

MARCH 2022 | ISSUE NO-6

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*Communities Discriminated on Work and Descent (CDWD) are oppressed through caste like discrimination, often forced into conditions of traditional and or modern slavery/bonded labour.

Major Highlights:

[Water and Sanitation and CDWDs](#)

News from-

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MGoS Updates

Meet CDWD Warriors

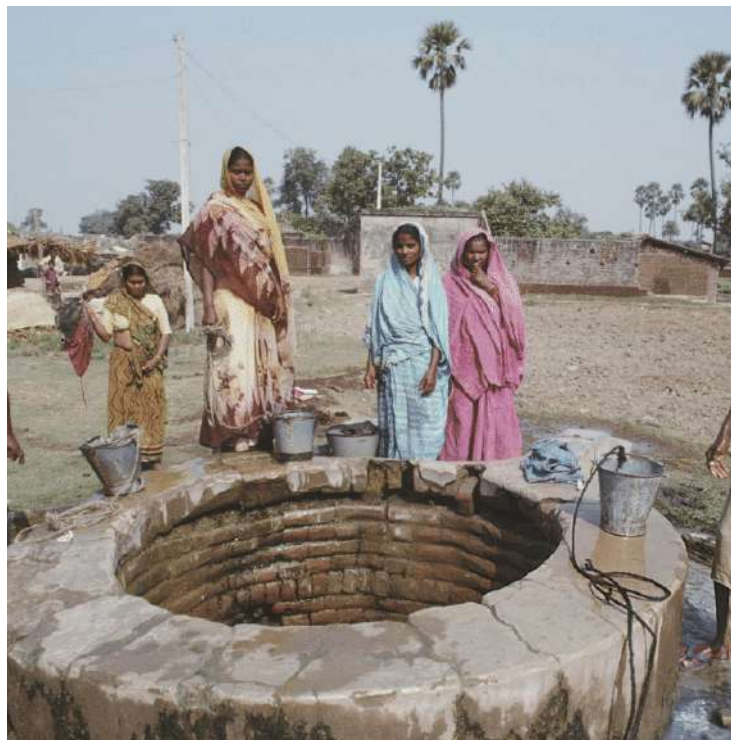
Upcoming Events



WATER AND SANITATION AND COMMUNITIES DISCRIMINATED ON WORK AND DESCENT

The human right to water and sanitation entitles everyone to sufficient, available, accessible, safe, acceptable, and affordable water for personal and domestic use. However, the SDG 6 on ensuring safe and quality drinking water and sanitation with core idea of 'leave no one behind', fails to address the entitlements particularly for the communities Discriminated based on Work and Descent (DWD) around the world.

Globally, more than 260 million people are victim of Discrimination based on Work and Descent. According to Draft UN Principles and Guidelines for the Effective Elimination of the Discrimination based on Work and Descent (2009), 'Discrimination based on work and descent is any distinction, exclusion, restriction, or preference based on inherited status such as caste, including present or ancestral occupation, family, community or social origin, name, birthplace, place of residence, dialect and accent that has the purpose or effect of nullifying or impairing the recognition, enjoyment, or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural, or any other field of public life.' In 2016 Rita Izsak-Ndiaye, former UN-Special Rapporteur on minority issues, identifies major communities in her annual report.



The communities who face DWD are mostly from Asia, Africa and Europe, namely, Bangladesh, Japan, Pakistan, Sri Lanka and Yemen (from Asia and Middle East) as well as in Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, the Gambia, Guinea, Guinea-Bissau, Liberia, Mauritania, Madagascar, Mali, Nigeria, Senegal, Sierra Leone and Somalia (from Africa).

Being subjected to preconditioned stigmas, DWD communities in Africa, Asia, Europe and Latin America are often segregated to remote areas in the villages. In many cases they are restricted to use common water sources and forced to use alternative sources, which are often dirty or polluted.

SITUATION IN AFRICA



Access to safe drinking water is a basic human right and essential for achieving gender equality, sustainable development and poverty alleviation. Yet, at the end of 2004 still some 1.1 billion people, or 18 per cent of the world's population, lacked access to safe drinking water, while 2.6 billion or 40 per cent of the world's population lacked access to improved sanitation services. Providing physically accessible clean water is essential for enabling women and girls to devote more time to the pursuit of education, income generation and even the construction and management of water and sanitation facilities.

