

TERMS OF REFERENCE

Institutional Consultancy for a National Survey on Health Policy and Water, Sanitation, and Hygiene Access in Schools in Vietnam

Summary

Title	National Survey on Health Policies and Water, Sanitation, and Hygiene Access in Schools in Vietnam
Objective	To assess the status of school health policies and practices and water, sanitation and hygiene facilities and services in schools. The findings will identify gaps and guide evidence-based policies and interventions for schools' health and for improving WASH conditions in schools, ensuring that every student can learn in a safe, healthy, and inclusive environment
Location	Ha Noi, Viet Nam
Duration	8 months
Start Date	20 January 2026
Reporting to	UNICEF: Acting Chief of Child Survival and Development and Environment WHO: Team Lead of the Healthy Lifestyles and Environment

Background

Schools are a critical setting for protecting and promoting the health, safety, and well-being of children and adolescents in Viet Nam. As children spend a substantial proportion of their time in school, the school environment plays a decisive role in shaping health behaviours, preventing disease and injury, supporting mental and psychosocial well-being, and ensuring safe, inclusive, and enabling learning conditions. Strengthening school health is therefore a shared priority of the Ministry of Education and Training (MOET) and the Ministry of Health (MOH), contributing directly to Viet Nam's national development goals and commitments under the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), and SDG 6 (Clean Water and Sanitation).

Access to basic water, sanitation, and hygiene services (WASH) in schools is a cornerstone of the Health Promoting Schools (HPS) approach and essential for the health, dignity and education success of children and adolescents in Vietnam. Despite advancements in infrastructure, many educational institutions still face significant challenges related to WASH services. Many schools continue to face broader challenges related to the overall health, safety, and well-being of students. According to data from the MoET in 2020, approximately 7.7 million students lacked access to basic WASH services in schools. However, this data is outdated and does not reflect current realities – limiting the ability of policymakers to plan, budget and monitor effectively. Timely and accurate data is essential for achieving the SDGs for WASH in schools in Vietnam. There is also a need for more comprehensive and up-to-date data on school policies and practices — including WASH — to better understand how schools are implementing the Health Promoting Schools approach in practice.

The Government of Viet Nam, through joint leadership of MOET and MOH, has made important progress in advancing school health through policies and programmes on school health services, nutrition, physical activity, injury prevention, mental health and psychosocial support, and water, sanitation and hygiene (WASH) in schools. WHO and UNICEF have been providing technical support to these efforts in alignment with international standards and best practices. Despite these achievements, the implementation and quality of school health and WASH interventions remain uneven across provinces, school levels, and geographical settings. Persistent challenges include gaps in policy implementation, inadequate or poorly maintained WASH facilities and services, limited integration of health promotion into school systems, and constraints in intersectoral coordination and monitoring.

The Global Standards for Health Promoting Schools (GSHPS) provide an internationally endorsed framework for systematically integrating health into all aspects of school life, while the WASH in Schools (WinS) framework and service ladders of the Joint Monitoring Program (JMP) emphasizes equitable access to safe water, sanitation, and hygiene as foundational requirements for child health, dignity, gender equality, and educational attainment. In addition, the Assessment of Noncommunicable Disease and Environmental Health (ANESH) in school settings offers a structured approach to identifying priority risks related to environmental conditions, behaviours, and exposures affecting school-aged children and adolescents.

In collaboration with MOET and MOH, WHO and UNICEF intend to engage a qualified local or international consulting agency to conduct a comprehensive evaluation of school health policies and the status of WASH facilities and services at 4 school/education levels of kindergartens, primary, lower secondary schools and upper secondary schools across the country. The assessment will integrate ANESH, GSHPS, and WinS approaches and JMP standards to generate robust, nationally relevant evidence based on current conditions, gaps, and good practices. The findings will inform joint policy dialogue, planning, financing and prioritization of interventions under the shared mandate of MOET and MOH.

Overall, this review aligns with Viet Nam's broader development priorities and international commitments, including the SDGs, particularly SDG 3, SDG6, as well as national priorities on science, technology, innovation, and digital transformation which are increasingly relevant for improving data systems, monitoring, and evidence-informed decision-making in the policy and financing for education and health sectors.

