

**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**

**Independent Expert on the issue of human rights obligations  
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**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:**

1) Safe water for Ikwotos; Establishment of Ngaluma water scheme for Ikwotos and surrounding villages; and supplementary Improved Sanitation and Hygiene project in Torit and Ikwotos counties of Eastern Equatoria state-Southern Sudan

Aim of the practice:

1) To increase access to Safe domestic water and improved hygiene and sanitation practices by improving access to sanitation facilities in institution and house holds, and increasing awareness among target communities to reduced vicious circle of recurrent Water and sanitation related disease outbreaks.

**Target group(s):**

1) The project aims to reach approximately 68,000 beneficiaries consisting of the current 18,000 residents of Ikwotos town and surrounding villages and a projection of around 50,000 more returnees from across the border and within the country that will settle there in the years to come This figures include children, women, men and people living with disabilities in the target area.

2) Among the beneficiaries include selected institutions ( 3schools and 1 health center ) without latrines and 200 house holds at (Nyaong, Ilangi, Fodofodo and Hawaii Messer Bomas)in Torit county; and (3 schools and 2 health cnters) without latrines and 200 house hold at (Ngaluma, Chilok, Niteuso and Lokoro villages including Ikwoto town residential units) in Ikwoto county

**Partners involved:**

- 1) Caritas Switzerland is the legal holder of this project in consortium with FinnChurchAid and Caritas Luxembourg Swiss solidarity and UNICEF. The project is implemented in close collaboration with local civil society organisations (Ikwoto Youth & Women Development Association, and Inter Church Committee) and the local government; county department for “Rural Water Supply and Sanitation” Ikwoto County.
- 2) Other partners involved includes the State Ministry of physical Infrastructure, department of Rural Water Supply and Sanitation (RWSS). The State Ministry of Health (SMoH) department of public health, and State Ministry of Education, Science and Technology (SMoST) who assisted through consultations and monitoring the project.

**Duration of practice:**

- 1) Ngaluma Village Water Scheme for Ikwotos and surrounding villages is a project of 3 years.
- 2) Improved Sanitation and Hygiene practices project is nine months (October 2009 to June 2010)

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

Both projects are medium term



**Brief outline of the practice:**

The VWS is an intervention in establishing a village water scheme that involves setting up an intake or a catchment camber along River Ngaluma. This camber is connected to a main pipe leading down to a reservoir tanks and from there to the adjacent villages. In the villages, various distribution points are put up in central locations like residential areas, schools, and health units etc based on community contribution.

The “Improved Sanitation and Hygiene project” is an emergency response to Improve Sanitation in Eastern Equatoria State, by increasing access to and improving the basic hygiene and sanitation that should improve the vicious and recurring cycle of diarrhea disease and malnutrition. Employing a holistic approach that include both software (hygiene promotion) and hardware (construction of latrines) components, the project facilitate capacity building through training hygiene promoters and provision of non-local materials for construction of institutional and household latrines. These activities are done in close collaboration with the Directorates of RWSS and Environmental health & sanitation, and the county offices as well as community based organization.

**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 VWS is a tailor-made programme designed to improve beneficiary households’ access to clean safe and sufficient water and practice safe sanitation. Ngaluma River provides continuous water throughout the year which is channelled through gravity fed water system to 51 planned water points. That means water is available all the time. Over 19,592 people within the project area have access to safe and sufficient water within a kilometre from their homes. (Integral part of the project is the formation and training of Water Management Committees, village water sub-committees and training of local technicians to transfer ownership and management of the scheme and a system that ensures financial sustainability by the community in close collaboration with local authorities).

The availability of the household sanitation facilities (pit latrines is assured by the reliable construction materials that would last longer than the dwelling houses; and the transfer of skills to the beneficiaries ensure that the use of the facilities goes beyond the lifespan of the project implementation. The long term benefit to the community will be dependent on the replication of the existing facilities to meet the needs of all inhabitants (85% threshold value will suffice). The institutional latrines meet the SMoH and SMoEST criteria in design, construction and population requirement, and are likely to serve sufficiently into the future.

## 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:**

1) Currently the project area which has a population of 19,592 residences (over 3,677 households) has 31 functional water points. In the villages about 30 household on average share a water point which has reduced guess and distance going to collect water. The water points are within the residential areas and near the institutional units where the beneficiaries have access to safe water within a kilometer distance.

2) The project serves to address the issue of hygiene and sanitation through awareness creation and construction of sanitary facilities that has encouraged over 400 households construct latrines in the target area. ToTs trained among CBO partners and local authority personnel in CHAST/PHAST methodology that increased hygiene training capacity and hygiene promotion campaigns in disseminating hygiene information. The latrines at house holds and at institution are accessible to all irrespective of age and disability

## 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:**

1) Series of meeting and workshop were carried out with various stakeholders in developing a system that ensures financial sustainability of the project. Each village water sub-committee was given the mandate to develop their own criteria based on the village household income with special consideration for vulnerable people.

2) In terms of hygiene, the latrine construction materials provided are transferable; hence they can be replicated in the long term for continuous accessible latrine facilities among the beneficiaries. Communities contributed locally available materials and labour and this increases the spirit of ownership.

