

The Right to Water & Protecting Refugees

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Background

The United Nations High Commissioner for Refugees (UNHCR) has the mandate on behalf of the international community to pursue protection, assistance and solutions for refugees. This entails a fundamental responsibility of providing legal security (asylum, non-refoulement and full enjoyment of human rights), physical safety (against natural or man-made threats) and material assistance (basic necessities of life). Provision of water cuts across all of these areas as it is a basic human right for the survival, health and well-being of the refugees.

The basic principles for the provision of drinking water are similar across all humanitarian settings but it takes on particular significance in a refugee operation due to the extreme vulnerability of refugees and their dependency on external help. These people are marginalized from access to normal services, and are often located in inhospitable living environments and insecure regions of the world. Furthermore, refugee groups are typically made of 70 to 80% women and children who bear the brunt of water collecting activities.

Refugees' Right to Water

Timely and adequate provision of clean water to refugees is of special importance given that they have traditionally faced difficulties in fully exercising their rights and are very prone to exploitation. The right to water for refugees revolves around UDHR (Universal Declaration of Human Rights, 1948) Article 25: "*Everyone has the right to a standard of living adequate for the health and well-being of himself and his family*".

The right to water was explicitly recognized and has become an international priority when in late 2002 ECOSOC (Economics and Social Council), a UN organ and the supervisory body for International Covenant on Economic, Social and Cultural Rights (CESCR), adopted a "General Comment" stressing "*The human right to drinking water is fundamental for life and health*".

The General Comment also drew specially attention to UNHCR's beneficiaries and urged state parties to ensure that: "*Refugees, asylum-seekers, internally displaced persons and returnees have access to adequate drinking water whether they stay in camps or in urban area. ...They should be granted the right to water in the same conditions as nationals.*"

The situation on the ground

The literature abounds with examples of a lack of access to clean water in refugee situations and the consequences. In the summer of 1994 more than one million Rwandans fled the genocide in their country to the neighboring DRC. There as many as 60,000 died from a vicious cycle of water shortage and, inevitably, cholera (UNHCR, 2003). A survey in 2004 suggested that 42% of school-going children in Kyangwali camp (Uganda) were regularly diverted from their school programmes to help their mothers collect water (AAH, 2004). A nutritional survey report conducted in refugee camps in Eastern Chad in May 2004 noted that the mean reported time required for water collection was almost 6 hours, most households used unsafe water sources and

that there was a high prevalence of malnourished children with reported diarrhoeal diseases (CDC, 2004). An MSF report from northern Uganda provided even a grimmer picture highlighting that people had to queue for three hours a day for water with an average availability of <3 liters per person per day. Those searching for water outside the camps risked being attacked by LRA fighters and so were compelled to gather contaminated water from unhygienic sources (MSF, 2005). Inequalities in water distribution across Kakuma camp (Northern Kenya) was a direct factor in a cholera outbreak there (Fig. 1; Cronin, 2005).

