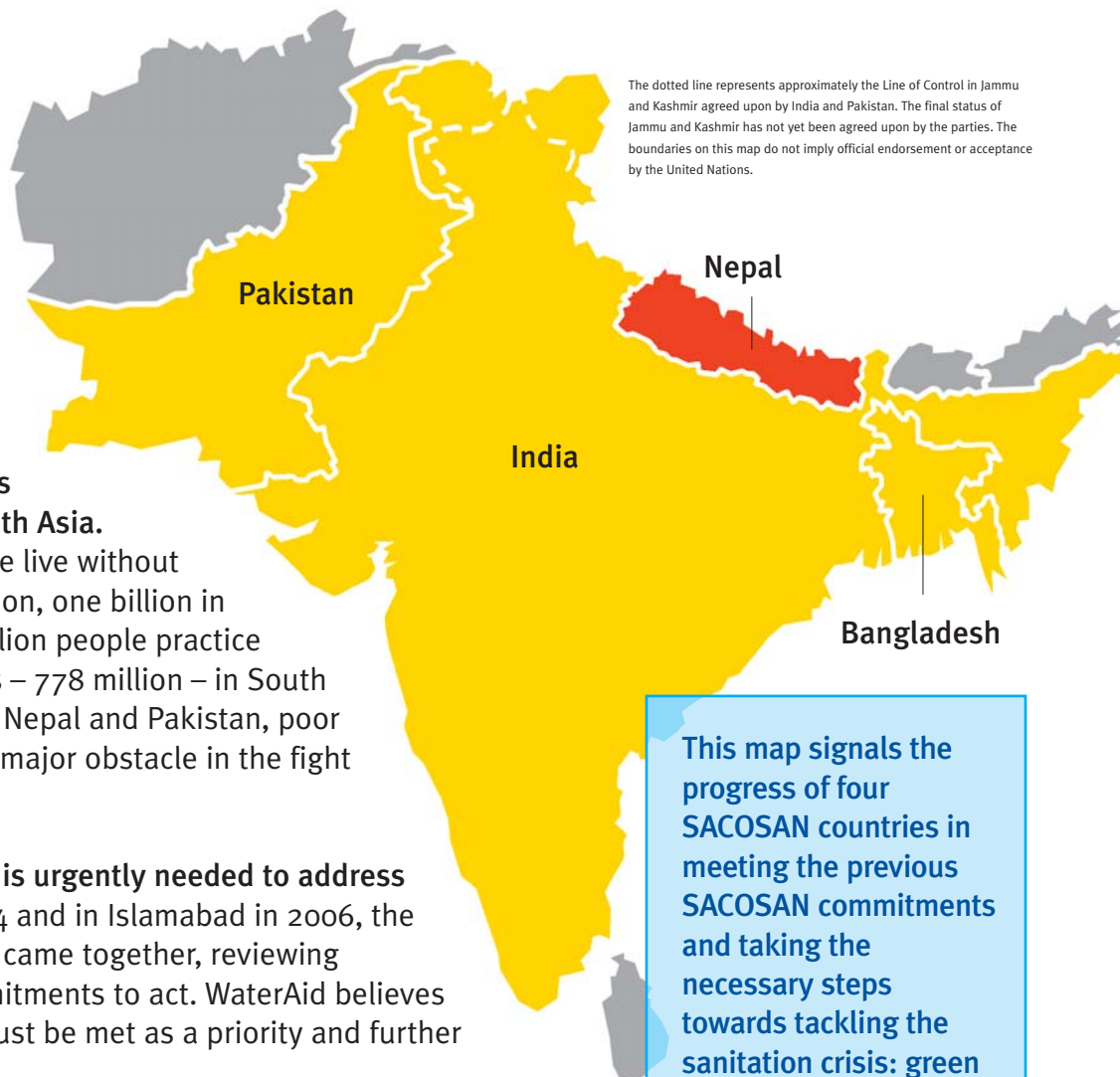
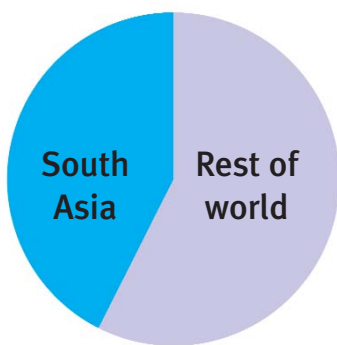


# Counting the cost

## Poor progress on sanitation in South Asia

Diarrhoea is the leading cause of child deaths in South Asia. Universal access targets have been set in the region and changes made, yet governments are still failing to act with the urgency required. At current rates of progress, the 2015 MDG target for sanitation will not be met in South Asia until 2043 – 28 years too late.<sup>1</sup>

Where are the unserved?<sup>2</sup>



Poor progress in the sanitation sector has serious health implications for South Asia.

