

**Independent Expert on the issue of human rights obligations  
related to access to safe drinking water and sanitation**

**‘GOOD PRACTICES’ RELATED TO ACCESS TO  
SAFE DRINKING WATER AND SANITATION**



**Questionnaire**

**February, 2010  
Geneva**

## **Introduction**

The Independent Expert on the issue of human rights obligations related to access to safe drinking water and sanitation, Ms. Catarina de Albuquerque, has been mandated by the Human Rights Council in 2008 to:

- Further clarify the content of human rights obligations related to access to safe drinking water and sanitation;
- Make recommendations that could help the realization of the Millennium Development Goals (MDG), and particularly of the Goal 7;
- Prepare a compendium of good practices related to access to safe drinking water and sanitation.

While the work of human rights bodies has often focused on the violations of human rights, the Independent Expert welcomes the opportunity to identify good practices that address the question of how human rights obligations related to sanitation and water can be implemented.

## **Methodology of the Good Practices consultation process**

In a first step, the Independent Expert undertook to determine criteria for identifying ‘good practices’. As ‘good’ is a subjective notion, it seemed critical to first elaborate criteria against which to judge a practice from a human rights perspective, and then apply the same criteria to all practices under consideration. Such criteria for the identification of good practices were discussed with various stakeholders at a workshop convened by the Independent Expert in Lisbon in October 2009. The outcome was the definition of 10 criteria, 5 of which are normative criteria (*availability, accessibility, quality/safety, affordability, acceptability*), and 5 are cross-cutting ones (*non-discrimination, participation, accountability, impact, sustainability*). The Independent Expert and the stakeholders started testing the criteria, but believe that the process of criteria testing is an ongoing one: the criteria should prove their relevance as stakeholders suggest examples of good practices.

After this consultation and the consolidation of the criteria, the Independent Expert wants to use these to identify good practices across all levels and sectors of society. To that end, she will organize stakeholder consultations with governments, civil society organisations, national human rights institutions, development cooperation agencies, the private sector, UN agencies, and perhaps others. By bringing people from the same sector together to talk about good practices related to human rights, water and sanitation, she hopes to facilitate exchange of these good practices. In order to prepare the consultations through the identification of potential good practices, the present questionnaire has been elaborated. The consultations will be held in 2010 and 2011. Based on the answers to this questionnaire, and the stakeholder consultations, the Independent Expert will prepare a report on good practices, to be presented to the Human Rights Council in 2011.

## **The Good Practices Questionnaire**

The questionnaire is structured following the normative and cross-cutting criteria, mentioned above; hence the Independent Expert is looking for good practices in the fields of sanitation and water **from a human rights perspective**. Therefore, the proposed practices do not only have to be judged ‘good’ in light of at least one normative criterion depending on their relevance to the practice in question (*availability, accessibility, quality/safety, affordability,*

acceptability), but also in view of all the cross-cutting criteria (non-discrimination, participation, accountability, impact, sustainability). At a minimum, the practice should not undermine or contradict any of the criteria.

#### **Explanatory note: Criteria**

**Criteria 1-5:** Normative criteria (availability, accessibility, quality/safety, affordability, acceptability). All these criteria have to be met for the full realization of the human rights to sanitation and water, but a good practice can be a specific measure focussing on one of the normative criterion, and not necessarily a comprehensive approach aiming at the full realization of the human rights. Hence, not all the criteria are always important for a given practice. E.g., a pro-poor tariff structure can be judged very good in terms of the affordability criterion, whilst the quality-criterion would be less relevant in the context of determining whether that measure should be considered a good practice.

**Criteria 6-10:** Cross-cutting criteria (non-discrimination, participation, accountability, impact, sustainability). In order to be a good practice from a human rights perspective, all of these five criteria have to be met to some degree, and at the very least, the practice must not undermine or contradict these criteria. E.g., a substantial effort to extend access to water to an entire population, but which perpetuates prohibited forms of discrimination by providing separate taps for the majority population and for a marginalized or excluded group, could not be considered a good practice from a human rights perspective.

