THE RIGHTS TO SAFE WATER AND TO SANITATION

EXECUTIVE SUMMARY

The human right to water and to sanitation constitutes the right of every individual, without discrimination, to sufficient, safe, acceptable, accessible and affordable water and sanitation for personal use. The world is still a long way from realizing this right for all: An estimated 2.5 billion people still lack improved sanitation facilities, and 768 million people still do not have access to an improved drinking water source.

The right to water and sanitation has now received broad international recognition, including through a 2010 Human Rights Council resolution, a UN General Assembly resolution in the same year, and through other means. UNICEF, which is guided in its work by human rights conventions including the Convention on the Rights of the Child (CRC), the Convention on the Elimination of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD), welcomes these developments. The organization considers that the international recognition of this right presents a renewed opportunity to emphasize the practical work still to be done to ensure that all, including the poorest and most marginalized children and families, gain access to and utilize safe water and adequate sanitation. UNICEF also considers that the inclusion of goals for water and sanitation in a post-2015 development framework is essential, and the organization is committed to help bring this about.

UNICEF is fully committed to working with governments and other stakeholders to realize the right to safe drinking water and to adequate sanitation, as an essential part of its mission to support an equity-based approach to human development. The organization has extensive experience and in-country capacity, including water, sanitation and hygiene (WASH) programming in over 100 countries, as well as programming in other sectors — including health, nutrition, education and child protection — that complement and strengthen WASH efforts. Our work focuses on the operationalization of pledges, resolutions and conventions to produce tangible results on the ground. Our aim is to contribute to the progressive realization of universal access to safe and sustainable water and sanitation in our time.
Global shortfalls in access to safe water and sanitation are still very large, but there is renewed hope for progress.

The seriousness and scope of the health risks associated with unsafe water and inadequate sanitation make action on these issues a leading priority for child survival and development. Despite ongoing progress, 2.5 billion people still lack access to improved sanitation and 768 million people do not have access to improved drinking water sources. There are major disparities in access among countries, between urban and rural areas within many countries, and between the rich and the poor.

Diarrhoeal disease, mostly caused by faecal contamination of water supplies or by contact with faeces in a child’s environment, kills about 700,000 children under age 5 annually. Diarrhoeal diseases also contribute to stunting, which can cause irreversible damage to a child’s physical and mental development. Waterborne disease, lack of adequate sanitation and the burden of collecting water from distant sources keep children, especially girls, out of school. Girls’ education can be further hindered if school support for menstrual hygiene management is lacking.

The international legal basis of the human right to water and sanitation derives from multiple treaties – primarily the International Covenant on Economic, Social and Cultural Rights (ICESCR), and also the CRC, the CEDAW, the CRPD, and the International Convention on the Elimination of All Forms of Racial Discrimination. The legally binding nature of the right to water was expressed in General Comment No. 15 (2002) by the UN Committee on Economic, Social and Cultural Rights; the right to water was inferred by the Committee on the basis of Article 11 of the ICESR, the ‘right to an adequate standard of living, including food, clothing and housing’. UN Human Rights Council (HRC) Resolution 15/9 of September 2010 also acknowledges the right to water and sanitation, citing all of the above treaties, in the following key statement:

The Human Rights Council...3. Affirms 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 the highest attainable standard of physical and mental health, as well as the right to life and human dignity.

In recognition of the independent existence of this right, the HRC has established a Special Procedure known as the Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation.

Other major international instruments affirming the rights to water and sanitation, and calling for their progressive implementation by States, include UN General Assembly resolution 64/292 (July 2010); UN Human Rights Council Resolution 18/1 (September 2011); and the Rio+20 Outcome Document (June 2012). The right to water and to sanitation have been incorporated in numerous national constitutions and laws – a good practice that UNICEF supports.

UNICEF is guided in its actions by major human rights conventions including the CRC, the CEDAW and the CRPD. The organization has long been committed to the goals of providing safe water and adequate sanitation for all children, families and communities, and promoting healthy hygiene practices. The organization therefore welcomes the growing international recognition of the right to safe water and to sanitation, which should also help pave the way towards inclusion of goals and targets for water, sanitation and hygiene, founded upon principles of equity, in a post-2015 development framework.

Criteria and principles of the right to water and sanitation

The commonly accepted criteria for the effectiveness of water and sanitation services require that they be affordable; accessible to all (including children, the elderly and persons with disabilities); acceptable (addressing considerations arising from culture, religion and privacy require-

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1 An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. The improved sanitation facilities include flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet. Improved sanitation facility is the chosen measure to access to basic sanitation under Millennium Development Goal 7, Target 7c.

2 An improved drinking water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter. These are water sources that are considered likely to provide safe drinking water. It should be noted, however, that improved sources do not always supply safe water due to the presence of microbial or chemical contamination. Improved drinking water is the chosen measure to access to safe drinking water under Millennium Development Goal 7, Target 7c.

3 Menstrual hygiene management includes safe hygienic materials, knowledge and confidence on how to use them, adequate facilities for washing and means for disposal with privacy and dignity.

4 For example, the right to water has been recognized in the constitutions or national laws of South Africa, Uganda, Costa Rica, Colombia, the Netherlands, Belgium, and other countries, while the right to sanitation has been similarly recognized in Algeria, Brazil, France, Uruguay, Kenya, Maldives, and elsewhere.
The norms and standards associated with the right to water and sanitation can help guide all phases of human rights-based programming for children and families. Effective advocacy is a key link between the international legal framework and the practical implementation of rights for individuals and communities, helping to clarify duties and responsibilities of governments, service providers and consumers.

