



DRAFT REVISED EQUITABLE ACCESS SCORE-CARD AND GLOSSARY

As of September 2022

Summary

This document is a revised version of the Score-card and glossary sections of the Equitable Access Score-card tool¹ published by the UNECE and WHO/Europe under the Protocol on Water and Health in 2013.

The present version is the result of various revision rounds through which feedback and comments were received by countries and organizations during and after the Regional Workshop on Equitable Access to Water and Sanitation² (Geneva, 13-14 June 2022). Subsequently, the joint secretariat published a draft revised version, which was piloted in Montenegro and Albania to feed into the further revision of the Score-card.

The objectives of the revised Score-card and glossary are:

- to reflect the lessons learned from the COVID-19 pandemic by assessing the ability to secure the provision of WASH services in emergency situations and addressing other key equity-related issues discussed during the Regional Workshop on Equitable Access to Water and Sanitation;
- to ensure alignment with the recent work on affordability carried out by the Expert Group on Equitable Access to Water and Sanitation as documented in the 2022 Protocol's publication *Making Water and Sanitation Affordable for All: Policy options and good practices to ensure the affordability of safe drinking water and sanitation services in the pan-European region.*³

The Expert Group on Equitable Access to Water and Sanitation is invited to provide comments and suggestions for the finalization of this tool by December 2024.

Words labeled with an asterisk (*) are defined in the glossary

¹ <https://unece.org/environment-policy/publications/equitable-access-score-card-supporting-policy-processes-achieve>

² <https://unece.org/info/Environmental-Policy/Water-Convention/events/360842>

³ <https://unece.org/environment-policy/publications/making-water-and-sanitation-affordable-all-policy-options-and-good>

Country/Region Profile

Socioeconomic and Sector Data

	2021 or latest available year (indicate year)	2015 (select a different baseline year if it fits better with your national/regional processes)	Source (use official statis- tics wherever possi- ble)
Population (inhabitants)			
Extension (km ²)			
GDP* per capita (EUR/person)			
% of population below national poverty line*			
% of population unemployed			
% of population living in urban areas			
% of population living in peri-urban* areas (ONLY if this category is relevant in your country/region)			
% of population living in rural areas			
Renewable freshwater resources (million m ³ per			
% of population without access to safe drinking water			
% of population without access to sanitation* (level of wastewater collection and wastewater treatment)			
% of population without access to hygiene* (facilities, products, behaviour promotion, and educational activities)			
Public financial resources* spent on the water and sanitation sector			
Public financial resources spent on ensuring equitable access to water and sanitation			
Please provide the definition of safe drinking water if different from the one described in chapter 2			

International Obligations on Water and Sanitation

	Yes	No
Is your country Party to 1966 International Covenant on Economic, Social and Cultural Rights and its Optional Protocol (2013) ?		
Is your country Party to the 1999 Protocol on Water and Health?		

Section 1.

Steering Governance Frameworks to Deliver Equitable Access to Safe Drinking Water, Sanitation and Hygiene

Areas of Action	Relevant section in the <i>No one Left Behind</i> publication
1.1 Strategic framework for achieving equitable access	section 3.1 section 3.4
1.2 Sector financial policies	section 3.1 section 2.3
1.3 Rights and duties of users and other right-holders	section 3.2

Area 1.1 Strategic framework for achieving equitable access

Rationale. Although progress is achieved through individual initiatives, a strategic framework is needed to ensure that the whole water and sanitation sector (and the whole public administration more generally) contributes to achieving equitable access **applying the normative criteria (availability, quality, affordability, accessibility, acceptability) and cross-cutting principles of the human rights to water and sanitation (Annex)**

	Yes	To a large extent	To a limited extent	No
1.1.1 The human rights to safe drinking water and sanitation have been introduced in the country's legal order				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.1.2 A strategic plan is in place to ensure equitable access to safe drinking water, sanitation and hygiene				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.1.3 Equitable access targets have been set				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.1.4 Responsibilities for achieving equitable access have been identified and allocated, including those of local governments				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
1.1.5 There are mechanisms in place to enable discussion and coordination by competent authorities, including local governments				

<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>1.1.6 The country/region/city has assessed the equity of access to safe drinking water, sanitation and hygiene</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.1.7 The WASH sector’s plans include measures to ensure equitable access to hygiene (domestic and personal) for all through hygiene roadmaps, guidelines for hygienic-sanitary measures, promotion of hygiene behavior, trained professionals (MHH), availability of handwashing facilities and for menstrual hygiene management, and hygiene products (eg.: soap, menstrual pads/solutions, toilet paper)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.1.8 The WASH sector’s plans include measures to ensure preparedness and response of the WASH sector in emergency* situations with a particular focus to meet the needs of vulnerable and marginalized groups (such as mechanisms to address immediate needs and long-term impacts identified in collaboration with specific vulnerable and marginalized groups; activities to sensitize and build capacity to guide and prepare specific vulnerable and marginalized groups, public officials, service providers, CSOs, media, business, policy makers and population at large; communication campaigns, backup water sources, and, when relevant, classification of staff from WASH service providers* as priority group for vaccination)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

<p>1.1.9. WASH sector includes measures to coordinate action between government authorities and service providers to ensure the continuity of WASH services for all, particularly for vulnerable and marginalized groups during emergency situations (for instance with the creation of a coordination platform to communicate concerns and solutions, and the creation of mechanisms for vulnerable and marginalized groups to raise their complaints and follow-up the implementation of interventions)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.1.10. The WASH sector’s plans include climate change adaptation strategies and measures to ensure the continuous provision of WASH services for all particularly for vulnerable and marginalized groups and existing geographical disparities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 1.1 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 8</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 1.2 Sector financial policies				
<p>Rationale. Financial resources will have to be spent to implement the initiatives needed to achieve the equitable access targets. At the same time, the overall policies steering sector revenue and expenditures may have large positive and negative impacts on achieving equitable access. In some countries, sector financing is dependent to a large extent on development partners’ support and there is scope to increase the contribution of this support to achieving equitable access.</p>				
	Yes	To a large extent	To a limited extent	No

