

Call for Expression of Interest

Strengthening Primary Health Care (PHC) Resilience and COVID-19 Recovery in NTT and Central Java Through Water and Sanitation for Healthcare Facility Improvement Tool (WASH FIT) Implementation.

CEF/IDN/2025/005

1 Timeline

Posted	Feb 25, 2025
Clarification Request Deadline	Feb 28, 2025
Application Deadline	Mar 13, 2025
Notification of Results	Mar 17, 2025
Start Date	Apr 21, 2025
End Date	Dec 8, 2025

2 Locations

- A Indonesia
 - a Java
 - b Lesser Sunda Islands
 - c Lesser Sunda Islands
 - d Java

3 Sector(s) and area(s) of specialization

- A WASH and Environment
 - a Basic sanitation
 - b Hygiene
 - c Water

4 Issuing Agency

UNICEF

5 Project Background

The COVID-19 pandemic exposed vulnerability in the health system, particularly in sustaining essential health services at primary health care (PHC) facilities across provinces in Indonesia. To strengthen the health services in primary health care facilities, availability, accessibility, and acceptability of WASH services for patients, visitors, and health workers must also be ensured. Poor WASH and infection prevention and control (IPC) in health care facilities (HCFs)

results in an increased risk of disease transmission in HCFs, including healthcare-associated infections (HAIs) and antimicrobial resistance (AMR). The health sector increasingly recognizes the need for investments in IPC, functional WASH infrastructure and improved management and quality of health services. The availability and proper utilization of WASH infrastructure in HCFs will also ensure the delivery of quality and safe services to mothers, newborns, and children, including hygienic births, clean surgeries, and safe immunization, improving populations' trust in the services delivered at the HCFs. In NTT province, the state of WASH services in healthcare facilities remains concerning. According to the Ministry of Health (2020), 29.41% of primary healthcare centers (Puskesmas) lacked access to water supply services that met JMP standards, while over 35% had only limited functional or improved toilets. The situation is relatively better in Central Java, where 9.59% of Puskesmas lacked access to water supply services, and 12.33% had limited sanitation services. However, in both provinces, no Puskesmas met the basic service level for hand hygiene facilities, and over 35% had inadequate healthcare waste management. Furthermore, climate resilience and inclusivity have not been taken into account in WASH services and waste management in either province. Recognizing these challenges, the Ministry of Health has reaffirmed its commitment to addressing WASH and IPC issues in healthcare facilities. This commitment is reflected in its latest environmental health strategic plan, which aims to ensure the safety of patients and healthcare workers while effectively preventing healthcare-associated infections (HAI) and the spread of Antimicrobial Resistance (AMR) in healthcare settings. Aligned with the Government's commitment, UNICEF and selected implementing partners will continue supporting the Government of Indonesia by collaborating with local governments and key stakeholders to enhance PHC services and infrastructure. The focus will be improving WASH and IPC in HCFs to create safe and sustainable health environments. This will be achieved through the implementation of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) approach at the subnational level, particularly in selected districts within two target provinces: NTT and Central Java. This proposed intervention is part of the Strengthening Primary Health Care Resilience and COVID-19 Recovery project, funded by the Republic of Korea (ROK). The first phase commenced in 2024, focusing on immediate PHC service enhancements. In 2025, the initiative will expand to improve not only each target Puskesmas is equipped with basic WASH services, but also ensure that WASH facilities are climate-resilient. This approach aims to strengthen WASH and waste management infrastructure, enhance sustainability, and mitigate the impact of future pandemics and climate change on essential health services.

6 Expected Results

The proposed interventions align with the Country Program Action Plan for 2021-2025: Output 2.2 on Elimination of Open Defecation and contribute to output 2.4. Climate Resilient WASH. The expected result of this partnership is primary health care facilities have accelerated access to basic WASH and IPC services for the prevention and containment of outbreaks in PHC facilities and communities through WASH FIT implementation with the following activities: ■ Support the capacity development for provincial and district trainers on WASHFIT implementation methodology in selected provinces ■ WASH FIT implementation rollout in the targeted districts includes orientation, training, assessments, risk analysis, and action plan development for HCF to be climate resilient and inclusive (including introduction to PERIKSA tools). As part of this, preparedness measures for any future public health emergencies will be reviewed, and recommendations made. ■ Provide IPC training for Puskesmas staff ■ Support the selected Puskesmas in conducting WASH FIT assessment, risk analysis, and developing action plans – including climate-resilient and inclusive dimensions - to address gaps in WASH services and medical waste management. ■ Support the implementation of action plans for climate-resilient and inclusive WASH interventions at selected Puskesmas, including rehabilitation of WASH and waste facilities and improvement of SOPs for Infection Prevention and Control (IPC) and hygiene promotion activities. ■ Document and share best practices from WASH FIT implementation at subnational levels (to whom?). ■ Advocacy with the district government and other stakeholders on WASH and waste management in Puskesmas The Result Framework matrix in the last section provides detailed outputs, the location coverage, the indicators to measure the output achievement, including the baseline data and targets for each indicator, and the means of verification.

7 Indicative Budget

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8 Other Information

The CSO is required to provide an organogram of their team along with a detailed program implementation pathway/flow. The preferred partner should meet the following criteria: 1. Understanding in the Health Sector – Demonstrated broader understanding in advocating for child rights, particularly in health system strengthening and

maternal and neonatal services in Primary Healthcare Facilities. 2. WASH in Healthcare Facilities (HCFs) and climate Expertise – Proven experience in implementing resilient WASH programs in HCFs, including demonstrated capacity in construction works. 3. Local Experience – Previous work experience in the target province and district. 4. Collaborative Approach – Strong background in partnering and collaborating with local governments, NGOs, religious groups, and indigenous organizations. 5. Integration of GEDSI Principles – Commitment to Gender Equality, Disability, and Social Inclusion (GEDSI), ensuring safe, participatory, and inclusive program implementation. 6. Commitment to Safeguarding and Protection – Adherence to the principles of preventing sexual exploitation and abuse (PSEA) and child safeguarding, with zero tolerance for sexual misconduct, harassment, abuse of authority, and discrimination. 7. Compliance with Ethical Standards – Full compliance with UNICEF's anti-corruption and anti-harassment policies. 8. Adherence to Labour Laws – Ensuring that all activities align with national labour laws. The following are the proposed areas (tentative) of operation. CSOs can select one or more provinces to submit the concept note along with the budget figure for the proposed activities. 1. Central Java, Banyumas District; 40 Puskesmas with 20 target Puskesmas for physical intervention 2. East Nusa Tenggara, Kupang district; 26 Puskesmas with 20 target Puskesmas for physical intervention

9 Selection Criteria

Name	Description	Weight
Clarity of activities and expected results		15
Cost effectiveness		10
Local experience and presence		10
Realistic timelines and plans		10
Experience working with UN		10
Relevance of proposal to achieving expected results		10
Sector expertise and experience		15
Sustainability of intervention		10
Other	PSEA rating	10

10 Attachments

Description	URL
Template concept note with guidelines	Download the document here
Complete CFEI Document with result statement	Download the document here

11 Concept Note Template

[Download the document here](#)

12 For more information on this partnership opportunity, and to apply, please visit

[UN Partner Portal](#)