

# The Human Rights to Water and Sanitation in Practice

Findings and lessons learned from the work on equitable access to water and sanitation under the Protocol on Water and Health in the pan-European region



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# PREFACE

Since 2010, there is a growing momentum at global level towards achieving equitable access to water and sanitation. Access to safe drinking water and sanitation have been recognized as basic human rights and are therefore a legal obligation for Governments. The 2030 Agenda for Sustainable Development makes explicit reference to human rights, equality and non-discrimination principles, and its Sustainable Development Goal (SDG 6) includes targets specifically addressing of access to equitable, safe and sustainable water and sanitation services.

In our pan-European region, Parties to the Protocol on Water and Health, serviced by the United Nations Economic Commission for Europe (UNECE) and the World Health Organization (WHO) Regional Office for Europe, committed to ensuring access to water and provision of sanitation for everyone, and specifically “for all members of the population, especially those who suffer a disadvantage or social exclusion”. For 20 years now, the Protocol on Water and Health has been supporting its Parties and other countries in securing provision of equitable access to water and sanitation services and has prompted extensive progress.

I am proud to introduce this publication, which demonstrates that realizing the human rights to water and sanitation is possible, and that the Protocol on Water and Health is a sound and efficient framework for translating them into practice. Under the Protocol, several tools and practical guidance were developed, and country-specific activities were carried out, to support Governments and other stakeholders in their efforts to improve equitable access to water and sanitation. This work has been driven by the countries’ desire for constant improvement and backed by the dedicated work of the Expert Group on Equitable Access to Water and Sanitation and continuous support from France.

This publication capitalizes on the experiences of the region, and particularly of eleven countries, including France, which have committed to improving equitable access within the framework of the Protocol. The publication maps out the lessons learnt from the Equitable Access Score-card-based assessments and analyses common trends, challenges and lessons learnt. These assessments have clearly given a boost to national and local efforts to improve equitable access to water and sanitation, sometimes by revealing access gaps which were not yet identified.

It is inspiring and thought-provoking to look at the examples of concrete technical and policy actions taken by those countries in the water, health, educational, social, construction... sectors to improve the equity of access to water and sanitation, aiming at ensuring that all groups of the population (including children in schools, homeless people, people with disabilities) have access, that services are affordable to the poorest and that people living in all areas, whether urban or rural, enjoy access.

I am confident that this publication can provide a source of inspiration and will contribute to galvanizing additional progress in the pan-European region by facilitating an understanding of the human rights to water and sanitation in practice through pragmatic examples, in achieving the commitments under the 2030 Agenda for Sustainable Development.



**Agnès Buzyn,**  
Minister for Solidarities and Health, France

Girls Toilets



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# LIST OF ACRONYMS AND ABBREVIATIONS

<b>CJSC</b>	Closed Joint-Stock Company
<b>ERSAR</b>	Water and Waste Services Regulation Authority – Portugal
<b>EU</b>	European Union
<b>GLAAS</b>	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
<b>IFI</b>	International Financial Institution
<b>IPA</b>	Instrument for Pre-accession Assistance – European Union
<b>IWA</b>	International Water Association
<b>JMP</b>	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene – WHO/UNICEF
<b>MDG</b>	Millennium Development Goal
<b>NGO</b>	Non-governmental organization
<b>OJSC</b>	Open Joint Stock Company
<b>NPD</b>	National Policy Dialogue
<b>PEDOM</b>	Plan Eau DOM (Water Plan for Departments Overseas) – France
<b>SDG</b>	Sustainable Development Goal
<b>SEDIF</b>	Le Syndicat des Eaux d’Île-de-France – France
<b>SIAAP</b>	Paris Area Interdepartmental Sanitation Association – France
<b>Sida</b>	Swedish International Development Cooperation Agency
<b>SSES</b>	State Sanitary and Epidemiology Service – Ukraine
<b>REDASP</b>	Regional Economic Development Agency for Sumadija and Pomoravlje
<b>UNECE</b>	United Nations Economic Commission for Europe
<b>UNICEF</b>	United Nations Children’s Fund
<b>WAPONET</b>	Water and Poverty Network – Spain
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization
<b>WSP</b>	Water Safety Plan
<b>WSS</b>	Water Supply and Sanitation
<b>WSSP</b>	Water and Sanitation Safety Plan

# EXECUTIVE SUMMARY

## HUMAN RIGHTS TO WATER AND SANITATION AND THE PROTOCOL ON WATER AND HEALTH

Ensuring access to safe drinking water and sanitation for all is a legal obligation. The human right to safe drinking water entitles everyone, without discrimination, to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use. The human right to sanitation entitles everyone in all spheres of life and in all settings, without discrimination, to have physical and affordable access to sanitation that is safe, hygienic, secure, socially and culturally acceptable, and provides privacy and ensures dignity.

The Protocol on Water and Health provides a sound framework for translating into practice the human rights to water and sanitation, requires Parties to set targets and implement specific measures to ensure its progressive realization. Article 5(l) of the Protocol highlights that “Equitable access to water, adequate in terms both of quantity and of quality, should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion”. The Protocol on Water and Health also serves as a mechanism to implement the Sustainable Development Goals (SDGs), in particular provision of safe drinking water and sanitation for all.

Since 2011, work carried out under the Protocol by the Expert Group on Equitable Access to Water and Sanitation has led to the development of guidance and tools to support equitable access to water and sanitation, as well as details on how to implement the related provisions of the Protocol, which includes the following publications:

- *No One Left Behind: Good practices to ensure equitable access to water and sanitation in the pan-European region* (2012);
- *The Equitable Access Score-card: Supporting policy processes to achieve the human right to water and sanitation* (2013); and
- *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation* (2016).

The work on equitable access under the Protocol highlighted three key dimensions for consideration by countries in taking actions towards ensuring equitable access to water and sanitation in the pan-European region:

- i) Reduce geographical differences in the services provided.
- ii) Avoid discrimination or exclusion of vulnerable and marginalized groups in the provision of services.
- iii) Ensure financial affordability by users.

The overall governance framework for equitable access to water and sanitation also needs to be scrutinized and improved. The strong linkages between these different dimensions call for a holistic approach to promoting equitable access to water and sanitation.

## **PROGRESS AND CHALLENGES IN ENSURING EQUITABLE ACCESS TO WATER AND SANITATION IN THE PAN-EUROPEAN REGION**

Since 2012, a total of 11 countries have carried out self-assessments of the situation of equitable access to water and sanitation. When analysing the findings of these exercises across countries, a mixed and complex picture of the situation is revealed in terms of equitable access to water and sanitation. There are, however, some common trends:

1. Awareness of the challenges faced in ensuring equitable access is uneven – generally, geographical disparities are well recognized, but the specific needs of the different vulnerable groups are not; and while affordability is a common concern, options to address it are not well known. The self-assessments have helped countries identify challenges, which they were not fully aware of.
2. Putting together a complete and accurate picture of the current state of progress in achieving equitable access to water and sanitation is a challenge due to a lack of information and the need for wide-ranging expertise.
3. Solutions to tackle some of the gaps to ensure equitable access to water and sanitation are already in place, but they are not implemented under the framework of a unique and comprehensive strategy for equitable access and would therefore require a more integrated approach.

In a vast majority of the countries analysed, the self-assessment has been instrumental in prompting progress. On the basis of the identified needs, countries have implemented specific actions to improve equitable access. Those actions have targeted the broad governance framework, as well as specific dimensions of equitable access. They included awareness-raising efforts, the integration of equitable access concerns into national strategies and plans, legal reforms, policy reforms, infrastructure investments, and lobbying for financial resources. Three countries (Armenia, North Macedonia and Serbia) have taken a structured approach to the identification of priority actions and their implementation through the development of an Equitable Access Action Plan. This can help to ensure that the limited technical and financial resources are targeted to those actions that are likely to have the greatest impact, facilitate dialogue with international partners, and attract funds for the measures included in the Action Plan.

Officials and experts often struggle to develop a strategic approach to financing equitable access to water and sanitation, and countries have developed diverse approaches to deal with the different aspects of equitable access. The framework for financing access to water and sanitation services often includes some aspects of equitable access, but not all. The cost of ensuring equitable access to water and sanitation varies widely across issues, and while some issues may be reasonably well-financed, others are often entirely neglected, in-line with the priorities set by each country, which may concern access by some specific vulnerable and marginalized groups, solutions to address affordability concerns, and so on. Responsibilities for funding solutions are often unclear, and local authorities have a major role to play in this regard. In some countries, external support accounts for a large part of the water and sanitation investment budget and thus influencing budget planning to direct it towards the (equitable) water and sanitation sector is key.

## PRACTICAL GUIDANCE TO SUPPORT EQUITABLE ACCESS TO WATER AND SANITATION

When **assessing the situation** of equitable access to water and sanitation, it is important to include a launching phase, an analytical phase and a communication phase.

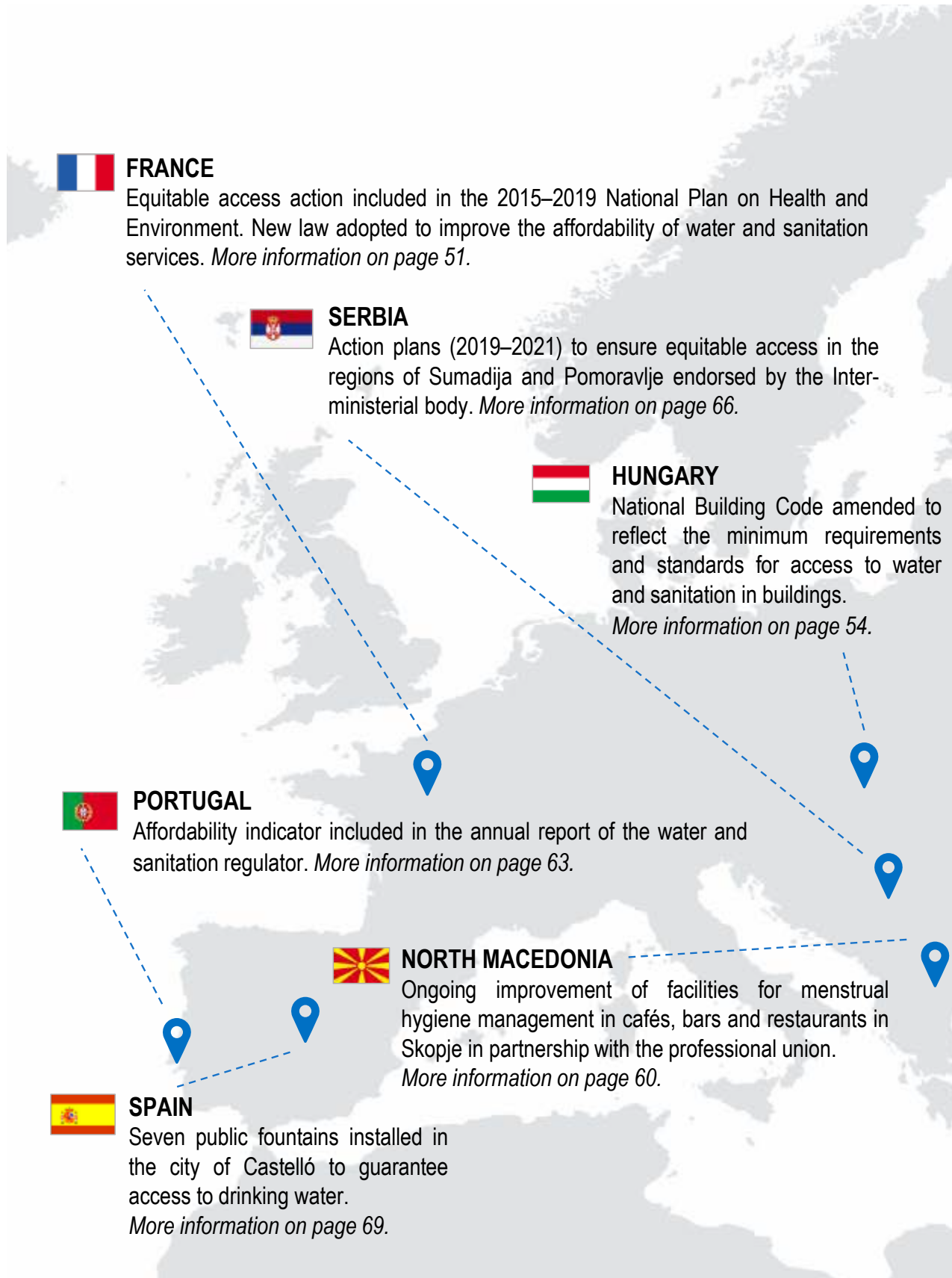
1. In the **launching phase**, a government agency should lead or actively co-lead a core group of experts. Establishing a partnership between public agencies and civil society organizations is key.
2. The **analytical phase** should be approached not just as a technical exercise (completing the Equitable Access Score-card and validating the results), but also as a stakeholder engagement and capacity development effort. The gathering of information should be well balanced from the national and local levels. It is highly recommended to think about how to use the self-assessment process and findings to bring about change, for example by taking advantage of the process to improve interministerial cooperation.
3. In the **communication phase**, it is important to ensure that the findings from the self-assessment are not taken as criticism of the involved Parties, and that adequate efforts are devoted to communicating the findings. Those efforts should target public authorities, national and local decision makers, civil society organizations, water sector professionals and other relevant stakeholders using different communication channels, including mass media. It is also recommended to consider engaging political processes in a non-partisan manner.

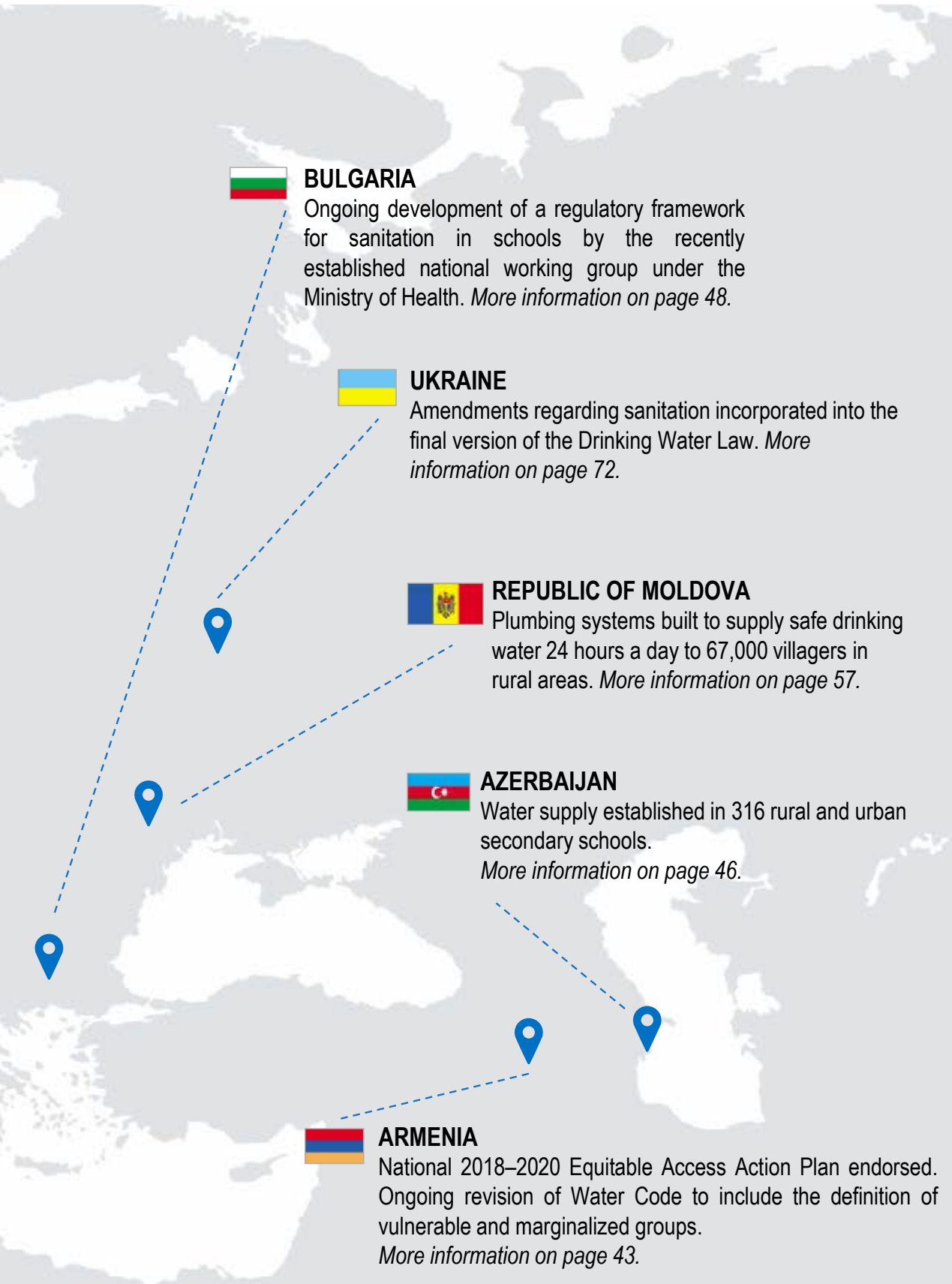
When **planning actions**, it is important to balance strategic and opportunistic approaches. The selection of actions should build on the self-assessment findings and process. Even more than in a self-assessment, the development of an action plan requires government leadership. It is recommended to develop multiple approaches to implementing actions, supported by targeted financial resources. Efforts to popularize the results of the development of the action plan can greatly influence the success of the subsequent implementation of the action plan.

More attention should be paid to the **costing and financing of actions**. This includes identifying and clarifying the responsibilities for funding the different actions required to ensure equitable access to water and sanitation, mapping out existing funding mechanisms that can potentially include funding for ensuring equitable access to water and sanitation, and strengthening the existing financial strategy of the water and sanitation sector by incorporating equitable access concerns. It is also important to incorporate equitable access considerations into existing funding mechanisms and into planned water investment projects, and to explore the ways to reduce the long-term costs of equitable access actions by reducing the equity gaps.

# IMPROVING EQUITABLE ACCESS TO WATER AND SANITATION IN THE PAN-EUROPEAN REGION

## SELECTED MEASURES TAKEN TO ADDRESS GAPS IDENTIFIED THROUGH EQUITABLE ACCESS SELF-ASSESSMENTS CARRIED OUT IN 2011–2019







## Chapter 1

# INTRODUCTION

**Background.** Since 2011, several guidance documents and tools have been developed under the Protocol on Water and Health to help countries better understand, assess and address the challenges of ensuring equitable access to water and sanitation. As a consequence, several countries in the pan-European region have taken concrete action towards more equitable access to water and sanitation services. National experiences have regularly been reported under the framework of the Protocol and in international events, but so far, they have not been systematically analysed and documented. Parties to the Protocol and other actors therefore suggested capitalizing on the findings and lessons learned from the work on equitable access to water and sanitation under the Protocol in the pan-European region.

**How has the publication been developed?** This publication is a collaborative achievement. Its development was mandated as part of the 2017–2019 programme of work<sup>1</sup> of the Protocol on Water and Health by the Working Group on Water and Health at its tenth meeting<sup>2</sup> (Geneva, 15–16 November 2017). It is the result of a process combining country-level work and regional information-gathering, reflection and consultations. A regional workshop took place in Geneva in March 2016 to discuss case studies from the pan-European region and beyond. The Expert Group on Equitable Access to Water and Sanitation, at its fourth meeting (Budapest, 13–14 September 2017) and fifth meeting (Paris, 26–27 June 2018), then played a key role in its development.

**Objective and target audience of the publication.** The aim of this publication is to support governments and other actors in achieving equitable access to water and sanitation, thereby putting into practice the human rights to safe drinking water and sanitation. It does so by featuring the experiences of eleven countries, and analysing common trends and highlighting important considerations with a view to inspiring further action to improve equitable access. At national and local levels, it can encourage and support policy and decision makers, and other stakeholders to engage in self-assessments, which are instrumental in identifying specific actions to address gaps in access, to develop strategic approaches in financing equitable access, and to subsequently implement actions to achieve equitable access to water and sanitation for all members of

<sup>1</sup> For the Programme of Work for 2017–2019 of the Protocol on Water and Health (ECE/MP.WH/13/Add.1-EUPCR/1611921/2.1/2016/MOP-4/06/Add.1), please see: [www.unece.org/fileadmin/DAM/env/documents/2016/wat/11Nov\\_14-16\\_MOP4\\_PWH/Documents/ECE\\_MP.WH\\_13\\_Add.1\\_ENG.pdf](http://www.unece.org/fileadmin/DAM/env/documents/2016/wat/11Nov_14-16_MOP4_PWH/Documents/ECE_MP.WH_13_Add.1_ENG.pdf)

<sup>2</sup> For the report of the meeting (ECE/MP.WH/WG.1/2017/2-EUPCR/1611921/2.1/2017/WGWH/06), please see: [www.unece.org/fileadmin/DAM/env/documents/2017/WAT/11Nov\\_15-16\\_10thWGWH/ECE\\_MP.WH.WG.1\\_2017\\_2\\_report\\_ENG.pdf](http://www.unece.org/fileadmin/DAM/env/documents/2017/WAT/11Nov_15-16_10thWGWH/ECE_MP.WH.WG.1_2017_2_report_ENG.pdf)



the population. In particular, countries implementing the Protocol on Water and Health or in the process of preparing for ratification or accession to it, can find it useful to engage in a reflection on possible targets to be set under the Protocol.

**Structure of the publication.** The publication is structured around 6 chapters.

**Chapter 1** provides an introduction on why and how the publication was developed.

**Chapter 2** summarizes the arguments for undertaking special actions towards achieving equitable access to water and sanitation. It introduces the related global and regional commitments, as well as a summary of the work carried out so far on this topic under the Protocol.

