glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Tajikistan

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**8.01 M**
Urban population (2012)[a]	**2.13 M**
Rural population (2012)[a]	**5.88 M**
Population growth rate (2012)[a]	**2.45%**
Gross domestic product USD (2012)[b]	**6.97 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]	**49**
Under 5 mortality / 1,000 live births (2012)[c]	**58.3**
Life expectancy at birth (2012)[d]	**68 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**579**

[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]	**72%**

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

WHO/FWC/WSH/15.94

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

In the Republic of Tajikistan, public access to centralized water supply systems of is 59.2% nationally—94.1% for urban populations and 45.2% for rural populations. The rest of the population consumes water from other sources (springs, wells, irrigation ditches, canals, precipitation, etc.) that do not meet sanitary requirements. This in turn leads to the spread of infectious diseases transmitted by water. Of the country's 764 water pipes, 463 pipelines do not meet sanitary requirements. The lowest access to safe drinking-water (25.4%) is recorded in Kurgan-Tyube zone of Khatlon Oblast. More than half (50.3%) of the population uses water from open epidemiologically dangerous sources.

The water supply problems are compounded by irregular water supply and poor quality of power supply. Water consumption is marked by such negative factors as excessive consumption, non-payment for services rendered, inadequate metering of water, etc. Significant loss of water in the drinking-water supply is leakage from water supply systems (average 50-60%) that is caused by worn-out communications. This exacerbates the contamination of groundwater.

The share of non-standard samples for bacteriological parameters is 10.6%, for chemical indicators 32.2%, and 23.8% for non-centralized sources. The main causes of poor water quality are frequent accidents in water supply systems and structures, equipment failure and irregular electricity supply.

The population's access to sanitation services is about 15%, with 44% in cities and 3% in villages. Over the past 20 years, the rehabilitation of sewer networks and facilities was not conducted, which has reduced the effectiveness of wastewater treatment. This wastewater is, in turn, discharged without treatment into water, thereby creating a potential threat to life and health.

Improving and increasing access to sanitation services requires huge financial resources. The construction of new sewer systems as well as the rehabilitation of existing systems and improved sanitation facilities in rural settlements is an impossible task without attracting investment.

Achievements in water supply and sanitation include the following:

- The program to improve clean drinking-water for the population from 2008–2020;
- The Law "On drinking-water";
- Several regulations have been accepted;
- The authorized agency dealing with the problems water and sanitation has been established;
- A platform of dialogue for partners involved with issues of water and sanitation has been established;
- The Water Users Association and community drinking-water users are organized; and
- The embedding of water safety plan zones is planned to be extended.

Problems of the water and sanitation sectors include the following:

- Not enough financing;
- Low availability of human resources and lack of capacity;
- Technical deterioration of water and sewer systems;
- Low tariff policy;
- Not a perfect regulatory framework;
- Lack of precise control of water and electricity consumption; and
- Unprofitable enterprises and organizations.

* 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 data[1]

I. Governance

One institution is 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
Ministry of Health of Republic of Tajikistan			✔
State Unitary Enterprise "Hojagii manzili Kommunali" (Housing and Public Utilities)	✔	✔	

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 (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	50	2020
Rural sanitation	✔	65	2020
Sanitation in schools	✔	80	2015
Sanitation in health facilities			2020
Urban drinking-water supply	✔	98	2020
Rural drinking-water supply	✔	80	2020
Drinking-water in schools	✔	55	2020
Drinking-water in health facilities			2020
Hygiene promotion	✔		
Hygiene promotion in schools	✔		
Hygiene promotion in health facilities	✔		

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
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 and response to WASH related disease outbreak. However, due to human resource capacity, it is reported that independent surveillance is lacking for sanitation and drinking-water in rural areas, as is the comunication of performance and customer satisfaction reviews.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2011		2011		
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, though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources, education centres and skilled graduates.

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 is an insufficiency of funds to meet MDG targets.

FINANCING	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
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]	4.0
Health[2]	5.8
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

Drinking-water is recognized in legislation as a human right and is a considerable step towards addressing equity in access to WASH services.

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER	
Laws				
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.

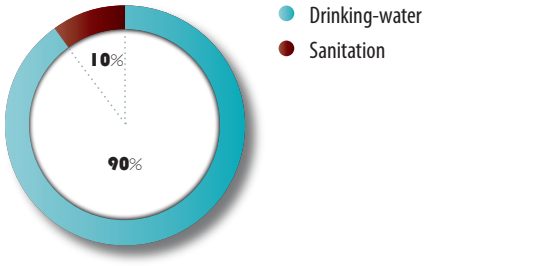
DISADVANTAGED GROUPS IN WASH PLAN
None reported.

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

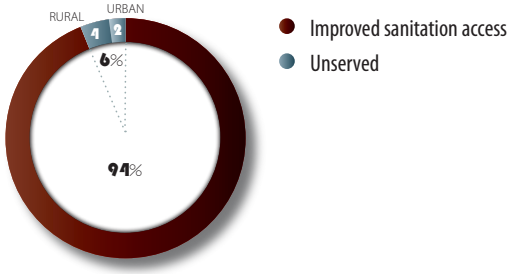
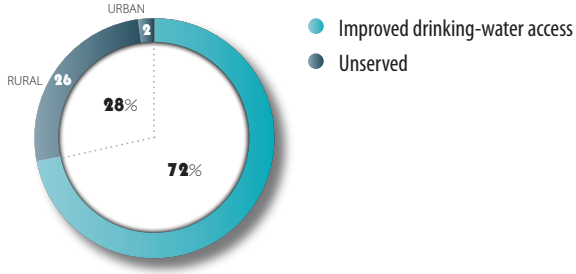


Figure 4. Population with access to improved drinking-water sources



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