

ANNEXES FOR DECLARATION ON RESILIENCE TO CLIMATE AND HEALTH EMERGENCIES

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PART 2: The Checklist

National Checklist on Human Rights to Water and Sanitation for Resilience to Climate and Health Emergencies

Objective of this checklist

The objective of this checklist is to provide an **assessment tool** based on human rights to establish that there are national and local governance systems in place to ensure that each water, sanitation and hygiene providers and key public service institutions (such as schools, hospitals, prisons, care homes) may carry out their activity during an emergency such as a Pandemic, in compliance with human rights.

By encouraging water and sanitation suppliers to comply with the human rights to water and sanitation, their positive impact improves the implementation of other human rights such as health. Importantly, the increase in standards associated with realising these rights, will also support greater resilience to future contagious diseases, not only for the vulnerable groups that may be overlooked. These checks can therefore provide a wide and sustainable contribution to the well-being and dignity of a greater percentage of the population.

What are the human rights to safe drinking water and sanitation?

In 2010, the UN General Assembly declared the right to drinking water and sanitation as essential to the full enjoyment of life and all human rights. In 2015, the UN General Assembly reaffirmed the right to water and the right to sanitation, recognising them as distinct rights, although related and both stemming from the right to an adequate standard of living. Human rights obligations related to access to water and sanitation are included in different human rights treaties. It is **States** that are primary responsible for the realisation of the human right to water and sanitation.

The human right to water entitles everyone to have access to **sufficient, safe, acceptable, physically accessible and affordable water** for personal and domestic use, while the right to sanitation entitles everyone to have **physical and affordable access to sanitation**, in all spheres of life, that is **safe, hygienic, secure**, and **socially and culturally acceptable** and that provides **privacy** and ensures **dignity**. Those rights shall be delivered in a **participatory, accountable and non-discriminatory manner**.

Who has human rights to safe drinking water and sanitation?

Human rights are the inalienable fundamental rights to which each person is inherently entitled. Human rights are conceived as **universal** (applicable everywhere) and **egalitarian** (the same for everyone). They embody the basic standards without which people cannot realize their inherent human dignity. Recognising access to safe drinking water and sanitation as a human right therefore means that **everybody** is entitled to these rights.

What are the human rights to water and sanitation principles and criteria?

Human rights **criteria** (availability, quality, acceptability, accessibility, and affordability) and human rights **principles** (non-discrimination, access to information, participation, accountability and sustainability) shape the content and scope of the right and guide its implementation process. All these elements give meaning to the human rights to water and sanitation and must be taken into account for its implementation.

Why do human rights matter for all organisations and businesses?

The United Nations Human Rights Council (2011) endorsed the Guiding Principles on Business and Human Rights: Implementing the United Nations ‘*Protect, Respect and Remedy*’ Framework. These Guiding Principles apply to all States and to all business enterprises, NGOs and community-based organisations regardless of their size, sector, location, ownership and structure.

The Guiding Principles recognise that:

1. **States** have the obligation to respect, protect and fulfil human rights;

2. **Business enterprises and other suppliers/operators** are required to comply with all applicable laws and need to respect human rights. They should avoid infringing on the human rights of others and should address adverse human rights impacts with which they are involved; and
3. Rights and obligations need to be matched by appropriate and effective remedies when breached.

This means all water and sanitation operators have to comply with local laws **and** are responsible to respect human rights, including the rights to access to safe drinking water and sanitation.

Responsibilities of service providers

State and Non-State actors must **comply with the laws and regulations** of the country in terms of a general legal obligation: they have a basic responsibility to **respect** human rights. The distinctive responsibilities of companies in relation to human rights are summarised under the concept of ‘due diligence.’ Companies are required to exercise due diligence in relation to human rights while operating. ‘This concept describes the steps a company must take to become aware of, prevent and address adverse human rights impacts’¹.

