



# SAFE AND EQUITABLE WATER, SANITATION, AND HYGIENE PRACTICES IN SCHOOLS AND HEALTH FACILITIES SITUATION OF CHILDREN IN THE PHILIPPINES REPORT



**SITUATION**  
OF  
**CHILDREN**  
IN THE PHILIPPINES



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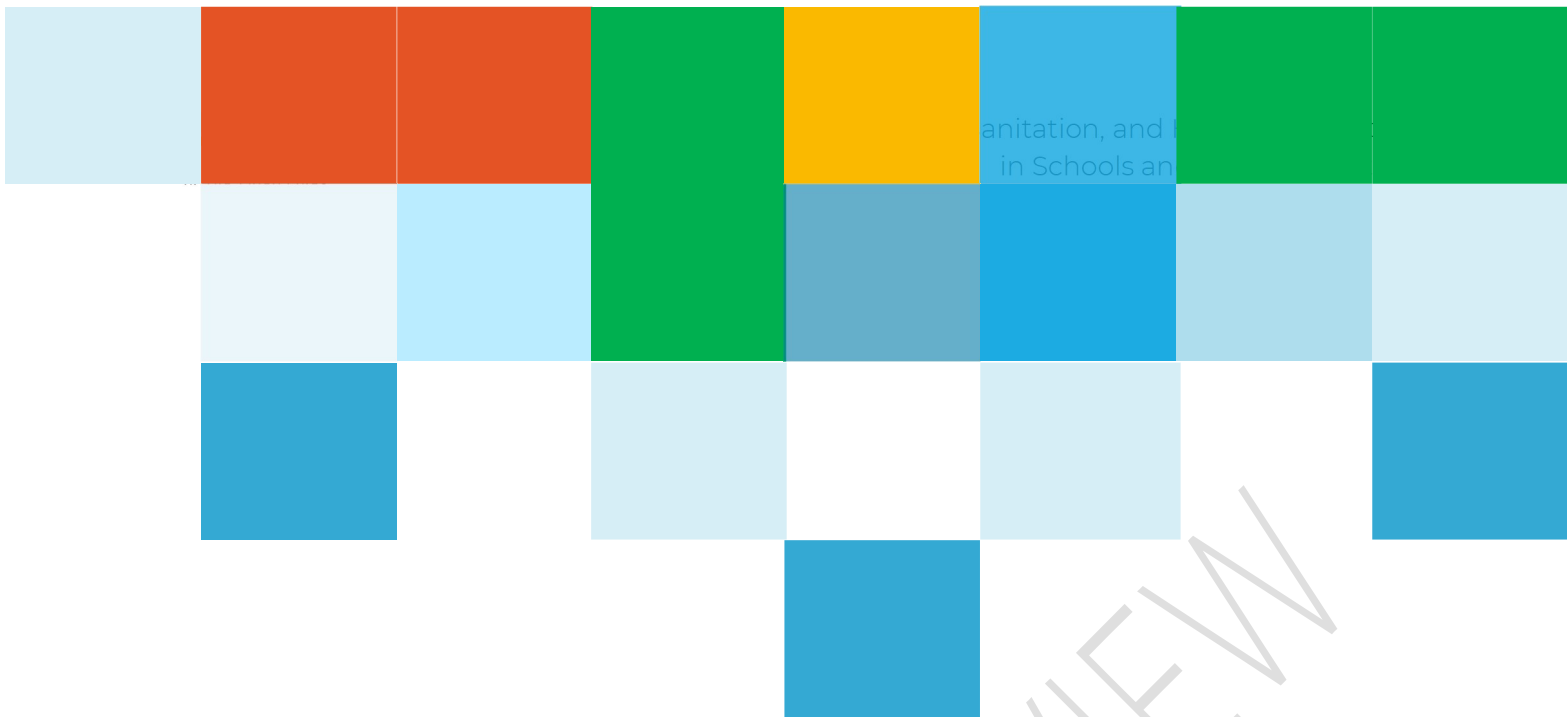
Publication Date

2023

Reports available at [situationofchildren.org/latest-evidence](https://situationofchildren.org/latest-evidence)

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**Water, sanitation and hygiene are essential for health and are critical contributors to educational performance and success.**

It is imperative that schools and health facilities provide a healthy environment where children feel safe and protected and where the basic needs of children, including access to water, sanitation, and hygiene are met.

## **Improved WASH services in health care facilities is critical in ensuring universal and equitable access to quality health and control and the prevention of infection toward patient safety and in particular, child and maternal health.**

More than half of basic education schools in the country have limited or unimproved water services or none at all and a little over a quarter have limited or no sanitation services while four in every ten schools have limited or no handwashing facilities.

