

# Tajikistan

Highlights based on country reported GLAAS 2016/2017 data

## DEMOGRAPHIC ESTIMATES

<b>Population (millions, 2017)<sup>a</sup></b>	<b>8.9 M</b>
% Urban (2014) <sup>b</sup>	27%
% Rural (2014) <sup>b</sup>	73%
<b>Population growth rate (2015)<sup>c</sup></b>	<b>2.18%</b>

## HEALTH ESTIMATES

	NATIONAL	GLOBAL	LOWER-MIDDLE INCOME COUNTRIES
<b>Infant mortality (per 1000 live births, 2015)<sup>c</sup></b>	<b>36</b>	<b>33</b>	<b>41</b>
<b>Under 5 mortality (per 1000 live births, 2015)<sup>c</sup></b>	<b>45</b>	<b>45</b>	<b>55</b>
<b>Life expectancy at birth (years, 2015)<sup>c</sup></b>	<b>71</b>	<b>71</b>	<b>67</b>
<b>Diarrhoea deaths due to inadequate WASH in children under 5 years (total, 2012)<sup>d</sup></b>	<b>531</b>	<b>360 688</b>	
<b>Diarrhoea deaths due to inadequate WASH in children under 5 years (per 100 000, 2012)<sup>d</sup></b>	<b>47</b>	—	

## SANITATION AND DRINKING-WATER ESTIMATES

	NATIONAL	URBAN	RURAL
<b>% of population using at least basic sanitation services (2015)<sup>e</sup></b>	<b>95</b>	<b>94</b>	<b>96</b>
<b>% of population using at least basic drinking-water sources (2015)<sup>e</sup></b>	<b>74</b>	<b>92</b>	<b>68</b>

## WASH FINANCIAL ESTIMATES<sup>f</sup>

	2017
<b>Government WASH budget (US\$ millions, current US\$)</b>	<b>16</b>
Government WASH budget per capita (current US\$)	1.82
Government WASH budget as percentage of GDP (%)	0.23
	<b>2015</b>
<b>National WASH expenditure (US\$ millions, current US\$)</b>	<b>37</b>
National WASH expenditure per capita (current US\$)	4.29
National WASH expenditure as percentage of GDP (%)	0.47

<sup>a</sup> Total population, data supplement. United Nations, Department of Economic and Social Affairs, Population (2017). World Population Prospects: The 2017 Revision.

<sup>b</sup> Population of Urban and Rural Areas at Mid-Year (thousands) and Percentage Urban, 2014. United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, CD-ROM Edition.

<sup>c</sup> Total population, medium fertility variant. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.

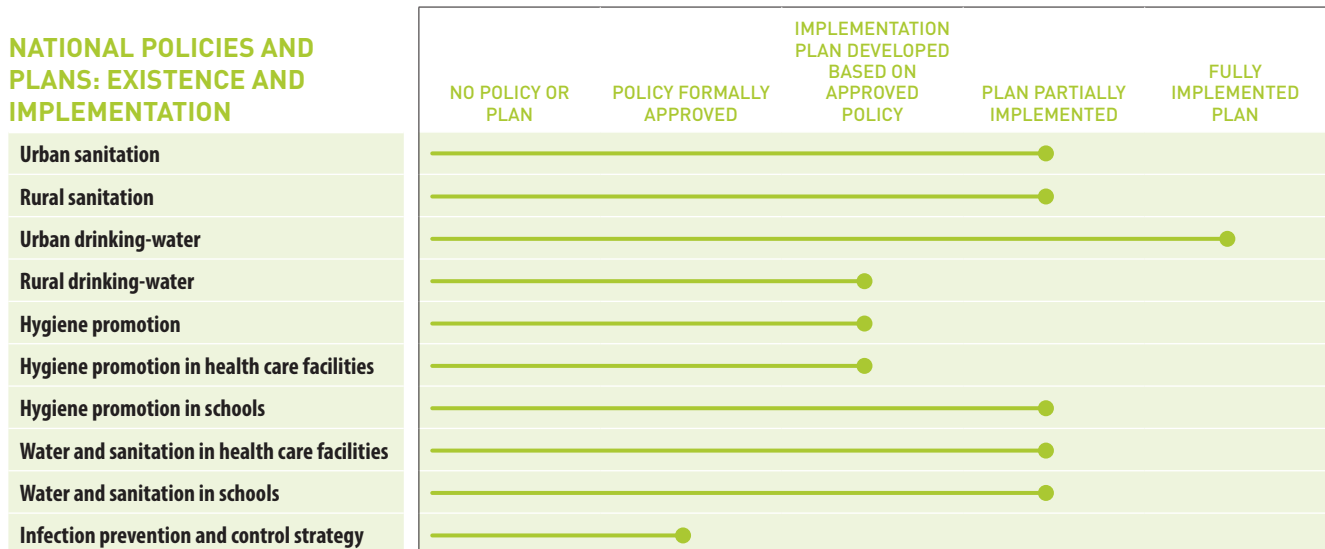
<sup>d</sup> WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene: Exposures and impacts in low- and middle-income countries. World Health Organization, Geneva.

