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| **UNITED NATIONS****ECONOMIC** **COMMISSION FOR EUROPE**  |  | **WORLD HEALTH ORGANIZATION****REGIONAL OFFICE FOR EUROPE** |

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| **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** |  |
| **Working Group on Water and HealthSixth meeting**Geneva, 3 and 4 July 2013**Item 7 of the provisional agenda** |  |

Information Paper 10

**THE EQUITABLE ACCESS SCORE CARD**

**Supporting policy processes to achieve the human right to water and sanitation**

**SYNTHESIS SCORECARD REPORT - SECOND DRAFT**

This is the second draft of the Synthesis Scorecard Report. The Synthesis Scorecard Report has been developed by the Ad-Hoc Expert Group on Monitoring Progress in Achieving Equitable Access to Water and Sanitation. The report presents a self-assessment tool designed to support countries in the pan-European region to establish a baseline and track their progress in achieving equitable access to safe drinking water and sanitation. The tool is being developed in the context of the implementation of the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes.

This second draft of the Synthesis Scorecard Report builds on (i) the third draft of the Scorecard, developed after the discussions held at the first meeting of the Ad-Hoc Expert Group in September 2012, (ii) the experiences from testing the draft Scorecard in France (Greater Paris urban area), Portugal and Ukraine in January-March 2013, and (iii) the discussions held at the second meeting of the Ad Hoc Expert Group in May 2013.

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Table of contents

[1. INTRODUCTION 4](#_Toc360030427)

[2. EQUITABLE ACCESS TO WATER AND SANITATION 7](#_Toc360030428)

[The challenge of ensuring equitable access 7](#_Toc360030429)

[International obligations to achieve equitable access 7](#_Toc360030430)

[Steering governance frameworks to ensure equitable access 8](#_Toc360030431)

[Reducing geographical disparities 9](#_Toc360030432)

[Ensuring access for vulnerable and marginalized groups 9](#_Toc360030433)

[Keeping water and sanitation affordable for all 10](#_Toc360030434)

[3. HOW TO USE THE SCORECARD 11](#_Toc360030435)

[Strategic Guidance – Organising a self-assessment exercise and communicating the results 11](#_Toc360030436)

[Practical Guidance – Notes for filling the scorecard 14](#_Toc360030437)

[Glossary of key terms 16](#_Toc360030438)

[4. COUNTRY EXPERIENCES IN USING THE SCORECARD 20](#_Toc360030439)

[France (greater Paris urban area) 20](#_Toc360030440)

[Portugal 21](#_Toc360030441)

[Ukraine 23](#_Toc360030442)

[5. THE SCORECARD 25](#_Toc360030443)

[Country/Region Profile 25](#_Toc360030444)

[Section 1. Steering governance frameworks to deliver equitable access to safe drinking water and sanitation 26](#_Toc360030445)

[Area 1.1 Strategic framework for achieving equitable access 27](#_Toc360030446)

[Area 1.2 Sector financial policies 29](#_Toc360030447)

[Area 1.3 Rights and duties of users and other right-holders 31](#_Toc360030448)

[Section 2. Reducing geographical disparities 32](#_Toc360030449)

[Quantitative information on geographical disparities 33](#_Toc360030450)

[Area 2.1 Public policies to reduce access disparities between geographical areas 34](#_Toc360030451)

[Area 2.2 Public policies to reduce price disparities between geographical areas 36](#_Toc360030452)

[Area 2.3 Geographical allocation of external support for the sector 37](#_Toc360030453)

[Section 3. Ensuring access for vulnerable and marginalized groups 38](#_Toc360030454)

[Quantitative information on vulnerable and marginalised groups 39](#_Toc360030455)

[Area 3.1 Public policies to address the needs of vulnerable and marginalised groups 40](#_Toc360030456)

[Area 3.2 Persons with special physical needs 42](#_Toc360030457)

[Area 3.3 Users of health facilities 43](#_Toc360030458)

[Area 3.4 Users of educational facilities 44](#_Toc360030459)

[Area 3.5 Users of retirement homes 45](#_Toc360030460)

[Area 3.6 Prisoners 46](#_Toc360030461)

[Area 3.7 Users refugee camps and centres 47](#_Toc360030462)

[Area 3.8 Homeless people 49](#_Toc360030463)

[Area 3.9 Travellers and nomadic communities 50](#_Toc360030464)

[Area 3.10 Persons living in housing without water and sanitation 51](#_Toc360030465)

[Area 3.11 Persons without access to safe drinking water and sanitation in their workplaces 53](#_Toc360030466)

[Section 4. Keeping water and sanitation affordable for all 54](#_Toc360030467)

[Quantitative information on affordability 55](#_Toc360030468)

[Area 4.1 Public policies to ensure affordability 56](#_Toc360030469)

[Area 4.2 Tariff measures 57](#_Toc360030470)

[Area 4.3 Social protection measures 58](#_Toc360030471)

[Overview of Results 59](#_Toc360030472)

# 1. INTRODUCTION

Access to safe drinking water and sanitation is a human right. This right derives from the right to adequate standard of living, enshrined in, inter alia, article 11 of the International Covenant on Economic, Social and Cultural Rights, and has been explicitly recognised by the United Nations General Assembly and the Human Rights Council. This means that ensuring access to water and sanitation for all is a legal binding obligation and that States have to take steps toward the full realization of the right. It is increasingly recognised that in order to comply with this obligation, special attention needs to be paid at an early stage to ensure that access to water and sanitation is equitable for all members of the population.

There is a strong risk that advances towards universal access to water and sanitation are made at the expense of leaving behind those people that require special attention. Programmes aimed to achieve universal access and intermediate goals such as the MDG targets often start with the “low hanging fruit” first – what demands less efforts in terms of technical innovations, financial resources or sectoral reforms. Examples of those people are the people living in small rural communities, the homeless, or the urban poor that cannot pay the water bill. If solutions for the “difficult to reach” are not implemented from the very beginning, what is likely to happen is that it will be more costly (in terms of financial resources and other efforts) and it will take longer to achieve universal access.

In the pan-European region, more than 110 million people do not have access to safe drinking water and sanitation, resulting each year in 18,000 premature deaths. Beyond these headline numbers, there are important differences within countries, not just between countries. These differences are not random -- for example in Tajikistan the poorest 40% of the population are more than 7 times less likely to have access than the richest 20%. Richer countries also have an equitable access problem, as some sub-sections of the population face real barriers in all countries.

Existing legal and political commitments demand addressing inequities in access to water and sanitation. The Parties to the UNECE/WHO-Europe Protocol on Water and Health have committed to ensure equitable access to safe drinking water supply and adequate sanitation, through accession to or ratification of the Protocol. The 2010 Parma Declaration on Environment and Health set a target for children as a vulnerable group: the pan-European region will provide each child with access to water and sanitation in homes, child care centres, kindergartens, schools, health care institutions and public recreational water settings by 2020.

Countries in the pan-European region, working in the framework of the Protocol on Water and Health, are stepping up to the challenge. In 2012, the Working Group on Water and Health launched the publication “No One Left Behind”, which presents policy options and good practices to ensure equitable access to water and sanitation. The publication identified three key challenges to equitable access to water and sanitation: reducing geographical differences in service provided, preventing discrimination or exclusion in access to services by vulnerable and marginalized groups, and ensuring financial affordability by users. It also highlighted that the strong linkages between the provision of water supply services and the provision of sanitation services demand a holistic approach to promoting equitable access to water and sanitation. Its overall message was that we have at our disposal the policy tools and the experience in using them to ensure that strong advances towards universal access to water and sanitation are made in an equitable way.

This document is an additional contribution from the pan-European region to support the implementation of policies and practices to uphold the human right to water and sanitation under the principle of “progressive realization”. It presents an analytical tool that can help governments and other stakeholders to establish a baseline, discuss further actions to be taken, and evaluate progress through a process of self-assessment. The document also presents guidance on how to use the analytical tool, based on the experience of three piloting exercises carried out in France (Greater Paris urban area), Portugal and Ukraine. The tool takes the form of a scorecard. Policy options are listed, and the user is expected to provide (and justify) a score that summarizes the degree to which a number of selected policy options are being used. The scorecard also includes requests for quantitative information to contextualize the findings and describe the level of access to safe drinking water and sanitation. Users of the scorecard should feel free to adapt it in order to better support their process of self-assessment.

