

Oman

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	3.31 M
Urban population (2012)^a	2.44 M
Rural population (2012)^a	0.87 M
Population growth rate (2012)^a	9.15%
Gross domestic product USD (2012)^b	78.11 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	10
Under 5 mortality / 1,000 live births (2012)^c	11.6
Life expectancy at birth (2012)^d	76 yrs
Diarrhoea deaths attributable to WASH (2012)^e	NA

^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	97%
Use of drinking-water from improved sources (2012)^f	93%

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

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Sanitation, drinking-water and hygiene status overview*

In Oman, policies and programmes have far too little emphasis on ensuring adequate financial and human resources to both sustain the existing infrastructure and expand access to sanitation, drinking-water and hygiene services.

The Oman GLAAS report presents data received from different related ministries and institutions that share the lead for sanitation, drinking-water and hygiene promotion services, i.e. Ministry of Health (MOH), Public Authority for Electricity and Water (PAEW), Haya Waste Water Company; Governor of Dhofar Office and Sallah Wastewater Services Company.

In 2012, the use of improved sanitation has been estimated to be 97% and use of drinking-water from an improved source was 93%.

Major gains have been made and the drinking-water target was met, but challenges remain to reduce disparities and to increase sanitation network coverage. GLAAS identified gaps such as the need for unified regulations for the WASH sector, a shortage in human resources, the need for more coordination in hygiene promotion, and the lack of a breakdown of financial data.

The following recommendations were formulated and agreed between all stakeholders:

- Recommendation to have unified and updated laws and regulations for each sector with the recognition of water and sanitation as a human right.
- Improve coordination by establishing the National Water Safety Committee and Sanitation Committee.
- Improve the GLAAS process of data collection by integrating the main GLAAS data with data collected by National Centre of Information and Statistics.
- Formulation of the Human Resources Plan for the WASH sector and required capacity building.
- The health components need to be considered with more evidence about the relationship between water and sanitation and health indicators and the main data should be integrated in the health information system.
- Hygiene promotion activities should be coordinated between different sectors and an action plan needs to be formulated for this component.

* 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

Three ministries/institutions share the lead for sanitation, drinking-water and hygiene promotion services. The Ministry of Health has a lead role in drinking-water and hygiene promotion initiatives.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Health (MOH)		✓	✓
Public Authority for Electricity and Water (PAEW)		✓	✓
Haya Waste Water Company	✓		
Governor of Dhofar Office	✓		
Sallalh Wastewater Services Co. Company		✓	
Ministry of Education	✓		✓

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

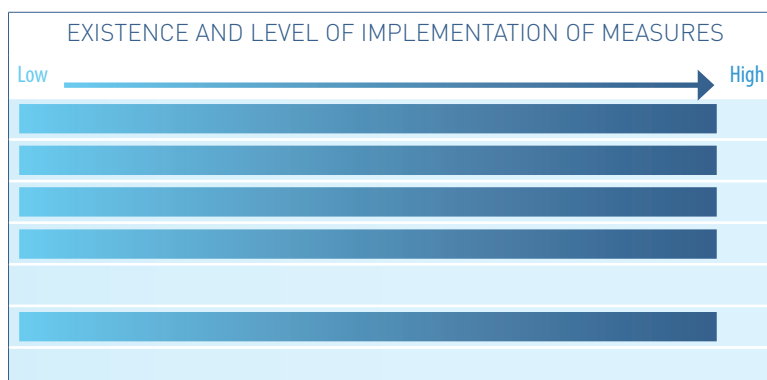
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	100	
Rural sanitation	✓	75	2015
Sanitation in schools	✓	100	
Sanitation in health facilities	✓	100	
Urban drinking-water supply	✓	90	2015
Rural drinking-water supply	✓	80	2035
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	

In general, there is a high level of implementation of plans for the maintenance and sustainability of services, however, there is a lack of specific plans for reuse of wastewater/septage and addressing climate change.

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 and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2004		2007		2010
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 constraint identified is the lack of 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 are reported difficulties in absorption of donor commitments for urban sanitation. There is a sufficiency 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	
2012	6.07 Billion USD
Expenditure as a % GDP	
Education ²	NA
Health ²	2.6
WASH ³	0.1

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

A provision for access to drinking-water and sanitation services is made in the White Book / The basic law of the Sultanate of Oman.

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

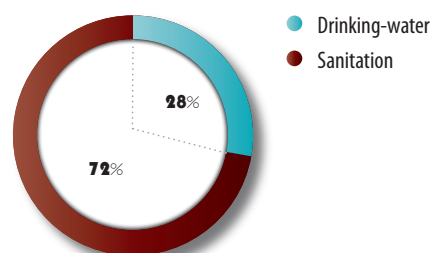
Not available

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

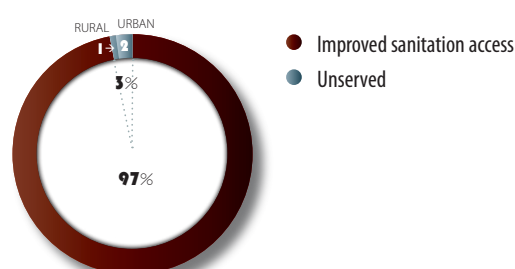
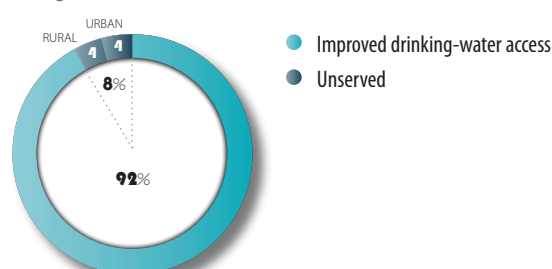


Figure 4. Population with access to improved drinking-water sources



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