Trinidad and Tobago

IMICS 

Multiple Indicator Cluster Surveys

## **Snapshot of Key Findings**

## Live in a safe and clean environment





The Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) was carried out from August to December 2022 by the Central Statistical Office in collaboration with UNICEF, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multipurpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments. In this regard, Trinidad and Tobago has aligned its National Development Strategy 2016-2030, also known as Vision 2030, with the SDGs, so that progress towards one redounds to the other.

The objective of this snapshot of key findings is to facilitate the dissemination and use of the results from the Trinidad and Tobago MICS 2022. The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

For more information on the Global MICS Programme, please go to mics.unicef.org.

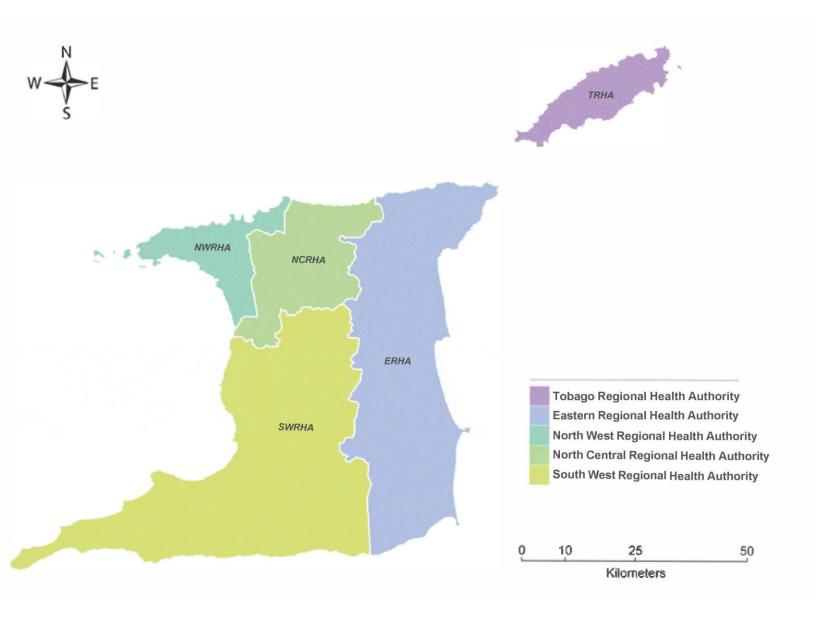
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## **Table of Contents**

Drinking Water, Sanitation & Hygiene (WASH)

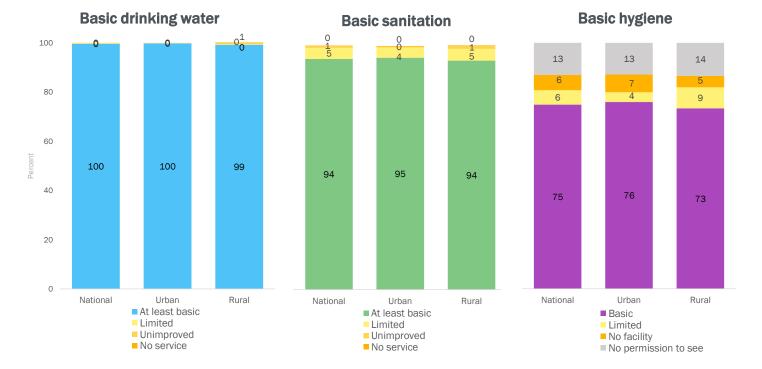
# Map showing the Regional Health Authorities of Trinidad and Tobago



## Trinidad and Tobago 2022

## Drinking Water, Sanitation & Hygiene (WASH)

#### **Basic Drinking Water, Sanitation & Hygiene Services**



#### Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: At least basic drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Limited refers to an improved source more than 30 minutes roundtrip. Unimproved sources include unprotected dug wells and unprotected springs. No service refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: At least basic sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are 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. Limited sanitation service refers to an improved facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. No service refers to the practice of open defecation.

Hygiene ladder: A basic hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. Limited hygiene service refers to a facility lacking water and/or soap. No facility means there is no handwashing facility on the household's premises.

