



Strengthening the quality and sustainability of water, sanitation
and hygiene services, including in health care facilities.

WHO-DFAT project inception meeting
27-29 September 2018
Bali, Indonesia

Meeting report

1. Background

The World Health Organization (WHO) and Australia's Department of Foreign Affairs and Trade (DFAT) are undertaking a four-year (May 2018 - June 2022) partnership project on 'Strengthening the quality and sustainability of water, sanitation and hygiene services, including in health care facilities'. Project activities will be undertaken in the Philippines and Vietnam in the Western Pacific Region (WPR) and Bhutan and Indonesia in the South East Asian Region (SEAR). The project builds upon a long-standing partnership between WHO and DFAT on water safety, which started in 2005 in six countries. The project has two main objectives and associated work streams: 1) to strengthen water quality surveillance programmes to improve sustainable access to safely managed drinking-water and 2) to achieve higher quality health care through strengthened water, sanitation and hygiene (WASH) services in health care facilities (HCF).

On 27-29 September 2018, a meeting was hosted by the Government of Indonesia in Bali, Indonesia to launch the project with 30 participants from the WHO country offices, Ministries of Health and Water of the four project countries, two WHO regional offices, WHO headquarters, DFAT and selected partner organisations. The overall purpose and objectives of the 3-day meeting were to:

- understand the status of current policies and national programmes on water quality and WASH in HCF and how they can be leveraged and strengthened as part of the project efforts;
- identify linkages between the project's two major areas of work (surveillance and WASH in HCF) and propose strategies for strengthening water quality holistically and from a systems approach;
- exchange experiences, challenges and success factors related to surveillance and WASH in HCF to address common challenges;
- refine the workplan for each participating country, regional offices and headquarters and areas of collaboration with partners.

This summary report outlines the decisions taken and key discussions over the three days. It is accompanied by four annexes: Annex 1 gives a summary of the challenges and priorities of the four countries; Annex 2 provides the official project targets which were revised and agreed with DFAT following the meeting; Annex 3 and 4 are the agenda and list of participants. Further details of each presentation can be found in the PowerPoint presentations, available [here](#).

2. Country priorities, challenges and support needs

Each country gave a short presentation outlining their current situation, challenges, specific priorities and support needs relating to water quality surveillance and WASH in HCF. The following provides a summary of common challenges and support needs identified in both areas. More information on specific priorities and activities which were identified during the meeting and which will be undertaken by each country as part of the project are found in Annex 1.

Water quality surveillance comprises three key elements: direct water quality testing by an independent party, water safety plan (WSP) auditing and/or sanitary inspections, and independent review of water suppliers' water quality testing records. To strengthen water quality surveillance, countries will undertake activities to address all three elements of surveillance as part of this project in the following priority areas: governance instruments, surveillance practice, analytical capacity and information management systems. Common challenges identified for surveillance included lack of practical tools/guidelines to support surveillance and limited capacity and funds for water quality monitoring. Better data collection and water quality information management systems (including online) are needed and while significant strides have been made in all countries on WSPs, all identified additional support needs to strengthen WSPs (including WSP auditing).

Common challenges identified for health care facilities included a lack of data (both national coverage estimates and ongoing data collection through health management information systems (HMIS), lack of implementation of existing national guidelines and standards (or inexistent or unfinished documents), capacity building (particularly at the facility-level to implement tools such as WASH FIT) and accreditation mechanisms. Most countries do not have an official, national-level coordination mechanism for WASH in HCF and there is not yet good integration or collaboration between the WASH and health sectors. Health care waste management and knowledge of appropriate, sustainable technologies was also a common challenge (particularly for Vietnam and Philippines). Philippines has a strong focus on climate resilience, as do the other three countries to a lesser extent.

For both areas of work, countries need simple, practical training materials in local languages to help build capacity, particularly in primary HCF (as highlighted by Indonesia). All countries would benefit from networking opportunities and knowledge management and sharing between the project countries.

2.1 Bhutan

WSPs are well established in Bhutan, although auditing has not yet been introduced. The Ministry of Health monitors drinking-water quality in urban and rural areas and the Ministry of Works and Human Settlement ensures safe water in urban areas. There have been drinking-water quality standards since 2016, with different standards for urban and rural areas (rural areas have fewer parameters). National surveillance priorities include raising awareness of water quality as it related to the new water quality standard and surveillance, capacity building (human resources and testing facilities) and strengthening the water quality information management system (WQIMS)¹. As with the other three countries, there is not enough data on WASH in HCF and both a baseline assessment and inclusion of WASH indicators into HMIS is needed.

2.2 Indonesia

Indonesia has a national strategy to increase drinking-water coverage and make intermittent supplies continuous. The national surveillance information management system includes results from sanitary inspection (SI) forms and laboratory water quality tests. These results are compiled at the provincial and then the national level and the results are published on the [website](#) of the Directorate of Environmental Health which monitors the environmental health quality, drinking water quality, medical waste management, food premises and Healthy City Status by province. Priority surveillance issues include the need for more sanitarians, a clear monitoring strategy, improved logistics for transporting water quality samples, provision of water test kits, follow-up mechanisms responding to identified water quality risks and a harmonised definition of what “meets standards” means. For WASH in HCF, there are comprehensive guidelines but coverage data is limited to measure their implementation (the Ministry of Health is currently developing an online system for HMIS). More high-level engagement and cross-department coordination (at national and district level) is needed to advance the agenda.

