

The Equitable Access Score-card 2.0

Shaping water and sanitation policies to achieve the human rights to water and sanitation



UNECE



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UNITED NATIONS
Geneva, 2024

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ECE/MP.WH/25

UNITED NATIONS PUBLICATION
eISBN: 978-92-1-106821-4

FOREWORD

Despite progress in the provision of basic services, billions of people worldwide still lack access to safe water, sanitation and hygiene. In the pan-European region alone, over 16 million people still lack access to basic drinking water services, and 29 million people lack access to basic sanitation. Closing the equity gap is critical for realizing the human rights to water and sanitation, which are cornerstones of public health, well-being and human dignity.

The Sustainable Development Goals, particularly Goal 6, underline the necessity of equitable access to safe water and sanitation for everyone in all settings. This is echoed by the 2023 Declaration of the Seventh Ministerial Conference on Environment and Health (Budapest Declaration), in which countries in the region commit to providing universal and equitable access to essential services, such as safe drinking water, sanitation and hygiene. Achieving Sustainable Development Goal 6 and the commitments set out in the Budapest Declaration is both a moral imperative and a prerequisite for realizing Goal 3 on health and well-being and other SDGs, including those related to environmental protection, gender equality, education and economic growth.

Since 2005, Parties to the Protocol on Water and Health have committed to ensuring that “equitable access to water, adequate in terms both of quantity and of quality, [is] provided for all members of the population, especially those who suffer a disadvantage or social exclusion”. The recognition of access to water and sanitation as human rights by the United Nations General Assembly and the Human Rights Council underscored the duty of governments to ensure that water and sanitation services are available, accessible, safe, acceptable and affordable for all without discrimination.

First published in 2013 under the Protocol, the Equitable Access Score-card has proven to be a powerful tool to raise the profile of and drive progress on equitable access to water, sanitation and hygiene services, in the region and beyond. The Equitable Access Score-card 2.0 reflects lessons learned from practical application over the past decade, underlining our continued commitment to closing persistent gaps and ensuring equitable access to water and sanitation for all, everywhere and at all times.


The Score-card 2.0 is an analytical self-assessment methodology to be used by national and local governments and other stakeholders. It allows for the evaluation of existing public policies and measures, identifying challenges and determining actions needed to close the equity gap in water and sanitation. By fostering the participation of a wide range of stakeholders in the self-assessment process, the Score-card promotes an inclusive, comprehensive and cross-sectoral approach to water, sanitation, hygiene and health matters.

Since the first edition of the Score-card, the world has experienced a global pandemic, and an increase in natural disasters, exposing further vulnerabilities in the water and sanitation sector. The initial tool was not able to fully capture these changes, so in 2022, the Protocol community initiated a full revision of the Score-card to integrate and reflect on current and emerging challenges, based on countries’ experiences and feedback from previous assessments. The revised Score-card 2.0, presented here, provides a more robust framework to address the dynamic and changing circumstances.

For European Union (EU) Member States and candidate countries, the Score-card 2.0 is of particular relevance, as it supports implementation of the revised EU Drinking Water Directive, specifically the requirements of Article 16 to provide safe drinking water to all, including vulnerable and marginalized groups, and is in line with revisions proposed to the EU Urban Waste Water Treatment Directive.

We encourage countries to engage in a self-assessment process and use the Equitable Access Score-card 2.0. Application of the tool has already brought many benefits to countries that have undertaken self-assessments, ranging from legislative measures to infrastructure investments. By involving a broad range of stakeholders, the process provides an opportunity to initiate and strengthen intersectoral dialogue and collaboration at national level, thereby driving collective action towards achieving equitable access.

The Equitable Access Score-card 2.0 is not just an evaluation tool; it is a call to action. We believe that use of this publication will result in concrete actions on the ground and improvements for the people of our countries, and thereby accelerate the realization of the human rights to water and sanitation. Let us continue working together, guided by the principles of equity, sustainability and solidarity, to ensure that water, sanitation and hygiene are accessible to everyone in all settings, now and in the future.



Geneviève Darrieussecq
*Minister of Health and
Access to Care*
France



Izet Mexhiti
*Minister of Environment
and Physical Planning*
North Macedonia



Péter Takács
State Secretary for Health
Hungary



Tatiana Molcean
Executive Secretary
UNECE



Hans Henri P. Kluge
WHO Regional Director
for Europe

Acknowledgements

This publication has been prepared within the framework of the United Nations Economic Commission for Europe (UNECE) – World Health Organization Regional Office for Europe (WHO/Europe) Protocol on Water and Health.

The joint secretariat would particularly like to thank the lead Parties: France (Ministry of Health and Access to Care), Hungary (National Centre for Public Health and Pharmacy) and North Macedonia (National Institute of Public Health), and members of the Expert Group on Equitable Access to Water and Sanitation under the Protocol on Water and Health, who played a fundamental role in shaping the Score-card 2.0. This publication would not have been possible without the contribution of many representatives and experts of governments, international organizations and non-governmental organizations including the country project teams who piloted the draft edition of the Equitable Access Score-card 2.0 in Montenegro and Albania in 2022–2023.

Suzzy Abaidoo, *Ministry of Sanitation and Water Resources, Ghana*

Emma Anakhasyan, *Armenian Women for Health and Healthy Environment (AWHHE)*

Armine Arushanyan, *Ministry of Nature Protection, Armenia*

Sara Bori, *IRC WASH*

Laurence Caté, *Ministry of Health and Access to Care, France*

Julie Deffon, *Ministry of Health and Access to Care, France*

Dijana Djurovic, *Institute of Public Health, Montenegro*

Natasha Dokovska, *Journalists for Human Rights, North Macedonia*

Alena Drazdova, *Ministry of Public Health, Belarus*

Catarina Fonseca, *International Water and Sanitation Centre (IRC)*

Manon Gallego, *Solidarités Internationales, France*

Fiona Gore, *United Nations Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAASS/WHO)*

Laura Huber, *German Environment Agency*

Diana Iskрева-Idigo, *Earth Forever, Bulgaria*

Alejandro Jimenez, *Stockholm International Water Institute (SIWI)*

Arduen Karagozi, *Water Resources Management Agency, Albania*

Oliver Loebel, *EurEau*

Mathilde Merlo, *Ministry of Health and Access to Care, France*

Guillaume Pierrehumbert, *International Committee of the Red Cross (ICRC)*

Janica Puisto, *Office of the United Nations High Commissioner for Human Rights (OHCHR)*

Ion Salaru, *National Agency for Public Health, Republic of Moldova*

Orsolya Surján, *National Institute of Public Health and Pharmacy, Hungary*

Marta Vargha, *National Institute of Public Health and Pharmacy, Hungary*

From the Protocol's joint secretariat, Armin Bigham Ghazani and Diane Guerrier (UNECE) contributed to the development of the publication. Sonja Koeppel, Nataliya Nikiforova (UNECE), Oliver Schmoll, Nicole Klaesener and Rory McKeown (WHO Regional Office for Europe) provided technical input and peer reviews. Olga Petrova (UNECE) provided administrative support throughout the process of publication development. Armin Bigham Ghazani, Diane Guerrier and Barbara Mateo (UNECE consultant) were the main authors of the Score-card 2.0 based on the original text developed by Roberto Martin-Hurtado (UNECE consultant) in 2013. Editing was provided by David McDonald. The publication was financially supported by the French Ministry of Health and Access to Care and the United Nations Development Account.

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LIST OF ACRONYMS AND ABBREVIATIONS

CSO	Civil society organization
DWD	European Union Drinking Water Directive ¹
EU	European Union
EU DWD	European Union Drinking Water Directive
EU UWWTD	European Union Urban Wastewater Directive
GDP	Gross domestic product
GLAAS	UN-Water Global Analysis and Assessment of Sanitation and Drinking Water
ICRC	International Committee of the Red Cross
IRC	International Water and Sanitation Centre
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
OHCHR	Office of the High Commissioner for Human Rights
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
NGO	Non-governmental organization
SIWI	Stockholm International Water Institute
UNECE	United Nations Economic Commission for Europe
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHO/Europe	WHO Regional Office for Europe

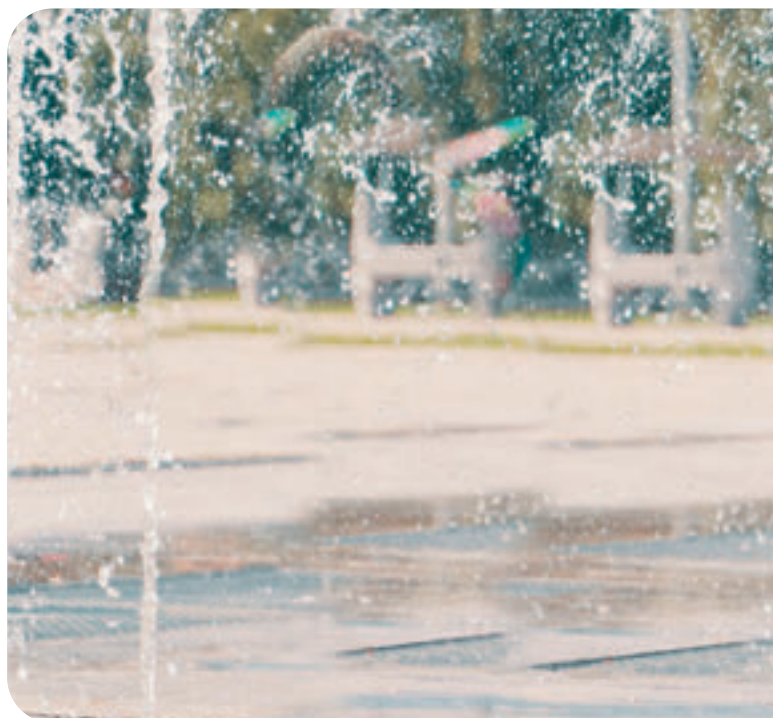
¹ Directive (EU) 2020/2184 of the European Parliament and of the Council of 16 December 2020 on the quality of water intended for human consumption

INTRODUCTION



Access to safe drinking water and sanitation are human rights.

They form part of the right to an adequate standard of living, enshrined in article 11 of the International Covenant on Economic, Social and Cultural Rights. The rights to safe drinking water and sanitation have been explicitly recognized by the United Nations General Assembly and the United Nations Human Rights Council and form part of the obligations of the Protocol on Water and Health. States are therefore legally bound to ensure access for all to safe drinking water and sanitation, including hygiene, and are required to take steps to achieve the full realization of these rights. To comply with this obligation, States must ensure that access to safe drinking water, sanitation and hygiene is *equitable* for all members of the population.



The fulfilment of these human rights means paying special attention to specific population groups and certain conditions, for example:

- people living in small rural communities;
- the homeless;
- women and girls experiencing difficulties in managing menstruation adequately, and
- the urban poor without sufficient means to pay their water bill.



The absence of solutions addressing these situations and people, many of whom are difficult to reach, is likely to widen disparities in access to safe drinking water, sanitation and hygiene, and will undermine efforts to close the equity gap.

According to the [WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene](#), in 2022:

2.2
billion

People globally still had no access to safe drinking water

3.5
billion

People lacked adequate sanitation

2
billion

People were without basic hygiene services.



The [United Nations System-wide Strategy for Water and Sanitation](#) (2024) states that to meet the 2030 targets for safe drinking water, sanitation and hygiene, established by the Sustainable Development Goals (SDG 6.1 and SDG 6.2), progress needs to increase:



For safely managed drinking water



For safely managed sanitation



For basic hygiene.

In the pan-European region alone:



People still do not have access to basic sanitation



People lack access to a basic drinking water supply (approximately).

The report of the World Health Organization (WHO) [Drinking-water, Sanitation and Hygiene in the WHO European Region: Highlights and Progress Towards Achieving Sustainable Development Goal 6](#) (2022) revealed that despite high

population coverage rates of basic and safely managed drinking water and sanitation services, there remain considerable geographical disparities.



Existing legal and political commitments demand that countries address inequalities in access to safe drinking water and sanitation. The [UNECE-WHO/Europe Protocol on Water and Health](#) (1999) states in its article 5 (I) 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”.

Parties to the Protocol have committed themselves to ensuring equitable access to safe drinking water supply and adequate sanitation through accession or ratification of the Protocol and by taking further action to address limitations using the tools and guidance developed under it. The [Budapest Declaration on Environment and Health](#) (2023) calls on States to provide universal and equitable access to safe drinking water, sanitation and hygiene services for all, and emphasizes the technical tools developed under the Protocol as a means to accelerate progress. The Budapest Declaration also advocates, among other actions, establishing policies that promote menstrual health and access to affordable means for menstrual hygiene.



Parties to the Protocol on Water and Health and other countries in the pan-European region, working within the framework of the Protocol, are working together to address challenges in closing the equity gap. Since 2011, several tools and guidance documents have been developed by the Expert Group on Equitable Access to Safe Drinking Water and Sanitation, and subsequently adopted by the Meeting of the Parties to the Protocol:

- [No One Left Behind: Good Practices to Ensure Equitable Access to Water and Sanitation in the pan-European Region](#) (2012) explores the question of which dimensions to consider in achieving equitable access to water and sanitation, and establishes a theoretical framework for equitable provision.
- [The Equitable Access Score-card: Supporting Policy Processes to Achieve the Human Right to Water and Sanitation](#) (2013) aims to help governments and other stakeholders establish a baseline for equity of access to water and sanitation and identify related priorities, discuss further actions to be taken and evaluate progress through a process of self-assessment.
- [Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation](#) (2016) helps governments adopt a structured approach to the identification and implementation of actions to address limitations in ensuring equitable access to safe drinking water and sanitation, based on the results and gaps highlighted in the Score-card assessment.
- [The Human Rights to Water and Sanitation in Practice: Findings and Lessons Learned from the Work on Equitable Access to Water and Sanitation](#) (2019) showcases experiences from 11 countries from the Pan-European region that applied the Score-card self-assessment from 2012 to 2019 and adopted concrete measures to achieve equitable access to water and sanitation. It supports and encourages policymakers and decision makers at national and local levels, and other stakeholders, to engage in those processes.

- ***Making Water and Sanitation Affordable for all: Policy Options and Good Practices to Ensure the Affordability of Safe Drinking Water and Sanitation Services in the pan-European Region*** (2022) aims to enhance understanding of how affordability concerns can be addressed, and further actions taken to ensure the affordability of safe drinking water and sanitation for all.
- ***Water, Sanitation and Hygiene in Health-care Facilities: a Practical Tool for Situation Assessment and Improvement Planning*** (2022) was developed for health authorities and other stakeholders to support the design and implementation of assessments of WASH conditions in health-care facilities at national and subnational levels.
- ***Surveillance of Water, Sanitation and Hygiene in Schools: a practical tool*** (2019) provides a practical tool to support countries in strengthening surveillance of WASH in schools. The tool also enables countries to use the data collected to facilitate policy dialogue and inform international reporting, including on progress towards achieving the Sustainable Development Goal targets related to water.
- ***A Field Guide to Improving Small Drinking-water Supplies: Water Safety Planning for Rural Communities*** (2022), provides a step-by-step introduction to the water safety plan (WSP) approach and includes a range of ready-to-use templates to assist those involved in rural water supply with development and implementing their own WSP approach.
- ***Delivering Safe Sanitation for All: Areas for Action to Improve the Situation in the pan-European Region*** (2022) aims to support implementation of the provisions on sanitation under the Protocol on Water and Health, as well as national and international goals and targets on sanitation by providing an overview of sanitation and wastewater in the region.

The Equitable Access Score-card, developed in 2013, is an analytical tool that assesses the ability of existing governance frameworks and measures to ensure equitable access to water and sanitation. It also evaluates public policies aimed at reducing geographical disparities, taking into account vulnerable and marginalized groups, and examines affordability concerns to ensure and equitable access to water and sanitation.

The Equitable Access Score-card 2.0, developed in 2024, is an updated version of the original publication which integrates lessons learned during the application of the original tool in 12 countries over the past 10 years to better capture parameters relevant to ensuring safe access to water and sanitation.

The COVID-19 pandemic exposed serious vulnerabilities in the water and sanitation sector ranging from supply chain disruptions due to restricted movement of utility staff to limited hygiene facilities for simple hand washing to prevent the spread of the virus. At the same time, climate change significantly impacts water and sanitation services. These climate-related threats have the potential to damage infrastructure, disrupt services, restrict supply, and create new challenges for water and wastewater quality.





Impacts can include temporary or, in extreme cases, permanent loss of access to water and sanitation, increased concentrations of pathogens in drinking water, and the release of contaminated wastewater into natural watercourses. Such climate-induced impacts highlight the need for resilient water and sanitation systems that can withstand the challenges posed by climate change. In addition, natural disasters and pandemics exacerbate existing obstacles to closing the equity gap. The strategic paper [Strengthening Climate Resilience in the Drinking-water and Sanitation Sector through the Protocol on Water and Health](#) (2024) provides guidance and support for the Protocol's climate work and offers strategic insight into its potential role in addressing the climate crisis, including through supporting the development of targets and action plans at the national and sub-national levels.

The Score-card 2.0 therefore assesses wider range of variabilities critical for a coherent assessment of policy frameworks to ensure equitable access to water and sanitation. Among other factors, it considers the preparedness and emergency responsiveness of water and sanitation service providers to enhance resilience to climate change, natural disasters and pandemics, in order to create an enabling environment to guarantee equitable access to water and sanitation.

The adoption of the European Union (EU) Directive [on the Quality of Water Intended for Human Consumption](#) (recast, 2020) and the Urban Wastewater Treatment Directive (recast), call on EU Member States and candidate countries to provide safe drinking water and sanitation to their people, including to vulnerable and marginalized communities.

Following these global and regional developments, at the [Regional Workshop on Equitable Access to Water and Sanitation \(Geneva, 13–14 June 2022\)](#), Parties to the Protocol, other States and non-governmental organizations (NGOs) articulated the need to thoroughly revise the Score-card to capture these additional vulnerabilities and consider further current and emerging challenges. Following the workshop, a broad range of stakeholders participated in several rounds of revisions, resulting in the publication of the [draft Score-card 2.0](#) (September 2022) incorporating feedback and comments received by countries

and organizations. Two pilot self-assessments exercises were then conducted in Albania and Montenegro using the draft Score-card 2.0, with a focus on dimensions such as menstrual hygiene and the emergency preparedness and responsiveness of water, sanitation and hygiene (WASH) service providers. The [seventh meeting of the Expert Group on Equitable Access to Water and Sanitation](#) (virtual, 28–29 May 2024), provided Parties, other States and NGOs with an opportunity for a final round of revisions, based on lessons learned during the pilot assessments in Albania and Montenegro.

The Score-card 2.0 can be used by any country, region or city in the world to carry out a self-assessment on policies and measures in place to ensure equitable access to water and sanitation. It has been designed not to enable comparisons between countries (or sub-national territories) but rather to allow a country (or a subnational territory) to compare its own different results over time. By nature, the Score-card is a flexible tool which can be adapted to different contexts and priorities at national, regional and local levels.

Building on the initial Score-card from 2013, the Score-card 2.0 lists policy options, with the user providing and justifying a score that summarizes the degree to which several selected policy options are being used. The Score-card also requires quantitative information to contextualize the findings and describe the level of access to safe drinking water and sanitation.

For Parties to the Protocol, assessing the equity of access to safe drinking water and sanitation forms part of official reporting under the Protocol on Water and Health. Carrying out an equitable access self-assessment using the Score-card can also feed into the mandatory target-setting mechanism, stipulated under Article 6 of the Protocol for all Parties. All other States are encouraged to apply the Score-card to obtain a baseline analysis on equitable access to water and sanitation and to take targeted action to align with regional and global processes.

