

Disparities in access: renewed focus on the underserved

Rick Johnston, WHO

UNC Water and Health, Chapel Hill

13 October, 2014

Sector proposal for post-2015 targets

By 2030:

- to eliminate open defecation;
- to achieve universal access to basic drinking water, sanitation and hygiene for households, schools and health facilities;
- to halve the proportion of the population without access at home to **safely managed drinking water and sanitation services**; and
- **to progressively eliminate inequalities in access.**

WATER, SANITATION AND HYGIENE
WASH Post 2015
Photo: Katherine Anderson/WSSCC

2.5 billion
lack access to improved sanitation

768 million
people lack access to an improved source of drinking water

1 billion
people practice open defecation

The vision
Universal access to safe drinking water, sanitation and hygiene

The target
By 2030:

- to eliminate open defecation;
- to achieve universal access to basic drinking water, sanitation and hygiene for households, schools and health facilities;
- to halve the proportion of the population without access at home to safely managed drinking water and sanitation services; and
- to progressively eliminate inequalities in access.

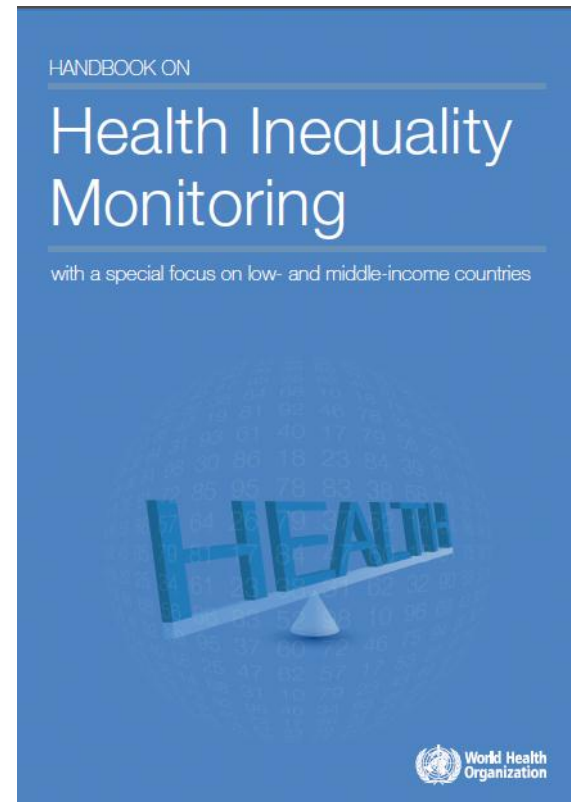
These recommendations have been developed through an extensive technical consultation; over 100 experts from over 60 organizations worldwide have debated them during the last three years. They are ambitious, yet achievable.

More information about the consultation process, corresponding definitions of terms and indicators, and the ways these targets contribute towards progress on poverty, health, nutrition, education, gender and economic growth can be found at www.wssinfo.org

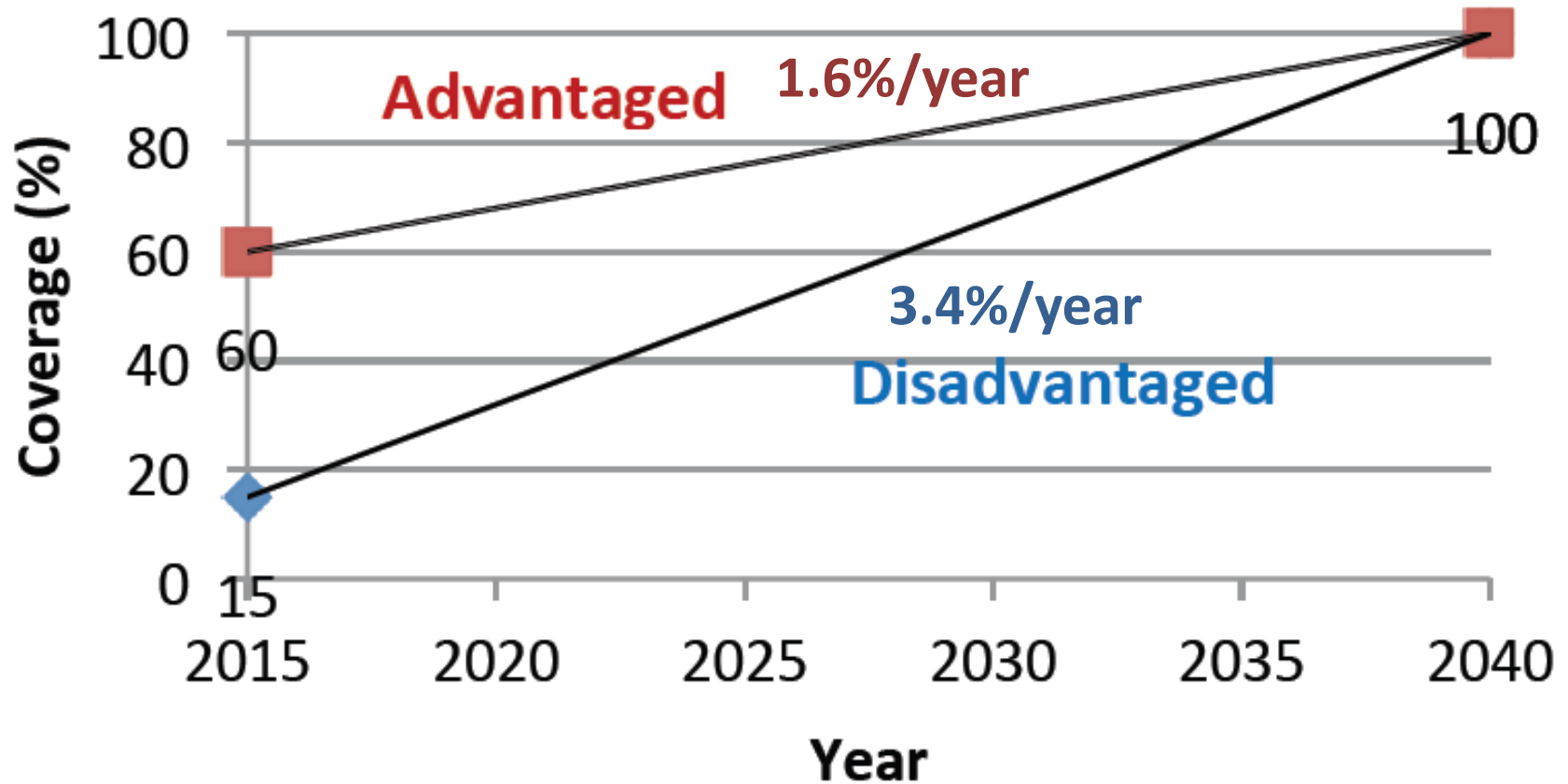
WATER, SANITATION AND HYGIENE

Metrics and visualization of inequality

- Status
 - Gaps
 - Ratios
 - Complex measures
- Trends
 - How status measures change over time



