

Shared Sanitation Facilities

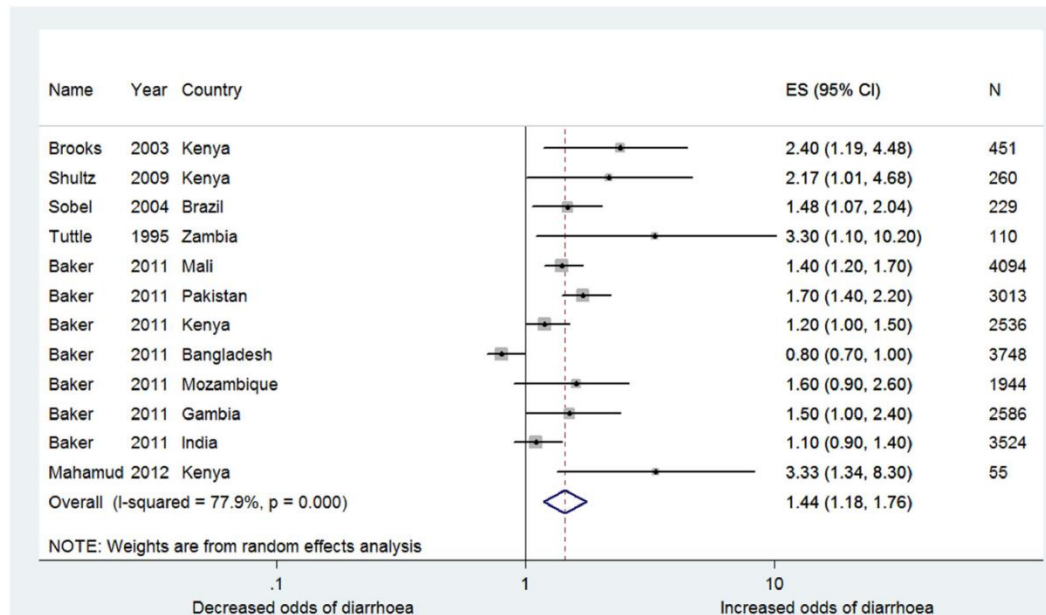
Normative and monitoring considerations

Rick Johnston



Health impacts

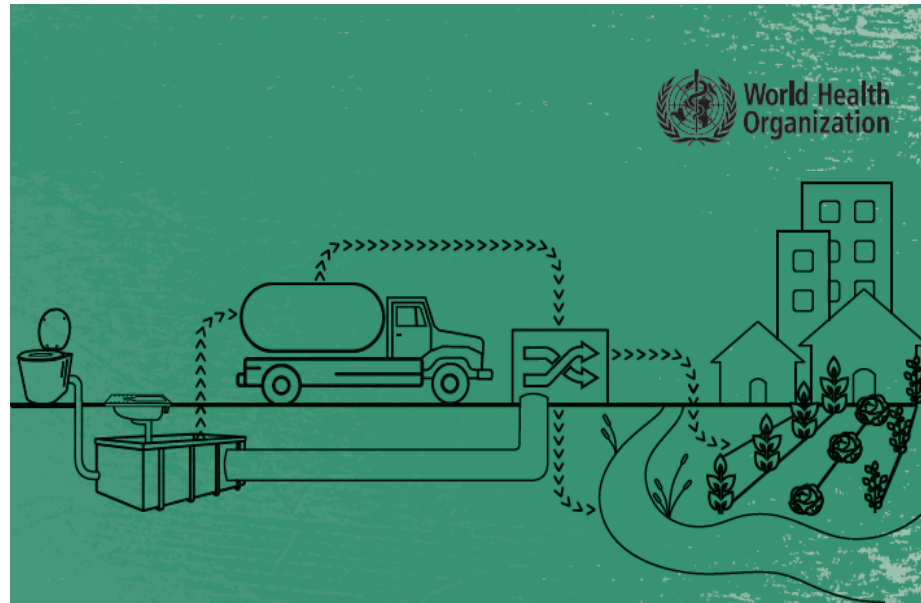
- Shared sanitation has been linked with multiple adverse health outcomes
 - Diarrhoeal disease, cholera, norovirus infection, soil-transmitted helminths
 - Perinatal, infant and under-five mortality
- No evidence of a threshold by number of users or type of sharing
 - shared household toilets, compound toilets, community toilets, public toilets



