



CHILDREN'S OMBUDSPERSON

THEMATIC REPORT

**OBSERVING CHILDREN'S RIGHT  
TO HEALTH IN EDUCATION  
INSTITUTIONS**

Chişinău, 2021

# TABLE OF CONTENTS

<b>INTRODUCTION .....</b>	<b>4</b>
<b>CHAPTER I.</b>	
<b>International and national legal regulations for children’s rights to health and education.</b>	<b>10</b>
<b>CHAPTER II.</b>	
<b>Healthcare services in education institutions. Equipment and operation of school health services .....</b>	<b>19</b>
<b>CHAPTER III.</b>	
<b>Access to quality drinking water in education institutions.....</b>	<b>27</b>
<b>CHAPTER IV.</b>	
<b>Water closets in education institutions .....</b>	<b>46</b>
<b>RECOMMENDATIONS of the children’s ombudsperson to the government and to relevant central authorities.....</b>	<b>55</b>
<b>ANNEX results of the questionnaire circulated by the children’s ombudsperson.....</b>	<b>56</b>

## **ABBREVIATIONS**

NPHA – National Public Health Agency

LPA – Local Public Administration

PHC – Public Health Center

CES – Committee for Emergency Situations

MHLSP – Ministry of Health, Labour and Social Protection

MECR – Ministry of Education, Culture and Research

OO – Office of the Ombudsperson

SDG – Sustainable Development Goals

WHO - World Health Organization

LSBFE – local specialized bodies in the field of education

HSPUEI – health services in pre-university education institutions

One of the primary objectives of the state is to create a safe and comfortable environment for children to be able to exercise their rights to education and health. The right to health and to harmonious physical and mental development is one of the fundamental rights enshrined in the UN Convention on the Rights of the Child, adopted by the United Nations General Assembly on 29 November 1989. Therefore, protecting, taking care of and ensuring the well-being of children are incontestably of primary concern to the state and its institutions.

The *sustainable development goals (SDGs)*<sup>1</sup> support a global development agenda that guide the human society towards a more advanced level of progress in a number of areas. One of them – GOAL 6: *Ensure availability and sustainable management of water and sanitation for all* – is also particularly topical for the Republic of Moldova. ‘The nationalised SDG 6 takes a broad approach, as it covers all critical water sector matters. One of them has to do with the expansive supply of clean and affordable water and adequate and equitable sanitation for all (especially for rural residents, women and vulnerable population groups)’<sup>2</sup>.

The *2014-2028 Water Supply and Sanitation Strategy* was approved in 2014 by Moldova Government Decision No 199 of 20.03.2014. The strategy paper ‘regards public water and sanitation services as services of general economic interest, as defined in the EU Green Paper, and seeks to bring these services in line with the European concept’<sup>3</sup>.

The strategy also highlights that in Moldova the quality of water supplied to schools and institutions for children largely does not meet quality standards: *‘The maximum allowable concentrations for sanitary-chemical parameters are exceeded in 54.38% of samples, while the maximum allowable concentrations for microbiological parameters are exceeded in 20.21% of samples.’*<sup>4</sup>

This is a strong finding that confirms that children’s right to health – as regards the supply of water that meets sanitary requirements – are in certain ways violated in a number of settlements, while the role and actions taken by the authorities charged with making sure children’s right to health is observed are disputable from strategic point of view and from that of the current state of affairs.

The strategy paper says that in Moldova **761 thousand people, i.e. 21.4% of the total population – 50.1% in urban settlements and only 1.0% in rural settlements – use the**

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<sup>1</sup> <https://www.md.undp.org/content/moldova/ro/home/sustainable-development-goals.html>

<sup>2</sup> <https://statistica.gov.md/pageview.php?l=ro&idc=601&id=6315>;

[https://www.md.undp.org/content/moldova/ro/home/library/sdg/na\\_ionalizarea-agendei-de-dezvoltare-durabil-in-contextul-republ/ghid-privind-na\\_ionalizarea-obiectivelor-de-dezvoltare-durabil.html](https://www.md.undp.org/content/moldova/ro/home/library/sdg/na_ionalizarea-agendei-de-dezvoltare-durabil-in-contextul-republ/ghid-privind-na_ionalizarea-obiectivelor-de-dezvoltare-durabil.html)

<sup>3</sup> [www.legis.md/cautare/getResults?doc\\_id=109692&lang=ro](http://www.legis.md/cautare/getResults?doc_id=109692&lang=ro)

<sup>4</sup> Idem.

**sewerage system.** The largest share of the population with improved access to sanitation is in the northern part of the country – 23.4%, followed by the central part – 10.2%, southern part – 6.7%, and Găgăuzia ATU – 2.2%.

This means the situation is critical and exposing children's health to direct threats. The lack of proper sanitation which – if it existed – would have mitigated against many diseases, continues to be for many children a reality, especially in the rural area.

Parents and teachers, civil society and mass media representatives have been raising this issue in a number of public appeals over the years, declaiming against the disappointing situation of drinking water for children and the miserable sanitation in education institutions.

As grounds for this study, we tapped into the communication with children from Moldova, having collected their opinions as well as having considered the many petitions filed with the Children's Ombudsperson by education institution managers and parents raising the issue of children's right to health and education in education institutions being violated because the required sanitation and quality healthcare services did not exist.

The pursued goal was to find out what are the gaps that result in violations of the right to health and of the right to education, and to come up with recommendations of improvements.

The specifics of the researched matter were the basis of a complex assessment of certain components of the right to health in the educational environment, in particular: drinking water affordability, school health services equipment, water closets accessibility and whether they met standards. The study also exposed harmful institutional practices affecting children's well-being and safety in the school environment while also being very detrimental to their health.

The above-mentioned issues and matters were also detailed and analysed in previous annual reports of the Children's Ombudsperson in the Republic of Moldova (2016, 2017, 2018, 2019)<sup>5</sup>, in the Shadow Report of the Office of the Ombudsperson to the Committee on the Rights of the Child<sup>6</sup>, in the report on hygiene and sanitation in schools developed in 2018 by the Children's Platform<sup>7</sup> where it shared its opinion on the matter. The children listed the issues they encountered in the school environment, such as: no information on observing hygiene requirements, no drinking water in education institutions, having to use outdoor toilets (rural area

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<sup>5</sup> The 2016 Report on Children's Rights in the Republic of Moldova  
[http://ombudsman.md/wp-content/uploads/2018/10/raport\\_anual\\_copii\\_2016.pdf](http://ombudsman.md/wp-content/uploads/2018/10/raport_anual_copii_2016.pdf)

The 2017 Report on Children's Rights in the Republic of Moldova  
[http://ombudsman.md/wp-content/uploads/2019/05/Raport\\_2018\\_INTEGRAL-1.pdf](http://ombudsman.md/wp-content/uploads/2019/05/Raport_2018_INTEGRAL-1.pdf)

The 2018 Report on Children's Rights in the Republic of Moldova  
[http://ombudsman.md/wp-content/uploads/2020/01/RAPORT\\_APDC\\_2019.pdf](http://ombudsman.md/wp-content/uploads/2020/01/RAPORT_APDC_2019.pdf)

The 2019 Report on Children's Rights in the Republic of Moldova  
[http://ombudsman.md/wp-content/uploads/2020/08/Raport\\_anual\\_copii\\_2020-coperta-20.08.2020.pdf](http://ombudsman.md/wp-content/uploads/2020/08/Raport_anual_copii_2020-coperta-20.08.2020.pdf);

<sup>6</sup> [http://ombudsman.md/wp-content/uploads/2018/10/justitia\\_pentru\\_copii\\_1.pdf](http://ombudsman.md/wp-content/uploads/2018/10/justitia_pentru_copii_1.pdf)

<sup>7</sup> [https://drive.google.com/drive/u/0/folders/1zFvkUWNLIPr\\_lgE8EWrsB4qKAZr0KXn9](https://drive.google.com/drive/u/0/folders/1zFvkUWNLIPr_lgE8EWrsB4qKAZr0KXn9)

in the majority of cases) or limited access to indoor water closets – which are usually closed unless there are certain controls, seminars or visits carried out.

Not only do the children have to use outdoor toilets located somewhere in the backyard of the school, but their right to privacy is also violated as the drop pits were either not separated by walls at all, or separated by walls, but no doors or with doors in a very bad condition.

The children also complained about the outdoor toilets not being cleaned regularly, and that even when they were – it was only superficial floor washing. Because of this, the specific latrine odour never goes away. There is no toilet paper, soap and tap water in indoor water closets in education institutions. These are available only when planned controls or visits take place. Water closets are generally not accommodated to the special needs of children with disabilities.

Considering the aforementioned, a priority monitoring task that the Children's Ombudsperson had in 2020 was to assess whether and how children's right to health was observed in education institutions in the light of the above.

The monitoring and assessment work focused on primary, gymnasiums and lyceums.

### **Applied Methodology**

The **goal** pursued by this study was to reckon to what extent the relevant authorities implemented the actions meant to ensure that children's right to health was observed in schools, whether they implemented the mandatory provisions of Article 24 of the UN Convention on the Rights of the Child which lays down the government's obligation to ensure 'the right and access of the child to sanitary and healthcare services with a particular focus on primary and preventive healthcare, on public health education and on reducing infant mortality', as well as to ensure the observance of the right to education implicitly by producing appropriate sanitation conditions and, hence, a safe and comfortable environment for children to enjoy their right to education.

The **general objectives** of the study were to assess the effectiveness of the regulatory framework in this field and the extent of implementation of the Moldova Government Decision Approving and Implementing the State Sanitary and Epidemiological Rules and Standards: 'Hygiene in Primary Schools, Gymnasiums and Lyceums', reviewed in accordance with the Law No 424-XV of 16 December 2004 On Reviewing and Streamlining the Regulatory Framework Governing Entrepreneurship (Official Gazette of the Republic of Moldova, 2005, No 1-4, Article 16) No 21 of 29.12.2005, Official Gazette of the Republic of Moldova, No 146-149/489 of 15.09.2006. The study pursued also assessing the degree of implementation of policies, strategies, procedures, practices or other measures meant to ensure that children can fully enjoy their right to health in education institutions; identifying gaps/obstacles that hinder the full

enjoyment by children of the right to health in education institutions and, last but not least, putting forth recommendations to the competent authorities regarding the taking of measures to ensure the observance and/or reinstatement of children's right to health in education institutions.

### **Specific objectives:**

Assess whether children have access to:

- sources of quality drinking water in education institutions.
- hygiene and sanitation conditions in education institutions.
- operation of the health services in pre-university education institutions (HSPUEI): equipment in school health services and work of the school physician.

The **target group** of this research/evaluation consisted of representatives of central public authorities, of local specialised bodies, school managers, mayors, physicians working in education institutions, family physicians and children.

The data for this evaluation were collected over May-October 2020 by quantitative (statistics analysis, questionnaires) and qualitative methods (analysis of the regulatory framework in force, individual interviews and monitoring visits) in order to establish to what extent was children's right to health observed in education institutions and to understand the causes and impediments that prevent the full realization of the aforementioned rights of children. The data were thus collected using appropriate research tools, such as:

**Quantitative Research.** Filled-in questionnaires collected from 31 local specialised bodies (education divisions) were analysed through the lens of: *education institution, number of students in every education level, availability of a school physician, supply of (quality) drinking water to children, number of water closets in education institutions, as well as number of refurbished/renovated water closets, their location (indoor/outdoor), access to water and sanitation, availability of centrally supplied piped water for hygiene purposes, availability of sanitary items, availability of school health services and, if they are available – whether they are equipped (Annex 1)*. The size of the samples was: 1700 children, 10 education institutions, 31 education divisions from across districts and villages located on different geographic areas (North, South, West, East). We must emphasize though that although according to official statistics the number of education institutions (primary schools, gymnasiums and lyceums) is 1255, this study operates with the number of 1266 education institutions. This was not a mistake, it was only that the information submitted by a number of education divisions included also data regarding some trade schools, special education institutions and out-of-

school institutions under those divisions, such as Rezina district and Chişinău district. The author of this research believed that data has no essential influence over the general situation and decided, therefore, not to exclude the 11 institutions from this exercise.

For consistency reasons, as part of its efforts to collect children's opinions regarding their lives and participation in decision-making around the recognition and observance of children's rights, the Children's Ombudsperson carried out an online survey in March-May 2020 focused on school-age children. The survey contained several questions related to the subject of this research: healthcare in education institutions, availability of drinking water and sanitation. As many as **1850 students** participated in the study. Of them – **1501** were from the urban area, **249** – from the rural area.

When asked about their right to health, **50.6% of the respondents** believed that their right to health was partially observed, while **30.6%** believed it was fully observed, and **16.5%** – not observed at all. As regards aspects of the *right to health that are not observed in their school, the children* responded as follows:

**1234 (66.7%) of children** believed, in terms of the right to health in their school, the aspect of quality drinking water was not observed, while **764 (41.3%)** mentioned not having access to proper toilets. As many as **814 students (44%)** believe that they don't have enough quality healthcare, while **420 (22.7%)** feel they are not informed enough about health and hygiene. The issue of healthy food was raised by **716 students (38.7%)**.

There were some singular answers declaiming against the unavailability of hot water and soap, of quality psychological assistance and against the bad shape of classrooms. There was only one answer stating that all conditions listed in the question were met.

Laws, regulations, information from children, parents, teachers, managers of education institutions, heads of district/municipal education divisions and of Family Physician Centres served as information sources for this assessment.

The **Qualitative Research** was focused on carrying out in-depth interviews, having 10 managers of education institutions fill in the questionnaire and having children fill in an anonymous online questionnaire (Annex).

As regards **monitoring visits** – only one monitoring visit was carried out because of the pandemic. The visits were scheduled earlier in time, without having factored in the special situation caused by the Covid-19 pandemic. There was no way but to observe the movement restrictions, which is why there was only one monitoring visit.

In spite of that, the authors believe that the team of the Children's Ombudsperson managed to gather enough factual material from previous work to be able to draw proper conclusions and to



formulate realistic and implementable recommendations for public authorities and education institutions.

## CHAPTER I.

# INTERNATIONAL AND NATIONAL LEGAL REGULATIONS FOR CHILDREN'S RIGHTS TO HEALTH AND EDUCATION

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One of the fundamental rights enshrined in the UN Convention on the Rights of the Child – the right to health and to harmonious physical and mental development in an environment where objective risks to health and well-being must be controlled by the state, includes several aspects such as healthy environment, healthy diet, basic hygienic conditions, access to healthcare services, health education and others. Therefore, protecting, taking care of and ensuring the well-being of children are priorities to the state and its institutions. The state must mainstream the best interest of the child in all its policies and actions, which means that the state must have policies and take measures to ensure that all aspects of children's right to health are observed while also making concrete steps towards building an environment leading to the well-being of children from physical, emotional and psychological points of view.

Article 3 of the UN Convention on the Rights of the Child provides that in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Children's right to health is enshrined in the *Constitution of the Republic of Moldova*: *'The right to health is the right of the child to enjoy the best possible health condition and to be provided healthcare, treatment and recovery services.'*<sup>8</sup>

Supplying water that meets sanitary standards and providing decent and appropriate sanitary conditions that support hygiene and prevent the spread of diseases are part of the measures meant to ensure children's right to health. Alongside other parameters that define safety, the school environment where children spend a lot of their time needs to be also safe from the point of view of water supply and sanitation.

The WHO and UNICEF report 'Diarrhoea: Why children are still dying and what we can do' says that 24 thousand children die every day in developing countries because of preventable circumstances, such as consumption of contaminated water<sup>9</sup>. The UN A/RES/64/292 Resolution recognising water and sanitation as a human right warns about the impact of the problem: *'2.6 billion do not have access to basic sanitation, and approximately 1.5 million children under 5*

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<sup>8</sup> Article 36 of the Constitution of the Republic of Moldova;

<sup>9</sup> The United Nations Children's Fund (UNICEF), World Health Organization (WHO), Diarrhoea: Why children are still dying and what can be done, 2009.

*years of age die and 443 million school days are lost each year as a result of water- and sanitation-related diseases*'.<sup>10</sup>

When Moldova ratified the UN Convention on the Rights of the Child, it assumed the obligation to implement in the entire country the standards/provisions of the Convention and to report to the UN Committee every five years on the rights of the child. The reporting is followed by recommendations from the Committee for a better implementation of the Convention. Therefore, following the combined fourth and fifth periodic reporting, the Committee updated its recommendations to Moldova in September 2017.<sup>11</sup>

In chapter 'Education, leisure and cultural activities (arts. 28, 29, 30 and 31)' of its Concluding Observations, the Committee recommended Moldova: ***'Ensure that all schools meet standardized quality standards with respect to water and sanitation facilities...'***

The Helsinki Statement on Health in All Policies, adopted at the 8<sup>th</sup> Global Conference on Health Promotion in 2013, provides for the involvement of sectors other than that of health too in order to improve and promote population health and to avoid the action of harmful factors and health determinants, such as: 1) unhealthy behaviours; 2) living, working and education conditions; 3) access to products and services.

The conceptual position of international tools and the World Health Organisation (WHO) regulations are highly relevant for the matter tackled in this report, as they advocate that health or the access to healthcare information and to services meant to maintain the health of all people represent a fundamental human right.

Human/child rights standards define the right to health as inseparable from other rights. The right to health – regarded as one of major importance from the standpoint of guaranteeing human rights as well – is thought of as representing the highest attainable standard of physical and mental health, being defined in the following international treaties:

- Article 25 of the Universal Declaration of Human Rights;
- Article 12 of the International Covenant on Economic, Social and Cultural Rights;
- Article 5 of Convention on the Elimination of All Forms of Racial Discrimination;
- Articles 11, 12, 14 of the Convention on the Elimination of All Forms of Discrimination Against Women;
- Article 24 of the UN Convention on the Rights of the Child;
- Article 25 of the Convention on the Rights of Persons with Disabilities.

