

# A Snapshot of Sanitation in SACOSAN Countries

A special tabulation based on the 2008 Report of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)



Prepared as a contribution to the  
Third South Asian Conference on Sanitation  
16-21 November, 2008

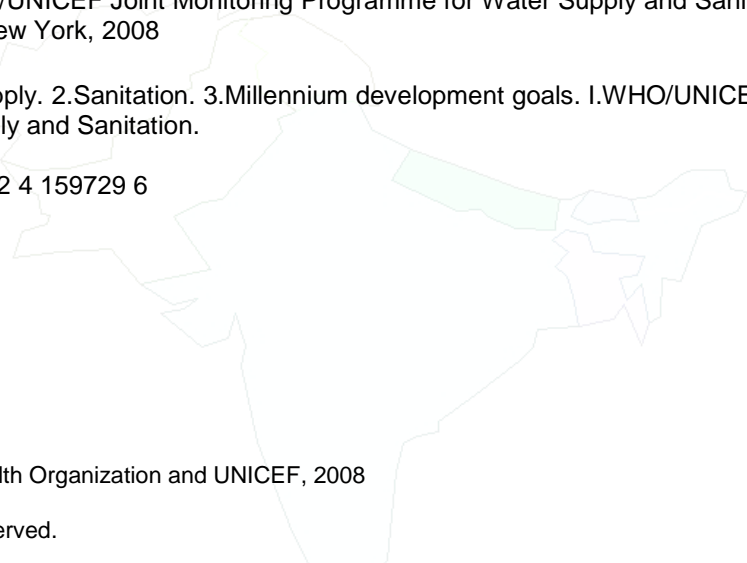
WHO Library Cataloguing-in-Publication Data

World Health Organization and United Nations Children's Fund Joint Monitoring Programme on Water Supply and Sanitation (JMP), A Snapshot of Sanitation in SACOSAN Countries: A special tabulation based on the 2008 Report of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), WHO, Geneva, and UNICEF, New York, 2008

1. Water supply. 2. Sanitation. 3. Millennium development goals. I. WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

ISBN 978 92 4 159729 6

(NLM classification: WA 670)



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Data used in this document are subject to revision.

Printed in Switzerland

# A snapshot of sanitation in countries participating in the Third SACOSAN Conference



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# Introduction: A Snapshot of Sanitation in SACOSAN III Countries

## Purpose of the Snapshot

This document has been prepared by the WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation as a contribution to the third South Asian Conference on Sanitation (SACOSAN III), 16-21 November 2008. It contains a set of sanitation coverage estimates for the group of countries participating in the conference, based on the most recent JMP estimates. The report covers the following countries that are party to this regional conference: Afghanistan, Bangladesh, Bhutan, India, Nepal, Maldives, Pakistan and Sri Lanka.

The Snapshot details progress made towards Target 7c of the Millennium Development Goals (MDGs), which addresses drinking water and sanitation. The estimates presented here are drawn from data collected by national statistics offices and other relevant institutions through national censuses and nationally representative household surveys, including Demographic and Health Surveys (DHS), World Health Surveys and Multiple Indicator Cluster Surveys (MICS).

Presenting a clear picture of the sanitation situation in SACOSAN III countries today, this document aims to provide guidance to policy and decision-makers on areas of strengths and weaknesses, and how to direct future efforts to best effect in working towards the MDG sanitation target.

## Definitions of access to sanitation

Millennium Development Goal 7, Target 7c, calls on countries to “Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation”. Access to basic sanitation is measured by the MDG indicator: **Proportion of population using an improved sanitation facility, urban and rural**. JMP is required to use this indicator as the basis of its estimates. As definitions of "sustainable access" can vary widely within and among countries and regions, and as JMP is mandated to report at global level and across time, it has created a set of categories for "improved" and "unimproved" sanitation facilities that are used to analyse the national data on which its trends and estimates are based (see below). These categories, and population estimates used by JMP, may differ from those used by national governments. Coverage estimates in this report may therefore differ from national estimates.

