Hygienic aspects of sanitation and nutrient recycling in selected rural areas of Uzbekistan and Viet Nam



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Nam

Uzbekistan

 Area: 447,000 km² Population: 26 million urban 36%, rural 64% cess to improved nitation: 57% ban 73%, rural 48%

> rezm province ea: 4,550 km²

pulation: 1.4 million ban 37%, rural 63% ccess to improved anitation: 96%

ccess to sewerage: 12%

eld study 2003, WHO & UNICEF 2004,

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Within the vork

of the ZEF/UNESCO Khorezm project a factor analysis regarding er, sanitation, hygiene diarrhoeal diseases was ied out in 2003 and 4.

in 189 randomly cted households spot cks and interviews using ndardised questionnaires e carried out in summer 13.

out 30% of the seholds applied human reta directly to the etable garden or ricultural land; another % use safer nutrient -practices and b



Excreta management in K norezm

Khorezm, hygienically unsafe nutrient recycling of human excreta is common. Human excreta from pit latrines are dug out by mily labour and applied fa fertilizer to agricultural fie and vegetable ds

Furthermore, open disposal of children's faeces and frequently open defecation of children contribute to an environment loaded with faecal-oral pathogens.

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Introduction

Nutrient recycling by application of human excreta to maintain soil fertility has been practiced in the Eastern Asia and the Western Pacific for 4,000 years. In other countries the need for nutrient recycling increases due to the economic downturn, resulting in socio-economic constraints for the population, e.g., in rural areas of countries in transition like the Central Asian republics.



Are there differences concerning hygienic aspects of human excreta management in Central and South-East **Asia** lusions

- → In rural areas of the Mekong delta the disposing excreta directly into surface water via the VAC farming system.
- → In Khorezm potentially safely disposed environment by application as insufficiently treated or untreated fertilizer.
- → Thus, in both regions different practices lead to heavy faecal pollution of the domestic and public environment and pose a hazard to public and personal health.

ea: 330,000 km² pulation: 84 million ban 26%, rural 74% cess to improved nitation: 41% ban 84%, rural 26% ong Delta ea: 40,000 km²

- pulation: 17 million ccess to sanitation: 83% Access to sanitary
- anitation: 20%

VHO & UNICEF 2004, Pop. Iorid Bank et al. 2003

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The SANSED project eve-lops site-adapted oncepts for decentralised water supply and waste iter treatment.

In pilot facilities, nutrients ntained in human and animal excreta are converted into substrates for fertilising, either by applying biogas digestion and/or vermicom-posting.

The hygiene module assesses the reduction module efficacy of different sanitising excreta and chniques the impact of a ground water work to human health.



Scheme of a typical VAC farm Vuon=orchard, Ao=fish pond, Chuong=livestock Source: Le Anh T. 2003

Excreta management in the Mekong Delta In local farming systems excreta are preexcreta are pre-dominantly used as fodder in aquaculture. For this reason simple latrines are located directly over fish ponds which leads to heavy face faecal of contamination of the surface water, used for drinking and other personal purposes as well as for irrigation. Hence, the excreted faecal

only water, but also no egetables and soil. fis