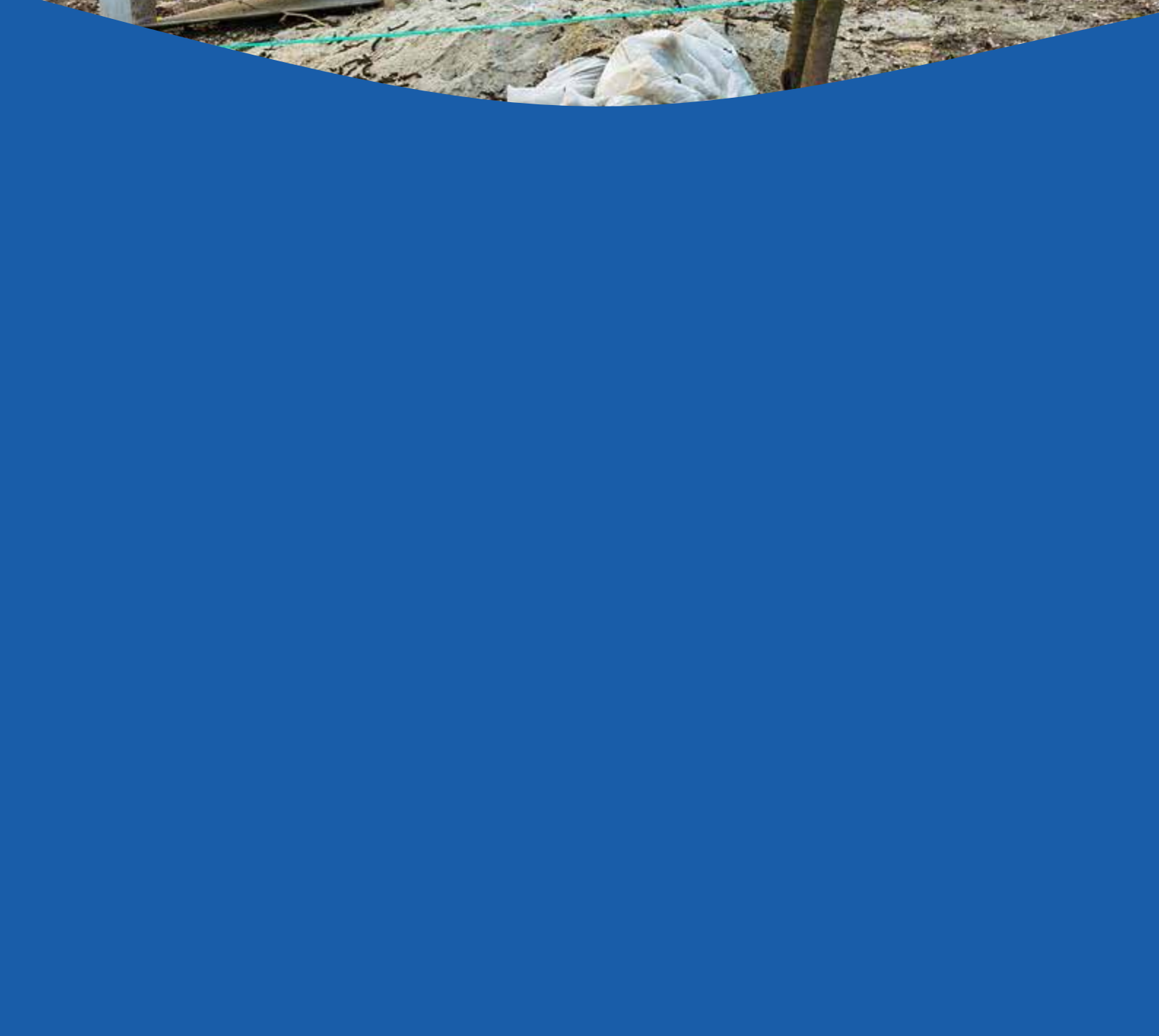
**Chapter 3** offers guidance for assessing equitable access to water and sanitation. It details the self-assessment methodology, the findings from country self-assessments, and practical steps and considerations for organizing a self-assessment.

**Chapter 4** focuses on the planning and implementation of actions to achieve equitable access to water and sanitation. It looks at methodological aspects, highlighting examples of actions taken in countries and their experiences with the development of Equitable Access Action Plans, and it analyses important considerations for planning such actions.

**Chapter 5** looks at the financing of actions to achieve equitable access to water and sanitation, combining an analysis of common issues around financing, examples of financing approaches in countries, and important considerations for financing equitable access.

**Chapter 6** highlights the self-assessments undertaken by each of the eleven countries examined and considers their actions and financing to improve equitable access to water and sanitation.







## Chapter 2

# EQUITABLE ACCESS TO WATER AND SANITATION

### 2.1 THE HUMAN RIGHTS TO SAFE DRINKING WATER AND SANITATION

Ensuring access to safe drinking water and sanitation for all is a legal obligation. On 28 July 2010, the right to safe and clean drinking water and sanitation was “recognized” as a human right that is essential for the full enjoyment of life and of all human rights<sup>3</sup>. In October 2010, the Human Rights Council adopted resolution 15/9 in which the Council affirmed “that the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity”.<sup>4</sup> Although the two rights are interconnected, they are separate rights, as recognized by the United Nations General Assembly in Resolution 70/169<sup>5</sup>.

In terms of the normative content of the two rights,<sup>6</sup> the Human Rights Council reaffirmed in 2018 that:

- the human right to drinking water entitles everyone, without discrimination, to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use, and
- the human right to sanitation entitles everyone in all spheres of life, without discrimination, to have physical and affordable access to sanitation that is safe, hygienic, secure, socially and culturally acceptable, and provides privacy and ensures dignity.

Some obligations of the human rights to water and sanitation are subject to progressive realization,<sup>7</sup> but obligations such as non-discrimination are of immediate effect. This entails, for instance, that although States may not be under the obligation to supply a particular service, if they choose to do so, they must immediately ensure that it is not provided in a discriminatory

<sup>3</sup> United Nations General Assembly (UNGA), Resolution 64/292. The Human Right to Water and Sanitation, 28 July 2010, para 1.

<sup>4</sup> Human Rights Council (HRC) Resolution 15/9, para 3.

<sup>5</sup> UNGA Resolution 70/169, paras. 1-2.

<sup>6</sup> UNGA 70/169 and 39/8.

<sup>7</sup> International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 2(1)

manner. Furthermore, positive measures must be adopted to achieve substantive equality.<sup>8</sup> In this respect, steps can be taken to ensure access for all before improving the conditions for those who already enjoy access.<sup>9</sup>

The relevant human rights instruments and resolutions reaffirm that States have the primary responsibility to ensure the full realization of human rights and must take steps, nationally and through international assistance and cooperation, to progressively achieve the full realization of the rights to safe drinking water and sanitation.

Alongside this, the role of international organizations, specialized agencies of the United Nations system and development partners has also been stressed, as well as the importance of economic and technical cooperation.<sup>10</sup> In 2018, the Human Rights Council urged development partners to adopt a human rights-based approach when designing, implementing and monitoring programmes in support of national activities relating to the rights to water and sanitation.

### Box 1. Human rights to water and sanitation: from recognition to implementation

Data from 15 countries of the European region that participated in the UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) 2018–2019 indicate that a majority of countries have recognized the human rights to drinking water and sanitation in the legislation and constitution, and have developed national policies, targets and plans addressing water and sanitation. However, the implementation of these policies and plans is constrained by major financing gaps, in particular for rural sanitation and drinking water. There is also a lack of information on specific measures targeted to vulnerable populations.

Source: WHO

## 2.2 THE SUSTAINABLE DEVELOPMENT GOALS

The 2030 Agenda for Sustainable Development, adopted by the United Nations General Assembly in September 2015, covers 17 Sustainable Development Goals (SDGs). The 2030 Agenda makes explicit reference to human rights, equality, and non-discrimination principles. The SDGs are universal and aspirational in nature, apply to all countries and all peoples of the world, and are strongly inter-connected.

The SDG framework includes a dedicated goal (SDG 6) for water and sanitation: “ensure availability and sustainable management of water and sanitation for all” and six associated targets, including target 6.1, “By 2030, achieve universal and equitable access to safe and affordable drinking water for all”, and target 6.2, “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”. Access to water and sanitation is also intrinsically related to the achievement of other SDGs targets, in particular SDG target 4.A, “Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all”, SDG target 1.4, “By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services [...]”, and SDG target 10.3, “Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard”. Universal access indeed implies looking beyond households – for example in schools and hospitals to secure basic services that secure high quality education and high quality health care – as well as addressing significant inequities and reaching the disadvantaged population groups.

The SDGs in general, and SDG 6 in particular, are highly relevant for the pan-European region. Latest data from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) show that in the pan-European region, 31 million people do not have access to basic sanitation and 314,000 people still practise open defecation, the majority of whom live in small rural settings. Despite significant progress in the provision of basic drinking water between 2000 and 2017, over 16 million people have yet to enjoy such access and over 44 million people do not have piped water at home. The JMP baseline data on water, sanitation and hygiene in schools indicate that 5 million children still lack sanitation services (or have limited service or no service).<sup>11</sup> There is a major gap of data on water, sanitation and hygiene services in health care facilities in the pan-European region.

<sup>8</sup> Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 20, paras. 8–9

<sup>9</sup> See in this respect:

- Guidelines for the Realization of the Right to Drinking Water and Sanitation (E/CN.4/Sub.2/2005/25), para 2.3(a)

- Report of the Special Rapporteur on the human rights to safe drinking water and sanitation, A/HRC/18/33, para 80(d), see also CESCR GG No. 20, Non-discrimination in economic, social and cultural rights (ICESCR, Article 2 para 2, of the), paras. 8–9.

<sup>10</sup> HRC 39/8 and GA 70/169.

<sup>11</sup> For WASH data, see <https://washdata.org/data/school#!/table?geo0=region&geo1=who&geo2=EURO>

The Protocol on Water and Health serves as a mechanism to implement the SDGs, particularly SDG 6, as well as through linkages to most of the other SDGs, as explained in the publication *Protocol on Water and Health and the 2030 Agenda: A Practical Guide for Joint Implementation* (2019).

### **2.3 THE PROTOCOL ON WATER AND HEALTH**

The United Nations Economic Commission for Europe (UNECE) and the World Health Organization (WHO) Regional Office for Europe provide the joint secretariat function to the Protocol on Water and Health. The UNECE–WHO Regional Office for Europe Protocol on Water and Health was signed in London in 1999 and entered into force in 2005. As of February 2019, the Protocol has 26 Parties and 36 signatories from the pan-European region, as well as a number of countries actively working within its framework.

The main aim of the Protocol is to protect human health and well-being through improved water management, including the protection of water ecosystems, and by preventing, controlling and reducing water-related diseases. The Protocol is a unique international agreement adopted specifically to attain an adequate supply of safe drinking water and adequate sanitation for everyone, and to effectively protect water used as a source of drinking water.

The Protocol provides a sound framework for translating into practice the human rights to water and sanitation. The Protocol is a special instrument, as it has both an inter-state regulatory dimension and a human right one. Unlike a typical human rights instrument that formulates a right and leaves the obligations implicit, the Protocol requires its Parties to set targets and implement specific measures to ensure the progressive realization of the rights to water and sanitation. In this way, the obligations arising from the two rights are addressed in detail and concrete tools are provided for Parties and other states to fulfil them. The Protocol sets out an explicit obligation to pursue the aims of access to drinking water and the provision of sanitation for everyone (Article 6.1). This is further detailed in Article 5(l), which highlights that “equitable access to water, adequate in terms both of quantity and of quality, should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion”. Beyond the legal text of the Protocol, the work carried out in the area of equitable access since 2011 has led to the development of specific tools to assess and improve the situation of equitable access at local and national levels, providing detail on how to implement the above-mentioned Protocol provisions.

### **2.4 EQUITABLE ACCESS TO WATER AND SANITATION – WORK UNDER THE PROTOCOL ON WATER AND HEALTH**

There are important differences among countries of the pan-European region in terms of ensuring equitable access to water and sanitation owing to disparities in the availability of water resources, socioeconomic development, and historic levels of access and public policies. Nevertheless, efforts need to be strengthened in all countries.

In order to support those efforts, Parties and other countries working within the framework of the Protocol have been promoting equitable access to water and sanitation for a long time. In 2011, the Expert Group on Equitable Access to Water and Sanitation under the Working Group on Water and Health was created to start work on operationalizing the concept of equitable access, resulting in the publication *No One Left Behind: Good practices to ensure equitable access to water and sanitation in the pan-European region* (2012). It identifies and explores the three key dimensions of the challenges faced to achieve equitable access and presents options on how to address them with examples of relevant national measures undertaken.

In order to support Parties to develop baselines on the current situation in terms of equitable access to water and sanitation, the Expert Group on Equitable Access to Water and Sanitation developed a methodology for self-assessment, including a tool known as the Equitable Access Score-card. The methodology and tool were tested in three countries<sup>12</sup> before being finalized and documented in the publication *The Equitable Access Score-card: Supporting policy processes to achieve the human right to water and sanitation* (2013). Another eight countries<sup>13</sup> have since carried out self-assessment exercises at the national and/or local level.

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<sup>12</sup> France, Portugal and Ukraine.

<sup>13</sup> Armenia, Azerbaijan, Bulgaria, Hungary, Republic of Moldova, North Macedonia, Serbia and Spain.

**Table 1.** Self-assessments of equitable access to water and sanitation carried out under the Protocol on Water and Health

COUNTRY	ASSESSMENT PERIOD	SCALE	RELATED ACTION PLAN DEVELOPED
ARMENIA	2015–2016	National	2017
AZERBAIJAN	2015–2018	National	
BULGARIA	2018	National	
FRANCE	2012–2013	Greater Paris Area	
HUNGARY	2014–2016	National	
REPUBLIC OF MOLDOVA	2014	National	
NORTH MACEDONIA	2015–2016	Three municipalities	2018
PORTUGAL	2012–2013	National	
SERBIA	2017–2018	National and two regions	2019
SPAIN	2016	One municipality	
UKRAINE	2013	National and one municipality	

In addition to establishing a baseline that would monitor progress over time, the findings of the self-assessments can also serve to identify priorities and to discuss setting further targets and implementing actions to improve equity in terms of access to water and sanitation. However, experience shows that countries face difficulties in translating the priorities identified through the self-assessment into actions. This prompted a demand for guidance to support the development of action plans aimed at addressing equitable access gaps. As a response, the Meeting of the Parties to the Protocol adopted the *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation* (2016). This guidance has since been applied in Armenia, North Macedonia and Serbia.

## 2.5 EQUITABLE ACCESS TO WATER AND SANITATION – KEY DIMENSIONS FOR COUNTRY ACTIONS

The work on equitable access to water and sanitation under the Protocol on Water and Health has identified three key dimensions that should be considered by countries to enable them to provide equitable access to water and sanitation:

- i) reducing geographical differences in the services provided;
- ii) preventing the discrimination or exclusion of vulnerable and marginalized groups in the provision of services; and
- iii) ensuring financial affordability by users.

The strong linkages between the provision of drinking water and sanitation services demand a holistic approach in promoting equitable access to water and sanitation. In addition, the overall governance framework for equitable access to water and sanitation needs to be scrutinized and reformed.

**Reforming governance frameworks.** The realization of the rights to water and sanitation requires political commitment and long-term vision. Current national and local water governance frameworks are sometimes failing to deliver equitable access for the following reasons: i) broader governance frameworks may limit or undermine efforts in the water sector; ii) weak water governance and management result in poor sector performance; and iii) current water governance frameworks are often “equity blind”. Yet, good water governance and management can go a long way towards achieving the objectives of equitable access. Examples include transparency and access to information, inclusive participation of stakeholders in decision-making, and accountability and redress mechanisms that are effectively accessible to everyone. This is unlikely to be enough, however. Applying an “equitable access lens” is needed to speed up progress. This requires a results-oriented action plan (including short-, medium- and long-term measures) that builds on country-situation analysis and context-specific equity indicators.

**Reducing geographical disparities.** Even within the same country, water and sanitation services in different geographical areas can be very disparate. WHO/UNICEF JMP (2017) data shows that in the pan-European region, 72 per cent of people without basic drinking water services live in rural areas. This can be attributed not only to underlying cost structures but also to political influence and decisions. Reducing access gaps (including in terms of water quality) requires political, financial

and technical efforts. International cooperation can also play an important role in closing these gaps by focusing support on the areas identified as lagging behind by each country. Importantly, geographical disparities in access are not just a water-policy issue, it is also a regional policy issue. Public policy has a fundamental role to play in reducing price disparities between geographical areas by: i) targeting investment programmes and subsidies to areas with higher costs of service; ii) enabling cross-subsidization from high-income low-cost areas to low-income high-cost areas; and iii) promoting efficiency and rational prices through sectoral organization reform and the use of information tools such as benchmarking and tariff reference values.

**Ensuring access for vulnerable and marginalized groups.** Human rights principles highlight the need to actively design water and sanitation policies that prioritize and address the needs of vulnerable and marginalized groups. Challenges in access to water and sanitation for these groups is often a social exclusion issue and not just a water issue. Each of these groups has its own needs and faces different access barriers. Policymakers and implementers must dedicate time and resources to identify these groups, to review whether they are being included (and if not, to pinpoint the barriers), and to ensure that their particular needs are considered. In many cases, adequate solutions require an integrated response, combining policies and ensuring collaboration across public agencies. The solutions also require targeted financial resources, but they are small in comparison with a country's water and sanitation budget. The solutions mostly require an increased awareness and specific focus among policymakers and technical staff. For example, most of the countries that participated in the 2018 GLAAS country (n=15) survey have laws and policies that define procedures for the participation of local communities and users, however, more than two-thirds do not have sufficient financial resources, and more than half lack sufficient human resources to support their participation in urban and rural water- and sanitation-related activities and programmes.

**Keeping water and sanitation affordable for all.** In Western European countries, increases in water and sanitation costs (due primarily to higher wastewater treatment requirements) have been and will continue to be reflected in water and sanitation bills. In Eastern European countries, where water prices have traditionally been low, the water bill has been increasing and is likely to increase further. Affordability is thus a common and increasing concern in the pan-European region and requires carrying out affordability analyses and adopting a sustainable long-term strategy in each country. Otherwise, a major health issue could arise, as people confronted with increases in the price of water might turn to less expensive but less safe alternatives, such as private groundwater wells of questionable water quality. Compliance with national affordability indicators is not enough to ensure that the groups of low-income people in each country have affordable access; specific policies need to be developed to ensure the financial sustainability of the provision of water and sanitation services and, at the same time, the affordability of those services for all the population. Affordability is more than just a water issue; it is a social protection issue that needs to incorporate water and sanitation aspects within social policy discussions.





## Chapter 3

# ASSESSING EQUITABLE ACCESS TO WATER AND SANITATION

### 3.1 SELF-ASSESSMENT METHODOLOGY

The self-assessment methodology to assess equitable access to water and sanitation developed by the Expert Group on Equitable Access to Water and Sanitation under the Protocol on Water and Health has two key elements:

- i) the organization of a self-assessment exercise; and
- ii) the use of an analytical tool to support the self-assessment exercise.

The methodology can be used by any country, region or municipality in the world. The publication *The Equitable Access Score-card: Supporting policy processes to achieve the human right to water and sanitation* provides detailed guidance on how to organize the self-assessment exercise and communicate the results, and how to fill the score-card.

#### 3.1.1 ORGANIZATION OF A SELF-ASSESSMENT EXERCISE

The ultimate objective of a self-assessment exercise is to inform and influence existing or upcoming policy processes and to promote the adoption of necessary measures so as to fill the equity gaps identified. To achieve that, the process of self-assessment helps:

- To identify competent authorities and relevant stakeholders (Table 2).
- To gain a better understanding of the current situation and challenges.
- To identify information and policy gaps.
- To raise awareness among competent authorities and relevant stakeholders, and to create links between them.
- To identify opportunities to implement relevant actions.
- To improve the coordination of actions to be taken by different actors.

**Table 2.** Examples of stakeholders to be engaged in a self-assessment

SECTOR	EXAMPLES OF STAKEHOLDERS
WATER AFFAIRS	Ministry of Water Ministry of Environment (Water resources quantity and quality) Ministry of Public Works (Water and sanitation infrastructure) Water sector regulator Water service providers
SOCIAL AFFAIRS	Ministry of Social Protection Ministry of Education Ministry of Justice Ministry of Health, Public Health Institute, Health Inspectorate National Human Rights Institutions
REGIONAL DEVELOPMENT AFFAIRS	Ministry of Interior Ministry of Rural Development Ministry of Local Development Regional development agencies Municipalities
FINANCIAL AFFAIRS	Ministry of Finance Bilateral donors International financial institutions (IFIs) Foundations financing social development projects
CIVIL SOCIETY ORGANIZATIONS (CSOs)	Consumer associations CSOs working in water issues CSOs working with vulnerable and marginalized groups Trade Unions Academics and independent experts

The self-assessment exercise is usually carried out in three phases.

The **launching phase** focuses on laying the groundwork for the technical aspects of the work, which includes the following steps:

- Defining the geographical scope of the project, which may be national, subnational (regional, municipal), or a combination of both.
- Identifying a project leader, as active leadership of a government authority is crucial if the self-assessment is to have a sustainable impact. In most cases, there has been a partnership between a government authority and a non-governmental organization (NGO).
- Selecting a “core team” that will carry out the data gathering and analysis, and may adapt the score-card tool to fit the needs of the exercise.
- Identifying relevant stakeholders that can provide information for the self-assessment or contribute to the validation of the findings.
- Organizing a launching workshop to introduce the project and the methodology to the different stakeholders. In many cases, experts from other countries, which have already undertaken a self-assessment, are invited to share their experiences and has proven useful.

The **analysis phase** focuses on gathering data and developing the analysis, which includes the following steps:

- Reviewing the questions in the score-card, modifying them if needed to fit the country context, and identifying the stakeholders who can provide the information required to respond.
- Preparing and sending official letters to government authorities that might provide the data required to fill the score-card. This step in particular requires leadership from a government authority.
- Organizing interviews with experts and consultations with stakeholders. This step usually benefits from the involvement in the core group of an NGO representative, as they may have better access to certain stakeholders (such as communities in remote rural settlements or vulnerable and marginalized groups).
- Filling the score-card with the information gathered from the different sources.
- Drafting a situational analysis, usually a short report of around 10 pages that briefly describes the process and presents the main findings of the self-assessment.

- Organizing a workshop to discuss, refine and validate the analytical findings, and to start identifying priority actions and possible next steps.