More than 220 million children and their families in Africa are water insecure. The impact is staggering: 58 per cent of children in Eastern and Southern Africa and 31 per cent of children in West and Central Africa live in areas of high, or extremely high, water vulnerability. These children are more likely to miss school to fetch water. They are more likely to suffer malnutrition and stunting when droughts and floods impact agricultural food production. And they are more likely to get sick when communicable diseases and infection spread due to lack of sanitation and contaminated water quality. In addition to its impact on children's health and well-being, water insecurity also limits economic growth and forces people to migrate. As climate change leads to unpredictable and extreme weather patterns, and as population growth increases stress on water resources due to increased water demand and competition, the situation will only get worse.

Northern Africa and Sub-Saharan Africa even though in one continent, have made different levels of progress towards the Millennium Development Goal on water. An analysis of data from 35 countries in sub-Saharan Africa (representing 84% of the region's population) shows significant differences between the poorest and richest fifths of the population in both rural and urban areas. Over 90% of the richest quintile in urban areas use improved water sources, and over 60% have piped water on premises. In rural areas, piped-in water is non-existent in the poorest 40% of households, and less than half of the population use any form of improved source of water.

Africa had been one of the two major regions with the least improvement in accomplishing the MDG on sanitation by 2015. Despite the fact that North Africa has 90% coverage, Sub-Saharan Africa has a startling 30% coverage with only a 4% increase from 1990. This is a serious concern because of the associated massive health burden as many people who lack basic sanitation engage in unsanitary activities like open defecation, solid waste disposal and wastewater disposal. The practice of open defecation is the primary cause of faecal oral transmission of disease with children being the most vulnerable.

SITUATION IN AFRICA

DID YOU KNOW?

Africa as a whole, especially Sub-Saharan Africa despite efforts and approaches to extend and sustain water, sanitation and hygiene (WASH) systems and services has led to different health complications leading to death within the region. The water and sanitation position in **West/Central Africa** is of particular urgency, as the region has the highest under-five mortality rate of all developing regions: **191 child deaths per 1,000 live births**. Recurrent outbreaks of cholera in both urban and rural areas underline the poor state of this region's basic living conditions.



- Africa is the world's second-driest continent after Australia.
- About **66% of Africa is arid or semi-arid** and more than 300 of the 800 million people in sub-Saharan Africa live in a water-scarce environment – meaning that they have less than 1,000 m³ per capita per year.
- **115 people in Africa die every hour** from diseases linked to poor sanitation, poor hygiene and contaminated water.
- In Africa, especially sub-Saharan Africa, more than a **quarter of the population** spends more than half an hour per round trip to collect water.
- Africa's rising population is driving demand for water and accelerating the degradation of water resources. By mid-2011, Africa's **population** (excluding the northern-most states) was around 838 million and its average natural rate of increase was 2.6% per year, compared to the world average of 1.2%. By one estimate its population will grow to **1,245 million by 2025** and to **2,069 million by 2050**.
- The **urban slum** population in sub-Saharan African countries is expected to double to **400 million by 2020** if governments do not take immediate and radical action.

EFFECTS OF IMPROPER SANITATION

Lack of sanitation facilities and poor hygiene cause water-borne diseases, such as diarrhoea, cholera, typhoid and several parasitic infections. Moreover, the incidence of these diseases and others linked to poor sanitation – e.g., round worm, whip worm, guinea worm, and Schistosomiasis – is highest among the poor, especially school-aged children. Each year, more than 2.2 million people in developing countries die from preventable diseases associated with lack of access to safe drinking water, inadequate sanitation and poor hygiene. The social and environmental health costs of ignoring the need to address sanitation (including hygiene and wastewater collection and treatment) are far too great. A focus on gender differences is of particular importance with regard to sanitation initiatives, and gender-balanced approaches should be encouraged in plans and structures for implementation. Simple measures, such as providing schools with water and latrines, and promoting hygiene education in the classroom, can enable girls to get an education, especially after they reach puberty, and reduce health-related risks for all. Moreover, the design and the location of latrines close to home may reduce violence against women, which may occur when women have to relieve themselves in the open after nightfall.

SITUATION IN ASIA

In Asia, poor quality of drinking water, lack of awareness about hygiene and sanitation are major sources of water borne diseases amongst Dalit communities. The national average in India for household connectivity for waste water outlets is 51.1 percent, but for Dalit households it is 46.6 percent. In terms of sanitation facilities, only 33.86 percent Dalit households have access to toilets in contrast to national average of 47 percent.

INDIA

Struggle for water is simultaneously a struggle for power. Water being a limited and imperative resource has close relationship with the three categories such as class, caste and gender, especially when it comes to that of distribution of water. At the grass root level, this striving for power is much more than a process of increasing control over the water resource and control over the behavior of the actors involved. It has more to do with the feeling of detest towards the lower castes; in traditional Hindu setting Dalits were denied of all these facilities and were expected to work as slaves for the dominant castes.