For MDG monitoring, an improved sanitation facility is defined as one that hygienically separates human excreta from human contact. JMP uses the following classification to differentiate 'improved' from 'unimproved' sanitation facilities.

IMPROVED SANITATION	UNIMPROVED SANITATION
<ul style="list-style-type: none"><li>• Use of the following facilities:<ul style="list-style-type: none"><li>○ Flush/pour flush to:<ul style="list-style-type: none"><li>▪ piped sewer system</li><li>▪ septic tank</li><li>▪ pit latrine</li></ul></li><li>○ Ventilated improved pit (VIP) latrine</li><li>○ Pit latrine with slab</li><li>○ Composting toilet</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Use of the following facilities anywhere:<ul style="list-style-type: none"><li>○ Flush/pour flush to elsewhere*:</li><li>○ Pit latrine without slab/open pit</li><li>○ Bucket</li><li>○ Hanging toilet/hanging latrine</li></ul></li><li>• Shared facilities of any type</li><li>• No facilities, bush or field</li></ul>

\*Excreta are flushed to the street, yard or plot, open sewer, a ditch, a drainage way or other location

<b>Improved sanitation facilities:</b> ensure hygienic separation of human excreta from human contact.	UNIMPROVED SANITATION
<b>Shared sanitation facilities:</b> Sanitation facilities of an otherwise acceptable type shared between two or more households. Only facilities that are not shared or not public are considered improved.	
<b>Unimproved sanitation facilities:</b> do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.	
<b>Open defecation:</b> when human faeces are disposed of in fields, forests, bushes, open bodies of water, beaches or other open spaces or disposed of with solid waste.	

The Snapshot provides an assessment of the group of countries participating in the conference using JMP's "ladder" concept. This allows a disaggregated analysis of trends in a four-rung ladder that includes the proportion of population

- using an improved sanitation facility;
- using a shared sanitation facility;
- using an unimproved sanitation facility; or
- practicing open defecation.

## How JMP derives its MDG Progress Estimates

The WHO/UNICEF Joint Monitoring Programme (JMP) is the official United Nations mechanism tasked with monitoring progress towards MDG Target 7c on drinking water supply and sanitation. JMP publishes updated coverage estimates every two years on the various types of drinking-water sources and sanitation facilities used worldwide. The JMP definitions are those used for official MDG monitoring.

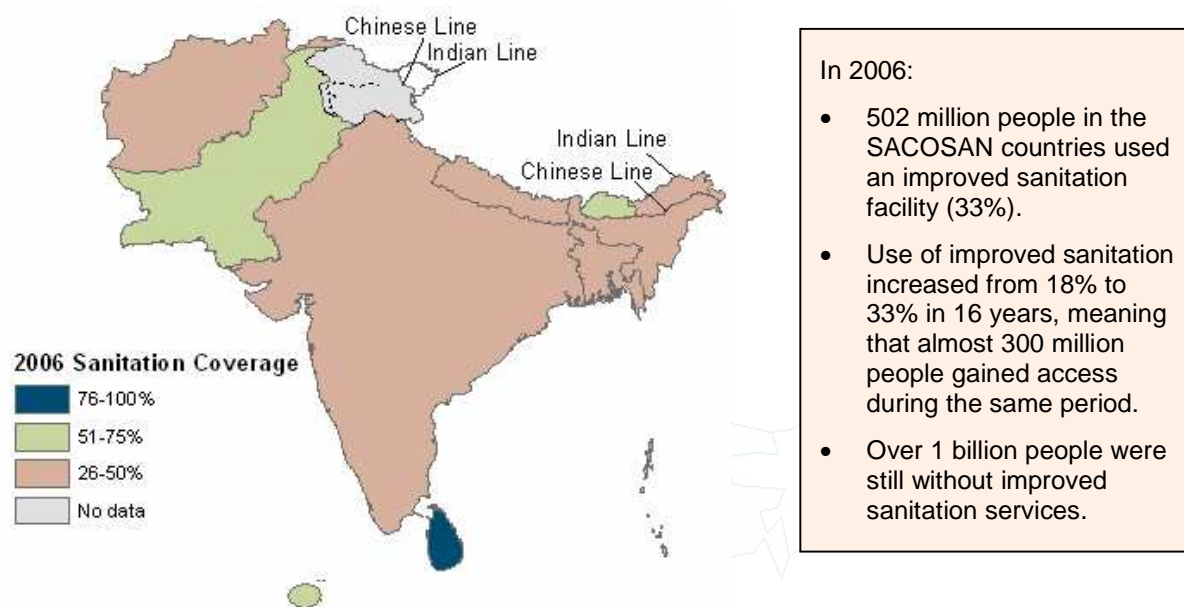
For each country, survey and census data are plotted on a time scale from 1980 to the present. A linear trend line, based on the least-squares method, is drawn through these data points to estimate coverage for 1990 and 2006. The total coverage estimates are based on the aggregate of the population weighted urban and rural coverage numbers, divided by the total population. Trend analyses at country level are made for 1) Improved sanitation facilities and 2) Open defecation.

