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the Protection and Use of Transboundary  
Watercourses and International Lakes

**Working Group on Water and Health**

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**Equitable access to water and sanitation**

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**Draft Publication**

**The Human Rights to Water and sanitation in practice:**

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

Prepared by the co-secretariat in collaboration with lead Parties

At its fourth session (Geneva, 14-16 November 2016), the Meeting of the Parties to the Protocol on Water and Health decided to develop training materials on equitable access to water and sanitation based on the publication No One Left Behind: Good Practices to Ensure Equitable Access to Water and Sanitation in the Pan-European Region and the knowledge and experience accumulated in this area of work. In addition, it decided to share lessons learned and promote good practices on the process of development of equitable access action plans and measures implemented to improve equitable access (see ECE/MP.WH/13/Add.1–EUPCR/1611921/2.1/2016/MOP-4/06/Add.1).

The Expert Group on Equitable Access to Water and Sanitation at its 4th meeting (Budapest, 13-14 September 2017) framed the scope and content of a new publication to capitalize the findings and lessons learned from the work on equitable access to water and sanitation under the Protocol. The Working Group on Water and Health, at its tenth meeting (15-16 November 2017), reviewed the draft outline prepared by the Expert Group and entrusted the lead Parties, in cooperation with the joint secretariat, to further develop the draft publication and to finalize it for the fifth session of the Meeting of the Parties (ECE/MP.WH/WG.1/2017/2-EUPCR/1611921/2.1/2017/WGWH/06, upcoming).

The first draft was then prepared for, reviewed by and further developed by the Expert Group on Equitable Access at its fifth meeting (Paris, 26-27 June 2018).

The Expert Group on Equitable Access provided conceptual and technical inputs as well as key messages deriving from country experiences in assessing and improving equitable access to water and sanitation. On that basis, a second draft of the document has been developed.

The Working Group on Water and Health is invited to review the draft document and provide comments and feedback to Diane Guerrier (guerrierd@un.org) by 10 May 2019, with a view to submitting it to the Meeting of the Parties for consideration and adoption at its fifth session (Belgrade, 19–21 November 2019).

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## 0. EXECUTIVE SUMMARY

### **The human rights to water and sanitation and the Protocol on Water and Health**

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

The United Nations Economic Commission for Europe (UNECE) / World Health Regional Office for Europe (WHO-Europe) Protocol on Water and Health provides a sound framework for translating into practice the human rights to water and sanitation. The Protocol requires its Parties to set targets and implement specific measures to ensure progressive realization of the rights to water and sanitation. Article 5(1) of the Protocol highlights that “equitable access to water, adequate in terms both of quantity and of quality, should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion”. The Protocol on Water and Health also serves as a mechanism to implement the Sustainable Development Goals.

Since 2011, work carried out under the Protocol by the Expert Group on Equitable Access to Water and Sanitation has led to the development of guidance and tools to support equitable access to water and sanitation, providing detail on how to implement the provisions of the Protocol. This includes:

- the 2012 publication *No One Left Behind: Good Practices in Ensuring Equitable Access to Water and Sanitation*, which identifies and explores the key dimensions of equitable access, presents options to address them, and provides examples of relevant measures undertaken in the countries of the pan-European region;
- the 2013 publication *The Equitable Access Score-card: Supporting Policy Processes to Achieve the Human Right to Water and Sanitation*, which presents a methodology and an analytical tool to facilitate self-assessments of the situation of access to water and sanitation in terms of equity at national, regional or municipal level; and

- the 2016 publication *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation*.

Three key dimensions that should be considered by countries to provide equitable access to water and sanitation are: reducing geographical differences in services provided; avoiding discrimination or exclusion of vulnerable and marginalized groups in the provision of services; and ensuring financial affordability by users. The overall governance framework for equitable access to water and sanitation also needs to be scrutinised and improved. The strong linkages between those different dimensions demand a holistic approach to promoting equitable access to water and sanitation.

### **Equitable access to water and sanitation in the pan-European region**

Since 2012, a total of 11 countries have carried out self-assessments on equitable access to water and sanitation, and three countries have developed action plans to address existing inequities challenges. When analysing the findings of those exercises across countries, we find a mixed and complex picture.

The situation regarding equitable access to water and sanitation varies from country to country. There are, however, some common trends. First, awareness of the challenges faced in ensuring equitable access is uneven – generally, geographical disparities are well recognized, but the specific needs of the different vulnerable groups are not; and while affordability is a common concern, options to address it are not well known. Second, putting together a complete and accurate picture of the current situation regarding equitable access to water and sanitation is a challenge, due to the need for wide ranging expertise and lack of information. Third, solutions to tackle some gaps in ensuring equitable access to water and sanitation are already in place, but they are not implemented under the framework of a unique and comprehensive strategy for equitable access and would require a more integrated approach. Fourth, the self-assessments have helped countries to identify challenges which they were not fully aware of.

In almost all countries, the self-assessment has been instrumental in identifying specific actions that have subsequently been implemented by countries. Those actions have targeted the broad governance framework as well as specific dimensions of equitable access. They have included awareness-raising efforts, integration of equitable access concerns into national strategies and plans, legal reforms, policy reforms, infrastructure investments, and lobbying for financial resources. Some countries (Armenia, North Macedonia and Serbia) have decided to take a more structured approach to the identification of priority actions and their implementation through the development of an Equitable Access Action Plan that can help to ensure that the limited technical and financial resources are targeted to those actions that are likely to have the greater impact, facilitate dialogue with international partners, and attract funds for the measures included in the action plan.

Officials and experts often struggle to develop a strategic approach to financing equitable access to water and sanitation. Countries have developed diverse approaches to deal with different aspects of equitable access. Often, the framework for financing access to water and sanitation services includes some aspects of equitable access but not all. The cost of ensuring equitable access to water and sanitation varies widely across issues, and while some issues may be reasonably well-financed, others are often fully neglected. Responsibilities for funding solutions are often unclear, and local authorities have a major role to play. In some countries, external support (in particular European Union funding programmes) accounts for a large part of the water and sanitation investment budget and thus influencing it is key.

## **Recommendations to support equitable access to water and sanitation**

A self-assessment should include a launching phase, an analytical phase, and a communication phase. In the launching phase, a government agency should be leading or actively co-leading a core group of experts, and the core group should be well-balanced. Establishing a partnership between public agencies and civil society organisations is key. The analytical phase should be approached not just as a technical exercise (filling the Score-card and validating the results), but also as a stakeholder engagement and capacity development effort. The gathering of information should be well balanced from the national and local levels. It is highly recommended to think about how to use the self-assessment process and findings to bring change – for example, by taking advantage of the process to improve inter-ministerial cooperation. In the communication phase, it is important to ensure that the findings from the self-assessment are not considered a criticism of involved parties, and that adequate efforts are devoted to communicating the findings. Those efforts should target public authorities, civil society organisations and water sector professionals using different communication channels, including the mass media. It is also recommended to consider engaging in a non-partisan manner with political processes.

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

More attention should be paid to the costing and financing of actions. This includes the identification and clarification of responsibilities for funding the different aspects of equitable access to water and sanitation, mapping out existing funding mechanisms that can potentially include funding for ensuring equitable access to water and sanitation, and strengthening the existing financial strategy for the water and sanitation sector by incorporating equitable access concerns. It is also recommended lobbying to incorporate equitable access to water and sanitation in existing funding mechanisms, integrating equitable access considerations into planned water investment projects, and thinking about how to reduce the long-term costs of equitable access actions.

# 1. EQUITABLE ACCESS TO WATER AND SANITATION

## 1.1 The Human Rights to Safe Drinking Water and Sanitation

Ensuring access to safe drinking water and sanitation for all is a legal obligation. On 28 July 2010, the right to safe and clean drinking water and sanitation was “recognized” as a human right that is essential for the full enjoyment of life and of all human rights<sup>1</sup>. In October 2010, the Human Rights Council adopted resolution 15/9, whereby the Council affirmed that the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to health, the right to life and with human dignity<sup>2</sup>. Although the two rights are interconnected, they are separate rights, as recognized by the General Assembly in Resolution 70/169<sup>3</sup>.

In terms of the normative content of the two rights<sup>4</sup>, the Human Rights Council reaffirmed in 2018 that:

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

The human rights to water and sanitation entail correlative obligations. Some obligations are subject to progressive realization<sup>5</sup>, but obligations such as that of non-discrimination are of immediate effect. This entails, for instance, that although States may not be under the obligation to supply a particular service, if they choose to do so they must immediately ensure that it is not provided in a discriminatory manner. Furthermore, positive measures must be adopted to achieve substantive equality.<sup>6</sup> In this respect, steps can be taken to ensure access for all before improving the conditions of access for those who already enjoy it.<sup>7</sup>

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

Alongside this, the role of international organizations, specialized agencies of the United Nations system and development partners has also been stressed, as well as the importance of

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<sup>1</sup> UN General Assembly, Resolution 64/292/ : The Human Right to Water and Sanitation, 28 July 2010. A/RES/64/292, para 1

<sup>2</sup> HRC Resolution 15/9, para 3

<sup>3</sup> UNGA Resolution 70/169, paras 1-2

<sup>4</sup> UNGA 70/169 and 39/8

<sup>5</sup> ICESCR, Article 2(1)

<sup>6</sup> CESCR, GC 20, paras 8-9

<sup>7</sup> See in this respect:

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

- Report of the Special Rapporteur on the human right to safe drinking water and sanitation, A/HRC/18/33, Para 80(d), see also Committee of Economic Social and Cultural Rights (CESCR). General Comment No 20, Non-discrimination in economic, social and cultural rights (Art 2 para 2, of the International Covenant on Economic, Social and Cultural Rights), paras 8-9

economic and technical cooperation.<sup>8</sup> In 2018, the Human Rights Council urged development partners to adopt a human rights-based approach when designing, implementing and monitoring programmes in support of national activities relating to the rights to water and sanitation.

**Box 1. The human rights to water and sanitation: from recognition to implementation**

Data from 11 countries of the European Region that participated in the UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) 2016-2017 indicate that a majority of countries have recognized the human rights to drinking water and sanitation and have developed national policies and plans addressing water and sanitation. However, the policies and plans are not being fully implemented and less than half of the countries have a financing plan in place. There is a major financing gap to implement national WASH targets, in particular for rural sanitation, and lack of specific measures to target resources to vulnerable populations.

*Source: WHO*

## 1.2 The Protocol on Water and Health

The United Nations Economic Commission for EUROPE (UNECE)/World Health Regional Office for Europe (WHO-Europe) Protocol on Water and Health was signed in London in 1999 and entered into force in 2005. The treaty is open for signature by countries and regional economic integration organizations of the UNECE region and of the WHO European region.<sup>9</sup> As of February 2019, the Protocol has 26 Parties and 36 signatories, as well as a number of countries actively working within its framework.

