

The Equitable Access Score-card

supporting policy processes
to achieve the human right to water
and sanitation



Protocol on Water and Health to the Convention on
the Protection and Use of Transboundary Watercourses
and International Lakes





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UNITED NATIONS



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FOREWORD

Ensuring access to safe drinking water and sanitation for all members of the population, without discrimination, is an obligation for all governments. Everybody, whether rich or poor, men, women and children, people living in urban and rural areas, having a suitable accommodation or not, people with physical disabilities or people living in institutions like prisons or hospitals, has the right to access these services.

In 2005, the Protocol on Water and Health entered into force, committing its Parties in the pan-European region to ensure 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 a human right by the United Nations General Assembly and the Human Rights Council in 2010, which was strongly supported by France, confirmed the obligation of governments to ensure that water and sanitation services are available, accessible, safe, acceptable and affordable for all without discrimination. Global targets and initiatives, such as the Millennium Development Goals and the commitment made by countries at the United Nations Conference on Sustainable Development in 2012 to ensure the progressive realization of the human right to water and sanitation, as well as the on-going reflection for the post-2015 agenda and the future Sustainable Development Goals, have restated the importance of concentrating our efforts and financial means on implementing the human right to water and sanitation into practice.

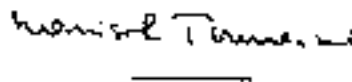
The continuous support from France to the activities on equitable access under the Protocol on Water and Health permitted the development of this new publication, which aims at supporting policy processes to achieve the human right to water and sanitation. The Equitable Access Score-card presented in this publication is a contribution to the general reflection on how in practice to implement these obligations and commitments. Defining policies and targeted measures to improve the situation of access to water and sanitation for all requires having a detailed knowledge of the current situation, in terms of existing policy instruments, financing strategies and programmes of measures that contribute to reducing the gaps in access.

The Equitable Access Score-card is an analytical self-evaluation tool that can help Governments and other stakeholders to establish a baseline, discuss further actions to be taken and evaluate progress. It builds on the findings of the previous publication *No one left behind: good practices to ensure equitable access to water and sanitation*, which was launched in March 2012 at the sixth World Water Forum in Marseille, France. *No one left behind* identified water resources availability, the urban-rural gap, access for

vulnerable and marginalized groups and affordability as the main contextual challenges framing current inequities in the pan-European region. The Equitable Access Score-card calls for information on policy options that may be chosen by countries to overcome those different challenges.

We must encourage countries to voluntarily engage in this self-assessment process, which can provide a comprehensive overview of the situation of equity of access. This exercise has proven to bring many benefits during its pilot phase, for example in the City of Paris where the self-assessment exercise was carried out and provided useful information for the formulation of the new national and Regional Plans for Health and Environment, especially their equity dimension. As this exercise involves a broad range of stakeholders, from the environmental to the social and the financing sectors, it helps to identify the right partners and to initiate collaboration to undertake future work. In addition, the outcomes of the self-assessment can be used to help define an equity-related target under the Protocol, as well as related measures, based on a detailed assessment of the gaps to be bridged.

I trust that this publication will stimulate countries to use the Equitable Access Score-card and support the progressive realization of the human right to water and sanitation by supporting the inclusion of an equitable access dimension in existing policy processes.



Ms Marisol Touraine
Minister for Social Affairs and Health
France



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LIST OF ACRONYMS AND ABBREVIATIONS

CSO	Civil society organization
ERSAR	Entidade Reguladora dos Serviços de Águas e Resíduos
EU	European Union
GDP	Gross domestic product
NGO	Non-governmental organization
SEDIF	Syndicat des Eaux d'Île-de-France
SIAAP	Syndicat Interdépartemental pour l'Assainissement de l'Agglomération Parisienne
SSES	State Sanitary and Epidemiological Service of Ukraine
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

INTRODUCTION

Access to safe drinking water and sanitation is a human right that is part of the right to adequate standard of living, enshrined in article 11 of the International Covenant on Economic, Social and Cultural Rights. It has been explicitly recognized by the General Assembly of the United Nations and by the United Nations Human Rights Council. States are therefore legally bound to ensure access to water and sanitation for all and have to take steps toward the full realization of the right. To comply with this obligation, they need to ensure that access to water and sanitation is equitable for all members of the population.

Some people require special attention. For instance, people living in small rural communities, the homeless, or the urban poor that cannot pay the water bill. If no specific attention is paid to solutions focusing on those people who are difficult to reach, disparities in access to water and sanitation are likely to increase and will undermine our efforts.

It is hard to believe that in the pan-European region in 2011, 19 million people lacked access to an improved source of drinking water and 67 million people lacked access to improved sanitation, resulting each year in many premature deaths. We find significant differences not just between countries but within countries, and these differences are not random. For example in one country, the poorest 40% of the population are over seven times less likely to have access than the richest 20%. Access to water and sanitation remains a challenge in the pan-European region, with specific groups of the population facing real barriers in all countries.

Existing legal and political commitments demand that we address inequities in access to water and sanitation. For instance, the Parties to the UNECE-WHO/Europe Protocol on Water and Health have committed themselves to ensuring equitable access to safe drinking water supply and adequate sanitation through accession or ratification of the Protocol. The 2010 Parma Declaration on Environment and Health set a target for children as a vulnerable group:

The pan-European region will “provide each child with access to water and sanitation in homes, child care centres, kindergartens, schools, health care institutions and public recreational water settings by 2020”.

And countries in the pan-European region, working within the framework of the Protocol on Water and Health, are stepping up to the challenge. In 2012, the Working Group on Water and Health launched the publication *No One Left Behind: good practices to ensure equitable access to water and sanitation in the pan-European region*.

Presenting policy options and good practices, the publication identifies three key challenges in relation to equitable access:

- Reduce geographical differences in the services provided
- Prevent discrimination or exclusion in access to services by vulnerable and marginalized groups
- Ensure financial affordability by users.

The publication also points out that the strong linkages between the provision of water-supply and sanitation services demands a holistic approach. Its overall message is that we have at our disposal the policy tools and the experience in using them to ensure that we can make strong advances towards universal access to water and sanitation.

The current document presents an analytical tool that can help Governments and other stakeholders to establish a baseline, discuss further actions to be taken, and evaluate progress through a process of self-assessment. It also offers guidance on how to use the analytical tool, based on the experience of three pilot exercises carried out in France, Portugal and Ukraine.

The tool takes the form of a score-card. It lists policy options, and the user is expected to provide and justify a score that summarizes the degree to which a number of selected policy options are being used. The score-card also calls for quantitative information to contextualize the findings and describe the level of access to safe drinking water and sanitation. As a user of the score-card, you should feel free to adapt it to your own needs.

The score-card can be used by any country, region, or city in the world to carry out a self-assessment. 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.

