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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: Community Managed Water Supply Scheme in Indore, Madhya Pradesh, India

Aim of the practice:

With rapid urban development, the gap between demand and supply of water in urban areas is widening, imposing stress on the basic infrastructure facilities of the local bodies, which often fails to address the growing demand. The poverty pockets in the cities usually do not have sustainable water supply and augmentation of water supply for the poor usually do not figure in the priority list of the urban civic bodies. However, the general expectation in India is that the Government is responsible for providing water to households at no or minimal cost. In urban slum areas, this expectation is further aggravated because of the historical precedent of the local governments and/ or social workers or NGOs providing hand-pumps for enabling minimal access to water. With the change in approaches for managing water as a scarce resource and a socio-economic good, there is greater demand for introducing innovative schemes. Such schemes are expected to be responsive to the demands of users who are willing to pay for the service they want.

Under this back drop, this project was initiated with a vision to demonstrate that it is possible to quickly improve the lives of the urban poor and the disadvantaged by connecting them to safe drinking water. The objectives of the initiative were to adopt a demand-responsive approach, mobilize the community to organize themselves into a legal entity, provide loan to the community to meet the capital cost of the infrastructure for creating a decentralized system of water supply with full ownership of the assets by the community and responsibility of O&M and repayment of loan through recovery from the community.

Target group(s): A poor community of 1200 house holds, economic status of most of them being below poverty line.

Partners involved: District Urban Development Agency (DUDA) and the Municipal Corporation of Indore (IMC)

Duration of practice: Project implementation was started in the first quarter of 2006 and the water supply system was commissioned in September 2006. Operation and maintenance of the system is being undertaken by the Community Water and Sanitation Committee (CWASC).

Financing (short/medium/long term): The total capital investment for executing this system was USD 67,300, which was shared by UN-HABITAT and DUDA as follows:

UN-HABITAT : USD 45000

DUDA : USD 22,300

A Revolving Water Fund (RWF) has been created with the fund provided by UN-HABITAT to facilitate implementation of this initiative. The Revolving Fund is being managed by the DUDA. The community was provided a loan equal to the capital cost of the scheme from the fund to meet the infrastructure development cost, which is being paid back by the community to the DUDA in installments.

The operation and maintenance of the system is being done by Community themselves though collection of water tariff.

Brief outline of the practice:

The notified slum of Shiv Nagar, Shahin Nagar, Pawan Putra Nagar, Kamal Nagar and Chowdhary Park Colony are situated in ward No. 64 of Indore city having 1200 households almost below poverty line. There is no dug well or hand pump in the locality and the households were dependent on private tube well owners for their water requirements. During summer people had to get water from the tankers of Indore Municipal Corporation or had to buy it from private tube well owners, the cost of water being Rs 250 to 200 (US\$3.50 to 4.50) per tanker. But the households which could not afford to buy water had to fetch used water from a factory located at a distance of 3 kms from the colony. The inadequacy of quality water had sever health impact on the people.

In view of the prevailing situation, DUDA, Indore - the agency which was involved in providing support to the poor community through various livelihood schemes, decided to provide relief to the community in partnership with UN-HABITAT. The poverty pockets were selected after series of stakeholder consultation, involving District Administration, Indore Municipal Corporation (IMC) and the community. DUDA, Indore conducted a detailed door-to-door survey for assessing the current resources and the demand of water in the project area. The Community Managed Water Supply Scheme (CMWSS) was conceived after the assessment of demand and consultation with the community with respect to their willing to pay water charges as well as to take the responsibility of operation and maintenance of the system.

DUDA in consultation with IMC finalized the plan in 2006. It was decided that a elevated reservoir of 420 Kilo litre capacity will be constructed at Shiv Nagar and distribution lines will be laid to provide household connections. IMC agreed to supply water as per the norms of 70 liters per capita per day in for urban areas with no sewerage system at the bulk water rate of Rs 2 per kilolitre by connecting the water reservoir to the main city water supply line managed by the IMC. IMC also decided to install a bulk water-meter at the inflow point for monitoring water consumption, and take responsibility for its periodic maintenance and calibration of the meter.