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

The Protocol requires Parties, in essence, to exercise due diligence in ensuring access to water and sanitation and protecting water bodies within their jurisdiction, setting out four clusters of obligations:

1. to set targets relating to water, sanitation and health, and to monitor them;
2. to develop systems to respond to emergencies;
3. to gather, develop and provide relevant information to the public; and
4. to cooperate with other Parties to the Protocol in these matters.

The Protocol provides a sound framework for translating into practice the human right to water and sanitation. The Protocol is a special instrument, as it has both an inter-state regulatory dimension and a human right's one. Unlike a typical human rights instrument that formulates a right and leaves the obligations implicit, the Protocol requires its Parties to set targets and implement specific measures to ensure progressive realization of the rights to water and

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

<sup>9</sup> Article 21 Protocol

sanitation. In such way, the obligations arising from the two rights are addressed in detail and concrete tools are provided for States to fulfil them. The Protocol sets out an explicit obligation to pursue the aims of access to drinking water and provision of sanitation for everyone (Article 6.1). This is further detailed in Article 5(1), which highlights that “equitable access to water, adequate in terms both of quantity and of quality, should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion”. Beyond the legal text of the Protocol, the work carried out on the area of equitable access since 2011 has led to the development of specific tools to assess and improve the equitable access situation, providing detail on how to implement the above-mentioned Protocol provisions.

### **1.3 The Sustainable Development Goals**

The 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) were adopted by the United Nations General Assembly in September 2015 as a next step in the world’s development agenda, seeking to improve on and take a stride further than the Millennium Development Goals (MDGs) that ended in 2015. The SDGs, universal and aspirational in nature, apply to all countries and all peoples of the world. The SDGs are more comprehensive than the MDGs with a total of 17 goals that are strongly inter-connected.

The SDG framework includes an explicit goal (SDG-6) for water and sanitation: “ensure availability and sustainable management of water and sanitation for all” and six associated targets, including Target 6.1 “By 2030, achieve universal and equitable access to safe and affordable drinking water for all”, and Target 6.2. “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”.

The SDGs in general, and SDG-6 in particular, are highly relevant for the pan-European region. Data from the WHO/United Nations International Children’s Emergency Funds (UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) show that in the pan-European region, 36 million people do not enjoy access to basic sanitation and 328 thousand people still practise open defecation -- most of them living in small rural settings. Although there has been significant progress in the provision of basic drinking water between 2000 and 2015, almost 21 million people still do not enjoy such access and almost 57 million people do not have piped water at home.

The Protocol on Water and Health serves as a mechanism to implement the Sustainable Development Goals, both regarding SDG-6 as well as through the linkages to most of the other SDGs – as it is explained in the UNECE/WHO-Europe publication *Protocol on Water and Health and the 2030 Agenda: A Practical Guide for Joint Implementation*.

### **1.4 Equitable Access to Water and Sanitation – work under the Protocol on Water and Health**

There are important differences among countries of the pan-European region as regards ensuring equitable access to water and sanitation – as a result of countries’ disparities in terms of availability of water resources, socio-economic development, historic levels of access, and public policies. Nevertheless, efforts need to be made in all countries.

In order to support those efforts, Parties and other countries working within the framework of the Protocol have been promoting equitable access to water and sanitation for a long time. In 2011, the Expert Group on Equitable Access to Water and Sanitation under the Working Group on Water and Health was created and it started to work on operationalizing the concept of equitable access, resulting in the 2012 publication *No One Left Behind: Good Practices in*

*Ensuring Equitable Access to Water and Sanitation.* The publication identifies and explores three key dimensions of equitable access and presents options to address them and examples of relevant measures undertaken in the countries of the pan-European region.

In order to support Parties to develop baselines on the current situation regarding equitable access to water and sanitation, the Expert Group on Equitable Access to Water and Sanitation developed in 2013 a methodology for self-assessment, including a tool known as the “equitable access score-card”. The methodology and tool were tested in three countries<sup>10</sup> before being finalised and documented in the 2013 publication *The Equitable Access Score-card: Supporting Policy Processes to Achieve the Human Right to Water and Sanitation*. Since then another eight countries<sup>11</sup> have carried out self-assessment exercises at national and/or local level.

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

<b>Country</b>	<b>Assessment period</b>	<b>Scale</b>	<b>Related action plan developed</b>
Armenia	2015-2016	National	2017
Azerbaijan	2015-2018	National	
Bulgaria	2018	National	
France	2012-2013	One region	
Hungary	2014-2016	National	
Moldova	2014	National	
North Macedonia	2015-2016	Three municipalities	2018
Portugal	2012-2013	National	
Serbia	2017-2018	National and two regions	2019
Spain	2016	One municipality	
Ukraine	2013	National and one municipality	

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

## **1.5 Equitable Access to Water and Sanitation – key dimensions**

The work on equitable access to water and sanitation under the Protocol on Water and Health has identified three key dimensions that should be considered by countries to provide equitable access to water and sanitation: reducing geographical differences in services provided; avoiding discrimination or exclusion of vulnerable and marginalized groups in the provision of services; and ensuring financial affordability by users. The strong linkages between the

<sup>10</sup> France, Portugal and Ukraine

<sup>11</sup> Armenia, Azerbaijan, Bulgaria, Hungary, the Republic of Moldova, North Macedonia, Serbia and Spain.

provision of drinking water and sanitation services demand a holistic approach to promoting equitable access to water and sanitation. In addition, the overall governance framework for equitable access to water and sanitation also needs to be scrutinised and reform.

**Reforming governance frameworks.** The realization of the rights to water and sanitation requires political commitment and long-term vision. Current national and local water governance frameworks are sometimes failing to deliver equitable access for the following reasons: (a) broader governance frameworks may limit or undermine efforts in the water sector; (b) weak water governance and management result in poor sector performance; and (c) 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, and accountability and redress mechanisms effectively accessible to all people. That is unlikely to be enough, however. Applying an “equitable access lens” is needed to speed up progress. This requires a results-oriented action plan (including short-, medium- and long-term measures) building on country-situation analysis and context-specific equity indicators.

**Reducing geographical disparities.** Even within the same country, water and sanitation services in different geographical areas can be very different. WHO/UNICEF JMP (2017) data shows that in the pan-European region 77% of people without basic drinking water services live in rural areas, and that in the Caucasus and Central Asia sub-regions, about 20% of rural dwellers live in homes without access to basic drinking water, as opposed to 3% of urban residents. This can be attributed not only to underlying cost structures but also to political influence and decisions. Reducing *access gaps* (including in terms of water quality) requires political, financial and technical efforts. International cooperation can also play an important role in closing these gaps by focusing support on the areas 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 policy has a fundamental role to play in *reducing price disparities* between geographical areas by: (a) targeting investment programmes and subsidies to areas with higher costs of service, (b) enabling cross-subsidization from high-income low-cost areas to low-income high-cost areas, and (c) promoting efficiency and rational prices through sectoral organization reform and the use of information tools such as benchmarking and tariff reference values.

**Ensuring access for vulnerable and marginalized groups.** Human rights principles highlight the need to actively design water and sanitation policies that prioritize and address the needs of vulnerable and marginalized groups. Water and sanitation for these groups is often a social exclusion issue, and not just a water issue. Each of these groups has its own needs and faces different access barriers to achieve equitable access. Policymakers and implementers must dedicate time and resources to identify these groups, to review whether they are being included (and if not, what are the barriers), and to ensure that their particular needs are taken into account. Most pan-European countries that participated in the 2017 GLAAS country survey have in place policies or procedures addressing participation of water and sanitation service users, but the level of actual participation is still insufficient. In many cases, adequate solutions require an integrated response, combining policies and ensuring collaboration across public agencies. The solutions also require targeted financial resources, but those are seldom very great in comparison with a country’s water and sanitation budget. The solutions mostly require increased awareness and specific focus among policymakers and technical staff.

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

## **2. ASSESSING EQUITABLE ACCESS TO WATER AND SANITATION**

### **2.1 Self-assessment methodology**

The self-assessment methodology to assess equitable access to water and sanitation developed by the Expert Group on Equitable Access to Water and Sanitation under the Protocol on Water and Health has two key elements: the organisation of a self-assessment exercise, and the use of an analytical tool to support the self-assessment exercise. The methodology can be used by any country, region or municipality in the world. The publication *The Equitable Access Score-card – Supporting Policy Processes to Achieve the Human Right to Water and Sanitation* provides detailed guidance on how to organize the self-assessment exercise and communicate the results, and how to fill the score-card.

#### **ANALYTICAL TOOL: EQUITABLE ACCESS SCORE-CARD**

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

The score-card is built around the four themes discussed above: governance framework, geographical disparities, vulnerable and marginalized groups and affordability. These four dimensions are further divided in 20 areas of action (see Table 2), which are explored through a total of 87 qualitative questions. Each qualitative question is expected to be answered in one of four ways: Yes/To a large extent/To a limited extent/No. Those answers are then converted into quantitative scores to enable comparison of results across areas of action.

The score-card tool is not intended to be the only way of assessing the human rights to water and sanitation. The human rights to water and sanitation have five normative dimensions (access, availability, quality, acceptability and affordability). For conceptual and practical reasons, the work under the Protocol subsumes the first four dimensions under the concept of

“access” and differentiates explicitly the dimension of “affordability”. This does not prevent complementary specific assessments of the five normative dimensions of the human rights to water and sanitation – as indeed has been done in the Spanish municipality of Castelló.

*Table 2. Structure of the equitable access score-card*

<b>Section</b>	<b>Area of Action</b>
Steering governance frameworks	Strategic framework for achieving equitable access
	Sector financial policies
	Rights and duties of users and right holders
Reducing geographical disparities	Public policies to reduce access disparities between geographical areas
	Public policies to reduce price disparities between geographical areas
	Geographical allocation of external support
Ensuring access to vulnerable and marginalized groups	Public policies to address the needs of vulnerable and marginalized groups
	Persons with special physical needs
	Users of health facilities
	Users of educational facilities
	Users of retirement homes
	Prisoners
	Refugees living in refugee camps and centres
	Homeless people
	Travellers and nomadic communities
	Persons living in housing without water and sanitation
	Persons without access to safe drinking water and sanitation
	Persons without access to safe drinking water and sanitation in their workplaces
Keeping water and sanitation affordable for all	Public policies to ensure affordability
	Tariff measures
	Social protection measures

## SELF-ASSESSMENT EXERCISE

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

- to identify competent authorities and relevant stakeholders (see Table 3);
- to gain a better understanding of the current situation and challenges;
- to identify information and policy gaps;
- to raise awareness among competent authorities and relevant stakeholders and create links between them;
- to identify opportunities to implement relevant actions; and
- to improve the coordination of actions to be taken by different actors.

