



WASH POST-2015

Proposed indicators for drinking water, sanitation and hygiene

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Photo: Kathrine Anderson/WSSCC

Inter-governmental negotiations on the post-2015 agenda are underway and a new set of Sustainable Development Goals will be agreed by the UN General Assembly in September 2015. With broad support among Member States for the goals and targets proposed by the Open Working Group, attention is now focusing on identifying indicators to enable effective monitoring of progress in all countries.

This document reviews the proposed targets on drinking water, sanitation and hygiene and identifies relevant indicators currently being developed by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) based on an extensive technical consultation with over 100 experts from over 60 organizations worldwide.

WASH indicators for proposed Goal 6

Goal 6 of the proposed Sustainable Development Goals (SDGs) aims 'to ensure availability and sustainable management of water and sanitation for all'. The following list of indicators can be used in **all countries** for monitoring the first two targets of Goal 6, which focus on the universal access to water, sanitation and hygiene (WASH) by 2030.

Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Language in proposed targets	Normative interpretation
By 2030, achieve	
universal	Implies all exposures and settings including households, schools, health facilities, workplaces, etc.
and equitable	Implies progressive reduction and elimination of inequalities between population sub-groups
access	Implies sufficient water to meet domestic needs is reliably available close to home
to safe	Safe drinking water is free from pathogens and elevated levels of toxic chemicals at all times
and affordable	Payment for services does not present a barrier to access or prevent people meeting other basic human needs
drinking water	Water used for drinking, cooking, food preparation and personal hygiene
for all	Suitable for use by men, women, girls and boys of all ages including people living with disabilities

Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Language in proposed targets	Normative interpretation
By 2030, achieve	
access	Implies facilities close to home that can be easily reached and used when needed
to adequate	Implies a system which hygienically separates excreta from human contact as well as safe reuse/treatment of excreta in situ, or transport to a treatment plant
and equitable	Implies progressive reduction and elimination of inequalities between population sub-groups
sanitation	Sanitation is the provision of facilities and services for safe management and disposal of human urine and faeces
and hygiene	Hygiene is the conditions and practices that help maintain health and prevent spread of disease including handwashing, menstrual hygiene management and food hygiene
for all	Suitable for use by men, women, girls and boys of all ages including people living with disabilities
end open defecation	Excreta of adults or children are: deposited (directly or after being covered by a layer of earth) in the bush, a field, a beach, or other open area; discharged directly into a drainage channel, river, sea, or other water body; or are wrapped in temporary material and discarded
paying special attention to the needs of women and girls	Implies reducing the burden of water collection and enabling women and girls to manage sanitation and hygiene needs with dignity. Special attention should be given to the needs of women and girls in 'high use' settings such as schools and workplaces, and 'high risk' settings such as health care facilities and detention centres.
and those in vulnerable situations	Implies attention to specific WASH needs found in 'special cases' including refugee camps, detention centres, mass gatherings and pilgrimages

INEQUALITIES

No target met unless met for all

Inequality emerged as a central issue for the post-2015 development agenda and the establishment of the SDGs. It is imperative that the SDGs prioritise the needs of the poorest and most vulnerable, thereby reducing inequalities and ensuring the basic right of access to safe water and sanitation can be realised.

Measuring inequalities

The Open Working Group proposal calls for progressive disaggregation of data by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

JMP proposes to report on the progressive elimination of inequalities in access to different levels of drinking-water, sanitation and hygiene services. Service level indicators correspond with human rights criteria of quality, availability, accessibility, acceptability and affordability and build directly on existing MDG indicators. Some of these indicators can be monitored immediately post-2015, while others will be developed over the short, medium, or long term.

Affordability of water and sanitation services is an important cross-cutting concern. JMP plans to use available data on household expenditure, tariffs, income and poverty to start benchmarking affordability across countries and reporting national, regional and global trends.

Immediate/short-term approach

Urban vs. rural

An indicator of inequality could be the gap (or ratio) between WASH coverage for urban and rural populations, and/or the rate of change in this gap or ratio. Data which JMP has already collected from household surveys and censuses can be disaggregated immediately by urban and rural areas. Additional information and analysis can be taken from household surveys and censuses with additional analysis

Wealth

An indicator of wealth inequality could be the gap (or ratio) between the sections of the population with the highest and the lowest income, and/or the rate of change in this gap or ratio. JMP has this information for approximately 80 countries.

Regional distribution

Many of the existing JMP household surveys generate data on 4-10 subnational regions, but this information has not yet been systematically extracted from survey reports into the JMP database. Such disaggregation would be relatively straightforward to develop and JMP can start reporting on them in the post-2015 period.

Medium-/long-term approach

Informal urban settlements

Most household surveys and censuses in the JMP database do not include informal urban settlements or slums, which are often not considered in official data collection. In the medium-term, the JMP can engage with researchers to explore new methods to characterize informal urban settlements and water and sanitation services.

Disadvantaged groups

By definition, these groups will not be the same in all settings. Monitoring of disadvantaged groups is challenging because they form a small proportion of the population, and are therefore difficult to reach through conventional household surveys (currently the majority of JMP data). Also, through these surveys it is impossible to accurately measure intra-household inequalities such as **sex, age, or disability**.

In many cases locally-important groups are already included in household surveys, but it would be preferable for Member States to go through a participatory process to better identify them and design monitoring instruments accordingly. Alternative survey instruments or specially-designed surveys could lead to more efficient ways to gain information on target sub-populations, and JMP will collaborate with researchers on innovative approaches. Such instruments are more complex and costly than existing surveys, and widespread uptake by national authorities would be a long-term prospect.