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<sup>10</sup> A/RES/64/292 Resolution adopted by the General Assembly on 28 July 2010 64/292. The human right to water and sanitation <https://undocs.org/en/A/RES/64/292>

<sup>11</sup> Concluding observations (recommendations) of the UN Committee on the Rights of the Child (CRC) on the combined fourth and fifth periodic reports of the Republic of Moldova [http://ombudsman.md/wp-content/uploads/2020/01/REcomanONU\\_CopiiRO.pdf](http://ombudsman.md/wp-content/uploads/2020/01/REcomanONU_CopiiRO.pdf)

The right to health is a unitary right, indivisible from other human rights. Enjoying the right to health is both related to and depending on other human rights, such as the right to food, housing, education, information, participation, etc.

As alongside other rights the exercising of which has a direct influence on the quality of life, the exercising of the right to quality, affordable and sufficient water influences one's health and well-being, we believe there's a direct connection between granting the right to health – in our case, the right to water supply – and the exercising of other rights, such as the right to education.

There is an obvious bond between supplying quality drinking water and health, and therefore – between children's health and their appropriate participation in social life, in education, their integration in the society as a society member whose health parameters are within normal values, without being exposed to the risk of developing an acute or chronic disease because of the quality of water or because of not having sanitary conditions meeting the acceptable and appropriate level of established standards.

Globally, as underscored in the UN Resolution on the Human Right to Water and Sanitation '*...443 million school days are lost each year as a result of water- and sanitation-related diseases*'.<sup>12</sup>

As children spend a great lot of their time at school, the school environment has a substantial influence on children's health and their education, having also a vital effect on their future. A healthy child will have a better academic performance than one that has health issues. Children spend most of their waking hours in school. For many children and adolescents, the school is the place where they could acquire healthy behaviours and lifestyles that they could take with them into their adulthood<sup>13</sup>. Considering this, safeguarding the rights to health and to health education in school and to health in general should be treated as a vital asset both for the state and for the entire society. Health should be at the top of any list of children-related priorities because without healthcare and health education, the children will not be able to realize their full development potential.

According to international/national standards, ensuring the that children can achieve the best physical and mental health possible means:

- *promotion, by the state, of an optimal framework of children's biological, psychological and social development;*
- *reducing the risk of disease and death;*
- *raising children's awareness about major health issues and prevention and control;*

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<sup>12</sup> A/RES/64/292 Resolution adopted by the General Assembly on 28 July 2010 64/292. The human right to water and sanitation <https://undocs.org/en/A/RES/64/292>

<sup>13</sup> [https://www.who.int/water\\_sanitation\\_health/publications/wash\\_standards\\_school.pdf?ua=1](https://www.who.int/water_sanitation_health/publications/wash_standards_school.pdf?ua=1)

- *ensuring appropriate nutrition;*
- *providing sufficient drinking water;*
- *providing basic sanitation conditions;*
- *ensuring mother and child healthcare;*
- *including family planning counselling;*
- *immunisation against the most important communicable diseases, etc.*

The right of the child to have the best health possible and to be provided healthcare and recovery services is stipulated in Article 25 of the Universal Declaration of Human Rights: ‘Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services’

As party to the International Covenant on Economic, Social and Cultural Rights, the Republic of Moldova is committed, according to Article 12, to recognize, observe and protect the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This includes the obligation to ensure that health facilities, services and goods are accessible to everyone, especially to the most vulnerable or marginalised groups of the population, without any discrimination whatsoever.

The UN Convention on the Rights of the Child provides an open and mandatory list of appropriate measures that the states are expected to take in order to allow children to enjoy their right to health and healthcare services. They include:

- *Diminishing infant and child mortality. ‘Every child has the inherent right to life’, States Parties having the obligation to ensure to the maximum extent possible the survival and development of the child.*
- *Provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.*
- *Combating disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;*

Children need to grow and develop in a safe environment. Those who interact directly with children have the duty to ensure that all conditions required to ensure children’s health are observed. In schools, these are the teachers. However, the school physician also has an important role to play terms of children’s right to health. The school physician is supposed to watch over the observance of sanitary standards, monitor children’s health and ring the alarm when there is a situation. The school physician is at the center of the interrelations between teachers, parents,

children and the health system. Every school must have a school physician. However, the management of schools, especially that of education divisions and of the ministry, are obviously neglecting this important stakeholder now.

Thus the obligations of the state, according to the international instruments that set out clear rules with regards to ensuring the right to the highest attainable standard of physical and mental health, are about making all services:

- *Available* – enough services to meet basic needs at all times.
- *Affordable* – (for all vulnerable groups; financially affordable and non-discriminatory); information accessibility (the right to seek, receive and disseminate health information in all formats, including to people with disabilities) – without violating the right to privacy.
- *Good quality* – scientifically and medically substantiated good quality.

A special focus of the enjoyment of the right to the highest attainable standard of physical and mental health falls on the efforts of the state to make sure that the entire community can enjoy it without any discrimination.

The three above-mentioned principles also apply to the right to health, which is at the heart of this study: the right to have access to enough, accessible and quality water and the right to sanitation (hygiene). The fact that there already are discussion around the matter of observing the right to enough, accessible and quality water and the right to sanitation as elements of the right to health and as one of the fundamental conditions for children to be able to enjoy their right to education, means that these matters started to get an outline as priorities of our society and that it is time to have another look at the priorities and bring our actions in line with the global agenda dedicated to solving the water supply and sanitation issues.

The *Resolution 64/292 adopted by the UN General Assembly on 28 July 2010*<sup>14</sup> recognizes the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights. The purpose of this international tool is to reduce the frequency of outbreaks of poor quality water-born diseases by ensuring effective water management.

At national level, there is a number of laws and official papers that address and detail the realization of rights that our research looks at.

Moldova ratified the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Helsinki, 17 March 1992) via Law No 207 of 29 July 2005.

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<sup>14</sup> <https://undocs.org/A/RES/64/292>

The Protocol on Water and Health is the first international agreement adopted in pursuit of achieving an adequate supply of safe drinking water and improved sanitation for all and seeking to ensure effective protection of drinking water sources.

*Articles 50 and 51 of the Health Protection Law No 411 of 28.03.1995* stipulate that the supervision of health of children in nurseries, kindergartens, schools, and other institutions for children is the duty of health and education staff, and that the main expenses for the maintenance of children in nurseries, kindergartens, schools, and other institutions for children shall be covered by the State Budget, as well as by the funds of economic units, trade unions, other social organisations, and individuals.

The rights of students to textbooks, healthcare, food, transportation services etc. in education institutions is enshrined, in line with the law, in *Article 136 of the Education Code*.

The Government Decision Approving the List of Additional Health Services for Children, Pupils and Students in Education Institutions, No 934 of 4 August 2008<sup>15</sup> provides for the organisation and evaluation of the implementation of measures meant to prevent the transmission of contagious diseases through common carriers: drinking water, food, food prepared in the kitchen of the institution.

All these documents constitute a solid legislative basis supporting the realization of children's rights to education, as well as of other rights, through complex actions of the state in different fields, such as ensuring children's access to water and sanitation that meet the established standards.

The actions that the state is to implement can be found back in the objectives of the *2007-2021 Moldova National Health Policy*<sup>16</sup>. Item 65 of Chapter VIII – '*Clean Environment for Better Health*' of the Moldova National Health Policy, provides: 'All key stakeholders will be engaged in joined actions at national, administrative territorial unit, community, economic unit, family levels in pursuit of ensuring a healthier living and working environment. The environment is to be rehabilitated by revitalizing and strengthening the sanitation systems in populated hubs, reducing air pollution in cities, etc. The access of all, especially of the rural population, to sources of safe quality drinking water will be ensured. There will be an adequate thermal regime in homes, education institutions etc. Conditions for a clean environment, physical security and hygiene will be ensure in the occupational field (workplace, training and education facilities).'<sup>17</sup>

The key factors impacting the current state of affairs – i.e. one characterised by modest results in terms of ensuring children's access to water and sanitation as one of the aspects of

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<sup>15</sup> [https://www.legis.md/cautare/getResults?doc\\_id=24816&lang=ro](https://www.legis.md/cautare/getResults?doc_id=24816&lang=ro)

<sup>16</sup> Moldova National Health Policy approved by Government Decision No 886 of 06.08.2007, available at: [http://old2.ms.gov.md/sites/default/files/programe\\_strategii/1047-politica20nationala20de20sanatate1.pdf](http://old2.ms.gov.md/sites/default/files/programe_strategii/1047-politica20nationala20de20sanatate1.pdf)

<sup>17</sup> Idem.

children's rights altogether – are the shortage of resources and underdevelopment of local communities, as well the current education institution funding system. In certain instances, the results are not even modest, but completely missing in the community and especially in schools. A few externally funded projects<sup>18</sup> were implemented and this proved that in Moldova, especially in the rural areas, solutions can be found. And the law supports such projects. The stakeholders of the ApaSan Project (Swiss Water and Sanitation Project in Moldova) said that 'national policy improved and includes now decentralisation options as acceptable solution for the National Water Supply and Sanitation Strategy and for a range of laws, regulations and standards.'<sup>19</sup>

In the light of the legal provisions and commitments taken on by the Republic of Moldova once it had ratified the UN Convention on the Rights of the Child, it undertook the duty to ensure that all the rights of the child will be observed.

Considering the prerogatives of the World Health Organization (WHO) which emphasize that health is much too important to be taken care of only by health professionals, health education and health policy development must be at the heart of the health development efforts centred on the individual, community and national level.

In this context, we need to refresh our memory regarding the provisions of the UN Convention on the Rights of the Child, regarding the State Parties that are expected to ensure the enjoyment of the right to health, especially when it comes to its realization in education institutions and that have the obligation to take appropriate action in the following areas:

- ensuring the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care (Article 24(2)(b));
- combating disease and malnutrition, including within the framework of primary health care, through, *inter alia*, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution (Article 24(2)(c));
- ensuring that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents (Article 24(2)(e)).

To ensure the legislation is adequate, the Water, Sanitation and Hygiene in Schools Guidelines<sup>20</sup>, developed by UNICEF, state that:

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<sup>18</sup> <http://apasan.skat.ch/ro/acasa-apanan/> Clean and comfortable water closets were built in 68 schools from Moldova under the ApaSan – Swiss Water and Sanitation Project in Moldova.

<sup>19</sup> Idem.

<sup>20</sup> [https://www.unicef.org/publications/files/CFS\\_WASH\\_E\\_web.pdf](https://www.unicef.org/publications/files/CFS_WASH_E_web.pdf)



- a) Every school should work towards developing appropriate knowledge, attitudes and skills on hygiene, through life skills-based hygiene education and participation. Improving hygienic behaviours must go hand in hand with the construction of toilets and safe water supply and sanitation facilities in schools. Life-skills based education must teach hygienic practices considering the day-to-day realities of children, seeking to help them acquire knowledge about adequate hygienic behaviour and develop the skills to apply it. This approach takes into consideration the learning differences specific to different child development stages and incorporates them into program designing, allowing children to translate efficiently their knowledge into practice.
- b) Schools should actively engage parents and the community in enriching and developing hygiene knowledge and skills. The parents and the community are key partners when it comes to planning, building, using and maintaining the restroom facilities. They also play an important role in monitoring the impact of hygienic behaviours in schools and in taking appropriate measures to improve the health of children.
- c) Engaging families and communities translates into children applying at home what they learned at school. Global experience has shown that children are keen promoters of recently acquired hygiene skills and can potentially be efficient agents of change in their homes and communities. If the messages and practices are consistent with the surrounding cultural environment, then children's knowledge can support better hygiene practices in homes and communities.
- d) Governments and development partners should establish a planning process and a management model to address important matters such as the long-term stability and scale development. At national, local and school level and considering the different stakeholders, the partners should design appropriate plans and define their roles for capacity and human resource building, technology and service selection, financial issues, operation and maintenance, and monitoring and evaluation.
- e) The development partners should work towards developing policies that lead to an approach that meets the demand, and consider up-scaling and efficient long-term measures. For a program to be successful, it needs an environment consisting of enabling policies and where government partners support and encourage it.
- f) Joint efforts should include partnerships with non-governmental stakeholders that work with health and hygiene in schools. Private companies, such as soap and toothpaste producers promoting a hygienic behaviour among students could be involved.

The legal framework in Moldova regarding the right of the child to health is now largely harmonised with international standards. To conclude, there is solid legal basis at international and national level that provides for and ensures children's right to health and to education. There aren't any fundamental gaps in Moldovan law that would hamper the realization of those rights. In terms of laws, the responsible authorities have developed and set into motion mechanisms meant to support the achievement of a high professional level in education, health promotion and health education, the issue being rather about the flawed implementation.

## CHAPTER II.

### HEALTHCARE SERVICES IN EDUCATION INSTITUTIONS

#### EQUIPMENT AND OPERATION OF SCHOOL HEALTH SERVICES

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**The UN Convention on the Rights of the Child** provides that States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Besides their job-specific duties, all staff in the education system have the obligation to create an optimal environment where there are no or minimum risks to children's health. Having a physician in the school, a dedicated properly equipped medical office play a decisive role in preventing a number of health risks in education institutions.

The tasks of a school physician include: monitoring the general health of students, preventing diseases and traumas, monitoring the sanitary safety of the study environment, observing the dynamics of health risk factors, providing first aid among, etc. Therefore, underestimating the value of such a physician and of the medical office in education institutions could lead to serious situations threatening not only the health, but even the life of students in some cases.

According to the Education Code and to the Joint Order of the Ministry of Health and of the Ministry of Education No 613/441 of 27.05.2013 – the school manager is responsible for providing adequate conditions for the operation of the school health service in pre-university institutions by providing spaces (for medical offices) that are suitable for consulting students confidentially and that are fitted out with working medical equipment and with the necessary medicines and medical documentation.

The Ministry of Education, Culture and Research was asked to provide information regarding the matters tackled in this research. In its letter<sup>21</sup> to the Children's Ombudsperson, it gave an account of the mechanism supporting the hiring and dismissal of physicians from public and private education institutions, and of the equipment of medical offices in education institutions. The provided information was general and rather focused on legal provisions. The ministry did not provide any statistics regarding the actual number of employed physicians in education institutions, which made us assume that the ministry doesn't have data in this field and that it might not even be interested in it altogether, having delegated all related duties to the managers of education institutions.

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<sup>21</sup> MECR Letter No 03/1-09/3973 of 28.07.2020.

According to Article 57 of the Education Code regarding the employment and dismissal of auxiliary non-didactic staff, school physicians fall in this particular category. They are hired under an individual labour agreement entered into with the principal of the institution in compliance with the law in force. The requirements for positions in HSPUEI are established in line with standards approved by the Ministry of Education and by the Ministry of Finance. The school physicians appear in the staff establishment for pre-university education personnel, subject to the salary bands requirements (category, length of service, etc.). The salary of the school physician is paid from the budget of the education institution.

School physicians work under the individual labour agreement and in line with the regulation on the work of school physicians in education institutions, which is in compliance with the Framework Regulation of the Health Service in Pre-university Education Institutions.

The health services in pre-university education institutions are administratively subordinated to the principal of the pre-university education institution. In terms of advisory and methodological subordination, they are under the Family Physicians Centres / Autonomous Health Centres.

The heads of the Health Division of Chişinău Municipality Council, of the Health and Social Protection Division from Găgăuzia ATU, of the Health Unit from Bălţi Town Hall, of Family Physicians Centres, of Autonomous Health Centres are in charge of providing advisory and methodological support as well as of monitoring the quality of healthcare services provided by health professionals.

The heads of municipal/district-level Public Health Centres also support nurses in pre-university education institutions in observing effectively the sanitary, hygienic and epidemiological requirements, and monitor continually that such requirements are observed.

Essentially, the goal of healthcare services in pre-university education institutions is to make sure students are provided quality healthcare services that meet the priority needs in terms of their health and development, with the paradigm shifting from a medical to a social view. The HSPUEI applies, in its practice, quality standards such as: National Clinical Protocols, Child Supervision Standards, guidelines and algorithms approved by the Ministry of Health etc.

The mechanism according to which the primary health care level is to supervise and support the development of healthcare services in pre-university education institutions is to comply with the Framework Regulation on Health Services in Schools.

To improve the training process, the Ministry of Health, Labour and Social Protection approved the Regulation of Continuing Medical Education (CME) for Physicians, Pharmacists and Health Workers With Specialised Secondary Education, approved by the Order MSMPS No 186p §1 of 8 November 2019 'Regulating of Continuing Medical Education'.