Though the Indian Constitution through Article 14 guarantees right to equality to every person irrespective of caste, creed, gender, status and religion, we are still faced with the power based hierarchal social setup coupled with problems of untouchability and discrimination.

In India, more than 20% of Dalits do not have access to safe drinking water. 48.4% of Dalit villages are denied access to water source.

Only 10% of Dalit households have access to sanitation (as compared to 27% for non-dalit households), and the vast majority of Dalits depend on the goodwill of upper-caste community members for access to water from public wells. Dalit women stand in separate queues near the bore well to fetch water till the non -Dalits finish fetching water. Dalits are disentitled and not allowed to use taps and wells located in non-Dalit area. Dalit Villages are not provided water for several days in case the Dalits resent to existing practices of discrimination.

Dalits access to water is usually on the goodwill of dominant caste. The worst and most inhumane form of discrimination and untouchability is seen when it comes to water. Most of the violence starts for the very cause as Dalits try to access the public well or hand pumps. There are numerous case studies on violence against Dalits accessing water. The deprivation of a basic human right such as water is a constant reminder of the inherent indignity of India's caste system.

SITUATION IN ASIA



Social Equity Watch observed that there has been a continued presence of deep-rooted caste-based inequity in the distribution and availability of infrastructure for SCs, and accordingly their accessibility to services and entitlements like water provision and sanitation. A powerful way to fence off SCs from access to the functional infrastructure facilities is to situate such facilities in the dominant caste habitations. Usually the wells will be situated in the dominant caste area. Dalit's habitations are thus left officially uncovered. This equity gap is severe in certain Gram Panchayats. When Dalits enter these areas to access the resources the chances of clashes between two castes are high and even lead to a large scale violence. Dominant caste tries to restrict their mobility by such atrocities and thereby restricting their social mobility as well. There is a point in Dalits preferring to live in habitations where their neighbours are from the same community. They still feel insecure if they move out of these habitations. This tendency only shows that urbanisation has not helped them shed the feeling of insecurity. Urbanisation is not a panacea for the problems of socially and economically deprived sections

* National Infrastructure Equity Audit – Phase 1, Briefing Paper 2, Social Equity Watch, 2011

SITUATION IN ASIA

Plight of Women: related to water & sanitation

Dalit women population is the worst affected with the lack of access to water and sanitation. Their connection with water resources is very intricate. A Dalit woman will have all the burden of household work in the family and she will be the one who is responsible to bring water to the family and therefore she is the one who will be facing discrimination at the first place. Even young girls from the family are assigned to do this job and they also face similar conditions. They even drop out from the school as collecting water from faraway distances become their primary responsibility and thereby losing any chance of being educated and earning money to the family. They will be the one who faces verbal and physical abuse from the dominant cast and they will be under constant threat while collecting water from public wells and taps. Sometimes dominant caste women don't allow Dalit women to touch the public source of water and they pour water to the pots of dalit women. So again how much water should they take back home also depends on the whims and fancies of dominant caste women. The concept of purity and pollution still dominate the thinking of people even after untouchability is abolished legally. Availability and distribution of water too has a strong relationship with the social structure. The control of water and other natural resources by dominant caste women stigmatize Dalit women and further make them feel helpless.

Access to water directly affects the health situation women and children. Lack of access to drinking water and good sanitation facilities leads to poor health thereby children drop out from school. Dalit women and dalit girls spend half their calorie intake in fetching water. Poor quality water and sanitation facilities are also the main source of communicable and other waterborne diseases. Dalits further face discrimination and marginalization while accessing health facilities and this vicious circle goes on.

Manual Scavenging:

Every day 1.3 million people in India (of which more than 80% are Dalit women) are forced to clean human excrement with their bare hands (a practice called 'manual scavenging') for little to no wages. Of the 7, 70,338 manual scavengers and their dependents across India, so far only 4,27,870 persons have been assisted under the National Scheme of Liberation and Rehabilitation of Scavengers (NSLRS) and the remaining number yet to be rehabilitated is 3, 42,468. As per the Public Interest Litigation filed in the High court of Delhi, Indian Railways managed by the Govt. of India, which employs a large number manual scavengers who clean human excreta is a violator of the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act of 1993. Despite recommendations from the ILO Expert Committee on Conventions regarding Convention no. 111 in 2002 which looked into questions related to manual scavenging, this pernicious practice still continues. Access to sanitation is in a complete denial for these people as they have to do these menial jobs with their bare hands and they have higher risk of occupational illness and health hazards.

SITUATION IN ASIA

BANGLADESH



Clean water is a luxury for the Dalits of Dhaka. While members of the Bangladeshi capital's non-Dalit population mostly boil or filter their water, the economically deprived and discriminated Dalits often have to make do with unsafe water sources.