The scorecard can be used by any country, region, or city in the world to carry out a self-assessment tool at its level. It has not been designed to enable comparisons between countries (or sub-national territories). Rather, it has been designed to allow a country (or a sub-national territory) to compare with itself over time. While the scorecard is not part of official reporting under the Protocol on Water and Health, the Parties to the Protocol are very much encouraged to use the scorecard to realize a baseline analysis of the equity of access to water and sanitation, to identify related priorities and to set targets and evaluate their progress.

The scorecard has a limited scope. It focuses on an important number of selected issues and indicators that together can provide a solid overview of the situation at different times and thus allow the tool to accomplish its specific aim. Achieving equitable access and keeping access equitable is contingent on a well-functioning water and sanitation sector. The scorecard, however, only focuses on the issues directly related to equitable access outcomes and not on the overall functioning of the water and sanitation sector. Nor does the scorecard address other circumstances that may impinge on access to equitable access and sanitation, such as water resources governance.

The process of self-assessment and the use of the scorecard have multiple benefits, as shown by the experience of France (Greater Paris urban area), Portugal and Ukraine, which tested the score card in a pilot phase. The process of self-assessment has enabled the authorities to identify the right partners to undertake further work, it has helped to initiate collaboration among authorities and between authorities and other stakeholders, and it has generated input for policy processes. By involving a broad range of stakeholders, the process has also raised awareness, and it has facilitated the development of a common understanding of equity of access to water and sanitation as well as “out of the box” thinking. The use of the scorecard has facilitated the adoption of an evidence-based and structured approach to the discussions among the different stakeholders. This has allowed the development of a “high resolution” situational analysis (including the identification of existing policies and on-going activities, and the identification of gaps between legal texts and on-the-ground realities) that has in turn enabled an objective debate. The scorecard has also helped to broaden the scope of the discussions and to understand the need for improvements in information availability and reliability.

The rest of the document is structured around four sections. Section 2 briefly discusses the challenges, dimensions and efforts required to ensure equitable access to water and sanitation. Section 3 provides guidance on how to use the scorecard: both strategic guidance on how to organize a self-assessment exercise as well as practical guidance on how to fill the scorecard. Section 4 presents the experiences of France (Greater Paris urban area), Portugal and Ukraine in using the scorecard. Section 5 presents the tool itself.

# 2. EQUITABLE ACCESS TO WATER AND SANITATION

## The challenge of ensuring equitable access

Specific approaches are needed to redress current inequities in access to safe drinking water and sanitation. A person may lack access to safe drinking water and sanitation simply because there is no access to safe water and sanitation in the community. Sometimes this is due to the degradation of water resources (scarcity, pollution), but more commonly to lack of or poor management of water and sanitation infrastructures. A community may have access to safe drinking water and sanitation, but those services are not adapted to the particular needs of certain groups (e.g. people with disabilities), those services are not adequately available in the certain institutions that those groups rely on (e.g. schools, prisons, refugee camps) or certain groups (e.g. ethnic minorities, illegal settlers) may be denied access to water and sanitation due to unintended or intended discrimination practices. Finally, a person may have access but cannot afford to pay the water and sanitation bill without curtailing consumption of other basic goods and services.

Four contextual challenges frame current inequities to access in the pan-European region:

* **Water resources availability**. The degradation of the quality of water resources implies that many towns and villages that rely on local water sources do not have access to safe water, while water scarcity can deprive some towns and villages from access altogether. Polluted water can be treated to make it suitable for drinking purposes and freshwater can be brought over long distances, but these technical solutions can entail great expense that may render water and sanitation unaffordable.
* **Urban-rural gap**. Rural areas in the pan-European region have significantly lower levels of access to water and sanitation services than urban areas and may face higher water tariffs.
* **Vulnerable and marginalized groups**. People belonging to those groups do not enjoy the same levels of access to water and sanitation than the rest of society. The situation differs across groups, such as persons with special physical needs (such as the disabled or the sick), those who rely on public facilities (such as travellers or the homeless), users of institutional facilities provided by institutions (such as hospitals, schools, prisons or refugee camps) or those living in non-sanitary housing.
* **Affordability.** This is a growing concern for all countries. For the poorest countries, either a large part of the population is devoting an important share of their income to pay for water and sanitation services, or they will be facing this situation as tariffs might increase to ensure financial sustainability. In EU countries, more stringent water quality objectives and progress towards full cost recovery also means that paying for water and sanitation services becomes a real concern for lower income families.

## International obligations to achieve equitable access

The human right to water and sanitation entitles everyone to water and sanitation which is available, accessible, affordable, acceptable and safe (Committee on the Economic, Social and Cultural Rights, General Comment 15 (E/C.12/2002/11), United Nations General Assembly resolution 64/292, United Nations Human Rights Council resolution A/HRC/RES/15/9). As any other human right, a fundamental principle is non-discrimination, which opens space for positive discrimination measures to guarantee *de facto* equity. This principle can be used as justification to provide “first access” before improving the conditions of access for those that already have it.

The Protocol on Water and Health provides a sound framework for the translation of the human right to water and sanitation into practice, in particular through the setting of specific targets and target dates. In addition to other key components of the human right to water such as access to information, public participation and accountability provisions, the Protocol specifically commits its Parties to promote equitable access to water and sanitation.

Each country has the obligation to ensure access to water and sanitation to all. Thus the States have to use the maximum of available resources toward the full realisation of this right. At the same time, both in relation to the application of human rights and the implementation of the Protocol, the international community acknowledge a legal obligation of assistance and cooperation.

Significant financial resources are already being devoted by the international community to improve access to water and sanitation, but there is the need to enhance the contribution of those resources to achieving equitable access.

## Steering governance frameworks to ensure equitable access

The realization of the right to water and sanitation requires political commitment and a long term vision of reaching those who do not yet have access. In many cases, current national and local water governance frameworks are failing to deliver equitable access for the following reasons: broader governance frameworks may limit or undermine efforts in the water sector; weak water governance and management results in poor sector performance, and current water governance frameworks are often “equity blind”.

Yet, good water governance and management can go a long way towards achieving equitable access objectives – examples include transparency and access to information, inclusive participation of stakeholders in decision-making, incentives for operators to improve efficiencies and keep costs down, and accountability and redress mechanisms effectively accessible to all people.

That is unlikely to be enough, however. Applying an “equitable access lens” will speed up progress. This does not necessarily require setting up new legal and institutional mechanisms and processes, since many existing mechanisms can be used to promote equitable access. It does require, however, a results-oriented action plan building on country situation analysis and context-specific equity indicators.

All water and sanitation stakeholders need to be engaged and roles and responsibilities identified and allocated. Water users must participate as key actors and not only beneficiaries. Transparency, access to information, education and participatory mechanism must be institutionalised to ensure equitable and sustainable outcomes, but the participation of the members of vulnerable and marginalized groups constitutes a real challenge in all countries and must be subject to great attention. Water operators need to be more responsive to delivering equitable access, and local government and civil society organisations need to play a greater role.

## Reducing geographical disparities

The levels of service received by users in different geographical areas within the same country can be very different. According to the Joint Monitoring Programme of the United Nations Children’s Fund (UNICEF) and WHO, access to improved water and sanitation solutions in rural areas in the pan-European region are 10 per centage points lower than those for urban areas. Rural households are many times more likely to lack access to pipe water at home than urban households. Access and price gaps between geographical areas can be attributed to underlying cost structures but also to political influence and decisions.

Reducing access gaps requires political, financial and technical efforts. International cooperation can play an important role in closing access gaps, by focusing support on the areas that each country has identified as lagging behind. Importantly, geographical disparities in access are not just a water policy issue, but also a regional policy issue.

Public policies have a fundamental role to play in reducing price disparities between geographical areas by: (i) targeting investment programmes and subsidies to areas with higher costs of service, (ii) enabling cross-subsidisation from high-income low-cost areas to low-income high-cost areas, and (iii) promoting efficiency and rational prices through sector organization reform and the use of information tools such as benchmarking and tariff reference values.