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# Cluster Surveys

Multiple Indicator

unite for children

#### **Basic Drinking Water**



Percent of population using basic drinking water services by background characteristics

#### **Regional Data on Basic Services**

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	100	94	75
North-West	99	95	71
North-Central	100	93	75
Eastern	100	92	71
South-West	100	95	80
Tobago	98	92	53

Percent of population using basic drinking water, sanitation and hygiene services by region

#### **Basic Sanitation**

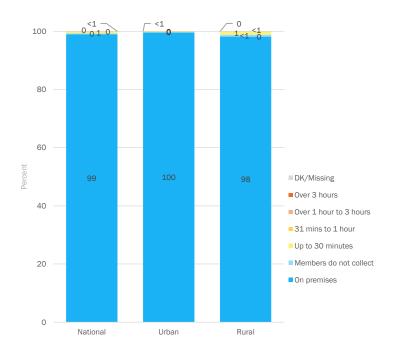


Percent of population using basic sanitation services by background characteristics

#### **Basic Hygiene**



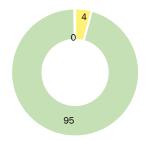
Percent of population using basic hygiene services by background characteristics



#### Accessibility of drinking water

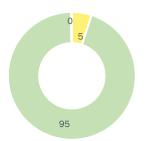
Percent of population by average time spent per day by household members collecting drinking water

#### **Shared sanitation**



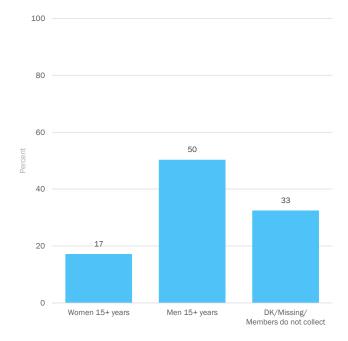
#### Shared sanitation in urban areas

- Shared (improved and unimproved)
- Not shared (improved and unimproved)
- Open defecation



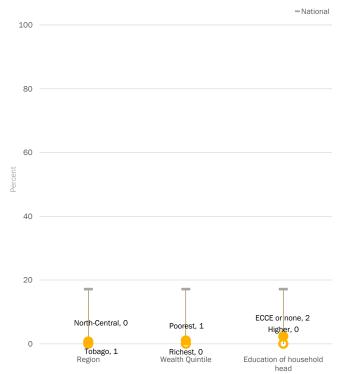
Shared sanitation in rural areas

## Who Primarily Collects Drinking Water for the Household



Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water

#### **Open Defecation**



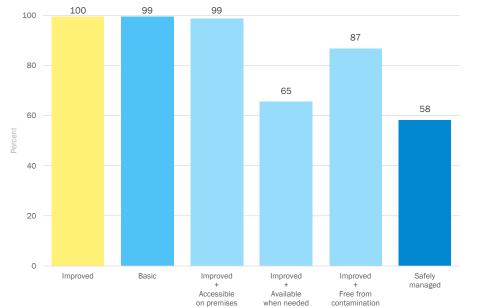
Percent of the population sharing sanitation facilities, by residence

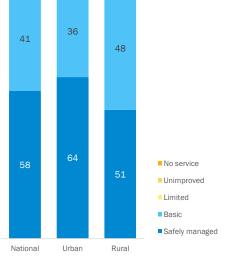
#### Improved, basic & safely managed drinking water

Drinking water coverage: National, urban & rural

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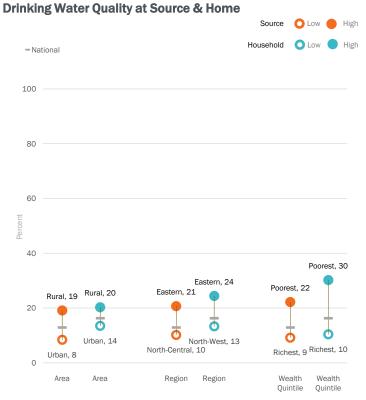
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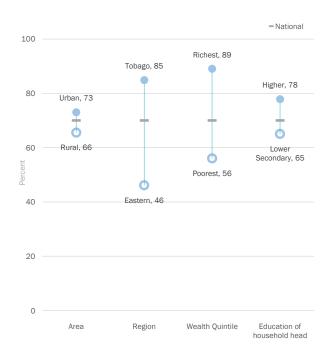
Percent of population using improved, basic and safely managed drinking water services