#### **Actors**

In order to compile the most critical and interesting examples of good practices in the field of sanitation and water from a human rights perspective, the Independent Expert would like to take into consideration practices carried out by a **wide field of actors**, such as *States, regional and municipal authorities, public and private providers, regulators, civil society organisations, the private sector, national human rights institutions, bilateral development agencies, and international organisations.*

#### **Practices**

The Independent Expert has a broad understanding of the term “practice”, encompassing both policy and implementation: Good practice can thus cover **diverse practices** as, e.g., *legislation ( international, regional, national and sub-national ), policies, objectives, strategies, institutional frameworks, projects, programmes, campaigns, planning and coordination procedures, forms of cooperation, subsidies, financing mechanisms, tariff structures, regulation, operators’ contracts, etc.* Any activity that enhances people’s enjoyment of human rights in the fields of sanitation and water or understanding of the rights and obligations (without compromising the basic human rights principles) can be considered a good practice.

The Independent Expert is interested to learn about practices which advance the realization of human rights as they relate to safe drinking water and sanitation. She has explicitly decided to focus on “good” practices rather than “best” practices, in order to appreciate the fact that ensuring full enjoyment of human rights can be a process of taking steps, always in a positive direction. The practices submitted in response to this questionnaire may not yet have reached their ideal goal of universal access to safe, affordable and acceptable sanitation and drinking water, but sharing the steps in the process towards various aspects of that goal is an important contribution to the Independent Expert’s work.

Please describe a good practice **from a human rights perspective** that you know well in the field of

- drinking water; and/or
- sanitation

Please relate the described practice to the ten defined criteria. An explanatory note is provided for each of the criteria.

**Description of the practice:**

**Name of the practice:** Provision and promotion on using water, sanitation and hygiene (WASH) for rural communities and primary schools in the Lao PDR

**Aim of the practice:**

- increase beneficiaries coverage for rural water supply and sanitation;
- gain more convenient by using water and sanitation in the rural communities;
- reduce contamination from water related diseases;
- promoting hygiene education and good health quality to communities and schools children;
- provide WASH emergency response.

**Target group(s):**

- rural people in targets areas
- children in the target primary schools
- young people at the Children Cultural Centers
- government staff and local authorities involved at all levels
- public population

**Partners involved:**

- Center for Environmental Health and Water Supply
- Central Lao Youth Union
- Children Cultural Centers
- Provincial Health Departments
- Quality Education Section
- Provincial Television Station
- Lao National Television
- International development partners and NGOs

**Duration of practice:** January 1, 2009 to December 31, 2009

**Financing (short/medium/long term):** Short Term Financing

**Brief outline of the practice:**

**1. Planning and Monitoring for WASH in 2009:**

- Sector Strategy understood and implementation at all levels.
- Development of evidence based action plans for addressing water quality problems for at least 5 provinces.
- Operationalisation of regulations/guidelines for , and monitoring of quality and water resource management at all levels.
- Hygiene promotion (Sanitation Week, World Water Day, Global Hand washing Day), development of materials, capacity building in emergency responses for prevention of outbreak of diseases.
- Enhanced emergency coordination and response mechanism and capacities.

**2. WASH in rural communities in 2009:**

- Construction of water supply systems completed and functioning in 30 poor districts.
- Household sanitation facilities constructed and used by the communities.
- Water tested for 13 parameters stated in the water quality guidelines.
- Communities have increased knowledge and practice key hygiene behaviours as a result of hygiene promotion by trained village volunteers.

**3. WASH in schools in 2009:**

- Construction of new schools latrines and water supply systems in 62 primary schools and search for alternative sources in depleted schools..
- Teacher Training Colleges conduct 2 day training for 1,400 final year students on use f Blue Box for hygiene promotion.
- Youth clubs to impact hygiene promotion in 15 schools.
- Re-printing IEC materials in the “Blue Box” and children’s story books on Water and Environmental Sanitation.
- Evaluation conducted on use of participatory toolkit “ Blue Box“ for teaching health and hygiene in primary schools.