There were 1255 mainstream primary and secondary education institutions (primary – 104; gymnasium – 783; lyceum – 353) in Moldova in the 2020-2021 academic year, with 333.1 thousand schoolchildren.<sup>22</sup> According to the data of the National Bureau of Statistics, 74.5% of the education institutions from the reference category are in the rural area. A proportion of 52.9% of schoolchildren study in the urban area, while 47% – in the rural area.<sup>23</sup>

See in the table below the data received from 31 local specialised bodies regarding healthcare services in education institutions:

**Health workers and  
medical offices in education institutions**

	District	Availability of health workers and equipment of medical offices in schools				
		<i>Schools that have a medical office</i>	<i>Schools that don't have a medical office</i>	<i>Schools that have health workers</i>	<i>Schools that don't have health workers</i>	<i>Availability of medicines/ disposable medical supplies</i>
1	Sângerei (39 education institutions)	28	11	34	11	According to Order 613/441
2	Cimişlia (19 education institutions)	18	1	15	4	Available
3	Criuleni (32 education institutions)	30	2	28	4	Available
4	Căuşeni (33 education institutions)	33	-	33		Partially available
5	Cantemir (34 education institutions)	27	3	26		
6	Călăraşi (25 education institutions)	16	8	15		Available
7	Basarabeasca (10 education institutions)	7	3	7		Available
8	Făleşti (34 education institutions)	25	8	27		Available
9	Anenii Noi (30 education institutions)	29	1		29	Available
10	Edineţ (39 education institutions)	37	2	37	(2 – only medical information boards)	Available
11	Ungheni (46 education institutions)	43	3	43	3	Available
12	Teleneşti (74 education institutions)	31	-	27	4	Available
13	Soroca (41 education institutions)	31	9	31	9	Available

<sup>22</sup> <https://mecc.gov.md/ro/content/statistica-1> ;

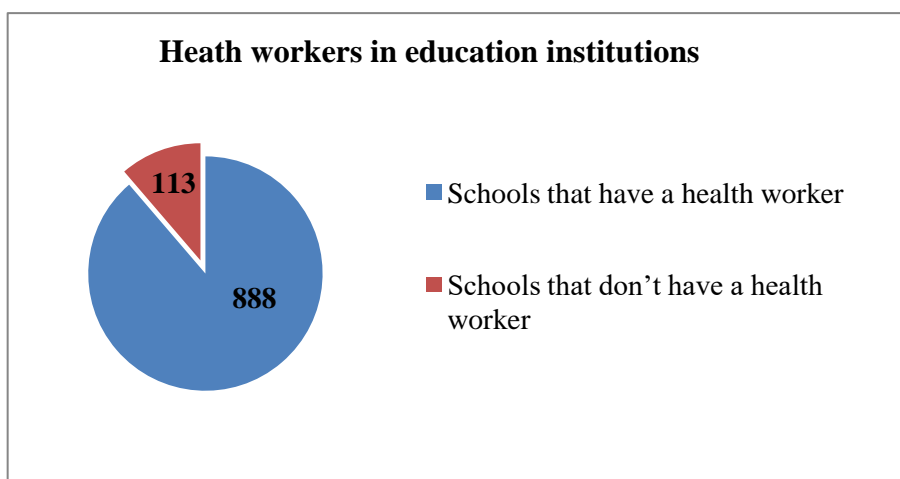
[https://mecc.gov.md/sites/default/files/indicatori\\_-cheie\\_domeniul\\_educatie\\_anul\\_de\\_studii\\_2019-2020\\_0.pdf](https://mecc.gov.md/sites/default/files/indicatori_-cheie_domeniul_educatie_anul_de_studii_2019-2020_0.pdf)

<sup>23</sup> <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6862>

14	Șoldănești (22 education institutions)	19	-	19	-	Available in 22 institutions
15	Râșcani (33 education institutions)	25	8	30	3	Not available in 8 institutions
16	Orhei (47 education institutions)	46	-	40	6	Not available in 46 institutions
17	Leova (25 education institutions)	11	14	11	14	Not available in 14 institutions Available in 11
18	Hâncești (46 education institutions)	40	3	22	24	Available
19	Glodeni (24 education institutions)	24	-	24	-	Available
20	Florești (48 education institutions)	38	10	38	10	Not available in 6 institutions Available in 38 Partially available in 8
21	Drochia (37 education institutions)	25	11	25	12	Available in 28 institutions Not available in 5 Partially available in 2
22	Dondușeni (22 education institutions)	18	3	20	1	Available
23	Ocnița (25 education institutions)	22	-	22	-	Available
24	Bălți (24 education institutions)	24	-	24	-	Available
25	Nisporeni (31 education institutions)	20	7	20	7	Available in 20 institutions Not available in 7
26	Briceni (30 education institutions)	30	30	29	1	Available
27	Ștefan Vodă (28 education institutions)	27	-	24	3	Available
28	Chișinău (178 education institutions)	178	176	173	5	Available
29	Cahul (49 education institutions)	49	-	49	-	Available
30	Comrat (38 education institutions)	38	38	38	38	Available in 24 institutions Partially available in 14
31	Rezina (29 education institutions)	29	29	24	5	Available in 29 institutions

Totalling up the data, **888 education institutions out of 1266 have health workers, whereas 113 – don't**. In a large number of districts (Chișinău, Comrat, Călărași, Cahul, Soroca, Anenii Noi, Briceni, Ocnița) the majority of schools – in some cases even all education institutions

(Ștefan Vodă, Căușeni, Ungheni) – have a health worker. In fewer districts than above the availability of health workers in education institutions is rarer: in the district of Leova, 11 schools have a health worker while 14 don't; in the district of Hâncești, 24 schools have a health worker while 22 don't. In the district of Soroca, 9 schools don't have a health worker; in the district of Nisporeni – 7, in the district of Sângerei – 11; in the district of Drochia – 12; Florești – 10. The most common reason for not having health workers in schools is the small salary for such positions. There is no financial incentive for one to work as a health worker in a school. The issues is in fact about the actual physical presence of a health worker in school, as most of the school health workers are part-timers. The education institutions in some settlements have found solutions. For instance although the schools in two settlements have neither health workers, nor medical offices, healthcare services are provided by the medical office of the settlement or by the family physicians centre located next to the school (50 meters away).



The survey carried out by the Children's Ombudsperson found out the following: **718 students (38.8%)** said that there was a medical office in their schools and that there always was a health worker available and easy to find; **435 students (23.5%)** said that there was a medical office in their schools, but that the health worker was rarely to be found; **152 students (8.2%)** said that although there are medical offices in their schools, the health worker is never to be found, i.e. they are never at the workplace; **174 students (9.4%)** said they were not happy with the healthcare provided to them, while **66 students** reported that although there is a medical office, there are no medicines, which is why proper healthcare is not provided; **305 students (16.5%)** of all students who participated in the survey said they knew nothing about the health workers in their schools because they never needed any health care at school.

Although there aren't many schools without health workers, this must be interpreted through the lens of the role health workers in schools, as the risks to children's health increase where there is no such specialist available.

The comments children put down in the questionnaire developed by the Children's Ombudsperson are particularly relevant in this regard: *'What I can say about the school physician is that she is never at the workplace... And even if you do manage to find her somewhere in the school, you shouldn't have high expectations because if you tell her you have a stomach ache, she'll only take your temperature. Medicines are out of question. In the medical cabinet I saw only activated charcoal, thermometer, patches, Mezim and No-Spa'; 'The physician who is in charge of our health is present only when they come over to collect the money for the canteen meals. When I am not well: stomach ache, headache or dizziness, I take the medicines I bring from home.'*

Two of the main reasons why schools don't have health workers are the low salaries and the shortage of health workers in the settlements. In most of the education institutions, especially in the small ones with less than 90 students, the health workers are hired either part time or even for less than that. Considering all the circumstances, the large workload and the great responsibility of a school physician, we may deduce that the healthcare needs are not fully met.

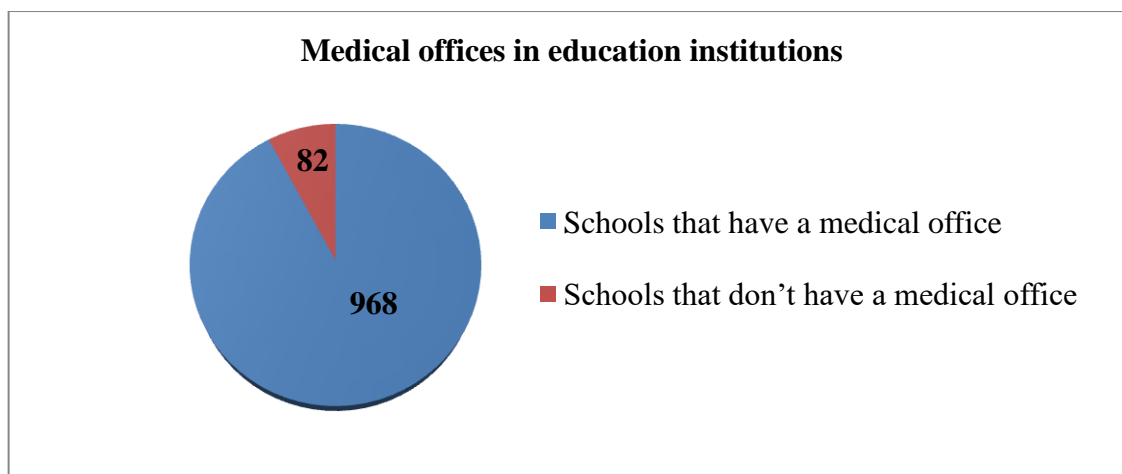
The issue is not only about schools not having health workers at all, but also about their age where they are, which is an important factor. The school managers enumerated the issues and obstacles they had to cope with in hiring school physicians. They included the shortage of physicians to hire, low salaries and the age of health workers too. People in their active age (23-50-year-olds) do not find such a job attractive. It is though an acceptable job for retirees, who regard it as an additional source of income. This explains why retirement age physicians work in many schools.

As the salary fund has increased over the last months, but without additional funds being appropriated to education institutions, most of them registered a budget deficit. Because of these circumstances, most of the school managers proposed that health workers from schools be paid by the Ministry of Health, Labour and Social Protection because of the budget deficit registered in the majority of education institutions. They also proposed setting tariffs for nurse positions for the 2020-2021 academic year because of the pandemic.

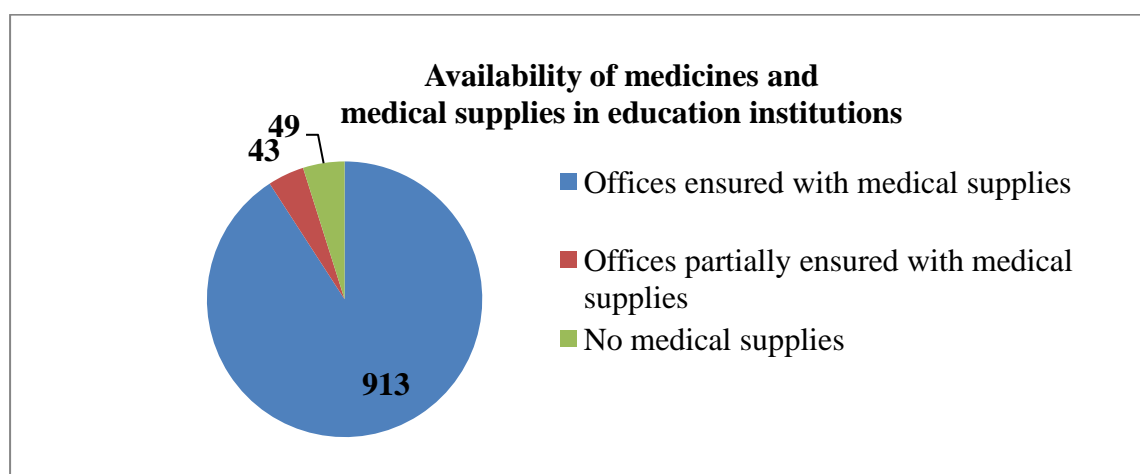
Another stumbling block to meeting some general standards is the internal regulation on health services in schools and the job description of health workers – documents that detail the work of a school health worker. Some regulations are very general, while others are detailed. Some job descriptions contain 27 duties, while others – 8. The regulations do not generally contain provisions unsuitable for such job, but the levels of details vary. In certain schools, the job duties are limited to a few main points: providing primary health care to students and staff as necessary; participating in health education; performing a full medical check-up of schoolchildren; gathering data and reporting on the health status of students. The list of duties is



longer in other schools. We may therefore claim that the regulatory framework is not consistent across schools when it comes to health workers, although this framework should draw on the Framework Regulation on Health Services in Schools. The need to ensure consistency and develop a standardised template is obvious. Schools could take it as a basis and introduce their peculiarities, which should also be covered by the regulation and the job description. Nevertheless, we strongly emphasize the need to develop one single template to serve as a basis for other further documentation.



We may deduce, on the basis of the collected data, that **968 education institutions** out of **1266** have medical offices, while **82** – don't. There are problems around the presence and fitting out of medical offices in education institutions. There are medical information boards in two schools, but they are not fitted out with what is required from a medical perspective. It is therefore not clear what use they are of, as the provision of healthcare via those information boards is partial and perfunctory, failing to meet the needs of children as per the standards. Ultimately, a specially dedicated room is required – a medical office. Not only is a medical office needed for the physician to work in, but also because in this way certain sanitary rules in special circumstances can be observed.



There are 49 education institutions that do not have medicines and disposable medical supplies, which speaks of a lack of funds to purchase required supplies, especially amid the

pandemic. We may thus state that the efforts made by the relevant authorities did not fully respond to the healthcare needs of children in public schools, including amid the pandemic. The need to supply schools with sanitizers, liquid soap, thermoscanners, masks, face shields in pandemic times is obvious. Funds are required to purchase them. In the current epidemiological situation, every education institution should be appropriated additional funds from the State Budget to improve sanitation.

To ensure the right of the child to health at the highest possible level, the relevant authorities should make determined efforts to ensure that quality healthcare is available for all schoolchildren.

**RECOMMENDATIONS:**

1. Increase salaries for auxiliary staff and physicians;
2. Local specialised bodies to provide the required support to school administrations in their efforts to draw up the regulation on the work of school physicians;
3. Enlarge the budgets of education institutions so that they can produce the required sanitary conditions during the pandemic.

### CHAPTER III.

## ACCESS TO QUALITY DRINKING WATER IN EDUCATION INSTITUTIONS

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Water supply in Moldova doesn't spark off much optimism. Due to less favourable geological factors, Moldova does not have enough water sources to supply a volume close to international water standards per inhabitant. The internationally recommended threshold is 1,700 m<sup>3</sup> per capita per year of renewable freshwater. If the volume of available water is less than 1000 m<sup>3</sup> per capita per year, the lack of water could hinder economic development and impact the health and standard of living of the population.

One of the conclusions of the *2014-2028 Water Supply and Sanitation Strategy*<sup>24</sup> rings the alarm: 'The issue of unavailability of water resources in the Republic of Moldova is currently a critical one that affects its economic development capacity'. The strategy also emphasizes that 'currently available water is about 500 m<sup>3</sup> per inhabitant per year or even less, placing the Republic of Moldova in the category of countries where "water is insufficient", which could put stress on this resource, which, in its turn, will be affected by climate changes in the future'.<sup>25</sup> The WSS strategy describes the phenomenon of natural water distribution in Moldova by areas that have traditionally had water shortages, where climate changes will increase the pressure on current economic activities, without affecting though the availability of drinking water for human consumption; areas with a vulnerable population, mainly living in rural communities, which are already facing a water shortage and lowering groundwater tables due to overexploitation and droughts; and the central region of Moldova, which is subject to a complex impact because of declining water resources both for the rural and urban population.

The WSS strategy also emphasized: 'Moldova's water resources are sensitive to climate changes both in terms of quantity and quality. It is estimated that the available surface water resources will decrease by 16-20% by 2020. This means that the security of water supply to all will be jeopardised in 2020, when the intensity of water use will reach a maximum level.'<sup>26</sup>

The 2018 State of the Environment Report – Moldova (national report based on environmental indicators, developed by the Environment Agency), states that: 'The lack of access to safe drinking water sources places Moldova far from the target of achieving, by 2030, universal and equitable access to safe and affordable drinking water for all (UN SDG 6.1)'.<sup>27</sup>

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<sup>24</sup>The 2014-2028 Water Supply and Sanitation Strategy, approved by Moldova Government Decision No 199 of 20.03.2014; [https://www.legis.md/cautare/getResults?doc\\_id=49191&lang=ro](https://www.legis.md/cautare/getResults?doc_id=49191&lang=ro)

<sup>25</sup> Idem.

<sup>26</sup> Ibidem.

<sup>27</sup> The 2018 State of the Environment Report – Moldova (national report based on environmental indicators, developed by the Environment Agency), pp. 32, 33, available on: <https://drive.google.com/file/d/1YD6esULO-JNJGhTmN1P8U2Ft228B8hGH/view>

Access to quality drinking water is directly related to health. It is on the quality of water that the health of all those drinking it depends. If there is limited access to water, in general, and to drinking water, in particular, the violation of the three principles on which both the right to health and the right to water are based: availability, equal access, good quality – is unequivocal.

These issues influence the lives of all the inhabitants of a country. The impact on the young generations is worse, which they will experience in the future.

According to the 2018 State of the Environment Report – Moldova, 2.1 million people were connected to the public water supply system, which is about 78% of the total population (95% of the urban population and 38% of the rural population). Still, about 22% of the population satisfy their need for water through self-supply.<sup>28</sup> Most of those who are not connected to the centralized water system live in the rural area. Wells are their main source of self-supply of water. ‘In settlements where there are no centralized water systems, especially in rural areas, the lack of access to it is compensated almost entirely by wells. However, the quality of water in wells deviates the most from sanitary standards.’<sup>29</sup>

The Environment Agency notes in its 2018 Report that there has been a relative worsening in the microbiological parameters tested in all drinking water sources and systems.

The *2016-2025 National Program on the Implementation of the Objectives Set Out on the Basis of the Protocol on Water and Health* says that ‘The most unfavourable situation (in terms of water pollution and water compliance with sanitary norms – n.a.) was found in the districts of Anenii Noi, Glodeni, Căușeni, Fălești, Râșcani, Ștefan Vodă, Taraclia, Hâncești and Comrat. The main groundwater issues across the country are the high levels of fluoride (2-14 mg/l) in the districts of Glodeni, Fălești, Ungheni, Călărași, Hâncești, Căușeni, Criuleni, Nisporeni, Găgăuzia Autonomous Territorial Unit; boron (1-3 mg/l) – in the districts of Ștefan Vodă, Căușeni, Anenii Noi, Taraclia, Găgăuzia Autonomous Territorial Unit, Fălești, Glodeni, Cahul, Cantemir; sodium (200-560 mg/l) and ammonium (2-10 mg/l) in all geographical areas, but most frequently – in the Center of the country; hydrogen sulfide (3-6 mg/l) – in the districts of Ungheni, Hâncești, Căușeni and Găgăuzia Autonomous Territorial Unit; iron (1-2.5 mg/l) in Bălți and the districts of Fălești, Dondușeni, Vulcănești, Leova, Cahul; and for phreatic waters – high nitrate content and microbial contamination.’<sup>30</sup>

According to the data of the National Bureau of Statistics, 74.5% of the total number of 1255 education institutions are in the rural area, teaching to 47.9% of students.<sup>31</sup> Almost half of

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<sup>28</sup> Idem, p. 33.