*Table 3. Examples of stakeholders to be engaged in a self-assessment*

“Sector”	Examples of stakeholders
Water affairs	Ministry of Water Ministry of Environment (Water resources quantity and quality) Ministry of Public Works (Water and sanitation infrastructure) Water sector regulator Water service providers
Social affairs	Ministry of Social Protection Ministry of Education Ministry of Justice Ministry of Health, Public Health Institute, Health Inspectorate National Human Rights Institutions
Regional development affairs	Ministry of Interior Ministry of Rural Development Ministry of Local Development Regional development agencies Municipalities
Financial affairs	Ministry of Finance Bilateral donors International financial institutions Foundations financing social development projects
Civil society organisations (CSOs)	Consumer associations CSOs working in water issues CSOs working with vulnerable and marginalised groups Trade Unions Academics and independent experts

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

The **launching phase** focuses on laying the ground for the technical work. This includes the following steps:

- defining the geographical scope of the project – which may be national, sub-national (regional, municipal) or a combination of both;
- identifying a project leader – active leadership of a governmental authority is crucial for the self-assessment to have a sustainable impact, in most cases there has been a partnership between a government authority and an NGO;
- selecting a “core team” -- that will carry out the data gathering and analysis, and may adapt the scorecard tool to fit the needs of the exercise;
- identifying relevant stakeholders – that can provide information for the self-assessment or contribute to the validation of the findings;
- organising a launching workshop – to introduce the project and the methodology to the different stakeholders. In many cases, experts from other countries that have undergone self-assessment have been invited to share their experience at the launching workshop, which has proven useful.

The **analysis phase** focuses on gathering data and developing the analysis. This includes the following steps:

- reviewing the questions in the scorecard, modifying them if needed to fit the country context, and identifying which stakeholders can provide the information required to answer them;
- preparing and sending official letters to government authorities that might provide data required to fill the scorecard – this step in particular requires leadership from a governmental authority;
- organising interviews with experts and consultations with stakeholders – this step usually benefits from the involvement in the core group of one NGO representative, as they may have better access to certain stakeholders (such as communities in remote rural settlements or vulnerable and marginalised groups);
- filling the scorecard with the information gathered from the different sources;
- drafting a situational analysis – usually a short report of around 10 pages that briefly describes the process and presents the main findings of the self-assessment;
- organising a workshop to discuss, refine and validate the analytical findings, and to start identifying priority actions and possible next steps.

The **communication phase** focuses on the development of communication actions to publicise the validated findings and prompt follow-up actions. This may include:

- preparing a publication that presents the findings of the self-assessment – this could simply include the situational analysis as main text and the filled scorecard as a technical annex;
- organising press conferences to present the findings to mass-media;
- organising presentations of the findings to selected governmental committees.

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

ERSAR is the regulator of water and sanitation services in Portugal. ERSAR volunteered to lead the implementation of the self-assessment scorecard in Portugal as one of the three pilot self-assessments carried out in 2013. After the self-assessment was completed, ERSAR reflected on the process and identified a number of benefits that it had gained. Those are:

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

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

## 2.2 Findings from country self-assessments

The Annexes of this publication includes country profiles for each the 11 countries that have undertaken a self-assessment. Those country profiles present, among other information, a summary of findings from the country self-assessments. This section provides a cross-country analysis of those findings.

### HIGHLIGHTS

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

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

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

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

**The traditional silo mentality among public agencies is a major challenge to address inequities in access to water and sanitation.** In most, if not all, countries there is not institutionalised coordination between water and sanitation departments and other relevant public agencies. In most cases, the self-assessment has represented a useful first step to gather the relevant agencies around the table and initiate contacts and it has demonstrated that a cross-sectorial approach is needed to address equitable access to water and sanitation. However, much remains to be done.

**The self-assessment has helped some countries to identify challenges of which they were not fully aware.** This is most relevant for higher income countries, which have found issues around vulnerable and marginalised groups – ranging from homeless and people living in informal settlements to school children or agricultural workers.

### GOVERNANCE FRAMEWORKS

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

**In most cases there are no indicators/tools necessary to manage equitable access to water and sanitation** -- such as those relating the cost of provision to water prices, or affordability indicators – even in advanced regions like the Greater Paris area.

**There is often a low awareness of the human rights to water and sanitation among water users, but also among public officers and non-governmental organisations.** The Armenia country report highlights that water and sanitation users are often not aware of their rights. In the municipality of Castelló it was found that even public officials and NGOs working in the social field lacked awareness of the human rights to water and sanitation.

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

**In some countries most gaps have been recognised but a human rights-based approach has not been articulated.** This can be attributed to a large part to the complexity of the institutional framework, for example in Moldova.

## GEOGRAPHICAL DISPARITIES

**Geographical disparities in access between rural and urban areas remain important.** For example, North Macedonia reported access to improved sanitation was 83% in rural areas vs 99% in urban areas. Beyond physical access, differences in drinking water quality are also important, with 20-40% of samples of drinking water in North Macedonia showing bacteriological contamination. In Armenia 579 rural communities are not served by water supply companies and some do not have centralized drinking water supply. In Azerbaijan, many rural and mountainous areas don't have access to centralized water systems.

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

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

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

## VULNERABLE AND MARGINALISED GROUPS

**Access by vulnerable and marginalised groups represents the main challenge in some countries.** In the Greater Paris area, it was assumed that there was universal access to water

and sanitation (100%), but the findings from the self-assessment led to a revision of that figure to 99% to acknowledge the lack of access by some vulnerable and marginalised groups.

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

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

**Many school children suffer from lack of access to safe water and sanitation** – in Paris 30% of schools did not have separate toilets for boys and girls and 7% of children never use the toilets. In many rural schools in Armenia water and sanitation facilities are not operational. The quality of drinking water in rural schools remains a concern, for example in North Macedonia, where between 6-10% of schoolchildren in the analysed municipalities attend schools with contaminated drinking water. In Ukraine 5% of primary schools and 15% of secondary schools don't have continuous access to water, and while most schools have access to sanitation (94%) for almost half of them this means pit latrines outside the main building.

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

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

**A group rarely discussed is female headed households.** In Moldova a significantly lower proportion of female headed households have access to water and sanitation services (55% compared to 75% among male headed households have access to piped water in rural settings), often due to affordability issues.

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

**The formulation of public policies is impaired by lack of information,** both about levels of access by the different vulnerable and marginalised groups and about relevant programmes and

their current financing. This is reflected in particular in the Portugal and Bulgaria country reports but affects many other countries.

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

**Currently there is no policy guidance on how to fund access by vulnerable and marginalised groups.** This was highlighted in the Portugal country report but affects all countries.

## AFFORDABILITY

**Affordability is a real issue in all types of countries, not just less wealthy ones.** For example, in the Greater Paris area there are some people for which the water and sanitation bill represents more than 3% of their income.

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

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

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

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

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

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

**Lack of information affects the understanding of affordability concerns harder and prevents the development of adapted affordability measures more difficult.** For example, in Hungary, there is no information on the size of the population disconnected from water services as a result of non-payment.

## 2.3 Recommendations for organizing a self-assessment

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

### LAUNCHING PHASE

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

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

**Work in partnership between public agencies and civil society organisations.** Involving stakeholders from outside the water sector is challenging, as highlighted by Portugal. However, it can bring about benefits, as shown by the case of Hungary, where the support by the Office of the Commissioner for Fundamental Rights proved fundamental to motivate government bodies. The Bulgarian experience showed that persons at high administrative level in adequate institutions can be sensitive and motivated. In Ukraine NGOs provide a neutral framework for reviewing the self-assessment's results and facilitated carrying out of the exercise at local level. In Serbia, the good connection of civil society organisations with local self-governments have made easier to collect relevant information for the self-assessment.

**Academia can also play an important role.** In the Spanish municipality of Castelló the self-assessment process was led by two research groups. Their involvement in the self-assessment contributed to the establishment of a multidisciplinary partnership at national level – the Water and Poverty Network (WAPONET) that promotes joint research related to water poverty.

### ANALYTICAL PHASE

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

**Highlight the topics for which there is insufficient information.** The core team should not be discouraged by the lack of information. Finding out that there is lack of information is in itself a valuable finding, and the self-assessment helps to have a clear notion of the available and missing information on the topic, as highlighted by Portugal. It also helps to identify

failures in the mechanisms created to give effect to the rights of information and participation in decision-making, as pointed out by Hungary.

**Balance the gathering of information from the national and local levels.** In Hungary, the involvement of NGOs allowed to complement the national picture with a local picture. Applying the scorecard at the local level allowed Serbia to capture how the national framework is applied.

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

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

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

#### COMMUNICATION PHASE

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

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

**Target public authorities, civil society organisations, and water sector professionals.** Communicating the findings of the self-assessment contributes to raise awareness about the human rights to water and sanitation and about the Protocol on Water and Health among those three communities.

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

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

### 3. PLANNING AND IMPLEMENTING ACTIONS TO ACHIEVE EQUITABLE ACCESS

### 3.1 Planning methodology

Once a self-assessment has been completed, its findings can be used to identify actions that would contribute to improve the equitable access situation. In most cases, the situational analysis will implicitly suggest possible options. In some cases, the situation analysis may include the identification of a number of possible actions to be taken. And yet in some cases the situational analysis (such as in Bulgaria) may already identify a number of potential priority actions, for further consideration. In almost all countries, the self-assessment has been instrumental in identifying specific actions that have subsequently been adopted by countries. Those actions can target the broad governance framework or a specific dimension of equitable access. They can include awareness-raising efforts, integration of equitable access concerns into national strategies and plans, legal reforms, policy reforms, infrastructure investments, or lobbying for financial resources. Section 3.2 below presents concrete examples from the 11 countries that have undertaken self-assessments.

Some countries may decide to take a more structured approach to the identification of priority actions and their implementation. An Equitable Access Action Plan would help to ensure that the limited technical and financial resources are targeted to those actions that are likely to have the greater impact and can facilitate dialogue with international partners and attract funds for the measures included in the action plan. In order to guide those efforts, the Expert Group on Equitable Access developed in 2016 the *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation*<sup>12</sup>. Since then, the Guidance Note has been applied in Armenia, North Macedonia and Serbia. Those experiences are briefly presented in Section 3.3 below.

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

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

### 3.2 Examples of actions taken in countries

#### GOVERNANCE FRAMEWORKS

**Raising awareness.** In France, a national information note on the Equitable Access Scorecard was developed by Ministries of Solidarities and Health and officially transmitted to the Health Regional Agencies in 2016. In North Macedonia, a campaign on menstrual hygiene has been launched.