Progressive reduction of inequalities

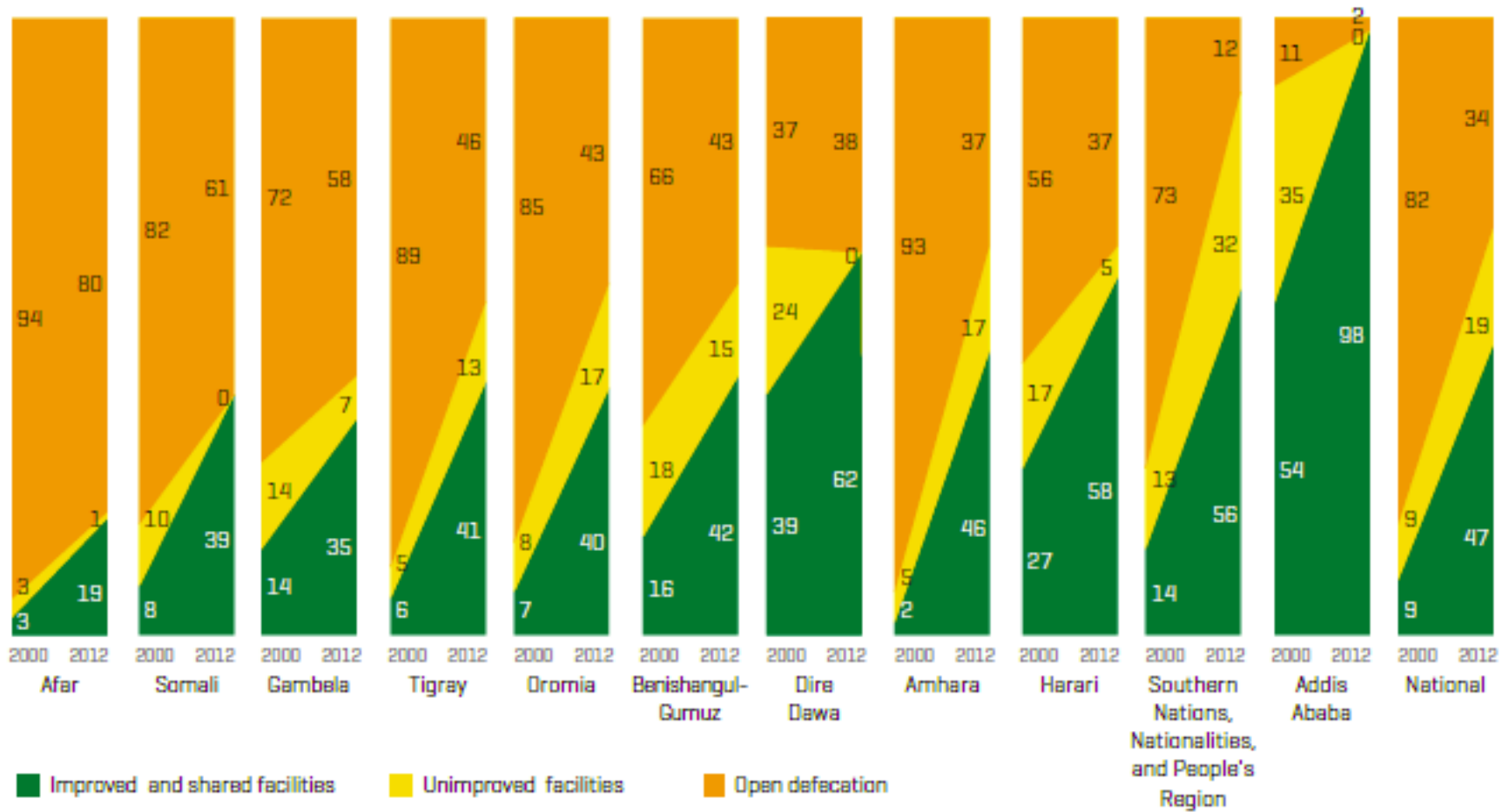


Stratifiers of inequalities of access

- Geographic
 - Urban/rural; regions; formal/informal urban
remote/accessible
- Group-based
 - Religion; ethnicity; caste
- Individual-based
 - Wealth; education ; sex; age; disability