<p>1.2.1 The amount of financial resources needed to achieve equitable access to safe drinking water, sanitation and hygiene has been estimated</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.2.2 The source of funding to achieve equitable access to safe drinking water, sanitation and hygiene have been approved (costed implementation plan with sufficient human and financial resources). Please indicate if a gender equality perspective has been applied</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.2.3 The finance strategies for the WASH sector take equity issues into account and include specific targets to eliminate them progressively</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.2.4 There are mechanisms in place to induce service providers to implement investment plans that favor providing access to those right-holders* that lack it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.2.5 The national/regional/city government monitors and publicly reports financial resource allocation</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
1.2.6 International financial support for the WASH sector takes equity issues into account				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.2.7 The finance strategies for the WASH sector include measures to ensure that policy responses to pandemics*, epidemics*, climate change effects and induced extreme weather events and other emergencies do not undermine the financial sustainability of service providers (such as multi-actor emergency coordination mechanism, including international and multilateral organizations and other actors)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 1.2 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 7</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low</p>				

Area 1.3 Rights and duties of users and other right-holders

Rationale. Water and sanitation* users and right-holders should not be considered merely the beneficiaries of access to water and sanitation. They have roles to play in demanding, shaping and maintaining equitable access to water and sanitation.

1.3.1 There are mechanisms in place to ensure that right-holders know their rights and obligations as well as how to access relevant information. **The responsible authorities collaborate with other organizations, such as local NGOs and human rights organizations to sensitize specific vulnerable and marginalized groups and the general population at large, as well as media, policy makers, business and all relevant public officials**

Score justification: (explain briefly and/or give examples that justify the answer)

Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)

Reliability of the response: (high, medium, or low)

1.3.2 There are mechanisms in place to allow right-holders to participate in the decision-making process concerning the level and quality of access that they receive, **and any other WASH related processes* that might affect them (strengthening of partnerships among governments, NGOs, and community-based organizations)**

Score justification: (explain briefly and/or give examples that justify the answer)

Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)

Reliability of the response: (high, medium, or low)

1.3.3 There are mechanisms in place to allow right-holders to seek redress and enforce remedial actions* **(through effective complaint mechanisms* at all levels: service provider level; administrative level (supervision/control bodies, municipality); quasi-judicial mechanisms (national human rights institutions or similar at national, regional and international levels); and access to courts at national and regional levels, including in emergency situations**

Score justification: (explain briefly and/or give examples that justify the answer)

Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)

Reliability of the response: (high, medium, or low)

1.3.4 There are mechanisms in place to allow right-holders to keep responsible authorities accountable **(through public participation in monitoring and evaluation processes, and at different levels of decentralization – such as monitoring the performance of service providers and the implementation of institutional regulations carried out by supervision/control bodies; monitoring the inclusion of updated data carried out by national statistical institutions) including in emergency situations**

Score justification: (explain briefly and/or give examples that justify the answer)

Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)

Reliability of the response: (high, medium, or low)

Please calculate the score for Area 1.3

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 4

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Section 2.

Reducing geographical disparities

Areas of Action	Relevant section in the <i>No one Left Behind</i> publication
2.1 Public policies to reduce price disparities between geographical areas	section 4.1
2.2 Public policies to reduce price disparities between geographical areas	section 4.2
2.3 Geographical allocation of external support for the sector	section 2.3

Quantitative Information on Geographical Disparities

Provide the official definition of rural, urban and (if applicable) peri-urban areas in your country/region

	2021 or closest year (indicate year)	2015 or closest year (indicate year)	Source (indicate whether this is an official source)
Rate of access to safe drinking water in urban areas (%)			
Rate of access to safe drinking water in peri-urban* areas (%) (only if this category is relevant in your country/region)			
Rate of access to safe drinking water in rural areas (%)			
Rate of access to sanitation in urban areas (%)			
Rate of access to sanitation in peri-urban areas* (%) (only if this category is relevant in your country/region)			
Rate of access to sanitation in rural areas (%)			
Public financial resources spent in reducing geographical disparities in access to safe drinking water and sanitation (million EUR)			
Public financial resources spent in reducing geographical disparities in access to safe drinking water and sanitation (EUR per capita)			
Public financial resources spent in reducing geographical disparities in access to safe drinking water, sanitation and hygiene (% of budget spent on water, sanitation and hygiene)			

Area 2.1 Public policies to reduce access disparities between geographical areas

Rationale. Public policies play a major role in reducing disparities in access between geographical areas and particularly in increasing access in rural areas. The disparities include those related to physical access and those related to the quality of the service.

	Yes	To a Large Extent	To a Limited Extent	No
2.1.1 There is a public policy for reducing disparities between urban, peri-urban* and rural areas				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.2 Integrated approaches have been adopted to support the delivery of water, sanitation and hygiene services in rural areas and, informal settlements*				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.3 There are mechanisms in place to support the implementation of appropriate technical solutions for service delivery in rural areas and, informal settlements*				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.4 There are mechanisms in place to support the implementation of appropriate technical solutions for self-supply* of services by households in areas where there is no service provider				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.5 WASH sector* policies mobilize sufficient financial resources to reduce the access gap in rural and peri-urban* areas according to the established targets				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 2.1

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 2.2 Public policies to reduce price disparities between geographical areas

Rationale. Some geographical areas face higher prices than others. This may be due to higher levels of service, higher cost of service provision (e.g. due to expensive access to clean water sources, or to low density of population), less efficient Provision of services (e.g. poor maintenance leading to higher cost, or too many staff per connection), or uneven distribution of public subsidies. Public policies can play a major role in reducing price disparities between geographical areas.

