UNICEF COVID-19 WASH Response

unicef
for every child

COVID-19 response WASH lessons learned Afghanistan

SUMMARY

- As of 31. December 2020, there have been 46,382 positive COVID-19 cases, 31,596 recoveries, and 1,730 deaths across all 34 provinces in the country.
- Soap and masks were distributed to 15,315 children and their caregivers (approximately 7,000 bars of soap and 7,800 masks) to promote handwashing practices across the country. Handwashing facilities were established or refurbished in high-risk locations in Herat, Kabul, and 12 other provinces including at health facilities in the areas controlled by armed groups in Kandahar province.
- The WASH Section has prepositioned WASH supplies for approximately 100,000 people. However, the stocks might be insufficient and it has been a challenge to get timely supplies and distributions, due to lockdowns and travel restrictions.
- The COVID-19 pandemic has been the first opportunity for UNICEF WASH and Health teams to work together to promote WASH in health care facilities, including mobile clinics. The intention is to ensure WASH interventions are an integral part of all health activities in the future, including by ensuring a WASH indicator in health reporting.

Context

The COVID-19 pandemic spread to Afghanistan when its index case in Herat was confirmed on 24. February 2020. As of 31. December 2020, there have been 46,382 positive cases, 31,596 recoveries, and 1,730 deaths across all 34 provinces in the country. Kabul Province has the highest number of COVID-19 cases at 16,245, followed by Herat (7,093 cases), and then Balkh (2,782 cases). Between March and April 2020, a number of cities (including Kabul) and provinces (Kabul, Kandahar, Logar, Farah, Herat, Balkh, and Nimruz) were put under lockdown. During March 2020, over 30,000 Afghan immigrants were reported to have returned from Iran, via Islam Qala port.

In its WASH response, UNICEF prioritized the provision of safe drinking water (new or refurbished water points), sanitation, handwashing facilities, and hygiene supplies for: returnees; internally displaced persons (IDPs) living in formal and informal sites; urban slum dwellers; high-risk communities; healthcare centers; childcare centers; and other public/religious institutions. As of 1. October, UNICEF has provided access to WASH facilities to over 756,645 people (108 % of the target) since the response began in March 2020.

Response

Strategy/Approach taken by Country Office:

WASH upgrading in health care facilities: WASH facilities have been repaired and/or newly installed, including handwashing stations, as part of infection prevention and control in isolation wards, hospital, and other healthcare facilities. WASH supplies have been provided to mobile health teams, who are serving the most remote pockets of the population.

IDP settlements and host communities: Hygiene promoters in Western and Eastern regions (Herat, Farah, and Ghor provinces) are raising awareness on COVID-19 prevention, with soap distributed to enable proper handwashing practices.

Returnee points from neighboring countries: Handwashing stations (with water storage tank and tap stands) were installed for returnees at border crossing points (Herat, Nangahar, Kandahar, and Nimroz) to promote handwashing practices and 32 toilets at the border with Iran (Islam Qala border) were constructed. WASH assessments have been conducted at the Islam Qala border crossing with Iran in Herat province. Solar panels have been installed on the water network at the Islam Qala border crossing point.

Community groups: Community elders from districts in Nangahar and Langham provinces have been oriented on key preventative messages and demonstrated proper handwashing. CLTS mobilisers and ODF committees have been trained to promote COVID-19 messages.

Vulnerable groups: Hygiene kits have been distributed to the most marginalized children such as those who are in detention centers and orphanages or are child migrants (including unaccompanied and separated children returning from Iran/Pakistan). Bars of soap have been distributed to the most-vulnerable families and communities to practice handwashing (such as in Farah province). Community Health Workers and Immunization Communication Networks (equipped with protective gear) have distributed soap to 406,000 households in high-polio risk locations mostly in the Southern and Eastern Regions.

Multisector/multi-section responses: The WASH Section has been working with Communication for Development (C4D), health, education, and nutrition colleagues to support the continued access to education as well as essential health and nutrition services for women and children (including the promotion of the water supply, storage capacity, and handwashing when schools are reopened).

Resource mobilization: UNICEF has been mobilizing a reasonable amount of resources for the COVID-19 response; not only for immediate life-saving interventions but also for sustainable institutional WASH strengthening to improve the quality of care in health care facilities and reduce the risk of infections in learning facilities.