2.5 billion people worldwide live without access to adequate sanitation, one billion in South Asia. Globally, 1.2 billion people practice open defecation, two thirds – 778 million – in South Asia.<sup>3</sup> In Bangladesh, India, Nepal and Pakistan, poor sanitation now stands as a major obstacle in the fight to reduce child mortality.

Strong political leadership is urgently needed to address this crisis. In Dhaka in 2004 and in Islamabad in 2006, the governments of South Asia came together, reviewing progress and making commitments to act. WaterAid believes that these commitments must be met as a priority and further action must be taken.

One million children have died from diarrhoea in South Asia in the two years since the last SACOSAN conference.<sup>4</sup> This is the true cost of poor progress. When will it start to count?

This map signals the progress of four SACOSAN countries in meeting the previous SACOSAN commitments and taking the necessary steps towards tackling the sanitation crisis: green for good progress, yellow for some progress and red for poor progress. The table overleaf shows the information used to assess this progress.

<sup>1</sup>WaterAid (2008), adapted from WHO/UNICEF (2008) *Joint Monitoring Programme*

<sup>2</sup>WHO/UNICEF (2008) *Joint Monitoring Programme*

<sup>3</sup>Ibid

<sup>4</sup>Adapted from UNICEF (2008) *Countdown 2015*

# Red to green – accelerating progress

**Green** = good progress (2 points)

**Yellow** = some progress (1 point)

**Red** = poor progress (0 points)

		Bangladesh	India	Nepal	Pakistan	
Coverage	JMP	MDG target for 2015	61%	42%	53%	67%
		Coverage 1990 (JMP 2008)	26%	14%	9%	33%
		<b>Coverage based on JMP 2008</b>	<b>36%</b>	<b>28%</b>	<b>27%</b>	<b>58%</b>
	Official	Government target year for universal access	2010	2012	2017	2025
		<b>Coverage based on government statistics</b>	<b>88%</b>	<b>44.5%</b>	<b>46%</b>	<b>44%</b>
Health	Child mortality <sup>Δ</sup>	69	76	59	97	
	Diarrhoea as share of total child mortality	20%	20%	21%	14%	
	<b>Estimated diarrhoeal child deaths in 2008</b>	<b>55,400</b>	<b>413,400</b>	<b>9,870</b>	<b>59,220</b>	
Indicators	1. Progress towards universal access (government data)	2	2	1	2	
	2. Progress against MDG target (JMP 2008 data)	0	0	0	2	
	3. Increased financial and political priority for sanitation*	0	2	1	1	
	4. National development plan prioritises sanitation	1	2	1	1	
	5. Improved coordination of sanitation sector <sup>†</sup>	1	1	1	1	
	6. Sector investment plan formulated	2	1	1	0	
	7. Sanitation programme launched, including urban areas <sup>†</sup>	1	1	0	1	
	8. Focus on most disadvantaged*	1	1	1	1	
	9. Performance monitoring system in place	1	1	1	0	
<b>Score</b>		<b>9</b>	<b>11</b>	<b>7</b>	<b>9</b>	

<sup>Δ</sup> 'Child mortality' is defined as the number of live newborns dying before the age of five per 1,000 live births

\*Islamabad Declaration 2006

<sup>†</sup>Dhaka Declaration 2004

**WaterAid is calling on the governments of South Asia to address the sanitation crisis by meeting the previous SACOSAN commitments, asking specifically for:**

- **Improved sector monitoring** Measuring totally sanitised communities and related health outcomes
- **Pro-poor sanitation** Implementing pro-poor programmes focusing particularly on the urban poor
- **Better sector efficiency** Building capacity to ensure sector allocations are used

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WaterAid's mission is to overcome poverty by enabling the world's poorest people to gain access to safe water, sanitation and hygiene education.

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