Proposal for consolidated drinking water, sanitation and hygiene targets, indicators and definitions

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Introduction

In May 2011 the WHO and UNICEF, working through the Joint Monitoring Programme (JMP), convened a global stakeholder consultation in Berlin, hosted by the German Ministry of Economic Cooperation and Development (BMZ), to start the process of formulating proposed post-2015 WASH targets and corresponding indicators. This consultation brought together over 70 WASH professionals, representing civil society, academia, professional associations, regulators, multilateral and bilateral agencies, as well as statistical and data collection experts and representatives from the human rights community.

In the wake of this consultation, four working groups were established, for drinking water, sanitation, hygiene, and equity and non-discrimination; the remit of the fourth working group cuts across the first three. The working groups were coordinated by leading global institutions, and membership consisted of recognized experts from both the North and the South.

During 2012, the working groups held regular telephone conferences and face-to-face meetings, and a number of open consultations were held at international meetings, as well as on-line. Detailed final working group reports can be accessed on the JMP web site www.wssinfo.org. This document, as well as the report of a meeting focused on assessing measurability of the proposed indicators, is to be reviewed at a second stakeholder consultation in the Netherlands in December 2012, where it is expected that a consolidated menu of options will be agreed for mainstreaming into the political processes that have emerged to address the post-2015 UN Development agenda, and for possible tabling at the UN General Assembly in September 2013.

This document explains the analytical process undertaken by the working groups, and outlines the proposal for consolidated targets, indicators and definitions based on their work. Annexes provide more detail on the processes and deliberations of each working group.

Underlying Assumptions and Principles

The working groups have developed the following assumptions and principles with respect to scope and format.

Scope

- The targets should be formulated in the context of **a simple, inspirational vision**, articulated around **universal** use of water, sanitation and hygiene
- Targets should focus primarily on **outcomes**
- Targets should reflect the **human rights to water and sanitation**, and the concept of **progressive realization** of the rights
- The targets should reflect the aspiration of both an **increase in the number of people** using water, sanitation and hygiene, and **improvements in their level of service**, and both are considered progressive realization
- Targets are **global** and must therefore be relevant to all countries
- Targets should look beyond the home to **schools and health centres**
- There must be a focus on the **poor, disadvantaged and excluded**
- There must be a focus on the **elimination of inequalities and inequities**
- The scope of the targets does not limit the scope in terms of what the Working Groups think needs to be **regularly monitored and reported on** in the water, sanitation and hygiene sector; recommendations will be made for a **longer list of parameters** in addition to those in the targets

Format

- **Three or four targets** are needed, with a short set of accompanying indicators
- The targets need to be **unambiguous**, as easily **communicable** as possible, and expressed in simple language that all can understand and relate to
- Both professional jargon and the over-use of adjectives in the targets should be avoided
- **Clear and comprehensive definitions** are needed which capture the details and full aspirations of the targets, allowing the targets to be short and simple

- A **cohesive set** of targets, indicators and definitions are required, that have internal consistency[1]
- Each sub-sector (water, sanitation and hygiene) is important in its own right, and should not be subsumed within each other
- The targets should be expressed in terms of a **set of dates** by which various levels of **inequality reduction** and **improvements in service levels and practices** will have taken place.
- As the target year of the future global development framework has not yet been set, a **25 year period** is assumed, between 2015 and 2040.

Inspiration from other sectors

The Working Groups were aware of at least two other sectors that have recently formulated new goals and targets. These are food and energy. Their targets are expressed in very simple language:

Food	**Energy**
Goal: Zero Hunger Targets: 1. 100% access to adequate food all year round 2. Zero stunted children under 2 years 3. All food systems are sustainable 4. 100% increase in smallholder productivity and income 5. Zero loss or waste of food	1. Ensure universal access to modern energy sources 2. Double the global rate of improvement in energy efficiency 3. Double the share of renewable energy in the global energy mix

While the JMP Working Groups have endeavored to provide a high degree of detail in their recommendations, they have also given careful consideration to how the proposals can be summarized in an equally concise and inspirational manner.