Given the scope, complexity, and nationwide coverage of the assessment, as well as the need to apply internationally recognized standards alongside in-depth understanding of the local context, it is essential to recruit an experienced consulting institution or agency with demonstrated technical expertise and practical experience at both international and national levels to design and conduct this evaluation.

Objectives and Key Audiences

The primary objective of this consultancy is to conduct a comprehensive assessment of school health policies and practices, as well as the status of water, sanitation, and hygiene (WASH) facilities in schools across Vietnam. This assessment will utilize ANESH, GSHPS, WinS frameworks, and JMP standards. The findings will assist the MoH, MoET and other ministries and local government level in identifying gaps and informing

evidence-based policies, financing, and interventions, with technical assistance from WHO, UNICEF and other stakeholders, ensuring that all students can learn in safe, healthy, and inclusive school environments.

The survey package aims to:

- Collect standardized and nationally comparable data on school health policies, practices, and school environments, particularly WASH facilities and services, across different school/education levels and geographic areas.
- Assess compliance with national standards and international frameworks, including ANESH, GSHPS, WinS and JMP.
- Identify gaps, risks, inequities, and priority needs related to school health and WASH that affect the safety, health, dignity, and learning outcomes of students.
- Support evidence-based policy development and programme planning by MOET and MOH, including prioritization of interventions and resource allocation.
- Provide a baseline for monitoring and evaluation of school health and WASH programmes and for tracking progress over time, including through digital data systems where feasible.

Key Assessment Questions:

- **What is the status of school health policies and practices and WASH facilities/services** in schools across Viet Nam, and how does it vary by region and school level?
- **To what extent do schools meet national standards and international frameworks** (including ANESH, GSHPS, WinS framework, JMP standards for WASH in Schools)?
- **What are the main gaps, risks, and inequities** affecting student health, safety, dignity, and learning, especially for girls and children with disabilities?
- **What enabling factors and bottlenecks** (planning, O&M systems, budget allocation, staffing, coordination, monitoring/data) explain differences in implementation of quality across schools?
- **What evidence-based recommendations should be prioritized** for policy and programming by MOET/MOH (and partners) to strengthen implementation at scale?

Scope of work

For WASH: To assess the status of WASH facilities, services, and hygiene practices in 4 education levels (**kindergartens, primary, lower secondary and upper secondary schools**) in Viet Nam to inform policy, planning, and programming with specific objectives as below:

- **To map the availability, functionality, and accessibility** of water supply facilities in schools and water quality check (E. coli quick tests for the schools visited).
- **To assess the availability, functionality, gender-sensitivity, cleanliness, and ratio of sanitation facilities** (toilets/latrines) for students and teachers, separated by sex.
- **To evaluate the availability and functionality of handwashing facilities with water and soap at critical times.**
- **To identify the availability of WASH-related supplies** (soap, cleaning materials, MHM materials) and

operational budgets.

- To understand the existence and implementation of school WASH management and planning; operation and maintenance systems; budget allocation.
- To understand knowledge and expectations of students and teachers on WASH services, critical hygiene practices (proper use of water, sanitation facilities, handwashing with soap and menstrual hygiene management).
- To analyze the disparities in WASH access at least 6 different regions for different school/education levels.
- To provide evidence-based recommendations for improving the WASH situation in schools.

The assessment will focus but not limit on:

- **Water:** Source type, functionality, availability (quantity and continuity), water quality (e.g., basic water quality testing for E. coli), and accessibility for all students, including those with disabilities.
- **Sanitation:** Type, number, and condition of toilets; separation for boys and girls; functionality; cleanliness; presence of accessible toilets for children with disabilities; and availability of facilities for menstrual hygiene management (e.g., private space, water access, disposal mechanisms).
- **Hygiene:** Availability and location of handwashing stations; presence of soap and water; observation of hygiene conditions; and hygiene promotion materials and menstrual hygiene products.
- **Management & Knowledge:** Existence and implementation of school WASH plans; operation and maintenance systems; budget allocation; knowledge and expectations of students and teachers on WASH services and critical hygiene practices (proper use of water, sanitation facilities, handwashing with soap and menstrual hygiene management).
- **Other cross-cutting themes** such as climate change impacts, gender, accessibility and child friendly designs (particularly for children with disability), equity, and equality will be taken into account in the survey.

