

INVESTING IN WATER AND SANITATION: INCREASING ACCESS, REDUCING INEQUALITIES

GLAAS 2014 findings —
Highlights for the South-East Asia Region



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Drinking-water, sanitation and hygiene overview

The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), implemented by WHO, monitors the efforts and approaches to extend and sustain water, sanitation and hygiene (WASH) systems and services. It provides a global update on four key areas: policy framework, monitoring, human resources base, and international and national finance streams in support of drinking-water and sanitation.

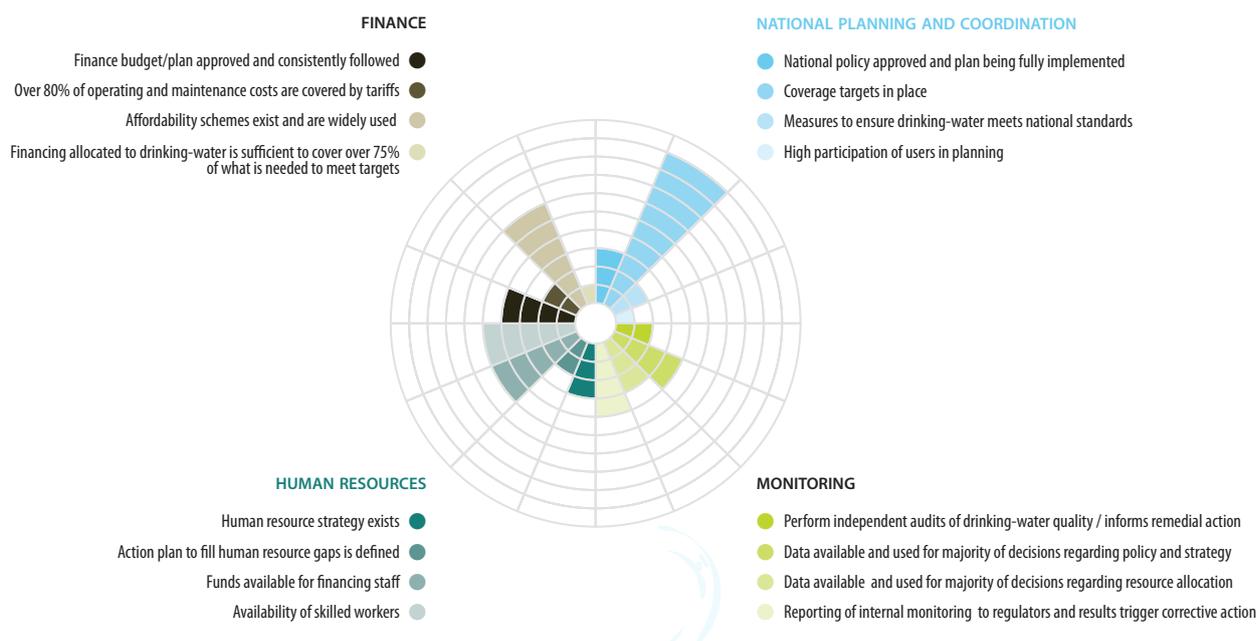
Ten countries¹ out of 11 in the WHO South-East Asia Region, with a total population of 1.8 billion, participated in the GLAAS 2013/2014 reporting cycle. Overall, access to improved drinking-water and sanitation services in the South-East Asia Region are 92 and 49 per cent (in 2015), respectively. More than 330 million people gained access to an improved drinking-water source and nearly 250 million people gained access to improved sanitation in the 2005 to 2015 time period.² However, in 2015, there are still nearly one billion people without improved sanitation, and over 140 million without access to an improved drinking-water source in the South-East Asia Region.

Despite all countries in the region making service improvements, there is a substantial need to further strengthen government actions to implement the national policies and plans for provision of safe and sustainable water and sanitation services, with particular focus on rural areas. As shown by Figure 1 and Figure 2, there are a number of challenges that need to be addressed, including:

- Geographic and economic inequalities in access to water and sanitation,
- Building capacity for surveillance of water supplies,
- Participation of users in planning processes,
- A need to establish a comprehensive national system for planning and implementing WASH sector financing, and
- Reducing open defecation in several South-East Asia countries where open defecation rates are high.

