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

Lao PDR

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**6.65 M**
Urban population (2012)[a]	**2.35 M**
Rural population (2012)[a]	**4.30 M**
Population growth rate (2012)[a]	**1.87%**
Gross domestic product USD (2012)[b]	**9.42 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]	**54**
Under 5 mortality / 1,000 live births (2012)[c]	**71.8**
Life expectancy at birth (2012)[d]	**59 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**909**

[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]	**65%**
Use of drinking-water from improved sources (2012)[f]	**72%**

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

Sanitation, drinking-water and hygiene status overview*

There are several ministries and institutions who share the lead for drinking-water, sanitation and hygiene (WASH) in Lao PDR. The Ministry of Public Works and Transportation is responsible for water and sanitation in urban areas while the Ministry of Health, Planning and Investment (Poverty Reduction Funds) and the Government's Office (Rural Development project) focus on rural areas. The Ministry of Education and Sports is responsible for WASH in schools and the Ministry Health is also responsible for health facility WASH. Lao PDR has made good progress in recent years by raising access to improved water supply and sanitation to 70% and 62% respectively. For the 2015 MDG7 target (JMP 2013) Lao PDR is on track, but compared to Lao PDR's national target, water supply is not on track (80% for water supply and 60% for sanitation). Urban/ rural discrepancy is still high with 87% of households in urban areas using a proper toilet, compared to only 48% in the rural areas. However, considerable progress has been made in terms of open defecation. Since 1995 there has been a 37% decline in the rates of open defecation, translating into an average annual decline of 5%. Even if Lao PDR meets its own national targets on sanitation, around 38% of Lao population would remain without access to improved sanitation particularly in rural areas. Equity in achieving the MDG targets is therefore important, not only because the poorest households are least able to invest in their own facilities, but also because they have the most to gain due to their heightened vulnerability to adverse health outcomes.

There are several common bottlenecks and barriers for WASH including: lack of a national overarching policy on water and sanitation, inadequate annual budget allocations to both water and sanitation, limited human resource capacity (both at national and local levels for the implementation of WASH projects, service delivery and compliance), inability to scale up rural sanitation and hygiene promotion and weak monitoring and evaluation (M&E). For WASH in schools specific bottlenecks are highlighted through the GLAAS process such as an absence of an enabling environment, limited budgeting and maintenance capacity, teachers not engaged in operation and maintenance of WASH infrastructure, and gaps in hygiene education to encourage pupils to use the WASH facilities if they are available.

Funding for rural WASH will need to be increased and institutional and human resource capacity of all WASH agencies will need to be raised. Investments will focus on providing access to improved water supplies and a reduction in open defecation in rural communities, schools and health centres. WASH services should especially benefit underserved geographical areas and ethno-linguistic groups.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

UN WATER

World Health Organization

Highlights based on country reported GLAAS 2013/2014 data data[1]

I. Governance

Several ministries and institutions share the lead for drinking-water and sanitation services. The Ministry of Health and the Environmental Health center have lead responsibilities for WASH.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Health (in rural area)	✔	✔	✔
Ministry of Public Works and Transportation (in urban area)	✔	✔	
Environmental Health and Rural Water Supply Centre (WASH Center)	✔	✔	✔

Number of ministries and national institutions with responsibilities in WASH: **14**

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	✔	79	2015
Rural sanitation	✔	34	
Sanitation in schools	✘	42	
Sanitation in health facilities	✘	91	
Urban drinking-water supply	✔	88	
Rural drinking-water supply	✔	64	
Drinking-water in schools	✔	53	
Drinking-water in health facilities	✔	89	
Hygiene promotion	✔		
Hygiene promotion in schools	✔		
Hygiene promotion in health facilities	✔		

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

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.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	Nov 2010–Jan 2011		Nov 2010–Jan 2011		Nov 2010–Jan 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 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 are reported difficulties in absorption of domestic and donor commitments. There is also 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]	2.77
Health[2]	2.76
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

As a step towards addressing equality in access to WASH services, six disadvantaged groups are identified in WASH plans.

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
1. Poor populations
2. Remote populations
3. Indigenous populations
4. Displaced persons
5. Ethnic minorities
6. People with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

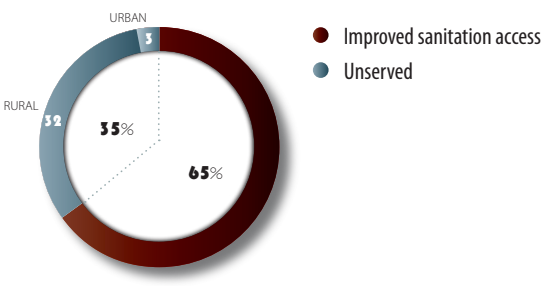
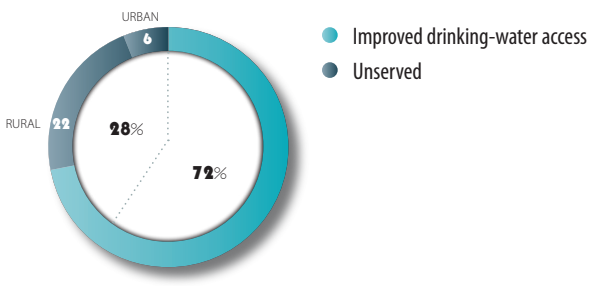


Figure 4. Population with access to improved drinking-water sources



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