2.3 Philippines

Philippines has guidelines on reviewing and approving WSPs and published new drinking-water standards in 2017. Ongoing challenges relating to surveillance include lack of standardised field-testing kit(s) for the 10 mandatory parameters, lack of certification of water samplers, inadequate training of laboratories for the new testing methodologies included in the updated drinking-water quality standards, and lack of guidelines on auditing WSP implementation. Priorities include capacity building for the national reference and network labs, developing specifications for field test kits, conducting testing with field kits in pilot areas and developing an information management system linked to the Sustainable Development Goals (SDGs). Regarding WASH in HCF, hospitals have relatively good services, but services in primary health care (PHC) facilities are much poorer and

¹ www.rcdc.gov.bt

health care waste management remains a considerable problem. WASH needs to be integrated into the PHC improvement tool and accreditation mechanisms. Philippines would like to better integrate climate resilience with WASH in HCF and work towards “green HCF” with rainwater harvesting and green plumbing. This could be explored with the International Association of Plumbing and Mechanical Officials (IAPMO).

2.4 Vietnam

Vietnam has a national steering committee for implementing their national programme on water safety and their revised water quality standard should be published in December 2018. Vietnam’s priorities related to surveillance include the formulation of a law on WSPs, the revision of the decree on operations and maintenance (O&M) to include rural WSPs, improved databases on WSPs and water quality (where Ministry of Construction leads the database on WSPs and the Ministry of Health leads the database on water quality), setting up a WSP auditing process and advocacy on the new water quality standard and WSPs. Work on WASH in HCF is still relatively new although an action plan for “green-clean-beautiful” hospitals has been developed. Priorities identified included the need to scale up WASH in HCF by replicating good models, training health workers, identifying suitable technologies for health care waste management and WASH FIT training. Vietnam suggested a study tour between project countries to facilitate learning.

3. Regional level: WPR and SEAR perspective and activities

WPRO has been working on a regional programme on WASH in HCF which has a strong focus on green hospitals and climate resilience and included a survey of WASH conditions for safe childbirth in more than 150 hospitals in eight countries. Issues in the region include a lack of reliable monitoring systems, sustainability and financing. It is worth exploring opportunities for additional funding from the Global Environment Fund (GEF), the China South-South cooperation, Japan International Cooperation Agency (JICA) and the Green Climate Fund. In addition, there is an increasing focus on birthing facilities which incorporates a gender and equity dimension. WPR priorities include helping countries to improve WASH and waste management in health care facilities and embedding climate resilience in vulnerable countries.

In SEAR countries, it has been challenging integrating WSP auditing into surveillance and Ministries of Health often have limited understanding of the processes involved. There is also a lack of data on WASH in HCF and the WSH Unit in SEARO is working on better mainstreaming WASH elements into WHO core health programmes (e.g. maternal neonatal and child health [MCH], antimicrobial resistance [AMR], infection prevention and control [IPC] and Health system development [HSD]). There are, however, examples of leadership and action to improve WASH in HCF. For example, the Kayakalp programme in India aims to incentivise such facilities that show exemplary performance in adhering to [national standard protocols of cleanliness and infection control](#) as well as inculcate a culture of ongoing assessment and peer review of performance. The Kayakalp provides up to 80,000 USD to facilities that meet the criteria and those that do not are publicly blamed. SEAR priorities include supporting baseline assessments of WASH in HCF, training on WHO/UNICEF WASH FIT², costing estimates, embedding WASH indicators into health management information systems (HMIS), linking WASH in HCF with climate resilience and applying learnings across countries in the regions.

The two regional offices propose to:

- Oversee progress in their respective countries
 - Participate in quarterly teleconferences and contribute towards quarterly progress report (led by HQ)
- Provide technical support

² WHO & UNICEF (2018) Water and Sanitation for Health Facility Improvement Tool. http://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/

- Work with RO health colleagues to make sure that water safety is reflected appropriately in health efforts, especially WASH in HCF
- Support a regional workshop for training of trainers on specific topics (e.g. WASH FIT)
- Support a regional programme on Quality Assurance/Quality Control of water testing laboratories
- Deploy short-term consultants upon request of WHO country offices (WCOs)
- Disseminate guidance and lessons to non-project countries in rest of region
 - Regional learning events open to all WPR countries
 - Publication of regional reports on good practices.

4. Global level

The main role of WHO headquarters (HQ) will be to provide technical and coordination support, incorporate project learnings into global documents and events, and catalyze similar efforts on surveillance and WASH in HCF in other countries and among partners. Specific HQ activities include:

- Provide technical support to countries as requested
 - Surveillance: support assessment of existing surveillance frameworks and their implementation, developing action plans, training and development of customized training packages
 - WASH in HCF: strengthening/developing WASH in HCF standards, guidance on health care waste management (HCWM); review of HMIS indicators, questions and national assessments; WASH FIT training
 - With the US Centers for Disease Control and Prevention (CDC), finalize guidelines on cleaning and disinfection
- Coordinate regular teleconferences with project countries and regions, minimizing burden of calls to WCOs
- Where possible/appropriate, schedule joint surveillance/WASH in HCF missions/trainings to increase value for money and ensure budget goes further
 - Create a general project calendar for coordination of missions (first country visits to take place in December 2018 for surveillance)
- Global and project specific products
 - Surveillance: Develop surveillance assessment framework, guidance on developing surveillance programmes, guidance to support implementation of surveillance activities; update WSP resources
 - HCF: Briefing note on WASH in HCF, including an overview of WASH FIT.
- Partner engagement and global events
 - Ensure sharing of information and learnings between WHO, UNICEF, Water for Women (WfW) and other partners, including attending WfW events where relevant.