The coverage estimates for **improved sanitation facilities** presented in this report are discounted by the proportion of the population that shared an improved type of sanitation facility. The ratio (proportion of the population that shares sanitation facility between two or more households) derived from latest household survey/census is subsequently subtracted from the trend estimates of improved sanitation facilities and this resulted in the estimates for **shared sanitation facilities**.

The population estimates and the proportion of the population living in urban and rural areas used in this report are those estimated by the United Nations Population Division (2006 revision). These estimates may differ from national estimates.

# Access to Sanitation - basic facts and figures

In 4 of the 8 SACOSAN countries improved sanitation coverage is over 50 per cent



**Figure 1:** Use of improved sanitation facilities, 2006

**Table 1:** Use of sanitation facilities (by size<sup>2</sup> and percentage of the population), 2006

## Basic Facts and Figures: by size of the population

	Population using improved sanitation (millions)			Population using shared sanitation (millions)			Population using unimproved* sanitation (millions)			Population practising open defecation (millions)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
1990	140	64	204	47	16	63	30	85	115	67	686	753
1995	169	114	281	58	27	85	35	90	125	69	705	774
2000	205	176	381	69	41	110	36	91	127	70	706	776
2006	251	251	502	87	66	153	39	91	130	66	690	756
2015	-	-	1040**	-	-	-	-	-	-	-	-	-

## Basic Facts and Figures: by percentage of the population

	Population using improved sanitation			Population using shared sanitation			Population using unimproved* sanitation			Population practising open defecation		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
1990	49%	8%	18%	17%	2%	6%	10%	9%	10%	24%	81%	66%
1995	51%	12%	22%	17%	3%	7%	11%	10%	10%	21%	75%	61%
2000	54%	17%	27%	18%	4%	8%	10%	9%	9%	18%	70%	56%
2006	57%	23%	33%	20%	6%	10%	8%	8%	8%	15%	63%	49%
2015	-	-	59%**	-	-	-	-	-	-	-	-	-