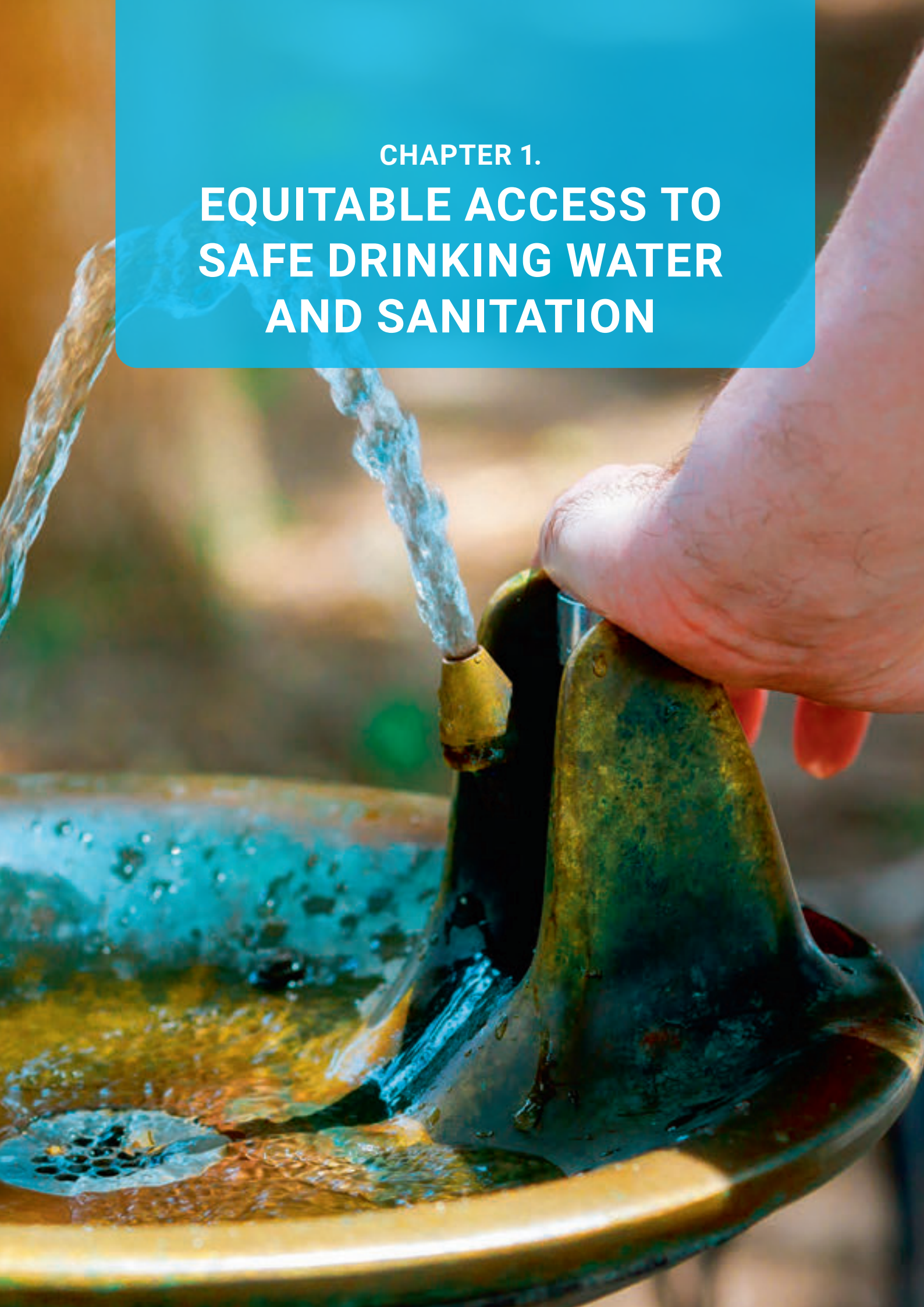
Achieving and maintaining equitable access depends on a well-functioning WASH sector. The Score-card 2.0 focuses on selected issues and indicators that together can provide a solid overview of access to safe drinking water, sanitation and hygiene in terms of equity at different times. However, the Score-card does not focus on aspects such as water resource governance or other areas of the WASH sector.

The process of self-assessment, as shown by the experiences of countries applying the Score-card, enables authorities to identify the right partners to undertake further work, helps to initiate collaboration among authorities and between authorities and other stakeholders, and generates input for policy processes. By involving a broad range of stakeholders, the self-assessment raises awareness and facilitates the development of a common understanding of equity in access to WASH as well as creative thinking.

Applying the Score-card also helps introduce an evidence-based and structured approach to discussions among stakeholders and therefore allow for the development of a “high resolution” situational analysis – including the identification of existing policies and ongoing activities, highlighting any gaps between legal texts and on-the-ground realities – that can in turn enable an objective debate. The Score-card also contributes to broadening the scope of discussions and clarifying the need for improvements in information availability and reliability.

This document is structured around four sections.

- 1** **Chapter 1** discusses the challenges, dimensions and efforts required to ensure equitable access to safe drinking water, sanitation and hygiene.
- 2** **Chapter 2** provides practical guidance on how to complete the Score-card and strategic guidance on how to use it to organize a self-assessment exercise.
- 3** **Chapter 3** presents the experiences of Albania, Armenia and Hungary in applying the initial version of the scorecard and the revised version from 2022.
- 4** **Chapter 4** presents the revised tool itself consisting of different thematic sections and corresponding questions, followed by a Glossary with key concepts, further indicators and examples.

A close-up photograph of a hand turning a green, weathered metal water tap handle. Water is flowing from the tap into a brass basin. The background is blurred, showing green foliage. A blue semi-transparent rectangle is overlaid on the top left of the image, containing white text.

CHAPTER 1.
**EQUITABLE ACCESS TO
SAFE DRINKING WATER
AND SANITATION**

The challenge

Addressing current inequities in access to safe drinking water, adequate sanitation and hygiene requires different approaches depending on the context. In communities where WASH services are absent, persons without properly managed self-supplied water and sanitation systems may lack access to safe drinking water and sanitation, or due to the degradation of water resources (scarcity, pollution); however, a more common reason is poor or in-existent management of water and sanitation infrastructures by appropriate entities. Conversely, a person may have access but be unable to afford to pay their water and sanitation bill without reducing their consumption of other basic goods and services. Where hygiene is concerned, the cost of products may simply be too expensive, especially products for menstrual hygiene, placing girls and women in a situation of greater inequality in regard to ensuring personal hygiene which negatively impacts their health, education and development.

Ensuring access to adequate water, sanitation and hygiene in schools is key to achieving equity, as it enables better education and health outcomes. Girls who are able to safely manage their menstruation are more likely to stay in school while menstruating. Adequate school WASH infrastructure reduces overall absenteeism and supports improved student health. A school environment that promotes health through proper WASH facilities therefore contributes to better learning outcomes. Under the Protocol on Water and Health, several practical tools have been developed to assist countries in developing evidence-based policies, standards and norms, [strengthening surveillance systems](#) and [establishing supportive WASH practices at school level](#). They help countries to set informed targets under the Protocol, improve coordination between relevant government stakeholders and guide implementation of improvement actions.

A community may also have access to safe drinking water, sanitation and hygiene, but those services

- (i) may not be adapted to the particular needs of certain groups (e.g. people with disabilities);
- (ii) may not be adequately available in key institutions (e.g. schools, health care facilities, prisons, collective centres and camps); or

(iii) may be denied to certain groups (e.g. the homeless, ethnic minorities, nomadic communities, illegal settlers) due to discriminatory practices, either intentional or unintentional.

A number of contextual challenges can contribute to inequity in access to water, sanitation and hygiene:

- **Availability of water resources.** Many towns and villages that rely on local water sources do not have access to safe drinking water, due to quality degradation. Additionally, scarcity of water resources due to overuse or reduced recharge, can deprive some towns and villages of access to water resources. While polluted water can be treated to make it potable and freshwater can be transported over long distances, these technical solutions often entail costs. Climate-induced weather events, such as droughts and floods, and other disasters such as earthquakes, are also increasingly leading to disruptions in the safe provision of water and sanitation services.
- **Urban–rural gap and availability of WASH facilities and services.** Rural populations worldwide generally have lower levels of access to safe drinking water, sanitation and hygiene services than their urban counterparts. The report [Drinking-water, Sanitation and](#)

[Hygiene in the WHO European Region: Highlights and Progress towards Achieving Sustainable Development Goal 6](#) (2022)

provides an integrated analysis of geographical and economic disparities conducted for 16 countries in the pan-European region. It shows that the poorest people – in the majority of cases in rural areas – are always the most disadvantaged in terms of access to basic WASH services.

→ **Specific barriers faced by vulnerable and marginalized groups.** People belonging to vulnerable and marginalized groups typically do not enjoy comparable access to safe drinking water, sanitation and hygiene as the rest of society, with the situation varying according to their specificities, and the country in question. The Score-card 2.0 calls on countries to provide disaggregated data on vulnerable and marginalized groups in order to better understand their needs and specificities, as well as the reasons why these populations do not benefit from these services. The Score-card includes the following vulnerable and marginalized groups, but allows for the possibility of adding new ones:

- ▶ people with special physical needs (e.g. the disabled, the elderly, the sick);
- ▶ people who rely on public facilities (e.g. travellers, the homeless);
- ▶ people who use facilities provided by institutions such as hospitals, schools, prisons, collective centres and camps;
- ▶ people who live in unsanitary housing;
- ▶ people living under other discriminatory or compromised situations (e.g. victims of natural disasters, etc.).

→ **Affordability of WASH services.** Lack of ability to pay for adequate water, sanitation and hygiene is a growing concern in all countries, in particular for the poorest populations, who may be exposed to higher tariffs put in place to ensure the financial sustainability and resilience of WASH services as well as connection costs. There is a need to consider measures aimed at progressively ensuring affordable WASH services for the entire population, including vulnerable and marginalized populations, while considering the sustainability of WASH infrastructure over the long term.



International and regional obligations and commitments

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 enjoy 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. Both rights are components of the right to an adequate standard of living and essential for the full enjoyment of the right to life and all human rights (General Assembly resolution 70/169, Human Rights Council resolution 33/10).

Some components of the human rights to water and sanitation are subject to progressive realization, but other obligations such as non-discrimination demand immediate implementation (Committee on the Economic, Social, and Cultural Rights, General Comment 15 (E/C.12/2002/11)). Positive discrimination measures might therefore be adopted to ensure access for all, prior to improving the conditions of access for those who already enjoy this right. One approach would be to incorporate provisions into WASH regulations and laws to introduce investments targeted at vulnerable and marginalized groups, in order to eliminate disparities in access, as well as measures to ensure enforcement.

In this respect, the 2030 Agenda for Sustainable Development ([RES/70/1](#)) set a target date of 2030 to achieve universal and equitable access to safe and affordable drinking water for all (SDG 6.1), access to adequate and equitable sanitation and hygiene for all, and an end to open defecation, paying special attention to the needs of women and girls and those in vulnerable situations (SDG 6.2.). The established indicators (6.1.1, 6.2.1) measure progress towards achieving safely managed drinking water and sanitation services. The [WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation \(JMP\)](#), which is mandated with monitoring the implementation of these targets and indicators, has been integrating aspects of the human

rights to water and sanitation into annual and thematic reports, helping States and other responsible actors to understand which aspects of WASH need to be improved to achieve the SDG 6.1 and SDG 6.2 targets (e.g. in relation to affordability, gender, menstrual hygiene and geographical disparities). The [UN Water Global Analysis and Assessment of Sanitation and Drinking Water \(GLAAS\)](#) also provides global data on WASH with a focus on governance, monitoring, human resources and finance. It also employs the human rights framework of the rights to water and sanitation to clarify which dimensions still require further action in order to reach vulnerable and marginalized populations worldwide (e.g. community monitoring, independent surveillance, women participation, menstrual hygiene and health policies).

At the regional level, the [EU directive on the quality of water intended for human consumption – \(DWD\) \(recast, 2020\)](#) establishes a framework to protect human health from the adverse effects of contamination of water intended for human consumption, by introducing a risk-based approach to drinking water safety and by improving equitable access to safe drinking water for all. For example, the EU DWD calls on Member States to inform those without, or with limited access, to water intended for human consumption about ways to connect to the distribution network or about alternative means of accessing water intended for human consumption (art. 16).

At the time of writing, a proposal pending adoption for a directive concerning urban waste water treatment (recast) calls on EU Member States to take necessary measures to improve access to sanitation for all (art. 19), in particular for vulnerable and marginalized groups. The Urban Waste Water Treatment Directive (UWWTD) also encourages the establishment of freely and safely accessible sanitation facilities in public spaces for all agglomerations of 10 000 population equivalents (p.e.) or above. Solutions such as ensuring that sanitation facilities in public places, as well as in public administrations and public buildings, are free of charge or

affordable to all, are also recommended in the proposed directive. Furthermore, the directive states that sanitation facilities should allow for the safe management and disposal of human urine, faeces and menstrual blood. They should also be safely managed, implying their accessibility at all times, including for people with particular needs, and should be hygienically and technically safe to use. Furthermore, such facilities should be sufficient in number to ensure that the needs of people are met and that waiting times are not unreasonably long.

These EU directives request that Member States take steps to identify people without access, or with limited access, as well as the reasons for such lack of access; assess possibilities for improving access for such people; and take necessary and appropriate measures to ensure that services are in place. The EU DWD, for example, refers in its recitals (para 34) to the work done under the Protocol on Water and Health, encouraging Member States to:

“make use of the guidance documents developed under the remit of that Protocol to assess the policy background and the baseline situation on access to water and to define the actions necessary to improve equitable access for all to water intended for human consumption”.

With regard to improving access to sanitation for all, the UWWTD refers in its recitals (para 25) that:

“in accordance with the recommendations in the WHO Guidelines for Sanitation and Health and the provisions of the Protocol on Water and Health Member States should tackle the issue of access to sanitation at national level. That should be done through actions aimed at improving access to sanitation for all, for example by setting up sanitation facilities in public places, as well as by encouraging the availability of appropriate sanitation facilities in public administrations and public buildings free of charge and/or making them affordable to all”.


Under the Protocol on Water and Health, as already noted, Parties must also ensure access to safe drinking water and sanitation to all. The Protocol specifically requires its Parties to pursue access for everyone based on its article 5(l).

The Protocol provides a sound framework for translating into practice the human rights to water and sanitation, thanks to tools such as the Score-card and through the obligation to set specific equity-related targets and target dates tailored to the country’s situation and capacity. The Protocol also promotes some of the cross-cutting principles of the human rights to water and sanitation, such as access to information, public participation and accountability provisions.

Realizing the human rights to water and sanitation and the fulfilment of these regional and global obligations require States to allocate the necessary domestic financial resources to the WASH sector. The international community also acknowledges the legal obligation of assistance and cooperation, and although considerable financial resources are already being devoted by the international community to improve access to safe drinking water and sanitation, there is still a need to increase these contributions.

Cross-cutting principles of the human rights to water and sanitation

Following international recognition of the human rights to safe drinking water and sanitation, those working to translate these principles into reality have focused on addressing issues related to the normative criteria of these rights, namely: availability, quality and safety, accessibility, acceptability and affordability.

 However, human rights principles – also called cross-cutting principles – have not yet received the same attention. Effective implementation of human rights, including the human rights to safe drinking water and sanitation, requires the implementation of both normative and cross-cutting principles. While those working to implement WASH are often more familiar with the normative criteria due to their more technical nature, this section aims to clarify the cross-cutting principles, with specifications for the WASH sector.



Non-discrimination and equality

This principle states that individuals belonging to certain groups must be protected against discrimination, and inequalities between discriminated groups and the general population must be eliminated progressively. Discrimination on prohibited grounds including race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status or any other civil, political, social or other status must be avoided, both in law and in practice. People may be exposed to discrimination directly or indirectly, through laws, policies and/or social behaviour. Protection requires the help of different actors to identify the affected groups and ascertain why they suffer discrimination in their access to water and sanitation services. This process requires the collection and analysis of disaggregated data. Once the discriminated groups have been identified, concrete measures can be taken to eliminate discrimination and enable the groups in question to enjoy normal services. Monitoring and evaluation methods that measure the fulfilment of these human rights should reflect the existence of gaps between different groups and track how inequalities between discriminated groups and the general population reduce access to these services. This should include a focus on geographical areas, taking into account rural/urban and formal urban/informal urban divisions. To this end, adequate indicators should be adopted and funding provided to fulfil this responsibility in accordance with the 2030 Agenda.



Access to information and transparency

This principle implies that right-holders are able to participate efficiently in processes related to issues that concern them in the WASH sector only as long as they have access to relevant information sufficiently in advance through adequate channels. It is equally important that the format of this information is understandable and accessible to all people,

taking into consideration their used languages, as well as other formats for those who cannot read. Furthermore, right-holders must know the content and implications of these rights and how to demand them. To ensure transparency, information must be made publicly accessible on the initiative of those responsible, and not solely through a request or complaint. Likewise, the formats must be appropriate for all, and the information must be fully comprehensive and not omit important details. Access to information and transparency should be provided not only by government authorities at national, regional and local levels, but also by other responsible actors, including media and business enterprises, among others.



Participation

This principle states that right-holders have the right to participate in all processes and issues that might concern them in relation to the human rights to water and sanitation. Informative consultation alone does not comply with this principle. Right-holders can even encourage processes to recognize these rights in national legislation. The [Guide to Public Participation under the Protocol on Water and Health](#) was adopted in 2012 to help officials and agencies who manage the process of public participation to design and put in place a meaningful public participation process, based on examples from the pan-European region. The Guide was also intended to help the public understand the process, so that people could better participate in decision making. Access to information and justice are also core principles of public participation promoted under the UNECE Aarhus Convention.

In order for the participation of right-holders to be active, free and meaningful, the Report of the Special Rapporteur on the right to participation in the context of realizing the human rights to safe drinking water and sanitation from July 2014 (A/69/213) indicates that the following actions should be taken:

- ensure that the contributions of right-holders can inform the content of participation standards, such as the specification of appropriate places to meet, the channels of convocation and diffusion, and the most convenient schedules to facilitate the participation of all vulnerable groups;
- ensure that processes are inclusive by incorporating codes of conduct and prevent them from being monopolized by interest groups, coercion or any type of influence;
- promote meetings by groups when necessary, and ensure that they are inclusive;
- adopt measures to enable people to be adequately prepared and able to influence the final outcome (including informal coordination meetings for vulnerable and marginalized groups);
- take measures to ensure that the responsible authorities are prepared to adequately guarantee participatory processes, respecting the issue of time so that the process is genuine and explaining the underlying reasoning when certain contributions of the population are not taken into account;
- ensure that the costs of participation are financed, including the processes themselves and the associated identified measures.



Accountability

This principle implies the right of right-holders to hold accountable duty bearers (service providers and public officials) to their obligation to ensure adequate access to WASH services. To this end, laws and policies must clearly identify and define the roles of the duty bearers and the extent of their responsibilities (quality, affordability, etc.).

Accountability encompasses monitoring mechanisms and remedies. People should be able to monitor how their rights are being realized, for example through monitoring and evaluation processes at different levels of decentralization. People must therefore be able to monitor the work carried out

by supervisory/control bodies, and their participation must be explicit. The most common monitoring and evaluation bodies in the sector are national statistics institutions, which gather and update data, and regulatory and/or control bodies, which monitor the performance of providers and institutional regulations. The regulatory framework for service providers should include independent monitoring and the imposition of penalties for non-compliance.

In countries where national human rights institutions or similar exist, these usually coordinate with regulatory and/or oversight bodies in monitoring government compliance with human rights obligations, including following up on specific complaints and ensuring redress. When State institutions and/or service providers fail to comply with their duties, oversight and/or control agencies should have the authority to enforce compliance through the courts.

In instances where people observe that their rights are not being respected or have been violated, they may resort to justice through informal (complaint mechanisms) and/or formal channels (courts). Such redress is a basic obligation of these rights. The effectiveness of grievance mechanisms may well avoid the formal judicial route. The international route may also be used, although domestic primacy applies. All justice mechanisms should be accessible, affordable, timely and effective.



Sustainability

This principle states that services must be available to present and future generations. Their provision in the present should in no way compromise the ability of future generations to realize their own human rights. To this end, it is important to respect *environmental sustainability*, avoiding water pollution and over-abstraction, and to take into account the effects of natural disasters and *climate change*. The same applies to the behaviour of individuals, who must also adopt responsible conduct at all times. This includes the proper use of facilities, rational use of water, the protection of water sources, cleanliness of facilities, managing menstrual products, connection to services, payment for services and other measures aimed at guaranteeing these rights over time, for which education activities must be guaranteed.

While it is true that the chief priority is to ensure that the entire population has access to these services, interventions must also be directed at their *operation and maintenance* (management of physical assets). Otherwise, those who currently have access to these services may cease to enjoy them (retrogression) or see conditions fall below the minimum requirements, bearing severe health impacts. It is therefore important to develop progressive implementation plans that include all objectives (and their respective measures) to be met in the short, medium and long term, with clear indicators for their measurement, and associated measures to ensure their financing, all in line with the criteria and principles of the human rights to water and sanitation.

Measures should also be adopted to ensure the long-term financial sufficiency of providers, and therefore have an efficient and cost-recovery vision, while respecting the affordability criterion, as indicated above. Likewise, the use of appropriate technology is key in this process, taking into account the costs and the wide variation in contexts among different areas. For instance, WASH solutions in camps and informal settlements might differ significantly from those in conventional urban areas, not only due to lack of space but also lack of data on existing WASH services, the population's needs and non-recognition of those areas on official maps. Under such circumstances, innovative solutions are often essential.



Steering governance frameworks

The realization of the human rights to safe drinking water and sanitation requires political commitment and long-term vision. Current national and local water governance frameworks sometimes fail to deliver equitable access for the following reasons:

- (i) overly broad governance frameworks can limit or undermine efforts to achieve equitable access to water and sanitation;
- (ii) weak water governance and management can lead to poor sector performance; and
- (iii) existing water governance frameworks are often “equity blind”.