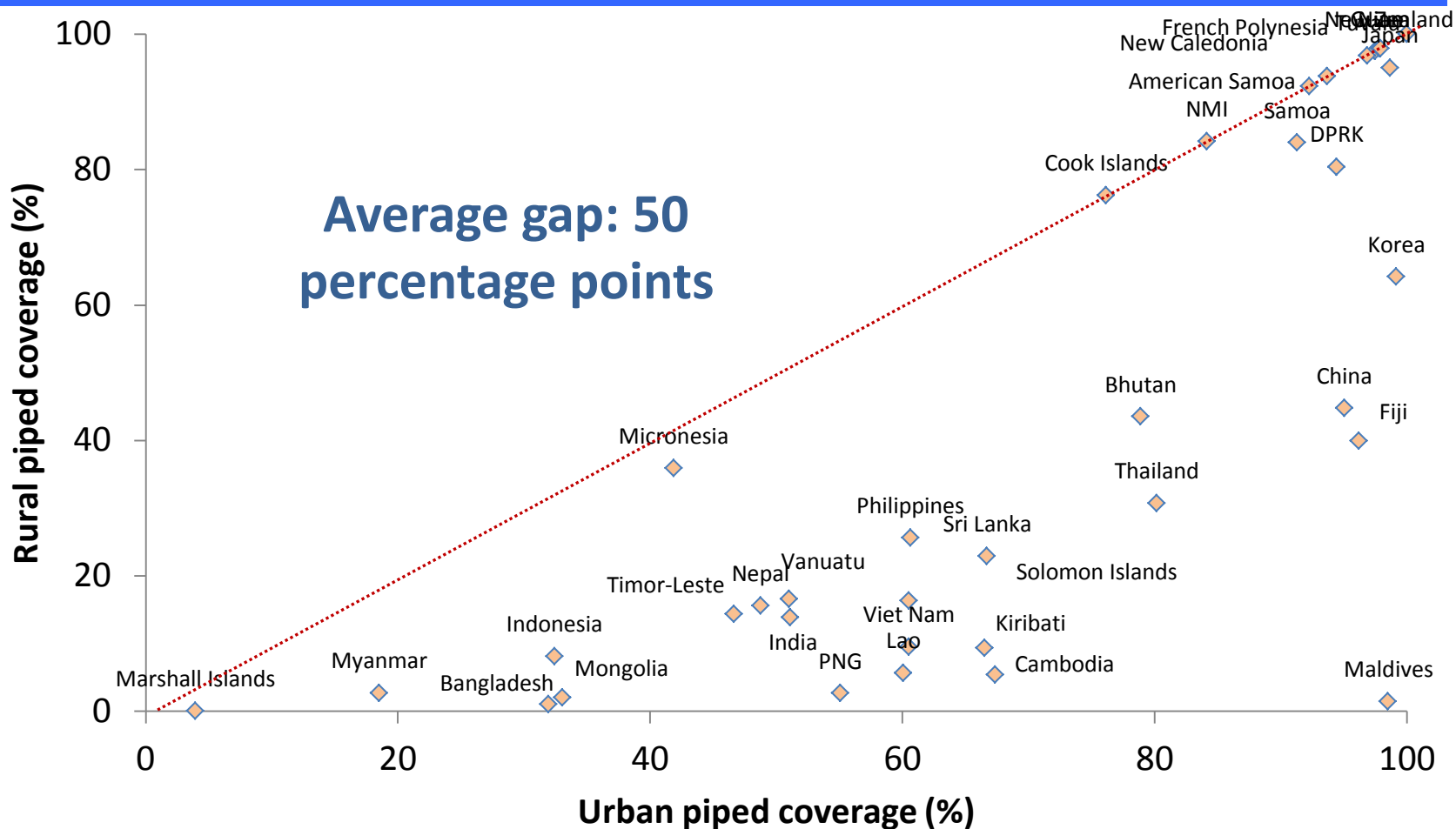
GEOGRAPHIC INEQUALITIES

Regional gaps



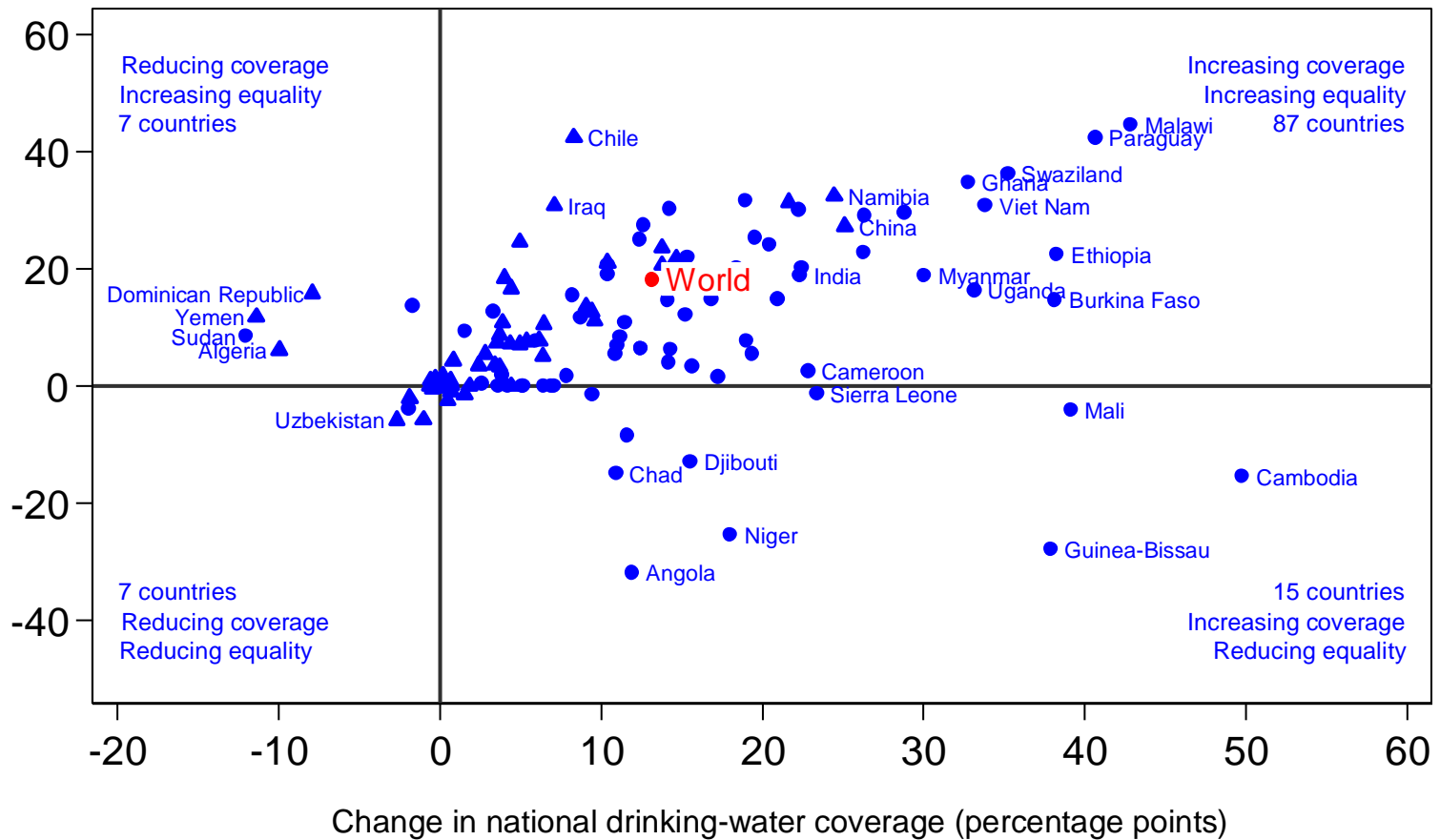
Urban-rural gaps

(piped drinking-water on premises)



Urban-rural gaps are closing

(improved drinking-water)

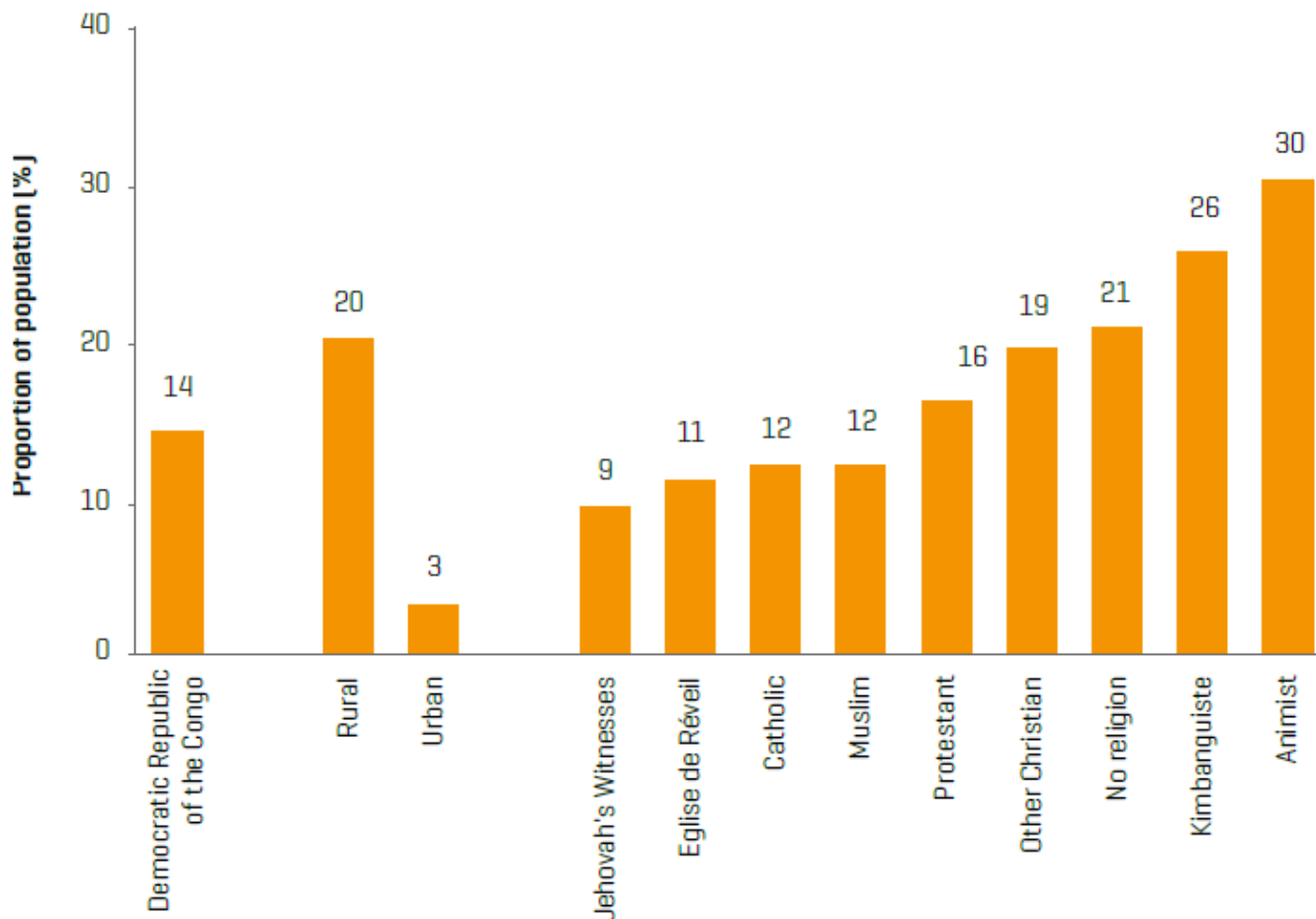


GROUP-BASED INEQUALITIES

Culture-specific

- Tend to be specific to local culture
 - Religion
 - Ethnicity (language)
 - Caste
- Challenge of correlation with urban/rural, wealth

