Meeting of the Parties to the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes

Working Group on Water and Health

Eighth meeting
Geneva, 21 and 22 October 2015
Item 4c of the provisional agenda
Water, sanitation and hygiene in schools

INFORMAL DOCUMENT

Advocacy document on Water, Sanitation and Hygiene in Schools
– Draft document for comment by the Working Group on Water and Health –

The Protocol on Water and Health is a key instrument towards achieving water- and sanitation-related goal of the Commitment to Act of the 2010 Parma Declaration on Environment and Health and the 2030 sustainable development agenda.

The regional Member State meeting on advancing water, sanitation and hygiene (WASH) in schools (Bonn, 18-19 September 2014) identified priority actions under the Protocol, including development of an advocacy document for decision makers to raise profile of WASH in schools and call for action in the Region. The document specifically aims to position the Protocol as a main platform for streamlining improvement action on WASH in schools at national level.

The first Expert Group Meeting on WASH in Schools (Budapest, 16-17 April 2015) defined the scope and initial outline of the document. The draft advocacy document was prepared by the WHO Regional Office for Europe and presented to the second Expert Group Meeting (Bonn, 8-9 October 2015).

The Working Group on Water and Health is requested to review the draft document and provide comments and feedback to Ms Dovile Adamonyte (adamonyted@ecehbonn.euro.who.int) by 20 November 2015.

The advocacy document on WASH in schools will be finalized addressing the inputs and feedback received from the Expert Group on WASH in Schools and the Working Group on Water and Health.

The draft document is for use by the Working Group on Water and Health only and not for wider distribution.
WASH in Schools Advocacy Document

Prepared under the Protocol on Water and Health

- Draft-

14 October 2015
## Contents

1. Introduction .................................................................................................................. 1

2. WASH in Schools in the European Region ...................................................................... 1

   2.1 Underlying Problems ................................................................................................. 4

3. The Benefits of Improved WASH in Schools ................................................................. 4

   3.1 Hand hygiene: For Improved Health and Reduced Absenteeism .............................. 5

   3.2 Water Supply: For improved Wellbeing and Learning ................................................. 5

   3.3 Accessibility and acceptability of toilets: For Privacy, Dignity and Wellbeing ........... 6

   3.4 Menstrual Hygiene Management (MHM) .................................................................... 7

4. Duty-Bearers stepping up: target setting ...................................................................... 8

   4.1 Targets and the international impetus ......................................................................... 8

   4.2 The relevance of the Protocol for target setting ........................................................... 9

   4.3 Progressive Realization and Laddered Approaches ..................................................... 10

   4.4 Example Targets ....................................................................................................... 11

5. Good Practices ............................................................................................................... 13

6. Conclusions .................................................................................................................... 13

7. Annex: ............................................................................................................................ 14

8. References ....................................................................................................................... 16
**Introduction**

Today it is widely recognized that education must be provided while guaranteeing the dignity and health of pupils. Both cannot be achieved without access to safe drinking-water, adequate sanitation and hygiene facilities in schools.

From the consumption of insufficient drinking water to school toilet-avoidance, inadequate water, sanitation and hygiene (WASH) in educational institutions can negatively affect health, dignity and learning.

Acknowledging that teachers, pre-school children and pupils do not lose their human rights by virtue of passing through a school gate, the 53 Member States of the World Health Organization European Region have adopted the Parma Declaration on Environment and Health in 2010, committing to strive to provide each child with access to safe water and sanitation, *inter alia*, in child care centres, kindergartens and schools by 2020, and to revitalize hygiene practices (Regional Priority Goal (RPG)) 1.

Lack of clean school toilets and privacy, absence of soap for hand-washing and poor hydration habits are examples of common problems in schools in all countries in the European Region. Moreover, education is still provided without nearly any or poor access to water and sanitation facilities in a considerable share of countries in the region. For example, 43% of schools in the Caucasus and Central Asia do not provide toilets and 37% of schools do provide access to water supplies (UNICEF 2015).

Improving learning environments for children cannot be achieved without acknowledging the central role of the education sector. The cross-sectoral nature of the matter requires strong coordination and cooperation between the education sector and other sectors, such as health and finance. By underscoring how inadequate water, sanitation and hygiene (WASH) in school affects pupils’ education, health and dignity, this document aims to help prioritize WASH in schools among policy-makers of all involved sectors to incrementally realize the goals of the Parma Declaration.