Summary of the Deliberations of the Working Groups

Reducing inequalities

There is consensus among the Working Groups that success should be measured not only in terms of increasing the numbers of people with access but also in terms of **reducing inequalities**. The Working Groups recognize that this needs to be robustly defined in a way that reflects human rights obligations. Inequalities should be reduced between:

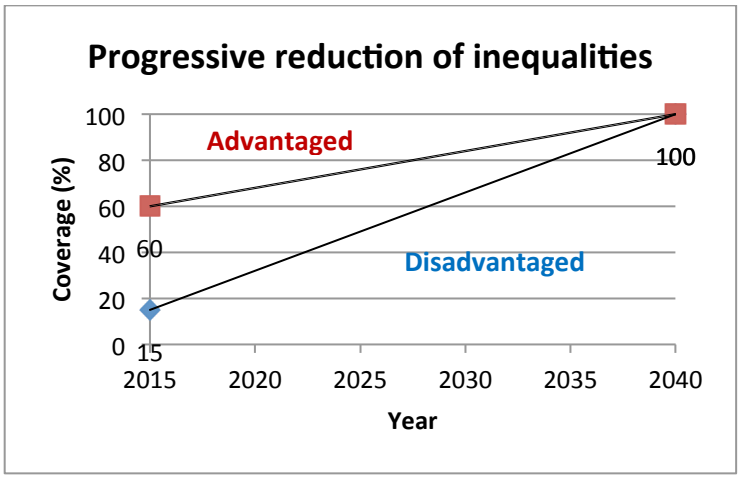
- Rich and poor
- Urban and rural
- Slums and formal urban settlements
- Disadvantaged groups and the general population

Inequalities related to individual status based on **gender, disability and age** should also be reduced. However, due to the fact that monitoring largely relies on surveys conducted at household level, such monitoring requires different methodologies and metrics. This proposal reflects a pragmatic approach to monitoring inequalities related to individual status by integrating these issues into the targets, indicators

[1] That is, not a long list of individual targets and indicators to be selected from, as a "mix and match" approach will not guarantee consistency.

and definitions, for instance through monitoring separate facilities for boys and girls at school, monitoring the existence of facilities for menstrual hygiene management and monitoring whether facilities are accessible to persons with disabilities.

The Working Groups agree that the targets should call for **progressive reduction in inequalities.** This would entail the systematic reduction in inequalities between the above named population groups, as they progress towards universal coverage. As illustrated in the simplified indicative diagram below, this requires faster rates of progress in disadvantaged groups. Using the starting and target coverage percentages, the required reduction in inequalities in any given time period, for instance each year, can be calculated separately for each of the four groups mentioned above. Further details are provided in the Endnote.



Levels of service

The water and sanitation working groups have effectively developed a "ladder" of service levels for households that they wish to see people move upwards through. Multiple criteria are specified in relation to each service threshold derived from the normative criteria of the human rights to water and sanitation. It is also important to note that the rungs in this ladder differ from the definitions used for the MDG targets. The steps in this ladder are not aligned and the groups have used slightly different terms, which makes describing it a little difficult. A diagram has been developed to try to help:

Water	Sanitation
	"Safe management of excreta" (containment, extraction, and transport to a designated disposal or treatment site, safe re-use at the household or community level)
"Intermediate" (on premises, discontinuity <2 days in 2 weeks, E coli <10/100 ml)	**"Adequate" (**pit latrine, sewer or septic tank**,** shared by no more than 5 families or 30 persons)
"Basic" (not on premises, "improved" source, <30 min collection time)	**No open defecation** No one practices defecation in bush or field or ditch; no excreta deposited on the ground and covered with a layer of earth or wrapped and thrown away; no defecation into surface water

Hygiene is structured a little differently as the Hygiene Working Group has focused on a basic level of hygiene - handwashing with soap and menstrual hygiene management - but considered the progress that can be made in different settings, specifically schools and health centres.