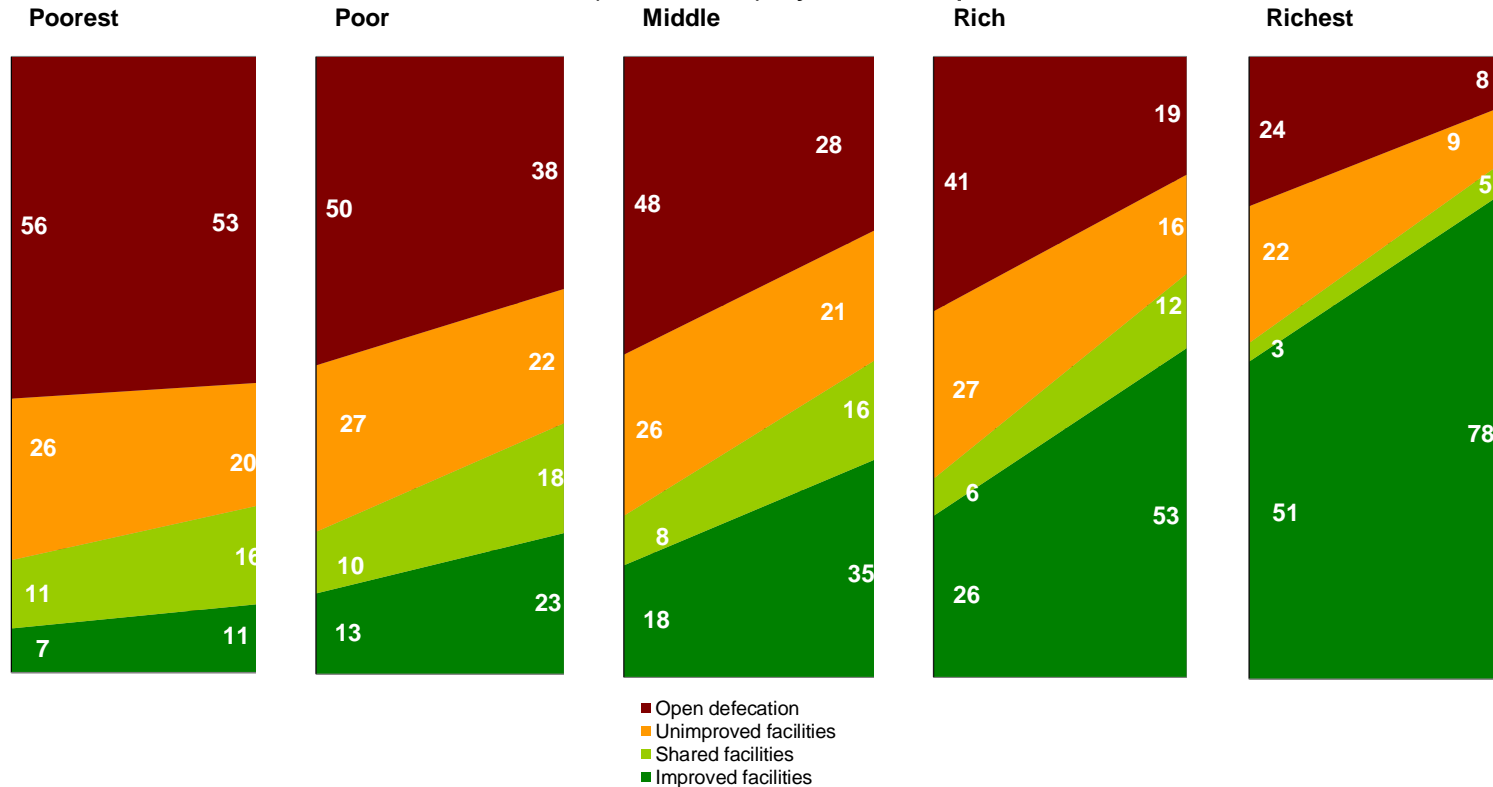
Religion in D.R. Congo



INDIVIDUAL INEQUALITIES

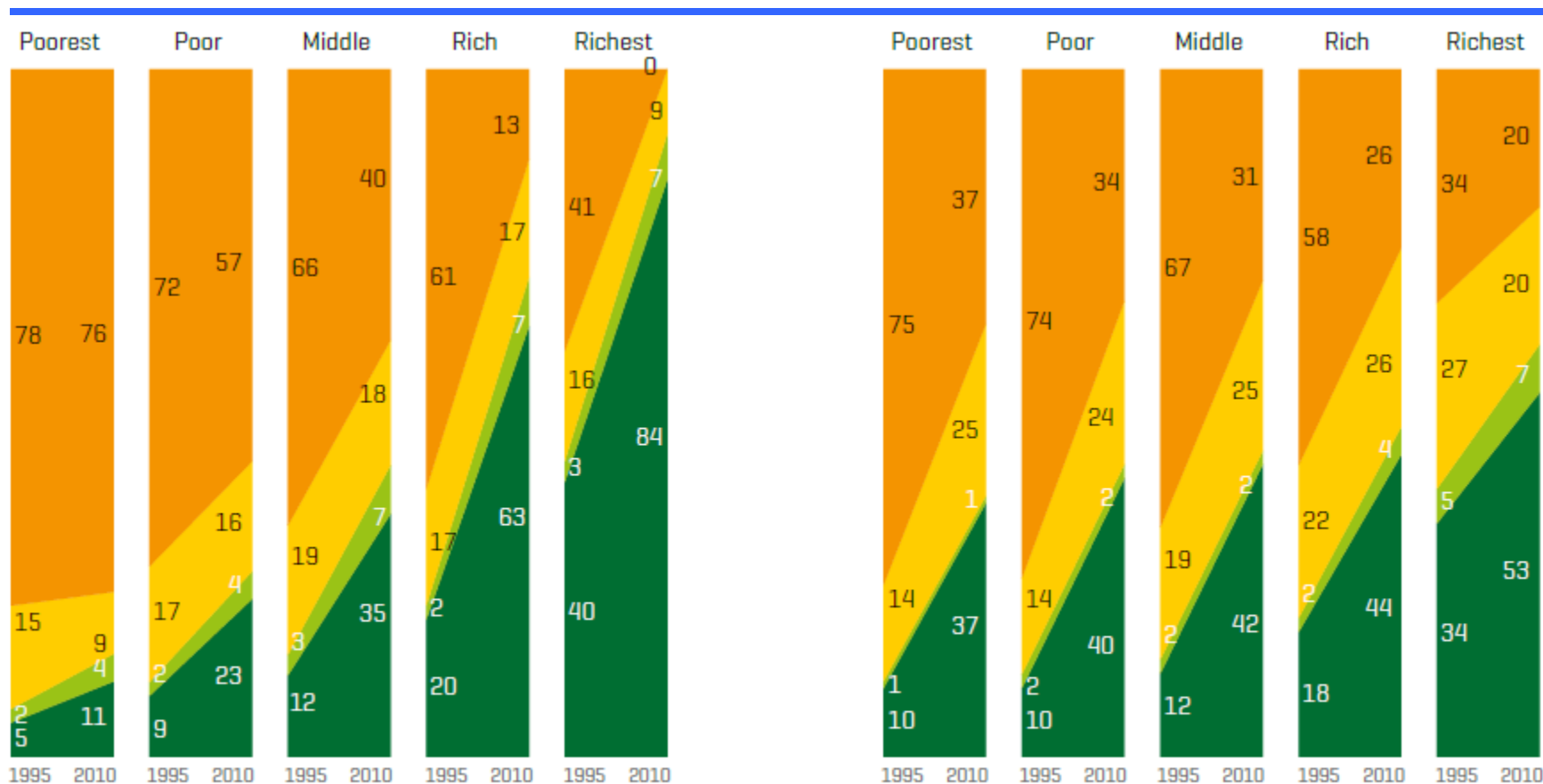
Wealth based disparities: quintile

INDONESIA - Rural sanitation coverage
Evolution (1995-2010) by wealth quintiles



Rich-poor gap: 44%pt in 1995 to 67% pt in 2010

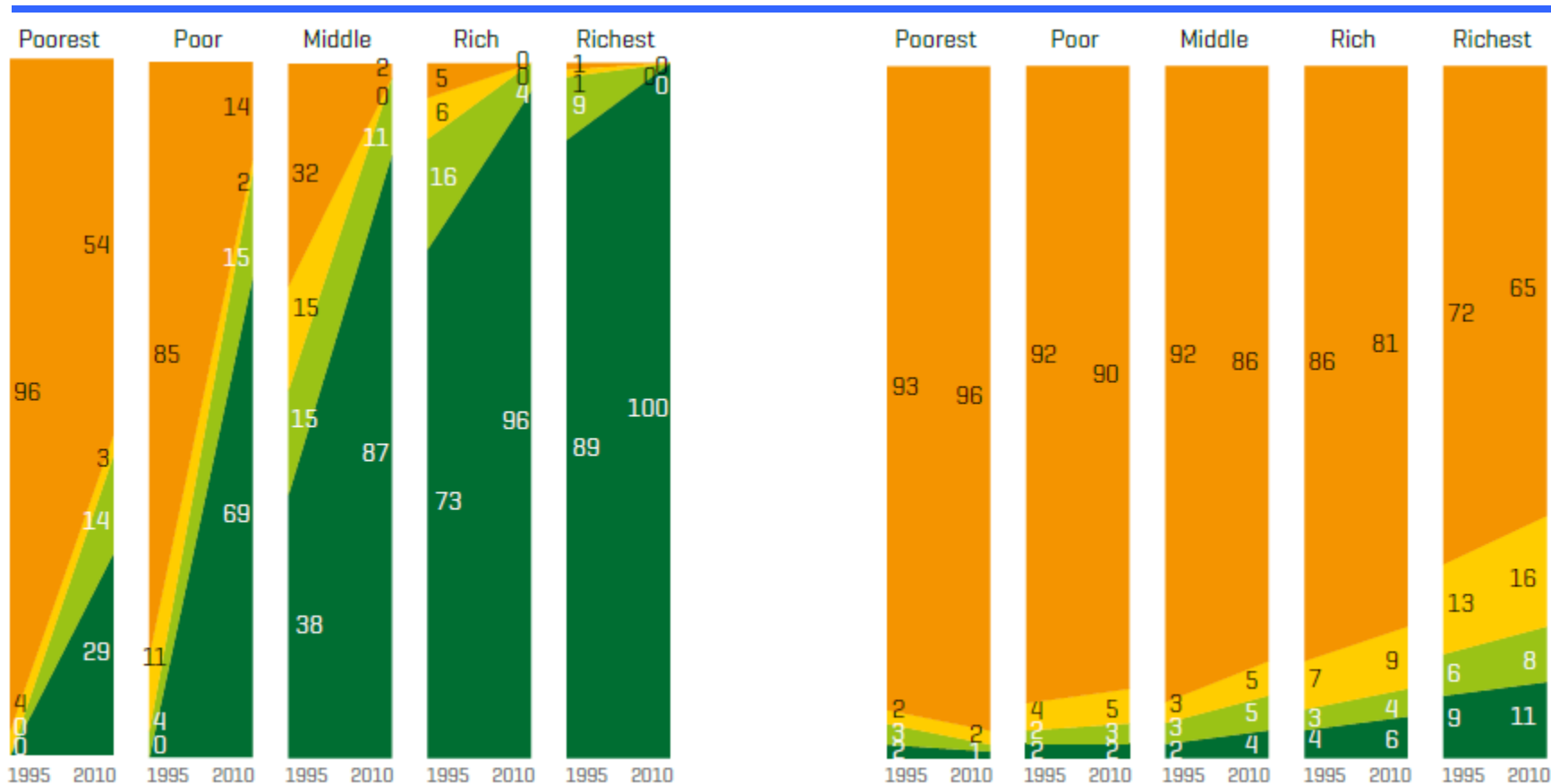
Typologies (1)



