

**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 regarding the affordability criterion.

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: Implementing the Human Right to Water and Sanitation in Kenya

Aim of the practice:

The practice aims at realizing the Human Right to Water and Sanitation in Kenya. The main focus is on the area of drinking water, where a combination of political, regulatory and financial measures has led to significant progress, especially in urban low-income areas.

Target group(s): The Kenyan population, especially urban low-income areas

Partners involved:

In Kenya: Ministry of Water and Irrigation, Water Services Regulatory Board, Water Services Trust Fund
GTZ Water Sector Reform Program

Duration of practice: ongoing

Financing (short/medium/long term):

Water Services Trust Fund: 15.5 Mio Euro (2009-2012)

Brief outline of the practice:

The Kenyan Government has formally recognized the human right to water and sanitation in its national strategies and policy documents. Through a combination of political, regulatory and financial measures the practice aims at realizing the right to water, especially for the urban poor. Regulated and commercialized urban water utilities extend their services to poor customers by making use of low-cost technologies such as water kiosks. Combined with pro-poor regulation poor consumers can easily shift from discriminating service levels to sustainable access to safe water according to human rights criteria. By developing pro-poor national policies and strategies combined with a poverty oriented financing instrument, Kenya has created the conditions for rapid upscaling of the Human Right to Water for the urban poor. Key institutions for the implementation of the Human Right to Water are the Ministry of Water and Irrigation on the national policy level; the Water Services Regulatory Board, the national Regulator for the water services subsector; and the Water Services Trust Fund, a poverty basket fund and the Water Service Providers, extending their services to the un- and underserved poor.

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:

Availability of 20 litres per person per day is the minimum requirement set by Kenya's National Water Services Strategy. To ensure the availability of water supply for the needs of today's and tomorrow's generations, Kenya has taken several steps to enhance the complex political, legal and economic framework for the management of its water resources. Key elements are licensing of abstractions (water withdrawal from natural water resources), metering of consumption, and the introduction of a rising block water tariff structure for the consumption of drinking water. These measures are designed to increase equitable access and reduce water wastage.

The Water Services Regulatory Board has included regulations and minimum standards on availability in the licenses for service provision: Utilities must adhere to a number of minimum standards linked to human rights. Public water outlets such as water kiosks must be open for at least 12 hours every day. Although they can be operated by local private sector, the responsibility for service standards such as continuity remains with the licensed water utility. These regulations make a difference towards the achievement of the availability criteria, especially for poor consumers which are getting services outside the regulatory framework. Consumers served by Informal providers have no reliable and continuous service. Informal service providers are often organized in cartels that produce even artificial supply shortages to increase the price temporarily. Unregulated service provision is not in line with the human rights requirement of the state being finally responsible for adherence to human rights standards. The Kenyan Government therefore promotes and funds projects that are linked to the regulatory framework only.

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:

The Kenyan National Water Services Strategy has set ambitious targets for increasing sustainable access to drinking water supply and sanitation that comply with human right principles. In urban areas, access to drinking water is to be increased from 60 to 80 percent by 2015. It must meet defined standards for water quality as well as for the distance to the source. The time needed to reach the nearest public outlet and return home is planned to be reduced to an average of 30 minutes. The target for rural areas is to increase access from 40 to 75 percent, and to decrease the maximum fetching distance to 2km. These figures take into account that, unlike in urban situations, water collection in rural areas usually does not require queuing. Crucially, Kenya has taken some specific measures to tackle the challenges facing informal and poor settlements, where sanitary conditions are the worst imaginable and leave very little, if any room for privacy and dignity. These communities often lack any access to the infrastructure operated by a formal provider due to a variety of factors, such as dense settlement patterns and illegal tenure. So access to water and sanitation is mostly provided by the informal service providers, who often supply water of inferior quality and at far higher prices. As the current situation contravenes the human right principles, Kenya has been increasingly supporting regulated water kiosks that are linked to the formal provider and operate in line with human rights criteria and where service provision

according to human rights standards can be monitored and enforced by the state. The Kenyan policy is that the urban poor should have water services of the same standards (e.g. controlled water quality) as other customers. This generally means moving from uncontrollable informal to formal service provision. The water kiosks are linked to the network in formal settlements. As a pro-poor financing instrument, the Water Services Trust Fund focuses exclusively on these areas in an effort to fast-track the upscaling of access by providing an incentive (money for investments) for service providers to extend their services to these areas.