5. Partner roles and opportunities for collaboration

UNICEF works closely with WHO on both workstreams and jointly leads the global response to the call to action on WASH in HCF with WHO. At the regional level, there are opportunities to support the work of the project through a number of channels: working with regional institutions (ASEAN, UN) on monitoring, Water for Women (contributing to data collection processes and baseline reviews) and Sanitation and Water for All (SWA) (e.g. through the regional high level meeting on accountability and monitoring). There are also opportunities to link with the DFAT supported UNICEF project on strengthening national WASH monitoring capacity for equitable, safe and sustainable WASH services, particularly around development of WASH monitoring systems and capacity building.

UNICEF Indonesia is developing a water quality monitoring protocol and plans are in place for design and piloting. This could take place in project HCF and/or water supply systems. Proposed areas of synergy³ with the project in Indonesia include continued data collection from primary health centers in selected areas, data analysis, support to establish SDG baselines and indicators, strengthening health monitoring information system and operational guidelines, advocacy and building strong political will.

Partners working on surveillance

Presentations were given by Paul Smith ([Australian Water Association](#)) and Janni Härkki ([Finish Water Forum](#)).

The **Australian Water Association** (AWA) is delivering a program of Australian government-funded activities in Vietnam that have strong synergies and potential to value-add to this project including increasing access to safe drinking water in rural communes of Vietnam through delivery of small-scale, decentralised customer collection drinking water kiosks in rural communes where centralised treatment systems and pipe networks are not economically viable or technically feasible. There is also an element of capacity building to improve capacity to measure the performance of the treatment systems and manage the system under a commercially viable business model and empower women in management and business development for these systems. Outcomes for the Vietnam-Australia Water Utility Improvement program include delivery of water services for over 10,681,765 water utility customers and the adoption of 27 water management tools by Vietnamese utilities including: development and implementation of water quality safety plans, implementation of risk management approaches to water quality management and asset management information systems. AWA and the peak water association of Indonesia (PERPAMSI) are now initiating a water utility improvement program between 3 PDAMs and 3 Australian utilities that will commence in early 2019. Opportunities for collaboration with this project include policy and regulation strengthening, verification/ validation of new technologies, training/certification of regulators and operators, water quality analysis, study tours and twinning/exchanges, and private public partnerships (PPP) to bring new sources of capital. AWA is willing to co-contribute funding to support the implementation of advance, low cost drinking water treatment technology which could potentially be used in HCF, following testing through the WHO Household Water Treatment Network.

The **Finnish Water Forum** (FWF) is a network of over 100 members including private enterprises, research institutes, educational institutes, ministries and associations. FWF has been working to implement WSPs in Vietnam since 2016 and has worked with three water utilities. Funding from the Finnish Government for implementing the FWF WSP approach nationally in Vietnam is being discussed and FWF is interested to explore implementing its WSP approach in Indonesia and the Philippines.

Partners working on WASH in HCF

Presentations were given by Alison Macintyre ([WaterAid](#)), Ramon Pascual ([Health Care Without Harm](#) [HCWH] Philippines), Pete Demarco ([International Association of Plumbing and Mechanical Officials/World Plumbing Council](#) [IAPMO/WPC]), Evariste Komlan (UNICEF EAPRO) and Ann Thomas (UNICEF Indonesia).

WaterAid does not work directly in the four project countries but is interested to support and share linkages between the four project countries and others in the region and provide more detailed guidance for countries to use a health systems lens to improve WASH in HCF (e.g. embedding WASH in health policies, priorities and monitoring). WaterAid has been working to drive support for the proposed resolution on WASH in HCF and will be continuing to advocate for this over the coming months, particularly at the WPR committee meeting (October 2018). WaterAid also keen to link learning between Water for Women (DFAT funded) and this project's activities.

³ Unfortunately only one country office (Indonesia) could participate, therefore no recommendations are given for collaborative opportunities in the other three countries. BHU, PHL and VTN should explore potential opportunities with their respective UNICEF country counterparts.

HCWH's goal is to transform health care into a climate-smart sector that protects public health from climate change and accelerates transition to low-carbon economies. HCWH Philippines proposes the following options for collaboration: site selection of HCF, baseline assessments, tools on waste, water and energy, organizing webinars and sharing relevant case studies, monitoring and evaluation and capacity building. Project facilities should sign up to HCWH's climate resilient hospitals scheme.

IAMPO is an NGO in official relations with WHO and is committed to working with WHO and other partners on this project. They are already active in Indonesia, having developed a new plumbing code in cooperation with local stakeholders, built a new test laboratory and established a certification program that will help keep inferior plumbing products and components out of the Indonesian market. In 2017, IAPMO conducted a Community Plumbing Challenge (through IWSH, the philanthropic arm of IAPMO), which brought improved water resources to a local primary school. They have also signed MoUs with six Indonesian universities to provide education and training in plumbing. In addition to their work in Indonesia, they have also developed plumbing codes for Vietnam and the Philippines. While they are relatively new to the HCF space, they are interested to support plumbing improvements in project facilities and the design and implementation of plumbing codes, particularly with a focus on water efficiency.