Human rights, dignity

- Some human rights concerns related to shared sanitation:
 - More difficult to ensure cleanliness and hygiene
 - Access to all, including those with disabilities
 - Lack of privacy
 - Increased risk of violence, particularly at night and for women and children
- Consistent with broader definition of health (WHO)
 - "State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity."
- "Communal or shared sanitation options, especially between many households, should never be seen as an adequate long-term solution. However, in some contexts, they are a short- to medium-term solution, necessary owing to limited urban planning and insufficient resources."

Guidelines for Sanitation and Health



Recommendation 1.d

*Shared and public toilet facilities that **safely contain** excreta can be promoted for households as an **incremental step** when individual household facilities are not feasible*

New JMP ladder for sanitation

SERVICE LEVEL	DEFINITION
SAFELY MANAGED	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite
BASIC	Use of improved facilities that are not shared with other households
LIMITED	Use of improved facilities shared between two or more households
UNIMPROVED	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
OPEN DEFECACTION	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste

SDG 6.2.1



SDG 1.4.1

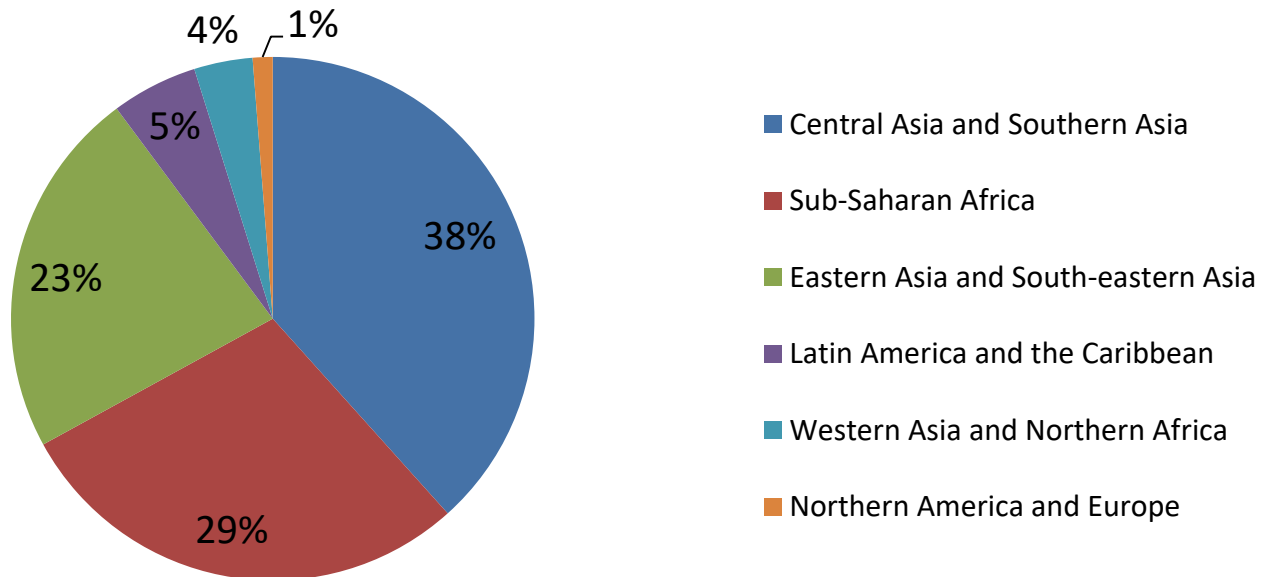


SDG 6.2.1

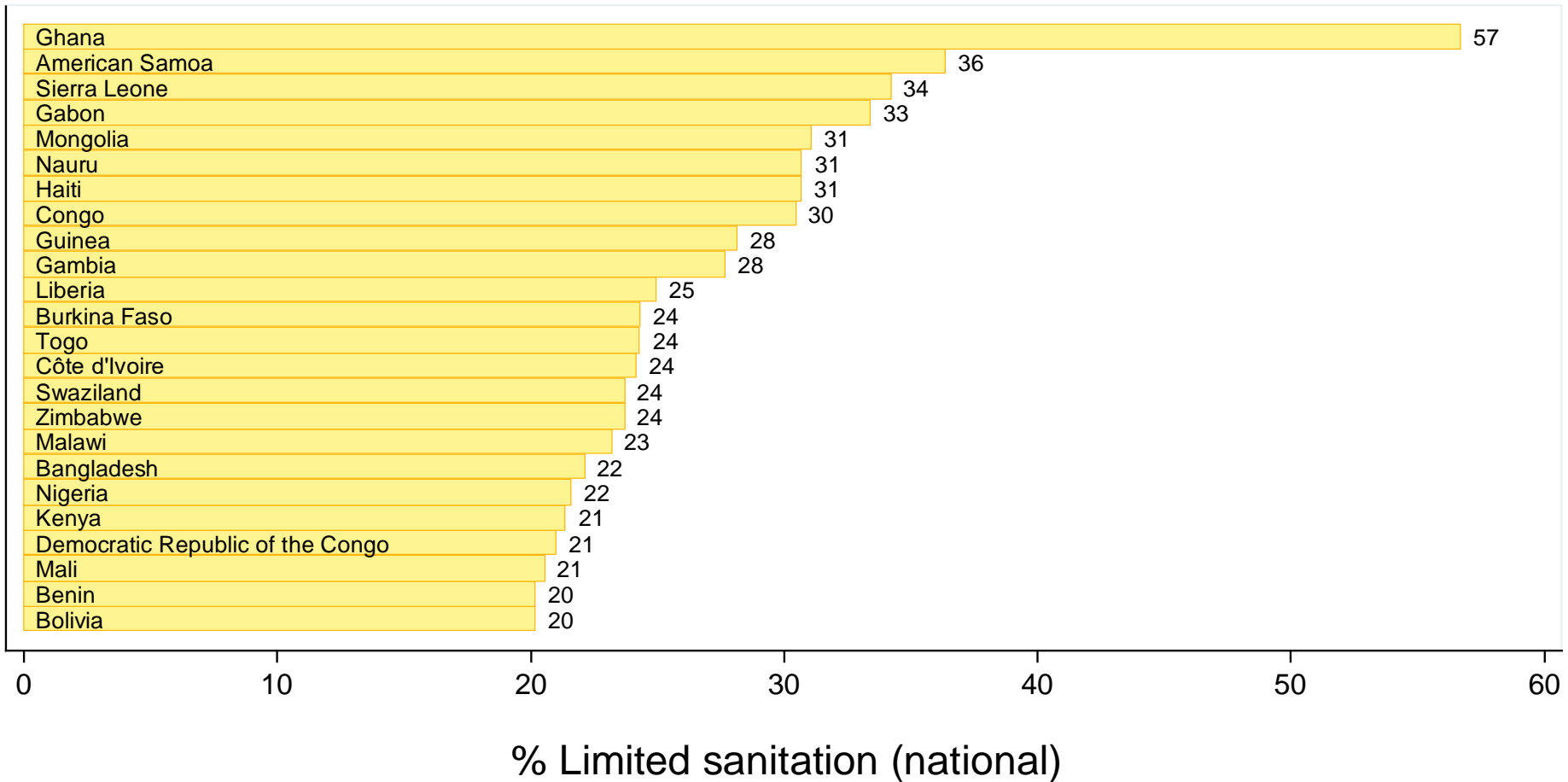


Limited sanitation services

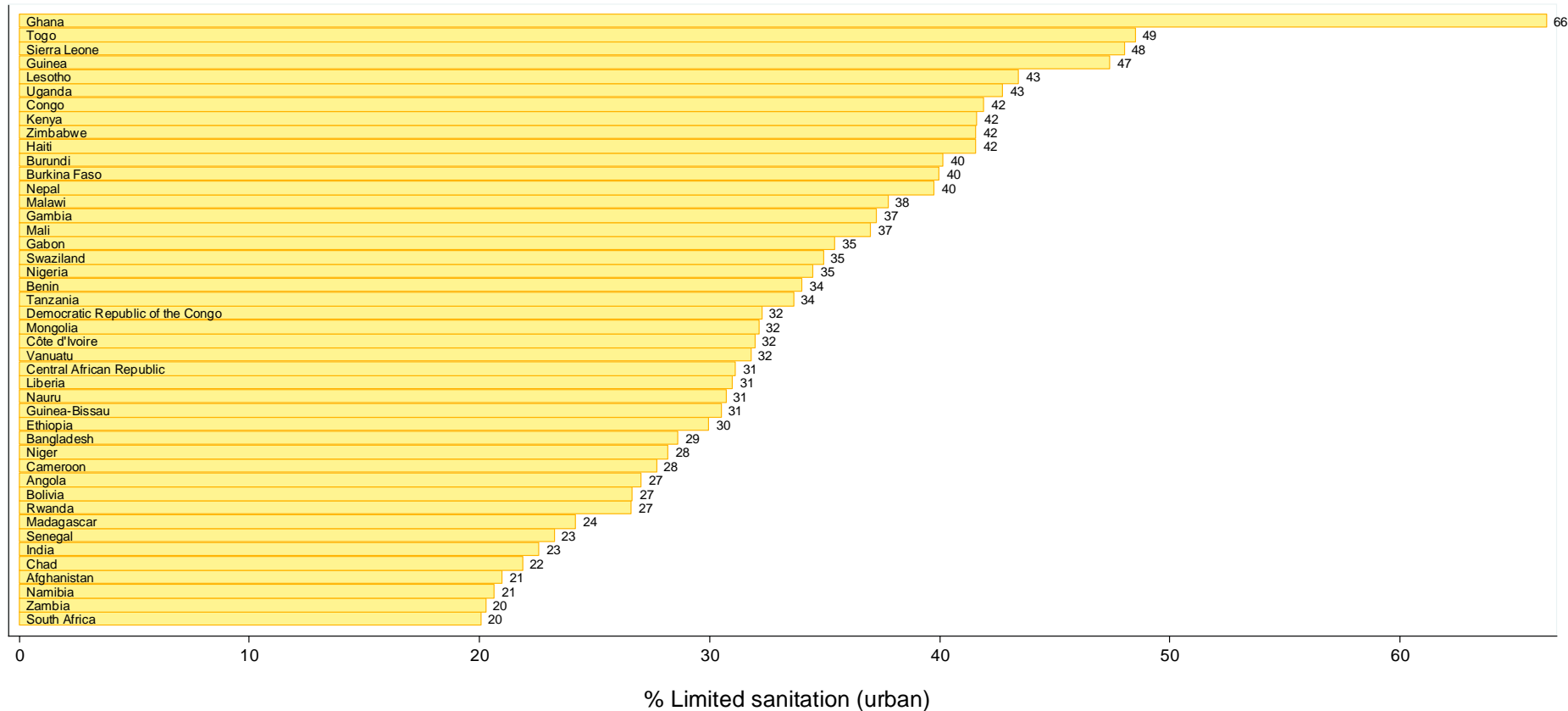
- 600 million people globally (8% of population)
 - 370 million urban, 230 million rural



