

Bolivia

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	10.50 M
Urban population (2012)^a	7.06 M
Rural population (2012)^a	3.44 M
Population growth rate (2012)^a	1.65%
Gross domestic product USD (2012)^b	27.04 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	32.8
Under 5 mortality / 1,000 live births (2012)^c	41.4
Life expectancy at birth (2012)^d	68 yrs
Diarrhoea deaths attributable to WASH (2012)^e	708

^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	46%
Use of drinking-water from improved sources (2012)^f	88%

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

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Sanitation, drinking-water and hygiene status overview*

The Plurinational State of Bolivia, with President Evo Morales as its head, has promoted access to drinking-water and sanitation as a fundamental human right. The General Assembly of the United Nations issued resolution A/RES/64/292 in July 2010 where, for the first time, the United Nations officially recognized the human right to water and sanitation and assumes that pure drinking-water and sanitation are essential for the realization of all human rights.

The new Constitution of the Bolivian State (25/Sep/2009) Chapter I, General Provisions Article 16 provides fundamental rights and guarantees including: I. Everyone has the right to water and food. II. The state has an obligation to ensure food security, through healthy, adequate and sufficient food for the entire population.

The Ministry of Environment and Water (MMAyA) is the governing body for water and sanitation in the country. In response to the human right to water, the More Investment for Drinking-Water Program (My Water Project) was launched on the 10 March 2011 by the President of the Plurinational State of Bolivia to achieve MDG targets. Through this project, 81% coverage in the country with household connections and irrigation systems was achieved in 2013. The first two project phases (My Water I and II), with an investment of over Bs 1,500 million (US \$ 215.5 million), have been completed to bring water to more than 260,000 rural families through 1,900 rural water system projects with 80,579 house connections, 3,668 public standpipes and 24,600 hectares of new irrigation. Furthermore, approximately 2,500 kilometers of pipes of different diameters were installed. The departments of La Paz, Potosí and Santa Cruz have most benefited from projects on both drinking-water and irrigation.

Phase III of the Project My Water, initiated in 2013, included 1,021 new projects (689 water and 332 irrigation projects) with an investment of Bs. 1,138 billion (US \$ 163.5 million). Of these projects, as of the middle of 2014, 268 projects are being implemented and 295 projects are in the bidding process. For Phase III, other departments have joined including Cochabamba, Oruro, Chuquisaca, Tarija, Beni and Pando, with a total of nine departments engaged in the country.

The main barriers or gaps are related to advancing the improvement and expansion of sewerage systems (79% in urban areas) and treatment of wastewater (63% in urban areas and far less in rural areas), which is thrown into bodies of water with little or no treatment, producing water pollution. An additional issue is to promote the proper management of excreta and solid waste in rural areas.

* 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

Several ministries and institution share the lead for drinking-water and sanitation services. 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
Ministry of Environment and Water (MMAyA)	✓	✓	
Ministry of Health and Sports			✓
Ministry of Education			✓
Authority and Social Control of Drinking-Water and Sanitation (AAPS)	✓	✓	
Productive and Social Investment Fund (FPS)	✓	✓	✓
National Service for the Sustainability of Sanitation (SENSABA)	✓	✓	✓
Executing Agency for Environment and Water (EMAGUA)	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **9**

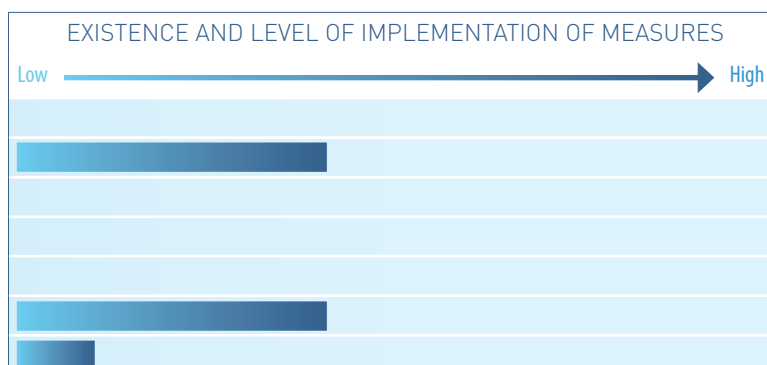
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	79	2015
Rural sanitation	✓	80	2015
Sanitation in schools	✗	80	2015
Sanitation in health facilities	✓	100	Achieved
Urban drinking-water supply	✓	95	2015
Rural drinking-water supply	✓	79	2015
Drinking-water in schools	✗	95	2015
Drinking-water in health facilities	✓	100	Achieved
Hygiene promotion	✓	80	
Hygiene promotion in schools	✓	80	
Hygiene promotion in health facilities	✓	50	2016

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

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



^a Including implementation.

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

II. Monitoring

There is a high level of data availability reported for policy-making and resource allocation, however, there is a lack of data reported for the health sector.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2012		2012		
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 some gaps and follow-up actions have not been identified. The most important constraints identified are the lack of financial resources and encouraging skilled workers 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, however, there are reported difficulties in absorption of domestic and donor commitments. There is also an insufficiency of funds to meet MDG targets for drinking-water.

FINANCING

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

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
●	●	●	●
✗	✓	●	✓
✗	✗	✗	✗
✓	✓	✗	●

^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	
2010–2012	192 M.USD
Expenditure as a % GDP	
Education ²	7.2
Health ²	5.4
WASH ³	0.7

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 equity in access to WASH services, six disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to drinking-water and urban areas, however, the greatest need is for sanitation in rural areas.

EQUITY IN GOVERNANCE

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

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✓	✓	✓
✓	✓	✓	✓
●	✓	●	✓
✓	✓	✓	✓

^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. Ethnic minorities
6. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

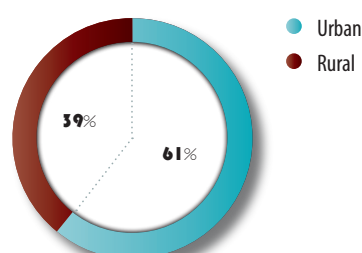
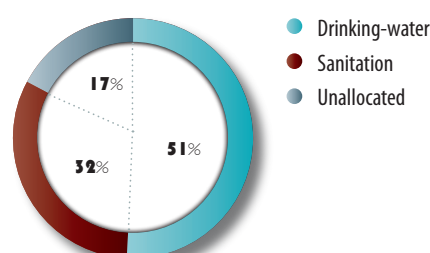


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

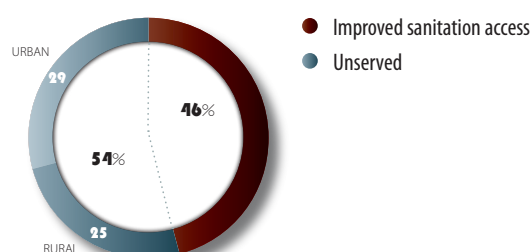
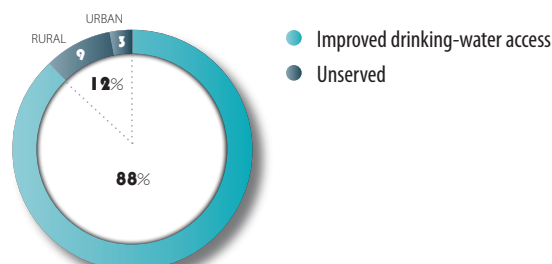


Figure 4. Population with access to improved drinking-water sources



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