For School health policy and practices

- To assess the presence and implementation of core school health policies aligned with the Health Promoting Schools (HPS) framework, including policies on health education, nutrition, physical activity, mental health, and school safety.
- To review school-level practices and routines that support student health and well-being, such as daily health checks, referral pathways, first aid readiness, and mechanisms for identifying and supporting vulnerable students.
- To examine the integration of health education within the curriculum, including life skills, hygiene, nutrition, mental health literacy, and age-appropriate reproductive health education.
- To assess the availability and capacity of school health personnel, including school nurses, health focal points, and teachers responsible for health-related activities.
- To evaluate the school food and physical activity environment, including adherence to nutrition standards, availability of healthy food options, and opportunities for safe, inclusive physical activity.
- To review school policies and practices related to mental health and psychosocial support, including teacher training, student support systems, and referral mechanisms.

- **To assess school safety policies**, including emergency preparedness, injury prevention measures, and safe school zone practices.
- **To analyze disparities in school health policies and practices** across regions, school types, and socio-economic contexts.
- **To generate evidence-based recommendations** for strengthening school health systems and advancing the Health Promoting Schools approach nationwide.

Study Design

The study will use a **combined online and field-based survey approach** to assess WASH conditions in schools nationwide, while also integrating a separate module to assess school health policies and practices.

This mixed-methods design will allow the team to:

- capture school managers' and students' experiences and practices related to WASH and school health
- observe actual WASH facility conditions per WinS framework and JMP standards
- validate online survey findings through in-person assessments
- benchmark Viet Nam's school health policies and practices using the **Global School Health Policies and Practices Survey (G-SHPPS)** in a representative subsample of **at least 400 schools**
- incorporate **ANESH survey response** based on guidance from the government focal point

A **cross-sectional survey** will be conducted across 4 education levels of **kindergartens, primary, lower secondary and upper secondary schools**.

Sample Size

The study will include three complementary components with the :

- **4,500 schools (minimum) — online WASH survey**
- **180 schools (minimum) - field-based WASH survey** (observation and discussion with key informants)
- **400 schools (minimum) — G-SHPPS module** on school health policies and practices

Online WASH Survey (4,500 schools minimum)

The online survey will collect standardized information but not limit on:

- availability and functionality of water supply
- sanitation facilities (gender-segregated, accessible, clean, safe)
- handwashing stations with water and soap
- cleaning routines, maintenance systems, and budgets

- availability of WASH supplies (soap, cleaning materials, MHM materials)
- student-to-toilet ratios and compliance with national and international standards
- access to information / education and SBC materials
- self-reported challenges such as water shortages or broken facilities

The survey will be administered through a digital platform with support from MoET and DoET to maximize response rates.

Field WASH Survey (180 schools minimum)

The field survey will validate online findings and provide deeper insights through:

- direct observation of WASH facilities
- functionality checks (water availability, quality -E.coli test soap, privacy, accessibility)
- mapping of water points, sanitation facilities, menstrual hygiene management and handwashing stations
- structured interviews with school administrators and teachers
- student focus groups to understand lived experiences and expectations
- verification of online survey responses

This component ensures accuracy and captures qualitative dimensions not visible in online reporting and also to understand (i) of WASH/education link, (ii) capacity to allocate sufficient/ mobilize additional resources for WASH services, (iii) capacity to engage communities and teachers in WASH and (iv) students' reflections in WASH situation and expectations.

G-SHPPS Module (400 schools minimum)

A representative subsample of at least 400 schools will complete the G-SHPPS module to assess:

- school health policies
- health education
- nutrition and physical activity practices
- mental health and psychosocial support
- school safety and emergency preparedness
- health services and referral systems

This allows Viet Nam to benchmark progress against global standards and align with ANESH regional priorities.