The **communication phase** focuses on the development of communication actions to publicize the validated findings and to prompt follow-up actions, which may include:

- Preparing a publication that presents the findings of the self-assessment. This could simply include the situational analysis as the main text and the completed score-card as a technical annex.
- Organizing press conferences to present the findings to mass media.
- Organizing presentations of the findings to selected government authorities and/or committees.

### Box 2. Benefits of carrying out a self-assessment: the case of ERSAR

ERSAR is the regulator of water and sanitation services in Portugal that volunteered to lead the implementation of the self-assessment score-card in Portugal as one of the three pilot self-assessments carried out in 2013. On completion of the self-assessment, ERSAR reflected on the process and identified a number of obtained benefits, including:

- Gaining a broader understanding of the issues related to access to water and sanitation in Portugal.
- Raising awareness about these issues among the stakeholders of the water sector and the general public.
- Having a clear idea of the information available and lacking on this topic, of the efforts needed to develop new tools for the collection of data and assessment of the reality (e.g. financial resources allocated to the sector, standards of service in specific facilities, levels of access for vulnerable and marginalized groups), and of possible improvements in existing laws and regulations.
- Gaining a better knowledge of the ongoing initiatives and difficulties met by stakeholders in issues of access to water and sanitation in the field of human rights and of social policy.
- Helping to place ERSAR in a pivotal role in this area.
- Getting contributions for the ongoing revision of the national strategic plan for the water sector (eg. PEASAR).
- Finding the right partners to develop new initiatives in the area of equitable access to water and sanitation.

Source: ERSAR, 2013. *Portugal Self-Assessment*

### 3.1.2 USE OF THE EQUITABLE ACCESS SCORE-CARD TO SUPPORT A SELF-ASSESSMENT EXERCISE

The analytical tool to support the self-assessment exercise is the Equitable Access Score-card. The score-card provides a structure to gather and analyse information on equitable access to water and sanitation. It includes: i) a country profile that aims to provide context by answering a number of questions about socioeconomic and sector data; and ii) four thematic sections that combine requests for quantitative information, as well as a questionnaire exploring the extent to which elements required to ensure equitable access to water and sanitation are in place. Given the sometimes-limited information available on those elements, the score-card also requests the analyst to indicate the reliability of the answers (high/medium/low).

The score-card is built around the four themes indicated above:

- i) governance framework;
- ii) geographical disparities;
- iii) vulnerable and marginalized groups, and
- iv) affordability.

These four dimensions are further divided into 20 areas of action (Table 3), which are explored through a total of 87 qualitative questions. Answers are then converted into quantitative scores so as to compare results across the different areas of action.

The score-card tool is not intended to be the only way of assessing progress in the achievement of the human rights to water and sanitation, which has five normative dimensions: access, availability, quality, acceptability and affordability. For conceptual and practical reasons, the work under the Protocol subsumes the first four dimensions under the concept of “access”, and differentiates explicitly the dimension of “affordability”. This does not prevent complementary specific assessments of the five normative dimensions of the human rights to water and sanitation, as indeed has been done in the Spanish municipality of Castelló.

**Table 3.** Structure of the Equitable Access Score-card

SECTION	AREA OF ACTION
STEERING GOVERNANCE FRAMEWORKS	Strategic framework for achieving equitable access
	Sector financial policies
	Rights and duties of users and rights holders
REDUCING GEOGRAPHICAL DISPARITIES	Public policies to reduce access disparities between geographical areas
	Public policies to reduce price disparities between geographical areas
	Geographical allocation of external support
ENSURING ACCESS TO VULNERABLE AND MARGINALIZED GROUPS	Public policies to address the needs of vulnerable and marginalized groups
	Persons with special physical needs
	Users of health facilities
	Users of educational facilities
	Users of retirement homes
	Prisoners
	Refugees living in refugee camps and centres
	Homeless people
	Travellers and nomadic communities
	Persons living in housing without water and sanitation
	Persons without access to safe drinking water and sanitation
	Persons without access to safe drinking water and sanitation in their workplaces
KEEPING WATER AND SANITATION AFFORDABLE FOR ALL	Public policies to ensure affordability
	Tariff measures
	Social protection measures

## 3.2 FINDINGS FROM COUNTRY SELF-ASSESSMENTS

Equitable access country highlights under chapter 6 of this publication includes country profiles for each of the 11 countries that have carried out a self-assessment. These country profiles present, among other information, a summary of findings from the country's self-assessment. This section provides a cross-country analysis of those findings.

### 3.2.1 HIGHLIGHTS

**Awareness of equitable access dimensions is uneven.** Experts and officials in most countries are generally well aware of geographical disparities. Affordability concerns are prominent in most countries and most have developed some measures to mitigate them. Fewer experts and officials are aware of access challenges encountered by vulnerable and marginalized groups.

**Putting together a complete and accurate picture of the current situation regarding equitable access to water and sanitation is a challenge.** In all cases, the self-assessments have been the first attempt to systematically analyse the situation. In all countries, access to information has been a challenge for at least some dimension, most often related to access by certain vulnerable and marginalized groups for which data is often absent from official statistics.

**The situation regarding equitable access to water and sanitation varies from country to country.** Geographical disparities are generally more pronounced in lower income countries driven by the poor state of infrastructure in rural areas. Affordability issues are more pronounced in lower income countries that have embarked on processes of water sector reform resulting in higher tariffs across the board. Issues around vulnerable and marginalized groups are relevant for all countries, but the most affected groups also vary from country to country.

**In most countries, there are several mechanisms or solutions already in place to tackle some aspects of equitable access to water and sanitation.** But generally, the adoption of those solutions has not been the result of a comprehensive process of prioritization, and many areas of action have not been examined and related solutions have not been considered.

**The traditional silo mentality among public agencies is a major challenge in addressing inequities in access to water and sanitation.** Most countries that are Parties to the Protocol have an existing coordination platform between the water, environment and health authorities. However, in most, if not all countries, there is no institutionalized coordination between all the departments and relevant public agencies that have a role to play in guaranteeing equitable access (social, labour, water, sanitation, education sectors). In most cases, the self-assessment represented a useful step to gather the relevant agencies around the table and to initiate contacts. It has demonstrated that a cross-sectorial approach is needed to address equitable access to water and sanitation, but much remains to be done.

**The self-assessment has helped some countries identify challenges of which they were not entirely aware.** Several countries have become aware of issues concerning vulnerable and marginalized groups, ranging from homeless people and those living in informal settlements to schoolchildren or agricultural workers.

### 3.2.2 GOVERNANCE FRAMEWORKS

**Inequitable access to water and sanitation is largely a governance problem.** Some countries have governance frameworks in place to deliver equitable access to water and sanitation. But for the most part, current governance arrangements are characterized by a lack of coordination among decision makers and inflexible administrative structures, which prevent the development of a coherent response and many issues “fall through the cracks”. For example, in Ukraine, some relevant functions are duplicated among central executive bodies, and responsibilities and financing are not clearly delineated.

**In most cases, there are no indicators or the necessary tools to manage the equitable access to water and sanitation,** such as those addressing issues related to the provision and pricing of water and sanitation services, or affordability indicators, even in advanced regions like the Greater Paris area.

**There is often a low awareness of human rights to water and sanitation among water users, but also among public officers and NGOs.** Armenia’s country report highlights that water and sanitation users are often unaware of their rights. In the municipality of Castelló in Spain, it was found that public officials and NGOs working in the social field lacked awareness of human rights to water and sanitation.

**There is a need to define equitable access targets, particularly access by vulnerable and marginalized groups.** This is highlighted in Portugal’s country report, but it is relevant for all countries.

**In some countries most gaps have been recognized, but a human rights-based approach has not been articulated into policy actions.** To a large extent, this can be attributed to the complexity of the institutional framework, for example in the Republic of Moldova.

### 3.2.3 GEOGRAPHICAL DISPARITIES

**Geographical disparities in access between rural and urban areas remain an important concern.** For example, North Macedonia reported 83 per cent access to improved sanitation in rural areas compared to 99 per cent in urban areas. Beyond physical access, differences in drinking water quality are also important with 20–40 per cent of samples of drinking water in North Macedonia showing bacteriological contamination. In Armenia, 579 rural communities are not served by water supply companies and some do not have a centralized drinking water supply. In Azerbaijan, many rural and mountainous areas have no access to centralized water systems.

**There are geographical disparities beyond the traditional rural-urban split.** For example, in Ukraine, the Central and Western regions have access to high quality groundwater, while raw water in the Northern, Eastern and Southern regions requires substantial treatment. In the Spanish municipality of Castelló, peri-urban areas are not connected to public services and have to rely on self-provision.

**There are also disparities in pricing between different geographical areas.** For example, the Greater Paris area is strictly urban, but it experiences significant differences in prices, from 3.18€/m<sup>3</sup> in Paris to 5.15€/m<sup>3</sup> in Villeneuve-le-Roi.

**A lack of information sometimes prevents stakeholders from having a good understanding of geographical disparities.** For example, in Hungary there is data gap related to the number of users relying on private wells.

### 3.2.4 PROVISION OF SERVICES FOR VULNERABLE AND MARGINALIZED GROUPS

**Access by vulnerable and marginalized groups represents the main challenge in some countries.** In the Greater Paris area, it was assumed that there is universal access to water and sanitation (100 per cent), but the findings from the self-assessment led to a revision of the figure to 99 per cent, which acknowledges the lack of access by some vulnerable and marginalized groups.

**Issues of access to water and sanitation are often absent in strategies, policies and plans dealing with vulnerable and marginalized groups.** For example, in Portugal, there are no specific provisions for water and sanitation in the National Plan for Homeless People, though they are included in the National Strategy for Roma Communities.

**In some countries there is no recognition of the special and different needs of vulnerable and marginalized groups, which are simply identified as ‘the poor’.** This was highlighted in Serbia’s country report, but it is also relevant to other countries. In the Spanish municipality of Castelló, the issue of “vulnerability” was mostly associated with the person and not to their circumstances, leading to the misidentification of ‘vulnerable’ with ‘poor’. As a consequence, solutions tend to focus on affordability rather than on the specific barriers placed on each one of those groups.

**Many school children suffer from lack of access to safe water and sanitation.** In Paris, 30 per cent of schools do not have separate toilets for boys and girls, and 7 per cent of children never use the toilets. In many rural schools in Armenia, water and sanitation facilities are not operational. The quality of drinking water in rural schools also remains a concern, for example in North Macedonia, between 6–10 per cent of schoolchildren in the analysed municipalities attend schools with contaminated drinking water. In Ukraine, 5 per cent of primary schools and 15 per cent of secondary schools have no continuous access to water, and while most schools have access to sanitation (94 per cent), for almost half of them this means pit latrines outside the main building.

**Lack of menstrual hygiene management facilities affects users of public buildings, including schools and hospitals.** For example, in North Macedonia, the hospital in Kumanovo and the health care centre in Kriva Palanka have separate toilets but no facilities for menstrual hygiene. This issue was also raised in Serbia’s country report.

**Among vulnerable and marginalized groups, the ones receiving less attention tend to be the disabled, the homeless, ethnic minorities (Roma), and dwellers of informal settlements.** For example, in the Republic of Moldova, only 31 per cent of the Roma population have access to water and sanitation inside their dwellings compared to 56 per cent of the non-Roma population, but little is being done about it. In North Macedonia, there is no access to water and sanitation in some homeless reception centres, and there are no toilets for disabled people in public facilities. Nevertheless, there are good practices regarding vulnerable and marginalized groups, such as access to public toilets and showers by the homeless in the Greater Paris area, or subsidies for people with disabilities to transform their bathrooms in Portugal.

**A group rarely discussed is female-headed households.** In the Republic of Moldova, a significantly lower proportion, or 55 per cent of female-headed households, have access to water and sanitation services compared to 75 per cent among male-headed households with access to piped water in rural settings, often due to affordability issues.

**The lack of public policies to support the supply of water and sanitation services to informal settlements or marginalized neighbourhoods** (rather than the availability of technical solutions) is the main cause of inequalities in some cases, such as in the Greater Paris area. The report on the Spanish city of Castelló highlights how some neighbourhoods, while having legal housing with formal access to basic services, are systematically neglected in public interventions.

**The formulation of public policies is impaired by a lack of information** both about levels of access by the different vulnerable and marginalized groups and about relevant programmes and their current financing. This is reflected in particular in the country reports of Portugal and Bulgaria, but it also applies to many other countries.

**While most countries have implemented some measures to promote access by some vulnerable and marginalized groups, there are no integrated approaches.** This was highlighted by Serbia’s country report, and it is relevant for all countries.

**Currently there is no policy guidance on how to fund access by vulnerable and marginalized groups.** This was highlighted in Portugal’s country report, but it is relevant for all countries.

### 3.2.5 AFFORDABILITY

**Affordability is a real issue in all countries, and not just the less affluent ones.** For example, for some people in the Greater Paris area, their water and sanitation bill represents more than 3 per cent of their income.

**Sometimes affordability is an issue for self-supply households and not just for households serviced by networks.** For example, in Ukraine the average water bill represents only 1.73 per cent of household expenditures, but there is no financial support for self-supply settlements that are not connected to the water supply and sanitation networks.

**There is an array of mechanisms in place in the different countries to address affordability issues.** For example, in the Greater Paris area there are specific funds in place to help the poorest pay water charges, and a policy of not disconnecting households for lack of payment.

**Not all mechanisms to address affordability issues can be used in all countries.** For example, in the Greater Paris area (and more generally in many urban areas) social/progressive tariffs cannot be deployed because metering is done at the collective housing level rather than at the individual household level.

**Governance also affects affordability.** Tariff setting in Portugal (as in many other countries) is a municipal responsibility, and the lack of guidance (or a refusal to follow existing guidance) on tariff setting has resulted in a heterogeneity of tariff structures that in some cases lead to problems of affordability in some municipalities.

**Some countries have analysed the options to deploy social protection measures under effectiveness and efficiency criteria.** For example, in the Greater Paris area, support is delivered through the National Housing Fund because it is easier to implement and would reach a larger share of the targeted population.

**The process of tariff reforms represents an opportunity to include affordability concerns.** This was highlighted in the Republic of Moldova's country report, but it is relevant for all countries. In the Spanish municipality of Castelló, where the current tariff system is highly progressive but does not collect enough revenue to finance services, alternative tariffs and social protection measures are still unexplored.

**The lack of information makes understanding affordability concerns more difficult and prevents the development and adaptation of affordability measures.** For example, in Hungary, there is no information on the number of people disconnected from water services as a result of non-payment.

#### Box 3. Responses prompted by the awareness raised as an outcome of the self-assessments

In Ukraine, where sanitation is barely covered by national regulation, amendments regarding sanitation were incorporated into the revised Drinking Water Law as a result of the findings highlighted by the self-assessment exercise.

Moldova has set equity targets for water and sanitation in schools and kindergartens, and included actions to address equitable access for vulnerable and marginalized groups in the National Development Strategy for 2030.

In North Macedonia, Skopje has reconstructed two public toilets in the city centre and the zoo, and many other public institutions have renovated toilets, opening them to the public, free of charge. Seven primary schools in Skopje and Veles have renovated their toilets, imposing the standards for school toilets based on the age of pupils. The awareness-raising created by the self-assessment has had an impact, even in communities where the assessment was not carried out. In Ohrid, a lakeside tourist community, 10 mobile toilets were installed for the first time in 20 years during the summer holidays.

In Bulgaria, the Ministry of Health decided to lead a working group to create a regulatory framework for sanitation in schools, while the Ombudsman office started to work on improving conditions of access to water and sanitation in temporary retention centres, which are under the responsibility of the Ministry of Interior.

In the Spanish city of Castelló, the City Council installed a number of public fountains and toilets to guarantee access to water and sanitation, and entered into agreements with the service provider (FACSA) to avoid water cuts to households in situations of social emergency, i.e. households that cannot afford to pay and are registered with social protection services. By early 2019, around 500 families in a situation of special needs have benefited from these social emergency programmes.



### 3.3 PRACTICAL STEPS AND CONSIDERATIONS FOR ORGANIZING A SELF-ASSESSMENT

**The self-assessment methodology can be adapted to fit the local circumstances.** The Spanish municipality of Castelló used the score-card but adapted the methodology to implement a fast and low-cost self-assessment that has served as a first step towards the definition of a specific common working space between professionals of the different sectors at the local level. This experience shows that low-scale, small initiatives can be useful for conducting a pre-diagnosis of water and sanitation services from the human rights perspective, as well as raising awareness.

#### 3.3.1 LAUNCHING PHASE

**Ensure that a government agency is leading or actively co-leading the core group.** While an NGO can provide dynamism and much needed contacts in civil society, it cannot substitute a government agency for its convening power vis-à-vis all the government agencies that will need to be engaged in the process.

**Ensure that the core group is well-balanced** and include specialists from multiple disciplines who have the relevant experience, including from the field. Applying the score-card requires an analytical capacity and practical experience in cooperating with the different stakeholders, as highlighted by Ukraine.

**Enable public agencies and civil society organizations to work in partnership.** Involving stakeholders from outside the water sector is challenging, as highlighted by Portugal. However, it can bring about benefits, as shown by Hungary where support by the Office of the Commissioner for Fundamental Rights proved fundamental in motivating government bodies. Bulgaria's experience showed that persons at high administrative level in relevant institutions can be sensitive and motivated. In Ukraine, NGOs provided a neutral framework for reviewing the self-assessment's results and they facilitated the completion of the exercise at the local level. In Serbia, the good connections between civil society organizations and local self-governments made it easier to collect relevant information for the self-assessment.

**Engage academia as they can also play an important role.** In the Spanish municipality of Castelló, the self-assessment process was led by two research groups whose involvement contributed to the establishment of a multidisciplinary partnership at national level, the Water and Poverty Network (WAPONET), which promotes joint research related to water poverty.

#### 3.3.2 ANALYTICAL PHASE

**Approach the process of completing the score-card and validating the results not just as a technical exercise but also as a stakeholder engagement and capacity development effort.** In many countries, the data gathering and analysis proved to be a demanding exercise, but it facilitated a broader understanding of the dimensions of equitable access (and of human rights to water and sanitation). As highlighted by Ukraine, at the local level the process empowers local communities by improving knowledge. The experience of Serbia shows that direct contact with local stakeholders brings about a change of attitude, leading them to appreciate the importance of achieving equitable access to water and sanitation.

**Highlight the topics for which there is insufficient information.** The core team should not be discouraged by the lack of information. Finding out that there is a lack of information is in itself a valuable finding, and the self-assessment helps to determine the extent of available and missing information on the topic, as highlighted by Portugal. It also helps to identify failures in the mechanisms created to effect the rights of information and participation in decision-making, as pointed out by Hungary.

**Find a balance between the information gathered from the national and local levels.** In Hungary, the involvement of NGOs complemented the national context with the local context. Applying the score-card at the local level allowed Serbia to capture how the national framework is applied.

**Think of how to use the process and findings to bring about change.** In addition to facilitating a broader understanding of the issues related to equitable access to water and sanitation, while raising awareness among participants, the self-assessment process can help gather contributions for the revision of a national strategic plan for the sector and identify suitable partners in the area of equitable access, as indicated by Portugal.

**Take advantage of the process of self-assessment to further interministerial cooperation.** In Armenia, for example, the self-assessment process revealed that interministerial collaboration is crucial to addressing equitable access. Since the self-assessment process involves reaching out to multiple government agencies, the validation workshops represent a unique opportunity to facilitate an exchange of views among relevant agencies, as highlighted by Azerbaijan and Bulgaria.

**Be flexible in the implementation of the self-assessment.** In some cases, unexpected events, such as the political crisis experienced in North Macedonia, may alter the original plan.

### 3.3.3 COMMUNICATION PHASE

**Work to ensure that the findings from the self-assessment are not considered a criticism of involved Parties,** such as local governments, but rather serves as an incentive to improve detected weaknesses. In North Macedonia, the local authorities welcomed the findings, did not take them as criticism, and showed a desire to improve the situation, particularly in public institutions and schools.

**Ensure that adequate efforts are devoted to communicating the findings.** Hungary's experience shows that the self-assessment is an effective tool to raise the profile of water and sanitation on the agenda.

**Target public authorities, civil society organizations and water sector professionals.** Communicating the findings of the self-assessment contributes to raising awareness on the human rights to water and sanitation, as well as about the Protocol on Water and Health among the three target groups.

**Mobilize the media through press conferences and other means.** The NGOs are in some cases savvier than public agencies in terms of communication, and their involvement in the process of self-assessment has led to significant press coverage, for example in Bulgaria, North Macedonia and Ukraine.

**Consider engaging with political processes in a non-partisan manner.** This proved to be very fruitful in North Macedonia when, in preparation of the election campaign, local NGOs were mobilized to lobby future mayoral candidates to include actions in their programme activities that had been identified as part of the local equitable access plans.



## Chapter 4

# PLANNING AND IMPLEMENTING ACTIONS TO ACHIEVE EQUITABLE ACCESS TO WATER AND SANITATION

### 4.1 PLANNING METHODOLOGY

Once a self-assessment has been completed, its findings can be used to identify actions that can contribute towards improving the equitable access situation. In most cases, the situational analysis will implicitly suggest possible options. In some cases, the situation analysis may include the identification of a number of possible priority actions to be taken. In almost all the countries, the self-assessment has been instrumental in identifying specific actions that were subsequently adopted by countries. The actions can target the broader governance framework or a specific dimension of equitable access. They can include awareness-raising efforts, the integration of equitable access concerns into national strategies and plans, legal reforms, policy reforms, infrastructure investments or lobbying for financial resources. Section 4.2 presents concrete examples from the 11 countries that undertook self-assessments.

Some countries may decide to take a more structured approach to the identification of priority actions and their implementation. An Equitable Access Action Plan would help to ensure that the limited technical and financial resources are targeted to actions that are likely to have the greatest impact and that can facilitate dialogue with international partners and attract funds for the measures contained in the action plan. In order to guide those efforts, the Expert Group on Equitable Access developed the *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation*, which was published in 2016. The Guidance Note has since been applied in Armenia, North Macedonia and Serbia. These experiences are briefly presented in section 4.3.

