Background

The single most important development challenge in South Asia is to end the sanitation and hygiene crisis by promoting dignified lives, reducing preventable deaths, improving gender equality, contributing to the disposable income of poor people and safeguarding the environment. South Asia has made considerable progress over the last decade, but substantial challenges remain.

One billion people in South Asia do not use improved sanitation facilities – that is every three out of five people.

Nearly 700 million people practice open defecation – that is every two out of five people.

These figures show the ineffectiveness of the sector in providing sustainable and equitable sanitation and hygiene services. In 2010, the bulk of people without improved sanitation were in India, Pakistan and Bangladesh.

This is an affront to the societies in South Asia, where diarrhoea, caused by dirty water and poor sanitation, is the second biggest killer of children under five.

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

Country	Total Population (million)	Improved	Shared	other unimproved	open defecation	Total un-improved	% of 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
Total	**1,630.17**	**623.69**	**163.03**	**152.98**	**690.48**	**1006.49**	**62**

1 Inequities in sanitation

An urban-rural disparity is visible

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

- 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 just four in urban areas.
- Nearly 700 million people defecate in the open and, of these, the vast majority (639 million), live in rural areas.
- Nearly six out of every ten people living in rural areas practice open defecation, compared to just one in urban areas.

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

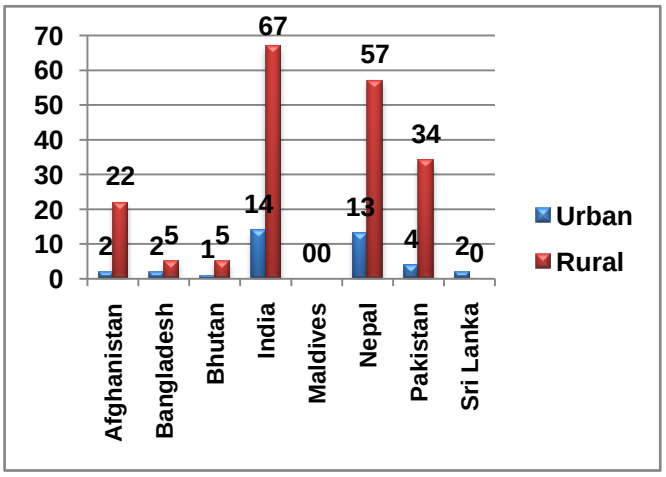

Figure 1:% of population practising open defecation

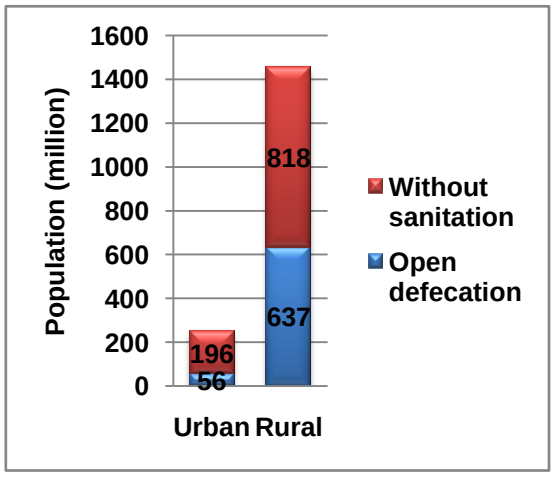

Figure 2: Disparities in urban rural sanitation

(Source: WHO/UNICEF Joint Monitoring Programme, 2012)

The degree of urban-rural disparity varies significantly across 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 versus poorest income quintile

The overall sanitation use and urban-rural disparity figures reflect huge inequalities. The JMP[1] report has examined sanitation use according to wealth quintiles in India, Bangladesh and Nepal, and showsthat 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 poor people and the most marginalised 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.

2 National investments and donor aid is not reaching where it is needed most

National investments not responding to needs

The rural-urban disparity suggests that investments are highly biased towards urban

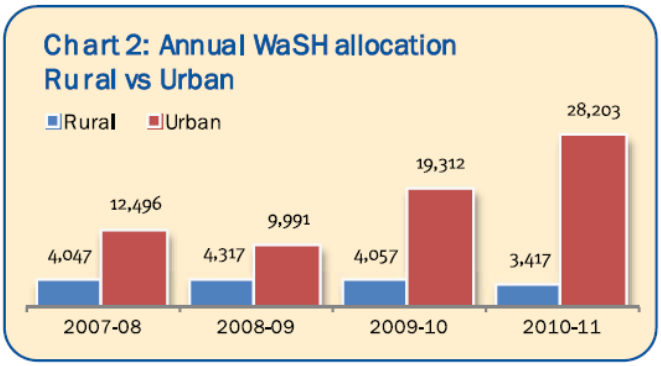

Figure 3: Annual WASH allocation – rural versus urban

[1] WHO and UNICEF 2012

areas and resources are not reaching where the needs are greatest. National budget analysis by WaterAid in Bangladesh provides strong evidence that most sector investments in the last four years have been channelled to major urban centres[2]. The numbers in Figure 6 show annual allocation for WASH in urban and rural areas in Bangladesh, where urban areas, despite good sanitation coverage, have received more than double and in some cases triple the funding allocated to rural areas.