Percent of population by drinking water coverage

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination



**Availability of Drinking Water** 



Percent of population using drinking water sources with *E. coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal)

Water Quality Testing response rates for Household and Source testing are 90% and 78% respectively

Percent of population using drinking water sources with sufficient drinking water in the last month

#### Availabili

#### Safely Managed Sanitation Services: SDG 6.2.1

**Types of Sanitation Facility** 

## Sewer connection 26 Onsite sanitation Unimproved 1 No sanitation facility 0 20 40 60 80 Percent

Percent of population by type of sanitation facility, grouped by type of disposal

Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where" Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

#### Types of Sanitation Facility by Region

Region	Sewer connection	Onsite sanitation
National	26	73
North-West RHA	41	57
North-Central RHA	41	58
Eastern RHA	12	85
South-West RHA	13	86
Tobago RHA	10	89

Percent of population using sewer connections and onsite sanitation, by region

100 Not safely managed Potentially safely managed\* Safe disposal of excreta on-site 80 60 40 45 20 26 0 0 0 Safe disposal in situ of Removal of excreta for Connected to sewer Unsafe disposal of excreta Using unimproved sanitation Practising open defecation excreta from on-site treatment from on-site from on-site sanitation facilities sanitation facilities sanitation facilities facilities

100

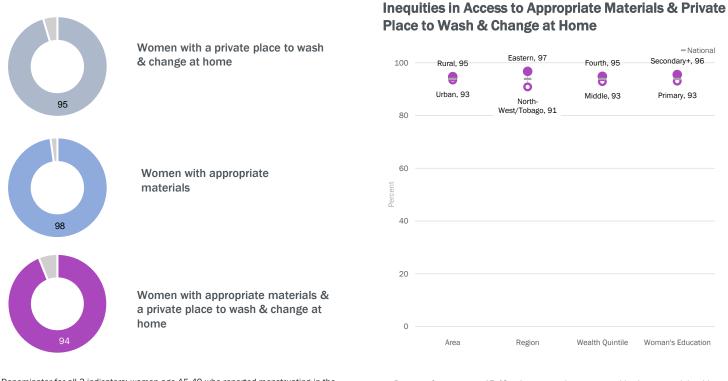
#### Management of excreta from household sanitation facilities

Percent of population by management of excreta from household sanitation facilities

\*Additional information required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

#### **Menstrual Hygiene Management**



Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

-National

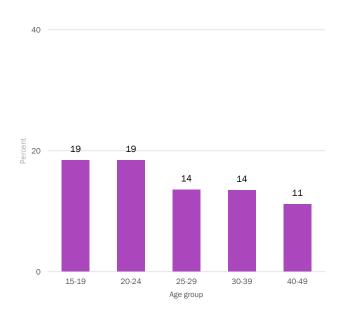
Secondary+, 96

8

Primary, 93

Woman's Education

#### **Exclusion from Activities during Menstruation**



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

#### **Exclusion from Activities during Menstruation by Various Characteristics**



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

### **Key Messages**

- The population of Trinidad and Tobago had almost universal access to basic drinking water and at least 78% had access to basic sanitation and hygiene services.
- While the availability of a handwashing facility on premises with soap and water at • national level was 78%, about 14% of the households did not give interviewers permission to see.
- The poorest households had the lowest access to basic sanitation services at 83% compared to those belonging to the richest quintile at 99%.
- Of the 1% of households that did not have

drinking water on the premises, men collected the water 3 times as often as women and spent less than 30mins collecting that water in almost 80% of those times.

13 % of households had E-coli in their source water, while 16 % of households had E-coli in their drinking water.

*E-coli* was higher in household drinking (16%) water than at source (13%), most noticeably among the poorest households.

The ERHA had the least access to sufficient• drinking water at 46% compared to TRHA with 85%.

- Only 26% of the population was using sanitation services connected to the sewer, with another 73% having septic tanks.
- For women 15-49 years who reported menstruating in the last 12 months, 94% were using appropriate materials and had a private place to wash and change at home.
  - Younger women aged 15-24 years accounted for almost 4 in 10 women (38%) who did not participate in social activities due to their last menstruation.

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