**Carrying out analysis on equitable access.** In Ukraine, the NGO MAMA-86 raised funds from the Swedish International Development Cooperation Agency (Sida) to carry out self-

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<sup>12</sup> <https://www.unecce.org/index.php?id=44284>

assessments at local level in 12 regions, developed water and/or sanitation safety plans (WSSP) for nine small communities (rural and urban) and public facilities (schools, kindergartens, children health care facilities, medical facilities) in eight settlement.

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

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

**Developing Action Plans on Equitable Access to Water and Sanitation.** In 2017 Armenia developed the 2018-2020 Action Plan on the Provision of Equitable Access to Water and Sanitation. Local action plans have been developed in North Macedonia and Serbia. These experiences are further reviewed in section 3.3 below.

## GEOGRAPHICAL DISPARITIES

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

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

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

**Addressing water quality concerns.** The findings on poor water quality led the State Sanitary Epidemiology Service (SES) to work and cooperate with the WHO Regional Office for Europe and the WHO office in Ukraine in order to introduce in the country risk-based approaches to drinking water quality surveillance (water safety plans)-- 12 regions benefited from self-

assessment and the development of water and sanitation safety plans, and 8 pilot projects implemented selected measures with a tangible impact on more than 17,000 residents, mainly children and rural dwellers.

**Addressing price disparities.** In Armenia, in January 2017 water supply and sanitation services are provided by a single operator, “Veolia Djur CJSC”, with a single tariff of 180 AMD/m<sup>3</sup>, thus eliminating the geographical price disparities for people living in settlements served by water operators. Previously tariffs ranged from 170 AMD/m<sup>3</sup> to 202 AMD/m<sup>3</sup>.

## VULNERABLE AND MARGINALISED GROUPS

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

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

## AFFORDABILITY

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

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

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

**Social pricing.** In France, 50 municipalities have been experimenting with social pricing and municipal subsidies (relaxing the strict provisions of General Code of Territorial Collectivities) since 2013.

### 3.3 Experiences with the development of equitable access action plans

#### ARMENIA

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

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

- efficient management to ensure equitable access to water supply and sanitation (including legal and policy frameworks),
- the reduction of geographical disparities, and
- the provision of equitable access to water and sanitation for vulnerable and marginalized groups.

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

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

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

## NORTH MACEDONIA

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

for action, drafting the local action plans, and presenting the local action plans to local authorities and stakeholders for endorsement.

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

Despite the fact that action plans have not been yet officially endorsed, several actions have already been implemented, thanks to the awareness raised on the need to take action, and activities done by the Institute of Public Health, Regional centres of Public Health, NGO Journalists for Human Rights, Municipalities and public media.

## SERBIA

The self-assessment in Serbia covered both the national level and the local level in the 13 municipalities that form the districts of Sumadija and Pomoravlje, and it was implemented by the Regional Development Agency for Sumadija and Pomoravlje (REDASP). From the start, the vision of Serbian authorities was that the self-assessment should immediately result in the development of an action plan. The action plan was developed in eight months -- from June 2018 when the REDASP was chosen as the leading organisation until February 2019 when the inter-ministerial Joint Body in charge of monitoring the implementation of the Protocol on Water and Health in Serbia adopted the and the action plan. The preparation of the action plan followed the principles of transparency, broad participation, and partnership between stakeholders – which included national and local authorities, NGOs and utilities. The process included the organisation of a launching workshop, four thematic workshops and a validation workshop.

The action plan covers three years – from June 2019 to June 2022. It includes 53 projects or initiatives targeting the issues that received low ratings in the scorecard (“no” or “to a limited extent”) covering both the national and local levels. The action plan includes starting dates and identification of leading institutions and partners; but it does not yet include sources of funding. Formal reporting of the implementation of the action plan will take place annually through the meeting of the inter-ministerial Joint Body in charge of implementing the Protocol on Water and Health.

The different projects and initiatives include many types of actions:

- Enhancing the knowledge base at national (e.g. developing and testing a national methodology for water pricing) and local level (e.g. assessment of financial sustainability of utilities, study of current tariff systems, study on social pricing options, database of households in need of support)
- Reforms to existing laws (e.g. law on waters for human use, law on waters, law on utility activities)
- Improvements in strategic planning at national (e.g. to recognize vulnerable and marginalized groups) and local level (e.g. inventories of settlements and facilities,

studies on investments needed, analysis of existing municipal decisions, revision of existing strategies, integration of equitable access concerns in strategic documents of local self-governments)

- Improving inter-institutional coordination at local level (e.g. between local self-government units, centres for social work, and communal utilities)
- Strengthening the capacity of local self-governments (e.g. to mobilize funds from the national budget and international sources to enhance equitable access; to collect and analyse information on equitable access)
- Awareness-raising efforts (e.g. trainings for national decision maker, stakeholders and media; local campaigns on human rights to water and sanitation and on control of health safety of water, )
- Mobilization of financial resources (e.g. creation of financial mechanism within the budgets of local self-governments to target different dimensions of equitable access to water and sanitation, introduction of a financial measure at national level within the budget of the ministry of labour and social affairs, requesting international financing for specific projects)
- Realization of investments (e.g. in public places, educational facilities)

### **3.4 Recommendations for planning actions to ensure equitable access**

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

**Build on the self-assessment findings and process.** The development of an equitable access action plan usually takes less time than the development of a self-assessment. This is because the self-assessment has already done the “heavy-lifting” in terms of data gathering and analysis, but also in terms of identifying and engaging stakeholders.

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

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

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

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

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

## **4. FINANCING ACTIONS TO ACHIEVE EQUITABLE ACCESS TO WATER AND SANITATION**

### **4.1 Issues around financing equitable access to water and sanitation**

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

**The strategic framework for financing access to water and sanitation services often includes some aspects of equitable access but not others** – for example, in the Greater Paris area it pays attention to affordability issues but not to access by people not currently connected.

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

**The responsibilities for funding solutions are often unclear** – this is partly related to the organisation of the water sector (which involves many government agencies) and partly related to the fact that ensuring equitable access involves actors in other sectors (rural development, social protection, education, health...).

**Local authorities have a major role to play in ensuring adequate financing of equitable access to water and sanitation.** This includes assessing the need for financial resources, allocating resources from municipal budgets, encouraging service providers to implement specific actions under their own budgets, and lobbying national authorities and development cooperation partners for additional financial resources.

**There is limited access to existing financial information on budget allocation and international support** – this was highlighted in the Ukraine country report.

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

**EU funding programmes play an important role in financing equitable access to water and sanitation throughout the pan-European region.** This includes, for example, access to cohesion funds and to funding programmes to improve drinking water and sanitation infrastructure to comply with EU regulations for EU member countries (such as Portugal and Hungary) and access to development cooperation funds for non-EU countries (such as Armenia, North Macedonia and Serbia). In Serbia, the Municipal Infrastructure Support

Programme obtained for the 2007-13 period 76 million euros from the Instrument for Pre-Accession Assistance (IPA) and used to provide equitable access to water and sanitation.

## 4.2 Examples of financing approaches in countries

### GEOGRAPHICAL DISPARITIES

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

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

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

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

### VULNERABLE AND MARGINALISED GROUPS

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

**Integrating concerns about equitable access into non-water sector investment plans.** For example, in France the Ministry of Justice’s 2010-14 investment plan included improvement of hygiene conditions in prisons.

**Integrating concerns** about equitable access to water and sanitation in social protection programmes. In Portugal, the “system of support to products of autonomy” managed by the Ministry of Health, Education and Social Security includes as part of the menu of subsidised goods for disabled people some related to water and sanitation (such as handles).

**Including “funding of equitable access actions” in the performance contract of water utilities.** For example, in Paris the performance contract requires that at least 0.4% of revenues

of the local utility should be allocated to solidarity actions, and it specified an increase in the provision of public fountains.

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

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

**Including equitable access to water and sanitation actions in donor- and IFI-funded investment programmes.** For example, in Croatia EU pre-accession funds have been used to provide access to water and sanitation to 6 Roma settlements in Medimurje county (Socanac, 2011).

## AFFORDABILITY

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

**Facilitating the cross-subsidisation of low-income users by all other users.** In France, a 2011 law allows for 0.5% of the revenues of water and sanitation utilities to be transferred to the Housing Solidarity Fund, which then funds preventative and curative measures.

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

**Including access to water and sanitation in social protection programmes funded by the national budget** – for example, in the Russian Federation, the State Programme for means-tested housing subsidies includes access to water and sanitation (Razumov, 2016).

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

### 4.3 Recommendations for financing equitable access to water and sanitation

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

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

- “Taxes” (i.e. funded by domestic public budgets) –

- State-level water supply and sanitation programmes
- State-level non-water sector programmes (e.g. education, health)
- State-level social protection programmes
- Local-level infrastructure development plans
- Local-level social protection programmes
- “Tariffs” (i.e. funded by domestic users) –
  - Cross-subsidies paid by other users
  - Investments paid by building/workplace owners
- “Transfers” (i.e. funded by external sources) –
  - EU funds (cohesion, accession, pre-accession, neighbourhood)
  - Water sector and non-water sector programmes funded by grants from development partners
  - Water sector and non-water sector programmes funded by loans from development partners
  - Social programmes by international NGOs and charities

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

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

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

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

## 5. Annexes

### 5.1. Armenia

#### Section I - Country setting

##### Basic information.

Population	3 million (2017)
Area	29, 743 km <sup>2</sup>
GDP	USD 11.6 billion
GDP per capita	USD 3,813
Access to water and sanitation	98.3% and 68.5% respectively

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

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

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

##### II.A Key findings

**Geographical disparities.** The country identified the challenge of guaranteeing water supply to 579 rural communities which are not connected to the centralized water supply system and are not serviced by water companies. Water supply was found to be an issue in particular for rural educational institutions, as these have to rely on limited State funds for the operation and maintenance of water and sanitation-related infrastructure.

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

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

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

**Brief description.** The self-assessment exercise was carried out at the national level for a period of 11 months (November 2015 – October 2016) to gain an overall understanding of the country situation by identifying challenges related to equitable access to water and sanitation and areas

of action to be considered in the process of setting targets under the Protocol. Several public authorities were involved in the process, including the Ministry of Health, the Ministry of Territorial Administration and Development, the Public Services Regulatory Commission of Armenia, the Ministry of Nature Protection, the Ministry of Education of Science and the Ministry of Labour and Social Affairs. The Office of Human Rights Defender of Armenia was a partner in the exercise. Stakeholders from the private sector and civil society also participated. The project was implemented by the NGO “Armenian Women for Health and Healthy Environment”, under the coordination of the Ministry of Energy Infrastructures and Natural Resources.

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

**Lesson learnt.** The self-assessment process revealed that equitable access aspects are covered under the jurisdiction of various ministries, so that inter-ministerial collaboration is crucial to address it.