Type 1: Uneven progress – Rural Pakistan

Type 2: Equitable progress – Rural Peru

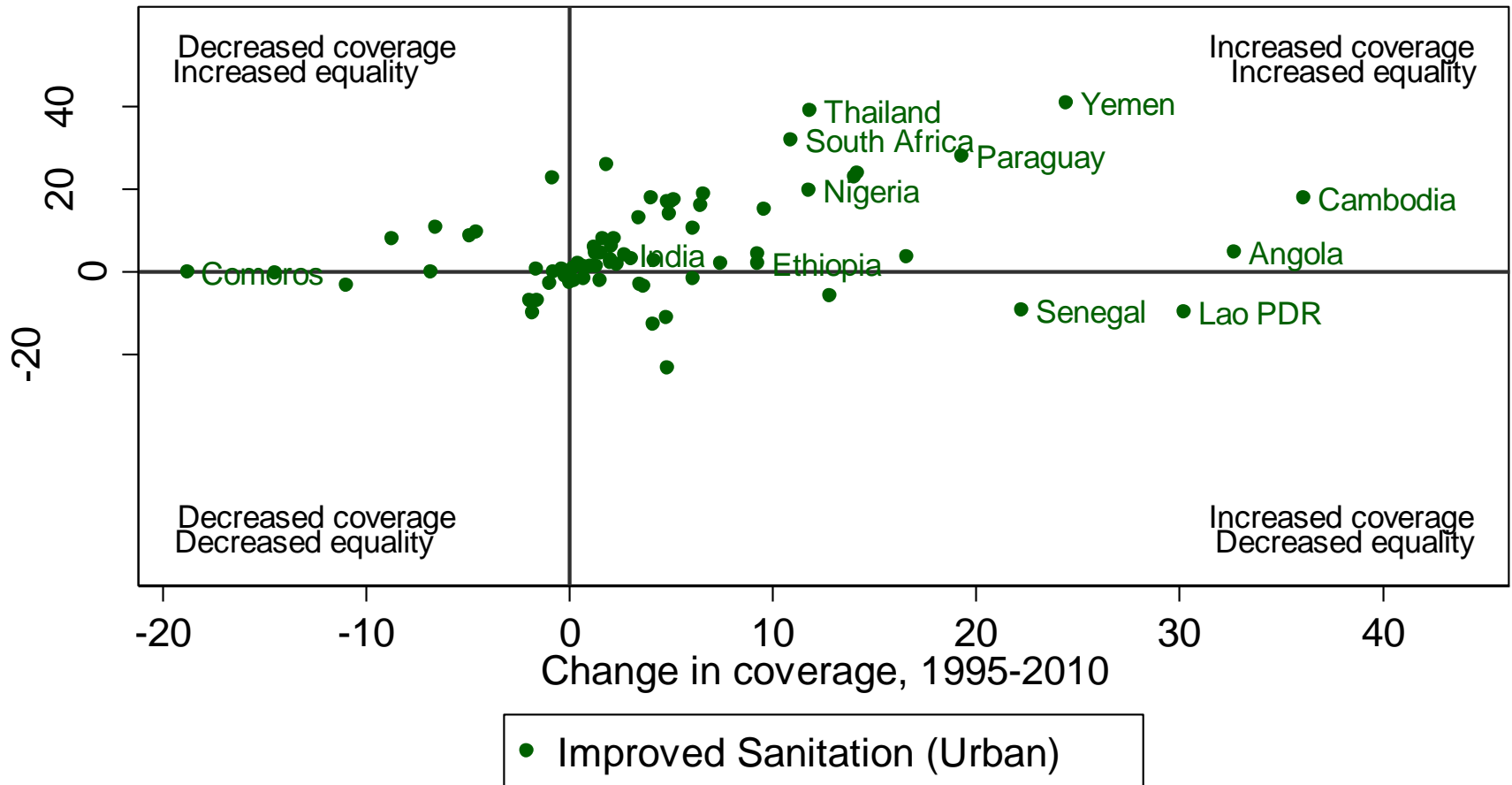
Typologies (2)



