Ministry of Health

National Centre for Environmental Health and Water Supply

Vientiane Capital, Lao PDR, January 17, 2012

To: Special Rapporteur on the Human Right to safe drinking water and sanitation

ESCR Section, Special Procedures Branch

UNOG-OHCHR, Palais des Nations

CH-1211 Geneva 10, Switzerland, Fax: +41 22 917 90 06

Subject: Some views points to consider for the preparation a report on stigmatization in the realization of the rights to water and sanitation. Potential questions and answers to be addressed on the above issue.

1. Which groups and individuals experience stigmatization?

While Lao PDR has made good progress in improving water and sanitation services in urban areas, it continues to face an even greater challenge in rural areas, and particularly in remote rural areas (with limited road or water access). It is also evident that the poorest quintile (fifth) of the population continues to have the lowest access to water and sanitation services.

Access to water and sanitation services in schools remains an issue, with less than a third of all schools (30 per cent) currently affording access for students and teachers. An additional emerging issue is the need to improve the levels and quality of water and sanitation services at health facilities, particularly rural and remote health centres.

Nationally identified poor communities (as per the Government’s Poverty criteria) are now mainly located in the mountainous areas of Northern and Eastern Lao PDR, where access by road is limited and difficult . In addition, these communities often continue to face water access difficulties.

The analysis enabled a comparison of households that are generally similar and resulted in the following conclusions: (i) rural households are 7.7 times more likely than urban households to rely on surface water (ii) households in villages with no access to roads are 1.9 times more likely to rely on surface water than households with road access (iii) households in which more than half of the members cannot read are 20 percent more likely to rely on surface water than households in which more than half of the members can read (iv) the presence of UXO problems in a village is associated with a 34 percent higher likelihood of using surface water.

There is an even stronger association between the same factors and lack of sanitation; that is, no toilet/latrines: (i) rural households are 8 times more likely than urban households to have no sanitation facilities (ii) households in villages with no access to roads are 3.4 times more likely to lack sanitation facilities than households with roads access (iii) household in which more than half of the members cannot read are 4.3 times more likely to lack sanitation than household in which more than half of the members can read (iv) having UXO problems in the village is associated with a 7.8 times higher likelihood of not having sanitation.

By households living standard, 60 percent of the poorest urban households and more than 80 percent of the richest urban households have improved water supply. The disparity is, however, larger for piped water supply with a house connection. Over 90 percent of urban households have basic sanitation facilities. Nearly 80 percent of the poorest households and more than 95 percent of the richest households have basic sanitation.

1. How are different groups and individual affected?

Numerous international and domestic studies specifically provide evidence to suggest that in Lao PDR, “poor sanitation including hygiene causes at least 3,000,000 disease episodes and 6,000 premature deaths annually”. Some 80 to 85 per cent of these diarrhoeal cases are caused by the adverse impact of poor sanitation and hygiene via various faecal-oral transmissions, including drinking water as a route. The most vulnerable group, and often the most impacted upon, is children under five years of age, who account for over half of the annual deaths (3,256 per year) attributed to poor sanitation and hygiene.

Inadequate water and sanitation services and facilities and poor hygiene practices significantly impact upon the national economy.

Even though Lao PDR has a large per capita volume of renewable water resources, the quality of both surface and ground water is declining. In addition, access to clean water and sanitation is a major problem. In rural areas, there is a high incidence of diarrhea, dysentery and other waterborne diseases. Municipal solid waste is increasing rapidly, and disposal and pollution issues will feature prominently on the government’s environmental agenda.

It is mainly women and girls who fetch and use water for domestic purposes on a daily basis. Collecting and carrying water is physically stressful, and time consuming especially in rural area where they often walk a long distance. Girls are also required to help their mothers with water collection and other domestic tasks, which often hamper their attendance in school and opportunities to play.

There is a growing body of evidence that demonstrates the importance of and from the synergies of water, sanitation and hygiene (WASH), not only to human health but also for the social and economic development of communities and nations. The lack of access to safe water and sanitation has many repercussions. Children and girls in particular are greatly affected, denied their right to education because they are busy fetching water; they are also discouraged by the lack of separate and decent sanitation facilities at schools. Women are forced to spend large parts of their day fetching water or caring from family sick from faecal oral transmitted diseases. Farmers and wage earners are less productive due to bouts of illnesses, and as a result their livelihoods and economy suffer. Without safe water and sanitation, sustainable development is placed at risk

1. How is stigmatization relevant to access to water and sanitation?

The current overlapping roles relating to urban and rural water supply, sanitation and hygiene behaviour change promotion between different government departments needs demarcation. It is generally agreed among all stakeholders that a focused Rural Sanitation Hygiene and Water Supply Policy Paper would support guidance and advancement for the sector in the medium- to long-term.

Nationally and provincially, the WASH sections face additional human resource /staffing challenges. Furthermore, the majority of personnel assigned staff in the districts is male, even though many of the sanitation and hygiene issues they have to deal with are gender sensitive and impact more on women.

The current percentages of funding contributions and indicates that the Government provides on average ~10 per cent a year (with a maximum of 23 per cent), with contributions from development partners and households of 65 per cent and 25 per cent, respectively. It should be noted that reported investment may significantly under-estimate community and household investment through self-provision.

Currently, there is a dependence and over reliance on official development assistance which is frequently consumed in repairing and renewing existing systems, rather than being targeted at the un-served population in remote and poor communities, which are often without roads.

