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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).

Public Services International (PSI) is the global federation of trade unions in the public services (see www.world-psi.org). As such, our members include unions in public utilities, such as water and sanitation, thereby serving and ensuring access of communities to public water and sanitation services.

PSI's responses to this questionnaire are based on our experiences from running our projects on refugees, migrants and internally displaced persons (IDP), in partnership with our trade union affiliates in the following countries:

- 1) Human Rights, Trade Unions and Quality Public Services PS for Refugees and Migrant Workers Project in the MENA (Lebanon, Tunisia and Algeria)

2) Project on Building Trade Union Capacity to Defend Human Rights of IDPs to Quality Public Services in Nigeria

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.

A human rights-based approach to building preparedness and resilience in water and sanitation services must underpin all efforts by States (from national to sub-national levels) in ensuring access to water for local communities and forcibly displaced populations. It is important that interventions and investments be integrated in national and local public services, as this will contribute to overall improvements in the quality and delivery of public services that benefit the whole of community: citizens and non-citizens alike. By doing so, this also helps promote inclusion, social cohesion and fight racism and xenophobia.

PSI's 2017 Baseline and Mapping Research on Refugees and Migrant Workers in the MENA reveals:

“Migrant workers and refugees benefit fully from public water, electricity, and education services, at full cost to the State and with the same quality that is given to Lebanese citizens. According to the UNHCR's 2016 Bulletin, UNHCR's WASH interventions have improved sanitation conditions, including waste collection services, for 17,796 refugees, and they have also improved access to potable water for more than 10,000 refugees and benefited 6,026 refugees from public health promotion activities. WASH activities also include continuous preparations for the modernization of nine water supply systems in the Beqaa and Northern Lebanon. This project will involve the replacement of more than 156 km of sewage networks, the construction of three large reservoirs, the drilling and processing of four wells, and the installation of water connections to more than 10,000 households. These actions will significantly improve water supply and health conditions in target areas.”

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?

In Lebanon, PSI's North Lebanon Water Workers Union, works with the local municipality of Wadi Khaled in expanding the water pipeline to reach both local and the Syrian refugee community. Initially, the union members were involved in water distribution (tanks) funded by UNHCR and NGOs, but later on integrated water distribution by expanding the public water pipeline. They also did this through public-public partnership, i.e. joint partnership and training between the Wadi Khaled District (North Lebanon) and the Municipality of Torino (Italy).

See PSI's did a documentary video:

“Solidarity Across Borders” – Working in solidarity with refugees, UNHCR, non-governmental organisations and local authorities, the video tells the story of how PSI affiliate, the North Lebanon Water Workers Union, brought public water to

communities in North Lebanon that are hosting 75,000 refugees and 90,000 local population.

<https://youtu.be/76Gb0CUa-Bg>

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?

PSI's limited experience in Lebanon has shown the importance of ensuring access to public services, such as water, in promoting inclusion, particularly for women and girls, who often carry the gendered responsibility of water collection and care.

Our work in Nigeria relating to IDPs shows the serious challenges on access to water. PSI's investigative research into the IDP Camps in 2016 documents the following:

Respondents' access to potable water supply

This section discussed the respondents' access to portable water supply in the IDPs camps. Majority (89.7%) of the respondents said they do not have access to potable water. More than half (59.0%) of the respondents purchase water from nearby boreholes, below half (24.3%) said they source for water from well while few (16.7%) reported that they source for water from the river. All the hundred percent of the respondents said that they do not have access to sanitation facilities, two-thirds (66.3%) of the respondents said they do not have access to toilet facilities in the IDP camps. Majority (74.9%) reported that they used pit latrine while below half (25.1%) claimed that they used nearby bush for defecating.