## Ensuring access for vulnerable and marginalized groups

Water and sanitation for all will not be achieved without paying particular attention to the needs of vulnerable and marginalised groups. Human rights principles highlight the need to actively design water and sanitation policies that prioritise and address the needs of vulnerable and marginalised groups, rather than treating all persons as facing identical challenges in accessing safe water and improved sanitation. Water and sanitation for vulnerable and marginalised groups is often a social exclusion issue not just a water issue.

There are many vulnerable and marginalised groups, each with their own needs and facing different barriers to achieve equitable access, and thus requiring differentiated solutions. It is important for policy-makers and implementers to dedicate time and resources to identifying vulnerable and marginalised groups, to reviewing whether they are being included, and to ensuring that their particular needs are being taken into account.

In many cases, adequate solutions require an integrated response combining policies and ensuring collaboration across public agencies. Ensuring access to water and sanitation for vulnerable and marginalised groups requires targeted financial resources, but those are in many cases not massive in comparison with a country’s water and sanitation budget – in a sense, it requires mostly increased awareness and specific focus among policy makers and technical staff.

## Keeping water and sanitation affordable for all

To achieve equitable access to water and sanitation, it is also necessary to ensure that the bill paid for water and sanitation services is affordable. In Western European countries, increases in water and sanitation costs (due primarily to higher wastewater treatment requirements) have been and will continue to be reflected on water and sanitation bills. In Eastern European countries, where water prices have been traditionally low, the water bill is likely to increase. Affordability is thus a common and increasing concern in the pan-European region, although with differences among countries, and requires adopting a long-term strategy in each country.

Affordability concerns are not merely linked with tariff levels; they are actually driven by five sets of variables: the income level and income distribution in a given country or area, the cost of provision in any given country or area, the subsidy policies in place, the tariff policies in place, and the individual behaviour of users. Compliance with national affordability indicators is not enough to ensure that the groups of low income people in each country have affordable access - specific policies need to be developed to that end. Affordability is not just a water issue; it is a social protection issue that requires incorporating water and sanitation aspects within social policy discussions.

There are many policy options available to deal with affordability concerns, both in-tariff and out-of-tariff. Criteria to select them should include their effectiveness in reaching the target groups and their demands in terms of administrative capacity and costs. Relying only on tariff design is not enough to ensure affordability: social tariffs and social protection measures are required. The adoption of social tariffs and social protection measures requires the existence of a “social policy infrastructure”. The options to address affordability concerns will demand financing from other water users or from tax-payers. User-financed systems are under increasing pressure and may be reaching their limits in some cases. And water governance matters in terms of policy options (for example: fragmentation of service provision in many service area) limits the scope for cross-subsidies between users.

# 3. HOW TO USE THE SCORECARD

## Strategic Guidance – Organising a self-assessment exercise and communicating the results

The scorecard presented in this document has been conceived as a tool to support the progressive realisation of the human rights to water and sanitation by supporting the inclusion of equitable access dimensions in existing policy processes. This section provides guidance on how to carry out a self-assessment exercise that uses the scorecard as a supporting analytical tool. The guidance is based on the experience of the three pilot exercises. However, this guidance should not be understood as a “straitjacket”. Countries need to organise the self-assessment exercise taking into account their objectives, constraints and opportunities.

1. **Identify the objectives of the self-assessment exercise.** In principle, a self-assessment exercise can have multiple objectives. Most often the primary objective will be to influence an existing policy process. The policy process being targeted will have an influence in the timing of the self-assessment exercise, as well as on the outputs of the exercise. There may be additional (secondary) objectives and it is worth identifying them in order to inform the design of the self-assessment exercise. Examples of secondary objectives include: achieve a better understanding of the situation and challenges, identify information and policy gaps, raise awareness among traditional and non-traditional stakeholders, identify relevant stakeholders and create links with them, identify opportunities for better coordination between complementary policy measures.
2. **Identify a project leader.** Equitable access to water and sanitation touches upon many issues and as a result requires the involvement of many stakeholders. These include different ministries (finance, health, education, environment, interior, justice and social affairs), regulatory agencies, local authorities, water and sanitation service providers, civil society organisations leading with different vulnerable groups, and consumer organisations among others. Thus, there is no “natural leader” to lead the implementation of the self-assessment exercise and a clear mandate for the project leader will be necessary.
3. **Take the necessary time, but not more.** The pilot exercises were developed in around six months, but one lesson is that a more realistic timeframe will be one year. Key milestones could include: the selection of a project leader and the setting up of a “core team” (month 1), the organisation of a launching workshop (month 2), the completion of a report with the preliminary findings (month 7), the organisation of a “findings” workshop to discuss the findings (month 8), and the organisation of a policy event to present a publication (month 11). It is thus necessary to identify when is the right time to provide input to the policy process that the self-assessment intends to influence, and work backwards the timing of the self-assessment exercise. At the same time, there is a risk that if the process takes too long time to develop, the different stakeholders may progressively disengage.
4. **Identify the right partners and put together a balanced “core team”.** Preferably, the leading organisation of the self-assessment will be a government agency with a clear mandate. But even if the leading organisation is very competent, it is unlikely to have in-house the broad diversity of expertise necessary to complete the self-assessment. The identification and selection of “core team” members thus becomes a critical step that is likely to be time-consuming**.** A balanced “core team” may be achieved by partnering with other organisations that have complementary expertise and contacts (for example in the areas of social issues) or by contracting out to experts the preparation of specific chapters of the self-assessment exercise. In any case, it is advisable to develop terms of reference for the core team members, including responsibilities for analysis and the development of recommendations.
5. **Ensure wide and continuous multi-stakeholder involvement.** This is important both to increase the quality of the product and its potential impact. Table 1 presents examples of stakeholders to be involved in the self-assessment exercise. A first group of stakeholders is represented by the different government ministries and agencies that have an influence on equitable access outcomes. Formal channels can normally be used to ask them to fill the relevant sections of the scorecard. Indeed, the scorecard has been designed to make this possible. A different group of stakeholders is represented by civil society organisations (CSOs). Often there is no pre-existing mechanism to gather inputs from CSOs working on social issues that have relevant input to provide but may not see the usefulness of taking part in the self-assessment exercise. This makes advisable to develop a structured approach to engage them -- one option is to have as part of the “core team” one organisation with good contacts among CSOs that can take the lead in gathering their input. Water and sanitation services providers also need to be strongly engaged in the process and may require dedicated briefings on why equitable access issues are relevant for them.

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| **Table 1. Examples of stakeholders to be involved in the self-assessment exercise** |
| Ministries and other public authorities | Ministry of HealthMinistry of EnvironmentMinistry of Social AffairsMinistry of Finance and EconomyMinistry of the InteriorMinistry of JusticeMinistry of EducationMinistry of Rural DevelopmentWater and Sanitation Services Regulator Health Inspectorate |
| Civil society | Consumer associationsCSOs working with vulnerable and marginalised groups (including church groups)FoundationsTrade unionsAcademics and independent experts |
| Service providers | Water and sanitation service providers |