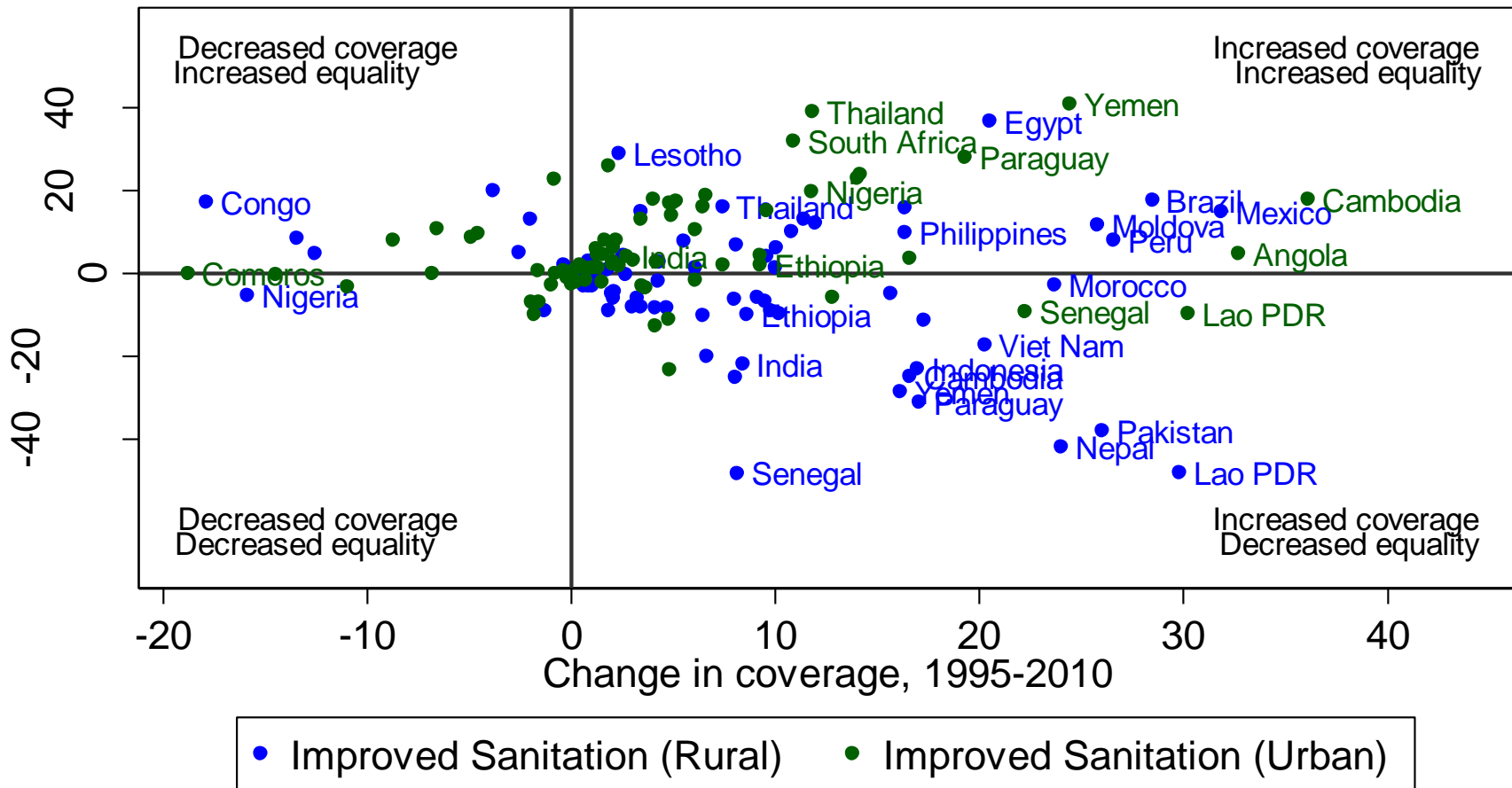
Type 3: Levelling up - Urban Cambodia

Type 4: Stagnation - Rural Burkina Faso

Wealth quintile gaps are closing in urban areas



Wealth quintile gaps are closing in urban more than in rural areas

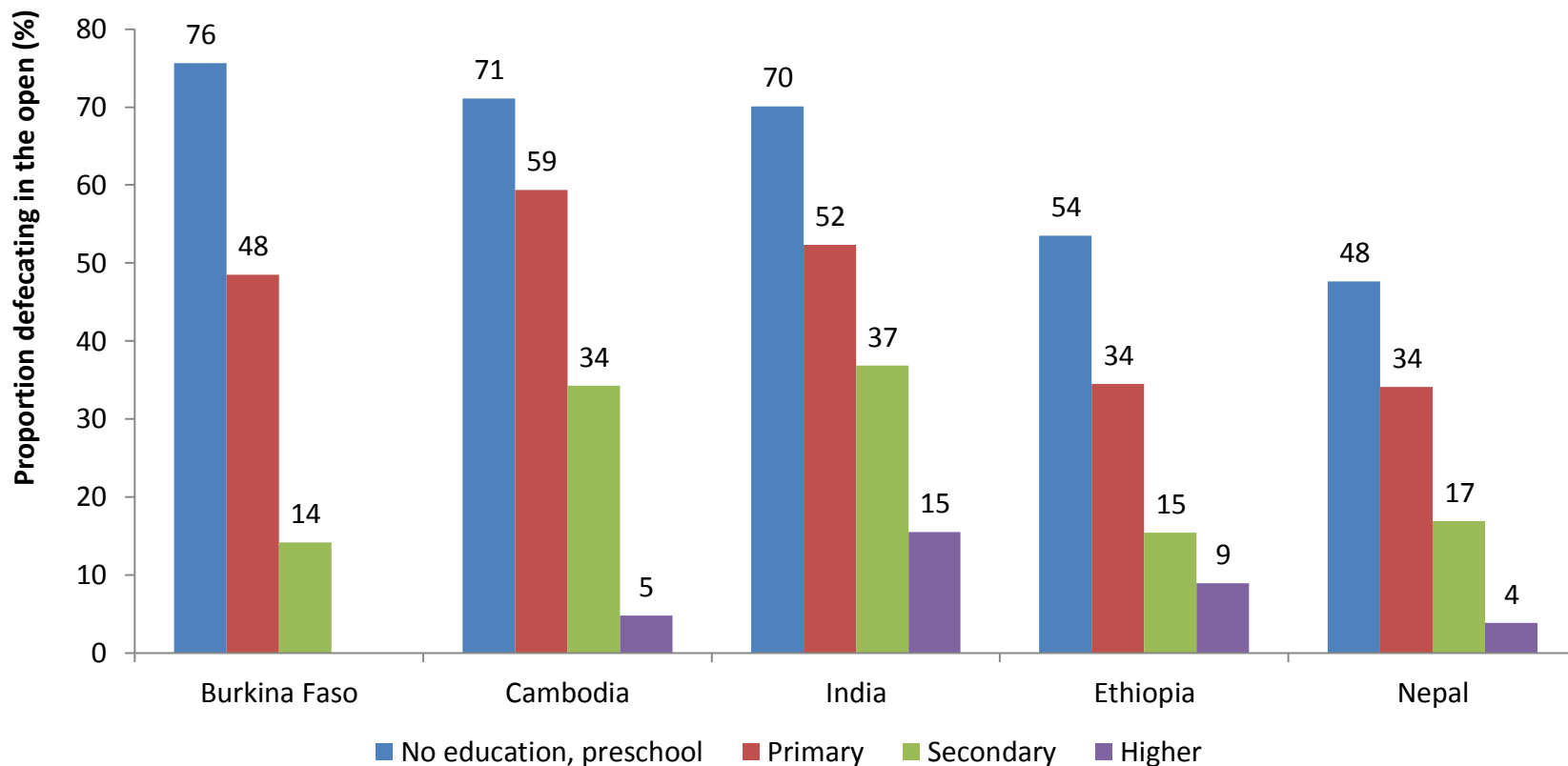