6. Field visit to a water supply site and health care facility

Participants visited a protected spring site and reservoir and completed the sanitary inspection (SI) form for springs and reservoirs, considering practical applications in their respective countries. The spring source visited is distributed from the reservoir to about 400 households and is managed by the community (village-owned business entity BUMDES). Suggestions for modifications to the SI form included revising questions which are based on multiple risk factors, adding clearer guidance on how to answer questions and what risks mean and ensuring all users have received training to use the forms correctly. Guidance on how to engage the community and water supply operators and/or managers on addressing risks is also needed. A list of suggested improvements that could be made to the protected spring site and reservoir (based on findings from the field visit) were shared with the WHO country office to share with the community after the visit.

Participants also visited a community clinic serving 6,000 households and conducted a simplified, rapid WASH FIT assessment and observations of WASH services and practices. A list of suggested improvements that could be made to the facility (based on findings from the field visit) were shared with the facility manager after the visit. The facility was clean, had dedicated environmental health staff and mentoring visits from the health district and appeared well managed. Suggestions were given on ensuring the safety of plumbing, especially in bathrooms, providing safe drinking-water to staff and patients and better understanding where health care waste is taken and handled off site to ensure actual safe transport and destruction. Recommendations for improving WASH FIT included simplifying WASH FIT for smaller facilities (i.e. making some indicators optional), adding additional indicators for larger facilities (e.g. on frequency of water quality testing) and providing guidance to integrate the assessment into a facility's ongoing systems, operations and accountability mechanisms.

7. Synergies between surveillance and WASH in HCF

Over the course of the meeting, activities and approaches were identified where there is opportunity for overlap and synergy between surveillance and WASH in HCF work. These include:

- explore opportunities for working with the private sector, specifically applying models for revenue generation, accounting for all water delivered;
- apply financially autonomous revenue streams (e.g. safely treated water which is sold) in HCF to generate revenue for HCF;

- apply learnings from surveillance and WSPs to improve water quality in HCF, including related to mentoring, training and accountability mechanisms;
- where the water supply in a HCF comes from a water utility, work with utilities to improve provision of services in HCF;
- if water quality is identified as a significant issue in a supply where WASH FIT is implemented, consider applying WSP; and
- consider co-locating surveillance and WASH FIT pilots in the four target countries (e.g. in the Philippines where i-WASH safety plans will be implemented in HCF).

8. Conclusion and next steps

Clear linkages were identified between surveillance and WASH in HCF, especially regarding risk management approaches and the engagement and capacity building of institutions. All countries have a strong basis to implement the planned activities. This implementation will require building capacity and ownership, strengthening advocates at every level, empowering community groups to hold providers to account and in some cases, strengthened regulatory frameworks. A number of areas of synergistic work among partners were identified and efforts will be made to share learnings through webinars, WhatsApp groups, regional meetings and trainings. In addition, WHO and partners agreed to engage and coordinate at the national level and specific pilot areas and to work towards the common goal of safer water and better health. Immediate next steps identified included finalizing the project objectives and monitoring table, refining country workplans and initiating the calendar of events.

Annex 1: Planned country activities

The following tables provide a brief overview of the key priorities and activities planned by countries, according to common themes and areas of overlap between the two workstreams (surveillance and WASH in HCF).

Water quality surveillance				
	Bhutan	Indonesia	Philippines	Vietnam
National action plans	In all countries, conduct an assessment of drinking-water quality surveillance and develop a national action plan to strengthen surveillance activities, which will inform continued refinement of workplans.			
Governance instruments (including policies and regulations)	Develop protocol for water quality surveillance and WSP auditing programme.	Establish task force to guide surveillance and WASH in HCF activities. Harmonize indicators on safely managed water supplies.	Update national drinking-water quality surveillance framework, including guidance on auditing WSP implementation.	Revise Circular 50 to reflect new relationship between WSPs and water quality standards. Develop WSP auditing programme.
Surveillance practice	All countries trained to carry out surveillance activities and have the tools to lead future scale-up of training. Pilots to be carried out in both urban and rural areas.			
Analytical capacity	Activities to strengthen field- and laboratory-based water quality analysis conducted in all countries.			
		Support on water lab accreditation.	Labs to be capacitated on the new lab procedures stipulated in the revised drinking-water standards.	Lab capacity for rural water suppliers and for preventive medicine centers for testing water quality in rural areas to be improved.
Information management systems	Rural water supply and sanitation information management system strengthened to include water quality information. Royal Centre for Disease Control web/SMS-based water quality reporting system strengthened.	Set up surveillance and WSP information management system in one province. Strengthen existing monitoring systems including for tracking SDGs.	Link drinking-water quality information management system to SDG 6.1, 6.2 and 6.3.	WSP monitoring/auditing database strengthened.
Awareness raising	Increase awareness on drinking-water quality standards.	Organize annual high level advocacy meetings.	Participate in annual national conventions where	Advocacy on the new water quality standard and WSPs.

			project outputs can be shared.	
Partners to engage ⁴	SNV on rural WASH.	AWA to potentially link with surveillance pilots (where AWA may support WSP pilots). USAID (not at meeting) may also coordinate with WSP audits. UNICEF to link with its work on water quality monitoring and equipment utilization.	UNICEF and Oxfam for water quality management system linked to SDG 6.1, 6.2, and 6.3 (linking to broader regional activities).	AWA and FWF on WSPs, Seoul University on rain water harvesting.

