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SDG 6.2.1: Sanitation and hygiene

This chapter examines challenges and opportunities relating to alignment, measurement and use of Sustainable Development Goal (SDG) Indicator 6.2.1 (Access to safe sanitation and handwashing facilities) to guide development co-operation towards that developmental outcome, from a global perspective and from the perspective of two case study countries: Kenya and Myanmar. Global monitoring arrangements for sanitation and hygiene have been adapted, but inconsistent indicator definitions used by development co-operation providers and partner governments in Kenya and Myanmar limit opportunities for harmonisation, joint measurement and use of SDG results information. As a result, the reporting burden for national stakeholders has increased and data against many providers' indicators are missing. This chapter recommends that development co-operation providers in the sector should: advocate in sector co-ordination groups for greater alignment to SDG 6.2.1; increase investments in sector-wide monitoring systems; ensure alignment of their project indicators with the official SDG indicator definition; and invest in monitoring systems capable of producing sex-disaggregated and sub-nationally disaggregated data, to ensure no one is left behind.

Introduction

This chapter examines challenges and opportunities relating to alignment, measurement and use of SDG 6.2.1 on the use of safely managed sanitation services in development co-operation, from a global perspective and from the perspective of two case study countries: Kenya and Myanmar.

The chapter starts with a presentation of the global profile of Indicator 6.2.1, setting out the current global context for measurement of SDG 6.2.1, then providing a detailed analysis of the extent to which development co-operation providers have aligned to this indicator in their corporate results frameworks. Section 3.3 provides an analysis of challenges and opportunities related to alignment, measurement and data use in relation to SDG 6.2.1 in Kenya and Myanmar. The chapter concludes with recommendations for development co-operation providers to support enhanced alignment, measurement and use of SDG 6.2.1. The annexes present the country contexts and an assessment of results indicators.

The country annexes also reflect the state of transition in each country, as they are currently adapting their country results frameworks to the SDGs – which pose a limitation to the study. Another limitation refers to the nature of SDG 6.2.1, where data on **sanitation access** (a component of the indicator) is more widely available and used than data on **handwashing facilities/hygiene** (the second component of the indicator).

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Recommendations

Overall, it is important to note that both countries are on a trajectory towards more integrated approaches to planning, monitoring and evaluation of sanitation and hygiene. Development co-operation providers investing in sanitation and hygiene can support enhanced alignment, measurement and use of SDG 6.2.1 by:

- Advocating through sector co-ordination mechanisms for better alignment to SDG 6.2.1 in both national and sectoral results frameworks.
- Increasing investment in and use of sector-wide monitoring frameworks and systems, including by bringing together relevant data from household surveys and censuses and administrative data sources, and by expanding the scope of measurement to capture SDG 6.2.1 in full (including the component on handwashing facilities).
- Ensuring development co-operation indicators tracking sanitation access follow SDG 6.2.1 methodology by: using the standard JMP sanitation ladder-level definitions (i.e. basic, safely managed, etc.); keeping water and sanitation indicators separate; and disaggregating by rural/urban and other locally relevant dimensions of inequality.
- Strengthening monitoring systems to ensure they take into account women and girls and can be disaggregated to subnational levels.

SDG Indicator 6.2.1 – Global profile

Goal 6: Ensure access to water and sanitation for all

Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Indicator 6.2.1: Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water.

- **Indicator 6.2.1a: Proportion of population using safely managed sanitation services, by urban/rural (%).**
- **Indicator 6.2.1b: Proportion of population with basic handwashing facilities on premises, by urban/rural (%).**
- *Additional UN SDG database indicator: Proportion of population practicing open defecation, by urban/rural (%).*

Global SDG measurement and reporting

SDG Target 6.2 sets out the global goal of universal access to adequate and equitable sanitation, noting the importance of ending open defecation and ensuring that the needs of women and girls in vulnerable situations are taken into account. The indicator is in fact two sub-indicators, the first monitoring access to sanitation (6.2.1a), the second to handwashing facilities/hygiene (6.2.1b). The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) Joint Monitoring Program (JMP) is the data custodian for SDG 6.2.1 (WHO and UNICEF, 2018^[1]). Baseline estimates for the new SDG sanitation indicators were published by the JMP in July 2017, subsequently included in the “UN Water 2018 SDG6 synthesis report” (UN-Water, 2018^[2]). Data are reported biennially, with a one-year lag between collection and publication. The database will be updated in 2019. The JMP has a five-year strategy (2016-20) (WHO and UNICEF, 2018^[3]) to improve monitoring of SDG targets related to drinking water, sanitation and hygiene. As the most recent data currently available through the JMP are from 2015 (baseline), it is not yet possible to track global progress against this SDG indicator. Table 2.1 sets out the latest global data against SDG 6.2.1.

Table 2.1. Global data SDG 6.2.1, 2015

Indicator	Total	Urban	Rural
Proportion of population using safely managed sanitation services	39.25%	43.24%	23.97%
Proportion of population with basic handwashing facilities on premises	Not available	Not available	Not available
Proportion of population practicing open defecation	12.14%	2.03%	23.97%

Source: <https://unstats.un.org/sdgs/indicators/database>.

Data on safe disposal and treatment of human waste and handwashing facilities are not available for all countries, which makes monitoring Indicators 6.2.1a and 6.2.1b a challenge. However, sufficient 2015 data (from 96 countries) were available on safely managed sanitation services (6.2.1a) to produce global and regional estimates, and 2015 data on basic sanitation services were available for nearly all countries. In

contrast, 2015 data on handwashing stations (6.2.1b) were available for only 70 countries, which is not enough for global estimates, but allows for 5 regional estimates (UN DESA, 2018^[4]). Furthermore, at present, the Global SDG Database only reports data on 38 countries for Indicator 6.2.1b, most of which are developed economies. Under that light, the analysis that follows pays special attention to the use of SDG results information for the first component (sanitation) of the SDG indicator, while to the extent possible also tracking stakeholders' behaviour with regard to the second component (handwashing/hygiene).

The JMP publishes time series (2000-15) at global, regional and country levels, and subnational data on sanitation service level, sanitation facility type, safely managed criteria (more limited data availability), and hygiene service level by number of people and proportion of the population. Data can be disaggregated by rural/urban and wealth quintiles. These data are primarily obtained through household surveys and censuses. To better align to the SDGs, the JMP has introduced a new sanitation service-level ladder framework as follows:

- Safely managed: use of improved facilities which are not shared with other households and where excreta are safely disposed *in situ* or transported and treated off-site.
- Basic: use of improved facilities which 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 defecation: disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste.

In addition to the above, the JMP defines [improved sanitation facilities](#) as “those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.” The previous Millennium Development Goal (MDG) sanitation ladder had four levels as follows: improved, shared, unimproved, open defecation. The new ladder builds on the previous framework (providing continuity), but introduces new rungs and additional criteria (WHO and UNICEF, 2018^[5]).¹ Overall, many of the alignment challenges identified in the current report stem from the transition from the old to the new service levels for sanitation, but development actors are gradually adjusting to the new, more detailed definitions.

The World Bank Water and Sanitation Programme has piloted a framework for measuring faecal waste flows and safety factors in 12 countries, which is being adopted and scaled up to allow for improved assessment of safely managed sanitation (Indicator 6.2.1a) (UN DESA, 2018^[4]).

Alignment of the corporate results frameworks of development co-operation providers to SDG 6.2.1

In the corporate results frameworks of development co-operation, providers generally monitor the proportion of the population with access to sanitation, although they tend to use the old MDG-based measure of “improved sanitation” rather than the newly defined “safely managed sanitation”, and very few disaggregate by rural/urban. In addition, it is not clear whether the definition of “improved” is consistent across providers. Out of the 15 providers considered in this analysis,² 5 use standard outcome indicators at corporate level that measure the percentage of the population with access to improved/safely managed sanitation services (Tier I).³ Thirteen providers include corporate indicators at output level that measure the number of people with access to improved/safe/basic sanitation, sanitation and hygiene, or sanitation and water (Tier II).