Service providers in the water and sanitation sector

Service providers in the water, sanitation and hygiene sectors need to comply with the due diligence framework. At the same time, the provision of water and sanitation services is characterised by a special feature: the services relate directly to the fulfilment of human rights. Thus, while the service itself may contribute to the realisation of the rights to water and sanitation, the activities of service providers may also potentially result in abuses of the right to water and sanitation. The following special challenges have been identified in light of the human rights-based approach in the water and sanitation sectors²:

- Guaranteeing transparent and democratic decision-making
- Addressing power asymmetries in the bidding and negotiation process
- Reaching the poorest and the most marginalised
- Ensuring affordable services
- Avoiding disconnections in case of inability to pay
- Ensuring the quality of services
- Ensuring monitoring and follow up
- Ensuring effective complaint mechanisms
- Addressing corruption

Guideline for methodology

The checklist is used a guide to the laws, policies, and local authority practices that are currently applicable in the country under analysis. It is important to reference any answers with links or proper references. There will be an initial online course available for guidance, and a helpline for additional questions.

In additional to the basis collection of information, the summary page also provides a dashboard of the degree to which the country has achieved some resilience to pandemics through the inclusion of the human rights to water and sanitation criteria and principles. It is worth noting that this is a test of what is already included in written laws, policies, regulations and standards, and not a recognition of compliance in practice. It is intended to identify areas of weakness that can be easily supported to improve resilience.

¹ Protect, Respect and Remedy: a Framework for Business and Human Rights Report of the Special Representative of the Secretary-General on the issue of human rights and transnational corporations and other business enterprises, John Ruggie A/HRC/8/5.

² Report of the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation, Catarina de Albuquerque A/HRC/15/31

PART 3: The Methodology

The analysis applied the Resilience Checklist (as introduced in Part 2) to 22 countries, as listed in table 1. These countries were selected based on geographic spread, HR2W engagement at country level, and a mix of places with varying levels of development, climate and culture. There are another five countries that are still in development.

Table 1: Countries Included in the Analysis

Europe and Central Asia	Asia	Africa and Middle East	Americas	In progress (as of 31/3/21)
Germany	Australia	Lebanon	Costa Rica	Burkina Faso
Poland	Indonesia	Kenya	Brazil	El Salvador
Slovakia	Korea	Morocco	Honduras	Guatemala
Sweden	Nepal	Palestine	Mexico	Kazakhstan
Uzbekistan	Philippines	Senegal	Guatemala	Turkey
	Singapore	South Africa		
		Uganda		

The methodology was developed by HR2W in June 2020, based on the experience gained through the [HR2W Country Legal Mapping](#) approach (and the established [Checklist for small water and sanitation providers](#)). It concentrates on the factors that relate to maintaining the protection, respect and fulfilment of the human rights to water and sanitation under emergency conditions. It was tested in Costa Rica initially, with feedback on the results from the management team at [AvA](#), the **Costa Rican** Water and Sanitation Institute, which is a centralized public institution reporting to the Minister of Health. The international law firm, [White & Case](#), has provided substantial pro bono research support, with teams of lawyers applying the methodology to complete the analysis in 22 countries in the period from July 2020 to February 2021. The results have been peer reviewed and analysed by the team at HR2W.

Part 2 extracts the questions from the Resilience Checklist Tool introduced in Part 2 and summarises in percentage terms the number of countries in the study that have included the relevant law or policy in their governance framework. For example, under Availability, Question 1. it was found that that only 39% of the countries studied included a law to guarantee that a minimum volume of water will be supplied at all times, including during emergencies. It is from these statistics that we have been able to draw some conclusions about the areas that need most attention from countries to ensure that human rights to water and sanitation are protected during emergency situations.

It is noted that this analysis does not infer compliance, but it does provide useful data to highlight the topics that warrant the most attention, and the reports can be used as reference laws.

PART 4: The Results

The analysis scores are prioritised in order of the ones with the lowest levels of incidence in national law, highlighting the outcomes where there is substantial need for improvement. For example, affordability is presented as the lowest scoring criteria, due to the lack of legal and planning instruments that ensure continuity of supply for non-paying customers under emergency conditions. Similarly, non-discrimination is the lowest scoring principle as there are few formal systems for inclusion of marginalised groups in decision-making for water and sanitation services.

Table 2 Summarises the aggregated results by outcomes of the criteria and principles of the human rights to water and sanitation, prioritised in order of score.