**WASH in Schools in the European Region**

Challenges related to WASH in schools in the WHO European region are diverse. They range from schools without access to drinking-water and toilets to schools providing toilets that do not meet minimum standards of privacy and cleanliness. A growing number of countries regularly monitor compliance with national standards on WASH in schools and track progress. But unlike standardized monitoring of access to water and sanitation in households, the information that is available for schools often can’t be compared across countries, generally presents snapshots of the situation and an incomplete picture.
In 2016, WHO has published an overview of the available evidence related to WASH in schools for the European region. It comprises of findings from national and international surveys and studies and gives insight into the condition, policies and targets pertaining to WASH in schools in this Region.

The report reveals that although problems within the region may differ in nature and magnitude, it is clear that all income zones experience challenges. Table 2 provides an overview of the range of issues that emerge from the available information. Using the framework provided by the Human right to water and sanitation\(^1\), the issues are categorized according to the principles in table 1.

Table 1: Summary of the Human Rights Principles pertaining to Water and Sanitation, adapted for schools

<table>
<thead>
<tr>
<th>Availability of facilities</th>
<th>• The available WASH infrastructure in schools must be sufficient: sufficient water supplies, toilets and handwashing facilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>• WASH infrastructure in schools must be located and built in such a way that it is genuinely accessible, with consideration given to people who face specific barriers, such as young children and children living with a disability.</td>
</tr>
<tr>
<td>Quality and Safety</td>
<td>• Water must be of a quality that is safe to use for human consumption (drinking and the preparation of food) and for personal hygiene.</td>
</tr>
<tr>
<td></td>
<td>• Sanitation facilities must be safe to use and must effectively prevent contact with human excreta, to ensure safety and to protect the health of users and the community. Toilets must be regularly cleaned, and provide hygiene facilities for washing hands with soap and water. Women and girls also require facilities to enable menstrual hygiene management, including the disposal of menstrual products. Ensuring safe sanitation further requires hygiene promotion and education, to ensure that people use toilets in a hygienic manner.</td>
</tr>
<tr>
<td>Acceptability, Privacy and Dignity</td>
<td>• Acceptability has important implications for dignity and privacy, which are themselves human rights principles that permeate international human rights law and are especially relevant to the human right to sanitation and associated hygiene.</td>
</tr>
</tbody>
</table>

---

\(^1\) UN 2014, Realising the human rights to water and sanitation: a handbook by the un special rapporteur Catarina de Albuquerque, Chapter 1
### Table 2: Overview of the WASH in School conditions the European Region of the WHO

#### Availability of water supply and toilets in schools

- **Central Asia and the Caucasus**
  - Proportion of schools with water supplies: 63%
  - Proportion of schools with toilets: 57%

- **Eastern Europe**
  - Proportion of schools with water supplies: 89%
  - Proportion of schools with toilets: 89%

- **Western Europe**
  - Universal or near-universal availability of water supplies and toilets in schools

The available data does permit to analyse the actual sufficiency of WASH facilities in schools. Nevertheless, examples of cases in which far too many students have to share a single toilet exist (1 toilet for 55 pupils, or even 1 for 400 pupils). Information on overcrowded toilets are available from high income zones, too. There are accounts of schools with dysfunctional handwashing facilities. Cases of discontinuous water supplies have also been reported, particularly in low and middle income zones.

#### Accessibility

- There is evidence underscoring that pupils living with a disability are less likely to have access to a school toilet. Limited accessibility can range from 10% of schools in high income zones to 47% in middle income zones.

#### Quality and safety

- **Water quality**
  - Although the type of drinking water source is often known, information on the actual water quality in schools across the region is scarce. There is evidence from a small number of countries indicating that compliance with respective national water quality standards is not always guaranteed.

- **Hydration practices**
  - There is evidence that despite the availability of continuous water supplies at schools, pupils easily become dehydrated (studies from high-income countries).

- **Hygiene promotion**
  - Hygiene is not a standard part of the curriculum in various parts of the region.

- **Presence of soap**
  - There is evidence that the absence of soap at handwashing stations near school toilets is a recurrent problem in all income-zones. The presence of soap can range from 82% in high income countries to close to none in some low- and middle income countries.

- **Presence of toilet paper**
  - There is evidence that the absence of toilet paper is common in all income zones. The presence of toilet paper in school toilets can range from nearly zero in low- and middle income countries to 92% in high income countries. Student and NGO reports in high-income countries indicate that the consistent availability of toilet paper can however be much lower (e.g. France, Wales, UK, Italy).

- **Disposal of menstrual hygiene products**
  - There is a dearth of information on this matter. Some evidence exist indicating that in high-income countries the presence of sanitary bins inside girls' school toilets is irregular (24% - 94%). It is assumed that in low- and middle income countries the situation is less favourable.

