

PROPORTION OF POPULATION USING IMPROVED SANITATION FACILITIES		
Poverty/Health	Sanitation	Core indicator

1. INDICATOR

(a) **Name:** Proportion of population using improved sanitation facilities, urban and rural.

(b) **Brief Definition:** Proportion of population that is regularly using a private sanitary facility for human excreta disposal in the dwelling or immediate vicinity.

(c) **Unit of Measurement:** %.

(d) **Placement in the CSD Indicator Set:** Health/Sanitation.

2. POLICY RELEVANCE

(a) **Purpose:** To monitor progress in the accessibility of the population to sanitation facilities.

(b) **Relevance to Sustainable/Unsustainable Development (theme/sub-theme):** This represents a basic indicator useful for assessing sustainable development, especially human health. Accessibility to adequate excreta disposal facilities is fundamental to decrease the faecal risk and the frequency of associated diseases. Its association with other socioeconomic characteristics (education, income) and its contribution to general hygiene and quality of life also make it a good universal indicator of human development. When broken down by geographic (such as rural/urban zones) or social or economic criteria, it also provides tangible evidence of inequities.

(c) **International Conventions and Agreements:** Agenda 21 UNCED (1992) indicates the need for universal coverage and the Second World Water Forum and Ministerial Conference, The Hague, March 2000 established the target of universal coverage by the year 2025, the Millennium Summit, 2000, established the target of halving the proportion of unserved by 2015.

(d) **International Targets/Recommended Standards:** International targets for this indicator have been established according to different international events (see above).

(e) **Linkages to Other Indicators:** The indicator is closely associated with other socioeconomic indicators (see section 2(b) above), particularly the proportion of population with access to improved water sources. The indicator represents two of the eight elements of primary health care and is one of the targets of the Millennium Development Goals.

3. METHODOLOGICAL DESCRIPTION

(a) **Underlying Definitions and Concepts:** Definitions for sanitary facility:

i) *Sanitary facility:* "A sanitary facility is a unit for disposal of human excreta which isolates faeces from contact with people, animals, crops and water sources. Suitable

facilities range from simple but protected pit latrines to flush toilets with sewerage. All facilities, to be effective, must be private, correctly constructed and properly maintained".

ii) *Population covered*: This includes the urban and rural population served by improved sanitation facilities including connections to public sewers, pit privies, pour-flush latrines, septic tank, ventilated improved latrines, latrines with slabs, etc.)

(b) Measurement Methods: This indicator may be calculated as follows: The numerator is the number of people with improved excreta-disposal facilities available multiplied by 100. The denominator is the total population.

(c) Limitations of the Indicator: The indicator uses a proxy to adequate sanitation facilities as it is not possible at the current stage to define precisely the proportion of population with sanitary facilities strictly according to the conceptual definitions above.

(d) Status of the Methodology: The estimates of access to improved sanitation facilities are obtained from the use of existing sample household surveys such as DHS, MICS and national censuses. Trend lines of urban and rural coverage are build up, which provide estimates for relevant years as required (the last estimates were carried out in 2004 referring to coverage figures for 1990 and 2002).

(e) Alternative Definitions/Indicators: An additional indicator dealing with access to toilet facilities flushing to sewerage systems might be relevant. The population that must be used in the numerator is the number of people with access to these facilities.

4. ASSESSMENT OF DATA

(a) Data Needed to Compile the Indicator: The number of people with access to improved excreta disposal facilities, and the total population.

(b) National and International Data Availability and Sources: Routinely collected at the national and sub-national levels in most countries using censuses and surveys. Household surveys used by the JMP include: USAID supported Demographic and Health Surveys (DHS); UNICEF supported Multiple Indicator Cluster Surveys (MICS); national census reports; WHO supported World Health Surveys; and other reliable country surveys that allow data to be compared.

(c) Data References: International data is included in the MDG database maintained by the United Nations Statistics Division as well as in the World Health Statistics published by WHO.

5. AGENCIES INVOLVED IN THE DEVELOPMENT OF THE INDICATOR

(a) Lead Agency: The lead agencies are the World Health Organization (WHO) and UNICEF through the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP). The contact point is the Coordinator, Water, Sanitation and Health, WHO or the Unit Chief WES at UNICEF.

(b) Other Contributing Organizations: Members of the JMP Technical Advisory Group including individual experts from academic institutions and civil society, plus representatives of organizations involved in both water and sanitation and data collection, including UN-Habitat, ORC Macro International, United Nations Environment Programme, the Environmental Health Project of the United States Agency for International Development, the World Bank, the Water Supply and Sanitation Collaborative Council and the Millennium Project.

6. REFERENCES

(a) Readings:

World Health Organization, *Development of Indicators for Monitoring Progress Towards Health for All by the Year 2000*. Geneva, WHO, 1981, p. 29.

World Health Organization, *Global Strategy for Health for All by the Year 2000*. Geneva, WHO, 1981.

World Health Organization. *National and Global Monitoring of Water Supply and Sanitation*. CWS Series of Cooperative Action for the Decade, No. 2, 1982.

World Health Organization. *Water Supply and Sanitation Sector Monitoring Report (WSSSMR)*, 1990.

World Health Organization, *Ninth General Programme of Work Covering the Period 1996-2001*. Geneva, WHO, 1994.

World Health Organization and UNICEF, *Meeting the MDG drinking water and sanitation target: the urban and rural challenge of the decade*. Geneva, WHO, 2006

(b) Internet site:

World Health Statistics: <http://www.who.int/whosis/en/index.html>

Water, Sanitation and Health: http://www.who.int/water_sanitation_health/en/

MDG Indicators: <http://mdgs.un.org/unsd/mdg/Default.aspx>