Data Collection Tools

- Structured questionnaires (administrators/principles, teachers, students)
- Observation checklists for WASH facilities
- Tools for mapping WASH facilities
- Focus group discussions and in-depth interviews with provincial education officials/managers, school principals, teachers, and students
- Qualitative tools to explore hygiene practices, MHM, and resource challenges

Data Analysis

Quantitative data will be analyzed using statistical software (UNICEF can support ONA for online data collection). Qualitative data will be thematically analyzed. Where possible, national and provincial (one province) projections and visualizations of WASH access will be developed.

Expected Outputs

- Inception Report (methodology, sampling, tools)
- Cleaned quantitative dataset (SPSS/Stata/CSV and transcripts of interviews and FGDs)
- Comprehensive Report (school health policies, practices, WASH access)
- National and provincial (one province only) WASH Access Visualization
- Policy Brief (max 10 pages)
- Technical input for a National Dissemination Workshop

Deliverables and Timeframes

The following tasks and deliverables are expected from the agency over a period of the assignment. The exact timing of deliverables will be determined in close coordination with the UNICEF and WHO team. **All key reports, materials, documents for deliverables under this assignment will be developed both in Vietnamese and English:**

Activity	Deliverable	Proposed Activity Schedule
<i>Phase 1: Inception</i>		
Activity 1: Kick off meeting with UNICEF & WHO	Meeting minutes	Weeks 1 (1 day)
Activity 2: Drafting of inception report including draft data collections tools.	Draft inception report and Paper for Ethical Research Permission	Weeks 2-8 (10 days)

Activity 3: Meeting with School Health Technical Working Group - Presentation of the Draft Report	Meeting minutes	Week 8 (1 day)
<i>Phase 2: Data collection and analysis</i>		
Activity 4: Training on Tools, Piloting and Data Collection Work (online and field surveys)	Field Work Monthly Reports	Weeks 9-22 (90 days)
Activity 5: Data Entry, Transcription, Coding, Analysis; drafting of the interim report	Data files in SPSS, All qualitative data transcripts in word, code books and draft interim report	Weeks 18-23 (20 days)
<i>Phase 3: Reporting and communication of results</i>		
Activity 6: Presentation of the draft report to the Taskforce, MoET and other relevant agency	Draft Comprehensive Assessment Report and Meeting minutes	Weeks 24 (1 day)
Activity 7: Incorporation of comments and circulation to local authorities and PMT for validation and commenting	Summary matrix of comments reflection	Weeks 25 (5 days)
Activity 8: Incorporation of comments and presentation to National Stakeholders	Workshop report /Presentation	Week 26 (5 days)
Activity 9: Finalisation of Report	1.Final comprehensive Assessment Report (print ready)	Weeks 26 -32 (20 days)
	2. Abridged Evaluation Report (max 10 pages) (print ready)	
	3. Power Point Presentation of the topline and Assessment Findings	
	4. Cleaned data files in SPSS, All qualitative data transcripts in word, code books and reflexivity notes and intercoder reliability test results	
	5. Agenda/national workshop descriptions and ppts/materials for the dissemination survey workshop	
Total		153 days

Management Responsibilities

The Child Survival and Development and Environment Programme (CSDE) of UNICEF and Team Lead of Healthy Lifestyles and Environment (HLE) of WHO ensures that all tasks conform to UNICEF and WHO standards, norms, and ethics. The overall management will lie with the Chief of CSDE and HLE Team Lead while the day-to-day management responses will be undertaken by the WASH Specialist, UNICEF and Injury Prevention Technical Officer, WHO. Additionally, technical support and advice will be provided by experts from UNICEF Viet Nam, UNICEF Regional Offices and WHO Regional and HQ offices when required. Relevant Departments of the Ministry of Education and Training (Department of Student Affairs), Ministry of Agriculture and Environment (Department of Hydraulic Works Construction and Management), the Ministry

of Health (Viet Nam Administration of Disease Control) will be involved and provide necessary assistance to the selected agency in the planning and execution of the Terms of Reference. This includes reviewing tender documents and reference letters. An informal technical working group composed of members from the government, WHO and UNICEF will be established to review and assess the quality of the work and documents developed by the selected agency.

