

Intervention by WECF on the reporting by parties on the implementation of the Protocol on Water and Health
MOP2, Bucharest, 2010

Thank you chair,

Thank you for this very interesting summary by the secretariat. I am glad that you concluded that public participation can be much improved, but this is not the issue I would like to speak on now. Speaking for the NGO network WECF, I would like to highlight the added value of the Protocol, - compared to for example the reporting for EU directives.

We would like to call attention to one of the outcomes of the national reports, in particular on results of the target setting processes as just presented.

In many national reports information on the targets was missing.

We were looking forward to see if the worst water and health situations had also been identified and that targets had been set to address them. We hear that in some reports problems identified were not reflected in targets set. Social aspects which look at specific vulnerable groups, seem to be missing.

Our NGO works in the rural areas of 10 EECCA countries and new EU member states, including Romania.

We see progress in many urban areas, but little progress in rural areas.

We are particularly concerned about public toilets in rural areas and the situation of vulnerable groups.

In many schools and hospitals and old-people's homes the situation is dramatic. Many rural schools and kindergartens have no hand-washing possibility, no soap, often the drinking water in schools is contaminated with bacteria and nitrates.

Most schools have an old pit latrine in far away from the school, dangerous, smelling, full of shit and flies, and I can show you many pictures of children defecating in the school-yard to avoid these latrines. It is often a reason that especially girls skip school, especially when they have their period.

When we started working with our partners in Ukraine one of the first project was to restore the waste water treatment of an infectious disease hospital, as the waste water was streaming straight into the bathing area of the black sea beaches near Sebastopol. And we see this problem with so many rural hospitals.

Every day our local partners are working with local authorities, schools, to restore and improve safe water supply, and to build safe toilets.

We are delighted to see that increasingly even poor households are willing to invest in building such new safe toilets.

But for public institutions, schools, hospitals, the government has to pay.

And this seems to be an area we have not made progress.

The water fund of the EBRD will probably not pay for public toilets in rural areas, as such projects are not bankable.

Only if Parties make safe public sanitation for vulnerable groups a PRIORITY, can funding be allocated to this area.

As far as we are informed, there is a very good example of target setting on this issue, by Moldova, thanks also to the active public participation in the target setting process.

We hope that this good practice can be shared and that more countries can address the urgent needs of vulnerable groups and access to public sanitation in their target setting.

We call on the delegates of this MOP, to make safe sanitation for schools and hospitals a key priority in all target setting exercises, and add this as a key priority to programmes of work.

Thank you for your attention