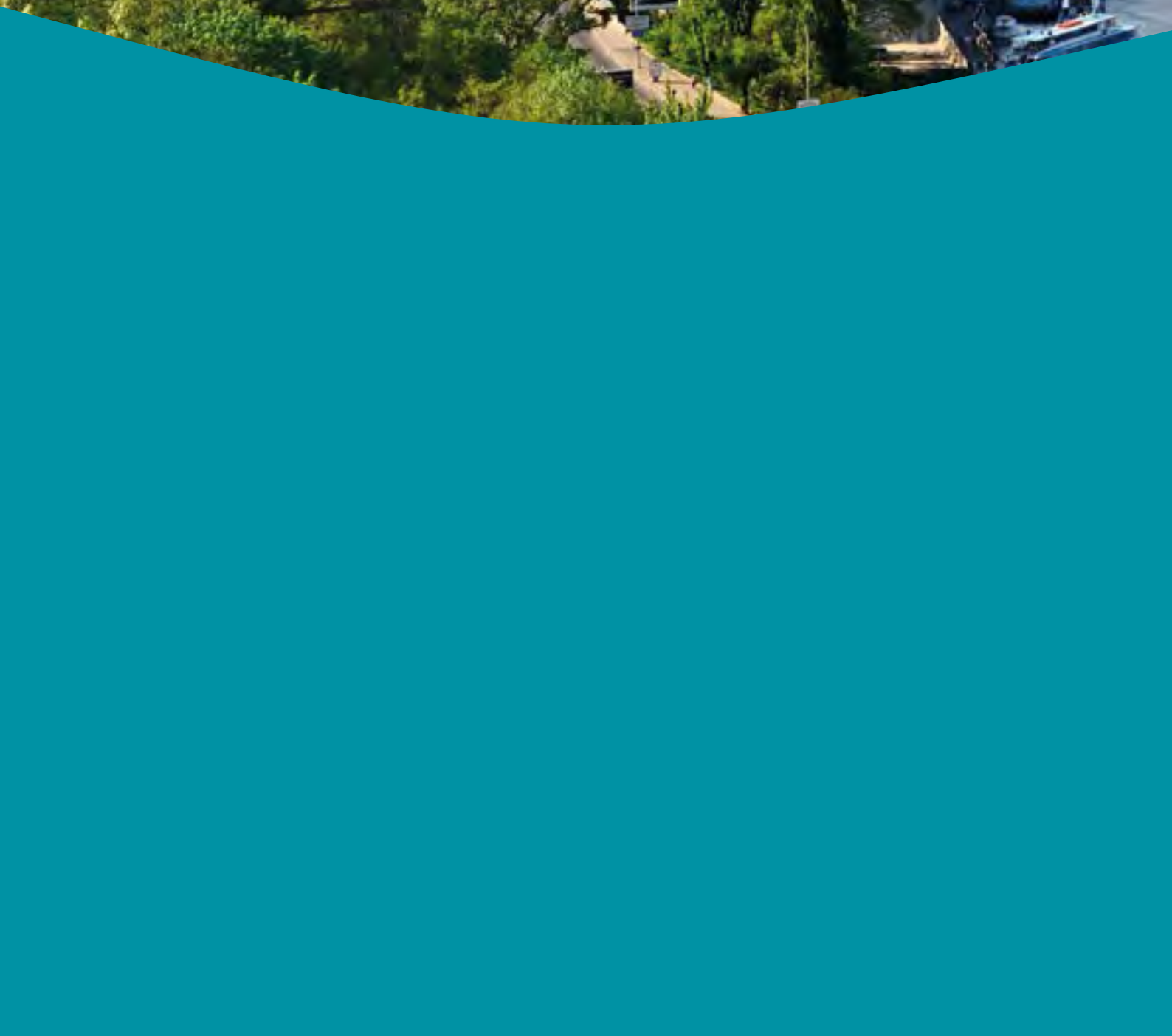
Although the score-card is not part of official reporting under the Protocol on Water and Health, the Parties to the Protocol are highly encouraged to use it to obtain a baseline analysis of the equity of access to water and sanitation, to identify related priorities, to set targets to bridge the identified gaps and to evaluate progress.

Achieving and keeping equitable access depends on a well-functioning water and sanitation sector. The score-card does not however focus on the general functioning of the water and sanitation sector. Nor does it address other circumstances that may impinge on access to equitable access and sanitation, such as water resources governance. The score-card focuses on selected issues and indicators that together can provide a solid overview of the situation of access to water and sanitation in terms of equity at different times.

The process of self-assessment, as shown by the experience of France (Greater Paris urban area), Portugal and Ukraine, can enable the authorities to identify the right partners to undertake further work, help to initiate collaboration among authorities and between authorities and other stakeholders, and can generate input for policy processes. By involving a broad range of stakeholders, the self-assessment can raise awareness and facilitate the development of a common understanding of equity of access to water and sanitation as well as creative thinking.

Use of the score-card can help introduce an evidence-based and structured approach to the discussions among the stakeholders. This can allow the development of a "high resolution" situational analysis (including the identification of existing policies and ongoing activities, and show up any gaps between legal texts and on-the-ground realities) that can in turn enable an objective debate. The score-card can also help broaden the scope of the discussions and clarify the need for improvements in information availability and reliability.

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





Chapter 1

EQUITABLE ACCESS TO WATER AND SANITATION

THE CHALLENGE

The current inequities in access to safe drinking water and adequate sanitation require specific approaches. A person may lack access to safe drinking water and sanitation simply because there is no access to safe water and sanitation in the community, or due to the degradation of water resources (scarcity, pollution), but more commonly due to poor or no management of water and sanitation infrastructures. Or a person may have access but cannot afford to pay the water and sanitation bill without having to cut down on the consumption of other basic goods and services.

A community may have access to safe drinking water and sanitation, but those services (a) are not adapted to the particular needs of certain groups (e.g. people with disabilities), (b) are not adequately available in institutions that those groups rely on (e.g. schools, prisons, refugee camps) or (c) certain groups (e.g. ethnic minorities, illegal settlers) may be denied access to water and sanitation due to intentional or unintentional discrimination practices.

In the pan-European region, four contextual challenges frame the inequities to access:

- **Water resources availability.** The degradation of the quality of water resources implies that many towns and villages that rely on local water sources do not have access to safe water, while water scarcity can deprive some towns and villages from access altogether. Polluted water can be treated to make it suitable for drinking purposes and freshwater can be brought over long distances, but these technical solutions can entail prohibitive costs.
- **Urban/rural gap and availability of water supply and sanitation infrastructure.** Rural areas in the pan-European region have significantly lower levels of access to water and sanitation services than urban areas.
- **Specific barriers faced by vulnerable and marginalized groups.** People belonging to those groups do not enjoy the same kind of access to water and sanitation as the rest of society. The situation differs according to the group, as for instance: (a) people with special physical needs (such as the disabled or the sick); (b) people who rely on public facilities (e.g. travellers or the homeless); (c) people who use facilities provided by institutions such as hospitals, schools, prisons or refugee camps or (d) people who live in unsanitary housing.

- **Affordability.** This is a growing concern for all countries. For the poorest countries, either a large part of the population is devoting a big share of their income to pay for water and sanitation services, or they will eventually be facing this situation as tariffs might increase to ensure financial sustainability. In EU countries, more stringent water quality objectives and progress towards full cost recovery also mean that paying for water and sanitation services is becoming a real concern for lower-income families.

INTERNATIONAL OBLIGATIONS

The human right to water and sanitation entitles everyone to water and sanitation that is available, accessible, affordable, acceptable and safe (Committee on the Economic, Social and Cultural Rights, General Comment 15 (E/C.12/2002/11), General Assembly resolution 64/292, Human Rights Council resolution A/HRC/RES/15/9). Some components of the right to water and sanitation are deemed subject to progressive realization, but obligations such as of non-discrimination are of immediate effect. Positive discrimination measures might therefore be adopted to ensure access for all before improving the conditions of access for those who already enjoy it.

Under the Protocol on Water and Health, Parties must ensure access to water and sanitation to all. As well as other key components of the human right to water such as access to information, public participation and accountability provisions, the Protocol specifically commits its Parties to promoting equitable access to water and sanitation “for all members of the population, especially those who suffer a disadvantage or social exclusion”. The Protocol provides a sound framework for translating into practice the human right to water and sanitation, in particular through setting specific targets and target dates tailored to the country’s situation and capacity.

States have to use the maximum of available resources towards the full realization of the right to water and sanitation. At the same time, both in relation to the application of human rights and the implementation of the Protocol, the international community acknowledges a legal obligation of assistance and cooperation. Although considerable financial resources are already being devoted by the international community to improving access to water and sanitation, there is still a need to increase these contributions.