	Yes	To a large extent	To a limited extent	No
2.2.1 There are mechanisms in place to track prices as well as cost of provision of water and sanitation services				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.2.2 Price benchmarking tools (such as affordability* indicators or tariff reference values*) have been introduced				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.2.3 Public subsidies are targeted to those areas that face higher costs of service provision (not just higher prices)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.2.4 The WASH sector is organized to enable cross-subsidization between localities with high-cost and low-cost of service provision				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 2.2 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 4</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low</p>				

Area 2.3 Geographical allocation of external support for the WASH sector

Rationale. In some countries, development partners* (donor countries) are key providers of funding for water and sanitation infrastructure. There is often scope to reallocate the funding to accelerate access in geographical areas that lag behind.

	Yes	To a large extent	To a limited extent	No
2.3.1 Public authorities have identified in the WASH sector plans the areas that are lagging behind and require external support				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.3.2 There is international financial support to increase access in geographical areas that lag behind (as identified in the WASH sector plans)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 2.3 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 2</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Section 3.

Ensuring Access for Vulnerable and Marginalized Groups*, applying a gender equality* perspective

Areas of Action	Relevant section in the <i>No one Left Behind</i> publication
3.1 Public policies to address the needs of vulnerable and marginalized groups	section 5.1
3.2 Persons with special physical needs	section 5.2
3.3 Users of health care facilities, including healthcare workers	section 5.3
3.4 Users of educational facilities	section 5.3
3.5 Users of retirement homes	section 5.3
3.6 Prisoners	section 5.3
3.7 People living in collective centres and camps	section 5.3
3.8 Homeless people	section 5.4
3.9 Travelers and nomadic communities	section 5.4
3.10 Persons living in housing without safe drinking water and sanitation	section 5.5
3.11 Persons without access to safe drinking water, sanitation and hygiene in their workplaces	not discussed
3.12 Users of markets and public transport	not discussed

Quantitative Information on Vulnerable and Marginalized Groups*

Please, provide the official definition of vulnerable and marginalized groups in your country/region/city

	2021 or closest year (indicate year)	2015 or clos- est year (indicate year)	Source (indicate whether this is an official
% of persons with access to safe drinking water in the country/region/city. If you have disaggregated data* on gender diversity* available, please indicate it			
% of persons with access to safe drinking water by the poorest fifth of the population. If you have disaggregated data on gender diversity available, please indicate it			
% of persons with access to sanitation in the country/region/city. If you have disaggregated data on gender diversity available, please indicate it			
% of persons with access to sanitation by the poorest fifth of the population. If you have disaggregated data on gender diversity available, please indicate it			
% of water and sanitation facilities open to the public that are accessible to people with disabilities. If you have disaggregated data on gender diversity available, please indicate it			
% of hospitals that have sufficient and adequate safe drinking water, sanitation and hygiene services			
% of schools that have sufficient and adequate safe drinking water, sanitation and hygiene services			
% of prisons that have sufficient and adequate safe drinking water, sanitation and hygiene services			
% of persons without a fixed residence that have access to safe drinking water, sanitation and hygiene through public facilities			
Number of people lacking access to safe drinking water at home (while living in neighborhoods where access is available)			
Number of people lacking access to sewer at home (while living in neighborhoods where access is available)			

Public financial resources spent in ensuring access to safe drinking water, sanitation and hygiene by vulnerable and marginalized groups (million EUR)

Public financial resources spent in ensuring access to safe drinking water sanitation and hygiene by vulnerable and marginalized groups (EUR per capita)

Area 3.1 Public policies to address the needs of vulnerable and marginalized groups

Rationale. There are many vulnerable and marginalized groups, each with their own needs and facing different barriers to achieve equitable access, and thus requiring different solutions. Public policies, both in the water and sanitation sector and other sectors, can play a major role in ensuring access. An integrated policy response needs to be articulated.

	Yes	To a large extent	To a limited extent	No
3.1.1 There is a safe drinking water, sanitation and hygiene policy recognizing the special and differentiated needs of vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.2 Relevant policies in other sectors (e.g. social inclusion, social protection, gender, education, health, prisons, housing, climate change) include their role in ensuring access to safe drinking water, sanitation and hygiene by vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.3 There are mechanisms in place to identify (in a participatory manner) and address the safe drinking water, sanitation and hygiene needs of vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.4 Public budgets provide specific funding to address the safe drinking water, sanitation and hygiene needs of vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
<p>3.1.5 Integrated approaches (involving different administrations) have been adopted to support the delivery of safe drinking water sanitation and hygiene services for vulnerable and marginalized groups and eliminate their inequalities progressively applying a gender equality perspective</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.1.6 When changes to customer services (such as digitalization of billing) have been considered, there impacts on vulnerable and marginalized groups have been assessed and solutions identified with their participation (ensuring adequate channels of access to information as well as accessible payment methods)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.1 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 6</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low</p>				

Area 3.2 Persons with special physical needs

Rationale. Many disabled, sick, and elderly people face problems in accessing water supply and sanitation services because of their specific physical needs.

	Yes	To a large extent	To a limited extent	No
<p>3.2.1 There is data on levels of access to safe drinking water, sanitation and hygiene by persons with special physical needs. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.2.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene by persons with special physical needs</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.2.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by persons with special physical needs (such as for adapting home facilities)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.2.4 There are minimum technical standards that ensure the establishment of facilities accessible to persons with special physical needs</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.2 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 4</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 3.3 Users of health facilities, **including healthcare workers**

Rationale. Uses of health facilities cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at health facilities.

