

WASH in HCF

Global Learning Event

Kathmandu, Nepal

28-30 March 2017

WASH in health facilities in Indonesia
– Evidence & Action

WASH in Health Care Facilities (HCF): Why important in Indonesian context?

Indonesian evidence:

- the 8th largest number of neonatal deaths in the world (Lawn et al., 2014). Sepsis accounting for 21% of reported causes of deaths in an age group of 7 – 28 days (Risesdas, 2007).

Global evidence:

- “Clean birth practices” associated with reduced risks of all causes, including sepsis neonatal deaths (Blencowe et al., 2011).
- WASH in HCF – part of SDGs and quality Universal Health Coverage

WASH
IMPROVEMENTS
Increase
demand and
gain trust
in service
delivery



To ensure that increasing demand and use of services is met with quality service provision, **WASH services and hygiene practices in health care facilities must improve.**

Source: WASH in HCF for better health care services, WHO

WASH facility minimum standard for primary health centers by MoH, Indonesia and WHO

WASH indicators	MoH, Indonesia ¹	WHO ²
Water quantity (outpatient setting)	15-20 L/person/day	5 L/consultation
Water access	On-site pipe system	On-site supplies
Sanitation quantity (outpatient setting)	40 patients/toilet (sex-separated) 15 Staff/toilet	At least 4 toilets ³ /setting
Hygiene	Handwashing facilities (i.e. sink) with soap for each room	A water source with soap in all treatment areas, waiting room and near toilets

¹ MoH, Indonesia: 1428/MENKES/SK/XII/2006 (2006)

² WHO: Essential environmental health standards in health care (2008)

³ 4 toilets: For male, female and child patients and staff, respectively

Objectives of this work

To better understand WASH situations in primary health centers in Indonesia for evidence-based advocacy by:

1. Joint analysis on a national health facility survey (Rifaskes, 2011) with the National Institution of Health Research and Development (NHIRD), MoH and UNICEF.
2. A WASH in HCF survey in selected districts as part of a Community-based Management of Acute Malnutrition (CMAM) project in collaboration with ACF, UNICEF and MoH.

Results of data analysis



Photo by Budhi Setiawan

Year-round water access in primary health centers (Puskesmas) (n = 8981, Rifaskes, 2011)