STEERING GOVERNANCE FRAMEWORKS

The realization of the right to water and sanitation requires political commitment and long-term vision. Current national and local water governance frameworks are sometimes failing to deliver equitable access for the following reasons: (a) broader governance frameworks may limit or undermine efforts in the water sector; (b) weak water governance and management result in poor sector performance; and (c) current water governance frameworks are often “equity blind”.

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

That is unlikely to be enough, however. Applying an “equitable access lens” will speed up progress. This requires a results-oriented action plan, building on country-situation analysis and context-specific equity indicators.

All water and sanitation stakeholders need to be engaged and roles and responsibilities identified and allocated. Water users must participate actively, and not only as beneficiaries. Transparency, access to information, education and participatory mechanisms must be institutionalized to ensure equitable and sustainable results. The participation of the members of vulnerable and marginalized groups constitutes a real challenge in all countries and must be given particular attention. Water operators need to be more responsive to delivering equitable access, and local government and civil society organizations need to play a greater role.

REDUCING GEOGRAPHICAL DISPARITIES

Even within the same country, the water service in different geographical areas can be very different. According to the Joint Monitoring Programme of the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), in 2011, access to improved water and sanitation solutions in rural areas in the pan-European region is lower than in urban areas. For example, in the Caucasus and Central Asia, 96% of the population living in urban areas have access to improved water sources against 79% in rural areas. In addition, in the WHO/Europe region, 96% of the urban households enjoy access to piped water in the home against 72% for rural households. This can be attributed not only to underlying cost structures but also to political influence and decisions.

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

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

ENSURING ACCESS FOR VULNERABLE AND MARGINALIZED GROUPS

Human rights principles highlight the need to actively design water and sanitation policies that prioritize and address the needs of vulnerable and marginalized groups. Water and sanitation for these groups is often a social exclusion issue, and not just a water issue.

Each of these groups has its own needs and faces different access barriers to achieve equitable access. Policymakers and implementers must dedicate time and resources to identifying these groups, to reviewing whether they are being included, and to ensuring that their particular needs are taken into account. In many cases, adequate solutions require an integrated response, combining policies and ensuring collaboration across public agencies. The solutions also require targeted financial resources, but those are seldom very great in comparison with a country's water and sanitation budget. The solutions mostly require increased awareness and specific focus among policymakers and technical staff.

KEEPING WATER AND SANITATION AFFORDABLE FOR ALL

In Western European countries, increases in water and sanitation costs (due primarily to higher wastewater treatment requirements) have been and will continue to be reflected in water and sanitation bills. In Eastern European countries, where water prices have been traditionally low, the water bill is likely to increase. Affordability is thus a common and increasing concern in the pan-European region, and requires adopting a long-term strategy in each country. Otherwise, a major health issue could arise, as people confronted with increases in the water price might turn to less expensive but less safe alternatives, such as private groundwater wells of questionable water quality.

Affordability concerns are not just linked to tariff levels; they are actually driven by five sets of variables in a given country or area:

- income level and income distribution
- cost of provision in a given country or area
- subsidy policies
- tariff policies in place
- individual behaviour of users in terms of water consumption.

Compliance with national affordability indicators is not enough to ensure that the groups of low-income people in each country have affordable access; specific policies need to be developed. Affordability is more than just a water issue; it is a social protection issue that requires incorporating water and sanitation aspects within social policy discussions.

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



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 the three pilot exercises (see Chapter 3). In carrying out the self-assessment exercise, countries should take into account their objectives, constraints and opportunities. The guidance is not intended to be seen as a straitjacket.

- 1. Clarify the objectives.** A self-assessment exercise can have multiple objectives. Most often, the primary objective will be to inform and influence an existing or planned policy process. This policy process will affect the timing of the self-assessment exercise, as well as the outputs. Additional objectives should also be identified, as they will inform the design of the exercise.

Examples of secondary objectives include:

- 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.
- 2. Select a project leader.** Because assessing equitable access to water and sanitation touches upon many issues, many stakeholders should be involved. For instance: different ministries (finance, health, education, environment, 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 consumer organizations. Thus, there is no “natural leader” to lead the implementation of the self-assessment exercise and a clear mandate for the project leader will be necessary. Preferably, the leading organisation of the self-assessment will be a government agency with a clear mandate.

- 3. Take the necessary time.** The pilot exercises were developed in around six months, but a more realistic timeframe might be one year. The exercise could include: selecting a project leader and setting up a “core team” (month 1), organizing a launching workshop (month 2), collecting data and filling the score-card, completing a report with the preliminary findings (month 7), organizing a workshop to discuss the findings (month 8), and organizing a policy event to present the outcomes of the self-assessment exercise and debate the consideration of the findings in the policy process (month 11).

It is therefore necessary to identify the right time to provide input to the policy process that the self-assessment intends to influence. The timing is important, as there is a risk that if the process takes too long time, the stakeholders may disengage.

- 4. Identify the right partners and put together a balanced “core team”.** Even if the leading organization is very competent, it may not have the broad diversity of expertise necessary to complete the self-assessment. Selecting “core team” members thus becomes a critical step and it is likely to be time-consuming. A balanced core team may be achieved by partnering with other organizations that have complementary expertise and contacts (for example in the areas of social issues) or by contracting out to experts the preparation of specific chapters of the self-assessment exercise. In any case, it is advisable to develop terms of reference for the core team members, including responsibilities for doing analysis and making recommendations.
- 5. Ensure wide and continuous multi-stakeholder involvement.** Table 1 presents examples of stakeholders to be included in the self-assessment exercise. A first group of stakeholders is represented by the different government ministries and agencies that have an influence on equitable access outcomes. Formal channels can normally be used to ask them to fill the relevant sections of the score-card; and the score-card has been designed to make this possible.

A different group of stakeholders is represented by civil society organizations. There is often no pre-existing mechanism to gather inputs from organizations working on social issues that have relevant input to provide but may not see the usefulness of taking part in the self-assessment exercise. This makes it advisable to develop a structured approach to engage them. One option is to have as part of the “core team” an agency or organization that has good contacts among civil society organizations, which can take the lead in gathering their input.

Water and sanitation services providers also need to be engaged in the process and may require dedicated briefings on why equitable access issues should be relevant for them.

TABLE 1. Examples of stakeholders to be involved in the self-assessment exercise

MINISTRIES AND OTHER PUBLIC AUTHORITIES	Ministry of Health Ministry of Environment Ministry of Social Affairs Ministry of Finance and Economy Ministry of the Interior Ministry of Justice Ministry of Education Ministry of Rural Development Water and Sanitation Services Regulator Health Inspectorate
CIVIL SOCIETY	Consumer associations Civil society organizations working with vulnerable and marginalized groups (e.g. religious groups) Foundations Trade unions Academics and independent experts
SERVICE PROVIDERS	Water and sanitation service providers and regulators

- 6. Plan the workshops carefully.** To ensure the early involvement of the different stakeholders, hold a half-day “launch workshop” explaining the rationale, objectives, process and expected outcomes of the self-assessment exercise. This workshop can be useful in identifying additional stakeholders that should be involved in the exercise. For practical reasons, the half-day workshop could be immediately followed by another half-day working session of the self-assessment core team.

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

- 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. Some of its sections may not be particularly relevant (e.g. geographical disparities when the territory under analysis is a single and largely homogeneous urban area), or a country may have identified clear priorities within the broad challenges of equitable access to water and sanitation. In those cases, using the full score-card may be counterproductive, as it will demand collecting information and discussing issues that are diverting attention from the issues of primary interest.

