



Working towards equitable WASH in healthcare facilities in Indonesia

Providing inclusive services and access to water, sanitation, and hygiene (WASH) at healthcare facilities (HCFs) requires strong responsiveness and accountability from the Health Office and the HCF managers. Responsiveness leads to understanding and accommodating diverse needs. At the same time, accountability contributes to better performance, the overall sustainability of the service, and access to WASH by involving related stakeholders and circulating transparent information.

Key lessons

- Building the capacity and understanding of primary health centre (PHC) staff is the first step towards improved access to WASH and is beneficial for the later accreditation process.
- Strengthening the knowledge and awareness of PHC chiefs is crucial to gain their commitment.
- Aligning with a city's vision and mission enables commitment from high-level government officials.
- Involving the Health Office as a duty bearer is critical for a sense of ownership and sustainability.
- Engaging the media is vital to build a PHC's confidence to continue and share good practices.
- Partnering with local civil society organisations (CSOs) is essential for improving acceleration and scaling.

The challenges

As the first line of defence for institutional basic healthcare, PHCs – one of several healthcare facilities – are vital to promoting safely managed and hygienic behaviour in the community. However, in 2020, SNV found that more than 80% of PHCs in Bandar Lampung, Metro, and Tasikmalaya cities have limited access to WASH. Back then, standards for adequately provisioning WASH services in healthcare facilities were not systematically mainstreamed across Indonesia.

SNV's research into WASH in HCFs,¹ along with its WASH SDG Baseline Survey,² identified the following to be the most pressing challenges faced by HCFs (including PHCs) in ensuring the sustainable delivery of WASH services:

1. WASH is a cross-cutting issue in HCFs, although the latter focuses more on health services, e.g., doctor consultation. It needed to be clear which main stakeholders were involved in and responsible for maintaining WASH in HCFs.
2. Regulations about WASH access and quality in HCFs are available but scattered across several regulations.
3. Technical guidelines on WASH compliance at the facility level need to be developed.
4. There are no specific earmarks for accessing funding for WASH.
5. A monitoring system for HCF is available nationally, but references to WASH and gender equality and social inclusion (GESI) are minimal.

¹ SNV, WASH in HCF Research Indonesia findings 1-4, Jakarta, SNV, 2020 (internal report).

² SNV, WASH SDG Baseline Survey Indonesia findings 5 and 6, Jakarta, SNV, 2018.

Our approach

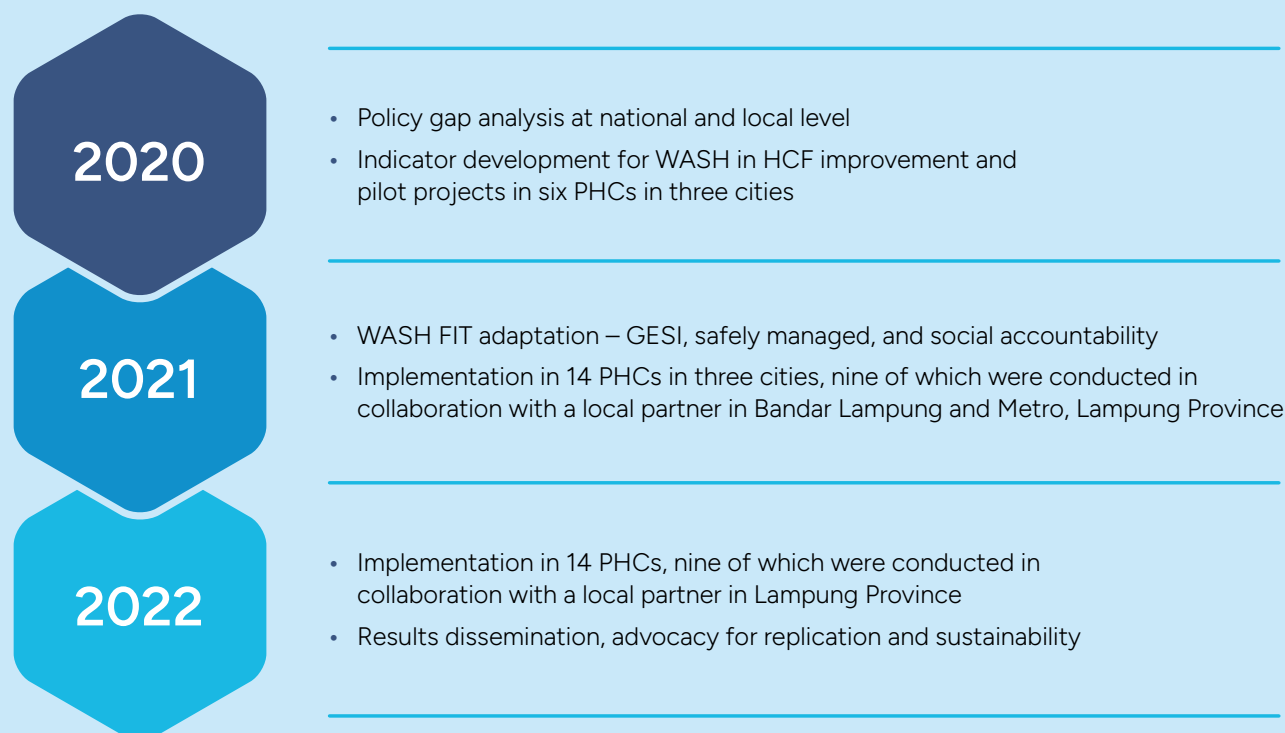


Figure 1. Key activities per year

2020: Piloting for evidence-based improvement

At the start of the pilot project in 2020, SNV identified available policies and key stakeholders at national and city levels. Next, it analysed the gap between the public national policy, regulations, and guidelines and the current implementation at the local level, whether by local government or the PHC. SNV then further assessed the gaps by interviewing stakeholders at both levels.

