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## **Mandate of the Special Rapporteur on the human rights to safe drinking water and sanitation**

### **Questionnaire for Non-State Actors**

#### **Human Rights to water and sanitation of forcibly displaced people in need of humanitarian assistance**

In order to comply with his mandate, the Special Rapporteur will focus his 2018 annual report to the Human Rights Council on the issue of the human rights to water and sanitation of forcibly displaced people in need of humanitarian assistance.

For the purposes of the report, **forcibly displaced people** are “those who are forced to move, within or across borders, due to armed conflict, persecution, terrorism, human rights violations and abuses, violence, the adverse effects of climate change, natural disasters, development projects or a combination of these factors”. The report will specifically target those who are unable, for reasons beyond their control, to realise their rights to water and sanitation by the means at their disposal and have to rely, as a result, on international and/or national humanitarian assistance - mainly internally displaced persons, refugees, asylum seekers, and migrants in a vulnerable situation while en route, at borders and at reception.

In this respect, the Special Rapporteur would welcome answers to the following questions:

1. Please identify your organisation, and briefly explain its role in the provision of water and sanitation humanitarian assistance to forcibly displaced people (within or across borders).

Created in 1979, the Non-Governmental Organization Action against Hunger (AAH) considers Water, Sanitation and Hygiene as essential factors to reduce under-nutrition, morbidity and mortality of children under 5, and to restore and ensure, beyond their survival, the dignity and autonomy of the people and individuals affected by crises.

In 2018, Action Against Hunger has 50 country or regional offices and nearly 8,000 employees. The organization provides annual WASH assistance to nearly 6 million people, through construction or rehabilitation of water points, sanitary facilities and hygiene promotion. Together with the over 120 WASH operational projects developed each year in both emergency and development settings, AAH also develops related research, advocacy and partnerships, illustrated by our strong involvement in the WASH Cluster system related to the Humanitarian Reform.

For the purpose of this questionnaire, we would like to focus and raise special attention to two countries: Syria and Lebanon, where AAH provides water and sanitation services for displaced and refugee populations, respectively.

In both countries, provision and coverage of water and sanitation needs can be achieved through direct provision of quality water and safe sanitation in temporary settlements, per household, at a ratio of 30lts to 45lts of clean water (depending on the location) and 70% of the equivalent of water distributed in sanitation services. Whereas displaced populations are hosted by, and integrated in local communities, AAH may opt for the increase of water production and sanitation availability through local sources, by repairing water and sanitation systems, and providing connections to vulnerable households (displaced and host communities alike), taking in consideration the sensitiveness that access and availability to water may imply for populations.

In 2017, Action Against Hunger has provided water and sanitation to over 1 million displaced population and host communities in Rural Damascus, Dar'a, Homs, Hama, Aleppo and Hassakeh in Syria, and 120,000 refugees in settlements across the Bekaa region in Lebanon.

2. What is your assessment of preparedness, resilience and adaptability of the existing water and sanitation services, including contingency plans and special budget, in the countries you are working? How can a human rights based approach contribute to the preparedness and resilience of water and sanitation services? Please share lessons learnt, and good practices in this regard.

In Syria, destruction of water systems has been a recurrent practice throughout the conflict, with disregard for provisions of International Humanitarian Law. Water has not only been used as a weapon of war by all parties in conflict against civilians, but has been also weaponized, with the use of substances at water sources or distribution points that could lead to morbidity and mortality.