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

#### **III.A Main element of the Equitable Access Action Plan**

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

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

The Plan is currently being implemented and progress is regularly reported at meetings of the Steering Committee of the National Policy Dialogue in the Water Sector in Armenia. A legal analysis of the legislative framework has been carried out to identify regulatory obstacles to the provision of equitable access to water and sanitation and develop proposals for reforms, which were presented at the meeting in February 2018.

#### **III.B Process of development of the action plan**

**Brief description.** It was developed over 5 months (December 2016 – May 2017) under the guidance of the State Committee of Water Economy<sup>13</sup> (Ministry of Energy, Infrastructures

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<sup>13</sup> The structure of all the departments has been changed by Decision No. 580-A of the Government of the Republic of Armenia "On the Subordination of Subordinate Bodies to the Ministry" dated 22 May 2018. The State Committee for Water Economy of the Ministry of Energy Infrastructures and Natural Resources of the Republic

and Natural Resources and of the NGO “Armenian Women for Health and Healthy Environment”. A variety of stakeholders contributed to the development of the Plan, including from the Ministry of Health, Ministry of Territorial Administration and Development, Ministry of Nature Protection, Ministry of Education and Science, Ministry of Labour and Social Affairs and the Office of Human Rights Defender. Independent experts, stakeholders from the private sector and civil society were also involved in the process. The draft action plan was communicated and circulated for comments at a meeting of the Steering Committee of the National Policy Dialogue in April 2017. Furthermore, a national public consultation was held in May 2017 to present and discuss the draft Plan, and feedback provided was duly considered. The final Action Plan was then officially approved in August 2017 by the State Committee.

***Key lessons learnt from the process:***

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

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

The 2018-2020 Action Plan for Equitable Access to Water and Sanitation indicates both potential sources of funding and budgetary implications of measures to be taken under each area of action. The overall budgetary estimate for the Action Plan is of AMD 24514 million. Main sources of funding should come from international organizations and from the Armenian Government (in kind contributions).

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

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

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of Armenia was renamed into the Water Committee of the Ministry of Energy Infrastructures and Natural Resources of the Republic of Armenia (Order of the Minister of the RA EINR No. 62-L of 11 June 2018)

<sup>14</sup> Note, however, that in certain areas the budgetary estimate is absent

## 5.2 Azerbaijan

### Section I: Country setting

#### *Basic information.*

Population	9.9 million
Area	86,600 km <sup>2</sup>
GDP	USD 39 billion
GDP per capita	USD 4,097
Access to safely managed water and basic sanitation	71.52 % and 89.35% of the population respectively

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

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

#### II.A Key findings

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

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

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

***Affordability.***

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

***Brief description.*** Azerbaijan initiated the process of self-assessment in 2015 with an inception workshop. The lead organisations were the Ministry of Health and the Ministry of Ecology and Natural Resources. A working group with experts from different agencies (Ministry of Health, Ministry of Ecology and Natural Resources, Azersu water operating company, and an independent expert) delivered a draft filled Score-card in 2016. Partners involved in the self-assessment included the State Water Resources Agency of the Ministry of Emergency Situations, Azersu OJSC, Baku State University, State Statistical Committee, Ministry of

Labour and Social Protection, Commissioner for Human Rights, Ministry of Education, State Committee for Affairs of Refugees and Internally Displaced Persons and the NGO Ruzigar. The main findings of the Score-card were discussed in a national consultation meeting in July 2018, consecutive to a meeting of the Steering Committee of the National Policy Dialogue on Integrated Water Resources Management.

***Lessons learned:***

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

**Section III. Follow-up to the self-assessment**

The main findings of the self-assessment were taken into account in the development of the national SDG 2030 agenda as well as the national targets under the Protocol to improve access to water and sanitation, which were officially approved in August 2018. Measures to address geographical disparities in access to water and sanitation by schoolchildren, as well as rural-urban disparities were included in the targets. A focused analysis of the situation of drinking water, sanitation and hygiene in schools is planned in three regions of the country. Since March 2017, the operating water company OJSC Azersu has begun work to provide the population of 170 settlements in 28 regions with drinking water by constructing and restoring water lines and drilling artesian and sub-artesian wells. In addition, reconstruction of several pipelines in 5 regions are expected to provide access to a total of 193 villages. Public awareness campaigns to improve the knowledge of the human rights to water and sanitation and responsibilities for access to water and sanitation, were launched in 2017. In 2017, more than 1 million schoolchildren were involved in educational work on WASH. A decree was adopted, based on international standards, which requires cooperation between the Ministry of Ecology and Natural Resources and the Ministry of Justice to improve water and sanitation infrastructures in penitentiaries.

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

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

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

## 5.3 Bulgaria

### Section I: Country setting

#### *Basic information*

Population	7.1 million
Area	110,994 km <sup>2</sup>
GDP	EUR 42.6 billion
GDP per capita	EUR 6,000
Access to safely managed water and sanitation	96.55 % and 48.86 % of the population respectively

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

*Water sector context.* Access to safe water is high – 98-99%. The legislative framework is well developed, and administrative capacity is reasonable, but action plans and funding are inadequate to ensure the implementation of national strategies and policies. Provision of water and sanitation services is carried out in accordance with the Strategy for Development and Management of Water Supply and Sewerage in the Republic of Bulgaria 2014-2023 and its Action Plan.

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

#### II.A Key findings

##### *Governance framework*

- The sources of funding to achieve equitable access to safe drinking water and sanitation have been identified only to a limited extent.
- Mechanisms to induce service providers to implement investment plans that favour providing access to those right-holders that lack it are insufficient.

##### *Geographical disparities*

- A National Strategy for Regional Development 2012-2022 was adopted to reduce geographical disparities, but there is no national policy to address illegal neighbourhoods.
- Public subsidies are targeted to those areas that face higher costs of service provision (not just higher prices) only to a limited extent.
- There are no 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.
- Funds foreseen for the improvement of the quality of water supply and sanitation services in rural areas under the 2014-2023 Operational Program for Rural Development are insufficient.
- The sector is not organized to enable cross-subsidization between localities with high-cost and low-cost of service provision.

##### *Vulnerable and marginalised groups*

- Overall, the National Strategy for Poverty Reduction and Promotion of Social Inclusion 2020 guides policies for working with vulnerable and marginalized groups. However, the water and sanitation policies recognize the special and differentiated needs of vulnerable and marginalized groups only to a limited extent.
- There are insufficient mechanisms to identify (in a participatory manner) and address the water and sanitation needs of vulnerable and marginalized groups.
- Integrated approaches (involving different administrations) have not yet been adopted.
- Data on levels of access to safe drinking water and sanitation by persons with special physical needs, homeless people and in refugee camps and centres are inexistent or insufficient.
- Public policies address only in a limited way access to safe drinking water and sanitation by homeless people, travellers, nomadic communities, and households living in neighbourhoods with access.
- Specific public funding to support access to safe drinking water and sanitation by persons with special physical needs, homeless people and households living in neighbourhoods without access is insufficient or non-existent.
- Complaint mechanisms in health, educational and refugee facilities are insufficient.

### ***Affordability***

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

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

### ***Lessons learned:***

- There is political will, also prompted by on-going discussions about the integration of a possible equity dimension in the recast of the EU Drinking Water directive, and persons at high administrative level in adequate institutions are sensitive and motivated.
- The self-assessment process strengthened the link among partners.

- The self-assessment process increased awareness about the Protocol and the SDGs.

### **Section III. Actions taken after the self-assessment**

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

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

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

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

In May 2017, the Ministry of Regional Development announced that it was working on a fund to finance water and sanitation projects in municipalities that could not benefit from European funding. It is hereby envisaged that this is an introduction of a constant fee as a component of the price of the services based on the principle of solidarity. With a consumption of 500 million cubic meters of water per year and a solidarity fee of 5 cents per cubic meter of water consumed, about € 25 million per year will be accumulated in a fund for improvement of the infrastructure in the poorest regions.

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

## 5.4 France

### Section I: Country setting

#### *Basic information.*

Population	67.12 million (2017)
Area	643 801 km <sup>2</sup>
GDP	USD 2,582.50 billion
GDP per capita	USD 38,476
Access to water and sanitation	100% and 97% of the population respectively

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

**Water and sanitation sector.** Responsibilities are shared between national authorities and local entities. The main ministries involved are the Ministry of Solidarities and Health and the Ministry of Ecology and Inclusive Transition. In addition, six water agencies are public institutions with administrative and financing functions managing water resources by basin and watersheds, under the supervision of the Ministry of Ecology and Inclusive Transition. At the local level, municipalities are responsible for water delivering and wastewater treatment. They also deal with the implementation of social policy, as approved by the municipal council, and with delivery of social aids. Departments oversee aspects of social policy as well, being in charge of social solidarity funds and responsible, together with the State, for housing planning for disadvantaged people.

The self-assessment focused on the Greater Paris urban area (Paris and three surrounding departments: Hauts-de-Seine, Seine-Saint-Denis and Val-de-Marne) responsibilities are shared as follows. The City of Paris and its operator Eau de Paris are in charge of water delivering and wastewater collection. The Paris urban area wastewater treatment authority (SIAAP) is responsible for wastewater purification. The Water Union of Ile-de-France (SEDIF) and its operator Veolia Eau d'Ile-de-France produce and deliver drinking water for 144 municipalities.

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

#### II.A Key findings

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

**Geographical disparities.** It was generally found that the level of **access** is high: connection rate to water and sanitation grids is 99%. The only exception detected was that of slums and informal settlements in Ile-de-France. On this matter, results showed that there are no specific public policies in place to support the delivery of water and sanitation in these areas and solutions are implemented on an ad-hoc basis. Geographical disparities in terms of **prices** exist: the average water and sanitation prices vary in every city and there are no tools or indicators to monitor precisely the provision costs and how to connect this to the price paid by consumers.

**Vulnerable and marginalized groups.** Access to water and sanitation is linked to housing, so that there are key difficulties for certain categories of users, namely nomadic populations and

homeless people. Even though some of their needs are addressed through national sector policies and within the performance contract of water operators (e.g. may include provision of municipal equipment such as public fountains), significant challenges remain. According to the NGO Fondation Abbé Pierre, 140,000 homeless people did not have access to drinking water in France in 2013.

**Affordability.** Affordability concerns were identified as one of the main issues in the greater Paris urban area. While they are partly addressed through solidarity programs and social protection measures, studies reported that the water bill can amount to up to 6% of the household budget for poor workers or unemployed people<sup>15</sup> (affordability rate in France is commonly fixed at 3%).

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

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

### **Lessons learned:**

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

## **Section III: Follow up to the self-assessment**

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

- Promoting the implementation of water safety plans, particularly important for small-scale water supply in rural areas.