<sup>e</sup> UNICEF/WHO (2017) Joint Monitoring Programme. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. World Health Organization, Geneva.

<sup>f</sup> WASH budget and expenditure data are sourced from the GLAAS 2013/2014 and 2016/2017 data. GDP data and average exchange rates are from the World Bank World Development Indicators database (sourced from the International Monetary Fund, International Financial Statistics).

# I. Governance

## NATIONAL POLICIES AND PLANS: EXISTENCE AND IMPLEMENTATION



Under Sustainable Development Goal 6, there is a greater focus on safely managed sanitation services as well as wastewater treatment.

## URBAN SANITATION POLICY

	INCLUDED IN POLICY/PLAN
Access to basic sanitation	✓
Municipal wastewater	✓
Faecal sludge collection	✓
Safe use of wastewater	✓

✓ Yes. ✗ No.

## SUSTAINABILITY MEASURES

	EXISTENCE AND LEVEL OF IMPLEMENTATION <sup>a</sup>	RESPONSIBILITY ASSIGNED <sup>b</sup>
Keep rural water supply functioning over the long-term	■	✓
Improve reliability and continuity of urban water supply	✓	✓
Rehabilitate disused drinking-water hand pumps	✗	
Rehabilitate broken or disused latrines in schools	■	
Safely empty or replace latrines when full	■	
Maintain sewer systems and treatment facilities	■	✓
Ensure environmental sustainability of water services	✓	✓
Improve climate resiliency	■	✓
Rehabilitate disused WASH systems in health care facilities	✗	
Safely reuse wastewater and/or faecal sludge	■	✓
Ensure drinking-water quality meets national standards	■	✓

<sup>a</sup> ✓ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✗ No plan or low levels of implementation.

<sup>b</sup> ✓ Yes. ✗ No.

# I. Governance (continued)

## SAFETY PLANNING

	LEVEL OF DEVELOPMENT
Water safety planning	■
Sanitation safety planning	■

✓ Formally approved. ■ Under development/anticipated. ✗ Not required.

## COORDINATION MECHANISMS: EXISTENCE AND LEVEL OF COORDINATION

Mechanism exists to coordinate WASH actors	✓
Is it a formal mechanism?	✓

✓ Yes. ■ Under development. ✗ No.

## DOES THE COORDINATION MECHANISM:

Include all governmental agencies that directly or indirectly influence service delivery	✓
Include non-governmental stakeholders	■
Include donors that contribute to WASH activities nationally	✓
Include mutual review and assessment	✓
Apply evidence-based decision-making	✓
Base its work on a sectoral framework or national plan	✓
Have documentation of the coordination process	✓
Have an allocated budget line	■

✓ Yes. ■ Partly. ✗ No.

### Top five development partners (as reported by country)

- 1) World Bank
- 2) Asian Development Bank
- 3) European Bank for Reconstruction and Development
- 4) Swiss Agency for Cooperation and Development
- 5) Japan International Cooperation Agency

## COMMUNITY AND USER PARTICIPATION

	USER PARTICIPATION PROCEDURES DEFINED IN LAW/ POLICY <sup>a</sup>	LEVEL OF PARTICIPATION <sup>b</sup>	WOMEN'S PARTICIPATION INCLUDED IN LAW/ POLICY <sup>a</sup>
Urban sanitation	✓	✗	✗
Rural sanitation	✓	✗	✗
Urban drinking-water	✓	✗	✗
Rural drinking-water	✓	■	✗
Hygiene promotion	✓	■	✓
WASH in health care facilities	✓	■	✓
Water pollution control	✓	■	✓
Water quality monitoring	✓	■	✗
Water rights/allocation	✓	■	✗
Water resources management	✓	■	
Water-related environmental protection	✓	■	✗

<sup>a</sup> ✓ Yes. ✗ No.

