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

Peru

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**29.99 M**
Urban population (2012)[a]	**23.27 M**
Rural population (2012)[a]	**6.72 M**
Population growth rate (2012)[a]	**1.27%**
Gross domestic product USD (2012)[b]	**203.79 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]	**14.1**
Under 5 mortality / 1,000 live births (2012)[c]	**18.2**
Life expectancy at birth (2012)[d]	**77 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**352**

[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]	**73%**
Use of drinking-water from improved sources (2012)[f]	**87%**

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

Sanitation, drinking-water and hygiene status overview*

With an area 1,285,215 km^2, Peru is the third largest country in terms of area in South America, after Brazil and Argentina, ranking it among the 20 largest countries in the world.

Urban and rural populations have varied over time. In 1940 the Peruvian population was predominantly rural; in 1961 both populations represented almost 50%; however, from the seventies, a majority of the population started to live in urban areas. This means that in 67 years the country has gone from being predominantly rural to predominantly urban. In 2007, the rural population represented less than a quarter of the population. While the urban population has increased, its rate of growth has slowed. Between the censuses of 1961 and 1972, urban growth was 5.1% per year, while for the period from 1993 to 2007 it was 2.1% per year. For the same period, the rural population has grown at a pace slower than 1%. The rapid urbanization in Peru created cities with over 20,000 people. Thus, there are 45 cities with between 20 and 50 thousand inhabitants (classified as small towns), 30 cities that host populations between 50 and 500 thousand inhabitants (intermediate cities) and three cities with between 500,000 and less than 1 million inhabitants (big cities). There is only one city considered a metropolis, which is Lima (over 1 million inhabitants).

The governing body of the water and sanitation sector is the Ministry of Housing, Construction and Sanitation, however, the sectors of health, agriculture, environment and education among others, coordinate actions permanently. The supervisory body of the water and sanitation sector is the National Superintendence of Sanitation Services (SUNASS), while local governments are often developers and managers providing service companies. In urban areas, 87% of the population is serviced with water and 84% has access to sanitation. Coverage for water and sanitation in rural areas is 70% and 60% respectively for water and sanitation. In the rural population, 200 smaller communities are the underserved population. Not much information related to the quality of service is available. In terms of hygiene, the education and health sectors are responsible for developing programs that incorporate sanitary and environmental education to the population, with an emphasis on schools and health centers.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

WHO/FWC/WSH/15.85

Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland

UN WATER

World Health Organization

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

Several ministries and institutions share the lead 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
Ministry of Housing, Construction and Sanitation	✔	✔	✔
Ministry of Health	✔	✔	✔
National Superintendence of Sanitation Services (SUNASS)	✔	✔	

Number of ministries and national institutions with responsibilities in WASH: **9**

Coordination between WASH actors includes: There is no formal coordination mecanism between WASH actors

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	84	2015
Rural sanitation	✔	60	2015
Sanitation in schools	✔		
Sanitation in health facilities	✔		
Urban drinking-water supply	✔	87	2015
Rural drinking-water supply	✔	70	2015
Drinking-water in schools	✔		
Drinking-water in health facilities	✔		
Hygiene promotion	✔		
Hygiene promotion in schools	✔		
Hygiene promotion in health facilities	✔		

There are some specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water supply meets national standards. These plans include the creation of an information system on water and sanitation and the updating of water quality regulations.

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 decision-making and response to WASH related disease outbreak. Comunication of performance and saistfaction reviews, however, are not always used to inform corrective action.

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 developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources and 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	●	●	●
Local capacities in rural areas and remuneration policy	✘	✘	✘

[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 are reported difficulties in absorption of domestic commitments. There is also a reported insufficiency of funds to meet MDG targets for 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]	
2005–2010	3804.75 M.USD
Expenditure as a % GDP	
Education[2]	2.7
Health[2]	4.9
WASH[3]	0

[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, four disadvantaged groups are identified in WASH plans.

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. People living in slums or informal settlements
3. Indigenous populations
4. 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[1]

Figure 3. Population with access to improved sanitation facilities

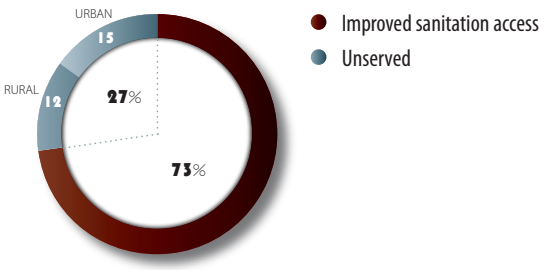
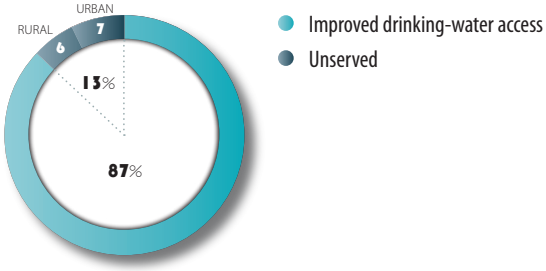


Figure 4. Population with access to improved drinking-water sources



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