Before the crisis nearly 100% the population in Syria was served by centrally managed and 'free at the point of use' water systems. While in average approximately 62% of the surveyed households can still access water supply at a minimum cost from public networks and private wells (although this figure decreases to 18 per cent in non-government controlled areas), reduced incomes and purchasing power means that families are sometimes spending up to 15 to 20 per cent of their income in water, to secure an average of 57lts per person per day. Of the 70% water systems that remain operational, and despite continuous provision of chlorine in several locations, it was found that efficiency of the water treatment, including disinfection processes, varies significantly between different distribution systems and can prevent disinfection in areas under both Government of Syria and opposition control - 35% of 25,000 households surveyed (70 per cent in NSAG control and 30 per cent in GoS controlled areas) are relying on alternative and often unsafe water sources to meet their water needs. In NSAG-controlled areas, commercial water trucking now accounts for up to 62 per cent of the overall household-level water supply. Sanitation needs in Syria are considerably higher among IDP populations living in informal settlements, collective temporary shelters or in camps compared to the rest of the population.

Protection issues, such as the lack of door locks and lights, lack of gender segregated facilities, long distance to the facilities as well as the lack of privacy and harassment on the way to facilities are considerable concerns for women and girls. Facilities adapted for children and for disabled people are also lacking.

In a scenario of constant shift of military frontlines and active conflict, resilience was not always possible to set in place, as programmes in water and sanitation systems require a degree of accountability towards the maintenance and supervision of systems, which were not always possible to ascertain. Furthermore, resilience programmes require substantial investment and the HRP WaSH sector plan was financed at 39% in year 2017. However, UN and NGO partners were able to formulate appropriate contingency plans for the continuity of services in case of disruption of systems or sudden displacement, and although there was no special budget to finance specific contingency plans, the WaSH sector response hub coordination was effective enough to cover the needs of affected populations.

Considering this, a Human Rights approach on resilience should be tied in with provisions of International Humanitarian Law that protect Water and Sanitation infrastructure in situations of conflict, and therefore, the continuity of Water and Sanitation services to civilian population.

3. How does your organisation work with national and local authorities to ensure that forcibly displaced people have immediate access to sufficient, acceptable, safe and physically accessible water and sanitation services in a non-discriminatory way during emergencies?

Whereas possible, Action Against Hunger would work with local authorities (formal or informal) on the planning of rehabilitation, improvement or expansion of water and sanitation systems for a swift handover of management whilst promoting accountable and non-discriminatory practices. These are assessed by Action Against Hunger staff at the field level, monitoring the levels of access and availability of water and sanitation received per population cohort.

During emergencies, Action Against Hunger negotiates with authorities the provision of water and sanitation in host communities and IDP settlements. Problems of upholding the principle of impartiality may arise when negotiating water deliveries, especially in case vulnerable IDP populations in host communities, as targeting on the base of needs may create tensions between populations. Solutions may be foreseen to balance the provision of water according to the actual necessity (if service is provided at household level), or build a system of centralized community water points. The latter will be conceived if no protection or access constraints arise to the displaced populations.

4. How does the water and sanitation humanitarian response your organisation provides respond to the special needs of those forcibly displaced with disabilities, chronic illnesses, children (often separated or unaccompanied), the elderly, pregnant women? How do sanitation solutions meet the special needs of girls and women, in terms of physical accessibility, safety, cultural acceptability, privacy/dignity and management of menstrual hygiene?
  - WaSH structures in displacement sites (informal, formal or collective) take in consideration the inclusivity of people with disabilities, i.e., unimpeded access to Water and adapted sanitation facilities; Furthermore, structures are built considering the potential protection risks for population, particularly women and children, such as separate sanitation facilities, adequate lighting, lockers, etc.;

- Water standards applied have in consideration the cultural norms of affected population;
- Hygiene Kits take in consideration the specific needs of Women, Boys and Girls in its composition.

5. Is the affordability of water and sanitation services an issue for forcibly displaced people during emergencies? How does it affected their lives? Please provide concrete examples.

Forcibly displaced populations access to Water, Sanitation and Hygiene is absolutely dependant on WaSH humanitarian assistance, especially throughout the first months, until a certain degree of self-reliance is re-established through livelihoods or income generation activities.

