

Water in the city of El Alto, a right that arrives incomplete

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PITCH

In Bolivia cities, statistics reflect a high access to water coverage and a lower coverage of basic sanitation. The phenomenon can be observed in the city of El Alto. A socio-economic analysis conducted in two neighborhoods, with access to water through the public mains, showed, in one of them, that disadvantaged housing and neighborhood conditions are linked to the presence of infections in children under the age of 5. Thus, successful and overall quantitative results in terms of the fulfilment of economic, social and cultural rights (ESCR) may conceal the real and particular situation of disadvantaged population groups. There is an urgent need for State planning bodies to coordinate their actions in the health and water/sewerage sectors to guarantee the protection of population's rights and service provision.

ISSUES

Access to safe drinking water is a target met by Bolivian Government within the framework of the 2015 Millennium Development Goals (MDGs) – though the targeted level of coverage was 78,5 %, it actually reached 83,9 % – an achievement consistent with the constitutional enshrinement of the human right to water in 2009. The sewage service suffers “a structural lag” attributed by the government to the absence of demand from society¹. Access to water and sanitation, however, should not be seen separately but as the two sides of a single service and a right.

Improvements in people's health are the direct result of better living conditions in the neighborhoods. The city of El Alto is an ideal place to study the impact of a better access to drinking water and sewerage on people's quality of life. The 2012 Census shows that 95,6% of the city's population receives drinking water and 67,5 % has access to basic sanitation. In terms of child health, public health reports show a heterogeneous picture in the city (see Table 1).

METHODS

As part of a study on territorial inequalities and water as a social determinant of child health in the city of El Alto, and based on family folders registered by the state program ‘Mi Salud’, in addition to interviews conducted to obtain qualitative information, an analysis was made of demographic data and data on housing conditions of two neighborhoods covered by the ‘Lotes y Servicios’ Network of El Alto: Agua de la Vida and Nuevo Amanecer. Through the analysis of social determinants of health and the prevalence of diseases in children under 5, it is possible to report existing inequalities between territories.

Agua de la Vida is an old settlement with commercial areas, productive activities, dynamic public spaces and access to public transportation. Consolidated urbanization in this area dates back to 1995². In Nuevo Amanecer, on the contrary, there are streets without asphalt and no sidewalks, vacant plots, heaps of garbage at some corners, little

circulation of people and weak commercial and/or productive activity. Moreover, the neighborhood leaders describe the living conditions as having hardly changed in the last twenty years.

Occupation, education, gender and ethnicity are aspects that define the position of people in the social hierarchy. These characteristics are therefore considered as structural determinants of health, and they expose people to discrimination and/or exclusion processes.

In Nuevo Amanecer, women's occupation in housework as well as the eventual survival occupations have an important weight. The dedication to services, vending and related activities is consistent with the self-employment that prevails in El Alto, especially in Agua de la Vida. Also, in Agua de la Vida, local residents are often professionals and intellectuals therefore, they work for the (state or private) bureaucracy and have a guaranteed purchasing power. In Nuevo Amanecer, more than 71 % of mothers are women with basic or no education whereas in Agua de la Vida it represents 36 %. In Nuevo Amanecer, 100 % of consulted heads of households indicated Aymara as their mother tongue against 54 % in Agua de la Vida.

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RESULTS

Drinking water supply reaches 96,9 % in Nuevo Amanecer and 100 % in Agua de la Vida. But the sanitation situation is different: the entire population of Agua de la Vida has access to sewerage systems. However, in Nuevo Amanecer the population often uses cesspools, latrines, public services and outdoor defecation (which concerns 25 % of the population).

The qualitative inquiry conducted in Nuevo Amanecer, through interviews with mothers and medical personnel, reveals that the supply of drinking water is lacking continuity and quality: the water pressure decreases over the weekend, sometimes it is so low that there is no water and in some places, the water contains solids and/or dirt.

The clear disadvantages observed in Nuevo Amanecer coincide with the health situation of children under 5:

ADDs (acute diarrheal diseases) rank first among the five most contracted diseases, including urinary tract infections and impetigo. In Agua de la Vida, ADDs rank fourth after respiratory tract infections.

Table 1- El Alto, ADDs in <5 years (cases x 1,000) (January to October 2017) Health Network	No. of cases
Boliviano Holandés Heath Net	233,7
Corea Heath Net	292,5
Senkata Heath Net	271,7
Los Andes Heath Net	203,9
Lotes y Servicios Heath Net	357,3

Source: SEDES La Paz, 2017

Statistics on progresses in water and sanitation coverage conceal the true situation of entire segments of the population. Access to water without sanitation does not guarantee the health and well-being of the population. Within studied territories an incomplete service provision (garbage collection, transportation) and a scarce State involvement

regarding the fulfillment of other rights (formal education of women, work) was observed. The 'Mi Salud' program, which has a participatory component and guarantees access to health, calls on pressure from society to address local and targeted needs. The precariousness of health services is expressed through the difficulties in opening a local medical office and, through the lack of political decision on the part of public entities that are having trouble solving identified problems in their direct contact with the population.

It is indisputable that in order to raise people's quality of life, one condition is to connect their dwellings to the drinking water network. Thus, in the case of population groups that have historically been subject to structural inequality, providing an isolated service, does not effectively contribute to durably improve their living conditions. Without sanitation, human development issues faced by important segments of the population remain hidden³.

RECOMMENDATIONS

- ▶ The planning of health and water and sanitation services should be done jointly, and with the participation of the municipal government, considering and prioritizing the health needs of population segments that have poor living conditions due to the material conditions of their dwellings and the neighborhood.
- ▶ The State must develop an aggressive plan for sanitation coverage through improved facilities, with the aim of eliminating defecation in the open air. As with garbage collection, sanitation is an obvious priority that cannot be subject to a formal demand from the organized population.
- ▶ Indicators on drinking water and sewerage coverage should take into account factors such as water quality and continuity/discontinuity of the supply. The city of El Alto 'Mi Salud' program can introduce these indicators in the census to make these issues visible in the neighborhoods of intervention.
- ▶ Research and data crossing based on this information can better show the impact of water and sanitation coverage on inhabitants' health, especially the youngest ones, and serve as a valuable guide for intervention.

1 MMAyA (2017). Informe de avances hacia el cumplimiento del derecho humano al agua y saneamiento en Bolivia para vivir bien. La Paz: Ministry of Foreign Affairs - Ministry of Environment and Water.

2 Garfias, S. and Mazurek, H. (2005). El Alto desde una perspectiva poblacional. La Paz: CODEPO-IRD.

3 Tudela Canaviri, M. (2020). "Desigualdades territoriales expresadas en la salud infantil en dos barrios con acceso a agua en El Alto". In Agua y desigualdades urbanas, Urquieta and Botton (coords). CIDES/AFD Colección 35 años. La Paz: Plural editores.