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**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: The Program currently in operation is entitled: ‘Capacity Building and Provision of Basic Services for Sustainable Environmental Sanitation-Pilot Project’ and is currently operating in two secondary towns in Cambodia: Praek Thmei in Kandal Province and Snuol in Kratie Province with the purpose of improving the quality of people’s lives through improving access to adequate sanitation services, awareness raising and capacity building.

Aim of the practice: The practice has 5 aims in total: (1) to initiate pro-poor community-based sanitation services; (2) to build community institutions and increase capacities to undertake community water and sanitation improvements; (3) to innovate community-led total sanitation by creating total open-defecation free urban villages; (4) to promote gender equality in decision-making that aims to increase household access to improved sanitation and (5) to develop a community-based revolving fund for sanitation facilities.

Target group(s): Poor and Vulnerable Households in the target communities who lack any form of on-site sanitation.

Partners involved: Center for Development (CfD) and UN-HABITAT, Royal Government of Cambodia’s Ministry of Industry, Mines and Energy (MIME) and District Authorities.

Duration of practice: 24 months

Financing (short/medium/long term):

Short term

UN-HABITAT contribution (USD)	CfD Contribution (USD)	Community, Local Authority and Private Enterprises Contribution (USD)	Total (USD)
245,000	159,600	85,900	490,000

Long term

It is expected that dissemination of best practices and experiences from this project in the form of a project manual will lead to replication of these activities by the local authorities, provincial and national agencies, government entities as well as to the National Assembly who have the capacity to replicate and scale up the practice and to financially support this in the long term.

Brief outline of the practice: Although the larger urban areas are absorbing large numbers of rural migrants in absolute terms, the percentage increase in secondary towns is often far higher, and is creating major problems for the local authorities, which are invariably very weak and totally unprepared for this additional burden. Existing water supplies, sanitation and other urban services are only provided on a sporadic basis or are defunct, and in some cases do not exist at all. New migrants arriving from rural areas are not only financially poor, but they have little or no access to the water supply and other basic urban services which adversely impacts on their health and productivity, since they need to withdraw from employment. This not only affects the ill person who has to withdraw from employment but also other families who need to take care for that person. Overcrowding in these peri-urban areas also leads to poor health outcomes. In these ways, this type of migration is perpetuating incidences of poverty. Migration to these areas is expected to increase in the future and the environmental and health problems associated with it are expected to continue, which primarily affects the poor.

So far in the project, the Water and Sanitation Committee has been set up, been trained in order to raise their capacity and are currently carrying out their roles and responsibilities in the community. Toilet construction has started with many families either currently constructing or have already finished building their toilet, the Revolving Committee has been established and are ready to manage the revolving funds in the community and the companies to construct the public drainage systems and toilets have been chosen and are ready to start.

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 program involves training beneficiaries in toilet construction so that they can construct their on-site toilet using materials provided by the project. A number of toilet designs have been proposed, allowing for the best option depending on the area it is to be located in order so that it is durable and can last for a long time. Ongoing monitoring and technical assistance ensures that any technical or social issues can be solved. The project also involves public toilets to be used near busy places such as markets.

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 toilet facilities have been constructed in the immediate vicinity of each household to ensure accessibility. The toilet is only for use by that household. Before project invention, 29% and 39% of households in Praek Them and Snuol respectively have improved sanitation but by the end of the project it is expected that 72% and 85% will have on-site sanitation. A total of 30,039 will benefit from accessible on-site toilets.

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: The project has provided the basic materials for latrine slab and septic tank system construction. However the labor and superstructure is borne by the households themselves. In order to assist households in doing this, the project will set up a revolving funds to assist households in paying for additional costs which has to be paid back. The money which has been paid back will be given to other households, used and be given back. Low cost designs have been recommended whenever possible, in order to minimize maintenance costs.

Capacity building and training is being provided to an intermediary group, a 'Water and Sanitation Committees' who can onward this information to households, who will then be able to maintain their toilet by themselves. CfD staff are available throughout the project to provide ongoing technical support, however it is expected that the Water and Sanitation Committees will have acquired all this knowledge by the end of the project. Villagers know how to maintain their new on-site toilet facility, stemming from a number of training workshops. Training will also be provided to villagers on waste mitigation, management, recycling and support implementation.

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: Through a participatory approach, a public information dissemination and awareness raising strategy has been developed as part of the project in order that households know how to use their toilets in the correct way and know about good sanitation practices. Initially, these information dissemination and awareness raising strategies included (i) developing IEC materials (leaflets, posters and booklets) for community and school education; (ii) developing informal education activities for community members and school children in relation to WATSAN; (iii) mobilizing town based sanitation groups to disseminate the messages through household-by-household visits and to act as behavior change mechanisms; (iv) promoting local public displays of information as well as mobilizing other local resource bodies to promote behavior change, especially with the use of UN-HABITAT resource materials on Human Values-based Water Sanitation and Hygiene Education and (v) disseminating information through provincial and national media systems will also encourage greater interest from outside the community and help to promote a national response to sanitation issues.

Public markets in both towns are flooded with polluted water during every wet season due to the malfunction of the existing sewage system. As such, this poor sanitation situation directly affects human health. Companies have been contracted to renovate the existing drainage system and in Praek Thmei, to construct public toilets. This will ensure a reduction in water-borne diseases, a hygienic environment and sustained human health.

The campaign is focusing on achieving “open defecation free areas”. All people in the town will be educated on issues associated with open defecation. It was the responsibility of the community members to decide what measures will be taken against those who continue to perform open defecation.