WASH in health care facilities*	* Activities listed here are grouped by elements of the national package of WASH in HCF			
	Bhutan	Indonesia	Philippines	Vietnam
Documentation and learning	All countries to share experiences and learnings on WASH in HCF for global documentation, including costing estimates for an investment case and case studies for the 2019 “WASH in HCF strategy and solutions” document. All WCOs to work with relevant UNICEF regional and country offices to share knowledge and strengthen collaboration.			
National level leadership/ coordination mechanism	All participants to reach out to colleagues from other sectors (in WCOs and Ministries of Health), agree joint objectives and ensure maximum collaboration between WASH and health. Partners to encourage governments to support proposed WASH in HCF 2019 resolution.			
	Establish coordination mechanism and conduct mapping of existing activities.	Plan a high-level, inter-Ministerial roundtable to seek greater national commitment. Strengthen cross-department coordination and national & sub-national level.	Utilize the existing WASH working group of the Interagency Committee of Environmental Health for a coordination mechanism.	Reinvigorate existing coordination mechanism.
Baseline assessments and HMIS	All countries to use Joint Monitoring Programme (JMP) indicators in future assessments to produce harmonised data and contribute to regional and global estimates. Countries to share existing data with JMP for inclusion in 2019 SDG baseline estimates (by November 2018).			
	National baseline assessment to be completed in	Strengthen existing monitoring systems.	Conduct WASH in HCF assessment in pilot areas in 2019.	

⁴ Further details on partner input at the meeting is given in section 5.

	November 2018 with support from UNICEF. Work on including indicators in HMIS (currently none included).	Launch online HMIS database.	Develop indicators to be incorporated into PhilHealth accreditation.	
WASH and health care waste standards	Review existing policies and guidelines and streamline where there is overlap. Adopt global standards (WHO 2008 Essential Environmental Health standards) to the national context including a costed implementation plan.			
	Standards not yet started.	Developed but not yet implemented. Implementation strategy should be a priority.	Develop WASH standards for HCF. Finalise “green” standards for HCF. Update HCWM Manual.	Seek technical support from HQ on appropriate HCWM technologies.
Training/capacity building and facility improvements	All countries to agree on plan for WASH FIT training (who to be trained, what level of HCF). Where sensible, HCF will be selected in areas where WSPs are ongoing and where surveillance activities will be piloted. Capitalise on organizations and individuals (district health offices, partners) who regularly visit facilities to support monitoring activities.			
	Master training required for WASH FIT to cover all 3 regions. Identify appropriate measures to improve WASH at facility level.		WASH to be integrated into the primary health care (PHC) improvement tool. Develop 5 master trainers on WASH FIT.	WASH FIT training needed as WASH FIT not yet been started.
Climate resilience and green technologies		Work with IAPMO to implement INO plumbing code.	Climate resilience a main priority. Link project to “Safe Hospital Initiative” & i-WASH. Work with IAPMO on “green plumbing” code.	Explore use of rainwater harvesting, Nano filtration and desalination in HCF with AWA and Seoul University.
Accreditation		Develop a system to incentivize “Puskesmas” that includes WASH as part of accreditation.	Advocate for inclusion of additional WASH indicators into PhilHealth accreditation system.	Capacity building of auditors needed.
Partner engagement	Continue to work with UNICEF (not available	IAMPO to continue to work on Community	Explore climate resilience strategies with	AWA technologies could be applied in HCF.

	to attend the meeting). SNV new to WASH in HCF space but keen to work closely together.	Plumbing Challenge & development of plumbing code. UNICEF INO is active in WASH in HCF.	IAPMO including rainwater harvesting and green plumbing. Work with HCWH on climate resilience strategies.	University of Seoul (not at meeting) keen to work on rainwater harvesting.
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Annex 2: Agreed targets

Following the meeting, the project targets were revised by countries, regions and headquarters and agreed with DFAT. The final targets are provided below for reference.

OBJECTIVES AND MONITORING TABLE	
1. WATER QUALITY MANAGEMENT AND SURVEILLANCE	
OVERALL OBJECTIVE: Increased sustainable access to safely managed drinking-water through strengthened surveillance of water quality and risk management practices in four target countries and globally. Specific outcome targets: i. At least 18 water supply systems are covered by strengthened surveillance activities⁵. ii. There is an increase in capacity to conduct surveillance activities⁶. iii. Surveillance activities result in recommendations for remedial action and associated follow-up activities.⁷	
Objectives	Targets
1.1 Drinking-water quality surveillance programmes are strengthened in the four target countries	a. Building on policy/regulatory strengthening achieved through the WQP, all countries have strengthened surveillance instruments defining roles, responsibilities and requirements for WSP auditing and water quality assessment. Country-specific targets are: - <u>Bhutan</u>: 1) Training to 20 district administrators on WSPs and drinking-water quality standards conducted. 2) Training workshop on the use of National Drinking Water Quality Guideline conducted. 3) WSP auditing programme developed, including pool of auditors (MoH and MoWHS); and 4) Protocol for water quality surveillance system finalized. - <u>Indonesia</u>: 1) National task force on WSP established to provide guidance in the revision and update of national policy to include WSPs, surveillance and WASH in HCFs, with clear roles and responsibilities. 2) Annual high level advocacy meetings organized. - <u>Philippines</u>: National drinking-water quality surveillance framework updated in support of water safety planning. - <u>Vietnam</u>: 1) Auditing system set up, including auditing agency, pool of auditors and initiation of certification process for WSPs. 2) Circular 50 (Regulation on Monitoring Sanitation, Quality of Drinking and Domestic Water) revised to reflect new relationship between WSPs and water quality standards issues.
	b. In all countries, national, provincial and/or district level surveillance staff receive the training needed to carry out surveillance activities, ensuring there is a core group of national “master trainers” with capacity and tools to lead future scale-up of surveillance training.