#### Acceptability, dignity, privacy

- **Acceptability**
  - Toilet avoidance is common across the region. To illustrate this, a study from Sweden reports that 15% of pupils never use the toilets. 16% would never urinate and 63% would never use the school toilets for defecation. Reports from France, Wales, Scotland and Serbia paint a very similar picture. Most reasons why pupils deem toilets to be unacceptable relate to privacy, dignity, cleanliness, surveymance, the lack of consumables, bullying and embarassment (when obliged to ask for permission to use the toilet).

---

(A) Caucasus and Central Asia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan (B) Eastern Europe: Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Republic of Moldova, Romania, Russian Federation, Serbia, Ukraine (C) Western Europe: (is this an appropriate term?)
Underlying Problems

Message for Policy Makers: Compliance with National standards is a common problem in the Region. WASH in schools needs to be properly financed, not only to construct new facilities, but specifically for operation and maintenance.

The issues listed in the above table are diverse and are manifested in a multitude of contexts. The underlying causes for the suboptimal WASH in school situation in many countries, however, are less diverse. Analysing a series of parameters in the enabling environment of a large set of countries, a common set of shortcomings emerges (See landscape report, WHO 2016).

Although WASH in school policies and standards are often in place, good targets, plans and routine surveillance is less common. A strong limiting factor is the amount of available governmental budget for the sector. Finally, even despite surveillance data, compliance of the facilities with national standards continues to challenge the sector and minor and capital maintenance is a common challenge.

“Financing Operation and Maintenance is one of the largest challenges facing the sustainability of WASH in schools. Everybody wants to build, nobody wants to maintain”

Box @: On surveillance (Hungary + France)

The Benefits of Improved WASH in Schools
Fulfilling the right to water and sanitation in all spheres of pupils’ lives is an end in itself. But improving WASH in schools brings about tangible benefits in terms of education, health,
wellbeing and dignity. Over the past ten years there has been a surge in peer-reviewed research on the benefits of WASH in educational settings. Nevertheless, the large majority of such contemporary research originates from low- and middle income zones outside of the European region. This section will discuss the benefits while largely concentrating on the research conducted in the European Region.

Hand hygiene: For Improved Health and Reduced Absenteeism

Message for Policy Makers: Unhygienic hands affect health, dignity and learning. Sufficient and fully stocked handwashing stations are a pre-condition for improving hand hygiene. Make the promotion of routinized handwashing in schools a priory.

Handwashing with soap is the most cost effective way to reduce upper-respiratory (such as the common cold) and gastrointestinal infections. Various studies conducted in this region report a beneficial effect of hand hygiene interventions in schools, with a significant reduction of absenteeism due to infections. Simply washing hands with soap three times a day (prior to the first lesson, lunch and before going home) in Denmark reduced absenteeism due to infections by about 30%\(^2\). In Spain an intensive hand-hygiene intervention also reduced absenteeism by about 37%\(^3\). Handwashing promotion initiatives in schools in Egypt, China and Colombia have showed similar findings\(^4\). Notwithstanding these results, the promotion of handwashing after toilet use in schools can be challenging. Besides having well stocked handwashing stations with soap and water present near the toilets, an effective promotion strategy is indispensable to increase the uptake of this critical life-skill.

Box @: On initiative in Kyrgyzstan funded by the Russian Federation

Water Supply: For improved Wellbeing and Learning

Message for Policy Makers: Dehydration affects health, dignity and learning. Free access to water in school is strongly associated with increased water consumption. Make the promotion of good hydration practices a priority.

When pupils’ fluid intake during the school is insufficient they easily experience dehydration. This can occur when pupils simply consume too little water or when no water source is available. For example, pupils in Italy and UK were found dehydrated as the result of a low level of fluid intake\(^5\). There is evidence demonstrating that short-term memory and vigour are twice as good in hydrated school pupils compared to dehydrated school pupils\(^6\). Schools in a middle-income country outside the European zone showed that the introduction of drinking water inside the classroom can result in a 40% lower absenteeism rate\(^7\). The provision of water can improve the child’s general wellbeing as well as learning as pupils are better hydrated. But a school’s policy on water consumption determines to a large degree the extent to which pupils will actually consume more water. Studies documented a statistically-significant increase in water consumption when school pupils were explicitly allowed free access to water in school\(^8\), and in the classroom in particular.
Accessibility and acceptability of toilets: For Privacy, Dignity and Wellbeing

**Message for Policy Makers:** Toilet avoidance affects health, dignity and learning. Toilet Cleanliness and Privacy are strongly associated with toilet use. Make the promotion of clean, sufficient, and secure school toilets a priority.