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:

In urban areas, residents in informal settlements often lack access to infrastructure operated by a formal provider. Urban low-income residents rely heavily on informal providers for water services. Informal providers charge 5 to 10 times higher prices compared to controlled prices at water kiosks, which is equivalent to 10-20% expenses of the household income based on human rights minimum consumption criteria. On top of that, many poor households spend extra money for the treatment of water through boiling or adding chemicals. The water kiosk sells clean water at controlled prices affordable for the poor as requested by the new Kenyan Tariff Guideline. They offer as well a solution for those who cannot afford to pay a monthly fee and a bill for monthly consumption. The tariff guideline demands pro-poor tariff structures that allow for cross-subsidies to poorer consumers and establish a maximum of 5% expenses for households on water and sanitation services. Water utilities must prove poverty orientation and affordability in detail when applying for tariffs at the Water Services Regulatory Board. Together with the kiosk concept a new rule was introduced that any person in urgent need of a small amount of drinking water will get a glass of water from the kiosk provider for free.

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:

In Kenya, water quality standards are set in line with the WHO guidelines on drinking water quality. Appropriate monitoring systems, combined with regulatory enforcement, are crucial to ensure their implementation. Kenya has taken some important steps to improve water quality monitoring of formalized water supply, not least by establishing clear responsibilities among the water sector institutions. Water service providers are now obliged to carry out regular tests on the quality of drinking water. The national Water Services Regulatory Board oversees the monitoring efforts of the service providers and demands corrective measures in case of non-compliance. The huge number of informal service providers poses, however, a challenge as drinking water supplies are difficult to

monitor. Customers of informal providers have often no option than to consume water of unknown and hazardous quality. Boiling or adding chemicals to ensure the water quality is a frequent activity. To change this situation, Kenya is looking into ways of linking the informal sector to the utilities or replacing informal with formal service providers. Poverty oriented projects such as water kiosks are largely implemented by the Water Services Trust Fund. They involve future user groups to find locations for facilities that guarantee safe access for women and girls. Public outlets can only be constructed and operated on public land.

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:

Poverty oriented projects implemented by the Water Services Trust Fund involve the communities to give feedback on the design of water outlets and public sanitation facilities. The design is therefore user friendly and facilitates e.g. cultural practices such as carrying water on the head. Local private sector is chosen for the operation of water kiosks managed by water utilities, which enhances acceptability in the community.

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 Kenyan water policies are designed to prevent discrimination and to foster equitable access to water supply and sanitation. The national water services strategy details how to reach the urban poor, the marginalized and vulnerable groups in society. These groups are also considered in the institutional setup of the water services subsector. Water service providers are encouraged to apply for funding at the Water Services Trust Fund to extend their services to informal urban settlements.

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:

In Kenya, the need for the participation of the unserved is now reflected in water sector legislation and in all official documents. Various participation mechanisms are in place at the national, regional, and local levels. Important stakeholders must be represented on the boards of sector institutions. The reforms have opened up the water sector to greater civil society participation. In rural areas, community based organizations (CBOs) now participate in improving supply. While in urban areas, where water kiosks and shared toilets are a valuable first level of service provision, it is now mandatory that user groups participate in the process of identifying sites for these facilities. So the participation of users in both rural and urban settings has become a must for successful funding applications.

In addition, the Water Services Regulatory Board empowers consumers and the unserved to organize themselves in Water Action Groups and thus become a formalised negotiating partner vis-à-vis the service providers. The groups provide feedback to sector institutions on unresolved consumer concerns. The institutions can then take appropriate corrective measures or enforce them through regulation. Tariff adjustments have to undergo a public consultation process.