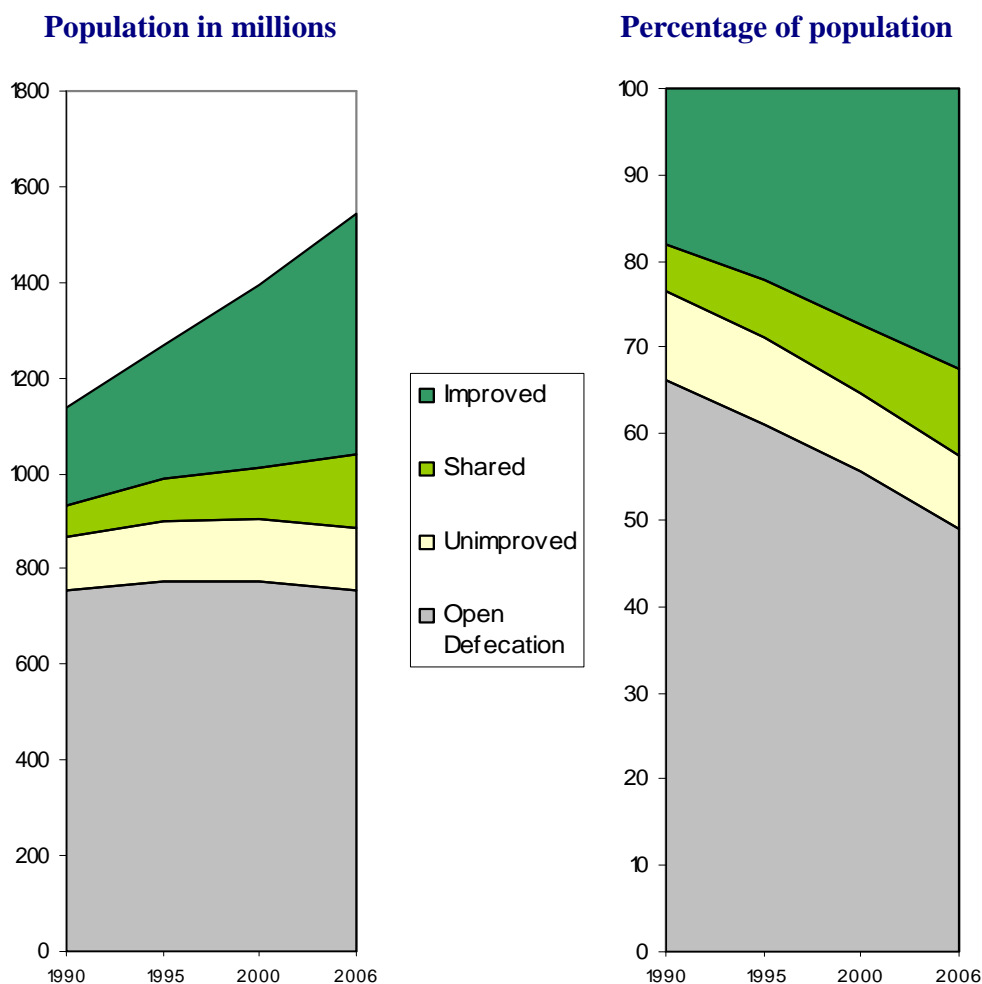
\*Excluding shared sanitation and open defecation

\*\*MDG target

<sup>2</sup> The population estimates and the proportion of the population living in urban and rural areas used in this report are those estimated by the United Nations Population Division (2006 revision). These estimates may differ from national estimates.

## Access to Sanitation - the sanitation ladder

A third of the population in SACOSAN III countries uses an improved sanitation facility; but nearly half still practises open defecation



**Figure 2:** Trends in use of improved, shared, or unimproved sanitation facilities, and in open defecation, 1990-2006. NB: for exact numbers, refer to table 1 (opposite page)

