

# Iran, Islamic Republic of

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>76.42 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>52.89 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>23.54 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>1.32%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>552.4 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>15.1</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>17.6</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>74 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>690</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>98%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>95%</b>

<sup>f</sup> National Census 2011.

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## Sanitation, drinking-water and hygiene status overview\*

Over the last twenty years many actions have been taken to establish laws and regulations.

Essential and broad actions have been taken in the national water sector, which include the compilation of upstream laws and regulations on water, notification of general policies in the water sector, special status in national planning, access to potable water by 99% of the urban population and to safe drinking-water by 78% of the rural population.

As for the sanitary discharge of wastewater, access in urban areas is 38.82% and in rural areas about 0.42%, underlining the need to increase the ratio of access to sanitation.

Effective actions have been taken in recent years in the wastewater sector to increase population coverage on one hand and to attract the participation of international development banks as well as the non-governmental sector on the other.

Despite an acceptable situation in many cases, there are also many problems and issues with the existing trend, which requires holistic planning according to upstream policies, while keeping an eye on the ideal outlook of the country.

### Potential solutions

1. Increasing the share of the water and wastewater sector from the public budget in view of the fifth development plan.
2. Setting tariffs according to the cost/prices in regard to annual budget laws or economic evolution plans.
3. Rendering the functions of water and wastewater companies more economical – creating bodies to regulate the national water and wastewater sector to start the privatization process – conceding the least loss incurring companies in the initial stages of privatization.
4. Believing in drought as a recurring phenomenon in the region in view of the climate and its evolution, and planning according to this belief.
5. Accelerating the implementation of wastewater plans.
6. Completing the half completed water and wastewater projects and preventing the start of new projects that have not been included in the mid-term plans.
7. Increasing the share of rural development funds from the total funds for the acquisition of investment assets.
8. Setting executive standards and procedures appropriate for the design and execution of rural water and wastewater.

\* 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<sup>1</sup>

## I. Governance

The Ministry of Energy has lead responsibilities in monitoring and providing services for both drinking-water and sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in the regulation and surveillance of sanitation and water services .

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
<b>Ministry of Health</b>			✓
<b>Ministry of Energy</b>	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **2**

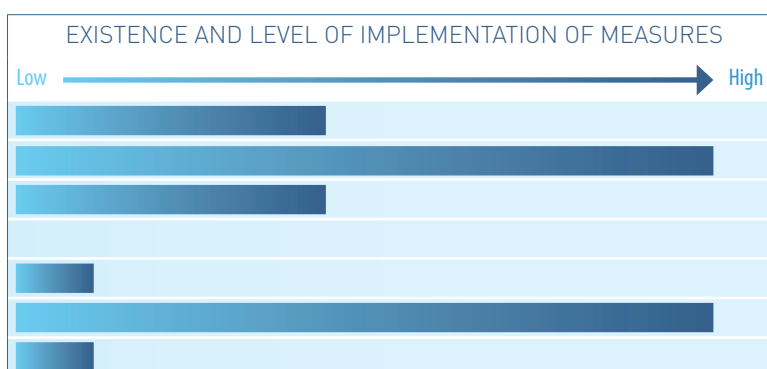
Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✗ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
<b>Urban sanitation</b>	✓	52	2015
<b>Rural sanitation</b>	✓	8	2015
<b>Sanitation in schools</b>	✓	80	2013
<b>Sanitation in health facilities</b>	✓	86	2015
<b>Urban drinking-water supply</b>	✓	100	2015
<b>Rural drinking-water supply</b>	✓	92	2015
<b>Drinking-water in schools</b>	✓	85	2015
<b>Drinking-water in health facilities</b>	✗		
<b>Hygiene promotion</b>	✓		
<b>Hygiene promotion in schools</b>	✓	20	2014
<b>Hygiene promotion in health facilities</b>	✓		

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

<b>Keep rural water supply functioning over long-term</b>
<b>Improve reliability/continuity of urban water supply</b>
<b>To rehabilitate broken public latrines</b>
<b>Safely empty or replace latrines when full</b>
<b>Reuse of wastewater or septage</b>
<b>Ensure DWQ meets national standards</b>
<b>Address resilience to climate change</b>



<sup>a</sup> Including implementation.

