

# Measuring sanitation: Outcomes as well as outputs

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This rural community in North-western Bangladesh maps out existing facilities in the village to ensure everyone has access to a hygienic latrine.

## Headlines

- Poor sanitation has a profound impact on child mortality in particular and public health and well-being in general
- Health impacts are maximised when the outcome of a sanitation programme is a community or jurisdiction where no-one is exposed to the risks of indiscriminate disposal of human excreta: **a zero excreta environment**
- Countries should report on commitments made at SACOSAN 2 to new indicators and agree to introduce two new indicators and report on progress at future SACOSANs:
  1. the number and proportion of zero excreta jurisdictions in a country
  2. the rate of diarrhoeal disease

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

## Introduction

There is an old truism that says ‘you get what you measure’. What this means is that delivery mechanisms have a tendency to adapt themselves to deliver what is being measured. This is happening in the sanitation sector where access to improved infrastructure is being used as an indicator. As a result, millions of latrines are being constructed that may or may not be leading to improved sanitary outcomes and health benefits.

At the second SACOSAN conference held in Islamabad in 2006, countries in the region committed to work together to identify a new set of indicators for sanitation and use these to report on progress at the next SACOSAN to be held in India in 2008.<sup>1</sup> This paper has been prepared as a think piece for consideration by governments and stakeholders working on possible indicators.

## What are we measuring for sanitation and what are we getting?

The Millennium Development Goals (MDGs) and Joint Monitoring Programme utilise household survey data on access to improved infrastructure as a proxy for sanitary status. Using this indicator, the latest coverage data for South Asia is reported to be 33% (UNICEF and WHO 2008).

Millions of latrines are being constructed across South Asia each year and yet there are doubts about whether all these latrines continue to meet minimum hygienic criteria and whether they are being used all the time. This phenomenon has been termed ‘latrinisation’, which means infrastructure creation without sustainable behaviour change. It has emerged in part due to the numerical nature of the MDGs and national sanitation targets.

While it is important for governments and international organisations to continue to monitor access to improved infrastructure, access alone does not automatically translate into health improvements. New evidence suggests that both the associated disease burden and the impact on economic development of poor sanitation is far greater than previously estimated (WaterAid (2008), WHO (2008), World Bank (2008)).

## What we should measure...

‘Sanitation’ means more than just having access to a latrine. Sanitation encompasses excreta disposal, solid waste and waste water management and hygienic practices. Therefore, sanitation monitoring systems should strive to cover all these aspects. However, as a starting point, this paper is proposing indicators that measure progress in tackling the highest risk elements of poor sanitation ie. unconfined excreta.

## ...and why

- Safe sanitation is **not only** access to a latrine: Given a tradition of ‘open defecation’, access to a toilet does not always mean use of a toilet.
- Safe sanitation is **not only** use of a latrine: Unsanitary latrines (those that fail to confine excreta) may pose a greater health risk than ‘open defecation’.
- Safe sanitation is **not only** use of a sanitary latrine: The hygienic use (ie. handwashing) and maintenance of a sanitary latrine (ie. emptying) affects the exposure of individuals to excreta.

- Safe sanitation is **not only** the hygienic use and maintenance of a sanitary latrine: The sanitary behaviour of an individual is often compromised by the unsanitary behaviour of others.
- **Safe sanitation is** the safeguarding of an environment free from unconfined excreta – termed here as a zero excreta community or jurisdiction. The public nature of this desired outcome necessitates a change in the collective sanitary behaviour of individuals.

## Moving from output to outcome and impact indicators

The successful outcome of sanitation should be indicated by a zero excreta environment; an environment where the community or jurisdiction has completely eradicated the risks posed to all of its inhabitants by the indiscriminate disposal of human excreta.

Governments, donors, non governmental organisations and communities should begin to count and report on the number and proportion of zero excreta jurisdictions (in addition to the percentage access to latrines). This offers a collective indication of sanitary progress which takes as its goal the requirement that the poorest and most vulnerable must be living in a sanitary environment.

Improved sanitation is expected to result in reduced diarrhoeal disease and mortality. Data on diarrhoeal disease and mortality are collected by governments and international organisations, normally in the health sector, and yet are not regularly reported or used by the sanitation sector.

It is proposed that governments include diarrhoeal disease incidence in sanitation sector reporting. Comparing this data with trends on sanitation access (outputs) and zero excreta areas (outcomes) will provide a basis for analysis and discussion on how to ensure sanitation results in health benefits for all members of a community. Collaborative reviews of these data by the sanitation and health sectors will provide a starting point for increasingly integrating sanitation within the health sector. Diarrhoeal incidence data could also serve as a useful criterion for allocation of priority and resources for sanitation interventions as a proxy for poor sanitation status.

## Why make this shift?

Collecting and reporting on these indicators will give a true picture of the extent of progress in achieving universal access to sanitation. It will also ensure inclusion of the poorest and most vulnerable people and communities in sanitation progress. Finally, it will realise the expected health gains from improved sanitation by incentivising governments, service providers and communities to strive for community level sanitation outcomes.

## Call to action

Governments in South Asia have committed to universal sanitation access, exceeding the MDG targets. We call on governments to take another step towards turning this commitment into reality by reviewing progress on SACOSAN 2 commitments to reporting on a new set of indicators and by embedding outcome and impact indicators into monitoring systems and using these for regional reviews of progress at SACOSAN 4 and beyond.

## Acknowledgements

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## Notes

<sup>1</sup> The Islamabad declaration, signed by all governments in the region in 2006, states: “We further reaffirm at Islamabad to accelerate progress for achievement of adequate sanitation delivery systems in a planned and phased manner by [...] discussing progress on all aspects of sanitation on a regular basis by reporting at the next South Asian Conference on a common set of indicators to be developed by the inter-country working group.”

## References

UNICEF and WHO (2008) *Progress on drinking water and sanitation: Special focus on sanitation*

WaterAid (2008) *Tackling the silent killer: The case for sanitation*

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World Bank (2008) *Environmental Health and Child Survival*



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