

## Background

Ending the sanitation and hygiene crisis is the single most important development challenge in South Asia. Tackling it will reduce preventable deaths, enable people to live more dignified lives, improve gender equality, help people escape poverty, and protect the environment. Considerable progress has been made over the last decade, but substantial challenges remain.



**One billion people in South Asia do not have access to basic sanitation facilities – three out of every five people.**



**Nearly 700 million people practise open defecation – two out of every five people.**

The figures above reveal the ineffectiveness of the sector in providing sustainable and equitable sanitation and hygiene services. In South Asia, diarrhoea, caused by dirty water and poor sanitation, is the second biggest killer of children under five. In 2010, the bulk of people without improved sanitation were in India, Pakistan and Bangladesh.

**Table 1: Use of sanitation facilities (population in millions)** (Source: JMP, 2012)

| Country      | Total pop (millions) | Improved      | Shared        | Other unimproved | Open defecation | Total unimproved | % pop not using sanitation facilities |
|--------------|----------------------|---------------|---------------|------------------|-----------------|------------------|---------------------------------------|
| Afghanistan  | 31.41                | 11.62         | -             | 14.45            | 5.34            | 19.79            | 63                                    |
| Bangladesh   | 148.69               | 83.27         | 37.17         | 22.3             | 5.95            | 65.42            | 44                                    |
| Bhutan       | 0.73                 | 0.32          | 0.19          | 0.19             | 0.03            | 0.41             | 56                                    |
| India        | 1,224.61             | 416.37        | 110.22        | 73.48            | 624.55          | 808.25           | 66                                    |
| Maldives     | 0.32                 | 0.31          | 0.01          | 0                | 0               | 0.01             | 3                                     |
| Nepal        | 29.96                | 9.29          | 4.19          | 1.8              | 14.68           | 20.67            | 69                                    |
| Pakistan     | 173.59               | 83.32         | 10.42         | 39.93            | 39.93           | 90.28            | 52                                    |
| Sri Lanka    | 20.86                | 19.19         | 0.83          | 0.83             | 0               | 1.66             | 8                                     |
| <b>Total</b> | <b>1,630.17</b>      | <b>623.69</b> | <b>163.03</b> | <b>152.98</b>    | <b>690.48</b>   | <b>1006.49</b>   | <b>62</b>                             |

## Inequities in sanitation

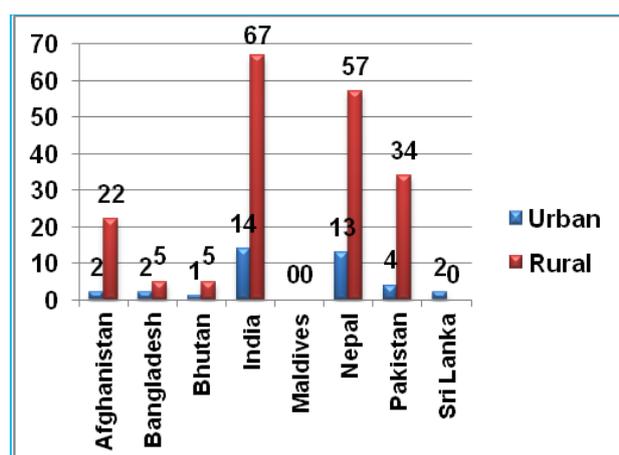
### Urban/rural disparities

Urban-rural disparities are visible in almost every country in South Asia:

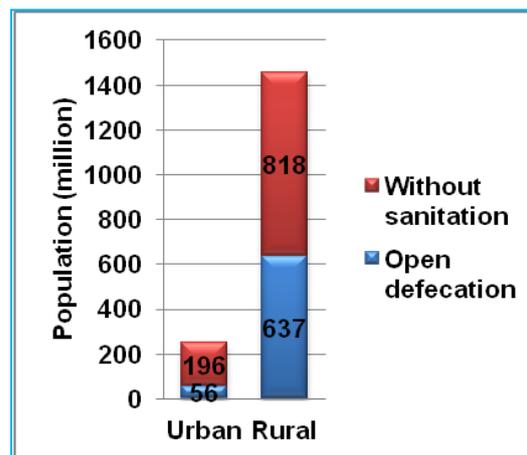
- Of the billion people who do not use improved sanitation facilities, 800 million live in rural areas.
- Seven out of every ten people living in rural areas do not use an improved sanitation facility, compared to four in ten in urban areas.
- Of the nearly 700 million people who defecate in the open, the vast majority (639 million) live in rural areas.
- Nearly six out of every ten people living in rural areas practise open defecation, compared to one in ten in urban areas.