In the Philippines, the Department of Education adopted a WASH in School policy in 2016 through DepEd Order No. 10, s. 2016 which sets out a holistic program for personal health care and environmental sanitation with a set of standards for proper and correct health practices in schools. The program covers among others water, sanitation, and hygiene including handwashing and menstrual hygiene management to address gaps in access to basic water services and basic toilet and handwashing facilities.

In health care facilities, people face increased risk of infection when basic necessities, including water, sanitation, and hygiene

services are inadequate or wanting. The lack of WASH services in health care facilities compromises the safety of patients and affects their dignity and may potentially cause the spread of more infections that can worsen health conditions and situations. Improved WASH services in health care facilities is critical in ensuring universal and equitable access to quality health and control and the prevention of infection toward patient safety and in particular, child and maternal health.

In 2023, the DoH released Department Circular No. 2023-0185 providing for simplified Guidelines on Water and Sanitation for Health Facility Improvement Tool (WASH FIT): A Practical Guide for the Use of Hospitals and Other Health Facilities, developed in partnership with the WHO and UNICEF. The circular aims to facilitate application of the guidelines and hasten implementation of WASH improvement plans.

## **Child Rights Situation Analysis**

The key indicators for WASH in schools and health facilities primarily measure the availability of WASH facilities or services in these institutions in lieu of metrics for access to WASH services by students and education personnel and by patients and health workers.

Of the three WASH services, water service is the least widely available in schools in 2021, with a considerable 26.2 per cent of schools with no water service while a significant proportion of 28.9 per cent have only limited water services.

**The percentage of schools with basic water services has remained below half of all schools overall and in both primary and secondary levels, at 44 per cent.** It has been increasing overall and among primary level schools but at a very slow pace due to the decreasing proportion among secondary level schools.

A large majority of 73.9 per cent of basic education schools have at least basic sanitation services in 2021.

There has been a progressive increase in the availability of basic sanitation in schools from 52 per cent in 2017 due to decreasing proportions of schools with limited sanitation services.

**With the percentage of schools with no sanitation at a stagnant 8 per cent, this indicates improvement as schools with limited sanitation have transitioned to basic sanitation services level.** However, a still considerable 26.2 per cent of schools have remained with limited or no sanitation service in 2021. The proportion of schools with at least basic sanitation is relatively higher at the secondary level than in

primary level, 90.2 per cent to 70.1 per cent, respectively.

**Six out of every ten schools have basic hygiene services in 2021.** The proportion of schools with basic hygiene services has reached 61 per cent increasing annually from 53.1 per cent in 2017. Schools with limited hygiene services comprise 17.7 per cent leaving 21.2 per cent of all schools with no hygiene service. The percentage of schools with basic hygiene services is higher among primary level schools at 63.5 per cent than among secondary level schools at 52 per cent.

**DepEd data indicates that only 29.3 per cent of schools nationally comply with all indicators of the three star approach,** that is: safe drinking water; gender segregated toilets; group handwashing facility with soap; daily group handwashing activities; and access to sanitary pads.

**While robust data on WASH service provision in health care facilities is lacking, a 2019 WHO-UNICEF JMP report highlighted that 3 in 10 health facilities in the Philippines lack access to clean toilets.** The report also finds that 23 per cent of the health care facilities have unclean toilets and 4 per cent have no toilets at all. Overall, however, this analysis has been unable to determine the full extent to which WASH services are available in health care facilities in the Philippines.

## Equity & Risk

### RISKS

Natural hazards

- **Climate change and severe weather events will pose a risk to WASH infrastructure,** damaging that which has been built and meaning that future infrastructure plans may soon not be climate resilient. That said, one key informant cautioned that WASH infrastructure is already

fundamentally lacking in some areas of the Philippines, and that building basic infrastructure, as climate resilient as possible, should be prioritized.

- **The geographic remoteness of some regions and provinces pose an ongoing challenge with regards to both the implementation of programs and advocacy work**, particularly with regard to WASH as limited infrastructure can be built.