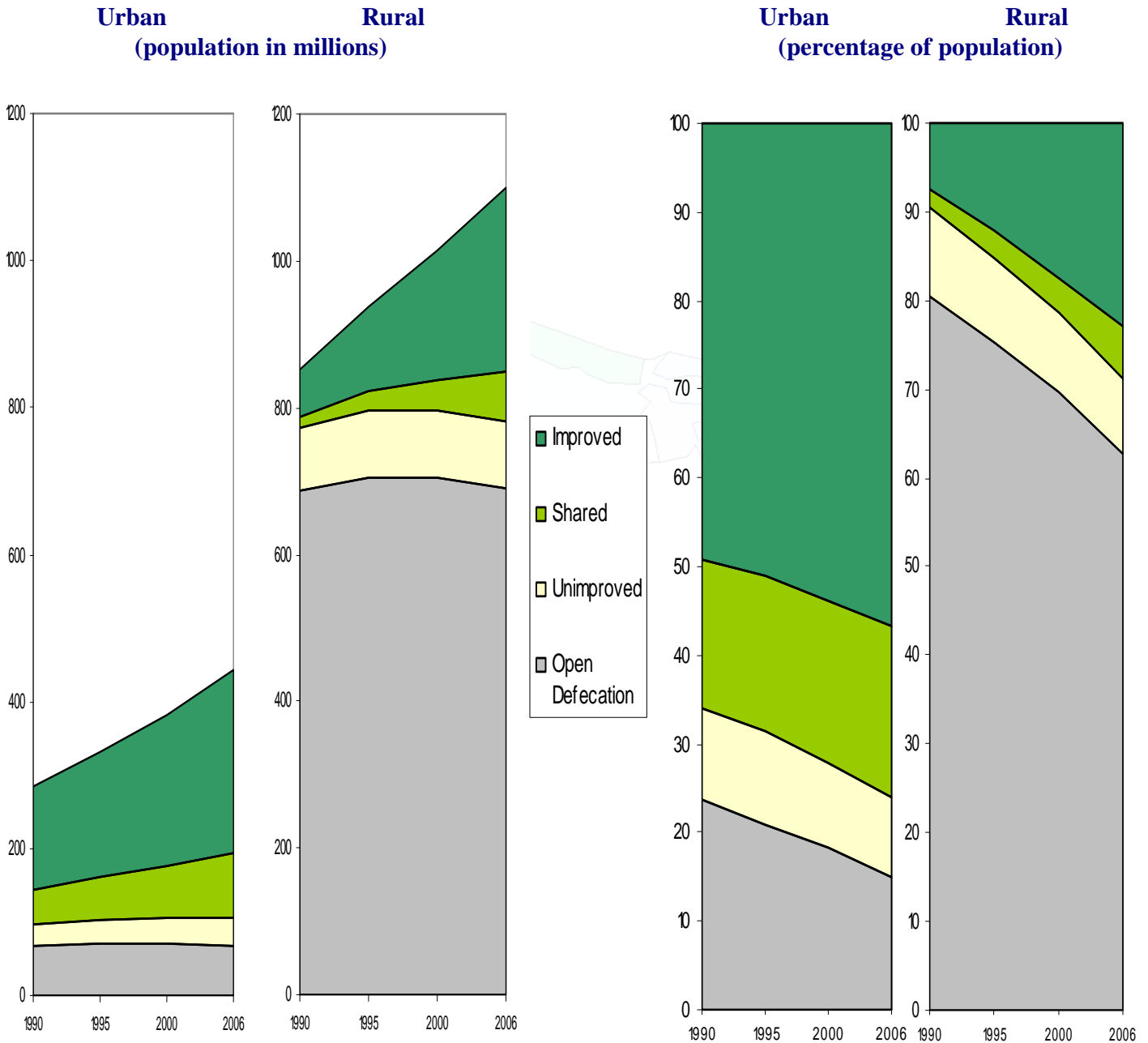
The good news is that 502 million people are now using an **improved** sanitation facility, an increase of more than two fold since 1990. The proportion of the population using an improved sanitation facility throughout SACOSAN III countries was 33 % in 2006 — nearly doubling from 18% in 1990.

153 million people currently **share** sanitation facilities; this practice has more than doubled since 1990 when shared facilities were used by only 63 million people.

Use of **unimproved** sanitation facilities has declined in percentage from 10% in 1990 to 8% in 2006; but in terms of numbers, users have slightly increased from 115 million to 130 million.