<sup>29</sup> Ibidem, p. 41.

<sup>30</sup> The 2016-2025 National Program on the Implementation of the Objectives Set Out on the Basis of the Protocol on Water and Health, Chișinău, 2016, p. 17.

<sup>31</sup> <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6862>

the students in Moldova live in the rural area, where 22% of the population do not have access to piped water.<sup>32</sup>

According to the national law, the Government has a key role in policy-making and in developing strategies to implement recommendations and legal provisions.

The Parliament passes regulatory acts implementing the law, and oversees policy-making.

As central public authority in charge of education in Moldova, the Ministry of Education, Culture and Research analyses the situation and issues in the fields it is in charge of, develops effective public policies in those areas, monitors the quality of policies and regulatory acts and suggests substantiated government response that implies efficient solutions in its areas of expertise, making sure that the best ratio between expected results and costs is achieved.

The Ministry of Health, Labour and Social Protection draws up the state sanitary and epidemiological rules and standards the purpose of which is to prevent the spreading of diseases and to contribute to produce appropriate conditions by developing regulatory acts in pursuit of achieving a normal health status of the population.

The National Agency for Public Health, subordinated to the Ministry of Health, Labour and Social Protection, is tasked with monitoring and verifying compliance with health legislation as provided for by the law.

Article 141 of the Education Code sets out the duties in the field of education of level-two local public administration authorities and of Găgăuzia ATU, which must provide suitable conditions of work and studying to teaching staff and students; can contribute to funding and developing the infrastructure of education institutions in their coverage area; must ensure the efficient operation of the network of mainstream education institutions the founders of which they are, on the basis of effectiveness, efficiency and performance indicators.

Likewise, the level-one local public administration authorities<sup>33</sup> can contribute financially to the development of the infrastructure of education institutions subordinated to them; ensure adequate working conditions for the staff of educational institutions the founders of which they are, and maintenance conditions for children; must ensure the proper operation of the mainstream education institutions the founders of which they are, in accordance with the regulations and standards approved by the Ministry of Education, Culture and Research.

There are local specialized bodies in the field of education (Education Divisions) working at district/municipal level, subject to the Government Decision No 404 of 16.06.2015 Approving the Framework Regulation on the organisation and operation of local specialized bodies in the

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<sup>32</sup> Idem.

<sup>33</sup> Articles 21,142 of the Education Code.

<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=355156>,

field of education and its standard structure. Local specialized bodies are subdivisions of the level-two local public administration authorities/of the Găgăuzia Autonomous Territorial Unit (hereinafter referred to as Găgăuzia ATU). Their mission to design, organise, coordinate, assess and monitor the operation of the education system in public education institutions.

Considering the essence of the national legal framework, one can see that the obligations related to the realization of the child's right to health largely fall to the central public authorities. In turn, they contribute by developing effective public policies in their areas of expertise, by monitoring and by responding where necessary. Level-one and level-two local public authorities also have an important role. Their duties are to take care of financial matters for the implementation of all actions that ensure the realization of the right of the child to health by producing appropriate conditions to such end.

The 2016-2025 National Program on the Implementation of the Objectives Set Out on the Basis of the Protocol on Water and Health lists a number of required step for water supply: objective 3, area III, Article 6(2)(c) explicitly stipulates the following:

- Ensuring access to improved drinking water systems – for 99% of the urban population and 85% of the rural population by 2025;
- Ensuring children's access to improved water sources in kindergartens and schools – 100% of institutions by 2020;
- Producing a legal and institutional framework that supports fair access to water for vulnerable and marginalised population groups, by 2018; Implementation of financial mechanisms to ensure fair access, by 2020.

The norms on water supply to education institutions are set out in Chapter X of the Decision No 21 of 29.12.2005 of the Ministry of Health Approving and Implementing the State Sanitary and Epidemiological Rules and Standards: 'Hygiene in Primary Schools, Gymnasiums and Lyceums', reviewed in accordance with the Law No 424-XV of 16 December 2004 On Reviewing and Streamlining the Regulatory Framework Governing Entrepreneurship. According to them:

- Education institutions must be connected to centralized cold and hot water systems (11.5-14.0 litres per day for a student in schools, and 100 litres per day for a student in boarding schools) and to the sewerage.
- The quality of water must meet the requirements of standard 2874-82 – 'Drinking water. Hygienic requirements and water quality control'. Cold water pipes are to be installed in chemistry, physics, biology laboratories, in toilets, in grades 1-4, in after-school classrooms; they will be connected to artesian wells.

- Drinking water fountains should be available for students, 1-2 on each floor. If such fountains are not installed, then at the entrance to the canteen, a container with boiled tap water should be made available (it is recommended that the container be equipped with drinking fountain). There should be clean glasses on racks next to it. The water in the containers must be changed on a daily basis. The containers must be washed well with hot water and detergents on a weekly basis.

Although we are far from being fond of certain provisions that we believe to be obsolete (such as the container with boiled water), we cannot rule out that in some extreme situations they may be a solution too, but a temporary one, until a more suitable solution is found that meets present time needs and sanitary requirements. The monitoring revealed that there are only two education institutions where water is supplied this way, i.e. boiled water in containers with taps. Our unequivocal opinion is this should no longer be practiced and that an efficient solution mirroring nowadays requirements should be found.

Connecting to the water supply system is important because it equals availability of water which, in its turn, means producing the conditions required for hygiene in schools and using water closets as intended. However, given the quality of tap water, we can't claim that this solves the issue around the supply of quality drinking water.

According to data submitted by the Ministry of Education, Culture and Research<sup>34</sup>, major pipe renovation works were performed in 156 education institutions over 2018-2019 (60 in 2018 and 96 in 2019). Many institutions (63) were connected to water sources thanks to the ApaSan project. The Moldova Social Investment Fund covers the expenses for major renovation works in 17 schools, which also looked into water supply solutions.

*A Guidebook for the implementation of decentralized water supply systems in Moldova*<sup>35</sup> was developed under the ApaSan project, implemented in the Republic of Moldova over 2009-2019, supported by the Swiss Agency for Development and Cooperation and by Austrian Development Cooperation, in partnership with the central and local authorities of Moldova. This guidebook demonstrates that there are solutions that can be applied in settlements that do not have a centralized water supply system. The water supply systems designed and built under this project take water from springs near villages and distribute water through a network of pipes to community households.

<sup>34</sup>Letter No 03/1-09/3973 of 28.07.2020, from the Ministry of Education, Culture and Research, as response to the Children's Ombudsperson inquiry.

<sup>35</sup><http://apasan.skat.ch/ro/aprovizionarea-cu-apa-in-sate/>. You can also have a look at the publication of Elizabeth Tilley, Lukas Ulrich, Christoph Lüthi, Philippe Reymond, Roland Schertenleib și Christian Zurbrügg: 'Compendium of Sanitation Systems and Technologies', second edition, available at: [https://www.eawag.ch/fileadmin/Domain1/Abteilungen/sandec/schwerpunkte/sesp/CLUES/Compendium\\_Romania\\_n/compendium.pdf](https://www.eawag.ch/fileadmin/Domain1/Abteilungen/sandec/schwerpunkte/sesp/CLUES/Compendium_Romania_n/compendium.pdf)

Data from 31 districts were collected as part of the research efforts. Having analysed the data regarding the availability of quality drinking water for children in education institutions, we found the following:

As you can see in the table below, education institutions get their drinking water from several sources: some (in cities and some rural settlements) are connected to the centralized water supply system, others take their water from wells or artesian wells, yet another group of education institutions provides bottled drinking water to students, having entered into contracts with economic agents to this end. In some schools, in addition to the water provided at school, students bring bottled drinking water from home.

According to the information received from the Division General for Education, Youth and Sports of the Chişinău Municipal Council<sup>36</sup>, all education institutions in Chişinău municipality (178/100%) are supplied with drinking water: 103 institutions in the urban area, 30 institutions in the rural area. Hot water is supplied to 57 urban institutions and to 6 rural institutions.

According to the data that we collected, all schools in the districts of Cimişlia, Ştefan-Vodă, Basarabeasca, Anenii Noi, Floreşti, Rezina and in Chişinău and Bălţi municipalities are connected to the central or local water supply system.

The *majority of schools* in the districts of Edineţ, Soroca, Şoldăneşti, Donduşeni, Comrat, Teleneşti, Cantemir are connected to the central or local water supply system.

Note that although we explained the research methodology and we also provided a model format for data disaggregated by various aspects when we sent out the request for information, some districts did not follow the proposed methodology. The Children's Ombudsperson received formal answers such as 'all schools are supplied with quality drinking water' (districts of Hânceşti, Edineţ, Glodeni, Nisporeni, Briceni, Cahul) without specifying the source: tap, artesian well, ordinary well, bottled water, etc. It is therefore easy to draw the conclusion that Education Divisions do not have such data, that there is no records keeping of disaggregated data regarding an issue as serious as this. This alone tells a lot about the attitude of those bodies towards ensuring proper conditions for good health and sanitation in schools.

It is also not clear how they monitor the quality of water. Some education divisions reassured us that there are sanitary bodies charged with the sanitary and epidemiological monitoring across the entire district that check the quality of water several times a year. The

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<sup>36</sup>Letter No 01/18/2118 of 26.08.2020, as response to the Children's Ombudsperson inquiry.



education divisions are not aware of whether there is a particular periodicity established for collecting water quality data or of whether there are any (disaggregated) statistics.

In 2020, the people from the town of Edineț informed the Office of the Ombudsperson about the poor quality of the drinking water supplied through the system. It was obvious, even without taking samples, that the water did not meet any sanitary standards. Nevertheless, Edineț local authorities told us that education institutions are supplied with quality drinking water. Every now and then, the media informs the public opinion about the poor quality of tap water. Examples include media stories about water with worms in Căușeni<sup>37</sup>, Nisporeni<sup>38</sup>, Floreni village, Anenii Noi district<sup>39</sup>.

Responsible stakeholders should pay closer attention to Article 4 of the Law on the Quality of Drinking Water, of 19.12.2019, according to which drinking water must be wholesome and clean and meet the following conditions: be free of micro-organisms, parasites or substances which, by number or concentration, are a potential danger to human health; as well as not affect human health.

There are few education institutions connected to central or local water supply systems in the districts of Călărași, Ungheni, Leova, Glodeni. Only 8 out of 25 education institutions in Călărași are connected to the village water supply system. As many as 16 education institutions get their water from wells, 4 gymnasiums, 3 lyceums and the primary schools are provided bottled water, while in 10 other institutions children bring bottled water from home.

In the district of Florești, out of 48 educational institutions, 30 have tap water, 18 use water from wells – most of them artesian, 32 provide bottled water for children. In the district of Ungheni, out of 46 education institutions, 38 get their drinking water from the water supply system, 4 – from wells. Only 9 out of the 25 education institutions in the district of Leova are connected to the centralized water supply system, 3 use water from wells, 18 provide bottled water. In the district of Criuleni, 26 education institutions are connected to the water supply system in the community while 5 use water from wells.

#### **Drinking water supply sources of education institutions**

District		Centralized water supply system	Wells/springs	Business entities	Others
1	Sângerei (39 education institutions)		Education institutions are supplied with cold water from artesian wells	Agreement with a business operator	

<sup>37</sup> <https://unica.md/monden/apa-cu-viermi-la-robinet-in-causeni-reteaua-de-apeducte-este-foarte-uzata/>

<sup>38</sup> <https://point.md/ru/novosti/obschestvo/apa-cu-viermi-la-nisporeni>

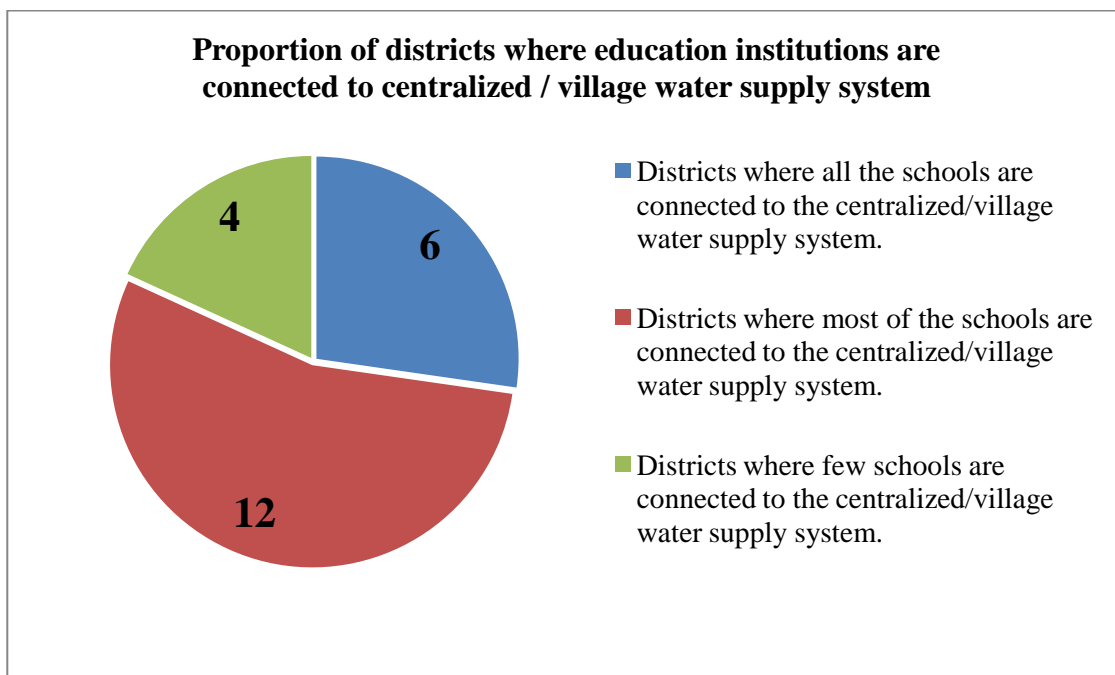
<sup>39</sup> [https://www.youtube.com/watch?v=rJJEK1mD9ps&ab\\_channel=TV8;](https://www.youtube.com/watch?v=rJJEK1mD9ps&ab_channel=TV8;)

2	Cimișlia (19 education institutions)	19 connected to the drinking water network in the settlement		Agreement with bottled water provider	
3	Criuleni (32 education institutions)	26 connected to water supply system in the settlement	5 get their water from the wells of the school 1 uses a mixed approach		
4	Căușeni (33 education institutions)		-	-	
5	Cantemir (34 education institutions)	33 are supplied drinking water			11 is brought non-drinking water
6	Călărași (25 education institutions)	8 connected to the water supply system of the village		4 gymnasiums, lyceums and primary schools are supplied with bottled water	in 10 institutions children drink bottled water
7	Basarabeasca (10 education institutions)	10 have tap water			
8	Fălești (34 education institutions)	34 have quality drinking water		9 have large water jugs in every classroom; 20 have large water jugs available on hallways	most of the children have their own bottles
9	Anenii Noi (30 education institutions)	30 are connected to the water supply system of the settlement			
10	Edineț (39 education institutions)	39 have quality drinking water			
11	Ungheni (46 education institutions)	38 have drinking water from the water supply system	4 have drinking water from the wells in the settlement	.	
12	Telenеști (74 education institutions)			All education institutions entered into agreements with drinking water businesses	

13	Soroca (41 education institutions)	39 have drinking water from the centralized water supply system	5 have drinking water from the wells in the settlement		
14	Șoldănești (22 education institutions)	17 connected to the water supply system	5 get their water from the wells and springs in the settlement		
15	Râșcani (33 education institutions)			33 provide children with quality water in plastic water jars	
16	Orhei (47 education institutions)	6 connected to the centralized water supply system	41 get their water from the wells or from the water supply system of the village		
17	Leova (25 education institutions)	9 connected to the centralized water supply system	3 get their water from the wells in the settlement	18 use bottled water 13 gymnasiums 5 lyceums	
18	Hâncești (46 education institutions)				46 institutions ensure the supply of quality drinking water
19	Glodeni (24 education institutions)				24 institutions ensure the supply of quality drinking water
20	Florești (48 education institutions)	30 connected to the centralized water supply system	18 get their water from the wells in the settlement	32 supply bottled water too	
21	Drochia (37 education institutions)	24 connected to the water supply system	4 take water from the wells in the settlement; 1 – from an artesian well	2 provide bottled water	1 – from autonomous sources 1 – water is brought in buckets
22	Dondușeni (22 education institutions)	14 connected to the centralized water supply system	7 – from wells in the school yard	3 provide bottled water	
23	Ocnia (25 education institutions)				water supplied through siphon pumps or boilers

24	Bălți (24 education institutions)	24 connected to the centralized water supply system			
25	Nisporeni (31 education institutions)				28 have quality drinking water
26	Briceni (30 education institutions)				30 have quality drinking water
27	Ștefan Vodă (28 education institutions)	27 connected to the water supply system	1 uses water from the well of the settlement	6 use bottled water	
28	Chișinău (178 education institutions)	All institutions have quality drinking water			
29	Cahul (29 education institutions)	49 institutions are supplied with water via the central and local water supply system			
30	Comrat (educational institutions)	33 connected to the centralized water supply system		9 use bottled water	
31	Rezina (29 education institutions)				29 have quality drinking water

**In 11 districts out of 31, some of the schools are not connected to centralized or local drinking water supply systems,** so they use water from wells and springs. Given the general level of pollution and as there aren't possibilities to perform a genuine control of water quality, we question the suitability of water from such sources as drinking water for children in those schools. We reiterate that it is only on the basis of rigorous monitoring of water quality that it can be used as drinking water. However, the education institutions do not have the capacity to carry out such monitoring.



Having analysed the received information, we were able to deduce that the main reason why the institutions are not connected to the water supply system is the fact that a water supply and sewerage system doesn't exist in the settlement to start with. Other reasons include insufficient funds for implementing WSS projects because they are resources-intensive and, in the majority of cases, the communities – through the local public administration – do not have the required funds. The solution to the drinking water supply problem requires complex nationwide measures.

