

Belarus

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	9.41 M
Urban population (2012)^a	7.10 M
Rural population (2012)^a	2.31 M
Population growth rate (2012)^a	-0.50%
Gross domestic product USD (2012)^b	63.27 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	3.9
Under 5 mortality / 1,000 live births (2012)^c	5.2
Life expectancy at birth (2012)^d	72 yrs
Diarrhoea deaths attributable to WASH (2012)^e	19

^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	94%
Use of drinking-water from improved sources (2012)^f	100%

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

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Sanitation, drinking-water and hygiene status overview*

Supplying the population with safe drinking-water and providing equal access to improved sanitation are of great importance and priority for the Republic of Belarus. At the moment in the Republic of Belarus, several State Programs covering the WASH sector are executed. The most important is the 3rd State Program on Water Supply and Sanitation Clear Water in 2011–2015, approved by the decision of Council of Ministers of the Republic of Belarus. The main purposes of the program are provision of the population with safe drinking-water, development of water supply systems and sewerage systems, and improvement of the reliability of their operation. As part of the program, target indicators for the increase of the population with access to the centralized systems of drinking-water supply, improved sewerage systems, and provision with water purification systems are set. Target indicators are defined for the country in general, as well for rural and urban areas and by territorial division. By 2016, the following access is expected: improved urban sanitation – 98.5%, improved rural sanitation – 32.5%, improved urban drinking-water supply – 98.5%, improved rural drinking-water supply – 83.5%. Actions and financing sources for achieving these goals are defined in the program. Funds are provided from national budgets, credit resources of the International BRD and other sources. The coordinator of the state program is the Ministry of Housing and Communal Services. Every year water and wastewater sector organizations are supported from budget subsidies.

The 1st State Program Clear Water for 2002–2005 was developed in 2001. Further, based on the results of the program and sector reviews (based on monitoring data) in 2006 and 2011, the second (2006–2010) and the third (2011–2015) State Programs on Water Supply and Sanitation Clear Water were developed.

An inter-ministerial commission and several working groups have been established for coordinating inter-sectoral work of organizations responsible for WASH. The Ministry of Housing and the Ministry of Natural Resources share the lead for sanitation services. The Ministry of Housing and the Ministry of Health are the lead for drinking-water services, and the Ministry of Health also leads hygiene promotion initiatives with the Ministry of Education.

The Human Resources Strategy in the WASH sector is built on a needs assessment. To address the gaps in the availability of human resources for certain settlements and enterprises, the Human Resources Strategy outlines a mechanism for target training of specialists and workers.

* 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 and institutions share the lead for sanitation services. The Ministry of Health leads hygiene promotion initiatives with the Ministry of Education and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Housing and Communal Services	✓	✓	
Ministry of Health			✓
Ministry of Natural Resources and Environmental Protection	✓		
Ministry of Education			✓

Number of ministries and national institutions with responsibilities in WASH: **8**

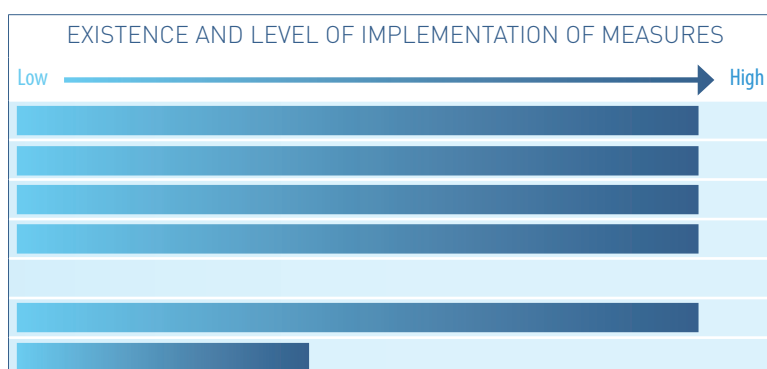
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	99	2016
Rural sanitation	✓	33	2016
Sanitation in schools	✓	100	
Sanitation in health facilities	✓	100	
Urban drinking-water supply	✓	99	2016
Rural drinking-water supply	✓	84	2016
Drinking-water in schools	✓	100	
Drinking-water in health facilities	✓	100	
Hygiene promotion	✓	100	
Hygiene promotion in schools	✓	100	
Hygiene promotion in health facilities	✓	100	

There is a high level of implementation of plans to maintain and sustain WASH services, however, there is no specific plan for the reuse of wastewater or septage.

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	Mar 2013		Mar 2013		Jan 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 and drinking-water with actions identified to address gaps. The most severe constraint identified is the lack of skilled workers willing to live and work in rural areas.

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 sanitation and drinking-water sectors. There is a high level of absorption of domestic and donor commitments in urban areas. There is, however, a reported insufficiency of funds to meet MDG targets.

FINANCING

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Financing plan for WASH				
Assessment of financing sources and strategies ^a	✓	✓	✓	✓
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	
NA	
Expenditure as a % GDP	
Education ²	5.1
Health ²	5.2
WASH ³	NA

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 equality in access to WASH services, one disadvantaged group is identified in WASH plans.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Laws				
Recognize human right in legislation	✓		✓	
Participation and reporting^a				
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. People living with disabilities

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

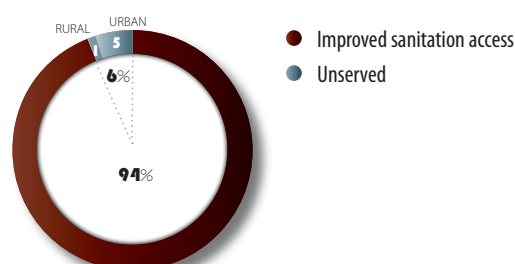
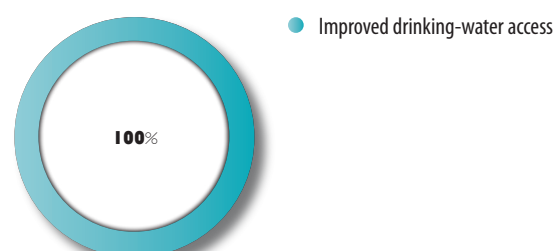


Figure 4. Population with access to improved drinking-water sources



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