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**ECONOMIC COMMISSION FOR EUROPE**

**WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE**

MEETING OF THE PARTIES TO THE  
PROTOCOL ON WATER AND HEALTH  
TO THE CONVENTION ON THE PROTECTION  
AND USE OF TRANSBOUNDARY  
WATERCOURSES AND INTERNATIONAL  
LAKES

Ad Hoc Project Facilitation Mechanism

First meeting  
Geneva, 25 June 2008  
Item 7 of the provisional agenda

DRAFT SELECTION CRITERIA AND APPLICATION FORM

**DRAFT CRITERIA FOR CONSIDERATION OF PROJECT PROPOSALS BY  
THE AD HOC PROJECT FACILITATION MECHANISM**

Note by the Facilitator

**I. BACKGROUND**

1. The Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes was adopted in June 1999 and entered into force in August 2005. The main aim of the Protocol is to protect human health and well-being through better water management, including the protection of water ecosystems, and by preventing, controlling and reducing water-related diseases. The Protocol calls on Parties to improve the quality of their water supplies, their sanitation services and their management of water resources, and to address future health risks and ensure safe recreational water environments.

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2. Article 11 of the Protocol calls for international cooperation between Parties, not only in international action to support the objectives of the Protocol, but also, upon request, in implementing national and local plans in pursuance of the Protocol.

3. Article 14 covers international support for national action. When cooperating and assisting each other in the implementation of national and local plans in pursuance of article 11, Parties shall, in particular, consider how they can best help to promote:

(a) Preparation of water management plans in transboundary, national and/or local contexts and of schemes for improving water supply and sanitation;

(b) Improved formulation of projects, especially infrastructure projects in pursuance of such plans and schemes, to facilitate access to sources of finance;

(c) Effective execution of such projects;

(d) Establishment of systems for surveillance and early-warning systems, contingency plans and response capacities in relation to water-related disease;

(e) Preparation of legislation needed to support implementation of the Protocol;

(f) Education and training of key professional and technical staff;

(g) Research into, and development of, cost-effective means and techniques for preventing, controlling and reducing water-related disease;

(h) Operation of effective networks to monitor and assess the provision and quality of water-related services, and development of integrated information systems and databases;

(i) Achievement of quality assurance for monitoring activities, including inter-laboratory comparability.

4. The Ad Hoc Project Facilitation Mechanism (AHPFM) was established by decision I/3 of the Meeting of the Parties to the Protocol (ECE/MP.WH/2/Add.4 - EUR/06/506385/1/Add.4) to help mainstream international support for national action. The AHPFM comprises two elements: the Ad Hoc Project Clearing House and a Facilitator. The objective of the Ad Hoc Project Clearing House is to identify priority activities of non-infrastructure intervention, including (a) health-related aspects of integrated water resources management; (b) safe drinking-water supply and adequate sanitation; (c) reduction of childhood morbidity and mortality; (d) meeting the water needs of vulnerable groups; and (e) gender issues related to water supply and sanitation. Another objective is to advocate funding of proposals submitted through the Facilitator.

5. The role of the Facilitator is: (a) to identify strategic areas of international assistance and make these available to the Ad Hoc Project Clearing House; (b) to review and analyse project proposals submitted by countries in Eastern Europe, Caucasus and Central Asia (EECCA) and in

South-Eastern Europe (SEE) and relevant non-governmental organizations (NGOs) to address their identified priority needs; (c) assist EECCA and SEE countries and NGOs in drawing up project proposals to meet the requirements of donor countries and organizations; (d) to screen, analyse and further develop project proposals in accordance with criteria to be adopted by the Working Group on Water and Health and to present such proposals in a standardized form to the Ad Hoc Project Clearing House; (e) to develop and manage a Web-based platform to disseminate the project proposals and keep track of the state of their funding; and (f) to conduct yearly financial reviews of the mechanism for consideration by the Working Group on Water and Health.

6. The Protocol is the first international agreement of its kind adopted specifically to attain an adequate supply of safe drinking water and adequate sanitation for all. The AHPFM could be a “win-win” solution for both donors and recipients. Benefits include reduced duplication and improved aid effectiveness, better-quality screening of projects, increased coordination and harmonization of action, and more transparent budget control. The main advantage of the Protocol is that it brings together all players/stakeholders under a single framework encompassing environment, health, water management, agriculture, tourism and development.

7. To ensure effectiveness and to address the priority needs related to the Protocol’s implementation, it is proposed that the project proposals to be presented to the Ad Hoc Project Clearing House should fulfil the following criteria.

## **II. CRITERIA RELATED TO THE PROTOCOL**

### **A. Geographic scope**

8. The AHPFM covers the countries of EECCA and SEE.

### **B. Eligibility**

#### **Applicant countries**

9. Parties will have first priority with regard to submitting projects for funding. Countries that are not yet Parties but are Signatories will be given priority over countries that have not signed the Protocol. Projects from countries that have not signed the Protocol will also be considered for funding, provided that the submitting country demonstrates a strong commitment to the Protocol and the intention to ratify it.