**1. How does the practice meet the criterion of availability?**

**Explanatory note: Availability**

Availability refers to sufficient quantities, reliability and the continuity of supply. Water must be continuously available in a sufficient quantity for meeting personal and domestic requirements of drinking and personal hygiene as well as further personal and domestic uses such as cooking and food preparation, dish and laundry washing and cleaning. Individual requirements for water consumption vary, for instance due to level of activity, personal and health conditions or climatic and geographic conditions. There must also exist sufficient number of sanitation facilities (with associated services) within, or in the immediate vicinity, of each household, health or educational institution, public institution and place, and the workplace. There must be a sufficient number of sanitation facilities to ensure that waiting times are not unreasonably long.

**Answer:**

The sufficient quantity, reliability and the continuity of supply was met the criterion setting through the approved implementation methodology by following the steps that need to be taken at each step since the selection target criteria (as refer to government priority), planning meeting, surveying, designing, agreement, procurement, implementation, monitoring and evaluation. The level of service depend on the technology options that offered to villagers and of course the benefit for their personal hygiene, clean drinking water and domestic use are all in place. The water tap stand might be located near their households with grouping geographic conditions. The number of sanitation facilities were provided through the individual household and families living in and the locations must be not to far away and in case of schools water supply and latrines the children utilized day to day during their learning time and close to the school building.

## 2. How does the practice meet the criterion of accessibility?

### **Explanatory note: Accessibility**

Sanitation and water facilities must be physically accessible for everyone within, or in the immediate vicinity, of each household, health or educational institution, public institution and the workplace. The distance to the water source has been found to have a strong impact on the quantity of water collected. The amount of water collected will vary depending on the terrain, the capacity of the person collecting the water (children, older people, and persons with disabilities may take longer), and other factors. There must be a sufficient number of sanitation and water facilities with associated services to ensure that collection and waiting times are not unreasonably long. Physical accessibility to sanitation facilities must be reliable at day and night, ideally within the home, including for people with special needs. The location of public sanitation and water facilities must ensure minimal risks to the physical security of users.

### **Answer:**

**Sanitation and water facilities provided to people are physically for everyone, or in the immediate vicinity due to the proper plan beforehand. In the community dialogue process, there is one step taken to identify and mapping the village including the very poor households, older people, disable people, widow people in order to preliminary plan to distribute the water pipe connection or to place the water tap stand where became accessible for them to use . The location to drill water boreholes, dug wells, tap stand, public water tank were identified and unanimous decision by villagers on where to put, not located in the individual fencing, should be in public land, school, market, temple, village authority office and in case of private land the agreement shall be noted.**

## 3. How does the practice meet the criterion of affordability?

### **Explanatory note: Affordability**

Access to sanitation and water facilities and services must be accessible at a price that is affordable for all people. Paying for services, including construction, cleaning, emptying and maintenance of facilities, as well as treatment and disposal of faecal matter, must not limit people's capacity to acquire other basic goods and services, including food, housing, health and education guaranteed by other human rights. Accordingly, affordability can be estimated by considering the financial means that have to be reserved for the fulfilment of other basic needs and purposes and the means that are available to pay for water and sanitation services.

Charges for services can vary according to type of connection and household income as long as they are affordable. Only for those who are genuinely unable to pay for sanitation and water through their own means, the State is obliged to ensure the provision of services free of charge (e.g. through social tariffs or cross-subsidies). When water disconnections due to inability to pay are carried out, it must be ensured that individuals still have at least access to minimum essential levels of water. Likewise, when water-borne sanitation is used, water disconnections must not result in denying access to sanitation.

