

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

Submitted by the Ecumenical Water Network (EWN) and the ACT Alliance on behalf of Church World Service – Pakistan/Afghanistan

“Safety in troubled waters”

Safe water and hygiene for disaster-affected communities

Church World Service – Pakistan/Afghanistan

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Description of the practice:

Name of the practice:

“Safety in troubled waters” - Safe water and hygiene for disaster-affected communities

Aim of the practice:

- a. To make safe drinking water available to avoid preventable diseases
- b. To reduce the incidence of water and sanitation related diseases, e.g. diarrhea

Target group(s):

The most vulnerable communities (including women/men/children), particularly disaster affected communities

Partners involved:

International and Local NGOs, government departments (health & education) and other civil society organizations

Duration of practice:

Six months to one year (usually)

Financing (short/medium/long term):

Short-term, depending on the actual size of the project intervention and available resources.

Brief outline of the practice:

The project includes two key components aiming at reducing the incidence of water and sanitation related diseases:

- a. Collection and storage of drinking water
- b. Hand washing (with soap) at critical times, e.g. before preparing food and before eating; after using the toilet and cleaning a baby

- Pre KAP (knowledge attitude practices) baseline survey to understand community's existing situation related to water and sanitation,
- Organizing people into local groups (i.e. water management committee) with enhanced capacity to look after maintain the water source at community level,
- Functionalize/strengthen provision of hand pumps or other water source,
- Regular maintenance and operation of the facility provided to community e.g. hand pumps
- Provision of necessary hygiene materials for personal/family hygiene (e.g. soap, towels, water containers etc.)
- Educating community on safe hygiene practices through different methods/approaches (e.g. using information, education and communication materials) depending on community's need,
- Post KAP (knowledge attitude practices) survey to make comparison with the Pre KAP

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 project adheres to the Sphere Minimum Standards in Water Supply, Sanitation and Hygiene promotion¹. These qualitative standards specify the minimum levels to be attained in the provision of water and sanitation responses. They reflect the minimum core content of the rights to water and sanitation and provide detailed guidance on the number of people per source / facility. The number is calculated depending on the yield and availability of water at each source.

¹ http://www.sphereproject.org/dmdocuments/handbook/hdbkpdf/hdbk_c2.pdf

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:

In choosing the beneficiaries CWS Pakistan / Afghanistan takes into account whether they are able to physically, socially and financially access safe water:

- Physical: The distance to the closest water source is measured and the physical effort of fetching water is taken into account.
- Social: CWS assesses whether the community is socially advantaged and whether it is possible for them to get a water source from the responsible government authorities. CWS gives priority to disadvantaged communities, who do not have this possibility.
- Financial: The ability of the community to install water sources using their own financial resources is assessed. Priority is given to communities who lack the financial ability to get a water source.
- Extra consideration (in terms of access to facilities) is offered to those at risk (e.g. households headed by widows, people with disabilities etc.)

At times accessibility considerations depend on guidelines from other stakeholders (i.e. governmental line departments, donors) and also on the local culture.

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 a disaster situation and in the case of very needy communities who cannot afford the services of water and sanitation, these services have to be made available free of cost during the intervention. In the longer run, the practices need to be linked with government line departments, who need to ensure long-term access at an affordable rate.

However, in rural areas water and sanitation facilities usually are not operated under a government-run tariff system, the issue in these areas is *accessibility* rather than *affordability*. In order to ensure that

water services like hand pumps are installed in the respective villages it is important to link up with the line department of the government, for example, with the Public Health Engineer Department (PHED). For this purpose, a committee is formed, be it a water management committee (WMC) or a village development committee (VDC), that engages with the authorities.

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 project ensures testing of water and/or educating communities on household water treatment before communities are allowed to use the water for drinking.

Hand washing is measured through indicators e.g. conducting surveys, health conditions, and incidence of water born diseases in the area to ensure good quality of water for drinking for all.

