



## COVID-19 response WASH lessons learned Pakistan

### SUMMARY

- As of December 2020, there have been 473,309 positive cases with 9,929 deaths across the country.
- Close to nine million people have been supported with hygiene promotion services including COVID-19 prevention and control information. Almost five million people have used the 1,915 additional handwashing stations in HCFs, schools, and at communal points in affected areas.
- To date, UNICEF supported the training of 6,200 frontline sanitary workers to enhance their capacity on WASH/IPC in HCFs and high-risk communities.
- Solid-waste management and drainage emerged as major challenges during the pandemic. People discarded used PPE indiscriminately in public places and in HCFs.

### Context

The COVID-19 pandemic spread to Pakistan on 6 February 2020 with the first case in Karachi. As of December 2020, there have been 473,309 positive cases with 9,929 deaths across the country. Sindh province has the highest number of COVID-19 cases at 211,276 followed by Punjab 136,147 cases. UNICEF focused its WASH response on the provision of water, sanitation, hygiene promotion, environmental cleaning and disinfection, solid waste management, and capacity-building support. UNICEF implemented WASH-IPC interventions across the whole country, as the pandemic progressed; UNICEF concentrated its efforts in 20 of the 27 high-burden districts. With the reopening of schools, UNICEF redirected its efforts towards supporting the safe reopening of schools by ensuring the availability and functionality of WASH facilities, including handwashing stations. As Co-Chair of the WASH Sector Working Group, UNICEF shared its

strategies with over 70 members and contributed to drafting the National WASH-IPC COVID-19 Preparedness and Response Plan. After the launch of the Hand Hygiene for All initiative, the UNICEF Pakistan Country Office was the first country in the region to advocate and support the development of a country roadmap to support the initiative.

### Response

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

**Handwashing facilities:** UNICEF supported the government and public water and sanitation utilities to fabricate and install innovative handwashing stations (HWS) in health care facilities as well as vulnerable and at-risk public spaces. Bulk water tankers, 4x4 trucks, and motorcycles/rickshaws were converted into mobile handwashing stations within 72 hours of the outbreak. Old 200-litre drums were converted into handwashing stations which

were placed in strategic locations. HWS also served as COVID-19 prevention and control information dissemination centers. HWS were installed in high-risk schools to enable frequent handwashing by children.

**Coordination of COVID-19 response:** The usual cluster approach was not activated. UNICEF advocated and supported the Ministry of Climate Change (MoCC) to convene WASH partner coordination meetings at the federal level, while the provinces also held regular WASH partner coordination meetings in collaboration with the provincial departments e.g., Disaster management Authorities. WASH sector coordination meetings at the federal level brought together over 70 organizations and government representatives from all the provinces. The IPC-WASH sector, with support from UNICEF and the Global WASH Cluster (GWC), also developed an online dashboard which gives a visual view of the 4Ws matrix analysis, showing progress by each partner in each location. The online version is accessible through the following [link](#)

**Infection prevention and control (IPC) in health care facilities:** UNICEF installed water purification plants in several health care facilities (HCFs) designated by government as treatment centers. UNICEF revised its WASH/IPC strategy and refocused its efforts towards Basic Health care facilities to ensure continuity of care to mothers and children. UNICEF supported capacity-building manuals and videos for frontline workers and cleaners on cleaning and disinfection. UNICEF engaged private business players, partnered with Unilever, and distributed cleaning and disinfection materials to HCFs in all provinces. UNICEF conducted a needs assessment using WASHFIT in coordination with WHO.

**Capacity development:** UNICEF supported and initiated various capacity-building sessions for youth, frontline workers, and other health workers both in person and online. The training covered general WASH and IPC protocols as well as local production of chlorine. UNICEF supported the

training of 8,696 frontline sanitary workers on WASH/IPC in HCFs and high-risk communities.

**Standardization of operating procedures (SOP):** The UNICEF WASH Section supported the development of several SOPs adopted and implemented through the government, sector partners, or internally. These include: SOPs for children and women in quarantine, SOPs for Ramadan, SOPs for Eid celebrations, and SOPs for safe schools reopening.

**Leveraging funds:** UNICEF's technical support has helped in leveraging funding for hiring sanitary workers on daily wages to improve sanitary conditions in COVID-19-affected areas with an honorarium to Clean Green Champions or Community Resource Persons for community engagement as well as for improving water quality surveillance. UNICEF has also supported UNHCR developing a WASH-IPC proposal for refugee camps.

**Water supply:** Given the threat from other disease outbreaks, such as Typhoid, during the COVID-19 pandemic, UNICEF supported some water utilities to improve on the quality of water distributed to citizens (e.g., in Gilgit-Baltistan and Azad Jammu and Kashmir).

**Social media engagement:** Over 119,000 youth were engaged on COVID-19 related content through the Clean and Green Pakistan Champions Programme. UNICEF engaged and supported the Ministry of Climate Change (MoCC) in developing a mobile application allowing for two-way communication with Clean and Green Pakistan champions. Push technology has been used to send notification messages to users of the Clean Green Pakistan mobile phone application to support community action for the COVID-19 response. UNICEF coordinated the development and dissemination of uniform COVID-19 IEC sharing with other WASH sector partners after coordinating with WHO for approval of the same from Federal and Provincial departments.