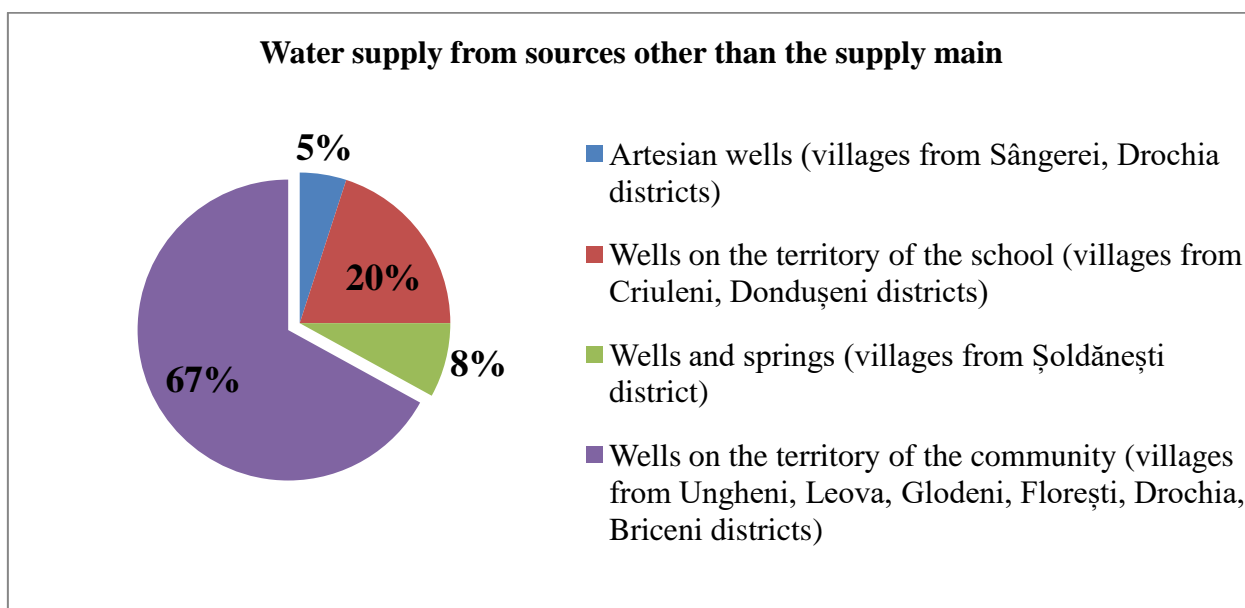
This is an especially typical problem in rural communities. Groundwaters – which encompass springs, traditional wells, artesian wells – are the traditional drinking water source in most of the settlements of the Republic of Moldova, especially in the rural ones. Moldova Government Decision No 21 of 29.12.2005 approving and implementing the State Sanitary and Epidemiological Rules and Standards: 'Hygiene in Primary Schools, Gymnasiums and Lyceums', reviewed in accordance with the Law No 424-XV of 16 December 2004 on Reviewing and Streamlining the Regulatory Framework Governing Entrepreneurship (Official Gazette of the Republic of Moldova, 2005, No 1-4, Article 16) sets out a number of standards on hygiene in schools, among which standards on building wells, used materials, etc.

The education institutions in the district of Sângerei are supplied with water from artesian wells. Five education institutions from the district of Criuleni have wells in the yard. A few institutions in Ungheni district are supplied with water from wells. Five institutions from Șoldănești district get their water from wells and springs. In Leova district, three education institutions get their water from wells. Most of the education institutions from Glodeni district

are supplied with water from wells. In 18 institutions from Florești district the water is pumped from wells. Four education institutions from Drochia district use water from wells, one – from an artesian well. In the district of Dondușeni, seven institutions have wells in the yard. There are several institutions using water from wells in Briceni district too.

As already mentioned though, the problem of this source is first of all the quality of water, its compliance with sanitary standards, which is difficult to control, even if the prescribed rules were observed in the construction of the well. Moldova is struggling with groundwater pollution at present. Water sources in different settlements are often jeopardized by various local harmful factors, in addition to geological factors specific to the entire territory of the country.

The Environment Agency report developed on the basis of environment indicators presents a situation that has been known already by everyone: ‘In settlements where there are no centralized water systems, especially in rural areas, the lack of access to it is compensated almost entirely by wells. However, the quality of water in wells deviates the most from sanitary standards.’<sup>40</sup>



Over the years, there has been an increase in nitrate content and groundwater mineralization everywhere, which impacted the quality of water in wells. The proportion of samples taken in 2015 from the underground centralized sources where the chemical parameters<sup>41</sup> were exceeded was 69%, i.e. practically the same as in 2014 – 69.6%. There has been a relative worsening in terms of microbiological parameters in all drinking water sources

<sup>40</sup> The 2018 State of the Environment Report – Moldova (national report based on environmental indicators, developed by the Environment Agency), p. 41.

Available at: <https://drive.google.com/file/d/1YD6esULO-JNJGhTmN1P8U2Ft228B8hGH/view>

<sup>41</sup> [https://gov.md/sites/default/files/document/attachments/intr10\\_77.pdf](https://gov.md/sites/default/files/document/attachments/intr10_77.pdf)

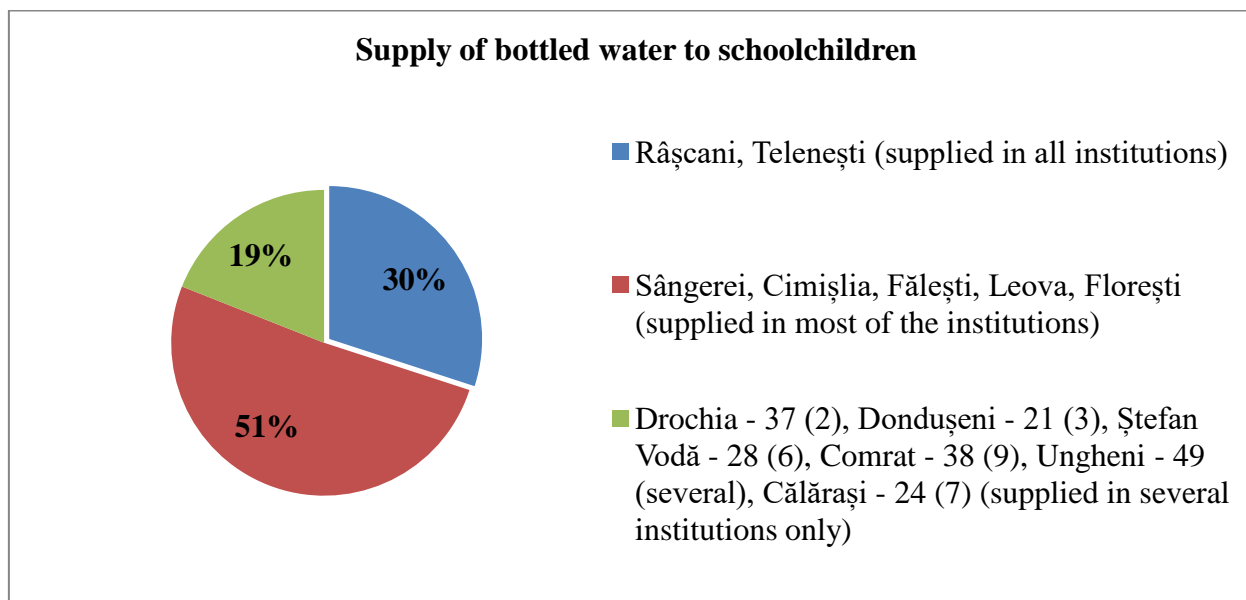
and systems: E.coli – 14.5% in 2015 compared to 12.6% in 2009, enterococci – 15.1% in 2015 compared to 9.6% in 2009. It also bears mentioning that about 60% of the non-compliant samples were taken from the aquifers.

The statistics proving the direct relationship between contagious diseases (hepatitis, for example) and the consumption of water from unsafe sources are well-known. Children are thus exposed to further health risks. Given these circumstances, we may draw the conclusion that there are two ways out: water quality control or supply with quality bottled water.

We can also not assert that children using tap water are not exposed to the above-mentioned risks. The only advantage – a very relative one, it might also be noted – of supplying water to education institutions through the system is around providing basic sanitary conditions for hand washing and WC hygiene. No tap water automatically equals no sewerage in school. This means that there aren't appropriate hygiene conditions – starting with less opportunities for personal hygiene, such as hand washing, and ending with sanitary conditions in toilets.

Children in many schools are provided bottled drinking water under agreements concluded by education institutions and business operators. In the districts of Râșcani and Telenești, most institutions provide children with quality bottled water. Four gymnasiums and three lyceums and primary schools in the district of Călărași are provided with bottled water. There are large water jars in every classroom in nine education institutions in the district of Fălești. In 20 other institutions they have large water jugs on the hallways. In the district of Leova, 13 gymnasiums and 5 lyceums are provided bottled water. As many as 32 education institutions in Florești are supplied with bottled water. Only two institutions in the district of Drochia are supplied with bottled water though.

Sanitary standards regarding the use, quality, trade in natural mineral waters were approved via Moldova Government Decision No 934 of 15.08.2007 Establishing the 'State Register of Natural, Drinking Mineral Waters and Bottled Soft Drinks' Automated Information System. We can therefore conclude that bottled water from that register is of acceptable quality and does not pose any major health risks, as compared to the uncertain quality of water from other sources used by educational institutions.



The founder is responsible for providing schoolchildren with quality water. Overall and directly, school principals are those responsible for providing children with quality drinking water. There are, however, factors that do not depend only on their decisions.

Following the amendments to the Law No 435-XVI of 28 December 2006 on Administrative Decentralization, the responsibility for the maintenance of mainstream primary and secondary schools was taken away from level-one local public authorities (mayoralities) and transferred to level-two local public authorities (district councils). Alongside the amendments, Government Decision No 868 of 08.10.2014 on Funding Based on a Standard Costing per Student in Mainstream Primary and Secondary Schools Subordinated to Level-Two Local Public Authorities was also developed. As a result, 795 (61.1%) mainstream primary and secondary schools – out of 1302 institutions registered as secondary budget spenders – became autonomous in 2013.

As a matter of course, note that in the light of Government Decision No 868 of 08.10.2014 on Funding Based on a Standard Costing per Student in Mainstream Primary and Secondary Schools Subordinated to Level-Two Local Public Authorities, school managers reported budgetary deficits, this being especially the case in schools with a small number of students. They cannot afford therefore procuring quality drinking water.

The authors' opinion regarding this funding method is that it allows for balancing out costs per student, for simplifying and strengthening budget forecasting, for enhancing school funding transparency, and for reinforcing school autonomy. Being autonomous, the school administration can decide, within the limits of the approved budget, how to spend the funds depending on the needs of the school, including when it comes to investments. Efficiency stands out as a key feature of the new funding strategy. However, it is more advantageous for large schools than for small ones.



Practice refutes theory though in certain regards. With reference to budgets and costing per student<sup>42</sup>, a large number of school managers claimed that although it is a good approach for large schools, small schools are confronted with big budget deficits (MDL 400,000-600,000) and cannot ensure an educational process that meets all current requirements.

Here's a quote from a school manager detailing this situation:

*'There are schools with only 120-140 children. They will keep working for many years ahead, but they get little funding (budget deficit is MDL 400,000-600,000). They cannot carry out an educational process that meets all current requirements. They can't afford mending the roof or the heating system because these require large budgets. The difference in budgets appropriated to schools is very large. The large ones don't even know what to do with all the money – concrete and metal fences, pavement etc. while the small ones have to cope with large budget deficits.*

*Now I wonder where is the fault of schoolchildren studying in schools with 100, 140, 150 students who have to put up with savings on electricity, coal (less heating, outdoor toilet because of the budget deficit etc.).*

*If we are to have schools in small settlements, then let's have the Ministry of Finance cover the budget deficits of such schools or change the funding formula for them. Establishing school branches is not a solution, it won't solve the problem. Large schools have no desire to be linked to smaller ones that would be feeding on the larger school's budget.'*

In conclusion and as also underscored above though, the issues around supplying quality drinking water to schoolchildren depend on a number of factors. The main reason is the unavailability of funds. Another barrier is that in certain districts, the decisions of local officials or their representatives in district councils have a negative impact on the appropriation of funds to education institutions.

Some underlying causes can be the differences between the interests of the district council and the priorities that school managers submit every year.

Although according to the Government Decision No 868 of 08.10.2014 on Funding Based on a Standard Costing per Student in Mainstream Primary and Secondary Schools Subordinated to Level-Two Local Public Authorities, with further addenda<sup>43</sup>, the main budget component covers current expenditure, except for expenses for: food; studying of national minority languages; the specific conditions of remuneration of the staff of some institutions from

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<sup>42</sup> [https://www.legis.md/cautare/getResults?doc\\_id=18958&lang=ro](https://www.legis.md/cautare/getResults?doc_id=18958&lang=ro)

<sup>43</sup> Moldova Government Decision No 862 of 05.09.2018 Amending the Government Decision No 868 of 08.10.2014 on Funding Based on a Standard Costing per Student in Mainstream Primary and Secondary Schools Subordinated to Level-Two Local Public Authorities.

the districts of Căușeni, Anenii Noi and Dubăsari; classes of compulsory preparation of children for school; capital expenditures, except for capital investments.

Having analysed the statements of school managers, it turns out that about 70-80% of the school budget is spent on staff salaries and school maintenance. See the example below.

<b>Lyceum 375 students</b>		
<b>areas/priorities for budget appropriations according to the 2020 annual budget classification:</b>		
<b>Item</b>	<b>Adjusted:</b>	<b>Spent:</b>
<b>2020 Annual Budget</b>	<i>MDL 6,146,774</i>	<i>MDL 4,012,948 (spent by 31.08.2020)</i>
<b>Work remuneration</b>	<i>MDL 3,862,000</i>	<i>MDL 2,826,200</i>
<b>State social insurance premiums (23%)</b>	<i>MDL 934,300</i>	<i>MDL 650,000</i>
<b>Compulsory health insurance premiums (4.5%)</b>	<i>MDL 182,800</i>	<i>MDL 127,200</i>
<b>Power</b>		<i>MDL 25,000</i>
<b>Gas</b>		<i>MDL 159,000</i>
<b>Internet</b>		<i>MDL 25,000</i>
<b>Telephone</b>		<i>MDL 2,900</i>
<b>Professional training</b>		<i>MDL 6,600</i>
<b>Work-related trips</b>		<i>MDL 2,500</i>
<b>Major renovations</b>		<i>MDL 299,700</i>
<b>Procurement of cars and equipment</b>		<i>MDL 79,000</i>
<b>Procurement of instruments, tools and maintenance inventory</b>		<i>2016 – MDL 306,317 2017 – MDL 221,330 2018 – MDL 107,217 2019 – MDL 52,104</i>
<b>Procurement of construction materials</b>		<i>MDL 14,500</i>
<b>Current repairs</b>		<i>MDL 3,500</i>

The example above is proof of the fact that providing quality drinking water is not on the priority list of the school. This particular lyceum is connected to the central water supply system. Parents contribute to drinking water supply, i.e. children bring water in bottles from home, but there's also a container with boiled water at school. This school spends MDL 2000 from the annual budget on 'drinking' water. They pay for tap water, which doesn't solve the issue of drinking water though, but rather ensures basic hygiene conditions. This is not an extreme situation as that of certain schools that don't even have tap water at all. Regardless of the water source – tap water or water jars – expenses that are a burden for the current budgets of schools are incurred.

The need to amend the Government Decision No 868 of 08.10.2014 on Funding Based on a Standard Costing per Student in Mainstream Primary and Secondary Schools Subordinated to Level-Two Local Public Authorities is obvious:

**Specification No. 1.** reducing the threshold of the number of students weighted for a ‘small school’

**Rationale:** the decrease in the birth rate and the migration of the population able to work abroad leads to the decrease in the number of students every year. (Small school, a primary school with a number of students equal to or smaller than 41 ‘weighted students’ and secondary school with a number equal to or smaller than 91 ‘weighted students’).

**Specification No. 2.** change of the weightings for the calculation of the number of ‘weighted students’: For the students in 5th - 9th forms – 1.22; For the students in 10th - 12th forms – 1.0 or, in the calculation formula, the share of the valuable standard A (variable expenses per student) or WA shall be equal to 0.75 (approved in RMGD – 0.80), and that of the standard B (fixed expenses for an institution) or WB shall represent 0.25 (approved in the RMGD – 0.20).

Neither the provisions of item (6), Article (21) of Code of Education, *the Public Education Institutions may have a legal entity status under the conditions of the legislation in force* do not encourage the initiative of school managers to look for solutions, as it does not suppose the mandatory status of legal entity for the education institution, which leads to the reduction of the managers’ responsibility level. The organisation of the accounts by centralized book keeping hinders and extends the purchasing procedure for the institutions. We believe it is appropriate that the mentioned item is changed so that education institutions to be obliged to get the legal entity status.

Nonetheless, many school principals do not think it is important to ensure children with quality drinking water, as it counts on the water sources from the existing wells/springs or on the parents’ contribution.

On the other side, if addressing the situation from the legal point of view, we will find discrepancies related to this aspect too. Sanitary norms set up by the Ministry of Health are outdated and not applicable given that the managers of education institutions purchase bottled waters from economic operators. Essentially, the rules set out in the Government Decision No 21 of 29.12.2005 of the Ministry of Health Approving and Implementing the State Sanitary and Epidemiological Rules and Standards ‘Hygiene in Primary Schools, Gymnasiums and Lyceums’, reviewed in compliance with the Law No 424-XV of 16 December 2004 On Reviewing and Streamlining the Regulatory Framework Governing Entrepreneurship don’t work in practice as they otherwise should. There is also a lack of needed leverage in

secondary legal framework, for the implementation of basic legislative acts concerning the provision of quality drinking water to institutions.