1. **Plan the workshops carefully.** In order to ensure the early involvement of the different stakeholders, a half-day “launch workshop” explaining the rationale, objectives, process and expected outcomes of the self-assessment exercise. The launching workshop can be useful in identifying additional stakeholders that should be involved in the self-assessment exercise. (For practical reasons, the half-day workshop could be immediately followed by another half-day working session of the self-assessment core team.). It is critical to organise a “findings workshop” to present interim results, gather additional information, identify reform options and discuss possible recommendations. Such a workshop could take place over two days (or one day with parallel working sessions) in order to provide enough time for discussion and allow all stakeholders to intervene meaningfully. The different topics could be presented by the experts that have led the preparation of the different chapters or sections of the document under discussion. It is important that the workshop is perceived as a technical event where stakeholders can feel “safe” when voicing their concerns and opinions.
2. **Adapt the use of the scorecard to the objectives and needs of the process.** The scorecard has been designed to provide a fairly comprehensive view of actions to ensure equitable access. However, some sections of the scorecard may not be particularly relevant (e.g. geographical disparities when the territory under analysis is a single and largely homogeneous urban area), or a country may have identified clear priorities within the broad challenges of equitable access to water and sanitation. In those cases, using the full scorecard may be counterproductive, as it will demand collecting information and discussing issues that are diverting attention from the issues of primary interest. In other cases, it may be appropriate to add new areas to the scorecard – for example if the situation of a relevant vulnerable and marginalised group is not well described in any of the areas included in section 3 of the scorecard. In addition, depending on the nature of the process, in some occasions, assigning and presenting scores is likely to lead to contentious rather than helpful discussions. The “core team” may then consider keeping the scores for internal use and feed the multi-stakeholder discussions with the detailed information collected. Nevertheless, in most cases, a full self-assessment with scoring will be the most appropriate option, at least for the initial self-assessment.
3. **Use the results of the scorecard for strategic evaluation and priority-setting.** The scorecard is a useful tool to develop a rather comprehensive overview of existing policy measures to address inequities in access to water and sanitation. This means that it is particularly strong as an aid to set priorities, in terms of filling information and policy gaps. This also means that it is rather time-consuming to produce, and as a consequence it is not recommended as an annual monitoring tool. The scorecard is not designed to evaluate individual policy measures -- rather, evaluations of existing policy measures would be necessary to support the scorecard assessment. Indeed, one of the benefits of using the scorecard will be the identification of policy measures and evaluation reports, as well as gaps in the evaluation of policy measures. The results of the self-assessment exercise can be used to identify which individual measures should be prioritised for follow up as well as for future evaluation of progress in their implementation. It is suggested that the cycle of self-assessment should mirror that of the policy process that it tries to influence – for example, the preparation of 5-year strategic plans for the water and sanitation sector. The results of the self-assessment could also influence other strategies and plans, such as a national plan on environment and health, a social inclusion strategy, a regional development plan, or national plans for schools or prisons.
4. **Present the results in attractive formats.** The scorecard is fundamentally a tool to gather, organise and evaluate existing information. It includes a “summary sheet” to facilitate the communication of the results. The “summary sheet” is useful to identify, at a high level of aggregation, areas of action that lag behind. However, the scorecard by itself is not a good communication tool to reach a non-specialised audience. It is thus recommended to elaborate a “situational analysis” of about 10 pages that summarises the main findings of the scorecard, provides examples of progress, identifies priority areas for urgent action, and suggests specific recommendations. An even shorter “policy summary” of less than four pages would be a useful communication to try to reach top government officials and for communicating the results to the public through the mass media. It will be necessary to secure a specific budget for developing and producing those communication products.
5. **Use the results to track progress, not to compare with others.** The tool has been designed to help a country (or region) to track its own progress towards equitable access. The tool has not been designed to establish comparisons between countries (or regions), as the pan-European region includes countries (or regions) with very different levels of socio-economic development and organization of the water and sanitation sector. Analysts wishing to establish those comparisons are encouraged to use the context data offered in the country or region profile in order to identify suitable countries/regions peers for comparison. Particular care should be taken given that definitions of statistics may vary significantly and the scoring may be highly subjective.

## Practical Guidance – Notes for filling the scorecard

**Background information.**  Background information on equitable access issues can be found in the UNECE/WHO publication “No One Left Behind”. The introduction to each section of the scorecard indicates the relevant section in the “No One Left Behind” publication that relates to each Area of Action.

**Glossary**. The next section of this document presents a short glossary to define key concepts used throughout the scorecard. It is worth highlighting two issues:

In this document, the expression “access to water and sanitation” includes the five dimensions that define the human rights to water and sanitation: *availability*, *accessibility*, *acceptability*, *quality/safety,* and *affordability*. Affordability is specifically addressed in section 4 of the scorecard.

This document refers to the expression “equitable access to water and sanitation”, since this is the wording in the Protocol on Water and Health. Some experts favor the expression “equality and non-discrimination”. While there are some differences of connotation, those two expressions can be considered equivalent from a practical perspective.

**Structure of the tool.** The tool includes a brief country profile (which focuses on quantitative data to help put in context the results) as well as four sections addressing broad themes. The four thematic sections are further subdivided in areas of action – which focus on the actions taken to improve equitable access.

**Quantitative information.** To the extent possible, the source of quantitative information should be official statistics. When information on financial resources is requested (and if your country does not use the Euro as official currency), please express the answer both in Euros and in the official currency.

**Scoring methodology**.

* Progress under each Area of Action is measured through qualitative questions. The number of questions varies between 2 and 6.
* Each question requires one answer. (There are four possible answers: *No / To a little extent / To a large extent /Yes*). The table below provides guidance on how to interpret each possible answer. Respondents are encouraged to spread the responses along the four possible scores, in order to avoid clustering all the responses in the “To a litte extent” and “To a large extent” categories.
* Each answer has to be justified. In order to justify the answer, respondents can use quantitative or qualitative information from legal documents, guidance documents, analytical reports, surveys, or similar sources. In order to provide the justification, respondents are encouraged to use as much space as needed.
* The reliability of each answer has to be self-evaluated (see below).
* One summary score has to be calculated for each Area of Action. This score has to be calculated taking into account the score for each question as well as the number of questions under each Area of Action. Only answers with a HIGH or MEDIUM degree of reliability should be considered when calculating the summary score.
* The summary score has to be reproduced in the summary sheet.

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| **SCORE** | **INTERPRETATION** |
| **No** | No or very little evidence supporting a positive answer is available, neither at national nor local level. |
| **To a little extent** | There is some limited information at local level supporting a positive answer. There is some limited information at national level partly supporting a positive answer. |
| **To a large extent** | There is extensive information at the local level and some at the national level supporting a positive answer. |
| **Yes** | There is enough evidence available at national level fully supporting a positive answer |
| **Note:** The terms **“**information” and “evidence” in this table must be interpreted as any relevant qualitative or quantitative information underpinning the response to a question |

**Reliability assessment methodology.** The tool asks to self-evaluate the reliability associated to each of the answers provided. It is not the reliability of the data that has to be evaluated. Rather, it is the reliability of the process of gathering and reporting the data that has to be evaluated.

* There are three possible levels of reliability: High (Very Reliable), Medium (Reliable), Low (Unreliable).
* The criteria to be considered for assigning a degree of reliability are: procedures, traceability, and validation.
* The table below provides guidance on how to assign a level of reliability, according to those criteria.
* The aggregate level of reliability for each Area of Action will be determined as follows:
	+ HIGH – if all the answers in the Area of Action are classified as HIGH
	+ MEDIUM – if no answer is classified as LOW and at least one answer is classified as MEDIUM
	+ LOW --- if at least one answer is classified as LOW
* The aggregate level of reliability for each Area of Action has to be reproduced in the summary sheet.

|  |  |  |
| --- | --- | --- |
| **HIGH: Very reliable** | **MEDIUM: Reliable** | **LOW: Unreliable** |
| There is a coherent and easily accessible set of documents that identifies responsibilities for data gathering, treatment and quality control. The data can be traced to a formal source that is accessible to any interested person.The data have been formally validated. | Responsibilities for data gathering, treatment and quality control have been identified. The data can be traced to a source. The data have been validated. | Responsibilities for data gathering, treatment and quality control have not been identified. Not all the data can be traced to a source. Not all the data have been validated. |
| **Note:** The term **“**data” in this table must be interpreted as any relevant qualitative or quantitative information underpinning the response to a question |

**Non-relevant questions**. Not all questions within each area of action are equally relevant to all countries or regions in the pan-European region. If those responsible for filling the scorecard part consider that a particular question is not relevant, they are encouraged to justify why that is the case.

**Summary sheet.** The summary scores for the 18 areas of action are presented in a summary sheet at the end of the document. The summary sheet can help to identify the areas of action where the country (or region) is lagging behind, as well as areas where the information available is particularly unreliable.

## 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 irrespective of whether access is ensured through connections to public networks or through private solutions. As used in this document, the concept includes four of the five dimensions that are required under the human rights to water and sanitation: *availability*, *accessibility*, *acceptability*, and *quality/safety*. It does not include *affordability* because that dimension is addressed specifically in section 4 of the scorecard.Note thatthis does not correspond with the definition of *improved water sources* and *improved sanitation* *facilities* used by the WHO/UNICEF Joint Monitoring Programme to monitor progress towards the Millennium Development Goals. *Drinking water* is water which is used, or intended to be available for use, by humans for drinking, cooking, food preparation, personal hygiene or similar purposes. *Safe drinking water* is water with microbial, chemical and physical characteristics that meet WHO guidelines or national standards on drinking water quality.