In general, many corporate indicators are broadly aligned to the “access to sanitation” component of 6.2.1. However, only the United States and the Asian Development Bank explicitly mention access to handwashing facilities with soap and water (as mentioned above, there is limited data availability globally

on this aspect of the indicator), and no providers have a corporate indicator for open defecation. Only the Netherlands, New Zealand (until 2018) and the Asian Development Bank disaggregate by rural/urban. Australia, the Netherlands, New Zealand, Switzerland, the United Kingdom and the African Development Bank disaggregate by gender. Three providers also combine access to water and sanitation in their output indicators, which limits the potential to align to the SDGs, which separates water and sanitation. Table 2.2. summarises the extent of direct alignment of provider corporate indicators (both outcome and output) to SDG 7.1.1. Annex 2.B presents a more detailed list of providers' development co-operation standard indicators at the corporate level that are linked or aligned to SDG 6.2.1.

Table 2.2. Summary of indicator analysis: Extent of alignment of 15 development co-operation provider indicators to SDG Indicator 6.2.12

Corporate results frameworks	Number of indicators
Total no. of provider indicators at corporate level linked or aligned to SDG 6.2.1	26
No. of corporate outcome indicators	6
No. of corporate outcome indicators that are a direct match with one of the sub-indicators of SDG Indicator 6.2.1	3 (50%) <i>of which:</i> 1 (entire indicator) 2 (a. safely managed sanitation services)
No. of corporate outcome indicators that apply sex disaggregation	0 (0%)
No. of corporate outcome indicators that apply urban/rural disaggregation	2 (33%)
No. of corporate output indicators	20
No. of corporate output indicators that are a direct match with one of the sub-indicators of SDG Indicator 6.2.1 (measuring numbers rather than proportion)	2 (10%) (a. safely managed sanitation services)
No. of corporate output indicators that match SDG Indicator 6.2.1 (measuring numbers rather than proportion) but refer to new/improved/better/increased sanitation	9 (45%) (a. safely managed sanitation services)
No. of corporate output indicators that refer to households rather than people/population	3 (15%)
No. of corporate output indicators that apply urban/rural disaggregation	1 (5%)
No. of corporate output indicators that apply sex disaggregation	5 (25%)

Source: Project-specific indicator inventories for 15 providers of development co-operation, as detailed in Annex 2.B.

In terms of reporting, analysis found that Australia, the Asian Development Bank, France, Germany, the Netherlands, the United Kingdom, the United States, the European Investment Bank and the World Bank publish aggregate global results for sanitation access at the corporate level in annual reports or online results databases. The World Bank also reports the global percentage of people with access to improved sanitation in its annual reports.

Country-level analysis: Alignment, measurement and use by partners and providers

This section presents analysis of challenges and opportunities related to alignment, measurement and data use in relation to SDG 6.2.1 in two country contexts: Kenya and Myanmar. The analysis is based on fieldwork and desk-based research, and explores both the partner country government and development co-operation contexts. For background on the overall situation with regards to SDG implementation within the country context and the institutional set-up in the sector, refer to Annex 2.A.

Alignment to SDG 6.2.1 in Kenya and Myanmar

Table 2.3 summarises the extent of alignment and data availability at country level to SDG 6.2.1 in Kenya and Myanmar, late 2018. In both countries, as is often the case for sanitation, the sector is fragmented, with responsibility for sanitation shared across several ministries and authorities. More detail is set out in the analysis below.

Table 2.3. SDG 7.1.1 partner country alignment to SDG 6.2.1

	Kenya	Myanmar
National plan aligned to SDG 6.2.1?	Partially. Vision 2030 is aligned. Medium Term Plan (MTP) II is not aligned. MTP III not yet released.	Yes. The Myanmar Sustainable Development Plan (MSDP) is aligned to Target 6.2, and the draft national indicator framework for the MSDP includes 6.2.1.
Sector plan aligned to SDG 6.2.1?	Partially. Pilot national SDG 6 monitoring report has strengthened alignment.	Partially. Rural water, sanitation and hygiene strategy only covers rural sanitation.
Existence of sector-level results/M&E framework?	Yes. Framework for monitoring the realisation of the rights to water and sanitation in Kenya.	No. This is planned for the new sanitation policy.
SDG 6.2.1 data availability	Yes. Survey data are available from Kenya Demographic and Health Survey.	Partially. Survey data only – based on previous JMP definitions, may not be representative of whole population.

The national plans of Kenya and Myanmar are aligned to SDG 6.2.1a, targeting universal access to basic sanitation by 2030

In **Kenya**, the 2010 Constitution made access to reasonable standards of sanitation a basic human right. Kenya's national plan, Kenya Vision 2030, commits to universal access to basic sanitation by 2030 (Ministry of Devolution and Planning, 2014^[6]). Kenya's draft MTP III (2018-22) commits to provide universal sewerage in urban areas by 2030 (currently there is 36% national coverage and 59% urban coverage); it also includes an indicator for the proportion of the population using safely managed sanitation services, but does not specify whether this will include urban/rural disaggregation (Government of Kenya, 2018^[7]).⁴ There are plans for a detailed national indicator framework and accompanying handbook, but this is not yet publicly available, and it is not clear whether a direct match to SDG 6.2.1 will be included (see Kenya country note in Annex 2.A for more details).

In **Myanmar**, the recently released Myanmar Sustainable Development Plan (MSDP) pairs internal strategies and action plans with SDG targets. Under Goal 5 of the strategy (natural resources and the environment for posterity of the nation), Strategy 5.3 (enable safe and equitable access to water and sanitation in ways that ensure environmental sustainability) includes seven action plans, amongst which 5.3.6 aims to “practice effective and environmentally safe waste management and disposal in industrial, commercial, household, and public sector use contexts” and 5.3.7 aims to “enable greater knowledge, attitude and practice of safe hygiene at household and community levels” (Myanmar Ministry of Planning and Finance, 2018^[8]). Work is underway to establish a National Indicator Framework for the MSDP, and at the time of writing, SDG Indicator 6.2.1 was included in the draft framework.

In both Kenya and Myanmar, sanitation and hygiene policies and provision are fragmented, which creates challenges for SDG alignment

Kenya's 2017 Water Act led to the creation of the new Ministry for Water and Sanitation (the ministry previously included irrigation, which now falls under agriculture). The new ministry is currently in transition, but will likely have responsibility for overall sanitation policy and planning, and for delivery of urban sanitation (i.e. sewerage), while delivery of rural sanitation has been devolved to the counties.⁵ The Ministry of Health is responsible for policies and for public health awareness related to rural sanitation.

Several sector-level sanitation strategies and policies are aligned to Vision 2030. These include the Kenya Environmental Sanitation and Hygiene Policy 2016-2030 (Kenyan Ministry of Health, 2016^[9]), Kenya Environmental Sanitation and Hygiene Strategic Framework 2016-2020 (Kenyan Ministry of Health, 2016^[10]), and Kenya Open Defecation Free Campaign Roadmap 2016-2020 (Kenyan Ministry of Health, 2016^[11]). While the Kenya Environmental Sanitation and Hygiene Strategic Framework includes a monitoring and evaluation plan, it does not outline the specific indicators, baselines or targets to be tracked and monitored.

In 2017, Kenya was invited by UN-Water to take part in a pilot national reporting process for SDG 6, which resulted in a comprehensive progress report (Kenyan Ministry of Water and Irrigation, 2017^[12]). The Ministry of Water and Sanitation (then the Ministry of Water and Irrigation) led and co-ordinated the SDG 6 pilot report, establishing a national steering committee and appointing an individual focal point for each of the 11 indicators under SDG Goal 6.⁶ The report includes estimated baseline values for the SDG indicators and sets out an indicator framework and baselines for monitoring realisation of the rights to water and sanitation in Kenya.⁷ The process of completing this report was pivotal in terms of strengthening alignment and raising awareness around SDG 6. The pilot can also strengthen future monitoring, as the report mentions establishing an institutional structure and framework for SDG 6 monitoring. Annex 2.B presents Kenya's current national sanitation sector indicators.