⁵ The minimum number of water supply systems to benefit from surveillance piloting activities, as per Target 1.1c

⁶ Knowledge assessment tools to be developed and administered before and after capacity building events

⁷ For the surveillance pilots planned as per Target 1.1c, recommended remedial actions and associated follow-up activities to be monitored and reported

	c. In all countries, a surveillance pilot programme undertaken in both urban and rural settings, involving the development of practical tools to support surveillance staff in undertaking field work. Country-specific targets are: - <u>Bhutan</u>: Protocol for water quality surveillance system piloted in 1 urban and 2 rural water supplies . - <u>Indonesia</u>: Surveillance programme piloted in 2 urban and 2 rural water supplies. - <u>Philippines</u>: Surveillance programme piloted in 3 cities (urban supplies) and 3 municipalities (including 2 urban supplies and 1 rural supply). - <u>Vietnam</u>: Surveillance programme piloted in 3 urban and 2 rural water supplies after Circular 50 on surveillance is revised. d. In all countries, field testing equipment procured (and associated training provided) as needed to support pilot activities, providing a model for procuring future equipment and consumables. e. At least one laboratory in each country, capacity further developed related to standard methods, quality assurance/quality control procedures and data management and reporting. f. In all countries, surveillance information management systems improved as resources allow (in line with action plans), ideally allowing information sharing between district, provincial and national levels and linking to global indicators on safely managed drinking-water services. Country-specific targets are: - <u>Bhutan</u>: 1) Current rural water supply and sanitation (RWSS) information management system strengthened to include water quality information. 2) Royal Center for Disease Control (RCDC) web/SMS-based water quality reporting system (WQMIS) strengthened. - <u>Indonesia</u>: Water quality surveillance and WSP information management system set up in one province (web based monitoring currently being developed by MoH). - <u>Philippines</u>: Drinking-water quality information management system linked to SDG 6.1 piloted in 3 municipalities and 3 cities. - <u>Vietnam</u>: WSP monitoring/auditing database strengthened.
1.2 Global guidance materials are developed and applied to support the safe management and surveillance of drinking-water	a. The global guidance document on developing surveillance programmes and associated enabling environments finalized, disseminated globally and promoted, especially in priority countries articulated in the WHO WASH Global Strategy. b. The global guidance document to support field staff in undertaking surveillance activities finalized, disseminated globally and promoted, especially in priority countries articulated in the WHO WASH Global Strategy. c. A surveillance programme assessment framework developed based on the (draft) guidance materials described in 1.2a-b, applied in the four target countries. Assessments to involve desktop and field-based review, identify gaps and barriers related to existing surveillance frameworks and their effective implementation, and inform action planning. d. The four target countries supported in the development of national action plans for surveillance programme strengthening that draw on assessment findings (1.2c), the recommendations set forth in surveillance guidance materials (1.2a-b), as well as the WSP continuation strategies developed at the end of the WQP. e. A global surveillance training package developed based on the guidance and tools included in surveillance guidance materials (1.2a-b) and applied in all four target

	countries in order to 1) build capacity among surveillance staff, and 2) provide a foundation for the development of customized national training packages. Package also promoted in the priority countries articulated in the WHO WASH Global Strategy.
	f. The WSP manual updated to reflect lessons learned through the WQP and disseminated globally, and promoted especially in priority countries articulated in the WHO WASH Global Strategy.
	g. Global WSP training materials that reflect WQP learnings developed for adaptation and use by countries. Materials disseminated globally and promoted, especially in priority countries articulated in the WHO WASH Global Strategy.
	h. Global monitoring tracks and reports the number of countries applying the Guidelines for Drinking-water Quality in terms of having policies and regulations in place addressing WSPs.
1.3 Partners are engaged and information is shared at national, regional and global levels to support surveillance programmes	a. Opportunities to collaborate with partners participating in DFAT's Civil Society WASH Fund and Water for Women Fund explored.
	b. At least two partners in each country provide support to address surveillance programme needs.
	c. Experiences and resources shared between the four target countries to ensure efficiencies and mutual benefit from all learnings.
	d. Global materials and project experiences disseminated to support other countries in improving surveillance programmes.

2. WASH IN HEALTH CARE FACILITIES (HCFs)

OVERALL OBJECTIVE:

Higher quality health care through improved access to safe and sustainable WASH services in HCFs in four target countries and globally.