**Accountability**. In a human rights context, accountability encompasses monitoring mechanisms and remedies. For the rights to water and to sanitation to be realized, service providers and public officials must be accountable to users. Promoting accountability involves, inter alia, 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; creating reliable, accessible and effective judicial and administrative complaints mechanisms that allow individuals to air and satisfactorily redress their grievances; and promoting good governance.

**Affordability.** Access to sanitation and water facilities and services must be accessible at a price that is affordable for all people. Paying for services, including construction, cleaning, emptying and maintenance of facilities, as well as treatment and disposal of faecal matter, must not limit people’s capacity to acquire other basic goods and services, including food, housing, health and education guaranteed by other human rights. Accordingly, affordability can be estimated by considering the financial means that have to be reserved for the fulfillment of other basic needs and purposes and the means that are available to pay for water and sanitation services.

**Development partners.** In a development co-operation context, it 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 include bilateral development co-operation agencies (e.g. the Swedish International Development Agency), international financial institutions (e.g. the World Bank), international technical co-operation institutions (e.g. UNECE) and international non-governmental organizations (e.g. Global Water Partnership).

**Equitable access to safe drinking water and sanitation**. In the context of this document, it refers to a situation defined by access outcomes that are similar for all people irrespective of where they live, whether they belong to vulnerable or marginalized groups, while their associated costs remain affordable for all users.

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

**Lowest quintile, lowest decile.** The distribution of income or wealth in a country is usually analyzed by dividing the population in 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”. The “lowest quintile” refers to the group with the lowest income or wealth, when society is divided in five groups. The “lowest decile” refers to the group with the lowest income or wealth, when society is divided in ten groups.

**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.

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

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

**Prisoners.**  It refers to those people that are in prison, whether they have received a final sentence or not.

**Progressive realization.** States must take measures towards the progressive realization of the rights to water and sanitation. This requires concrete 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.** It refers to tariff systems where the tariff per cubic meter increases with 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 VAT 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).

**Remedial actions.** In this document, actions taken to correct a situation where the human rights to water and sanitation where 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. While administrative remedies will be adequate in many cases, a right of judicial appeal as a last resort is often appropriate and sometimes indispensable.

**Right-holders**. In the context of the human rights to water and sanitation, it refers to every person. The difference with “water and sanitation users” is that some people do not have access to water and sanitation, and thus they cannot be considered users, but they are right-holders because the hold the right to get access.

**Sanitation**. Collection, transport, treatment and disposal or reuse of human excreta or domestic waste water, 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, in all spheres of life, which is safe, hygienic, secure, socially and culturally acceptable, 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. Facilities will need to accommodate common hygiene practices in specific cultures, such as for anal and genital cleansing. And women’s toilets need to accommodate menstruation needs.

**Self-service.** Situation in which households provide themselves the service for water and sanitation, often because they live in areas where there is no service provider.

**Service providers**. Public or private institution that operate water supply and/or sanitation systems.

**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)

**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.** Groups composed of individuals that have a particularly hard time exercising their rights to water and sanitation as a result of living in vulnerable situations, or suffering discrimination or stigma (or a combination of those factors). Groups and individuals who have been identified as potentially vulnerable or marginalized include, inter alia, women, children, inhabitants of (remote) rural and deprived urban areas as well as other people living in poverty, refugees and internally displaced persons, minority groups (such as Roma people), indigenous groups, nomadic and traveler communities, elderly people, persons living with disabilities, persons living with HIV/AIDS or affected by other health conditions, people living in water scarce-regions and sanitation workers amongst others. In the process of identifying groups and individuals who are disadvantaged, States need to survey the population based on these grounds and investigate further when they find that certain groups are discriminated against. In the context of this document, vulnerable and marginalized groups include (among others) the homeless, nomads, the disabled, school children, hospitalized patients, people living in prisons and refugee camps, and people without secure tenure. While gender issues related to access to water and sanitation must be taken into consideration to ensure equitable access, this document does not treat women as a vulnerable or marginalized group on its own.

# 4. COUNTRY EXPERIENCES[[1]](#footnote-1) IN USING THE SCORECARD

## France (greater Paris urban area)

Over the last decade, the city of Paris has paid special attention at issues related to equitable access to safe drinking water and sanitation. Many of the measures undertaken in this period are reflected in the publication “No One Left Behind”. The city of Paris considered that the piloting of the scorecard could help them to assess critically where they stand and what more could be done, and thus volunteered to be one of the pilot exercises.

The city of Paris covers a population of about 2.2 million people and is the centre of a metropolitan area that exceeds 10 million inhabitants (with a gross domestic product (GDP) per capita above EUR 48,000 in 2011) For this reason, early on in the process the city of Paris considered that it would be more meaningful to undertake the pilot exercise at a regional scale. Accordingly, they engaged the Ile de France Water Union (SEDIF – which provides water for 149 municipalities and more than 4.3 million people through its operator Veolia Eau d ‘Ile de France) as well as the wastewater treatment interdepartmental authority for the greater Paris urban area (SIAAP – which services 180 municipalities) in addition to the city of Paris operatorEau de Paris. As a consequence, the region for the study does not correspond to the administrative region of Ile-de-France, rather it corresponds with the combined service areas of the three institutions (city of Paris, SEDIF and SIAAP). The combined budget for water and sanitation services exceeds EUR 2.1 billion. In January 2013, the three institutions produced a first draft of the scorecard.

The self-assessment exercise included three phases. First, Paris, SEDIF and SIAAP searched for the information to justify the scores and filled the scorecard, but did not assign scores. Secondly, a stakeholder workshop was organised on 18-19 February 2013 to discuss the evidence and assign scores. Finally, a revised version of the scorecard, incorporating the workshop feedback, together with a situational analysis and a critical assessment of the self-evaluation process was produced in April 2013.

The process of initial data gathering helped the three institutions (city of Paris, SEDIF and SIAAP) to realise that there are some important data gaps, in particular regarding vulnerable and marginalised groups. Before the study, it was understood that the main problem is not access to the service but affordability (avoid disconnection for people who cannot pay for the service and reduce the weight of water bills for households with low income), and thus many of the measures in place are aimed at addressing this problem. The area of study is highly urbanised and does not display major disparities in access between geographical areas, although there are important price disparities between municipalities. In the course of the study, however, it became evident that an important (and often overlooked) problem is that of access of vulnerable and marginalised groups.

The stakeholder workshop helped stakeholders to bring to the table and share with others their knowledge of existing measures and remaining challenges. This included the challenges faced by communities settled in camps without regular access to water and sanitation, or that of poor workers that cannot afford a permanent residence. It was thought that the two-day technical workshop gave enough time to discuss the issues at the right level of depth, allowing time for all stakeholders to voice their opinions -- this is important because access to water and sanitation is a highly political issue in France.

The tool and the pilot exercise were judged positively by all stakeholders. The outcome is a first self-assessment and quite detailed overview on access to water and sanitation. The assessment has allowed identifying shortcomings, and will provide an opportunity to define priority actions to address them. The self-assessment exercise proved to be time-consuming but worthwhile. It is not recommended to use the tool for regular monitoring and reporting.

Given the range of relevant stakeholders, the process needs to be participatory. The study team considered that it was useful to have a first phase where a core team completed the questionnaire. One additional phase that could be introduced is a period for bilateral meetings with stakeholders, soon after the self-assessment has been launched. A stakeholder workshop to share and discuss the results would still be necessary.

One of the benefits of the process has been the contacts made between the technical community (water and sanitation agencies and service providers) and the different stakeholders involved in the social field. This has enriched the assessment. Perhaps more importantly, the consolidated list of contacts will be an important asset in the process of defining and implementing specific measures to ensure equitable access to water and sanitation. It was recommended that the final version of the tool includes an annex listing the experts and institutions involved in the assessment.