Other individual stratifiers

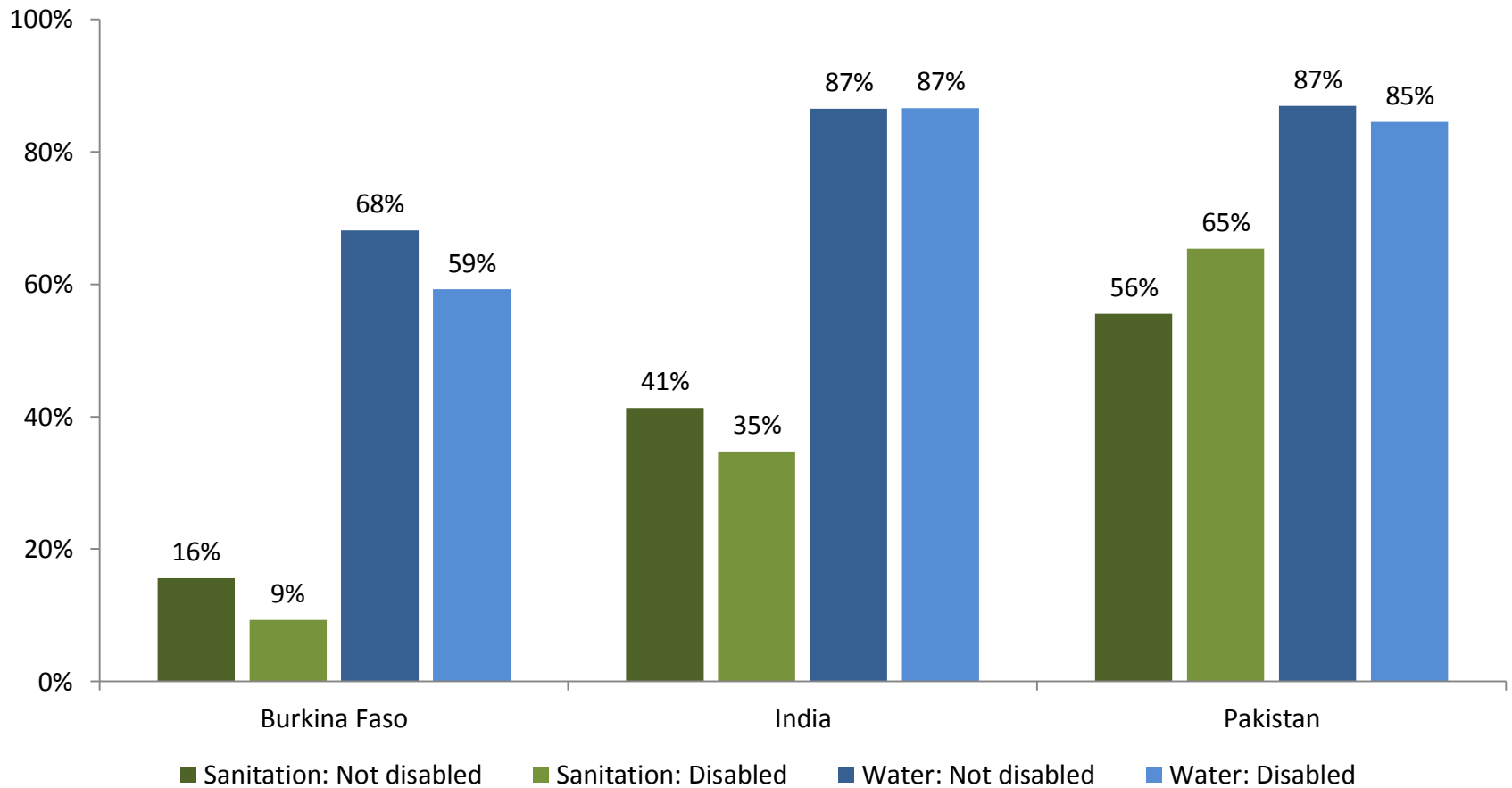
- Age
- Sex
- Disability
- Education

Education

Open defecation practices in Burkina Faso, Cambodia, India, Ethiopia and Nepal show disparities according to level of education