In **Myanmar**, the sanitation landscape is also fragmented. Responsibility for rural sanitation and hygiene, and sanitation in health facilities falls under the Department of Public Health within the Ministry of Health and Sports. The Department of Basic Education also has a stake with regards to school sanitation. Responsibility for urban sanitation rests with individual municipalities and there is no central government agency with oversight for urban sanitation in Myanmar. However, recent engagement in international events has raised the profile of sanitation needs in Myanmar, and the Minister of Health has assumed a leadership role for the overall sector which should strengthen co-ordination.

Myanmar's National Strategy for Rural Water Supply, Sanitation and Hygiene (WASH) (2016-30) was released in 2016, following extensive situation analysis and consultation at state and regional levels (Government of the Republic of the Union of Myanmar, 2016^[13]). The strategy includes an indicator framework and aligns to Indicators 6.2.1a and 6.2.1b, but only for rural populations (urban and total are not included). Indicators are based on households rather than individuals, and use the definition "improved" rather than safely managed (see Annex 2.B). In addition, despite identification of indicators, the strategy does not include a comprehensive monitoring and evaluation plan to ensure robust data are collected against the indicators and to enable monitoring and evidence-based decision making through the lifetime of the strategy. However, the strategy acknowledges this gap and includes plans for creating and maintaining an integrated data-collection and management system from the lowest operational level up to the Union.

Furthermore, under the leadership of the Ministry of Health, and with support from UNICEF and the World Health Organization, there are now plans for the development of a National Sanitation Policy, which will see articulation of a more detailed monitoring and evaluation framework. The policy will also include a roadmap, milestones and a costed implementation plan. It has not yet been confirmed whether it will also incorporate urban sanitation. Overall though, there is currently limited alignment, progress towards use of SDG 6.2.1 as a shared framework for results is apparent.

Development partner indicators are still based on the MDG ladder definitions, and do not capture all the relevant elements included in the SDG indicator

In **Kenya**, bilateral providers tend to support both rural and urban sanitation via the Water Sector Trust Fund, a large state corporation basket fund⁸ which helps support a more joined-up approach to the sector. The SDG 6 pilot report found that 51.7% of donor funds are aligned to the national WASH plan (Kenyan Ministry of Water and Irrigation, 2017^[12]).

Analysis of provider indicators in Kenya reveals that three of the eight providers in the analysis include indicators in their country assistance strategy results frameworks that measure the percentage of the population or households with access to improved/basic/safely managed sanitation services. Four other providers measure the number of people gaining access to basic or improved sanitation. Finland is the only provider to include a country-level indicator for the number of open defecation-free villages. Other SDG-related indicators used by providers in Kenya include: sewage system coverage, wastewater treated, sanitation in institutional settings and number of sanitation systems. In some instances, Tier II indicators differ between corporate and country levels for individual providers (e.g. for Finland and Germany).⁹ Finland and the United States disaggregate some of their own Tier II results data by gender (see Annex 2.B).

Development partners could support national efforts to align to and strengthen systems for monitoring against SDG 6.2.1 by ensuring their own results frameworks incorporate and use national indicators which are aligned to the SDGs. For example, consultations with the Water Sector Trust Fund revealed the constraints of multiple reporting requirements against the different indicators used by providers. There is good development partner/government dialogue via the WASH Technical Working Group, and quarterly sanitation forums. These can be used as a vehicle to enhance alignment.

In **Myanmar**, very few donors are active in the sanitation sector, and programming is dominated by small civil society organisation-led projects with no joint programming or pooled financing. UNICEF is the main partner in the WASH sector in Myanmar. According to data from the OECD's Creditor Reporting System, other key donors include JICA, USAID and the World Bank. In Myanmar, only the Asian Development Bank and the United Kingdom currently include an indicator in their country assistance strategies for the percentage of the population or number of people with access to sanitation. The European Commission tracks the number of fly-proof latrines built.

UNICEF's 2018-22 country strategy is aligned to SDG 6 under programme component 2. Indicators 2.4 and 2.5 align directly to SDG 6.2.1. UNICEF also commits through its strategy to developing the institutional setting for planning and monitoring (e.g. Indicator 2.1.6: Existence of water, sanitation and hygiene sector monitoring, evaluation and learning mechanism) (UNICEF, 2017^[14]).

The WASH Thematic Working Group is mainly responsible for co-ordinating WASH development co-operation. However, the thematic working group is a development partner only group, and there is no government-led sector co-ordination for WASH, aside from a sub-sector working group on WASH under the agriculture pillar, led by the Department for Rural Development, which mainly focuses on water.

Measurement and use of sanitation data in Kenya and Myanmar

Table 2.4 summarises development partner alignment in country assistance strategies to either SDG 6.2.1 or indicators used in the results frameworks of the partner country (Kenya or Myanmar). It shows very limited alignment by development partners in both countries. Annex 2.B presents in detail provider indicators (in-country assistance strategies) which are linked or aligned to SDG 6.2.1 in both countries.

Table 2.4. Summary of indicator analysis: Extent of country assistance strategy alignment to government and SDG indicators for sanitation

Country assistance strategies	Kenya	Myanmar
Total no. of provider indicators at country level linked or aligned to SDG 6.2.1	23	6
No. of country-level outcome indicators	9	5
No. of provider country-level outcome indicators that are a direct match with one or more of the sub-indicators of SDG Indicator 6.2.1	1*** (11%)	1 (16%) 1b. Handwashing facilities 1c. Practicing open defecation
No. of country-level outcome indicators that include the world new, improved, better, increased, basic and refer to population or households	5 (56%)	0 (0%)
No. of country-level outcome indicators that are a direct match with national or sector plan strategy indicators	National: 1 Sectoral: 2 (33%)	National: 1 (16%)
No. of country-level output indicators	14	1
No. of corporate output indicators that are a direct match with one or more of the sub-indicators of SDG Indicator 6.2.1 (measuring numbers rather than proportion)	1 (7%) (a. safely managed sanitation services)	0 (0%)
No. of corporate output indicators that are a direct match with one or more of the sub-indicators of SDG Indicator 6.2.1 (measuring numbers rather than proportion) but include the world improved, safe or basic	5 (36%) (a. safely managed sanitation services)	0 (0%)
No. of country-level output indicators that are a direct match with national or sector plan strategy indicators	National: 0 Sectoral: 2(14%)	N/A
No. of providers working on the sector	8*	4**

* Belgium also supports sanitation projects in Kenya, but reporting indicators are not available.

** Five other providers are active but no indicators are available: Australia, Germany, Japan, the United Nations Development Assistance Framework (UNDAF) and the World Bank.

*** UNDAF, though it lacks disaggregation urban/rural.

Source: See Annex 2.B for source data.

Kenya would benefit from nationally integrated systems for collation and use of sanitation data

In Kenya, the 2017 SDG monitoring report put the proportion of the population accessing safely managed sanitation at 20%. According to the report, this figure was derived from the 2014 Kenya Health and Demographic Survey (for rural), and from administrative data from the Water Services Regulatory Board (WASREB), which monitors households connected to sewerage (Kenyan Ministry of Water and Irrigation, 2017_[12]).

As illustrated above, because responsibility for sanitation is divided between different ministries and individual counties, the landscape is complex in terms of monitoring responsibility. The Ministry of Water and Sanitation is responsible for monitoring urban sanitation, via WASREB and the Ministry of Health for rural sanitation. The Ministry of Health has oversight of a real-time Community Led Total Sanitation data system, which tracks the progress of all villages in Kenya towards becoming open defecation-free (there is ambition to expand this system to enable tracking villages which have access to basic sanitation) (Kenyan Ministry of Health, 2018_[15]). Devolution of rural sanitation services also means devolution of monitoring, and field research indicates that there are significant monitoring and evaluation capacity needs at county level (see Annex 2.A for more detail on monitoring of urban sanitation).