The above mentioned questionnaire included the opinion of children on the water supply. There is one comment: ‘Regarding drinking water, I cannot even talk about it. Drinking water is available only in restrooms (accessible exclusively to teachers) and we are allowed to get water, which may be consumed only boiled, and the taps are rusted (so you don’t want to use them to wash your hands, not to mention to drink water). This is why I always get a water bottle from home, and if I drink it off, I have to get another one from the market.’

At the question where from children get drinking water, the following answers have been submitted: **727 of the respondents (39.3%)** claim that their sole water source are the restrooms (bathrooms, toilets). At the same time, **529 students can drink water only in the cafeteria**, and **220 of them have access to a water jar with a tap on every floor**. Only **131 children** have drinking water jars in their classrooms. **66 students** have access to a water bottle installed on every floor of the school, and the rest of respondents claim that they can have drinking water only from the bottles they take from home

When asked what actions they undertake in order to have access to drinking water, **773 of the respondents (41.8%)** mention that they do not have to make efforts for that, given that school ensures continuous and unlimited access. **446 of students** who have participated in questionnaires **have to collect money** in order to buy water jars, while **165 respondents** believe that drinking water is accessible only when the institution undergoes an inspection. As the unitary answers, these are related to the fact that school does not ensure overall access to drinking water for students, so they have to take water from home, to buy it at the market or from the cafeteria.

In this context, the Children’s Ombudsperson reminds the responsible authorities that it is important to observe the provisions of the International Covenant on Economic, Social and Cultural Rights stating that *the human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses*.

## **RECOMMENDATIONS:**

1. Revision, completion, harmonization according to the current conditions, the State Sanitary and Epidemiological Rules and Standards ‘Hygiene in Primary Schools, Gymnasiums and Lyceums’;

2. Amendment of the Government Decision No. 868 of 2014 on the Standard cost-based funding per student of primary and mainstream secondary education institutions subordinated to level-two local public authorities.
3. Amendment of item (6) Article 21 of Code of Education aiming to force education institutions to obtain a legal entity status.
4. The Government shall increase the degree of implementation of the objectives pursued within the National Program on the Implementation of the Objectives Set Out on the Basis of the Protocol on Water and Health in the Republic of Moldova for 2016-2025, particularly 3d objective, 3d domain, Article 6, Item (2)c) by identifying or supplying funds.
5. Checking the quality of water shall be a priority for control authorities, PHC, CES.
6. Create institutional mechanisms for education institutions or local specialised bodies that will require them to provide children with quality drinking water.

## CHAPTER IV.

### WATER CLOSETS IN EDUCATION INSTITUTIONS

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Access to quality drinking water and sanitation is an essential combination for ensuring the observance of all human rights, including the right to an adequate standard of living to the highest attainable standard of physical and mental health.

A civil society representative tackled the issues of toilets in Moldova's schools in a public speech, saying that ultimately, this was a human dignity issue and that it was the starting point for cultivating values in individuals. There can be no human dignity where it is not practised. We will not be able to raise people that have dignity as long as they are not treated with dignity in their childhood. However, nice words will only remain that as long as they are not reflected into concrete actions.

Looking decades back in time and repeating over and over again excuses that everybody grew tired of hearing – that there's no infrastructure in villages and that there aren't funds to build toilets in compliance with current sanitary requirements – we cannot but assert that the state of affairs is lamentable: most school toilets in rural Moldova are outside in the yard; they meet neither sanitary, nor safety requirements; these toilets are dirty, malodorous, with pits in the floor and without separating walls; no water for sanitation, not even the most basic sanitation facilities are available; no heating; and often – no doors or with doors that are barely holding up, etc. We have even come across situations where although there are indoor toilets in the school, access to them is prohibited, and schoolchildren have to use the outdoor one.

According to the World Health Organization standards on water, sanitation and hygiene in schools, there must be restrooms either annexed to or located inside the school building, not outside of it; there must be enough toilets for girls, boys, teachers, women and boys in every school. Toilets for teachers and for schoolchildren must meet the same standard; restrooms must be accessible to all, including to staff and schoolchildren with special needs; one must be able to enjoy privacy and safety in the toilet. There must be separate male and female toilets. There must be separate cabins in both male and female toilets for privacy. Toilets must be hygienic and easy to clean. There must be user-friendly washbasins in the toilet block; cleaning and maintenance procedures must be applied, so that the cleanliness and the possibility to use toilets are always ensured.

The sanitary rules set out in the Decision No 21 of 29.12.2005 of the Ministry of Health Approving and Implementing the State Sanitary and Epidemiological Rules and Standards: 'Hygiene in Primary Schools, Gymnasiums and Lyceums', reviewed in accordance with the Law No 424-XV of 16 December 2004 On Reviewing and Streamlining the Regulatory Framework

Governing Entrepreneurship, aim at enforcing unique hygienic requirements for the fit-out and maintenance of sanitary facilities, as well as for the organisation of the sanitary regime in schools. Below are some maintenance-requirements sanitary facilities and restrooms:

‘Label the toilet cleaning supplies and store them separately from the rest of the cleaning supplies. Toilet bowls are washed every day with hot water, toilet detergent and disinfectants. To remove the salts, wash the toilet bowls twice a month with 2% solution of hydrochloric acid using a brush, then wash away with water. The floors in the restrooms, washrooms, kitchens, laundry rooms and bathrooms must be covered with smooth, waterproof ceramic tiles. The area will also be kept in order, cleaned up daily. The interior surfaces of the courtyard toilet are to be washed daily with a 1% solution of lime chloride. The garbage cans must be emptied when two-thirds full with their subsequent disinfection (10% solution of lime chloride or other disinfectants). Concrete pit latrine without sewerage connection for students and school staff (1 pit per 35 students) and washbasins (1 per 60 students)’.

According to the same sanitary rules, their violation entails disciplinary, administrative and criminal liability in accordance with the legislation in force.

The state sanitary and epidemiological surveillance related to compliance with the current sanitary rules is carried out by the State Sanitary and Epidemiological Service of the Republic of Moldova, covering schools of all types and high schools, except special schools.

Regarding the mechanism for checking the conformity of the restrooms in the public education institutions and according to the provisions set fourth in the Article 51(2) of Law No 131/2012 on State Control over Entrepreneurial Activity, the checks are carried out only on the basis and within the limits of the checklists applicable to the area, type and object of control. When conducting checks in secondary education institutions, the inspectors apply the Checklist No 3.14 on the sanitary condition of primary schools, gymnasiums and lyceums, approved by MHLSP Order No 1346 of 26 November 2018.

The institutions responsible for monitoring and checking the conformity of restrooms in the public education institutions with the applicable standards are the Technical Supervision Agency of MEI (construction expertise) and the National Agency for Public Health of MHLSP (compliance with the hygienic and sanitary requirements).<sup>44</sup>

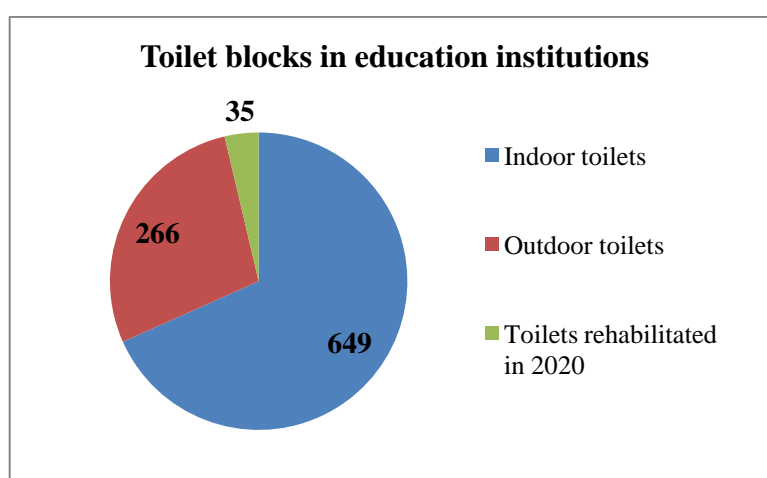
According to the established rules, at the beginning of a new school year the schools are commissioned by a committee made up of representatives of district councils, mayoralities, education divisions, companies, the state sanitary and epidemiological service with the completion of the acceptance certificate. The school management is obliged to meet the requirements of the planned tasks to improve the hygienic condition of the school.

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<sup>44</sup> [https://www.legis.md/cautare/getResults?doc\\_id=79891&lang=ro](https://www.legis.md/cautare/getResults?doc_id=79891&lang=ro)

In reality, ‘the current sewerage system is underdeveloped and has a low capacity in the context of fully ensuring the population's access to quality sewerage services.’<sup>45</sup>

The Ministry of Education, Culture and Research, informed the Children’s Ombudsperson about what has been done in recent years: *capital repairs of restrooms (114 schools in 2019, 174 schools in 2018); capital repairs of the water pipelines (60 schools in 2018, 96 schools in 2019)* To improve hygiene and sanitation conditions, MDL 5 million from the state budget for the construction and endowment of restrooms in schools were allocated in 2019. In 2019, 18 mainstream education institutions benefited from restroom renovation/construction projects, implemented by the Social Investment Fund of Moldova according to the Government Decision No 94/2019.



In its answer, the Ministry of Education, Culture and Research of the Republic of Moldova recognised the ‘absence of water supply and sanitation systems in rural settlements as a major problem. This situation leads to many difficulties to providing appropriate hygiene and sanitation conditions in schools’. MECR acknowledged that ‘additional funds and capital investments are required for indoor restrooms in all education institutions and for supplying hygiene products. According to the recent data of the Ministry of Education, Culture and Research (SIME2020), **351 schools (30.9%) have outdoor toilets and require sanitary improvements.**’<sup>46</sup>

	<b>District</b>	<b>Indoor toilets</b>	<b>Outdoor toilets</b>
1	Sângerei (39 education institutions)	25	14

<sup>45</sup> The 2016-2025 National Program on the Implementation of the Objectives Set Out on the Basis of the Protocol on Water and Health, Chişinău, 2016, p. 22.

<sup>46</sup> MECR Letter No 03/1-09/3973 of 28.07.2020.



2	Cimișlia (19 education institutions)	18	1
3	Criuleni (32 education institutions)	19	9
4	Căușeni (33 education institutions)	14	33
5	Cantemir (34 education institutions)	21	1
6	Călărași (25 education institutions)	22	3
7	Basarabeasca (10 education institutions)	8	10
8	Fălești (34 education institutions)	14	20
9	Anenii Noi (30 education institutions)		
10	Edineț (39 education institutions)	38	1
11	Ungheni (46 education institutions)	31	
12	Telenești (74 education institutions)	25	7
13	Soroca (41 education institutions)	36	4
14	Șoldănești (22 education institutions)	19	3
15	Râșcani (33 education institutions)	21	33
16	Orhei (47 education institutions)	36	10
17	Leova (25 education institutions)	15	
18	Hâncești (46 education institutions)	42	4
19	Glodeni (24 education institutions)	18	6
20	Florești (48 education institutions)	13	16
21	Drochia (37 education institutions)	22	33
22	Dondușeni (22 education institutions)	14	7
23	Oenița (25 education institutions)	18	13
24	Bălți (24 education institutions)	23	1
25	Nisporeni (31 education institutions)	21	6
26	Briceni (30 education institutions)	26	26
27	Ștefan Vodă (28 education institutions)	21	

28	Chişinău (178 education institutions)	150	4
29	Cahul (49 education institutions)	49	
30	Comrat (38 education institutions)	33	5
31	Rezina (29 education institutions)	19	10

Most of the respondents to the questionnaire circulated to schoolchildren – **1499 students (81%)** said that the restrooms were located inside the school building. Remember that most of the students who participated in the research lived in the urban area. **176 students** stated that the restrooms were located in the school yard, while **111 students** don't have access to toilets. Of the 3 singular answers, only one was affirmative stating that there were restrooms on each floor. The other two answers where that the restrooms were either without doors or without separating walls altogether and some of them were in such a poor condition that they couldn't even be used. So, although there are restrooms in place, students cannot actually use them. As many as **979 students, i.e. about half**, said that soap was available at the hand washbasins. **One third of the students (653)** said there was nothing available for hygiene purposes. There was neither toilet paper, nor soap, let alone an automatic hand dryer.

The Regulation on the Procedure of Implementation of Restroom Renovation/Construction Projects in Primary Schools, Gymnasiums and Lyceums was approved via Government Decision No 453 of 1 July 2020. It sets out the procedures around the selection, organisation and implementation of short- and medium-term projects for 2020-2022, focused on improving hygiene and sanitation conditions in Primary Schools, Gymnasiums and Lyceums. Such projects were to be implemented in 18 public education institutions.

Projects funded by foreign partners could be a solution. The ApaSan project is an example of good practice in this regard. ApaSan strengthened the capacity of design and construction companies and worked with the health authorities towards solving legal issues to have ecosan toilets accepted for schools. As many as **68 restrooms were built in 63 education institutions**<sup>47</sup> over 2008-2019 thanks to this project. Toilets meeting current sanitary requirements were built in the rural area (e.g. in the villages of Congaz, Slobozia-Raşcov, Olişcani), a solution having been found for settlements that didn't have water supply systems. *A Guide for School Managers – Sanitary System Options for Rural Schools and Pre-Schools in Moldova* was developed under the project, in collaboration with MECR and the MHLSP.<sup>48</sup> This guide provides information regarding the available sanitation options and the conditions in which they

<sup>47</sup> [Sanitația școlară | ApaSan \(skat.ch\)](http://skat.ch/Sanitatea_scolara_ApaSan)

<sup>48</sup> [Guide-for-the-school-managers-ro.pdf \(skat.ch\)](http://skat.ch/Guide-for-the-school-managers-ro.pdf)

can be applied. It establishes the scope for the school administration in two of the situations specific to Moldova: ‘In settlements where there is a public wastewater management system, such as a public sanitation wastewater treatment service, the scope of school administrations is limited to indoor toilets. Still, a few villages in Moldova have sanitation and wastewater treatment systems. Therefore, where there is no public sanitation system, the administration of schools and pre-schools have to cover the entire system starting with the toilet and ending with the final discharge or reuse of wastewater.’<sup>49</sup>

The purpose of this guide is to serve as a source of information for school managers so that they know what measures to take to improve sanitary and hygienic conditions in institutions by implementing better and more sustainable sanitary solutions. It contains information regarding the available sanitation options and the conditions in which they can be applied. The guide was proffered to school managers because it describes the whole indoor restroom design and construction procedure, which school managers might find useful. MECR informed that school managers were trained about using the guide. They learned about what is required to do to build indoor restrooms in line with sanitary requirements.

The collected data reveal a very poor condition of restrooms. Practice shows though that there are solutions even for (rural) settlements that do not have enough resources and that are not connected to the water supply and sanitation system. These are realistic solutions, as we can tell looking at the already built restrooms. The invested efforts are not enough. Having looked into the practices and experiences so far, it stands out that there is some propensity for passing over the burden of building compliant restrooms to school administrations, which is wrong. Many rural schools have small numbers of students. Therefore, given the student-based funding, the school administration can’t afford dealing on its own with the sanitation issue. Even the budgets of local public administrations will often be too small to cover such expenditure. The issue of restrooms in education institutions requires strategic countrywide solutions and the engagement of public authorities of all levels.

One third of schools in Moldova have outdoor toilets that certainly fail to meet sanitary norms. They pose a real danger to the health and even life of children. This is actually a general picture typical of rural areas, not an exception. The government must invest efforts into concrete activities to solve this problem. Having analysed in the first chapter of this paper the strategic documents and the regulatory framework, we may state that there are fertile grounds for implementing appropriate solutions. What needs to also be there is public authorities of all levels joining their efforts in solidarity towards finding the appropriate solutions. From this point on,

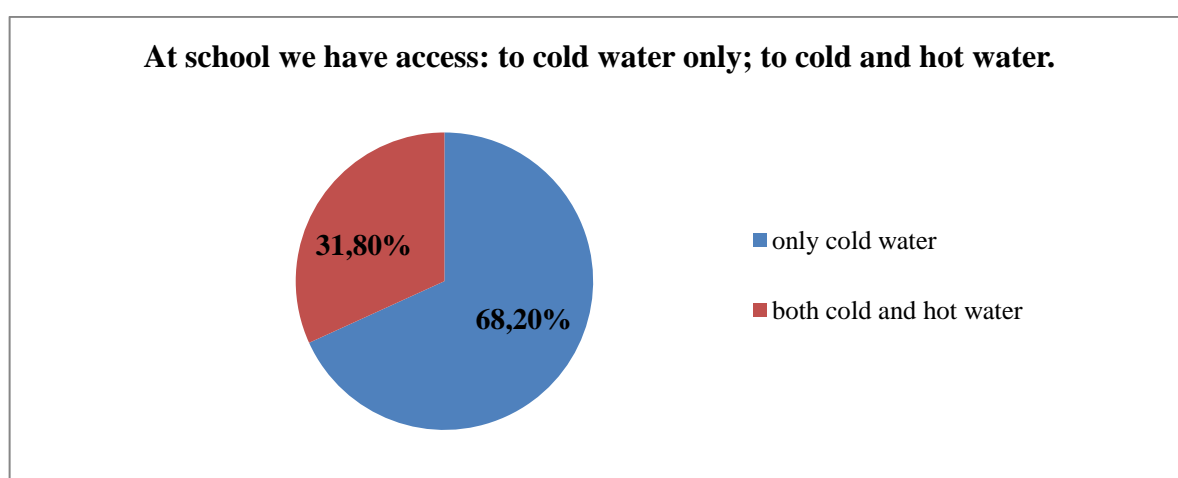
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<sup>49</sup> ‘A Guide for School Managers – Sanitary System Options for Rural Schools and Pre-Schools in Moldova’, Chişinău, 2018, p. 15, available at: [Guide-for-the-school-managers-ro.pdf \(skat.ch\)](#)

we should have a helicopter view of the problem by thinking of it in terms of ensuring the access of Moldova's population to the water supply and sanitation system.