Disability

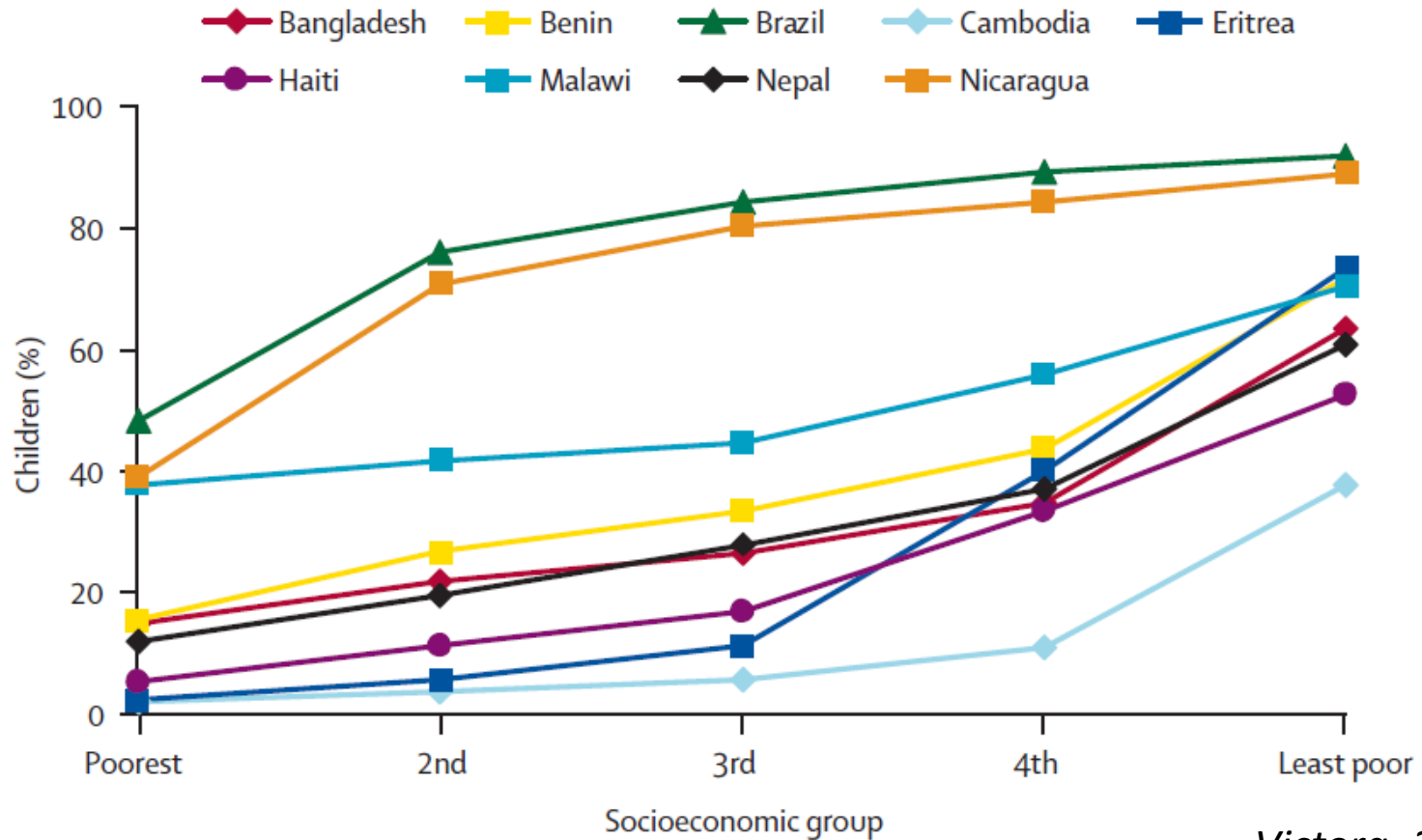


Limitations of household surveys

- Normally a single respondent
 - Typically woman of child-bearing age
- Small sample size
 - For (multiple) disaggregation

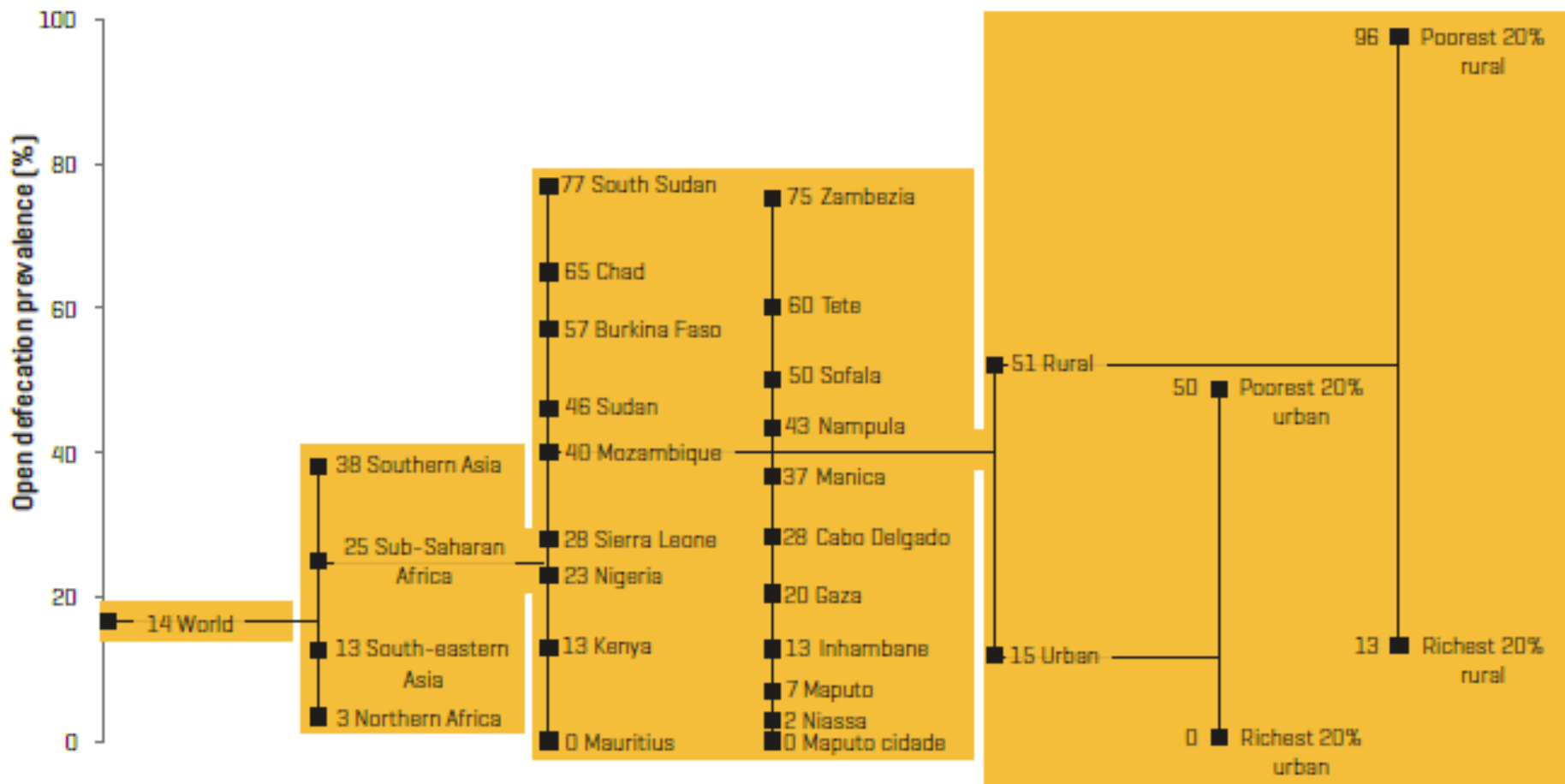
MULTIPLE DIMENSIONS

Multiple dimensions



Victoria, 2005

Averages mask huge disparities; 40% open defecation in Mozambique, but 96% among the rural poor



Conclusions

- Inequalities will be front and centre in post-2015 monitoring
- New metrics and new methods will be needed
- Data should drive programmes and investments