<sup>1</sup> 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 policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE	
<b>Latest national assessment</b>	2013		2013			
<b>Use of performance indicators<sup>a</sup></b>	✓		✓		●	
<b>Data availability for decision-making<sup>a</sup></b>					Health sector	
Policy and strategy making	✓		✓		✓	
Resource allocation	✓		✓		NA	
National standards	NA		✓		NA	
Response to WASH related disease outbreak	NA		NA		✓	
<b>Surveillance<sup>b</sup></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	✓	✓	✓	✓		
<b>Communication<sup>a</sup></b>						
Performance reviews made public	✓	✓	✓	✓		
Customer satisfaction reviews made public	●	●	●	●		

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are in development for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are recruitment practices and encouraging skilled workers to live and work in rural areas.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	●	●	✓
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>	●	●	●
<b>Human resource constraints for WASH<sup>b</sup></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			

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ 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.

## FINANCING

FINANCING	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
<b>Financing plan for WASH</b>				
Assessment of financing sources and strategies <sup>a</sup>	✓	✓	✓	✓
<b>Use of available funding (absorption)</b>				
Estimated % of domestic commitments used <sup>b</sup>	✓	✓	✓	✓
Estimated % of donor commitments used <sup>b</sup>	●	●	●	●
<b>Sufficiency of finance</b>				
WASH finance sufficient to meet MDG targets <sup>b</sup>	✓	✓	✓	✓

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.  
<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure <sup>1</sup>	
2012	1.4 billion USD
Expenditure as a % GDP	
Education <sup>2</sup>	4.0
Health <sup>2</sup>	4.4
WASH <sup>3</sup>	0.1

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.  
<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.  
<sup>3</sup> 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, seven disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to urban areas, however, there is a marginally greater proportion of unserved in rural areas and for sanitation services.

## EQUITY IN GOVERNANCE

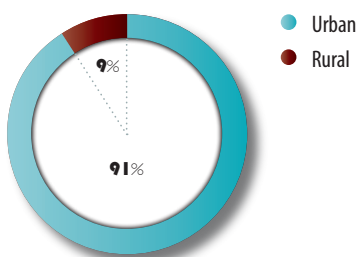
EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
<b>Laws</b>				
Recognize human right in legislation		✓		✓
<b>Participation and reporting<sup>a</sup></b>				
Clearly defined procedures for participation	✗	✗	✗	✗
Extent to which users participate in planning				
Effective complaint mechanisms	✓	✓	✓	✓

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

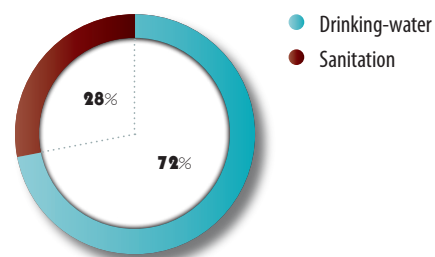
DISADVANTAGED GROUPS IN WASH PLAN
1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Displaced persons
6. Ethnic minorities
7. People living with disabilities

## EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

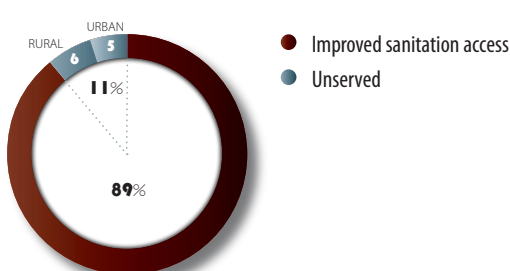


**Figure 2.** Disaggregated WASH expenditure

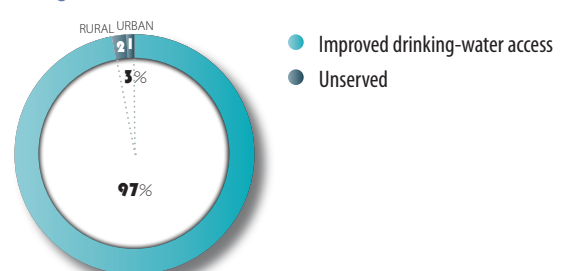


## EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



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



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