An Equitable Access Action Plan can be an informal document to guide the work of the different stakeholders, or it can be a formal document that will be approved by a relevant government authority. In any case, the methodology developed will be similar and could include the following steps:

1. Identify the objectives of the action plan.
2. Develop a brief diagnostic of the situation, identify priority areas of action (based on the situational analysis), and develop an overview of the relevant policy context, including sectoral strategies.
3. Identify priority measures and related costs.
4. Identify opportunities for integrating priority measures in existing plans, programmes and projects.
5. Define implementation arrangements, such as the leading and supporting actors, the timeline, and so on.
6. Map potential funding sources.

## 4.2 EXAMPLES OF ACTIONS TAKEN IN COUNTRIES TO ACHIEVE EQUITABLE ACCESS

### 4.2.1 GOVERNANCE FRAMEWORKS

**Raising awareness.** In France, a national information note on the Equitable Access Score-card was developed by the Ministry for Solidarity and Health and officially transmitted to the Health Regional Agencies in 2016. In North Macedonia, a campaign on menstrual hygiene has been launched.

**Mobilizing resources to carry out an analysis on equitable access.** In Ukraine, the environmental NGO MAMA-86 raised funds from the Swedish International Development Cooperation Agency (Sida) to carry out self-assessments at the local level in 12 regions to develop water and sanitation safety plans (WSSP) for nine small rural and urban communities and public facilities (schools, kindergartens, children health care facilities, medical facilities) in eight settlements.

**Integrating equitable access considerations into national plans.** In France, the 2015–2019 National Health and Environment Plan included support for equitable access to drinking water and sanitation as one of its actions and targets on “water and health”.

**Introducing legislative reforms.** In France, a proposal setting out new obligations for local authorities in the field of water and sanitation was discussed in Parliament in 2017, and it included the provision of free public fountains, toilets and showers, and the right to municipal assistance when the water and sanitation bill exceeds 3 per cent of household expenditures. In Ukraine, results of the self-assessment were used to lobby for legislative changes in national programmes and laws, including within the Law on drinking water and drinking water supply. Amendments on sanitation were incorporated into the revised Law on drinking water, drinking water supply and water disposal. In Bulgaria, the new law on water supply and sanitation, in line with the Strategy for Development and Management of Water Supply and Sewerage in the Republic of Bulgaria 2014–2023, will legally define for the first time a number of concepts and measures directly related to equitable access to water and sanitation (affordability, vulnerable user data, guaranteed minimum water consumption, protection of vulnerable consumers, solidarity fee), and implement a mechanism to guarantee access for vulnerable users, ensure effective spending of public funds, and limit the risk of transferring financial burden to the groups at highest risk. In Armenia, reforms to the water code that better capture the concepts of equitable access and vulnerable and marginalized groups are currently being discussed.

**Developing Action Plans on Equitable Access to Water and Sanitation.** In 2017, Armenia developed the 2018–2020 Action Plan on the Provision of Equitable Access to Water and Sanitation. Local action plans have been developed in North Macedonia and Serbia. These experiences are further reviewed in section 4.3.

### 4.2.2 GEOGRAPHICAL DISPARITIES

**Integrating concerns about geographical disparities into national strategies and plans.** In France, the National Health Strategy published in 2017 recalls the human rights to water and sanitation with plans to increase its access in overseas territories (French Guyana, Mayotte, Wallis and Futuna). In Hungary, the “Farm Programme” aims to improve rural infrastructure, which includes water infrastructure and individual environmental-friendly sanitation systems. In Azerbaijan, measures to address geographical disparities in access to water and sanitation by schoolchildren, as well as rural-urban disparities have been included in the national targets under the Protocol on Water and Health.

**Lobbying for funding.** In Ukraine, results on geographical disparities were used to advocate for budgetary support to the State Targeted Social Program so as to provide a centralized water supply to rural settlements, which was already in place but not adequately funded.

**Investing in infrastructure.** In Azerbaijan, physical works will be carried out to reconstruct water pipelines serving 193 villages, and to provide 260 sub-artesian wells to serve remote areas.

**Addressing water quality concerns.** The findings on poor water quality led the State Sanitary and Epidemiology Service (SSES) in Ukraine to work and cooperate with the WHO Regional Office for Europe and the WHO office in Ukraine to introduce risk-based approaches to drinking water quality surveillance (water safety plans) in the country. Twelve regions benefited from the self-assessment and the development of water and sanitation safety plans, and eight pilot projects implemented selected measures with a tangible impact on more than 17,000 residents, mainly children and rural dwellers.

**Addressing price disparities.** In Armenia, since January 2017, water supply and sanitation services are provided by a single operator, Veolia Djur Closed Joint-Stock Company (CJSC), with a single tariff of 180 Armenian Dram (AMD)/m<sup>3</sup> (~0.38 US\$/m<sup>3</sup>) thus eliminating the geographical price disparities for people living in settlements served by water operators. Previously, tariffs ranged from 170 AMD/m<sup>3</sup> (~0.36 US\$/m<sup>3</sup>) to 202 AMD/m<sup>3</sup> (~0.43 US\$/m<sup>3</sup>).

### **4.2.3 VULNERABLE AND MARGINALIZED GROUPS**

**Integrating drinking water and sanitation concerns in national strategies and plans.** In Hungary, the National Social Inclusion Strategy targets vulnerable and marginalized groups through a variety of measures, including health promotion, and education and housing programmes. In Azerbaijan, the draft targets under the Protocol on Water and Health include an analysis of the situation of drinking water, sanitation and hygiene in schools, and the implementation of subsequent activities in three regions by the Ministry of Education, the Ministry of Health, and Azersu OJSC (Open Joint Stock Company). In the Republic of Moldova, the National Programme for Implementation of the Protocol (2016–2025) includes the establishment of a legal and institutional framework to provide equitable access to water for vulnerable and marginalized groups, the creation of solidarity funds to provide equitable access to water for vulnerable and marginalized groups, and the construction/reconstruction of sanitation systems in pre-schools and pre-university institutions to ensure that 100 per cent of institutions are provided with sanitation systems.

**Regulatory measures.** In Hungary, an amendment of the National Building Code has been proposed to reflect minimum requirements for water and sanitation in its habitation standards.

### **4.2.4 AFFORDABILITY**

**Awareness raising.** In Ukraine, the findings of the self-assessment for the city of Sevastopol furthered discussion among the different stakeholders on the options and costs of connecting households to the main sanitary sewer and on financing mechanisms that can ensure the affordability of water and sanitation for all users. The situation of the 1,020 households who were disconnected from canalization was also brought to the attention of city authorities.

**Integration of affordability concerns in national strategies and plans.** In Hungary, the 2017 National Water Strategy identifies as a priority the development of a tariff policy, a financial assistance system, and differentiated contributions to ensure the affordability of services, alongside sustainable financing.

**Connection fees.** In Hungary, since 2017, some administrative costs of connection to public utilities are free for individual consumers in order to ensure affordability.

**Social pricing.** In France, since 2013, 50 municipalities or local authorities in public services for water have been experimenting with social pricing and municipal subsidies, relaxing the strict provisions of the General Code of Territorial Communities.

## **4.3 EXPERIENCES WITH THE DEVELOPMENT OF EQUITABLE ACCESS ACTION PLANS**

### **4.3.1 ARMENIA**

The findings of the self-assessment were instrumental in developing the Action Plan on Equitable Access to Water and Sanitation (2018–2020). This was devised by a group of national experts operating under the guidance of the State Committee of Water Economy (Ministry of Energy, Infrastructures and Natural Resources) and of the NGO Armenian Women for Health and Healthy Environment. A variety of stakeholders contributed to the development of the Plan, including the Ministry of Health, the Ministry of Territorial Administration and Development, the Ministry of Nature Protection, the Ministry of Education and Science, the Ministry of Labour and Social Affairs, and the Office of the Human Rights Defender. Independent experts, stakeholders from the private sector and civil society were also involved in the process. A national public consultation was held in May 2017 to present and discuss the Action Plan and to verify that the feedback provided by participants was duly considered. The Action Plan was officially approved in August 2017.

The Equitable Access Action Plan has a national and regional scale. It is structured around three priority areas of action:

1. Efficient management to ensure equitable access to the water supply and sanitation, including legal and policy frameworks.
2. The reduction of geographical disparities.
3. The provision of equitable access to water and sanitation for vulnerable and marginalized groups.

For each of these areas, the plan identifies: i) a set of measures and/or activities to be carried out and expected outcomes; ii) evaluation criteria; iii) responsible authorities and relevant partners; iv) sources of funding; and v) budgetary implications.

As part of the work on legal and policy frameworks, the Action Plan envisages the development of a draft concept allocating responsibilities in the provision of equitable access to water and sanitation. This will be part of a process of legislative reform which was set in motion by the results of the self-assessment. Furthermore, information gaps are addressed through proposed action to collect information on the situation of vulnerable groups and rural communities, which are not serviced by water companies, including through the creation of databases.

At the moment, relevant authorities in Armenia are looking at the legislative framework in order to identify regulatory obstacles to the provision of equitable access to water and sanitation and to devise proposals for reforms. The country is also making use of the platform of National Policy Dialogues (NPDs) meetings to report on progress in implementing the Action Plan. In early 2019, Armenian stakeholders met to further discuss how to better reflect equity aspects in the water legislative framework, with a special focus on how to define vulnerable and marginalized groups in the Water Code.

#### 4.3.2 NORTH MACEDONIA

After completing the self-assessment, North Macedonia embarked on the development of local equitable access plans for the city of Skopje, the municipality of Veles, and five municipalities in the Kumanovo district: Kumanovo, Staro Nagorichane, Rankovce, Kratovo, and Kriva Palanka. The lead agencies were the Institute for Public Health and the NGO Journalists for Human Rights. Contributing agencies and stakeholders include relevant ministries (for environment, health, agriculture, forest and water management, self-governance, finance, social affairs), water utility companies, local communities, local NGOs and the media. The original schedule was five months, starting in November 2016, but the process was delayed due to a political crisis that involved extraordinary parliamentary elections and delayed municipal elections, and it effectively ran from January to April 2018. The process involved the establishment of three local teams: i) to build on those created for the self-assessment; ii) to present the results of the self-assessment to local authorities and stakeholders; iii) to reach consensus on the priorities for action; iv) to draft the local action plans; and v) to present the local action plans to local authorities and stakeholders for endorsement.

Each local action plan for equitable access to water and sanitation includes objectives (targets), specific targets, an indication of relevant strategies/laws/plans/programmes, specific actions, indicative timeframes for the implementation of each action (less than six months, between six-months and two years, between two and five years), responsible institutions, financing sources and indicators. The specific actions vary from municipality to municipality, ranging from 15 to 20 actions per municipality, though there is a large overlap in terms of content. The local action plans have identified a range of potential funding sources to finance equitable access to water and sanitation. They include municipal budgets, the national budget, community and citizens' contributions, and international donations. Moreover, the local action plans identify specific funding sources for each of the actions included in the plan.

Despite the fact that action plans have not yet been officially endorsed, several actions have already been implemented thanks to the awareness raised on the need to take action, as well as the activities conducted by the Institute of Public Health, the regional Public Health Centres, NGO Journalists for Human Rights, municipalities and public media.

#### 4.3.3 SERBIA

The self-assessment in Serbia covered both the national and local levels in the 13 municipalities that form the districts of Sumadija and Pomoravlje. It was implemented by the Regional Development Agency for Sumadija and Pomoravlje (REDASP). From the start, the vision of Serbian authorities was that the self-assessment should immediately result in the development of an action plan. The Action Plan was developed in eight months; from June 2018 when the REDASP was chosen as the lead organization, to February 2019 when the Interministerial Joint Body in charge of monitoring the implementation of the Protocol on Water and Health in Serbia adopted the Action Plan. The preparation of the Action Plan followed the principles of transparency, and broad participation and partnership between stakeholders, which included national and local authorities,

NGOs and utilities. The process included the organization of a launching workshop, four thematic workshops and a validation workshop.

The Action Plan covers three years, from June 2019 to June 2022. It includes 53 projects or initiatives targeting the issues that received low ratings in the score-card ('no' or 'to a limited extent') covering both the national and local levels. The Action Plan includes starting dates and the identification of lead institutions and partners, but it does not yet include sources of funding. Formal reporting of the implementation of the Action Plan will take place annually through the meeting of the Interministerial Joint Body in charge of implementing the Protocol on Water and Health.

The different projects and initiatives foresee many types of actions, including:

- Enhancing the knowledge base at the national level (e.g. developing and testing a national methodology for water pricing) and the local level (e.g. assessment of financial sustainability of utilities, study of current tariff systems, study on social pricing options, database of households in need of support).
- Reforms to existing laws (e.g. law on waters for human use, law on waters, law on utility activities).
- Improvements in strategic planning at the national level (e.g. to recognize vulnerable and marginalized groups) and the local level (e.g. inventories of settlements and facilities, studies on investments needed, analysis of existing municipal decisions, revision of existing strategies, integration of equitable access concerns in strategic documents of local self-governments).
- Improving inter-institutional coordination at local level (e.g. between local self-government units, centres for social work, and communal utilities).
- Strengthening the capacity of local self-governments (e.g. to mobilize funds from the national budget and international sources to enhance equitable access, to collect and analyse information on equitable access).
- Awareness-raising efforts (e.g. trainings for national decision makers, stakeholders and media, local campaigns on human rights to water and sanitation and on the control of health and safety of water).
- Mobilization of financial resources (e.g. creation of a financial mechanism within the budgets of local self-governments to target the different dimensions of equitable access to water and sanitation, the introduction of a financial measure at the national level within the budget of the Ministry of Labour, Employment, Veteran and Social Affairs, requesting international financing for specific projects).
- Realization of investments (e.g. in public places, educational facilities).

#### **4.4 IMPORTANT CONSIDERATIONS FOR PLANNING ACTIONS TO ENSURE EQUITABLE ACCESS**

**Balance strategic and opportunistic approaches.** In some countries, for political, administrative, or other reasons, it may not be possible to develop in the short term an action plan on equitable access. However, there will normally be opportunities to implement specific actions and those should be taken. Later on, the situation may change, and developing a more strategic approach might become possible.

**Build on the self-assessment findings and process.** The development of an Equitable Access Action Plan usually takes less time than the development of a self-assessment. This is because the self-assessment has already done the 'heavy-lifting' in terms of data gathering and analysis, but also in terms of identifying and engaging stakeholders.

**Ensure government leadership.** In most cases, the core group required to develop the action plan will build on the core group that developed the self-assessment. A main difference though is that the core group for the development of an action plan should be led by a government authority; NGOs still have an important role to play, but as supporters not co-leaders.

**Ensure equal involvement from all participants.** A multi-stakeholder approach to the development of the action plan allows for diverse perspectives to be considered, including on how to overcome the issues identified in the self-assessment. However, it has been observed, for example in Armenia, that not all stakeholders perceive themselves as having a stake in water- and sanitation-related equity issues.

**Be practical.** The action planning methodology outlined above includes six steps. While all those steps need to take place, it may happen that in practice the first two steps are not explicitly documented, and that the last four steps are presented in a matrix format rather than an elaborate document. This is fine, what is important is that the action plan is useful for and accepted by the relevant stakeholders.



**Develop multiple approaches to implementing actions, supported by targeted financial resources.** The priority issues identified in the self-assessment are likely to be very different, and the priority actions to address them may also be very different in terms of the time required, the stakeholders involved, expertise, and financial resources. This is to be embraced, but it is important that estimated costs and potential funding sources are identified for each action.

**Consider options to popularize the results of (local) action plans,** such as press conferences and presentations to local populations.





## Chapter 5

# FINANCING ACTIONS TO ACHIEVE EQUITABLE ACCESS TO WATER AND SANITATION

### 5.1 ISSUES AROUND FINANCING EQUITABLE ACCESS TO WATER AND SANITATION

**The cost of ensuring equitable access to water and sanitation will vary widely across issues**, for example, closing rural-urban gaps in access may require substantial investments in infrastructure, whereas providing solutions for the homeless, such as public fountains and showers, may only represent a small fraction of the budget of the local service provider.

**The strategic framework for financing access to water and sanitation services often includes some aspects of equitable access but not others**, for example in the Greater Paris area, affordability issues are given particular attention.

**Some issues may be reasonably well-financed while others are fully neglected.** Often this is not related to the cost of providing effective solutions but rather it is a consequence of the different degrees of visibility of the specific equitable access issues within one country. For example, among water sector authorities in France and Portugal, affordability concerns have greater visibility than access by vulnerable and marginalized groups, while the opposite is true in the Republic of Moldova. This is also true within the broad area of “access by vulnerable and marginalized groups”, where the visibility of specific vulnerable and marginalized groups will also vary within countries. For example, users of educational facilities may be afforded more attention than homeless people or nomadic communities.

**The responsibilities for funding solutions are often unclear.** This is partly related to the organization of the water sector, which involves many government agencies, and partly related to the fact that ensuring equitable access may involve actors in other sectors, such as rural development, social protection, education, health, and so on.

**Local authorities have a major role to play in ensuring adequate financing of equitable access to water and sanitation.**

This includes assessing the need for financial resources, allocating resources from municipal budgets, encouraging service providers to implement specific actions under their own budgets, and lobbying national authorities and development cooperation partners for additional financial resources.

**There is limited access to existing financial information on budget allocation and international support,** which was highlighted in Ukraine's country report.

**In some countries external support accounts for a large part of the water and sanitation investment budget and thus influencing it is key.** For example, in the Republic of Moldova, between 2008 and 2012, 68 per cent of investment in the sector benefited from external support.

**European Union (EU) funding programmes play an important role in financing equitable access to water and sanitation throughout the pan-European region.** This includes, for example, access to cohesion funds and to funding programmes to improve drinking water and sanitation infrastructure to comply with EU regulations for EU member countries, such as Portugal and Hungary, and access to development cooperation funds for non-EU countries, such as Armenia, North Macedonia and Serbia. In Serbia, the Municipal Infrastructure Support Programme for the 2007–2013 period obtained €76 million from the Instrument for Pre-Accession Assistance (IPA) of the EU, which was used to provide equitable access to water and sanitation.

## 5.2 EXAMPLES OF FINANCING APPROACHES IN COUNTRIES

### 5.2.1 GEOGRAPHICAL DISPARITIES

**Earmarking an allocation in the national budget for supporting access to water and sanitation in areas lagging behind.** In Ukraine, the national target programme, Drinking Water for Ukraine 2006–2020, includes a separate budget line for rural areas. In Hungary, the Rural Development Programme (RDP) and the Farm Programme provide funding for installing the individual water supply or wastewater treatment in areas that lack public supply. In Azerbaijan, State budgetary resources for water and sanitation have increased markedly in the last decade, and 22 million Manat (~US\$13 million) was allocated from the State budget to Azersu OJSC in 2018 for the completion of a water supply and sewerage system in Agdash city. In Armenia, the Long-Term Development Strategy Programme (2014–2025), which includes support for drinking water systems, takes regional disparities into account and the Government has indicated that its investment policy will adopt a special approach with respect to rural communities that are not being serviced by water and sanitation companies.

**Developing a geographical solidarity fund** by which funds collected from all water users are deployed in geographical areas that lag behind. In France, such an "inter-basin solidarity fund" is part of a broader set of financial mechanisms used to mobilize funds to support the overseas territories (Guadeloupe, French Guiana, Martinique, La Reunion, Mayotte and Saint-Martin).

**Implementing governance reforms to enhance financial sustainability.** France has promoted intermunicipal management of services, the pooling of financial resources, and capacity development of operators in regions lagging behind. It has also promoted "contracts for progress" between the municipalities and the financiers. The first one was signed by the community of municipalities of Marie-Galante (Guadeloupe) in 2018.

**Encouraging service providers to expand services to areas lagging behind with their own funds.** In Serbia, the majority of municipalities have mechanisms in place to encourage service providers to implement actions to achieve equitable access to water and sanitation, such as network expansion in rural areas.

### 5.2.2 VULNERABLE AND MARGINALIZED GROUPS

**Developing and implementing issue-specific investment plans.** For example, the City of Paris developed an investment plan to improve school toilets.

**Integrating concerns about equitable access into non-water sector action plans.** For example, in France, the Ministry of Health included the improvement of hygiene conditions in prisons in its 2010–2014 Action Plan for Prisoners.

**Integrating concerns about equitable access to water and sanitation in social protection programmes.** In Portugal, the "system of support to products of autonomy" managed by the ministries of Health, of Education, and of Labour, Solidarity and Social Security includes, as part of the menu of subsidized goods for people with disabilities, some products related to water and sanitation such as handles.

**Including “funding of equitable access actions” in the performance contract of water utilities.** For example, in Paris, the performance contract requires that at least 0.4 per cent of revenues of the local utility should be allocated to solidarity actions, and it also specifies an increase in the provision of public fountains.

**Issuing and enforcing technical standards for public buildings.** For example in Portugal, regulations force the owners of public buildings, such as hospitals, schools or administrative buildings to comply with specific technical standards related to water and sanitation services. This places the responsibility on the owners of the buildings to fund any required investments.

**Issuing and enforcing technical standards for private workplaces.** For example, in France, the law requires that employers provide sinks, toilets and, when necessary, showers in the workplace for their employees.

**Including equitable access to water and sanitation actions in donor and International Financing Institutions (IFI) funded investment programmes.** For example, in Croatia, EU IPA funds have been used to provide access to water and sanitation to six Roma settlements in Medimurje county (Socanac, 2011<sup>14</sup>).

### 5.2.3 AFFORDABILITY

**Facilitating the cross-subsidization of access of non-connected users by users that are already connected.** In Portugal, ERSAR (the water and sanitation regulator) has recommended the elimination of connection charges to water and sanitation utilities and allows for the compensation of lost revenue with higher consumption tariffs.

**Facilitating the cross-subsidization of low-income users by all other users.** In France, a 2011 law allows 0.5 per cent of revenues from water and sanitation utilities to be transferred to the Housing Solidarity Fund (*Fonds Solidarité Logement*), which then funds preventive and curative measures.

**Providing financial transfers from public budgets to water and sanitation utilities, which are earmarked to reduce the final water and sanitation bill.** This can be done for local public budgets (as in Portugal) or for national public budgets (as in Ukraine).

