Written Submission in response to questionnaire for non-state actors on the Human Rights to water and sanitation of forcibly displaced people in need of humanitarian assistance

Refugee Rights Europe Response

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).

Refugee Rights Europe is a UK registered charity and human rights organisation founded in 2016 in response to the humanitarian crisis in Europe. The project consists of professionals from a range of different sectors and includes academics and researchers, human rights specialists, media and communications experts, asylum workers, NGO managers, refugees, policy analysts and students. Refugee Rights Europe is independent of any political ideology, economic interest or religion. We believe in the indivisibility of human rights and we are united by our aim to defend the rights of some of the world’s most disadvantaged and marginalised individuals.

Our organisation researches and documents the situation for refugees and displaced people seeking protection in Europe. We use the research findings to advocate for human rights-centred policy development, to ensure the rights of refugees and displaced people are upheld on European soil, in accordance with the Universal Declaration of Human Rights.

While we do not provide humanitarian aid, our organisation has documented the situation for displaced people in Europe in regard to the provision of water and sanitation humanitarian assistance since 2016. We therefore believe our work will be of use to the annual report of the UN Special Rapporteur on the human rights to water and sanitation on the issue of the human rights to water and sanitation of forcibly displaced persons in need of humanitarian assistance.

The following submission is based on research conducted in mainland Greece in November 2016, Chios, Greece in May 2017, Ventimiglia, Italy, August 2017 and Calais, France, October 2017.

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.

Across several research locations in Europe, refugees and displaced people face a number of challenges in accessing safe drinking water and sanitation. In the majority of locations we visited in 2016-2017, some steps had been made towards the provision of water and sanitation facilities for refugees and displaced people either seeking to locate to another European country or waiting for their asylum-claim decision. However, the implementation of access to safe and clean drinking water remained well below international standards.

In locations such as Calais and Ventimiglia, it appears as though state parties are unwilling to implement services as a strategy to prevent the formation of permanent encampments and settlements. Being a universally adopted human right, the access to water must be guaranteed in such locations, and we therefore hold that policy development anchored in human rights will positively contribute to the preparedness and resilience of water and sanitation services. Similarly, in locations such as the Greek islands, it appears as though state parties have favoured policies that provide an

1 www.refugeerights.org.uk/reports
unwelcoming environment for refugees and displaced people arriving in Europe, acting as a deterrence factor. Once again, the provision of satisfactory water and sanitation facilities must not be compromised; a human rights-based approach would ensure that displaced people rights to water and sanitation are upheld.

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?

The provision of water and sanitation facilities has an especially adverse effect on the specific needs of women and girls in displacement. Across research locations, respondents raised concerns about safety as a result of poor camp design, which often did not take the specific needs of women and girls into account.

In mainland Greece, 2016, 37.8% of women interviewed privately, including pregnant women, said they did not feel safe going to the toilet at night. Even more alarmingly, 69.4% said they were unable to go to the toilet at night. When interviewed privately, 65.5% of women said they knew of other women who had suffered or continued to suffer from gender-based violence. 74% of the service providers surveyed had also heard of sexual and/or gender-based violence occurring in the camps where they operated.

In Ventimiglia, Italy, 2017, while the Refugee Rights Europe delegation was regrettably unable to reach women respondents directly, the researchers were nonetheless made aware of specific security issues facing women and girls through interviews with male camp residents and conversations with NGO staff. NGO staff, who wished to remain anonymous, explained that the camp was not adequately designed to safeguard women and children. Gender-specific toilets and washroom facilities were unprotected and unsupervised, and the lack of security staff meant that any camp resident could enter women’s shelters at any time.

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

In Chios, 2017, researchers noted that the living environment was generally unsanitary and dirty. The Souda camp attracted rats and insects due to its proximity to a drainage pipe extracting dirty water from the nearby city. Meanwhile, hot water was a rare currency for refugees in Chios. In Souda camp, hot water was only available for a few hours per day. In Vial camp it was lacking entirely and at the time of the study there was no water available in the toilets.

In Ventimiglia, Italy, the living conditions respondents faced were wholly inadequate, characterised by an acute lack of clean drinking water or sanitation facilities. While 81.3% of Red Cross camp residents we interviewed said they had enough water to drink, 82.1% of the overall respondents said this was not the case. Many reported having been abused in the town centre when trying to ask for water to drink. Meanwhile, Red Cross camp residents reported that there were only four toilets between them - two for women and children, and two for all of the men. Alarmingly, the majority, 85.2%, would use the water in the river to wash. They also used the river to go to the toilet and sometimes also to drink when desperate. This raises serious concerns for the well-being of these individuals. Local health care professionals reported that a large number of dermatological conditions, including scabies, were widespread due to these unhealthy living conditions.
In Calais, 2017, despite the ruling of the Conseil d’etat reaffirming the State’s obligation to install water points, toilets, showers and daily outreach for minors in Calais, it was evident that much more needed to be done to ensure displaced people’s access to food, water and other basic needs². Several respondents also reported a lack of access to water while in police custody with one 22-year old man from Afghanistan recounting: “The police arrested me and took me to the deport centre. They have taken me four times and I was kept there for several days with little food and only one bottle of water.”

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?

Based on Refugee Rights Europe’s research, it appears that refugees and displaced people arriving in Europe are subject to wholly inadequate standards of water and sanitation services, vastly different to the treatment offered to citizens of the EU countries in which they arrive.

At Refugee Rights Europe we use our research to advocate for the human rights of refugees and displaced people to be upheld. We have used our research to call on decision-makers at the national, EU and international level to uphold the rights of displaced people to safe, clean drinking water and sanitation services.

² https://www.theguardian.com/world/2017/jul/31/france-to-provide-water-and-open-centres-for-refugees-near-calais