In other cases, it may be appropriate to add new areas to the score-card – for example if the situation of a relevant vulnerable and marginalized group is not well described in any of the areas included in section 3 of the score-card.

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

- 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 the existing policy measures to address inequities in access to water and sanitation. This means that it is particularly strong as an aid in setting priorities, in terms of filling information and policy gaps. As it is also rather time-consuming to produce, it is not recommended as an annual monitoring tool.

The score-card is not designed to evaluate individual policy measures -- rather, evaluations of existing policy measures would be necessary to support the score-card assessment. One of the benefits of using the score-card will be the identification of policy measures and evaluation reports, as well as gaps in the evaluation of policy measures. The results of the self-assessment exercise can be used to design targets and target dates under the Protocol on Water and Health, as well as to identify which individual measures should be prioritized for follow-up and for future evaluation of progress.

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

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

It is thus recommended to prepare a *situational analysis* of about 10 pages that summarizes the main findings of the score-card, provides examples of progress, identifies priority areas for urgent action, and suggests specific recommendations.

An even shorter *policy summary* of less than four pages would be a useful communication to reach top government officials and for communicating the results to the public through the mass media. It will be necessary to secure a specific budget for developing and producing those communication products.

- 10. Use the results to track progress, not to compare with others.** The tool has been designed to help a country (or region) track its own progress towards equitable access. The tool has not been designed to establish comparisons between countries (or regions), as the pan-European region includes countries (or regions) with very different levels of socio-economic development and organization of the water and sanitation sector.

Analysts wishing to establish those comparisons are encouraged to use the context data offered in the country or region profile in order to identify suitable countries/regions for comparison. 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 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 indicates the relevant section in the “No One Left Behind” publication that relates to each Area of Action.

Glossary. The short glossary defines key concepts used throughout the score-card. It is worth highlighting two issues:

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

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

Structure of the tool. 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. If 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 use 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.
- 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 has to be calculated taking into account the score for each question as well as the number of questions under each Area of Action. Only answers with a high or medium degree of reliability should be considered when calculating the summary score.
- The summary score has to be reproduced in the summary sheet.

SCORE	INTERPRETATION
NO	No or very little evidence supporting a positive answer is available, either at national or local level.
TO	There is some limited information at local level supporting a positive answer. There is some limited information at national level partly supporting a positive answer.
TO A LARGE EXTENT	There is extensive information at the local level and some at the national level supporting a positive answer.
YES	There is enough evidence available at national level fully supporting a positive answer.

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

Reliability assessment methodology. Respondents should self-evaluate how reliable each of the answers is in terms of *the process of gathering and reporting the data*—not the actual data.

- Three levels of reliability: high (very reliable), medium (reliable), Low (unreliable).
- Criteria for assigning a degree of reliability: procedures, traceability and validation.
- The table below provides guidance on how to assign a level of reliability, according to those criteria.
- The aggregate level of reliability for each Area of Action will be determined as follows:
 - High – if all the answers in the Area of Action are classified as High
 - Medium – if no answer is classified as Low and at least one answer is classified as Medium
 - Low - If at least one answer is classified as Low.
- The aggregate level of reliability for each Area of Action has to be reproduced in the summary sheet.

HIGH: VERY RELIABLE	MEDIUM: RELIABLE	LOW: UNRELIABLE
<p>There is a coherent and easily accessible set of documents that identifies responsibilities for data gathering, treatment and quality control.</p> <p>The data can be traced to a formal source that is accessible to any interested person.</p> <p>The data have been formally validated.</p>	<p>Responsibilities for data gathering, treatment and quality control have been identified.</p> <p>The data can be traced to a source.</p> <p>The data have been validated.</p>	<p>Responsibilities for data gathering, treatment and quality control have not been identified.</p> <p>Not all the data can be traced to a source.</p> <p>Not all the data have been validated.</p>

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

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

Summary sheet. The summary scores for the 20 Areas of Action are presented in a summary sheet at the end of the document. The summary sheet can help to identify the Areas of Action where the country (or region) is lagging behind, as well as areas where the information available is particularly unreliable.

GLOSSARY OF KEY TERMS

Access to safe drinking water and sanitation. In this document, access to safe drinking water and sanitation refers to *effective* access to the services, whether or not access is ensured through connections to public networks or through private solutions.

As used in this document, the concept includes four of the five dimensions that are required under the human right to water and sanitation:

- *availability*
- *accessibility*
- *acceptability*
- *quality/safety*.

It does not include *affordability*, as that dimension is addressed specifically in section 4 of the score-card. Note that this does not correspond with the definition of *improved water sources* and *improved sanitation facilities* used by the WHO/UNICEF Joint Monitoring Programme to monitor progress towards the Millennium Development Goals.

Drinking water is water that is used, or intended to be available for use, by humans for drinking, cooking, food preparation, personal hygiene or similar purposes.

Safe drinking water is water with microbial, chemical and physical characteristics that meet WHO guidelines or national standards on drinking water quality.

Accountability. In a human rights context, accountability encompasses monitoring mechanisms and remedies. Service providers and public officials must be accountable to the users.

Promoting accountability includes developing effective monitoring bodies and processes; devising sound indicators for assessing progress, affordability, and the fair and equitable distribution of water and sanitation resources according to needs.

It also includes creating reliable, accessible and effective judicial and administrative complaints mechanisms that allow individuals to air and satisfactorily redress their grievances.

Affordability. Sanitation and water facilities and services must be accessible at a price that everybody can afford. Having to pay for services, including construction, cleaning, emptying and maintenance of facilities, as well as treatment and disposal of faecal matter, must not affect people's capacity to acquire other basic goods and services, including food, housing, health and education guaranteed by other human rights.

Accordingly, affordability can be estimated by considering (a) the financial means that have to be reserved for fulfilling other basic needs and purposes and (b) the means available to pay for water and sanitation services.

Development partners. In a development cooperation context, this refers to the range of partners that support a government from a transition or developing country to design and implement its development agenda. Those partners 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).

Equitable access to safe drinking water and sanitation. In the context of this document, this refers to access being similar 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.

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 nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.

GDP. Gross domestic product is an indicator of the size of an economy measured through 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).

Lowest quintile, lowest decile. The distribution of income or wealth in a country is usually analyzed 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.

Non-discrimination. Non-discrimination is central to human rights. 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.

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

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

Prisoners. People that are in prison, whether or not they have received a final sentence.

Progressive realization. Progressive realization of the human right to water and sanitation requires that States take specific and targeted steps to the maximum of their available resources. States are required to move towards the goal of full realization as expeditiously and effectively as possible, within the framework of international cooperation and assistance,

where needed. Certain aspects of these rights are immediate obligations, including the requirement to guarantee them without discrimination.

Progressive tariff systems. Tariff systems where the tariff per cubic metre increases with the volume consumed. It is usually articulated by defining three or more blocks of water consumption and applying a different tariff to each block.

Public financial resources. Financial resources supplied by governments (whether national, regional or local). The origin of the funds is mostly general taxation (e.g. income or 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).

Remedial action. Action taken to correct a situation where the human right to water and sanitation was not respected. Victims of human rights violations are entitled to adequate reparation, including restitution, compensation, satisfaction and/or guarantees of non-repetition. States have to provide accessible, affordable, timely and effective remedies.

Right-holders. In the context of the human right to water and sanitation, this refers to every person.

Sanitation. Collection, transport, treatment and disposal or reuse of human excreta or domestic wastewater, 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. Facilities will need to accommodate common hygiene practices in specific cultures, such as for anal and genital cleansing. And women's toilets need to accommodate menstruation needs.

Service provider. Public or private institution that operates water supply and/or sanitation systems.

Social tariffs. Tariffs that include a discount for certain individuals or households due to their social characteristics (such as age, certified disability, or number of persons in the household).