The information collected was used to design pilot indicators to improve WASH provision in six selected PHCs in the Indonesian cities of Bandar Lampung, Metro, and Tasikmalaya. The indicators covered the provision and maintenance of WASH facilities and took GESI and climate change aspects into account. This was essential in providing the PHCs with an improvement target and evaluating progress against the desired target.

Collaborating with local community organisations for acceleration

The 10-month pilot project imparted valuable lessons to start up an 18-month implementation programme to improve WASH access in selected PHCs in cities.

From 2021, SNV collaborated with local CSOs in a WASH improvement project of nine PHCs across the cities of Bandar Lampung and Metro. SNV assisted in the process of implementing and monitoring improvements in the PHCs. Throughout, the partnership monitored daily progress and resolved all setbacks promptly.

In Tasikmalaya city, SNV was responsible for implementing and monitoring WASH improvements in five PHCs.

Engaging multiple stakeholders for scaling up

SNV facilitated the establishment of multi-stakeholder partnerships at the city and facility levels. These enabled participative dialogue and enhanced accountability among duty-bearers. It encouraged the establishment of 14 multi-stakeholder fora, called WASH in HCF working groups, across 14 PHCs in the three cities. The working groups comprised all PHC staff from different divisions and community representatives.

With the local CSO partner, an additional platform was established in Bandar Lampung and Metro cities, called the WASH in HCF city forum. This forum includes broader stakeholders, including local government offices, media, and academia.

The forums served as a platform to share improvement needs, to ensure transparent information sharing, to enable participatory processes that hold each other accountable, and to welcome any improvements made.

Assessing WASH in PHCs

SNV and the local CSO encouraged the WASH in HCF working groups to carry out facility assessments in the 14 PHCs. The aim was to monitor the access and quality of WASH facilities across the PHCs, based on the Joint Monitoring Programme's (JMP) HCF sanitation ladder.

To monitor improvements in WASH provision, the WHO/UNICEF's WASH FIT methodology was adapted to cater to the specific needs and requirements of PHCs and to strengthen its menstrual health and hygiene component. The following adaptations were introduced:

- **WASH FIT adaptation.** Contextualised the indicator specific for PHCs, detailed GESI aspects (MHM and universal access) and added social indicators.
- **Facility assessment.** Adapted the scope of the WASH FIT assessment to include a review of the type and quality of sewer connection, desludging frequency, toilet width for accessibility (of the wheelchair to manoeuvre), and the presence of menstrual health and hygiene facilities in the toilet, etc.
- **Participative discussion.** Formed a more representative discussion group comprising PHCs, local government offices, community representatives, and people with disabilities. Widened the scope of discussions by engaging the group in indicators adaptation, assessment results in joint reviews, and action plan development through the WASH in HCF working group forum.

SNV local partner YKWS (centre), the Head Chief of Kedaton PHC (right), and PHC colleague inspect the centre's WASH facilities and discuss future improvements. Photo credit: SNV/OTMI Indonesia.



Key results

- **Increased knowledge and skills of PHC staff** (sanitation, management) on the importance of WASH in HCF and improvement priorities.
- **Increased commitment from PHC management**, led to corrective action, increased allocation of budget for WASH in HCFs, and an internal policy to roll-out WASH in HCF improvement.
- **Increased buy in from the local government's City Health Office**, resulted in the embedding of the accreditation process and the Mayor of Metro City committing to a budget for citywide replication of the social accountability/multi-stakeholder model.
- **Universal access to toilets in PHCs** was enabled by providing a sitting toilet, closed bins, handrails, water and soap, wide toilet door wheelchair users' access, ramps for ease of access, etc.
- **Strengthened attention paid to women's needs** manifested by providing sanitary pads in or near toilets, closed bins, mirrors, and signage for male and female toilets.
- **Provided handwashing stations** equipped with tissues or towels, water and soap.
- **Improved solid waste storage management**, with segregation between domestic and infectious waste, and appropriate signage.
- **Increased awareness of the importance of handwashing** through Information, Education, and Communication (IEC) material on the importance of handwashing with soap and safe water.
- **Trained PHC cleaners on Standard Operating Procedures (SOP)** to maintain WASH facilities and services.

About SNV: SNV is a global development partner, rooted in the African and Asian countries where we operate. With 60 years of experience and a team of approximately 1,600 people, it is our mission to strengthen capacities and catalyse partnerships that transform the agri-food, energy, and water systems to enable sustainable and more equitable lives for all.

About WASH SDG: WASH SDG was a consortium programme whose members – SNV, WAI, and Plan – aimed to sustainably improve access to, and use of safe drinking water for at least 450,000 people, sanitation for at least 2 million people, and improve the hygiene behaviours of 1.6 million people.

Supported by the Directorate-General for International Cooperation (DGIS) of the Government of the Netherlands, the programme was coordinated by Simavi.

Author: Annisa Pramesti Putri

Contributor: Saniya Niska

Cover photo: PHC staff helps a wheelchair user enter an accessible toilet designed for people with disabilities. Photo credit: SNV/OTMI Indonesia.

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Contact SNV in Indonesia:
indonesia@snv.org
snv.org



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