

# West Bank and Gaza

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>4.29 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>3.17 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>0.72 M</b>
<b>Camp population (2012)<sup>a</sup></b>	<b>0.40 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>2.96%</b>
<b>Gross domestic product USD (2012)<sup>a</sup></b>	<b>7.31 billion</b>

<sup>a</sup> Palestinian Central Bureau of Statistics.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2010)<sup>b</sup></b>	<b>18.9</b>
<b>Under 5 mortality / 1,000 live births (2010)<sup>b</sup></b>	<b>23.4</b>
<b>Life expectancy at birth (2012)<sup>b</sup></b>	<b>72.7 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>c</sup></b>	<b>NA</b>

<sup>b</sup> Palestinian Central Bureau of Statistics.

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

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>d</sup></b>	<b>99.6%</b>
<b>Use of drinking-water from improved sources (2012)<sup>d</sup></b>	<b>96.6%</b>

<sup>d</sup> Palestinian Central Bureau of Statistics.

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

The Palestinian Water Authority was established by a Presidential Decree in 1995 with the mandate to provide potable water at affordable prices. The situation that was inherited consisted of severely deteriorated water systems, non existence of main wastewater collection system, the non-existence of wastewater treatment plants and a fragmented institutions working as service providers. The Oslo agreement established an Israeli-Palestinian Joint Water Committee as a body to facilitate the implementation of water and sanitation projects in the West Bank and to ensure the proper management of the shared aquifers.

Insufficient quantity of water available for the Palestinians is a chronic problem, an average of 73 l/c.d is available for domestic use while other rural areas receive less than 20 l/c.d with low uncontrolled quality. In Gaza, even though the population is connected to water networks but only 6.5% of the domestic resources meets the WHO standard for drinking use. UNRWA is the responsible body about the service delivery to refugee camps, water, sanitation, solid waste and hygiene. They have implemented many of the hygiene projects in schools, health care centers and other communities; either directly, through the PA ministries or through the local NGOs.

National institutions (water service provider, local authorities and relevant ministries) cooperate and coordinate in order to secure good services to the communities, the local councils capacities is sometimes limited in terms of financial and human resources.

PWA has been restructuring and rebuilding the water sector, on parallel tracks; rehabilitating the water and sanitation systems, securing additional quantities of water through drilling of new deep wells and rehabilitation of springs, and reforming the structure of the institutions to be more efficient and sustainable through the revision of the Water Law, enforcing the Water Tariff to ensure the full cost recovery, updating the groundwater model for better management of the aquifer, preparing and updating the water and wastewater sector strategy, and updating the National Plans for the development of the sector in close cooperation and coordination with donors and local communities.

<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 2014 data<sup>1</sup>

## I. Governance

Several ministries and institutions share the lead for WASH services. The Ministry of Health leads hygiene promotion initiatives and has lead responsibilities in drinking-water services.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Health		✓	✓
Palestinian Water Authority	✓	✓	
Ministry of Local Government	✓	✓	
UNRWA (inside the refugee camps)	✓	✓	✓

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	✓	75	2032
Rural sanitation	✓	75	2032
Sanitation in schools	✓	100	2032
Sanitation in health facilities	✓	100	2032
Urban drinking-water supply	✓	100	2032
Rural drinking-water supply	✓	100	2032
Drinking-water in schools	✓	100	2032
Drinking-water in health facilities	✓	100	2032
Hygiene promotion	✓	100	2032
Hygiene promotion in schools	✓	100	2032
Hygiene promotion in health facilities	✓	100	2032

There are specific plans addressing the issues of reliability/continuity of rural and urban water supply and ensuring drinking-water quality meets national standards.

### 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	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

<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 and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2012		2012		2013
<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 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 skilled graduates.

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

A financing plan is in place and used for most WASH areas, however there is an insufficiency of funds to meet MDG targets. There are also reported difficulties in absorption of funds mainly due to reallocation of funds for urgent needs and procurement issues including currency conversions.

### 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>	
2010–2012	NA
Expenditure as a % GDP	
Education <sup>2</sup>	NA
Health <sup>2</sup>	NA
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

### EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
<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

None reported

### EQUITY IN FINANCE

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

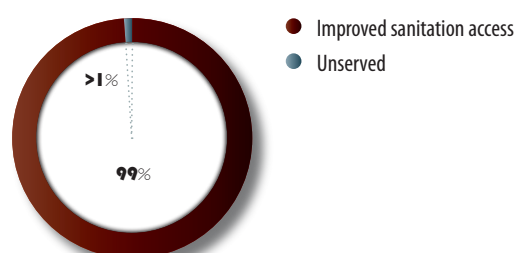
[ No data available. ]

**Figure 2.** Disaggregated WASH expenditure

[ No data available. ]

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

**Figure 3.** Population with access to improved sanitation facilities, 2012



<sup>1</sup> Palestinian Central Bureau of Statistics.

**Figure 4.** Population with access to improved drinking-water sources, 2012

