Sri Lanka

DEMOGRAPHIC AND ECONOMIC ESTIMATES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Urban population (2012)</td>
<td>3.20 M</td>
</tr>
<tr>
<td>Rural population (2012)</td>
<td>17.90 M</td>
</tr>
<tr>
<td>Population growth rate (2012)</td>
<td>0.82%</td>
</tr>
<tr>
<td>Gross domestic product USD (2012)</td>
<td>59.24 billion</td>
</tr>
</tbody>
</table>

*World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Infant mortality / 1,000 live births (2012)</td>
<td>8.3</td>
</tr>
<tr>
<td>Under 5 mortality / 1,000 live births (2012)</td>
<td>9.6</td>
</tr>
<tr>
<td>Life expectancy at birth (2012)</td>
<td>75 yrs</td>
</tr>
<tr>
<td>Diarrhoea deaths attributable to WASH (2012)</td>
<td>705</td>
</tr>
</tbody>
</table>

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

SANITATION AND DRINKING-WATER ESTIMATES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Use of improved sanitation facilities (2012)</td>
<td>92%</td>
</tr>
<tr>
<td>Use of drinking-water from improved sources (2012)</td>
<td>94%</td>
</tr>
</tbody>
</table>


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 96%. 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.
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

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Drinking-water</th>
<th>Hygiene Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ National Water Supply &amp; Drainage Board</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>✔ Ministry of Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Included in Plan</th>
<th>Coverage Target (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban sanitation</td>
<td>✔</td>
<td>100</td>
<td>2020</td>
</tr>
<tr>
<td>Rural sanitation</td>
<td>✔</td>
<td>100</td>
<td>2020</td>
</tr>
<tr>
<td>Sanitation in schools</td>
<td>✔</td>
<td>100</td>
<td>2020</td>
</tr>
<tr>
<td>Sanitation in health facilities</td>
<td>✔</td>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>Urban drinking-water supply</td>
<td>✔</td>
<td>85</td>
<td>2015</td>
</tr>
<tr>
<td>Rural drinking-water supply</td>
<td>✔</td>
<td>85</td>
<td>2015</td>
</tr>
<tr>
<td>Drinking-water in schools</td>
<td>✔</td>
<td>100</td>
<td>2020</td>
</tr>
<tr>
<td>Drinking-water in health facilities</td>
<td>✔</td>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>Hygiene promotion</td>
<td>✔</td>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Hygiene promotion in schools</td>
<td>✔</td>
<td>60</td>
<td>2020</td>
</tr>
<tr>
<td>Hygiene promotion in health facilities</td>
<td>✔</td>
<td></td>
<td>2016</td>
</tr>
</tbody>
</table>

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

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

Existence and level of implementation of measures:

- Low
- High

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

#### Latest national assessment

- **Sanitation**: December 2011
- **Drinking-water**: December 2011
- **Hygiene**: December 2011

#### Use of performance indicators

- **Sanitation**: ✔
- **Drinking-water**: ✔
- **Hygiene**: ✘

#### Data availability for decision-making

- **Policy and strategy making**: ✔
- **Resource allocation**: ●
- **National standards**: NA
- **Response to WASH related disease outbreak**: NA

#### Surveillance

- **Independent testing WQ against national standards**: NA
- **Independent auditing management procedures with verification**: NA
- **Internal monitoring of formal service providers**: ●

#### Communication

- **Performance reviews made public**: ❌
- **Customer satisfaction reviews made public**: ❌

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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

#### Human resource strategy developed

- **Sanitation**: ✔
- **Drinking-water**: ✔
- **Hygiene**: ✔

#### Strategy defines gaps and actions needed to improve

- **Sanitation**: ❌
- **Drinking-water**: ❌
- **Hygiene**: ❌

#### Human resource constraints for WASH

- **Availability of financial resources for staff costs**: ✔
- **Availability of education/training organisations**: ●
- **Skilled graduates**: ✘
- **Preferrence 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**: ●

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For interpretation of symbols:

- ✗ Few.
- ✔ Most.
- ❌ Not reported.
- ● In development.
- ✔ Yes.
- ✘ No.
- NA Not applicable.
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

Financing plan for WASH
- Assessment of financing sources and strategies

Use of available funding (absorption)
- Estimated % of domestic commitments used
- Estimated % of donor commitments used

Sufficiency of finance
- WASH finance sufficient to meet MDG targets

FINANCING SANITATION DRINKING-WATER

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

Laws
- Recognize human right in legislation

Participation and reporting
- Clearly defined procedures for participation
- Extent to which users participate in planning
- Effective complaint mechanisms

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

EQUITY IN ACCESS

Figure 3. Population with access to improved sanitation facilities

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