**Including access to water and sanitation in social protection programmes funded by the national budget.** For example in the Russian Federation, the State Programme for means-tested housing subsidies includes access to water and sanitation (Razumov, 2011<sup>15</sup>).

**Developing partnerships to co-fund solutions that reduce long-term costs for users.** For example, Eau de Paris (water provider) and Paris Habitat (social landlord) have developed a partnership to fund less consumptive facilities, such as low-power showers.

## 5.3 IMPORTANT CONSIDERATIONS FOR FINANCING EQUITABLE ACCESS TO WATER AND SANITATION

**Identify and clarify responsibilities for funding the different aspects of equitable access to water and sanitation.** An Equitable Access Action Plan can be particularly helpful to achieve this, for example the plans for Armenia and North Macedonia include potential sources of funding for the different measures identified in the plans.

**Map out existing funding mechanisms that can potentially include funding for ensuring equitable access to water and sanitation.** This should include at least the following categories:

- Taxes (i.e. funded by domestic public budgets)
  - State-level water supply and sanitation programmes
  - State-level non-water sector programmes (e.g. education, health)
  - State-level social protection programmes
  - Local-level infrastructure development plans
  - Local-level social protection programmes

<sup>14</sup> For the presentation, see [www.unece.org/fileadmin/DAM/env/water/meetings/equitable\\_access\\_workshop\\_2011/Documents/1\\_Socanac\\_Croatian\\_experience\\_with\\_Roma\\_settlements.pdf](http://www.unece.org/fileadmin/DAM/env/water/meetings/equitable_access_workshop_2011/Documents/1_Socanac_Croatian_experience_with_Roma_settlements.pdf)

<sup>15</sup> For the presentation, see [www.unece.org/fileadmin/DAM/env/water/meetings/equitable\\_access\\_workshop\\_2011/Documents/4\\_Razumov\\_\\_s\\_presentation\\_\\_access\\_to\\_water\\_and\\_sanitation\\_in\\_Russia\\_\\_Eng-1.pdf](http://www.unece.org/fileadmin/DAM/env/water/meetings/equitable_access_workshop_2011/Documents/4_Razumov__s_presentation__access_to_water_and_sanitation_in_Russia__Eng-1.pdf)

- Tariffs (i.e. funded by domestic users)
  - Cross-subsidies paid by other users
  - Investments paid by building/workplace owners
- Transfers (i.e. funded by external sources)
  - EU funds (cohesion, accession, pre-accession, neighbourhood)
  - Water sector and non-water sector programmes funded by grants from development partners
  - Water sector and non-water sector programmes funded by loans from development partners
  - Social programmes by international NGOs and charities

**Strengthen the existing financial strategy for the water and sanitation sector by incorporating equitable access concerns.** This is likely to be more effective than attempting to develop an ad hoc financial strategy for equitable access to water and sanitation.

**Lobby to incorporate equitable access to water and sanitation in existing funding mechanisms.** This should be preceded by the identification of potential targeted financing sources for each specific equitable access issue that represents a priority in the country.

**Integrate equitable access considerations into planned water investment projects.** Equitable access issues related to geographical disparities and vulnerable and marginalized groups can be integrated as key priorities in those projects.

**Think about reducing the long-term costs of equitable access actions,** for example by using means-tested subsidies that only benefit those in need, and by promoting a reduction in consumption by those being supported, e.g. by funding low-power showers.







## Chapter 6

# **EQUITABLE ACCESS COUNTRY HIGHLIGHTS: SELF-ASSESSMENTS, ACTIONS AND FINANCING TO IMPROVE EQUITABLE ACCESS TO WATER AND SANITATION**

Presented as country summaries, this chapter highlights the work carried out under the Protocol in eleven countries of the pan-European region to improve equitable access to water and sanitation. For each country, it summarizes the key findings and lessons learned from the process of self-assessment of equitable access to water and sanitation, as well as actions taken in these countries to improve equitable access to water and sanitation, including through the development of dedicated Equitable Access Action Plans where relevant. It also provides information on the financing of equitable access to water and sanitation in each country.

The percentages related to access to drinking water and sanitation indicated for each country profile were taken from their respective national summary reports in the fourth reporting exercise under the Protocol on Water and Health (2019) unless indicated in footnotes.

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## 6.1 **EQUITABLE ACCESS COUNTRY HIGHLIGHTS: ARMENIA**

### Section I: Country setting

#### Basic information

POPULATION	3 million (2017)
AREA	29,743 km <sup>2</sup>
GDP	US\$ 11.6 billion
GDP PER CAPITA	US\$ 3,813
ACCESS TO DRINKING WATER (2017)	Total: 97.3% Urban: 99.9% Rural: 93.3%
ACCESS TO SANITATION (2017)	Total: 69.8% Urban: 97.8% Rural: 25.3%

**Protocol on Water and Health.** Armenia signed the Protocol in 1999, but it is not yet ratified. Nevertheless, the country has taken steps at the national level to implement the Protocol's provisions, with draft targets developed under Article 6, as well as actions related to the provision of equitable access to water and sanitation in accordance with Article 5.

**Water sector.** The protection and management of water resources is dealt with by the Ministry of Nature Protection. The Water Committee under the Ministry of Energy Infrastructures and Natural Resources is responsible for the management and safe use of state-owned water systems, including aspects related to their safety and protection. Since 1 January 2017, water supply and sanitation (wastewater treatment) services have been provided by Veolia Djur CJSC. Tariff policy is implemented by the Public Services Regulatory Commission.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>16</sup>

**Geographical disparities.** The country identified the challenge of guaranteeing water supply to 579 rural communities that were neither connected to the centralized water supply system nor serviced by water companies. Water supply was found to be a particular issue for rural educational institutions as these rely on limited State funds for the operation and maintenance of water and sanitation-related infrastructure.

**Vulnerable and marginalized groups.** The information gap was a major challenge. Data on the situation of the rural communities were found to be limited, and information on access to water and sanitation by vulnerable and marginalized groups, for example data on access for homeless people, was scarcely available or lacking from official sources. Persons with special physical needs face major challenges to access water and sanitation as most public buildings remain inaccessible for them in Yerevan and even more so in provinces. The legal framework does not define the term "vulnerable and marginalized groups" and there are no public policies to sufficiently help improve access for the various groups.

**Affordability.** Since 2017, one company operates under a lease and a single tariff rate has been set.

#### II.B Process of self-assessment

**Brief description.** To gain an overall understanding of the country situation, the self-assessment exercise was carried out at the national level for a period of 11 months from November 2015 to October 2016 by identifying challenges related to equitable access to water and sanitation and areas of action to be considered in the process of setting targets under the Protocol. Several public authorities were involved in the process, including the Ministry of Health, the Ministry of Territorial Administration and Infrastructure, the Public Services Regulatory Commission of Armenia, the Ministry of Nature Protection, the Ministry of Education and Science, and the Ministry of Labour and Social Affairs. The Office of the Human Rights Defender of Armenia was a partner in the exercise. Stakeholders from the private sector and civil society also participated. The project

<sup>16</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2mPXzoS>

was implemented by the NGO Armenian Women for Health and Healthy Environment under the coordination of the Ministry of Energy Infrastructures and Natural Resources.

Two workshops were organized. The first one took place in December 2015, which helped identify additional stakeholders who then participated in the self-assessment. At the second workshop in July 2016, provisional results of the assessment were presented, and it helped identify the actions to be implemented to improve equitable access to water and sanitation.

**Lesson learned.** The self-assessment process revealed that equitable access aspects are covered under the jurisdiction of various ministries, and thus interministerial collaboration is crucial in addressing these issues.

### Section III: Actions taken to improve equitable access to water and sanitation

#### III.A. Main elements of the Equitable Access Action Plan<sup>17</sup>

The findings of the self-assessment were instrumental in developing the Action Plan on Equitable Access to Water and Sanitation (2018–2020), which has a national and regional scale. It is structured around three priority areas of action, namely: i) efficient management to ensure equitable access to water supply and sanitation, including legal and policy frameworks; ii) the reduction of geographical disparities; and iii) the provision of equitable access to water and sanitation for vulnerable and marginalized groups. In each of these areas, the following was identified: i) a set of measures and/or activities to be carried out and their expected outcomes; ii) evaluation criteria; iii) responsible authorities and relevant partners; iv) sources of funding; and v) budgetary implications.

As part of the work on legal and policy frameworks, the Action Plan envisages the development of a draft concept allocating responsibilities in the provision of equitable access to water and sanitation. This will be part of a process of legislative reform, which was set in motion by the results of the self-assessment. Furthermore, information gaps were addressed by collecting information on the situation of vulnerable groups and rural communities that are not serviced by water companies, including through the creation of databases.

The Action Plan is currently being implemented and progress is regularly reported at meetings of the Steering Committee of the National Policy Dialogue in the Water Sector in Armenia. A legal analysis of the legislative framework has been carried out to identify regulatory obstacles to the provision of equitable access to water and sanitation and to develop proposals for reforms, which were presented at a meeting in February 2019.

#### III.B. Process of development of the Equitable Access Action Plan

**Brief description.** The Action Plan was developed over five months from December 2016 to May 2017 under the guidance of the State Committee for Water Economy<sup>18</sup> at the Ministry of Energy Infrastructures and Natural Resources and the NGO Armenian Women for Health and Healthy Environment. A variety of stakeholders contributed to the development of the Action Plan, including the Ministry of Health, the Ministry of Territorial Administration and Infrastructure, the Ministry of Nature Protection, the Ministry of Education and Science, the Ministry of Labour and Social Affairs, and the Office of the Human Rights Defender. Independent experts, stakeholders from the private sector and civil society were also involved in the process. The draft action plan was communicated and circulated for comments at a meeting of the Steering Committee of the National Policy Dialogue in April 2017. Furthermore, a national public consultation was held in May 2017 to present and discuss the draft action plan, and the feedback provided was duly considered. The final Action Plan was then officially approved in August 2017 by the State Committee.

#### Key lessons learned from the process:

- A multi-stakeholder approach to equitable access to water and sanitation allows for diverse perspectives to be considered, including on how to overcome the issues identified.
- The process enhances awareness and access to information, while avoiding duplication.
- It was however observed that not all stakeholders perceived themselves as having a stake in equity issues related to water and sanitation. In this respect, it is important to ensure equal involvement from all participants.

<sup>17</sup> For more information on the Equitable Access Action Plan, see <https://bit.ly/2nu7Ffx>

<sup>18</sup> The structure of all the departments has been changed by Decision No. 580-A of the Government of the Republic of Armenia "On the Subordination of Subordinate Bodies to the Ministry" dated 22 May 2018. The State Committee for Water Economy of the Ministry of Energy Infrastructures and Natural Resources of the Republic of Armenia was renamed into the Water Committee of the Ministry of Energy Infrastructures and Natural Resources of the Republic of Armenia (Order of the Minister of the RA EINR No. 62-L of 11 June 2018).

#### **Section IV: Financing equitable access to water and sanitation**

The 2018–2020 Action Plan for Equitable Access to Water and Sanitation indicates both the potential sources of funding and the budgetary implications of measures to be taken under each area of action. The overall budgetary estimate for the Action Plan is 24,5<sup>19</sup> million dram (~US\$51 million). Main sources of funding should come from international organizations, as well as from the Armenian Government through the in-kind provision of expertise, data, and so on.

Drinking water systems are also part of the Long-Term Development Strategy Programme for Armenia (2014–2025). The strategy includes reforms aimed at improving the quality of the water supply and sanitation services, as well as enhancing their operational effectiveness and reliability. Regional disparities are also considered. The Armenian Government has indicated that investment policy will adopt a special approach with regard to the rural communities that are not being serviced by water and sanitation companies.

Finally, the Republic of Armenia cooperates with international organizations and international financial institutions in water and sanitation related projects, such as the European Investment Bank and the European Bank for Reconstruction and Development.



<sup>19</sup> Note, however, that in certain areas the budgetary estimate is absent.

## 6.2 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: AZERBAIJAN

### Section I: Country setting

#### Basic information

POPULATION	9.9 million
AREA	86,600 km <sup>2</sup>
GDP	US\$ 39 billion
GDP PER CAPITA	US\$ 4,097
ACCESS TO DRINKING WATER (2017)	Total: 97% Urban: 98.9% Rural: 75.8 %
ACCESS TO SANITATION (2017)	Total: 68.2% Urban: 98.2% Rural: 26%

**Protocol on Water and Health.** Azerbaijan ratified the Protocol in 2002.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings

**Governance framework.** Overall, the strategic framework and the sector's financial policies contribute to achieving equitable access. However, the regulatory framework for water resources management in the case of emergencies is not fully developed.

**Geographical disparities.** Azerbaijan has introduced a number of State programmes aimed at reducing geographical disparities and increasing awareness of sanitation issues. A Master Plan was prepared in 2012 to provide sewerage systems for the Absheron peninsula settlements and is being implemented by Azersu OJSC. However, there are still important geographical discrepancies in access to water and sanitation between rural and urban areas, with some neighbourhoods in rural and mountainous areas without access to centralized water systems. In addition, there is a need to improve the sewerage systems and access to sanitation in the residential areas of Baku's suburbs. Finally, water quality is not controlled in private wells, mostly those located in rural areas.

**Vulnerable and marginalized groups.** Schoolchildren and vulnerable people, such as users of nursing homes, are well provided for with access to water and sanitation. However, some challenges still remain. Most public toilets are not free. Problems were identified related to access to water and sanitation in schools and lack of knowledge of WASH. There is also a need to improve water and sanitation infrastructure in the penitentiary system, as well as conditions of access to water, and particularly sanitation, by refugees and internally displaced persons.

#### II.B. Process of self-assessment

**Brief description.** Azerbaijan initiated the process of self-assessment in 2015 with a launching workshop. The lead organizations were the Ministry of Health and the Ministry of Ecology and Natural Resources. A working group with experts from the different agencies at the Ministry of Health, the Ministry of Ecology and Natural Resources, Azersu water operating company, and an independent expert delivered a draft filled score-card in 2016. Partners involved in the self-assessment included the State Water Resources Agency of the Ministry of Emergency Situations, Azersu OJSC, Baku State University, the State Statistical Committee, the Ministry of Labour and Social Protection of the Population, the Commissioner for Human Rights, the Ministry of Education, the State Committee for Affairs of Refugees and Internally Displaced Persons, and the NGO Ruzigar. The main findings of the score-card were discussed in a national consultation meeting in July 2018, consecutive to a meeting of the Steering Committee of the National Policy Dialogue on Integrated Water Resources Management.

**Key lessons learned from the process:**

- The process of self-assessment required interministerial cooperation to facilitate an exchange of views among all the relevant agencies on the need to improve access to water and sanitation.
- The process of self-assessment has enabled a better understanding of the social issues around water and sanitation in Azerbaijan and the identification of important gaps.
- The working group should include multidisciplinary specialists and experts from the field.

**Section III: Actions taken to improve equitable access to water and sanitation**

The main findings of the self-assessment were taken into account in the development of the national 2030 Agenda for Sustainable Development, as well as the national targets under the Protocol to improve access to water and sanitation, which were officially approved in August 2018. Measures to address geographical disparities in access to water and sanitation by schoolchildren, as well as rural-urban disparities were included in the targets. A focused analysis of the situation of drinking water, sanitation and hygiene in schools is planned in three regions of the country. Since March 2017, the operating water company Azersu OJSC has begun work to provide the population of 170 settlements in 28 regions with drinking water by constructing and restoring water lines and by drilling artesian and sub-artesian wells. In addition, the reconstruction of several pipelines in five regions are expected to provide access to a total of 193 villages. Public awareness campaigns to improve knowledge of the human rights to water and sanitation, and responsibilities for access to water and sanitation were launched in 2017. In 2017, more than one million schoolchildren were involved in educational work on WASH. A decree was adopted, based on international standards, which requires cooperation between the Ministry of Ecology and Natural Resources and the Ministry of Justice to improve water and sanitation infrastructures in penitentiaries.

**Section IV: Financing equitable access to water and sanitation**

Past actions to ensure equitable access to water and sanitation have been funded by the State Oil Fund and the State budget. State budgetary resources for water and sanitation increased markedly over the previous decade from €0.25 million in 2006 to €13.1 million in 2015. In 2018, 22 million manat (~€11.7 million) were allocated from the State budget to Azersu OJSC for the completion of a water supply and sewerage system in Agdash city.

Planned water investment projects provide an opportunity to finance equitable access to water and sanitation. Equitable access issues related to geographical disparities and vulnerable and marginalized groups can be integrated as key priorities in those projects.





## 6.3 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: BULGARIA

### Section I: Country setting

#### Basic information

POPULATION	7.1 million
AREA	110,994 km <sup>2</sup>
GDP	€ 42.6 billion
GDP PER CAPITA	€ 6,000
ACCESS TO DRINKING WATER (2016)	Total: 99.3% <sup>20</sup>
ACCESS TO SANITATION (2016)	Total: 75.7% <sup>21</sup>

**Protocol on Water and Health.** Bulgaria signed the Protocol in 1999 but it is not yet ratified.

**Water sector context.** Access to safe water is high at 99.3 per cent. The legislative framework is well developed and administrative capacity is reasonable, but action plans and funding are inadequate to ensure the implementation of national strategies and policies. The provision of water and sanitation services is carried out in accordance with the Strategy for Development and Management of Water Supply and Sanitation in the Republic of Bulgaria 2014–2023 and its Action Plan.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>22</sup>

##### Governance framework

- The sources of funding to achieve equitable access to safe drinking water and sanitation have been identified only to a limited extent.
- Mechanisms to encourage service providers to implement investment plans that favour the provision of access to rights-holders who lack these services are insufficient.

##### Geographical disparities

- A National Strategy for Regional Development 2012–2022 was adopted to reduce geographical disparities, but implementation is not satisfactory. There is no national policy to address illegal neighbourhoods.
- Public subsidies are targeted to those areas that face higher service prices, but only to a limited extent.
- There are no mechanisms in place to support the implementation of appropriate technical solutions for the self-provision of services by households in areas with no service provider.
- Funds foreseen to improve the quality of the water supply and sanitation services in rural areas under the 2014–2023 Operational Programme for Rural Development are insufficient.
- The sector is not sufficiently organized to enable cross-subsidization between localities with high-cost and low-cost of service provision.

##### Vulnerable and marginalized groups

- Overall, the National Strategy for Reducing Poverty and Promoting Social Inclusion 2020 guides policies when working with vulnerable and marginalized groups. However, the water and sanitation policies recognize the special and differentiated needs of vulnerable and marginalized groups, but only to a limited extent.
- There are insufficient mechanisms to identify (in a participatory manner) and address the water and sanitation needs of vulnerable and marginalized groups.

<sup>20</sup> Bulgaria self-assessment country report, 2018, p.50

<sup>21</sup> Bulgaria self-assessment country report, 2018, p.50

<sup>22</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2IMSZrt>

- Integrated approaches, involving different administrations, have not yet been adopted.
- Data on the levels of access to safe drinking water and sanitation by persons with special physical needs, homeless people and those in refugee camps and centres are inexistent or insufficient.
- Public policies address only in a limited way access to safe drinking water and sanitation by homeless people, travellers, nomadic communities, and households living in neighbourhoods without access.
- Specific public funding to support access to safe drinking water and sanitation by persons with special physical needs, homeless people and households living in neighbourhoods without access is insufficient or non-existent.
- Complaint mechanisms in health, education and refugee facilities are insufficient.

### **Affordability**

- Social policy addresses affordability of water and sanitation services, but only to a limited extent.
- Policies only address affordability of self-provided water and sanitation services to a limited extent.
- There is no specific public funding to address affordability concerns.
- Tariff measures have been included in a strategy to address affordability issues, but they have been implemented only to a limited extent.
- Social protection measures have been included in a strategy to address affordability issues, but they have been implemented only to a limited extent.

### **II.B. Process of self-assessment**

**Brief description.** The process started in April 2017 when the Ministry of Health decided to support the NGO Earth Forever Foundation as leader of the self-assessment. Other partners include the Ministry of Regional Development and Public Works, the National Ombudsman, the Ministry of Environment and Water, the Enterprise for Management of Environmental Protection Activities, the National Statistical Institute, and the World Bank. Earth Forever Foundation engaged a group of national consultants to develop the first draft of the score-card, which was discussed at a national workshop in mid-2018. Two press conferences were organized at the launch and at the conclusion of the process. The actual process of self-assessment took nine months from November 2017 to July 2018. The results have been published in the form of a situational analysis report, including the score-card as an annex.

#### **Key lessons learned from the process:**

- There is political will, also prompted by ongoing discussions about the integration of a possible equity dimension in the recast of the EU Drinking Water Directive, and persons at a high administrative level in adequate institutions are sensitive to the issues and motivated.
- The self-assessment process strengthened the link among partners.
- The self-assessment process increased awareness about the Protocol and the SDGs.

### **Section III: Actions taken to improve equitable access to water and sanitation**

In the new law on water supply and sanitation, in line with the Strategy for Development and Management of Water Supply and Sanitation in the Republic of Bulgaria 2014–2023, legally defined concepts and measures directly related to equitable access to water and sanitation will be introduced for the first time, such as affordability, vulnerable user data, guaranteed minimum water consumption, protection of vulnerable consumers, and solidarity fee. The new law will thus implement a mechanism to guarantee access for vulnerable consumers or users and it will ensure the most effective spending of public funds, as well as the maximum limitation of risk of transferring the financial burden to the highest risk groups.

#### Section IV: Financing equitable access to water and sanitation

There is a chronic shortage of financing in the water and sanitation sector due to the unrealistic assessment of the potential of resources and the needs of the sector to meet the requirements and standards of European and Bulgarian legislation, as well as the unrealistic expectation of 95 per cent external financing to sustain the reform of the sector.

The sector strategy estimates investments to reach €12.4 billion by 2038, of which two-thirds are expected to be financed by water and sanitation operators through internally generated funds and loans. This will require a significant increase in the price of water and sanitation services, which might impact affordability for large groups of the population.

In May 2017, the Ministry of Regional Development and Public Works announced that it was working on a fund to finance water and sanitation projects in municipalities that cannot benefit from European funding. It is envisaged that this will introduce a constant fee as a component of the price of the services based on the principle of solidarity. With a consumption of 500 million m<sup>3</sup> of water per year and a solidarity fee of 5 cents per m<sup>3</sup> of water consumed, about €25 million per year will be accumulated in a fund to improve the infrastructure in the poorest regions.