Settings beyond the household

The working groups all agree that future global targets must extend beyond household level and include 'extra-household' settings. A wide range of different settings were considered including schools, workplaces, markets, transit hubs, health centres, mass gatherings, detention centres and refugee camps. The groups agreed that schools and health centres should be the top priority on the basis of health and non-health benefits and that these are also currently the most viable settings for global monitoring, although workplaces, markets, detention centres and transit settings should also be considered in future as data sources emerge.

Specifically, handwashing and menstrual hygiene management are considered to be universal priorities. While monitoring of hand-washing is viable at household level, monitoring of facilities for menstrual hygiene management is only really viable in public buildings such as schools and health centres.

Sustainability

The working groups agree that in addition to targets relating to service outcomes at the individual, household, school and health centre level (the "ends") we need to include an explicit target and indicators relating to the processes that ensure the sustainability of those outcomes (the "means").

A supporting target focused on sustainability is proposed, with indicators relating to affordability, accountability, financial and environmental sustainability. These apply to the entire sector rather than individual households, and rather than try to set an end date for sustainability the aim is to encourage continuous improvement over time against each parameter. Intensive work is required in order to establish a baseline in collaboration with others who are currently developing targets and indicators relating to wastewater management, pollution control and resource management.

Objectives of the targets

Working from the principles above, the working groups propose targets based on the objectives of:

- Progressive realization through *increasing the numbers of people using services*
- Progressive realization through *reducing inequalities*
- Progressive realization through *increases in service levels*
- Driving progress in *schools and health centres* as well as households
- Achievement of *universal coverage* for as many parameters as possible within the 2015-2040 timeframe
- *Sustained coverage* over the long term

Target Dates

Each group has determined which levels of service they feel we can realistically aspire to achieve **universal coverage** in within the 2015 to 2040 timeframe:

Target dates for universal coverage

2025 No open defecation
2030 Basic water, adequate sanitation, handwashing and menstrual hygiene management in schools and health centres; basic water at home; handwashing at home
2040 Adequate sanitation at home

Based on these aspirations, the working groups have developed a timeframe for targets reflecting a combination of **universal coverage for some parameters, and progress towards universal coverage for others.** A long-term target relating to financial, operational, institutional and environmental sustainability has also been formulated. Underlying all the targets is the concept of **equitable progressive realization**, with rates of progress that reflect the need to eliminate inequalities.

Target dates			
	Water	**Sanitation**	**Hygiene**
2025		No open defecation	
2030	Universal basic drinking water in schools and health centres Universal basic drinking water at home	Universal adequate sanitation in schools and health centres	Universal adequate handwashing and MHM in schools and health centres Universal adequate handwashing at home
2040	Progress towards intermediate drinking water at home	Universal adequate sanitation at home Progress towards safe management of excreta	

Based on this, the following time-bound targets are proposed:

By 2025:

- no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated

By 2030:

- all schools and health care facilities provide all users with basic drinking water supply and adequate sanitation, handwashing facilities and menstrual hygiene facilities, and inequalities in access have been progressively eliminated
- everyone uses basic drinking water supply and adequate handwashing facilities when at home, and inequalities in access have been progressively eliminated

By 2040:

- the excreta from at least half of schools, health centres and households with adequate sanitation are safely managed, and inequalities have been progressively reduced
- the proportion of the population not using intermediate drinking water supply at home is reduced by half, and inequalities in access have been progressively reduced
- everyone uses adequate sanitation when at home, and inequalities in access have been progressively eliminated
- the excreta from at least half of schools, health centres and households with adequate sanitation are safely managed, and inequalities have been progressively reduced

In addition, a **non-time bound target**, underpinning all of the others and relating to sustainability, is proposed:

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

A target on progress towards intermediate drinking water service in schools and health centres by 2040 was also proposed and could be included if equivalent service thresholds for sanitation and hygiene are also developed.