Tariff reference values. In some countries, central authorities overseeing the water and sanitation sector have published "tariff reference values" to provide a reference on what is the expected level that water and sanitation tariffs should reach. They provide useful information to customers as well as to water and sanitation service providers, without infringing in the allocation of tariff-setting responsibilities (which usually remains at the local level).

Vulnerable and marginalized groups. Groups composed of individuals that have a particularly hard time exercising their rights to water and sanitation as they are living in vulnerable situations, or suffering discrimination or stigma (or a combination of these). Groups and individuals who have been identified as potentially vulnerable or marginalized include women, children, inhabitants of (remote) rural and deprived urban areas, as well as other people living in poverty, refugees and internally displaced persons, minority groups (such as the Roma), indigenous groups, nomadic and traveller communities, elderly people, persons living with disabilities, persons living with HIV/AIDS or affected by other health conditions, people living in regions where water is scarce, and sanitation workers.

When identifying groups and individuals who are disadvantaged, States need to survey the population based on these grounds and investigate further when they find that certain groups are discriminated against. In the context of this document, vulnerable and marginalized groups include the homeless, nomads, the disabled, school children, hospitalized patients, people living in prisons and refugee camps, and people without secure tenure.

While gender issues related to access to water and sanitation must be taken into consideration to ensure equitable access, this document does not treat women as a vulnerable or marginalized group on its own.





Chapter 3

COUNTRY EXPERIENCES¹ IN USING THE SCORE-CARD



FRANCE (GREATER PARIS URBAN AREA)

Over the last decade, the city of Paris has paid special attention at issues related to equitable access to safe drinking water and sanitation. Many of the measures undertaken in this period are reflected in the publication “No One Left Behind”. France has been leading the work on equitable to safe drinking water and sanitation under the Protocol for many years and proposed to pilot the score-card at the regional level in France. The city of Paris was approached and considered that the piloting of the score-card could help them to assess critically where they stand and what more could be done, and thus volunteered to be one of the pilot exercises.

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

¹ Detailed country reports for the pilot projects in greater Paris urban area (France), Portugal and Ukraine, prepared by the country teams, are available at: http://www.unecce.org/env/water/pwh_work/equitable_access.html.

These reports contain a country profile, a description of actions taken to achieve equitable access to water and sanitation, an assessment of the score-card and the process of its use and suggestions for future measures to be taken.

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

The process of initial data gathering helped the three institutions to realize that there were some important data gaps, in particular regarding vulnerable and marginalized groups. Before the study, the main problem was not perceived to be access to the service but affordability and thus many of the measures in place were aimed at addressing this problem to avoid disconnection for people who could not pay for the service and reduce the weight of water bills for households with low income. The area of study is highly urbanized and does not display major disparities in access between geographical areas, although there are considerable price disparities between municipalities. In the course of the study, however, it became evident that a big and often overlooked problem is that of access of vulnerable and marginalized groups.

The two-day stakeholder workshop helped stakeholders to review and discuss their knowledge of existing measures and remaining challenges. This included the challenges faced by communities settled in camps who had no regular access to water and sanitation, or by poor workers who cannot afford a permanent residence. It was thought that the workshop gave enough time to discuss the issues at the right level of depth, allowing time for all stakeholders to voice their opinions. This was important because access to water and sanitation is a highly political issue in France.

The score-card tool and the pilot exercise were judged positively by all stakeholders. The outcome is a first self-assessment and quite detailed overview on access to water and sanitation. Through the assessment, shortcomings could be identified, and priority actions could be defined to address them. The self-assessment exercise proved to be time-consuming but worthwhile. It is not recommended to use the tool for regular monitoring and reporting.

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

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

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



PORTUGAL

Over the last two decades, Portugal has reformed its water and sanitation sector. This included the creation of a water regulator (Water and Waste Services Regulation Authority - ERSAR), which has limited powers but growing influence. The implementation of the right to water and sanitation is a concern for ERSAR, and they have been since 2011 a main contributor to the work on equitable access to safe drinking water and sanitation carried out within the Protocol framework.

Many of the measures that Portugal took are reflected in the publication *No One Left Behind*. ERSAR considered that the piloting of the score-card could help them to find ways to better integrate the right to water and sanitation within the new strategic plan for the Portuguese water and sanitation sector, to be drafted during 2013.

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

The self-evaluation exercise was completed in four phases. First, ERSAR requested other relevant government agencies to fill the relevant parts of the score-card in January 2013. Secondly, ERSAR proceeded to compile this information and complete the justification and the scoring. Thirdly, ERSAR organized a one-day stakeholder workshop on 25 February 2013 to discuss the results. Finally, ERSAR prepared a revised version of the score-card, together with a situational analysis derived from the score-card results, a critical assessment of the self-evaluation process and prepared a “roadmap” for future action.

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

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

The process of identifying and reaching out to stakeholders has proven a challenge. ERSAR had good contacts with the technical stakeholders (in particular water and sanitation service providers), but was much less familiar with those dealing with social issues.

At the stakeholder workshop, the presence of government agencies in charge of social affairs and social protection helped sector actors to learn about social measures in place. However, many non-traditional players (particularly non-governmental ones) who had been invited did not attend. After the workshop, ERSAR made additional efforts to reach out to those stakeholders.

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

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



UKRAINE

The Ukrainian environmental non-governmental organization MAMA-86 has been working on water and sanitation issues for more than 15 years, and has been an active participant in national and international debates about improving access for all. They saw the pilot exercise as a way to increase the knowledge base and to raise the profile of equitable access issues in Ukraine.

They approached the State Sanitary and Epidemiological Service (SSES) and the Ministry of Ecology and Natural Resources, which received the proposal favourably, and together they requested financial support to carry out the pilot exercise. As well as the main pilot exercise at the national level, MAMA-86 also tested the approach at the local level through their branch in the city of Sevastopol (results of the Sevastopol exercise are not included in this document).

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

The self-assessment exercise consisted of three phases. First, SSES officially requested several government agencies to provide information. In parallel, MAMA-86 identified a handful of national experts and commissioned them to prepare answers for

their areas of expertise. The work of the experts included an initial team meeting led by MAMA-86 and SSES to ensure that the experts understood the nature of the exercise and to clarify how to approach the task.

Secondly, a one-day stakeholder workshop was held on 1 March 2013 to discuss the draft responses to the score-card. Part of the one-day workshop was organized around parallel working groups dedicated to the different sections of the score-card, which allowed for in-depth discussions. During the workshop, misunderstandings were clarified and some scores corrected. Finally, a revised version of the score-card, incorporating the workshop feedback, together with a situational analysis and a critical assessment of the self-evaluation process, was produced in April 2013. The results are summarized in the following sections.

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

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

Benefits. The process has been driven by an NGO, with full support from a government agency as well as financial support from UNECE to coordinate the pilot exercise, and with input from national experts. This has proven useful for testing the methodology and raising the profile of the issues among academic experts and some government officials.

Next steps. For the next steps, the team recommended communicating the results of the self-assessment to top government officials and encouraging them to develop specific proposals. Another recommended action was to publicize the results through mass media.

The self-evaluation results can influence a number of existing programmes. SSES will look into how the results can influence the attention paid to sanitation issues. MAMA-86 and SSES organized a press conference on World Water Day 2013 to share the outcomes and raise awareness on this problem in Ukraine. MAMA-86 will use the results to inform their decade-old water, sanitation and hygiene (WASH) and WASH-for-schools campaigns. The baseline study will be helpful to design possible projects.

