UNICEF COVID-19 WASH Response

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# COVID-19 response WASH lessons learned Nepal


## SUMMARY

- As of 5 October, there have been 89,263 positive cases, 65,202 recoveries, and 554 deaths across the country.
- UNICEF reached 3.15 million people through WASH promotional and behavioral-change communications activities. A total of 125,700 people benefitted from the installation of 559 contactless handwashing stations.
- The influx of around 3,000 to 5,000 people per day returning from India per point of entry, created additional emergency needs at the border for WASH services.
- In addition to the timely and sufficient coverage of PPE for frontline workers, a strategy to provide psychosocial support was critical to ensure the continuity of WASH services.


## Context

The COVID-19 pandemic spread to Nepal when its index case in Kathmandu was confirmed on 9. January 2020. As of 5 October, there have been 89,263 positive cases, 65,202 recoveries, and 554 deaths across the country. The disease has been detected in all provinces and districts of the country, with Province No. 2 and Kathmandu valley being the worst-hit area. A country-wide lockdown came into effect on 24 March 2020 and ended on 21 July 2020. Schools have been closed since March 2020 while a significant number of quarantine and isolation centers were hosted in schools with minimum preparedness to cater to such a large population. UNICEF's WASH response included: support in assessments; the provision of WASH supplies and facilities in Health Care Facilities (HCFs), quarantine centers, isolation centers, and points of entry; community, handwashing promotion; innovation in handwashing stations as well as capacity building to government and various stakeholders on WASH and Infection Prevention and Control (IPC).

## Response

***Strategy/Approach taken by the Country Office:***

**Coordination**: UNICEF, as the co-lead of the WASH Cluster, provided technical assistance to the cluster lead agency, the Ministry of Water Supply/Department of Water, Sanitation and Sewerage Management. Coordination mechanisms were activated in all seven provinces with the government and sectoral stakeholders. The co-lead role was shared among cluster

members to share equal accountability to support the provincial and local government. Cluster preparedness and response plans were developed, reviewed in time intervals, and responses provided to the communities.

**WASH in Health Care Facilities**: UNICEF Nepal's WASH IPC efforts have supported 27 districts in five provinces to improve HCFs designated as COVID-19 facilities and communities. UNICEF, together with WHO and GIZ, oriented over 100 provincial Health and WASH officials to initiate the joint health and WASH assessment at HCFs to trigger immediate support to HCFs on WASH, IPC, health care waste management, and clinical management. The WASH and Health teams jointly conducted rapid assessments of over 36 HCFs/COVID- hospitals using the agreed joint-assessment tool.

**Trainings**: With the National Health Training Centre, UNICEF developed a mobile application-based training module on COVID-19 for health workers and female community health volunteers. Training was also provided to the Provincial WASH Coordination Committees to build local government capacities on emergency response. Frontline workers, sanitation workers, various WASH stakeholders, and practitioners were oriented on IPC and WASH, personal protection equipment (PPE), and safe practices. A video was produced to train on the disinfection of school buildings for reopening and shared through various outreach mediums. UNICEF hosted many webinars and discussions to support the sector to get more acquainted with new approaches and procedures received from global platforms for the evolving situation.

**Innovation in handwashing stations**: Contactless handwashing stations that were designed by local entrepreneurs with UNICEF support are being scaled up by the private sector.

**Schools**: The WASH Cluster together with the Education Cluster advocated for the use of schools and education institutes for quarantine purpose only as the last resort and developed a Code of Conduct for using schools and education institutes as quarantine sites. Guidelines have also been developed for safe school reopening (including school disinfection and daily infection prevention).

**Points of entry**: With massive influx of returnees/migrant workers from India and other countries, UNICEF provided its assistance, making available water, sanitation and hygiene facilities and supplies while promoting key practices to prevent COVID-19 transmission at the point of entry, holding and quarantine centers; especially around the Nepal-India border and transit points in route to home districts.

**Using existing networks**: UNICEF engaged the networks of the Nepal Red Cross Society, the Federation of the Nepalese Chamber of Commerce and Industries, the Federation of Water and Sanitation User Committees, the NGO Federation, health networks, and other cluster members to promote risk communication, hygiene messages, and guidelines needed for the COVID-19 WASH response.

***Results achieved:***

**Supply of WASH commodities**: Over 197,000 people in quarantine centers, isolation centers, HCFs, as well as communities benefited from at least one or more WASH service (including supplies). This includes 20 different kinds of supply support (such as hygiene kits, soap, water purifiers, disinfectants), the installation/repair of water supply infrastructure, sanitation facilities and hand washing stations, needed to follow hygiene etiquettes. A total of 125,700 people benefitted from the installation of 559 contactless handwashing stations at 11 points of entry, 96 community centers, 231 HCFs, 151 quarantine/isolation centers and 70 schools.

**Behavioral change communication**: UNICEF reached 3.15 million people through WASH promotional and behavioral-change communications activities via miking, mass media,

radio, print/web-based journalism, television viewership, social media and inter-personal communication in more than 21 districts and via national coverage.