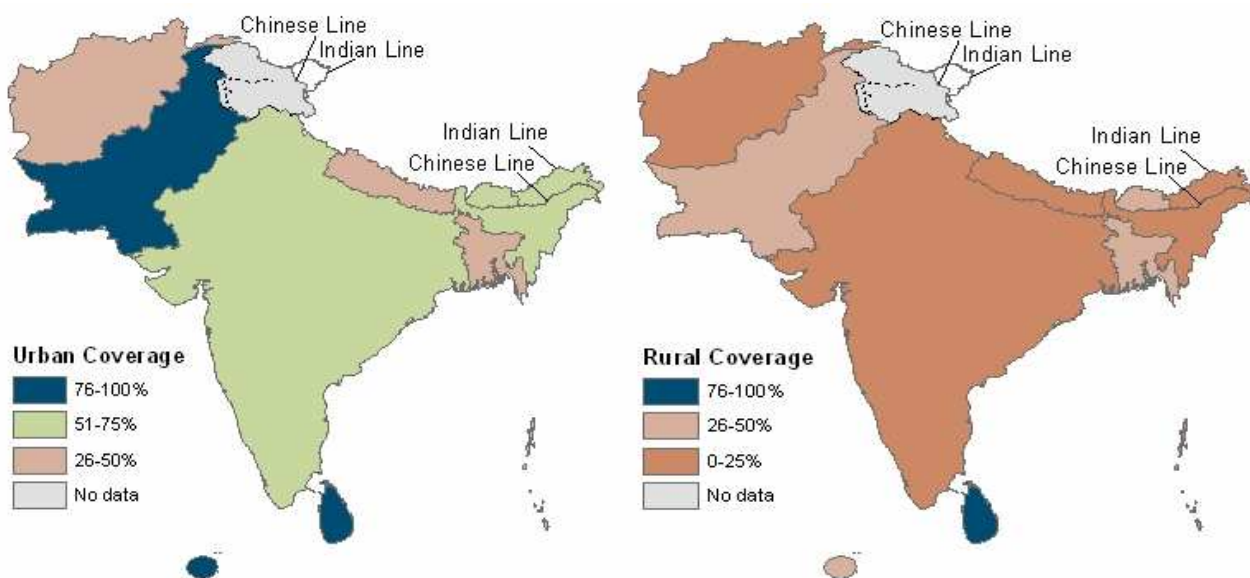
**Open defecation** remains a widespread problem throughout the region. Nearly half the population in the SACOSAN III group of countries still has to defecate in the open. Even though the practice has dropped from 66% to 49%, the number of people practising open defecation remains almost the same (756 million in 2006 compared to 753 million in 1990).

# Urban/rural disparities in the sanitation ladder



**Figure 3:** Use of different sanitation facilities: urban and rural disparities in terms of both size and percentage of population (1990-2006), NB: for exact numbers refer to Table 1

**Urban coverage: 5 countries >50%; Rural coverage: only 1 country >50%**



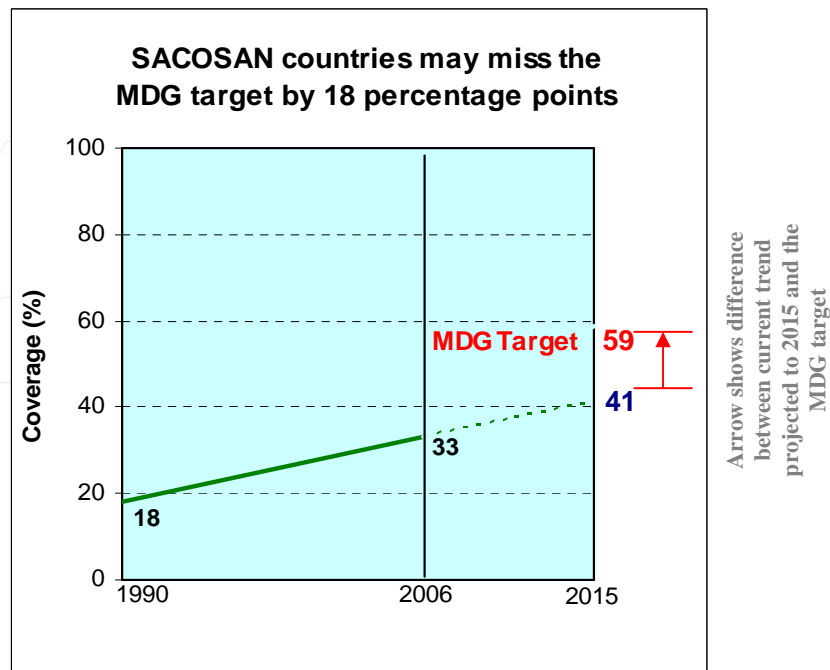
**Figure 4:** Urban / Rural disparity in the use of improved sanitation facilities in SACOSAN III countries