More broadly, the results could be used to lobby the government to provide fresh funding for the State Targeted Social Programme on priority measures to provided centralized water supply to the rural settlements supplied by transported water, as well as for approval of the draft State Programme on Sanitation. The results could also influence the support of international development agencies for the water and sanitation sector by clarifying priority areas of action to address gaps in access to water and sanitation.



Chapter 4

THE SCORE-CARD²

WWW.UNECE.ORG

[/ENV/WATER/PWH_WORK/EQUITABLE_ACCESS.HTML](http://ENV/WATER/PWH_WORK/EQUITABLE_ACCESS.HTML)

² Users are invited to fill the score-card with as much information as necessary, in particular for the scores justification, the means of verification used and the reliability of the response. The Word version (.doc) of the score-card can be downloaded from www.unece.org/env/water/pwh_work/equitable_access.html.

COUNTRY/REGION PROFILE

SOCIOECONOMIC AND SECTOR DATA

	2011 or latest available year (indicate year)	2006 (select a different baseline year if it fits better with your national/regional processes)	SOURCE (use official statistics wherever possible)
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 safe drinking water			
% of population without access to wastewater collection			
% of population without access to wastewater treatment (any level)			
Public financial resources spent on the water and sanitation sector			
Public financial resources spent on ensuring equitable access to water and sanitation			
Please provide the definition of safe drinking water if different from the one described in chapter 2			

INTERNATIONAL OBLIGATIONS ON WATER AND SANITATION

	YES	NO
Is your country Party to 1966 International Covenant on Economic, Social and Cultural Rights?		
Is your country Party to the 1999 Protocol on Water and Health?		

Section 1.

STEERING GOVERNANCE FRAMEWORKS TO DELIVER EQUITABLE ACCESS TO SAFE DRINKING WATER AND SANITATION

AREAS OF ACTION	RELEVANT SECTION IN THE NO ONE LEFT BEHIND PUBLICATION
1.1 Strategic framework for achieving equitable access	Section 3.1 Section 3.4
1.2 Sector financial policies	Section 3.1 Section 2.3
1.3 Rights and duties of users and other right-holders	Section 3.2

AREA 1.1 STRATEGIC FRAMEWORK FOR ACHIEVING EQUITABLE ACCESS				
<p>Rationale. Although progress is achieved through individual initiatives, a strategic framework is needed to ensure that the whole water and sanitation sector (and the whole public administration more generally) contributes to achieving equitable access.</p>				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
<p>1.1.1 The right to water and sanitation has been introduced in the country's legal order</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.1.2 There is a strategic plan in place to ensure equitable access to water and sanitation</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>1.1.3 Equitable access targets have been set</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 1.1 STRATEGIC FRAMEWORK FOR ACHIEVING EQUITABLE ACCESS (CONT.)				
1.1.4 Responsibilities for achieving equitable access have been identified and allocated				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.1.5 There are mechanisms in place to enable discussion and coordination by competent authorities				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.1.6 The country/region/city has assessed the equity of access to safe drinking water and sanitation				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 1.1 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 6</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 1.2 SECTOR FINANCIAL POLICIES				
<p>Rationale. Financial resources will have to be spent to implement the initiatives needed to achieve the equitable access targets. At the same time, the overall policies steering sector revenue and expenditures may have large positive and negative impacts on achieving equitable access. In some countries, sector financing is dependent to a large extent on development partners' support and there is scope to increase the contribution of this support to achieving equitable access.</p>				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
1.2.1 The amount of financial resources needed to achieve equitable access to safe drinking water and sanitation has been estimated				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 1.2 SECTOR FINANCIAL POLICIES (CONT.)				
1.2.2 The sources of funding to achieve equitable access to safe drinking water and sanitation have been identified				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.2.3 The financing strategies for the water and sanitation sector take equity issues into account				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.2.4 There are mechanisms in place to induce service providers to implement investment plans that favour providing access to those right-holders that lack it				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.2.5 The national/regional/city government monitors and publicly reports financial resource allocation				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.2.6 International financial support for the water and sanitation sector takes equity issues into account				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 1.2 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 6</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low</p>				

AREA 1.3 RIGHTS AND DUTIES OF USERS AND OTHER RIGHT-HOLDERS				
Rationale. Water and sanitation users and right-holders should not be considered merely the beneficiaries of access to water and sanitation. They have roles to play in demanding, shaping and maintaining equitable access to water and sanitation.				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
1.3.1 There are mechanisms in place to ensure that right-holders know their rights and obligations as well as how to access relevant information				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.3.2 There are mechanisms in place to allow right-holders to participate in the decision-making process concerning the level and quality of access that they receive				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.3.3 There are mechanisms in place to allow right-holders to seek redress and enforce remedial actions				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
1.3.4 There are mechanisms in place to allow right-holders to keep responsible authorities accountable				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 1.3 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 4</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

Section 2.

REDUCING GEOGRAPHICAL DISPARITIES

AREAS OF ACTION	RELEVANT SECTION IN THE <i>NO ONE LEFT BEHIND</i> PUBLICATION
2.1 Public policies to reduce access disparities between geographical areas	Section 4.1
2.2 Public policies to reduce price disparities between geographical areas	Section 4.2
2.3 Geographical allocation of external support for the sector	Section 2.3

QUANTITATIVE INFORMATION ON GEOGRAPHICAL DISPARITIES

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

	2011 or closest year (indicate year)	2006 or closest year (indicate year)	SOURCE (indicate whether this is an official source)
Rate of access to safe drinking water in urban areas (%)			
Rate of access to safe drinking water in peri-urban areas (%) (only if this category is relevant in your country/region)			
Rate of access to safe drinking water in rural areas (%)			
Rate of access to sanitation in urban areas (%)			
Rate of access to sanitation in peri-urban areas (%) (only if this category is relevant in your country/region)			
Rate of access to sanitation in rural areas (%)			
Public financial resources spent in reducing geographical disparities in access to safe drinking water and sanitation (million EUR)			
Public financial resources spent in reducing geographical disparities in access to safe drinking water and sanitation (EUR per capita)			
Public financial resources spent in reducing geographical disparities in access to safe drinking water and sanitation (% of 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 and in particular in increasing access in rural areas. The disparities include those related to physical access and those related to the quality of the service.				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
2.1.1 There is a public policy for reducing disparities between urban, peri-urban and rural areas				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.2 Integrated approaches have been adopted to support the delivery of water and sanitation services in rural areas, informal settlements and slums				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.3 There are mechanisms in place to support the implementation of appropriate technical solutions for service delivery in rural, informal settlements and slums				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.4 There are mechanisms in place to support the implementation of appropriate technical solutions for self-provision of services by households in areas where there is no service provider				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.1.5 Sector policies mobilize sufficient financial resources to reduce the access gap in rural and peri-urban areas according to the established targets				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 2.1 PUBLIC POLICIES TO REDUCE ACCESS DISPARITIES BETWEEN GEOGRAPHICAL AREAS (CONT.)

Please calculate the score for Area 2.1

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

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

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
<p>2.2.1 There are mechanisms in place to track prices as well as cost of provision of water and sanitation services</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>2.2.2 Price benchmarking tools (such as affordability indicators or tariff reference values) have been introduced</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>2.2.3 Public subsidies are targeted to those areas that face higher costs of service provision (not just higher prices)</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>2.2.4 The sector is organized to enable cross-subsidization between localities with high-cost and low-cost of service provision</p> <p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 2.2 PUBLIC POLICIES TO REDUCE PRICE DISPARITIES BETWEEN GEOGRAPHICAL AREAS (CONT.)