This “multi-sector” institutional setting, with no single source of data, makes consistent capture of data against SDG 6.2.1 complex. Nonetheless, there is good capacity across the different central agencies, and strong co-ordination in some areas, which may enable use of administrative data to capture locally relevant data that are aligned to SDG 6.2.1. However, this will require enhanced data systems in ministries. Ensuring adequate systems as well as capacity at county level will also be a significant challenge.

At central government level, there is both expertise and will for a more co-ordinated approach to monitoring sanitation access (including potential development of a single central data system), but support is required to develop a more cohesive approach to administrative data collection and management, where the institutional framework for delivery lacks coherence.

Monitoring data for sanitation in Myanmar is in the early stages, but alignment to SDG 6.2.1 creates impetus for progress

In Myanmar, the sector is less advanced. Joint Monitoring Program (JMP) 2015 data on sanitation service levels, facility type and hygiene service level are disaggregated by rural/urban and income level. Subnational data are not available for Myanmar. The Myanmar Demographic Health Survey is one of the national data sources used by the JMP, but it does not yet align to the new JMP ladder definitions (Ministry of Health and Sport of Myanmar, 2017^[16]). The most recent survey puts the percentage of the population with access to improved sanitation at 79.5%; however, during fieldwork, stakeholders commented that reported access rates may not reflect underlying realities – or be representative of the whole population (for example internally displaced people). The Myanmar Living Conditions Survey also includes some sanitation data, which are also not aligned to JMP indicators (Central Statistical Organisation, UNDP and the World Bank, 2018^[17]). As such, there is no current national baseline for SDG 6.2.1, and stakeholders outlined the need to ensure the next Myanmar Demographic Health Survey reflects the new JMP ladder definitions.

As noted above, SDG 6.2.1 will be included in the National Indicator Framework for the MSDP, and the government has agreed to adopt the new JMP ladder definitions. This creates a platform and impetus for strengthening the measurement of sanitation access.

In addition, Myanmar's Health Management Information System (HMIS) is seen as one of the best administrative data systems in the country. HMIS reporting is quarterly, and includes some sanitation data (e.g. number of open defecation-free communities), but not yet data related to handwashing facilities. Stakeholders commented that with some refinements, the HMIS has the potential to be used as a source of real-time data on sanitation access, and as a basis for results-based management of the sector. They acknowledged, however, that this requires not only improvement of the system, but also the capacity of staff on the ground in terms of data collection and management and in particular, increasing the capacity of officers in rural health centres to undertake a community monitoring role with regards to sanitation, creating an institutional link from the community level through to central agencies. As noted above, with the support of UNICEF and WHO, the Ministry of Health plans to tackle monitoring and evaluation, and data challenges under the new sanitation policy which will be developed in 2019.

Both countries face challenges to ensure that data collection can capture the local context, while also meeting international reporting requirements

During fieldwork in **Kenya**, stakeholders discussed significant definitional and other challenges with respect to monitoring sanitation services. First, budget lines for water and sanitation are combined within Kenyan systems – which in turn translates into blended water and sanitation monitoring systems (also seen in development partner indicators, see Annex 2.B). Second, while under the JMP there is a clear international definition of the different steps on the sanitation ladder, actors in the sanitation sector face challenges applying the international definitions to the Kenyan context. This is further complicated across rural and urban settings, which are vastly different in Kenya.¹⁰ Last, stakeholders noted difficulties in monitoring **safely managed** sanitation in contexts where sewerage is transported off-site (as opposed to piped sewerage), meaning that it is difficult to monitor the extent to which waste is eventually treated in a way which conforms with the definition of “safely managed”. Stakeholders discussed the potential for introducing a joint sector review mechanism specifically for sanitation in order to provide a platform for strengthening data and evidence.

Like in Kenya, as **Myanmar** moves to adopting international definitions, it will face challenges to adapt international definitions to the local context, including to cultural norms between regions regarding the use and features of sanitation and handwashing facilities.

Data disaggregated by geographic location and other context-relevant cleavages will be essential in the Myanmar context, where there are significant disparities between regions. In addition, as noted above, responsibility for urban sanitation falls under individual municipalities, and there is currently no co-ordination between urban and rural monitoring. As such, data on the situation in urban settings are limited, and there are likely very little data captured through surveys in areas with the greatest need, e.g. informal settlements. UNICEF and the World Food Programme are at the early stages of exploring how to assess the situation (across all sectors) in informal settlements. Review and assessment of the current monitoring systems used in the four larger cities would be of benefit.

Finally, special attention to the rights of women and girls is an important aspect of Target 6.2, and gender disaggregation is also a challenge, as national data are not yet disaggregated by gender. Metadata for SDG 6.2.1 state that disaggregation by other measures of inequality, such as gender, will be made where data permit, and this is an identified area where the government of Kenya would benefit from support.

Visualising the results chain for sanitation access in Kenya and Myanmar

Development co-operation providers would like to understand how they can assess and communicate their contribution to the SDGs. This will first require strengthened alignment of their own results frameworks to the SDGs that have been prioritised by the countries they work in. Figure 2.1 and Figure 2.2 set out publicly available results data against the different levels of the results chain for development co-operation in support of sanitation access (SDG 6.2.1) in Kenya and Myanmar. The figures show that alignment is still limited and that data against many of the indicators collected by development co-operation providers are missing. For instance, in Kenya, no data are available to report progress against 23 providers' indicators. The figures also show potential for developing a more co-ordinated approach at country level.

