

WaterAid briefing on Global Goal indicators

22nd January 2016

Summary

1. Indicators for both water (6.1.1) and sanitation (6.2.1) require disaggregation by service level and by location (home, school, health centre)
2. Definition of basic services under indicator 1.4.1 must include basic water and basic sanitation
3. Tracer interventions under indicator 3.8.1 must include: “Percentage of health care facilities with safely managed water, sanitation and hygiene”

Background

The Inter-Agency and Expert Group (IAEG) tasked with developing indicators for the Global Goals recently released their recommendations for endorsement at the 47th Session of the UN Statistical Commission (8-11 March 2016) - the report can be found here:

<http://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-E.pdf>

Indicator 6.1.1

We endorse the headline indicator proposed in the latest IAEG report for the UN Statistical Commission (dated 17 December 2015): “Percentage of population using safely managed drinking water services.”

However the specific areas of disaggregation mentioned by the JMP in their methodological note ([here](#) pp.4-5) are absolutely critical. We strongly encourage that the following are included in the indicator description:

1. Disaggregating by service level, so that we measure improvements in access to basic services such as community boreholes, as well as the higher level of household services, is essential to respond to the target language of equitable access - providing basic services for those who have nothing is more important than upgrading access for those who already have a basic service.

This is also essential to support:

- a. Target 11.1, as basic water services are used to determine whether housing is substandard or slum.
- b. Target 1.4, as basic services must include water.

2. Disaggregating by location (eg. homes, schools, health centres), so that we measure access for people outside the home, particularly in healthcare facilities and schools where highly vulnerable people often spend a lot of time, is essential if the target of ‘universal access’ is to be reached.

This is also essential to support:

- a. Target 4a for education, which specifically references basic water services in schools.
- b. Target 3.8 for health coverage, whatever targets are eventually agreed to monitor Universal Health Coverage (UHC), as quality healthcare cannot be delivered without water services to maintain a hygienic environment.

Indicator 6.2.1

We endorse the headline indicator proposed in the latest IAEG report for the UN Statistical Commission (dated 17 December 2015): “Percentage of population using safely managed sanitation services including a hand washing facility with soap and water.”

However, as with the water target, the specific areas of disaggregation mentioned by the JMP in their methodological note ([here](#) pp.4-5) explaining their recommendations are absolutely critical. We strongly encourage that the following are included in the indicator description:

1. Disaggregating by service level, so that we measure improvements in access to basic services such as household latrines, as well as the higher level of sewerated sanitation, is essential to response to the target language of equitable access.

This is also essential to support:

- a. Target 11.1, as basic sanitation services are used to determine whether housing is sub-standard or slum.
- b. Target 1.4, as basic services must include sanitation.

2. Disaggregating by location (eg. homes, schools, health centres), so that we measure access for people outside the home, particularly in healthcare facilities and schools where highly vulnerable people often spend a lot of time, is essential if the target of ‘universal access’ is to be reached.

This is also essential to support:

- a. Target 4a for education, which specifically references basic sanitation services in schools.
- b. Target 3.8 for health coverage, whatever targets are eventually agreed to monitor Universal Health Coverage (UHC), as quality healthcare cannot be delivered without sanitation services to ensure dignity and a hygienic environment.

Indicator 1.4.1

WaterAid strongly recommends that the definition of basic services must include basic water

and basic sanitation.

The WHO/UNICEF Joint Monitoring Programme already measures the proportion of population with access to these services (available here:

http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf)

so this does not represent an additional reporting burden.

To achieve the vision of Goal 1 to eradicate poverty everywhere in all its forms, basic services must include basic water service and basic sanitation service. These are long established elements of multidimensional poverty and essential to health and dignity in ways that greater income alone cannot compensate.

Indicator 3.8.1

It is impossible for people to receive quality essential health care services in health centres if these facilities do not use safely managed water, sanitation and hygiene services (WASH).

According to the World Bank and World Health Organisation first Global Monitoring Report on Tracking Universal Health Coverage (UHC) (available here:

http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf), access to WASH is

critical to delivering quality health services, including ensuring patient safety, effectiveness of interventions, prevention of health care acquired infections and the provision of care that responds to people's preferences, needs and desires.¹ As a vital component of quality health services, access to WASH in health care facilities is therefore central to one of the pillars of UHC.

The recent WHO and UNICEF report (available here:

http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf) on WASH in health care facilities states that 38% of health care facilities do not have an improved water source, 19% do not have improved sanitation and 35% do not have water and soap for handwashing.²

WaterAid strongly recommends that tracer interventions for UHC must include the following, and these should be explicitly stated within the document endorsed by the UN statistical commission in March 2016: **"Percentage of health care facilities with safely managed water, sanitation and hygiene."**

This data will be captured as part of the WHO/UNICEF WASH in health care facilities Global Action Plan: therefore adapting indicator 3.8.1 in this way does not represent an additional

¹ Consensus exists between the WHO Health Systems and Innovation team and the WHO WASH team on the importance of WASH in health care facilities, and "WASH in health care facilities as a tracer indicator for UHC" is listed as one of their joint actions here:

http://www.washinhcf.org/fileadmin/user_upload/documents/WASH-and-qualityUHC.pdf

² The draft list of core indicators being developed by WHO and UNICEF for collecting data on WASH in health care facilities is available here:

http://www.washinhcf.org/fileadmin/user_upload/documents/Core-Questions-for-WASH-in-HCF-October-2015.pdf

reporting burden.

WaterAid is also supportive of health sector recommendations that target 3.8 is tracked using two indicators covering i) financial risk protection and ii) service coverage.

Effective tracking of both components will be vital to the realisation of UHC and the SDGs. In order to deliver the commitment to “Leave No-One Behind”, we urge the IAEG-SDGs to strongly reaffirm the commitment by Member States to disaggregate data by all of the groups set out in agenda 2030 across all indicators.