Please calculate the score for Area 2.2
 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 4

Please estimate the average reliability of the responses for this area (please mark one option)
 High Medium Low

AREA 2.3 GEOGRAPHICAL ALLOCATION OF EXTERNAL SUPPORT FOR THE SECTOR

Rationale. In some countries, development partners (donor countries) are key providers of funding for water and sanitation infrastructure. There is often scope to reallocate the funding to accelerate access in geographical areas that lag behind.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
2.3.1 Public authorities have identified in the sector plan the areas that are lagging behind and require external support				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
2.3.2 There is international financial support to increase access in geographical areas that lag behind (as identified in the sector plan)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 2.3 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 2</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low</p>				

Section 3.

ENSURING ACCESS FOR VULNERABLE AND MARGINALIZED GROUPS

AREAS OF ACTION	RELEVANT SECTION IN THE <i>NO ONE LEFT BEHIND</i> PUBLICATION
3.1 Public policies to address the needs of vulnerable and marginalized groups	Section 5.1
3.2 Persons with special physical needs	Section 5.2
3.3 Users of health care facilities	Section 5.3
3.4 Users of educational facilities	Section 5.3
3.5 Users of retirement homes	Section 5.3
3.6 Prisoners	Section 5.3
3.7 Refugees living in refugee camps and centres	Section 5.3
3.8 Homeless people	Section 5.4
3.9 Travellers and nomadic communities	Section 5.4
3.10 Persons living in housing without water and sanitation	Section 5.5
3.11 Persons without access to safe drinking water and sanitation in their workplaces	Not discussed



QUANTITATIVE INFORMATION ON VULNERABLE AND MARGINALIZED GROUPS

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

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

AREA 3.1 PUBLIC POLICIES TO ADDRESS THE NEEDS OF VULNERABLE AND MARGINALIZED GROUPS

Rationale. There are many vulnerable and marginalized groups, each with their own needs and facing different barriers to achieve equitable access, and thus requiring different solutions. Public policies, both in the water and sanitation sector and in other sectors, can play a major role in ensuring access. An integrated policy response needs to be articulated.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.1.1 There is a water and sanitation policy recognizing the special and differentiated needs of vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.2 Relevant policies in other sectors (e.g. social inclusion, social protection, education, health, prisons, housing) include their role in ensuring access to water and sanitation by vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.3 There are mechanisms in place to identify (in a participatory manner) and address the water and sanitation needs of vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.4 Public budgets provide specific funding to address the water and sanitation needs of vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.1.5 Integrated approaches (involving different administrations) have been adopted to support the delivery of water and sanitation services for vulnerable and marginalized groups				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 3.1 PUBLIC POLICIES TO ADDRESS THE NEEDS OF VULNERABLE AND MARGINALIZED GROUPS (CONT.)

Please calculate the score for Area 3.1
 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

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 water supply and sanitation services because of their specific physical needs.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.2.1 There is data on levels of access to safe drinking water and sanitation by persons with special physical needs				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.2.2 There is a public policy to ensure access to safe drinking water and sanitation by persons with special physical needs				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.2.3 There is specific public funding to support access to safe drinking water and sanitation by persons with special physical needs (such as for adapting home facilities)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.2.4 There are technical standards that ensure the establishment of facilities accessible to persons with special physical needs				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 3.2 PERSONS WITH SPECIAL PHYSICAL NEEDS (CONT.)**Please calculate the score for Area 3.2**

Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 4

Please estimate the average reliability of the responses for this area (please mark one option)

High Medium Low

AREA 3.3 USERS OF HEALTH FACILITIES

Rationale. Uses of health facilities cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at health facilities.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.3.1 There is data on levels of access to safe drinking water and sanitation in health facilities				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.3.2 There is a public policy to ensure access to safe drinking water and sanitation by users of health facilities				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.3.3 There is specific public funding to support access to safe drinking water and sanitation by users of health facilities				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.3.4 Health facilities have relevant complaint mechanisms in place				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.3.5 Health facilities have separate toilets for males and females as well as adequate facilities for menstrual hygiene management				

AREA 3.3 USERS OF HEALTH FACILITIES (CONT.)
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>
<p>Please calculate the score for Area 3.3 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>

AREA 3.4 USERS OF EDUCATIONAL FACILITIES				
<p>Rationale. Users of educational facilities (which include kindergartens and schools) cannot secure independent access to safe drinking water and sanitation for a large part of the day and depend on the water and sanitation services provided at educational facilities.</p>				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
<p>3.4.1 There is data on levels of access to safe drinking water and sanitation in educational facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.4.2 There is a public policy to ensure access to safe drinking water and sanitation by users of educational facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>3.4.3 There is specific public funding to support access to safe drinking water and sanitation by users of educational facilities</p>				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 3.4 USERS OF EDUCATIONAL FACILITIES (CONT.)				
3.4.4 Educational facilities have relevant complaint mechanisms in place				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.4.5 Educational facilities have separate toilets for males and females as well as adequate facilities for menstrual hygiene management				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.4 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 3.5 USERS OF RETIREMENT HOMES				
<p>Rationale. Users of retirement homes cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at retirement homes.</p>				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.5.1 There is data on levels of access to safe drinking water and sanitation in retirement homes				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.5.2 There is a public policy to ensure access to safe drinking water and sanitation by users of retirement homes				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 3.5 USERS OF RETIREMENT HOMES (CONT.)				
3.5.3 There is specific public funding to support access to safe drinking water and sanitation by users of retirement homes				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.5.4 Retirement homes have relevant complaint mechanisms in place				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.5.5 Retirement homes have separate toilets for males and females				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.5 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 3.6 PRISONERS

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

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.6.1 There is data on levels of access to safe drinking water and sanitation in prison facilities				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.6.2 There is a public policy to ensure access to safe drinking water and sanitation by prisoners				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.6.3 There is specific public funding to support access to safe drinking water and sanitation by prisoners				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.6.4 Prison facilities have relevant complaint mechanisms in place				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.6.5 Prison facilities have separate toilets for males and females as well as adequate facilities for menstrual hygiene management				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.6 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 3.7 REFUGEES LIVING IN REFUGEE CAMPS AND CENTRES				
Rationale. Refugees living in refugee camps and centres cannot secure independent access to safe drinking water and sanitation and depend on the water and sanitation services provided at those facilities.				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.7.1 There is data on levels of access to safe drinking water and sanitation in refugee camps and centres				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.7.2 There is a public policy to ensure access to safe drinking water and sanitation by refugees living in refugee camps and centres				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.7.3 There is specific public funding to support access to safe drinking water and sanitation by refugees living in refugee camps and centres				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.7.4 Refugee camps and centres have relevant complaint mechanisms in place				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.7.5 Refugee camps and centres have separate toilets for males and females as well as adequate facilities for menstrual hygiene management				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.7 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 3.8 HOMELESS PEOPLE

Rationale. A number of people lack access to water and sanitation services not because their locality is not served or because they cannot afford them, but because they have no fixed dwelling to be connected to the water and sanitation networks. They include homeless people. Homeless people have to rely on public water and sanitation facilities.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.8.1 There is data on levels of access to safe drinking water and sanitation by homeless people				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.8.2 There is a public policy to ensure access to safe drinking water and sanitation by homeless people				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.8.3 There is specific public funding to support access to safe drinking water and sanitation by homeless people				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.8 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 3</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 3.9 TRAVELLERS AND NOMADIC COMMUNITIES

Rationale. A number of people lack access to water and sanitation services not because their locality is not served or because they cannot afford them, but because they have no fixed dwelling to be connected to the water and sanitation networks. They include travellers and nomadic communities. Travellers and nomadic communities have to rely on public facilities. (The challenge of settlements of ethnic minorities is considered under area 3.10).

