

WORLD HANDWASHING DAY

15th of October

unicef 
unite for
children



LA CONVENCIÓN SOBRE
LOS DERECHOS DEL NIÑO

NEWS SUMMARY

Bolivia – National Panorama

I. Water and Sanitation in Bolivia: a symptom of critical disparity

Seen as an indispensable element of human and socio-economic development, the lack of equitable access to potable water and sanitation is considered to be among the main factors contributing to maternal and infant mortality throughout the country.

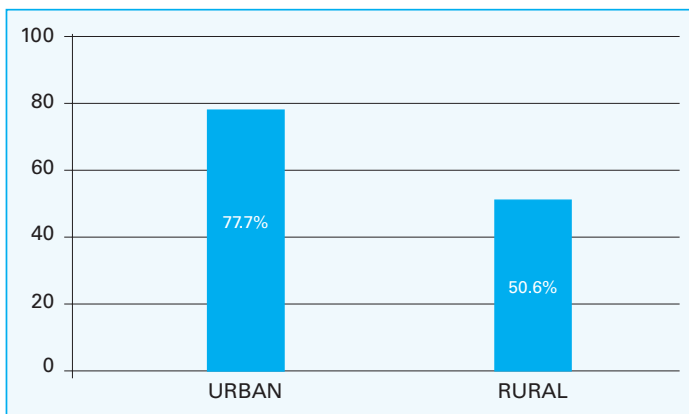
Having a supply of safe water and adequate sanitation reduces the incidence of illnesses and diseases such as Acute Diarrhoeic and Respiratory Illnesses (ADI/ARI), anaemia and vitamin deficiency, which weaken mothers' health and directly influence the current maternal death rate in Bolivia.

The marked inequality between rural and urban areas of the country in terms of water and sanitation access in Bolivia is one of the highest priorities to deal with if we are to reach the Millennium Development Goals (MDGs). The country must make greater efforts to create efficient policies that will help to reduce this gap (see graph).

Furthermore, the absence of ongoing environmental sanitation programmes present a serious challenge to Bolivia if we wish to make integrated improvements to the provision of healthcare services for pregnant mothers and newborns, as well as for children and adolescents as a whole.



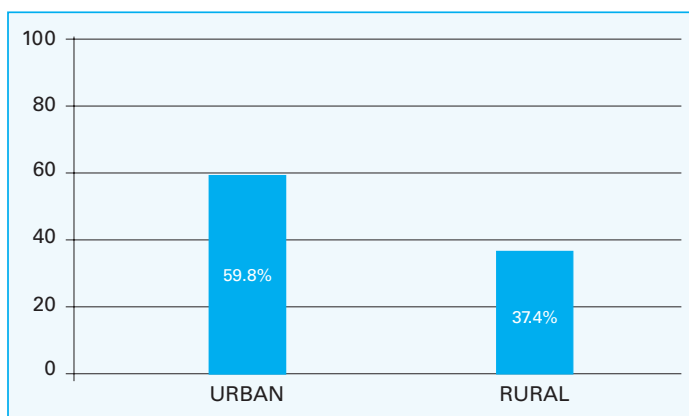
Graph 1 - Bolivia: Access to improved potable water sources (2006)*



Source MDGs in Bolivia – 5th Progress Report 2008

*In urban areas considered as access via public network or tap. In rural areas through piped network, public tap or well with pump.

Graph 2 – Bolivia: Usage of improved sanitation facilities (2006)*



Source: MDGs in Bolivia – 5th Progress Report 2008

*In Urban areas, the usage of improved sanitation installations refers to toilets that flush into the sewage system, a septic tank or dry pit.

II. Diagnosis: A look at the figures

Currently, 73% of the Bolivia in population have potable water, while only 56% have access to adequate sanitation.

The differences between the urban and rural areas are particularly marked: while in cities 77% of the population has potable water, in the countryside, the proportion was scarcely over 50%. With regard to sanitation, the situation is similar (see graphs 1 & 2).

Although the last twenty years has seen a positive trend in terms of national-level potable water and basic sanitation coverage, there are still large challenges ahead for the sector. One of the main

challenges is to reduce the considerable lag in bringing services to rural areas.