"We are lucky to have some source of water; hygienic or unhygienic, is not for us to think", says Dalit rights activist Sonu Rani Das in a recent report on access to water, sanitation and hygiene (WASH) for Dalits in Bangladesh.

The situation in her 'colony' – a term for the areas that most Dalits live in – is but one example of the numerous problems that the estimated 5,5-6,5 million Dalits of Bangladesh face in their daily lives. They live in abysmal conditions, often in unclean locations with overflowing or choked drains, open sewers, lack of latrines and bathrooms, and near garbage dumping sites.

Discrimination against them manifests itself in difficulties in accessing equal water and sanitation services.

The report – produced by the Bangladesh Dalit and Excluded Rights Movement (BDERM) and human rights NGO Nagorik Uddyog – notes that numerous measures by the Government of Bangladesh to improve water and sanitation services for the general population in urban as well as rural areas have had little effect on the country's Dalits. "This is to a large extent because recognition of Dalit issues is yet to evolve fully," it says.

In the report, conducted by BDERM and Nagorik Uddyog, it was found that 89% of rural Dalits use shared (common) latrines and 43% of their toilets are hanging latrines. 90% of the respondents used latrines without a roof or had a broken roof, which restricted their use during the rainy seasons. The absence of electricity in the latrines raise safety concerns for Dalit women in using the latrines in the night. The latrines constructed of tin shed and plastic besides cause serious privacy issues for girls and women, which are also unhygienic and pose various health hazards.

SITUATION IN ASIA

PAKISTAN

Pakistan's water issues are due to ineffective management. Unequal access and distribution, growing population, urbanisation, progressive industrialisation, lack of storage capacity and climate risk makes water management a difficult task. Climate change has been causing shifts in the weather pattern in different parts of the country, which requires area-specific solutions, not a generic policy. Since the 1980s, domestic water supply and irrigation management have become more participatory and privatised with a focus on physical targets rather than on capacity building. This has benefited the economic and political elite and has deprived poor farmers of their due access to irrigated water. Amid the rising population and climate change, the availability of fresh water is becoming worrisome in South Asia, particularly in Pakistan, which may face absolute water scarcity by 2040.

In Pakistan, the fifth most populous country in the world, 21.7 million people are still living without clean water, one in three without a decent toilet and 16 million people still practise open defecation.

The DWD communities in Pakistan live in abject poverty in rural areas or in suburbs in cities, with very little livelihood opportunities and social protection. A majority of them are working in the agriculture sector, or doing manual work in urban centres, where they are devoid of any state support as they are not included in the definition of "labour" under the laws.

Today, 80% of sanitation workers in Pakistan are Christians, despite them making up just 2% of the general population. Many sanitation workers continued to work throughout the COVID-19 pandemic without extra money or proper PPE for fear of losing their jobs. Many sanitation workers came into direct contact with COVID-19 patients working on the frontline in Government isolation centres; and while health workers received additional allowances for working with infected patients, sanitation workers did not.



SITUATION IN ASIA

NEPAL

Dalits constitute an estimated 20 percent of Nepal's population and are subjected to over 200 forms of discriminatory practices. They are religiously, culturally, socially, economically and historically oppressed, excluded and treated as 'untouchables'. Almost half of Nepal's Dalits live below the poverty line. They are landless and much poorer than the dominant caste population; they are routinely denied access to religious sites, face resistance to inter-caste marriages, as well as refusal by non-Dalits to handle water touched by them among the many other forms of discrimination.

In the villages, though water resources are common for everyone, Dalit communities find it difficult to access water. Residential areas are separated between Dalits and non-Dalits or so called upper castes. In general, upper caste communities reside in the lowland where more resources are available or easily accessible. Due to Hindu traditional practice which is a social caste-based discrimination, Dalits are often denied to access water resources in the villages. In Vuwan Pokhari of Palpa introduced above, Dalits live in the upland and the so called upper caste communities reside in the lowland with easier accessibility to various resources including water and farmland. Water, like oxygen, is necessary in our life and the most significant determinant of food production as well as health. Although we might have enough food, without safe drinking water, one could die of water borne diseases or be affected by food contaminated by water. As the climate gets drier, food production is considerably affected by shortage of water as many depend on rain for cultivation. Given the fact that women take all responsibility for housework and child care in Nepal, they confront more discrimination and difficulties to manage housework, food, and child care at home.