It is unclear how the actions prioritized as part of the self-assessment could be funded.



## 6.4 **EQUITABLE ACCESS COUNTRY HIGHLIGHTS: FRANCE**

### **SECTION I: COUNTRY SETTING**

#### **Basic information**

<b>POPULATION</b>	67.12 million (2017)
<b>AREA</b>	643,801 km <sup>2</sup>
<b>GDP</b>	US\$ 2,582.5 billion
<b>GDP PER CAPITA</b>	US\$ 38,476
<b>ACCESS TO DRINKING WATER</b>	Total: 100% Urban: 100% Rural: 100%
<b>ACCESS TO SANITATION</b>	Total: 97% Urban: 97% Rural: 96%

**Protocol on Water and Health.** France became a Party in May 2005. Since then, it has consistently served as lead Party for activities on equitable access to water and sanitation under the Protocol.

**Water and sanitation sector.** Responsibilities are shared between national authorities and local entities. The main ministries involved are the Ministry for Solidarity and Health and the Ministry of the Ecological and Inclusive Transition. In addition, the ministries of the Interior, Economy and Finance, and the Overseas are involved on subjects linked to public services for water and sanitation. In addition, six water agencies are public institutions with administrative and financing functions, managing water resources by basin and watersheds under the supervision of the Ministry of the Ecological and Inclusive Transition. At the local level, municipalities or inter-municipalities are responsible for the water supply and wastewater treatment. They also deal with the implementation of social policy, as approved by the municipal council, and the delivery of social aids. The departments oversee aspects of social policy as well as being in charge of social solidarity funds together with the State, and they are also responsible for housing planning for disadvantaged people.

The self-assessment focused on the Greater Paris urban area, i.e. Paris and three surrounding departments of Hauts-de-Seine, Seine-Saint-Denis and Val-de-Marne whose responsibilities are shared as follows. The City of Paris and its operator Eau de Paris are in charge of water delivery and wastewater collection. The Paris urban area wastewater treatment authority (SIAAP) is responsible for wastewater purification. In 2019, the Water Union of Ile-de-France (SEDIF) produces and delivers drinking water for 4.6 million inhabitants in 150 municipalities and seven departments.

### **Section II: Self-assessment of equitable access to water and sanitation**

#### **II.A. Key findings<sup>23</sup>**

**Governance framework.** It was found that frameworks to deliver equitable access are in place. The national legislation enshrines legal provisions on public participation and information, and recognizes the right of everyone to access drinking water for food and hygiene use under conditions that are economically acceptable to all. There are also specific funds and preventive and remedial measures aimed at helping the most economically disadvantaged users.

**Geographical disparities.** It was generally found that the level of access is high: the connection rate to water and sanitation grids is more than 99 per cent. The main disparity identified was attributed to slums and informal settlements in Ile-de-France. In this regard, results showed that there are no specific public policies in place to support the delivery of water and sanitation services in these areas with solutions implemented on an ad hoc basis. Geographical disparities in terms of prices exist; the average price for water and sanitation varies in every city and there are no tools or indicators to precisely monitor the costs of provision and how to connect this to the price paid by consumers. However, public indicators are available thanks to the Observatory on public water and sanitation services. Besides, the quality of water in the Greater Paris area is good. In France in 2017, 97.8 per cent of the population were supplied with water that consistently complied with the quality limits set by regulations for microbiological parameters (data from the Ministry for Solidarity and Health).

<sup>23</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2lVKVEI>

**Vulnerable and marginalized groups.** Access to water and sanitation is linked to housing, which explains the key difficulties for certain categories of users, namely nomadic populations and homeless people. Even though some of their needs are addressed through national sector policies and within the performance contract of water operators (e.g. it may include the provision of municipal equipment, such as public fountains), significant challenges remain. According to the NGO Fondation Abbé Pierre, 140,000 homeless people did not have access to drinking water in France in 2013. In Paris, a major information campaign by the water operator was conducted in 2018 on various actions to access water, including the provision and maintenance of 1,200 self-service water fountains, with 50 still usable in freezing winter conditions.

**Affordability.** Affordability concerns were identified as one of the main issues in the Greater Paris urban area. While they are partly addressed through solidarity programmes and social protection measures, studies reported that the water bill can amount to up to 6 per cent of the household budget for the poorest workers or unemployed people<sup>24</sup>. The affordability rate in France is commonly fixed at 3 per cent.

## **II.B. Self-assessment process**

**Brief description.** The self-assessment was undertaken in France at the initiative of the Ministry for Solidarity and Health and was led by a working group composed of representatives from the City of Paris, Eau de Paris, Syndicat Interdépartemental pour l'Assainissement de l'Agglomération parisienne (SIAAP) and Syndicat des Eaux d'Ile-de-France (SEDIF). It was performed at the local level within the Greater Paris urban area and had a time frame for implementation of six months from December 2012 to May 2013. The main objective of the exercise was to have a comprehensive assessment of the water and sanitation situation and to identify opportunities for improvement. As part of the process, two workshops were organized and a variety of stakeholders participated, including representatives from other ministries, the regional health agency, NGOs and trade unions. The project team also comprised representatives of the major utilities in the City of Paris.

### **Key lessons learned from the process:**

- Self-assessment can be successfully performed at the regional level, but this requires knowledge of the national legal framework, whereas the regional perspective is set against the national one.
- Adequate time and attention must be devoted to carrying out the exercise, putting together a “balanced” self-assessment team, ensuring continuous multi-stakeholder involvement, planning the workshops carefully, using the results of the score-card for strategic evaluation and priority-setting, and presenting the results in attractive formats, e.g. summary sheets, situational analysis.
- The exercise facilitates the production of reliable data and a broad understanding of the components of equitable access to water and sanitation. Ultimately, it helps policymakers focus on the most relevant problems.

## **Section III: Actions taken to improve equitable access to water and sanitation**

The equitable access perspective has informed a range of national policies and measures adopted by France related to water and sanitation. This is widely reflected in the 2015–2019 National Health and Environment Plan (PNSE) jointly implemented by the ministries in charge of health and environment. The plan is articulated around various areas of action and the most significant for equitable access include:

- Promoting the implementation of water safety plans (WSPs), particularly important for the small-scale water supply in rural or mountain areas. The WSPs are applicable regardless of the size of the distribution area; the drinking-water supply is made up of 23,000 distribution areas in France, ranging in size from 50 to 500,000 inhabitants.
- Elaborating a national plan on on-site household sanitation. In this respect, the National Plan on Household Sanitation (2015–2019) was developed in early 2015 and it addresses aspects relevant to equitable access, such as the financial challenges faced by households living in sparsely populated areas.
- Supporting equitable access to water and sanitation (Action 101) by: i) promoting at the regional level the tools produced under the Protocol and raising awareness among decision makers and operators on equity issues related to access to water and sanitation; and ii) defining and implementing specific action plans in the Regional Health and Environment Plan.

Action was also taken on social pricing of water. Owing to the specific organization of public services of water and sanitation in the country, the “Brottes” law was introduced in April 2013 to allow voluntary municipalities to experiment social pricing on water and to assess their impact on users. Such an experiment was proposed to address affordability concerns, with a view to developing a simple and efficient social water pricing system. In April 2015, the Government authorized 50 communities that organize drinking water services (affecting 11 million citizens) to put in place experimental devices provided for by the Brottes law. At least once a year, a report is presented to the National Water Committee (Water Parliament) and the National Advisory

<sup>24</sup> Study of the Observatoire des Usagers de l'Assainissement en Ile-de-France (OBUSASS), mentioned in the country report, p13.

Committee on the Price and Quality of Public Services and Sanitation. Local authorities in the experiment come from 11 of the 13 regions, including three French overseas territories (*les Territoires d'Outre-Mer*), and their population ranges from 4,500 to 4.6 million inhabitants. Fifteen per cent of the population of the experimental communities is affected by a system of assistance or social pricing for water. The balance sheet in 2019 after five years shows that concrete situations and solutions were put in place by local authorities, and conclusions were drawn on the project's progress with different types of approaches, beneficiary populations and partnerships, aid modalities and prospects for communities and national coordination.

The experimental measures include for example:

- Tariffs defined to take into account the composition or income of the household. This could result in a first slice of free consumption.
- Financing mechanisms according to which communities could allocate resources from the general budget to finance aid for the payment of water bills and to raise the maximum amount of the grant allocated to the social fund for housing.

Conversely, as part of a national consultation on water, and following the work carried out in 2018, authorities have planned to improve the implementation of measures by local authorities.

Finally, in the overseas territories that face specific challenges in the public provision of water and sanitation services linked with their geographic specificities and a higher poverty rate, which hampers social and economic development, a Plan Eau DOM (PEDOM) for the sustainable management of public services for water and sanitation in Guadeloupe, French Guiana, Martinique, Mayotte, La Reunion and Saint-Martin was adopted in 2016 by the Ministry of Ecological and Inclusive Transition and the Ministry of the Overseas, cooperating with the Ministry for Solidarity and Health, and their main financial operators. One of the principles of the PEDOM is to prioritize improvements in drinking water services and to strengthen sanitation services for better access through "progress contracts" between water and sanitation departments and public funds providers.

#### **Section IV: Financing equitable access to water and sanitation**

In France, the financing of water policy at the national level is organized along the following main lines. The Parliament sets out the priority orientation for the multiannual programme and fixes the overall ceiling for expenditures over the period considered. The six water agencies are then principally responsible for implementing water policy. The main contribution to their revenue comes from the water bill, which in 2012 comprised between 80 to 90 per cent of its revenue. In the period between 2013 and 2018, the planned expenditure of the Water Agencies was determined by the Environment and Finance ministries, which expressed the wish to contain the water tax burden on households.

For the overseas territories under the PEDOM, funding of local water and sanitation providers is conditioned by progress contracts since January 2019, which make available a set of technical and financial indicators to improve the management of public services.

At the local level, municipalities have specific budgets for water and sanitation services. With regard to actions relevant to equitable access to water and sanitation, it is interesting to note that French legislation allows municipalities to include access to water in their social protection policies, i.e. preventive aid. Accordingly, the City of Paris assigned part of its preventive housing allocation to help pay water charges. In terms of remedial aid measures, €500,000 was spent in 2017 to pay the water bills of over 5,000 inhabitants.



(Crédit photo: Yannick Pavageau)

## 6.5 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: HUNGARY

### Section I: Country setting

#### Basic information

POPULATION	9.78 million (2017)
AREA	25,713 km <sup>2</sup>
GDP	US\$ 139.14 billion
GDP PER CAPITA	US\$ 14,227
ACCESS TO DRINKING WATER (2017)	Total: 95.23% Urban: 96.80% Rural: 31.14%
ACCESS TO SANITATION (2017)	Total: 81.46% Urban: 89.77% Rural: 59.70%

**Protocol on Water and Health.** Hungary became a Party to the Protocol in 2001. Since then, it has been actively involved in its activities, serving as co-leader for activities on equitable access to water and sanitation from 2014 to 2019.

**Water sector.** Water and sanitation related responsibilities are shared between several ministries. The authority coordinating the implementation of the Protocol is the National Public Health Centre under the Ministry of Human Capacities, which is in charge of health and social issues. Other ministries involved include the Ministry of Interior (water supply and water resource protection), the Ministry of Agriculture (the environment), and the Ministry of Innovation and Technology (water utilities). Financial aspects in the water sector are regulated by the Hungarian Energy and Public Utility Regulatory Authority.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings

**Governance framework.** The self-assessment exercise confirmed an overall favourable situation. Certain aspects of the equitable access perspective are integrated within the legal framework, including through the incorporation of EU legislation and through other regulatory devices such as the category of “protected consumers”. This applies to people living in “low social standing” and/or living with disabilities, and it renders them eligible for facilitated payment terms, e.g. deferrals, and special treatment in meter readings and payments. However, the equitable access perspective and the human rights to water and sanitation are not explicitly mentioned within the legal framework, so there is a risk that they are not duly considered, and it was therefore recommended to include them, for instance by setting explicit requirements to be observed in all actions related to social, cultural and economic development.

**Geographical disparities.** Access is generally considered universal in Hungary as the vast majority of the population has access to either public (95 per cent) or private (3 per cent) centralized systems. A critical data gap is related to the number of users relying on private wells. Small-scale and private water supply systems are insufficiently regulated at the national level and this can exacerbate geographical disparities and thus constitute a systemic barrier to equitable access to water and sanitation.

**Vulnerable and marginalized groups.** Their situation is considered only to a limited extent. Indeed, although regulations related to housing and to social inclusion might address some of the challenges faced by these groups, no specific policies exist on equitable access to water and sanitation. Moreover, it is unclear whether the water and sanitary needs of vulnerable and marginalized groups are met in practice, mainly due to a significant information gap; no national data are collected on the situation of their access to water and sanitation. Some investigations by the Office of the Commissioner for Fundamental Rights revealed in specific environments (e.g. in social, health care and penitentiary institutions) deficiencies in this field.

**Affordability.** Water and sanitation tariffs are mainly based on the principle of cost recovery, though the principles of affordability and solidarity are also mentioned in the legislation. A government programme to reduce household costs with tariff cuts across the board in 2013 and 2014 and a ban on raising tariffs resulted in no longer being able to achieve full cost recovery. The tariff setting system does not consider differentiated social factors, so it lacks devices such as social and progressive tariffs. There is no information on the size of the population disconnected from water services as a result

of non-payment. There are also large disparities in access between the poorest and richest quintiles (only 66 per cent of the population has access to a piped, centralized drinking water supply on premises, and only 50 per cent have access to centralized sanitation for the poorest quintile in rural areas).

## **II.B. Self-assessment process**

**Brief description.** The self-assessment was carried out to achieve one of the national targets set under the Protocol, which were adopted in 2008, namely to undertake a “comprehensive assessment of the population without access and an exploration of possible solutions” relative to drinking water access. It was carried out at the national level over a period of 17 months from October 2014 to March 2016. The project was mainly executed by an independent expert under the leadership of the National Public Health Centre<sup>25</sup>, with the support of several partners.<sup>26</sup>

Four workshops were organized. In the kick-off meeting in October 2014, the objectives and expected benefits of the project were presented and were built on the knowledge of other countries that had previously applied the score-card, with the representative of Portugal invited to share the country’s experience. National human rights institutions were also involved, and the Hungarian Office of the Commissioner for Fundamental Rights played a key role in unlocking the challenges faced in securing high-level ministerial or State secretary approval for the government experts to participate in the exercise by organizing a workshop.

### **Key lessons learned from the process:**

- NGOs were not significantly involved in the first phase of the self-assessment, but their late contribution proved that NGO involvement was important to complement the national picture with the local context.
- Insufficient access to public information rendered completing the score-card problematic. In this respect, Hungary recognized that although there are mechanisms to effect the right to information and participation in decision-making at the national level, they are mainly inoperative.
- The support by the Office of the Commissioner for Fundamental Rights proved fundamental in motivating government bodies.
- Self-assessment is an effective tool to raise the profile of water and sanitation on the agenda.
- The equitable access assessment should be repeated in five years to track progress.

## **Section III: Actions taken to improve equitable access to water and sanitation**

The self-assessment’s findings informed subsequent national action on access to water and sanitation. The 2017 National Water Strategy identifies as a priority the development of a tariff policy and a financial assistance system, as well as differentiated contributions to ensure the affordability of services alongside sustainable financing. In 2017, another step taken at the national level to ensure affordability was to make free some administrative charges to connect individual consumers to public utilities.

From a **regulatory perspective**, as a result of self-assessment, it was proposed to amend the National Building Code to reflect the minimum requirements for water and sanitation in its habitation standards. The regulation of private wells was also recognized as a priority.

Furthermore, the situation of vulnerable and marginalized groups and rural communities has been addressed by **specific national strategies and programmes:**

- The National Social Inclusion Strategy targets vulnerable and marginalized groups through a variety of measures, including health promotion, and education and housing programmes.
- The “Farm Programme” was devised to improve rural infrastructure, including water infrastructure and individual environmental-friendly sanitation systems.

<sup>25</sup> This institution is linked to the Ministry of Human Resources and it previously chaired the intersectorial body responsible for the implementation of the Protocol, namely the Special Committee on Water and Health.

<sup>26</sup> Ministry of Human Capacities, Ministry of Interior, Ministry of Agriculture, Hungarian Energy and Public Utility Regulatory Authority, Office of the Commissioner for Fundamental Rights, Hungarian Central Statistical Office, Office of the Chief Medical Officer, and NGOs: Water Suppliers Association, Red Cross, GWP Hungary, Oltalom Charity Society, Hungarian Scientific Society of Rural Health.



#### Section IV: Financing equitable access to water and sanitation

Part of the funding for activities related to equitable access to water and sanitation comes from EU funds. This is particularly the case for programmes aimed at improving drinking water quality, developing the public sewer network, and managing wastewater treatment as these are often developed to comply with the EU legal framework; between 2007 and 2013, about €4 billion of funding was allocated to these areas of work.

Other aspects of equitable access to water and sanitation have been taken into account in national strategies, such as the reduction of geographical disparities. In this respect, the Hungarian Rural Development Programme and the Farm Programme provide funding for installing individual water supply or wastewater treatment in areas that lack public supply.



## 6.6 **EQUITABLE ACCESS COUNTRY HIGHLIGHTS: REPUBLIC OF MOLDOVA**

### Section I: Country setting

#### Basic information

POPULATION	3.5 million
AREA	33,846 km <sup>2</sup>
GDP	US\$ 9.6 billion
GDP PER CAPITA	US\$ 2,692
ACCESS TO DRINKING WATER (2018)	Total: 68.4% Urban: 97.3% Rural: 45.1%
ACCESS TO SANITATION (2018)	Total: 74% Urban: 88% Rural: 70%

**Protocol on Water and Health.** The Republic of Moldova ratified the Protocol in July 2005 and has since progressively worked on implementing the treaty's provisions, with the Government officially approving the first National Programme to implement national targets for 2016–2025.

**Water and sanitation sector.** The key public authority responsible for the development and implementation of national policy in the water and sanitation sector of the Republic of Moldova is the Ministry of Agriculture, Regional Development and Environment. Other ministries involved include the Ministry of Health, Labour and Social Protection, in charge, among other things, of monitoring hygiene practices and public access to improved water and sanitation systems, and the Ministry of Finance for mobilizing and allocating budgetary resources. The National Agency for Energy Regulation regulates tariffs for water supply and sanitation services. Overall, the implementation of government programmes by the relevant ministries is overseen by the State Chancellery.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>27</sup>

**Governance framework.** At the regulatory level, the Republic of Moldova found that its national framework does not have a strong duty-bearers/rights-holders perspective; the obligations of the former are not sufficiently clear, while mechanisms for the latter to claim their rights are weak.

**Vulnerable and marginalized groups.** Rural communities and vulnerable groups face systemic barriers in access to and enjoyment of water and sanitation. For people in rural areas, the Republic of Moldova highlighted in particular that almost no progress has been made in connecting the rural population to clean sanitation. As for vulnerable groups, the special needs of some categories of users are not recognized in the regulatory framework, notably people with disabilities, elderly people (particularly elderly women), and the Roma population. The 2018 National Development Strategy "Moldova 2030" discussed vulnerable groups, including causal factors, and defined a policy response in terms of strategic vision, specific objectives and priority actions. One priority was the expansion of the water supply and sanitation infrastructure.

**Affordability.** In the country, the responsibility of ensuring affordable water and sanitation is not assigned at the national level, but rather it is delegated to the Local Public Administration, water utilities and water users' associations. The existing system of incentives, however, is insufficient for them to prioritize the affordability of services. As a result, according to country statistics, the lowest income households can spend is up to 15 per cent of their income for minimum access to water and sanitation, i.e. the consumer contribution to the construction of water supply and sanitation (WSS) systems. There are also no social protection measures or social payments for the most vulnerable households. These findings prompted the Republic of Moldova to identify affordability as a key area where action must be taken in order to promote equitable access to water and sanitation.

<sup>27</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2beTMWz>

## II.B. Self-assessment process

**Brief description.** The decision to undergo self-assessment in the Republic of Moldova was driven by various factors. Political authorities recognized the significance of an equitable access approach to water and sanitation given the difficulties faced by the poorest and most vulnerable members of society. Furthermore, NGOs were active in advocating for the use of the Equitable Access Score-card and provided part of the budget to implement the project. The self-assessment exercise was performed at the national, regional and local levels and was carried out in nine months from April to December 2015. The project was mainly executed by a national consultant, supported by the Moldovan Ministry of Environment<sup>28</sup>. Other stakeholders also took part in the process, including representatives of initiatives supported by international organizations, for example, the OECD project in the Republic of Moldova, the UNDP/ART initiative and NGOs.

### Key lessons learned from the process:

- It is crucial to raise public awareness and education about human rights to water and sanitation in order to promote civil participation.
- The Republic of Moldova identified the need to institute training programmes for operators and other professionals involved in water and sanitation management.
- Exchange of experiences on the right to safe water and sanitation is important for policymaking and institutional capacity-building.

## Section III: Actions taken to improve equitable access to water and sanitation

Although the Republic of Moldova has not yet developed a specific action plan, the equitable access perspective has been considered in subsequent national actions on water and sanitation. Equitable access was incorporated into the process of target-setting under the Protocol. The country has indeed developed the following target indicators under the area of access to drinking water (Art 6.2 (c)) and access to improved sanitation (Art 6.2 (c)):

- Providing access to drinking water and to improved sanitation.
- Ensuring children's access to improved water sources and sanitation systems in kindergartens and schools.
- Ensuring a legal and institutional framework for providing equitable access to water for vulnerable and marginalized groups<sup>29</sup>.

By 2020, the objective is not only to increase access to water and sanitation for the urban and rural population and for institutions, but also to implement financial mechanisms for ensuring equitable access.<sup>30</sup>

Furthermore, the equitable access perspective has been considered within the National Programme for Implementation of the Protocol (2016–2025). The latter enshrines as objectives:

- to ensure access to sustainable drinking water systems in 100 per cent of institutions for children and increase access for the general population to these systems by 10 per cent by 2025, and
- to ensure by 2025 that 100 per cent of the population have access to improved sanitation systems, including up to 50 per cent to sewage systems.