The full recommendations of the Working Groups for summary targets, detailed, time bound targets, indicators and definitions are summarized below.

Proposal for Overall Vision, Summary Targets, Detailed Targets, Indicators and Definitions

Vision

Safe and sustainable sanitation, hygiene and drinking water used by all

Summary Targets

A set of aspirational "summary targets", without dates, as follows:

1. Everyone has water, sanitation and hygiene at home;
2. All schools and health centres have water, sanitation and hygiene
3. Water, sanitation and hygiene are equitable and sustainable.

Detailed Targets

Target 1: By 2025 no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated.

Target 2: By 2030 everyone uses a basic drinking water supply and handwashing facilities when at home, all schools and health centres 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 eliminated.

Target 3: 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 centres and households with adequate sanitation are safely managed, and inequalities in access to each of these services have been progressively reduced.

Target 4: All drinking water supply, sanitation and hygiene services are delivered in a progressively affordable, accountable, and financially and environmentally sustainable manner.

Definitions and Indicators

General terms used in this document

Drinking water: Water used, or intended to be available for use, by humans for drinking, cooking, food preparation, personal hygiene or similar purposes. (European Protocol on Water & Health)

Handwashing facility: A handwashing facility is a device to contain, transport or regulate the flow of water to facilitate handwashing. It may be fixed or movable.

Sanitation: Sanitation is the provision of facilities and services for the safe disposal of human urine and feces. (WHO)

Menstrual hygiene management facilities: Facilities that provide water and space for washing and cleaning the body during menstruation, and that allow hygienic management of material for absorbing menstrual blood and safe disposal of used menstrual materials.

Excreta: human feces and urine.

Health centres: includes all the places WHO defines as health centres: hospitals, clinics, health posts, dental surgeries, general practitioner settings, and home-based care. (WHO 2008 Essential Environmental Health Standards in Health Care)

Schools: primary and secondary schools, boarding and day schools, rural and urban schools, and public and private schools (WHO, 2009 Water, Sanitation and Hygiene Standards in Low-cost Settings), as well as daycare centres, nurseries and kindergartens.

Progressive reduction and elimination of inequalities: The systematic reduction and elimination of the inequalities between different population groups as they progress toward the specified target. When the target aims at universal access, the language should be progressive "elimination" of inequalities, while progressive "reduction" of inequalities refers to other targets. To count as a 'progressive' reduction, the following conditions must be met cumulatively: (1) there must be a reduction in the difference between the coverage rates in the relevant groups; (2) the rate of progress of each group must meet or exceed the rate of progress required for that group to reach the target by the specified time; and (3) the reduction in inequality must not be the result of a reduced rate of coverage for any group. Progress should be reported by poorest vs. richest wealth quintile, rural vs. urban, slum vs. formal urban settlement, and disadvantaged groups vs. general population. See Endnote for further details.

Disadvantaged groups: These groups will be identified through a participatory national process taking into account group-related prohibited grounds of discrimination, including ethnicity, race, colour, religion, caste, national or social origin. This process must be inclusive and ensure active, free and meaningful participation of all relevant population groups, in particular disadvantaged groups. It should involve national human rights institutions, civil society and community based organizations, human rights organizations and academia.

Detailed Normative Definitions and Indicators by Target

Note that all data for all indicators must be disaggregated by rural and urban, by wealth quintiles, by slums and formal urban settlements, and by disadvantaged groups and the general population. Disadvantaged groups must be identified through participatory national processes taking into account prohibited grounds of discrimination.

Note that headline indicators are expressed in terms of people, while sub-indicators are expressed in terms of households, schools or health centres (as this the basis on which data are collected). It is assumed that necessary calculations will be carried out to convert one into the other.

