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

# Cook Islands

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

| | |
|---|---|
| **Population (2012)[a]** | **0.02 M** |
| **Urban population (2012)[a]** | **0.02 M** |
| **Rural population (2012)[a]** | **0.01 M** |
| **Population growth rate (2012)[a]** | **NA** |
| **Gross domestic product USD (2012)[b]** | **NA** |

[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]** | **9.1** |
| **Under 5 mortality / 1,000 live births (2012)[c]** | **10.6** |
| **Life expectancy at birth (2012)[d]** | **76 yrs** |
| **Diarrhoea deaths attributable to WASH (2012)[e]** | **0** |

[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]** | **97%** |
| **Use of drinking-water from improved sources (2012)[f]** | **100%** |

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

**WHO/FWC/WSH/15.42**



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UN WATER

World Health Organization

## Sanitation, drinking-water and hygiene status overview*

The Cook Islands are centered around the main island of Rarotonga, which has over half of the total population. Rarotonga itself is considered the urban part of the Cook Islands with the outer islands considered the rural part.

There are no central sanitation treatment/disposal facilities in the Cook Islands and they all rely on septic tanks and individual systems. Individual assessments of households are undertaken by the Health Officers on a regular basis. The assessments used to cover waste disposal systems as well, however, this required the input of infrastructure and was not sustainable.

The Cooks have various policies and strategies relating to WASH with the review of the Water Policy currently underway, which may include water treatment requirements, water quality guidelines and water safety planning. The water supply in Rarotonga is untreated and suffers from a lack of water during drought conditions, which appear to be occurring more frequently. The Te Mato Vai project, focused on replacing the aging infrastructure, reducing water loss and introducing filtration and treatment, is still to be decided.

Water quality monitoring is undertaken by the Ministry of Health and the samples are analysed at the hospital laboratory. There are often competing demands on laboratory services and the Cook Islands government has agreed to fund a central laboratory to increase the analytical capacity. The H2S test has also been used with good results in the outer islands to promote water safety.

Recent workshops facilitated by WHO on rainwater and water safety planning were held in Rarotonga and also in Aitutaki, which raised awareness among the population and also provided training to Health Officers, government staff and community leaders. An integral part of these workshops was the promotion of WASH activities, including hygiene. A project based on water quality monitoring, sanitary surveys of rainwater tanks and chlorine treatment is currently planned.

There are many constraints on implementing WASH activities, including financial resources for staff, skilled workers and training. This was the first time the Cooks has participated in the GLAAS project and as such, in-depth details of finances were not available because generally funding is grouped with infrastructure and health budgets. The current funding was considered inadequate to meet MDG targets in rural drinking-water and sanitation, however, current practices and technology such as onsite effluent disposal are the most appropriate for the Cook Islands at this stage.

* 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

The Ministry of Health and the Ministry of Infrastructure and Planning share lead responsibilities for water and sanitation services. While no formal coordination mechanism exists, an informal mechanism is in place.

| LEAD INSTITUTIONS | SANITATION | DRINKING-WATER | HYGIENE PROMOTION |
|---|---|---|---|
| **Ministry of Health** | ✔ | ✔ | ✔ |
| **Ministry of Infrastructure and Planing** | ✔ | ✔ | |
| **National Environment Services** | | | ✔ |

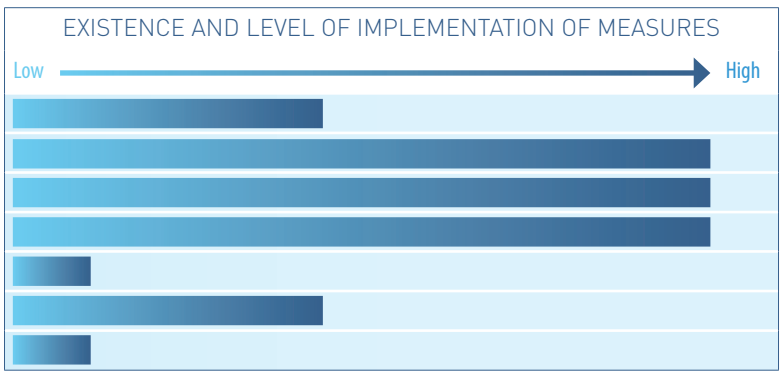
Number of ministries and national institutions with responsibilities in WASH: **6**

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 (%) | COVERAGE TARGET YEAR |
|---|---|---|---|
| **Urban sanitation** | ✔ | 100 | |
| **Rural sanitation** | ✔ | 100 | |
| **Sanitation in schools** | ✔ | 100 | |
| **Sanitation in health facilities** | ✔ | 100 | |
| **Urban drinking-water supply** | ✘ | 100 | |
| **Rural drinking-water supply** | ✘ | 100 | |
| **Drinking-water in schools** | ✘ | 100 | |
| **Drinking-water in health facilities** | ✘ | 100 | |
| **Hygiene promotion** | ✔ | 100 | |
| **Hygiene promotion in schools** | ✔ | 100 | |
| **Hygiene promotion in health facilities** | ✔ | 100 | |

There are specific plans implemented to improve and sustain services. A Water Safety Plan for Rarotonga exists and a water master plan is under development.

| 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 policy-making and response to WASH related disease outbreak.

| 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

Constraints for human resources include financial resources for staff costs, skilled workers and education/ training organisations. No human resource strategy for WASH is reported.

| 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

There is currently no financial plan for WASH, however, a water master plan is currently under development. Available funding is reported to be absorbed, but there is an insufficiency of funds to meet MDG targets for sanitation in general and for drinking-water in rural areas.

| 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] | 3.1 |
| Health[2] | 3.8 |
| 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. There is 100% access to improved drinking-water and effective complaint mechanisms exist for most of society.

| 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. People living with disabilities |
| 2. Seniors |

## 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

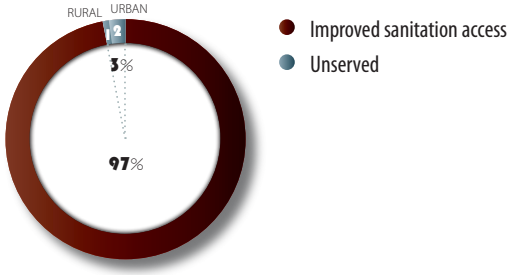
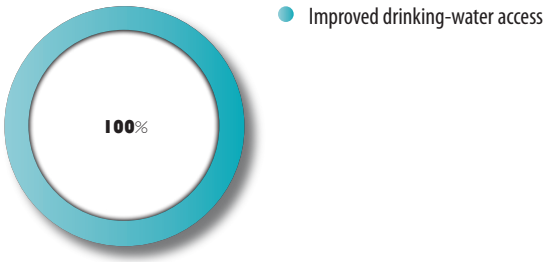



**Figure 4.** Population with access to improved drinking-water sources




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