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 reforms have substantially improved the preconditions for asserting accountability in Kenya's water sector: The Water Act separated and clearly allocated responsibilities between the various institutions to establish checks and balances. The Water Services Regulatory Board is responsible for monitoring compliance with human right principles in every aspect of service provision in the sector. In addition, Kenya's National Commission on Human Rights and the Ministry of Water and Irrigation are now cooperating more closely in order to tackle any failures to implement the human rights based approach in the sector.

Concrete measures of proven effectiveness have been employed to foster the accountability of water companies vis-à-vis their customers. For example, the water utilities are now required to adopt a customer service approach and set up adequate complaints mechanisms, e.g. customer care desks. Surveys are conducted to measure customer satisfaction and expose corruption, which would never have been done in the past. An annual report (Impact) by the Water Services Regulatory Board is informing the public regularly about the progress made in the water services subsector, especially on performance and accountability of duty bearers.

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:

The Human Right to Water and Sanitation has led to a comprehensive pro-poor orientation in the Kenyan water sector. Policies, subsidiary legislation, strategies of sector institutions and allocation of resources have a clear orientation towards the achievement of the Human Right to Water and Sanitation. The Water Services Regulatory Board has approved a nationwide pro-poor tariff structure fixing the rate for water sells at public outlets and promoting cross-subsidies to poorer customers. The Water Services Trust Fund, a pro-poor basket fund has already provided approximately additional 170,000 additional poor with access to water according to Human Rights criteria in June 2010. By October 2010 an additional number of 200,000 is foreseen, followed by approximately 500,000 every year. An annual report (Impact) by the Water Services Regulatory Board is informing the public about the progress made in the water services subsector, especially on performance and accountability of duty bearers.

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:

Kenya has adopted an approach, whereby only professional and regulated institutions are responsible for the provision of water services in order to achieve the Human Right to Water progressively. The example of water kiosks in urban low income areas illustrates the approach: Commercial and social goals can be harmonized. A pro-poor tariff structure and regulated tariffs at Kiosks allow for social prices for poor consumers and cost recovery for utilities as a whole. Professional and commercialized utilities instead of NGOs or the informal sector are responsible for operation and maintenance of water kiosks. They are held accountable by the Water Services Regulatory Board and have to comply with a number of standards (water quality, opening hours, tariffs, design). Full cost recovery of the service providers guarantees long-term sustainability of operations. Utilities have proven that they are able to operate facilities such as water kiosks in urban low-income areas and are increasingly implementing projects financed by the Water Services Trust Fund.

Final remarks, challenges, lessons learnt

The good practice example illustrated in the answers of this questionnaire is the human rights based approach of the German Development Cooperation which was developed on the basis of the joint experience of the Kenyan Government in the efforts to reform the Kenyan water sector.

The most important lessons learnt in establishing a human rights based approach were

a) the conclusions drawn from the discussions about how **oversight** can be realized to fulfill the human rights requirement of the state being finally responsible for adherence to human rights standards in the sector. This focus automatically shifted the discussion about the private sector involvement to the question of how the government can make sure that whoever provides water and sanitation services (private sector, NGO's, CBO's or public institutions) adheres to the standards set by the human right. It also clarified the controversially discussed question if and how to support informal service provision – a question completely irrelevant under the human rights based approach. If the government has to ensure adherence to standards, informal service provision can never be a reasonable option.

b) that a comprehensive pro-poor orientation for the whole sector must be a decisive element in sector strategy from a human rights point of view.

Other lessons learnt include:

The human rights based approach

- - provides and ensures adherence to a comprehensive set of minimum standards for all actors

- gives guidance to sector reform processes
- establishes monitoring, accountability and transparency mechanisms
- and ensures a voice for the disadvantaged

A detailed baseline study on water and sanitation service levels and practices is being carried out for all urban low-income areas in Kenya under the Water Services Trust Fund. Improved information contributes to the successful project implementation, financing and monitoring towards the achievement of Human Rights criteria.

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 30th of June 2010.

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

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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

Name:
Organisation:
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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>