***Target 1*: By 2025** no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated.

Definition - Open defecation: Defecation in which excreta of adults or children are deposited (directly or after being covered by a layer of earth) in the bush, a field, a beach, or other open area; are discharged into a drainage channel, river, sea, or other water body; or are wrapped in temporary material and discarded.

Indicators

1. Percentage of population reporting practicing open defecation

- Percentage of households not using any sanitation facility.
- Percentage of households using an improved sanitation facility (pre-2015 JMP definition).
- 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.

***Target 2*:** By 2030 everyone uses basic drinking water supply and handwashing facilities when at home, all schools and health centres 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 eliminated.

Definition - Basic drinking water service at home: Households are considered to have a basic drinking water service when they use water from an 'improved' source (pre-2015 JMP definitions in rural areas; piped water into dwelling, yard or plot, or a standpipe/public tap or a tubewell/borehole in urban areas) with a total collection time of 30 minutes or less for a roundtrip, including queuing.

Indicators

2. Percentage of population using a basic drinking water services at home

- Percentage of households using an improved source with a total collection time of 30 minutes or less for a roundtrip including queuing.

Definition - Basic handwashing facilities at home: handwashing facilities, with soap and water, available near sanitation facilities and where food is prepared or consumed.

3. Percentage of population with basic handwashing facilities in the home

- Percentage of households with soap and water at a hand washing 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.

Definition - Adequate sanitation facilities in schools and health centres are facilities that effectively separate excreta from human contact, and ensure that excreta do not re-enter the immediate environment. An adequate school or health centre sanitation facility:

- is located in close proximity [*specific distance to be added*] to the school or health centre;

- is accessible to all users, including adults and children, the elderly, and those with physical disabilities;
- provides separate facilities for males and females (boys and girls at school), and for adults and children;
- is equipped with hand washing stations that include soap and water and are inside or immediately outside the sanitation facility;
- provides adequate menstrual management facilities in sanitation facilities that are used by women and by girls of menstruating age;
- at schools, provides at least one toilet per 25 girls and at least one toilet for female school staff, as well as a minimum of one toilet plus one urinal (or 50 centimeters of urinal wall) per 50 boys, and at least one toilet for male school staff;
- At in-patient health centres, includes at least one toilet per 20 users;
- At out-patient health centres, includes at least four toilets - one each for staff, female patients, male patients, and child patients.

Definition - Basic drinking water service in schools: water from an 'improved' source on premises (in rural, pre-2015 JMP definitions; in urban, piped water into school, yard or plot or a stand pipe/public tap or a tubewell/borehole) capable of delivering sufficient water at all times for drinking, personal hygiene and, where appropriate, food preparation, cleaning and laundry. Five litres per capita per day (lpcpd) are available for non-residential schoolchildren and staff in non-residential and day schools; and 20 lpcpd are available for all residential schoolchildren and staff in boarding schools. Additional quantities of water may be required depending on sanitation facilities (e.g. pour flush or flush toilets). Drinking water points are accessible to all users, including those with disabilities, throughout the school day.

Definition - Basic drinking water service in health centres: water from an 'improved' source on premises (in rural, pre-2015 JMP definitions; in urban, piped water into health centre yard or plot or a stand pipe/public tap or a tubewell/borehole) capable of delivering the minimum quantity of water that is required for different situations in the health care setting as defined by WHO[2] . Drinking water points are accessible to all users, including those with disabilities, throughout the school day.

Definition - Adequate menstrual hygiene management facilities in schools and health centres provide privacy for changing materials and for washing hands, private parts and clothes with soap and water; include access to water and soap within a place that provides an adequate level of privacy for washing stains from clothes and drying re-usable menstrual materials; include disposal facilities for used menstrual materials (from collection point to final disposal).