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
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3.9.1 There is data on levels of access to safe drinking water and sanitation by travellers and nomadic communities				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
Reliability of the response: (high, medium, or low)

3.9.2 There is a public policy to ensure access to safe drinking water and sanitation by travellers and nomadic communities				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
Reliability of the response: (high, medium, or low)

3.9.3 There is specific public funding to support access to water and sanitation by travellers and nomadic communities				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
Reliability of the response: (high, medium, or low)

Please calculate the score for Area 3.9
 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)
 Divide the number of total points by 3

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 WATER AND SANITATION

Rationale. People belonging to vulnerable and marginalized groups often live in housing without basic water and sanitation, even if they are located in neighbourhoods/localities with access. The causes include situations of illegal tenure, low quality of rented accommodation, squatting, as well as discrimination of ethnic minorities. (The challenge of full localities and informal settlements without access is considered under area 2.1)

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.10.1 There is data on lack of access to safe drinking water and sanitation by households living in neighbourhoods with access				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.10.2 There is a public policy to address the lack of access to safe drinking water and sanitation by households living in neighbourhoods with access				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.10.3 There is specific public funding to support access to safe drinking water and sanitation by households living in neighbourhoods with access				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.10.4 There is an official diagnostic of the problem and a characterization of the different situations (e.g. illegal tenure, ethnic discrimination, low quality of rented accommodation)				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.10.5 There are integrated programmes (involving different government departments) to address the symptoms and causes of the lack of access				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				

AREA 3.10 PERSONS LIVING IN HOUSING WITHOUT WATER AND SANITATION (CONT.)

Please calculate the score for Area 3.10
 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)

Divide the number of total points by 5

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 AND SANITATION IN THEIR WORKPLACES

Rationale. While many people spend most of their time in their workplaces, there may be cases of workplaces without adequate access to safe drinking water and sanitation.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
3.11.1 There is data on lack of access to safe drinking water and sanitation by workers in their workplaces				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.11.2 There is a public policy to address the lack of access to safe drinking water and sanitation by workers in their workplaces				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
3.11.3 There is specific public funding to support access to safe drinking water and sanitation by workers in their workplaces				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 3.11 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 3</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option) High Medium Low</p>				

Section 4.

KEEPING WATER AND SANITATION AFFORDABLE FOR ALL

AREAS OF ACTION	RELEVANT SECTION IN THE NO ONE LEFT BEHIND PUBLICATION
4.1 Public policies to ensure affordability of water and sanitation services	Section 6.1
4.2 Tariff measures	Section 6.2
4.3 Social protection measures	Section 6.3

QUANTITATIVE INFORMATION ON AFFORDABILITY

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

	2011 or closest year (indicate year)	2006 or closest year (indicate year)	SOURCE (indicate whether this is an official source)
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 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 in ensuring affordability of the water and sanitation bill (million EUR)			
Public financial resources spent in ensuring affordability of the water and sanitation bill (EUR per capita)			
Public financial resources spent in ensuring affordability of the water and sanitation bill (% of budget for water and sanitation)			

AREA 4.1 PUBLIC POLICIES TO ENSURE AFFORDABILITY				
Rationale. The cost of water and sanitation service provision, either by networks or by self-provision, and including wastewater treatment charges, may represent a high financial burden, particularly for the poorest households. Affordability is a common and increasing concern. However, in many cases, national local policies do not address this issue.				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
4.1.1 There is data on affordability of water and sanitation services				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.2 Water and sanitation policy includes affordable access as one of its objectives				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.3 Social policy addresses affordability of water and sanitation services				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.4 There is a policy to address affordability of self-provided water and sanitation services				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.1.5 There is specific public funding to address affordability concerns				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 4.1</p> <p>Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 5</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 4.2 TARIFF MEASURES				
Rationale. Tariff design offers several options to address affordability issues, such as through social tariffs or through carefully designed progressive tariff systems. Preferential tariffs are mostly financed by higher tariffs on other users.				
	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
4.2.1 The public authorities have analyzed different options to address affordability issues through tariff measures				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.2.2 Tariff measures have been included in a strategy to address affordability issues				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.2.3 Tariff measures to address affordability issues have been implemented				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
4.2.4 Tariff measures implemented to address affordability issues contribute to the financial sustainability of service provision				
<p>Score justification: (explain briefly and/or give examples that justify the answer)</p> <p>Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)</p> <p>Reliability of the response: (high, medium, or low)</p>				
<p>Please calculate the score for Area 4.2 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)</p> <p>Divide the number of total points by 4</p>				
<p>Please estimate the average reliability of the responses for this area (please mark one option)</p> <p>High Medium Low</p>				

AREA 4.3 SOCIAL PROTECTION MEASURES

Rationale. Social protection measures offer several options to address affordability issues without modifying the design of existing water and sanitation tariffs. They can be aimed at avoiding non-payment of water bills (preventive measures) or at paying water debts (curative measures). They are mostly financed by general (local, regional or national) taxes.

	YES	TO A LARGE EXTENT	TO A LIMITED EXTENT	NO
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4.3.1 The public authorities have analyzed the impacts of different alternatives to address affordability issues through social protection measures				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
Reliability of the response: (high, medium, or low)

4.3.2 Social protection measures have been included in a strategy to address affordability issues				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
Reliability of the response: (high, medium, or low)

4.3.3 Social protection measures to address affordability issues have been implemented				
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Score justification: (explain briefly and/or give examples that justify the answer)
Means of verification used: (e.g. official documents, multi-stakeholder consultation, expert opinion)
Reliability of the response: (high, medium, or low)

Please calculate the score for Area 4.3
 Add the points obtained (Yes = 3, To a large extent = 2, To a limited extent = 1, No = 0)
 Divide the number of total points by 3

Please estimate the average reliability of the responses for this area (please mark one option)
 High Medium Low

Overview of results

SECTION	AREA OF ACTION	SCORE	RELIABILITY
Steering governance frameworks to deliver equitable access to safe drinking water and sanitation	1.1 Strategic framework for achieving equitable access		
	1.2 Sector financial policies		
	1.3 Rights and duties of users and right-holders		
Reducing geographical disparities	2.1 Public policies to reduce access disparities between geographical areas		
	2.2 Public policies to reduce price disparities between geographical areas		
	2.3 Geographical allocation of external support		
Ensuring access for vulnerable and marginalized groups	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 facilities		
	3.4 Users of educational facilities		
	3.5 Users of retirement homes		
	3.6 Prisoners		
	3.7 Refugees living in refugee camps and centres		
	3.8 Homeless people		
	3.9 Travellers and nomadic communities		
	3.10 Persons living in housing without water and sanitation		
	3.11 Persons without access to safe drinking water and sanitation in their workplaces		
Keeping water and sanitation affordable for all	4.1 Public policies to ensure affordability		
	4.2 Tariff measures		
	4.3 Social protection measures		

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

The Equitable Access Score-card

supporting policy processes to achieve the human right to water and sanitation

The Protocol on Water and Health specifies that in pursuing the aims of access to drinking water and provision of sanitation for everyone, special consideration should be paid to ensure equitable access to these services for all members of the population.

The publication *No one left behind: good practices to ensure equitable access to water and sanitation* identified three critical factors in ensuring equitable access to water and sanitation: reducing geographical disparities; overcoming the barriers faced by vulnerable and marginalized groups; and addressing affordability concerns.

The Equitable Access Score-card presented in this publication builds upon these three policy concerns. It is an analytical tool designed to help Governments and other stakeholders to establish a baseline measure of the equity of access to water and sanitation, identify related priorities, discuss further actions to be taken and evaluate progress through a process of self-assessment.

The publication contains recommendations on how to plan for the self-assessment and provides concrete examples of the benefits of using the score-card in different settings. Parties to the Protocol and other stakeholders are invited to use the Equitable Access Score-card to support the definition of targets to bridge the existing gaps in access to water and sanitation and thus to achieve the human right to water and sanitation.

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