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SITUATION IN ASIA

NEPAL

Similar problems have been faced by the Dalit women living in Koteli village ward no 5, of Dadeldhura district which lies in far eastern region. They have been facing a shortage of drinking water for the past 16 years merely because they are Dalits. In 1995 the government introduced the safe drinking water scheme in Koteli village ward no 7, 5, and 4 where upper caste Brahmin and Dalit communities jointly reside. Brahmin households reside next to the Dalit households. Around 100 Dalits households live in ward no. 5. The administration installed water-pipe and tap for all villagers but the non-Dalit community blocked water from flowing to the Dalit household's tap. The Dalits could not get a single drop of water from their tap. When the Dalit community made a complaint to the district drinking water office, nobody listened to them. They hence have to go to another village to fetch water taking more than 5 hours from their village back and forth with the jar of water, which causes health issues for the Dalit women. The women carry 25-30 liters of water on their head and back at the same time. This result in delays in sending the children to school. They also suffer from different types of diseases. This daily discriminatory practice against the Dalits which causes water scarcity in farming also harms their food production

The government's 9th Five-Year Plan (1997-2002) estimated national urban water supply coverage at 62.5%, and set a target for 100% coverage, with sanitation for 40% of the population, by the end of the plan. This proved to be an ambitious target and Drinking Water Supply and Sanitation Department projected early on that by 2002 only 71% would be covered by drinking water quantity and 30% by sanitation. These figures are also questionable, because they do not take into account the poor operational status or the poor quality of water supplies from the facilities that have already been built. As high as 92% of the piped water supplies and 25% of the tube wells are reported to be either out of operation or in need of rehabilitation. The development of the water and sanitation sector remains a high priority of the government, and in this regard the 10th Plan (2003-2007) targetted to supply water to 85 percent of the rural population and 100 percent for the urban population. The policies and commitment of the government have resulted in an extension of this sector under multilateral aid agencies like World Bank(WB), Asian Development Board (ADB), bilaterally assisted projects and International/National Non-Governmental Organizations (I/NGOs) working in this sector. Different approaches are being used by different organizations working with different projects in many parts of Nepal, but the goal is the same: the provision of safe drinking water and sanitation for all.



SITUATION IN EUROPE

The Roma Civil Monitoring Reports confirm earlier findings by ERRC of the shocking disparities and discrimination faced by Roma. Even where safe water supply and sanitation services are available to almost every non-Roma household, many Roma populations cannot access these basic and very essential services. In the Czech Republic, Hungary, Slovakia, Bulgaria and Romania, everyday life is rendered miserable for thousands of 21st Century EU citizens, because they don't have an indoor flushing toilet to shit in, can't take a hot shower, or drink clean water from a kitchen tap.

Thousands of our fellow citizens have to cover significant distances to the nearest water sources, which are all too often exposed to a host of contaminants, including insects and wild animals. Even in neighbourhoods where water supply infrastructure is available, Roma often cannot afford to pay connection and regular usage charges.

One illustrative example is Prášnik, Slovakia, where the Roma settlement, smack in the middle of town is the only neighbourhood without water, while scattered gadjo neighbourhoods on the outskirts and in the mountains are all piped up and connected. The Roma have to fetch their water from an unprotected mountain stream, which regularly freezes in the winter. What's even more blatantly unjust is that this is a relatively prosperous spa town, which has attracted outside investors who are constructing a satellite neighbourhood in the hills to accommodate foreign visitors who wish to take the waters. For this project, the town provided the investors with all necessary public infrastructure, including drinking water and sanitation pipes.

According to the Fundamental Rights Agency, the gap between Roma and the general population has remained highest in Romania, where, in 2016, 68% of Roma were living without tap water in their dwelling: "To put this in a global context, Roma in Romania – the country with the highest number of Roma in the EU – enjoy access to safe water in rates similar to those in Bhutan, Ghana or Nepal."

According to the Fundamental Rights Agency, the gap between Roma and the general population has remained highest in Romania, where, in 2016, 68% of Roma were living without tap water in their dwelling: "To put this in a global context, Roma in Romania – the country with the highest number of Roma in the EU – enjoy access to safe water in rates similar to those in Bhutan, Ghana or Nepal."

And the issue is not confined to the newer member states of Central and Eastern Europe. Léo Heller, UN Special Rapporteur on the human rights to safe drinking water and sanitation, described how in Portugal, he found the living conditions of Roma "disconcerting and certainly comparable to the worst of situations I have seen thus far in previous missions to much less developed countries in Central Asia, Southern Africa and Central America"

In Italy, the living conditions in both official and unofficial 'nomad camps' has long been recognised as especially precarious. As far back as 2005, research has shown higher incidences of asthma, diarrhoea and bronchitis among children living in the camps, and established the connection with overcrowding, rats, the presence of stagnant water, the state of the dwellings, the limited access to baths, and the lack of drinking water.