Nepal is a similar example. WaterAid in Nepal's national budget analysis provides sufficient evidence that the bottom five districts for sanitation coverage have received less money than the top five districts with higher sanitation coverage.

It is interesting to note that the higher the sanitation coverage the more resources are allocated, and the less the services are available, the less money is allocated. Examples are Bajura district with 11% coverage receiving Nepali Rs122 million, while Kaski with 87% coverage received Nepali Rs429 million in the last six years. This shows that factors other than need are driving the allocation of national resources.

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

Table 2 on left: Bottom and top five districts in Nepal to sanitation coverage[3]

Inadequate financing for sanitation and hygiene

Sanitation and hygiene still suffer from a lack of public sector finance for achieving the 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.

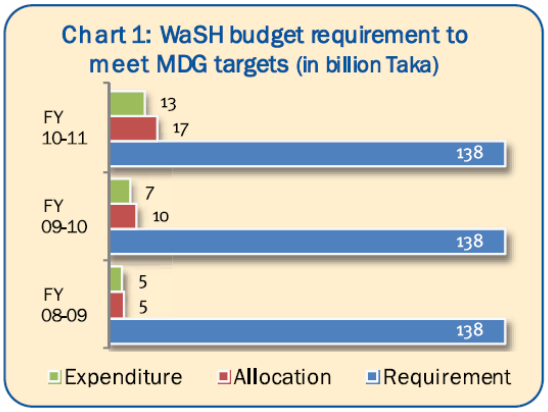

Figure 4: WASH budget requirement to meet MDG targets (in billion Taka)

The national budget analysis in Bangladesh by WaterAid 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 the share of sanitation from this allocation is not more than 10%. This is similar in Nepal where sanitation's share of total sectoral allocation was an estimated 13%[4] in 2010-11.

[2] WaterAid in Bangladesh, WASH budget analysis, May 2012
[3] WaterAid in Nepal, updated version of national budget analysis, August 2011.
[4] Government of Nepal, statement during 2012 High Level Meeting of Sanitation and Water for All

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.

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)

Table 3: Government expenditure on health, education and WASH[5] (% of GDP)

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 estimating actual expenditure is difficult in the absence of information. Whatever information is available in the GLAAS report (Table 3) indicates that finances are insufficient.

Donor financing in the region 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.

3 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, sanitation in sectoral plans and programmes. National budget analysis in Bangladesh[6] 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.

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 is hardly any country in the region which identifies hygiene promotion programmes and investment separately (which enables it to be more easily tracked). Hygiene is related to behavioural change and requires long term investment – it also poses serious monitoring challenges.

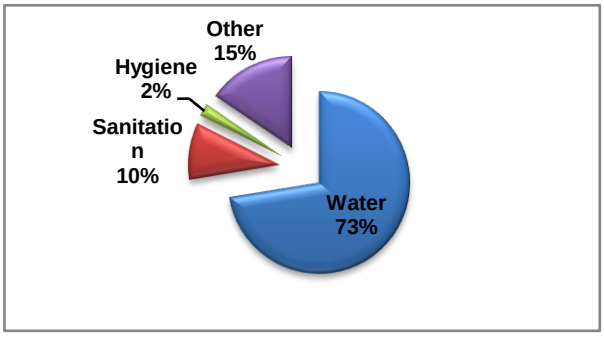

Figure 5: Sub-sectoral expenditure in Bangladesh from 2007-2011/12

[5] WHO, GLAAS, 2012.
[6] National budget analysis by WaterAid in Bangladesh in collaboration with the Human Development Research Centre, 2012.

4 The economic cost of sanitation

Country	US $ Billion	% of GDP
Bangladesh	4.2	6.3 (2007)
India	53.8	6.4 (2006)
Pakistan	5.7	3.9

Table 4: Economic loss due to inadequate sanitation

In addition to child deaths, there is also a major economic cost and 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.

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 17th 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 right 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 April 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 the current progress rate in terms of addressing equity and overall use is unsatisfactory. It is estimated that it will take between eight and 20 years to achieve the MDGs, which themselves aim only to reduce by half the population without access to these essential services. A regional drive to mobilise all stakeholders is needed to achieve universal access.