In the European Region toilet avoidance-rates are high (see below table). There is evidence that links toilet avoidance with a decreased ability to concentrate\(^9\), an increased risk of developing intestinal problems, functional bladder disturbances – like constipation or incontinence –, and urinary infections\(^{10}\). Toilet avoidance can also result in a reduced fluid intake\(^{11}\).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Try to avoid school toilet</td>
<td>46%</td>
<td>X%</td>
<td>25%</td>
<td>34%</td>
<td>16%</td>
<td>X%</td>
</tr>
<tr>
<td>Never defecate at school</td>
<td>10%</td>
<td>60%</td>
<td>40%</td>
<td>26%</td>
<td>63%</td>
<td>65%</td>
</tr>
</tbody>
</table>

*Table 2: Examples of reports/studies in which schoolchildren report to avoid the toilet*

Privacy is a recurrent factor in toilet avoidance. Locks that don’t work, doors that don’t provide enough seclusion, no doors at all and bullying in toilets can make security and privacy a challenge for the pupils throughout European Region\(^{12}\). But poor maintenance, especially of hand washing facilities, and unhygienic toilets, with dirt, unpleasant smell and often lacking hygiene consumable (toilet paper, soap, hand drying towels) are other important reasons to avoid the toilet\(^{13}\).

Research from other world regions underscores that toilet cleanliness is strongly associated with toilet use\(^{14}\). Some of such studies demonstrate that the availability of acceptable latrines can increase school enrolment by 12%\(^{15}\).

**Box @: Toilet avoidance in Europe**

**France**

A recent study\(^{16}\) in a middle-school in France shows that:

- 10% of the girls regularly experience bladder leakage.
- 33% never visits the school toilet because they are considered dirty
- 70% never felt secure in the toilet because a lack of privacy
- Visiting the toilet was hardly ever allowed during class
- 43% of the girls indicated to have abdominal pain as a result of not going to the toilet
- The resulting discomfort had an impact on their ability to concentrate and learn at school
- According to the cleaning personnel the pupils are responsible for the dirty toilets. “They do not respect that public space”.
Menstrual Hygiene Management (MHM)

**Message for Policy Makers:** Lack of adequate facilities for menstrual hygiene has negative impacts on the right to education. It can affect pupils’ health, dignity and learning. Make the availability disposal facilities in school toilets and appropriate MHM education a priority.

A matter of pupil’s dignity that transcends the issue of toilet acceptability is menstrual hygiene management (MHM). Often framed as a matter of equitable school participation, MHM is a very complex matter involving social norms, taboos, misunderstanding, sexuality, coming-of-age and a technical dimension like the availability of disposal facilities and absorption pads in schools.

Girls experience menarche at different ages and for some that means before going to secondary school. There is little high quality evidence associating school attendance or drop-out with MHM, but girls’ absence from school or school toilet avoidance during menstruation can have both physical and psychological causes. First, they may lack physical provisions for MHM such as lockable, single-sex, private toilets with water and soap for washing and a closed bin for used pads. Menstrual pain is another reason for girls to go absent themselves. Other reports highlight feelings of fear, confusion and shame in class due to: leakage and dropping of sanitary material; smell and staining of clothes; teasing, fears of pregnancy; and experience of harassment by male students and teachers.
There is little current information on education, support and disposal facilities for MHM in schools in the European region. Some evidence exists indicating that in high-income countries the presence of sanitary bins inside girls' school toilets is irregular (24% - 94%). Furthermore, it occurs that - if sanitary towels are available - girls often have to ask an adult to obtain one19.

MHM is not just about the biological aspects of the menstrual period but also the need to address societal beliefs and taboos surrounding the issue. Sufficient knowledge, guidance and support for girls in preparation for and during menstruation is also part WASH in Schools.

Girls in puberty and female school staff cannot be expected to attend school when having to manage their personal hygiene while being deprived of a place that provides privacy, water and the opportunity to dispose of menstrual materials20. The fundamental premise of WASH in Schools requires embedding the management of menstrual hygiene in education curricula and facilities.

Duty-Bearers stepping up: target setting

Message for Policy Makers: Use the Protocol for target setting. Targets can be progressive, step-wise, but ultimately need to reach universal WASH in Schools. Develop targets that aim at improvements in the use of facilities so as to improve toilet use, hydration practices, handwashing and MHM.

Educational facilities with no or inadequate WASH facilities violate children’s right to a healthy learning environment. The Parma Declaration has activated a regional push for action and accountability in ensuring that this basic children’s right is fulfilled in a timely manner for all pupils. Since the Declaration various countries have develop specific WASH in school targets (see section on targets).

