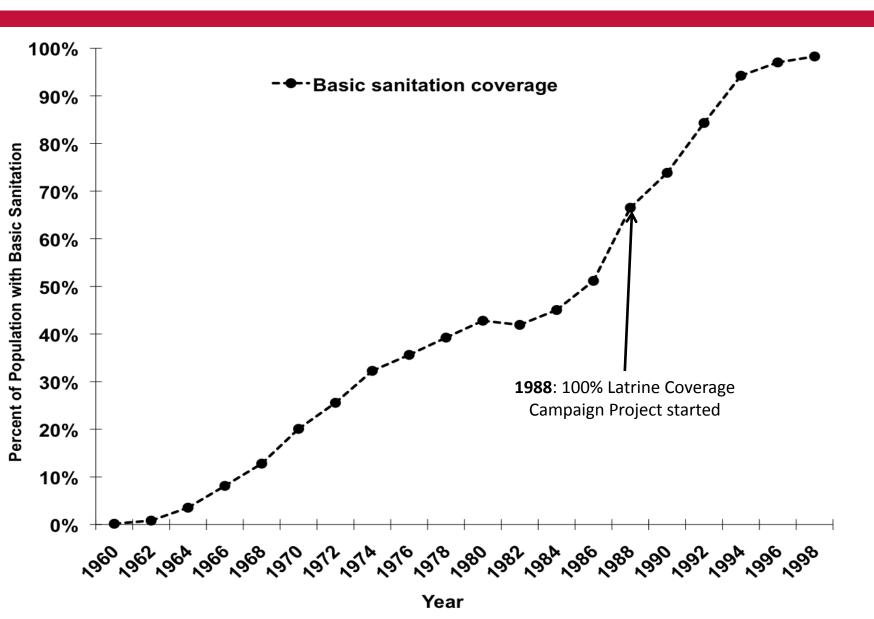




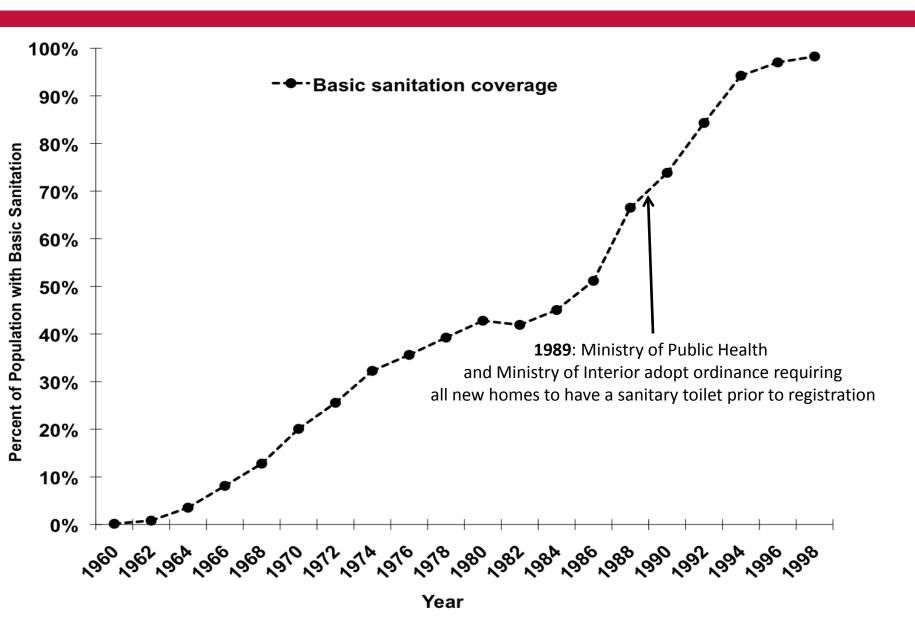




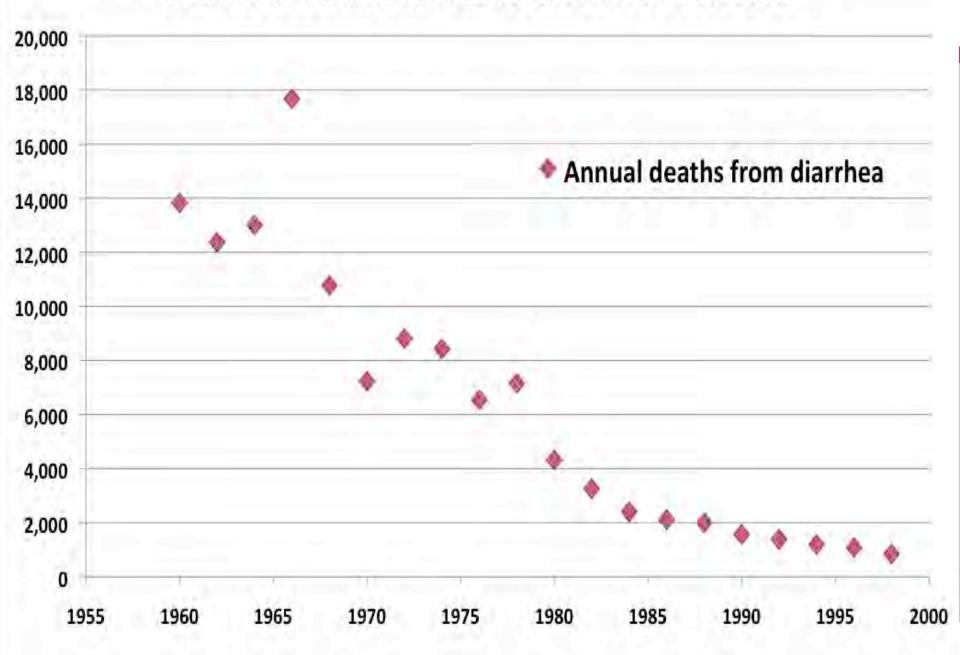








Deaths in Thailand due to diarrheal diseases





Thailand: Lessons Learned

- **♦ Decentralized Health System**
 - "Toilet Doctors"
 - Strong follow-up
- **♦ Community involvement**
 - Community seen as partners
 - Villages developed implementation plans
- **♦ High-Level Support**
 - Transparent funding
 - Clear directives
- ♦ Sanitation Policies sanitary toilet ordinance
- Reduced Hardware Subsidies subsidies undermining sustained use



Thailand: Lessons Learned

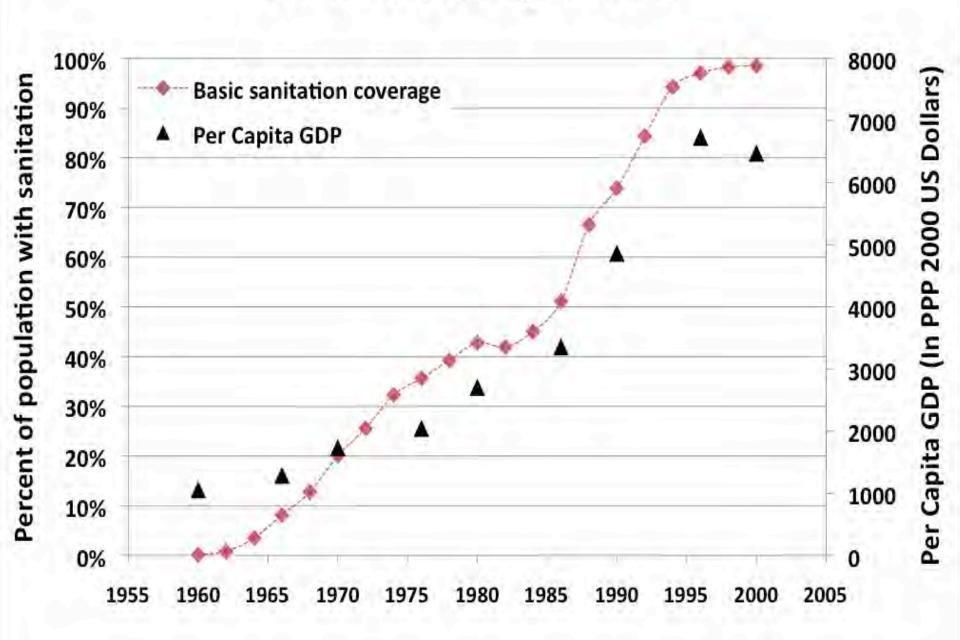
- Private Producers technical assistance to community artisans/masons
- ♦ Competition and Awards friendly competitions among leaders and communities
- ♦ Monitoring strong system of follow-up support
- Developed Academic Institutions trained sanitarians
- ♦ Persistence 35 years