The scheme was undertaken in the participatory mode. The community was organized into a legal entity called Community Water & Sanitation Committee (CWASC) to carry out the responsibilities of planning, design, implementation, operation, maintenance and management of the scheme with technical support provided by the Municipal Corporation and DUDA. The CWASC has adequate representation of women. The DUDA entered into an MOU with CWASC for institutionalization of arrangements. The training activities on record keeping, procurement & contracting procedures and O&M were conducted by DUDA for the capacity building of the CWASC.

Since poor are unable to get the piped water supply in their homes on account of high connection charges which have to be paid at the start to the IMC, a pro-poor approach was adopted for the residents of slums for ensuring economic sustainability of the scheme. The community agreed to pay the connection charges in 5 installments Community also agreed to pay user charges of Rs. 60 (USD1.25) per month. The residents will also have the flexibility of weekly or fortnight payments. Fixed installments have been proposed as it does not appear to be practically feasible to meter the consumption of each household in this below poverty line area. The entire capital investment would be recovered in 46 months for executing a similar piped water supply scheme in the city.

On completion of the pay back period the CWASC may resolve to hand over the scheme to the IMC for operation and maintenance leading to ultimate integration with Municipal supply with the residents only paying IMC for the water charges as per the prevailing rate then. The initiative was successful in leveraging of resources from community including cost recovery through pro-poor user charges and pay back of loans taken up from revolving fund to meet cost of capital works upfront. It is sustainable as the men and women are equally involved and due consideration was given to community's attitudes, behavior patterns and heritage.

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 Scheme was designed to supply 70 liters of water per capita per day for at least 4 hours a day, with a long-term objective of providing uninterrupted 24 hours water supply. The households has now a water connection. Water supply being managed by the community themselves have the flexibility of providing water at a fixed time as per the suitability of the residents.

The availability of water has encouraged the state government to formulate a plan to provide household toilet facilities for all. This scheme being funded jointly by the National and the state government is under implementation.

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 water is available within the premises of the house. Residents have been relieved of the burden of fetching water from a distance or from unsecured locations. Household sanitation facilities are being provided under a separate scheme jointly funded by the National and the state government.

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 most of the households living in the target area belong to below poverty line. Since poor are unable to get the piped water supply in their homes on account of usual high connection charges which have to be paid at the start to the IMC, a pro-poor approach was adopted for the residents of slums for ensuring economic sustainability of the scheme. The community agreed to pay the connection charges in 5 installments. Community also agreed to pay user charges of Rs. 60 per month (USD1.25). The residents also have the flexibility of weekly or fortnight payments. Fixed monthly tariff have been adopted as it does not appear to be practically feasible to meter the consumption of each household, which otherwise would have caused poor people to pay higher connection charges.

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 treated water is being supplied which is safe and does not pose threat to human health.

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:

Following points indicate acceptability of the scheme by the residents:

1. The poverty pockets were selected after series of stakeholder consultation, involving District Administration, Indore Municipal Corporation (IMC) and the community.
2. The Community Managed Water Supply Scheme (CMWSS) was conceived after the assessment of demand and consultation with the community with respect to their willing to pay water charges as well as to take the responsibility of operation and maintenance of the system.
3. Tariff charges and the mode its payment was decided in consultation with the community. The acceptability of tariff charges and payment by the poor residents ensures economic sustainability of the scheme.
4. The availability of potable water in the area at economical rates has reduced the hardships of collecting water from distant locations. This has enhanced the acceptability of the scheme.

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 scheme has the following features conforming to non-discrimination :

1. Community's full ownership of the assets through Community Water and Sanitation Committees (CWASCs); a legal entity supported by local administration to carry out the responsibilities. Every household in the locality are members of the CWASC and have equal right and no discrimination is allowed among members.
2. At least one-third members of the CWASC are women to facilitate their active involvement in planning, choice of technologies, location of systems, implementation, operation and maintenance of water supply schemes.

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 scheme was conceived after a detailed door-to-door survey for assessing the current resources and the demand of water in the project area. The scheme was undertaken in the participatory mode. The community was organized into a legal entity called Community Water & Sanitation Committee (CWASC) to carry out the responsibilities of planning, design, implementation, operation, maintenance and management of the scheme with technical support provided by the Municipal Corporation and DUDA.

The CWASC has adequate representation of women.