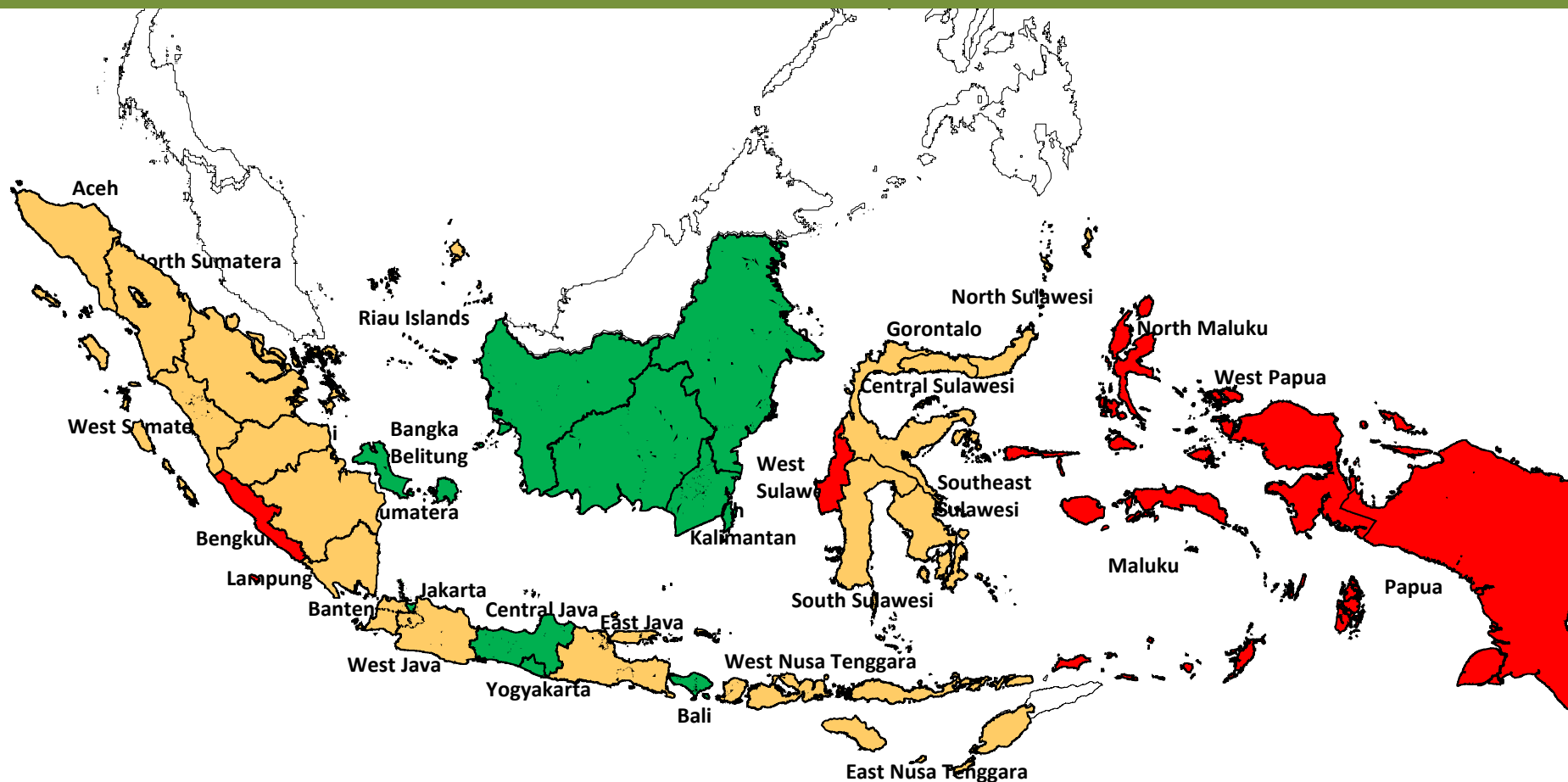


% of Puskesmas with water available throughout year

■ < 50% ■ 50 - 80% ■ > 80%

Rifaskes joint analysis with Litbangkes, MoH

Functional toilet access in primary health centers (Puskesmas) (n = 8981, Rifaskes, 2011)