### ***Disparities between urban and rural areas***

**The sanitation ladder for urban and rural areas demonstrates some striking disparities:**

1. While urban dwellers (57%) are more likely to use an improved sanitation facility than rural dwellers (23%), the rate of increase in rural areas is considerably higher. This is despite lower population growth in rural areas.
2. Urban residents are more likely than rural dwellers to have to use shared sanitation facilities. In 2006 urban sharing stood at 20%, and rural at 6%. Although sharing is increasing among both urban and rural dwellers, the rate of increase is higher in rural areas.
3. There is no significant disparity for unimproved facilities between urban and rural areas. This rung of the sanitation ladder remained fairly constant between 1990 - 2006 both in terms of size and percentage of the population.
4. Open defecation is predominantly a rural issue. Despite a sharp decline in the practice since 1990, the numbers affected remain fairly constant to date both for urban and rural areas.

## SACOSAN III countries: not on track to meet the MDG sanitation target



**Figure 5:** Progress by SACOSAN III countries towards the sanitation target

According to the MDG objective of halving the proportion of those without access, the SACOSAN III countries are not on track to reach the sanitation target\*. At the current rate of progress, in 2015 these countries will reach sanitation coverage of 41%, falling 18 percentage points short of the target. This translates into 317 million fewer people with access to improved sanitation than the Target envisaged.

*\*Note that JMP's estimates are made on the basis of data available to 2006; progress made by countries since 2006 are not yet shown in these estimates.*

