

Sri Lanka

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	21.10 M
Urban population (2012)^a	3.20 M
Rural population (2012)^a	17.90 M
Population growth rate (2012)^a	0.82%
Gross domestic product USD (2012)^b	59.24 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	8.3
Under 5 mortality / 1,000 live births (2012)^c	9.6
Life expectancy at birth (2012)^d	75 yrs
Diarrhoea deaths attributable to WASH (2012)^e	705

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	92%
Use of drinking-water from improved sources (2012)^f	94%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

Sanitation coverage in Sri Lanka is 92%—the best in South Asia. Areas to improve would be rural school sanitation, sanitation facilities for the disabled and the problem of ground water contamination resulting from on-site sanitation in congested townships.

Drinking-water coverage is 94%. The remaining 6% of the population consume water by purchasing it from vendors who transport water in very unsanitary plastic containers, by walking more than two km, or from rivers, streams or unprotected wells. Efforts are being made to identify these communities to provide them with improved water supply facilities.

Hygiene is practiced in urban and semi urban environments. Rural communities are being educated on proper hygienic practices whenever possible using the services of public health inspectors, public health midwives, medical officers of health and the like. Whenever a water supply project is initiated in rural areas, a health education component is included for this purpose. The school curriculum contains health education and environmental studies.

In this manner, Sri Lanka is forging ahead to provide its people with good sanitation, safe drinking-water and health education to live a healthy life.

During the period 2013/2014, Sri Lanka experienced climate related disasters—extreme drought and floods. More recently, unprecedented earth slips were experienced. These all dramatically affected critical WASH services. However, the Sri Lankan government's administration system was strong enough to take control of the situation and appropriate relief activities were undertaken.

Drinking-water was repeatedly supplied using water tankers to top up the available storage tanks and plastic cans. Temporary shelters were provided where appropriate at schools, temples and community centres where basic sanitation facilities were available.

Because of this, the outbreak of an epidemic of water related disease was completely avoided. The prompt relief action taken by government agents, disaster management centres and the villagers themselves created a situation where the affected community was provided with basic requirements very quickly. Relief efforts organised from other parts of the country trickled in thereafter to augment the initial efforts.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

The National Water Supply and Drainage Board has the main responsibility for drinking-water. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
National Water Supply & Drainage Board		✓	
Ministry of Health			✓

Number of ministries and national institutions with responsibilities in WASH: **6**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	100	2020
Rural sanitation	✓	100	2020
Sanitation in schools	✓	100	2020
Sanitation in health facilities	✓		2017
Urban drinking-water supply	✓	85	2015
Rural drinking-water supply	✓	85	2015
Drinking-water in schools	✓	100	2020
Drinking-water in health facilities	✓		2017
Hygiene promotion	✓		2016
Hygiene promotion in schools	✓	60	2020
Hygiene promotion in health facilities	✓		2016

There are several specific plans implemented addressing the issues of improving and sustaining services including micro-biological and chemical surveillance of drinking-water.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making, especially for drinking-water and the health sector.

MONITORING

	SANITATION		DRINKING-WATER		HYGIENE	
Latest national assessment	December 2011		December 2011		December 2011	
Use of performance indicators^a	✗		✓		✗	
Data availability for decision-making^a					Health sector	
Policy and strategy making	✓		✓		✓	
Resource allocation	●		✓		NA	
National standards	NA		✓		NA	
Response to WASH related disease outbreak	NA		NA		✓	
Surveillance^b	Urban	Rural	Urban	Rural		
Independent testing WQ against national standards	NA	NA	✓	✓		
Independent auditing management procedures with verification	NA	NA	✓	✓		
Internal monitoring of formal service providers	●	●	✓	✓		
Communication^a						
Performance reviews made public	✗	✗	✓	✓		
Customer satisfaction reviews made public	✗	✗	✓	✓		

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water though gaps and follow up actions still need to be identified. The most important constraints identified are the lack of skilled graduates and that skilled workers do not want to live and work in rural areas.

HUMAN RESOURCES

	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	✓	✓	✓
Strategy defines gaps and actions needed to improve^a	✗	✗	✗
Human resource constraints for WASH^b			
Availability of financial resources for staff costs	✓	✓	
Availability of education/training organisations	●	●	
Skilled graduates	✗	✗	
Preference by skilled graduates to work in other sectors	✗	✓	
Emigration of skilled workers abroad	✗	✗	
Skilled workers do not want to live and work in rural areas	✗	✗	
Recruitment practices	●	●	
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas. Both domestic and donor commitments are able to be absorbed, however, there is an insufficiency of funds to meet MDG targets.

FINANCING

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Financing plan for WASH				
Assessment of financing sources and strategies ^a	●	●	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✓	✓	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	✗	✗	✗

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
1.04 M.USD	
Expenditure as a % GDP	
Education ²	1.9
Health ²	3.4
WASH ³	1.8

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, nine disadvantaged groups are identified in WASH plans. Funds are largely directed to sanitation, which is where the need is currently greatest.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Laws				
Recognize human right in legislation	✓		✓	
Participation and reporting^a				
Clearly defined procedures for participation	✓	✓	✗	✓
Extent to which users participate in planning	●	✓		✓
Effective complaint mechanisms	✓	✗	✓	✓

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

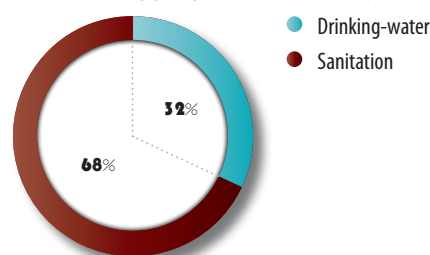
1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Displaced populations
6. Ethnic minorities
7. People living with disabilities
8. People affected by disasters
9. Elders and single parents

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

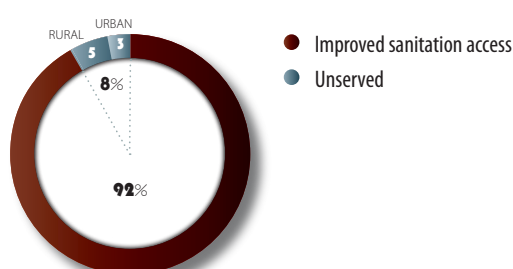
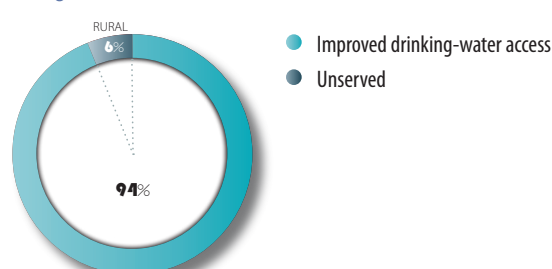


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.