Specific outcome targets:

- i. At least 42 HCFs improve their WASH services and hygiene practices contributing to the provision of safer, quality care.⁸
- ii. An improvement in patient satisfaction in all countries resulting from improved WASH services in HCFs⁹.

Objectives	Targets
2.1 WASH in health care facilities activities strengthened and all countries show improved national commitments	a. All four countries have national standards and policies on WASH in health care facilities which are agreed and implemented. Country-specific targets are: - <u>Bhutan</u>: 1) National assessment of WASH in HCFs conducted. 2) WASH in HCFs assessment tools developed. 3) WASH in HCFs Strategic Action Plan formulated. 4) WASH in HCFs standards developed. - <u>Indonesia</u>: 1) WASH in HCFs standards implemented through primary health care package. 2) WASH in HCFs assessment tools developed. - <u>Philippines</u>: National policy for climate resilient and “green” HCFs finalized and implemented. - <u>Vietnam</u>: WASH in HCFs scaled up under National Action Plan for Building Green-Clean and Beautiful Hospitals.
	b. Political commitments made and expressed in terms of national roles and responsibilities.
	c. Harmonized core indicators on WASH in HCFs and delivery rooms integrated into national monitoring efforts (HMIS and surveys) in all four countries to contribute to SDG 6 monitoring, and existing data compiled and reported in line with globally agreed upon SDG indicators.
	d. Building on experience of WSPs, facility level improvement tools (e.g. WASH FIT) adapted to national context and integrated with broader quality of care tools.
	e. In all countries, national, provincial/district level and health facility staff receive the training needed to implement facility level improvements tools (WASH FIT), ensuring there is a core group of national “master trainers” with capacity and tools to lead future scale-up of training. In each country at least 3 master trainers will be trained. In addition, efforts will be made to train additional trainers from partner organizations (e.g. UNICEF).
	f. In all countries, resources mobilized to support infrastructure improvements identified through national assessments and/or WASH FIT.
	g. In each country, WASH FIT piloted and small scale improvements implemented in accordance with priorities identified through the WASH FIT process. Follow up activities to monitor sustainability of services undertaken. Specific country targets for WASH FIT piloting and associated follow-up are: <u>Bhutan</u> : 10 HCFs.

⁸ Linked to Target 2.1g and, according to WHO standards and monitoring by the WHO/UNICEF Joint Monitoring Programme, this includes on-site water supplies, accessible, functioning toilets with menstrual hygiene and handwashing facilities, hand hygiene facilities and safe management of health care waste. See definitions here: http://www.who.int/water_sanitation_health/publications/core-questions-and-indicators-for-monitoring-wash/en/

⁹ Changes in patient satisfaction to be measured during WASH FIT follow-up/mentoring visits

	<u>Indonesia</u>: 20 HCFs. <u>Philippines</u>: 6 HCFs <u>Vietnam</u>: 6 HCFs. In addition, efforts undertaken to roll-out WASH FIT in additional facilities in collaboration with partners (e.g. UNICEF, NGOs).
2.2 Global guidance on “what works” for WASH in health care facilities strengthened and disseminated and informs efforts related to WHO/UNICEF Global Action Plan	a. Progress on Global Action Plan documented and disseminated across partners and networks
	b. Best practices and learning from countries documented in global strategy and solutions document(s), enabling other countries to understand what approaches are most successful and scale up activities.
	c. Global guidance and training package on WASH FIT adapted based on learning from selected countries, finalized and disseminated.
	d. Coordinated outreach with partners to disseminate results and develop capacities of stakeholders working on WASH in HCFs.
2.3 All relevant WASH and health sector partners involved and participating in WASH in HCF development, including bilateral donors, NGOs and research organizations	a. Health sector integrates WASH into relevant global and national health guidelines, strategies and action plans, including those on maternal and child health, infection prevention and control and antimicrobial resistance.
	b. Donors and other partners support WASH in HCFs and resources are mobilized, and at least two partners in each country actively support WASH in HCF activities.

Annex 3: Agenda

Time	Session description / notes	Presenter/ facilitator
DAY 1: THURSDAY, 27 SEPTEMBER		
08:30 – 09:00	Registration	--
SESSION 1: Opening and introductions Chair: Alex von Hildebrand, WHO SEARO		
09:00 – 09:30	Opening ceremony - Director General of Community Health, Ministry of Health Indonesia - WHO Representative, WHO Indonesia - DFAT	
09:30 – 09:40	Project background/ scope + workshop overview - Project objectives/major activities; - Workshop objectives and overview (10 min presentation)	Jennifer De France
09:40 – 10:00	Participant introductions & expectations	Alex von Hildebrand + Arabella Hayter
10:00 – 10:10	Water quality surveillance (WQS): Scene setting - Scope of WQS & global status - Ongoing activities (10 min presentation)	Jennifer De France
10:10 – 10:20	WASH in health care facilities (HCF): Scene setting - Scope of WASH in HCF & global status - UN Secretary General Call to Action and revised global plan of work (10 min presentation)	Maggie Montgomery
10:20 – 10:40	Questions/ discussion	Plenary
10:40 – 11:00 Group photo + coffee break		
SESSION 2: WQS & HCF Regional and country presentations Chair: Maggie Montgomery, WHO HQ		
11:00 – 11:50	Regional updates - WHO WPRO - WHO SEARO - UNICEF EAPRO (10 min per presentation) -Discussion (20 min)	Rokho Kim Alex Von Hildebrand Evariste Komlan Plenary
11:50 – 13:00	Country presentations: status, priorities, challenges and support needs related to project - Bhutan - Indonesia - Philippines	Kencho Wangdi/Gov't Sharad Adhikary/Gov't Bonifacio M/Gov't