## Progress since 1990: Country tables

**Table 2:** Sanitation facilities and practices (in percentages), 1990-2006

Country or Area	Year	Population		Sanitation Coverage (%) in SACOSAN Countries (1990-2006)												% of population gained coverage (1990-2006) with respect to median population (Year 1998)		
		Total (,000)	Urban (%)	Urban				Rural				Total						
				Improved	Shared	Unimproved	Open defecation	Improved	Shared	Unimproved	Open defecation	Improved	Shared	Unimproved	Open defecation			
Afghanistan	1990	12,659	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	1995	18,256	20	42	-	44	14	29	-	39	32	32	-	40	28	-		
	2000	20,737	21	43	-	44	13	27	-	36	37	30	-	38	32			-
	2006	26,088	23	45	-	42	13	25	-	34	41	30	-	36	34			
Bangladesh	1990	113,048	20	56	23	15	6	18	8	39	35	26	11	34	29		21	
	1995	126,297	21	54	23	17	6	21	9	39	31	28	12	34	26	21		
	2000	139,434	23	51	22	22	5	26	11	40	23	32	14	35	19			21
	2006	155,991	25	48	20	28	4	32	14	40	14	36	16	37	11			
Bhutan	1990	547	7	-	-	-	-	-	-	-	-	-	-	-	-		-	
	1995	507	8	-	-	-	-	-	-	-	-	-	-	-	-	-		
	2000	559	10	71	16	9	4	50	4	33	13	52	5	31	12			-
	2006	649	11	71	16	9	4	50	4	33	13	52	5	31	12			
India	1990	860,195	26	44	18	10	28	4	1	6	89	14	5	8	73		20	
	1995	954,282	27	46	19	10	25	8	2	5	85	18	7	6	69	20		
	2000	1,046,236	28	49	20	9	22	13	3	4	80	23	8	5	64			20
	2006	1,151,751	29	52	22	8	18	18	5	3	74	28	10	4	58			
Maldives	1990	216	26	100	-	0	0	-	-	-	-	-	-	-	-		-	
	1995	248	26	100	-	0	0	42	-	34	24	57	-	25	18	-		
	2000	273	27	100	-	0	0	42	-	35	23	58	-	25	17			-
	2006	300	30	100	-	0	0	42	-	37	21	59	-	26	15			
Nepal	1990	19,114	9	36	29	3	32	6	3	2	89	9	5	2	84		25	
	1995	21,672	11	39	32	3	26	12	5	4	79	15	8	4	73	25		
	2000	24,419	13	42	34	3	21	17	7	7	69	20	11	6	63			25
	2006	27,641	16	45	37	4	14	24	9	10	57	27	14	9	50			
Pakistan	1990	112,991	31	76	4	12	8	14	2	10	74	33	3	10	54		40	
	1995	127,766	32	80	4	9	7	22	3	10	65	40	3	10	47	40		
	2000	144,360	33	85	4	4	7	30	4	10	56	48	4	8	40			40
	2006	160,943	35	90	4	0	6	40	5	10	45	58	5	6	31			
Sri Lanka	1990	17,114	17	85	7	0	8	68	2	14	16	71	3	11	15		24	
	1995	18,080	16	86	7	4	3	74	3	11	12	76	4	9	11	24		
	2000	18,714	16	88	7	3	2	80	3	10	7	81	4	9	6			24
	2006	19,207	15	89	7	3	1	86	3	9	2	86	4	8	2			
SACOSAN III	1990	1,135,884	25	49	17	10	24	8	2	9	81	18	6	10	66		-	
	1995	1,267,108	26	51	17	11	21	12	3	10	75	22	7	10	61	-		
	2000	1,394,732	27	54	18	10	18	17	4	9	70	27	8	9	56			-
	2006	1,542,570	29	57	20	8	15	23	6	8	63	33	10	8	49			

Differences are frequently identified between JMP's coverage estimates and those of governments. Such differences are most commonly encountered due to:

- Differences in definition: for example, a government may classify a type of latrine as 'improved' which JMP classifies as 'unimproved'
- Use of 'supplier' estimates by countries, whereas JMP uses only household survey and census findings
- Use of a single recent source of data that may vary significantly from JMP estimates, which use a time series of findings
- Differences among surveys in definitions of rural and urban areas.

In the case of Bangladesh and India in particular, it has been reported that access to sanitation has increased significantly in recent years, including the period from 2006 to 2008 which is not reflected in the JMP2006 estimates.

## Key points from this report

- In 2006, 33% of the population in SACOSAN III countries used an improved sanitation facility.
- In 4 out of 8 SACOSAN III countries sanitation coverage was over 50% in 2006.
- Between 1990 and 2006, 298 million people gained access to sanitation, representing an increase of 146%; but over 1 billion people still did not have access to improved sanitation.
- Open defecation - the riskiest sanitation practice - has dropped from 66% in 1990 to 49% in 2006, but is still the only option for over 750 million people.
- The rate of sanitation uptake is higher in rural than in urban areas, but 9 out of 10 people still practising open defecation in 2006 were rural dwellers.



Without improved sanitation, people suffer from ill health, lost income, inconvenience and indignity. Yet billions of people around the world lack basic sanitation. In recognition of the urgent need for greater political awareness and action on sanitation, the United Nations General Assembly declared 2008 as the International Year of Sanitation. The goal to raise awareness and accelerate progress towards the MDG target: halve the proportion of people without sustainable access to basic sanitation by 2015.

The five key messages of the IYS are:

- Sanitation is vital for human health
- Sanitation generates economic benefits
- Sanitation contributes to dignity and social development
- Sanitation helps the environment
- Sanitation is achievable

For more information: [www.sanitation2008.org](http://www.sanitation2008.org)

