A new era: the Post-2015 consultations

In May 2011, anticipating the discussions on post-2015 development goals, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), started a process of formulating proposals for targets and corresponding indicators for water, sanitation and hygiene (WASH).

A first consultation in Berlin reviewed the current global drinking-water and sanitation monitoring landscape, identified the strengths and weaknesses of the current MDG target and indicators, and discussed the relevance of the principles underlying the human right to water and sanitation to future goals and targets. Meeting participants reached agreement on a roadmap for the formulation of a menu of options with a limited number of viable global targets and indicators corresponding to a possible global WASH goal.

Four technical working groups were created: Water, Sanitation, Hygiene, and Equity and Non-Discrimination (END). Each was led by a major sector partner and made up of 30-60 academics and specialists in WASH, monitoring and human rights. The working groups were asked to:

1. Focus on a “politically bankable” and relevant goal and let the formulation of targets and indicators be derived from there
2. Use the principles underlying the human right to safe drinking-water and sanitation as guidance for the formulation of goals, targets and indicators
3. Review relevant indicators and monitoring mechanisms for their potential to be used for global monitoring post-2015
4. Build on existing indicators and monitoring mechanisms to ensure continuity in global monitoring
5. Deliver a menu of options in their respective fields of one or more global goals, with corresponding targets and indicators

Process

Over the ensuing 18 months, the four working groups developed proposals for targets and indicators. These were presented in a consolidated document to the wider development community during the second consultation held in The Hague in early December 2012. The aim of this consultation was to move towards consensus on a set of detailed targets. No matter what the framework for the post-2015 development agenda that is eventually adopted, these targets, developed through a rigorous process by experts in their fields, provide the basis for monitoring progress towards better access and use of drinking water, sanitation and hygiene for all people.
Scope of Targets: reducing inequalities, realizing gain

The targets are global, outcome-focused, and reflect a progressive realization of the human rights to water and sanitation. Based on the simple inspirational vision of the universal use of water, sanitation, and hygiene, they focus on the poor, disadvantaged, and excluded, at individual and household level, as well as in schools and health centers through the progressive reduction or elimination of inequalities. The targets seek to both increase the number of people using water, sanitation, and hygiene as well as progressively improve levels of service. Lastly, the scope of the targets should not limit what is eventually monitored: all working groups identified a need to regularly monitor and report on a wide set of indicators.

Next steps

During 2013, the proposed indicators and their data sources will be further validated to ensure that the indicators robustly measure the proposed targets. The WHO/UNICEF JMP will then collect information on the indicators where data is available, in order to be able to establish a credible baseline by 2015.

The Targets and Indicators:

**Drinking water (household/population)**

2040 Main Target: the proportion of the population not using an intermediate drinking water service at home has been reduced by half and inequalities in access have been progressively reduced.

Supporting indicator
- Percentage of population using an improved drinking water source on premises with discontinuity less than 2 days in the last 2 weeks; with less than 10 CFU E. coli / 100 mL year round at source; accessible to all members of the household at the times they need it.

2030 Interim Target: everyone uses a basic drinking water supply and inequalities in access have been progressively eliminated.

Supporting indicator
- Percentage of population using an improved drinking water source with a total collection roundtrip time of 30 minutes or less, including queuing.

The Core Vision:

By 2040, everyone uses adequate sanitation when at home, the proportion of the population not using an intermediate drinking water supply service at home has been reduced by half, the excreta from at least half of schools, health centers and households with adequate sanitation are safely managed, and inequalities in access to each of these services have been progressively reduced.

To reach these goals,

By 2030, everyone uses a basic drinking water supply and handwashing facilities when at home, all schools and health centers provide all users with basic drinking water supply and adequate sanitation, handwashing facilities and menstrual hygiene facilities, and inequalities in access to each of these services have been progressively reduced.

and

By 2025, no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated while throughout

All drinking water supply, sanitation and hygiene services are delivered in a progressively affordable, accountable, and financially and environmentally sustainable manner.
Sanitation (household/population)

2040 Main Target: everyone uses adequate sanitation at home, and the excreta from at least half of households with adequate sanitation are safely managed. Inequalities in access have been progressively reduced.

Supporting indicators
• Percentage of population using an adequate sanitation facility.
• Percentage of households where the sanitation facility is used by all members of household (including men and women, boys and girls, elderly, people with disabilities) whenever needed.
• Percentage of households with adequate sanitation whose excreta are safely managed.
• Share of human excreta that reaches designated disposal sites.