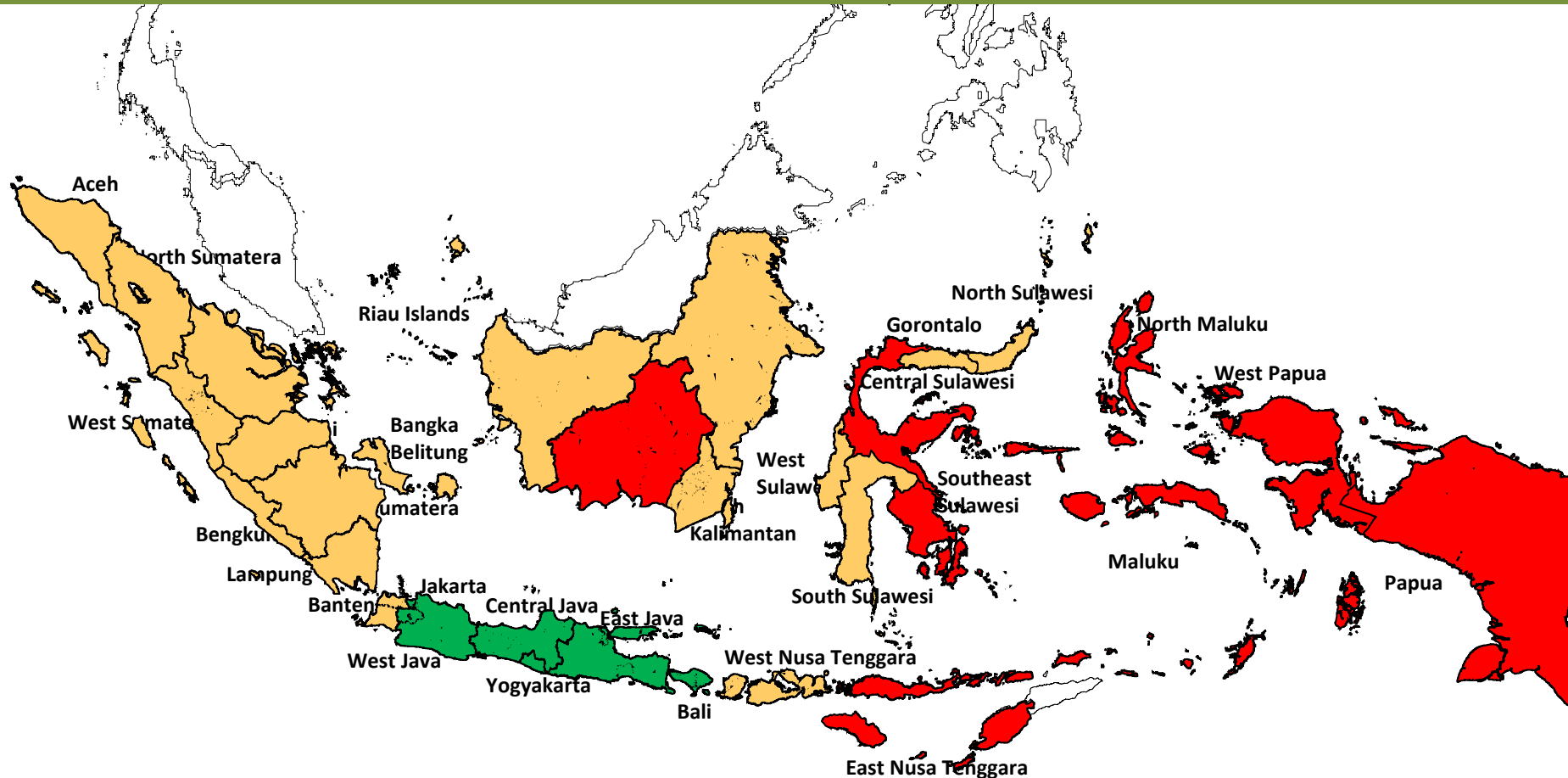


% of Puskesmas with access to clean toilet with water available inside

■ < 50% ■ 50 - 80% ■ > 80%

Rifaskes joint analysis with Litbangkes, MoH

Medical waste disposal in primary health centers (Puskesmas) (n = 8981, Rifaskes, 2011)