As regards next steps, one of the possible options is to use the results of the self-assessment as an input to the formulation to the next generation of National/Regional Plans for Health and Environment.

## Portugal

Over the last two decades, Portugal has gone through a process of reform of the water and sanitation sector. This included the creation of water regulator (Water and Waste Services Regulation Authority - ERSAR), which has limited powers but growing influence. The implementation of the right to water and sanitation is a concern for ERSAR, and they have been since 2011 a main contributor to the work on equitable access to safe drinking water and sanitation carried out within the Protocol framework. Many of the relevant measures undertaken by Portugal are reflected in the publication “No One Left Behind”. ERSAR considered that the piloting of the scorecard could help them to find ways to better integrate the right to water and sanitation within the new strategic plan for the Portuguese water and sanitation sector, which will be drafted during 2013.

Portugal is a country with just over 10 million inhabitants and with an average per capita income of about EUR 16,000 per year. In Portugal, access to water and sanitation is considered universal since the population has access to either public or private solutions. Since water and sanitation services are a municipal responsibility, the aggregation of information at the national level is challenging, and this has an impact on the formulation of national policies.

The self-evaluation exercise was completed in four phases. First, ERSAR requested other relevant government agencies to fill the relevant parts of the scorecard in January 2013. Secondly, ERSAR proceed to compile and complete the justification and the scoring. Thirdly, ERSAR organised a one-day stakeholder workshop on 25 February 2013 to discuss the results. Finally, ERSAR prepared a revised version of the scorecard, together with a situational analysis derived from the scorecard results, and a critical assessment of the self-evaluation process.

Overall, the Portuguese team endorsed the tool and the need for an inclusive self-evaluation process. They consider that the draft scorecard is very complete and detailed on all aspects related to water and sanitation. At the same time, its level of detail makes filling it a time-consuming exercise. It may be thus appropriate to carry out such an exercise every time that a new strategic plan for the water and sanitation sector is going to be prepared, but not more often than that.

The self-evaluation process has highlighted the need to improve the collection of sound and audited information regarding access to water and sanitation services by vulnerable and marginalised groups. It has also highlighted the need to improve the collection of information at the national level regarding investments and financing to implement water and sanitation policies.

The process of identifying and reaching out to stakeholders has proven a challenge. ERSAR had good contacts with the “technical” stakeholders (in particular water and sanitation service providers), but was much less familiar with those dealing with social issues. At the stakeholder workshop, the presence of government agencies in charge of social affairs and social protection helped sector actors to learn about social measures in place. However, many non-traditional actors (particular non-government ones) that had been invited did not attend and those that attended were not very active. After the workshop ERSAR made additional efforts to reach out to those stakeholders. Raising awareness among traditional stakeholders (such as service providers) also represented an important effort.

The self-evaluation process has brought many benefits to ERSAR. ERSAR has now a better understanding of the issues – including information gaps, possible improvements in laws and regulations, and the difficulties faced by stakeholders working on the “social side”. Awareness of the issues has been raised among water sector stakeholders. ERSAR has collected useful input for the revision of the national strategic plan for the water sector. ERSAR is now better able to identify the right partners to develop initiatives in the area of equitable access to water and sanitation.

The self-evaluation process will likely prompt specific initiatives to address equitable access issues. ERSAR is considering setting the ground for an informal network of stakeholders from the water sector and from the field of human rights and social policies. ERSAR may develop a recommendation for operators on good practices in ensuring the human right to water and sanitation. Relevant government bodies may also develop recommendations on good practices in relevant social policy areas (such as workplace, schools, and health facilities)

## Ukraine

The Ukrainian environmental non-governmental organization (NGO) “MAMA-86” has been working on water and sanitation issues for more than 15 years, and has been an active participant in national and international debates about improving access for all. They saw the pilot exercise as a possibility to increase the knowledge base and to raise the profile of equitable access issues in Ukraine. They approached the State Sanitary and Epidemiological Service (SSES) and the Ministry of Ecology and Natural Resources, which received the proposal favourably, and together they requested financial support to carry out the pilot exercise. In addition to the main pilot exercise at the national level, MAMA-86 also tested the approach at the local level through their branch in the city of Sevastopol (the results of the Sevastopol exercise are not included in this document).

Ukraine has a population of about 45 million inhabitants and a GDP per capita of less than EUR 2,600 in 2011. Over 24% of the population are below the national poverty line. Close to 70% of the population live in urban areas. Public financial resources spent in the water and sanitation sector in 2012 were about EUR 10 million. Ukraine has been party to the Protocol on Water and Health since 2003.

The self-assessment exercise included three phases. First, SSES officially requested several government agencies to provide information. In parallel, MAMA-86 identified a handful of national experts and commissioned them to prepare answers for their areas of expertise. The work of the experts included an initial team meeting led by MAMA-86 and SSES to ensure that the experts understood the nature of the exercise and to clarify how to approach the task. Secondly, a stakeholder workshop was organised on 1 March 2013 to discuss the draft responses to the scorecard. Part of the one-day workshop was organised around parallel working groups dedicated to the different sections of the score card, which allowed for in-depth discussions. During the workshop misunderstanding where clarified and some scores corrected. Finally, a revised version of the scorecard, incorporating the workshop feedback, together with a situational analysis and a critical assessment of the self-evaluation process was produced in April 2013. The results are summarised in the next sections.

Overall, the expert team endorsed the methodology of self-evaluation. It considered that the topic was innovative and highly-relevant, and that the methodology was clear and adequate. They provided suggestions on how to improve the tool.

The process has worked reasonably well, but could be improved. The lead organization needs to be as clear as possible on who is expected to provide the information and who is to be consulted. An initial workshop to launch the process could help secure more involvement of government officials. A workshop to discuss the preliminary results would still be needed.

The process has been driven by an NGO, with full support from a government agency as well as financial support from UNECE to coordinate the pilot exercise, and with input from national experts. This has proven useful in terms of testing the methodology and raising the profile of the issues among academic experts and some government officials. In term of next steps, the team recommended next to communicate the results of the self-assessment to top government officials and to encourage them to develop specific proposals. Another recommended action was to publicise the results through mass media.

The self-evaluation results can influence a number of existing programmes. The SSES will look into how the results can influence the attention paid to sanitation issues. MAMA-86 and SSES organised a press conference on World Water Day 2013 to share the outcomes and raise awareness on this problem in Ukraine. MAMA-86 will use the results to inform their decade-old water, sanitation and hygiene (WASH) and WASH-for-schools campaigns. The baseline study will be helpful to design possible projects. More broadly, the results could be used to lobby the government to provide fresh funding for the State Targeted Social Programme on priority measures to provided centralized water supply to the rural settlements supplied by transported water, as well as for approval of the draft State Programme on Sanitation. The results could influence as well the support of international development agencies for the water and sanitation sector by clarifying priority areas of action to address gaps in access to water and sanitation.

# 5. THE SCORECARD

## Country/Region Profile

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| **Socio-economic and sector data** |
|  | **2011** **or latest available year** **(please indicate)** | **2006**  **(please choose another baseline year if it fits better with your national/regional processes)** | **Source (please use official statistics wherever possible)** |
| **Population (inhabitants)** |  |  |  |
| **Extension (km2)**  |  |  |  |
| **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 m3 per capita)**  |  |  |  |
| **% of population without access to safe drinking water** |  |  |  |
| **% of population without access to wastewater collection**  |  |  |  |
| **% of population without access to wastewater treatment (any level)** |  |  |  |
| **Public financial resources spent on the water and sanitation sector** |  |  |  |
| **Public financial resources spent in ensuring equitable access to water and sanitation** |  |  |  |
| **Please provide the definitions of safe drinking water, wastewater collection and wastewater treatment if different from the one used above** |  |
| **International obligations on water and sanitation** |
|  | **Yes** | **No** |
| **Is the country party to 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR)?** |  |  |
| **Is the country party to the 1999 Protocol on Water and Health?** |  |  |

## Section 1. Steering governance frameworks to deliver equitable access to safe drinking water and sanitation

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| **Areas of action** | **Relevant section in the “No One Left Behind” document** |
| 1.1 There is a strategic framework for achieving equitable access to safe drinking water and sanitation  | Section 3.1Section 3.4 |
| 1.2 Sector financial policies contribute to achieving and maintaining equitable access | Section 3.1Section 2.3 |
| 1.3 Users and right-holders can exercise their rights and are aware of their duties | Section 3.2 |