Access to improved water supplies, sanitation and hygiene services remains unequal, with remote and often poorer villages without roads remaining un-served, even after more than decade of advocated targeting in previous strategies. One of the challenges is the lack of agreed national definitions for ‘urban’, ‘rural’ and ‘remote’, which could improve targeting, as each institution appears to have a separate definition and currently operates independently. Traditional practices, particularly open defecation, pose significant health and economic risk across all villages, with 48 per cent of all households apparently favouring open defecation in surveyed villages.

A significant proportion of villages (between 30-50 per cent) across the country lack sufficient water for an average of 2.7 months (81 days) per year. Installed technologies may work, but they are not supplying water to meet basic household and community demand, which also significantly impacts on the sanitation choice of pour-flush technologies preferred by households.

Although Lao PDR is rich in natural ground, surface and rainwater sources, climate change has begun to affect seasonal patterns. The impact of this is difficult to predict and constitutes a contributing factor in the increasing seasonality of water sources. In addition, deforestation and transition to poorly planned and planted plantations may reduce the sustainability of water catchments, and mining activities and the increasing use of chemicals in agriculture can pose a serious risk if left uncontrolled. These factors and recent outbreaks of WASH-related diseases point to the need for new guidelines and improved standards, and better regulation and control of water quality, the formulation of village water safety plans and increasing cooperation with the Natural Resources and Environment Ministry. Moreover, the presence of unexploded ordnance (UXO) across large parts of the country poses a risk to developing water and sanitation infrastructure and transporting construction materials to communities.

1. What measures are being taken to address and overcome stigmatization?

The National Socio-Economic Development Plan and the Vientiane Declaration for Aid Effectiveness call for better alignment among and across governmental institutions, development partners and stakeholders to harmonise and improve the effectiveness of mutual issues that need to be enhanced and better incorporated in the rural sanitation, hygiene and water supply sector, and in the area of school sanitation and hygiene. Efforts are being made to address the apparent fragmentation of the sector (which makes it difficult to qualify who is doing what and where, and the outputs and impacts of what is being done), including through the establishment by interested sector stakeholders of an informal WASH Technical Working Group that has a focus on information sharing.

Ownership and responsibility for providing and supporting rural water and sanitation infrastructure remain ambiguous and may contribute to reducing the functionality of supported systems. This often relates to the limited and ineffective training of operating and management entities in villages and communities.

Adequate resources need to be allocated to monitor water and sanitation systems and hygiene practices at village level. Additionally, the water supply and sanitation contributions made by development partners may go unreported. Therefore, a more transparent and accountable information flow from bottom to top (village to national level) needs to be developed, used and communicated.

Access to improved water sanitation and hygiene services will be more equitable across rural areas; those communities with road or water access have gained better water and sanitation services. The Government, development partners and the private sector will reach out to remote (rural without road) areas and the poor, and develop and scale up targeted strategic measures to achieve a more equitable situation within the five-year period of the Strategy. To ensure equity, budget allocations for targeted groups in remote rural areas and the poor will be increased and appropriate financing structures established.

Some Specific Objectives to improved the WASH Sector:

* + 1. Strengthen the capacities of the Centre for Environmental Health and Water Supply as well as other sector actors (public, private and civil society) active in the WASH sector in the provinces Capacity development support will focus on the following areas:
			1. Cooperating on the adoption and advancement of the objectives goals and targets as outlined in the National Strategy for Rural Water Supply Sanitation and Hygiene 2011-2015. Enhancing the leadership role and performance of the Centre for Environmental Health and Water Supply in and of the WASH sector.
			2. Enhancing and expanding on the Centre for Environmental Health and Water Supply and provincial sections as providers of water sanitation and hygiene capacity development services as a Local Capacity Building-(LCB) provider of WASH sector services.
		2. Expanding on the scale of application of the Sustainable Sanitation and Hygiene for All approach, and its components, namely:
			- 1. Sanitation and hygiene improvements demand creation- through Community Led Total Sanitation-CLTS approaches.
				2. Water safety plan will be implemented through the improvement of drinking water quality management in both rural and urban areas.
				3. Strengthening market-based supply chains for sanitation and hygiene consumer needs.
				4. Developing, testing and scaling up of innovative localised behavioural change communication strategies that will lead to sustainable hygiene behavioural changes.
				5. Improving provincial and district level WASH governance for local business development and pro-poor support systems.
				6. Learning, documenting and sharing of best practices within existing national and regional platforms.
		3. Developing, testing and scaling up innovative interventions that will enhance the sustainability, reliability and quality of water supply services –“Functionality”
			- 1. Encouraging and creating favourable conditions for the private sector and civil society actors to participate actively in the sector.
		4. Support effective multi-stakeholder platforms with strong horizontal and vertical linkages for knowledge development, sharing and scaling up. Where practical support the Centre of Environmental Health and Water Supply and other sector actors in enhancing knowledge development, knowledge brokering and networking in the sector by building on existing structures and networks.

The implementation will be steered by the National Rural WASH Coordination Committee. The National Rural WASH Coordination Committee and Technical Assessment Team will be chaired by the Minister of Health and involve the participation of all sector stakeholders.

At provincial and district levels, WASH Coordination Committees consisting of all provincial /district level sector stakeholders will be established. They will coordinate and promote harmonisation and collaboration between stakeholders: the Government, development partners and the private sector.

Director, National Centre for Environmental Health

and Water Supply



Dr. Soutsakhone Chanthaphone