EQUITABLE ACCESS COUNTRY HIGHLIGHTS: SPAIN

Section I: Country setting

Basic information

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

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

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

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

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

II.A. Key findings[42]

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

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

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

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

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

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

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

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

II.B. Self-assessment process

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

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

Key lessons learned from the process:

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

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

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

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

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

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

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

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

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

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

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

Section IV: Financing equitable access to water and sanitation

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

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