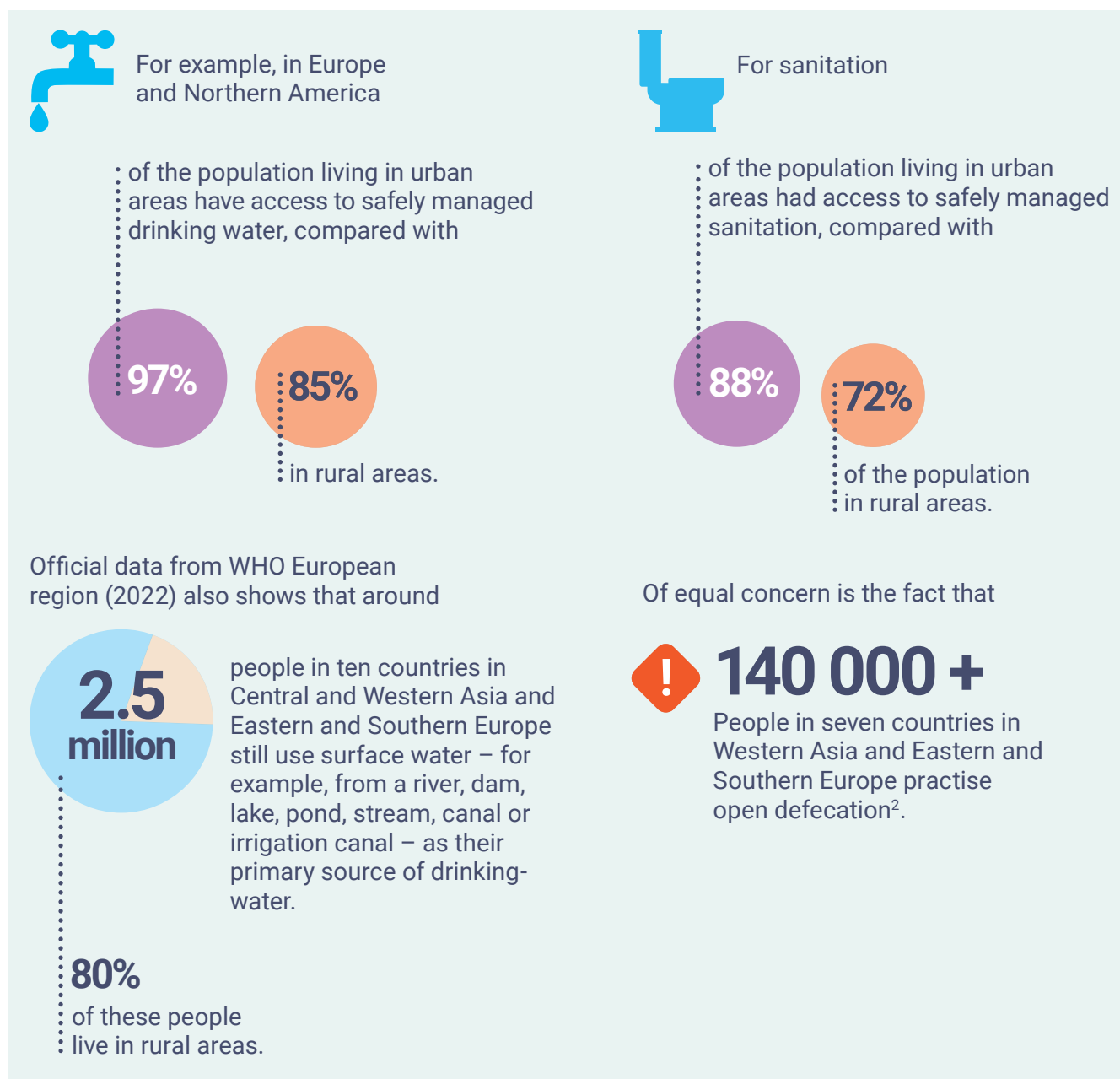
Yet, good WASH governance and management can go a long way towards achieving equitable access objectives. That is unlikely to be enough, however. Applying an “equitable access lens” using the cross-cutting principles of the human rights to water and sanitation will accelerate progress by ensuring the participation of all WASH stakeholders, clarifying their roles and responsibilities, and providing timely and adequate financial resources. Likewise, institutionalizing mechanisms for transparency means ensuring access to information, participation and accountability, with the

objective of guaranteeing the enjoyment of WASH services for all people without discrimination.

These mechanisms have not yet been fully implemented in some countries and regions. Consequently, more efforts need to be made, for instance, to ensure the explicit participation of vulnerable and marginalized groups in WASH processes and issues that concern them. As well as ensuring the participation of women in general, there is a need to apply a gender equality perspective to progressively eliminate the inequalities to which they are exposed in the WASH sector. The issue of menstrual health and hygiene (MHH) clearly underscores this need. At the same time, greater effort is needed to collect disaggregated data on all vulnerable and marginalized groups in the respective countries in order to better understand the causes and patterns of discrimination, and thus more effectively target and monitor solutions. Water operators must become more responsive in providing equitable access, and local governments and civil society organizations must play a greater role by strengthening their relationships and their coordination roles.

Reducing geographical disparities

WASH services can differ significantly across geographical areas, even within the same country. According to the UNICEF/WHO JMP (2022), access to safely managed water and sanitation solutions in rural areas is still lower than in urban areas.



Reducing access gaps requires political, financial and technical effort. International cooperation can play an important role in closing these gaps by focusing support on areas in individual countries identified as lagging behind. Importantly, geographical disparities in access are not just a water-policy issue, but also a regional and health policy issue.

² Drinking Water, Sanitation and Hygiene in the WHO European Region: Highlights and Progress towards Achieving Sustainable Development Goal 6 (2022)

Public policy has a fundamental role to play in reducing price disparities between geographical areas by:

- (i) targeting investment programmes and subsidies to areas with higher service costs for example due to geographical specificities,
- (ii) enabling cross-subsidization from high-income low-cost areas to low-income high-cost areas, and
- (iii) 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

The legal framework of the human rights to safe drinking water and sanitation highlights the need to actively design water and sanitation policies that prioritize and address the needs of vulnerable and marginalized groups.

Each of these groups has its own needs and faces different access barriers to achieving equitable access. Policymakers and bodies involved in implementation must dedicate time and resources to identifying these groups (hence the need for disaggregated data), to ascertaining whether they are being included, and to ensuring that their particular needs are taken into account (principle of non-discrimination and equality). In many cases, adequate solutions require an integrated response with a long-term vision that combines policies and ensures collaboration across public agencies and takes into account both regular and emergency situations. The solutions will also require targeted financial resources, but these 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, and with the explicit participation of vulnerable and marginalized groups.





Keeping safe drinking, sanitation and hygiene services affordable for all

The cost of access can be a significant barrier to WASH services, whether in the form of a monthly water bill, investment in water or sanitation infrastructure, or regular expenditure on hygiene products. In the context of climate change and other emergency situations, investment to improve the resilience of water and sanitation infrastructure may also be passed on to households in the form of increased prices and tariffs. Affordability is thus a common and increasing concern worldwide, as well as in the pan-European region, and requires the adoption of long-term strategies in each country to allocate realistic investments in the sector. In the absence of such strategies, major health issues may emerge, as people confronted with increases in water prices might turn to less expensive but compromised alternatives, such as private or communal wells of questionable water quality. In this respect, the cross-cutting principle of sustainability underscores the importance of developing progressive implementation plans that include all the WASH objectives, measures and their financing, for the short, medium and long term. Such measures might ensure the service provider's financial sufficiency in the long term as well as the affordability criterion of the human rights to water and sanitation. Investments in operation and maintenance are key to ensure the continuation of services by those who already enjoy them and to avoid interruption and retrogression situations (potentially resulting in people no longer enjoying the services). The publication [*Making Water and Sanitation Affordable for all: Policy Options and Good Practices to Ensure the Affordability of Safe Drinking Water and Sanitation Services in the pan-European Region \(2022\)*](#) provides a better understanding of how affordability concerns can be addressed and further actions taken to ensure the affordability of safe drinking, sanitation and hygiene for all. It emphasizes that affordability concerns are not just linked to tariff levels, but also driven by five sets of variables in a given country or area:

- the tariff policies in place
- the cost of provision in a given country or area

- the income level and income distribution
- the subsidy policies
- the individual behaviour of users in terms of water consumption.

Compliance with national affordability indicators is not enough to ensure that groups of low-income people in each country have affordable access; specific policies need to be developed. As already noted, affordability is more than just a water issue, it is a social protection issue that requires the incorporation of WASH aspects into social policy discussions, not only for regular situations but also for emergencies (pandemics, natural disasters, etc.). It is important also to remember that WASH services are unaffordable when paying for them would compromise the ability to pay for other basic goods and services, such as food, housing, education and health care. There is therefore a need for a cross-sectoral approach to tackle the affordability criterion and integrate it into different relevant policies.

Some policy options are currently available to address affordability concerns, both in-tariff and out-of-tariff. These can be divided in two categories:

- (i) water and sanitation policy measures which aim to address affordability concerns that can largely be developed and implemented by the water and sanitation sector (access to subsidies, tariff measures and payment facilities), and
- (ii) social protection policy measures which aim at addressing the affordability of water and sanitation services that require the leadership of social protection authorities (general social protection programmes, WASH-specific social protection initiatives and disconnection bans). The criteria used to select from these options should include their effectiveness in reaching the target groups and their demands in terms of administrative capacity and costs. Relying only on tariff design is not enough to ensure affordability: the adoption of social tariffs and social protection measures is required, pending the existence of a "social policy infrastructure".

The Equitable Access Score-card 2.0 in a nutshell

<p><i>What is it?</i></p>	<p>A practical and analytical tool to help Governments and other stakeholders to assess the existing equity gaps related to geographical, social and economic disparities affecting access to water and sanitation.</p> <p>Through a self-evaluation process which enables to look into and analyze existing quantitative and qualitative data and information, the score-card helps in establishing a baseline measure of the equity of access to water and sanitation, in tracking progress and in prompting discussions in order to support the implementation of policies and practices aimed at addressing inequities in access to water and sanitation.</p>
<p><i>What are the main benefits of using it?</i></p>	<p>Carrying out a self-assessment exercise with the Score-card 2.0 can help to:</p> <ul style="list-style-type: none"> → Inform and influence an existing or planned policy process; → Achieve a better understanding of the situation and challenges; → Identify information and policy gaps; → Raise awareness among stakeholders; → Identify relevant stakeholders and create links with them; → Identify opportunities for better coordination between complementary policy measures; → Inform the development of specific equity-related targets under the Protocol on Water and Health or other relevant institutional frameworks.
<p><i>Who can apply it?</i></p>	<p>Countries under the leadership of relevant government agencies in close collaboration with concerned stakeholders such as civil society organizations, water and sanitation service providers and other line ministers. A government agency/Ministry with WASH related responsibilities in collaboration with other relevant government agencies and in consultation with active relevant NGOs.</p>
<p><i>At what scale can it be applied?</i></p>	<p>The tool can be applied at municipal, regional or national level according to the needs, objectives, priorities decided by the country.</p>

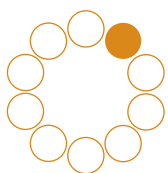
CHAPTER 2.
**HOW TO USE THE
SCORE-CARD**



How to organize a self-assessment exercise and communicate the results

The section offers strategic guidance based on the experience of [all countries](#) that have applied the Score-card since 2013. In carrying out the self-assessment exercise, countries should take into account the objectives they wish to reach with this exercise, constraints they might have (i.e. accessibility to data, mobilization of stakeholders) and opportunities offered by such exercise (i.e. inform an on-going WASH policy decision making process). The guidance is not prescriptive and can be adapted depending on the context and needs.

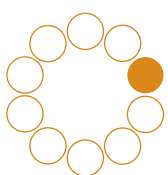




1. Define objectives

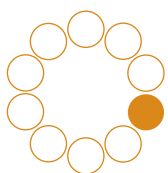
A self-assessment exercise can have multiple objectives which include:

- informing and influencing an existing or planned policy process;
 - achieving a better understanding of the situation and challenges;
 - identifying information and policy gaps;
 - raising awareness among stakeholders;
 - identifying relevant stakeholders and create links with them;
 - identifying opportunities for better coordination between complementary policy measures;
 - informing the development of specific equity-related targets under the Protocol on Water and Health or other relevant institutional frameworks.
-



2. Select a leading entity for the project

Since assessing equitable access to water and sanitation touches upon many issues, many stakeholders should be involved. Examples include different ministries (water and sanitation, finance, health, education, gender, environment, infrastructure, climate change, energy, interior, justice and social affairs), regulatory agencies, local authorities, water and sanitation service providers and regulators, civil society organizations dealing with different vulnerable groups and human rights, and consumer organizations. Thus, there is no “natural leader” to head up implementation of the self-assessment exercise, therefore a clear mandate for the project leader will be necessary. Preferably, the organization leading the self-assessment will be a government agency with a clear mandate and a convening power to gather other relevant stakeholders around the table. In the event that two or more ministries are involved in the provision of water and sanitation services, it is advisable that one of the ministries adopt a coordination role in close cooperation with its counterparts.

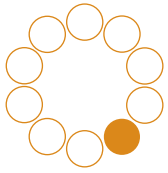


3. Take the necessary time

A realistic timeframe to conduct the entire assessment is approximately one year. The exercise could include the following stages:

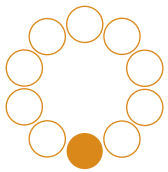
- 1st month – select a project leader and setting up a “core team” to conduct the research.
- 2nd month – organize a launch workshop and assemble all concerned stakeholders.
- 3rd to 7th month – collect data and complete the Score-card, compiling a report with the preliminary findings.
- 8th month – organize a findings workshop to present the outcomes of the self-assessment exercise and debate the findings and their weight in the policy process with all stakeholders involved as well as other concerned parties.
- 8th to 12th month – finalize the country report based on feedback and comments received and then circulate copies, at the country’s discretion, among various government ministries, as well as with donors and civil society organizations and other relevant partners. Communicating the results of self-assessments establishes a basis for internal action and justifies the need for additional technical and financial support to address identified gaps.

It is important to identify the right time to provide input to the policy process which the self-assessment is designed to influence. Timing is important as over-long processes can result in disengagement among stakeholders.



4. Identify the right partners and assemble a balanced “core team”.

Even if the lead organization is very competent, it may not have the broad diversity of expertise necessary to complete the self-assessment. Selecting “core team” members thus become a critical step, and is likely to be time-consuming. A balanced core team may be achieved by partnering with other organizations that have complementary expertise and contacts (e.g. in the areas of water economics, social issues and human rights) or by contracting out the preparation of specific chapters of the self-assessment exercise to experts. Regardless, it is advisable to develop terms of reference for the core team members, including responsibilities for performing analyses and making recommendations.



5. Ensure continuous and broad multi-stakeholder involvement.

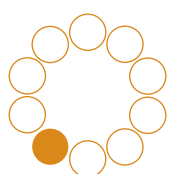
Table 1 presents examples of stakeholders to be included in the self-assessment exercise at the earliest stage possible. A first group of stakeholders is represented by different government ministries and agencies that have an influence on equitable access outcomes. Usually, formal channels can be used to ask them to complete the relevant sections of the Score-card, with the Score-card explicitly designed to make this possible.

Table 1. Stakeholders to be involved in the self-assessment exercise (non-exhaustive list)

Ministries and other public authorities	<ol style="list-style-type: none"> 1. Ministry of Health and Institute for Public Health 2. Ministry of Environment/Water and/or Climate Change 3. Ministry of Energy 4. Ministry of Agriculture 5. Ministry of Social Affairs and/or Gender 6. Ministry of Finance and Economy 7. Ministry of the Interior 8. Ministry of Justice 9. Ministry of Education 10. Ministry of Rural Development 11. Water and Sanitation Services Regulator and/or Supervisory/Control Body 12. Health Inspectorate
Civil society	<ol style="list-style-type: none"> 1. Environmental/water and human rights NGOs 2. Civil society organizations working with vulnerable and marginalized groups and on the human rights to water and sanitation (e.g. religious groups) 3. Consumer associations 4. Foundations 5. Trade unions 6. Academics and independent experts
Quasi-judicial bodies	Human rights institutions or similar (e.g. Human Rights Commissions, Ombudspersons, also known as public defenders or public protectors)
Service providers	Water and sanitation service providers and regulators
International organizations and financial partners	<ol style="list-style-type: none"> 1. UN agencies (e.g. WHO, UNICEF) 2. International financial institutions (e.g. World Bank) 3. Bilateral donor agencies

A different group of stakeholders is represented by civil society organizations. The technical bodies under the Protocol, such as the Expert Group and Regional Workshop on Equitable Access to Water and Sanitation, serve collectively as an important platform to gather inputs from civil society organizations working on social issues and human rights. Such organizations have relevant input to provide and should be consulted during self-assessment exercises carried out by countries. One option is to include as part of the “core team” an agency or organization that has good contacts among civil society organizations and can take the lead in gathering their input. When national human rights institutions or similar institutions are in place, it will also be important to coordinate action with them. These quasi-judicial bodies have a broad mandate to promote and monitor the implementation of human rights, including the rights to water and sanitation.

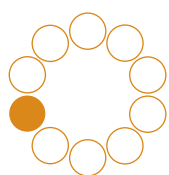
Engaging water and sanitation services providers in the process is also essential and may require dedicated briefings to explain why equitable access issues are of relevance for them.



6. Plan the workshops and consultations carefully.

To ensure early involvement of the different stakeholders, hold a “launch/inception workshop” to explain the rationale, objectives, process and expected outcomes of the self-assessment exercise. This workshop can be useful to present the existing WASH governance framework and identify all stakeholders that should be involved in the exercise and data collection process. Another important objective of the launch/inception workshop is to ensure the continued participation and ownership of all key stakeholders in the entire process. For practical reasons, such launching workshop could be followed by a working session of the self-assessment core team.

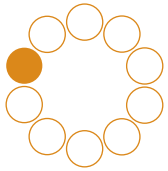
The next step is to hold a findings workshop to present interim results, gather additional information, identify potential reform options, and discuss possible recommendations and entry points for taking action. Such a workshop could take place over two days (or one day with parallel working sessions dedicated to the different sections of the Score-card), in order to provide enough time for discussion and allow all stakeholders to intervene meaningfully. The different topics could be presented by the experts leading the preparation of the different chapters or sections of the document under discussion. It is important that the workshop is perceived as a technical event where stakeholders can feel safe when voicing their concerns and opinions.



7. Adapt the use of the Score-card to the objectives and needs of the process.

The Score-card has been designed to provide a comprehensive view, therefore some of its sections may not be particularly relevant to the context (e.g. geographical disparities when the territory under analysis is a single and largely homogeneous urban area). Similarly, a country may have identified clear priorities within the broad challenges of equitable access to water and sanitation, perhaps as part of the process of implementing specific articles arising from EU directives. In such cases, using the full Score-card may be counterproductive, as the process will require the collection of information and discussion of themes that divert attention away from the issues of primary interest. Each country should decide how best to use the Score-card section according to their specific context and priorities.

In other cases, it may be appropriate to add new areas to the Score-card – for example, if a relevant vulnerable and marginalized group is not captured in the groups listed under Section 3 of the Score-card. A country can adapt the Score-card or even add another category of vulnerable and marginalized groups as necessary under sub-Section 3.13.

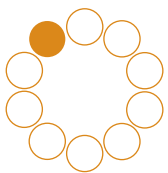


8. Use the results of the Score-card for strategic evaluation and priority-setting.

The Score-card is a useful tool for developing a comprehensive overview of existing policy measures to address inequities in access to water and sanitation. As such, it can be a particularly strong aid in setting priorities, in terms of filling information and policy gaps. As the process can be rather time-consuming, the Score-card is not recommended as an annual monitoring tool, but can be considered for tracking long-term progress (five to ten years) or for use after policy reforms that may justify reviews.

One of the benefits of applying the Score-card is the identification of policy measures and evaluation reports, as well as gaps in the evaluation of policy measures. The results of the self-assessment exercise can be used to set revised or additional targets and target dates under the Protocol on Water and Health, as well as to ascertain which individual measures should be prioritized for follow-up and for evaluation of progress.

It is recommended that the cycle of self-assessment mirror that of the policy process it is trying to influence – for example, the preparation of five-year strategic plans for the water and sanitation sector. Depending on the findings, the results of the self-assessment may also influence other strategies and plans, such as a national plan on environment and health, a social inclusion strategy, a regional development plan, or national plans for schools or prisons.



9. Present the results in an accessible and engaging format.

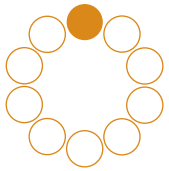
The Score-card is fundamentally a tool to gather, organize and evaluate existing information. It includes a “summary sheet” to facilitate communication of the results, which is useful to identify, at a high level of aggregation, areas of action that lag behind. However, the summary sheet by itself is not a good communication tool to reach a non-specialized audience.

It is thus recommended, as part of the overall self-assessment process, to prepare a brief country report providing a *situational analysis* summarizing the main findings of the Score-card. The analysis should provide examples of progress, identify priority areas for urgent action and suggest specific recommendations.

An even shorter *policy summary* can be a useful communication tool to help reach top government officials and communicate the results to the public via the mass media or targeted thematic public campaigns. It will be necessary to secure a specific budget to develop and produce those communication products.

Depending on the nature of the process, assigning and presenting scores could lead to contentious rather than helpful discussions. The “core team” might then consider retaining the scores for internal use and feeding the multi-stakeholder discussions with the detailed information collected. Nevertheless, in most cases, a full self-assessment with scoring will be the most appropriate option, at least for the initial self-assessment.

Following their assessment, countries might also decide, if appropriate, to develop a specific action plan to address gaps identified when applying the Score-card. The [Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation](#) (UNECE, WHO/ Europe, 2016), developed under the Protocol on Water and Health, aims to help countries translate the priorities identified through the self-assessment into actions to reduce inequities in access to water and sanitation services.



