SANITATION

The four-step Sanitation ladder presented in this report is a new way of analyzing sanitation practices by breaking them down into separate trends: improved, shared, or unimproved sanitation facilities and open defecation (see page 6 of report for an explanation of each of the four practices).

Open defecation: The last recourse for those without any form of sanitation, open defecation presents serious health hazards to anyone living within the community. Local populations are at greater risk of diarrhoeal diseases, worm infestations and hepatitis.

- While the proportion of people practicing open defecation has dropped in developing regions from 31 per cent in 1990 to 23 per cent in 2006, almost two-thirds of those who practice open defecation – 778 million people – live in Southern Asia. Open defecation is most widely practiced in Southern Asia and sub-Saharan Africa.

- Nearly half of the entire population in Southern Asia (48 per cent) practice open defecation – the most dangerous sanitation practice – and only one-third has access to improved sanitation facilities.

- While access to improved sanitation facilities increasing steadily around the globe, the rate of growth still falls short of MDG targets. The rate of growth is particularly slow in sub-Saharan Africa, where between 1990 and 2006 the percentage of people who gained access to improved sanitation facilities only increased from 26 to 31 per cent. Twenty-eight per cent of the population (or 221 million people) practice open defecation, and another 23 per cent rely on unimproved sanitation facilities, such as open pit or bucket latrines.

Improved sanitation facilities: Southeastern Asia and Eastern Asia both saw a rapid increase in access to improved sanitation facilities.

- In Southeastern Asia, those with access to proper sanitation jumped from 50 per cent in 1990 to 67 per cent in 2006.
- In Eastern Asia, the rate of access to improved sanitation jumped from 48 per cent in 1990 to 65 per cent in 2006.
- Eastern Asia also has the smallest percentage of people relying on open defecation throughout the developing regions; only three per cent of the population rely on this practice.

Of the developing regions, the population of Western Asia enjoy the greatest access to improved sanitation facilities. Eighty-four per cent use improved sanitation, while ten per cent rely on unimproved sanitation facilities or open defecation. Countries with the lowest rates figures for improved sanitation include: Eritrea (rising from three per cent of the population in 1990 to only five per cent in 2006); Niger (rising from three to seven per cent); Chad (rising from five to nine per cent) and Ghana (rising from six to 10 per cent). (page 13)
Countries making the most rapid progress toward improved sanitation include: 
**Myanmar, Syrian Arab Republic, Viet Nam, Guatemala, Philippines, Angola, Honduras, Pakistan and Mexico.** (page 20)

**Urban versus Rural disparities:** of the 1.2 billion people globally who still practice open defecation, one billion of them live in rural areas. Urban versus rural disparities are greatest in **Oceania** (80 per cent of the urban population enjoying access to improved sanitation, versus 43 per cent of the rural population), **Latin America and the Caribbean** (86 per cent versus 52 per cent), and **Southern Asia** (57 per cent versus 23 per cent).

**WATER**

The world is on track to meet the drinking water MDG target. Eighty-seven per cent of the global population use improved drinking water, with the population of those without safe drinking water dropping to below one billion to 884 million people. (See page 22 for a specific breakdown of the three-step drinking water ladder: Piped water, other improved water, or unimproved water.)

**Sub-Saharan Africa:** Improved drinking water coverage is still considerably lower in sub-Saharan Africa than in other regions, with 42 per cent relying on unimproved water sources. This is the region that is also making the slowest progress.

**Water collection:** When drinking water is not available nearby, women are more than twice as likely as men to shoulder the burden of collecting and hauling drinking water. The proportion of households who said that women were the primary water carriers is particularly high in Guinea-Bissau (94 per cent), Bangladesh (90 per cent), Djibouti (88 per cent), Malawi (87 per cent), Cote d"Ivoire (86 per cent), Burkina Faso (86 per cent), and Nepal (86 per cent). In 11 per cent of the cases, children are responsible for household water collection, with girls being more likely than boys to assume this task.

**Time spent collecting water:** People who must spend at least 30 minutes on a single water-hauling trip are more likely to compromise their daily water consumption, carrying less water than the household needs for basic needs (drinking water, food preparation and personal hygiene).

- In **sub-Saharan Africa**, 18 per cent of the population relies on an improved drinking water sources that is more than 30 minutes away.
- According to household surveys, of the subset of countries surveyed, the percentage of populations who rely on a drinking water source more than 30 minutes away is highest in: Uganda (41 per cent), Burundi (36 per cent), Burkina Faso (35 per cent), Malawi (33 per cent), Mauritania (30 per cent) and Rwanda (28 per cent).

**Progress in water:** the report calculates for the first time, an additional indicator is included which recognizes countries that have made progress despite challenges of population and a low starting point. These countries are: in **sub-Saharan Africa** (Burkina Faso, Namibia, Ghana, Malawi, Uganda, Mali, Djibouti). Of the countries not yet on track to meet the sanitation target, but making rapid progress, five are in **sub-Saharan Africa** (Benin, Cameroon, Comoros, Mali and Zambia) (page 32)