

# Paraguay

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>6.69 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>4.18 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>2.51 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>1.71%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>25.50 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>18.8</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>22</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>75 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>147</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>80%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>94%</b>

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

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## Sanitation, drinking-water and hygiene status overview<sup>\*</sup>

Paraguay has made considerable progress in water and sanitation and is well on track to meet its MDG targets. There are, nevertheless, still considerable challenges in providing and sustaining services, notably in rural areas.

### *Responsibilities for water, sanitation and hygiene*

The lead responsibilities for water and sanitation in Paraguay are under the Ministry of Public Works and the Ministry of Public Health and Social Welfare. The lead responsibilities for hygiene are under the Ministry of Public Health and Social Welfare and the Ministry of Education. A national plan for hygiene is in place and is partially implemented.

Technical assistance and financing for rural water boards is given by Servicio Nacional de Saneamiento Ambiental (SENASA) under the Ministry of Public Health.

The institutional framework was set by law in 2000 whereby the regulator, Ente Regulador de Servicios Sanitarios (ERSSAN), establishes a regulatory framework and tariffs for the sector.

In general, there are three types of service provision: the main service provider, Empresa de Servicios Sanitarios de Paraguay (ESSAP); small scale informal or private service providers called “Aguateros;” and water and sanitation boards.

### *Progress*

Since 2007, Paraguay has recognized in law that access to sufficient and quality water is a human right. There are also ambitious targets for the provision of piped water in urban and rural areas. Efforts have been made by the government, especially with local water and sanitation boards, to subsidize services for communities of less than 150 people.

### *Challenges*

There are still many challenges to overcome to ensure safe and accessible WASH services to all, including providing services in rural areas, ensuring adequate surveillance of water quality, and increasing funds to reach national targets.

<sup>\*</sup> 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<sup>1</sup>

## I. Governance

The Ministry of Public Works and the Ministry of Public Health and Social Welfare share the lead for drinking-water and sanitation services. The Ministry of Public Health and Social Welfare leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Public Works and Communications (MOPC) / Directorate of Drinking-Water and Sanitation (DAPSAN)	✓	✓	
Ministry of Public Health and Social Welfare / National Environmental Sanitation Service (SENASA)	✓	✓	✓
Ministry of Public Health and Social Welfare / Directorate of Health Promotion			✓
Ministry of Education and Culture			✓

Number of ministries and national institutions with responsibilities in WASH: **7**

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✗	50	2018
Rural sanitation	✗		
Sanitation in schools	✗		
Sanitation in health facilities	✗		
Urban drinking-water supply	✗	90 <sup>a</sup>	2018
Rural drinking-water supply	✗	55 <sup>a</sup>	2018
Drinking-water in schools	✗		
Drinking-water in health facilities	✗		
Hygiene promotion	✗		
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✗		

<sup>a</sup> Coverage through piped systems.

There are no specific plans implemented addressing the issues of improving and sustaining services.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES <sup>a</sup>	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
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	

<sup>a</sup> Including implementation.

<sup>1</sup> 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, resource allocation, national standards and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2011		2011		
<b>Use of performance indicators<sup>a</sup></b>	●		●		●
<b>Data availability for decision-making<sup>a</sup></b>					Health sector
Policy and strategy making	✓		✓		●
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
<b>Surveillance<sup>b</sup></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	✓	✓	✓	✓	
<b>Communication<sup>a</sup></b>					
Performance reviews made public	✗	✗	✗	✗	
Customer satisfaction reviews made public	✗	✗	✗	✗	

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are not developed for WASH services. There are, however, numerous constraints identified for human resources for WASH.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	✗		✗		✗
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>					
<b>Human resource constraints for WASH<sup>b</sup></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					

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

There is no reported financing plan for WASH. There are reported difficulties in absorption of donor commitments and an insufficiency of funds to meet MDG targets for sanitation.

### FINANCING

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
<b>Financing plan for WASH</b>				
Assessment of financing sources and strategies <sup>a</sup>	✗	✗	✗	✗
<b>Use of available funding (absorption)</b>				
Estimated % of domestic commitments used <sup>b</sup>	✓	✓	✓	✓
Estimated % of donor commitments used <sup>b</sup>	●	●	●	●
<b>Sufficiency of finance</b>				
WASH finance sufficient to meet MDG targets <sup>b</sup>	✗	●	✓	✓

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
2010–2015	370 M.USD
Expenditure as a % GDP	
Education <sup>2</sup>	4.3
Health <sup>2</sup>	9.3
WASH <sup>3</sup>	NA

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> 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, five disadvantaged groups are identified in WASH plans. There are also other measures to address equity, such as 100% subsidies for new water/sanitation boards with less than 150 users.

### EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
<b>Laws</b>				
Recognize human right in legislation	✗		✓	
<b>Participation and reporting<sup>a</sup></b>				
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	✗	●	●
Effective complaint mechanisms	✓	✓	✓	✓

<sup>a</sup> ✗ 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. People living with disabilities

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

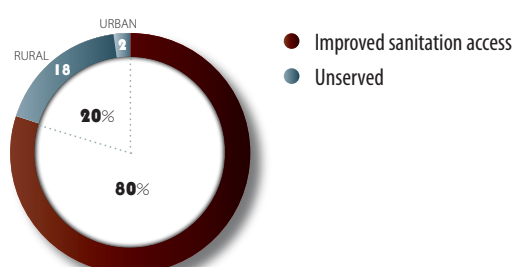
[ No data available. ]

**Figure 2.** Disaggregated WASH expenditure

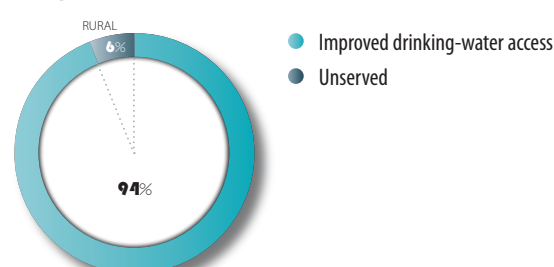
[ No data available. ]

### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



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



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