Table 1: Proposed indicators for monitoring drinking-water services

Drinking water service ladder	Proposed indicator	Definition	Data sources and measurability
Safely managed water	Percentage of population using safely managed drinking water services	Population using a basic ¹ drinking water source which is located on premises and available when needed; free of faecal (and priority chemical) contamination and/or regulated by a competent authority	Household surveys can provide data on basic water on premises as well as availability when needed and freedom from contamination via direct water quality testing. Administrative sources can provide data on freedom from contamination, regulation of water safety and risk management
Basic water	Percentage of population using basic drinking-water services	Percentage of population using a basic drinking water source ¹ with a total collection time of no more than 30 minutes for a roundtrip including queuing	Household surveys
Unimproved water	Percentage of population using inadequate sources of drinking water	Percentage of population using unimproved drinking water ² sources or basic drinking water sources with a total collection time of more than 30mins	Household surveys
Surface water	Percentage of population using water directly from surface water sources	Percentage of population using surface water sources ³	Household surveys
Basic water in schools	Percentage of pupils enrolled in schools providing basic water services	Percentage of pupils enrolled in primary and secondary schools with a functional basic drinking water source on or near premises and water points accessible to all users during school hours	Institution surveys, administrative data, Education Management Information Systems
Basic water in health care facilities	Percentage of beneficiaries using health care facilities providing basic water services	Percentage of beneficiaries using health care facilities with a functional basic water source on premises and water points accessible to all users at all times	Institution surveys, administrative data, Health Management Information Systems

¹ Basic drinking water sources [MDG 'improved' indicator] include the following types: piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tubewells; protected dug wells; protected springs and rainwater. Packaged drinking water is considered as a basic source if households use a basic water source for other domestic purposes

² Unimproved drinking water sources [MDG 'unimproved' indicator] include the following types: unprotected dug well, unprotected spring, cart with small tank/drum, bottled water

³ Surface water includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels

Table 2: Proposed indicators for monitoring sanitation services

Sanitation service ladder	Proposed indicator	Definition	Data sources and measurability
Safely managed sanitation	Percentage of population using safely managed sanitation services	Population using a basic sanitation facility ² which is not shared with other households and where excreta is safely disposed in situ or transported to a designated place for safe disposal or treatment.	Household surveys can provide data on types of sanitation facilities and disposal in situ. Administrative, population and environmental data can be used to estimate safe disposal/transport of excreta, when no country data are available
Basic sanitation	Percentage of population using a basic sanitation service	Percentage of population using a basic sanitation facility ⁴ not shared with other households	Household surveys
Shared sanitation	Percentage of population using a shared sanitation service	Percentage of population using a basic sanitation facility shared with other households	Household surveys
Unimproved sanitation	Percentage of population using an unimproved sanitation facility	Percentage of population using unimproved sanitation facilities ⁵ , with or without sharing with other households	Household surveys
Open defecation	Percentage of population practicing open defecation	Percentage of the population practicing open defecation (defecating in bushes, fields, open water bodies or other open spaces)	Household surveys
Basic sanitation in schools	Percentage of pupils enrolled in schools that provide basic sanitation services	Percentage of pupils enrolled in primary and secondary schools with functional basic separated sanitation facilities for males and females on or near premises ⁶	Institution surveys, administrative data, Education Management Information Systems
Basic sanitation in health care facilities	Percentage of patients using health care facilities providing basic sanitation services	Percentage of beneficiaries using health care facilities with functional basic separated sanitation facilities for males and females on or near premises ⁷ .	Institution surveys, administrative data, Health Management Information Systems

⁴ Basic sanitation facilities [MDG 'improved' indicator] include the following types: flush or pour flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab, and composting toilets.

⁵ Unimproved sanitation facilities [MDG 'unimproved' indicator] include: flush/pour flush not going to sewer/septic/pit, pit latrines without a slab, hanging and bucket latrine

⁶ At least one toilet/latrine for every 25 girls, at least one toilet/latrine for female school staff, a minimum of one toilet/latrine and one urinal for every 50 boys and at least one toilet for male school staff

⁷ At least one toilet for every 20 users at inpatient centres, at least four toilets – one each for staff, female, male and child patients – at outpatient centres

Table 3: Proposed indicators for monitoring hygiene

Hygiene indicators	Proposed indicator	Definition	Data sources and measurability
Handwashing at home	Percentage of population with handwashing facilities with soap and water at home	Population with a handwashing facility with soap and water in the household	Household surveys
Handwashing in schools	Percentage of pupils enrolled in schools with basic handwashing facilities	Percentage of pupils enrolled in primary and secondary schools with functional handwashing facilities, soap (or ash) and water available to girls and boys.	Institution surveys, administrative data, Education Management Information Systems
Menstrual hygiene management in schools	Percentage of pupils enrolled in schools with basic menstrual management facilities	Percentage of pupils enrolled in primary and secondary schools with adequate and appropriate sanitary facilities for washing and change management and disposal of menstrual waste. These facilities must offer privacy, safety and dignity to menstruating students and teachers.	Institution surveys, administrative data, Education Management Information Systems
Handwashing in health care facilities	Percentage of beneficiaries using health care facilities with basic handwashing facilities	Percentage of beneficiaries using health care facilities with adequate hand hygiene supplies (running water, liquid soap, single use towels/alcohol-based hand rinse) available at key locations.	Institution surveys, administrative data, Health Management Information Systems
Basic menstrual hygiene management in health care facilities	Percentage of beneficiaries using health care facilities with basic menstrual management facilities	Percentage of beneficiaries using health care facilities with basic separated sanitation facilities for females that provide privacy; soap, water and space for washing hands, private parts and clothes; and places for changing and disposing of materials used for managing menstruation.	Institution surveys, administrative data, Health Management Information Systems