For example, in the case of populations fleeing from ISIS held areas into north Syria, IDPs reported they had to walk for days until they reach safety, having left most of their belongings behind. While being screened by coalition supported military forces, these IDPs stayed for long periods in “transit sites”, often over a month, before being relocated to more protected informal settlements, or into host communities. During this period in transit, conditions were extremely dire, including in terms of water and sanitation availability. Cases of dehydration were reported, and in extreme cases populations started using very unsafe sources, such as river water or streams, infected ponds etc. Furthermore, with lack of available sanitation, IDPs would defecate open air or at the river banks, with growing risks of public health diseases. NGOs took some time to scale up the emergency capacity to respond to a sheer number of displaced populations (above 300,000 per month at its peak). Moreover, access to transit sites and to populations on the move was restricted in some cases due to contamination of explosive devices along the roads.

6. Please identify and share examples of challenges in ensuring the human rights to water and sanitation to forcibly displaced people during emergency situations.

Access to populations in need and populations’ access to goods and services in conflict areas. In the case of Syria, the most common challenges are:

- 1) Besiegement or military encirclements of communities, halting humanitarian agencies access to populations for water distribution, reparation of water and sanitation facilities;
- 2) Military interference in accessing populations on the move, dictating when and where water and sanitation services can be deployed;
- 3) Contamination of water sources for military purposes;
- 4) ERWs contamination in areas of intense conflict, endangering populations’ access to water sources and humanitarian agencies reach to vulnerable population;
- 5) Lack of water storage capacity to maintain minimum quantities of available water, and adequate sanitation facilities.

7. In situations of forced displacement across borders, what standard of water and sanitation services do national and local authorities of transit and/or destination countries apply to refugees, asylum seekers and migrants in a vulnerable situation while en route, at borders and at reception? Are they subject to different treatment from citizens or between themselves? What role does your organisation play in

situations where Governments policies are discriminatory in the provision of water and sanitation services?

No data collected from refugees in neighbouring countries.

8. In situations of internal displacement, what is the standard of water and sanitation services governmental authorities apply to internally displaced persons? If they are subject to different treatment from the host communities what role does your organisation play in those situations?

Standards of water provision to IDPs and vulnerable communities in Syria are defined by the WaSH sector, and should be followed by implementing partners. Governmental authorities (recognized or not) will invest in the water and sanitation to reinforce the system at community level, without focusing on individual standards.

9. How has the arrival of forcibly displaced people affected the current provision of water and sanitation services to local communities/host communities (as applicable)? How does your organisation support Governments in realizing the human rights to water and sanitation of local/host communities?

Overburden host communities are recurrently affected in accessing water and sanitation services. As for Action Against Hunger, considerations of supply capacity are taken to decide the plan for water and sanitation programmes, considering that water supply to IDPs should not have a relevant impact that will exert downward pressure on the availability of water and sanitation services of the host community.

10. In situations of protracted displacement (within or across borders), in camps, host communities or urban settings, how does your organisation cooperate with national and local authorities towards planning, designing and delivering water and sanitation solutions that are longer-term and more sustainable? How does your organisation promote the participation of forcibly displaced people in the processes of planning, designing and delivering those solutions?

Addressed on question 3.

11. What are the main challenges your organisation faces when moving towards water and sanitation solutions that are more sustainable and adequate for situations of protracted displacement in camps, host communities and urban settings? If applicable, how does your organisation coordinate action in this respect with international agencies on the ground? Please provide country-specific examples.