	- Vietnam (10 min per presentation) Discussion (30 min)	Nghia Ton/Gov't Plenary
13:00 – 14:00	Lunch	
SESSION 3: WQS Partner presentations and introduction to WQS activity Chair: Jennifer De France, WHO HQ		
14:00 – 15:00	WQS Partner presentations - Partner work in regions/countries related to Water Safety Plans (WSPs) and WQS - Synergies with project work (8 min per presentation) Discussion (30 min)	Paul Smith, AWA; Jani Harkki, FWF; Anne Thomas, UNICEF Indonesia ¹⁰ .
15:00 – 15:45	WQS Group activity: Sanitary Inspection (SI) forms - Using SI forms to support WSPs and surveillance - Discussion (15 min)	Jennifer De France
15:45 – 16:00	Coffee break	
SESSION 4: WASH FIT overview Chair: Alison Macintyre, WaterAid		
16:00 – 17:15	The WASH in HCF national package and WASH FIT - Overview of national package (15 min) - Introduction to WASH FIT ¹¹ methodology and application (15 min) - Activity and discussion (30 min)	Maggie Montgomery + Arabella Hayter
17:15 – 17:25	Field trip briefing - Tasks/objectives for field trip	Arabella Hayter + Jennifer De France
17:25 – 17:30	Day 1 close	Chair
17:45 – 18:30	WHO Internal coordination meeting	NB: <u>WHO ONLY</u> (HQ, Regions, Countries)
19:30 – 21.30	Dinner at Mercure Bali Nusa Dua	ALL

¹⁰ AWA: Australian Water Association, FWF: Finnish Water Foundation

¹¹ WHO/UNICEF Water and Sanitation for Health Facility Improvement Tool (WASH FIT). See:

http://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/

DAY 2: FRIDAY, 28 SEPTEMBER		
SESSION 5: Field visit to HCF and small water supply site, Gianyar Village		
07:30 – 12:00	Field visit to HCF - Welcome remarks and introduction - Conduct WASH FIT assessment & review WQS in the HCF - Exploration of HCF water supply system	Bus departs at 07:30 from lobby of Mercure Bali Nusa. Lunch will be provided in the field. ¹²
12:00 – 13:00	Lunch	
13:00 – 15:30	Field visit to small water supply - Introduction/overview of water supply system - Exploration of small water supply (including completion of SI form and hazard checklist) - Discussion on surveillance activities within the system - Depart and return to hotel	
SESSION 6: WASH in HCF and WQS reflections Chair: Nghia Ton, WHO Vietnam		
16:30 – 17:30	Field trip reflections - Discussion and reflections from field trip - Group presentations.	Plenary
17:30	Day 2 close	Chair

DAY 3: SATURDAY, 29 SEPTEMBER		
SESSION 7: Field trip reflections (continued) Chair: Bonifacio Magtibay, WHO Philippines		
09:00 – 09:05	Introduction to Day 3	Chair
09:05 – 10:00	Field trip reflections continued - Reflections, including links between WQS and HCF activities	Plenary
10:00 – 10:20 Coffee break		
SESSION 8: Good practice showcase Chair: Sharad Adhikary, WHO Indonesia & Kencho Wangdi, WHO Bhutan		
10:20 – 10:50	Climate resilient WASH in health care facilities & sustaining services in Philippines - Integrating climate resilience, WSPs and WASH in HCF - How to address sustainability	Bonifacio Magtibay, WHO Philippines

¹² Reminder for all to wear comfortable clothes and flat/closed shoes and bring relevant materials for field trip activities.

	(10 min presentation, 20 min discussion)	
10:50 – 11:20	WSP sustainability in Vietnam - Experiences of how to sustain WSPs and link with WQS, including auditing and water quality standards. (10 min presentation, 20 min discussion)	Nghia Ton, WHO Vietnam
SESSION 9: HCF Partner presentations Chair: Arabella Hayter, WHO HQ		
11:20 – 12:30	WASH in HCF Partner presentations - Partner work in regions/countries related to WASH in HCF - Synergies with project work Discussion (30 min)	Alison Macintyre, WaterAid; Ramon San Pascual, HCWH; Pete DeMarco, IAPMO ¹³ .
12:30 – 13:30 Lunch		
SESSION 10: Refining project workplans and activities Chair: Rokho Kim, WHO WPRO		
13:30 – 15:00	Work plans and targets - Introduction to surveillance assessment framework and session - Discuss and refine work plans and targets (including 1 year implementation plan)	Jennifer De France Group discussions
15:00 – 15:30	Feedback from country plans - Feedback (5 min per country) - Discussion	Plenary
15:30 – 15:45 Coffee break		
SESSION 11: Workshop close Chair: Maggie Montgomery, WHO HQ		
15:45 – 16:30	Reflections and way forward - Priorities, challenges, support needs & best practices - Final remarks from partners	Plenary
16:30 – 16:45	Workshop close	Chair

¹³ HCWH: Health Care Without Harm; IAPMO: International Association of Plumbing and Mechanical Officials

Annex 4: List of participants

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