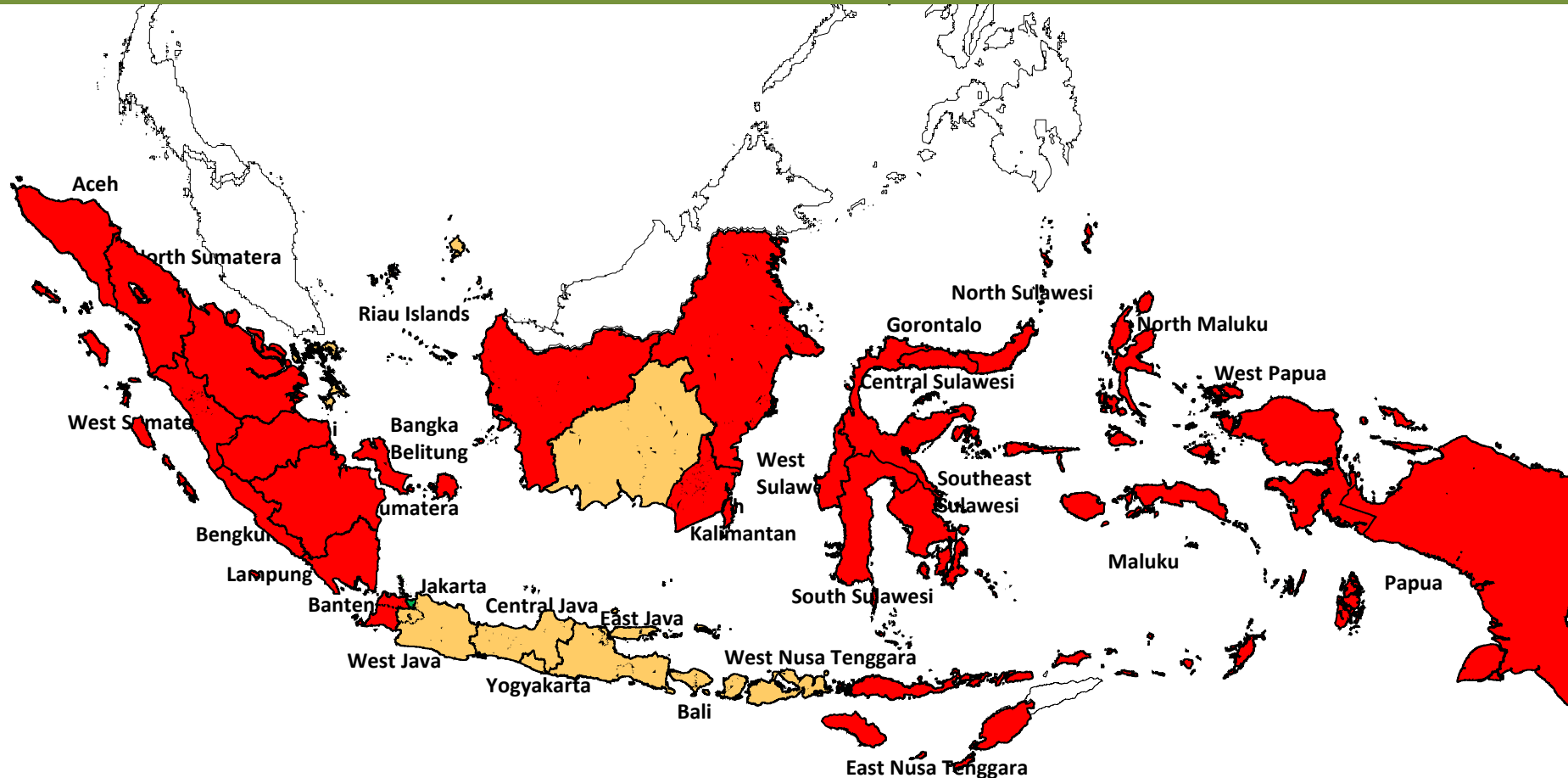


% of Puskesmas where medical waste is separated and treated with an incinerator

■ < 50% ■ 50 - 80% ■ > 80%

Rifaskes joint analysis with Litbangkes, MoH

Puskesmas with minimum WASH conditions for delivery (n = 3123, Rifaskes, 2011)



% of Puskesmas with water available throughout year, clean toilet with water inside, and handwashing station with soap in a delivery room

■ < 50% ■ 50 - 80% ■ > 80%

Rifaskes joint analysis with Litbangkes, MoH

Data collection from health facilities in 2016




Type of facility	No of facilities surveyed	Location
Puskesmas	6	Kupang district, NTT province
Puskesmas	9	Sumba Timur, NTT province
Puskesmas	9	Luwu Utara, South Sulawesi province
Puskesmas	10	Jayapura district, Papua province
Pustu	40	Kupang district, NTT province
Poskesdes	8	Kupang district, NTT province

Data was collected in from August, 2016 to January 2017.

Pueskesmas: Primary health center, Pustu: , Poskesdes:




WASH condition scorecard in Kupang district

WASH indicators		Puskesmas (n = 6)	Pustu (n = 40)	Poskesdes (n = 8)
Water	Access to improved water source			
	Sufficient water available throughout year			
	Regular water quality testing			
Sanitation	Access to functional toilet			
	All toilets are clean and free of odor/flies			
Hygiene	Handwashing station with water and soap at all points of care			
	Regular hygiene promotion training for all health staff			
Medical waste	Infectious waste separation & treatment with incinerator			

 ≤ 50%
  50 < < 100%
  100%

WASH condition scorecard in primary health centers (Puskesmas) Sumba Timur, Luwu Utara and Jayapura

WASH indicators		Sumba Timur, (n = 9)	Luwu Utara, (n = 9)	Jayapura, (n = 10)
Water	Access to improved water source			
	Sufficient water available throughout year			
	Regular water quality testing			
Sanitation	Access to functional toilet			
	All toilets are clean and free of odor/flies			
Hygiene	Handwashing station with water and soap at all points of care			
	Regular hygiene promotion training for all health staff			
Medical waste	Infectious waste separation & treatment with incinerator			

 ≤ 50%
  50 < < 100%
  100%

Findings, challenges and progress

- There is the pressing need for improving WASH and medical waste disposal situations in health centers in Indonesia.
- Hygiene promotion for health staff needs to be strengthened in HCF.
- Roles / responsibilities on WASH facilities in HCF are unclear between key stakeholders at both national and sub-national levels.
- No national monitoring systems for WASH in HCF exists.
- The first meeting with Kupang District Health Office (DHO) was successful, and DHO agreed to collect WASH condition data from all primary health centers in the district.

