

Georgia

DEMOGRAPHIC AND ECONOMIC ESTIMATES

| | |
|--|----------------------|
| Population (2012)^a | 4.36 M |
| Urban population (2012)^a | 2.31 M |
| Rural population (2012)^a | 2.05 M |
| Population growth rate (2012)^a | -0.38% |
| Gross domestic product USD (2012)^b | 15.75 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 | 17.8 |
| Under 5 mortality / 1,000 live births (2012)^c | 19.9 |
| Life expectancy at birth (2012)^d | 74 yrs |

^c UN Inter-agency Group for Child Mortality Estimates, UNICEF 2013.

^d World Population Prospects: The 2012 Revision, UNDESA 2013.

SANITATION AND DRINKING-WATER ESTIMATES

| | |
|---|------------|
| Use of improved sanitation facilities (2012)^e | 93% |
| Use of drinking-water from improved sources (2012)^e | 99% |

^e JMP, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

Water policy in Georgia is determined by a number of legislative acts and plans. Georgia is a Signatory and/or Party to a number of international agreements, including the UNECE/WHO Protocol on Water and Health. An Association Agreement was signed between the European Union and Georgia in November 2013 and the country undertook an obligation to harmonize its legislation with EU legislation and introduce internationally recognized approaches and regulations.

The government of Georgia has started reforming the water supply systems, which includes the stable provision of drinking-water for the population of Georgia through large scale investments in coming years. Improving WASH infrastructure conditions is an important component of the General Education Policy in Georgia. The results of the national survey on the sanitary-hygiene situation of public schools (2013) can serve as a baseline for identification of future interventions.

The National Food Agency of the Ministry of Agriculture developed annual plans for state surveillance and monitoring of drinking-water quality and safety. There is limited data available for sanitation, and the monitoring of sanitation needs to be strengthened. Moreover, it is of high importance to conduct a study on the availability of drinking-water and sanitation in Georgia, which will provide a realistic picture about the situation and allow the government to plan further activities. Lack of wastewater treatment facilities has become a major source of water pollution. The current condition of the sewage systems is different in certain urban and rural areas. Generally, the systems are rather old and deteriorated, the pipes are cracked and wastewater leaks into the ground. The capacity is often insufficient to collect all the wastewater generated. Moreover, the systems are not separated for urban wastewater and precipitation, and during floods, the pipes are overloaded. Most of the wastewater is discharged directly into the rivers and lakes.

There is a lack of reliable estimates of existing human resources in the WASH sector due to difficulties in assessing degree of skills, shortages and needs of human resources. The lack of skilled workers is the greatest challenge in rural areas. Local governments are working to attract and retain qualified and competent professionals.

Although a financing plan is in place and used for drinking-water and sanitation, total WASH expenditure data is not available. It indicates a need for an adequate system of monitoring WASH sector financing in the country.

It is important to ensure sustainability and basic maintenance of water and sanitation systems in Georgia, in particular to improve the situation in rural areas.

* 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

Four ministries and institutions share the lead for 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 |
|---|------------|----------------|-------------------|
| Ministry of Labour, Health and Social Affairs of Georgia | | | ✓ |
| Ministry of Regional Development and Infrastructure of Georgia | ✓ | ✓ | |
| Ministry of Agriculture of Georgia | | ✓ | |
| Georgian National Energy and Water Supply Regulatory Commission | ✓ | ✓ | |
| Ministry of Education and Science of Georgia | | | ✓ |
| Local government and municipalities | ✓ | ✓ | |