Since then, mass evictions have only served to exacerbate the situation. National and international organisations have documented the appalling living conditions inside 'authorised camps' – overcrowded, in poor state of repair, with ever deteriorating hygiene and sanitary conditions. Conditions in the segregated emergency shelters and unofficial camps are even worse in terms of access to clean water and sanitation.

The Civil Monitor report uncovered a disturbing trend in France where mayors and municipal staff, openly declared that if they offered sanitation services and facilities to dwellers in shantytowns, they could no longer proceed with speedy mass evictions. In these conditions, the Roma inhabitants have to trudge often long distances to transport water from pumps and fire hydrants.

SITUATION IN EUROPE

Access to basic sanitation is an essential component of living a decent existence, according to Article 34 (3) of the EU Charter of Fundamental Rights. The human rights to water and sanitation require that these services be available, accessible, safe, acceptable, and affordable for all, and that sanitary services provide individuals with sufficient privacy and dignity.

As things stand for many thousands of Roma denied access to such vital services, there is little privacy, and dignity is in short supply. Many EU member state governments and local authorities persist in their abject failure to recognize access to clean water as a matter of justice.



SITUATION IN LATIN AMERICA

In many countries, socially disadvantaged groups have limited access to health resources; they get sick and die earlier than those in more privileged social classes. Individuals and families in social vulnerability do not only have a low income, as is the case of Brazilian Quilombola families. There are other unfavorable indicators restricting access to information and the difficulty of accessing basic services, such as water supply and sewage. The lack or inadequacy of these services contribute to low indices in health indicators, resulting in injuries or parasitic infectious diseases. It is estimated that that 8–10 people living in rural areas do not have access to safe drinking water and sewage, and are therefore, disproportionately underserved. In 2017, 785 million people around the world still required basic services, with 2.2 billion lacking access to safe and sustainable water supplies, 4.2 billion lacking access to safe sanitation services, and 3 billion without facilities for basic hygiene habits. The main health risk is consumption of water with faeces, including pathogens that cause infectious and parasitic diseases, which may vary according to the environment most prevalent in low-income populations, such as those in rural communities.

Lack of access to treated water supplies proves the existence of social inequalities. Diseases related to drinking water contamination represent a major public health challenge, especially in developing countries. Among populations that live in areas with difficulty of access to public services, such as clean water supply and sanitary sewage, are the Quilombola communities formed by ethnic-racial groups, with their own historical trajectories. These individuals are socially vulnerable within the context of rural and economically disadvantaged populations. Over the years, these Quilombola communities have presented issues that have progressed from vulnerability to a struggle for ethnic-cultural and historical identification. In the midst of several existing complications, it is highlighted that most of the health problems presented in traditional populations are due to the situation of exclusion, and their stigma in relation to access to goods and quality of life (food, clothing, and housing) and services (water supply, basic sanitation, and access to health) Data from the Unified Registry of Social Programs in 2013 state that only 46% of Quilombolas have adequate sanitation, and 55% do not have piped water (Brazil, 2013a). Thus, these people live in vulnerable situations, especially in North and Northeast Brazil, due to socioenvironmental indicators related to poverty, sanitation and neglected diseases (Magalhães Filho & Paulo, 2017). The aim of this paper was to analyse the perception of waterborne diseases and socioeconomic and environmental aspects of Quilombolas in vulnerable communities in Northeast Brazil.

ECOSOC PARTNERSHIP FORUM SIDE EVENT ACCESS TO WATER AND SANITATION

Click on the posters to view the events

**UNITED NATIONS 2022
ECOSOC PARTNERSHIP
FORUM
SIDE EVENT**

ACCESS TO WATER AND SANITATION

**Partnership approaches and lessons learned
in the global pandemic to protect the most
vulnerable and achieve the SDGs**



Givania da Silva National
Chairperson CONAQ, Brazil



Paul Divakar
Executive Director TIP, India



Javier Sabogal
Acueducto de Bogotá
Colombia



Alioune Tine
UN Independent Expert on Mali



Cipri Nodis
Rights Expert ERGO, Romania



Beena Pallical
General Secretary NCDHR, India

OPENING STATEMENT BY:



**Her Excellency Ambassador
María Bassols**



**2 February 2022, 2:00-3:30 pm EST, 7:00-8:30 pm
GMT, 12:30-2:00 am IST**

[Click here to register](#)

**GFoD organised the UN ECOSOC Partnership Forum Side Event:
Access to Water and Sanitation: Partnership approaches and lessons learned in the global
pandemic to protect the most vulnerable and achieve the SDGs,
02 February 2022**



Listen to the intervention of
Her Excellency Ambassador Maria Bassols
Deputy Ambassador
UN Permanent Mission Spain



Listen to the intervention of
Dr. Givania Silva
Director,
CONAQ

NEWS FROM AFRICA

We are HIRING!