Targets and the international impetus

The Declaration’s RPG 1 on WASH in schools is underpinned by both the Human right to water and sanitation and the right to education (see Box and Box ). The Parma Declaration’s commitments further align with the recent international consensus to eliminate inequalities in access to quality education and to realize the right to water and sanitation in all spheres of life. The forthcoming post-2015 development agenda sets new global sustainable development goals and targets on education and WASH.

An essential aspect of the new global targets is that they reach beyond the household level. Water, sanitation and hygiene facilities and services must not only be available at home, but in all places where people spend significant amounts of time. This includes educational institutions including pre-schools.

---

294% in Germany in Heudorf et al., 2011. 24% in France in ONS 2007
**Box @ Proposed water and sanitation and education goals and targets for the Sustainable Development Goals:**

**Water and Sanitation**
- Goal 6: Ensure availability and sustainable management of water and sanitation for all
- Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking-water for all.
- Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

**Education**
- Goal 4: Ensure availability and sustainable management of water and sanitation for all
- Target 4A: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

**Box @**

**The Right to Water and Sanitation**
UN Human Rights Council 2014 (Resolution 27/7)
The human right to safe drinking water and sanitation entitles everyone, without discrimination, to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use and to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity.

**Box @**

**The Right to Education**
Convention on the Rights of the Child, 1989
General Comment No. 1. The aims of Education (2001)
The Convention on the Rights of the Child (CRC) spells out the obligations of governments to facilitate pupils’ right to learn in a safe and secure environment, for example: Art 22: “Every child has the right to receive an education of good quality which in turn requires a focus on the quality of the learning environment (…)” Art 8: “Pupils do not lose their human rights by virtue of passing through the school gates. (…) education must be provided in a way that respects the inherent dignity of the child (…)”

**The relevance of the Protocol for target setting**
When implementing the Parma Declaration the member states of the European Region of the WHO will take advantage of the approach and provisions of the Protocol on Water and Health. As a progressive tool to develop integrated policies on water resource management and health, the Protocol will be used to set clear targets and objectives and to work in partnership with all concerned sectors.

The Protocol on Water and Health, adopted at the third Ministerial Conference on Environment and Health (London, 1999), is the key regional policy instrument in supporting the implementation of the Parma Declaration at national level. The Protocol’s overall objective is to prevent, control and reduce water-related disease through sustainable water management. It emphasises disease prevention, wellbeing and equitable access to WASH services. Through its requirement to set national targets the Protocol has manifested itself as suitable tool to help national governments to fulfil the Regional Priority Goal (RPG) on WASH in schools.
A key reason why the Protocol is a suitable tool for the implementation of the RPG 1 of the Parma Declaration is because its premise, the principle and the target closely correspond with each other (see below table).

### Premise
The fundamental premise of WASH in School is to ensure human health and wellbeing

⇒ The objective of the Protocol is the protection of human health and wellbeing (article 1)

### Principle
WASH in School aims to eliminate inequitable access to quality education by providing inclusive WASH facilities in schools

⇒ Equitable access to water should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion (article 5)

### Target
WASH in School targets universal access: All schools should provide all pupils with basic WASH facilities

⇒ The Protocol's aim is access to drinking water and the provision of sanitation for everyone (article 6)

**Progressive Realization and Laddered Approaches**
All income zones experiences WASH in School challenges, but the disparities between and within countries, between rural and urban populations and between different socioeconomic groups are broad. Realizing universal access to water and sanitation lies at the heart of the Protocol. Targets should call for progressive reduction in inequalities between rich and poor, urban and rural, slums and formal urban settlements, and disadvantaged groups and the general population. Inequalities related to individual status based on gender, disability and age should also be reduced.

Progressive realization implies that levels of service can increase over time in a step-wise fashion. Schools may not suddenly provide comprehensive access but move upwards through a “ladder” of service levels, specified by multiple criteria and related to service thresholds derived from the normative criteria of the human right to water and sanitation.

For example, it can be advantageous to start with a small number of affordable toilets that are well maintained, hygienic and used by pupils. Although the WHO standards on student/toilet ratio may not be respected, small incremental improvements that bring about public health benefits can be part of the progressive realization of pupils’ right to a healthy learning environment. Similarly, mandatory handwashing with soap at fixed moments during the school day (see example on Denmark in section 3) can be an acceptable step up the handwashing ladder. In this instance handwashing with soap at all critical times is a longer term goal.