Open defecation can therefore be categorised as a primarily rural phenomenon.

**Figure 1: % of population practising open defecation** (Source: WHO/UNICEF JMP, 2012)



**Figure 2: Disparities in urban/rural sanitation** (Source: WHO/UNICEF JMP, 2012)



The degree of urban/rural disparity varies significantly between countries. Bangladesh, the Maldives and Sri Lanka have the minimum disparity while the rest of the countries show huge contrasts.

### Equity and inclusion is the core challenge: richest vs poorest income quintile

The overall sanitation use and urban/rural disparity figures reflect huge inequalities. The JMP<sup>1</sup> report examined sanitation use according to wealth quintiles in India, Bangladesh and Nepal, and states that the poorest 40% of the population have barely benefitted from gains in sanitation use in the last decade. This is a structural problem in South Asia, where several types of exclusion prevent the poorest and most marginalised people from benefitting from public sector programmes. The continued neglect leaves stark inequalities unchecked: poor people in South Asia are over 13 times less likely to have access to sanitation than rich people.

<sup>1</sup> WHO and UNICEF (2012)

## National investments and donor aid are not reaching where they are needed most

### National investments are not responding to needs

The rural/urban disparity suggests that investments are highly biased towards urban areas, and resources are not reaching where the need is greatest. National budget analysis by WaterAid Bangladesh provides strong evidence that most sector investments in the last four years have been channelled to major urban centres<sup>2</sup>. Figure 3 shows annual allocation for WASH in urban and rural areas in Bangladesh. Urban areas, despite good sanitation coverage, have received more than double, and in some cases triple, the funding allocated to rural areas.

**Figure 3: Annual WASH allocation – rural vs urban**  
(Source: WaterAid Bangladesh (2012))



Nepal is a similar example. WaterAid Nepal’s national budget analysis provides evidence that the bottom five districts for sanitation coverage have received less money than the top five districts with higher sanitation coverage. The higher the sanitation coverage, the more resources are allocated, and the less the services are available, the less money is allocated. This is demonstrated by the Bajura district, with 11% coverage, receiving Nepali Rs122 million, while Kaski, with 87% coverage, received Nepali Rs 429 million in the last six years. This shows that factors other than need are driving the allocation of national resources.

**Table 2: Bottom and top five districts in Nepal in relation to sanitation coverage**  
(Source: WHO and UNICEF (2012))

| District       | Sanitation coverage % | Total budget 2004/5-2010/11 (Nepali Rs Million) |
|----------------|-----------------------|---|
| Kaski          | 87                    | 429   |
| Chitwan        | 83                    | 355   |
| Parbat         | 75                    | 322   |
| Kavrepalanchok | 71                    | 598   |
| Ilam           | 68                    | 416   |
| Bajura         | 11                    | 122   |
| Bajhang        | 14                    | 207   |
| Salyan         | 16                    | 233   |
| Darchula       | 16                    | 323   |
| Sarlahi        | 17                    | 210   |

<sup>2</sup> WaterAid Bangladesh (2012) *WASH budget analysis*

### Inadequate financing for sanitation and hygiene

Sanitation and hygiene still suffer from a lack of public sector finance for achieving the Millennium Development Goals (MDGs) and universal coverage in comparison with other social sectors. This is clear from recent country statements made at the second high-level meeting of the Sanitation and Water for All partnership in Washington DC in April 2012. The available financial resources are also not reaching where they are needed most, as indicated above.

WaterAid Bangladesh’s national budget analysis provides evidence (see Figure 4) that 138 billion Taka is required annually to meet the water and sanitation MDG targets. However, there is a huge gap in allocation and spending; only 17 billion Taka was allocated in 2010-11, and only 13 billion Taka actually spent. It is important to note that sanitation’s share of this allocation is less than 10%. The situation is similar in Nepal; sanitation’s share of total sectoral allocation was an estimated 13%<sup>3</sup> in 2010-11.

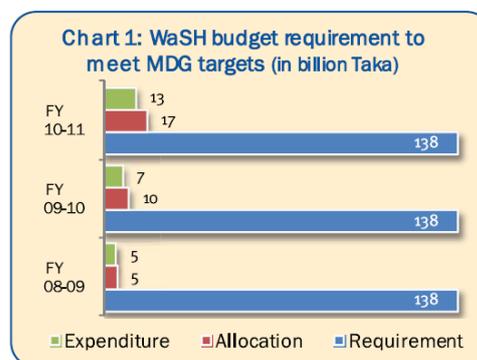


Figure 4: WASH budget requirement to meet MDG targets (in billion Taka)  
Source: WaterAid (2012)

The GLAAS 2012 report finds that funding levels for WASH are insufficient, especially for sanitation, and although most of the countries did not report hygiene expenditure, for those that did, it was only 2% of total WASH expenditure.