<sup>b</sup> ✓ High. ■ Moderate. ✗ Low.

## II. Monitoring

### JOINT SECTOR REVIEW (JSR)

Year of most recent JSR: 2015

Sectors covered

SANITATION	DRINKING-WATER	HYGIENE
✓	✓	✓

✓ Yes. ✗ No.

### DATA AVAILABILITY FOR DECISION-MAKING

Policy and strategy	■	✓	
Resource allocation	■	✓	
Status and quality of service delivery	■	■	
National standards		✓	
Response to WASH-related disease outbreak			✓
Identify public health priorities for reducing diseases			✓
Identify priority health care facilities needing improvements			✓

SANITATION	DRINKING-WATER	HEALTH SECTOR
■	✓	
■	✓	
■	■	
	✓	
		✓
		✓
		✓

✓ Data available and used for a majority of decisions. ■ Partial data or only used for a minority of decisions. ✗ No data or limited availability.

### REGULATION

Regulatory authority responsible for setting tariffs	✓	✓
Legally binding national standards for service quality	✓	✗
Regulatory authority responsible for service quality	✓	✓
Collection of coverage data from service providers	✓	✗
Collection of data on quality <sup>a</sup>	✓	✗
Publish publicly accessible reports <sup>b</sup>	✗	✗
Publish publicly accessible reports on service quality	✗	✗
Regulatory authority located in a different institution than service providers	✓	✓
Regulatory authority can report findings without government clearance	✓	✓
Regulatory authority can dismiss employees without government clearance	✓	✓
Funding independent of government budget	✗	✗
Ability to take punitive action against non-performers	■	■

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✓	✓	✓
✓	✗	✓	✓
✓	✓	✓	✓
✓	✗	■	■
✓	✗	■	■
✗	✗	✗	✗
✗	✗	■	✗
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	✗	✗
■	■	■	■

✓ Yes. ■ Partially. ✗ No.

<sup>a</sup> For sanitation, effluent quality data from treatment plant operators; for drinking-water, water quality data from service providers.

<sup>b</sup> For sanitation, reports on treated wastewater flows; for drinking-water, reports on drinking-water quality.

## III. Human resources

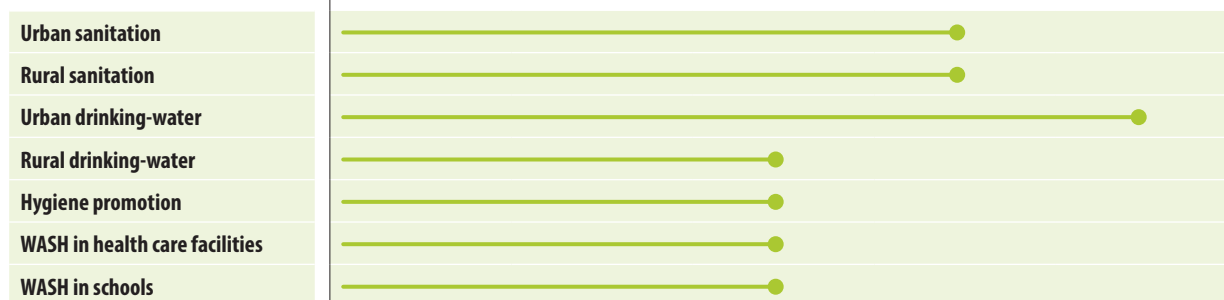
Impact of increased human resources capacity	
Policy development	■
Institutional coordination	✗
National and local/provincial WASH planning	✗
Construction of facilities	✓
Operations and maintenance	✓
Community mobilization	✓
Financial planning and expenditure	■
Enforcement of regulations	■
Health promotion	✓
Monitoring and evaluation	■

SANITATION	DRINKING-WATER	HYGIENE
■	✓	■
✗	✓	✗
✗	✓	✗
✓	✓	✓
✓	✓	✓
✓	✓	✓
■	✓	■
■	■	■
✓	✓	✓
■	■	■

✓ Large benefit from increased WASH human resources capacity. ■ Moderate benefit. ✗ Little or no benefit.