Figure 2.1. Kenya: Development co-operation in sanitation

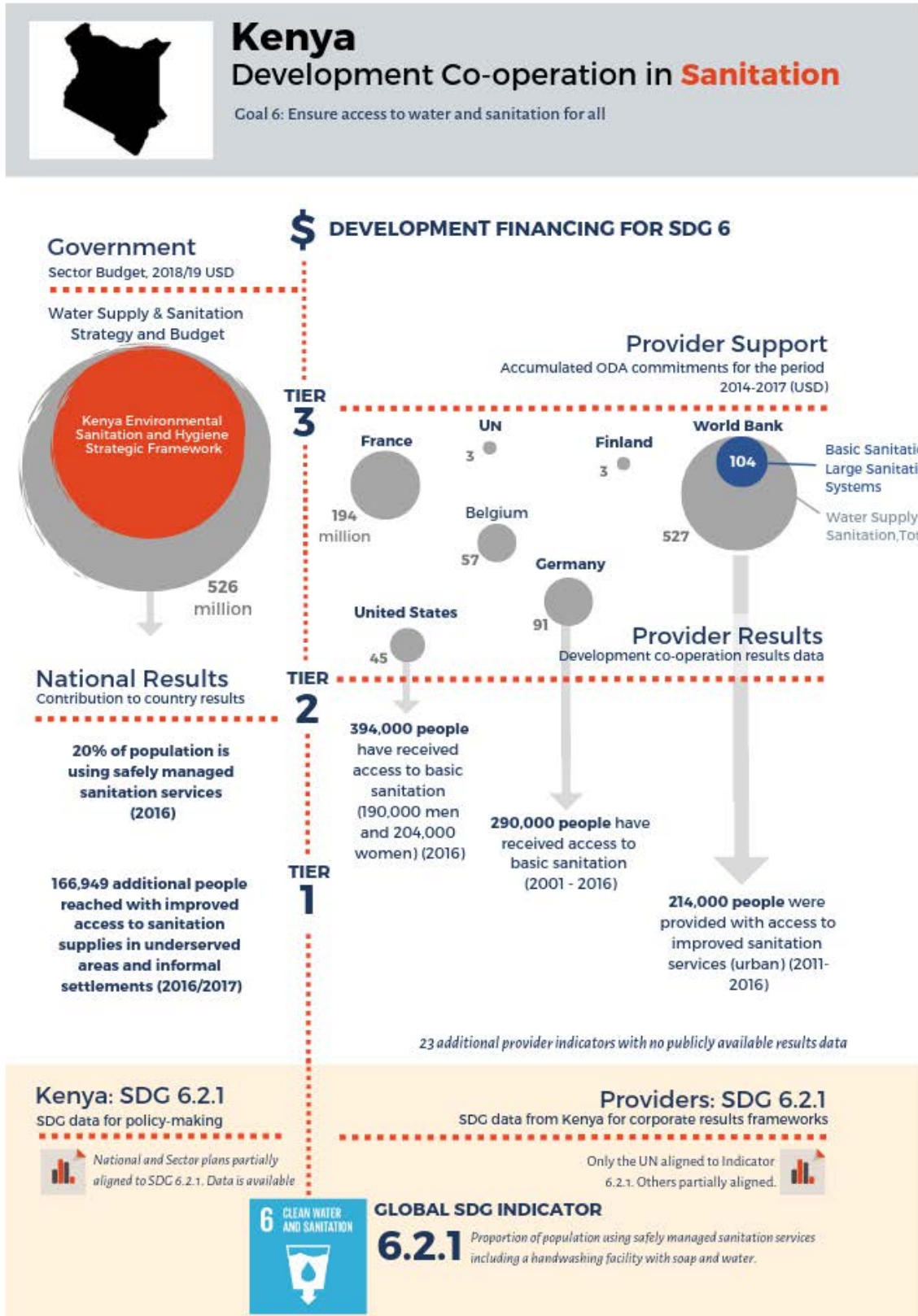
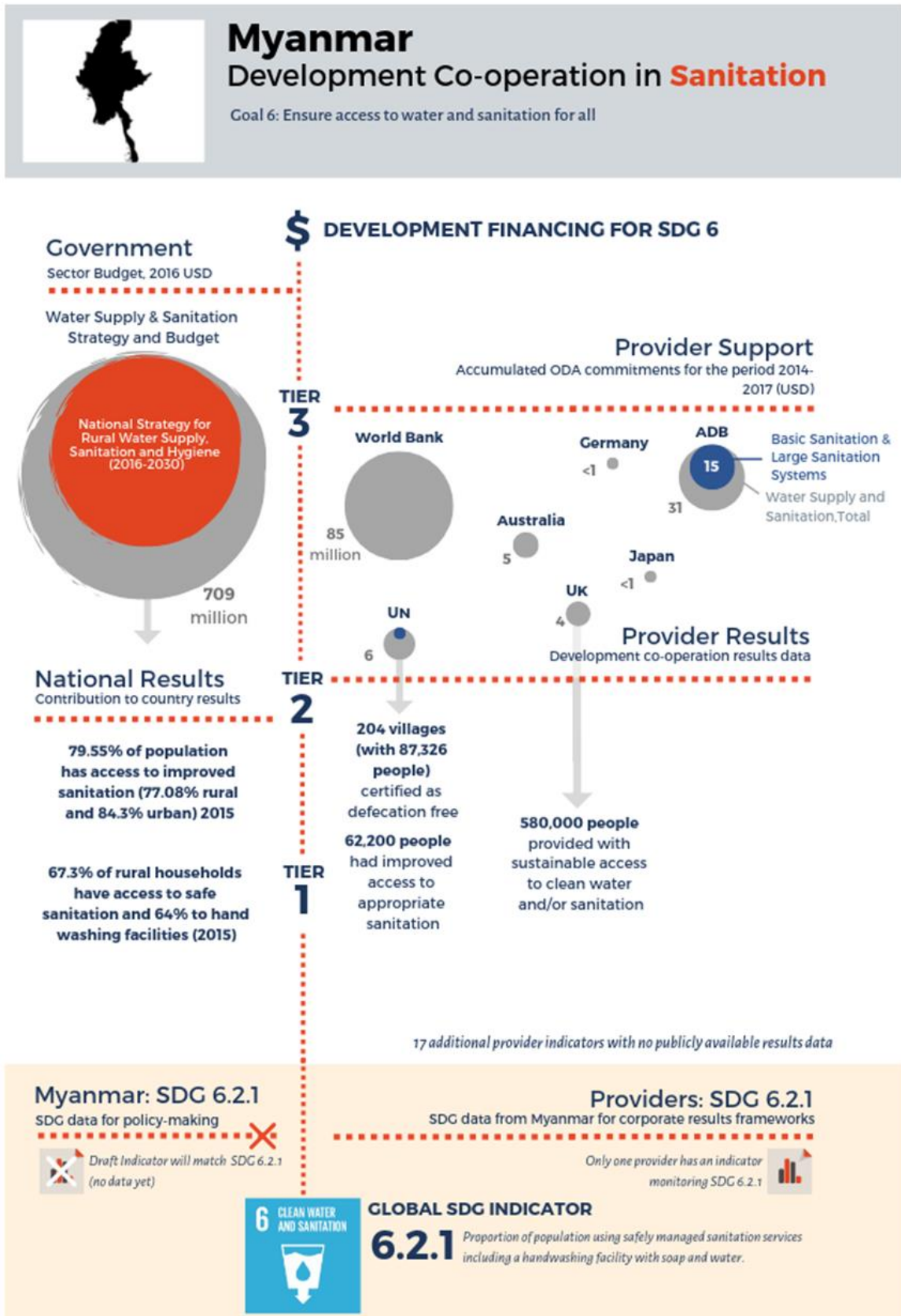


Figure 2.2. Myanmar: Development co-operation in sanitation



Conclusions and recommendations

Global monitoring of sanitation and hygiene under the JMP has been refreshed to better reflect SDG Target 6.2 and Indicator 6.2.1. However, in Kenya and Myanmar, more detailed definitions of the different service levels for sanitation and hygiene create challenges in a sector which is not well resourced. Alignment remains limited, with most development partner indicators still referring to the old MDG ladder definition for sanitation and neglecting hygiene. This leads to a multiplicity of indicators. While this puts a reporting burden on national stakeholders, it also means that data against many of the providers' indicators are missing.

National household surveys are an essential source of information on sanitation and hygiene, but these should be supported to align to the new international definitions going forward. In addition, surveys alone will not enable monitoring of progress towards SDG 6.2.1, nor capture the different cultural contexts in different parts of both countries. Their lagged frequency also limits availability and use of up-to-date data to support results-based decision making.

In both countries, and as is the situation in many countries, provision of sanitation is fragmented, which creates challenges for integrated approaches to planning and monitoring:

- In Kenya, pilot SDG 6 reporting has established a strong institutional framework for the sanitation sector, which could now be enhanced by the development of a single data system which addresses monitoring challenges that are specific to the Kenyan context.
- In Myanmar, measurement and use of data for planning and programming of sanitation is at the very early stages. However, the sector has gained profile among leadership, and progress is being made. Inclusion of SDG 6.2 in Myanmar's new national plan helps to create impetus. It will be important to ensure that resource and capacity are put in place for robust ongoing monitoring in all regions and states that can be used to steer and guide provision. Incorporating urban sanitation into national monitoring is an essential piece of the puzzle.

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Annex 2.A. Country profiles for SDG 6: Sanitation and hygiene

The tables presented in this annex are based on detailed “indicator inventory” spreadsheets which have been compiled for each case study SDG (tracking indicators and any data against them). The spreadsheets are based on extensive web-based research and consultation with development co-operation providers and partners, as well as verification in the field. The objective was to identify SDG-aligned or SDG-like indicators used by partners and/or providers, and any data against these. A detailed set of criteria or rules were used for identifying indicators which were considered SDG-aligned or SDG-like.