Figure 1

Overview of policy, monitoring, human resources and financing in drinking-water (percentage of countries with the given indicator in place for both urban and rural areas)



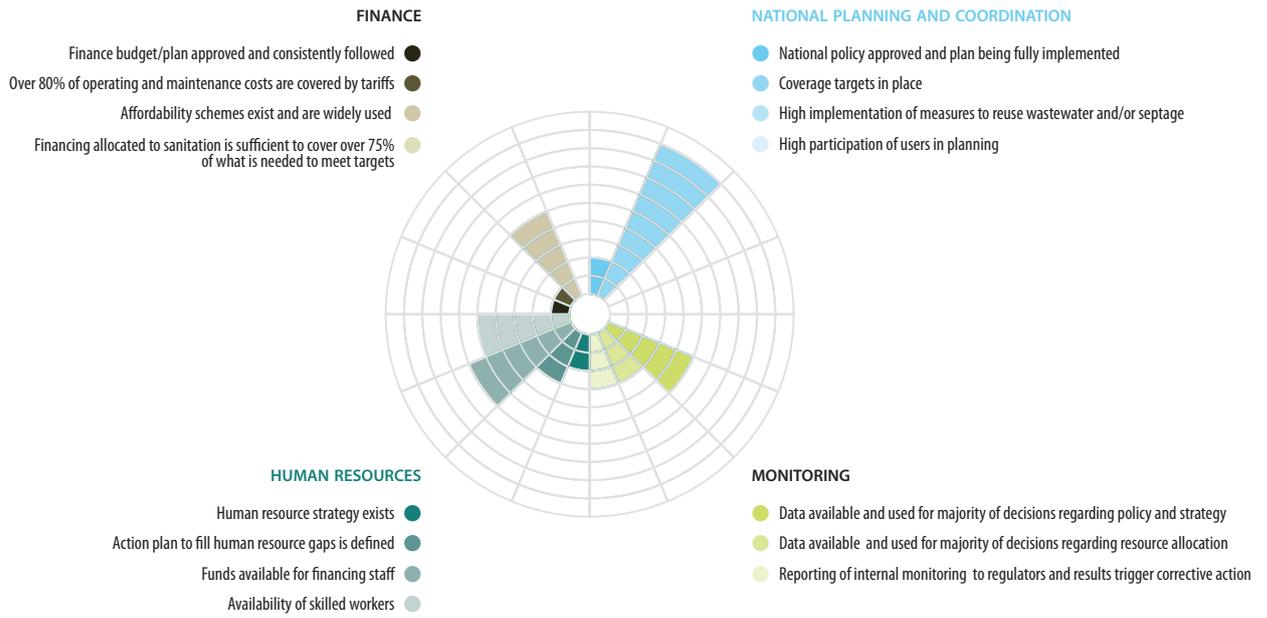
Source: GLAAS 2013/2014 country survey.

¹ Bangladesh, Bhutan, India (rural areas only), Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste.

² WHO/UNICEF (2015) Progress on sanitation and drinking-water – 2015 update and MDG assessment. Geneva, World Health Organization.

Figure 2

Overview of policy, monitoring, human resources and financing results in sanitation (percentage of countries with the given indicator in place both for urban and rural areas)



Source: GLAAS 2013/2014 country survey.