# IV. Financing

## EXISTENCE AND IMPLEMENTATION OF WASH FINANCING PLAN



## FINANCIAL REPORTING

Expenditure reports available and include actual expenditure vs. committed funding

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✗	✗	✗	✗

✔ Government, official development assistance (ODA) and non-ODA expenditure reports are available. ■ Some reports available. ✗ Expenditure reports are not available.

## UTILIZATION OF AVAILABLE FUNDING (ABSORPTION)

Domestic commitments

Donor commitments

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✔	✔	✔	✔
✔	✔	✔	✔

✔ Over 75%. ■ Between 50% and 75%. ✗ Less than 50%.

## COST RECOVERY STRATEGIES

Operations and basic maintenance covered by tariffs

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✗	✗	✔	✗

✔ Covers over 80% of costs. ■ Covers between 50% and 80% of costs. ✗ Covers less than 50% of costs.

## SUFFICIENCY OF FINANCE TO MEET NATIONAL TARGETS

Sanitation

Drinking-water supply

Drinking-water quality

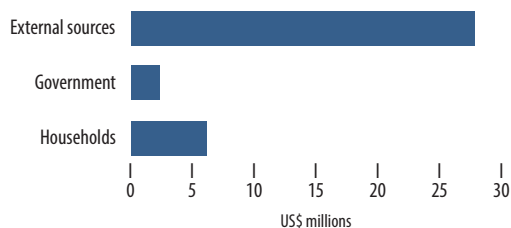
URBAN		RURAL	
■	✗	✗	✗
■	✗	✗	✗
■	✗	✗	✗

✔ More than 75% of what is needed. ■ Between 50% and 75% of what is needed. ✗ Less than 50% of needs.

## NATIONAL WASH EXPENDITURE (US\$ MILLIONS): 36.7

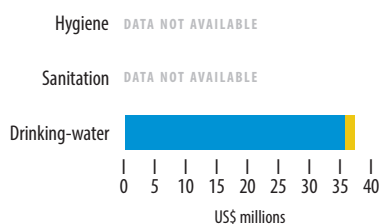
Reported WASH expenditure by source of financing, 2015

Repayable financing DATA NOT AVAILABLE



Reported WASH expenditure by subsector, 2015

■ Urban ■ Rural ■ Urban and rural



# V. Equity

## GOVERNANCE

Plans for vulnerable population groups: existence and level of implementation

Poor populations	✗
Populations living in slums or informal settlements	✗
Populations living in remote or hard to reach areas	✗
Indigenous populations	✗
Internally displaced persons and/or refugees	✗
Women	✗
Ethnic minorities	✗
People living with disabilities	✗
Populations with high burden of disease <sup>a</sup>	✗

✔ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✗ No plan, or low levels of implementation.

## MONITORING

Tracking of progress in access to services

	SANITATION	DRINKING-WATER	HYGIENE
Poor populations	✗	✗	✗

✔ Yes. ✗ No.

## FINANCE

Specific financial measures to increase access for:

	SANITATION	DRINKING-WATER
Rural populations	✗	✗
Poor populations	✗	✗
Populations living in slums or informal settlements	✗	✗
Populations living in remote or hard to reach areas	✗	✗
Indigenous populations	✗	✗
Internally displaced persons and/or refugees	✗	✗
Women	✗	✗
Ethnic minorities	✗	✗
People living with disabilities	✗	✗
Populations with high burden of disease <sup>a</sup>	✗	✗

✔ Yes, and measures are applied. ■ Yes, but measures are not applied consistently. ✗ No.

<sup>a</sup> e.g. diarrhoea, undernutrition, neglected tropical diseases and cholera.

Changes in budget allocations to target inequalities (past three years)

↑ Increasing. ■ Relatively constant. ↓ No.

Affordability

	SANITATION	DRINKING-WATER
Affordability schemes for vulnerable groups	✗	✗

✔ Affordability schemes exist and are widely used. ■ Affordability schemes exist, but are not widely used. ✗ No schemes exist.