We are hiring Female CDWD* Advocacy Officer Africa



More info &
how to apply visit: GlobalForumCDWD.org

Deadline: March 12, 2022

Become part of a highly motivated, dynamic and global team!

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international travel



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Discrimination based on Work,
Descent and Contemporary
Forms of Slavery

*Communities Discriminated on Work and Descent (CDWD) are oppressed through caste like discrimination, often forced into conditions of traditional and or modern slavery/bonded labour.

Click on the picture above to apply.

TRUSTAFRICA

Call for Applications to the African Civil Society Support Fund
Calling national and regional civil society organizations working in Burkina Faso, Ethiopia, Kenya, and Nigeria

Appel à candidatures au Fonds d'Appui à la Société Civile Africaine
Avis aux organisations nationales et régionales de la société civile travaillant au Burkina Faso, en Éthiopie, au Kenya et au Nigeria

2022
Closing date:
Friday 18 March 2022
at 11:00 GMT

TrustAfrica is pleased to announce a new grant making initiative invites applications from suitably qualified organisations in Ethiopia, Kenya, Nigeria, and Burkina Faso to apply for capacity and core operational support grants under its "African Civil Society Support Initiative."

Click on the picture to know more

NEWS FROM ASIA

GFOD CO-ORGANISED A SIDE EVENT IN ASIA PACIFIC SOCIAL FORUM
INDIGENOUS PEOPLES AND UN DRIP & DALIT RIGHTS AT UN - CONVERSATION ON
CHALLENGES AND WAY FORWARD ON 19 FEB 2022



CLICK ON THE POSTER TO VIEW THE EVENT



Asia Dalit Rights Forum co-organised a side event at Asia Pacific Social Forum:
Challenging Multiple Layers of Hierarchies & Exclusion towards Social Justice on 19 th February,

Click on the poster to view the event.

NEWS FROM EUROPE



**EUROPEAN COMMISSION UNVEILS THE EU ACTION PLAN FOR SOCIAL ECONOMY
– WHAT’S IN IT FOR EUROPE’S ROMA?
READ MORE...**

NEWS FROM LATIN AMERICA

WEBINAR

Diagnóstico da Agricultura Familiar Quilombola da Paraíba: Estratégias para o fortalecimento

REALIZAÇÃO

(CONAQ) Coordenação Nacional de Articulação das Comunidades Negras Rurais Quilombolas
(Ecãm) Equipe de Conservação da Amazônia

CONVIDADOS

(SEAFDS) Secretária de Agricultura Familiar e Desenvolvimento do Semiarido, com representações dos Projetos COOPERAR Paraíba e PROCASE - Projeto de Desenvolvimento Sustentável do Cariri, Seridó e Curimatã;
(ECOSQL/PB) Cooperativa Paraibana de Empreendimentos Econômicos Solidários;
(AS-PTA) Agricultura Familiar e Agroecologia;
(SESAES) Secretária Executiva de Segurança Alimentar e Economia Solidária.

QUANDO?
Dia 17/02/2022 às 9h de Brasília

ONDE?
[youtube.com/ecamequipe](https://www.youtube.com/ecamequipe)
[youtube.com/conaquilombos](https://www.youtube.com/conaquilombos)

ON 02/17, THE NATIONAL COORDINATION FOR THE ARTICULATION OF BLACK RURAL QUILOMBOLA COMMUNITIES (CONAQ) AND THE AMAZON CONSERVATION TEAM (ECAM) HELD, TOGETHER WITH THE QUILOMBOS OF PARAÍBA, THE WEBINAR DIAGNOSIS OF QUILOMBOLA FAMILY FARMING IN PARAÍBA: STRATEGIES FOR STRENGTHENING .