10. Use the results to track progress, not compare with others.

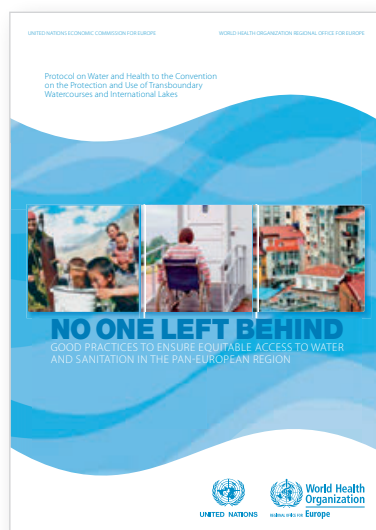
The tool has been designed to help a country (or region) track its own progress towards equitable access and not with the aim of facilitating comparisons among countries (or regions). This is important as the pan-European region includes areas with very different levels of socioeconomic development and variation in the organization of the water and sanitation sector.

Analysts wishing to make comparisons are encouraged to use the context data offered in the country or region profile to identify comparable countries/regions. In making these comparisons, particular care should be taken as definitions of statistics may vary significantly and the scoring could be highly subjective.

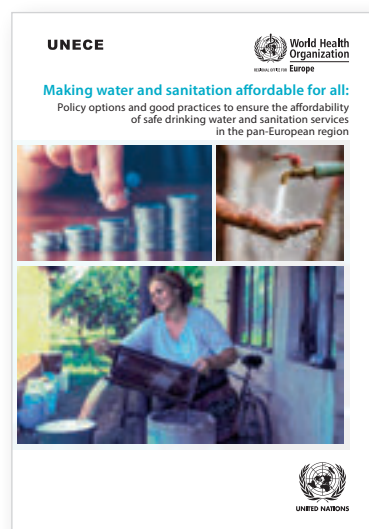


Practical guidance – notes for filling the Score-card

Background information



Background information and the theoretical framework on equitable access issues can be found in the UNECE-WHO/Europe publication [No One Left Behind](#). The introduction to each section of the Score-card includes a reference to the relevant section in that publication relating to each Area of Action.



For aspects related to affordability, addressed in section 4 of the Score-card, background information can be found in the UNECE-WHO/Europe publication [Making Water and Sanitation Affordable for All: Policy Options and Good Practices to Ensure the Affordability of Safe Drinking Water and Sanitation Services in the Pan-European Region](#).

Glossary

The short glossary (p. 132) defines key concepts used throughout the Score-card. It also provides some indicators and examples to better respond to the questions contained in the Score-card (e.g. measures related to emergencies and hygiene).

Additionally, in this document, the expression “access to safe drinking water, sanitation and hygiene” includes the five normative criteria and the cross-cutting principles that define the human rights to water and sanitation namely: *availability, accessibility, acceptability, quality/safety and affordability*. It also includes the five cross-cutting principles of the human rights to water and sanitation namely: *non-discrimination and equality, access to information and transparency, participation, accountability and sustainability*.

Furthermore, this document refers to the expression “equitable access” to water and sanitation, which is the wording used in the legal text of the Protocol on Water and Health. The human rights to water and sanitation refer to the cross-cutting principle of non-discrimination and equality. Although there are some differences of connotation, these two expressions can be considered equivalent from a practical point of view.

Structure of the tool (starting p.33).

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

Quantitative information

Whenever possible, the source of quantitative information should be official statistics. When providing information on financial resources, please indicate the currency.

Scoring methodology

- Progress under each Area of Action is measured through qualitative questions. The number of questions varies between 2 and 6.
- Each question requires one answer. There are four possible answers: *no/to a limited extent/to a large extent/yes*. The table below provides guidance on how to interpret each possible answer. Respondents are encouraged to spread the responses along the four possible scores to avoid clustering all the responses in the “to a limited extent” and “to a large extent” categories.
- Each answer has to be justified. To do so, respondents can draw on quantitative or qualitative information from legal documents, guidance documents, analytical reports, surveys or similar sources. Respondents are encouraged to use as much space as needed. Where a question covers several dimensions, each dimension should be answered. Each dimension will be scored as an equal percentage divided over the total number of dimensions (e.g. if there are four dimensions, each dimension counts for 25%).
- The reliability of each answer should be self-evaluated (see below).
- One summary score has to be calculated for each Area of Action. This score must take into account the score for each question as well as the number of questions under each Area of Action. Only answers with a high or medium degree of reliability should be considered when calculating the summary score.
- The summary score must be reproduced in the summary sheet.

Score	Interpretation
No (0 points)	No or very little evidence supporting a positive answer is available, either at national or local level.
To a limited extent (1 point)	There is some limited information at local level supporting a positive answer. There is some limited information at national level partly supporting a positive answer.
To a large extent (2 points)	There is extensive information at the local level and some at the national level supporting a positive answer.
Yes (3 points)	There is enough evidence available at the national level fully supporting a positive answer.

Note: The terms “information” and “evidence” in this table must be interpreted as any relevant qualitative or quantitative information underpinning the response to a question

Reliability assessment methodology

Respondents should self-evaluate the reliability of each of the answers in terms of the *process* of gathering and reporting the data – not the actual data.

- There are three levels of reliability: **high** (very reliable), **medium** (reliable), **low** (unreliable).
- The criteria for assigning a degree of reliability are: procedures, traceability and validation.
- The table below provides guidance on how to assign a level of reliability, according to those criteria.

- The aggregate level of reliability for each Area of Action is determined as follows:
 - ▶ High – if all the answers in the Area of Action are classified as High
 - ▶ Medium – if no answer is classified as Low and at least one answer is classified as Medium
 - ▶ Low – If at least one answer is classified as Low.
- The aggregate level of reliability for each Area of Action must be reproduced in the summary sheet.

High: very reliable	Medium: reliable	Low: unreliable
There is a coherent and easily accessible set of documents that identifies responsibilities for data gathering, treatment and quality control.	Responsibilities for data gathering, treatment and quality control have been identified.	Responsibilities for data gathering, treatment and quality control have not been identified.
The data can be traced to a formal source that can be accessed by any interested person.	The data can be traced to a source.	Not all the data can be traced to a source.
The data have been formally validated.	The data have been validated.	Not all the data have been validated.

Note: The term “data” in this table must be interpreted as any relevant qualitative or quantitative information underpinning the response to a question.

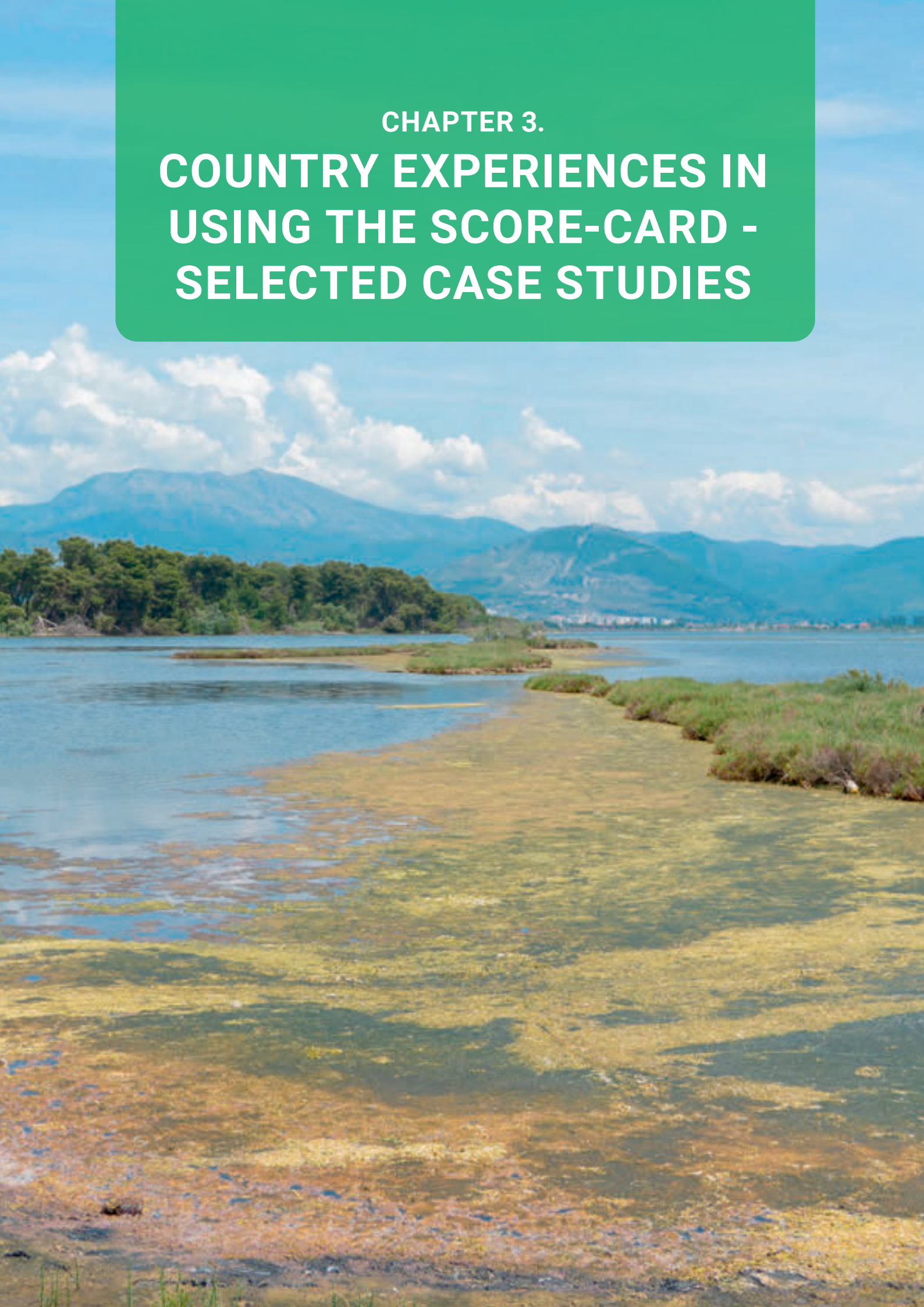
Non-relevant questions

Not all questions within each Area of Action are equally relevant to all countries or regions. If those responsible for filling part of the Score-card consider that a particular question is not relevant, they should explain why this is the case.

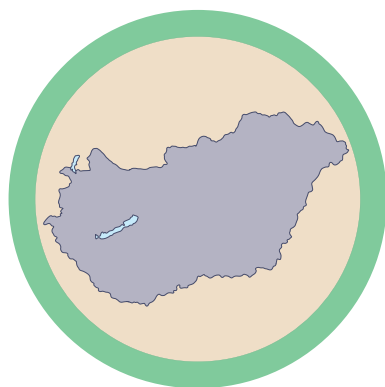
Summary sheet

The summary scores for the 22 Areas of Action are presented in a summary sheet at the end of the document. The summary sheet can help to identify Areas of Action where the country (or region) is lagging behind, as well as areas where the information available is particularly unreliable.

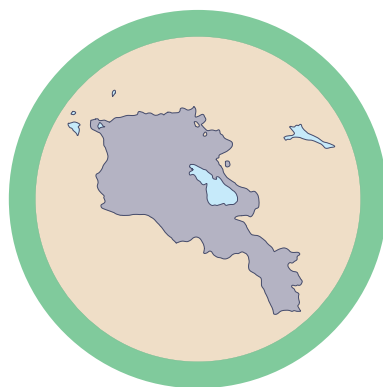
CHAPTER 3.
**COUNTRY EXPERIENCES IN
USING THE SCORE-CARD -
SELECTED CASE STUDIES**



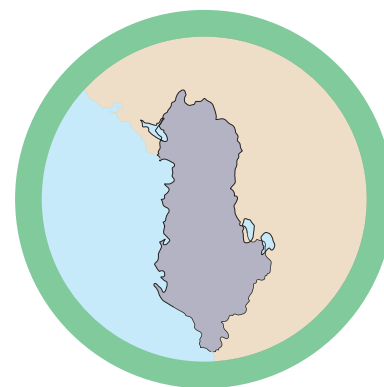
This chapter reflects the experiences and lessons learned from three countries:



Hungary



Armenia



Albania

- in applying the Equitable Access Score-card between 2014 and 2023 across the pan-European region. It provides the reader with an overview of the process, including the number of workshops conducted and stakeholders engaged. Aside from Albania, which applied the draft Equitable Access Score-card 2.0, Armenia and Hungary used the original version from 2013.

This chapter also sheds light on the versatility of the tool, specifically in aligning with regional processes such as the EU Drinking Water Directive (recast) for EU Member States and those that want to align with EU legislation, and on follow-up actions that can be formulated to address identified limitations.

A broad array of case studies and detailed country reports are available on the webpage³ of Equitable Access to Water and Sanitation under the Protocol on Water and Health.

³ See: <https://unece.org/environment-policy/publications/equitable-access-score-card-supporting-policy-processes-achieve>

Hungary

Background and process

Hungary acceded to the Protocol on Water and Health in 2001 and has been actively involved in its implementation through co-leading the two programme areas equitable access to water and sanitation, and WASH in institutional settings, and chairing the Protocol in the 2023–2025 triennium.

As part of this commitment, Hungary, under the leadership of the National Centre for Public Health and Pharmacy, was one of the first countries to apply the Equitable Access Score-card level from October 2014 to March 2016, in order to establish a national baseline measure on water and sanitation. The self-assessment also aligned with the national target set under the Protocol, which called for a “comprehensive assessment of the population without access and of possible solutions”.

As an EU-Member State, Hungary must ensure that drinking water meets the standards set by the EU Drinking Water Directive, while at the same time complying with the Urban Waste Water Treatment Directive, which requires the country to collect and treat urban wastewater in order to reduce pollution. In addition, both Directives emphasize the need to address inequalities in access to drinking water and sanitation through measures to ensure that everyone, including marginalized communities, have unconditional access.



The preparations for the self-assessment commenced in the summer of 2014 with the translation of the tool into Hungarian, which also allowed for slight modifications, such as separating drinking water and sanitation within each question, as in most cases, varying answers applied. As noted earlier, the Score-card is a dynamic and adaptable tool, and modifications to better fit the context of the country are encouraged.

Throughout the application process, the National Centre for Public Health and Pharmacy, with support from UNECE, organized four workshops to continuously engage stakeholders in the process and ensure their active involvement. The workshops allowed stakeholders to present the progress, review preliminary results of the data collection process and discuss the reliability of the answers provided. National human rights institutions were also involved, and the Hungarian Office of the Commissioner for Fundamental Rights played a key role in securing high-level ministerial or state secretary approval for government experts to participate in the workshops.

• 2001: Hungary
• accedes to the
• Protocol on Water
• and Health.

• 2014: Hungary
• applies the
• Equitable Access
• Score-card

• 2023: Hungary chairs
• the Protocol until 2025.



Results

The self-assessment exercise confirmed an overall favourable situation, with certain aspects of the equitable access perspective integrated into the legal framework through the incorporation of EU legislation and other regulatory devices, such as the category of protected consumers. For example, the Hungarian constitution recognized everyone's right to physical and spiritual health, and the enforcement of this right includes access to drinking water and the protection of the environment. However, high-level legislative documents did not explicitly affirm the rights to water and sanitation, raising the possibility of lack of due consideration. Therefore, it was recommended that they be included, setting explicit requirements to be observed in all actions related to social, cultural and economic development.

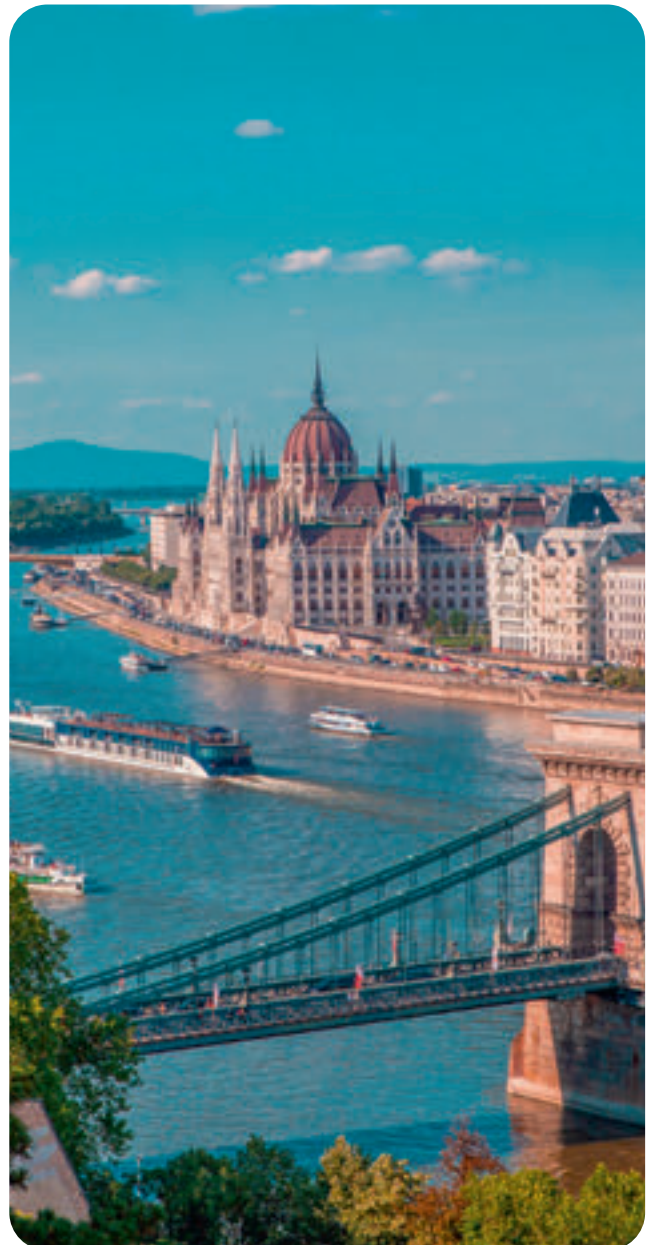
The self-assessment also revealed data gaps in mapping vulnerable and marginalized communities, reflecting wider regional trends. This is of particular importance in the context of the human rights framework. As a consequence, recommendations were made to initiate and fund research on the number and geographic distributions of groups living without access or excluded from services, and the reasons for this lack of access, as stipulated in the EU Drinking Water Directive under Article 16.

The self-assessment findings informed subsequent national action on access to water and sanitation. The 2017 National Water Strategy identified as a priority the development of a tariff policy and a financial assistance system, as well as differentiated contributions to ensure the affordability of services through sustainable financing, targeting in particular vulnerable and marginalized communities.



Lessons learned

- NGOs were not significantly involved in the first phase of the self-assessment. However, their late contribution proved that NGO involvement was important in complementing the national picture with local context.
- Support from the Office of the Commissioner for Fundamental Rights proved significant in motivating government bodies to actively participate in the process.
- The Equitable Access self-assessment should be repeated in five years to track progress in the water and sanitation agenda.



Armenia



Background and process

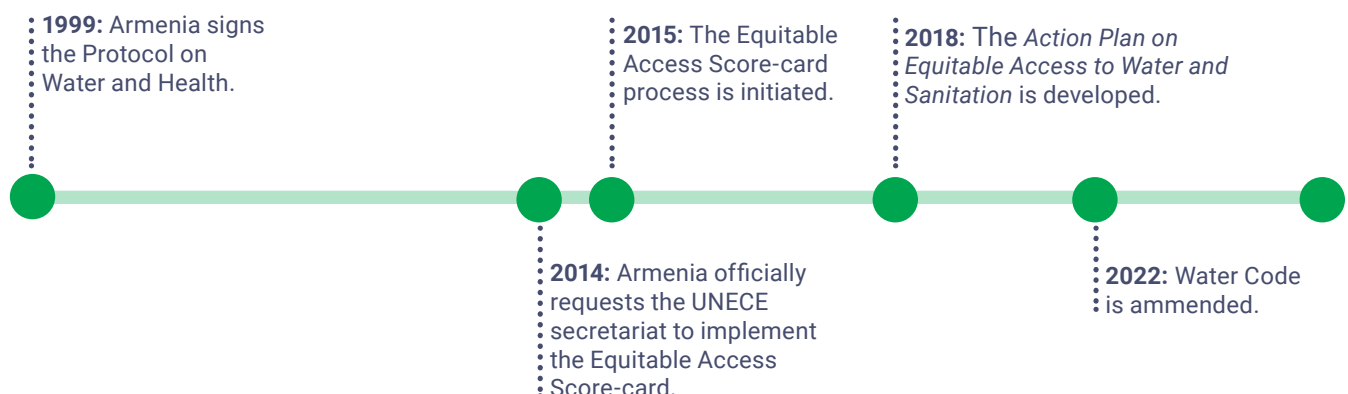
Armenia signed the Protocol on Water and Health in 1999 but has not yet taken steps towards ratification. The country has taken steps at the national level to implement the Protocol's provisions, with draft targets developed under Article 6, as well as actions related to the provision of equitable access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

During the seventh meeting of the Working Group on Water and Health in November 2014, Armenia made an official request to the UNECE secretariat to carry out an equitable access self-assessment at the national level using the Score-card. The process was initiated at the Assessing Equitable Access to Water and Sanitation in Armenia Inception Workshop (Yerevan, 15 December 2015).