The selected agency is responsible for planning, implementing, and finalizing all tasks as outlined in the Terms of Reference. Hence, the selected agency is expected to provide details on how to manage the project scope, progress, and updates during the implementation. Furthermore, the selected agency should propose the communication procedure between parties, including periodic meetings with UNICEF and WHO and relevant government counterparts of MoET and other Ministries to review progress and gather feedback and/or comments on the deliverables and relevant review reports.

In addition, the selected agency shall identify potential risks that may affect timely and quality delivery (e.g., delays in stakeholder feedback, data availability issues, or low digital readiness) and propose mitigation measures in the inception report. The risk management approach should include clear responsibilities and contingency plans agreed upon with UNICEF and WHO.

All distributed documents including presentations and formal review reports must be approved by UNICEF and WHO with guidance from MoET.

Required Qualifications and Experience

The institution should be a consulting firm or research institute in the business of conducting similar work. It should have the legal authority to conduct business in Viet Nam.

The number and profile of the evaluation consulting team members should be such that the team size, experience, qualifications, mix and complementarity of expertise, availability and level of effort is convincing that the proposed work plan can be met. The following is suggested as a guidance:

Interested institutions/agencies are expected to have the following qualifications and experience:

1. Institutional Profile

- Legally registered with experience in regulatory and policy analysis, water and environmental health, or public health law.
- Proven track records of conducting legal and institutional reviews, particularly in the areas of water, sanitation and hygiene, school health policies and practices.
- Strong capacity in stakeholder engagement and coordination with government entities, especially in Viet Nam or Southeast Asia.

2. Technical Expertise

- Water and sanitation program expertise: Demonstrated experience in large and complex surveys, reviewing and analysing national and international legal frameworks, policy, digitalization related to water.
- Public Health: Knowledge of health-related regulations, especially on exposure to hazardous substances in water supply, sanitation and hygiene.
- Data management and digital transformation: knowledge of digital transformation practices, especially data collection, management and data-driven decision making in WASH in schools, school health policies and practices.

Key positions:

- **Team Leader/Principal Investigator:** Advanced degree (master's or Ph.D.) in Public Health, Environmental Science, or related fields; 10+ years in WASH or health policy research, with project management experience; Proficiency in statistical software and research methodologies (qualitative and quantitative); Experience in stakeholder engagement and team collaboration.
- **Statistician Data Analyst:** Bachelor's or master's degree in Statistics, Mathematics, Data Science, or a related field; 8+ years of experience in data analysis, preferably in public health, WASH, or similar sectors; Proficiency in statistical software (e.g., R, SAS, SPSS) and data visualization tools (e.g., Tableau, Power BI); Strong knowledge of statistical methods and data modeling techniques and Experience in data cleaning, processing, and management.
- **WASH Specialist(s)/researcher (s):** Bachelor or master degree in public health, environmental science, or a related field; 8+ years of experience in WASH programs, particularly in school settings; In-depth knowledge of best practices in school water, sanitation, and hygiene and Experience in conducting surveys and assessments related to WASH in schools.
- **School Health Policy Specialist (s):** Technical expert in health, policy and practices understanding public health, health education, nursing, school health, social sciences, or related field; Strong understanding of school health programs with at least 10 years of experience
- **Field Coordinators:** experienced in coordinating, supervising, and managing logistics for large-scale surveys
- **Data Collectors:** Trained in digital and field data collection and child-friendly approaches.

Payment Schedules

Payment will be made in instalments based on submission of the deliverables by the expected timelines.

Deliverables must be approved by UNICEF prior to payment request.

- **First instalment:** 30% of the contract value will be paid upon completion of activity #1, #2 and # 3.
- **Second instalment:** 40% of the contract value will be paid upon completion of the activity #4 and #5.
- **Final instalment:** 30% of the contract value will be paid upon submission and acceptance of activity # 9.

Additionally, the selected agency will enter two separate contracts: one with UNICEF to cover the costs associated with the WASH survey and another with WHO to fund the school health policy survey.