SPECIAL APPRECIATION TO MS. VERCILENE DIAS TO BE NAMES BY FORBES MAGAZINE BRAZIL AMONGST THE "20 WOMAN OF SUCCESS" IN BRAZIL



**CELEBRATE
WOMEN**

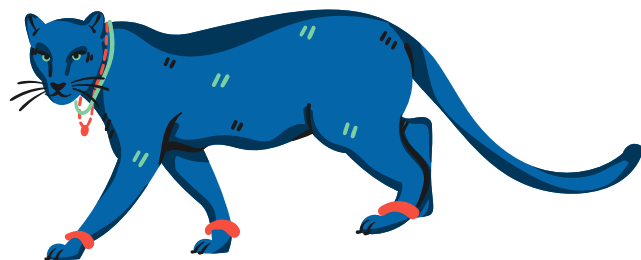
VERCILENE DIAS NAMED AMONG 20 WOMAN OF SUCCESS (20 MULHERES DE SUCESSO) BY FORBES BRAZIL:

THE LIST OF BRAZIL'S 20 SUCCESSFUL WOMEN HAS BEEN PUBLISHED IN FORBES BRAZIL. NAMES WHO SHINE IN THEIR AREAS OF EXPERTISE. QUILOMBOLA ACTIVIST AND CDWD RIGHTS EXPERT FROM BRAZIL VERCILENE WORKS AS A PEOPLE'S LAWYER AND IS A LEGAL ADVISOR AT TERRA DE DIREITOS AND AT THE NATIONAL COORDINATION OF RURAL BLACK QUILOMBOLA COMMUNITIES-CONAQ. SHE IS A CO-FOUNDER OF THE NATIONAL NETWORK OF QUILOMBOLA LAWYERS - AND MEMBER OF THE BRAZILIAN ASSOCIATION OF BLACK RESEARCHERS.

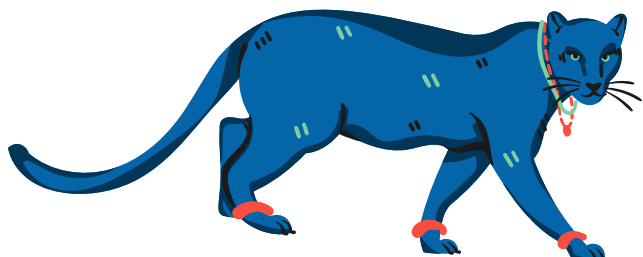
MEET CDWD WARRIORS OF THE MONTH FROM EUROPE



MS. SENADA SALI



MS. SALI HAS WORKED FOR THE EUROPEAN ROMA RIGHTS CENTRE SINCE JULY 2014 AND IS THE FIRST ROMANI WOMAN THAT HAS HELD THE POSITION OF LAWYER IN THE ORGANIZATION. HER MAIN WORK HAS BEEN A COMBINATION OF COMMUNITY ORGANISING, EVIDENCE GATHERING, AND LITIGATION.



HIS RESEARCH INTERESTS ARE IN THE FIELD OF BILINGUALISM, EDUCATION OF ROMA AND TURKISH CHILDREN IN EUROPE, LANGUAGE ACQUISITION, PSYCHOLINGUISTICS AND SOCIOLINGUISTICS, LANGUAGES IN CONTACT, ROMA HOLOCAUST AND ANTIGYPSYISM IN EUROPE. HIS LINGUISTIC RESEARCH ARE ON ROMANI, BALKAN TURKISH, GAGAUZ AND TATAR LANGUAGES IN BULGARIA, ON BULGARIAN, SLOVAK, RUSSIAN AND GERMAN LANGUAGES. FOR HIS RESEARCH HE RECEIVED FELLOWSHIPS FROM SWEDISH INSTITUTE - STOCKHOLM, AMSTERDAM UNIVERSITY, PRO HELVETIA FOUNDATION - SWITZERLAND, SOROS FOUNDATION - NEW YORK, THE BULGARIAN FULBRIGHT COMMISSION AND THE SLOVAK GOVERNMENT.



PROF. HRISTO (SLAVOV) KYUCHUKOV

UPCOMING EVENTS OF THE MONTH

ASIA DALIT RIGHTS FORUM TO ORGANIZE
ASIA-PACIFIC FORUM ON SUSTAINABLE DEVELOPMENT SIDE EVENT:

BUILDING FORWARD: COMMUNITIES AFFECTED BY MODERN SLAVERY

25 MARCH 2022, 11:00 AM BKK, 12:30 PM IST,
[CLICK HERE TO REGISTER](#)

**EUROPEAN COMMISSION AND ROMA CIVIL SOCIETY
CONSULTATION MEETING**

**CIVIL SOCIETY & INTERNATIONAL PARTNERS CONSULTATION
MEETING**

**17 MARCH 2022
10:00 - 12:30 CET BRUSSELS**

ON 10 MARCH

**THE PHIREN AMENCA INTERNATIONAL ROMA YOUTH NETWORK IS
ORGANIZING THE FIRST MEETINGS WITH ROMA CIVIL SOCIETY
ORGANIZATIONS FROM BELGIUM AND THE NETHERLANDS TO DISCUSS
THE IMPLEMENTATION OF THE ROMA CIVIL MONITOR II PROJECT.**