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<sup>15</sup> Obuss study, mentioned in country report.

- Elaborating a national plan on on-site household sanitation. In this respect, the National Plan on Household Sanitation (2015-2019) was developed at the beginning of 2015 and it addresses aspects relevant to equitable access, such as the financial challenges faced by household living in sparsely populated areas.
- Supporting equitable access to water and sanitation (Action 101) by (1) promoting at the regional level the tools produced under the Protocol, raising awareness amongst decision-makers and operators on equity issues in access to water and sanitation and (2) defining and implementing specific action plans in the Regional Health and Environment Plan.

Action was also taken related to social pricing of water. In April 2013, law “Brottes” was introduced, allowing voluntary municipalities to experiment social pricing on water and to assess their impact on users. Such an experiment was proposed to address affordability concerns, with a view to develop a simple and efficient social water pricing system. In April 2015, the government authorized 50 communities organizing drinking water services (related to 12 million citizens) to put in place experimental devices provided for by the law “Brottes”.

The experimental measures included for example

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

Finally, in overseas region which face specific challenges in public provision of water and sanitation services, hampering social and economic development, a National plan for a sustainable management of public services for water and sanitation in Guadeloupe, French Guiana Martinique, Mayotte, La Reunion and Saint-Martin (Plan Eau DOM) was adopted in 2016 by the Ministry of Ecology and Inclusive Transition and the Ministry of Overseas regions, cooperating with the Ministry of Solidarities and Health, and by their main operators. One of the principles of the Plan Eau DOM is to prioritize improvement of drinking water services, strengthening of sanitation services to improve access, doing so through progress contracts between water and sanitation departments and public funds’ providers towards improving the situation.

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

In France, the financing of water policy at the national level is organized as follows. The Parliament sets out priority orientation for the multiannual program and fixes the overall ceiling for expenditures over the period considered. The six water agencies are then principally responsible for implementing water policy. The main contribution to their revenue comes from the water bill (in 2012 this was between 80% and 90% of the revenue). In the period between 2013 and 2018, the planned expenditure of the Water Agencies was determined by the Ministries of Environment and Finance, expressing the wish to contain the water tax burden on households.

For the Overseas region, under the Plan Eau DOM, since January 2019, funding of local water and sanitation providers is conditioned by “progress contracts” agreements, which make available a set of technical and financial indicators to improve the management of public services. In total, EUR 4.22 million have been made available to support overseas regions in the implementation of the progress contracts.

At the local level, municipalities have specific budgets for water and sanitation services. With specific regards to action relevant to equitable access to water and sanitation, it is relevant to

note the French legislation allows municipalities to include access to water in their social protection policies (preventive aid). Accordingly, the City of Paris has assigned part of its preventive housing allocation to pay water charges. In terms of remedial aid measures, 440 000 euros were provided in 2011 to pay water bills.

## 5.5 Hungary

### Section I: Country setting

#### *Basic information.*

Population	9.78 million (2017)
Area	25,713 km <sup>2</sup>
GDP	USD 139.14 billion
GDP per capita	USD 14,227
Access to drinking water and centralized sanitation	94.5% and 75.1 % respectively

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

**Water sector.** Water and sanitation-related responsibilities are shared between several ministries. The authorities coordinating the implementation of the Protocol are the Institute for Public Health and the Ministry of Interior (in charge of water supply and environment). Other Ministries involved include the Ministry of Human Capacities (health and social aspects) the Ministry of Agriculture and the Ministry of Innovation and Technology (water utilities). Financial aspects in the water sector are regulated by the Hungarian Energy and Public Utility Regulatory Authority.

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

#### II. A Key findings

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

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

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

***Affordability.*** Water and sanitation tariffs are mainly based on the principle of cost-recovery. There is a governmental programme to reduce household costs, but the tariff setting system does not take into account differentiated social factors, so it lacks devices such as social and progressive tariffs. There is no information on the size of the population disconnected from water services as a result of non-payment. There are also large disparities in access between the poorest and richest quintiles (only 66% access to drinking water and 50% access to centralised sanitation for the poorest quintile in rural areas).

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

***Brief description.*** The self-assessment was carried out to achieve one of the national target set under the Protocol (targets adopted in 2008) in the area of access to drinking water, namely to undertake a “comprehensive assessment of the population without access and an exploration of possible solutions”. It was performed at the national level from October 2014 to March 2016 (17 months). The project was mainly executed by an independent expert, under the leadership of the National Public Health Centre<sup>16</sup>, with support of several partners<sup>17</sup>.

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

### ***Lessons learned:***

- NGOs and governmental institutions were not significantly involved in the first phase of the self-assessment, while their late contribution proved that NGO involvement was important to complement the national picture with a local picture.
- Insufficient access to public information rendered filling the Score-card problematic. In this respect, Hungary recognized that although there are mechanisms to give effect to the

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<sup>16</sup> This institution is linked to the Ministry of Human Resources and it previously chaired the intersectorial body responsible for the implementation of the Protocol, namely the Special Committee on Water and Health

<sup>17</sup> Ministry of Human Capacities, Ministry of Interior, Ministry of Agriculture, Hungarian Energy and Public Utility Regulatory Authority, Office of the Commissioner for Fundamental Rights, Hungarian Central Statistical Office, Office of the Chief Medical Officer and NGOs: Water Suppliers Association, Red Cross, GWP Hungary, Oltalom Charity Society, Hungarian Scientific Society of Rural Health

right to information and participation in decision-making at the national level, they are mainly inoperative.

- The support by the Office of the Commissioner for Fundamental Rights proved fundamental to motivate government bodies.
- Self-assessment is an effective tool to raise the profile of water and sanitation on the agenda.
- The equitable access assessment should be repeated in 5 years to track progress.

### **Section III: Follow-up to the self-assessment**

The self-assessment's findings informed subsequent national action on access to water and sanitation. The 2017 **National Water Strategy** identifies as a priority the development of a tariff policy, financial assistance system and differentiated contribution to ensure the affordability of services, alongside sustainable financing. Another step taken at the national level to ensure affordability was to render in 2017 connection to public utilities free for individual consumers.

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

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

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

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

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

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

## 5.6 Moldova

### Section I: Country setting

Population	3.5 million
Area	33 846 km <sup>2</sup>
GDP	USD 9.6 billion
GDP per capita	USD 2692
Access to water and sanitation	86 % and 69.7 % of the population respectively

**Protocol on Water and Health.** Moldova ratified the Protocol on Water and Health in September 2005 and it has progressively worked on implementing the treaty's provisions, until the Government officially approved the first National Program for implementation for 2016-2025.

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

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

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

**Vulnerable and marginalized groups.** It was found that rural communities and vulnerable groups face systemic barriers in access to and enjoyment of water and sanitation. For people in rural areas, Moldova highlighted in particular that almost no progress has been made in connecting the rural population to clean sanitation. As for vulnerable groups, the special needs of some categories of users are not recognized in the regulatory framework, notably people with disabilities, elderly people (particularly elderly woman) and the Roma population.

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

**Self-assessment Process.** The decision to undergo self-assessment in Moldova was driven by various factors. Political authorities recognized the significance of an equitable access approach to water and sanitation, given the difficulties faced by the poorest and most vulnerable members of society. Furthermore, non-governmental organizations were active in

advocating for the use of the Equitable Access Scorecard and provided part of the budget to implement the project.

The self-assessment exercise was performed at the national, regional and local level and was carried out in 9 months (April to December 2015). The project was mainly executed by a national consultant, supported by the Moldovan Ministry of Environment<sup>18</sup>. Other stakeholders also took part in the process, including representatives of initiatives supported by international organizations (e.g. OECD project in Moldova, UNDP/ART initiative) and of non-governmental organizations.

### **Lessons learnt from the process:**

- It is crucial to raise public awareness and education about the human rights to water and sanitation in order to promote civil participation;
- Moldova identified the need to institute training programs for operators and other professionals involved in water and sanitation management.

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

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

- Providing access to drinking water and to improved sanitation;
- Ensuring children's access to improved water sources and sanitation systems in kindergartens and schools;
- Ensuring legal and institutional framework for providing equitable access to water for vulnerable and marginalized groups<sup>19</sup>.

By 2020, the objective is not only to increase access to water and sanitation for the urban and rural population and for institutions, but also to implement financial mechanisms for ensuring equitable access<sup>20</sup>.

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

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

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

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<sup>18</sup> Now Ministry of Agriculture, Regional Development and Environment

<sup>19</sup> Annex I to the National Program for implementation of the Protocol on Water and Health for 2016-2025, Target indicators for the implementation of the Protocol on Water and Health p.54

<sup>20</sup> Ibidem

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

In Moldova, the most important national sources of funding for water and sanitation are two funds:

- The National Ecological Fund, managed by the Ministry of Environment; and
- The National Regional Development Fund, handled by the Ministry of Regional Development and Construction.

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

As for future activities, the National Program for Implementation of the Protocol (2016-2025) provides cost estimates for the achievement of its objectives and for specific actions to be taken, including those relevant to promote equitable access to water and sanitation. By way of illustration, for the establishment of legal and institutional framework to provide equitable access to water for vulnerable and marginalized groups, the total estimated cost is of MDL 288,9, while for the creation of solidarity funds it is of 372,4 MDL. As for sanitation-related action, the construction/reconstruction of sanitation systems in pre-school and pre-university institutions is expected to cost 164 664 MDL<sup>21</sup>.

### 5.7 North Macedonia

#### Section I: Country setting

##### *Basic information.*

Population	2.1 million
Area	25,713 km <sup>2</sup>
GDP	USD 33.8 billion
GDP per capita	USD 16,253
Access to safely managed water and basic sanitation	83.49 % and 90.9 of the population respectively

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

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

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

##### II.A Key findings

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<sup>21</sup> For more exhaustive information see the National programme for Implementation of the Protocol on Water and Health for the years 2016-2025. (2016), Annex 2

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

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

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

**Affordability.** In Skopje, the average water and sanitation bill may represent about 7% of the income of the lowest-income households. The city has a policy to provide free water (payment exemption) to households that receive financial assistance (social protection subsidies) and is applied to about 130 households. In Kumanovo, public policies for access to water and sanitation services are directed to social cases who are recipients of financial assistance, towards the Roma population, families with new born (free water up to 24 months) and for the disabled in the municipality of Rankovce in the form of free connection to water and sanitation. In Veles, there is no data on the affordability of water and sanitation services and there is no information about policies to ensure it.

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

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

### **Lessons learned:**

- There was an unexpected good coordination between all involved stakeholders.
- The local authorities welcomed the findings, did not take them as criticism, and showed a desire to improve the situation, particularly in public institutions and schools.
- Mobilisation of the media (through press conferences, social media campaign and other means) can be very effective to raise the profile of the issues around equitable access to water and sanitation.