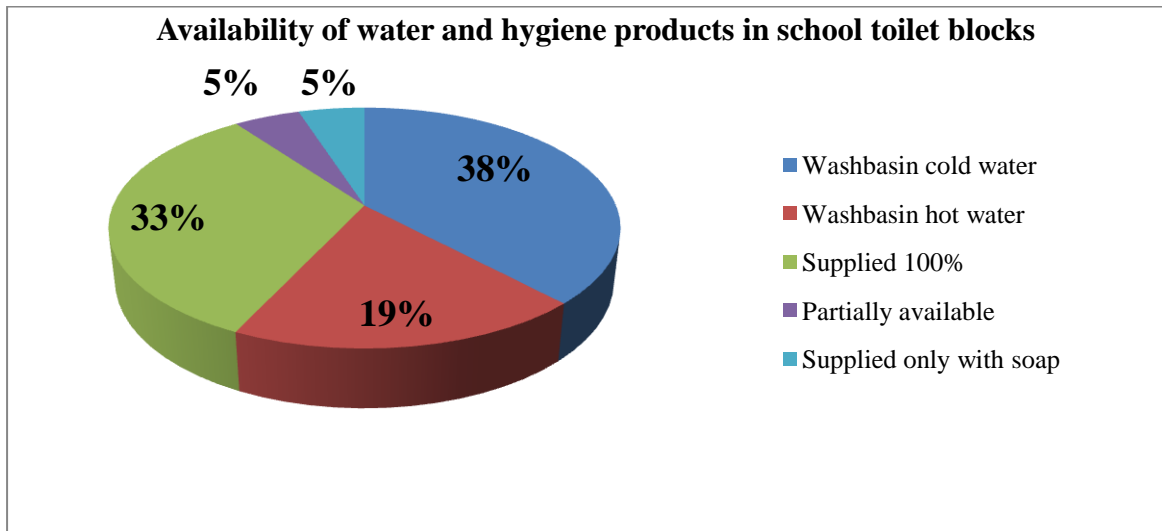
The aforementioned regulations also stipulate markedly that for children to enjoy in schools sanitary conditions for their hygiene, they shouldn't have merely access to water, but to hot water too. The approach is analogous: where there is access to the water main, solutions can be worked out to supply hot water. For instance, there are boilers in most schools in Chişinău and district centres. In Chişinău hot water is also available through the centralized system. Where water supply is a problem, supplying hot water is the second step after having figured out a solution for the first one.

In the questionnaire circulated to students, they were asked about availability of cold and hot water. See their answers below:



**Of all respondents, 1262 students (68.2%) said there was only cold water at school, and just 588 students said there was hot water too.** This situation is absolutely intolerable under pandemic conditions, when a thorough hand washing is a must. We remind you that most of the children who participated in this research were from the urban area: 1501 out of 1850.

The monitoring work performed as part of this research revealed that in many schools – a situation mainly typical of rural schools – hygiene is ensured through improvised methods: water brought from the well in buckets, improvised hand-washing stations with buckets collecting used water, hand-washing in basins, etc. Some schools don't have even this. The Covid-19 pandemic has taken the issue of sanitation and hygiene to a new level. It is regrettable though that it required a pandemic to break out for schools in Moldova to remember about the need to wash hands, i.e. about the need to ensure students' access to water and soap, not to mention hot water for basic hygiene conditions.



There are great delays mainly in building and renovating restrooms, as well as in fitting restrooms out in line with WHO requirements, which impacts severely the rights of the child in public education institutions. As a response to the raised issue, the central authorities reassured the Children’s Ombudsperson that according to the new regional development concept to be applied from 2021 onwards, water supply and sanitation continues to be a funding priority for the National Regional Development Fund, which entails funding opportunities for unfinished or unfunded projects under the 2021-2023 Single Programming Document. What is more, the Ministry of Agriculture, Regional Development and Environment will organise, in compliance with the Action Plan implementing the 2014-2030 WSS Strategy, awareness-raising campaigns regarding the national policy in this area and implementation stages. It will develop a package of documentation required for the regionalization process, it will provide methodological support to local public authorities in their efforts to regionalize the water supply and sanitation services, and to business operators with a focus on institutional capacity building.

Following discussions with school managers, we were able to draw out even more issues around sanitation than already detailed in this chapter: to be able to have hygiene products for restrooms all the time (disinfectants for toilets and washbasins, soap, and single-use tissues, toilet paper, automatic hand dryers) more funds are required than currently appropriated. According to their estimations – they need three times as much money. And this without even having taken into account the protection items as required by the WHO, PHC, CES in pandemic circumstances. The indoor restrooms need to be completely renovated. They are not fitted out with enough toilets and washbasins. The school buildings are old, which means that refurbishing restrooms is either impossible or requires great amounts of funding. The funds appropriated by the government are insufficient. It is also necessary to simplify public procurement procedures and to produce proper conditions so that schools could show more initiative around this matter.

We must mention, in the context of this research, that this issue has been in the attention of the Children's Ombudsperson for several years now. The Children's Ombudsperson appreciates the efforts of the civil society<sup>50</sup> and of the media<sup>51</sup> in tackling this problem. The Children's Ombudsperson falls in besides them and supports all their endeavours in this area. Thus, I hope that by joining efforts, by involving public authorities, the situation of sanitation in education institutions will undergo radical changes and that children from all over Moldova will be able to enjoy appropriate sanitary conditions in schools.

### **RECOMMENDATIONS:**

- 1 . Supplement the budgets of public education institutions for the completion of works that are in the process of construction/renovation of restrooms;
- 2 . Continuously attract investments from external funds to improve the situation in the sanitation of schools;
- 3 . Regularly and fully supply with personal hygiene products the restrooms in schools, in quantities corresponding to the number of children (toilet paper, soap, biodegradable substances, means of drying hands after washing).
- 4 . Create partnerships with other schools on hygiene and health education in schools through joint projects, sharing best practices, disseminating materials on hygiene and health education in schools.
- 5 . Collaborate with civil society to harness the potential in the field of hygiene and health education;

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<sup>50</sup> <https://amnesty.md/ro/media/scoli-cu-toalete-curate-si-sigure-un-drept-nu-un-privilegiu/>  
<https://www.caritate.md/donations/sa-cream-conditii-pentru-copii?fbclid=IwAR3oOarkMpkIJWjvwRPhCFqdeSyV2CEXJTUxah5QWzC92Z9meHzCWSvruuQ>  
<https://www.facebook.com/ToaletaScoala/>

<sup>51</sup> <https://oamenisikilometri.md/oda-wc-ului-scolar/?fbclid=IwAR0HEBxsJlh202ISQmLVBGNftR6aBOScv719v3Nrra-IDZkJvIImx9PVmb0>  
<https://oamenisikilometri.md/oda-wc-ului-scolar/?fbclid=IwAR34taPpyRhjj2EEWmgIn6oCSAk2MkrJHvv5WfupcAIfRFoC2zeBdbWfXCk>

## **RECOMMENDATIONS OF THE CHILDREN’S OMBUDSPERSON TO THE GOVERNMENT AND TO RELEVANT CENTRAL AUTHORITIES**

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1. The government, the central public authorities, through subordinate institutions, are to adopt financial regulations and supplement financial resources to ensure appropriate conditions for the child's development, based on the observance of the child's right to health in secondary education institutions;
2. Complete without delay the implementation of the Protocol on Water and Health in the Republic of Moldova for the years 2016-2025 approved by Government Decision No 1063 of 16 September 2016, in particular of the Item 2: Ensuring children's access to improved water sources in kindergartens and schools – 100% of institutions;
3. The line ministries are to monitor the full enforcement of the child's right to health in secondary education institutions, in the following areas: ensuring education institutions with quality drinking water, ensuring sanitation and hygiene conditions in schools, as well as efficient operation of the health services in pre-university institutions, in particular in relation to the endowment of the medical offices, and the work of the physician in secondary education institutions;
4. Revise and harmonize the legal framework governing the areas evaluated in the study, in particular, the Decision No 21 of 29.12.2005 of the Ministry of Health Approving and Implementing the State Sanitary and Epidemiological Rules and Standards: ‘Hygiene in Primary Schools, Gymnasiums and Lyceums’, reviewed in accordance with the Law No 424-XV of 16 December 2004 On Reviewing and Streamlining the Regulatory Framework Governing Entrepreneurship;
5. Increase investment efforts at both national and territorial level in order to motivate human resources working in education institutions, increase the level of professional training, attract young professionals through attractive offers.

## ANNEX

### RESULTS OF THE QUESTIONNAIRE CIRCULATED BY THE CHILDREN'S OMBUDSPERSON

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(in the context of the Independent National Assessment on access to drinking water, endowment of medical offices, the condition and location of washrooms in public and private education institutions of primary, lower secondary and upper secondary levels)

1850 students filled in the Questionnaire circulated by the Children's Ombudsperson, which sought the opinion of high school students on the degree of observance of their right to health in schools.

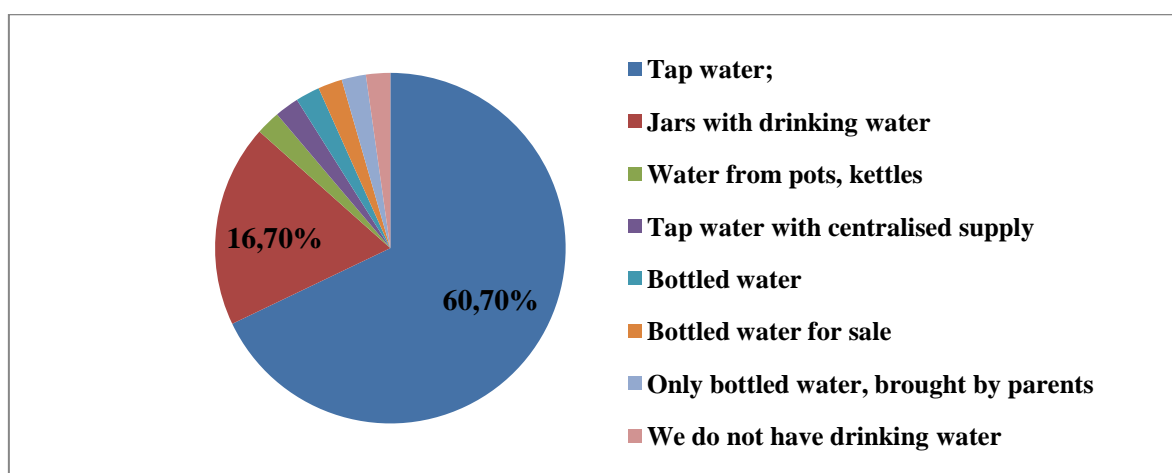
Given the fact that the questionnaire was anonymous, the responses were processed question by question and inserted in the text of the analysis, without taking into account the sex, age, level of training, the manner of expression of the student.

#### *Question 1: The name of the school where you study and whether it is in urban or rural area:*

Of the **1850 respondents**,

**1501** were from the urban area, **249** – from the rural area.

#### *Question 2: In the school we have access to quality drinking water.*





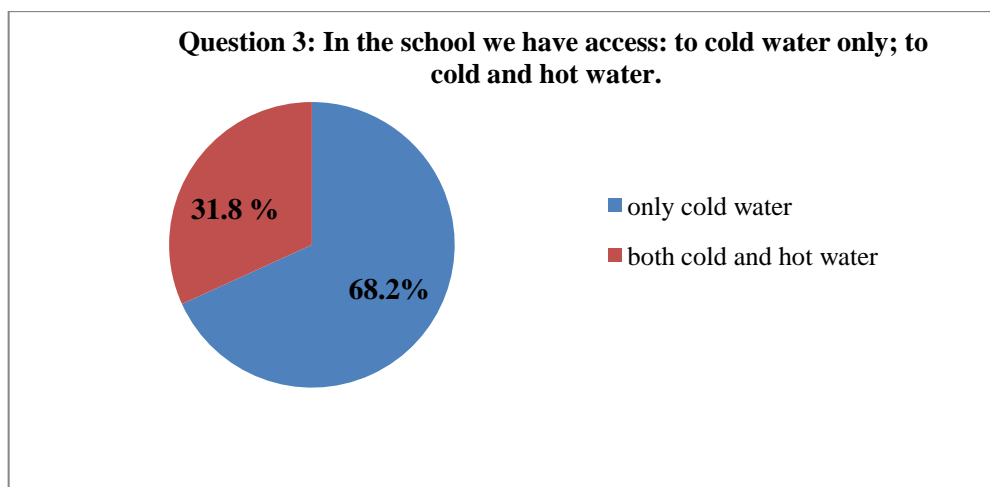
Most of the respondents (**60.7%**) stated that they have access to drinking water from the school's taps, which can be explained by analysing the respondents sample – **1501 of them were from urban areas.**

**16.7% of students** said that the drinking water is provided from water jars. **45 respondents** had access to drinking water from pots, kettles and such things. The rest of the survey participants stated not having access to quality drinking water, despite having access to tap water. They also said they had to buy bottled water collectively or individually. Here are some examples:

- *We do not have access to quality drinking water. It is impossible to drink tap water, and each class buys their own water jars, if they want to.*
- *Parents buy water jars, but the water is never enough. That is why students should always bring a water bottle in their bags.*
- *We do not have access to quality drinking water. It is impossible to drink tap water, and each class buys their own water jars, if they want to.*
- *Parents buy water jars, but the water is never enough. That is why students should always bring a water bottle in their bags.*

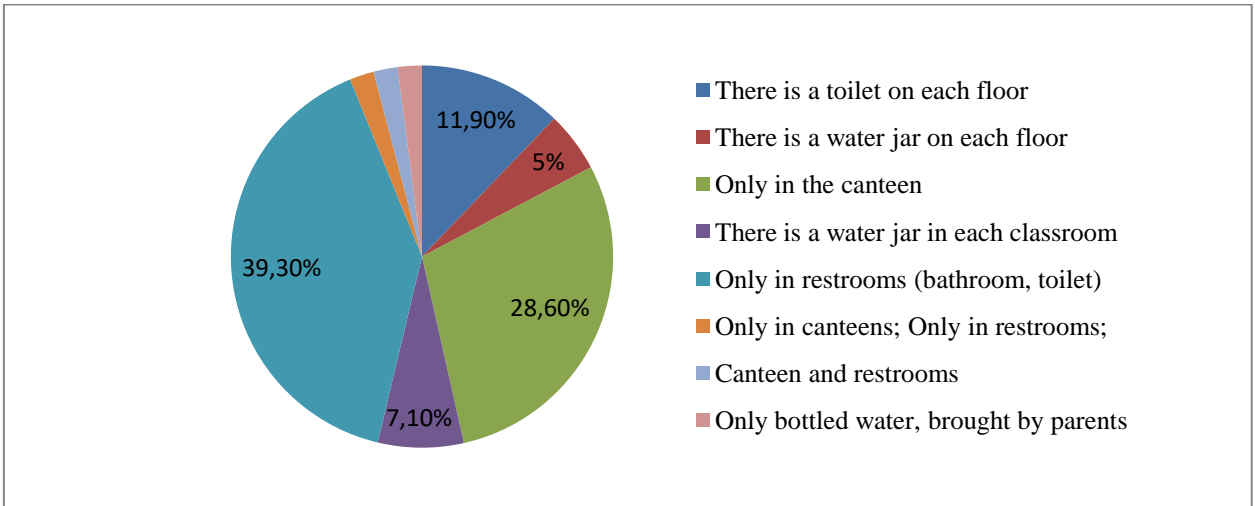
**Question 3: In the school we have access:**

- *to cold water only*
- *to cold and hot water*



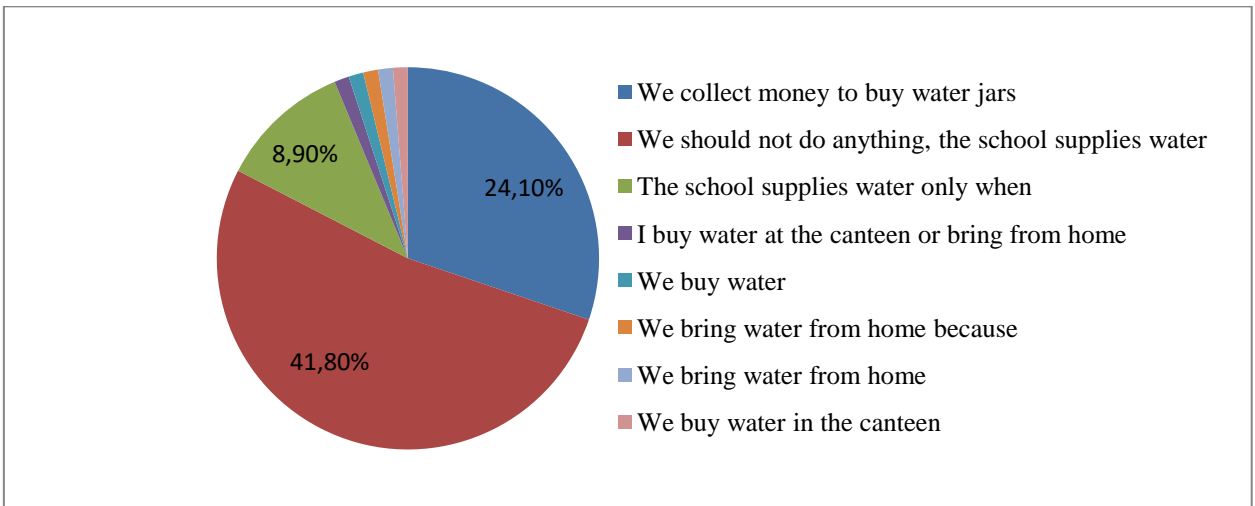
**1262 students (68.2%)** answered that they have access in their schools only to cold water, which is unacceptable especially since in the winter a common cause of viral infections and other diseases is washing hands with cold water. Only **588 of the respondents have access to hot water.** This situation is absolutely intolerable under pandemic conditions, when a thorough hand washing is a must.

