



# Indonesia

# 1. Establish baseline



**What:** Conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for safe water, sanitation and hygiene (WASH) in health care facilities; and infection prevention and control (IPC) using existing regional and global protocols or tools and in collaboration with the global effort to improve WASH in health care.

**Does your country have a baseline for WASH in HCF? If yes, what is the status of water, sanitation, health care waste, hygiene and cleaning?**

Yes. Indonesia has national Healthcare Facilities Survey (Riset Fasilitas Kesehatan). This survey only monitor the availability of clean water and waste management in PHC and hospitals which goes in parallel with national basic health research survey.

MOH also has developed web-based application on data reporting from HC facilities called ASPAK, an application to monitor the healthcare facilities services including only the availability of WASH in yes or no format; However, basic key points of WASH are not yet included in this application, such as indicator for water source and the distance from HCF (water); type of toilet, closed trash bin for menstruation sanitary, and the availability of water and soap (sanitation); availability of handwashing near the toilet (Hygiene); Currently, MOH is reviewing the ASPAK application including WASH database to be in line with SDGs indicators.

**If not, what are the plans for establishing such a baseline?**

The baseline will be further strengthened once the ASPEK is adequately having information related to entire WASH.

**Have underserved areas been identified? What/where are they and how are they being targeted for improvements?**

As mentioned above, the Healthcare Facility Survey data will be helpful in deriving information on unserved areas. Once a detailed mapping of the unserved or partially served areas are identified, targets will be set for improvement

Currently, ASPAK is under review to be in line with the needs of SDGs indicators through its new update.

## 2. Develop and implement roadmap



**What:** Develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy.

Has your country started the process of developing a national roadmap? If so what are the key elements included and what is the plan to finalize and implement? What specific targets are included and how do the activities map to SDG efforts, especially those on WASH and health?

Yes. Currently MOH is updating the Roadmap on Drinking Water Quality Surveillance 2020-2030, and review/update of national standards on drinking water quality. These include and refer to improvement of water quality in HCFs; but focusing on entire WASH will not be included. So the development of national roadmap only for WASH in healthcare facilities is awaited.

# 3. Establish and implement standards



**What:** Establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice.

Does your country have standards for WASH in health care facilities? What are the key elements in the standards and when were they last updated? Are there any gaps in these standards and if so, what are these gaps and how will they be addressed? How are these standards regulated, if at all?

MOH has been issued:

1. Regulation No. 13/2015 on Environmental Health in Primary Health Centers which regulates on sanitary inspection on environment aspects or parameters such as Water → monitoring on type and condition of drinking water supply and water for sanitation and hygiene purposes; monitoring on water quality physical parameters; and the owner of the drinking water supply as well as sanitation and hygiene facilities, whether self or a provider outside.
2. Regulation No. 7/2019 on Hospital Environmental Health which regulates on complying with standards on water quality in hospital, water for sanitation and hygiene and for specific purposes such as for hemodialysis and laboratory uses.

Gaps: No monitoring system as well as verification and validation system/processes in place to evaluate the indicator as mentioned the those regulation; and to address remaining components of WASH.

# 4. Set targets and monitor progress



**What:** Set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis.

What are the targets for WASH in HCF? Are high risk settings prioritized (e.g. maternity wards)? What is the process for accessing progress towards achieving these targets? How is progress incentivized?

The target: all HCFs should provide standardized water as regulated by the regulations as mentioned above; it is a target that water quality monitoring reporting to be made twice a year; for 24/7 water supply. Other components of WASH are not yet included apart from informing on presence and absence of toilets and handwashing facilities.

No monitoring system to assess the progress on WASH facilities and services available.

# 5. Integrate WASH into health programming



**What:** Integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance.

What are the key opportunities in specific national health programmes for WASH in health care facilities? In what ways has WASH in health care facilities been included (e.g. in training, in monitoring, etc)? What further integration needs to happen and what is the plan for doing so?

1. Through the Directorate of Referral Hospital, MOH; it will develop IPC guideline for AMR and WASH.
2. Through the Directorate of Family Health MOH; there is scope to integrate nutrition counselling, maternal and child health counselling linking to WASH
3. Through the Directorate of Communicable Diseases MOH; there is scope to intergrade disease prevention and control counselling on vectors including those for NTDs
4. Ongoing training on competency building in PHCs with focus to adequate WASH
5. Integrate WASH FIT parameters as indicators to report WASH into ASPAK; including counselling on strengthening implementation of community led total sanitation (STBM)
6. MOH ongoing process of hospital accreditation and promotion of WASH in healthcare facilities including PHCs.

# 6. Allocate regular funding



**What:** Have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices.

Have capital and operation and maintenance expenditures for WASH in health care facilities been costed? Is there a budget line within Ministry of Health? Is so, what is it, and what is the gap? What plans are in place to fill in, any gaps around costs and financing?

- No other fund for WASH operation and maintenance from MOH apart from there is a DAK (Government Special Allocation Fund) to fund to WASH including procurement/purchasing
- National Health Insurance funds and local budget allocation can be proposed for WASH better operation and maintenance.

# 7. Establish a multisectoral coordination mechanism



**What:** Establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system.

Is there a national multisectoral committee that coordinates, advocates and plans for efforts on WASH in health care facilities? If so, what are the key responsibilities and what has been accomplished to date? How can such a committee be strengthened?

Yes, it is mainly through national and sub-national working group for improved WASH (namely POKJA AMPL), Association of Water Utility Operators (PDAMs).

## 8. Develop health workforce

**What:** Invest in a sufficient and well-trained health workforce, including health care cleaners and engineers to manage WASH services, provide ongoing maintenance and and perform appropriate WASH and IPC practices, including strong pre-service and service education and training programmes for all levels of staff; educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children

What kind of training, mentoring and/or investments in health workforce have taken place to support the safe use and maintenance of WASH in health care facilities services? Has the WASH FIT or other similar tools been used and adapted? If so, in how many facilities and what has been the key results?

To some extent, through competency building on - sound management of healthcare waste in health care facilities; community led total sanitation of MOH (STBM); hospital accreditation;

In near future, the training could also come through MOH new initiatives on WSPs in healthcare facilities; pilot of WASH-Fit on selected healthcare facilities.