Due to the scattered nature of the population in rural areas, the elevated cost of providing these services has become a perpetuator of disparity. Given this context, the amount budgeted for public social spending (housing and basic services - expressed as a % of the average 2000-2006 GDP) was 1.7%, the lowest item on the list, just after education (6.3%) and health (3.1%).

III. Access to water as a determining factor in the quality of infant and children's health

Every year nearly thirty thousand children die from diarrhoea in Bolivia. A large percentage of these deaths result from illnesses or parasites that come from drinking or using unsafe water.

Approximately 46 percent of Bolivian children aged 5 years and under suffer from diarrhoeic illnesses caused mainly by not having access to safe drinking water sources and a lack of healthy hygiene habits, such as handwashing.

Washing hands with soap and water, detergent or even ash contributes to reducing the incidence of diarrhoeic and respiratory illnesses: up to 44% in the case of diarrhoea. These pathologies also raise the rates of severe child malnutrition in this country, affecting 23.2% of this age group (under-5s).

The statistics reveal the following:

- The prevalence of diarrhoea in children under 5 is 46% nationally, 30% in urban areas and 73% in rural areas. (SNIS, 2005) (*)

Source: (National Nutrition Survey, Baseline Study, 2007.)

Infant mortality rate:

- 50 per thousand live births (ENDSA, 2008) -67 per thousand live births in rural areas, 44 per thousand live births in urban areas (ENDSA, 2003).

Chronic malnutrition or retarded growth are two important aspects of malnutrition, the two most relevant determining factors of which are:

- Level of mother's education
- Lack of basic sanitation

Source: Info-Agua Programme 2006 and National Nutrition Survey, Baseline Study, 2007 .

Today, handwashing is one of the most important and efficient ways of avoiding the transmission of Influenza AH1N1). A healthy individual can become sick by touching their nose or mouth after their hands have come into contact with a recently flu-contaminated object. It is important to stress the importance of promoting routing hygiene through washing hands with soap and water for 40 to 60 seconds, scrubbing in between fingers and air drying them or using a clean - preferably disposable paper - towel, as indicated by the World Health Organisation.



IV. Preliminary results on tendencies and attitudes towards hand washing in Bolivia

A qualitative/quantitative study done by UNICEF in 2009 to explore hand-washing tendencies in Bolivia revealed some basic results that can feed into inter-institutional decision making and priority actions to combat vulnerability in this area. Some of these results are shared below:

a) Knowledge that washing hands with soap and water is a fundamental way of avoiding diarrhoea and infectious diseases is very low.

% of parents/caregivers of children under 6 who know that washing hands with soap and water reduces the possibility of catching diarrhoea: 22.5%

b) Knowledge of correct hand washing shows alarming indicators, especially in the Chaco and Altiplano regions.

% of parents/caregivers of children under 6 who wash hands correctly:	Piso Ecológico		
	Andes	Chaco	Amazon
	16.5%	13.2%	39.9%

c) Adequate hand washing infrastructure is practically non-existent in places near latrines

% of families who have a place to wash their hands with soap and water near the latrine: 3.2%

d) Handling and treatment of water at home

% of families that carry water home in a clean, covered container: 14.3%
% of families that store water safely (in a clean, covered container placed above ground level): 10.1% %
% of families that treat or disinfect water before drinking it: 32.7%

Use of key hygiene practices:

- Wash hands with soap and water, detergent or ash at three key moments: before preparing food, before eating and after defecating
- Wash hands after coughing or sneezing to prevent Influenza AH1N1
- Proper disposal of excreta
- Appropriate, handling of healthy water in the home
- Appropriate usage of services and infrastructure (fountains, taps, bop pumps, sinks, bathrooms, latrines, showers)
- Generate demand

The Global Public/Private Partnership for Handwashing with Soap

This is a coalition formed between international allies. Among the members of this alliance, which was established in 2001, are the World Bank Water and Sanitation Program (WSP), UNICEF, the World Bank, Centro for Disease Prevention and Control (CDC), the London School of Hygiene & Tropical Medicine, John Hopkins University School for Public Health, Colgate-Palmolive, Procter & Gamble, Unilever, the USAID Hygiene Improvement Project and the Water and Sanitation Collaboration Council.