**Box @: On 3-Star Approach**
Example Targets

Under the Protocol on Water and Health, countries have to define targets. As stated in articles 6 and 7 of the protocol, setting and reviewing the targets and assessing periodically their progress, are considered the essential starting steps for an efficient action to reach the protocol’s objectives. Since the Declaration various countries have develop specific WASH in school targets. Table @ lists the countries of the WHO European region that have set targets under the Protocol on Water and Health. The details of these targets can be found in Annex @.

<table>
<thead>
<tr>
<th>Target area I: Quality of the drinking-water supplied</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republic of Moldova, Ukraine</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target area II: Reduction of the scale of outbreaks and incidents of water-related diseases</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia, Belarus, Kyrgyzstan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target area III: Access to drinking-water</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia, Kyrgyzstan, Republic of Moldova, Tajikistan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target area IV: Access to sanitation</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine</td>
<td></td>
</tr>
</tbody>
</table>

| Additional national target area: Improved national communication and education | Germany |

Table @: The target areas for the WASH in schools targets set by the countries under the Protocol for Water and Health

Based on the overview of the WASH in School challenges listed in section 2, specific targets can be set that aim to overcome the issues that various countries in the Region are facing, pertaining to the availability of adequate facilities, accessibility of facilities, quality and safety, and acceptability, dignity, and privacy.

Comprehensive guidance has been developed to assist member states in the development of targets.21 Based on a logical framework for the process of setting targets, for each target areas the guidance materials cover *inter alia* matters such as stakeholder involvement, baseline analysis, prioritization, and the selection of indicators. Example targets that can address all or part of the WASH in school challenges identified in section 2 are listed in the below table@. Given that the challenges in the region go beyond the availability of facilities, the targets are intentionally specific and concrete. It is recommended to develop targets that aim at improvements in the use of facilities so as to improve toilet use, hydration practices, handwashing practices and MHM.
<table>
<thead>
<tr>
<th>Specific WASH in School issues in the European Region</th>
<th>Example Targets</th>
<th>Target</th>
<th>Target year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of adequate facilities</td>
<td>Schools provide all users with basic drinking water supply and adequate sanitation, handwashing facilities and menstrual hygiene facilities.</td>
<td>80% 100%</td>
<td>2018 2020</td>
</tr>
<tr>
<td>Accessibility for pupils living with a disability</td>
<td>Schools provide all schoolchildren living with disability sufficient, accessible, private, secure, clean and culturally appropriate toilets.</td>
<td>100%</td>
<td>2020</td>
</tr>
<tr>
<td>Quality and Acceptability of toilets and use by pupils</td>
<td>Schools provide sufficient toilets equipped with toilet paper, inside the toilet facilities at all times. Schools provide sufficient toilets that are hygienic to use and easy to clean. A cleaning and maintenance routine is in operation, and ensures that clean and functioning toilets are available at all times. Schools provide sufficient toilets that provide privacy and security. Schoolchildren consider the school toilets to be acceptable (or Toilet-Avoidance is reduced to a minimum)</td>
<td>80% 100%</td>
<td>2018 2022</td>
</tr>
<tr>
<td>Water Supply and Hydration habits</td>
<td>Schools provide an improved source on premises and water points accessible to all users during school hours. Schools have a “free access” water policy allowing children to drink when needed and at their desk. Schoolchildren do not experience dehydration during school hours</td>
<td>100%</td>
<td>2020</td>
</tr>
<tr>
<td>Handwashing Stations and Handwashing habits</td>
<td>Schools provide sufficient handwashing facilities, with soap and water, available inside or immediately outside toilet facilities. Schools impose mandatory daily handwashing moments / group handwashing sessions Pupils wash their hands after using the school toilet</td>
<td>95%</td>
<td>2020</td>
</tr>
<tr>
<td>MHM facilities</td>
<td>Schools provide a private place for washing hands, private parts and clothes; drying re-usable materials; and safe disposal of used menstrual materials.</td>
<td>etc</td>
<td></td>
</tr>
<tr>
<td>Water Quality</td>
<td>Schools provide water for drinking, cooking, personal hygiene, cleaning and laundry that is safe for the purpose intended.</td>
<td>etc</td>
<td></td>
</tr>
</tbody>
</table>
**Good Practices**

- Role of NGOs (WECF/GTO/EEHYC)
- Azerbaijan: leadership of education sector
- Scotland: flush with success (placeholder already in text)
- Fit for School: stepwise (placeholder already in text)
- Kyrgyzstan: school based budgeting
- Moldova: good targets
- Sweden: good research
- Hungary + France: Ongoing surveillance programme.
- Role of (UNICEF and WHO supported) surveys in countries where the evidence from routine surveillance is poor (e.g. Georgia). / On-Off surveys in various countries – role and added values on one-off surveys (to sensitize). Benefit not in result, but facilitate cooperation between each other?