	Yes	To a large extent	To a limited extent	No
<p>3.3.1 There is data on levels of access to safe drinking water, sanitation and hygiene in health care facilities. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.3.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene by users of health care facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.3.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by users of health care facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.3.4 Health care facilities have effective complaint mechanisms in place, and coordination support is carried out with other institutions and actors (eg. regulatory and control bodies, municipalities, service providers)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.3.5 Health care facilities have water fountains (or other source of safe drinking water), separate and sufficient* toilets for males and females, adequate facilities for menstrual hygiene management*, functional handwashing facilities, and hygiene products: soap, menstrual pads/solutions, toilet paper)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
3.3.6 Staff of health care facilities have been trained on good hygiene practices and hygiene behavior promotion				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.3 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 6</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				
3.3.7 Health and sanitary workers are priority groups to be provided with personal protective equipment (PPE), masks, gloves and vaccination timely, in particular during pandemics or similar emergency situations				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.3.8 Healthcare facilities workers have strengthened their functional skills in using online platforms and technology, in particular to handle future pandemics and other emergency situations				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.3 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 6</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 3.4 Users of educational facilities*

Rationale. Users of educational facilities (which include kindergartens, schools, and universities) cannot secure independent access to safe drinking water, sanitation and hygiene for a large part of the day and depend on the water, sanitation and hygiene services provided at educational facilities.

	Yes	To a large extent	To a limited extent	No
<p>3.4.1 There is data on levels of access to safe drinking water, sanitation and hygiene in educational facilities (kindergartens, schools, universities) If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.4.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene in educational facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.4.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene in educational facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.4.4 Educational facilities have effective complaint mechanisms in place and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities, parents), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
3.4.5 Educational facilities have water fountains (or other source of safe drinking water), separate and sufficient* toilets for males and females, adequate facilities for menstrual hygiene management, functional handwashing facilities, and hygiene products (soap, menstrual pads/solutions, toilet paper)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.4 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 3.5 Users of retirement homes

Rationale. Users of retirement homes cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at retirement homes.

	Yes	To a large extent	To a limited extent	No
<p>3.5.1 There is data on levels of access to safe drinking water, sanitation and hygiene in retirement homes. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.5.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene in retirement homes</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.5.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene in retirement homes</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.5.4 Retirement homes have water fountains (or other source of safe drinking water), separate and sufficient* toilets for males and females, functional handwashing facilities, and hygiene products (soap, menstrual pads/solutions, toilet paper)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 3.5

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 3.6 Prisoners*

rationale. Prisoners cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at prisons and other detention centers.

	Yes	To a large extent	To a limited extent	No
<p>3.6.1 There is data on levels of access to safe drinking water, sanitation and hygiene in prison facilities. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.6.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene by prisoners</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.6.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by prisoners</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.6.4 Prison facilities have effective complaint mechanisms in place, and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.6.5 Prison facilities have water fountains (or other source of safe drinking water), separate and sufficient* toilets for males and females, adequate facilities for menstrual hygiene management, functional handwashing facilities, and hygiene products (soap, menstrual pads/solutions, toilet paper)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 3.6

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 3.7 People living in collective centers* and camps

Rationale. Asylum seekers, internally displaced people, migrants and other people living in collective centers and camps cannot secure independent access to safe drinking water, sanitation and hygiene and depend on the WASH services provided at those facilities.

	Yes	To a large extent	To a limited extent	No
<p>3.7.1 There is data on levels of access to safe drinking water, sanitation and hygiene in collective centers and camps. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.7.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene by people living in collective centers and camps</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.7.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by people living in collective centers and camps</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.7.4 Collective centers and camps have effective complaint mechanisms in place, and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.7.5 Collective centers and camps have water fountains (or other source of safe drinking water), separate and sufficient* toilets for males and females, adequate facilities for menstrual hygiene management, functional handwashing facilities, and hygiene products (soap, menstrual pads/solutions, toilet paper)</p>				

Score justification: (explain briefly and/or give examples that justify the answer)

Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)

Reliability of the response: (high, medium, or low)

Please calculate the score for Area 3.7

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 3.8 Homeless people

Rationale. A number of people lack access to water and sanitation services not because their locality is not served or because they cannot afford them, but because they have no fixed dwelling to be connected to the water and sanitation networks. They include homeless people. Homeless people must rely on public water and sanitation facilities.

	Yes	To a large extent	To a limited extent	No
<p>3.8.1 There is data on levels of access to safe drinking water, sanitation, and hygiene by homeless people. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.8.2 There is a public policy to ensure access to safe drinking water, sanitation, and hygiene by homeless people</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.8.3 There is specific public funding to support access to safe drinking water, sanitation, and hygiene by homeless people</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.8.4 There is an effective complaint mechanisms in place covering facilities aimed at homeless people (public fountains, toilets, showers, and handwashing facilities), and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
3.8.5 There are public fountains, separate and sufficient* toilets for women and men , showers and handwashing facilities with hygiene products (soap, menstrual pads/solutions, toilet paper) to support access to safe drinking water, sanitation and hygiene by homeless people				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 3.8

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 3.9 Travelers and Nomadic Communities

Rationale. A number of people lack access to safe drinking water, sanitation and hygiene services not because their locality is not served or because they cannot afford them, but because they have no fixed dwelling to be connected to the water and sanitation networks. They include travelers and nomadic communities. Travelers and nomadic communities have to rely on public facilities. (The challenge of settlements of ethnic minorities is considered under area 3.10).

