

Azerbaijan

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	9.31 M
Urban population (2012)^a	5.01 M
Rural population (2012)^a	4.30 M
Population growth rate (2012)^a	1.13%
Gross domestic product USD (2012)^b	66.60 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	30.8
Under 5 mortality / 1,000 live births (2012)^c	35.2
Life expectancy at birth (2012)^d	72 yrs
Diarrhoea deaths attributable to WASH (2012)^e	195

^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	82%
Use of drinking-water from improved sources (2012)^f	80%

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

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Sanitation, drinking-water and hygiene status overview*

Successful implementation of public programs, which significantly contributed to the increased economic potential of regions, further improvement of infrastructure and opening of modern enterprises, turned Azerbaijan into a country where there is dynamic progress in all regions.

Currently the most important infrastructure projects are on drinking-water and sanitation. Due to the successful implementation of public programs and projects, great results have been achieved in this area.

Seventy eight per cent of Baku's population is continuously provided with drinking-water. Ten years ago, the centralized water supply system in the capital covered only 1.56 million people, but now it is used by 2.366 million people. Progress can also be seen in the increased volume of water used. Thus, during this period, the volume of water supplied from various sources in Baku and the Absheron Peninsula increased by 23 per cent – from 564 to 696 million cubic meters. As a result of implementing various projects in 2011-2013, the number of residents provided by uninterrupted water supply increased by 600,000 people, and is, according to recent data, 1.485 million people.

The main work in this area is carried out by Open Joint Stock Company Azersu. Open Joint Stock Company Irrigation and Water Management is working on drilling artesian wells.

The Ministry of Ecology and Natural Resources installs modular sewage treatment plants in villages along rivers. More than 200 villages are covered by these projects. Last year the first pilot project for the desalination of Caspian water for irrigation purposes was completed. In the future, if necessary, it will be possible to use Caspian Sea water for drinking-water.

Currently Azerbaijan is focusing on the rational use of water resources, collection and processing of rainwater, introduction of new technologies in the restoration and protection of water resources, water treatment, municipal and industrial water supply, wastewater treatment, and the construction and operation of pipeline systems. Significant progress has been achieved in constructing new water lines. In recent years, 4,280 kilometers of water supply lines have been laid; and 36 water inlet units, 164 reservoirs and 74 pumping stations have been built. Also 175 artesian and sub-artesian wells were commissioned. Over the past 10 years, 20 sewage pumping stations and three wastewater treatment plants have been built; three wastewater treatment plants were repaired; and 1490 miles of sewer lines were improved.

Over 2.8 billion manat (3.6 billion US dollars) from various sources has been invested in the water supply and sanitation system. Of this amount, 1.8 billion manat was allocated from the state budget, 779 million manat from the State Oil Fund, and 196 million manat from international financial organisations.

* 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

Two ministries/institutions share the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
State Water Company of Azersu	✓	✓	
Ministry of Health			✓
The State Committee of Land Reclamation and Water Resources	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **6**

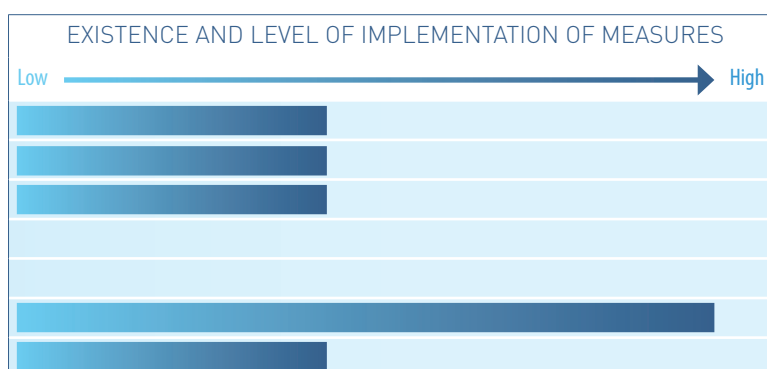
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	100	2016
Rural sanitation	✓		
Sanitation in schools	✓	100	2017
Sanitation in health facilities	✓	100	2015
Urban drinking-water supply	✓	100	2035
Rural drinking-water supply	✓	100	2015
Drinking-water in schools	✓		
Drinking-water in health facilities	✓		
Hygiene promotion	✓		
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✓		

There are specific plans to ensure drinking-water quality meets national standards and for the construction and reconstruction of water supply facilities. There are also specific plans for the construction of a treatment plant for the production of highly refined drinking-water using an ultra filtration water treatment plant (6 m³/sec). In sanitation, there are no specific plans for replacing latrines when full.

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

There is a high level of data availability reported for policy-making, resource allocation and response to WASH related disease outbreaks.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	Twice a year		Twice a year		January 2013
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

Human resource strategies are developed for sanitation, drinking-water and hygiene. A constraint for HR in WASH was reported to be the availability of financial resources for staff costs.

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 covering costs of services, with the deficit of more than 20% of costs currently not covered.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	✓	✓	✓	✓
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	194 M.USD
Expenditure as a % GDP	
Education ²	2.6
Health ²	5.2
WASH ³	0.3

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, sanitation and drinking-water are recognized in legislation as a human right. In addition, five disadvantaged groups are identified in WASH plans.

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. Remote populations
3. Indigenous populations
4. People living with disabilities
5. Displaced populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

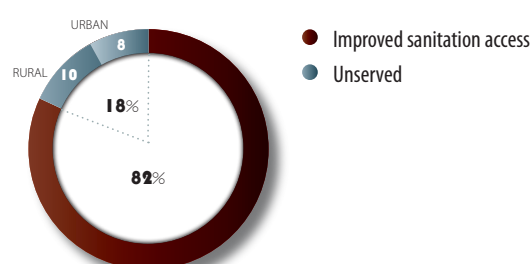
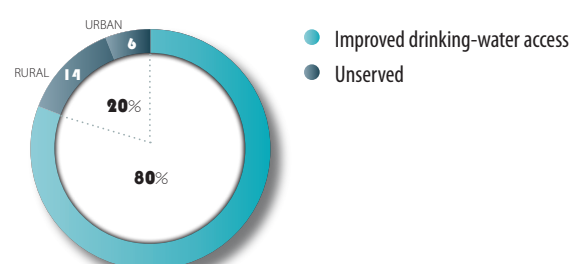


Figure 4. Population with access to improved drinking-water sources



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