Within the specific actions to be taken in order to reach these objectives, the programme lists: i) the establishment of a legal and institutional framework to provide equitable access to water for vulnerable and marginalized groups; ii) the creation of solidarity funds to provide equitable access to water for vulnerable and marginalized groups; iii) the creation of regional services by expanding water and sewerage services in urban areas to rural areas; and iv) the construction/reconstruction of sanitation systems in pre-schools and pre-university institutions to ensure that 100 per cent of institutions are provided with sanitation systems.

<sup>28</sup> Now the Ministry of Agriculture, Regional Development and Environment.

<sup>29</sup> Annex 1 to the National Programme for Implementation of the Protocol on Water and Health for 2016–2025, Target indicators for the implementation of the Protocol on Water and Health, p.54.

<sup>30</sup> Ibidem.

## Section IV: Financing equitable access to water and sanitation

In the Republic of Moldova, the most important national sources of funding for water and sanitation are two funds managed by the Ministry of Agriculture, Regional Development and Environment:

- The National Ecological Fund, of which 84 per cent of funds (242 million leu or ~US\$ 13.6 million) in 2016 were allocated to water supply and sewerage projects.
- The National Regional Development Fund, of which 39 per cent of funds (73 million leu or ~US\$ 4.1 million) in 2017 were allocated to the water supply and sanitation sector.

Investment in the water and sanitation sector is also provided by external sources, including international financial institutions and development partners. Between 2008 and 2012 for instance, 68 per cent of investment in the sector benefited from external support.

As for future activities, the National Programme for Implementation of the Protocol (2016–2025) provides cost estimates to achieve its objectives and for specific actions to be taken, including those relevant to promote equitable access to water and sanitation. By way of illustration, for the establishment of a legal and institutional framework to provide equitable access to water for vulnerable and marginalized groups, the total estimated cost is 0.29 million leu (~US\$ 16,300), whereas it is 0.37 million leu (~US\$ 20,800) for the creation of solidarity funds. As for sanitation-related action, the construction/reconstruction of sanitation systems in pre-school and pre-university institutions is expected to cost 164,664 leu (~US\$ 9,250).<sup>31</sup>

For 2019, support of the external investment projects will be mobilized to update the National Programme for Implementation of the Protocol on Water and Health and to establish the legal framework to encompass the human rights to water and the possibility of creating mechanisms for solidarity and the support of vulnerable and marginalized groups.



<sup>31</sup> For more exhaustive information, see the National Programme for Implementation of the Protocol on Water and Health 2016–2025 (2016), Annex 2.

## 6.7 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: NORTH MACEDONIA

### Section I: Country setting

#### Basic information

POPULATION	2.1 million
AREA	25,713 km <sup>2</sup>
GDP	US\$ 33.8 billion
GDP PER CAPITA	US\$ 16,253
ACCESS TO DRINKING WATER (2016)	Total: 99.4% Urban: 100% Rural: 97%
ACCESS TO SANITATION (2016)	Total: 77.2% (connected to sewerage) Urban: 66% (connected to sewerage) Rural: 11.3% (connected to sewerage)

**Protocol on Water and Health.** North Macedonia is not yet a Party to the Protocol.

**Water sector.** The main authorities responsible for the water sector in North Macedonia are the Ministry of Environment and Physical Planning, in charge of environmental and water protection, and the Ministry of Health, represented by the Institute of Public Health, which is responsible for drinking-water monitoring and water-related diseases. The Ministry of Agriculture, Forestry and Water Economy mainly deals with irrigation, and the Ministry of Transport and Communications is responsible for infrastructure related to water supply and sanitation.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>32</sup>

**Governance framework.** In the municipalities assessed, there is no strategic framework at the local level to ensure equitable access to water and sanitation. Scores for financial policies and rights of users vary across municipalities but tend to be medium.

**Geographical disparities.** At national level, access to improved sanitation is only 83 per cent in rural areas compared to 99 per cent in urban areas. There is a greater percentage of unsafe drinking water in rural areas (about 20–40 per cent of samples are bacteriologically contaminated) compared to urban ones. In Kumanovo district, between 3 per cent and 30 per cent of the population comprising the different municipalities live in rural areas and rely on wells and public fountains for their water needs with no access to safe drinking water. In most of the municipalities of Kumanovo district, public policies receive low scores for addressing access and price disparities, whereas international assistance programmes receive high scores for taking into account geographical disparities in their projects.

**Vulnerable and marginalized groups.** In Skopje, the vulnerable and marginalized groups with the lowest scores in terms of access to water and sanitation are persons with special physical needs and the homeless. In addition, only 26 per cent of Roma people living in Skopje, mostly in poor informal settlements, have access to water and only 16 per cent have access to sanitation in their homes. In Kumanovo district, all self-assessed municipalities have some public policies to ensure access by vulnerable and marginalized groups, but overall scores are low. The quality and safety of drinking water in schools has improved steadily in the previous five years, but most schools lack facilities for menstrual hygiene. In addition, there is no access to water and sanitation in religious facilities.

**Affordability.** In Skopje, the average water and sanitation bill may represent about 7 per cent of the income of the lowest income households. The city has a policy to provide free water, i.e. payment exemption to households that receive financial assistance in terms of social protection subsidies, which is applied to about 130 households. In Kumanovo, public policies for access to water and sanitation services are directed to social cases who are recipients of financial assistance, such as the Roma population, families with newborns (with free water for up to 24 months), and for people with disabilities in the

<sup>32</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2ntOvX9>

municipality of Rankovce in the form of free connection to water and sanitation. In Veles, there is no data on the affordability of water and sanitation services and there is no information about the policies to ensure it.

## **II.B. Process of self-assessment**

**Brief description.** The self-assessment focused on the municipalities of Skopje and Veles and the district of Kumanovo with a combined population of over 700,000 people, or about a third of the country's population. The Institute of Public Health and the NGO Journalists for Human Rights coordinated the overall self-assessment process, while the Centres of Public Health in Skopje, Veles and Kumanovo led the respective self-assessments in each of the three municipalities. The self-assessment was carried out for a period of 11 months from April 2015 to February 2016.

### **Key lessons learned from the process:**

- There was unexpected good coordination between all involved stakeholders.
- The local authorities welcomed the findings, did not take them as criticism, and showed a desire to improve the situation, particularly in public institutions and schools.
- Mobilization of the media through press conferences, social media campaigns and other means can be very effective in raising the profile of the issues around equitable access to water and sanitation.
- Engaging in a non-partisan manner with the political process can be very fruitful. In preparation of the election campaign, local NGOs were mobilized to lobby future mayoral candidates to include activities in their programmes that had been identified as part of the local Equitable Access Action Plans.

## **Section III: Actions taken to improve equitable access to water and sanitation**

### **III.A. Process of development of local Equitable Access Action Plans**

After completing the self-assessment, North Macedonia embarked on the development of local Equitable Access Action Plans for the city of Skopje, the municipality of Veles and five municipalities in the Kumanovo district: Kumanovo, Staro Nagorichane, Rankovce, Kratovo, and Kriva Palanka. The lead agencies were the NGO Journalists for Human Rights and the Institute of Public Health. Contributing agencies and stakeholders included relevant ministries (for the environment, health, agriculture, forest and water management, self-governance, finance, social affairs), water utility companies, local communities, local NGOs and the media. The original schedule was for five months starting in November 2016, but the process was delayed due to a political crisis that involved both extraordinary parliamentary elections and delayed municipal elections, and therefore it ran from January to April 2018. The process involved the establishment of three local teams that: i) built on the teams previously created for the self-assessment; ii) presented the results of the self-assessment to local authorities and stakeholders; iii) reached consensus on the priorities for action; iv) drafted the local action plans; and v) presented the local action plans to local authorities and stakeholders for endorsement.

### **III.B. Main elements of the local Equitable Access Action Plans<sup>33</sup>**

Each local action plan for equitable access to water and sanitation includes objectives (targets), specific targets, an indication of relevant strategies/laws/plans/programmes, specific actions, indicative time frames for the implementation of each action (e.g. less than six months, between six months and two years, between two and five years), responsible institutions, financing sources, and indicators. The specific actions vary from municipality to municipality ranging from 15 to 20 actions per municipality; some of them were similar for all municipalities. While action plans have not yet been officially endorsed, several actions have already been implemented thanks to the awareness raised on the need to take action and to activities carried out by the Institute of Public Health, Regional Centres of Public Health, the NGO Journalists for Human Rights, municipalities and public media.

As a result of the local action plans, many things have changed in a positive way. After many years, Skopje has reconstructed two public toilets in the centre of the capital, as well as in its zoo, and many other public institutions have renovated toilets and opened them for free public use. For example, seven primary schools in Skopje and Veles have renovated their toilets, setting the standards for school toilets based on the age of pupils. Menstrual hygiene needs are placed at a high level of importance, starting with a public campaign to raise awareness of the topic. As a concrete measure, North Macedonia initiated the use of reusable menstrual pads, which will improve reproductive health and the availability of menstrual products, while decreasing waste. North Macedonia disposes of six million menstrual pads monthly, mainly in non-sanitary landfills.

<sup>33</sup> For more information on the local Equitable Access Action Plans, see <https://bit.ly/2mN8v6F>

Finally, the implementation of water safety plans began in early 2019. Staff from Public Water Utilities were trained (30 people have already been trained) through a cooperation between the Institute of Public Health and ADKOM (Public Water Utility Association).

#### **Section IV. Financing equitable access to water and sanitation**

The local action plans have identified a range of potential funding sources to finance equitable access to water and sanitation, which include municipal budgets, the national budget, community and citizens' contributions, and international donations. Moreover, the local action plans identify specific funding sources for each of the actions contained in the plan, and municipalities are expected to provide the financial resources to achieve universal access to water. Water quality improvements are expected to be funded through a mix of municipal budgets, contributions from local communities and citizens, national funds for rural development, and international grants. Rural sanitation is expected to be funded through a mix of municipal budgets, the national budget, international grants, and contributions from local communities and civil society. Within the framework of a Government Programme for Rural Development, €30 million was allocated and many new sewerage systems were constructed or are under construction, and old water supply systems in rural areas are being renovated.

In terms of spending: i) urban sanitation is expected to be funded by public budgets, both municipal and national, and through donors; ii) water safety monitoring is expected to be funded by public budgets, both municipal and national; iii) awareness-raising campaigns are expected to be funded by public budgets, both municipal and national, and through donors; and iv) access for people with disabilities is expected to be funded by municipal budgets. The Ministry of Environment and Physical Planning reports € 220,000 expenditures related to water and sanitation annually, according to its annual programme of work.



## 6.8 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: PORTUGAL

### Section I: Country setting

#### Basic information

POPULATION	10,29 million (2017)
AREA	25,713 km <sup>2</sup>
GDP	US\$ 217.57 billion
GDP PER CAPITA	US\$ 21,144
ACCESS TO DRINKING WATER (2017)	Total: 96% Urban: 99% Rural: 92%
ACCESS TO SANITATION (2017)	Total: 84% Urban: 97% Rural: 70%

**Protocol on Water and Health.** Portugal became a Party in 2006, and it is one of three countries where the Equitable Access Score-card was piloted in 2012–2013.

**Water sector.** Water and waste services are provided to end-users at the level of the municipality: 357 operators serve 278 municipalities on the mainland. Each operator has a significant degree of discretion regarding its operation rules, including tariff-setting. The water sector in the country is under the supervision of various ministries, including the Ministry of Environment and Energy Transition and the Ministry of Health. Social protection is the responsibility of the Ministry of Labour, Solidarity and Social Security, whereas water and sanitation infrastructure is overseen by the Ministry of Planning and Infrastructure. The Water and Waste Services Regulation Authority (ERSAR) is a key independent body with regulatory functions, responsible for public water supply, urban wastewater management and municipal waste management. ERSAR is also the national authority for drinking-water quality control. Its mission is to ensure the protection of water and waste sector users, equal and clear conditions in accessing water and waste services and in the operation of these services, and to reinforce the right to information.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>34</sup>

**Governance framework.** The Strategic Plan for Water Supply and Wastewater Sanitation (PENSAAR 2020) covers the period 2014–2020 and includes a set of targets contributing to achieving access for all, with progress monitored and published by ERSAR annually. This report includes objectives and indicators, focusing specifically on human rights to water and sanitation by assessing, for instance, access to social tariffs. The evolution of equitable access to water and sanitation on aspects related to access by vulnerable and marginalized groups is, however, still lacking, especially as there are several institutions responsible for policies related to the different vulnerable and marginalized groups.

**Geographical disparities.** The self-assessment showed a mixed picture. On the one hand, efforts have been made to reduce price disparities, including the issuance of two related ERSAR recommendations in 2009 on “tariff recommendation” and 2010 on “calculation criteria”. On the other hand, significant access gaps persisted between urban and rural areas, particularly in terms of access to centralized sanitation services. However, it is notable that part of these gaps are due to the different solutions used in sparsely populated areas. In these areas, wastewater is in many cases directed to local installations such as septic tanks, which are more cost effective when compared with centralized solutions and are measured through different indicators. The regulator has worked in recent years to develop an indicator that can measure the use of this type of solution. These figures may then be reflected in a specific policy to support the implementation of appropriate technical solutions to different types of needs. Challenges related to self-provision of water and sanitation services, which was frequently relied upon in rural areas, also persist. Despite being a residual problem in Portugal, mostly related with other housing issues, the

<sup>34</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2mPFQxO>



National Strategic Plan on Water and Sanitation neglected the situation of informal settlements and slums, and national data on access by these groups were unavailable.

**Vulnerable and marginalized groups.** The concept is not used in the water sector. Consequently, the national framework lacks: i) mechanisms to identify the water and sanitary needs of vulnerable and marginalized groups; ii) a national policy on ensuring equitable access; and iii) a public budget specifically allocated for such needs. There are also significant data gaps on access to water and sanitation for almost all categories of vulnerable and marginalized users, e.g. persons with special physical needs, institutionalized users, persons without a fixed residence. Nonetheless, water and sanitation concerns are considered within some general regulations and/or social policies, for example in regulations on housing and in the national strategy dedicated to Roma communities.

**Affordability.** This was relatively well tackled as it is an integral part of the Strategic Plan for Water Supply and Wastewater Sanitation (PEAASAR II for the period 2006–2013, and PENSAAR 2020 for the period 2014–2020). Assessments on the affordability of water and sanitation services were carried out by ERSAR at macro and micro levels, and it was found that the percentage of disposable income used by consumers for such services was relatively low, for example in 2011 it was less than 0.7 per cent.<sup>35</sup> ERSAR issued a recommendation on tariff policy in 2009 aimed at addressing affordability at macro and micro levels. More recently, in 2018 ERSAR also issued a recommendation on social tariffs, specifically addressing the methodologies for definition and eligibility criteria to access social tariffs. Finally, within the Portuguese social protection systems, there are special measures, such as cash benefits from the central State budget, to settle water bills of individuals or families in situations of “proven economic need”, namely, when their per capita income is lower than the social pension.<sup>36</sup>

## II.B. Self-assessment process

**Brief description.** The self-assessment exercise was performed at the national level from September 2012 to April 2013. It was led by ERSAR and involved a broad range of actors, including governmental bodies, NGOs and local service providers. It also received support from the former Special Rapporteur on the human rights to safe drinking water and sanitation, Ms Catarina de Albuquerque.

ERSAR convened a workshop with representatives of 35 organizations working on equitable access to water, sanitation and social protection in order to discuss the preliminary results of the score-card. This was followed by a call for contributions and meetings with institutions dealing with social policies, for example the Institute of Social Security, and the High Commissioner for Immigration and Intercultural Dialogue (ACIDI).

### Key lessons learned from the process:

- Reaching out to concerned stakeholders facilitates a broader understanding of the issues related to equitable access to water and sanitation and raises awareness among participants.
- Self-assessment helps to have a clear notion of the available and missing information on the topic.
- The exercise can help gather contributions for the revision of a national strategic plan for the sector and identify suitable partners in the area of equitable access.
- Involving stakeholders from outside the water sector is challenging.

## Section III: Actions taken to improve equitable access to water and sanitation

The findings of the self-assessment have informed subsequent national action on water and sanitation.

It has prompted a **set of complementary studies** on topics relevant to equitable access to water and sanitation, which include:

- A study in 2015 about cut-off mechanisms, looking at both the installation of flow restrictors as a way of providing water and the use of informal contracts to reduce the amount of unpaid bills.
- A subsequent study developed by ERSAR in 2017 and 2018 collected figures and qualitative practices related with service suspensions that allowed for the characterization of these practices in Portugal.
- A study entitled, ‘Social tariffs for water and waste services in mainland Portugal’, which was jointly carried out by academics and representatives of ERSAR<sup>37</sup>.

<sup>35</sup> Preliminary data for 2001, Country report, Assessing progress in achieving equitable access to water and sanitation, Pilot project in Portugal, p.8.

<sup>36</sup> Ibid, p.73.

<sup>37</sup> Inês Gonçalves, David Alves and Gisela Robalo (2014) Social tariffs for water and waste services in mainland Portugal: an impact analysis. *Water Sci. Technol.* Vol. 14, pp. 513–521.

- Main recommendations were integrated into the revision process of the Strategic Plan, which has subsequently been replaced by the Strategy for Water Supply and Wastewater Sanitation for 2020 (PENSAAR 2020). Findings also informed the process of setting national targets under the Protocol on Water and Health in 2017. It also led to the inclusion of an affordability indicator in the ERSAR Annual Report on Water and Waste Services in Portugal (RASARP), comparing the charge each consumer pays per year with his/her annual disposable income.
- At a **regulatory level**, the exercise was instrumental in improving legislation. A statutory regime that automatically attributes a social tariff for the provision of water services to lower income consumers was approved by Parliament in 2017. The drafting of a proposal of the Tariff Regulation for Water Supply Services and Wastewater Services is ongoing and is currently under public consultation. This process is linked with the review of other legislation enacted by the government to ensure that the new regulation is applicable to all management models and has a legal framework to support it. This regulation is a cornerstone to ensuring the effective sustainability of the sector, as well as the protection of consumers.
- The practice of developing recommendations on tariff-setting and social tariffs prepared the groundwork for the development of legislative measures on affordability. ERSAR decided to translate in 2017 the Manual on the Human Rights to Safe Drinking Water and Sanitation for Practitioners—the first official translation of the IWA Manual—in order to disseminate these practices across the sector. Additionally, ERSAR issued the aforementioned recommendation on social tariffs and associated definitions.

Finally, Portugal built on the knowledge acquired through the application of the Equitable Access Score-card to contribute and share **knowledge** with the international community through:

- The Manual on the Human Rights to Safe Drinking Water and Sanitation for Practitioners (IWA Manual).
- The Lisbon Charter for Guiding the Public Policy and Regulation of Drinking Water Supply, Sanitation and Wastewater Management Services.

#### **Section IV: Financing equitable access to water and sanitation**

Portugal's public budget addresses certain dimensions of equitable access to water and sanitation. For people with special physical needs there is a national system of support that is jointly managed by the ministries of Health, Education and Social Security, namely, the System of Support to Products of Autonomy (SAPA). This is aimed at funding access to specific products related to the needs of these particular groups of people, including water and sanitation related products, e.g. adapted showers. Despite this however, the country lacks a comprehensive approach to equitable access, and the funding is often not specific to water and sanitation. For institutionalized users in prisons for instance, the funding for water and sanitation comes from the general budget allocated to prison services.

At the international level, Portugal benefits from the EU Cohesion Fund and the European Regional Development Fund (ERDF). These funds are allocated to the least developed areas of the country, which are usually the ones with low access to basic services, so there is a possibility to use the financial contributions for activities related to equitable access to water and sanitation, like in the Operational Programme for Sustainability and Efficient Use of Resources (PO SEUR).



## 6.9 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: SERBIA

### Section I: Country setting

#### Basic information

POPULATION	7.1 million
AREA	88,499 km <sup>2</sup>
GDP	US\$ 41.43 billion
GDP PER CAPITA	US\$ 5,900
ACCESS TO DRINKING WATER (2017)	Total: 99% Urban: 100% Rural: 99%
ACCESS TO SANITATION (2017)	Total: 95% Urban: 99% Rural: 95%

**Protocol on Water and Health.** Serbia acceded the Protocol in April 2013. It has since been active in implementing the provisions of the treaty, including the setting-up of national targets under the Protocol and improving equitable access to water and sanitation. Serbia has chaired the Protocol on Water and Health during the period 2017–2019.

**Water sector.** Several national ministries are in charge of the water sector: the Ministry of Environmental Protection, the Ministry of Health, and the Ministry of Construction, Transport and Infrastructure. Social policy and financial aspects are administered by both the Ministry of Labour, Employment, Veteran and Social Policy and the Ministry of Finances, with the Ministry of Public Administration and Local Self-Government also involved. Public policies in Serbia delegate to units of local self-government the maintenance and operation of communal facilities, as well as the regulation of their performance.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>38</sup>

**Geographical disparities at national level.** In rural areas, people rely predominantly on small-scale water supplies and yet there is still a number of challenges. One of them is the lack of a responsible, designated national authority, which consequently leads to the irregular analysis of water quality, which can directly impact on the health of the rural population. Building a centralized water supply system would mobilize high financial costs that are barely justified by the small numbers of users.

**Vulnerable and marginalized groups at national level.** Serbia's legal framework does not recognize the differentiated needs of vulnerable and marginalized groups. Social categorization is not in line with that of the Equitable Access Score-card, as the definition of social vulnerability only considers financial resources, and social protection is not granted to many categories of users.

**Governance framework and geographical disparities at local level.** It was found that most municipalities have strategic and operational goals already in place that encompass equitable access to water and sanitation, but only a few have clearly defined targets. Policies to reduce geographical disparities for instance, are addressed through the Sustainable Development Strategy within the priority of rural development, but only a small number of local self-governments have sectoral strategies in place. Moreover, access to sanitation is reportedly low in the local rural areas that carried out the self-assessment, i.e. 0–20 per cent according to the country report<sup>39</sup>.

**Vulnerable and marginalized groups at local level.** While the needs of users of health and education facilities and retirement homes are recognized within the legal framework, other groups, such as people with disabilities, do not enjoy any social protection with regards to access to water and sanitation because their categories are not recognized at the local self-government level.