### **Answer:**

**Actually the water and sanitation provisions to target remote people were subsidized by the donors to development partners, it does mean that the view of affordability to the projects are in place due to their contribution had split to labour work and local materials such as wood, latrines shelters, gravel, sand etc. some issue of villagers or government cash contribution need to contributed where gravel and sand are not available in the area or it was provided by donors instead by villagers. The monthly collection fee was collected by the village water and sanitation committee (WATSAN Committee) in order to keep maintaining the small repairing, water tariff, electricity bill, incentive for volunteer craft man to monitor the water system functioning with the regular cleaning activities by villagers for example at the water intake site and surrounding drainage system. In case of big repair needed, they shall request to concerned government agency to check and solve with their contribution. The water hand pumps spare parts are kept with WATSAN Committee while the pumps did not work they could fix themselves with simple replacement.**



#### **4. How does the practice meet the criterion of quality/safety?**

**Explanatory note: Quality/Safety**

Sanitation facilities must be hygienically safe to use, which means that they must effectively prevent human, animal and insect contact with human excreta. They must also be technically safe and take into account the safety needs of peoples with disabilities, as well as of children. Sanitation facilities must further ensure access to safe water and soap for hand-washing. They must allow for anal and genital cleansing as well as menstrual hygiene, and provide mechanisms for the hygienic disposal of sanitary towels, tampons and other menstrual products. Regular maintenance and cleaning (such as emptying of pits or other places that collect human excreta) are essential for ensuring the sustainability of sanitation facilities and continued access. Manual emptying of pit latrines is considered to be unsafe and should be avoided.

Water must be of such a quality that it does not pose a threat to human health. Transmission of water-borne diseases via contaminated water must be avoided.

**Answer:**

**The water and sanitation facilities technique chosen had shown their good capacity to serve people in the village and children in school. Having said that, the water and sanitation design and model selected was from time to time developed and improved to the good techniques quality; therefore, leading to the good quality of construction and service delivery with friendly use by villagers and children. There were no harmful water poisoning; by the way the attention for the water quality testing need to be taken to avoid diseases contamination and negative environmental impact. The local village rules to manage the water and sanitation facilities are in place with full enforcement and strict measurement to people against the rules such as illegal connection pipe, cut and burn the pipe. The hygiene and health promotion had been in place regularly to disseminate on how to keep clean especially for the three clean campaign including individual and personal hygiene by using soap and ashes for hand washing after using latrines and before eating as well as the safe and clean food consumption.**

#### **5. How does the practice meet the criterion of acceptability?**

**Explanatory note: Acceptability**

Water and sanitation facilities and services must be culturally and socially acceptable. Depending on the culture, acceptability can often require privacy, as well as separate facilities for women and men in public places, and for girls and boys in schools. Facilities will need to accommodate common hygiene practices in specific cultures, such as for anal and genital cleansing. And women's toilets need to accommodate menstruation needs.

In regard to water, apart from safety, water should also be of an acceptable colour, odour and taste. These features indirectly link to water safety as they encourage the consumption from safe sources instead of sources that might provide water that is of a more acceptable taste or colour, but of unsafe quality.

**Answer:**

**First thing first, the sufficient water quantity gave the rational requirement for the families and households; the idea for having water system for the consumption indicated the achievement of reaching the daily basic need as their usual expectations. The water supply technology options respond to the acceptability either for individual hygiene practices or drinking purposes such as distribution pipe system to tap stand post by gravity fed system, boreholes with hand pumps installation, protected dug wells, rain water catchment which all included in the annual work plan activities. The private cleaning could be done inside the toilet and bathing room or rounding with safety fence. In several areas, the drinking water quality was done by boiling even with some preferred herb and distinction colour, chlorination, filtration. The chlorination might create some concern for smelling if not properly handle. Sometime the water tasting from the deep boreholes still ignored by the villagers due to iron concentration and other total dissolved solids. The potential risk from arsenic contamination remained the issues that need to be solved and prepared to preventive guideline and measurement. The level of investment have shown to an appropriate water scheme and sanitation technology in comparison to the upgraded technology with high investment leading to more convenient to use facilities but required ability to operation and maintenance.**

## 6. How does the practice ensure non-discrimination?

### **Explanatory note: Non-discrimination**

Non-discrimination is central to human rights. Discrimination on prohibited grounds including race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status or any other civil, political, social or other status must be avoided, both in law and in practice.