Table 3: Government expenditure on health, education and WASH (% of GDP)  
(Source: WHO, GLAAS, 2012)

| Country    | Expenditure on health | Expenditure on education | Expenditure on sanitation and drinking water |
|------------|-----------------------|--------------------------|--|
| Bangladesh | 1.1                   | 2.4                      | 0.4  |
| India      | 1.3                   | -                        | 0.2  |
| Nepal      | 1.7                   | 4.7                      | 0.8  |
| Pakistan   | -                     | -                        | 0.4 (rounded)                                |

There are several challenges in monitoring sanitation and hygiene finance. Most of the countries do not have separate sanitation and hygiene budget lines. Expenditure also happens at various levels, including national, sub-national and local, so gathering information on actual expenditure is difficult. The information available in the GLAAS report (Table 3) indicates that finances are insufficient.

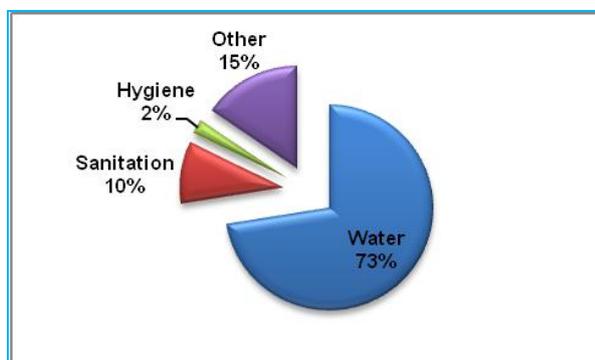
### Donor financing is inadequate, poorly targeted and urban-focused

The region receives relatively small amounts of WASH aid, despite the large number of people without sanitation services. Donor financing is not reaching the countries where it is needed most. Beyond the overall figures and needs, disbursements are highly biased towards urban areas, and towards water schemes rather than rural sanitation and hygiene. There are also questions as to whether the urban poor population is benefitting from donor investments.

<sup>3</sup> Government of Nepal, statement during the 2012 high-level meeting of Sanitation and Water for All

## Hygiene is talked about but doesn't attract programmes or investment

Hygiene promotion, despite its importance, remains behind in sector investment and difficult to track progress on. Hygiene loses importance when clustered with water and sanitation in sectoral plans and programmes. National budget analysis in Bangladesh looked into sub-sectoral expenditure within WASH. According to analysis, over four years, three quarters of the WASH budget was spent on water, with 10% and 2% spent on sanitation and hygiene respectively (See Figure 5).



**Figure 5: Sub-sectoral expenditure in Bangladesh from 2007-2011/12**

(Source: National budget analysis by WaterAid Bangladesh in collaboration with the Human Development Research Centre, 2012)

Although this study is for Bangladesh only, it is likely that the situation is not much different in other countries with regards to hygiene programming and expenditure.

There are hardly any countries in the region that identify hygiene promotion programmes and investment separately (enabling it to be more easily tracked). Hygiene is related to behavioural change and requires long-term investment – it also poses serious monitoring challenges.

## The economic cost of sanitation

In addition to child deaths, there is also a major economic impact on countries with inadequate sanitation and hygiene. Three recent World Bank Water and Sanitation Programme studies in Bangladesh, India and Pakistan on the economics of sanitation reveal that the economic impact of inadequate sanitation costs 4-6% of GDP (at 2006 and 2007 prices) each year.

**Table 4: Economic loss due to inadequate sanitation** (Source: World Bank)

| Country    | US\$ billion | % of GDP   |
|------------|--------------|------------|
| Bangladesh | 4.2          | 6.3 (2007) |
| India      | 53.8         | 6.4 (2006) |
| Pakistan   | 5.7          | 3.9        |

## Political commitments by governments

There is no shortage of high-level political commitment to provide sanitation and hygiene services to the poorest people in the region. At the Millennium Summit in 2000, all countries from South Asia committed to reverse unacceptable conditions. Since 2003, the countries have met four times at the South Asian Conference on Sanitation, pledging to improve sanitation in the region. During the 17<sup>th</sup> South Asian Association for Regional Cooperation (SAARC) summit, leaders from the region agreed to work collectively to address the water and sanitation challenges.

