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**Independent Expert on the issue of human rights obligations
related to access to safe drinking water and sanitation**

**'GOOD PRACTICES' RELATED TO ACCESS TO
SAFE DRINKING WATER AND SANITATION**



Questionnaire

**May, 2010
Hanoi, Vietnam**

Description of the practice:

Name of the practice:

Community-Based Water Supply and Sanitation Pilot Project in Cam Ranh town, Khanh Hoa Province, Vietnam

Aim of the practice:

- i) To demonstrate how communities can work with a water supply entity to acquire safe water and adequate sanitation that meets their needs
- ii) To demonstrate pro-poor connection charges and tariffs
- iii) To improve community awareness of environmental sanitation
- iv) To enhance capacity of water utility and local artisans

Target group(s):

About 15,000 poor in 9 urban residential pockets in Cam Ranh town, Khanh Hoa Province, Vietnam

Partners involved:

Local government, water utility and communities

Duration of practice:

2007 - 2009

Financing (short/medium/long term):

Short term/fast track

Brief outline of the practice:

There were four parts making up the scope of practice: Rapid assessment, Community based water and sanitation services to urban poor, Capacity Building and Policy Support, and Monitoring & Evaluation.

The scope included an initial rapid assessment to address any ethnic or gender issues, poverty mapping as well as to help in the development of a participatory framework.

In conjunction with surveys and designs, work plans were developed for all stakeholders, including implementation arrangements and procurement packages.

In parallel with the implementation of the facilities, pricing policies and structures were developed and implemented, billing and collection systems established, operation and maintenance systems implemented, community awareness programs established, and a simple monitoring system was put in place to monitor the sustainability of the system.

In essence, a framework of sustainability was developed.

The total investment of the project was USD700,000. UN-HABITAT provided USD250,000 to implement the project and the communities contributed USD103,000 in kind. Cam Ranh government and water utility provided a further USD347,000 in cash and in kind.

After the completion of the project, 80% of the urban poor had access to safe water, 1,850 households gained water connections and a total of 300 water saving tanks were provided to the poor. 651 latrines were built which meant that 55% of the urban poor gained access to hygienic sanitation facilities.

The WCDM (Water Conservation and Demand Management) strategy for Cam Ranh town was also developed and adopted by the municipality. Furthermore, a HVBWSHE (Human Values based Water and Sanitation and Hygiene education) class room was established.

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 urban poor were provided with piped-water connection in order to meet the demand for domestic water usage. The water is provided for 24 hours per day from the water treatment plant with capacity of 6000 CMD. A toilet with a septic tank was also provided for the poor households. One toilet per household was deemed adequate to meet the demand, given that each household consisted of an average of five members.

2. How does the practice meet the criterion of accessibility?

Explanatory note: Accessibility

Sanitation and water facilities must be physically accessible for everyone within, or in the immediate vicinity, of each household, health or educational institution, public institution and the workplace. The distance to the water source has been found to have a strong impact on the quantity of water collected. The amount of water collected will vary depending on the terrain, the capacity of the person collecting the water (children, older people, and persons with disabilities may take longer), and other factors. There must be a sufficient number of sanitation and water facilities with associated services to ensure that collection and waiting times are not unreasonably long. Physical accessibility to sanitation facilities must be reliable at day and night, ideally within the home, including for people with special needs. The location of public sanitation and water facilities must ensure minimal risks to the physical security of users.

Answer:

The water supply and the toilets were installed inside the house so they are easily accessible to everyone including the children, the older people and the disabled.

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:

Water utility of Cam Ranh (CADOCO) introduced a new water tariff policy with a pro-poor focus and it has been adopted by the municipality. The water bill will be based on the monthly water meter reading. The first 16m3 of is priced low, which will benefit the poor households in particular.

The estimated fee for the water supply is less than 3% of the household's total income, and for sanitation less than 1% of the income.

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 water given to poor households is treated in a WTP that is maintained by a local water utility (CACODO). The water quality meets the Vietnamese standards for drinking and domestic usage. The water quality is checked periodically in accordance with Vietnamese regulations.

The technical design of the improved sanitation system with 2-compartment septic tank provided to the poor HHs was checked by the competent authorities prior implementing.

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:

The water supplied meets the Vietnamese standards for acceptable colour, odour and taste.

The toilets are also designed and constructed with the specific customs and social conventions of the local residents in mind, also making sure that they can be used by both men and women.

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 water supply and sanitation services that have been provided to poor HHs were selected publicly by the community. The water and sanitation facilities were constructed specifically with the more vulnerable members of the community in mind, so that no discrimination in access to the services would occur.

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 provision of the water supply and sanitation services was implemented with a full participation from the local community. The list of poor HHs, who benefited from this project, was selected by the community. The appropriate design for the project was also selected by the community.

All artisans who worked on the project were selected from the community and trained to construct the water supply and the sanitation systems. The members of the community also made in-kind contributions during the construction period and participated as observers.

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:

All activities in this project were monitored not only by competent provincial authorities but also by UN-HABITAT and the community during the project implementation.

The project was also audited by an independent auditing firm to ensure that the project was kept in a right track.

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:

1. Enhanced harmonization in society and communities
2. The poor had their voice in community
3. Changed livelihoods of the poor through empowering their own decision-making
4. Improved living environment of the poor
5. Cleanness and tidiness of the poor residential areas

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:

This project was done in close partnership with the local communities and the local water utilities. Community participation has been a key element in this project in ensuring transparency and accountability of the activities undertaken, thus ensuring elements social sustainability of the project.

The water utility meets all technical standards and guidelines as outlined by the government, in terms of water quality and quantity. The water utility is now recovering 100% of its operating and maintenance costs thus ensuring financial sustainability of this project.

Final remarks, challenges, lessons learnt

A lesson learnt from this project is that mobilisation of the community by involving them in all aspects of the project is a key to a successful project.

A big challenge is to improve the awareness of the communities to make them sustain the new water and sanitation systems installed.

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

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