In order to address existing discrimination, positive targeted measures may have to be adopted. In this regard, human rights require a focus on the most marginalized and vulnerable to exclusion and discrimination. Individuals and groups that have been identified as potentially vulnerable or marginalized include: women, children, inhabitants of (remote) rural and deprived urban areas as well as other people living in poverty, refugees and IDPs, minority groups, indigenous groups, nomadic and traveller communities, elderly people, persons living with disabilities, persons living with HIV/AIDS or affected by other health conditions, people living in water scarce-regions and sanitation workers amongst others.

### **Answer:**

The water and sanitation systems had been provided by following the local authority plan that submitted to the central; it did mean the planned activities had been identified and prioritized already by district and province based on the poor remote areas, any supporter is in place, less opportunity, minorities groups, evacuation groups, resettlements groups, development areas and other. The government, international development partners, the non government organizations have played the main roles to identify need and resources for intervention and provision of appropriate water and sanitation schemes for those people; they were asking only for some contribution such as labour work, local materials such as sand, gravel, wood and some few case for the cash contribution. The villagers were all participated in the planning process as to aware and agree to the interventions that will be occurred in their communities; before and after the construction the additional activities were in place such as the hygiene and health promotion activities and some distribution on WASH's information, education and communication materials as well as the local training for health volunteers and village water and sanitation committee are in place in order for them to be able to operate and manage themselves the water and sanitation schemes provided. The issue of gender equality and minorities policy had been included and disseminated in several meetings and workshops. The persons living with HIV/AIDS or affected by other health conditions such as leprosy village still access to water and sanitation support. The mitigation intervention had been implemented as well during the natural disaster such as seasonal inundation.

## 7. How does the practice ensure active, free and meaningful participation?

### **Explanatory note: Participation**

Processes related to planning, design, construction, maintenance and monitoring of sanitation and water services should be participatory. This requires a genuine opportunity to freely express demands and concerns and influence decisions. Also, it is crucial to include representatives of all concerned individuals, groups and communities in participatory processes.

To allow for participation in that sense, transparency and access to information is essential. To reach people and actually provide accessible information, multiple channels of information have to be used. Moreover, capacity development and training may be required – because only when existing legislation and policies are understood, can they be utilised, challenged or transformed.

### **Answer:**

Naturally, the human minimum requirement to access to safe drinking water, good hygiene and good health reflected to living realization through water consumption and sanitation. Therefore, the cycle for participation by communities with the water and sanitation interventions were indicated the willingness to participate with any development linked to water and sanitation facilities. Whatever the introduction and assist from the technician, government staff, project adviser and stakeholders might bring into people full



**participation by following the field methodology steps, starting from demand assessment, community dialogue, agreement, planning, procurement, contribution, construction and monitoring. They are all eager to involve in the process hoping to have facilities which will be benefited for the living conditions. They spent their time, labour, in kind and in cash to contribute with the project when their believes and trust are in place. The construction phase took place for a week, a month or more but still be high priority for them to complete their contributions. They developed themselves local rules to protect their schemes, water source, forest uptake, water intake, tap stand, water quality and spare parts that need to replaced and improved their water schemes. The training on operation and maintenance, good hygiene practices to volunteers, teachers were organized to fill the gaps and properly manage their water and sanitation schemes.**

## **8. How does the practice ensure accountability?**

### **Explanatory note: Accountability**

The realization of human rights requires responsive and accountable institutions, a clear designation of responsibilities and coordination between different entities involved. As for the participation of rights-holders, capacity development and training is essential for institutions. Furthermore, while the State has the primary obligation to guarantee human rights, the numerous other actors in the water and sanitation sector also should have accountability mechanisms. In addition to participation and access to information mentioned above, communities should be able to participate in monitoring and evaluation as part of ensuring accountability.

In cases of violations – be it by States or non-State actors –, States have to provide accessible and effective judicial or other appropriate remedies at both national and international levels. Victims of violations should be entitled to adequate reparation, including restitution, compensation, satisfaction and/or guarantees of non-repetition.