**Conclusions**

Seeing the problems in the Region, the international impetus, the rights arguments, the Parma declaration and the benefits of WASH in Schools: It’s Time for Action.

Key messages;

- Benefits of WASH in School
- Compliance with standards = Surveillance + Financing
- Targets: progressive, step wise: aim at improvements in use of facilities
# Annex:
Existing WASH in school targets set under the Protocol

<table>
<thead>
<tr>
<th>Country</th>
<th>Targets and indicators</th>
<th>Targets area: Reduction of the scale of outbreaks and incidents of water-related diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td><strong>Not Party: draft target not adopted</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target area II: Reduction of the scale of outbreaks and incidents of water-related diseases</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target:</strong> Maintain the vaccination of children against rotavirus</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target date and indicator:</strong> At least 90% annual coverage</td>
<td></td>
</tr>
<tr>
<td>Belarus</td>
<td><strong>Party: targets adopted</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target area II: Reduction of the scale of outbreaks and incidents of water-related diseases</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target 1:</strong> Reduction morbidity by hepatitis A from 6.9 for 100 thousand of population in 2005 to 5 for 100 thousand of population in 2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Activities:</strong> Introduction of immunization against hepatitis A among contingents of high risk focused in pre-school and general educational institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target date:</strong> 2007-2010</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Executors:</strong> The regional executive bodies, the Minsk City Executive Body</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Financial sources:</strong> Local budgets</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target 2:</strong> Prevention of morbidity by acute enteric infections related to the drinking-water in the educational institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Activities:</strong> Providing of the bottled drinking-water for educational institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target date:</strong> 2007-2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Executors:</strong> The regional executive bodies</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Financial sources:</strong> Local budgets</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td><strong>Party: targets adopted</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Additional national target area: Improved national communication and education on</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target:</strong> To improve Federal communication and education of the general public on the topics of drinking-water, bathing and swimming, with particular consideration for children’s health</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Activities 3:</strong> Children’s book and quiz: The aim is to educate children of various age groups in water-related issues in a playful manner. An interactive water quiz with computerised animations on the topics of drinking-water, open waters, swimming pools and open-air swimming pools will be devised for the over-12s. An illustrated children’s book for the under-12s will focus on drinking-water and bathing waters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target date:</strong> 31 December 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator:</strong> Publication of the above mentioned products</td>
<td></td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td><strong>Not Party: targets adopted</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target area II: Reduction of the scale of outbreaks and incidents of water-related diseases</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Key national problem of this target area is the maintenance of high level of acute intestinal infections cases, particularly among children in rural areas of the southern regions of Kyrgyzstan. These negative trends are due to limited access of the population to safe drinking-water and sanitation; degradation and low efficiency of water supply and sanitation systems; poor quality of water in water supply sources for domestic and recreational purposes; low awareness of population about the need of personal and public hygiene rules observance.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Target 2:</strong> To cover with the monitoring of water-related diseases program in a pilot region at least 70% of children by 2015 and at least 90% of children by 2020.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Responsible organisation:</strong> Ministry of Health</td>
<td></td>
</tr>
</tbody>
</table>
Target area III: Access to drinking-water

Target 3.2: By 2015 to make an assessment of the status and required investments for the improvement of water supply systems in 100% of schools and preschool institutions, and on this basis to develop a program of rehabilitation and development of these systems until 2020, provided with sustainable funding sources.

Responsible organisations: Ministry of Economy, Ministry of Finance, Ministry of Education and Science, local authority, State Inspectorate for Sanitary, Veterinary and Phytosanitary Safety, Department of Water Supply and Sanitation, ARIS, NGOs

Target area IV: Access to sanitation

Target 4.2: To provide by 2015 not less than 80% of schools and at least 90% of preschool institutions with improved sanitation facilities, including new buildings in Bishkek (not less than 70%). By 2020 to provide at least 90% of schools and 100% of preschool institutions with these facilities.