The Global Public/Private Partnership for Handwashing with Soap has the following objectives:

- Reduce the incidence of diarrhoea and pneumonia in poor communities through alliances that promote
- Handwashing with soap
- • Support the initiatives of the Global Public/Private Partnership that encourage handwashing and promote the replication of the methods that are effective
- • Share the results of scientific testing that demonstrate that washing one's hands with soap is a sanitary intervention: that it is low cost and highly effective.

V. Key Messages and Advocacy on Handwashing

In the long term, World Handwashing Day could become a powerful advocacy platform aimed at decision makers and key stakeholders and could at some time become an opportunity to solidify political and public commitment to taking actions that will stimulate behavior change.

Handwashing with soap and water is an intervention that saves lives and is within every country and community's financial and technological reach.

Handwashing with soap and water reduces the incidence of illnesses and can prevent diseases that kill millions of children every year.

Washing one's hands with soap and water is one of the most effective ways of preventing diarrhoeic illnesses and infectious respiratory diseases, which, as a whole, are responsible for most infant deaths.

Every year 3.5 million boys and girls die before their fifth birthday because of diarrhoea and pneumonia. Handwashing with soap can cut the incidence of diarrhoea by at least 50% and pneumonia by approximately one quarter.

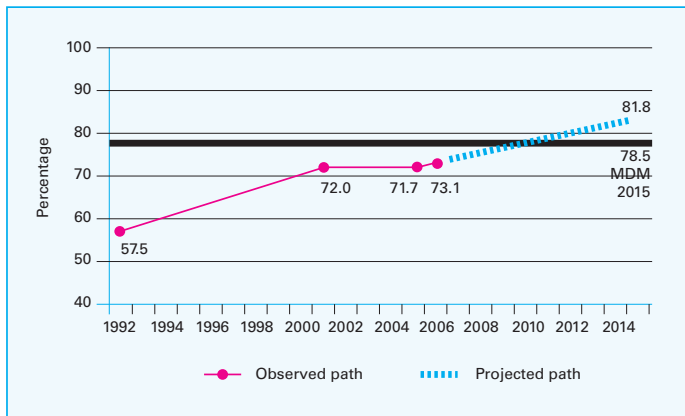
The expected impacts from investment in health, education and improving water supplies could be threatened if appropriate handwashing practices are not stressed as a priority.

VI. Statistical Annex

Indicators	2001	2006	Projection for 2015
Porcentaje de la Population with access to basic sanitation services	72,0	73,1	81,8

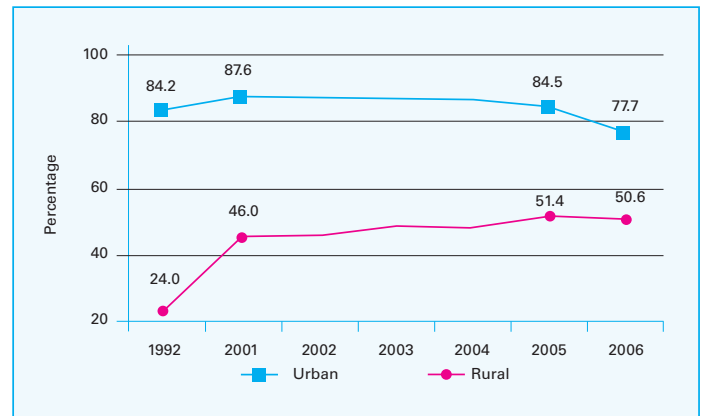


Graph 3 – Evolution of potable water coverage and projections



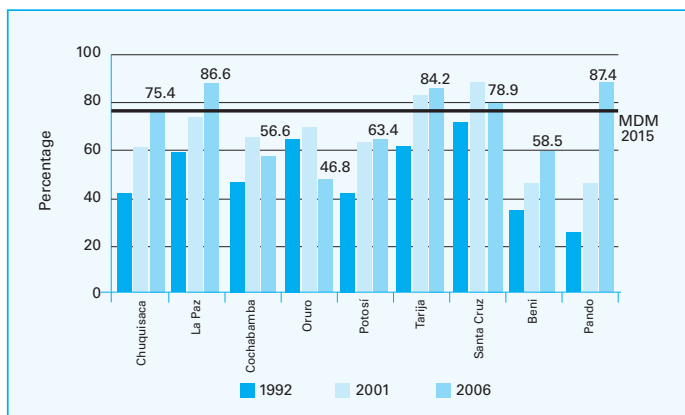
Source: Information from the Vice-ministry of Basic Services. The 1992 data comes from the 1992 census.

