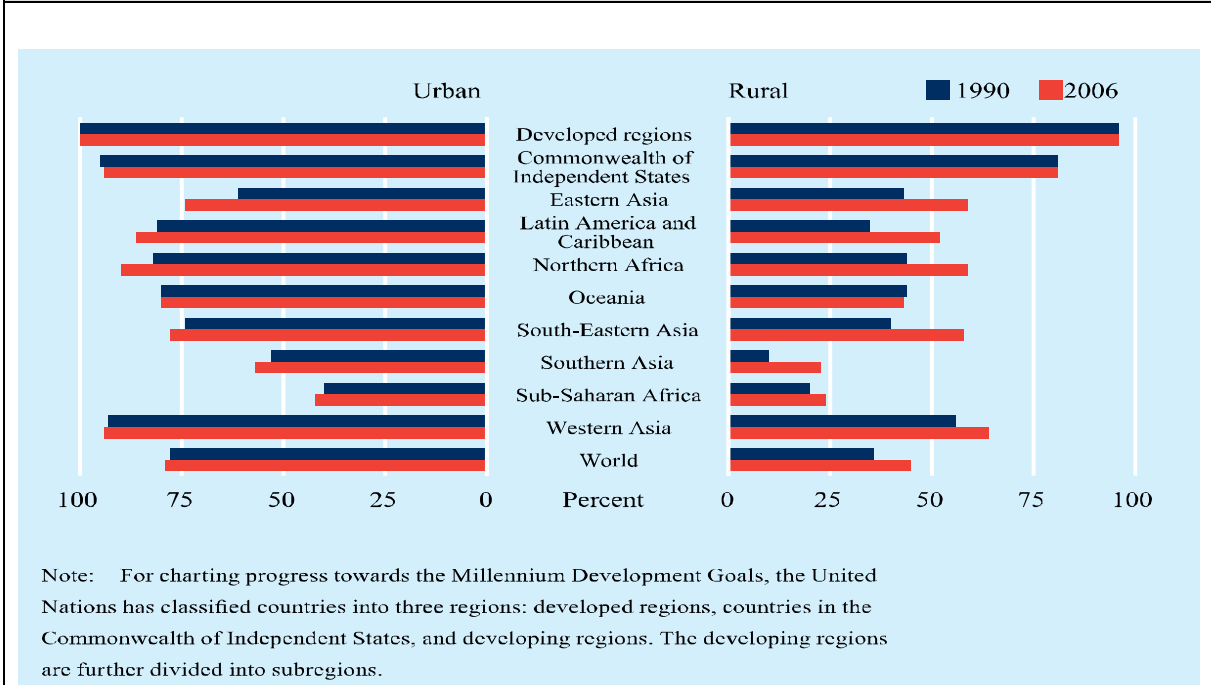


Indicator name **Access to basic sanitation**



Prepared by	UNICEF
Example	WWDR3, Chapter 7, Figure 7.4 WWDR2, Chapter 6, Map 6.2 See updated map
Rationale	Access to adequate excreta disposal facilities is an important requirement if adverse health effects of poor sanitation are to be avoided. This indicator thus provides a measurement of both the potential exposure of the population to infectious agents associated with poor sanitation, and of the action taken to improve domestic sanitation. The indicator can be used: <ul style="list-style-type: none"> - to help target and plan efforts to improve access to sanitation and to monitor progress of such measures - to assess levels of social inequality and deprivation - to help investigate associations between sanitary conditions and specific health effects.
Position in DPSIR chain	Impact
Definition of indicator	The proportion of the population (total, urban and rural) with access to an improved sanitation facility (for defecating).
Underlying definitions and concepts	An improved sanitation facility is defined as a facility used for excreta disposal whereby the human excreta are hygienically separated from human contact or their immediate environment, thus reducing the risk of faecal-oral transmission to its users. Such facilities include: <ul style="list-style-type: none"> - Toilet with sewer connection or septic tank - Pour flush toilet/pour flush latrine to sewer, septic tank or pit - Ventilated Improved Pit (VIP) latrine - Latrine with a slab - Ecological sanitation <p>A shared or public facility is a facility regularly used by members of more than one household (extended families living on the same compound, plot or yard are</p>