### **Results achieved:**

By the end of December 2020 (10 months into the response), UNICEF had rehabilitated and installed the WASH facilities including: ultraviolet (UV) water filters, toilets, and handwashing stations in 725 HCFs (in Sindh, Khyber Pakhtunkhwa, Punjab, and Balochistan). Over 2.4 million people have gained access to safe drinking water and sanitation facilities in these HCFs, contributing towards reducing the risk of COVID-19 infection among healthcare workers.

Close to 10.7 million people have been supported with hygiene promotion services including COVID-19 prevention and control information. 6.6 million people have used the 2,484 handwashing stations in HCFs, schools, and at communal points in affected areas. To date, UNICEF supported the training of 8,696 frontline sanitary workers to enhance their capacity on WASH/IPC in HCFs and high-risk communities. UNICEF distributed detergents and disinfectants to HCFs to ensure effective cleaning and disinfection of surfaces, thereby reducing the risk of infection among healthcare workers, patients, and caregivers. With support from Unilever, UNICEF distributed 8,000 bottles of bleach and 140,000 bars of soap to 38 HCFs (Sindh: 20; Punjab: 18). An additional 60,000 bars of soap were distributed to at-risk communities in Punjab.

## **Learning**

### **Challenges and constraints:**

- Due to limited resources, UNICEF focused mainly on handwashing in public places, schools and HCFs. However, providing handwashing stations and soap to vulnerable households could have had a significant positive impact.
- Solid-waste management and drainage emerged as major challenges during the pandemic. People discarded used PPE indiscriminately in public places and in

HCFs. However, as solid-waste management has not been part of UNICEF's regular programme, UNICEF had limited resources and technical knowledge to help government in addressing such challenges.

- There was a lack of clarity on roles and responsibilities between UNICEF, WASH/Health sector partners, and the Ministry of Health (as a lead government ministry) on WASH-IPC initiatives. A strategy document was prepared to clarify roles (e.g., provision of WASH-related services, supplies and technical guidance, waste management, WASH IPC accountabilities).
- In addition to the WASH sector partners' coordination mechanism, UNICEF, and WHO initiated a UN Technical Working Group to technically coordinate and harmonize the IPC pillar of the COVID-19 response, although this was not as strong/effective as it could have been.
- Rehabilitating or constructing durable, new WASH facilities took time to complete, thereby delaying UNICEF's response. In the longer term the facilities will help the government in sustaining key WASH behaviors (e.g., handwashing) and also in responding to future outbreaks.
- Interpersonal communication while maintaining COVID-19 SOPs: UNICEF leveraged on existing communication networks in communities i.e., Community Resource Persons who were engaged to sensitize communities and encouraging them to adhere to COVID-19 SOPs e.g., maintaining social distance, wearing of face masks correctly and frequent handwashing with soap. Upon the imposition of travel restrictions by the government, UNICEF relied on social media and other digital media platforms to communicate with the communities. This made it difficult to access hard-to-reach areas where social or digital media platforms do not exist.

- Monitoring mechanisms. Due to the COVID-19 restrictions, the monitoring of field activities was delegated to implementing partners who worked with their social mobilisers, volunteers, and community resource persons. Implementing partners provided daily updates to UNICEF provincial focal persons through phone calls and email. In Punjab, community feedback and monitoring were ensured through field testimonials and community voices in the form of short video clips by community members UNICEF supported the launch of an online 4W reporting matrix making it easy for sector partners to share their updates.

### Additional resources:

- 'WASA and UNICEF introduce innovative wash basins in Lahore':  
<https://bit.ly/2Wwi21t>
- 'Periods in pandemics':  
<https://www.unicef.org/pakistan/periods-pandemics>
- 'Helping vulnerable adolescents fight COVID-19':  
<https://www.unicef.org/pakistan/stories/helping-vulnerable-adolescents-fight-covid-19>
- <https://cleangreen.gov.pk/covid>.

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## LESSONS LEARNT

- *Strategies were adapted in order to respond to emerging challenges or situations such as Ramadan and cattle markets.*
- *Existing WASH programmes, such as Clean and Green Pakistan, supported hygiene promotion and risk communication and community engagement (RCCE) efforts. UNICEF incentivised the government's Clean Green Champions to promote solid-waste management for PPE within their communities.*
- *Involving district administrators in healthy competition creates an impetus (i.e. political will and call for community action) and leverages investments.*
- *Whilst the free distribution of products (such as soap) to communities should be avoided to stop disrupting the supply chain, partnering with the private sector was a way to reach vulnerable women and girls. The partnership with Unilever was a way to distribute cleaning and disinfection products to targeted HCFs in Sindh and Punjab; Procter and Gamble Pakistan supported access to period products.*
- *UNICEF organised the training of sector partners on the local production of chlorine, which helped expedite the response as partners could easily produce their own chlorine, as opposed to waiting for several weeks for the product to be imported.*