Sustainable solutions that provide consistent water and sanitation services to IDPs in protracted situations may be envisaged at initiative of an individual or a collective of agencies and approved by WaSH cluster coordination and local authorities. Some considerations should be taken:

- 1) The solution sought does not create an additional burden to the country's natural resources;
- 2) The solution is environmentally-friendly, or at least does not trigger environmental constraints;
- 3) The solution does not divert from host communities' resources;
- 4) The solution provides the same quantity and quality of water and sanitation services to IDP population's, without creating an unbearable burden on the IDPs access cost;

If these are observed, the solutions can be implemented in a sensitive manner. Some examples of solutions in Syria are:

- 1) Connection of IDP sites and households to centralized water and sanitation systems;
- 2) Development of small IDP sites water and sanitation systems, such as IDP site wells, centralized water storage units, environmental-friendly centralized sanitation solutions.
- 3) Water and Sanitation cash/vouchers

While attempting to implement these solutions, local authorities have raised concerns related to:

- 1) The principle of equality related to the cost of access for IDP and vulnerable host communities.
- 2) The temporary nature of IDP settlements against the high investment of sustainable structures;
- 3) The management of temporary sanitation facilities, that if not done appropriately may create public health and environmental issues;
- 4) The laws and regulations in the use of public or private property for installation of certain systems and use of certain materials;

12. In the context of rehabilitation and reconstruction efforts after disasters and conflicts (as applicable), how does your organisation coordinate efforts with Governments and international agencies to plan and implement sustainable solutions for the human rights to water and sanitation that enable the return of forcibly displaced people?

Action Against Hunger acknowledges the responsibility of governments and decentralized authorities on the planning of rehabilitation and reconstruction of water and sanitation systems, and the responsibility for the management of its natural resources. However, Action Against Hunger has the expertise to understand if those plans are inclusive, impartial and non-discriminatory in promoting access to all populations, especially the most vulnerable. In case these are not fully considered in planning stage, Action Against Hunger experts may suggest modifications or revisions to the plan. The conclusions of these negotiations, and the assurances of the principles above, are fundamental for the agency's engagement in rehabilitation and reconstruction efforts.

Within these plans, Action Against Hunger and partner agencies will work to ensure that plans include the demographic scenarios for return of IDPs, and the necessity to cover their water and sanitation needs, alongside the existing population.

The coordination of execution of rehabilitation and reconstruction is again the responsibility of authorities. International agencies, and other stakeholders working in the sector must ensure they are contributing for the same goal, avoiding duplications or uneven distribution of resources across plans.

To note that in some cases it is not possible to receive assurances from authorities regarding the impartiality and non-discriminatory planning for water and sanitation. This will be the case where the primary objective is of different nature other than promoting the right to water and sanitation, in which case Action Against Hunger will abstain to participate to rehabilitation/recovery efforts, and may be forced to work through emergency/resilience for longer than expected, avoiding instrumentalization of the resources provided.

13. How has the return of forcibly displaced people affected current water and sanitation provision of local/host communities? What role does your organisation play in situations where Governments cannot ensure the human rights to water and sanitation to returnees?

In the case of Aleppo, at the end of the military offensive in 2016, resident population started to return to their places of origin. Water and Sanitation networks were severely damaged and some neighbourhoods had no access at all to the public system. Action Against Hunger designed a neighbourhood water system plan to provide access to water for returnee population. This plan consisted of an emergency system, rehabilitating and connecting water sources to temporary water storage facilities and water distribution points. The quality of the water was ensured at the source, and monitored throughout the distribution mains until the end point. In cases where water sources were completely disrupted, water trucks would provide the water into the centralized water storage points. This system is still in place in some neighbourhoods of Aleppo, where costly rehabilitation of systems has not been finalized.

#### 14. **Submission of responses**

Due to limited capacity for translation, it is kindly requested that responses be submitted, if possible, in English, Spanish or French and, **no later than 15 March 2018**. All responses will be posted on the official webpage of the Special Rapporteur on the human rights to safe drinking water and sanitation, unless it is indicated that the submission and/or the supporting documentation should be kept confidential.

([www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/SRWaterIndex.aspx](http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/SRWaterIndex.aspx))

Please keep responses to a maximum of 5 pages (or 3,000 words), and provide links to information or documents when available. Preferably sent via email to: [srwatsan@ohchr.org](mailto:srwatsan@ohchr.org), copying [registry@ohchr.org](mailto:registry@ohchr.org). Alternatively, please send to:

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