Human rights also serve as a valuable advocacy tool in using more informal accountability mechanisms, be it lobbying, advocacy, public campaigns and political mobilization, also by using the press and other media.

### **Answer:**

**The stakeholders roles took part in the realization of water and sanitation promotion as well as to coordinate to each order in order to fulfill the project cycle accountability. The legislation framework are in place to guide the implementation. At central level the government and donors are closely worked out and allocated fund according to the budget line addressed in the annual work plan; the funding authorization and certificate of expenditures forms are all accountable and acceptable by the planners, implementers, monitors, auditors in consultation with local government including communities levels. The full financial report sets should be finalized and properly documented. The project contractor and implementer should follow the specific agreement which had been approved officially by concerned stakeholders; the technical supervision was regularly made according to the agreement phase dealing mostly by local government staff and finally take into account while the hand over ceremony was taking place and the water and sanitation schemes will fall under the roles of communities. The procurement system was followed the government guidelines with full participation by some donors such as the Bank, ADB, UN agencies etc..In case of emergency, the response was made by purchasing locally the required facilities, some stock supplies and equipments in order to help and mitigate the victims from natural disasters. The funding authorization and certificate of expenditures were kept at the accountant and cashier office in order to document and present during the annual auditor by the donors agencies and by the government audit department; similarly with procurement system, all documents related to supplies and equipment, bidding ceremony process, transportation to the target areas, approved on receiving goods by local authorities were all documented.**

## 9. What is the impact of the practice?

### **Explanatory note: Impact**

Good practices – e.g. laws, policies, programmes, campaigns and/or subsidies - should demonstrate a positive and tangible impact. It is therefore relevant to examine the degree to which practices result in better enjoyment of human rights, empowerment of rights-holders and accountability of duty bearers. This criterion aims at capturing the impact of practices and the progress achieved in the fulfilment of human rights obligations related to sanitation and water.

### **Answer:**

**In general point of view and based on the semi annual and annual review meeting, the impact from the implementation by following the annual work plan was identified and come up with the result based practices leading to the remark whether completion, on going or postpone to next year plan. The laws and policies were in place; the dissemination seminar was carried out in order for the all levels implementers sound to be aware and based on. The campaigns and subsidies were parallel introduced; the past tradition to support poor remote areas, ethnic minorities communities, hard to reach areas to provide water and sanitation schemes need to have subsidies to stimulate the involvement and contribution from villagers; in some cases more and regular campaigns still necessary for the government and development partners staff spent and dedicated themselves through hygiene education, health education, hygiene practicing, cerebation on world water day, sanitation year, global washing hand day and other related campaigns to mass media which was good opportunities for leaders to launch and motivate people on clean water, hygiene and sanitation including food hygiene, individual and personal hygiene through wide media. People benefited from those provisions without discrimination and to keep the track of human rights as well as to empower people roles and responsibilities where attached to their daily lives and importantly they have the right to protect and upgrade their facilities for long term use to all their ancestors.**

## 10. Is the practice sustainable?

### **Explanatory note: Sustainability**

The human rights obligations related to water and sanitation have to be met in a sustainable manner. This means good practices have to be economically, environmentally and socially sustainable. The achieved impact must be continuous and long-lasting. For instance, accessibility has to be ensured on a continuous basis by adequate maintenance of facilities. Likewise, financing has to be sustainable. In particular, when third parties such as NGOs or development agencies provide funding for initial investments, ongoing financing needs for operation and maintenance have to be met for instance by communities or local governments. Furthermore, it is important to take into account the impact of interventions on the enjoyment of other human rights. Moreover, water quality and availability have to be ensured in a sustainable manner by avoiding water contamination and over-abstraction of water resources. Adaptability may be key to ensure that policies, legislation and implementation withstand the impacts of climate change and changing water availability.