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: Toilets located in the local vicinity of households are culturally acceptable: richer households in the target towns already have them on their land. A number of toilet options were proposed to households, empowering communities to choose a toilet design that is most suitable for them. All toilets require a superstructure to be built around it, therefore ensuring privacy. Wherever possible CfD staff, who are Cambodians themselves, consult with the local Water and Sanitation Committees, therefore ensuring that any activities carried out in the target towns are culturally and socially acceptable to that specific area. Wherever possible, plans drawn up by

CfD are reviewed and endorsed by local government representatives. Doing this is important so the local government is more supportive of the project activities and has a sense of ownership, which is important as they will be able to continue the project activities after the project support ends.

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 program targets poor households in the target town who currently have no access to on-site sanitation. Often these are new migrants to these secondary towns and are located on the outskirts with little/no access to basic urban services. Selection of poor households to be included as beneficiaries of the project was a result of a collaborative and consultative process in which involved BEST volunteers enumerators being trained by CfD staff to create poverty maps and use a wealth ranking and to put each household in their area into a certain category (extremely poor/poor/medium/better off). Using this, the volunteers could work together which households should receive support from the project and these lists were reviewed and finally endorsed by village leaders and commune councils therefore ensuring that there was no bias or foul play in the selection process.

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: The project is being implemented in a participatory way. In all steps and activities, the local community is being asked to participate and encouraged to shape the direction of the project. Local people were elected into 'Water and Sanitation Committees' and these groups are able to be an intermediary group between CfD staff and the community. Since the local community knows and trusts the people on WSC, they are more comfortable in voicing their concerns and options to these groups rather than 'outsiders' (CfD staff). CfD staff builds the capacity of WSCs through a series of training workshops. The WSC is able to update and inform project beneficiaries, so the latter has all the information they need for utilization, challenging or transformation. The project is responsive to the voices raised by beneficiaries and the project has the flexibility to allow staff and the WSC to do this.

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: Accountability was ensured through capacity building and training of the institutions involved. The project has introduced a self-monitoring tool which will be mainstreamed into the training course to be provided to town-based WATSAN groups. Self-monitoring will be in the form of maintaining community records on project activities and outputs as well as recording of the location and number of participants/beneficiaries. At the national level, CfD will develop an IMS (Information Management System) which will be regularly operated and maintained by project staff and an M & E Officer.

Field monitoring and backstopping is being carried out by CfD and Ministry of Industry, Mines and Energy in order for all the stakeholders to be accountable for their actions. The monitoring will look thoroughly at the methodology of implementation, capacity of project human resources and stakeholders, level of local participation, quality of project services and effectiveness.

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 practice has not finished yet and so the impacts are predicted to be far greater after the project has ended. However the project has so far had a tangible impact by providing toilet materials and capacity building training on toilet construction to the target beneficiaries. 600 and 443 individuals in Praek Thmei and Snuol respectively have benefited from toilet construction training. In Praek Thmei, 186 households have already completed the construction of their toilet, whilst 514 households are in the process of constructing theirs. In Snuol, 24 households have completed the construction stage and 536 households are in the process of constructing.

The toilet construction has gone alongside awareness raising where the Water and Sanitation Committees have conducted household-by-household visits informing them about water and sanitation. They reached out to 2370 households in Praek Thmei and 950 in Snuol and disseminated 12430 leaflets, 180 messaged briefcases and 9500 messaged notebooks. This has significantly and positively impacted health and hygiene practices.

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: The sustainability of the program has been ensured through the training of the Water and Sanitation Committees which can continue to exist long after the project support has finished. They will not only mobilize and educate other community members but also facilitate continued community action in providing pro-poor sanitation services.

The District Authority in each target area will facilitate the mobilization of local resources and knowledge to support project implementation and sustainable utilization of the services and facilities after project completion. The District Authority with their enhanced capacity will be responsible for ensuring access by poor and excluded groups to the services and facilities provided by the project.

Final remarks, challenges, lessons learnt

Households in peri-urban areas have poor sanitation practices as they have low levels of awareness about the benefits of good hygiene and they have no on-site sanitation, often having to defecate in the open which is unsafe, allows little/no privacy, inconvenient as they have to venture far from their homes and it is difficult for the elderly and people living with disabilities. Unsurprisingly health outcomes are poor and illnesses are common in these areas.

The project has learnt that social mobilizing to be an integral strength of the project. Providing materials to poor households is important if not essential in order for them to build a toilet. However this must be done alongside social mobilizing to encourage beneficiaries to provide their own resources for toilet construction and to use the materials for the intended purpose. Similar programs operating in the community have been less successful as some households have broken up the toilet materials to go at the bottom of the stairs (to prevent mud) and other households have constructed their toilet but it is only for guests to use; the household continue to open defecate in order to keep their toilet 'clean' and 'new looking'. Such experience could be a model for government policy change and a shift to policies that focus on a combination approach of both technical and social aspects, rather than solely focusing on hardware on its own.

In illustration to serve this point has been the slow pace of construction in one of the targeting towns, Snuol. Households are in no urgency to construct their toilet as they say they do not have time, given their involvement in income generating activities. They also give the argument that the toilet materials are located too far away from their home. Despite CfD staff explaining the importance of having on-site construction through meetings and follow up household-to-household visits, progress has been slower than expected. It is essential that households understand the reasons why a toilet is so significant in order so they have the willingness to construct their toilet quickly and to use it in the appropriate manner.

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

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.

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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/Iexpert/index.htm>