4.4 Health-related sectors

Most PRSPs address water and sanitation independently, rather than as part of the health component. By contrast, nutrition is almost always addressed within health. Health-related information may fall either under health or under education.

Information and analysis

- In many cases, PRSPs provide information on access to water in rural and urban areas (i.e. distance to nearest source, and quality of source). Niger is an example of good practice in this regard, providing information on water needs in different geographical areas.

- In only one case (Honduras) are institutional problems with the management of water supply discussed.

- For nutrition, the information provided is usually rates of stunting or percentage of underweight children, rather than an analysis of the causes of malnutrition.

Strategy and monitoring

- All 10 PRSPs include a strategy on improving access to clean water, and most also address sanitation. In nine out of 10 PRSPs, strategies include indicators to monitor progress.

- There is a clear poverty focus in most water and sanitation strategies – with programmes being targeted at the “poorest” or “most under-served” regions in nine out of 10 cases. Three PRSPs also provide poverty-focused indicators, though these tend to be broad (e.g. increasing access in rural areas).

- Nicaragua is an example of good practice in targeting (see box below), as interventions clearly focus on named poor regions and vulnerable groups; indicators specific to these areas or groups are not mentioned in the PRSP; it may be that they exist but have not been included.

- Three PRSPs include strategies to privatize water provision; the likely impact on the poorest populations is not discussed.

- Eight out of the 10 PRSPs address nutrition, but only four of these focus programmes on the poorest groups. Strategies tend to be less detailed – for example including targets for improved weight-for-height but no details of how targets will be reached. Bolivia and Mozambique are important exceptions to this trend, including detailed programmes to provide nutritional supplements, and related information/education campaigns.

- Six of the 10 PRSPs provide indicators to monitor progress towards nutritional targets; none of these reflect poverty targeting. Programmes on the provision of health-related information are not consistently presented in PRSPs. Where they are, they are most likely to address HIV/AIDS and nutrition.
Selected indicators from Nicaragua’s PRSP

Increase access to water
- Increase the % of population with access to safe water and sanitation in rural dispersed areas to 39% in 2004 from 35% in 1999.
- Annual average increase of 2.4% in access to safe water in rural dispersed areas during 2000-2005.

Increase rural productivity in the long run
- Set new rates and revised subsidies for extremely poor neighbourhoods.
- Implement water and sanitation project for marginal sectors of Managua.

Protection of vulnerable groups – design and implement interventions for social protection based on specific characteristics of vulnerability and risks
- Assistance to be provided to groups facing nutritional and educational risk.
- Increase coverage of integral attention of children 0–6 years.

Summary points
1. Water programmes tend to be more detailed and comprehensive than nutrition programmes. This is most likely because water provision is usually dealt with as a discrete programme, rather than as part of health components.

2. There is an explicit poverty focus in most water programmes - in many cases, expanding supply in rural areas, or in named urban slum areas. Some PRSPs contain an implicit poverty focus by aiming at universal access.

3. Nutrition programmes tend to be less poverty focused, often including national targets without specific discussion of how strategies will be achieved. Few PRSPs link their nutrition strategy to the rural development strategy.

4. The provision of health-related information (by either health or education authorities) is less commonly addressed than might be expected, given its importance as a strategy for reaching poorest groups with basic information on nutrition and sanitation.

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