### **Answer:**

**As mentioned in the field methodology, the sustainability was expected to be the key points of all steps project preparation. If refer to the project cycle, starting from the project identification to need assessment, planning step to community dialogue and with firm agreement, the procurement for supplies and equipment that linked to the level of investment on technology whether appropriate with low cost or high cost technology, the monitoring and evaluation were in place and conducted regularly, the community self reliance to collect monthly fee contribution to have for small repairing and incentive according to the local rules to maintain the water and sanitation schemes. The water and sanitation became all the property of the communities including facilities in primary school that need strong contribution from parent association in collaboration with school teachers and children. The government and development agencies still further plan to backstop and support for soft ware promotion especially to intervene for hygiene education and strengthening the capacity of village water and sanitation committee. The budget required for the promotion activities need to come from the village themselves , government technical budget, NGOs and development partners resources if available. On the other hand while communities income and suitable enabling environment, the water and sanitation schemes could be**

improved and upgraded for more convenient, sufficient both quantity and quality. The water quality surveillance and testing will be based on the previous and current study and improvement such as we have the drinking water quality guideline with focusing on thirteen parameters that need to be testing. The training was done for all provinces for water quality testing and the community based water quality testing was carried out by using simple reagents and doable with low cost. The household water treatment and safe storage method were introduced such as chlorination, boiling, filtration to ceramic and biosand filter, solar disinfection. The institutional and legislation framework would be improved and strengthened with suitable enforcement and measurement. The good annual work plan would be the indicators to foreseen and bind with all performance involve in the project cycle.

### **Final remarks, challenges, lessons learnt**

#### **Challenges:**

- Shortage of raw water in the dry season;
- Deforestation and land cleaning is leading to reduced spring flow, higher run-off and increased turbidity in streams;
- Water supply and Sanitation services in remote areas are requiring higher investment due to difficult access;
- Lack of local capacity and financial resources to operate and maintain water supply and sanitation systems;
- Understanding Demand Responsive Approach takes time;
- External Support Agencies need to come on board with Lao RWSS Sector Strategy;
- Efforts to develop local capacities need to be continued;
- How to scale-up, especially to reach the MDGs Goals in 2015 ?
- How to meet the necessary financial support and human resource development?
- Insufficient hygiene education in connection with the communities and school sanitation components
- Arsenic Contamination of Drinking Water Sources;
- Lack of continued financial support to the rural water supply sector.

#### **Lessons learnt:**

- Continued technical and financial support for the rural water supply and sanitation sector to ensure continuation of sector reform processes and expansion of rural water supply coverage, which is fundamental for the achievement of the MDG sector target;
- Interventions in water and environmental sanitation require sufficient time to see the desired changes, in particular, behaviour change to improve individual hygiene practices;
- Financial and technical assistance to enable the expansion of water supply and sanitation services to the most vulnerable and remote areas;
- Development of a medium/long term water supply and sanitation investment plan for rural and small towns areas;
- Development and implementation of strategies that will ensure effective operation and maintenance of existing water supply and sanitation systems;
- Establishment of an appropriate regulatory framework for private sector participation in the development of the water supply and sanitation sector;
- Information, Education and Communication (IEC) is the most important tools in creating demand for clean water and hygienic latrines;
- Continued institutional strengthening and capacity building at local level;
- Establishment of a national water and sanitation sector monitoring system to improve the data collection and processing for better planning and sector co-ordination.
- Development of a community based water quality monitoring system to ensure quality water supply to both rural and urban population.

### **Submissions**

In order to enable the Independent Expert to consider submissions for discussion in the stakeholder consultations foreseen in 2010 and 2011, all stakeholders are encouraged to submit the answers to the questionnaire at their earliest convenience and no later than 30<sup>th</sup> of June 2010.

Questionnaires can be transmitted electronically to [iewater@ohchr.org](mailto:iewater@ohchr.org) (encouraged) or be addressed to

Independent Expert on the issue of human rights obligations related to access to safe drinking water and sanitation.

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Please include in your submissions the name of the organization submitting the practice, as well as contact details in case follow up information is sought.

**Your contact details**

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The Independent Expert would like to thank you for your efforts!

For more information on the mandate of the Independent Expert, please visit

<http://www2.ohchr.org/english/issues/water/lexpert/index.htm>