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| 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.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **1.1.1 There right to water and sanitation has been introduced in the country’s legal order** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.1.2 There is a strategic plan in place to ensure equitable access to water and sanitation** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.1.3 Equitable access targets have been set**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.1.4 Responsibilities for achieving equitable access have been identified and allocated** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.1.5 There are mechanisms in place to enable discussion and coordination by competent authorities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.1.6 The country/region/city has assessed the equity of access to safe drinking water and sanitation** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 6 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 1.2 Sector financial policies  |
| **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 partner support and there is scope to increase the contribution of this support to achieving equitable access. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **1.2.1 The amount of financial resources needed to achieve equitable access to safe drinking *water* and *sanitation* has been estimated** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.2.2 The sources of funding to achieve equitable access to safe drinking water and sanitation have been identified**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.2.3 Financing strategies for the water and sanitation sector take equity issues into account** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.2.5 The national/regional/city government monitors and publicly reports financial resource allocation**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |

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| **1.2.6 International financial support for the water and sanitation sector takes equity issues into account**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 6 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| 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.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **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** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.3.3 There are mechanisms in place to allow right-holders to seek redress and enforce remedial actions** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **1.3.4 There are mechanisms in place to allow right-holders to keep responsible authorities accountable**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

## Section 2. Reducing geographical disparities

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| **Areas of action** | **Relevant section in the “No One Left Behind” document** |
| 2.1 Public policies to reduce access 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 |

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| Quantitative information on geographical disparities |
| **Provide the official definition of rural, urban and (if applicable) peri-urban areas in your country/region** |  |
|  | **2011** **or closest year (please indicate)** | **2006** **or closest year (please indicate)** | **Source** **(please 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 and sanitation (% of public budget spent on water and sanitation)** |  |  |  |

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| 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 in particular in increasing access in rural areas. The disparities include those related to physical access and those related to the quality of the service.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **2.1.1 There is a public policy for reducing disparities between urban, peri-urban, and rural areas** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.1.2 Integrated approaches have been adopted to support the delivery of water and sanitation services in rural areas, informal settlements and slums**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.1.3 There are mechanisms in place to support the implementation of appropriate technical solutions for service delivery in rural, informal settlements and slums** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.1.4 There are mechanisms in place to support the implementation of appropriate technical solutions for self-provision of services by households in areas where there is no service provider** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.1.5 Sector policies mobilize sufficient financial resources to reduce the access gap in rural and peri-urban areas according to the established targets**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **Please calculate the score for Area 2.1**1. Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0) \_\_\_\_
2. Divide the number of total points by **5** \_\_\_\_
 |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| 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.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **2.2.1 There are mechanisms in place to track prices as well as cost of provision of water and sanitation services** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.2.2 Price benchmarking tools (such as affordability indicators or tariff reference values) have been introduced** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.2.3 Public subsidies are targeted to those areas that face higher costs of service provision (not just higher prices)** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.2.4 The sector is organized to enable cross-subsidization between localities with high-cost and low-cost of service provision**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 4 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 2.3 Geographical allocation of external support for the 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. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **2.3.1 Public authorities have identified in the sector plan the areas that are lagging behind plan and require external support** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **2.3.2There is international financial support to increase access in geographical areas that lag behind (as identified in the sector plan)** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by **2** \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

## Section 3. Ensuring access for vulnerable and marginalized groups

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| **Areas of action** | **Relevant section in the “No One Left Behind” document** |
| 3.1 Public policies to address the needs of vulnerable and marginalised groups | Section 5.1 |
| 3.2 Persons with special physical needs  | Section 5.2 |
| 3.3 Users of health care facilities | Section 5.3 |
| 3.4 Users of educational facilities  | Section 5.4 |
| 3.5 Users of retirement homes | Section 5.5 |
| 3.6 Prisoners | Not discussed |
| 3.7 Refugees living in refugee camps and centres | Not discussed |
| 3.8 Homeless people | Section 5.4 |
| 3.9 Travellers and nomadic communities | Section 5.4 |
| 3.10 Persons living in housing without water and sanitation | Section 5.5 |
| 3.11 Persons without access to safe drinking water and sanitation in their workplaces | Not discussed |

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| Quantitative information on vulnerable and marginalised groups |
| **Please, provide the official definition of vulnerable and marginalized groups in your country/region/city** |  |
|  | **2011** **or closest year (please indicate)** | **2006** **or closest year (please indicate)** | **Source** **(please indicate whether this is an official source)** |
| **Rate of access to safe drinking water in the country/region/city (%)** |  |  |  |
| **Rate of access to safe drinking water by the poorest fifth of the population (%)** |  |  |  |
| **Rate of access to sanitation in the country/region/city (%)** |  |  |  |
| **Rate of access to sanitation by the poorest fifth of the population (%)** |  |  |  |
| **Percentage of water and sanitation facilities open to the public that are accessible to people with disabilities** |  |  |  |
| **Percentage of schools that have sufficient and adequate water and sanitation services** |  |  |  |
| **Percentage of hospitals that have sufficient and adequate water and sanitation services**  |  |  |  |
| **Percentage of prisons that have sufficient and adequate water and sanitation services**  |  |  |  |
| **Percentage of persons without a fixed residence that have access to safe drinking water and sanitation through public facilities**  |  |  |  |
| **Number of people lacking access to safe drinking water at home (while living in neighbourhoods where access is available)**  |  |  |  |
| **Number of people lacking access to sewer at home (while living in neighbourhoods where access is available)** |  |  |  |
| **Public financial resources spent in ensuring access to safe drinking water and sanitation by vulnerable and marginalized groups (million EUR)** |  |  |  |
| **Public financial resources spent in ensuring access to safe drinking water and sanitation by vulnerable and marginalized groups (EUR per capita)** |  |  |  |

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| Area 3.1 Public policies to address the needs of vulnerable and marginalised 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 in other sectors, can play a major role in ensuring access. An integrated policy response needs to be articulated. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.1.1 There is a water and sanitation policy recognizing the special and differentiated needs of vulnerable and marginalized groups** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.1.2 Relevant policies in other sectors (e.g. social inclusion, social protection, education, health, prisons, housing) includes their role in ensuring access to water and sanitation by vulnerable and marginalize groups.**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.1.3 There are mechanisms in place to identify (in a participatory manner) and address the water and sanitation needs of vulnerable and marginalized groups**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.1.4 Public budgets provide specific funding to address the water and sanitation needs of vulnerable and marginalized groups** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |

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| **3.1.5 Integrated approaches (involving different administrations) have been adopted to support the delivery of water and sanitation services for vulnerable and marginalized groups** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 5 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| 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.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.2.1 There is data on levels of access to safe drinking water and sanitation by persons with special physical needs**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.2.2 There is a public policy to ensure access to safe drinking water and sanitation by persons with special physical needs** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.2.3 There is specific public funding to support access to safe drinking water and sanitation by persons with special physical needs (such as for adapting home facilities)** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.2.4 There are technical standards that ensure the establishment of facilities accessible to persons with special physical needs** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 4 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 3.3 Users of health facilities  |
| **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. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.3.1 There is data on levels of access to safe drinking water and sanitation in health facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.3.2 There is a public policy to ensure access to safe drinking water and sanitation by users of health facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.3.3 There is specific public funding to support access to safe drinking water and sanitation by users of health facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.3.4 Health facilities have relevant complaint mechanisms in place** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.3.5 Health facilities have separate toilets for males and females as well as adequate facilities for menstrual hygiene management** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 5 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 3.4 Users of educational facilities  |
| **Rationale.** Users of educational facilities (which include kindergartens and schools) cannot secure independent access to safe drinking water and sanitation for a large part of the day and depend on the water and sanitation services provided at educational facilities |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.4.1 There is data on levels of access to safe drinking water and sanitation in educational facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.4.2 There is a public policy to ensure access to safe drinking water and sanitation by users of educational facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.4.3 There is specific public funding to support access to safe drinking water and sanitation by users of educational facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.4.4 Educational facilities have relevant complaint mechanisms in place** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.4.5 Educational facilities have separate toilets for males and females as well as adequate facilities for menstrual hygiene management** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 5 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| 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. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.5.1 There is data on levels of access to safe drinking water and sanitation in retirement homes** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.5.2 There is a public policy to ensure access to safe drinking water and sanitation by users of retirement homes** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.5.3 There is specific public funding to support access to safe drinking water and sanitation by users of retirement homes** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.5.4 Retirement homes have relevant complaint mechanisms in place** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.5.5 Retirement homes have separate toilets for males and females**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (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  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.6.1 There is data on levels of access to safe drinking water and sanitation in prison facilities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.6.2 There is a public policy to ensure access to safe drinking water and sanitation by prisoners** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.6.3 There is specific public funding to support access to safe drinking water and sanitation by prisoners**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.6.4 Prison facilities have relevant complaint mechanisms in place** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.6.5 Prison facilities have separate toilets for males and females as well as adequate facilities for menstrual hygiene management** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 3.7 Users refugee camps and centres |
| **Rationale.** Refugees living in refugee camps and centres cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at those facilities |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.7.1 There is data on levels of access to safe drinking water and sanitation in refugee camps and centres** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.7.2 There is a public policy to ensure access to safe drinking water and sanitation by refugees living in refugee camps and centres** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.7.3 There is specific public funding to support access to safe drinking water and sanitation by refugees living in refugee camps and centres** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.7.4 Refugee camps and centres have relevant complaint mechanisms in place** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.7.5 Refugee camps and centres have separate toilets for males and females as well as adequate facilities for menstrual hygiene management** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| 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 (as well as travellers, and nomadic communities). Homeless people have to rely on public water and sanitation facilities.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.8.1 There is data on levels of access to safe drinking water and sanitation by homeless people** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.8.2 There is a public policy to ensure access to safe drinking water and sanitation by homeless people** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.8.3 There is specific public funding to support access to safe drinking water and sanitation by homeless people** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 3 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 3.9 Travellers and nomadic communities |
| **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 travellers and nomadic communities, as well as homeless people. Travellers and nomadic communities have to rely on public facilities. (The challenge of settlements of ethnic minorities is considered under area 3.10). |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.9.1 There is data on levels of access to safe drinking water and sanitation by travellers and nomadic communities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.9.2 There is a public policy to ensure access to safe drinking water and sanitation by travellers and nomadic communities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.9.3 There is specific public funding to support access to water and sanitation by travellers and nomadic communities** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 3 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 3.10 Persons living in housing without 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) |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.10.1 There is data on lack of access to safe drinking water and sanitation by households living in neighborhoods with access**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.10.2 There is a public policy to address the lack of access to safe drinking water and sanitation by households living in neighborhoods with access**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.10.3 There is specific public funding to support access to safe drinking water and sanitation by households living in neighborhoods with access** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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)** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.10.5 There are integrated programmes (involving different government departments) to address the symptoms and causes of the lack of access** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **Please calculate the score for Area 3.10**1. Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0) \_\_\_\_
2. Divide the number of total points by 5 \_\_\_\_
 |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 3.11 Persons without access to safe drinking water and sanitation in 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.  |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **3.11.1 There is data on lack of access to safe drinking water and sanitation by workers in their workplaces**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.11.2 There is a public policy to address the lack of access to safe drinking water and sanitation by workers in their workplaces**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **3.11.3 There is specific public funding to support access to safe drinking water and sanitation by workers in their workplaces** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **Please calculate the score for Area 3.11**1. Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0) \_\_\_\_
2. Divide the number of total points by 3 \_\_\_\_
 |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

## Section 4. Keeping water and sanitation affordable for all

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| **Areas of action** | **Relevant section in the “No One Left Behind” document** |
| 4.1 Public policies to ensure affordability of water and sanitation services | Section 6.1 |
| 4.2 Tariff system  | Section 6.2 |
| 4.3 Social protection measures | Section 6.3 |

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| Quantitative information on affordability |
| **Please, provide the official definition of affordability (and/or target) in your country/region/city** |  |
|  | **2011 or closest previous year (please indicate)** | **2006 or closest previous year (please indicate)** | **Source** **(please indicate whether this is an official source)** |
| **Amount of the average water and sanitation bill in the country/region/city (Euros/year)** |  |  |  |
| **Amount of the water and sanitation bill in the country/region/city for households in the lowest wealth or income group (please specify whether this refers to lowest quintile, lowest decile, or people under the national poverty line) (Euros/year)** |  |  |  |
| **Average disposable household income (or expenditure) (Euros/year)** |  |  |  |
| **Average household income (or expenditure) for households in the lowest wealth or income group (please specify whether this refers to lowest quintile, lowest decile, or people under the national poverty line) (Euros/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 public budget for water and sanitation)** |  |  |  |

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| Area 4.1 Public policies to ensure affordability  |
| **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. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **4.1.1 There is data on affordability of water and sanitation services**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.1.2 Water and sanitation policy includes affordable access as one of its objectives**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.1.3 Social policy addresses affordability of water and sanitation services** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.1.4 There is a policy to address affordability of self-provided water and sanitation services** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.1.5 There is specific public funding to address affordability concerns** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 5 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 4.2 Tariff measures |
| **Rationale.** 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. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **4.2.1 The public authorities have analyzed different options to address affordability issues through tariff measures**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.2.2 Tariff measures have been included in a strategy to address affordability issues** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.2.3 Tariff measures to address affordability issues have been implemented** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.2.4 Tariff measures implemented to address affordability issues contribute to the financial sustainability of service provision**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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) \_\_\_\_Divide the number of total points by 4 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

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| Area 4.3 Social protection measures |
| **Rationale.** Social protection measures offer several options to address affordability issues without modifying the design of existing water and sanitation tariffs. They can be aimed at avoiding non-payment of water bills (preventative) or at paying water debts (curative). They are mostly financed by general (local, regional or national) taxes. |
|  | **No** | **To a limited extent** | **To a large extent** | **Yes** |
| **4.3.1 The public authorities have analyzed the impacts of different alternatives to address affordability issues through social protection measures**  |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.3.2 Social protection measures have been included in a strategy to address affordability issues** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **4.3.3 Social protection measures to address affordability issues have been implemented** |  |  |  |  |
| **Score justification** (please provide brief explanation and/or examples that justify the answer)**Means of verification used**: (e.g. official documents, multi-stakeholder consultation, expert opinion) **Reliability of the response:** (i.e. high, medium, or low-level of confidence) |
| **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 \_\_\_\_ |
| **Given the number of High, Medium and Low responses, the average reliability for this area is considered** (please mark one option) High \_\_\_ Medium \_\_\_ Low\_\_\_ |

## Overview of Results

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| **Section** | **Area of action** | **Score** | **Reliability** |
| Steering governance frameworks to deliver equitable access to safe drinking water and sanitation | 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 marginalised groups | 3.1 Public policies to address the needs of vulnerable and marginalised groups |  |  |
| 3.2 Persons with special physical needs |  |  |
| 3.3 Users of health facilities |  |  |
| 3.4 Users of educational facilities |  |  |
| 3.5 Users of retirement homes |  |  |
| 3.6 Prisoners |  |  |
| 3.7 Refugees living in refugee camps and centres |  |  |
| 3.8 Homeless people  |  |  |
| 3.9 Travellers and nomadic communities |  |  |
| 3.10 Persons living in housing without water and sanitation  |  |  |
| 3.11 Persons without access to safe drinking water and sanitation in their workplaces |  |  |
| Keeping water and sanitation affordable for all | 4.1 Public policies to ensure affordability  |  |  |
| 4.2 Tariff measures |  |  |
| 4.3 Social protection measures |  |  |

This table can be used to summarise the results obtained throughout the scorecard. 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.

1. Detailed country reports for the pilot projects in greater Paris urban area (France), Portugal and Ukraine are available at: http://www.unece.org/env/water/pwh\_work/equitable\_access.html.

These reports contain a country profile, a description of actions taken to achieve equitable access to water and sanitation and an assessment of the scorecard and the process of its use. [↑](#footnote-ref-1)