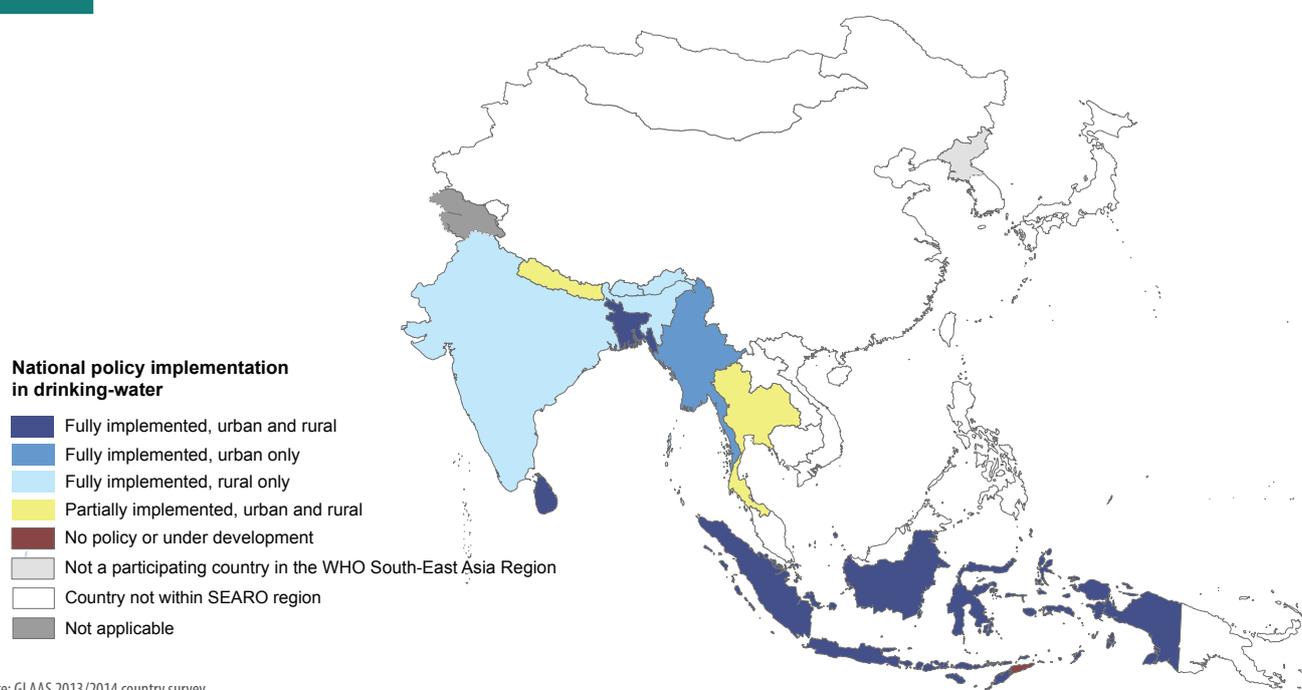
National policy and implementation

Seven countries out of ten (70%) in the WHO South-East Asia Region reported that national policies for sanitation and drinking-water are in place. Within countries that have national policies/plans, rural drinking-water plans are reported to be fully implemented with funding and regular review in five countries – a higher rate of policy/plan implementation than urban drinking-water and urban/rural sanitation within the region.

One-half of countries in the South-East Asia Region report having fully implemented rural drinking-water policies/plans with funding, which are regularly reviewed (Figure 3).

Figure 3

National policy implementation in drinking-water (10 country respondents)¹



Source: GLAAS 2013/2014 country survey.

¹ India only responded for rural areas, thus data are not available for urban areas in India. Maldives indicates no formal policy exists for urban and rural drinking-water, but has informal policy or policy under development for health care facilities and schools.

Improving water quality, reliability, and reuse

Sustainable Development Goal 6 aims to “Ensure availability and sustainable management of water and sanitation for all” and places new emphasis on countries to improve services beyond basic access, which includes measures to improve quality and availability of drinking-water and to ensure safe management of faecal waste.

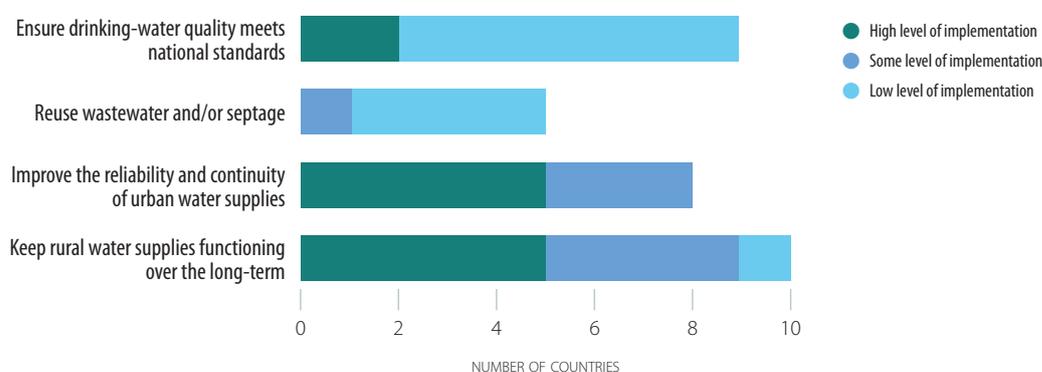
Countries in the South-East Asia Region report a moderate to high level of oversight to ensure drinking-water quality and sustainability of services (Figure 4).