Table 2: Aggregated Scores per outcome, per the 22 countries in the study

AGGREGATED SCORES PER OUTCOME	
CRITERIA	
AFFORDABILITY	38%
ACCEPTABILITY	44%
ACCESSIBILITY	49%
AVAILABILITY	53%
QUALITY	66%
AVERAGE for CRITERIA	50%
PRINCIPLES	
NON-DISCRIMINATION	31%
PARTICIPATION	38%
ACCESS TO INFORMATION	46%
SUSTAINABILITY	53%
ACCOUNTABILITY	55%
AVERAGE for PRINCIPLES	45%

1. AFFORDABILITY:

Access to water facilities and services must be done at a price that is affordable for all people. Access to water must not compromise the ability to pay for other essential necessities guaranteed by human rights, such as food, housing and health care.

As a rule, the fact that water must be affordable does not mean that water should be free, but that no person can be deprived of the right to water for economic reasons.

The United Nations Development Program (UNDP) proposes that household spending on water does not exceed 3% of family income.

During a health emergency, it is critical that everyone has access to WASH, and there might be people that need to have these services provided free during this period.

1	AFFORDABILITY	Included
	Is there a system for ensuring that vulnerable people, including the homeless, have reduced price or free water during the crisis?	70%
	Are there government subsidies to cover the extra expenses of local water and sanitation providers during the emergency?	36%
	Is there a public water service pricing strategy especially for the emergency?	27%
	There is a public sanitation service pricing strategy especially for the emergency?	5%
	Is there inclusion of WASH services in economic response packages to support vulnerable crisis-affected households?	50%
	TOTAL SCORE for AFFORDABILITY	38%

Affordability remains one of the most limiting factors for access to safe drinking water and sanitation. Health risks for neighbourhoods are compounded if there is insufficient water to drink, wash hands and maintain personal hygiene. A solution for continuous supply, linked to a pricing plan, is essential to keep services available in a crisis. There are generally very few systems in place to ensure that vulnerable people are continuously able to access water during a crisis. The absence of specific pricing plans designed for emergency conditions and subsidies to maintain supply for the poorest members of society are symptoms of a disregard for the poorer sections of society regarding their human right to water. Sanitation provision for people outside the home is clearly one of the areas that is most easily ignored during an emergency, with almost no references found.

DECLARATION

Governments need to ensure that people do not lose continuity of supply due to the inability to pay under emergency conditions. At the same time, water utilities/managers need to be mindful of unintended consequences, such as how changes to existing policies could affect overall water usage and availability.

2. ACCEPTABILITY:

Water and sanitation facilities and services must be culturally and socially acceptable. This means that the location of facilities with respect to safety (especially at night), and also the types of systems that are provided need to be acceptable to the community so that they are safe and pleasant to use.

In addition to safety, water should also be of an acceptable colour, odour and taste.

2	ACCEPTABILITY	Included
	Is there a system for consulting with the community about the way that services are provided to ensure that they are socially and culturally acceptable, and does this include emergency solutions?	68%
	Is there a system of monitoring any changes in water taste, smell, colour that are caused by the emergency, with a view to ensuring that it is still acceptable to the public?	68%
	Is consumer opinion continued to be taken into account during the emergency, and how?	43%
	Is there a protocol to ensure that women and girls continue to have safe access to toilets and hygiene facilities during the emergency?	27%
	Is there a directive to ensure the cleanliness of public toilet, menstrual hygiene and handwashing facilities to ensure that they are usable, and also less likely to spread disease?	55%
	TOTAL SCORE for ACCEPTABILITY	44%

It is not apparent from the study that consumer opinion is being taken into account during emergencies. Safety for women and girls is clearly an area for concern, and this protection is essential and should be continued even during times of crisis. Systems for consulting with all people in the community need to be established under both regular and emergency conditions, to ensure that facilities are provided in a way that is clean, hygienic, environmentally sensitive, and located such that they are safe for women and girls to access in the dark. Consumer input therefore needs to be gathered on a regular basis, including during an emergency, to ensure that services continue to be acceptable to all.

DECLARATION

Social, environmental, and cultural acceptability, especially for access to sanitation facilities for women and girls, should be integrated into service design and provision under normal circumstances, to ensure that it continues during emergencies.

3. ACCESSIBILITY:

Water and sanitation services must be accessible to everyone in the household or its vicinity on a continuous basis, as well as in schools, health-care facilities and other public institutions and places. Physical security must not be threatened during access to facilities.