#### **Designated Focal Points**

10. Each recipient country should appoint a designated Focal Point for the AHPFM. For each country, the Focal Point will be the only person entitled to submit project proposals.

### **Non-governmental organizations**

11. Relevant and competent NGOs have an important role to play. For instance, they can be involved in the project proposal preparation or they can be the implementing entity of projects. However, project proposals have to be submitted by the national Focal Point for the AHPFM.

### **Scope of projects**

12. The provisions of the Protocol apply to surface freshwater; groundwater; estuaries; coastal waters used for recreation or for the production of fish by aquaculture or the harvesting of shellfish; enclosed waters available for bathing; water in the course of abstraction, transport, treatment or supply; and wastewater.

13. In accordance with article 4, Parties shall take all appropriate measures to achieve:

- (a) Adequate supplies of wholesome drinking-water;
- (b) Adequate sanitation of a standard that sufficiently protects human health and the environment;
- (c) Effective protection of water resources used as sources of drinking water, and their related water ecosystems, from pollution;
- (d) Sufficient safeguards for human health against water-related diseases arising from the use of water for recreational purposes, aquaculture, shellfish production and irrigation;
- (e) Effective systems for monitoring and responding to outbreaks or incidents of water-related diseases.

14. To achieve the above-mentioned objectives, Parties shall comply with two core obligations under the Protocol: (a) setting targets and target dates in accordance with article 6, and (b) establishing surveillance, early-warning and response systems in accordance with article 8. It is therefore proposed that in the first stage the AHPFM only considers project proposals that support implementation of these two articles.

### ***Target-setting***

15. Prior to receiving funding for specific projects under article 14 of the Protocol, Parties should, first of all, promote the development of commonly agreed national and/or local targets for the standards and levels of performance that need to be achieved or maintained for a high level of protection against water-related disease in accordance with article 6. The establishment of such targets represent Parties' roadmap to implement the Protocol. It ensures that the Protocol's implementation is incorporated into the country's national strategies, thereby ensuring the long-term commitment and sustainability of efforts. Moreover, it allows assessing progress achieved.

16. Prerequisites for project support also include acceptance and compliance with obligations on review and assessment of progress (article 7). Parties need to collect data on their progress towards achievement of targets. Indicators should be designed to show how far this progress has contributed towards preventing, controlling or reducing water-related diseases.

#### *Surveillance and early-warning systems*

17. Parties are also required to reduce outbreaks and the incidence of water-related diseases (article 8). Parties must ensure that comprehensive national and/or local surveillance and early-warning systems are established, improved or maintained. These systems are needed to identify outbreaks or incidents of water-related disease or significant threats of such outbreaks or incidents, including those resulting from water pollution incidents or extreme weather events. Parties must also develop comprehensive national and local contingency plans for responses to such outbreaks, incidents and risks, and relevant public authorities must have the necessary capacity to respond to such outbreaks, incidents or risks in accordance with the relevant contingency plans.

18. The development of such surveillance systems is the second pillar of the Protocol, to prevent, control and reduce water-related diseases and to assess the effectiveness of implemented measures.

#### **Ownership and integration in national development efforts**

##### *Local problems*

19. Due account must be given to local problems, needs and knowledge. Interest and real commitment to implement the proposed project must be clearly demonstrated.

##### *Government priority*

20. Action to manage water resources must be a government priority. A government strategy should be prepared and action should be taken at the lowest possible administrative level. Governments must be committed to a review and assessment process, for example, by allocating funding or in-kind support.

##### *Public participation*

21. A commitment must be made to public participation; public awareness; education; training, research and development; and information.

##### *Vulnerable groups*

22. Special consideration should be given to people who are particularly vulnerable to water-related diseases, including disadvantaged populations in rural areas, women and girls, as well as disadvantaged and socially excluded groups.

### **III. FINANCING**

#### **Arrangements for co-financing projects with potential partners**

23. Projects should normally be financed by one or more donors. Donors may fall into one of the following categories:

- (a) Bilateral donors;
- (b) Multilateral donors;
- (c) International organizations (e.g. United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Economic Commission for Europe (UNECE), World Health Organization (WHO));
- (d) International NGOs;
- (e) International financing institutions such as the World Bank, the European Bank for Reconstruction and Development, etc.;
- (f) International foundations.

24. The need for one donor or several donors will depend on the project to be financed. In the case of co-funding, bilateral agreements should be developed to specify the obligations and rights between the funding partners and to clarify the role of the joint secretariat of UNECE and WHO/Europe.

### **IV. MONITORING AND EVALUATION OF PROJECT IMPLEMENTATION**

25. Funds should be used in an efficient, effective, transparent and ethical manner. Project implementation should be monitored according to criteria developed by the donor(s).

26. The Facilitator will play a role in assessing progress reports and in ensuring that the criteria developed by the donor(s) are met.

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