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:

Water and sanitation services to communities in need are generally welcomed in all places. However, the involvement of key stakeholders while installing water/sanitation systems sometimes faces difficulties and the role and involvement of different social groups becomes crucial as well.

Sometimes resistance also occurs due to the involvement of women in hygiene/water/sanitation programs due to cultural contrast. Female hygiene promoters are accepted in training to women groups. When women participate in a training, e.g. health and hygiene sessions, generally the women look for places near to their houses, where privacy is maintained and male members do not enter frequently.

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:

In the mentioned practice no such discrimination is observed, while serving in hygiene/water/sanitation.

At times, however, the installation of water sources like hand pumps are used for political purposes. In the remotest rural areas of Pakistan, where water scarcity is severest, the installation of water sources and hand pumps is a great asset for the community. Somebody who brings this service gains considerable recognition by the community. Political leaders therefore sometimes want to capture this advantage when water services are provided to the village and try to get involved with the site selection etc, to show the villagers (their voters) that they have brought the water source.

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:

A Water Management Committee (WMC) is formed when undertaking water related interventions in the selected areas where project components are implemented. This WMC ensures the proper utilization of water by all in the communities, the maintenance of the hand pumps, and promotes a clean environment.

The beneficiaries list /user list is managed by the WMC and contributions are collected from each of them to use for maintenance and other expenses. Monthly collections are made and they are kept with the WMC Chairman and are used when repairs and maintenance are required.

The WMC is elected by the communities. Members who can spare times and reliable in the communities are chosen.

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 towards the communities is ensured by the substantial participation of program beneficiaries at various stages of a project or program.

Church World Service Pakistan is committed to Humanitarian Accountability Partnership (HAP), the key aspects of which are:

1. Communication on our progress, standards, and workplans with the beneficiaries
2. Participation in program
3. Addressing complains-from various stake holders including staff and beneficiaries

The community is also encouraged to lobby with the local government for water schemes and deliveries. In order to ensure that water services like hand pumps are installed in the respective villages it is important to link up with the line department of the government, for example, with the Public Health Engineer Department (PHED). For this purpose, water management committee (WMC) or a village development committee (VDC) is formed that engage with the authorities.

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 community has started practicing safe storage of drinking water and is aware of possible contamination risks as well. Women dignity is ensured to not go out in the evening/night.

Individuals are aware of good hygiene practices and have adopted these. Health conditions have improved through e.g. hand washing (with soap). Water and sanitation related diseases have been reduced.

CWS has implemented many projects of WASH in Pakistan in post disaster scenarios and the evaluation results revealed that in the area where the project was implemented the incidence of water borne diseases is reduced to a great extent. During impact assessment in the project areas, the communities have declared that their number of visits to hospitals (particularly for the children) has been reduced once they use safe drinking water and practice hygiene.

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:

Yes, the practices are sustainable once they are adopted by the communities (especially children at schools and mothers at home) and when the communities find the practices effective they use them for longer periods.

Also, such practices become a model for neighboring villages. When the WASH project has succeeded in one village, we tell the people of neighboring village about the outcome/impact. Furthermore, the people of the neighboring villages are invited to visit the project area of the model village to stimulate interest. After looking at all the outcomes, the neighboring villages try to adopt the same process in their village. The process is very effective.

The linkages with government line departments also help ensure sustainability of practice. We advise the community to create a village committee. Once the committee is formed we help them to meet with the concerned government line department and we introduce the members to the line department.

Final remarks, challenges, lessons learnt

Challenges:

- Working with and through government line departments on the ground is a crucial part of the service.
- Follow up sessions for a period of about 4-6 months are required to ensure the continued use of the practices.
- To measure the impact of water and sanitation services is also a challenge.

Final Remarks:

Ensuring even basic water and sanitation related services is highly effective in improving the well-being of a community. The practices mentioned above are an important factor towards emergency response as well as a step towards normal human life. They include community education, hygiene training sessions, availability of water and sanitation, provision of soap, hygiene kits and water containers, all of which is needed to ensure that the goals of the practice are fulfilled in the community.