Conflict	No conflict-related risks were identified yet under this subdimension.
Health Crisis/Pandemic	<b>This is increased risk of disease where there is improper waste management.</b> This is a well-documented risk globally and is relevant to the Philippines' context in areas where there are limited WASH capacities and infrastructure, and high prevalence of open defecation. This has knock-on impacts for rights realization under other child rights fields, like health and nutrition.
Other risks	<ul style="list-style-type: none"> <li>• <b>Changes to personnel and leadership within WASH actors including national agencies such as DoH and DSWD, and LGUs and Barangay Offices at the local level, affect the delivery of WASH services in the Philippines.</b> Each new senior official or representative appointed or elected may introduce new structures and priorities, which can make it challenging for INGOs and other partners to work effectively as they need to rebuild connections, networks and relationships, particularly for advocacy work and for training and capacitating new personnel on protection approaches. This is particularly a challenge for the WASH sector, characterized by mandates split across a number of actors requiring strong and coordinated leadership.</li> <li>• <b>The sanitary profession is not professionalized at the community level.</b> Sanitary inspectors cover between 40-55 barangays, rather than the 10-15 which should be under their mandate. Similar conditions are also found to be true for other technical workers including sanitation engineers, plumbers and community health workers. They also often come from other professions, working on short term contracts, which is a key risk to their ability to conduct their work effectively. This is also a risk to the operations of INGOs aiming to improve WASH services as there are few actors whom they can hold accountable for this lack of professionalization.</li> <li>• <b>A systems-level approach where all stakeholders are integrated into the approach is not being fully pursued.</b> That is, although some sewers and other WASH facilities are being built, there is more limited effort and financing to ensure that clean water will run through pipes which means the infrastructure will be ineffective.</li> <li>• <b>At the LGU level, the short, three-year election period means advocacy and programming at the LGU and LCE level generally needs to be reviewed and revised regularly, and new relationships built.</b> Newly elected LCE's can</li> </ul>

have new and different priorities, some of which will not be aligned with efforts to make progress on child rights realization.

- **Limited time and resources of INGOs, UN agencies and sector partners to work as effective technical advisors and partners was cited as a risk, given the number of competing priorities and challenges within the Philippines.** This is particularly a risk at LGU level, as agencies tend to prioritize their resources for greater impact at national level, which risks LGUs being unable to effectively conduct their mandates on child rights.

There is insufficient data to conduct equity analysis under this subdimension.

## Legislation & Policy Analysis

The Department of Education has put forward its ‘WASH in Schools: Three Star Approach’. The stated policy objective for water, DepEd Order No 10 mandated in 2016, specifies that “All schools shall have an organized system to make adequate and safe drinking water as well as clean water for handwashing, toilet use, menstrual hygiene management and cleaning purposes available to all students during school hours.”

To measure the quality of WASH systems the three star approach categorizes each school's water systems with regards to both drinking water and water used for other purposes. A one star rating indicates that a school's WASH systems are inadequate while a three star rating means that a school has met all WASH requirements. A more detailed description is provided in Figure 3.

THREE STAR APPROACH CRITERIA: WATER		
★	★★★	★★★
<b>WATER FOR DRINKING</b>		
Safe drinking water is not provided by the school. <b>Children are required to bring their own</b> drinking water.	Safe drinking water is provided by the school <b>but supply is not regular.</b>	Safe drinking water is provided <b>for free for all children</b> in the school <b>at all times.</b>
The school <b>coordinates</b> with the relevant agency/office to test the quality of water.	The quality of water is tested <b>once every calendar year</b> in coordination with the relevant agency/office.	The quality of water is tested <b>more than once every calendar year</b> in coordination with the relevant agency/office.
<b>WATER FOR WASHING, CLEANING &amp; OTHER PURPOSES</b>		
Regardless of source, water for cleaning is available <b>only for certain days of the week.</b>	Regardless of source, water for cleaning is available on a <b>daily basis but only on certain hours of the day.</b>	Regardless of source, water for cleaning is available on a <b>daily basis in all school hours.</b>

The DoH has also published an updated ‘Health care Waste Management Manual’. This covers practices pertaining to health care waste minimization; waste handling, collection, storage and management; waste treatment and

disposal systems; wastewater management; and financing options for health care waste management.

**Executive Order No. 22** was passed by the President on 27 April 2023. It mandated the creation of the “Water Resources Management Office in the Department of Environment and Natural Resources.” The stated role of the new office is to be responsible for the “integration and harmonization of all government efforts and regulatory activities to ensure availability and sustainable management of water resources in the whole country.”

## Bottleneck Analysis

### Demand

- **Limited prioritization of WASH matters, including safe drinking water and safe sanitation practices such as regular handwashing.** This is an issue among local officials as well as within households and families. For example, there are challenges with solid waste management at both community and school level, with garbage often thrown in the sea or rivers, or burned, as means of disposal and inadequate work to de-sludge septic tanks in schools. As the education sector is not devolved the issue of WASH in schools differs from that of WASH in health care facilities and communities. Additionally, waste segregated in schools and health facilities often is mixed during collection.
- **Social stigma attached to menstruation.** At the community level, elements of stigma relating to menstruation can act as a bottleneck to rights realization with regard to menstrual hygiene-related rights. For example, one recent advert on TV included derogatory messages about menstruation including the phrase “naamoy ko na sya” (“I can smell it already”).

### Supply

- **Limited functional WASH facilities in schools and health care facilities.** The data set out in this report indicates that many schools and health care facilities in the Philippines do not have a Basic Safe Water Supply or Basic Sanitation.