- Engaging in a non-partisan manner with the political process can be very fruitful. In preparation of the election campaign, local NGOs were mobilized to lobby future mayoral candidates to include in their programmes activities that had been identified as part of the local equitable access action plans.

### **Section III. Follow-up to the self-assessment: Local Equitable Access Plans**

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

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

As a result of the local action plans, many things have changed in a positive way: after many years Skopje has reconstructed two public toilets in the centre of the capital, as well ZOO and many other public institutions have renovated toilets and opened them for public use free of charge. Seven primary schools in Skopje and Veles have renovated their toilets, setting the standards for school toilets according to the age of pupils. Menstrual hygiene management needs are put on the high level, starting with a public campaign with broad activities. As a concrete measure, North Macedonia initiated the use of reusable menstrual pads, which will improve reproductive health and the availability of menstrual products and also decrease waste production. North Macedonia disposes 6 million menstrual pads monthly, mainly on non-sanitary landfills.

Finally, Water Safety Plans have been started in the beginning of 2019, with training of staff from Public Water Utilities (thirty people have already been trained). The Institute of Public Health is included in cooperation with ADKOM (Public Water Utility Association).

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

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

Urban sanitation is expected to be funded by public budgets (municipal and national) and donors. Water safety monitoring is expected to be funded by public budgets (municipal and national). Awareness raising campaigns are expected to be funded by public budgets (municipal and national) and donors. Access for people with disabilities is expected to be funded by municipal budgets.

Also, the Ministry of Environment and Physical Planning, according to its annual Programme of work, spends 220,000 Euros annually.

## 5.8 Portugal

### Section I: Country setting

#### *Basic information.*

Population	10,29 million (2017)
Area	25,713 km <sup>2</sup>
GDP	USD 217.57 billion
GDP per capita	USD 21,144
Access to drinking water and sanitation	96% and 84% respectively

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

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

waste sector users, equal and clear conditions in access to water and waste services and in the operation of these services, and to reinforce the right to information.

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

### II.A Key findings

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

**Geographical disparities.** The self-assessment showed a mixed picture. On one hand, efforts have been made to reduce **price disparities**, including the issuance of two related ERSAR recommendations in 2009 (“tariff recommendation”) and 2010 (“calculation criteria”). Significant access gaps persisted between urban and rural areas, particularly in access to centralized sanitation services. However, it is noticeable that part of these gaps had to do with different solutions used in sparsely populated areas. In these areas, wastewater is in many cases driven to local installations (such as septic tanks), which are more cost effective when compared with centralized solutions and are measured through different indicators. The regulator has worked in recent years to develop an indicator that enables measuring the use of this type of solutions. These figures may be then reflected in a specific policy to support the implementation of appropriate technical solutions to different types of needs. It also failed to address challenges related to self-provision of water and sanitation services, which was frequently relied upon in rural areas. Despite being a residual problem in Portugal, mostly related with other housing issues, the National Strategic Plan on Water and Sanitation neglected the situation of informal settlements and slums, and national data on access by these groups were unavailable.

**Vulnerable and marginalised groups.** The concept is not used in the water sector. Consequently, the national framework lacks (1) mechanisms to identify the water and sanitary needs of vulnerable and marginalized groups, (2) a national policy on ensuring equitable access and (3) public budget specifically allocated for such needs. There are also significant data gaps on access to water and sanitation for almost all categories of vulnerable and marginalized users (e.g. persons with special physical needs, institutionalized users, persons without a fixed residence). Nonetheless, water and sanitation concerns are taken into account within some general regulations and/or social policies (e.g. in regulations on housing, in the national strategy dedicated to Roma communities).

**Affordability.** This was relatively well tackled, being an integral part of the Strategic Plans for Water Supply and Waste Water (PEAASAR II for 2006-2013, PENSAAR 2020 for 2014-2020). Assessments on the affordability of water and sanitation services were carried out by ERSAR at macro and micro levels, and it was found that the percentage of disposable income used by consumers for such services was relatively low (in 2011 it was less than 0.7%)<sup>22</sup>.

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<sup>22</sup> Preliminary data for 2001, Country report, Assessing progress in achieving equitable access to water and sanitation, Pilot project in Portugal, p. 8

ERSAR issued a recommendation on tariff policy (2009), aimed at addressing affordability at macro and micro level. More recently, in 2018, ERSAR has also issued a recommendation on social tariffs, specifically addressing the methodologies for definition and eligibility criteria to access to social tariffs. Finally, within the Portuguese social protection systems, there are special measures (cash benefits from central state budget) for the water bills of individuals or families in situations of “proven economic need”, namely when their per capita income is lower than the social pension<sup>23</sup>.

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

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

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

### **Lessons learned**

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

## **Section 3. Further action to promote equitable access to water and sanitation**

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

It prompted a **set of complementary studies** on topics relevant to equitable access to water and sanitation. These include:

- A study in 2015 about cut-off mechanisms, looking at both the installation of flow restrictors as a way of providing water and the use of informal contracts as a way of reducing the amount of unpaid bills;
- A subsequent study developed by ERSAR in 2017 and 2018 collected figures and qualitative practices related with service suspensions allowing for the characterization of these practices in Portugal;
- A study on Social Tariffs for Water and Waste Water Services jointly carried out by academics and representatives of ERSAR<sup>24</sup>

Main recommendations were integrated into the revision process of the Strategic Plan, which has then been replaced by the **2020 Strategy for the Water and Sanitation Sector**

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<sup>23</sup> Ibidem, p.

<sup>24</sup> Alves, D., Robalo, G., Gonçalves, I. (2014) Social Tariffs for Water and Waste Services: An Impact Analysis. Water Sci. Technol. 14, 513–521

(PENSAAR 2020). Findings also informed the process of setting national targets under the Protocol on Water and Health in 2017. It also led to the inclusion of an affordability indicator in the ERSAR Annual Report for Water, Sanitation and Waste Services (RASARP), comparing the charge each consumer pays per year with his annual disposable income.

At a **regulatory level**, the exercise was instrumental for the improvement of legislation. A legal regime for the automatic attribution of a social tariff for the provision of water services to lower income consumers was approved by the Parliament in 2017. The drafting of a proposal of the Tariff Regulation for Water Supply Services is ongoing (the Tariff Regulation for Water Supply and Wastewater services is currently on public consultation). This process is linked with the review of other legislation conducted by the government in order to ensure that the new regulation is applicable to all management models and has a legal framework supporting it. This regulation is a cornerstone to ensure the effective sustainability of the sector and the protection of consumers.

The practice of developing recommendations on tariff setting and social tariffs set the ground for the development of legislative measures on affordability. ERSAR decided to translate the Manual on the Human Rights to Safe Drinking Water and Sanitation for Practitioners (in 2017 was the first official translation of the IWA Manual), in order to disseminate these practices throughout the sector. Additionally, ERSAR issued the aforementioned recommendation on social tariff definition.

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

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

#### **Section 4: Financing equitable access to water and sanitation**

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

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

## 5.9 Serbia

### Section I: Country setting

Population	7.1 million
Area	88 499 km <sup>2</sup>
GDP	USD 41.43 billion
GDP per capita	5 900 USD
Access to drinking water and sanitation	93.8% and 85.2% respectively

**Protocol on Water and Health.** Serbia acceded the Protocol in April 2013. Since then, it has been active in implementing the provisions of the treaty including the setting-up of national targets under the Protocol and improving equitable access to water and sanitation. Serbian has been chairing the Protocol on Water and Health since 2017.

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

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

#### II.A. Key findings

**At national level- Geographical disparities.** In rural areas, people rely predominantly on small-scale water supplies and yet there is still a number of challenges. One of them is the lack of a defined responsible national authority, which leads to the quality of water not being regularly analysed. This can directly impact the health of the rural population. Building central system of water supply would mobilize high economic costs hardly justifiable compared to the small numbers of users.

**Vulnerable and marginalized groups.** Serbia's legal framework does not recognize differentiated needs of vulnerable and marginalized groups. Social categorization is not in line with that of the Equitable Access Scorecard, as the definition of social vulnerability only takes into account financial resources and social protection is not granted to many categories of users.

**At local level- Governance framework and Geographical disparities.** It was found that most municipalities have strategic and operational goals already in place which encompass equitable access to water and sanitation, but only few have clearly defined targets. Policies to reduce geographical disparities, for instance, are addressed through the Sustainable Development Strategy, within the priority of rural development, but only a small number of local self-governments have sectoral strategies in place. Moreover, access to sanitation is reportedly low in the local rural areas which underwent self-assessment (0-20% according to the country report<sup>25</sup>).

**Vulnerable and marginalized groups** While the needs of users of health facilities, educational facilities and retirement homes are recognized within the legal framework, other groups, such

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<sup>25</sup> Self-Assessment Score-card, Equitable Access to Water and Sanitation, Serbia Country Report, p. 26

as people with disabilities, do not enjoy any social protection with regards to access to water and sanitation because their categories are not recognized at local self-governments level.

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

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

***Brief description of the process.*** In 2016, Serbia decided to apply the tool at both national and district levels. The implementation of the project had a time frame of six months and the leading public authorities involved were the Ministry Environmental Protection and the Ministry of Health. At the district level, self-assessment was performed in the districts of Sumadijski and Pomoravski, which encompass a total of 13 self-governments<sup>26</sup>. The Regional Economic Development Agency for Sumadija and Pomoravlje (REDASP) was designated as responsible for implementing the project by the Joint Body, a national entity established to implement the Protocol and composed of both governmental and non-governmental representatives. As part of the process, Serbia organized two workshops as well as thematic focus groups in order to ensure effective communications and exchanges with local stakeholders.

### ***Key lessons learnt from the process.***

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

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

In Serbia the self-assessment exercise was carried out with the aim of developing an **action plan** on equitable access to water and sanitation based on its results. This action plan has been developed through a participative process involving local and national relevant stakeholders among which local self-government representatives, NGOs, service providers etc. It covers three years – from June 2019 to June 2022 and includes 53 projects or initiatives targeting the issues prioritized during the assessment covering both the national and local levels. The action plan includes starting dates and identification of leading institutions and partners; but it does not yet include sources of funding. Formal reporting of the implementation of the action plan will take place annually through the meeting of the inter-ministerial Joint Body in charge of implementing the Protocol on Water and Health.

The different projects and initiatives include many types of actions:

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

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<sup>26</sup> Of these 12 participated in the self-assessment

- Mobilization of financial resources
- Realization of investments

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

For the period of 2007-2013, Serbia signed a financial agreement with the EU delegation for the national Instrument for the Pre-Accession Assistance (IPA) program through which it obtained 500 million euros to improve living conditions in some areas. Of these, 76 million were approved for the Municipality Infrastructure Support Program and these resources have been used to provide equitable access to water and sanitation.

