

El Salvador

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	6.30 M
Urban population (2012)^a	4.11 M
Rural population (2012)^a	2.19 M
Population growth rate (2012)^a	0.67%
Gross domestic product USD (2012)^b	23.86 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	13.6
Under 5 mortality / 1,000 live births (2012)^c	15.9
Life expectancy at birth (2012)^d	72 yrs
Diarrhoea deaths attributable to WASH (2012)^e	146

^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	70%
Use of drinking-water from improved sources (2012)^f	90%

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

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Sanitation, drinking-water and hygiene status overview*

The Regional Report of the State of Disaster Vulnerability and Risk in Central America (2014) qualifies El Salvador as a country with a high vulnerability to disasters and adverse events.

Water and sanitation are no strangers to this condition. In addition to centralizing the management of drinking-water systems, limited social participation nationwide, low likelihood of action by municipal governments, and little relevance to the strategic planning of the major institutions on water and sanitation pose great challenges to the country, especially in the sustainability of water and sanitation systems.

The main gaps are located in rural and marginal urban areas. When potable water has an irregular regime in its service, it is a factor in the spread of epidemics such as dengue and chikungunya. The high degree of morbidity of these diseases in the Salvadoran population has led the country to continuous declarations of national and regional emergencies. A major challenge is also the tariff issue, which currently is a generalized subsidy to the entire population with no differentiation between population groups. This, combined with low envisioned investment, makes universal coverage a challenge.

One element that affects the quality of the drinking-water is environmental degradation, which constantly threatens the quality of water sources. The indiscriminate use of pesticides in agriculture, as well as land use and shared basins with neighboring countries also pose challenges to additional use of water sources.

When there is no general law for water or legal framework or appropriate regulatory mechanisms, the water and sanitation sector becomes subject to political forces with limitations to implement administrative, financial and political solutions in the long term.

* 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

The National Organisation of Water and Sewer Works (ANDA) has 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.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
National Organisation of Water and Sewer Works (ANDA)	✓	✓	
Ministry of Health (MINSAL)			✓
Technical Secretariat of the Presidency (STP)			✓

Number of ministries and national institutions with responsibilities in WASH: **8**

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	✗		
Rural sanitation	✗		
Sanitation in schools	✗		
Sanitation in health facilities	✗		
Urban drinking-water supply	✗		
Rural drinking-water supply	✗		
Drinking-water in schools	✗		
Drinking-water in health facilities	✗		
Hygiene promotion	✗		
Hygiene promotion in schools	✗		
Hygiene promotion in health facilities	✗		

Note: A policy / plan for water and sanitation is currently being developed.

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

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low
Improve reliability/continuity of urban water supply	Medium
To rehabilitate broken public latrines	Low
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	Medium
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 some data availability reported for decision-making for drinking-water and response to WASH related disease outbreak and limited data available for sanitation. Performance indicators are currently being developed.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2013		2013		2013
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 constraint identified is the availability of education organisations notably for sanitation inspectors and follow-up training for rural operators.

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 some WASH decisions, however, there are reported difficulties in absorption of donor commitments. The main source of water and sanitation financing is through tariffs with nearly 40% raised through household contributions.

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	
2011	295.02 M.USD
Expenditure as a % GDP	
Education ²	3.5
Health ²	6.8
WASH ³	0.3

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 equality in access to WASH services, three disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
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. People living in slums or informal settlements
3. Remote populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

Figure 2. Disaggregated WASH expenditure

[No data available.]

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

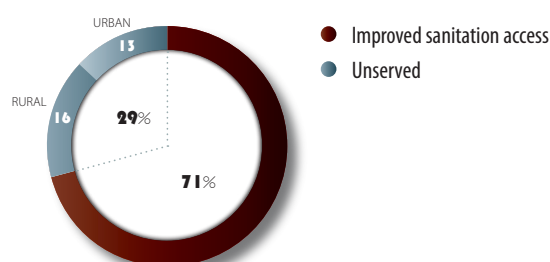
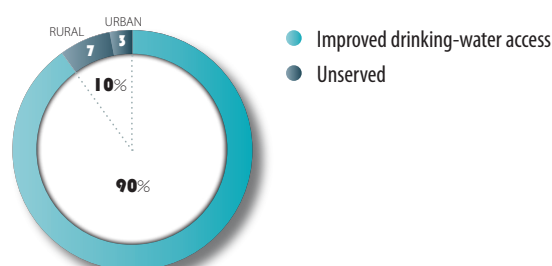


Figure 4. Population with access to improved drinking-water sources



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