Furthermore, poorer LGUs often have limited means to purchase hygiene kits including soap, an issue which also impacts those affected by crises. Aside from the obvious deprivations this results in on access to water and sanitation, this is a bottleneck affecting other areas of rights realization including menstrual hygiene, as access to toilet facilities is an important factor enabling this.

- **Limited functional sewerage and septage processing systems at community levels.** This is particularly a bottleneck in geographically remote regions where WASH infrastructure is more limited.
- A shortage of adequately trained WASH personnel due to unfavorable employment conditions in the WASH sector. In the Philippines, employment in the WASH sector (and in the sanitation sector in particular) is not formalized. As a result, due to low salaries, low job satisfaction and low job security, the sector fails to attract skilled labor. Instead, local-level WASH personnel are often persons who have other primary jobs but are hired on short term contracts or jump orders. This was cited to be a major bottleneck in the provision of adequate WASH services.
- **No definition on the standard toilet facilities.** The Building Code does not define minimum standard toilet facilities, providing only light information. This is a bottleneck to provision of toilet facilities when public buildings are built, as it makes it hard to regulate and monitor the quality of facilities installed. Additionally, this lack of detailed definition includes no consideration of those with disabilities or of gender (for example, dimensions including usability, security, gender segregation and disability are not included).

Enabling environment

- **Despite policy-level guidance for budgeting for WASH in schools, there is no earmarked budget for implementation.** This is a major bottleneck as schools have competing expenses within their list of allowed expenditures. Unless WASH provision is given a dedicated budget, it is likely that it may be deprioritized.

It was also reported that this is a particularly prevalent bottleneck in underserved areas including geographically isolated areas and third, fourth and fifth class municipalities. These are areas with generally resource scarce LGUs and are therefore most likely to perform poorly on WASH service provision.

- **Limited capacity, inconsistent LCE willingness and leadership turnover at subnational level.** LGUs are the main duty bearers for the implementation of national laws and policies on WASH services to households. However, some LGUs suffer from a lack of capacity in terms of human resources, technical skills and the necessary budgets for adequate implementation.

A commonly cited bottleneck across KIIs was that decision-making on focus areas within LGUs relied heavily on the LCEs. As such, LCEs' willingness, motivation, and ability to prioritize WASH issues is a major determinant of the realization of an LGU's prioritization of WASH service provision.



While it is difficult to ascertain the extent of this bottleneck, it was suggested that LCEs often make decisions on these matters based on political factors rather than population needs. Furthermore, as LGU elections are held every three years, there are regular changes in health staff and leadership.

This is reportedly a significant bottleneck, as knowledge and expertise around health and nutrition at LGU level fluctuates regularly. For partner organizations, this turnover also requires the rebuilding of relationships to carry forward collaborative endeavors.

- **Limited coordination between national and local levels of government.**

The provision of WASH services in health care facilities and in Early Childhood Education centres is devolved in the Philippines, and thus requires robust coordination and coherence between different levels of government. While the introduction of policies and passing of laws happens at the national level, LGUs are the main duty bearers for implementation. Although a range of policies and laws have been introduced (see Legislation and Policy analysis), there are major gaps in implementation due to issues of capacity, financing, human resources and motivation at the LGU level.

At the root of these issues is the overarching bottleneck of a lack of coordination between national and local levels of government.

- **Limited coordination between different agencies at the national level.**

Unlike for other sectors such as Health and Education which have one primary duty bearer at the national level, the WASH sector in the Philippines is a shared responsibility of multiple agencies. As such, there is no specific ministry or department with a mandate for WASH at the national level, and services are devolved to LGUs as per Republic Act 7160 at the provincial and municipal level.

For example, issues relating to water are managed by the Ministry of Public Works, waste management is under the purview of the Ministry of Environment, Natural Resources and Energy and hygiene issues are under the remit of the Ministry of Health.

Due to a lack of coordination between these agencies, a major bottleneck is a lack of clarity on the specific areas that each is responsible for, which further leads to a lack of accountability.

- **A lack of coherent and robust data being collected to inform policymaking.** Without the right data, it is difficult to determine where challenges lie and how they should be addressed. A particular source of inconsistency is the use of DHS versus JMP data. While government programs are often designed upon evidence from DHS data sets,

organizations such as UNICEF rely on JMP data. It has been suggested that the indicators included in the DHS, and the way they have been measured provides a more favorable view of the WASH situation in the country, rather than reflecting the full reality.

On the other hand, JMP indicators are in line with international SDG standards, and have therefore been recommended as the more reliable source of evidence on WASH. It must be noted that a drawback of using JMP data is that it is limited to the national level without providing useful data at the subnational level.

DRAFT FOR REVIEW

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