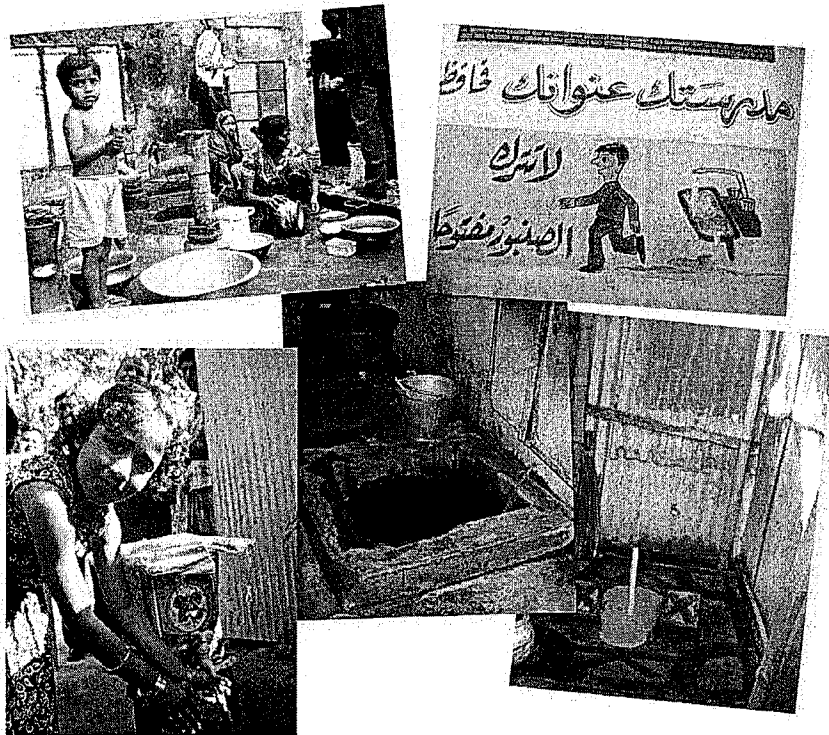


Handcopy from André Druitas (A/F)

**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: SMALL SCALE COMMUNITY BASED WATER SUPPLY AND SANITATION IMPROVEMENT PROJECT FOR "DEHOCH" COMMUNITY OF HARAR TOWN

Aim of the practice: *The aim of the project is to contribute towards the improvement of the living conditions of the urban poor of the 'Dehoch' community by providing a foundation to address some of the critical areas of the urban water and sanitation challenges through direct impact demonstration activities in parallel with focused and capacity building interventions*

Target group(s): *The word 'Dehoch' is an Amharic word used to mean poor people. This name has been attached to this community due to the fact that they are the poorest of the poor and most vulnerable group of Harar town (most of them were beggars on the street). More than 85 House Holds use as a shelter a totally collapsed building which was built during Italian occupation as a military camp. The main hall is divided for each household by plastic compartments. With a size of not more than 12 m² plastic compartment up to 10 persons are living. The target group also include the neighbourhoods as beneficiaries estimated to be about 10,000 people.*

Partners involved: *UN-Habitat, Harar Water Supply and Sewerage Authority, Harar City Municipality and the Harari Regional Government of Ethiopia*

Duration of practice: *April 2006-December 2008*

Financing (short/medium/long term): *The total cost of the project was USD 109,290 and the source of the fund was USD 109,290 from UN-Habitat and 15,400 was from the local partner (Harar Water and Sewerage Authority) and the beneficiaries mostly in terms of labour contribution. The long term financing of the operation and maintenance has been already started to be covered from the operating revenue that the communities have started to raise income by giving water supply and sanitation services to the neighborhoods.*

Brief outline of the practice: *The initial task was to bring a profound change in the perception and attitude of the community members towards poverty. This started with the change of the name 'Dehoch' and the community agreed to be called 'Gra-Ule'. This was followed by the establishment of a legal small scale service provider association known as "Gara- Ule WatSan Association". Through organized awareness campaign the community members were voluntarily mobilized for the labour contribution in the process of construction works of water and sanitation facilities. Through the practice the communities right to get safe drinking water and improved sanitation services including owning properties (land, water and sanitation facilities) has been realized.*

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 practice has enabled the community to own one public water point located at the gate of the door of the building where they reside. To sustain regular water supply a 25 m³ capacity reservoir constructed. Public toilets with two blocks (one for men and one for women) with shower rooms constructed. The toilets have their own water tanks that can serve also as rainwater harvesting reservoirs. Taken the prevailing water crisis in the town of Harar, the communities have more regular water supply with sufficient amount than other residents of the town.

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 distance of both the water and sanitation facilities described above is very close to the building that the people are using as a shelter. The public water tap is in front of the door of the building and the two public toilet blocks are a maximum of 50 meters from the building.

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 general water and sanitation facilities are provided in the town at subsidized rates. At the beginning of the operational phase of the public water point the utility, considering the poverty level of the people, was fully subsidizing the water (the communities did not pay at all). Gradually the community acquired permission from the local government to sell water and use the income to pay for operation and maintenance and also support their life with what is remaining. The shower rooms and sanitation services are providing services to others on pay and use system and hence are also sources of income for the same community members. The community members are using the sanitation services free of charge.

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 quality of water supplied to the community through the system is ensured through the established system of quality inspection by the service provider. The inspection is done regularly and hence the safety of the water for human use is ensured. The community members were given awareness during the project about hygiene and sanitation. Through the programme jerrycans with log of UN-Habitat were provided. Care takers selected from the community are trained to do regular inspection of the cleanness of the jerrycans that the households are using to collect and store water. Garbage collections bins are available for the community and every week cleaning of their compound is done through the participation of the community members. The sanitation blocks are equipped with water supply tanks that help to keep to the standard hygienic level. There are inspectors within the community members that do the monitoring of the sanitation and hygiene practices that the members are exercising on daily basis.