Results achieved:

Soap and masks were distributed to 15,315 children and their caregivers (approximately 7,000 bars of soap and 7,800 masks) to promote handwashing practices across the country. Handwashing facilities were established or refurbished in high-risk locations in Herat, Kabul, and 12 other provinces including at health facilities in the areas controlled by armed groups in Kandahar province.

Borders: As of 1 October, the 132,000 people who crossed the Melak border in Nimroz benefited from WASH services maintained by UNICEF.

Vulnerable children: 2,800 soap bars for handwashing purposes were provided to promote hygiene practices at orphanages, children centers and the Juvenile Rehabilitation Centre in Kabul city.

Personal protective equipment: World Bank/UNICEF provided 1,500 locally procured PPE kits, as well as infection prevention and control supplies to 6,821 health, cleaning/waste management, and other frontline workers in Herat. In addition, hand sanitizer, soap and facemasks were provided to 63 nutrition extenders and counselor extenders; 1,226 health workers; and 2,322 community health workers across the country.

IDP camps: Continuity of water supply provision has been ensured for over 45,000 IDPs settled in formal IDP sites in Herat, through the repair of more than 50 water points. UNICEF has further developed a WASH Checklist for IDP settings.

WASH services in hospital facilities: UNICEF installed a water tank and rehabilitated the water-filtration system for the Herat hospital (serving around 100 COVID-19 patients and 12 staff in isolation wards) for the storage of drinking water and safe water for handwashing and cleaning. 60 handwashing facilities were installed in 31 health care centers for staff, patients, and caregivers. 500 kilograms of chlorine bleaching powder was distributed to disinfect isolation centers in Sari Pul, Jawzja, Balkh, and Samangan provinces. A document for hand hygiene in health care facilities is under development.

Learning

Challenges and constraints:

The WASH Section has prepositioned WASH supplies for approximately 100,000 people. However, the stocks are insufficient and it has been a challenge to get timely supplies and distributions, due to lockdowns and travel restrictions.

There are limitations on partner activities due to the threat of transmission of disease. Frontline workers have concerns about meeting communities especially if they do not have enough PPE.

LESSONS LEARNED

- ***Religious leaders:*** *Harnessing the power and influence of religious leaders has supported COVID-19 preventive measures. Mullahs and religious leaders supported communities with social distancing and passing on key preventative messages.*
- ***Support to community-based workers:*** *Partners (from the national level to community-based partners) experienced a heightened intensity of fear and worry related to their own safety as well as the safety of their families and their clients. PPE, remote technical guidance, training on self-care, supervision, and psychosocial care of staff should be prioritized from the onset of the response for the safety and psychosocial wellbeing of frontline responders.*
- ***Using existing networks and influencers to galvanize engagement around COVID-19:*** *UNICEF mobilized members of the Polio Immunization Network, Adolescent and Youth Network, Child Protection Action Network, and Immunization Communication Networks. In particular, COVID-19-related hygiene messages have been integrated into vaccination campaigns. Messages on the prevention of COVID-19 were also promoted by community health workers, community health supervisors, school management shuras, community women shuras, Female Mobilizer Vaccinators, women's community committees, mobile health as well as youth and adolescent extenders.*
- ***Expanded user accountability and feedback on handwashing stations and hygiene kit materials/supplies:*** *Tippy taps have been promoted in IDP sites yet feedback reveals that households find operating them slow and tiresome. Households would prefer handwashing stations with storage containers.*
- ***Multi-sector response:*** *The COVID-19 pandemic has been the first opportunity for UNICEF WASH and Health teams to work together to promote WASH in health care facilities, including mobile clinics. The intention is to ensure WASH interventions are integral to all health activities in the future, including by ensuring a WASH indicator in health reporting.*

Monitoring has become more time consuming and costly since it involves consultations with individual households (e.g. home visits, follow up, and in-person service delivery) rather than focus group discussions with communities.

Additional resources:

- **Photo essay**: "UNICEF Afghanistan Heroes Amid COVID19," (https://www.unicef.org/afghanistan/stories/unicef-afghanistan-heroes-amid-covid19).
- "Fighting COVID-19: Soap a Gem in Herat," (https://www.unicef.org/afghanistan/stories/fighting-covid-19-soap-gem-herat).

About the Authors

- Paulos Workneh, Chief of WASH (pworkneh@unicef.org).