Next steps

Evidence generation

National level activities

National health facility
survey data analysis

Sub-national level
activities

WASH in HCF survey in
selected districts

Advocacy material
development

Advocacy in technical meetings

WASH in HCF technical
meeting

Cross-learning

NTT province WASH
task group meeting

Kupang District Health
Office (DHO) meeting

Expected outputs

Clear roles and
responsibilities in Gov

Entry point for
strengthening national
monitoring system

Strengthen
national & sub-
national linkage

Clear roles and
responsibilities in Prov

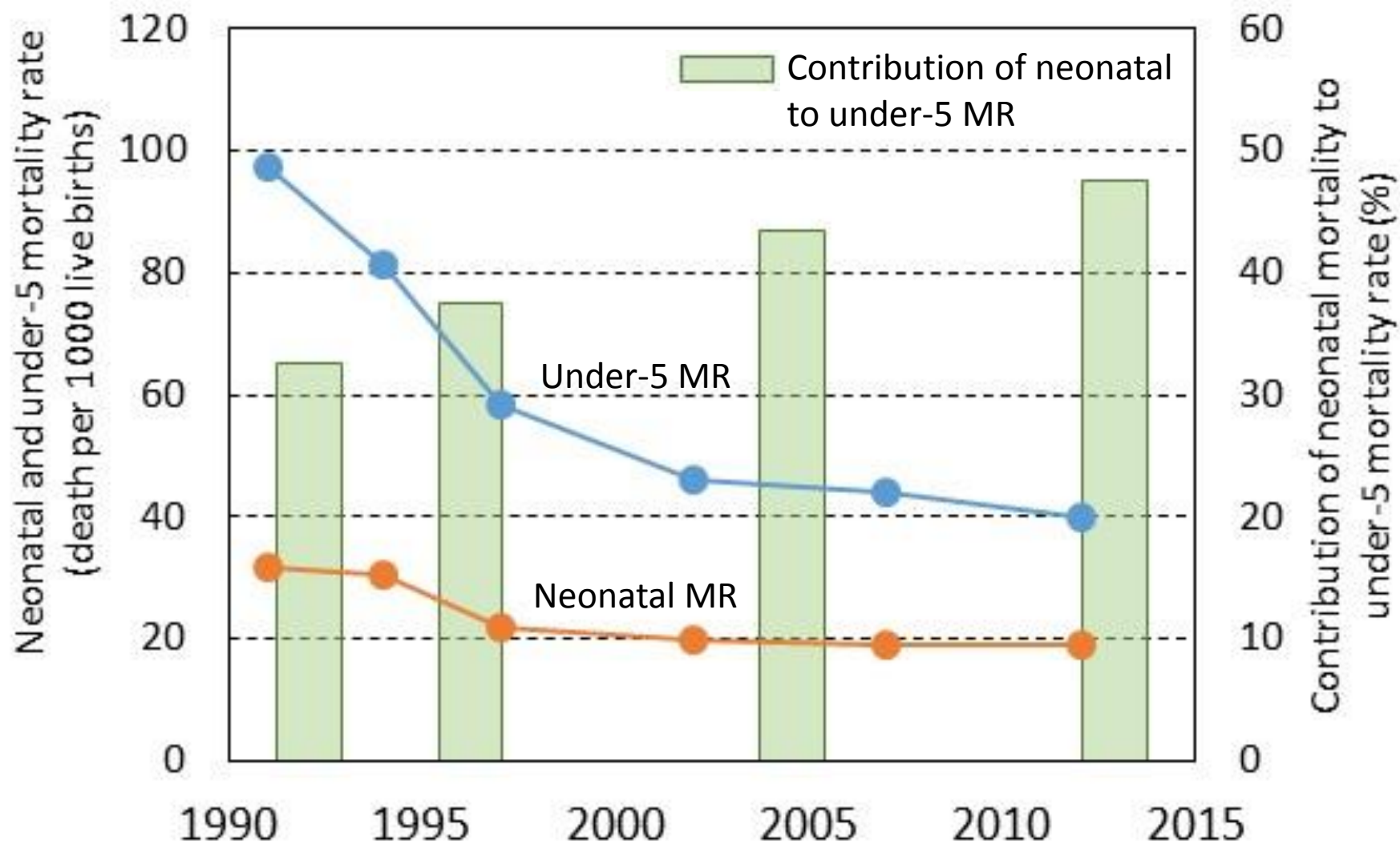
NTT province strategy
for WASH in HCF

Kupang DHO action plan
with budget allocation

References / contact

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Challenge of reducing neonatal mortality in Indonesia



Reported causes of neonatal deaths in Indonesia (Riskesdas, 2007)

Proportion of mortality by Age group of 0-6 days and 7-28 days

No	0-6 days (n=142)	%	7-28 days (n=39)	%
1	Respiratory disorders	35.9	Sepsis	20.5
2	Premature	32.4	Congenital malformations	18.1
3	Sepsis	12.0	Pneumonia	15.4
4	Hypothermia	6.3	Respiratory distress syndrome (RDS)	12.8
5	Bleeding disorder and yellow coloration of the skin	5.6	Prematurity	12.8
6	Post mature	2.8	Yellow coloration of the skin	2.6
7	Congenital malformations	1.4	Injury born	2.6
8			Tetanus	2.6
9			Nutrition Deficiency	2.6
10			Sudden infant death syndrome	2.5

 indicates causes which better WASH might potentially contribute to prevention of.