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:

As noted above separate public toilet blocks with shower facilities have been constructed for men and women. This ensures the culture of privacy in terms of gender. In addition the care takers for the women and men sanitation blocks are also taken in to consideration to meet the gender criteria. At the design stage of the sanitation facilities due care was given for gender issues including children and disability. Those involved in the design of the facilities were trained and also sent to India for experience sharing purposes. There is no so far any complain from the beneficiaries in terms of the taste, odour and colour of the water. The people are confirming even that their face colour has changed due to using the water availed through the

project. This is very true particularly when the impact is seen from the perspective of significant reduction of waterborne diseases 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 basic principle of the pro-poor approach of the water for cities programme of UN-Habitat is avoid discrimination of the most vulnerable and marginalized groups of the urban residents. The practice is in line with this principle in the sense that it has ensured the right of the very poor people (beggars on the street) of Harar town to get safe drinking water and improved sanitation services. These people were deprived of their right of getting these services by virtue of being poor and they were obliged even to beg for water to meet their daily needs. The practice, through mobilization of resources and changing the thinking of the people and the local leaders, has enabled the poor people of different religion, ethnic groups, sex, age, physical and mental condition, educational level, health status (many of them living with HIV/AIDS) and language to be equal beneficiaries of the safe drinking water and sanitation services. Moreover, the practice also has enabled all the members of the community to be owners of the water and sanitation facilities including the 957 m² land provided by the municipality to put on the facilities.

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 free and meaningful participation of the community was captured from the very beginning through continual transparent consultation process. Initially it was difficult to approach and discuss with the people to aware them about the project as they totally considered that their right and fate is not owning property but begging. The approach to contact the people started through contacting and convincing some elders in the community as culturally these people are trusted and respected by the members. Through these elders, then the full participation of the community was secured and the project concept was discussed. The full participation of the community members started through organizing themselves in the form of an association and obtaining a legal license from the concerned body. This was followed by mobilizing of labour to dig the trenches for laying of pipe lines, cleaning of their area to get rid of the solid waste that was accumulated in their vicinity for quite long period of time and then managing & operating the completed WATSAN facilities. A series of training for the care takers selected from the communities was organized and carried out. The Gra-Ule Association has been established as a legal entity and the association has its organizational setup and working procedures that are designed from the point of view of fostering transparency and accountability.*

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:

In the water for cities programme of UN-Habitat, one of the thematic areas is advocacy and awareness raising programme. Through the advocacy programme the practice has achieved to influence the local government organization leaders to be responsive and accountable to support the project that targeted the most vulnerable groups of the city. The management of the Harar Water and Sewerage Authority management fully endorsed the project and took the responsibility of supporting the project through availing the counterpart fund and expertise. Further the authority, recognizing the poverty level of the people, waived charging the community any water and sanitation related fee. The municipality of Harar, recognizing the importance of the project from the perspective of addressing the most needy people of the city, availed quite large area of land at the heart of the town free of charge for the construction of the WATSAN facilities. The response of these government institutions in support of the intervention can be taken as a sign of being accountable to address the issues of vulnerable groups of the town.

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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:

Benefitting the very poor people through availing the WATSAN facilities has quite commendable impact on the health conditions of the target communities. Moreover, apart from the use of the facilities this intervention has completely changed the attitude of the poor people of the community. At the beginning of the project we could sense the sentiment of complete dependence on the assistance of others. Today we can hear from the same members the feeling of self-confidence and an attitude of not going back again to the streets of the city for begging. The members have so many ways of expressing their feelings. One of such feeling reads as "previously we were standing in front of the Bank's door to beg people for money. Now days we are going to the bank to deposit money". This is to tell that the WATSAN facilities have become source of income to the community members through providing services to others.

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 bottom line for sustainability for community based WATSAN facilities is the sense of developing ownership rights by the community members. The right of owning of the facilities by the Gra-Ule community members has

been fully ensured. The Gra-Ule Association has been established and capacitated to own, manage and operate the facilities, which is basic for the sustainability from institutional aspects. The facilities are generating revenue that will enable the association to cover the operation and maintenance costs. It was verified during our mission of December 2009 that the association, after paying the members in dividend form, had about 15,000 birr (or equivalent to USD 1250) in their bank account. This process ensures the financial sustainability of the facilities. Further, proper advice has been given to the local implementing partner to put in place a proper and transparent system in order to prevent any financial fraud that can happen due to some greedy nature of human beings.

Final remarks, challenges, lessons learnt

The main challenge was changing the perception attitude of the people that already perceived poverty being the gift of God. The other challenges include the delay in project implementation which resulted in price escalation.

We have learnt that:

Community Participation and Empowerment of the poor community throughout the project life is a key for the sustainability of the facilities.

Advocacy and lobbying together with demonstrating activities that can impact the life of the poor people motivate others, including the local government, to divert their attention and recognize the rights of the urban poor.

WATSAN can be one of entry points for poverty reduction programme of countries if income generating opportunities are considered among the objectives during the project planning stages.

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/lexpert/index.htm>

Harar: Small Scale Community Based WATSAN projects

The poverty level can be expressed by the type of the house where the target community are living



The situation before the project (garbage)



Garbage removed through community labour



Community participation in trench excavation (water supply)- even disability did not prevent people to participate

Harar WAC II: Community Mobilization (water supply)



Public toilets constructed (two blocks-one for men and one for women)