Definition - Adequate handwashing facilities in schools and health centres

[2] The WHO Essential Environmental Health Standards recommend the following minimum quantities of water per person in each setting type: Outpatients: 5 L/consultation; Inpatients: 40-60 L/patient/day; Operating theatre or maternity unit: 100 L/intervention; Dry or supplementary feeding centre: 0.5 - 5 L/consultation (depending on wait time); Wet supplementary feeding centre: 15 L/consultation; Inpatient therapeutic feeding centre: 30 L/patient/day; Cholera treatment centre: 60 L/patient/day; Severe acute respiratory diseases isolation centre: 100 L/patient/day; Viral haemorrhagic fever isolation centre: 300-400 L/patient/day

Handwashing facilities, with soap and water, available inside or immediately outside sanitation facilities, where food is prepared or consumed, and in patient care areas.

Indicators

4. Percentage of pupils enrolled in primary and secondary schools that provide basic drinking water, adequate sanitation and adequate hygiene services

- Percentage of primary and secondary schools with an improved source (in rural areas, pre-2015 JMP definitions; in urban areas, piped water into school, yard or plot or a stand pipe/public tap or a tubewell/borehole) on premises and water points accessible to all users during school hours.
- 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.
- 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.

5. Percentage of beneficiaries using hospitals, health centres and clinics providing basic drinking water, adequate sanitation and adequate hygiene

- Percentage of hospitals, health centres and clinics with an improved source (in rural areas, pre-2015 JMP definitions; in urban areas, piped water into health centre, yard or plot or a stand pipe/public tap or a tubewell/borehole) on premises and water points accessible to all users at all times.
- Percentage of hospitals, health centres and clinics with improved gender separated sanitation facility on or near premises (at least one toilet for every 20 users at inpatient centres, at least four toilets – one each for staff, female, male and child patients – at outpatient centres.
- Percentage of hospitals, health centres 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 centres and clinics with a private place for washing hands, private parts and clothes; drying reusable materials; and safe disposal of used menstrual materials.

***Target 3*:** By 2040, everyone uses adequate sanitation at home, the proportion of the population not using an intermediate drinking water service at home has been reduced by half, the excreta from at least half of schools, health centres and households with adequate sanitation are safely managed, and inequalities in access to all these services have been progressively reduced.

Definition: Intermediate drinking water services at home: Households are considered to have intermediate drinking water service when they use water from an 'improved' source (pre-2015 JMP definitions in rural areas; piped water into dwelling, yard or plot, or a tubewell/borehole in urban areas) located on their premises, which delivers an acceptable quantity of water with only moderate levels of discontinuity (non-functional for no more than 2 days in the last 2 weeks), water quality at source meets

a threshold of less than 10 cfu *E. coli*/100ml year-round, and the water point is accessible to all household members at the times they need it.

Indicators

6. Percentage of population using an intermediate drinking water service at home

- Percentage of households using an improved source on premises with discontinuity less than 2 days in the last 2 weeks; with less than 10 cfu *E.coli*/100ml year round at source; accessible to all members of the household at the times they need it.

Definition: Adequate sanitation at home: each of the following sanitation facility types is considered as adequate sanitation for monitoring progress toward the household sanitation targets, if the facility is shared among no more than 5 families or 30 persons, whichever is fewer:

- A pit latrine with a superstructure, and a platform or squatting slab constructed of durable material. A variety of latrine types can fall under this category, including composting latrines, pour-flush latrines, and VIPs.
- A toilet connected to a septic tank.
- A toilet connected to a sewer (small bore or conventional).

Indicators

7. Percentage of population using an adequate sanitation facility

- Percentage of households using an adequate sanitation facility.
- Percentage of households in which the sanitation facility is used by all members of household (including men and women, boys and girls, elderly, people with disabilities) whenever needed.

Definition - Safe management of household excreta is defined as the containment, extraction, and transport of excreta to a designated disposal or treatment site, or the safe re-use of excreta at the household or community level, as appropriate to the local context. The share of households with safely managed excreta is defined as the fraction of households whose excreta:

- Are carried through a sewer network to a designated location (e.g. treatment facility);
- Are hygienically collected from septic tanks or latrine pits by a suction truck (or similar equipment that limits human contact) and transported to a designated location (e.g. treatment facility or solid waste collection site); or
- Are stored on site (e.g. in a sealed latrine pit) until they are safe to handle and re-use (e.g. as an agricultural input).