**WASH IPC efforts in HCFs**: A total of 52 health care facilities received WASH support through the provision of supplies, rehabilitation, and construction of WASH services such as the installation of hand washing stations, toilet repair, replacement of fixtures, supply of essential hygiene, and cleaning/disinfection. About 1,348 health workers, 12,058 patients, and 7,140 visitors benefitted from these services.

**Point of entry**: UNICEF provided full WASH support at five point of entries. This included providing bottled water together with food assistance to 71,347 people, repairing existing toilets, installing emergency/mobile toilets, handwashing stations, and drinking water supplies.

**Guidance**: UNICEF contributed to ensure that WASH facilities in schools reopening guidelines, a guidance note on disinfection and safety measures, and a video on school disinfection were issued to promote a safe learning environment and to safeguard students when schools reopened. UNICEF performed the assessment of WASH in HCFs to identify gaps and provide assistance required for critical WASH and Healthcare Waste Management (HCWM) services. UNICEF also collaborated with the Department of Health Services, WHO, and GIZ on the capacity building of partners on HCWM and to address the gaps identified in IPC.

**Preparedness**: UNICEF continued and expanded its preparedness work for 10,000 households for any disaster, including COVID-19 preparedness, and continued and added Long Term Agreements for key supplies and contingency Programme Cooperation Agreements for future responses.

# Learning

***Challenges and constraints:***

Lockdowns and closure of all borders and businesses made it difficult to transport supplies around the country. Already-difficult road access was further hampered by the monsoon season, making some areas only accessible via air. Therefore, the distribution of WASH supplies took additional time and involved a significant number of staff. In addition, the shortage of essential WASH supplies (soap, sanitizer, disinfectants, and so forth) was also noted in many places.

Coordination with three tiers of government and multiple ministries at the federal and provincial levels for WASH response and support was needed for successful implementation. Inadequate supplies of protective equipment (masks, gloves, and hand sanitizer) increased the risk/fear of COVID-19 transmission among frontline workers, as well as difficulty in maintaining physical distance (due to congested spaces, which made it difficult to mobile, frontline workers on the ground).

Returnees: the influx of around 3,000 to 5,000 people per day returning from India per point of entry, created additional emergency needs at the border for WASH services.

Heavy monsoon rainfall in July caused flooding and landslides across different parts of Nepal. UNICEF responded with WASH and other supplies (blankets, tarpaulins, hygiene kits, buckets, mugs, and water purification tabs) on top of the COVID-19 response. The ability to assist those affected was challenged by limited access and the availability of local resources, most of which were used to respond to the COVID-19 pandemic crisis.

Frontline workers were under a great deal of pressure due to heightened workloads. They also experienced a heightened intensity of fears and worries related to their own safety and the safety of their families and clients. In addition to the timely,

Coverage with PPE for frontline workers, a strategy to provide psychosocial support was critical to ensure the continuity of WASH services.

**WASH in HCFs:** HCFs were assessed and identified as having a severe lack of IPC and hygiene etiquette as well as facilities (including basic WASH facilities). The HCFs had limited or no resources to improve this this during the COVID-19 response. Some identified gaps were in the following areas: i) inadequate water quality in treatment facilities; ii) lack of disability and menstruation-friendly toilets; iii) lack of adequate handwashing facilities; iv) lack of PPE for health care workers and auxiliary staff who deal with cleaning and waste management; v) lack of disinfection equipment such as autoclaves and other cleaning supplies; and vi) open drainage around the hospital premises. A similar lack of basic facilities was identified in residential care home/institutional care facilities.

## Additional resources:

- "Hands-on innovation" (https://www.unicef.org/rosa/stories/hands-innovation).

## About the Authors

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## LESSONS LEARNED

- *The COVID-19 pandemic has raised the importance of handwashing; efforts are now needed to sustain awareness and practice.*
- *The COVID-19 pandemic stimulated innovation in WASH facilities such as contactless and foot-operated handwashing stations/taps.*
- *The prepositioning of critical WASH supplies at the local level would enable a timely provision of relief to affected people.*
- *UNICEF has prepositioned stock across the country to respond quickly to affected populations. Prepositioning supplies (for handwashing and hygiene kits) has helped with COVID-19 preparedness and response.*
- *Flexible-funding approaches are needed to respond to emerging realities on the ground.*
- *Frontline teams need support with increased technical guidance, training on self-care, and the provision of psychosocial care.*
- *Implementing partners and communities are becoming more familiar with remote, technology-based meetings meaning that in the future it might be possible to reduce the need for face-to-face meetings or trainings. If this works, it will provide a better value for money and save time (in planning, travelling). Care is needed to reach those without devices or internet access and make the necessary arrangements to support the needs of those with disabilities.*
- *Community-based monitoring, telling stories, and sharing lessons from programing has been succesfully used for monitoring.*
- *Having inclusive dialogues, planning, and technical guidance for special and vulnerable groups make a program more successful due to increased acceptance and adherence. Efforts should be further strengthened to ensure continuity of WASH services for the most vulnerable, including ethnic minority children, those living in rural areas, and children with disabilities.*
- *Engagement as well as the support of the private sector and local entrepreneurs in innovation can bring wider support for a timely response and the use of local capacity for triggering and sustaining behaviors.*