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

### **5.10 Spain**

#### **Section I: Country Setting**

##### ***Basic information.***

Population	46.57 million (2017)
Area	505,935 km <sup>2</sup>
GDP	USD 1,311.32 billion
GDP per capita	USD 28,158
Access to drinking water and improved sanitation	99.9% and 97.45 % respectively

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

***Water sector.*** In the country, the Ministry for Ecological Transition is in charge of water resources management. Other ministries involved include the Ministry of Agriculture, Fishing and Food and the Ministry of Health. The responsibility for the provision of water supply and sanitation services – and its tariff system – lies on the municipalities (local governments). Autonomous Communities (regional governments) are responsible for the support, control and monitoring of water supply and sanitation services provided by municipalities, as well as coordinating the management of shared supramunicipal infrastructures – in particular wholesale services.

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

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

### II.A. Key findings

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

**Geographical disparities.** Some technical mechanisms are available to facilitate the provision of water and sanitation services in rural areas. Nevertheless, people leaving and working in peri-urban areas - characterised by small-scale agricultural lands (i.e. “huertas”) – are often not connected to the public network, so that they resort to self-provision of water supply and sanitation services, mainly from unregulated wells. Such unregulated provision of water has been overlooked when developing public policies on water and sanitation in the municipality. Furthermore, people living in vulnerable and marginalized neighbourhoods (mainly found in urban areas) face systemic barriers to equitable access to water and sanitation. Indeed, although these neighbourhoods have legal housing with formal access to basic services, their situation is generally neglected in public interventions because there is a knowledge gap about the number of people concerned and the actual conditions of their access to services. Geographical disparities therefore transcend the rural-urban dimension.

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

Within the poorest fifth of the population, only 35% (mean value) has access to safe drinking water and 26% (mean value) has access to sanitation<sup>27</sup>.

**Affordability.** It has been addressed only to a very limited extent by municipal authorities. Indeed, relevant data on water and sanitation services are mainly unavailable. Furthermore, when the tariff structure was analysed in the self-assessment, it was found that there was little progressivity in the tariffs: the fixed component of the tariff structure (“cuota de servicio”) was too high when compared to the variable part (“cuota de consumo”). It is therefore recommended to restructure the pricing system.

It was also found that social protection measures are not adequately implemented. A problem detected in this respect is that these measures are “reactive”: they pay the bills of vulnerable households that cannot afford it, but families must go and request this. Consequently, the implementation of these measures depends on whether the households are aware of them. It was concluded that a more “pro-active” approach would be more beneficial.

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

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

**Brief description of the process.** Differently from other UNECE countries that applied the Equitable Access Score-card, the self-assessment in Spain was led by an educational institution, namely the Universitat Politècnica de Catalunya (UPC). The UPC implemented the

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<sup>27</sup> A. Pérez-Foguet, S. Ruiz-Cayuela and R. Giné-Garriga (2016). Urban Water – Castello de la Plana: Participatory diagnosis on the Human Right to Water and Sanitation in Small Towns, p.6

project in collaboration with the research group Community Psychology and Cooperation for Development, Universitat Jaume I, and the city council of Castelló de la Plana (Autonomous Community of Valencia). The exercise was undertaken against the backdrop of a wider net of research activities, focusing on rural communities in low-income countries and on peri-urban areas in the Mediterranean region.

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

#### ***Lessons learned from the process:***

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

#### **Section III: Follow-up to the self-assessment**

The results of the self-assessment exercise were disseminated both at the national and international level. Internationally, they were communicated within activities carried out by the Protocol and by the Organization for Economic Cooperation and Development (OECD), for instance on the role of cities in urban water governance. Furthermore, the project is being used to develop a scientific paper on the planning and management of water<sup>28</sup>.

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

- The City Council has installed more public fountains and toilets to guarantee the access to water and sanitation. In particular, today there are 7 public fountains with water filtered by reverse osmosis technology in different neighbourhoods of the city, which supply a total of 40,000 litres per day.
- There have been more agreements between the City Council and the service provider (FACSA) to avoid water cuts to households in situation of social emergency. According to FACSA, there are around 500 families in situation of special needs that have benefitted from these social emergency programmes.

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

- organization of academic forums aimed at engaging other relevant stakeholders in the delivery of water and sanitation services (e.g. informal service providers, users' organizations);

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<sup>28</sup> Ezbakhe, F., Giné-Garriga, R., Pérez-Foguet, A. (2019) Leaving No One Behind: Monitoring Access to Water, Sanitation and Hygiene for Vulnerable and Marginalized Groups. *Science of the Total Environment* (under review).

- coordination of academic efforts in order to identify future research areas that might be helpful in developing/evaluating policies on the delivery of water services to the economically disadvantaged section of the population.

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

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

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

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

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

### **5.11 Ukraine**

#### **Section I: Country Setting**

##### ***Basic information.***

Population	44.8 million (2017)
Area	603 628 km <sup>2</sup>
GDP	USD 112.9 billion
GDP per capita	USD 2,522
Access to water and sanitation	Cities: 89,8% and 87,1% respectively Villages: 17,2% and 1.9% respectively

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

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

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

##### **II. A Key findings**

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

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

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

**Affordability.** The most relevant social protection measures in place in Ukraine aim at maintaining affordable prices for all housing and utilities services. Measures include providing water and sanitation services free of charge, discounted prices of services for certain categories of users and housing subsidies (non-monetary). Social protection measures, however, do not cover decentralized systems and system of self-provision of water and sanitation. Overall, the tariff system does not strike a good balance between recovering the cost of services and guaranteeing affordability.

A local self-assessment highlighted the situation of 1202 households in Sevastopol, which had been disconnected from sewer as a result of non-payment of water bills.

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

**Brief description.** The self-assessment exercise was undertaken as a pilot process. The exercise was performed at national and local level, in the city of Sevastopol, and had a timeframe for implementation of 5 months (January-May 2013). It was mainly implemented by the State Sanitary and Epidemiological Service and by the national environmental NGO MAMA-86, supported by the Ministry of Ecology and Natural Resources. The project also involved experts on the international obligations regarding water and sanitation as well as other public authorities, including the Ministry of Health and the Ministry of Social Policy. As part of the process, Ukraine organized stakeholders' workshops as well as press events to convene the results of the self-assessment.

### **Lessons learnt:**

- Applying the Score-card requires some capacity in place. Practical experience in cooperating with different stakeholders and working together on different aspects of the water sector can serve as a good groundwork for the self-assessment exercise.
- The Score-card is a useful tool to analyse gaps in access to water and sanitation, to prioritize problems and further discuss possible solutions among different stakeholders. At the local level, it empowers local communities by improving knowledge on the topic of equitable access to water and sanitation.

- The state-NGO partnership was beneficial to apply the Score-card. NGOs can provide a neutral framework for reviewing the self-assessment's results and can facilitate the carrying out of the exercise at the local level.
- There is a lack of expertise at the national level on the theory and practice related to the rights to water and sanitation, so that capacity building and awareness raising are needed in this respect.

### **Section III: Follow-up to the self-assessment**

Results of the self-assessment were used to lobby for legislative changes in national programs and laws, including within the draft law on water supply and sanitation (Drinking Water Law). Although not all proposed changes were accepted, amendments regarding sanitation were incorporated into the final version of the Drinking Water Law. Results regarding geographical disparities were used to advocate for budget support to the State Targeted Social Program on providing centralized water supply to rural settlements, which was already in place but was not adequately funded.

The findings on poor water quality were also extremely significant, and in particular for the State Sanitary Epidemiology Service (SES), the national entity responsible for drinking water safety. The findings prompted SES to work and cooperate with the WHO Regional Office for Europe and the WHO office in Ukraine in order to introduce in the country risk-based approaches to drinking water quality surveillance (water safety plans).

At the local level, the Scorecard's results in the city of Sevastopol furthered discussion amongst different stakeholders on the option and costs of connecting households to the main collectors and on financing mechanisms which can ensure the affordability of water and sanitation for all users. The situation of the 1,020 households who were disconnected from the sanitation network was also brought to the attention of the city authorities.

Furthermore, the NGO MAMA-86 used the results of the Scorecard to prepare a project proposal on ensuring the rights to water and sanitation, obtaining the financial support of the Swedish International Development Cooperation Agency (SIDA). The main objectives were to collect additional information on access to water and sanitation in targeted communities, to build the capacity of local authorities in ensuring equitable access to water and sanitation and to stimulate public discussion on local issues concerning access to water and sanitation. The project was implemented in 12 regions, where self-assessment was performed, and, for selected project areas, it led to the development of water and sanitation safety plans. In 2016, 8 pilot projects on selected measures of water safety plans implementation were implemented, involving targeted communities and having a tangible impact on more than 17,000 residents, mainly children and rural dwellers.

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

Funds for activities related to equitable access to water and sanitation are typically allocated within national and regional programs financed by the State budget. These include, for instance, the national program Drinking Water for Ukraine and the National Program for Reforms and Development of the Housing and Utilities Sector. Some projects are also co-financed by local entities (e.g. oblast).

Many of the challenges faced by Ukraine in ensuring equitable access to water and sanitation relate to a chronic underfunding of the water and sanitation sector. This is the case for poor water quality, which is closely related to the lack of investment in water and sanitation-related infrastructures. Underfunding also leads to a low rate of implementation of relevant laws and policies and this entails that, even where legislative steps are taken, they might not translate

into tangible improvements for the population. The Drinking Water for Ukraine for 2006-2020, for instance, had only been implemented by 20% in 2011, due to a lack of resources. The State Target-specific Program for Provision of Centralized Water Supply Services to Rural Settlements was underfunded, so centralized water supplies and sanitation services were only provided to about 25% of the planned level.

For future activities related to water and sanitation, Ukraine has a Strategy for Financing in place. This is not specifically targeted to ensure equitable access to water and sanitation, but it does estimate costs for some specific actions, including the provision of drinking water supply and sanitation services to educational and health care facilities. Furthermore, Ukraine has considered to finance the installation of individual and collective tertiary treatment units (on-tap filters), including in pre-school facilities and clinics, and to establish drinking water distribution centres. Funds have been allocated by the Ministry of Regional Development for the period from 2006 to 2020 and the estimated costs of the projects reach UAH 166.5 million, of which 150.2 million are from the state budget.

In terms of international support for the water and sanitation sector, Ukraine has mobilized funds from the World Bank and the European Bank for Reconstruction and Development, mainly to the benefit of infrastructure-related projects. Furthermore, SIDA has provided financial support in Ukraine, including by providing grants for the modernization of water utilities of SEK 45 million and another grant of SEK 40 million for the purchase of wastewater treatment facilities and elimination of wastewater discharges into the Black Sea.