UNICEF places special emphasis on the provision of water and sanitation for the most disadvantaged and marginalized children and women and their communities. The organization partners with governments and other public and private organizations and serves as an advocate, facilitator and sector coordinator, bringing in quality technical and policy experience to assist in guiding development and emergency water,
sanitation and hygiene (WASH) programmes.

The pillars of a balanced WASH programme include enabling environments, social and behavioural change, and water and sanitation services. Promotion and support for healthy behaviours is particularly important for achieving improvements in sanitation and hygiene; hygiene is essential for realizing the full health, economic and social benefits from safe water and adequate sanitation. WASH programming benefits from complementary initiatives in health, nutrition, education and other sectors.

UNICEF’s equity-focused approach to WASH programming includes the following five components.

1. Identification of the most deprived
UNICEF considers that an approach that aims at universal access and prioritizes marginalized and vulnerable groups who do not have access to safe water for essential personal and domestic use, to adequate sanitation, or to both, is right in principle and is also likely to yield the greatest benefits in development gains for resources invested. Keys to identifying the most deprived populations include:

• **Acquisition of disaggregated data** to pinpoint deprivations across criteria including geographic location, sex, wealth, ethnicity, legality of tenure, and others, and to track improvements as they occur.
• **Impact analysis of vulnerable groups**, which may include women, children, persons in rural or isolated areas, indigenous communities, minority groups, persons with disabilities or others.
• **Equity mapping**, supported by data from international, national or local sources.

2. Application of proven, cost-effective and sustainable solutions
A wealth of proven solutions exists for provision of safe water and adequate sanitation. The optimal choice of solution varies with circumstances and may include supply-led or demand-driven approaches; public, private or mixed service providers; piped water or community water points; and various types of sanitation options. Interim solutions may be needed, and if adopted should form part of a strategic plan leading to universal access and use.

Sustainability is essential, and depends on clear roles and responsibilities among stakeholders, adequate financing for operation and maintenance, functioning supply chains for parts, attention to environmental sustainability, and effectively addressing issues related to social norms and behaviour change. Community-based water safety planning and monitoring are important for ensuring that safe water is delivered to the community.

Cost assessments should consider total costs of sustaining services, and bear in mind that safe water and adequate sanitation are indispensable for achieving other core development goals, particularly those related to children’s health and physical wellbeing. A 2012 World Health Organization study suggests that investments in water and sanitation yield between $2-5 in benefits for every $1 invested.

3. Overcoming of bottlenecks and barriers
Systematic analysis of supply and demand bottlenecks and barriers to accessing and utilizing services, and identification of cost-effective solutions to these impediments, are indispensable for effectively and equitably realizing the right to water and sanitation for deprived populations. The response should go beyond analysis and strategies, however, and also address the structural causes of inequitable access.

Supply bottlenecks may exist because providers lack capacity to operate and maintain economically viable services. Demand barriers may arise from high user costs, or from lack of knowledge about rights and duties with regard to water and sanitation, health benefits of safe water and adequate sanitation, or available options.

Service quality, if low, may constitute a bottleneck in itself. Bottlenecks in the enabling environment — for example, legislative or regulatory shortcomings — may impede supply by not properly incentivizing and governing providers, or hamper demand by imposing impractical or incomprehensible requirements. Barriers to access and use of water and sanitation services are often specific to the nature of a deprived group, and will be best understood through detailed data and appropriate follow-up analysis.

4. Mobilization of community partnerships
Community interaction can greatly assist planners in understanding barriers to access and how to overcome them, and can provide detailed data through community-level monitoring. Community participation in decision-making and implementation builds demand for better services and helps ensure that service options meet real needs, thus improving cost-effectiveness and sustainability.

Community-level leadership and mobilization is indispens-
able for implementing sanitation solutions through the Community Approaches to Total Sanitation (CATS) framework, which requires collective behaviour changes. (See UNICEF’s policy position on “Investment Priorities for Sanitation in Rural Areas” for further information on this approach.) Communities may also have a direct role in implementing safe water solutions, for example, through community water safety planning.

Effective community participation implies providing opportunities for groups who are expected to benefit from a new or improved service, including children, to raise concerns and influence decision-making through transparent processes. Special support may be needed to ensure successful participation from potentially excluded groups.

5. Maximizing impacts of available resources
Financing for water and sanitation services can come from households themselves (as fees or as direct investment in systems and maintenance), from tax revenues or from international assistance. But if poor families are unable to afford improved services, then no benefit will be achieved. Children will suffer if other essentials, such as education, have to be sacrificed to pay water charges. Therefore social protection measures may be necessary for the poorest to access and utilize safe water and sanitation services, and should be child sensitive, taking into account the particular physical and social needs and vulnerabilities of children.

A call to action
It is important not to let the progress in establishing the right to water and sanitation in international law distract from the real situation on the ground: a child with the right to water and sanitation, but without access to water and no sanitation, is not materially better off. The achievement of results for children depends on a sense of urgency and a commitment to action from all stakeholders.

UNICEF is committed to supporting these efforts globally through its WASH programmes. Our work focuses on the operationalization of pledges, resolutions and conventions to produce tangible results on the ground. Our aim is to contribute to the progressive achievement of universal access to safe water and adequate sanitation in our time.

Sources


• UNICEF. Pneumonia and diarrhoea: Tackling the deadliest diseases for the world’s poorest children. New York: UNICEF, June 2012.


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