The inception workshop in Armenia aimed to ensure the early and sustainable involvement of all crucial stakeholders, making sure that all participants understand the rationale, objectives, processes and expected outcomes of the self-

assessment exercise. The workshop was organized in tandem with a consultation meeting on small-scale water supply and sanitation systems and a meeting of the Steering Committee under the EU-funded National Policy Dialogues on Integrated Water Resources Management (IWRM). The aggregation of various workshops helped to identify even more relevant stakeholders for the data collection and consultation process.

Following the inception workshop, the main stakeholders established a project team consisting of national consultants with expertise and experience in the main fields covered by the Protocol on Water and Health, including a representative of the NGO "Armenian Women for Health and Health Environment" (AWHHE), which led the process under the coordination of the Ministry of Territorial Administration and Infrastructure. The strong involvement and engagement of AWHHE ensured the active public participation of civil society as stipulated and encouraged under the Protocol.





Results

The preliminary results were presented to all stakeholders during the Findings Workshop on Equitable Access to Water and Sanitation in Armenia (Yerevan, 7–8 July 2016). They identified, among others, the challenge of guaranteeing water supply to 579 rural settlements that were neither connected to the centralized water supply system nor serviced by water companies. Water supply was found to be a particular issue for rural educational institutions as these rely on limited State funds for the operation and maintenance of water and sanitation-related infrastructure.

The information gap also represented a major challenge, reflecting overall trends in the pan-European region. Data on the situation of rural settlements were found to be limited, and information on access to water and sanitation by vulnerable and marginalized groups, such as official data on access for homeless people, was minimal or lacking. Persons with special physical needs faced major challenges in accessing water and sanitation as most public buildings lack disabled access in Yerevan, as well as in the provinces to an even greater degree. The legal framework did not include a definition of the term “vulnerable and marginalized groups”, and no public policies were in place to improve access for these groups.

The self-assessment findings were instrumental in developing an [Action Plan on Equitable Access to Water and Sanitation \(2018–2020\)](#), applicable at both the national and regional scale. It is structured around three priority areas of action:

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

The Action Plan contributed to the adoption of amendments to Armenia’s Water Code with the support of the European Union and the National Policy Dialogues. The amended Water Code defines vulnerable and marginalized groups, introduces human rights dimensions to access to water and sanitation, and aims to ensure

sustainable management of water resources and their preservation for future Armenian generations. It also clarifies the principle of IWRM, emphasizing enhanced cooperation between all water-user sectors to address the limitations identified in the Score-card assessment.

Given its vast experience in applying the Score-card and developing an Action Plan that led to the amendment of the Water Code in 2022, Armenia took an active role in the revision process of the analytical tool. Particular importance was given to accessing hygiene and assessing the emergency preparedness and responsiveness of water and sanitation service providers. Given the newly identified challenges in Armenia with climate change and displacement of people from the mountainous region of Nagorno Karabakh, the country has expressed an interest in applying the revised Score-card to capture more variables to ensure access to water and sanitation for all members of its population.



Lessons learned

- A multi-stakeholder approach with strong civil society engagement from the outset allows for the consideration of diverse perspectives, including on how to address identified limitations.
- The involvement of civil society organizations, donors and other key stakeholders also enhances awareness of situations concerning access to water and sanitation, as well as access to information, while avoiding duplication in the long term.
- The established baseline measure in the Score-card assessment offers an important opportunity to develop targeted action to address identified limitations.

Albania



Background

Albania acceded to the Protocol on Water and Health in 2002 and set national targets on water, sanitation, hygiene and health in 2023. As a candidate country to the European Union, Albania is accelerating its efforts to align its water resources legislation and policies with the EU Water Framework Directive, the Drinking Water Directive and the Urban Waste Water Treatment Directive (recast).

Consequently, in 2023, under the leadership of the Albanian Water Resources Management Agency (AMBU) and the Ministry of Health and Social Protection, the country commenced application of the Equitable Access Score-card to assess the policy options and measures in place to provide equitable access to water and sanitation at the national level.

In parallel with Montenegro, Albania volunteered to pilot the draft Equitable Access Score-card 2.0 nationwide, allowing for the capture of a broader range of variables, such as the emergency responsiveness of water and sanitation service providers and a greater focus on hygiene. Albania also committed to applying the Score-card self-assessment at the UN 2023 Water Conference under the Water Action Agenda.

To ensure continued project participation and ownership of all concerned stakeholders from government, water regulators, civil society and donors, the country organized an inception workshop (Tirana, 30 October 2023). This expert event with broad participation also created an opportunity for the identification of challenges and priorities. Following the inception workshop, the project team initiated the data collection process in close coordination with key stakeholders who participated in the workshop.

• 2002: Albania
• accedes to the
• Protocol on Water
• and Health

• 2021: Albania
• expresses interest
• in applying the
• Score-card

• 2023: National
• targets on water,
• sanitation, hygiene
• and health are set.

• The Equitable Access
• Score-card starts
• being applied.



Results

The findings revealed that despite a comprehensive governance framework embedding strategies to ensure access to water and sanitation for all, several challenges remain. Notably, these concern the affordability of water and sanitation for the poorest part of the population, the effective application of national strategies at the local level, and the need for further institutional coordination and an integrated approach to equity in access to water and sanitation. The Score-card identified a particular data gap in mapping vulnerable and marginalized communities.

At the findings workshop held in Tirana on 30 March 2024, stakeholders, including donors, involved in the process since the outset discussed potential solutions and ways to ensure equitable access to water and sanitation. These included:

- (i) ensuring effective coordination among various government agencies, departments and stakeholders to avoid fragmented efforts and inefficient resource allocation;
- (ii) developing and implementing robust regulatory frameworks to ensure the quality, affordability and accessibility of WASH services, and
- (iii) resource mobilization to fund WASH infrastructure development, maintenance. Other recommendations and ways forward included enhanced capacity-building, data collection and monitoring, and climate change resilience to ensure the continuity of services.


In connection with the recast EU Drinking Water and Urban Waste Water Treatment Directives, the Score-card helped to identify measures for the further alignment with the implementation of these Directives. These include conducting targeted outreach programmes to identify and address the specific water access needs of vulnerable and marginalized communities, including the implementation of subsidy programmes or financial assistance schemes to help low-income households afford water bills and access basic water and sanitation services.

As one of the two countries piloting the draft Score-card 2.0, Albania contributed significantly to the revision of the present tool, emphasizing in particular the need to incorporate a dimension on tourists, who exert significant stress on local water and sanitation systems, in order to fully accommodate their rights to water and sanitation. In light of the destructive earthquake that struck the country on 26 November 2019, the revision process also integrated a dimension on the emergency preparedness and responsiveness of water and sanitation service providers.



Lessons learned

- Strategic documents should include specific measures for marginalized groups to improve key indicators. Unified and harmonized implementation across sectors can create positive synergies and achieve tangible results.
- Extracting specific WASH service data for marginalized groups is challenging due to the fragmentation of documents and data-sets. Future efforts should focus on structuring information to facilitate easier monitoring and measurement of parameters.
- In Albania, involving all stakeholders helped to increase understanding of the main issues and exchange information. Establishing an inter-institutional working group with NGOs and civil society helps to ensure sustainable evaluations and clearly define the roles involved.



CHAPTER 4. THE SCORE-CARD⁴

⁴ Users are invited to complete the Score-card with as much information as necessary, in particular regarding the sections "Score justification", "Means of verification used" and "Reliability of the response". The Word version (.doc) of the Score-card can be downloaded from the Equitable Access [webpage](#) under the Protocol on Water and Health.

Country/region profile

Socioeconomic and sector data

	[Baseline Year]	[Latest Assessment Year]	Source <i>(use official statistics wherever possible)</i>
Population (inhabitants)			
Extension (km ²)			
GDP per capita (EUR/person)			
% of population below national poverty line			
% of population unemployed			
% of population living in urban areas			
% of population living in peri-urban areas (ONLY if this category is relevant in your country/region)			
% of population living in rural areas			
Renewable freshwater resources (million m ³ per capita)			
% of population without access to safely managed drinking-water services			
% of population without access to sanitation			
% of population without access to wastewater treatment (any level)			
% of population without access to hygiene (facilities, products, behaviour promotion and educational activities)			
Public financial resources spent on the water and sanitation sector			
Public financial resources spent on ensuring equitable access to water and sanitation			
Please provide the definition of safe drinking water if different from the one described in the glossary			

International obligations on water and sanitation

	YES	NO
Is your country Party to the 1966 International Covenant on Economic, Social and Cultural Rights and its Optional Protocol (2008)?		
Is your country Party to the 1999 Protocol on Water and Health?		
Is your country subject to relevant EU directives or aligning with these directives?		
Is your country subject to any other relevant international obligations/ commitments?		
If yes, please indicate:		





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

Score-card Areas of Action and their relevant sections in the publication *No One Left Behind*.





Area 1.1 Strategic framework for achieving equitable access

Rationale: Although progress is achieved through individual initiatives, a strategic framework is needed to ensure that the entire water and sanitation sector (and the whole public administration more generally) contributes to achieving equitable access by applying the normative criteria (availability, quality, affordability, accessibility and acceptability) and the **cross-cutting principles of the human rights to water and sanitation** ⓘ (non-discrimination and equality, access to information and transparency, participation, accountability and sustainability).



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Cross-cutting principles of the human rights to water and sanitation.

These principles are found in international treaties and are common to all human rights. They inform right-holders and duty bearers about how human rights should be exercised and ensured. More detailed information can be found in chapter 1 under cross-cutting principles, namely on non-discrimination and equality, access to information and transparency, participation, accountability and sustainability.

Emergency

An emergency is an urgent, expected or unexpected, and usually dangerous situation that poses an imminent risk to health, life, property or the environment and requires immediate action. Examples include pandemics and epidemics, natural, climate-induced, conflict-induced disasters, and cyber-attacks and other malicious acts.

Hygiene

Conditions and practices to ensure hygiene help to maintain health and prevent the spread of diseases. Facilities to meet hygiene requirements must be available wherever there are toilets or latrines, where water is stored, and where food is prepared and served. Hygiene practices include handwashing, personal hygiene, domestic hygiene, hygienic use and management of toilets or latrines, the hygienic disposal of child faeces, menstrual hygiene and food hygiene.

Sustainability

The cross-cutting principle of sustainability states that services must be available to present and future generations. Provision of these services in the present should in no way compromise the ability of future generations to realize their own human rights. More information on this topic can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).



Vulnerable and marginalized groups

Vulnerable groups are those at risk of negative impacts due to factors such as lack of access to safe drinking water and sanitation services, water pollution, natural disasters or water scarcity. Examples include people living in informal settlements, remote rural areas or Indigenous communities who depend on water for their livelihoods and culture. Marginalized groups are those who have been excluded or relegated to the margins of society due to factors such as discrimination, poverty, lack of political representation or unequal access to resources. Examples include minority ethnic communities or gender groups.

1.1.1. The human rights to safe drinking water and sanitation have been incorporated into the country's legal regime.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

1.1.2. A strategic plan is in place to ensure equitable access to water, sanitation and hygiene.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 1.1 Strategic framework for achieving equitable access

1.1.3. Equitable access targets have been set.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

1.1.4. Responsibilities for achieving equitable access have been identified and allocated, including those of local governments.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

1.1.5. Mechanisms are in place to enable discussion and coordination by competent authorities, including local governments.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 1.1 Strategic framework for achieving equitable access



Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.1.6. The country/region/city has assessed equity in access to safe drinking water, sanitation and hygiene.

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

1.1.7. The plans of the WASH sector include measures to ensure equitable access to **hygiene** (domestic and personal) for all, ensuring environmental **sustainability** dimensions.⁵

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

⁵ In completing question 1.1.7, respondents should indicate: (i) whether facilities are available to manage personal and domestic hygiene, including menstrual hygiene management; (ii) whether hygiene products are in place (e.g. soap, menstrual pads/solutions, toilet paper); (iii) whether activities exist to ensure the promotion of hygiene behaviour (e.g. through the dissemination of guidelines for hygienic-sanitary measures); and (iv) whether educational activities have been conducted to ensure the presence of trained professionals to provide adequate guidance and services to right-holders and in all relevant settings (e.g. educational and health care workers provide educational activities on Menstrual Health and Hygiene Management, disseminate hygiene roadmaps, and explain how to establish and use effective complaint mechanisms for WASH-related complaints).



Area 1.1 Strategic framework for achieving equitable access

1.1.8. The plans of the WASH sector include measures to ensure preparedness and response in **emergency** situations with a particular focus on meeting the needs of **vulnerable and marginalized groups**.⁶

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response: High Medium Low
Please mark one option

1.1.9. The plans of the WASH sector include measures to coordinate action between government authorities and **service providers** (formal and informal) and with humanitarian and development actors, to ensure the continuity of WASH services for all, particularly for **vulnerable and marginalized groups** during **emergency** situations.⁷

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response: High Medium Low
Please mark one option

1.1.10. The plans of the WASH sector include **climate change adaptation strategies and measures** to ensure the continuous provision of WASH services for all, particularly for **vulnerable and marginalized groups**, taking into account existing geographical disparities.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response: High Medium Low
Please mark one option



Please calculate the score for Area 1.1

Add the following points for each answer given, and divide the total number by 10:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low

⁶ In completing question 1.1.8, respondents should indicate: (i) whether a mechanism has been established to address immediate needs and long-term impacts identified in collaboration with specific vulnerable and marginalized groups; (ii) whether activities to sensitize and build capacity to guide and prepare specific vulnerable marginalized groups have been conducted, as well as for public officials, service providers, CSOs, media, business, policymakers and population at large; (iii) whether communication campaigns have been taken place, backup water sources and contingency management plans for safety water have been foreseen, as well as cyber-attack prevention systems or for other malicious acts; and (iv) when relevant, whether classification of staff from WASH service providers has been treated as priority group for vaccination.

⁷ In completing question 1.1.9, respondents should indicate: (i) whether a coordination platform has been created to communicate concerns and solutions, including mechanisms for vulnerable and marginalized groups to raise their complaints and enable the follow-up of interventions; and (ii) whether this coordination process has been implemented. Such coordination might be extended to other actors (e.g. hospitals, food production, security forces), in particular for events related to urban planning process and in relation to flooding at local level.



Area 1.2 Sector finance policies

Rationale: Implementation of the initiatives needed to achieve equitable access targets will require the allocation of financial resources. However, the overall policies steering sector revenue and expenditures may influence significantly the achievement of equitable access in both positive and negative ways. In some countries, sector financing is dependent to a large extent on the support of development partners, with scope available to increase this contribution to achieve equitable access. Investments must cover infrastructure, including their replacement and maintenance, taking into account climate change impacts and emergency situations, without compromising the affordability criterion of the rights to water and sanitation.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Emergency

An emergency is an urgent, expected or unexpected, and usually dangerous situation that poses an imminent risk to health, life, property or the environment and requires immediate action. Examples include pandemics and epidemics, natural, climate-induced, conflict-induced disasters, and cyber-attacks and other malicious acts.

Epidemic

Epidemics are confined to a particular geographic area, such as a city, region or country. The spread of the disease is limited to that specific location.

Gender equality

In the context of this document, gender equality means that everyone must be able to enjoy the human rights to water and sanitation regardless of their gender. To attain substantive gender equality, it is necessary to address the specific gendered circumstances that act as barriers to the realization of those rights for women and girls in practice. Gender-sensitive indicators are indispensable for monitoring progress with regard to women's empowerment and participation in WASH-related planning and management activities. This approach is aligned with the principle of equality explained in detailed in chapter 1 (cross-cutting principles, non-discrimination and equality).



Pandemic

Pandemics transcend national borders and affect populations across multiple countries or continents. They can spread rapidly across the globe due to modern transportation networks and interconnectedness.

Rights-holders

In the context of the human rights to water and sanitation, this refers to every individual.

1.2.1. Estimates of the financial resources required to achieve equitable access to safe drinking water, sanitation and hygiene have been made.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High
 Medium
 Low

1.2.2. The sources of funding to achieve equitable access to safe drinking water, sanitation and hygiene have been identified and approved (costed implementation plan with sufficient human and financial resources). Please indicate if a **gender equality** perspective has been applied.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High
 Medium
 Low



Area 1.2 Sector finance policies

1.2.3. Well-trained staff and effective coordination channels have been established at the relevant levels to ensure that validated budgets are used in a timely and efficient manner.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

1.2.4. The financing strategies of the WASH sector take into account equity issues and include specific targets to progressively eliminate them.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

1.2.5. Mechanisms are in place to induce service providers to implement investment plans that favour extending access to **right-holders** without such access.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



	Yes	To a large extent	To a limited extent	No
1.2.6. The national/regional/city government monitors and publicly reports related financial resource budget allocation and expenditures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

1.2.7. International financial support for the WASH sector, received by the country, takes into account equity issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low



Area 1.2 Sector finance policies

1.2.8. The finance strategies of the WASH sector include measures to ensure that policy responses to **pandemics, epidemics**, climate change impacts, induced extreme events and other **emergencies** do not undermine the financial sustainability of service providers.⁸

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 1.2

Add the following points for each answer given, and divide the total number by 8:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low

⁸ In completing question 1.2.8, respondents should indicate whether a multi-actor emergency coordination mechanism, including international and multilateral organizations and other actors, have been created for this purpose and assess their level of effectiveness. Here, it is important to note whether a long-term, efficient and cost-recovery vision of the financial sustainability of service providers has been included, including to ensure the affordability criterion of the human rights to water and sanitation.



Area 1.3 Rights and duties of users and other rights-holders

Rationale: Water and sanitation users and right-holders should not be considered solely as beneficiaries of access to water and sanitation, as they have important roles to play in demanding, shaping and maintaining equitable access to water and sanitation.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Access to information and transparency

The cross-cutting principle of access to information and transparency states that right-holders will be able to participate effectively in WASH processes for issues that concern them only if they receive relevant information sufficiently in advance through adequate channels. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Accountability

The cross-cutting principle of accountability refers to the right of right-holders to hold accountable duty bearers (public officials and service providers) to their obligation to ensure adequate access to WASH services. To this end, laws and policies must clearly identify and define the roles of the duty bearers and the extent of their responsibilities (quality, affordability, etc.). It encompasses monitoring mechanisms and remedies. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Effective complaints mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Participation

The cross-cutting principle of participation states that right-holders have the right to participate in all processes and issues that might concern them in relation with the human rights to water and sanitation. Mere informative consultation does not comply with this principle. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).



Area 1.3 Rights and duties of users and other rights-holders

Remedial action

In the context of this document, this refers to action taken to correct a situation where the human rights to water and sanitation were not respected. Victims of human rights violations are entitled to adequate reparation, including restitution, compensation, satisfaction and/or guarantees of non-repetition. States have to provide accessible, affordable, timely and effective remediation.

Vulnerable and marginalized groups

Vulnerable groups are those at risk of negative impacts due to factors such as lack of access to safe drinking water and sanitation services, water pollution, natural disasters or water scarcity. Examples include people living in informal settlements, remote rural areas or Indigenous communities who depend on water for their livelihoods and culture. Marginalized groups are those who have been excluded or relegated to the margins of society due to factors such as discrimination, poverty, lack of political representation or unequal access to resources. Examples include minority ethnic communities or gender groups.

Wash-related processes and issues

Right-holders are entitled to participate in WASH-related processes (formulation, implementation and monitoring) and issues. Examples include processes of elaboration and/or review of specific laws, policies or regulations; budget and expenditure processes, finances and calculation/fixing of tariffs and subsidies; the processes of provision and/or delegation of WASH services; information related to bidding, bids and contracts, and similar; processes that seek to promote large-scale projects for uses other than personal or domestic (industrial, agricultural, livestock and tourist); and processes related to the interruption of water services, among others.

1.3.1. Mechanisms are in place to ensure that right-holders know their rights and obligations as well as how to **access relevant information** .