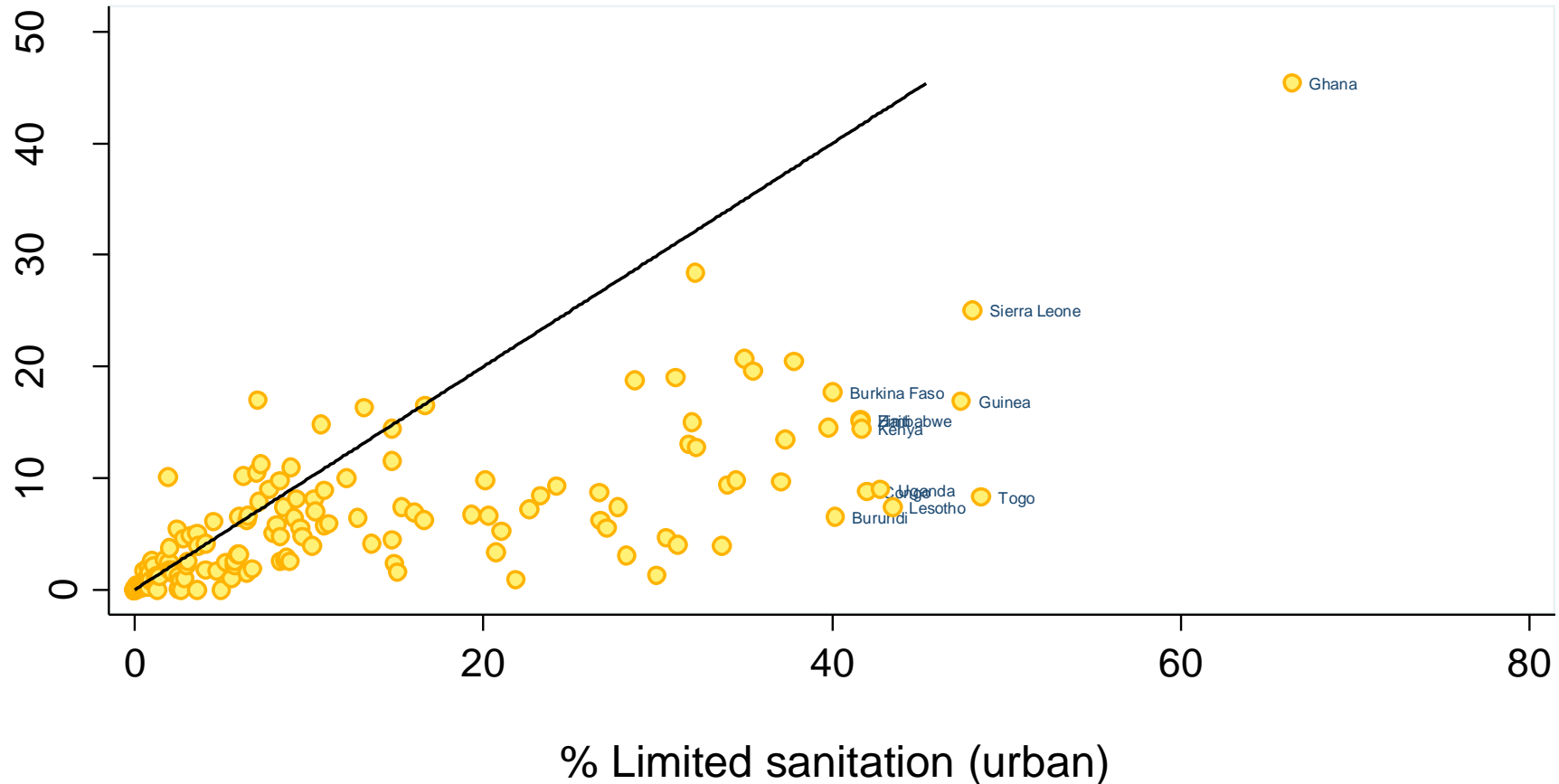
In 24 countries more than 1 in 5 people use limited san services