<sup>38</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2nlxY7p>

<sup>39</sup> Self-Assessment Score-card, Equitable Access to Water and Sanitation, Serbia Country Report, p.26.

**Affordability at local level.** Affordability concerns are mostly dealt with in an ad hoc manner, and no “system solutions” are in place at the municipal level. In most cases, beneficiaries get one-time financial assistance, though not necessarily targeted to cover their water bills. Others who benefit from social protection can sometimes be exempt from payment.

## **II.B. Self-assessment process**

**Brief description of the process.** In 2016, Serbia decided to apply the tool at both national and district levels. The implementation of the project had a time frame of six months and the leading public authorities involved were the Ministry of Environmental Protection and the Ministry of Health. At the district level, self-assessment was performed in the districts of Sumadija and Pomoravlje, encompassing a total of 13 self-governments<sup>40</sup>. The Regional Economic Development Agency for Sumadija and Pomoravlje (REDASP) was designated as responsible for implementing the project by the Interministerial Joint Body, a national entity established to implement the Protocol and composed of both governmental and non-governmental representatives. As part of the process, Serbia organized two workshops, as well as thematic focus groups in order to ensure effective communications and exchanges with local stakeholders.

### **Key lessons learned from the process:**

- Direct contact with local stakeholders brings about a change of attitude, leading them to appreciate the importance of equitable access to water and sanitation.
- Applying the tool at the local level allowed Serbia to ascertain how the national framework is applied.
- The implementation of thematic focus groups proved useful, as good practices were identified in the self-governments of Sumadija and Pomoravlje, and it was noted that these should be exchanged.

## **Section III: Actions taken to improve equitable access to water and sanitation**

### **III.A. Process of development of the Equitable Access Action Plan**

The self-assessment exercise in Serbia was carried out with the aim of developing an action plan on equitable access to water and sanitation based on its results. This Action Plan has been developed from June 2018 to February 2019 through a participative process involving relevant local and national stakeholders, including local self-government representatives, NGOs, service providers, and so on. It was endorsed by the interministerial Joint Body in charge of the implementation of the Protocol on Water and Health in February 2019.

### **III.B. Main elements of the Equitable Access Action Plan<sup>41</sup>**

The Equitable Access Action Plan covers a period of three years from June 2019 to June 2022 and includes 53 projects or initiatives targeting the issues prioritized during the assessment and covering both the national and local levels. It includes starting dates and the identification of lead institutions and partners, but it does not yet include funding sources. Formal reporting of the implementation of the Action Plan will take place annually through the meeting of the interministerial Joint Body in charge of implementing the Protocol on Water and Health.

The different projects and initiatives encompass many types of actions:

- Enhancing the knowledge base at national and local level
- Reforms to existing laws
- Improvements in strategic planning at national level
- Improving inter-institutional coordination at local level
- Strengthening the capacity of local self-governments
- Awareness-raising efforts
- Mobilization of financial resources
- Realization of investments

<sup>40</sup> Of these, 12 participated in the self-assessment.

<sup>41</sup> For more information on the local Equitable Access Action Plans, see <https://bit.ly/2nrWOMi>

#### Section IV: Financing equitable access to water and sanitation

For the period 2007–2013, Serbia signed a financial agreement with the EU delegation to access the national Instrument for Pre-Accession Assistance (IPA) programme through which it obtained €500 million to improve living conditions in some areas, €76 million of which was approved for the Municipal Infrastructure Support Programme to provide equitable access to water and sanitation.

The majority of municipalities also has mechanisms in place to encourage service providers to implement action to achieve equitable access to water and sanitation, for example network expansion in rural areas. Most local governments have also carried out an assessment of the budgets necessary for achieving equitable access to water and sanitation and consequently they have developed project budgets.

During the process of elaboration of the Action Plan, all participants, i.e. representatives of local municipalities and Public Utility Companies, expressed willingness and interest to consider this document in future budget planning.



## 6.10 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: SPAIN

### Section I: Country setting

#### Basic information

POPULATION	46.57 million (2017)
AREA	505,935 km <sup>2</sup>
GDP	US\$ 1,311.32 billion
GDP PER CAPITA	US\$ 28,158
ACCESS TO DRINKING WATER	Total: 99.9% Urban: 100% Rural: 99%
ACCESS TO SANITATION	Total: 95.06%

**Protocol on Water and Health.** Spain ratified the Protocol in September 2009. It has co-led activities on increasing resilience to climate change under the programme of work for 2017–2019.

**Water sector.** In the country, the Ministry for the Ecological Transition is in charge of water resources management. Other ministries involved include the Ministry of Agriculture, Fisheries and Food, and the Ministry of Health, Consumer Affairs and Social Welfare. The responsibility for the provision of water supply and sanitation services, and its tariff system rests with the municipalities, i.e. local governments. Autonomous Communities, i.e. regional governments, are responsible for the support, control and monitoring of the water supply and sanitation services provided by the municipalities, as well as for coordinating the management of shared supramunicipal infrastructures, in particular wholesale services.

In the municipality of Castelló, where the self-assessment was undertaken, there is a service concession with a private company, Facsa Ciclo Integral del Agua (FACSA), in charge of water utility.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>42</sup>

**Governance framework.** In the municipality, there is a lack of awareness on the rights-based perspective to water and sanitation. Mechanisms for rights-holders to access information, participate in decision-making and redress risk situations are either lacking or scarcely known.

**Geographical disparities.** Some technical mechanisms are available to facilitate the provision of water and sanitation services in rural areas. Nevertheless, people living and working in peri-urban areas—characterized by small-scale agricultural lands, i.e. “huertas”—are often not connected to the public network so that they resort to self-provision of the water supply and sanitation services, mainly from unregulated wells. Such unregulated provision of water has been overlooked when developing public policies on water and sanitation in the municipality.

Furthermore, people living in vulnerable and marginalized neighbourhoods, mainly in urban areas, face systemic barriers to equitable access to water and sanitation. Indeed, although these neighbourhoods have legal housing with formal access to basic services, their situation is generally neglected in public interventions owing to a knowledge gap about the number of people concerned and the actual conditions of their access to services. Geographical disparities therefore transcend the rural-urban dimension.

**Vulnerable and marginalized groups.** The self-assessment revealed the lack of official statistics on access to water and sanitation by vulnerable and marginalized groups, particularly agricultural workers and homeless people. Access gaps were also detected for certain categories of users, namely, farmworkers and people with special physical needs.

<sup>42</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2mWRgQf>

Within the poorest fifth of the population, only 35 per cent (mean value) has access to safe drinking water and 26 per cent (mean value) with access to sanitation.<sup>43</sup>

**Affordability.** It has been addressed only to a very limited extent by municipal authorities. Indeed, relevant data on water and sanitation services are largely unavailable. Furthermore, when the tariff structure was analysed in the self-assessment, it was found that there was little progressivity in the tariffs: the fixed component of the tariff structure (“cuota de servicio”) was too high when compared to the variable part (“cuota de consumo”). It is therefore recommended to restructure the pricing system. It was also found that social protection measures are not adequately implemented. One problem detected in this respect is that these measures are “reactive”, i.e. authorities settle the bills of vulnerable households that cannot afford to pay, but families must go and request this payment. Consequently, the implementation of these measures depends on whether the households are aware of them. It was concluded that a more proactive approach would be more beneficial.

Low water quality from the public network was also identified as a horizontal issue, with people commonly resorting to bottled water as an alternative.

## **II.B. Self-assessment process**

**Brief description of the process.** Differently from other UNECE countries that applied the Equitable Access Score-card, the self-assessment in Spain was led by an educational institution, the Universitat Politècnica de Catalunya (UPC). The UPC implemented the project in collaboration with the research group, Community Psychology and Cooperation for Development, Universitat Jaume I, and the city council of Castelló de la Plana of the Autonomous Community of Valencia. The exercise was undertaken against the backdrop of a wider net of research activities focusing on rural communities in low-income countries and on peri-urban areas in the Mediterranean region.

The self-assessment was performed at the local level in the Municipality of Castelló de la Plana for 4 months from April to July 2016. Two working sessions were organized, and they involved a total of fifteen experts coming from different backgrounds, including scholars, local political figures (the Councillor of Participation, Equality and Housing), and representatives of civil society and the water utility. The score-card application was presented as a way to progress towards achieving both the SDGs and human rights to water and sanitation.

### **Key lessons learned from the process:**

- The methodology of the score-card proved efficient in engaging local stakeholders, defining a common working space between different sectors’ professionals at the local level, and promoting awareness on equitable access and on a rights-based perspective on access to water and sanitation.
- Academia and research groups played a notable role in the exercise and it was noted that applied research could be instrumental in promoting multidisciplinary partnerships.
- It would be beneficial to complement the score-card assessment with more specific assessments on the five normative dimensions of human rights to water and sanitation.

## **Section III: Actions taken to improve equitable access to water and sanitation**

The results of the self-assessment exercise were disseminated both at the national and international level. Internationally, they were communicated within activities carried out by the Protocol and by the Organisation for Economic Co-operation and Development (OECD), for instance on the role of cities in urban water governance. Furthermore, the project is being used to develop a scientific paper on the planning and management of water.<sup>44</sup>

In the municipality of Castelló, self-assessment led to some important actions being taken:

- The City Council has installed more public fountains and toilets so as to guarantee access to water and sanitation. In particular, today there are seven public fountains with water filtered by reverse osmosis technology in different neighbourhoods of the city, which supply a total of 40,000 litres per day.
- More agreements have been made between the City Council and the service provider (FACSA) to avoid water cuts to households in situations of social emergency. According to FACSA, there are around 500 families in situations of special need that have benefitted from these social emergency programmes.

<sup>43</sup> Agustí Pérez-Foguet, Sergio Ruiz-Cayuela and Ricard Giné-Garriga (2016). Urban Water – Castelló de la Plana: Participatory diagnosis on the Human Right to Water and Sanitation in Small Towns, p.6.

<sup>44</sup> Fatine Ezbakhe, Ricard Giné-Garriga, Agustí Pérez-Foguet (2019) Leaving No One Behind: Monitoring Access to Water, Sanitation and Hygiene for Vulnerable and Marginalized Groups. Science of the Total Environment (under review).

The educational institutions that were involved in self-assessment also identified some further steps to be taken, building on the insight acquired through the application of the score-card, which include:

- The organization of academic forums aimed at engaging other relevant stakeholders in the delivery of water and sanitation services, e.g. informal service providers and users' organizations.
- The coordination of academic efforts in order to identify future research areas that might be helpful in developing/evaluating policies on the delivery of water services to the economically disadvantaged section of the population.

The Water and Poverty Network (WAPONET) was recently created in Spain to promote joint research related to water poverty. It is worth highlighting that some researchers from the WAPONET network are currently working on the assessment of social protection measures in Castelló.

Finally, as the exercise uncovered some important information gaps, it was highlighted that priority should be given to developing training/information programmes. Certain information should also be publicly accessible in order to facilitate the understanding of the rights and duties of concerned actors, e.g. contractual arrangements between the local administration and service providers.

#### **Section IV: Financing equitable access to water and sanitation**

With regards to financing, the results of the self-assessment indicated that, at the municipal level, very few mechanisms exist to incentivize the supplier (FACSA) to implement investment plans that consider the equitable access perspective in water and sanitation.

There is currently a commitment in the water utility's concession not to cut the water supply to households that cannot afford it and are registered with social protection services.





## 6.11 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: UKRAINE

### SECTION I: COUNTRY SETTING

#### Basic information

POPULATION	44.8 million (2017)
AREA	603,628 km <sup>2</sup>
GDP	US\$ 112.9 billion
GDP PER CAPITA	US\$ 2,522
ACCESS TO DRINKING WATER	91.33 per cent <sup>45</sup>
ACCESS TO SANITATION	60.48 per cent <sup>45</sup>

**Protocol on Water and Health.** Ukraine ratified the Protocol in September 2003. In 2011, targets under Article 6 were set and approved by the Government. In 2013, Ukraine was one of the countries where the Equitable Access Score-card was piloted.

**Water sector.** The main responsible authority, which also acts as a coordinator for the Protocol, is the Ministry of Ecology and Natural Resources. Other ministries involved in water and sanitation include the Ministry of Health, the Ministry of Regional Development, Building and Housing, and the Ministry of Education and Science. Financial aspects are overseen by the Ministry of Finance, and the Ministry of Social Policy deals with social regulations.

### Section II: Self-assessment of equitable access to water and sanitation

#### II.A. Key findings<sup>46</sup>

**Governance framework.** One key finding was that the legal framework, although covering water in many regulations, is underdeveloped with respect to sanitation. Sanitation is given much less attention in State policy, and the right to sanitation lacks a national legal definition.

**Geographical disparities.** There are major geographical disparities in terms of both water quality and the price of services. There has been a persistent lack of financial resources in the water and sanitation sector for the past two decades, which has led to infrastructure deterioration as well as high levels of risks and accidents. Major cities used local budgets to replace obsolete infrastructures, but villages had been unable to do so leading to significant disparities. Moreover, villages rely overwhelmingly on decentralized systems, e.g. coverage of centralized sanitation systems in rural areas was found to be as low as 3 per cent, and the quality of such systems is not overseen by government authorities. The reduction of geographical disparities is not considered a political priority in Ukraine.

**Vulnerable and marginalized groups.** Information on the different categories of users varied significantly in terms of completeness and availability. The most significant information gaps were identified with respect to traveller communities (Roma) and homeless people. Kindergarten and school educational facilities were lacking proper menstrual hygiene management facilities for girls, and schools in rural areas were not equipped with sanitary toilets. To address the situation, Ukraine set a national target under the Protocol to increase by 2015 the share of educational facilities with drinking water of adequate quality, and connected to sewers and equipped with cesspools both in cities and in rural areas.

**Affordability.** The most relevant social protection measures in place in Ukraine aim to maintain affordable prices for all housing and utilities services. Measures include providing water and sanitation services free of charge, discounted prices of centralized water supply and sanitation services for certain categories of users, and non-monetary housing subsidies. However, social protection measures do not cover decentralized systems and systems of self-provision of water and sanitation. Overall, the tariff system does not strike a good balance between recovering the cost of services and guaranteeing affordability, as tariffs—and the price of other goods and services—increase faster than salaries.

<sup>45</sup> For official WHO UNICEF JMP data from 2015, see <https://washdata.org/data/household#!/>

<sup>46</sup> For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2nu4vZd>

A local self-assessment highlighted the situation of 1,202 households in Sevastopol, which had been disconnected from a sewer as a result of non-payment of water bills in March 2013.

## **II.B. Self-assessment process**

**Brief description.** The self-assessment exercise was undertaken as a pilot process. The exercise was performed at both national and local levels in the city of Sevastopol and had a time frame for implementation of five months from January to May 2013. It was mainly implemented by the State Sanitary and Epidemiological Service (SSES) and by the national environmental NGO MAMA-86 supported by the Ministry of Ecology and Natural Resources. The project also involved experts on the legal, financial and social aspects of the WASH sector, and included international obligations concerning water and sanitation. National public authorities, including the Ministry of Health, the Ministry of Regional Development, Building and Housing, the Ministry of Social Policy, and State Agencies and Services were involved in gathering information for the score-card assessment. As part of the process, Ukraine organized stakeholder workshops, as well as press events to convene the results of the self-assessment.

### **Key lessons learned from the process:**

- Applying the score-card requires some capacity in place. Practical experience in cooperating with different stakeholders and working together on different aspects of the water sector can serve as good groundwork for the self-assessment exercise.
- The score-card is a useful tool to raise awareness on the rights to water and sanitation, to analyse gaps in access to water and sanitation, to prioritize problems and to further discuss possible solutions among the different stakeholders. At the local level, it empowers local communities by improving knowledge on the topic of equitable access to water and sanitation.
- The State-NGO partnership was beneficial in applying the score-card. NGOs can provide a neutral framework for reviewing the self-assessment results and can facilitate the carrying out of the exercise at the local level.
- There is a lack of expertise at the national level on the theory and practice related to the rights to water and sanitation such that capacity-building and awareness-raising are needed in this respect.

## **Section III: Actions taken to improve equitable access to water and sanitation**

The results of the self-assessment were used to lobby for legislative changes in the existing Law on Drinking Water and Drinking Water Supply, in particular for the inclusion of additional definitions and the recognition of new terms and concepts, as well as their introduction in national programmes. The amendments proposed included definitions of sanitation, rights to sanitation, affordability of WSS, safe drinking water, and water safety plans (WSPs). Although not all the proposed changes were accepted, the introduction of WSPs, affordability of WSS, and amendments regarding sanitation were incorporated into the final version of the Law on Drinking Water, Drinking Water Supply and Water Disposal. About drinking water, drinking water supply and water disposal. Results regarding geographical disparities were used to advocate for budget support to the State Targeted Programme on providing a centralized water supply to rural settlements, which was already in place but was not adequately funded.

The findings on poor water quality were also extremely significant and in particular for the SSES, the national entity responsible for drinking-water safety. The findings prompted SSES to work and cooperate in 2015 with the WHO Regional Office for Europe and the WHO office in Ukraine to introduce risk-based approaches to drinking-water quality surveillance in the country, i.e. WSPs.

At the local level, the score-card's results in the city of Sevastopol furthered discussion among the different stakeholders on the option and costs of connecting households to the main sanitary sewers and on financing mechanisms, particularly cross-subsidizing, to ensure the affordability of water and sanitation for all users. The situation of the 1,020 households who were disconnected from the sanitation network was also brought to the attention of city authorities.

Furthermore, the NGO MAMA-86 used the results of the score-card to prepare a project proposal on ensuring the rights to water and sanitation, obtaining the financial support (about €90,600) from the Swedish International Development Cooperation Agency (Sida). The main objectives were to collect additional information on access to water and sanitation in targeted communities, to build the capacity of local authorities in ensuring equitable access to water and sanitation, and to stimulate public discussion on local issues concerning access to water and sanitation. The project was implemented in 12 regions where the self-assessment was performed, and it led to the development of water and sanitation safety plans (WSSPs) for the selected project areas. In 2016, eight pilot projects on selected measures of WSSPs were implemented involving targeted communities and having a tangible impact on more than 17,000 residents, mainly children and rural dwellers.

#### Section IV: Financing equitable access to water and sanitation

Funds for activities related to equitable access to water and sanitation are typically allocated within national and regional programmes financed by the State budget. These include, for instance, the national programme Drinking Water of Ukraine and the State Programme of Reforming and Developing Housing and Utilities Sector. Some projects are also co-financed by local entities, e.g. oblast.

Many of the challenges faced by Ukraine in ensuring equitable access to water and sanitation relate to a chronic underfunding of the water and sanitation sector. This is the case for poor water quality, which is closely related to the lack of investment in water and sanitation related infrastructures. Underfunding also leads to a low rate of implementation of relevant laws and policies, which means that even when legislative steps are taken, they might not translate into tangible improvements for the population. The programme Drinking Water of Ukraine for 2006–2020 for instance, was only implemented by 20 per cent in 2011 owing to a lack of resources. The State Target-specific Programme for Ensuring Priority Centralized Water Supply in Rural Settlements was underfunded such that centralized water supplies and sanitation services were only provided at about 25 per cent of the planned level.

For future activities related to water and sanitation, Ukraine must have a financing strategy in place. This is not specifically targeted to ensure equitable access to water and sanitation, but it does estimate costs for some specific actions, including the provision of drinking-water supply and sanitation services to educational and health care facilities. Furthermore, Ukraine has considered financing the installation of individual and collective tertiary treatment units, i.e. on-tap filters, including in pre-school facilities and clinics, and to establish drinking water distribution centres. Funds have been allocated by the Ministry of Regional Development, Building and Housing from 2006 to 2020 with the estimated costs of the projects reaching 166.5 million hryvnia (~US\$ 6.6 million), of which 150.2 million hryvnia (~US\$ 6 million) come from the State budget.

In terms of international support for the water and sanitation sector, Ukraine has mobilized funds from the World Bank and the European Bank for Reconstruction and Development, mainly to benefit infrastructure related projects. Furthermore, Sida has provided financial support in Ukraine, including grants of 45 million kronor (~US\$ 4.6 million) for the modernization of water utilities and another grant of 40 million kronor (~US\$ 4.1 million) for the purchase of wastewater treatment facilities and the elimination of wastewater discharges into the Black Sea.



# The Human Rights to Water and Sanitation in Practice

Findings and lessons learned from the work on  
equitable access to water and sanitation

The Protocol on Water and Health is a legally binding instrument aimed at achieving an adequate supply of safe drinking water and sanitation for everyone and effectively protecting water resources in the pan-European region. In pursuing such aims, it gives special consideration to ensure equitable access to water and sanitation services “for all members of the population, especially those who suffer a disadvantage or social exclusion”. The Protocol provides a sound framework for progressively translating into practice the human rights to water and sanitation, requiring its Parties to set targets and implement specific measures to ensure equitable access.

Since 2011, several guidance documents and tools have been developed under the Protocol to help countries better understand, assess and address the challenges of ensuring equitable access to water and sanitation. As a consequence, several countries in the pan-European region have taken concrete action towards more equitable access to water and sanitation services.

This publication capitalizes on the findings and lessons learned so far from the work on equitable access to water and sanitation under the Protocol. It features the experiences of eleven countries from the pan-European region that have established baseline measures of their situation with regard to equitable access to water and sanitation. This was achieved through multi-stakeholders’ self-assessment processes by looking at geographical disparities, specific barriers faced by vulnerable and marginalized groups, affordability concerns, as well as the governance framework. The publication also presents the concrete technical and policy actions taken by these countries to achieve equitable access to water and sanitation. It examines national experiences with the development of Equitable Access Action Plans and considers the practical steps that can be taken to improve the planning and financing of specific action plans.

The examples and analysis of common trends and important considerations presented in this publication aim to inspire further action to achieve equitable access to water and sanitation in the pan-European region. At national and local levels, it can encourage and support policy and decision makers, and other stakeholders to engage in self-assessments, which are instrumental in identifying specific actions to address gaps in access, to develop strategic approaches in financing equitable access, and to consecutively implement actions to achieve equitable access to water and sanitation for all members of the population.

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