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

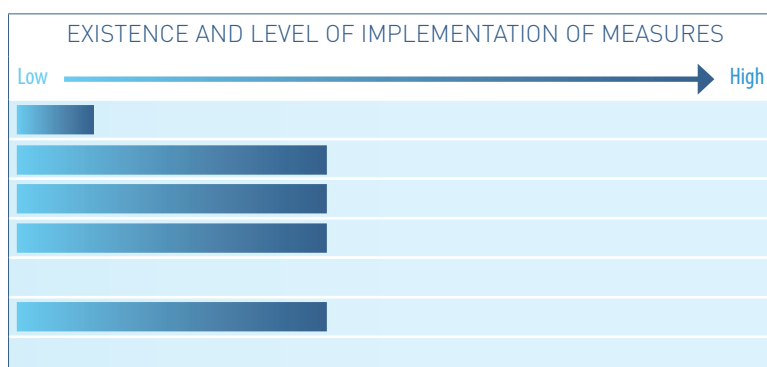
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✗ Nongovernmental agencies
 ✗ Evidence supported decisions based on national plan and documentation of process

| PLAN AND TARGETS FOR IMPROVED SERVICES | INCLUDED IN PLAN | COVERAGE TARGET (%) | YEAR |
|--|------------------|---------------------|------|
| Urban sanitation | ✓ | 86 | |
| Rural sanitation | ✓ | 63 | |
| Sanitation in schools | ✓ | 70 | |
| Sanitation in health facilities | ✓ | 100 | |
| Urban drinking-water supply | ✓ | 96 | |
| Rural drinking-water supply | ✓ | 82 | |
| Drinking-water in schools | ✓ | 86 | |
| Drinking-water in health facilities | ✓ | 100 | |
| Hygiene promotion | ✗ | | |
| Hygiene promotion in schools | ✗ | | |
| Hygiene promotion in health facilities | ✓ | 100 | 2015 |

There is some implementation of plans to address maintenance and sustainability of urban drinking-water and sanitation services. However, there is a low level of implementation of specific plans for rural water supply sustainability.

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 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for drinking-water policy-making and resource allocation and also for response to WASH related disease outbreak. However, there is less data availability for sanitation.

| MONITORING | SANITATION | | DRINKING-WATER | | HYGIENE | |
|--|----------------|-------|----------------|-------|---------------|--|
| Latest national assessment | | | | | | |
| Use of performance indicators^a | | | ● | | | |
| Data availability for decision-making^a | | | | | Health sector | |
| Policy and strategy making | ✗ | | ✓ | | ✓ | |
| Resource allocation | ✗ | | ✓ | | NA | |
| National standards | ✓ ^b | | ✓ | | NA | |
| Response to WASH related disease outbreak | ✓ ^b | | ✓ ^b | | ✓ | |
| Surveillance^c | 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 Country response; question not included in GLAAS 2014 questionnaire.

^c ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are not developed for the sanitation, drinking-water or hygiene sectors. However, these plans are under development in urban areas. There are numerous severe human resource constraints for the WASH sector.

| 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 absorption of donor commitments. There is also an insufficiency of funds to meet MDG targets.

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 | |
|-------------------------------------|-----|
| NA | |
| Expenditure as a % GDP | |
| Education ² | 2.3 |
| Health ² | 9.5 |
| 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 equity in access to WASH services, sanitation and drinking-water are recognized in legislation as a human right. In addition, six 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. Displaced persons
5. Ethnic minorities
6. 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

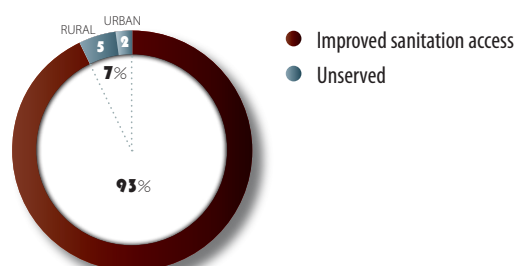
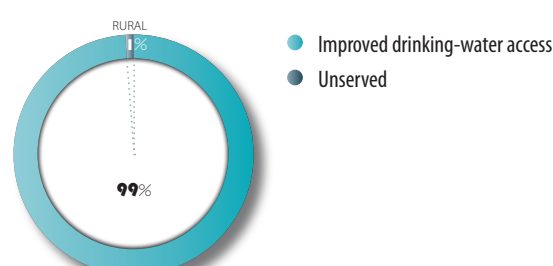


Figure 4. Population with access to improved drinking-water sources



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