There is no physical access when you have to travel a distance of more than 1 km or when it takes more than 30 minutes return trip (WHO).

Accessibility during a pandemic is more difficult due to transport limitations, and there needs to be consideration of solutions to keep services accessible to all.

3	ACCESSIBILITY	Included
	Are there directives to ensure that access to water delivery is physically easy for all people (including marginalised groups) during the emergency?	57%
	Is there priority to maintain water and sanitation services for hospitals and care homes, prisons, schools during pandemics?	50%
	Is there a plan to keep public toilet and handwashing facilities open, functional and hygienic during the crisis?	36%
	Are there special considerations for remote communities and marginalised people to ensure that they are not forgotten during the emergency situation?	70%
	Are elderly people and people in care homes given special priority in the supply of water and sanitation during the emergency, with accessible access and deliveries?	32%
	TOTAL SCORE for ACCESSIBILITY	49%

Laws that ensure accessibility under these conditions were found in only half of the countries studied. Vulnerable people should be prioritised for safe drinking water and safely managed sanitation, especially those in health-care facilities, schools, prisons, care homes, remote areas, and other public places where vulnerable people limited choices. Emergency planning to ensure that infrastructure is resilient to disasters, and that marginalised groups are not discriminated against (for example the elderly, disabled, people living in slums, remote and rural areas, indigenous and informal settlements³) is essential to ensure that all people have access.

DECLARATION

Maintaining access during a crisis may be limited due to transport difficulties, and consideration needs to be given to planning for emergency situations, especially for prioritised groups.

³ Art 9.2.b of the Kampala convention

4. AVAILABILITY

The human right to water means that water must be available in **sufficient quantities** for personal and domestic uses (cooking, drinking, personal and household hygiene), with these uses being prioritised over water uses like agriculture and industry.

According to the World Health Organization (“**WHO**”), 50 to 100 litres per person per day is an adequate quantity of water to meet all health requirements. This includes (but is not limited to) safe drinking water.

During an emergency, it becomes even more critical to maintain water and sanitation services on a continual basis and provide facilities for additional handwashing and hygiene.

1.	AVAILABILITY	Included
	Is there a vital minimum volume of water guaranteed by local governments (including tank trucks)?	39%
	Is there a suspension of water supply cuts ordered during the emergency?	50%
	Is there an emergency plan to source additional or alternative sources of water during the pandemic?	61%
	Is there an emergency plan for pandemics that includes continuity of sanitation waste and wastewater treatment and collection facilities?	55%
	Is there an obligation to include soap and handwashing facilities in all public services (e.g. schools, hospitals, transport)?	59%
	TOTAL SCORE for AVAILABILITY	53%

Few countries studied have specific laws to ensure a minimum volume of water per person for drinking and hygiene. Only about half of the countries studied restrict the release of untreated wastewater and toilet matter into the environment. This pollution then contaminates the groundwater, rivers, and lakes and compounds efforts to ensure long-term water quality and sustainability, especially considering climate change. Handwashing remains lacking in many countries and is not given priority.

DECLARATION

A minimum volume of water per person should be always assured, with special provision and planning for emergencies to maintain services. Sanitation and waste disposal need to be carefully treated before disposal to avoid spread of disease, and deterioration of water supplies.

5. QUALITY:

Water must be safe for consumption and other uses and not threaten human health.

States enjoy a relative margin of discretion to establish quality standards while following WHO standards.

Quality of water, provided by regular testing, and ensured by safe wastewater treatment and disposal, is essential to avoid spread of disease. Handwashing and hygiene habits are also strong indicators of quality.

5	QUALITY	Included
	Is the water supply quality tested on a regular basis to WHO or higher standards during the emergency?	66%
	Is there an accessible, clear and simple system of gathering data quickly for problem hotspots, such as wastewater leaks, contamination of water supplies, shortage of workers or supplies, so that services can be replaced quickly?	55%
	Are the local communities kept informed about contamination of local water bodies and supplies?	64%
	Is there a system to check that wastewater is tested before it is released, especially during a Pandemic	59%
	Is there a policy to educate households on handwashing, safe water storage, waste management, dirty laundry, etc.	89%
	TOTAL SCORE for QUALITY	66%

Two-thirds of countries studied included laws for testing to World Health Organization standards, which means that there is a directive to reach this quality, even if it is not attained in practice. More than half the countries studied have plans for responses to water contamination incidents.