**Question 4: How do you get drinking water in your school?**



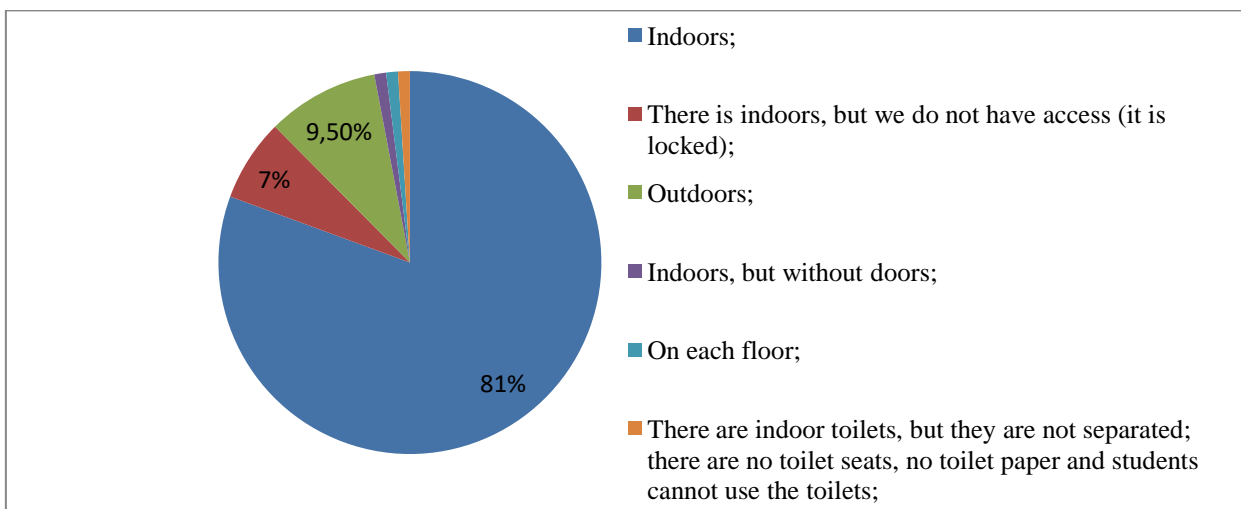
**727 of the respondents (39.3%)** said that their sole source of drinking water are the restrooms (bathrooms, toilets). At the same time, **529 students can drink water only in the cafeteria**, and **220 of them have access to a water jar with a tap on every floor**. Only **131 children** have drinking water jars in their classrooms. **66 students** had access to a water dispenser installed on each floor, and the rest of respondents stated that they had to bring water from home.

**Question 5: In order to have drinking water available we have to:**



**773 of the respondents (41.8%)** stated that they do not have to bother about that, since their schools ensure continuous and unlimited access. **446 of students** who have participated in questionnaires **have to collect money** in order to buy water jars, while **165 respondents** believe that drinking water is accessible only when the institution undergoes an inspection. There were singular answers referring to the fact that in general the school did not provide access to drinking water, so they had to bring water from home, buy it from the store or from the school canteen.

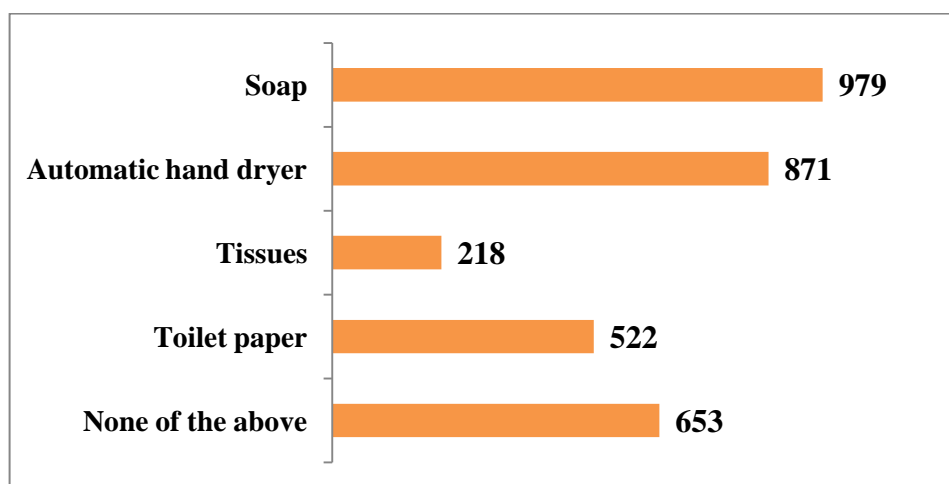
**Question 6: The restrooms in my school are situated:**



Most of the respondents – **1499 students (81%)** indicated that the restrooms are located in the building of the education institution. **176 students** stated that the restrooms were located in the school yard, while **111 students** don't have access to toilets. Of the 3 singular answers, only one was affirmative stating that there were restrooms on each floor. The other two answers were that the restrooms were either without doors or without separating walls altogether and some of them were in such a poor condition that they couldn't even be used. So, although there are restrooms in place, the students cannot actually use them.

**Question 7: What supplies are your school's washrooms provided with?**

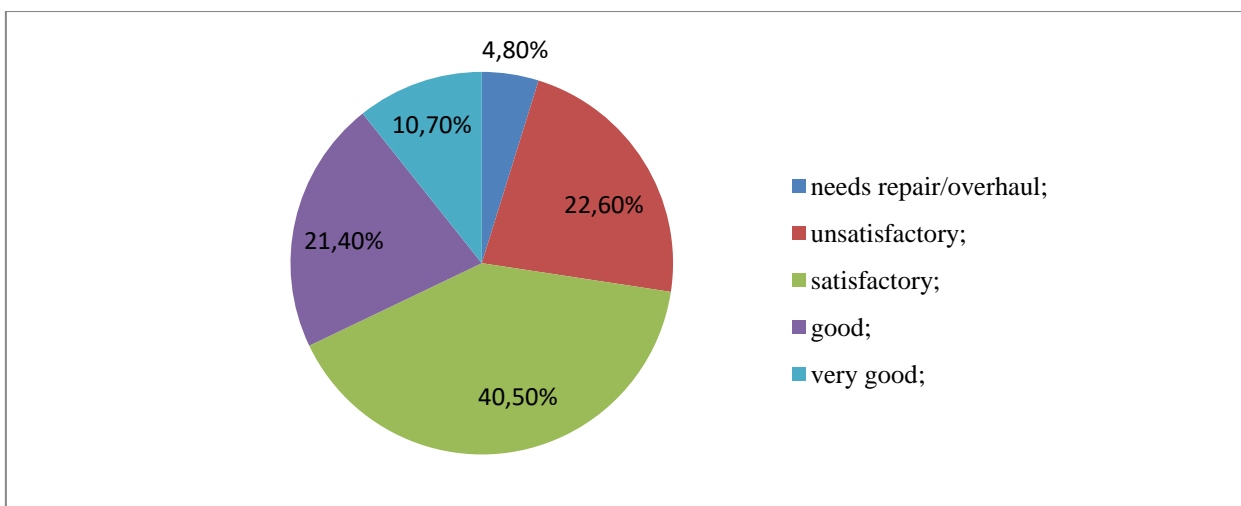
The distribution of the students' responses is presented in the diagram below.



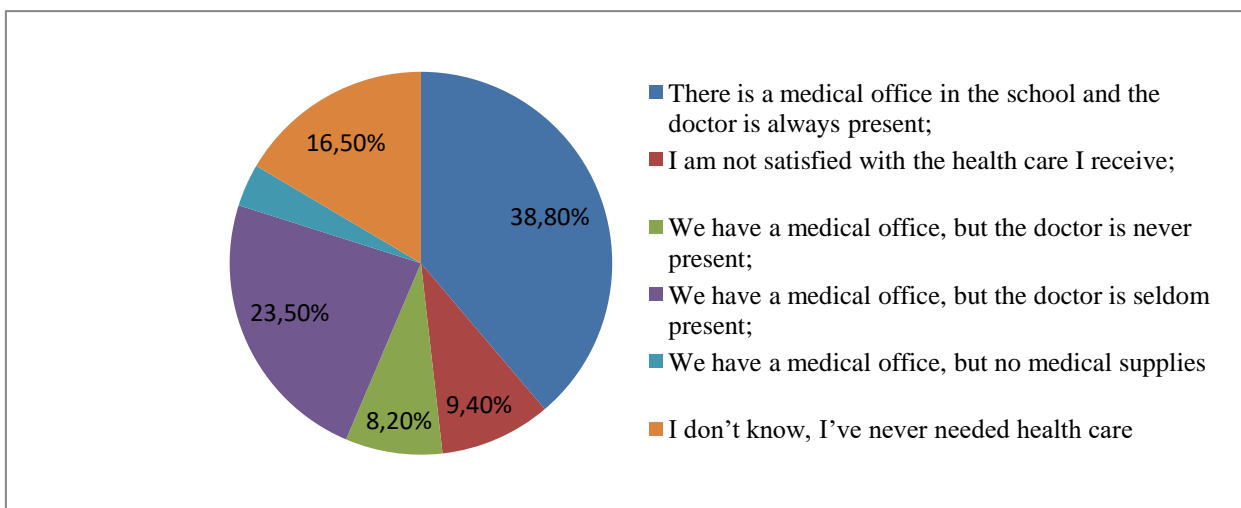
Of the 1850 participants in the questionnaires, **979 of them, i. e. about half**, said there was soap in the washrooms. **One third of the students (653)** said there was nothing available for hygiene purposes. There was neither toilet paper, nor soap, let alone an automatic hand dryer.

**Question 8: Assess the state and sanitary conditions of the school's restrooms.**

**749 of the respondents (40.5%)** assessed the state and sanitary conditions of the restrooms as *satisfactory*, whereas **89 students (4.8%)** are of the opinion that their school's restrooms require repair/renovation.



**Question 9: Check the correct options:**



**718 students (38.8%)** said that there was a medical office in their schools and that there always was a health worker available and easy to find; **435 students (23.5%)** said that there was a medical office in their schools, but that the health worker was rarely to be found; **152 students**

(8.2%) said that although there are medical offices in their schools, the health worker is never to be found, i.e. they are never at the workplace;

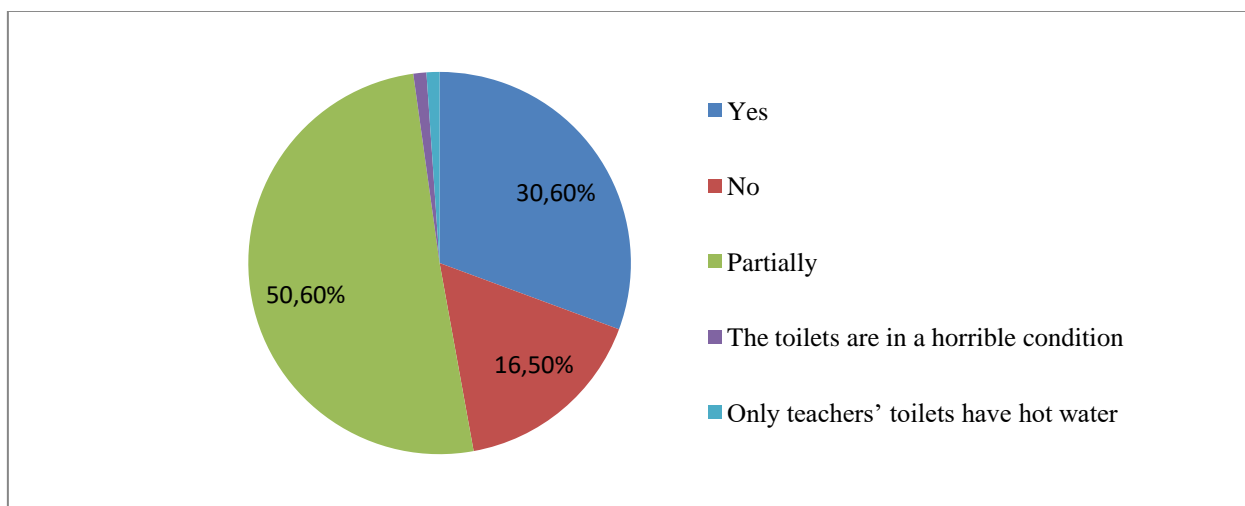
**174 students (9.4%)** said they were not happy with the healthcare provided to them, while **66 students** reported that although there is a medical office, there are no medicines, which is why proper healthcare is not provided; **305 students (16.5%)** of all students who participated in the survey said they knew nothing about the health workers in their schools because they never needed any health care at school.

#### **Question 10:**

**The tenth question** aimed to find out whether children are being educated towards respecting hygiene rules, in other words to find out the degree of hygiene culture in schools, and whether first aid skills are a priority and are being taught in schools. Thus, the majority of students – **1256 (67.9%)** say that hygiene and health education are taught to them, whereas **342 students (18.5%)** are of the opinion that these matters are not discussed in school. Only **115 ( 6.2%)** of the respondents do not have any idea about hygiene and how they are supposed to maintain it properly.

As to first aid skills, **228 students (12.3%)** said that they are being taught by the school physician how to provide it, and **662 children (35.8%)** maintained that they were never taught how to provide it.

#### **Question 11: In your opinion, is your right to health being observed in your school?**



There were 3 possible answers to this question – yes, no, in part. Two respondents considered it necessary to focus on issues that do not allow them to express their opinion on whether their

right to health is respected. They were of the opinion that the washrooms are in a horrible state, and one respondent noted that hot water is only accessible in teachers' restrooms.

In general, **50.6% of the respondents** believed that their right to health was partially observed, while **30.6%** believed it was fully observed, and **16.5%** – not observed at all.

***Question 12: In what way is your right to health violated in your school?***

**1234 (66.7%) of children** believed, in terms of the right to health in their school, the aspect of quality drinking water was not observed, while **764 (41.3%)** mentioned not having access to proper toilets. As many as **814 students (44%)** believe that they don't have enough quality healthcare, while **420 (22.7%)** feel they are not informed enough about health and hygiene. The issue of healthy food was raised by **716 students (38.7%)**.

There were some singular answers declaiming against the unavailability of hot water and soap, of quality psychological assistance and against the bad shape of classrooms. There was only one answer stating that all conditions listed in the question were met.

***Question 13: What would you like to improve in your school in relation to the above (cleanliness of restroom facilities, them getting renovated, access to quality drinking water, better healthcare, etc.)?***

Being asked to answer this question in free form, the students presented their opinions – there were even attempts to analyse the situation from several angles. The majority point to the issues previously raised, i. e. availability of drinking water, as well as unlimited water access, access to hot water, good sanitary conditions in restrooms, quality food, sanitation of classrooms through cleaning and repair, building restroom facilities on the school's premises in case they are outside, as well as opening of the existing ones.

Also, among the wishes expressed by students is the availability of hygiene products in the washrooms. The students' responses identify problems related to the presence and the work of the school physician, water supply, sanitation – indispensable aspects for observing the right to health and directly related to ensuring the right to education.

Below are some comments left by the students participating in the survey:

I would like to have the possibility to use a rehabilitated restroom, so that I don't have to carry single-use tissues in my bag. I would like to have an indoor rather than outdoor toilet, because I am totally freezing when I use it. Regarding drinking water, I cannot even talk

about it. Drinking water is available only in restrooms (accessible exclusively to teachers) and we are allowed to get water, which may be consumed only boiled, and the taps are rusted (so you don't want to use them to wash your hands, not to mention to drink water). This is why I always get a water bottle from home, and if I drink it off, I have to get another one from the market.' The physician who is in charge of our health is present only when they come over to collect the money for the canteen meals. When I am not well: stomach ache, headache or dizziness, I take the medicines I bring from home. The education is good, but hygiene is at the opposite side.

Totally opposite. There is soap and toilet paper in restrooms only in case of higher level inspections. Sometimes teachers and janitors tell us not to use the electric hand driers in order to save electricity (and most of the times they are unplugged). There is no hot water in the school, not even during the winter (that is why many children get sick, and then the headmaster is complaining that children do not come to school). There is running water, but I don't think anyone with a sound mind would drink tap water, as it tastes horrible and I don't think it's clean. The hygienic conditions in restrooms are poor. But not only here - in the canteen, too. I have seen many times how cooks only rinse the cups and plates before they are used by other children. When you go to take your tea, you can see the cook taking the cup from one of the primary school students, who just brought it, rinses it in a pot of water (which was used to rinse other cups) or, if you are lucky, under the tap water, and pours your tea in it. The school doctor is almost never in the medical office. One can see her drinking tea with the librarian in the library, or in other classrooms. And even if you do manage to find her somewhere in the school, you shouldn't have high expectations because if you tell her you have a stomach ache, she'll only take your temperature. Medicines are out of question. In the medical cabinet I saw only activated charcoal, thermometer, patches, Mezim and No-Spa. There are lots of things to say about hygiene in schools. But when there is an inspection, everyone is running around and 'prepare' the school to show that everything is ok. The reality is tough. I hope my message will get to the right people. An authorities will think about child protection and health, because we are the future.

*1. Supply with toilet paper, soap, tissues, operational electric hand driers*

*2. Good daily cleaning of restrooms*

*3. Supply classrooms with jars of drinking water*

*4. Train the health personnel and equip the medical office with the needed medicine (not only Brilliant green, paracetamol and all-heal!)*

*5. GET RID OF THE SMELL OF PEE AND POOP IN THE MAIN BUILDING OF THE SCHOOL*

*(! 6. Heat adequately the classrooms and halls during the cold season!)*

...

*AND THE LIST CAN CONTINUE!*

**CONCLUSION:** judging by students' answers, they seem to be asking for things that should have been available by default in every school. So, as regards children's right to health in schools, not only do they believe that this right is not violated, but what is more, they express their needs and wishes by asking for basic things that should have been already available to start with.