Responsible organisations: Ministry of Economy, Ministry of Finance, Ministry of Education and Science, local authorities of Bishkek and Osh, local authorities of small towns

Republic of Moldova

Party: targets adopted

Target area I: Quality of the drinking-water supplied

Target 3: Achieve compliance with all the existing chemical and microbiological drinking-water quality standards in schools

Target dates: 2015 - in about 95% of all schools; 2020 - in about 100% of all schools

Responsible: Local authorities, operators of water supply systems, Ministry of Environment

Measures and activities 5: Installation of water filtration systems in 300 schools (2011-2015)

Responsibility: Local authorities, Ministry of Education, operators of the ‘Apa-Canal’ enterprises

Target Area III: Access to drinking-water

Target 2: Increase the access of children in schools and pre-school institutions to improved water supply sources

Target dates: 2015 – in 95% of schools and pre-school institutions; 2020 - in 100% of schools and pre-school institutions

Responsible: Local authorities, operators of water supply systems, Ministry of Education

Target Area IV: Access to Sanitation

Target 2: Provide access of children in schools and pre-school institutions to improved sanitation systems

Target dates: 2015 - about 90% of all schools and pre-school institutions; 2020 - about 100% of all schools and pre-school institutions

Responsible: Local authorities, operators of the ‘Apa-Canal’ enterprises, Ministry of Education

Measures and activities 2: Implement projects to improve the sanitary conditions in schools and pre-school institutions and achieve 100% access to improved sanitation systems (2012-2020)

Responsible: Local authorities, Ministry of Environment, operators of the ‘Apa-Canal’ enterprises

Tajikistan

Not Party: draft target not adopted

Area III: Access to drinking-water

Target: To develop a program for rehabilitation of the water supply and sanitation in secondary schools, child care institutions and medical centers by 2015

Indicators: The program of reconstruction of water supply and sanitation systems in secondary schools, child care institutions and medical centers

Responsible: SUE HCS, Ministry of Education, Hukumats of cities and regions

Area IV: Access to sanitation

Target: To provide with at least 80% of schools and at least 90% of pre-schools with improved sanitation facilities by 2020

Indicator: To provide by 2020 schools and pre-school institutions with improved sanitation facilities

Responsible: Hukumats of cities and regions

Ukraine

Party: targets adopted

Target area I: Quality of the drinking-water supplied

Target: Ensuring children in preschool and secondary schools with quality drinking-water

Indicator: Percentage of preschool and secondary schools with access to safe drinking-water

Target dates: Intermediate: 2015 - in cities and towns 15%, in villages 10%; final: 2020 - in cities and towns 25%, in villages 20%

Responsible: Local authorities, State Sanitary and Epidemiological Service, Ministry of Education, Youth and Sports, Ministry of Regional Development, Construction and Housing and Communal Services
Target area IV: Access to sanitation

**Target:** Providing improved sanitation children in preschool and secondary education (improved sanitation and connection of pre-school and secondary schools to sanitation systems):

**Indicator:** Number of preschool and secondary schools in canalized dug and connected to sewerage systems

**Target dates:** Intermediate: 2015 - in cities and towns 15%, in villages 5%; Final: 2020 - in cities and towns 25%, in villages 15%

**Responsible:** In cities and towns: the local authorities, the State Sanitary and Epidemiological Service, Ministry of Education, Youth and Sports, Ministry of Regional Development, Construction and Housing and Communal Services; in villages: State Water Resources Agency

**References**

1. (Azor-Martinez et al., 2014; Gebel et al., 2008; Lennell et al., 2008; Nandrup-Bus, 2009; Randle et al., 2013).
2. (Nandrup-Bus, 2009)
3. Azor-Martinez, E. et al. (2014): The impact of common infections on school absenteeism during an academic year
5. Talaat M, Afifi S, Duerer E et al. (2011) Effects of hand hygiene campaigns on incidence of laboratory-confirmed influenza and absenteeism in schoolchildren, Cairo, Egypt. Emerging Infectious Diseases 17, 619–625
7. Fadda et al., 2012; Kaushik et al., 2007
13. Lundblad et al., 2007
14. (Barnes & Maddocks 2002; Crogan, 2002; Jones & Wilson, 2007; Lundblad et al., 2005)
15. (Jones & Wilson, 2007).
16. (Barnes & Maddocks 2002; Jones & Wilson, 2007; Lundblad et al., 2007; Lundblad et al., 2010
17. (Barnes & Maddocks 2002; Crogan, 2002; Heudorf et al., 2011; Jones & Wilson, 2007; Lundblad et al., 2005; Rapoport et al., 2012; Zulkarnaev et al., 2009)
18. See for example:
19 Jones & Finlay (2001)
20 For example, in a menstrual hygiene management study conducted in 2009 by WaterAid, more than half of the girls reported being absent from school at some time during menstruation. The main reason cited was the lack of privacy for cleaning and washing, mentioned by 41% of respondents. WaterAid. 'The State of School Sanitation in Nepal: District-wise (girl)students’ access to sanitation in community schools’, Kathmandu, August 2011.