At corporate level, all Development Assistance Committee (DAC) member and multilateral development bank providers which are known to have adopted **standard indicator sets**,¹¹ and have indicators in the relevant sectors, are included. At country level, the following providers are included:

- The United Nations via United Nations Development Assistance Framework (UNDAF) indicators; UN agencies were included in aggregate rather than each individual UN agency being considered separately – **except** for Myanmar, where there is no current UNDAF. Instead United Nations Children’s Fund (UNICEF) indicators and results were included. UNICEF is an active provider in the education sector.
- The World Bank Group and relevant regional multilateral development finance institution (i.e. African Development Bank or Asian Development Bank as applicable).
- The case study donor focal point.
- The top three DAC providers of aggregate bilateral official development assistance (ODA) disbursements to the partner country in that sector in 2016.
- The top three DAC providers of aggregate bilateral ODA disbursements to the partner country in that sub-sector in 2016, if different from above (e.g. for Indicator 4.1.1, the top three providers of bilateral ODA in the primary and secondary education subsector in Ethiopia in 2016).
- Additional DAC bilateral providers are included for analysis even if they are not one of the top three providers of bilateral ODA to the partner country in that sector/sub-sector if the provider has prioritised that sector in their development co-operation strategy for that partner country. For example, although Norway is not one of the top three providers of bilateral education ODA in Ethiopia, it is included for analysis, because Norway has prioritised the education sector in its development co-operation strategy for Ethiopia. This approach allows for inclusion of smaller providers who are relatively active in a particular sector and partner country, despite their lower ODA outflows.

Annex Figure 2.A.1. Kenya country profile for SDG 6



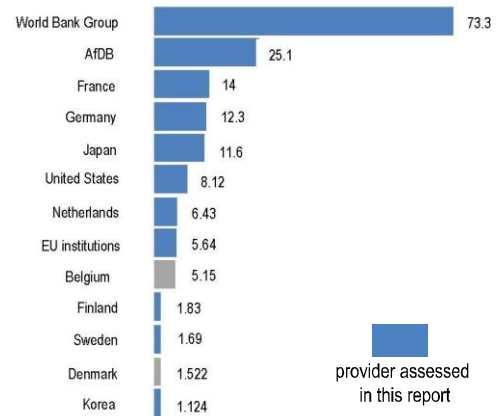
KENYA SDG 6 RESULTS PROFILE



KENYA SANITATION SNAPSHOT

One of the **most chronically water-scarce countries in the world**, Kenya has relatively low levels of access to water and sanitation. Only 55% of Kenyans have access to either shared or improved sanitation facilities, while **45% still rely on unimproved facilities or open defecation**. Between 1990 and 2015, access to improved sanitation in Kenya only increased from 25% to 29%. In 2015 an estimated 43% of the urban population had access to basic sanitation, compared to only 28% of the rural population. **More than half of the population is at risk of diseases or death due to poor sanitation and hygiene**. Over 75% of the county's disease burden is caused by poor personal hygiene, inadequate sanitation practices and unsafe drinking water. In economic terms, **it is estimated that Kenya loses USD 365 million (or 1% of national GDP) due to poor sanitation**.

ODA FOR SANITATION IN KENYA BY PROVIDER



KENYA IN NUMBERS

ONE OF THE FASTEST GROWING ECONOMIES IN SUB-SAHARAN AFRICA, AVERAGING 5% GROWTH PER YEAR OVER THE PAST 8 YEARS

KENYA'S GDP PER CAPITA STANDS AT USD 3 285

NET ODA WAS USD 1 542 MILLION IN 2017 - EQUAL TO 2.3% OF GNI

USD 2 474 MILLION NET ODA WAS RECEIVED IN 2017 - EQUIVALENT TO 3.3% OF GDP

A POPULATION OF 50 MILLION OF WHOM 6.4% LIVE BELOW THE USD 1.90 PER DAY POVERTY LINE

AGRICULTURE CONTRIBUTES AROUND 75% OF FULL- AND PART-TIME EMPLOYMENT AND ROUGHLY ONE-THIRD OF THE NATIONAL GDP

PRESIDENT UHURU KENYATTA PLEDGED IN 2017 TO FOCUS ON THE "BIG FOUR": UNIVERSAL HEALTHCARE, FOOD SECURITY, AFFORDABLE HOUSING AND EXPANSION OF MANUFACTURING TO PROMOTE ECONOMIC GROWTH AND DEVELOPMENT

THE NATIONAL DEVELOPMENT STRATEGY INCLUDES:

- DEVELOPMENT PRIORITIES
- TARGETS
- INDICATORS

ODA BY SECTOR (%)

Health and population	34%
Economic infrastructure and services	24%
Humanitarian aid	12%
Production	10%
Education	9%
Other social infrastructure and services	5%
Multisector	4%

Annex Figure 2.A.2. Kenya country profile for SDG 6 (continued)

KENYA'S NATIONAL DEVELOPMENT STRATEGY

The Kenya Vision 2030 aims to transform Kenya into “a newly industrialising, middle-income country providing a high quality of life to all its citizens by 2030 in a clean and secure environment” Its four pillars:

Economic: Average annual economic growth of 10%.

Social: Just, cohesive and equitable social development in a clean and secure environment.

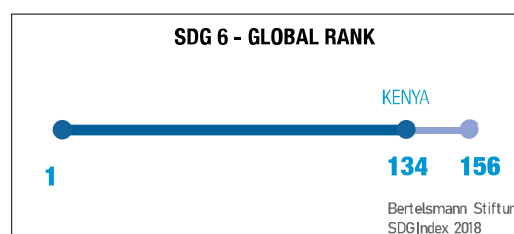
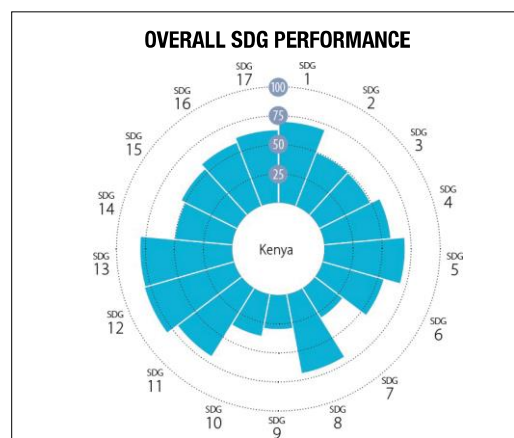
Political: An issue-based, people- centered, result-oriented and accountable democratic system.

Enablers and macros: Macroeconomic stability, infrastructural development, science, technology and innovation, land reforms, human resources development, security, and public sector reforms.

KENYA'S WATER SUPPLY AND SANITATION STRATEGY

The Kenya Environmental Sanitation and Hygiene Strategic Framework provides a framework for implementing the Environmental Sanitation and Hygiene Policy goals of “an open defecation free society and ensuring universal access to improved sanitation and a clean and healthy environment by 2030”. The framework pursues eight strategic objectives:

- ① Coverage
- ② Waste management
- ③ Private sector involvement
- ④ Financing
- ⑤ Regulation
- ⑥ Governance
- ⑦ R&D
- ⑧ M&E



HOW THE SDGS FIT INTO NATIONAL FRAMEWORKS

Alignment

A five-year SDG roadmap and an SDG Interagency Technical Committee are spearheading the SDG process

In 2017, Kenya delivered its first voluntary national review, with the next one planned for 2021.

Vision 2030 is implemented through successive five-year medium-term plans. MTP III and an accompanying results framework were released in 2018. All programmes and projects in the MTP III reference the SDGs.

An externally commissioned analysis which maps SDGs to Kenyan plans and strategies will soon be released.

Measurement

The Kenya National Bureau of Statistics has responsibility for the collection and validation of data, including 128 SDG indicators which are currently being measured on a national level.

With some SDGs falling completely under the jurisdiction of the 47 semi-autonomous county governments, the central government needs to invest more efforts into ensuring that county governments have adequate capacity both in terms of human resources and data systems for robust community-level growth.

Use

The State Department of Planning acknowledges that certain challenges remain in terms of ensuring that there is a demand for data by senior levels of government

Annex Figure 2.A.3. Myanmar country profile for SDG 6



MYANMAR SDG 6 RESULTS PROFILE



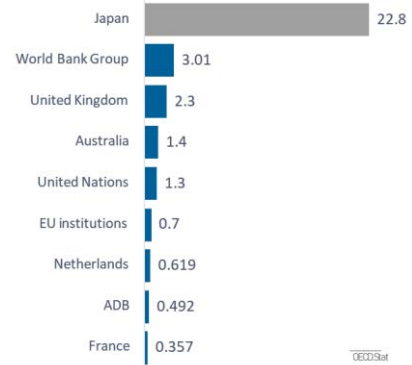
MYANMAR SANITATION SNAPSHOT

Despite recent improvements, access to water and sanitation facilities remains a challenge, with large reported variations between the dry and rainy seasons, as well as across different regions. Only **60%** of the national population lives in households with water on the premises all year round. Although the percentage of households with no flush toilet facilities has declined in all states since 2014, it remains relatively high (**24%**) and disproportionate across different states.