	Yes	To a large extent	To a limited extent	No
<p>3.9.1 There is data on levels of access to safe drinking water, sanitation and hygiene by travelers and nomadic communities. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.9.2 There is a public policy to ensure access to safe drinking water, sanitation and hygiene by travelers and nomadic communities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.9.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by travelers and nomadic communities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.9.4 There is an effective complaint mechanisms in place covering facilities aimed at travelers and nomadic communities (public fountains, toilets, showers and handwashing facilities), and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
3.9.5 There are public fountains, separate and sufficient* toilets for women and men , showers and handwashing facilities with hygiene products (soap, menstrual pads/solutions, toilet paper) to support access to safe drinking water, sanitation and hygiene by travelers and nomadic communities				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 3.9

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 3.10 Persons living in housing without safe drinking water and sanitation

Rationale. People belonging to vulnerable and marginalized groups often live in housing without basic water and sanitation, even if they are located in neighborhoods/localities with access. The causes include situations of illegal tenure, low quality of rented accommodation, squatting, as well as discrimination of ethnic minorities. (The challenge of full localities and informal settlements without access is considered under area 2.1)

	Yes	To a large extent	To a limited extent	No
<p>3.10.1 There is data on lack of access to safe drinking water, sanitation and hygiene by households living in neighborhoods with access. If you have disaggregated data* for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.10.2 There is a public policy to address the lack of access to safe drinking water, sanitation and hygiene by households living in neighborhoods with access</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.10.3 There is specific public funding to support access to safe drinking water and sanitation by households living in neighborhoods with access</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>3.10.4 There is an official diagnostic of the problem and a characterization of the different situations (e.g. illegal tenure, ethnic discrimination, low quality of rented accommodation) through the use of effective complaint mechanisms</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
3.10.5 There are integrated programs (involving different government departments) to address the symptoms and causes of the lack of access				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.10 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 3.11 Persons without access to safe drinking water, sanitation and hygiene at their workplaces

Rationale. While many people spend most of their time in their workplaces, there may be cases of workplaces without adequate access to safe drinking water and sanitation.

	Yes	To a large extent	To a limited extent	No
<p>3.11.1 There is data on lack of access to safe drinking water, sanitation and hygiene by workers at their workplaces. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.11.2 There is a public policy to address the lack of access to safe drinking water, sanitation and hygiene by workers at their workplaces</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.11.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by workers at their workplaces</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.11.4 There is an effective complaint mechanisms in place for persons without access to safe drinking water, sanitation and hygiene at their workplaces, and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No
3.11.5 Workplaces have water fountains (or other source of drinking water), separate and sufficient* toilets for women and men , adequate facilities for menstrual hygiene management, functional handwashing facilities, and hygiene products (soap, menstrual pads/solutions, toilet paper)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.11 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 3.12 Public places*

Rationale. Users of public places spend significant time on them, therefore the need to have access to safe drinking water and sanitation facilities . Such as, markets, parks, plazas, streets, and transport hubs

	Yes	To a large extent	To a limited extent	No
<p>3.12.1 There is data on levels of access to safe drinking water, sanitation and hygiene in public places. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.12.2 There is a public policy to address the lack of access to safe drinking water, sanitation and hygiene by citizens in public places</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.12.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by citizens in public places</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.12.4 There is an effective complaint mechanism in place covering facilities aimed at users of public places (public fountains, toilets, showers and handwashing facilities), and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 3.12

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Area 3.13 Other identified vulnerable and marginalized groups in the country

Rationale. Please use this template for each vulnerable and marginalized group identified in the country.

	Yes	To a large extent	To a limited extent	No
<p>3.13.1 There is data on lack of access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group. If you have disaggregated data for this category of vulnerable and marginalized group available, please indicate it</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.13.2 There is a public policy to address the lack of access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.13.3 There is specific public funding to support access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.13.4 There is an effective complaint mechanisms in place for the identified vulnerable or marginalized group without access to safe drinking water, sanitation and hygiene, and coordination support is carried out with other institutions and actors (eg. health, regulatory and control bodies, service providers, municipalities), in particular with regards to Menstrual Health and Hygiene (MHH)</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

	Yes	To a large extent	To a limited extent	No

<p>3.13.5 There are public fountains, separate and sufficient* toilets for women and men, and handwashing facilities with hygiene products (such as soap, menstrual pads/solutions, toilet paper) to support access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group, if relevant</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

Please calculate the score for Area 3.13

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Section 4.

Keeping safe drinking water, sanitation and hygiene affordable for all

Areas of Action	Relevant section in the <i>No one Left Behind</i> publication
4.1 Public policies to ensure affordability* of safe drinking water, sanitation and hygiene	section 6.1
4.2 Water and sanitation policy measures (to ensure affordability)	section 6.2
4.3 Social protection policy measures	section 6.3

Quantitative Information on Affordability

Please provide the official definition of affordability (and/or target) in your country/ region/city

	2021 or closest year (indicate year)	2015 or closest year (indicate year)	source (indicate whether this is an official source)
Amount of the average water and sanitation bill in the country/region/city (EUR per year)			
Amount of the water and sanitation bill in the country/region/city for households in the lowest wealth or income group (specify whether this refers to lowest quintile, lowest decile, or people under the national poverty line) (EUR per year)			
Average disposable household income (or expenditure) (EUR per year)			
Average household income (or expenditure) for households in the lowest wealth or income group (specify whether this refers to lowest quintile, lowest decile, or people under the national poverty line) (EUR per year)			
Public financial resources spent in ensuring affordability of the water and sanitation bill (million EUR)			
Public financial resources spent in ensuring affordability of the water and sanitation bill (EUR per capita)			
Public financial resources spent in ensuring affordability of the water and sanitation bill (% of budget for water and sanitation)			

Area 4.1 Public policies to ensure affordability of safe drinking water, sanitation and hygiene

Rationale. The cost of water and sanitation service provision, either by networks or by self-provision, and including wastewater treatment charges, may represent a high financial burden, particularly for the poorest households. Affordability is a common and increasing concern. However, in many cases, national local policies do not address this issue.

	Yes	To a large extent	To a limited extent	No
4.1.1 There is data on how much households spend on safe drinking water, sanitation and hygiene services (including access to hygiene products: soap, menstrual pads/solutions, toilet paper) as proportion of their income				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.2 WASH policies include affordable access as one of their objectives				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.3 Social policy addresses affordability of safe drinking water sanitation and hygiene services				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.4 There is a policy to address affordability of self-supplied* WASH services				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
4.1.5 There is specific public funding to address affordability concerns for groups for whom WASH services are least affordable				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 4.1 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				

Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low

Area 4.2 Water and sanitation policy* measures (to ensure affordability)

Rationale. WASH sector* policies can address affordability concerns through different options: access subsidies, tariff reforms, and flexible payments. In turn, tariff design offers several options to address affordability issues, such as through social tariffs* or through carefully designed progressive tariff systems*. Preferential tariffs are mostly financed by higher tariffs on other users.