DRINKING-WATER QUALITY – A moderate to high level of monitoring and enforcement measures to ensure drinking-water quality are reported to be in place in 9 out of 10 countries (Figure 4).

SUSTAINABILITY – Eight out of 10 countries report implementing measures to improve the reliability and continuity of urban water supplies. Measures to ensure the functioning of rural water supplies appear to be more robust. Nine out of 10 countries indicate a moderate to high level of implementation to ensure the sustainability of rural water services over the long-term (Figure 4).

WASTEWATER REUSE – One-half of countries reported low or moderate reuse of wastewater or septage waste.

Figure 4 Number of countries with specific measures to improve and sustain services and the level of implementation of these measures (10 countries)



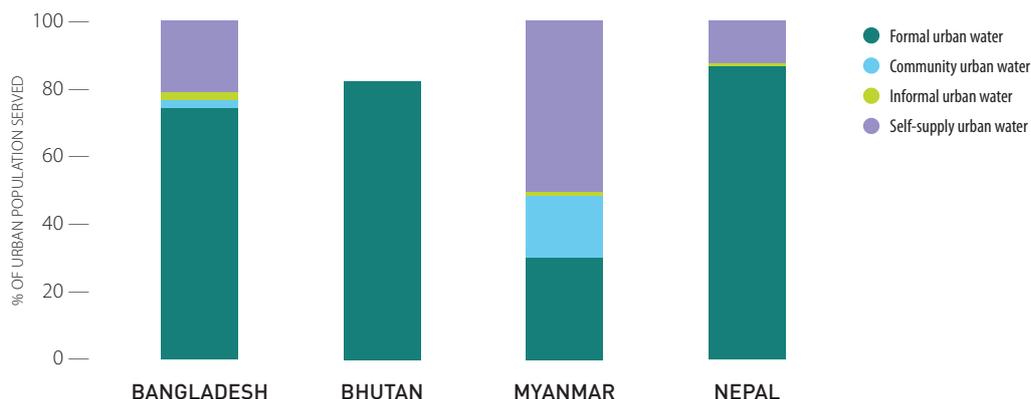
Source: GLAAS 2013/2014 country survey.

TYPES OF SERVICE PROVIDERS

Three of the four countries responding to this section report that a majority of the urban population is served by a formal drinking-water service provider. However, there are still a considerable number of people obtaining drinking-water through household self-supply (i.e. sources funded and managed by households, including wells, collection from protected springs, rainwater harvesting, etc.). Wells were the most common example of self-supply sources provided by Myanmar and Bangladesh. There is also a small proportion of the population served by community-based service providers, which can include point sources such as pumps, water kiosks and protected springs or wells owned or operated by communities (Figure 5).

Figure 5

Percentage of population in urban areas being served by service providers (four countries)



Source: GLAAS 2013/2014 country survey.

HUMAN RIGHTS AND EQUITY MEASURES

Although three quarters of respondent countries recognize the human right to water and sanitation, gaps remain in establishing equity measures to reach disadvantaged populations, especially in informal settlements.

A majority of respondent countries have a legislation in place that outlines user participation in WASH planning. The extent of participation of users remains limited, although a minority of countries report having a high level of user-involvement in WASH planning (Table 1).

Table 1

Indicators of policies and measures to ensure equity in WASH services by country

Human right recognized in law		Specific measures are included in national plan to reach disadvantaged groups		Participation procedures are defined in law or policy*		Extent to which service users participate in planning				Existence of a public complaint mechanism for population served			
Drinking-water	Sanitation	Drinking-water and sanitation	Drinking-water and sanitation	Drinking-water	Sanitation	Drinking-water		Sanitation		Drinking-water		Sanitation	
National	National	National	National	National	National	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
		Populations living in slums or	Populations living in remote or										

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