- ♦ Integrated Programs sanitation was part of a larger basic needs package



Specific Considerations

- Strong economy (since 1960)
 - Average real GDP annual growth rate ~7%
- General orientation towards collective vs. individualistic path of development
- Trust between government and people
- Policy makers aware of the connection between sanitation and development
- Willingness of government to constantly learn and change direction when needed

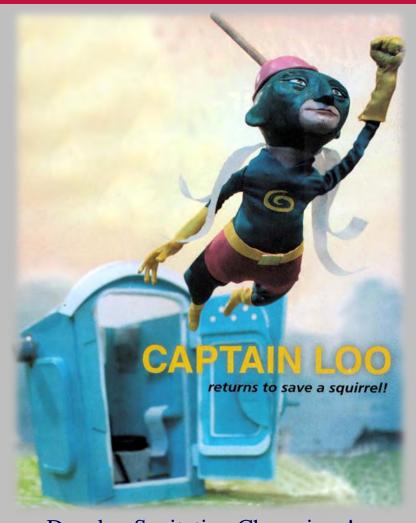
Sanitation coverage and GDP





Final Remarks

- Creativity
- Focus
- Endurance
- Strong follow-up support
- Sanitation as part of a larger development package



Develop Sanitation Champions!



Thank you!

For more reading, see:



26th WEDC Conference

Dhaka, Bangladesh, 2000

WATER, SANITATION AND HYGIENE: CHALLENGES OF THE MILLENNIUM

Universal Sanitation – Thailand Experiences

T.V. Luong, Ongart Chanacharnmongkol and Thira Thatsanatheb, Thailand