	Yes	To a large extent	To a limited extent	No
4.2.1 The public authorities have analyzed different options to address affordability issues through water and sanitation policy measures* (access subsidies, tariff reforms, flexible payments)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.2.2 Water and sanitation policy measures (access subsidies, tariff reforms, flexible payments) have been included in a strategy to address affordability issues				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.2.3 Water and sanitation policy measures to address affordability issues (access subsidies, tariff reforms, flexible payments) have been implemented				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.2.4 Water and sanitation policy measures to ensure affordability (access subsidies, tariff reforms, flexible payments) contribute to the financial sustainability of WASH services provision				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 4.2 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 4</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Area 4.3 Social protection policy measures*

Rationale. Social protection policies can address WASH affordability concerns through different options: general social protection programmes, preventive measures, curative measures, disconnection bans). Preventive measures are aimed at avoiding non-payment of water bills. Curative measures are aimed at facilitating the payment of water debts. Social protection policy measures are mostly financed by general (local, regional or national) taxes.

	Yes	To a Large Extent	To a Limited Extent	No
4.3.1 The public authorities have analyzed different options to address affordability issues through social protection policy measures* (cross-sectoral general and urgent social protection programmes, preventive measures, curative measures, disconnection bans) for regular and emergency situations, including climate change impacts				

Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
reliability of the response: (high, medium, or low)

4.3.2 Social protection policy measures have been included in a strategy to address affordability issues				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
reliability of the response: (high, medium, or low)

4.3.3 Social protection policy measures to address affordability issues have been implemented				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
reliability of the response: (high, medium, or low)

Please calculate the score for Area 4.3
 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 3

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

Overview of Results

Section	Area of Action	Score	Reliability
Steering governance frameworks to deliver equitable access to safe drinking water sanitation and hygiene	1.1 Strategic framework for achieving equitable access		
	1.2 Sector financial policies		
	1.3 Rights and duties of users and right-holders		
Reducing geographical disparities	2.1 Public policies to reduce access disparities between geographical areas		
	2.2 Public policies to reduce price disparities between geographical areas		
	2.3 Geographical allocation of external support		
Ensuring access for vulnerable and marginalized groups	3.1 Public policies to address the needs of vulnerable and marginalized groups		
	3.2 Persons with special physical needs		
	3.3 Users of health care facilities		
	3.4 Users of educational facilities		
	3.5 Users of retirement homes		
	3.6 Prisoners		
	3.7 People living in collective centers and camps		
	3.8 Homeless people		
	3.9 Travelers and nomadic communities		
	3.10 Persons living in housing without safe drinking water and sanitation		
	3.11 Persons without access to safe drinking water and sanitation in their workplaces		
	3.12 Users of markets and public transport		
Keeping water and sanitation affordable for all	4.1 Public policies to ensure affordability of safe drinking water, sanitation and hygiene		
	4.2 Water and sanitation policy* measures (to ensure affordability)		
	4.3 Social protection policy measures		

This table can be used to summarize the results obtained throughout the score-card. This will allow identifying the areas where action is more and less advanced, as well as those where the information available is more and less reliable. The overview can thus help to identify priorities for the future, both in terms of actions and in terms of improving the information base.

Glossary of Key Terms

Access to safe drinking water and sanitation. In this document, access to safe drinking water and sanitation refers to *effective* access to the services, whether or not access is ensured through connections to public networks or through private solutions.

The concept includes the five dimensions that are required under the human right to water and sanitation:

- *availability*
- *accessibility*
- *acceptability*
- *quality/safety*
- *affordability* is addressed specifically in section 4 of the score-card.

Safe drinking water must be of such quality that it is safe for human consumption (for drinking and preparing food) and for personal and domestic hygiene. It must not contain microorganisms, physical-chemical or radioactive substances; Therefore, not constituting any danger to people's health. The WHO *Guidelines for Drinking-Water Quality*²⁴ provide guidance for setting national regulations and standards for water safety in support of public health. The *Guidelines* describe reasonable minimum safe-practice requirements to protect health and provide numerical “guideline values” for constituents of water or indicators of water quality. When defining mandatory limits, the *Guidelines* are an authoritative source and must be taken into consideration in the context of local or national environmental, social, economic and cultural conditions.

Accountability. In a human rights context, accountability encompasses monitoring mechanisms and remedies. Service providers and public officials must be accountable to the users. Promoting accountability includes developing effective monitoring bodies and processes; devising sound indicators for assessing progress, affordability, and the fair and equitable distribution of water and sanitation resources according to needs. It also includes creating reliable, accessible and effective judicial and administrative complaints mechanisms that allow individuals to air and satisfactorily redress their grievances. [See more information in the Annex on cross-cutting principles of the human rights to water and sanitation \(principle of accountability\).](#)

Affordability. There is no universally accepted definition of affordability of water and sanitation services. In the human rights framework, water and sanitation services are unaffordable when paying for them would compromise the ability to pay for other essential needs that are guaranteed by human rights such as food, housing, education and health care. In order to operationalize the concept of affordability, several countries, service providers and international organizations have set affordability thresholds, for example, percentage of household income used to pay for water and sanitation services.

It is noted that sometimes not all people will be able to pay the costs of these services, and it is therefore the responsibility of the States to provide appropriate subsidy and/or assistance mechanisms to ensure that the services are affordable. These subsidies/supports should be adapted to the situation of the users. They may even make services free of charge when users do not have the ability to pay. The costs will normally be covered by a source of financing other than the tariff charged to the user. Ideally, they should be monitored so that when people are able to contribute to paying for them, they begin to do so. In this regard, this criterion needs to be nurtured by awareness-raising measures aimed at all people: at the most advantaged to understand the importance of paying the full costs of services; and at the most disadvantaged so that they understand the importance of being able to contribute to the full payment of services as soon as possible.

