

Tunisia

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	10.87 M
Urban population (2012)^a	7.23 M
Rural population (2012)^a	3.64 M
Population growth rate (2012)^a	1.12%
Gross domestic product USD (2012)^b	45.66 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	13.8
Under 5 mortality / 1,000 live births (2012)^c	16.1
Life expectancy at birth (2012)^d	76 yrs
Diarrhoea deaths attributable to WASH (2012)^e	82

^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	90%
Use of drinking-water from improved sources (2012)^f	97%

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

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Sanitation, drinking-water and hygiene status overview*

Tunisia is an arid country with limited water resources (allocation of 450 m³/inhabitant/year) and where the water sector in general, and drinking-water and sanitation in particular, is very important given its positive impact on economic and social development. Thus, several strategic studies have been carried out at different horizons in 2000, 2030 or in progress now (Water 2050) that can permanently reshape the politics of water in the country taking into account the new constraints that arise such as climate change and degradation of water resources.

The water sector policy is inline with the water code first developed in 1975 and later updated in 2011. Included in the policy is the allocation of water resources, which gives priority to satisfying the demand for drinking-water in urban and rural areas and then the needs for industry, tourism and agriculture.

This same water code is currently under review to include other important aspects of good governance such as regulation of the water sector, good planning and coordination, private sector involvement in the management of infrastructure and integrated water resources management.

Furthermore, following the events of 14 January 2011 and civil society calls for the right to water and sanitation, an article was inserted in the new constitution recognizing water and sanitation as a fundamental right for all citizens (Article 43).

The Five Year Economic and Social Development Plan covers the planning of WASH sector projects and programmes, with the participation of local and regional actors. This is complemented by the implementation of master plans for drinking-water that are updated every five years. The current plan covers the period 2010–2014.

* 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

Several institutions under the Ministry of Agriculture and the Water Users Associations share the lead for drinking-water services. There is one lead ministry identified for sanitation.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Agriculture–SONEDE Utility (urban and grouped populations in rural areas)		✓	
Ministry of Agriculture–Direction of Rural Engineering and Water Management (water supply in rural areas)		✓	
Ministry of Equipment and Environment–ONAS Utility	✓		
Ministry of Sanitation–Department of Health and Environment Protection			✓
Water User Associations (rural areas)		✓	

Number of ministries and national institutions with responsibilities in WASH: **11**

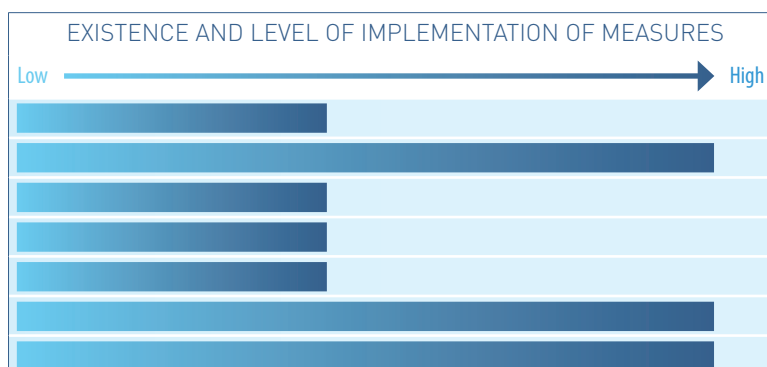
Coordination between WASH actors is made through the National Water Council and integrates all departments and public operators. The meetings of the council are, however, not systematic and are infrequent.

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	88	2014
Rural sanitation	✓	10	2014
Sanitation in schools	✓		
Sanitation in health facilities	✓		
Urban drinking-water supply	✓	100	
Rural drinking-water supply	✓	98	2014
Drinking-water in schools	✓		
Drinking-water in health facilities	✓		
Hygiene promotion	✓	100	1997
Hygiene promotion in schools	✓	100	1990
Hygiene promotion in health facilities	✓	100	1990

It is reported that the sustainability of water systems in rural areas, managed through Water User Associations is compromised. These associations can barely cover energy costs and personnel, let alone the maintenance of systems. To overcome this problem, a national strategy dealing with sustainability of water systems in rural areas is underway.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

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 survey unless otherwise stated.

II. Monitoring

Development plans are reported to be preceded by a systematic sector review to define constraints in order to plan to overcome them during the next Development Plan. Some difficulties, however, are reported in the control of drinking-water in rural areas.

MONITORING

	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2009				
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

No human resource strategies are currently developed for sanitation, drinking-water and hygiene. The most severe constraints to human resources in WASH identified are emigration of skilled workers abroad and the lack of skilled workers willing 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 are reported difficulties in absorption of domestic and donor commitments in urban and rural drinking-water. The main problems reported are procurement and land issues, as well as a lack of suitable companies to undertake civil work in difficult to access areas.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	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	
2012	415.85 M.USD
Expenditure as a % GDP	
Education ²	6.2
Health ²	6.9
WASH ³	0.5

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, three disadvantaged groups are identified in WASH plans. In addition a new constitution, currently in progress, stipulates the right to water and to sanitation. A greater proportion of funds, however, are reported to be directed towards urban areas and for water services. The needs to meet the unserved are greater in rural areas and for sanitation services.

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

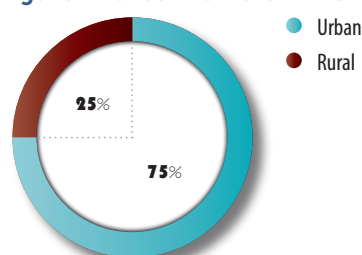
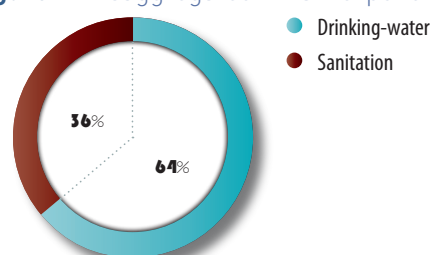


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

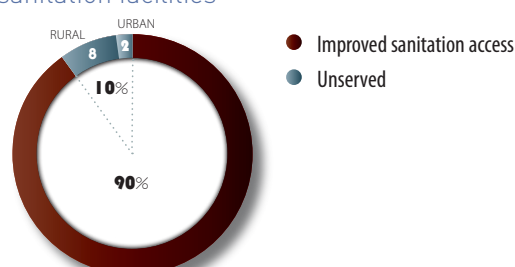
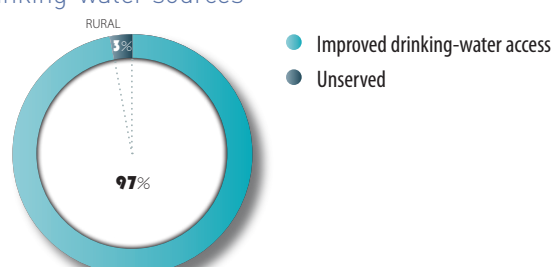


Figure 4. Population with access to improved drinking-water sources



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