Interested institutions/agencies are recommended to use the 2022 EU-UN cost norms for budget proposal.

Evaluation Criteria

Weighted scoring evaluation approach

- The evaluation criteria will be a split between technical and financial (price proposal) scores (a 70/30 split).
- Proposals will go through a **technical evaluation** according to the following criteria and their relative scorings:

Technical criteria	Specific criteria	Maximum Score
Overall Response	Completeness of Response	5

	The overall ability of the proposal to meet the requirements of the Terms of Reference	10
Maximum score for the overall response		15
The Organization and Key Personnel	Reputation of the organization and employees (competence/ trustworthiness, and history of dispute and arbitration).	4
	Overall capability of the organization that can influence the implementation	2
	Quality assurance procedures and warranty policies	2
	The organization's experience in collaborating with the United Nations/non-governmental organizations/governmental agencies, particularly in the fields of health and law.	2
	Experience in conduct regulatory review or WASH and health surveys.	2
	Key Personnel:	8
	Proposed a team composition that includes a sufficient number of experts and specialists	
	Delineating roles and responsibilities for each team member.	
	Ensured gender balance is desirable	
Maximum Score for the Organization and Key Personnel		20
Proposed Methodology and Approach	The Project must include a detailed plan with clear descriptions of specific activities, timelines for implementation, and monitoring procedures that align with the Terms of Reference.	20
	Project management, procedures for coordination and monitoring, along with change management, quality assurance, security, and related documentation must all be strictly implemented.	15
Maximum Score for Proposed Methodology and Approach		35
Total		70

Only proposals that achieve a minimum score of **50 out of 70 points** in the technical evaluation will be considered for the next step i.e. a financial evaluation.

Financial Evaluation:

- Max points (**30**) will be awarded to the lowest price proposal, and the other proposals will

receive points in inverse proportion of the lowest price proposal.

- The proposal that achieves the highest score after combining the technical and financial scores demonstrates the best cost efficiency and will be recommended for awarding of the contract.
- The financial proposal should indicate itemize costs for each task outlined in the project description.
- UNICEF and WHO apply the EU-UN cost norms for local consultancy.
- It is anticipated that **financial proposals will be separated for (i) WASH survey and (ii) school health policies.**
- All quoted prices must be in Vietnamese Dong (VND) and exclusive of taxes as UNICEF and WHO are tax-exempted.
- Financial and technical proposals must be submitted separately.
- Each Proposal must be signed and sealed by an authorized representative of the Proposing Entity.

List of Indicators as per JMP ladders for information, the final list of indicators will be discussed and agreed at the first phase of the assignment.

Domain	JMP ladder level	JMP operational definition (school classified as...)	Indicator	Numerator / Denominator	Data source
Drinking Water	Basic service	Improved drinking water source and water available at school at time of survey	% of schools with Basic Drinking Water service	# schools meeting “basic” / total schools surveyed	Online WASH survey
Drinking Water	Limited service	Improved source but water not available at time of survey	% of schools with Limited Drinking Water service	# schools meeting “limited” / total schools surveyed	Online + field validation
Drinking Water	No service	Unimproved source or no water source at school	% of schools with No Drinking Water service	# schools meeting “no service” / total schools surveyed	Online + field validation
Sanitation	Basic service	Improved sanitation facilities that are single-sex and usable (available, functional, private) at time of survey	% of schools with Basic Sanitation service	# schools meeting “basic” / total schools surveyed	Online WASH survey + field observation (includes condition/functionality)
Sanitation	Limited service	Improved sanitation, but either not single-sex OR not usable at time of survey	% of schools with Limited Sanitation service	# schools meeting “limited” / total schools surveyed	Online + field validation
Sanitation	No service	Unimproved sanitation facilities or none at school	% of schools with No Sanitation service	# schools meeting “no service” / total schools surveyed	Online + field validation
Hygiene (handwashing)	Basic service	Handwashing facilities with water and soap available at time of survey	% of schools with Basic Hygiene service	# schools meeting “basic” / total schools surveyed	Online WASH survey + field validation (soap/water observation)
Hygiene (handwashing)	Limited service	Handwashing facility has water but no soap at time of survey	% of schools with Limited Hygiene service	# schools meeting “limited” / total schools surveyed	Online + field validation
Hygiene (handwashing)	No service	No handwashing facilities OR no water available at school	% of schools with No Hygiene service	# schools meeting “no service” / total schools	Online + field validation

				surveyed	
Composite (recommended headline)	Basic WASH	School meets Basic for water + sanitation + hygiene (all three)	% of schools with Basic WASH package	# schools Basic in all three / total schools surveyed	Derived from the three ladders