Collective centers. Collective centers are pre-existing buildings and structures where large group of displaced people find shelter for a short time while durable solutions are pursued. A variety of facilities may be used as collective centers - community centers, town halls, hotels, gymnasiums, warehouses, unfinished buildings, disused factories.

Dissaggregated data. It is key to understand where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access water and sanitation services, and to inform the design of necessary legislation, policies, budgets and services to overcome them. Dissaggregated data includes the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.).

Effective complaint mechanism. In the context of this document, a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding access to drinking water supply and sanitation services. When a service provider's complaint mechanism does not resolve a particular problem, individuals should be able to turn to administrative or regulatory bodies with their complaints. Next levels will be carried out by quasi-judicial mechanisms and courts, at regional and international levels.

As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly.

When complaint mechanisms are included in specific settings, such as educational facilities, prisons, etc., it is important that close coordination is established with involved responsible actors (service providers, regulators, health professionals, municipalities, etc.), to bring timely solutions to specific WASH related concerns.

See more information in the Annex on cross-cutting principles of the human rights to water and sanitation (principle of accountability).

Development partners. In a development cooperation context, this refers to the range of partners that support a government from a transition or developing country to design and implement its development agenda. Those partners may include bilateral development cooperation agencies (e.g. the Swedish International Development Agency), international financial institutions (e.g. the World Bank), international technical cooperation institutions (e.g. UNECE) and international non-governmental organizations (e.g. Global Water Partnership).

Educational facilities. Refers to any building used principally for educational purposes in which a school is located or a course of instruction or training program is offered that has been approved or licensed by a state agency or board.

Emergency. An urgent, expected or unexpected, and usually dangerous situation that poses an imminent risk to health, life, property or the environment and requires immediate action. Such as, pandemics, epidemics, natural, climate-induced and conflict-induced disasters.

Epidemics. Epidemics are confined to a particular geographic area, such as a city, region, or country. The spread of the disease is limited to that specific location.

Equitable access to safe drinking water and sanitation. In the context of this document, this refers to access being similar for all people irrespective of where they live, whether they belong to vulnerable or marginalized groups, and to the associated costs being affordable for all users.

Gender diversity. It encompasses a wide range of identities beyond just male and female, including transgender, non-binary, genderqueer, and gender-nonconforming individuals. Gender-disaggregated data helps uncover social and cultural norms that shape WASH behaviours and practices. It is essential for designing inclusive, equitable and effective WASH interventions that address the diverse needs, priorities and realities of different genders within communities. It helps identify barriers to access and participation, informs targeted interventions, and promotes gender equality in WASH outcomes.

Gender equality. Gender equality refers to the equal rights, responsibilities and opportunities between genders taking into consideration the different interests, needs and priorities and recognizing the diversity of different groups of women and men. Gender equality means that everyone must be able to enjoy the rights to water and sanitation no matter their gender. In order to attain substantive gender equality, therefore, it is necessary to address the specific gendered circumstances that act as barriers to the realization of those rights for women and girls in practice. Gender-sensitive indicators are indispensable for monitoring the progress, in particular with regards to women's empowerment and participation in WASH related planning and management activities. This approach goes aligned with the principle of equality. See more in the Annex on cross-cutting principles of the human rights to water and sanitation (principle of non-discrimination and equality).

GDP. Gross domestic product is an indicator of the size of an economy measured through the value of the goods and services it produces. In this document, it should be indicated whether GDP data provided is expressed in *nominal* (current year) terms or in *real* terms (after correcting for inflation).

Health-care facilities. All facilities whose primary purpose is to promote, restore, and maintain health

Hygiene. Conditions and practices that help to maintain health and prevent the spread of diseases. Facilities to meet hygiene requirements must be available wherever there are toilets or latrines, where water is stored and where food is prepared and served. Hygiene practices include hand-washing, personal hygiene, domestic hygiene, hygienic use and management of toilets or latrines, the hygienic disposal of child faeces, menstrual hygiene, and food hygiene⁴. Facilities should accommodate hygiene practices in specific cultures, in particular with regards to anal and genital cleansing, and women's toilets must accommodate menstruation hygiene management needs. Menstrual Hygiene Management and Menstrual Health and Hygiene Management include other interventions such as, menstrual hygiene behaviour promotion, educational activities, and access to trained professionals, among others.

Informal settlements. Unplanned settlement and areas where housing is not in compliance with current planning and building regulations

Lowest quintile, lowest decile. The distribution of income or wealth in a country is usually analyzed by dividing the population into five or ten groups according to their level of income or wealth. When the number of groups is five, each group represents a "quintile"; when the number of groups is ten, each group represents a "decile". "Lowest quintile" refers to the group with the lowest income or wealth, when society is divided in five groups. "Lowest decile" refers to the group with the lowest income or wealth, when society is divided into ten groups.

Markets. Locations, either in our outdoors, where people regularly gather for the purchase and sale of provisions, live-stock, and other goods. Access to safe drinking water, sanitation and hygiene services for users of markets can be provided through public fountains, toilets and handwashing facilities within or in close distance to the market, for example.

Menstrual Hygiene Management (MMH). It refers to use of a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. Women and adolescent girls understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.

Menstrual Health and Hygiene (MHH). It compasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. Accurate and timely knowledge, available, safe, and affordable materials, informed and trained professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy.

Non-discrimination. Non-discrimination is central to human rights. Discrimination on prohibited grounds including race, color, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status or any other civil, political, social or other status must be avoided, both in law and in practice. See more information in the Annex on cross-cutting principles of the human rights to water and sanitation (principle of non-discrimination and equality).