Importantly, these average figures do not reflect the huge discrepancies between the global north and south, as developed countries typically have close to 100% scores on quality, compared to zero for some. Climate, urban development and population density can impact water quality, although compliance is not assessed as a part of this study.

DECLARATION

Testing on an almost continuous basis for the supply of water for drinking, and disposal of wastewater, is needed to avoid unnecessary contamination of water supplies and local water bodies. This will reduce spread of disease and health problems and protect clean water sources. People need to be alerted immediately if there is a contamination incident.

6. 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. In order to address existing discrimination, positive targeted measures may have to be adopted. In this regard, priority must be given to the most marginalised and vulnerable to avoid exclusion and discrimination.

Care needs to be taken that marginalised groups are not overlooked during health emergencies, to avoid additional spread of disease.

6	NON-DISCRIMINATION	Included
	Are there instructions for the provision of service during the emergency without direct or indirect distinction based on race, gender, colour, age, nationality, disability?	41%
	Is there a system in place to investigate whether any segments of society are excluded from normal services?	30%
	Are there guidelines for local authorities to design services to accommodate women, the elderly, those with disabilities, the marginalised, and those in need?	41%
	Are there special protocols for water and sanitation workers?	27%
	Are there special provisions to provide WASH services for informal settlements and nomadic peoples during the pandemic?	18%
	TOTAL SCORE for NON-DISCRIMINATION	31%

Discrimination is the single most overlooked area of law in this assessment, with very little reference in law and policy for a third of the countries in the study. It is impossible to know which segments of society are excluded from services without a formal system, which was only evident in a third of countries studied. Specific marginalised or vulnerable groups need to be included in a proactive manner to ensure their inclusion.

There therefore needs to be explicit standards for providing services for impoverished people in all areas, both rural and urban, along with a system to check inclusion of all vulnerable groups. The study showed that water and sanitation workers, and people in informal settlements are usually excluded. Local authorities also need guidelines on how to set up a monitored system to ensure wide inclusion.

DECLARATION

Provision of services without discrimination is critical to ensure that vulnerable people can maintain dignity, with standards for methods of inclusion, and a system for checking that it happens.

7. PARTICIPATION:

Processes related to planning, design, construction, maintenance and monitoring of sanitation and water services should be participatory. This requires a genuine opportunity to freely express needs and concerns and influence decisions. Also, it is crucial to include representatives of all concerned individuals, groups and communities in participatory processes. Poor people and members of marginalized groups are frequently excluded from decision-making regarding water and sanitation, and hence their needs are seldom prioritized.

Community participation in the planning and design of water and sanitation programmes is also essential to ensure that water and sanitation services are relevant and appropriate, and thus ultimately sustainable.

7	PARTICIPATION	Included
	Are there guidelines for local authorities to include a range of stakeholders in design of services, including women, the elderly, those with disabilities, the marginalised and those in need?	36%
	Is there a requirement to hold regular meetings, including all community stakeholders, for all stages in the planning, design, construction, maintenance and monitoring of sanitation and water services?	25%
	Does the local community have a role in the development of the emergency protocol for WASH services, including hygiene?	48%
	Is there participation in decisions that affect access to safe water at community/river basin level?	64%
	Is there any accommodation for marginalised people to access this participation process, eg disabled access, local language, location?	18%
	TOTAL SCORE for PARTICIPATION	38%

According to this study, marginalised groups are routinely excluded from decision-making in the process of planning, design, construction and implementation of water and sanitation services.

If services are not attuned to specific needs, people can be easily left behind. Laws regarding participation were found in less than half of the countries studied, with even fewer provisions for regular meetings. There was also very little attention to issues such as access for disabled, local languages, and location of meetings in consultations.

DECLARATION

Inclusion of representatives from all marginalised groups, especially women, is required in the planning and design stages of service provision to ensure proper consideration is given to their needs.

8. ACCESS TO INFORMATION:

This includes the right to seek, receive and impart information concerning water and sanitation issues. To reach people and actually provide accessible information, multiple channels of information, that consider cultural communication preferences, have to be used.

Moreover, capacity development and training may be required – because it is only when existing legislation and policies are understood, they may be utilised, challenged or transformed.