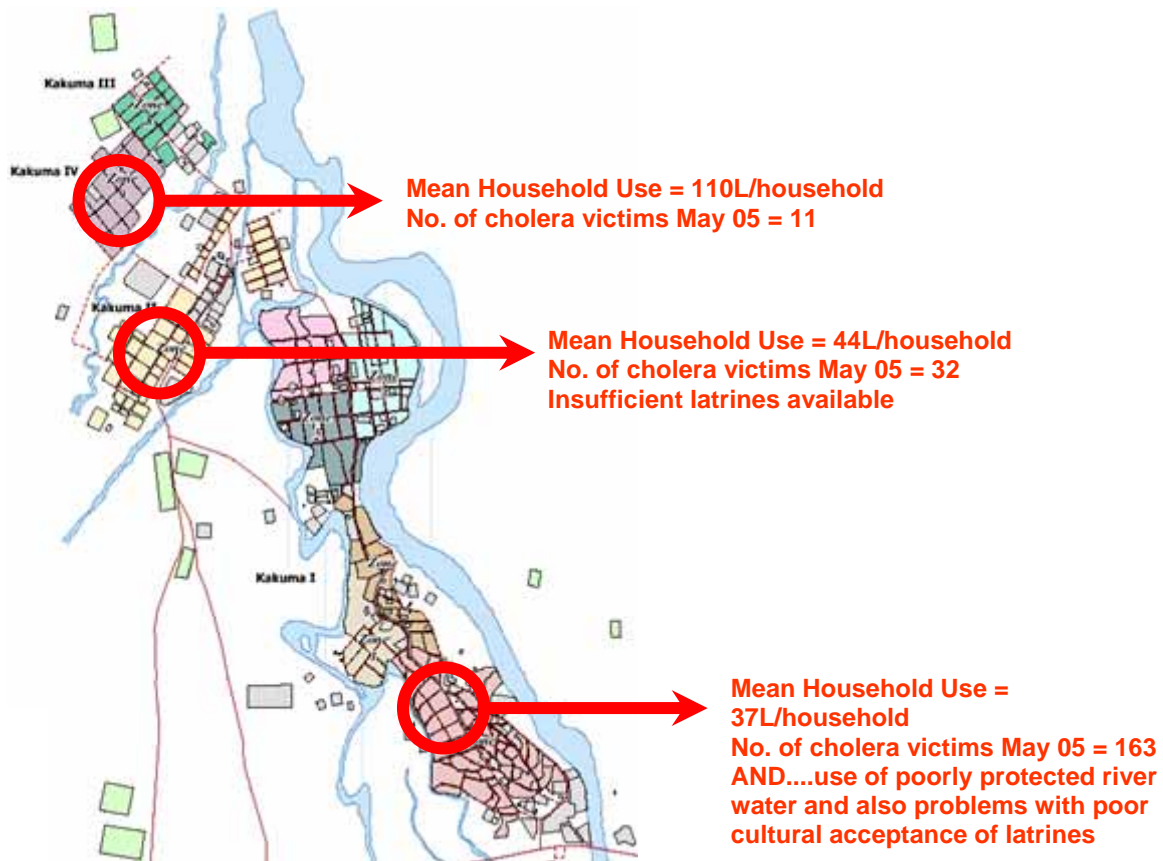


Figure 1 – Map of Kakuma camp, Kenya, showing how the area with the lowest household mean water consumption was the hardest hit by the cholera outbreak. The use of average camp-wide water consumption figures (~16L litres/person/day in this case) often hides such inequalities in distribution.



To better understand the situation on the ground and to enable better monitoring and planning and improve services, UNHCR initiated an annual systematic data collection from its major refugee camps (approximately 130 worldwide) on the level of services in key sectors from 2003. It revealed that, in fact, the attention to this vital sector remains far from being satisfactory in several camps. Also planned are in-depth analyses of those cases of deficient services in order to better understand the level of physical and social burden on refugee women and children, who are mainly responsible for fetching water. This is expected to improve services and contribute towards the Office's efforts in developing result-based management strategies.

*80% of all refugees are women and children
– this camp is in El Aiun, Algeria.*

Access to Water in Refugee Situations

Water provision as a right and a function of UNHCR's protection mandate does not fully reflect on the fact that provision of clean water, and other essential services like food, health, sanitation, shelter and education for that matter, is central to refugee dignity, and not merely for their health and well-being.

In a refugee situation, it should go beyond **'what'** (i.e. 20L per person per day of clean water, important as this is and, unfortunately, as of yet not universally attained for refugees) should be provided, but should also include **'how'** water is supplied and/or collected. **'How'** water is managed is based on UNHCR's and its partners' many years of experience of dealing with refugees and gives rise to common observations with strong protection concerns, especially linked to women and children. UNHCR water programmes therefore strive to ensure:



Women and children bear the brunt of the water collection activities. These refugees from Darfur are staying at Bahai spontaneous settlement, Chad

- sufficient water for basic needs to each and every person throughout the camp including schools and health posts and adequate containers for household storage;
 - acceptability and safety of the water supplied and regular monitoring for faecal contamination;
 - water distribution points are located centrally along safe access paths and are within 200m from the dwellings with minimum waiting time;
 - water distribution time and duration are planned according to users' convenience and cultural habits; this is normally limited to daylight hours so that the physical safety of the users is not compromised;
 - sustainable exploitation of the available water sources and minimisation of associated environmental impacts to help develop a good rapport with the host community and uphold the institution of asylum.
- controlled discharge and drainage of wastewater and stormwater to avoid water-induced hazards in the camp and the vicinity;
 - refugees and other stakeholders are empowered and encouraged to participate in all stages of a project with equal representation of women;
 - education is not hindered by children (especially girls) having to fetch water during school hours;
 - effective co-ordination of all actors in a refugee camp working in the water, sanitation, drainage, vector control and environmental protection sectors which is essential to optimise the quality of service provision;
 - promotion of harmonious living in a community setting, while respecting individual requirements of different ethnic groups residing in the same camp.

Social costs of water collection

These guiding principles for water supply in refugee situations are built on the core values that help enhance dignity and protection of the persons of concern to UNHCR. This means, in practical terms, that there is equitable distribution of water so that it does not become a source of power that can be abused for sexual or commercial exploitation. Safe access to water points is important to minimise the potential for gender-based violence. Access and distance to the collection point is also important as it affects the amount of energy expenditure spent on this task and time. In fact a woman collecting water for a family of four from a water-point at 200 m away



People need to feel safe when they collect water – children at Kyangwali camp, Uganda

from her house would spend on average about 15 percent of her standard distributed ration (which is just 2,100 kilocalories per day) on this task alone. Gender and minority voices also need to be heard in the water sector. As Clifton and Gell (2001) point out ‘communities are safer and more resilient to crisis when they are more egalitarian, and when all social groups are empowered in a way that enables them to contribute their respective opinions and resources’.

Indeed all groups with special needs, such the elderly and unaccompanied minors, disabled and HIV/AIDS patients, must be facilitated and encouraged in the water supply and management processes.

Conclusions

Ensuring improved access to and the availability of adequate amounts of water in refugee settings are central to the protection of these marginalised peoples. UNHCR has joined hands with its partners (102 in total in 2005) in implementing a range of water sector activities in its operations all over the world. These partners include government bodies, Non-Governmental Organisations (38 international NGOs are currently in partnership with UNHCR) and experts drawn from standby agreements with RedR-Australia and the Swiss Agency for Development and Cooperation (SDC). By virtue of its operation base primarily in the rural and remote areas of developing countries, UNHCR’s work in the water sector in both refugee and returnee areas is supporting the Millennium Development Goals and such work is vital to build capacity and help sustainable long-term solutions for the refugees. The challenge ahead is to maintain and improve the vital water sector, often with limited resources (funds and appropriate technical staff) in the difficult political, security and physical environment, which is the case often in a refugee setting.

Disclaimer: The views expressed herein are those of the authors and do not necessarily reflect the views of the United Nations.

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