2025 Interim Target: no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated.

Supporting indicators
• Percentage of population not using any sanitation facility.
• Percentage of households in which open defecation is practiced by any household member.
• Percentage of households with children under 5 reporting hygienic disposal of the stools of children under 5.

Hygiene (household/population)

2030 Main Target: everyone uses basic handwashing facilities when at home, and inequalities in access have been progressively eliminated.

Supporting indicators
• Percentage of households with soap and water at a handwashing facility commonly used by family members.
• Percentage of households with soap and water at a handwashing facility within or immediately near sanitation facilities.
• Percentage of households with soap and water at a handwashing facility within or immediately near the food preparation area.

Schools

School Drinking water

2030 Schools Target: all schools provide all users with basic drinking water supply.

Supporting indicator
• Percentage of primary and secondary schools with an improved drinking water source on premises and water points accessible to all users during school hours.

School Sanitation

2030 Schools Target: all schools provide all users with adequate sanitation facilities.

Supporting indicator
• Percentage of primary and secondary schools with gender-separated sanitation facilities on or near premises, with at least one toilet for every 25 girls, at least one toilet for female school staff, a minimum of one toilet and one urinal for every 50 boys and at least one toilet for male school staff.

2040 Main Target: the excreta from at least half of schools is safely managed.

Supporting indicators
• Percentage of schools whose excreta is safely managed.
• Share of human excreta from schools that reaches designated disposal sites.

School Hygiene

2030 Schools Target: all schools provide all users with handwashing and menstrual hygiene facilities.

Supporting indicators
• Percentage of primary and secondary schools with a handwashing facility with soap and water in or near sanitation facilities.
• Percentage of primary and secondary schools with a handwashing facility with soap and water near food preparation areas.
• Percentage of primary and secondary schools with a private place for washing hands, private parts and clothes; drying reusable materials; and safe disposal of used menstrual materials.
Health Centers

Health Center Draining Water

2030 Health Centers Target: all health centers provide all users with basic drinking water supply.

Supporting Indicator
• Percentage of hospitals, health centers and clinics with an improved drinking water source on premises and water points accessible to all users at all times.

Health Center Sanitation

2030 Health Centers Target: all health centers provide all users with adequate sanitation facilities.

Supporting Indicator
• Percentage of hospitals, health centers and clinics with improved gender separated sanitation facility on or near premises (at least one toilet for every 20 users at inpatient centers, at least four toilets – one each for staff, female, male and child patients – at outpatient centers).

2040 Health Centers Target: the excreta from at least half of health centers is safely managed.

Supporting Indicator
• Percentage of health centers whose excreta is safely managed.
• Share of human excreta from health centers that reaches designated disposal sites.

Health Center Hygiene

2030 Health Centers Target: all health centers provide all users with handwashing and menstrual hygiene facilities.

Supporting Indicators
• Percentage of hospitals, health centers and clinics with a handwashing facility with soap and water in or near sanitation facilities, food preparation areas and patient care areas.
• Percentage of hospitals, health centers and clinics with a private place for washing hands, private parts and clothes; drying reusable materials; and safe disposal of used menstrual materials.

All drinking water, sanitation and hygiene services are delivered in a progressively affordable, accountable, financially and environmentally sustainable manner

• Percentage of population using water and sanitation service providers registered with a regulatory authority (disaggregated by rural and urban).
• Percentage of population in the poorest quintile whose financial expenditure on water, sanitation and hygiene is below 3% of the national poverty line (disaggregated by rural and urban).
• Ratio of annual revenue to annual expenditure on maintenance (including operating expenditures, capital maintenance, debt servicing).
• Ratio of annual expenditure on maintenance (including operating expenditures, capital maintenance, debt servicing) to annualized value of capital assets.
• Percentage of raw water quality tests within national standards for faecal contamination.
• EITHER Ratio of water production (lpcpd) to total water consumption (lpcpd) OR per capita renewable water resources.

Photo: UNICEF. Sorekasa, Jivati Block, Dist. Chandrapur. 35 year old Ramabai Kalake cleans her 9 month old son Sugandh in a toilet constructed under Nirmal Bharat.

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JMP Post-2015 Working Group leads:
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Hygiene: US Agency for International Development (USAID)

Equity and Non-Discrimination: UN Secretary-General’s Special Rapporteur on the Human Right to Water and Sanitation/Office of the High Commissioner on Human Rights (OHCHR).

Communication (formed March 2013): Water Supply and Sanitation Collaborative Council (WSSCC) and the 200 or more specialists from academia, sector partners, government, NGOs, etc. who contributed to the outcome of this consultation and the 200 or more specialists from academia, UN agencies, sector partners, government, NGOs, etc. who contributed to the outcome of this consultation.

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