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 1.3 Rights and duties of users and other rights-holders



	Yes	To a large extent	To a limited extent	No
<p>1.3.2. The responsible authorities collaborate with other bodies, such as local NGOs and human rights organizations, to sensitize specific vulnerable and marginalized groups and the general population at large on the rights to water and sanitation, as well as the media, policymakers, business and all relevant public officials.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option High Medium Low

<p>1.3.3. Mechanisms are in place to allow right-holders to participate in WASH-related processes and issues that might affect them (e.g. strengthening of partnerships among governments, NGOs and community-based organizations). Please indicate in particular how this right to participation is being guaranteed for vulnerable and marginalized groups.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option High Medium Low

<p>1.3.4. Mechanisms are in place to allow right-holders to seek redress and enforce remedial actions through effective complaint mechanisms at all levels, including in emergency situations.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option High Medium Low



Area 1.3 Rights and duties of users and other rights-holders

1.3.5. Mechanisms are in place to allow right-holders to keep responsible authorities **accountable** through public participation in monitoring and evaluation processes, and at different levels of decentralization, including in emergency situations.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 1.3

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

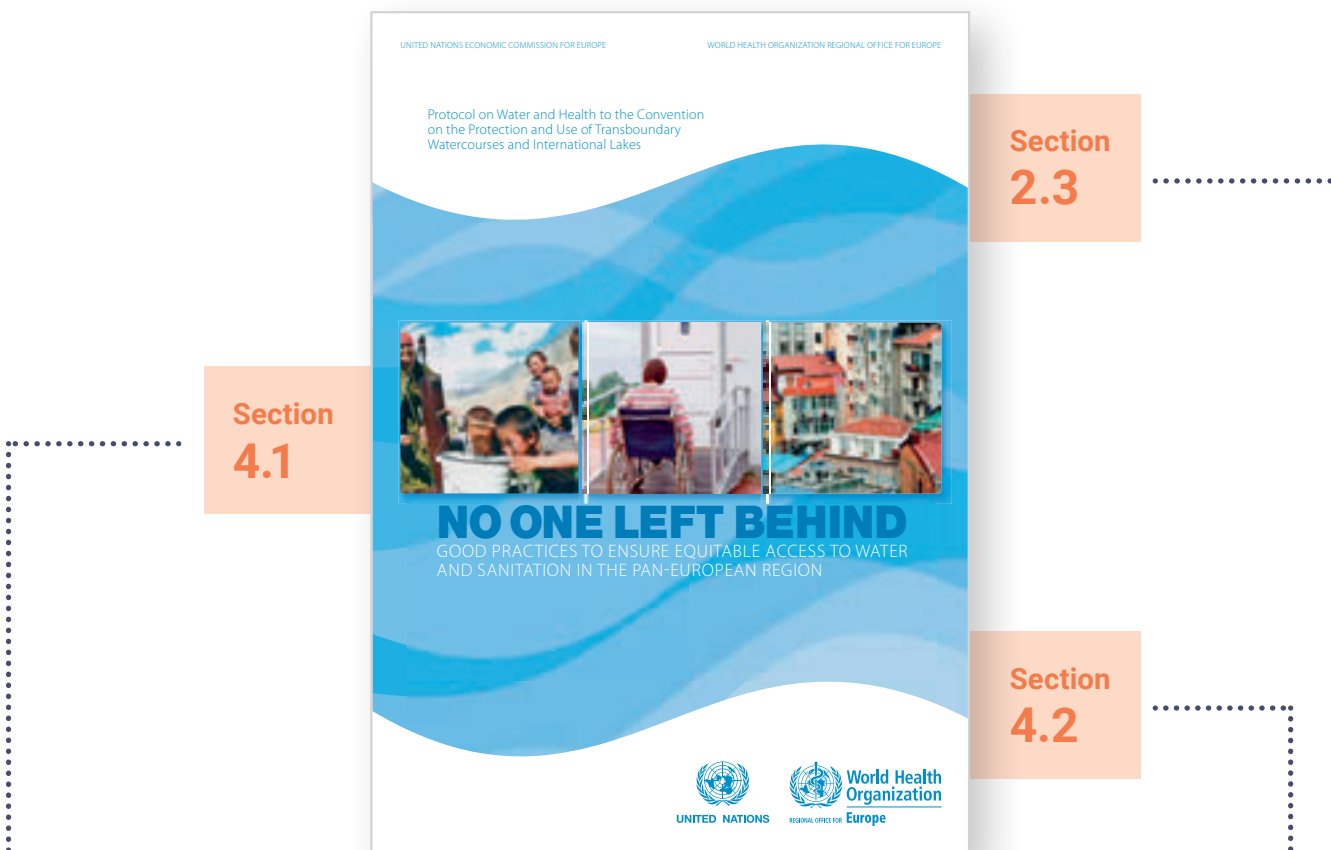
Medium

Low



Section 2. Reducing geographical disparities

Score-card Areas of Action and their relevant sections in the publication *No One Left Behind*.



Score-card Area of Action

2.1 Public policies to reduce disparities in access between geographical areas



Score-card Area of Action

2.2 Public policies to reduce price disparities between geographical areas



Score-card Area of Action

2.3 Geographical allocation of external support for the sector

Quantitative information on geographical disparities

Provide the official definition of rural, urban and (if applicable) peri-urban areas and **informal settlements** in your country/region

	[Baseline Year]	[Latest Assessment Year]	Source <i>(indicate whether this is an official source)</i>
Rate of access to safe drinking water in urban areas (%)			
Rate of access to safe drinking water in peri-urban areas (%) (only if this category is relevant in your country/region)			
Rate of access to safe drinking water in informal settlements (%) (only if this category is relevant in your country/region)			
Rate of access to safe drinking water in rural areas (%)			
Rate of access to sanitation in urban areas (%)			
Rate of access to sanitation in peri-urban areas (%) (only if this category is relevant in your country/region)			
Rate of access to sanitation in informal settlements (%) (only if this category is relevant in your country/region)			
Rate of access to sanitation in rural areas (%)			
Public financial resources spent on reducing geographical disparities in access to safe drinking water and sanitation (million EUR)			
Public financial resources spent on reducing geographical disparities in access to safe drinking water and sanitation (EUR per capita)			
Public financial resources spent on reducing geographical disparities in access to safe drinking water and sanitation (% of budget spent on water and sanitation)			



Area 2.1 Public policies to reduce access disparities between geographical areas

Rationale: Public policies play a major role in reducing disparities in access between geographical areas, with a particular emphasis on increasing access in rural areas. Such disparities include those related to physical access and quality of service.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Informal settlements

This term refers to unplanned settlement and areas where housing is not in compliance with current planning and building regulations.

Peri-urban areas

Peri-urban areas are areas that adjoin urban areas, located between the suburbs and the countryside.

Self-supply

Self-supply of water and sanitation services, sometimes known as self-provision, refers to incremental improvements in water and sanitation services, which are (mainly) financed by the user. Examples include investing in private boreholes, latrines or septic tanks. Households who invest in water supply and sanitation services must obtain the financial resources necessary for these improvements, arrange for any needed private-sector services, and maintain their own infrastructure.

Wash-sector

The WASH sector consists of drinking water supply, sanitation and hygiene, and includes policy-setting and regulatory authorities (at national and local levels), service providers and other stakeholders.

Area 2.1 Public policies to reduce access disparities between geographical areas



	Yes	To a large extent	To a limited extent	No
<p>2.1.1. A public policy exists for reducing disparities between urban, peri-urban and rural areas.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

<p>2.1.2. Integrated approaches have been adopted to support the delivery of water, sanitation and hygiene services in rural areas and informal settlements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

<p>2.1.3. Mechanisms are in place to support the implementation of appropriate technical solutions for service delivery in rural, informal settlements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 2.1 Public policies to reduce access disparities between geographical areas

2.1.4. Mechanisms are in place to support the implementation of appropriate technical solutions for **self-supply** of services by households in areas where there is no service provider.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

2.1.5. WASH sector policies mobilize sufficient financial resources to reduce the access gap in rural and **peri-urban** areas according to established targets.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 2.1

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 2.2 Public policies to reduce price disparities between geographical areas

Rationale: Some geographical areas pay higher prices for water and sanitation services than others. This may be due to higher levels of service, higher cost of service provision (e.g. due to the cost of access to clean water sources or to low population density), less efficient provision of services (e.g. poor maintenance leading to higher cost or too many staff per connection) or uneven distribution of public subsidies. Public policies can play a major role in reducing price disparities between geographical areas.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Affordability

Within the human rights framework, WASH facilities and services must be accessible at a price that everybody can afford. Importantly, this cost must not affect people's capacity to acquire other basic goods and services, including food, housing, health care and education guaranteed by other human rights. It is therefore the responsibility of States to provide appropriate subsidy and/or assistance mechanisms to ensure that the services are affordable. They may even make services free of charge when users do not have the ability to pay. Ideally, this situation should be monitored, such that people begin to contribute to paying for services as soon as they are able to do so.

Tariff-reference values

In some countries, central authorities overseeing the water and sanitation sector publish "tariff reference values", which provide baseline information on the expected levels of water and sanitation tariffs. These values provide useful information to customers as well as to water and sanitation service providers, without infringing on the allocation of tariff-setting responsibilities (which usually remain at the local level).



Area 2.2 Public policies to reduce price disparities between geographical areas

	Yes	To a large extent	To a limited extent	No
2.2.1. Mechanisms are in place to track prices as well as the cost of provision of water and sanitation services, including for emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

2.2.2. Price benchmarking tools (e.g. affordability indicators or tariff reference values) have been introduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

2.2.3. Public subsidies target areas with higher costs of service provision (not just higher prices) and where vulnerable and marginalized groups are disproportionately affected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 2.2 Public policies to reduce price disparities between geographical areas



2.2.4. The organization of the WASH sector enables cross-subsidization between localities with expensive and cheaper service provision.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 2.2

Add the following points for each answer given, and divide the total number by 4:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 2.3 Geographic allocation of external support for the sector

Rationale: In some countries, **development partners** ^① (donor countries) are important providers of funding for water and sanitation infrastructure. In some cases, the scope exists to reallocate this funding to accelerate access in geographical areas that lag behind.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Development partners

In the context of development cooperation, this term refers to the range of partners that support a government of a transition or developing country in designing and implementing its development agenda. These partners may include bilateral development cooperation agencies (e.g. the Swedish International Development Agency), international financial institutions (e.g. the World Bank), international technical cooperation institutions (e.g. UNECE) and international non-governmental organizations (e.g. Global Water Partnership).

2.3.1. Drawing on WASH sector plans, public authorities have identified areas that are lagging behind and require external support.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 2.3 Geographic allocation of external support for the sector



2.3.2. International financial support is available to increase access in geographical areas that are lagging behind, if applicable (as identified in the WASH sector plans).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 2.3

Add the following points for each answer given, and divide the total number by 2:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low

Section 3. Ensuring access for vulnerable and marginalized groups and applying a gender equality perspective

Score-card Areas of Action and their relevant sections in the publication *No One Left Behind*.





Score-card Area of Action

3.8 Homeless people



Score-card Area of Action

3.9 Travellers and nomadic communities



Section 5.4

Section 5.5

Score-card Areas of Action not discussed in the publication *No One Left Behind*:



Score-card Area of Action

3.10 Persons living in housing without access to safe drinking water, sanitation and hygiene



Score-card Area of Action

3.11 Persons without access to safe drinking water, sanitation and hygiene at their workplaces



Score-card Area of Action

3.12 Persons without access to safe drinking water, sanitation and hygiene in public places



Score-card Area of Action

3.13 Other identified vulnerable and marginalized groups without access to safe drinking water, sanitation and hygiene

Quantitative information on vulnerable and marginalized groups

Please provide the official definition of **vulnerable and marginalized groups** ⓘ in your country / region / city

	[Baseline Year]	[Latest Assessment Year]	Source <i>(indicate whether this is an official source)</i>
% of persons with access to safe drinking water in the country/region/city. If disaggregated data on gender diversity are available, please indicate this here.			
% of persons with access to safe drinking water by the poorest quintile of the population. If disaggregated data on gender diversity are available, please indicate this here.			
% of persons with access to sanitation in the country/region/city. If disaggregated data on gender diversity are available, please indicate this here.			
% of persons with access to sanitation by the poorest fifth of the population. If disaggregated data on gender diversity are available, please indicate this here.			
% of water and sanitation facilities open to the public that are accessible to people with disabilities. If disaggregated data on gender diversity are available, please indicate this here.			
% of hospitals that have sufficient and adequate water, sanitation and hygiene services			
% of educational facilities that have sufficient and adequate water, sanitation and hygiene services			
% of prisons that have sufficient and adequate safe drinking water, sanitation and hygiene services			
% of persons without a fixed residence that have access to safe drinking water, sanitation and hygiene through public facilities			

	[BASELINE YEAR]	[LATEST ASSESSMENT YEAR]	Source <i>(indicate whether this is an official source)</i>
Number of people lacking access to safe drinking water at home (while living in neighbourhoods where access is available)			
Number of people lacking access to a sewer at home (while living in neighbourhoods where access is available)			
Public financial resources spent on ensuring access to safe drinking water, sanitation and hygiene by vulnerable and marginalized groups (million EUR)			
Public financial resources spent on ensuring access to safe drinking water, sanitation and hygiene by vulnerable and marginalized groups (EUR per capita)			





Area 3.1 Public policies to address the needs of vulnerable and marginalized groups

Rationale: There are many **vulnerable and marginalized groups** ⓘ. Each has its own needs and faces different barriers to achieving equitable access, and thus requires different solutions. Public policies, both in the WASH sector and in other sectors, can play a major role in ensuring access for these groups. This requires an integrated policy response.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Gender equality

In the context of this document, gender equality means that everyone must be able to enjoy the human rights to water and sanitation regardless of their gender. To attain substantive gender equality, it is necessary to address the specific gendered circumstances that act as barriers to the realization of those rights for women and girls in practice. Gender-sensitive indicators are indispensable for monitoring progress with regard to women's empowerment and participation in WASH-related planning and management activities. This approach is aligned with the principle of equality explained in detail in chapter 1 (cross-cutting principles, non-discrimination and equality).

Vulnerable and marginalised groups

Vulnerable groups are those at risk of negative impacts due to factors such as lack of access to safe drinking water and sanitation services, water pollution, natural disasters or water scarcity. Examples include people living in informal settlements, remote rural areas or Indigenous communities who depend on water for their livelihoods and culture. Marginalized groups are those who have been excluded or relegated to the margins of society due to factors such as discrimination, poverty, lack of political representation or unequal access to resources. Examples include minority ethnic communities or gender groups.

Area 3.1 Public policies to address the needs of vulnerable and marginalized groups



	Yes	To a large extent	To a limited extent	No
<p>3.1.1. A safe drinking water, sanitation and hygiene policy is in place that recognizes the special and differentiated needs of vulnerable and marginalized groups.</p> <p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3.1.2. Relevant policies in other sectors (e.g. social inclusion, social protection, gender, education, health, prisons, housing, energy, agriculture, climate change and environment) include their obligation to ensure access to safe drinking water, sanitation and hygiene by vulnerable and marginalized groups.</p> <p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3.1.3. Mechanisms are in place to identify (in a participatory manner) and address the safe drinking water, sanitation and hygiene needs of vulnerable and marginalized groups, as well as to conduct official diagnoses of discriminatory grounds, causes and patterns, including in emergency situations.</p> <p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Area 3.1 Public policies to address the needs of vulnerable and marginalized groups

3.1.4. Public budgets provide specific funding to address the safe drinking water, sanitation and hygiene needs of **vulnerable and marginalized groups**.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.1.5. Integrated approaches (involving different administrations) have been adopted to support the delivery of safe drinking water, sanitation and hygiene services for **vulnerable and marginalized groups** and progressively eliminate their inequalities, applying a **gender equality** perspective.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.1.6. Any consideration of changes to customer services (e.g. digitalization of billing) included an assessment of their impacts on **vulnerable and marginalized groups** and the identification of solutions, conducted in a participatory manner (ensuring adequate channels of access to information as well as accessible payment methods).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 3.1 Public policies to address the needs of vulnerable and marginalized groups



Please calculate the score for Area 3.1

Add the following points for each answer given, and divide the total number by 6:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.2 Persons with special physical needs

Rationale: Many disabled, sick and elderly people face problems in accessing WASH services due to their specific physical needs.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.



Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.2.1. Data are available on extent of access to safe drinking water, sanitation and hygiene by persons with special physical needs. (If **disaggregated data** for this category of vulnerable and marginalized groups are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

 Medium

 Low

3.2.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene by persons with special physical needs.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

 Medium

 Low



Area 3.2 Persons with special physical needs

3.2.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by persons with special physical needs (e.g. to adapt home facilities).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.2.4. Minimum technical standards are in place to ensure the establishment of WASH facilities accessible by persons with special physical needs.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.2.5. An **effective complaint mechanism** exists for people with special physical needs to submit WASH-related complaints. **Coordination** with relevant institutions and actors is undertaken when needed, in particular with regards to **Menstrual Health and Hygiene**-related complaints (MHH)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 3.2 Persons with special physical needs



3.2.6. Water fountains (or other source of safe drinking water), showers, separate and **sufficient toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper) are available to support access to safe drinking water, sanitation and hygiene by people with physical needs.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.2

Add the following points for each answer given, and divide the total number by 6:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.3 Users of health care facilities, including health care workers

Rationale: Users (including staff) of health facilities cannot secure independent access to safe drinking water, sanitation and hygiene, and depend on the WASH services provided at health facilities.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.



Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

	Yes	To a large extent	To a limited extent	No
<p>3.3.1. Data are available on extent of access to safe drinking water, sanitation and hygiene in health facilities. (If disaggregated data for this category of vulnerable and marginalized groups are available, please indicate this here).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

<p>3.3.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene by users of health care facilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low



Area 3.3 Users of health care facilities, including health care workers

3.3.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by users of health care facilities.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.3.4. Health care facilities have **effective complaint mechanisms** in place, and **coordination** with other institutions and actors is undertaken when needed.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.3.5. Health facilities have **water fountains** (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for **menstrual hygiene management**, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 3.3 Users of health care facilities, including health care workers



3.3.7. Health and sanitary workers are considered as priority groups to be provided with personal protective equipment (PPE), masks, gloves and timely vaccinations, in particularly during pandemics or similar emergency situations.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.3

Add the following points for each answer given, and divide the total number by 6:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.4 Users of educational facilities ⓘ, including educational workers

Rationale: Users (including staff) of educational facilities, including kindergartens and schools, cannot secure independent access to safe drinking water, sanitation and hygiene for a large part of the day and depend on the WASH services provided at educational facilities.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.



Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.4.1. Data are available on extent of access to safe drinking water, sanitation and hygiene in educational facilities (kindergartens, schools, universities). (If **disaggregated data** are available for this category of vulnerable and marginalized groups available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.4.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene in educational facilities.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 3.4 Users of educational facilities, including educational workers

3.4.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene in educational facilities.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.4.4. Educational facilities have **effective complaint mechanisms** in place and **coordination** with other institutions and actors is undertaken when needed, in particular with regard to **Menstrual Health and Hygiene (MHH)**-related complaints.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.4.5. Educational facilities have **water fountains** (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Please calculate the score for Area 3.4

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low





Area 3.5 Users of retirement homes

Rationale: Users of retirement homes cannot secure independent access to safe drinking water, sanitation and hygiene, and depend on the WASH services provided at retirement homes.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.



	Yes	To a large extent	To a limited extent	No
<p>3.5.1. Data are available on extent of access to safe drinking water, sanitation and hygiene in retirement homes. (If disaggregated data for this category of vulnerable and marginalized group are available, please indicate this here).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
 Explain briefly and / or give examples that justify the answer

Means of verification used:
 For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
 Please mark one option

High
 Medium
 Low

<p>3.5.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene in retirement homes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
 Explain briefly and / or give examples that justify the answer

Means of verification used:
 For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
 Please mark one option

High
 Medium
 Low

<p>3.5.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene in retirement homes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
 Explain briefly and / or give examples that justify the answer

Means of verification used:
 For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
 Please mark one option

High
 Medium
 Low



Area 3.5 Users of retirement homes

3.5.4. Retirement homes have **effective complaint mechanisms** in place, and **coordination** with other institutions and actors is undertaken when needed.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.5.5. Retirement homes have **water fountains** (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, functional handwashing facilities and hygiene products (soap, menstrual pads/ solutions, toilet paper).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.5

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.6 Prisoners

Rationale: Prisoners cannot secure independent access to safe drinking water, sanitation and hygiene, and depend on the WASH services provided at prisons and other detention centres.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.



Area 3.6 Prisoners

3.6.1. Data are available on extent of access to safe drinking water, sanitation and hygiene in prison facilities. (If **disaggregated data** for this category of vulnerable and marginalized group are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.6.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene by prisoners.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.6.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by prisoners.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



3.6.4. Prison facilities have **effective complaint mechanisms** in place, and **coordination** with other institutions and actors is undertaken when needed, in particular with regard to Menstrual Health and Hygiene (MHH)-related complaints.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
 Explain briefly and / or give examples that justify the answer

Means of verification used:
 For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response: High Medium Low
 Please mark one option

3.6.5. Prison facilities have **water fountains** (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
 Explain briefly and / or give examples that justify the answer

Means of verification used:
 For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response: High Medium Low
 Please mark one option

Please calculate the score for Area 3.6

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option) High Medium Low



Area 3.7 People living in collective centres ⓘ and camps

Rationale: Asylum seekers, internally displaced people, migrants and other people living in collective centres and camps (often of temporary nature) cannot secure independent access to safe drinking water, sanitation and hygiene, and depend on the WASH services provided at those facilities.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Collective centres

Collective centres are pre-existing buildings and structures where large groups of displaced people can find shelter for a short time while more durable solutions are pursued. A variety of facilities may be used as collective centres, including community centres, town halls, hotels, gymnasiums, warehouses, unfinished buildings and disused factories.

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.



Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.7.1. Data are available on extent of access to safe drinking water, sanitation and hygiene in collective centres and camps. (If **disaggregated data** for this category of vulnerable and marginalized groups are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 3.7 People living in collective centres and camps

3.7.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene by people living in collective centres and camps.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.7.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by people living in collective centres and camps.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.7.4. Collective centres and camps have **effective complaint mechanisms** in place, and **coordination** with other institutions and actors is undertaken when needed, in particular with regard to **Menstrual Health and Hygiene (MHH)**-related complaints.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 3.7 People living in collective centres and camps



3.7.5. Collective centres and camps have **water fountains** (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.7

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.8 Homeless people

Rationale: A number of people, including those who are homeless, lack access to WASH services not because their locality is not served or because they cannot afford them, but because they have no fixed dwelling. Homeless people often have to rely on public water and sanitation facilities when no other solutions are provided.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.



Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.8.1. Data are available on the extent of access to safe drinking water, sanitation and hygiene by homeless people. (If **disaggregated data** for this category for vulnerable and marginalized groups are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High
 Medium
 Low

3.8.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene by homeless people.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High
 Medium
 Low



Area 3.8 Homeless people

3.8.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by homeless people.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.8.4. An **effective complaint mechanisms** is in place for homeless people to submit WASH-related complaints. **Coordination** with relevant institutions and actors is undertaken when needed, in particular with regard to **Menstrual Health and Hygiene**-related complaints (MHH).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



3.8.5. Water fountains (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, showers, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper) are available, when necessary, to support access to safe drinking water, sanitation and hygiene by homeless people.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
 Explain briefly and / or give examples that justify the answer

Means of verification used:
 For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
 Please mark one option High Medium Low

Please calculate the score for Area 3.8

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option) High Medium Low



Area 3.9 Travellers and nomadic communities

Rationale: A number of people, including travellers and nomadic communities, lack access to WASH services not because their locality is not served or because they cannot afford them, but because they have no fixed dwelling. Travellers and nomadic communities have to rely on public facilities. (The challenge in settlement of ethnic minorities is considered under area 3.10.)



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.



Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.9.1. Data are available on extent of access to safe drinking water, sanitation and hygiene by travellers and nomadic communities. (If **disaggregated data** for this category of vulnerable and marginalized group are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.9.2. A public policy is in place to ensure access to safe drinking water, sanitation and hygiene by travellers and nomadic communities.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 3.9 Travellers and nomadic communities

3.9.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by travellers and nomadic communities.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.9.4. An **effective complaint mechanisms** is in place for travellers and nomadic communities to submit WASH-related complaints. **Coordination** with relevant institutions and actors is undertaken when needed, in particular with regard to **Menstrual Health and Hygiene**-related complaints (MHH).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



3.9.5. Water fountains (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper) are available, when necessary, to support access to safe drinking water, sanitation and hygiene by travellers and nomadic communities.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.9

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.10 Persons living in housing without access to safe drinking water, sanitation, and hygiene

Rationale: People belonging to **vulnerable and marginalized groups** ⓘ often live in housing without basic WASH services, even if these dwellings are located in neighbourhoods/localities with access. In this context, discrimination is linked to illegal tenure, low income (resulting in low quality of rented accommodation), squatting and/or belonging to an ethnic group. (The challenge of full localities and informal settlements without access is considered under area 2.1.)



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Area 3.10 Persons living in housing without access to safe drinking water, sanitation, and hygiene



Menstrual Health and Hygiene (MHH)

This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.10.1. Data are available on the lack of access to safe drinking water, sanitation and hygiene by households living in neighbourhoods with access. (If **disaggregated data** for this category of vulnerable and marginalized group are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 3.10 Persons living in housing without access to safe drinking water, sanitation, and hygiene

	Yes	To a large extent	To a limited extent	No
<p>3.10.2. A public policy is in place to address the lack of access to safe drinking water, sanitation and hygiene by households living in neighbourhoods with access.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				
<p>3.10.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by households living in neighbourhoods with access.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				
<p>3.10.4. Integrated programmes (involving government departments) are in place to address the symptoms and causes of the lack of access.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				

Area 3.10 Persons living in housing without access to safe drinking water, sanitation, and hygiene



3.10.5. An **effective complaint mechanism** is in place for persons living in housing without WASH services, and **coordination** with other institutions and actors is undertaken when needed, in particular with regard to **Menstrual Health and Hygiene** (MHH)-related complaints.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.10.6. Water fountains (or other source of safe drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper) are available, when necessary, to support access to safe drinking water, sanitation and hygiene by persons in housing without WASH services.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.10

Add the following points for each answer given, and divide the total number by 6:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.11 Persons without access to safe drinking water, sanitation and hygiene at their workplaces

Rationale: Many people spend significant time at their workplaces, however not all workplaces necessarily provide adequate access to WASH services.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

Area 3.11 Persons without access to safe drinking water, sanitation and hygiene at their workplaces



	Yes	To a large extent	To a limited extent	No
<p>3.11.1. Data are available on lack of access to safe drinking water, sanitation and hygiene by workers at their workplaces. (If disaggregated data are available for this category of vulnerable and marginalized group, please indicate this here).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

<p>3.11.2. A public policy is in place to address the lack of access to safe drinking water, sanitation and hygiene by workers at their workplaces.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

<p>3.11.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by workers at their workplaces.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low



Area 3.11 Persons without access to safe drinking water, sanitation and hygiene at their workplaces

3.11.4. An **effective complaint mechanism** is in place for persons without access to safe drinking water, sanitation and hygiene at their workplaces, and **coordination** with other institutions and actors is undertaken when needed, in particular with regard to Menstrual Health and Hygiene (MHH)-related complaints.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.11.5. Workplaces have **water fountains** (or other source of drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.11

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.12 Persons without access to safe drinking water, sanitation and hygiene in public places ⓘ

Rationale: People spend a significant amount of time in public places such as markets, parks, plazas, squares and streets, with limited access to safe drinking water and sanitation facilities.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Public places

This term refers to places that can be utilized as communal zones for interpersonal interaction and participation, association and inclusion. The exercise of people's human rights should be respected, protected and fulfilled in these spaces. Examples include parks, plazas, streets, markets and transport hubs.



Area 3.12 Persons without access to safe drinking water, sanitation and hygiene in public spaces

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.12.1. Data are available on lack of access to safe drinking water, sanitation and hygiene in **public places**. (If **disaggregated data** are available for this category of vulnerable and marginalized group available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

3.12.2. A public policy is in place to address the lack of access to safe drinking water, sanitation and hygiene in **public places**.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 3.12 Persons without access to safe drinking water, sanitation and hygiene in public spaces



	Yes	To a large extent	To a limited extent	No
<p>3.12.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by citizens in public places.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

<p>3.12.4. An effective complaint mechanism is in place covering WASH facilities aimed at users of public places, and coordination with other institutions and actors is undertaken when needed, in particular with regard to Menstrual Health and Hygiene (MHH)-related complaints.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low



Area 3.12 Persons without access to safe drinking water, sanitation and hygiene in public spaces

3.12.5. Public places have **water fountains** (or other source of drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.12

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 3.13 Other identified vulnerable and marginalized groups ⓘ without access to safe drinking water, sanitation and hygiene

Rationale: Please use this template for any other or additional vulnerable and marginalized groups identified in the country without adequate access to WASH services. Examples include Indigenous People, migrant workers (living outside collective centres and camps), persons with disabilities (other than of a physical nature), victims of natural disasters, and persons living in disaster-prone areas, semi-arid areas and/or small islands, among others.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Coordination for effective complaint mechanisms

When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Disaggregated data on vulnerable and marginalized groups

These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism

In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.



Area 3.13 Other identified vulnerable and marginalized groups without access to safe drinking water, sanitation and hygiene

Menstrual Health and Hygiene (MHH)

This term encompasses both MHH and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.

Sufficient toilets

This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Water fountains

Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

3.13.1. Data are available on lack of access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group. (If **disaggregated data** for this category of vulnerable and marginalized group are available, please indicate this here).

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 3.13 Other identified vulnerable and marginalized groups without access to safe drinking water, sanitation and hygiene



	Yes	To a large extent	To a limited extent	No
<p>3.13.2. A public policy is in place to address the lack of access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				
<p>3.13.3. Specific public funding is available to support access to safe drinking water, sanitation and hygiene by the identified vulnerable or marginalized group.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				
<p>3.13.4. An effective complaint mechanism is in place for the identified vulnerable or marginalized group without access to safe drinking water, sanitation and hygiene, and coordination with other institutions and actors is undertaken when needed, in particular with regard to Menstrual Health and Hygiene (MHH)-related complaints, if relevant.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				



Area 3.13 Other identified vulnerable and marginalized groups without access to safe drinking water, sanitation and hygiene

3.13.5. Water fountains (or other source of drinking water), showers, separate and sufficient **toilets** for all genders, adequate facilities for menstrual hygiene management, functional handwashing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper) are available, if relevant.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 3.13

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Water use

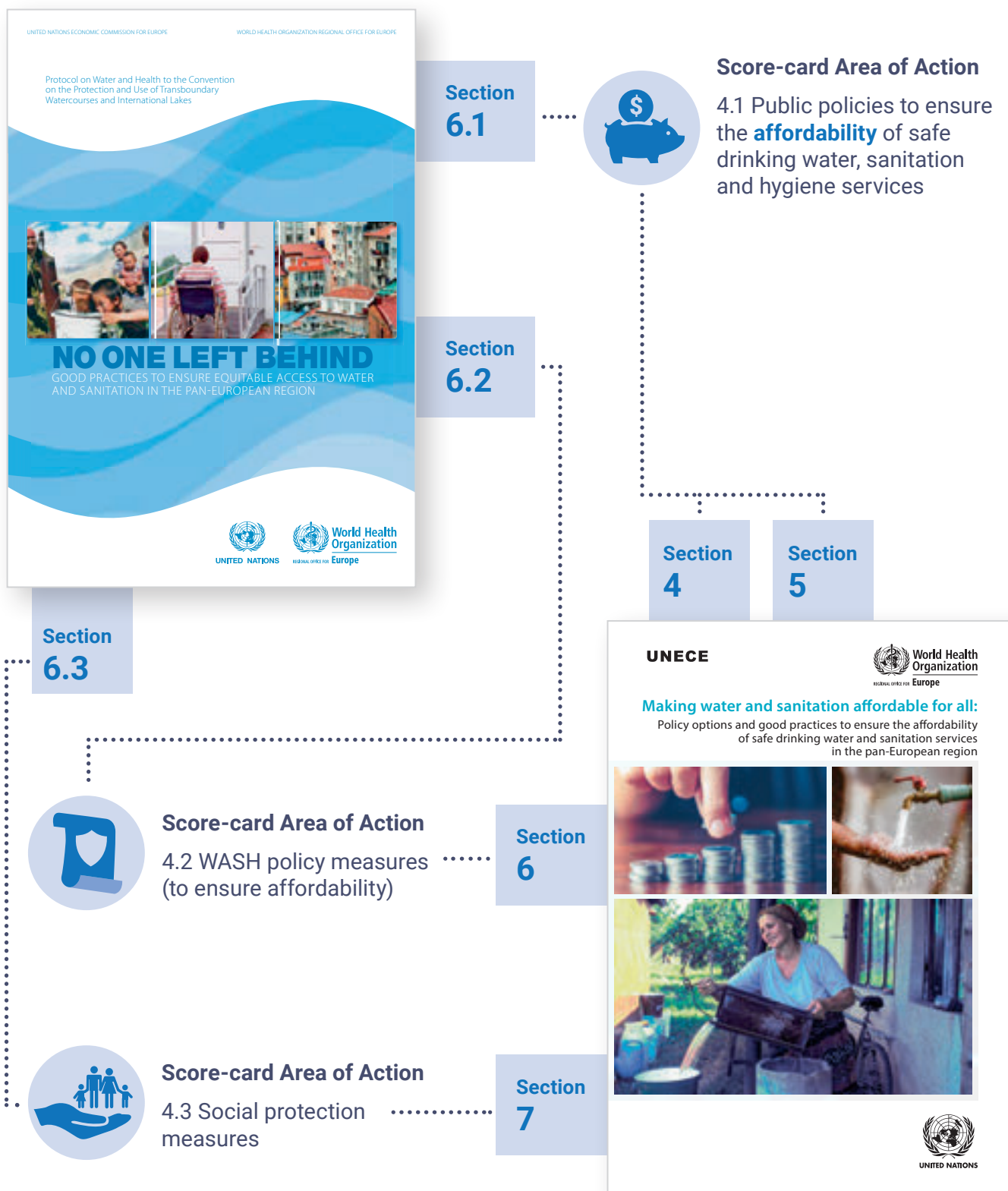
Latest meter reading: 459m3

Total water used: 0.4m3
Reading taken on 1 Mar 2021

Water you've used for meter: 310408998

Section 4. Keeping safe drinking water, sanitation and hygiene affordable for all

Score-card Areas of Action and their relevant sections in the publications *No One Left Behind* and *Making Water and Sanitation Affordable for All*



Quantitative information on affordability

Please provide the official definition of affordability (and/or target) in your country/region/city

	[Baseline Year]	[Latest Assessment Year]	Source <i>(indicate whether this is an official source)</i>
Amount of the average water and sanitation bill in the country/region/city (EUR per year)			
Amount of the water and sanitation bill in the country/region/city for households in the lowest wealth or income group (specify whether this refers to the lowest quintile, lowest decile or people under the national poverty line) (EUR per year)			
Average disposable household income (or expenditure) (EUR per year)			
Average household income (or expenditure) for households in the lowest wealth or income group (specify whether this refers to lowest quintile, lowest decile or people under the national poverty line) (EUR per year)			
Public financial resources spent on ensuring the affordability of the water and sanitation bill (million EUR)			
Public financial resources spent on ensuring the affordability of the water and sanitation bill (EUR per capita)			
Public financial resources spent on ensuring the affordability of the water and sanitation bill (% of budget for water and sanitation)			



Area 4.1 Public policies to ensure the affordability of safe drinking water, sanitation and hygiene

Rationale: The cost of water and sanitation service provision, either by networks or self-provision, and including wastewater treatment charges, may represent a high financial burden, particularly for the poorest households. Affordability is a common and increasing concern; however, in many cases, national local policies do not address this issue.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Self-supply

Self-supply of water and sanitation services, sometimes known as self-provision, refers to incremental improvements in water and sanitation services, which are (mainly) financed by the user. Examples include investing in private boreholes, latrines or septic tanks. Households who invest in water supply and sanitation services must obtain the financial resources necessary for these improvements, arrange for any needed private-sector services, and maintain their own infrastructure.

4.1.1. Data are available on how much households spend on safe drinking water, sanitation and hygiene services, including access to hygiene products (soap, menstrual pads/solutions, toilet paper) as a proportion of their income.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Area 4.1 Public policies to ensure affordability of safe drinking water, sanitation, and hygiene



	Yes	To a large extent	To a limited extent	No
4.1.2. WASH policies include affordable access as an objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

4.1.3. Social policy addresses the affordability of safe drinking water, sanitation and hygiene services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low

4.1.4. A policy is in place to ensure the affordability of self-supplied WASH services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Score justification:
Explain briefly and / or give examples that justify the answer

Means of verification used:
For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:
Please mark one option

High
 Medium
 Low



Area 4.1 Public policies to ensure affordability of safe drinking water, sanitation, and hygiene

4.1.5. Specific public funding is available to address affordability concerns related to groups for whom WASH services are least affordable.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 4.1

Add the following points for each answer given, and divide the total number by 5:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

_____ **Your Score**

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 4.2 WASH policy measures to ensure affordability ⓘ

Rationale: WASH sector ⓘ policy measures can address affordability concerns through different options, notably: access subsidies, tariff reforms and flexible payments. In turn, tariff design offers several options to address affordability issues, for example through social tariffs ⓘ or carefully designed progressive tariff systems ⓘ . Preferential tariffs are mostly financed by higher tariffs on other users.



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Financial sustainability

The cross-cutting principle of sustainability states that services must be available to present and future generations. Provision of these services in the present should in no way compromise the ability of future generations to realize their own human rights. More information on this topic can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Progressive tariff systems

In these tariff systems, the tariff per cubic metre increases with the volume consumed. The tariff is usually articulated by defining three or more blocks of water consumption and applying a different tariff to each block.

WASH policy measures

These measures address affordability concerns that can largely be developed and implemented by the water and sanitation sector. They include access to subsidies, tariff measures and payment facilities.

WASH sector

The WASH sector consists of drinking water supply, sanitation and hygiene, and includes policy-setting and regulatory authorities (at national and local levels), service providers and other stakeholders.



Area 4.2 WASH policy measures to ensure affordability

	Yes	To a large extent	To a limited extent	No
<p>4.2.1. The public authorities have analyzed different options to address affordability issues through WASH policy measures (access subsidies, tariff reforms, flexible payments).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				
<p>4.2.2. WASH policy measures (access subsidies, tariff reforms, flexible payments) have been incorporated into a strategy to address affordability issues.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				
<p>4.2.3. WASH policy measures to address affordability issues (access subsidies, tariff reforms, flexible payments) have been implemented, including measures to raise awareness about how to access these measures for those in need.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Score justification: <i>Explain briefly and / or give examples that justify the answer</i></p> <p>Means of verification used: <i>For e.g. official documents, multi-stakeholder consultation, expert opinion</i></p> <p>Reliability of the response: <i>Please mark one option</i> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low</p>				

Area 4.2 WASH policy measures to ensure affordability



4.2.4. WASH policy measures to ensure affordability (access subsidies, tariff reforms, flexible payments) contribute to the **financial sustainability** of WASH service provision.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

Please calculate the score for Area 4.2

Add the following points for each answer given, and divide the total number by 4:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

Your Score

Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Area 4.3 Social protection measures to ensure affordability

Rationale: Social protection measures can address WASH affordability concerns through different options, namely: general social protection programmes, preventive measures, curative measures and disconnection bans. Urgent social protection programmes are also necessary to cope with emergency situations. While preventive measures are aimed at avoiding non-payment of water bills, curative measures seek to facilitate the payment of water debts. Social protection measures are mostly financed by general (local, regional or national) taxes. A cross-sectoral approach is needed to ensure the effective application of social protection measures for WASH by taking into account all people's vital needs and services, which are also guaranteed by human rights (food, health care, housing and education).



Key terms found in this section (for additional definitions please see the Glossary p. 132)

Social protection policy measures

These measures address the affordability of WASH services that require the leadership of social protection authorities. They include general social protection programmes, WASH-specific social protection initiatives and disconnection bans. In times of emergency, the importance of ensuring urgent social protection programmes has also been noted, especially given the significant impact on the temporary and precarious employment of vulnerable and marginalized groups. Good coordination among all responsible government authorities as well with service providers is required.

Area 4.3 Social protection measures to ensure affordability



4.3.1. The public authorities have analyzed different options to address affordability issues through **social protection policy measures** (cross-sectoral social protection programmes both general and urgent, preventive measures, curative measures and disconnection bans) for regular and emergency situations, including those related to climate change impacts.

Yes	To a large extent	To a limited extent	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

4.3.2. Social protection policy measures have been incorporated into a strategy to address affordability issues.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low

4.3.3. Social protection measures to address affordability issues have been implemented.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Score justification:

Explain briefly and / or give examples that justify the answer

Means of verification used:

For e.g. official documents, multi-stakeholder consultation, expert opinion

Reliability of the response:

Please mark one option

High

Medium

Low



Area 4.3 Social protection measures to ensure affordability

Please calculate the score for Area 4.3

Add the following points for each answer given, and divide the total number by 3:

3

Yes = 3

2

To a large extent = 2

1

To a limited extent = 1

0

No = 0

Your Score

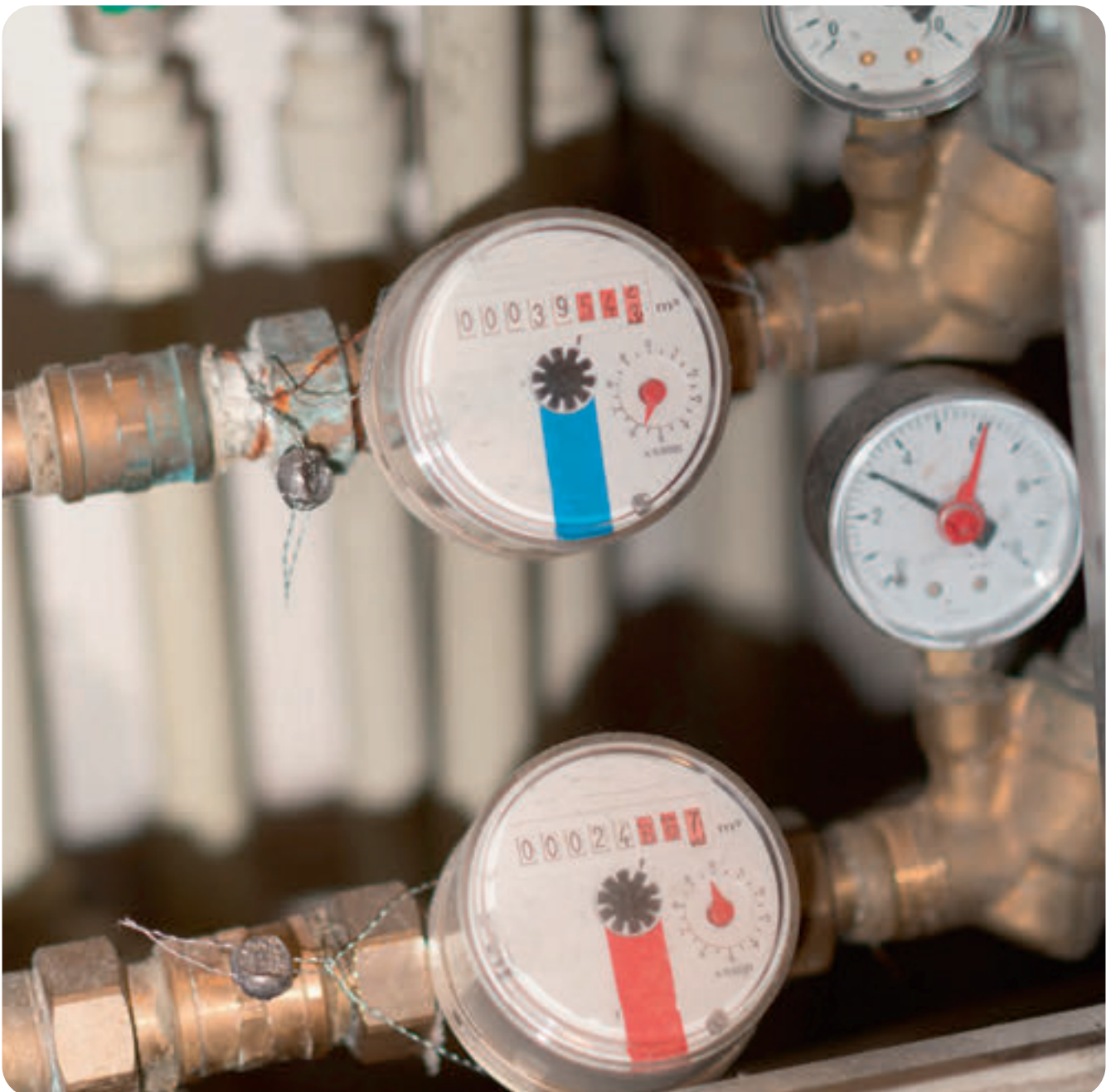
Please estimate the average reliability of the responses for this area:

(please mark one option)

High

Medium

Low



Overview of results

This table can be used to summarize the results obtained throughout the Score-card. It will help identify areas where action is more or less advanced, as well as areas where the available information is more or less reliable. The overview can thus help to identify priorities for the future in terms of action and improving the information base.