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 Project was implemented with active involvement of all the stakeholders. The important steps involved in implementation were:

1. The poverty pockets were selected after series of stakeholder consultation, involving District Administration, Indore Municipal Corporation (IMC) and the community. DUDA initiating the stakeholders consultation and a detailed door-to-door survey for assessing the current resources and the demand of water in the project area. The scheme was undertaken in the participatory mode.
2. The technical team/ engineers of DUDA and IMC carried out a survey for selecting sites for the network and for the elevated reservoir.
3. The community was organized into a legal entity called Community Water & Sanitation Committee (CWASC) having adequate representation of women to carry out the responsibilities of planning, design, implementation, operation, maintenance and management of the scheme with technical support provided by the Municipal Corporation and DUDA.
4. DUDA organized training for CWASC members on project management, account keeping, technical aspects for monitoring of the infrastructure works, and on plumbing and engineering aspects related to the CMWSS.
5. The CWASC certified the materials purchased for the scheme under the guidance and assistance of Indore Municipal Corporation
6. The work was implemented as per the agreement between DUDA and CWASC.
7. UN-HABITAT, DUDA Indore and CWASC agreed a continuous and joint process of monitoring and evaluation, review and mid-course correction (if any).
8. IMC has the responsibility of water supply at a fixed bulk rate.

8. After the commissioning the scheme, CWASC took over the responsibility of O&M of the scheme as well as collection of user charges from its members and payment of water charges to the IMC and repayment of loan to DUDA.

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 Government of Madhya Pradesh has issued guidelines for the implementation of CMWSS in Urban Areas in partnership with community, CBO and ULB. Since Community Managed Water Supply Scheme is a process project designed to enable the community to have access to acceptable, adaptable, sustainable and affordable safe drinking water system, the reform process does not end with the physical completion of water supply schemes. In several ways, it marks the beginning of a new and more challenging phase in the process where the local community has to shoulder the responsibility of operation and maintenance of the system. This entails putting into operation the decisions taken by the community with regard to tariff structure, collection of monthly water charges from the users, ensuring proper maintenance of the system so as to ensure reliable and regular supply of safe drinking water. Towards this end, the community will have to arrange for periodic quality checks of water being supplied as well as ensure sustainability of sources. All these activities would require high degree of community mobilisation and awareness. The local action through CMWSS has proven prospects for managing sustainable drinking water supply at affordable costs through empowerment of the communities and their capacity building, which can be replicable and adoptable in the other cities and towns.

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 it is evident, the poor are unable to get the piped water supply in their homes on account of high connection charges which have to be paid at the start to the MC. Under CMWSS this has been done away with and a pro poor approach has been adopted for the residents of slums for ensuring economic sustainability of the scheme. After extensive consultation with the community, it has been agreed that each member of the community would pay the connection charges in easy installments. Monthly user charges would be as per the affordability of the residents. In fact, residents realized that they are getting required quantity of quality water at a fixed time and at a much lower charges than that they had to pay to the private supplier, that too for the water of inferior quality.

Payment of user charges are flexible. The residents are allowed to pay weekly or fortnight. Fixed monthly charges have been proposed as it does not appear to be practically feasible to meter the consumption of each household in this below poverty line area. The entire capital investment would be recovered in 32 months in Gwalior, 46 months in Indore and 46 months for executing a similar piped water supply scheme.

On completion of the pay back period the CWASC may resolve to hand over the scheme to the MC for operation and maintenance leading to ultimate integration with Municipal supply with the residents only paying MC for the water charges as per the prevailing rate then. The initiative was successful in leveraging of resources from community including cost recovery through pro-poor user charges and pay back of loans taken up from revolving fund to meet cost of capital works upfront. It is sustainable as the men and women are equally involved and due consideration was given to community's attitudes, behavior patterns and heritage.

Final remarks, challenges, lessons learnt

The CMWSS approach established that if the communities are empowered with informed choices and mobilized substantially they can execute and manage drinking water supply scheme as per their needs and affordability. A remarkable improvement in community's financial management can be achieved through their capacity building with the result that the CWASC opened bank account and carried out all the transaction relating to project execution and operation and maintenance.

The participation of women is crucial for the success of CMWSS, since women are the main collectors and users of water, as well as the main sufferers if the system does not function. Constant hand holding support to the CWASC for operating the systems, financial management, and monitoring of the scheme is required to ensure greater sustainability and efficiency of the schemes.

The implementation of the initiative enhanced the capacity of the urban Local Body, local community and other stakeholders on taking up the projects on community participation.

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

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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>