Pandemics. Pandemics transcend national borders and affect populations across multiple countries or continents. They can spread rapidly across the globe due to modern transportation networks and interconnectedness.

Peri-urban areas. Areas that are adjoining urban areas, located between the suburbs and the countryside.

Poverty line. The value that indicates the minimum level of an individual's income that is considered adequate. Official poverty lines definitions and values vary from country to country.

Prisoners. People that are in prison, whether or not they have received a final sentence.
Public transport.

Progressive realization. Progressive realization of the human right to water and sanitation requires that States take specific and targeted steps to the maximum of their available resources. States are required to move towards the

goal of full realization as expeditiously and effectively as possible, within the framework of international cooperation and assistance, where needed. Certain aspects of these rights are immediate obligations, including the requirement to guarantee them without discrimination.

Progressive tariff systems. Tariff systems where the tariff per cubic meter increases with the volume consumed. It is usually articulated by defining three or more blocks of water consumption and applying a different tariff to each block.

Public financial resources. Financial resources supplied by governments (whether national, regional or local). The origin of the funds is mostly general taxation (e.g. income or value-added tax) but also includes other sources such as the provision of services by government departments (e.g. licensing charges) and borrowing (e.g. issuing government bonds).

Public places. Places that can be utilized as communal zones for interpersonal interaction; for participation, association and inclusion, and to exercise people's human rights, being respected, protected and fulfilled. Such as parks, plazas, streets, markets and transport hubs.

Public transport. A system of transport for passengers by group available for use by the general public. Access to safe drinking water, sanitation and hygiene services for users of public transport can be provided through public fountains, toilets and handwashing facilities located in or in close distance to bus and train stations, for example.

Remedial action. Action taken to correct a situation where the human right to water and sanitation was not respected. Victims of human rights violations are entitled to adequate reparation, including restitution, compensation, satisfaction and/ or guarantees of non-repetition. States have to provide accessible, affordable, timely and effective remedies.

Right-holders. In the context of the human right to water and sanitation, this refers to every person.

Safely managed drinking water services. Drinking water from an improved source that is accessible on premises, available when needed and free from fecal and priority chemical contamination. An improved drinking water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.

Safely managed sanitation services. Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite.

Sanitation. Collection, transport, treatment and disposal or reuse of human excreta and associated hygiene, whether through collective systems or by installations serving a single household or undertaking.

States must ensure without discrimination that everyone has physical and economic access to sanitation that is safe, hygienic, secure, socially and culturally acceptable, that provides privacy and ensures dignity.

Depending on the culture, acceptability can often require privacy, as well as separate facilities for women and men in public places, and for girls and boys in schools.

The availability criterion specifies that sanitation goes beyond to ensure the number of sanitation facilities but also the necessary structures to ensure availability of services, such as policies programmes, institutions and sufficient personnel able to construct, maintain and managed the delivery of services.

Self-supply. Self-supply of water and sanitation services, sometimes known as self-provision, refers to an approach of incremental improvements to water and sanitation services which are (mainly) financed by the user. Examples include investing in private boreholes, latrines or septic tanks. Households who invest in water supply and sanitation services must obtain the financial resources necessary for these improvements; arrange for any needed private-sector services; and maintain their own infrastructure.

Service provider. Public or private institution that operates water supply and/or sanitation systems.

Social protection policy measures. Measures to address affordability of water and sanitation services that require

the leadership of social protection authorities. They include general social protection programmes, WASH-specific social protection initiatives, and disconnection bans.

The affordability criterion of the human rights to water and sanitation refers that payment for water and sanitation services should not compromise the ability to pay for other essential needs guaranteed by other human rights, such as food, housing, education and health care, among others. Therefore, there is a need for a cross-sectoral approach that includes services and vital needs. In times of emergency, it has been noted the importance of ensuring urgent social protection programs, including livelihoods given the great impact on temporary and precarious employment of vulnerable and marginalized groups.

Social tariffs. Tariffs that include a discount for certain individuals or households due to their social characteristics (such as age, certified disability, or number of persons in the household).

Sufficient toilets. A number of toilets that allow women and girls to use them when they need it without exposing them to long waiting times.

Tariff reference values. In some countries, central authorities overseeing the water and sanitation sector have published “tariff reference values” to provide a reference on what is the expected level that water and sanitation tariffs should reach. They provide useful information to customers as well as to water and sanitation service providers, without infringing in the allocation of tariff-setting responsibilities (which usually remains at the local level).

Vulnerable and marginalized groups. While vulnerable groups are primarily defined by their susceptibility to negative water-related impacts (water pollution, water shortages), marginalized groups are defined by their peripheral or excluded position in broader society, which may influence their access to water resources. Examples of vulnerable groups are people living in remote rural areas without access to safe water systems, indigenous communities who depend on water for their livelihoods and culture, and people with disabilities who may face additional barriers to access to safe drinking water and adequate sanitation facilities. Vulnerable groups may be at risk of water-related diseases, such as diarrhea and waterborne diseases, due to poor living conditions and lack of access to clean water and adequate sanitation. Examples of marginalized groups are minority ethnic communities that face discrimination in terms of access to water services, urban poor populations who live in informal settlements and do not have access to basic services, as well as gender groups that may have unequal roles in water management and decision-making related to this resource. Marginalized groups may be deliberately excluded from water management decision-making processes, which may perpetuate their marginalization and hinder their equitable access to water resources and related services. Policies and strategies to address the needs of these groups may overlap in some respects but may also require specific approaches to address the underlying causes of vulnerability and marginalization in the water context.

WASH sector. Drinking water supply, sanitation and hygiene sector. This includes policy-setting and regulatory authorities (at national and local levels), service providers, and other stakeholders.

WASH related processes. They are listed in the Annex under the principle of access to information and transparency.

Water and sanitation policy measures (to ensure affordability). Measures to address affordability concerns that can largely be developed and implemented by the water and sanitation sector. They include access to subsidies, tariff measures and payment facilities.