Survey Indicator List

No.	Indicator	Disaggregation level
1	Number and % of schools completing the online WASH survey (target $\geq 4,500$).	Region , school level
2	Number and % of schools completing field WASH validation (target ≥ 180).	Region , school level, province (optional)
3	Number and % of schools completing the G-SHPPS module (target ≥ 400).	Region , school level, province (optional)
4	Response rate by region (≥ 6 regions) and school level (kindergarten, primary, lower secondary, high school).	Region , school level
5	% of schools with basic drinking water service (JMP ladder).	Region , school level
6	% of schools with limited drinking water service (JMP ladder).	Region , school level
7	% of schools with no drinking water service (JMP ladder).	Region , school level
8	% of schools with continuous/adequate water availability (hours/day or days/week).	Region , school level
9	% of field visited schools with E. coli test conducted (by water use type).	Region , water use type (drinking/handwashing/other)
10	% of field visited schools with E. coli positive results (by water use type).	Region , water use type
11	% of schools with water points accessible for children with disabilities.	Region , school level
12	% of schools with basic sanitation service (JMP ladder).	Region , school level
13	% of schools with limited sanitation service (JMP ladder).	Region , school level
14	% of schools with no sanitation service (JMP ladder).	Region , school level
15	Student toilet ratio (median; and % meeting national standard if defined).	Region , school level
16	% of schools with toilets that are usable/functional (observed/reported).	Region , school level
17	% of schools with toilets that are clean (observed/reported).	Region , school level
18	% of schools with sex separated toilets for students.	Region , school level
19	% of schools with accessible toilets for children with disabilities.	Region , school level
20	% of schools with MHM supportive sanitation (privacy, water access, disposal mechanism).	Region , school level
21	% of schools with basic hygiene service (JMP ladder).	Region , school level
22	% of schools with limited hygiene service (JMP ladder).	Region , school level
23	% of schools with no hygiene service (JMP ladder).	Region , school level
24	% of schools with handwashing stations at key locations.	Region , school level
25	% of schools with handwashing stations with water and soap available (observed/reported).	Region , school level
26	% of schools with hygiene promotion materials (handwashing/MHM) displayed/used.	Region , school level

No.	Indicator	Disaggregation level
27	% of schools reporting adequate WASH supplies (soap, cleaning materials, MHM materials).	Region , school level
28	% of schools with a school WASH plan (exists).	Region , school level
29	% of schools with a school WASH plan implemented.	Region , school level
30	% of schools with an O&M system (responsible person/team, schedule, repair process).	Region , school level
31	% of schools with a dedicated WASH operational budget and adequacy (reported).	Region , school level
32	% of schools reporting recent WASH disruptions (water shortages/broken facilities).	Region , school level
33	% of schools with written policies and evidence of implementation for health education (life skills, hygiene, nutrition, mental health literacy).	Region , school level
34	% of schools with written policies and evidence of implementation for nutrition/school food environment (standards + healthy options).	Region , school level
35	% of schools with written policies and evidence of implementation for physical activity (safe, inclusive opportunities).	Region , school level
36	% of schools with written policies and evidence of implementation for mental health & psychosocial support (training, student support systems, referral pathways).	Region , school level
37	% of schools with written policies and evidence of implementation for school safety & emergency preparedness (protocols, drills, injury prevention).	Region , school level
38	% of schools with school health personnel (nurse/health focal point) and training status.	Region , school level
39	% of schools with first aid readiness (kit availability; trained staff).	Region , school level
40	% of schools with referral mechanisms for health and psychosocial needs.	Region , school level