During emergencies, there needs to be special attention to communication of information to be more inclusive.

	ACCESS TO INFORMATION	Included
	Is there are system to ensure that emergency instructions are being clearly communicated?	68%
	Is there adequate notice of changes in the schedule of delivery that could affect the regularity of supply?	55%
	Do suppliers have the obligation to clearly communicate information about the quantity, quality and price of services?	59%
	Do service providers have the obligation to communicate water quality in times of emergency? What happens to communication if the offices are closed?	57%
	Is there a provision for new communication systems during the Pandemic, related with water and sanitation?	36%
	TOTAL SCORE for ACCESS TO INFORMATION	46%

Two-thirds of countries studied have a system to communicate emergency instructions on provision of water and sanitation. However, we found that changes in supply, quality, and pricing were less well communicated. Only a third of the countries studied have provisions for new communications during a crisis, ensuring continuity when offices might need to close, and at a time when timely data could be critical to saving lives and limiting further hardship.

DECLARATION

Provision for special communication channels during an emergency is essential to ensure adequate notice of any changes in supply, quality, and price of water and sanitation services.

9. SUSTAINABILITY:

The human rights obligations related to water and sanitation have to be met in a sustainable manner. This means practices have to be economically, environmentally and socially sustainable so that future generations can enjoy the right too.

In emergencies, it is often difficult to maintain the same standard of sustainability unless there are detailed plans on how to mitigate the risks in advance.

	SUSTAINABILITY	Included
	Is there a requirement for local authorities to have an emergency plan for pandemic situations, including economic, social and environmental risks?	82%
	Is there a mechanism to ensure continued maintenance of the infrastructure or technology used during emergencies? How is this monitored?	64%
	Economic: Do service providers have the obligation to reserve a budget for emergencies?	25%
	Environmental: Is there a system in hospitals to manage disposal of additional and highly contaminated sanitation and water waste during emergency pandemics?	70%
	Social: Is there a requirement for local authorities to prioritise hospitals, schools, care homes and people in need (such as those in informal settlements) for water and sanitation service supply during pandemics?	36%
	TOTAL SCORE for SUSTAINABILITY	53%

Sustainability includes planning for environmental, social, and economic risks. In the case of an emergency, this needs to include budgetary planning for continued maintenance of all systems and thus protecting the quality of water and wastewater, the environment, people's health, and the long-term functionality of systems. Although many countries have planned for these risks, they do not all cover the aspect of continuity, including reservation of funds to ensure that local authorities can afford to follow the plan and ensuring prioritisation for essential services.

DECLARATION

Planning for continuous services during emergencies should include budgets for ensuring continued maintenance services, disposal of contaminated waste, and prioritisation of supply to essential services for vulnerable people.

10. ACCOUNTABILITY AND TRANSPARENCY:

The realization of human rights requires responsive and accountable institutions, a clear designation of responsibilities and coordination between different entities involved. States should be held accountable for meeting these obligations and ensuring that non-State actors respect them.

Persons or groups denied their HRWS should have access to effective judicial or other appropriate remedies, like courts, national ombudsperson or human right commissions.

	ACCOUNTABILITY AND TRANSPARENCY	Included
	Do people have the possibility to file complaints during the emergency?	86%
	Are the emergency complaint mechanisms readily available for the public and easy to access? e.g. online, telephone, mail, with contact details easy to find?	86%
	Are these mechanisms adapted for those with incapacities, such as illiteracy, language barriers, disabilities, and how?	27%
	Are local providers required to report to authorities during the emergency? e.g. on water quality, continuity of supply, potential contamination	59%
	Is there a system established by local authorities during the emergency that deals with complaints quickly and finds solutions to solve them?	14%
	TOTAL SCORE for ACCOUNTABILITY AND TRANSPARENCY	55%

Systems for filing complaints are well established during normal times in most countries, but there are few that are set up to function reliably during an emergency, with a system for redress. There is a general failure to include adaptations for people with different needs, disabilities and languages. The studies also showed that many service providers, including public, private and unregulated local services, do not automatically have an obligation to report problems on quality, contamination or continuity of supply during a crisis.

DECLARATION

A complaint system should be in place to deal quickly with concerns during a crisis. It should be easy to access, and adaptable for people with different needs.