	generally considered one and the same household). Shared or public facilities are not considered improved for reasons of poor cleanliness and lack of privacy. Definitions used for urban and rural areas are those defined by individual countries.
Specification of determinants needed	Information on what toilet facility members of a household usually use. Household sizes are computed into population figures. National population figures used are those provided by the UN-Population Division. Population projections used are based on medium variant population growth rate. Definitions for urban and rural areas are those defined by individual countries.
Computation	Population based data about the use of an improved sanitary facility, obtained from nationally representative household surveys, and are used to calculate the proportion of the population with access to basic sanitation. Results of several household surveys are plotted against a time scale. A linear regression line is drawn through these points to estimate the coverage for a certain year. As a rule projections from the last data point are made up to a maximum of six years.
Units of measurements	Proportion of the population with access to an improved sanitary facility
Data sources, availability and quality	The data sources used to calculate this indicator are nationally representative household surveys. Worldwide, estimated averages of 25-35 of such surveys are conducted annually, with occasional peak years. Most surveys are done in low- and middle-income countries. As a result higher-income countries are data poor. The frequency of all surveys combined amounts to one survey conducted per country in every 3-4 years. This frequency is adequate to determine actual changes in access to basic sanitation. Data sources include household surveys, such as: <ul style="list-style-type: none"> - The Demographic and Health Surveys (DHS) - Multiple Indicator Cluster Surveys (MICS) - National Censuses - Reproductive Health Surveys - World Health Surveys (WHS) - Health and Nutrition surveys - Living Standards and Measurements Surveys (LSMS)
Scale of application	At national and global level For urban and rural areas By service level or facility type By household income level, determined by the wealth index – a composite of household assets and characteristics of the dwelling.
Geographical coverage	Urban, Rural, National, Regional and Global
Interpretation	The question in the main household surveys specifically asks about what toilet facility members of the [your] household usually use. Unused or broken toilet facilities are therefore not recorded in household surveys. Whether usage includes usage all the time, by all members of households for both defecation and urinating is not assessed, but assumed. The improved sanitation types identified by the WHO/UNICEF JMP, by nature of their design should ensure a clean and healthful environment. Where wastewater from a public sewer ends up and if it is being treated, however, is not monitored systematically and can not be assessed by a household survey. It is up to every individual country or programme to monitor access to basic sanitation in more detail, taking into account gender aspects and important issues like privacy and cleanliness. Doing so at global scale would be too costly as lengthy observation and inspection times are required to adequately assess these parameters.
Linkage with other	Though not directly a basic need for survival like drinking water, indirectly

indicators	<p>indiscriminate defecation and improper excreta disposal are principal determinants for both morbidity and mortality. The use of a sanitary facility is closely linked to appropriate hygiene behaviour, and availability of clean drinking water. These three interventions combined maximize the positive effect in health. The indicator relates to most other health indicators, in particular those on water and sanitation related diseases, as well as the under-five mortality. Recent studies show the importance of safe drinking water and sanitation for the survival of people living with HIV/AIDS.</p>
Alternative methods and definitions	<p>UN-Habitat in the WWDR-I proposed a definition for safe and convenient sanitation specifically designed for people in urban slum and other high-density poor neighbourhoods: A provision for defecation that eliminates their (and others') contact with human excreta and wastewater that are convenient, clean, easily accessed and affordable by all. UN-Habitat does not rule out public facilities that are often the only hygienic option in high-density areas, with limited space for individual hygienic facilities and without a central sewer system. Although Sulabh International operates several hundreds of thousands well maintained public facilities in India, there are currently no monitoring instruments to allow separating well-maintained and hygienic public or shared facilities from the inadequate unhygienic ones.</p> <p>The UN-Millennium Project has defined basic sanitation as: Access to, and use of excreta and wastewater facilities and services that provide privacy and dignity while at the same time ensuring a clean and healthful living environment both at home and in the immediate neighbourhood of users. There are too many variables in this definition to be monitored cost-effectively at national and global level and to be interpreted unambiguously. Each variable needs to be further defined and likely requires a series of questions or observations to assess privacy, dignity or cleanliness. It is useful to have an ideal conceptual definition of what constitutes access to basic sanitation as a design standard or an ultimate goal to work towards to. But for national and international monitoring an operational definition or indicator is needed that is measurable in a cost-effective way and that provides a good approximation to the ideal definition.</p>
Related indicator sets	<p>Access to safe drinking water Incidence of diarrhoeal disease in children under five years of age Under-five mortality Prevalence of stunting in children under five years of age Prevalence of underweight children under five years of age</p>
Sources of further information	<p>UN-Water Global Annual Assessment of Sanitation and Drinking Water (GLAAS), 2008 WHO/UNICEF http://www.who.int/water_sanitation_health/glaas/en/ (Accessed 02 March2009)</p> <p>WHO/UNICEF Joint Monitoring Programme (JMP), 2008. Progress on Drinking Water and Sanitation SPECIAL FOCUS ON Sanitation http://www.who.int/water_sanitation_health/monitoring/jmp2008/en/index.html (Accessed 02 March2009)</p> <p>UN-HABITAT, 2003. <i>Water and Sanitation in the World's Cities.</i></p>
Other institutions involved	<p>WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation UN-Habitat</p>