Indicators

8. Percentage of population living in households whose excreta are safely managed

- Percentage of households with adequate sanitation whose excreta are safely managed.
- Share of human excreta that reaches designated disposal sites.

Target 4: All drinking water, sanitation and hygiene services are delivered in a progressively affordable, accountable, financially and environmentally sustainable manner

Definition - Sustainable water services
A drinking water, sanitation or hygiene service is considered to be sustainable if it continues to deliver the designated level of service (with respect to affordability, availability, quality and accessibility) over the long term.

Indicators

9. Percentage of population using water and sanitation service providers registered with a regulatory authority (disaggregated by rural and urban).

10. 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)[3].

11. Ratio of annual revenue to annual expenditure on maintenance (including operating expenditures, capital maintenance, debt servicing) AND

12. Ratio of annual expenditure on maintenance (including operating expenditures, capital maintenance, debt servicing) to annualized value of capital assets.

13. Percentage of raw water quality tests within national standards for faecal contamination AND

14. EITHER Ratio of water production (lpcpd) to total water consumption (lpcpd) OR per capita renewable water resources.

[3] Affordability and accessibility to individual households could be addressed through questions in cross sectional surveys which include: Percentage of population reporting having been unable to access water when they needed it at some time in the past two weeks [response categories: unreliable, unaffordable, insufficient, unacceptable, access denied, etc].

Endnote: Proposed measurement and reporting of reduction/elimination of inequalities

Data will be **disaggregated by the four population groups** (rich and poor, urban and rural, slums and formal urban settlements, disadvantaged groups and the general population). Building on these disaggregated data, the **measurement of reducing inequalities** can be determined through the following steps:

1. Determine the **necessary rate of progress** for both worst-off and better-off groups in order to meet each target (this depends both on the target and on the specific year to be set).
2. Compare the percentage of the worst-off population who use the services set under each target with the percentage of the better-off population to establish the **disparity in use.**
3. If the progress of both the worst-off and better-off groups follows or exceeds the set rate of progress, and if the disparity between the two population groups narrows accordingly, the country is considered "on-track". By measuring the rate of progress for both the worst-off and better-off and comparing these, various elements can be assessed: 1) progress required to meet the target; 2) the reduction in inequalities; and 3) the necessary rate of progress to meet the target. This will also show eventual retrogression. As defined above, these three conditions must be met to be considered 'progressive reduction of inequality'.
4. In addition, a **Traffic Lights System** will serve for the overall assessment of the progressive reduction of inequalities under each target, combining the four population groups (poorest vs. richest wealth quintile, rural vs. urban, slum vs. formal urban settlement, and disadvantaged groups vs. general population). Green implies "on track", yellow shows that there is some progress, but that it is insufficient, and red means "off-track". If 3 or 4 out of 4 disaggregated groups are on-track, it is assessed as green; 2 out of 4 is yellow; and 0 or 1 out of 4 is red.

Illustration of the Traffic Lights System for Assessing the Overall Reduction in Inequalities

Progress in the reduction of inequalities for >=3 specified populations groups: on track (green)

Progress in the reduction of inequalities for 2 specified population groups: making progress but insufficient (yellow)

Progress in reduction of inequalities for: <=1 specified population groups: off track (red)

Country XX	Rural/urban	Poorest/Richest	Slum/Formal urban	Disadvantaged/general population	On/off track
Target 1	On track	Off track	On track	Off track or no data	progress, but insufficient
Target 2	On track	On track	On track	Off track or no data	On track
Target 3	On track	Off track	Off track	Off track or no data	off track
Target 4	On track	Off track	Off track	On track	progress, but insufficient