All countries from the region supported and signed the UN resolution on the rights to water and sanitation – thereby committing to take steps towards progressive realisation of these rights by upholding human rights principles and standards of non-discrimination and universality. Five out of eight SAARC countries (Pakistan, Afghanistan, Bangladesh, Nepal and Sri Lanka) have joined the Sanitation and Water for All partnership.

### **Specific commitments for increasing finance and targeting poor people**

At SACOSAN-IV held in Sri Lanka in 2011, the following specific commitments, related to increasing finance and equity, were made:

- To establish specific public sector budget allocations for sanitation and hygiene programmes.
- To progressively increase allocations to sanitation and hygiene over time.
- To design and deliver context-specific equitable and inclusive sanitation and hygiene programmes, including better identification of the poorest and most marginalised groups in rural and urban areas, and transparent targeting of financing to programmes for those who need them most.

Despite political commitments at all levels, current progress on addressing equity and overall use is unsatisfactory. It is estimated that it will take between eight and 20 years to achieve the MDGs, which aim to reduce by half the population without access to these essential services. A regional drive to mobilise all stakeholders is needed to go further and achieve universal access.

**List of organisations supporting the regional campaign**

**At the South Asia regional level**

1. Freshwater Action Network – South Asia (FANSA)
2. Global Call for Action Against Poverty – South Asia
3. Global Water Partnership – South Asia
4. Plan International
5. Peoples' SAARC
6. WaterAid
7. Water Supply and Sanitation Collaborative Council
8. Wash Media Forum – South Asia

**At country level**

**Pakistan**

1. RDP – Haripur
2. Health and Nutrition Development Society – Karachi
3. Lodhran Pilot Project – Lodhran
4. Pakistan Institute for Environment Development Action Research – Islamabad
5. KHOWANDOKOR – Peshawar
6. SABAWON – Peshawar
7. ActionAid – Pakistan
8. Rural Support Programme Network – Islamabad
9. Awaz Foundation/ GCAP – Pakistan
10. Oxfam GB – Pakistan
11. CHIP – Islamabad
12. Family Planning Association of Pakistan
13. Punjab Urban Resource Centre – Lahore
14. PIDS – Quetta
15. AGAHE – Lahore
16. IRSP/FANSA – Pakistan
17. Wash Media Pakistan
18. WaterAid Pakistan
19. Concern Worldwide – Islamabad
20. SHARP – Islamabad
21. Plan Pakistan

**India**

1. All India Forum of Forest Movements (AIFFM)
2. Bharat Muslim Mahila Andolan
3. CADME
4. Centre for Dalit Rights (CDR)
5. Dalit Action Group
6. Dalit Bahujan Front
7. DBRC
8. Jagori
9. FANSA – India
10. GRC
11. IGSSS
12. National Forum on Housing Rights
13. National Confederation of Dalit Organisations (NACDOR)
14. Open Space
15. Rashtriya Dalit Mahila Andolan
16. Rashtriya Garima Abhiyan

## The South Asia regional campaign on sanitation



17. Safai Karmachari Andolan
18. Samarthyam
19. SOPPECOM/FORUM
20. WaterAid India
21. Wash Cost
22. WASH Media India

### Bangladesh

1. FANSA Bangladesh
2. NGO Forum for Public Health
3. Village Education Resource Centre (VERC)
4. Population Services Training Centre (PSTC)
5. CAMPE (Campaign for Popular Education)
6. Dushtha Shasthya Kendra (DSK)
7. Unnayan Shahojogy Team (UST)
8. Dhaka Ahsania Mission (DAM)
9. Plan Bangladesh
10. BRAC
11. WSSCC Bangladesh
12. Bangladesh WaSH Alliance
13. WaterAid Bangladesh
14. UNICEF
15. Bangladesh Poribesh Andolon (BAPA)
16. Urban Partnerships for Poverty Reduction (UPPR)

### Nepal

1. Centre of Integrated Urban Development
2. Environment Public Health Organisation
3. FANSA – Nepal
4. Feminist Dalit Organisation
5. Federation of Water and Sanitation Users, Nepal
6. Guthi
7. HELVETAS
8. Nepal Water for Health
9. NGO Forum on Water and Sanitation
10. Wash Media from Nepal
11. Oxfam
12. Pashchim Paila
13. Patan Community Based Rehabilitation Organisation
14. Peoples' SAARC
15. Plan International
16. Urban Environment Management Support

### Sri Lanka

1. Centre for Environmental Justice