Section	Area of action	Score	Reliability
Steering governance frameworks to deliver equitable access to safe drinking water, sanitation and hygiene	1.1 Strategic framework for achieving equitable access		
	1.2 Sector finance policies		
	1.3 Rights and duties of users and right-holders		
Reducing geographical disparities	2.1 Public policies to reduce access disparities between geographical areas		
	2.2 Public policies to reduce price disparities between geographical areas		
	2.3 Geographical allocation of external support		
Ensuring access for vulnerable and marginalized Groups, applying a gender equality perspective	3.1 Public policies to address the needs of vulnerable and marginalized groups		
	3.2 Persons with special physical needs		
	3.3 Users of health care facilities, including health care workers		
	3.4 Users of educational facilities, including educational workers		
	3.5 Users of retirement homes		
	3.6 Prisoners		

Section	Area of action	Score	Reliability
Ensuring access for vulnerable and marginalized Groups, applying a gender equality perspective	3.7 People living in collective centres and camps		
	3.8 Homeless people		
	3.9 Travellers and nomadic communities		
	3.10 Persons living in housing without access to safe drinking water, sanitation and hygiene		
	3.11 Persons without access to safe drinking water, sanitation and hygiene at their workplaces		
	3.12 Persons without access to safe drinking water, sanitation and hygiene in public places		
	3.13 Other identified vulnerable and marginalized groups in the country without access to safe drinking water, sanitation and hygiene		
Keeping safe drinking water, sanitation and hygiene affordable for all	4.1 Public policies to ensure the affordability of safe drinking water, sanitation and hygiene services		
	4.2 WASH policy measures to ensure affordability		
	4.3 Social protection measures to ensure affordability		



Glossary of key terms

Access to safe drinking water and sanitation. Safe and clean drinking-water and sanitation is a human right. The term safe refers to drinking-water and sanitation services that protect health. This can be ensured via connections to public networks and services or through decentralized solutions. The WHO [Guidelines for Drinking-water Quality](#) define minimum procedures and health-based guideline values for a wide range of potentially harmful microorganisms and substances to prevent “significant risk to health over a lifetime of consumption”. The WHO [Guidelines on Sanitation and Health](#) establish approaches to ensure safe sanitation practices that protect health.

Under the human rights to water and sanitation, normative criteria have been established that can inform the adoption of national standards for the five following dimensions: availability, quality and safety, accessibility, acceptability and affordability (addressed in section 4 of the Score-card). More information on these dimensions is given in paras 4–25 of the report of the Special Rapporteur on the rights to water and sanitation ([A/70/203](#)).

Access to information and transparency. The cross-cutting principle of access to information and transparency states that right-holders will be able to participate effectively in WASH processes for issues that concern them only if they receive relevant information sufficiently in advance through adequate channels. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Accountability. The cross-cutting principle of accountability refers to the right of right-holders to hold accountable duty bearers (public officials and service providers) to their obligation to ensure adequate access to WASH services. To this end, laws and policies must clearly identify and define the roles of the duty bearers and the extent of their responsibilities (quality, affordability, etc.). It encompasses monitoring mechanisms and remedies. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Affordability. Within the human rights framework, WASH facilities and services must be accessible at a price that everybody can afford. Importantly, this cost must not affect people’s capacity to acquire other basic goods and services, including food, housing, health care and education guaranteed by other human rights. It is therefore the responsibility of States to provide appropriate subsidy and/or assistance mechanisms to ensure that the services are affordable. They may even make services free of charge when users do not have the ability to pay. Ideally, this situation should be monitored, such that people begin to contribute to paying for services as soon as they are able to do so.

Coordination for effective complaint mechanisms. When complaint mechanisms are incorporated into specific settings, such as educational facilities and prisons, it is important that close coordination is established with involved responsible actors (e.g. service providers, regulators, health care professionals, municipalities, etc.) to ensure that timely solutions are provided to address specific WASH-related concerns. This aspect of the complaint mechanism must be linked to other aspects explained under efficient complaint mechanisms.

Climate change adaptation measures. The purpose of adaptation measures is to help people and communities cope with the impacts of climate change and build resilience to withstand its effects. These measures seek to minimize damage, protect vulnerable populations and ensure the sustainability of ecosystems in the face of changing climatic conditions. For instance, in the case of droughts or polluted water scenarios with a potential impact on people’s health, solutions could include the introduction of resilient physical infrastructure for safe drinking water and wastewater/sanitation systems, and the prioritization of water for personal and domestic usage for the entire population over other water uses. Such solutions could be integrated into National Adaptation Plans (NAPs).

Collective centres. Collective centres are pre-existing buildings and structures where large groups of displaced people can find shelter for a short time while more durable solutions are pursued. A variety of facilities may be used as collective centres, including community centres, town halls, hotels, gymnasiums, warehouses, unfinished buildings and disused factories.

Cross-cutting principles of the human rights to water and sanitation. These principles are found in international treaties and are common to all human rights. They inform right-holders and duty bearers about how human rights should be exercised and ensured. More detailed information can be found in chapter 1 under cross-cutting principles, namely on non-discrimination and equality, access to information and transparency, participation, accountability and sustainability.

Development partners. In the context of development cooperation, this term refers to the range of partners that support a government of a transition or developing country in designing and implementing its development agenda. These partners may include bilateral development cooperation agencies (e.g. the Swedish International Development Agency), international financial institutions (e.g. the World Bank), international technical cooperation institutions (e.g. UNECE) and international non-governmental organizations (e.g. Global Water Partnership).

Disaggregated data on vulnerable and marginalized groups. These data encompass the range of vulnerable and marginalized groups, their numbers, location, and other attributes or grounds of discrimination (gender, geography, income, age, ethnic group, religion, number of people at home, etc.). The purpose of these data is to clarify where and how discrimination occurs (patterns and causes) with respect to vulnerable and marginalized groups in their access to WASH services, and to inform the design of necessary legislation, policies, budgets and services to overcome it.

Effective complaint mechanism. In the context of this document, an effective complaint mechanism is a system that receives, processes and responds appropriately to concerns from right-holders or the community regarding their access to safe drinking water, sanitation and hygiene. As administrative bodies are often organized at the local level, their procedures tend to be more accessible than those of courts, and it should be possible for them to resolve complaints quickly and implement decisions promptly. More detailed information on this topic can be found in chapter 1 under the cross-cutting principle of accountability.

Educational facilities. This term refers to any building used principally for educational purposes in which a school is located, or a course of instruction or training programme is offered that has been approved or licensed by a state agency or board. It also encompasses kindergartens.

Equitable access to safe drinking water and sanitation. In the context of this document, this term refers to equivalent access for all people irrespective of where they live, whether they belong to vulnerable or marginalized groups, and to the associated costs being affordable for all users. It takes into account the specificities of populations and individuals (e.g. physical needs, gender, etc.)

Emergency. An emergency is an urgent, expected or unexpected, and usually dangerous situation that poses an imminent risk to health, life, property or the environment and requires immediate action. Examples include pandemics and epidemics, natural, climate-induced, conflict-induced disasters, and cyber-attacks and other malicious acts.

Epidemics. Epidemics are confined to a particular geographic area, such as a city, region or country. The spread of the disease is limited to that specific location.

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

Gender diversity. This term encompasses a wide range of identities beyond just male and female, including transgender, non-binary, genderqueer and gender-nonconforming individuals. Gender-disaggregated data help to uncover social and cultural norms that shape WASH behaviours and practices. Such data are essential for designing inclusive, equitable and effective WASH interventions that address the diverse needs, priorities and realities of different genders within communities. They also help to identify barriers to access and participation, inform targeted interventions and promote gender equality in WASH outcomes.

Gender equality. In the context of this document, gender equality means that everyone must be able to enjoy the human rights to water and sanitation regardless of their gender. To attain substantive gender equality, it is necessary to address the specific gendered circumstances that act as barriers to the realization of those rights for women and girls in practice. Gender-sensitive indicators are indispensable for monitoring progress with regard to women's empowerment and participation in WASH-related planning and management activities. This approach is aligned with the principle of equality explained in detailed in chapter 1 (cross-cutting principles, non-discrimination and equality).

Health care facilities. This term refers to all facilities whose primary purpose is to promote, restore and maintain health.

Hygiene. Conditions and practices to ensure hygiene help to maintain health and prevent the spread of diseases. Facilities to meet hygiene requirements must be available wherever there are toilets or latrines, where water is stored, and where food is prepared and served. Hygiene practices include handwashing, personal hygiene, domestic hygiene, hygienic use and management of toilets or latrines, the hygienic disposal of child faeces, menstrual hygiene and food hygiene.

Improved sanitation facilities. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact.

Improved sources of drinking water. An improved drinking water source is defined as one that, by the nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.

Informal settlements. This term refers to unplanned settlement and areas where housing is not in compliance with current planning and building regulations.

Lowest quintile, lowest decile. The distribution of income or wealth in a country is usually analysed by dividing the population into five or ten groups according to their level of income or wealth. When the number of groups is five, each group represents a "quintile"; when the number of groups is ten, each group represents a "decile". "Lowest quintile" refers to the group with the lowest income or wealth, when society is divided in five groups. "Lowest decile" refers to the group with the lowest income or wealth, when society is divided into ten groups.

Markets. This term refers to locations either indoors or outdoors where people gather regularly for the purchase and sale of provisions, livestock and other goods. Access to safe drinking water, sanitation and hygiene services for markets users can be provided through public fountains, toilets and handwashing facilities within or in close proximity to the market.

Menstrual Hygiene Management (MHM).

This term refers to the use of a clean menstrual management material to absorb or collect menstrual blood, which can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials applying an environmental sustainability-based approach. Women and adolescent girls should be provided with the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.

Menstrual Health and Hygiene (MHH). This term encompasses both MHM and broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment and rights. It includes accurate and timely knowledge; available, safe and affordable materials; informed and trained professionals; referral and access to health services; sanitation and washing facilities; positive social norms; safe and hygienic disposal; and advocacy and policy.

Non-discrimination and equality. The cross-cutting principle of non-discrimination and equality states that individuals belonging to certain groups must be protected against discrimination, and that inequalities between discriminated groups and the general population must be eliminated progressively. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Pandemics. Pandemics transcend national borders and affect populations across multiple countries or continents. They can spread rapidly across the globe due to modern transportation networks and interconnectedness.

Participation. The cross-cutting principle of participation states that right-holders have the right to participate in all processes and issues that might concern them in relation with the human rights to water and sanitation. Mere informative consultation does not comply with this principle. More information can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Peri-urban areas. Peri-urban areas are areas that adjoin urban areas, located between the suburbs and the countryside.

Poverty line. This value indicates the minimum level of an individual's income that is considered adequate. Official poverty line definitions and values vary from country to country.

Prisoners. People in prison, whether or not they have received a final sentence, are referred to as prisoners.

Progressive realization. Progressive realization of the human rights to water and sanitation requires that States take specific and targeted steps to the full extent of their available resources. States are required to move towards the goal of full realization as expeditiously and effectively as possible, within the framework of international cooperation and assistance, where needed. Certain aspects of these rights are immediate obligations, including the requirement to guarantee them without discrimination.

Progressive tariff systems. In these tariff systems, the tariff per cubic metre increases with the volume consumed. The tariff is usually articulated by defining three or more blocks of water consumption and applying a different tariff to each block.

Public financial resources. Financial resources supplied by governments (whether national, regional or local) constitute public financial resources. The origin of the funds is mostly general taxation (e.g. income or value added tax) but also includes other sources such as the provision of services by government departments (e.g. licensing charges) and borrowing (e.g. issuing government bonds).

Public places. This term refers to places that can be utilized as communal zones for interpersonal interaction and participation, association and inclusion. The exercise of people's human rights should be respected, protected and fulfilled in these spaces. Examples include parks, plazas, streets, markets and transport hubs.

Public transport. This term encompasses systems of transport for passengers available for use by the general public. Access to safe drinking water, sanitation and hygiene services for users of public transport can be provided through public fountains, toilets and hand-washing facilities located in or at close proximity to bus and train stations, for example.

Remedial action. In the context of this document, this refers to action taken to correct a situation where the human rights to water and sanitation were not respected. Victims of human rights violations are entitled to adequate reparation, including restitution, compensation, satisfaction and/or guarantees of non-repetition. States have to provide accessible, affordable, timely and effective remediation.

Right-holders. In the context of the human rights to water and sanitation, this refers to every individual.

Safe drinking water. According to the human right to water, the water required for personal or domestic use must be safe, therefore free from micro-organisms, chemical substances and radiological hazards that constitute a threat to a person's health ([E/C.12/2002/11](#)). The [EU Directive on the quality of water intended for human consumption \(recast\) \(2020\)](#) (art. 4) also states that water intended for human consumption shall be wholesome and clean and defines provisions for ensuring the safety of drinking-water. Among different requirements, it implies that water must be free from any micro-organisms and parasites which, in numbers or concentrations, constitute a potential danger to human health. The [WHO Guidelines for Drinking-Water Quality](#) provide guidance for setting national regulations and standards for water safety in support of public health.

Safely managed drinking water services.

According to the [WHO/UNICEF Joint Monitoring Programme \(JMP\) for Water Supply, Sanitation and Hygiene](#), safely managed drinking water services provide drinking water from an improved source that is accessible on premises, available when needed and free from faecal and priority chemical contamination. 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.

Safely managed sanitation services. This term refers to the use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite. [WHO has published guidelines for sanitation and health](#), which provide comprehensive advice on maximizing the health impact of sanitation interventions.

Sanitation. This term encompasses the collection, transport, treatment and disposal or reuse of human excreta and associated hygiene, whether through collective systems or by installations serving a single household or undertaking. States must ensure without discrimination that everyone has physical and economic access to sanitation that is safe, hygienic, secure, socially and culturally acceptable, that provides privacy and ensures dignity. Depending on the culture, acceptability can often require privacy, as well as separate facilities for women and men in public places, and for girls and boys in schools.

Self-supply. Self-supply of water and sanitation services, sometimes known as self-provision, refers to incremental improvements in water and sanitation services, which are (mainly) financed by the user. Examples include investing in private boreholes, latrines or septic tanks. Households who invest in water supply and sanitation services must obtain the financial resources necessary for these improvements, arrange for any needed private-sector services, and maintain their own infrastructure.

Service provider. Service providers are public or private institutions that operate water supply and/or sanitation systems. In some countries, non-governmental organizations and community-based organizations may play an important role in informal service provision, stepping in where the State is not involved in provision. However, this approach can lead to challenges related to regulation and accountability. Human rights law prescribes that where services are operated or controlled by third parties, States must prevent them from compromising equal, affordable and physical access to sufficient, safe and acceptable water.

Social protection policy measures. These measures address the affordability of WASH services that require the leadership of social protection authorities. They include general social protection programmes, WASH-specific social protection initiatives and disconnection bans. In times of emergency, the importance of ensuring urgent social protection programmes has also been noted, especially given the significant impact on the temporary and precarious employment of vulnerable and marginalized groups. Good coordination among all responsible government authorities as well with service providers is required.

Social tariffs. These tariffs include a discount for certain individuals or households due to their social characteristics (e.g. age, certified disability or number of persons in the household).

Sufficient toilets. This refers to the number of toilets accessible by women and girls, when they need, without long waiting times.

Sustainability. The cross-cutting principle of sustainability states that services must be available to present and future generations. Provision of these services in the present should in no way compromise the ability of future generations to realize their own human rights. More information on this topic can be found in chapter 1 (cross-cutting principles of the rights to water and sanitation).

Tariff reference values. In some countries, central authorities overseeing the water and sanitation sector publish “tariff reference values”, which provide baseline information on the expected levels of water and sanitation tariffs. These values provide useful information to customers as well as to water and sanitation service providers, without infringing on the allocation of tariff-setting responsibilities (which usually remain at the local level).

Vulnerable and marginalized groups. Vulnerable groups are those at risk of negative impacts due to factors such as lack of access to safe drinking water and sanitation services, water pollution, natural disasters or water scarcity. Examples include people living in informal settlements, remote rural areas or Indigenous communities who depend on water for their livelihoods and culture. Marginalized groups are those who have been excluded or relegated to the margins of society due to factors such as discrimination, poverty, lack of political representation or unequal access to resources. Examples include minority ethnic communities or gender groups.

Wastewater. From a human rights perspective, sanitation encompasses the adequate treatment of a wide variety of wastewater. Examples include domestic effluent consisting of blackwater (excreta, urine and faecal sludge) and greywater (kitchen and bathing wastewater); water from commercial establishments and institutions, including hospitals; industrial effluent, storm-water and other urban run-off; and agricultural, horticultural and aquaculture effluent, either dissolved or as suspended matter. Wastewater should be understood to include not just sewage, but also faecal sludge and septage originating from pit latrines and septic tanks ([A/68/264](#)).

Water fountains. Water fountains or other sources of safe drinking water must operate in a continuous service and during all seasons over the year.

WASH sector. The WASH sector consists of drinking water supply, sanitation and hygiene, and includes policy-setting and regulatory authorities (at national and local levels), service providers and other stakeholders.

WASH-related processes and issues. Right-holders are entitled to participate in WASH-related processes (formulation, implementation and monitoring) and issues. Examples include processes of elaboration and/or review of specific laws, policies or regulations; budget and expenditure processes, finances and calculation /fixing of tariffs and subsidies; the processes of provision and/or delegation of WASH services; information related to bidding, bids and contracts, and similar; processes that seek to promote large-scale projects for uses other than personal or domestic (industrial, agricultural, livestock and tourist); and processes related to the interruption of water services, among others.

Water and sanitation policy measures (to ensure affordability). These measures address affordability concerns that can largely be developed and implemented by the water and sanitation sector. They include access to subsidies, tariff measures and payment facilities.

The Equitable Access Score-card 2.0: Shaping water and sanitation policies to achieve the human rights to water and sanitation

The Protocol on Water and Health states that the provision of drinking water and sanitation must ensure equitable access to these services for all members of the population. Three critical factors have been identified as crucial to ensuring equitable access to water and sanitation: reducing geographical disparities, overcoming barriers faced by vulnerable and marginalized groups, and addressing affordability concerns.

The Equitable Access Score-card 2.0, presented in this publication, is an analytical tool designed to help governments and other stake-holders establish a baseline measure of the equity of access to water and sanitation, identify related priorities, evaluate progress through a process of self-assessment, and discuss further actions to be taken.

It builds upon lessons learned in applying the first version of the Score-card across the pan-European region as well as specific challenges arising from emergency situations, such as the COVID-19 pandemic and climate-induced extreme weather events.

The publication contains recommendations on planning the self-assessment and concrete examples of the benefits of using the Score-card 2.0 in different settings. Parties to the Protocol, countries and other stakeholders are invited to use the Equitable Access Score-card 2.0 to support the implementation of SDG 6 and other global and regional processes aimed at realizing the human rights to water and sanitation.

Information Service
United Nations Economic Commission for Europe

Palais des Nations
CH - 1211 Geneva 10, Switzerland
Telephone: +41(0)22 917 12 34
E-mail: unece_info@un.org
Website: <http://www.unece.org>