Large variations also exist for handwashing facilities. While **98%** of the population in Yangon has access to such facilities, the number is significantly lower in Kayah state, with **64%** (83% national average).

Despite positive improvements in the sector, diarrhoea rates have risen, which could be indicative of deficiencies in quality and reliability of the installed facilities.

ODA FOR WATER SUPPLY AND SANITATION IN MYANMAR BY PROVIDER (million USD)



MYANMAR IN NUMBERS

<p>A POPULATION OF 53 MILLION. 6.4% OF WHOM LIVES BELOW THE POVERTY LINE OF USD 1.90 PER DAY</p>	<p>GROWTH AVERAGES 5.78% PER YEAR.</p>	<p>GDP PER CAPITA IS USD 6 160</p>	<p>At USD 1 542 MILLION, NET ODA IS 2.3% OF GNI</p>	<p>ODA HAS INCREASED BY 784% AND FDI 421% SINCE MYANMAR BEGAN ITS POLITICAL AND ECONOMIC TRANSFORMATION IN 2010</p>
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DESPITE MYANMAR'S ENCOURAGING STEPS IN RECENT YEARS, THE COUNTRY IS STILL FACING LOOMING GOVERNANCE CHALLENGES, INCLUDING MILITARY POLITICAL POWER-SHARING, ETHNIC VIOLENCE, ONGOING REFORMS AND CLIMATE-RELATED DISASTERS.

MYANMAR HAS SUCCESSFULLY BEEN DIVERSIFYING ITS ECONOMY TO HAVE A MORE BALANCED PORTFOLIO COMPOSITION (AGRICULTURE 24.8%, INDUSTRY 35.4% AND SERVICES 39.9%).

THE NATIONAL DEVELOPMENT STRATEGY INCLUDES:

- DEVELOPMENT PRIORITIES
- TARGETS
- INDICATORS
- MISSING TARGETS/ INDICATORS CAN BE FOUND IN SECTOR STRATEGIES

ODA BY SECTOR (%)

Economic infrastructure and services	34%
Other social infrastructure	24%
Production	12%
Humanitarian aid	10%
Multisector	9%
Education	5%
Health and population	4%

Annex Figure 2.A.4. Myanmar country profile for SDG 6 (continued)

MYANMAR'S NATIONAL DEVELOPMENT STRATEGY

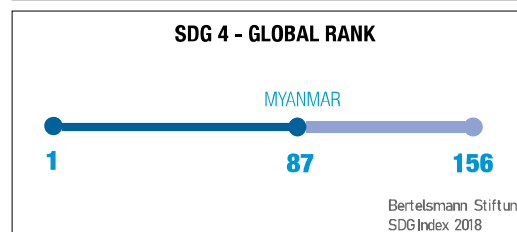
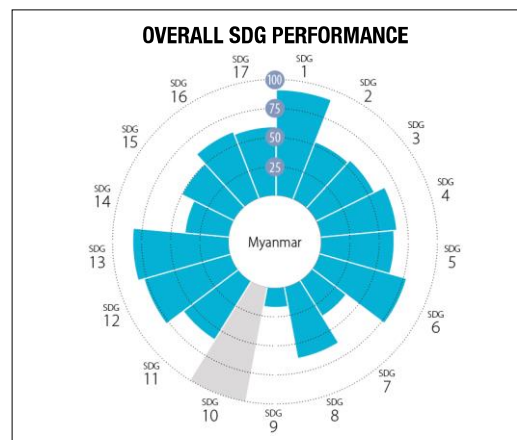
The **Myanmar Sustainable Development Plan (MSDP)** provides a long-term vision (2018–30) for a “peaceful, prosperous and democratic country.” Its five goals are:

1. Peace, national reconciliation, security and good governance
2. Economic stability and strengthened macroeconomic management
3. Job creation and private sector-led growth
4. Human resources and social development for a 21st century society - including an aim “improve equitable access to high-quality lifelong educational opportunities
5. Natural resources and the environment for posterity of the nation.

MYANMAR'S WATER SUPPLY AND SANITATION STRATEGY

The National Strategy for Rural Water Supply, Sanitation and Hygiene (2016–30) addresses the needs of the rural population for “improved sanitation with elimination of open defecation, and improved hygiene behaviour by the year 2030”. The plan further specifies the following six strategic objectives

- ① Water supply
- ② Sanitation
- ③ Hygiene behaviour change
- ④ WASH in schools
- ⑤ WASH in health facilities
- ⑥ WASH in emergencies and humanitarian action



HOW THE SDGs FIT INTO NATIONAL FRAMEWORKS

Alignment

The MSDP broadly aligns its 5 goals and 28 strategies to the SDGs.

The government launched the Myanmar Development Assistance Policy in 2018, which includes a chapter on “the SDGs in the context of the Economic Policy of the Union of Myanmar”.

A national indicator framework for the MSDP is being developed and will be closely linked to the SDGs.

The lack of co-ordination between line ministries and central agencies partially impedes alignment between the MSDP and the sectoral plans.

Measurement

Since early 2018, a new statistical law mandates the collection of data across government.

While the quality of data is considered to be good, there is a need for more and better accessible data.

34% of the indicators in the most recent National Indicator Framework are SDG indicators. The aim is to increase this percentage to 50%.

Use

The government still largely lacks the desire and the capacity to analyse the data that it collects.

Annex 2.B. Indicator tables for SDG 6: Sanitation and hygiene

Annex Table 2.B.1. SDG 6.2.1 provider corporate SDG-aligned and SDG-similar indicators

Indicator 6.2.1: Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water.		
Provider	Corporate outcome indicators (Tier I)	Corporate output indicators (Tier II)
Australia [*]	Not available	Number of women and men with increased access to basic sanitation
European Commission [^]	Proportion of the population using an improved sanitation facility	Not available
Finland [^]	Not available	The number of people benefiting from safe and sustainable water supply and sanitation systems
France [^]	Not available	Number of people gaining access to an improved sanitation system
Germany ^{^*}	Not available	Number of people who have obtained better access to sanitation as a result of GIZ's contribution
Korea	Sewage system coverage (%)	Number of people with access to safe drinking water and sanitation Number of people with good water and sewage system Number of households, health facilities and schools with access to improved sanitation and hygiene
Netherlands	Not available	Number of people with access to adequate sanitation (M/F, rural/urban, % poorest/most vulnerable groups)
New Zealand	Population using safely managed sanitation services (%) (urban/rural) (<i>no longer in use as of 2018</i>)	Population using safely managed sanitation facilities in a specified time period (usually one year) (<i>new indicator as of 2018</i>) People with new or improved basic sanitation (No., M/F) (<i>no longer in use as of 2018</i>)
Switzerland – SDC	Not available	yy people (M/F) gained new access to adequate and equitable sanitation and hygiene
United Kingdom	Not available	Number of people with sustainable access to clean water and/or sanitation through DFID support (M/F)
United States [^]	Not available	People gained access to basic sanitation service People gained access to safely managed sanitation services Households with clean latrines, including covers Basic sanitation facilities provided in institutional settings Households with soap and water at a handwashing station commonly used by family members
African Development Bank [^]	Access to safely managed sanitation facilities (%)	People with new or improved access to water and sanitation (F)
Asian Development Bank	Proportion of population using safely managed sanitation services, including handwashing facility with soap and water (% , urban/rural)	Not available
European Investment Bank	Not available	Population benefiting from improved sanitation services
World Bank Group	Access to improved sanitation (% , overall population)	People provided with access to improved sanitation

Notes: ^ indicates that a provider is active in the sanitation sector in Kenya. + indicates that the provider is active in the sanitation sector in Myanmar. Information for Australia was provided via email.