#### **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:**

1) The project involves setting up a water catchment below the waterfall along Ngaluma River. Water is dammed up to about 50 cm and guided to the intake or catchment chamber. The chamber is the transition from the open water to the pipeline down to the reservoir tank where water is filtered before it is channelled through GI pipes to reservoir tanks in the beneficiary villages. In the villages, various distribution points at central locations (schools, hospital, etc.) are installed fitted with tap stands. The village water sub-committees are trained in maintaining hygiene around the water points.

2) The latrines are very safe in terms of design and construction which includes the compartments for the physically disabled and hygiene room for the girls. Hands washing facilities incorporated in the design of the institution latrines; while the householders are to provide hand washing facilities for themselves after capacity building sessions with the community hygiene promoters. In the event of the latrines filling up, the householders are to dig new ones and fill the old one, however the floor slab can be used in the new pit without harm or risk of physical damage or contracting disease.

#### **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:**

1) Ngaluma Village Water Scheme was an initiative of the local authorities and civil society organisations that identified the project and requested Caritas for a support. Several consultations, feasibility studies and a KAP survey carried with the support of the community during the planning and assessment phase. Agreements have been worked out with all stakeholders on the exact locations of the intake, distribution points and also the contributions of different stakeholders and the beneficiaries identified.

2) The use of pit latrine is not a new concept in the community, and the project had consultative meetings with the community before implementation. Only those who were willing were registered to continue with the implementation. To reinforce this, Community Hygiene Promoters were trained and they visited each householder beneficiaries to mobilize and capacity build on the use of pit latrines, bathing shelters, wreck for drying utensils. Households and Institutions also benefited from capacity building by use of Participatory Hygiene And Sanitation (PHAST) and Children Hygiene And Sanitation Training (CHAST) methodologies.



## 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:**

1) *Formation and training of the water committees was gender friendly, at least 65% of the participants are women. There had been reflections during trainings and meetings in consideration of people living with disabilities and other vulnerable groups, IDPs and Returnees from the neighboring countries. Majority of the communities live in a communal setting and this made easy to accept one another in most cases elderly, physically disable persons are usually given priority to collect water*

2) *The project was implemented in homogenous communities where ethnicities, religious, political and other known forms of discrimination were not a hindrance; and gender issues were handled amicably during household visits. Giving priority to the most vulnerable in the community was emphasized at the community meetings during entry process. Institutional latrines were provided with separate units for boys and girls (schools), and the boys were provided with a urinal stall while the girls were provided with a hygiene room. Separate special stances were provided for comfort of the physically disabled.*

## 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:**

1) As mentioned above the communities were involved from the start of the project and they actively participated in Provision of local construction materials (blast, sand etc) and carrying materials to the project site. Over 392 volunteers participated in various activities (including pipe trench digging, backfilling etc) based on the community action plans, majority of whom are women.

2) Entries into the community were preceded by community meetings announced through local radio stations, Administration and influential local persons. All issues around the project were explained and only willing participants were registered. The project was implemented in collaboration with line Ministries / Departments with consultations with the beneficiary Communities.

## 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 proposal was shared with the line Ministries / Departments who were the general overseers in terms of quality and quantity of work done, and that it was in line with the State development plans and MDGs. The organization has well laid down procurement procedures and code of practices that ensure the proper implementation with neither malice nor prejudice. The project accounts are also subject to regular internal and external audits to ensure value for money is attained at all stages. Community committees overseeing work involving community participations insures that they carry their tasks, also on behalf of the local authorities the project managed to invite a technician from Senior Expert Service from Germany to support them with training and advice.

## 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 overall impact is yet to be realized, but going by the demonstrated implementation process and the fact that there is enthusiasm about it amongst the beneficiaries, it has high chances of impacting positively on the community desire “to break the vicious circle of recurrent disease outbreaks in the community”. In terms of water, women have more time to do other things because less time taken going to collect water. Children particularly the girl child have time to go to school

## 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. By involving various key stakeholder and the use of locally available materials and capacity building of beneficiaries, there are strong indications that the household and institution latrines will be sustained into the future. In terms of water Integral part of the project is the formation and training of Water Management Committees, village water sub-committees and training of local technicians to transfer ownership and management of the scheme and a system that ensures financial sustainability by the community in close collaboration with local authorities aimed at sustainability of the project..

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

The issues of addressing the most vulnerable members of a Community in a participatory way was a major challenge as they usually had other more pressing needs and the most valid option is to ask the “more well-off” to contribute so as to achieve the threshold limits that can create impact, however more often than not, the community ends up asking the project to do this. Since projects are time bound, these same group ends up left out as they cannot keep the pace. The other option is for the project to provide – Which is NOT sustainable! Hence it’s the obligation of the local government to provide services to its people.

Water management committees, village water sub-committees are set up to transfer ownership and management of the scheme to the village in collaboration with local authorities. Local technicians are trained and a system that ensures financial sustainability of the scheme is an integral part of the project

Formation and training of the water committees was gender friendly, at least 65% of the participants are women. Over 392 volunteers participated in various activities based on the community action plans, majority of whom are women.

### **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.

### **Your contact details**

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The Independent Expert would like to thank you for your efforts!

Independent Expert on the issue of human rights obligations related to access to safe drinking water and sanitation  
Good Practices Questionnaire - [iewater@ohchr.org](mailto:iewater@ohchr.org)

For more information on the mandate of the Independent Expert, please visit  
<http://www2.ohchr.org/english/issues/water/lexpert/index.htm>