

**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 drinking sanitation and 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:**

Construction and proper use of household and school latrines for excreta disposal in Somaliland (Northwest Somalia)

**Aim of the practice:**

Prevent diarrheal and other water borne diseases

**Target group(s):**

Adult and children who lives in the rural areas and IDPs in the urban cities

**Partners involved:**

Ministry of Health and Labour, Ministry of Education, Local Municipality, INGOs and LNGOs

**Duration of practice:**

More than 10 years

**Financing (short/medium/long term):**

Medium and long term

**Brief outline of the practice:**

Construction and proper use of latrines has proved to be an effective way of preventing diarrhoeal diseases. Faeces are the major sources of all diarrheal diseases and unsafe disposal may end up contaminating water source.

## 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:**

In Somaliland, some community settlements have significantly low latrine coverage (latrine availability). In order to address this situation Caritas has build the local capacity in construction of latrines (incl. casting the squatting slab, foundation laying and making the superstructure). This has resulted in increased latrine coverage in places that were previously with low coverage.

## 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:**

When siting the household and school latrines consideration is usually given to the walking distance from the settlement or school to the facility. Special attention is also given to the distance and orientation of the latrine from any water source. As a general rule, the latrines are sited more than 50metres (downstream if applicable) from the water source and more than 30metres from the household or classroom. Whereas physical accessibility is adequate in some places, some members of the community especially young girls in schools do not use latrines due to shyness.

## 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:**

Majority of the people in rural and IDP settlements cannot afford to construct latrines. In view of this Caritas uses a cost-sharing approach where the community contributes locally available materials and unskilled manpower whilst Caritas provides skill labour and materials that are not locally available. Constructing a latrine involves three phases: Digging the pit - here some of them pay money for the 3m length deep while others use their man power. The second phase is casting the concrete slabs that makes use of sand, gravel, water, cement and iron bars. The third phase is making the superstructure of the latrines. Each of the three phases needs resources that may not be readily available in the rural and IDP settlements.

#### **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 designs of the household and school latrines take into consideration the safety aspects for the users. For instance, places with loose soil formation require a proper masonry lining possibly from the bottom of the pit up to the ground surface. The design also allows for easy cleaning to curb the breeding of flies and ensure the users feel comfortable.

#### **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:**

In Somaliland, there is a general acceptance by most communities to use latrines for excreta disposal. There are no significant cultural issues that antagonize the usage of latrines. Although as mentioned earlier some school girls find had to use latrines due to shyness and this has prompted hygiene awareness creation especially among school children.

## 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:**

When planning for latrine construction interventions, the most vulnerable and marginalized members of the community are usually given priority during the selection of beneficiaries. This has served to address the issue of discrimination of the minority groups.

## 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:**

Latrine construction activities are done with the aid of participatory hygiene promotion approaches (PHAST and CHAST) this has served to engender active participation of the target beneficiaries not only during construction but also in sustaining the established facilities.

## 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 approach taken to promote latrine construction and use involves extensive awareness programmes which identify the local needs, mainstream activities and coordinate local responses with other stakeholders. All local responses occur within the context of co-operative governance, wherein communities, civil society, private sector and (local) governments have a common understanding of their respective roles and actively collaborate with each other. This has fostered a high level of accountability to donors, beneficiaries and local 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 impact perceived in the promotion of construction and use of latrines is the reduction in the prevalence and incidence of diarrhoeal diseases. In addition, the communities are now more empowered to address their sanitation issues using local solutions.

## 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 established facilities is assured due to the technical, environmental and social viability of the technology used. This will guarantee a high level of continuity of the benefits from the usage of the established household and school latrines. Moreover, the locally trained masons can be contracted by community members in future to construct for them latrines depending on the local demand.

## **Final remarks, challenges, lessons learnt**

Involvement of all stakeholders and especially the end beneficiaries at all stages of the intervention is paramount to ensuring sustainability of the output of the project.

The key challenge in promoting ownership and usage of latrines is in the community contribution and this has been overcome by doing proper mobilization among the selected beneficiaries (using PHAST).



## **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 30<sup>th</sup> of June 2010.

Questionnaires can be transmitted electronically to [iewater@ohchr.org](mailto: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.

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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  
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