Graph 4 – Evolution of potable water coverage by area



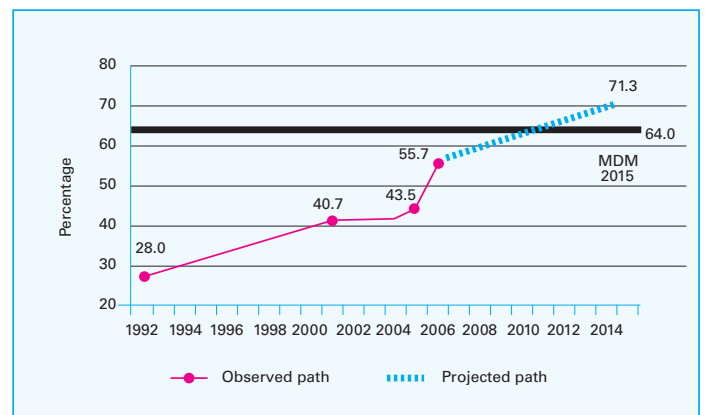
Source: Data from the 1992 – 2001 censuses, Superintendencia de Sanitation and Basic Services (SISAB), National Fund for Productive and Social Investment (FPS), National Fund for regional Development (FNDR), Municipal Governments and the Water and Sanitation Information System (SIAS).

Graph 5 - Potable water coverage by department



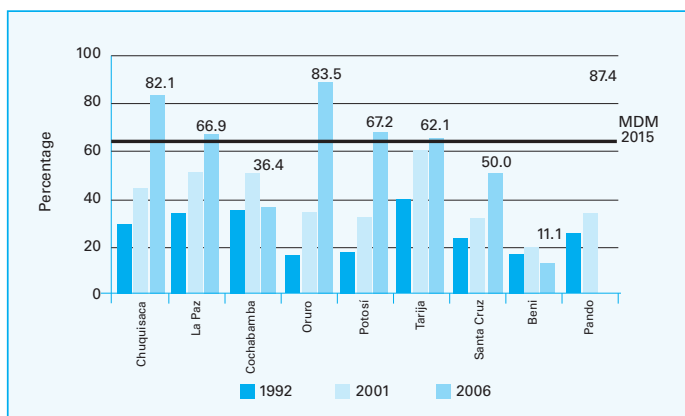
Source: Data from the National Census of Population and Housing 1992 and 2001 and the 2006 PROAGUAS survey.

Graph 6 - Evolution of sanitation coverage, and projections



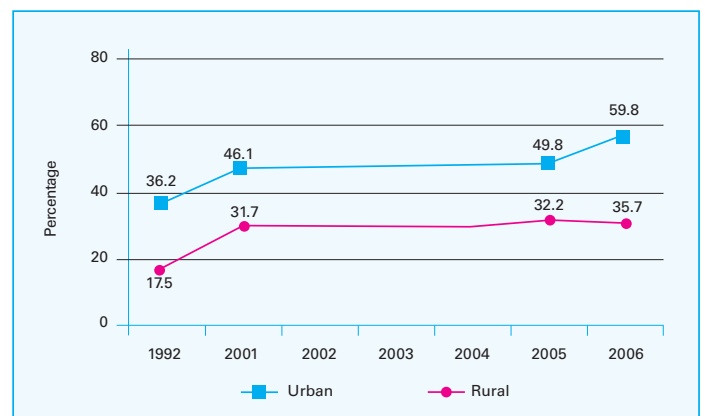
Fuente: Elaborado con información del Viceministerio de Servicios Básicos.

Graph 7 – Sanitation coverage by department



Source: Data from the National Population and Housing Census 1992 y 2001 and the 2006 PROAGUAS survey. Note: The PROAGUAS survey did not record any sanitation information for the department of Pando.

Graph 8 – Evolution of sanitation coverage by area



Source: Data from 1992 and 2001 Censuses, the Superintendencia de Basic Sanitation (SISAB), the Fund for Productive and Social Investment (FPS), the National Regional Development Fund (FNDR), Municipal Governments and the Water and Sanitation Information System (SIAS).