Kenya

Annex Table 2.B.2. SDG 6.2.1 government of Kenya SDG-aligned and SDG-similar indicators

Indicator 6.2.1: Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water		
Partner	National development plan outcome indicators	National development plan output indicators
Kenya	Households with individual or shared access to toilet (% , urban/rural, female-headed households) % of households with latrines Proportion of population using safely managed sanitation services (draft MTP III)	No. of people accessing safe water and sanitation (draft MTP III)
Partner	WASH sector plan outcome indicators	WASH sector plan output indicators
Kenya	Proportion of improved onsite sanitation facility Proportion of sanitation facilities which are piped to sewers Population using improved sanitation Population using private improved sanitation Population using shared improved sanitation facilities Proportion of urban population using safely managed sanitation services Proportion of rural population using safely managed sanitation services Population using private improved onsite sanitation which is safely disposed on-site or treated off-site % of population with handwashing facilities with soap and water at home	Urban sewerage coverage Proportion of wastewater reaching treatment plants, which is treated to standards Additional population reached with improved access to sanitation supply in underserved areas and informal settlements
African Union	Outcome indicators	Output indicators
Agenda 2063	Proportion of people without access to improved sanitation facilities	Not Available

Notes: Draft MTP III refers to Government of Kenya (2018^[7]). For Kenya WASH see Annex III in “Sustainable Development Goal (SDG) 6 Pilot Progress Report” which can be downloaded at: <https://www.water.go.ke/downloads>.

Annex Table 2.B.3. SDG 6.2.1 provider country-level assistance strategy indicators SDG-aligned and SDG-similar indicators, Kenya

Provider	Country-level outcome indicators (Tier I)	Country-level output indicators (Tier II)
EU	Proportion of the population using an improved sanitation facility % of population with access to improved sanitation in urban low-income areas % population with access to improved sanitation in marginalised rural areas	Not Available
Finland (unpublished)	% of households with access to basic sanitation	No. of people provided with safe and sustainable sanitation services (M/F) No. of schools, towns and markets supported with sanitation facilities No. of villages triggered and declared open defecation free
France	Not available	No. of people gaining access to an improved sanitation system
Germany	Not available	People have received access to basic sanitation
United States	Not available	People gained access to a basic sanitation service (M/F)

		Basic sanitation facilities provided in institutional settings Increased access to safe drinking water and improved sanitation Market-based, water supply, sanitation and environmental service delivery and systems improved
UNDAF	% of households with improved (not shared) toilet/latrines facilities Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water Proportion of waste water safely treated	No. of select counties that have sustainable community-based water supply and sanitation systems
African Development Bank	Sanitation coverage (%)	Reduced sewerage network blockages by x% and increased flow to treatment plants Sewer network extended by x km in targeted areas Reinforced capacity of x decentralised entities to manage sanitation facilities
World Bank Group	% of counties with improved sanitation performance	People with access to improved shared sanitation facilities

Notes: For the United States, see:

<https://www.usaid.gov/sites/default/files/documents/1860/USAID%20Kenya%20CDCS%20Public%20Full%20Color%20May%202014.pdf> and <https://results.usaid.gov/results/country/kenya>. For the World Bank, see: [www.worldbank.org/en/country/kenya/overview#3](http://documents.worldbank.org/curated/en/173431468284364640/pdf/889400CAS0P1440Kenya0CPS000Volume02.pdf) and <http://documents.worldbank.org/curated/en/173431468284364640/pdf/889400CAS0P1440Kenya0CPS000Volume02.pdf>.

Myanmar

Annex Table 2.B.4. SDG 6.2.1 government of Myanmar SDG-aligned and SDG-similar indicators

Indicator 6.2.1: Proportion of population using safely managed sanitation services, including a handwashing facility with soap and water		
Partner	National development plan outcome indicators	National development plan output indicators
Myanmar	Domestic solid waste safely and effectively disposed to promote healthy communities (5.3)	Not available
Partner	WASH sector plan outcome indicators	WASH sector plan output indicators
Myanmar	% rural villages declared open defecation free % rural villages solid waste management % rural households access to safe sanitation (own or shared) % rural households handwashing facilities % use of improved toilet % washing hands with soap at critical times % schools with latrines adequate for boys and girls separately % schools with urinals for boys % schools with private space for girls for menstrual hygiene % schools with handwashing facilities % schools with special facilities for children with disabilities % rural health centres with latrines % rural health centres with handwashing facilities % rural health centres with wastewater treatment systems % safe disposal of infants' faeces % of households with safe sanitation Proportion of population with access to improved sanitation (rural/urban)	Number of households with bucket toilet (rural/urban/total), with flush toilet (rural/urban/total), with no toilet (rural/urban/total), with other toilet (rural/urban/total), with pit latrine (rural/urban/total), with water seal (rural/urban/total)

Annex Table 2.B.5. SDG 6.2.1 provider country-level assistance strategy indicators SDG-aligned and SDG-similar Indicators, Myanmar

Provider	Country-level outcome indicators (Tier I)	Country-level output indicators (Tier II)
EU (unpublished)	Not available	Number of fly-proof latrines built
United Kingdom	Number of people with sustainable access to clean water and/or sanitation	Not available
Asian Development Bank	Population with access to sanitation (%)	Not available
UNICEF	Proportion of population with handwashing facility with soap and water available at home Proportion of the people practicing open defecation Number of villages declared open defecation free	

Notes

¹ It is important to note that the JMP has also introduced a new hygiene ladder which responds to the expanded scope of the SDG target (hygiene was not previously included in the MDG targets and indicators).

² See Annex 2.B for more information on the providers that are considered in the analysis.

³ The OECD-DCD Results Team uses a three-tier model for results frameworks in which Tier III is understood as performance information (inputs), Tier II is understood as development co-operation results (outputs and some short-term outcomes), and Tier I is understood as development results (outcomes and impacts). For more information on this model, see Engberg-Pedersen and Zwart (2018_[18]).

⁴ Note that the second component of SDG Indicator 6.2.1, related to hygiene and handwashing facilities, is not reflected in Kenya's long-term vision or specific national plan.

⁵ In 2014, Kenya underwent a devolution process and now has two levels of government: the national government and the county governments. The two levels work closely through an Intergovernmental Committee and the Council of Governors. While the 47 county governments are semi-autonomous, they receive 15% of national revenue in order to address development priorities unique to them (see Annex 2.A for more detail).

⁶ The progress report used the same methodology as the JMP, but different data sources, to estimate 2016 values for 6.2.1a (these data are not included in the JMP database). Data were sourced from the Kenya Demographic Health Survey for rural areas, and the Water Regulation Information System (WARIS) of the Water Services Regulatory Board for urban areas covered by a sewerage system. See WASREB (2018_[19]).

⁷ See Annex III in "Sustainable Development Goal (SDG) 6 Pilot Progress Report", which can be downloaded at: www.water.go.ke/downloads/#.

⁸ See Water Sector Trust Fund (2018_[20]).

⁹As an example, Germany measures the “Number of people who have obtained better access to sanitation as a result of GIZ’s contribution” at corporate level, i.e. including a measure of quality, while the results framework for Kenya measures “People [that] have received access to basic sanitation”.

¹⁰ For example, stakeholders noted that the international definition of “basic” sanitation implies there is one toilet per household. However, in parts of Kenya, shared facilities are both more practical and the cultural norm.

¹¹ Defined as a standardised set of indicators used by development co-operation providers to monitor results. They are typically used for three tiers of results frameworks: 1) development results; 2) development co-operation results; 3) performance information. Standard indicators at Tier II typically aggregate project-level results in a way which enables communication of results achieved across multiple projects, countries and regions (Engberg-Pedersen and Zwart, 2018^[21])



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Using the SDGs for Shared Results and Impact

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