FGD results

A question was asked relating to the access to potable water supply in the IDP camps. Most of the discussants across the group said that they do not have access to potable water supply in the IDPs camp especially in Kuchingoro IDP Camp. Some of the responses were as follows:

One of the participants from Kuchingoro IDP camp said: *"We do not have access to potable water supply. We fetched water from the flowing river behind us during the rainy season but now that we are in dry season, the river is not flowing again. So our condition here is terribly bad."*

"Here in Kuchingoro, we do not have anything because we are not recognised by the government. We want PSI to come and build a borehole for us so that the problem of water can be a something of the past. Water is life and that can help our family."

On whether there have been an outbreak of any disease or infections in the IDP camps. All the one hundred percent of the respondents said there has been outbreak of some infections in the IDP camps. According to findings, the type of infection outbreak is

about 306 cases, 91 cases (21.2%) of malaria outbreak, 84 cases (27.5%) of typhoid fever, 66 of the outbreak representing (21.6%) were Diarrhoea while few of the outbreak of disease or infections, 65 cases (21.6%) are pneumonia.

As noted from the analysis of findings, the study shows that majority (89.7) of the respondents have no access to potable water. Water, sanitation and hygiene conditions are of critical concern with reports of inadequate latrines and lack of access to safe water in IDP camps. Given the fact the knowledge of hygiene practices is very low in the IDP camps, the need for hygiene promotion activities and provision of hygiene kits is critical. Indiscriminate waste disposal and practice of open defecation were observed in all the IPD camps visited in Karmajiji, Yola and Kuchingoro camps (PSI, 2016).

These findings are taken into account as PSI pursues the implementation of its project in Nigeria in 2018-2019, in partnership with its two biggest unions: the Medical and Health Workers Union of Nigeria (MHWUN) and the Nigeria Association of Nurses and Midwives (NANM).

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

Water and sanitation services are public services and should therefore be accessible to all members of the population and at all times. This is the position that PSI strongly advocates for. Quality public services is the foundation to building preparedness, emergency and disaster response, and resilience of communities in protecting and promoting human rights.

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

The International Labour Organization's (ILO) Recommendation 205 (Decent Work for Peace and Resilience) provides the principles and guidelines in disaster response and resilience, including the treatment of forcibly displaced persons, in line with international human rights norms and labour standards.

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?

Migrants, refugees and internally displaced persons should have access to quality public service without fear or discrimination. This is the position of PSI and its affiliates worldwide. The projects that we are undertaking with our affiliates in

relation to migrants, refugees and IDPs carry this objective of promoting the human rights of all people to quality public services and promoting inclusion. This includes demanding governments, such as in the case of IDPs in Nigeria, to address the situation of IDPs, including public service workers who were themselves displaced, to a human rights-based response, among which is ensuring their right to safe and decent shelter, security, and access to water, sanitation, health services, education, decent work and social protection. Along with this, our affiliates will also be working with civil society in tracking the national budget, ensure transparency, accountability and good governance (including fighting corruption) and opposing privatisation in order to keep public services in public hands, and accessible for all.

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?

Same as 7.

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?

See above documentary, "Solidarity Across Borders," the experience of PSI's North Lebanon Water Workers' Union.

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?

Our projects in MENA and Nigeria will be working towards these approaches.

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.

No concrete experience on this yet, but access for all is our campaigning position and will be pursued in our projects with our unions.

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?

In view of this, our unions will be working towards the national application of the ILO Recommendation 205 (Decent Work for Peace and Resilience) in dealing with disaster response, reconstruction, displacement and resilience.

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?

We have no current direct experience with regard to this question.

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)

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, copying registry@ohchr.org. Alternatively, please send to:

Special Rapporteur on the human rights to safe drinking water and sanitation

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For any question, please contact Ms Madoka Saji, Human Rights Officer (msaji@ohchr.org; phone; +41 22 917 96 36) or Ms. Ahreum Lee, Associate Human Rights Officer (ahreumlee@ohchr.org; +41 22 917 93 91) at the Office of the High Commissioner for Human Rights in Geneva.