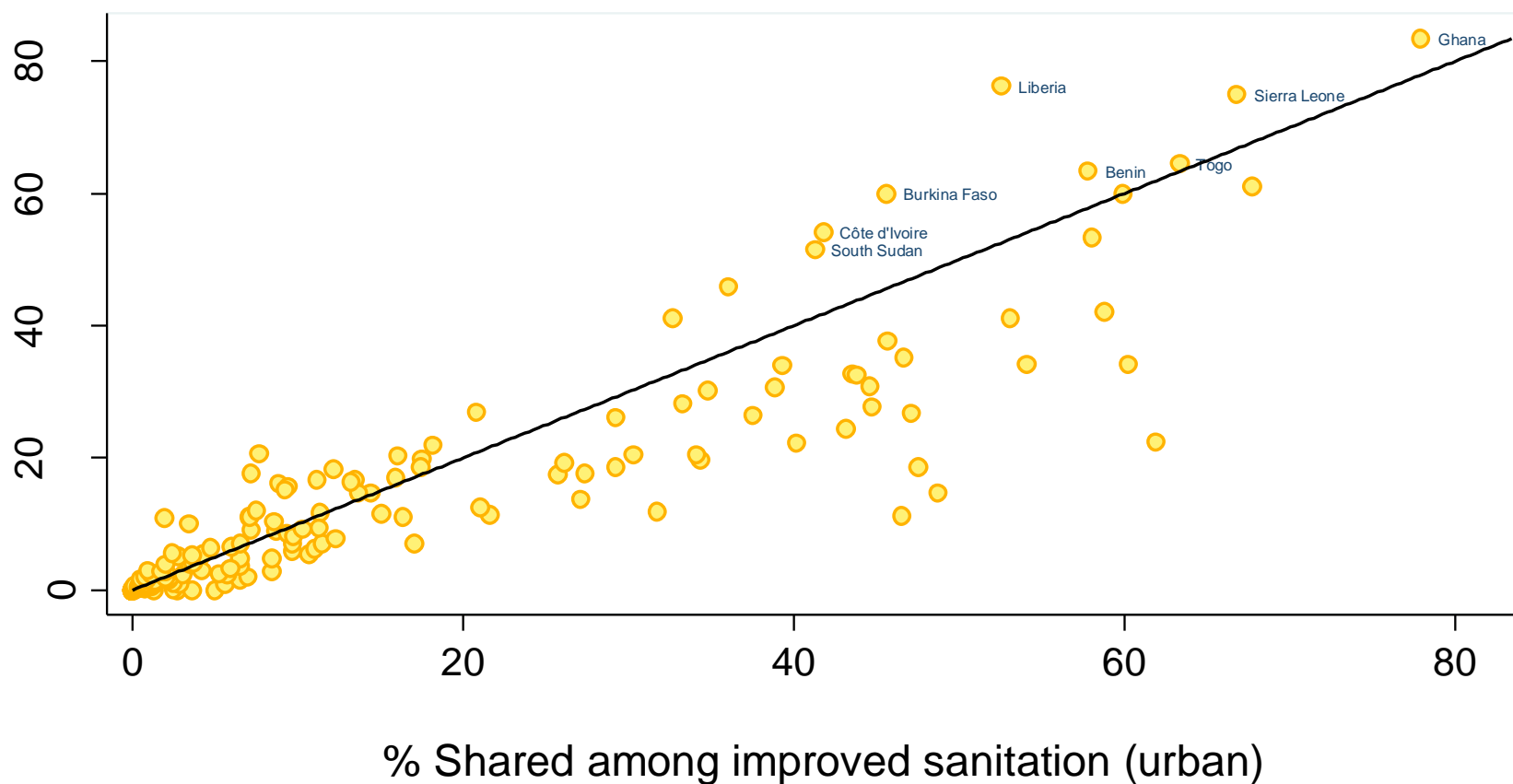
In 44 countries more than 1 in 5 people use limited san services (urban)



Most limited san happens in urban



Density alone doesn't explain all



Sometimes sharing is necessary

Editorial: Limited services? The role of shared sanitation in the 2030 Agenda for Sustainable Development

Barbara Evans, Andrés Hueso, Richard Johnston, Guy Norman,
Eddy Pérez, Tom Slaymaker and Sophie Trémolet

ABSTRACT

Target 6.2 of the Sustainable Development Goals calls for universal access to sanitation by 2030. The associated indicator is the population using 'safely managed' sanitation services. Shared sanitation is classified as a 'limited' sanitation service and some donors and governments are reluctant to invest in it, as it will not count towards achieving target 6.2. This could result in poor citizens in dense slums being left out of any sanitation improvements, while efforts are diverted towards better-off areas where achieving 'safely managed' sanitation is easier. There are sound reasons for labelling shared sanitation as 'limited' service, the most important being that it is extremely difficult – for global monitoring purposes – to differentiate between shared toilets that are hygienic, accessible and safe, and the more common ones which are poorly designed and managed. There is no reason to stop investing in shared sanitation. 'Safely managed' represents a standard countries should aspire to. However, the 2030 Agenda and the human rights recognise the need for intermediate steps and for reducing inequalities. This calls for prioritising investments in high-quality shared toilets in dense informal settlements where it is the only viable option (short of rehousing) for improving sanitation services.

Evans, 2017