glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Chile

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**17.46 M**
Urban population (2012)[a]	**15.61 M**
Rural population (2012)[a]	**1.85 M**
Population growth rate (2012)[a]	**0.89%**
Gross domestic product USD (2012)[b]	**269.87 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]	**7.8**
Under 5 mortality / 1,000 live births (2012)[c]	**9.1**
Life expectancy at birth (2012)[d]	**80 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**76**

[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]	**99%**
Use of drinking-water from improved sources (2012)[f]	**99%**

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

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

Governance – Water and sanitation services in urban areas in Chile are operated by regional state approved concessions (the country is divided into 15 regions). Given the coverage achieved (99.9% water and 96.3% sanitation), new goals or deadlines have not been defined. The policy is to require concessions to fulfill a legal obligation to provide service to 100% of the urban population. Companies must submit investment plans for approval. Investment costs are incorporated into the rates. In rural areas the state, through the Rural Drinking Water Program, builds the infrastructure and operation and maintenance delivery to organized cooperatives or community committees. Subsequently, agreements with regional urban businesses are set to provide technical and administrative assistance. The health authority exercises sanitary control.

Surveillance – In urban areas surveillance is based on internal controls. The results are published on the website of the regulatory authority. The regulator performs parallel controls and audits, and imposes corrective measures and/or penalties. Indicators of quality of service are: drinking-water: health quality, continuity of service and supply pressure; sanitation: service continuity and quality of wastewater treatment; management: accuracy of the collection of the service and response time to complaints. The Ministry of Health standard sets the required quality of drinking-water and monitors the national epidemiological situation as well as carries out epidemiological investigations of possible outbreaks of water-borne diseases.

Human Resources – In urban areas each regional company must recruit and/or form the HR to enable a proper operation. The cost of human resources is incorporated in the tariff. In rural areas the cost of HR is very relevant in the cost of water. Skilled labor tends to migrate. The Ministry of Health trains technical staff for proper surveillance and control of the sanitary quality of drinking-water. In urban areas enterprises are allowed to charge a fee fixed by the authority, which secures the funding of the system (the fee covers water, sewer and wastewater treatment). If a family cannot pay, the State subsidizes minimum consumption following a socioeconomic assessment. In rural areas the State allocates funds for the construction of rural drinking-water systems. Families using the service are eligible for the subsidy law following an economic assessment. Sanitation services are carried out through single-family systems run by the families, with a septic tank and absorbent pit or sanitary latrine.

Equity – The 19,338 Act extended the ability of the rural sector to access subsidies for water consumption and investment in infrastructure.

* 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 data[1]

I. Governance

Several ministries and institutions share the lead responsibilities for drinking-water and sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water. It should be noted though that the urban population is almost entirely serviced by the private sector concessionaries.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Sector for Rural Public Works/DOH/Branch of Rural Drinking-Water		✔	
Sector for Urban Public Works/Superintendent of Sanitation Services (SISS)	✔	✔	
Urban and Rural Sectors of the Ministry of Health	✔	✔	✔

Number of ministries and national institutions with responsibilities in WASH: **3**

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[a]	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation			
Rural sanitation			
Sanitation in schools			
Sanitation in health facilities			
Urban drinking-water supply			
Rural drinking-water supply	✔	99	2013
Drinking-water in schools			
Drinking-water in health facilities			
Hygiene promotion			
Hygiene promotion in schools			
Hygiene promotion in health facilities			

[a] Accesss to WASH services is already very high: urban coverage is currently over 99.9% in urban areas for water and 96.3% for sanitation.

The Minister of Public works maintains agreements between urban water and sanitation companies and rural drinking-water committees to advise and assist in administering projects. These committees specificly address plans on reliability/continuity of urban and rural water supply and ensure drinking-water meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
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 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for drinking-water from SISS that controls the quality of services. Rural areas report regionally through local committees.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment					
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 not developed for sanitation, drinking-water and hygiene. The most important constraints identified are preference by skilled graduates to work in other sectors and skilled workers not wanting to live in rural areas.

HUMAN RESOURCES	SANITATION	DRINKING-WATER[a]	HYGIENE
Human resource strategy developed[b]		✘	
Strategy defines gaps and actions needed to improve[b]			
Human resource constraints for WASH[c]			
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] Rural areas only. Not applicable for urban areas.
[b] ✘ No. ● In development. ✔ Yes.
[c] ✘ Severe constraint. ● Moderate constraint. ✔ Low or no constraint.

IV. Financing

A financing plan is in place and used for most rural areas. Companies with concessions to run WASH services are financed through tariffs.

FINANCING	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
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]	
NA	
Expenditure as a % GDP	
Education[2]	4.3
Health[2]	7.1
WASH[3]	NA

[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, two disadvantaged groups are identified in WASH plans. Measures for these groups include monthly subisidies for WASH services.

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✘		✘	
Participation and reporting[a]	Urban	Rural	Urban	Rural
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. Remote populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

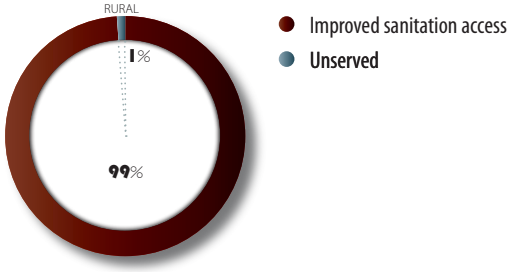
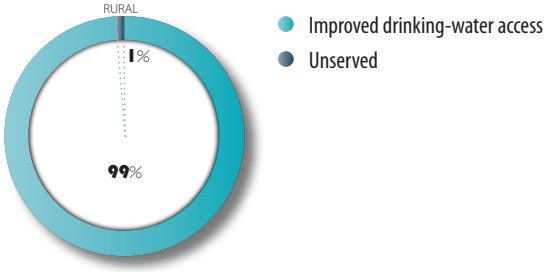


Figure 4. Population with access to improved drinking-water sources



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