

Pakistan

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	179.16 M
Urban population (2012)^a	65.42 M
Rural population (2012)^a	113.74 M
Population growth rate (2012)^a	1.67%
Gross domestic product USD (2012)^b	225.14 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	69.3
Under 5 mortality / 1,000 live births (2012)^c	85.9
Life expectancy at birth (2012)^d	63 yrs
Diarrhoea deaths attributable to WASH (2012)^e	36 127

^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	48%
Use of drinking-water from improved sources (2012)^f	91%

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

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Sanitation, drinking-water and hygiene status overview*

As of the 1st of July 2011, the Climate Change Division now serves as the focal point for the coordination of WASH in Pakistan. It is the custodian of the National Environmental Policy 2005, the National Sanitation Policy 2006, the National Drinking-Water Policy 2009, the National Behavioral Communication Strategy and National Climate Change Policy 2012. Local Government and Public Health Engineering Departments in the provinces steer water and sanitation, while the Provincial Health Departments provide leadership for hygiene, and Education Departments are responsible for WASH in schools. All the provinces have revisited or are in the process of revisiting their water and sanitation policies/frameworks under new 2011 constitutional amendments. Major emphasis remains on drinking-water supply and sanitation, with little attention to rehabilitation of old infrastructure for WASH, recycling of wastewater or climate change resilience.

The Federal Bureau of Statistics under the Ministry of Finance tracks the key MDG indicators including access to water and sanitation in national household surveys called the Pakistan Social Living Measurement Surveys (PSLM). The sector investments are assessed through provincial submissions to the Ministry of Finance, and in absence of a template for a sector assessment or access to capital expenditure on water, sanitation and hygiene, it is difficult to consolidate the input and output data to have an overall picture of the sector i.e. investments, operational costs, output/outcome data, etc. The available data are used for decision-making in resource allocations and budgetary planning, but are rarely made available to the public for performance assessment. A plan to develop human resources exists for the provinces and its implementation is in the early stages. The provinces have local government academies to provide training in WASH, but skilled workers are hesitant to work in rural areas due to limited opportunities.

Overall, expenditures in the water and sanitation sectors are significantly lower than other sectors such as education and health. It is nearly 0.26% of the GDP of Pakistan for which 0.18% is direct investments by the Government of Pakistan. The rest is out of pocket expenditure extrapolated from PSLM survey 2011–2012 and humanitarian support from international partners. Water and sanitation is not recognized as right in legislation, but local government ordinances of 2013 in the provinces infer the responsibilities for safe drinking-water and sanitation to the local governments. There is provision for community participation, but it varies—being relatively high in rural areas and low in urban areas along with insufficient support for complaint responses.

* 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

Two ministries and institutions share the lead for drinking-water 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
Federal level			
Climate Change Division	✓	✓	✓
Ministry of National Health Services			✓
Provincial level			
Housing and Urban Development, Public Health Engineering Department		✓	
Local Government Department	✓		

Number of ministries and national institutions with responsibilities in WASH: **5**

Coordination between WASH actors includes: ✓ All ministries and government agencies
✓ Nongovernmental agencies

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	90	2015
Rural sanitation	✓	90	2015
Sanitation in schools	✓	90	2015
Sanitation in health facilities	✓	90	2015
Urban drinking-water supply	✓	93	2015
Rural drinking-water supply	✓	93	2015
Drinking-water in schools	✓	93	2015
Drinking-water in health facilities	✓	93	2015
Hygiene promotion	✓		
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the improvement and sustainability of services, including the reliability and continuity of rural and 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 → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

^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 decision-making.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2011–2012		2011–2012		2012–2013
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 in development for sanitation and drinking-water, though some gaps and follow up actions have not been identified. The most important constraint identified is that of 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 is a reported insufficiency of funds to meet MDG targets.

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	544.32 M.USD
Expenditure as a % GDP	
Education ²	2.21
Health ²	3.05
WASH ³	0.2

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, seven disadvantaged groups are identified in WASH plans.

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. Persons living in slums
3. Remote populations
4. Indigenous populations
5. Displaced persons
6. Ethnic minorities
7. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

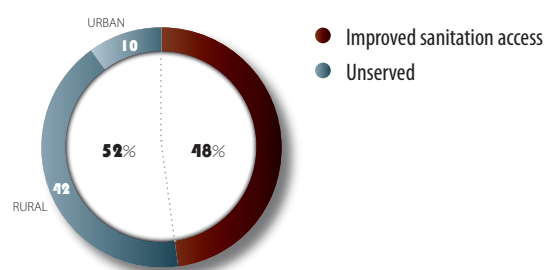
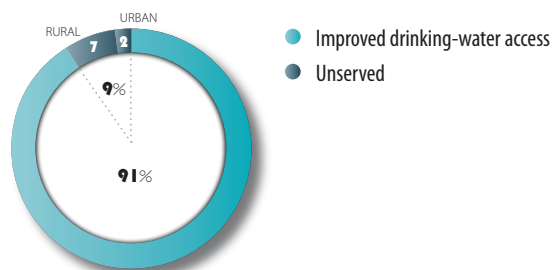


Figure 4. Population with access to improved drinking-water sources



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