



COVID-19 response WASH lessons learned Sri Lanka

SUMMARY

- As of 23 November, there have been 20,171 positive cases, 14,497 recoveries, and 87 deaths across the country.
- UNICEF helped to procure and deliver critical hygiene and infection-prevention supplies to high-risk communities and treatment centers as well as support for rural health care facilities (HCFs) to enhance WASH facilities (such as handwashing facilities at the point of treatment).
- Face masks and hand sanitizers were delivered to the Ministry of Education to protect 1,500 education officials, including academics and schoolteachers. UNICEF designed a low-cost handwashing station that was installed in more than 1,000 schools across the country.
- A lack of reliable and adequate data for decision making was a major challenge.

Context

The COVID-19 pandemic spread to Sri Lanka when its first case was confirmed on 27. January 2020. As of 23 November, there have been 20,171 positive cases, 14,497 recoveries, and 87 deaths across the country. The Sri Lankan government implemented a lockdown-style curfew for over two months, lifted on 11. May. Amid the pandemic Sri Lankan parliamentary elections were held on 5. August 2020. As part of its WASH response, UNICEF worked with WHO and the Ministry of Health (MoH) to provide public health messaging. UNICEF helped to procure and deliver critical hygiene and infection-prevention supplies to high-risk communities and treatment centers as well as support for rural health care facilities (HCFs) to enhance WASH facilities (such as handwashing

facilities at the point of treatment). UNICEF expanded its scope to include the urban poor living in high-density, low-capacity settings as well as the plantation sector. Together with the Ministry of Education (MoE), UNICEF developed an overall response plan and a costed-contingency plan, which included WASH. Individual schools and Early Childhood Care and Development Centers (ECCDs) have been supported to become COVID-secure through donations by alumni and parents.

Response

Strategy/Approach taken by Sri Lanka country office:

Health Care Facilities: UNICEF, together with the MoH, conducted a rapid assessment of infection prevention and control (IPC) and WASH requirements of Maternal and Child Health (MCH) clinics and those hospitals serving as isolation centers. Findings from the assessment and discussions with the MoH identified five priority districts in the country for support. UNICEF supported the MoH in refurbishing COVID-19 isolation units at four specialist hospitals by establishing essential WASH and IPC facilities, and established handwashing facilities at 549 MCH clinics.

Capacity building to build the skills and competencies of community health staff has been implemented through online training. Training has further been provided to school and health officials through Zoom meetings, including on the protocols for cleaning school and quarantine centers before reopening. A video promoting IPC measures was developed for preschool teachers to supplement the IPC guidelines, as well as wallcharts depicting handwashing, respiratory hygiene, and physical distancing. Development officers have also been trained on the response for urban settings. 240 individuals were trained on health care waste management, and four base hospitals were supported to manage health care waste.

Schools: UNICEF strengthened the MoE's "Guidance for preparedness and response for COVID-19 in school settings" and supported the MoE to disseminate the guidance to schools and other education institutes. Support to the MoE's two-week Back to School campaign for the phased reopening of schools included developing cartoon books on IPC measures for primary grade children as well as the provision of handwashing stations and supplies for 2,791 schools (including schools supported by the Education Section). UNICEF also supported the development of disinfection schedules, monitoring toolkits, as well as checklists for handwashing.

Urban areas: UNICEF WASH, together with the Urban Settlement Development Authority (USDA),

launched a public-awareness creation program on "COVID-19 Prevention and Control" targeting the low-income urban population living in condominiums. The sessions included presentations on prevention and control measures as well as demonstrations on proper handwashing techniques and the use of facemasks. A disinfecting machine, surface sanitizers, and hand sanitizer bottles and holders were handed over to the Condominium's Management Cooperation. Furthermore, UNICEF supported four urban councils to develop training and awareness-raising materials and train waste-management/waste-handling staff on safety measures. This included the production and distribution of IEC material among all districts of the country (60,000 stickers for urban boutiques, 25,000 posters for eating houses, and 30,000 docketts for antenatal mothers attending Ante Natal Clinics (ANCs) in urban areas) targeting the urban living and the urban migrant populations, considering their vulnerability to infection.

Results achieved:

Technical guidance notes on WASH and IPC measures in households, public spaces, ECCDs, and schools were shared with all relevant Ministries (including the MoE and MoH) and development partners. Technical guidelines on WASH and IPC measures were developed for schools and preschools as well as the safe handling of waste for local authorities and health care waste management for health care workers.

Handwashing: UNICEF prepared a compendium on designs for handwashing stations for the MoE ECCD Authorities which included costed designs for schools with no permanent or piped water supply. Other handwashing innovations included a pedal-operated handwashing station. Around 100 handwashing facilities were provided in high-risk public places such as bus stations, railway stations, market places, and commercial places by UNICEF and partners.

Health facilities: UNICEF provided technical support to the MoH to conduct an island-wide rapid assessment of 26 hospitals and rural health care facilities identified for isolation centers, with a special focus on IPC and WASH requirements. Based on the results, work on improving isolation facilities including WASH and IPC facilities in three important centers (e.g. Lady Ridgeway Hospital (Children's Hospital), Castle Street Hospital (Maternity Hospital), and the Base Hospital Minuwangoda). UNICEF supported 549 rural health clinics for handwashing facilities at the entrance and point of care and provided hand sanitizers to MoH clinics and field health staff. In addition, PPE kits were delivered to the MoH for use in identified hospitals caring for infected and suspected cases of COVID-19.

Schools: Face masks and hand sanitizers were delivered to the MoE to protect 1,500 education officials including academics and schoolteachers. UNICEF designed a low-cost handwashing station that was installed in more than 1,000 schools across the country.

Capacity building of community health staff: Audio visual facilities and online trainings were established with the Family Health Bureau as the focal point for training.

Waste management: UNICEF supported the Environmental and Occupational Health Directorate of the MoH to develop a training module on health care waste management for health care staff, trained 240 medical health staff, and provided waste bins and carts for four base hospitals, which function as COVID-19 treatment centers. UNICEF further supported in training more than 600 waste handling staff in local authorities of four districts and developed a guideline on safe handling waste at local authorities and information poster with key IPC measures

Learning

Challenges and constraints:

The General Election in August 2020 affected some of the activities in the COVID-19 response.

A lack of **reliable and adequate data** for decision making was a major challenge. UNICEF and partners, such as the University of Jaffna, undertook small surveys to monitor the response over WhatsApp or Viber.

Local and global shortages of PPE and WASH items: Items (such as basins and tiles for handwashing stations) were not available locally, overseas, or through UNICEF's Supply Division. Lockdowns further made transporting these items difficult once they were available.

Tuition classes and private schools are often registered as businesses and therefore are not regulated in the same way as schools, making it a challenge to ensure they follow the same guidance on handwashing and other WASH-related safety measures protecting their students.

Coordination under the cluster platform was a challenge, leading to partners moving to sector-based approaches with the relevant ministry.

Monitoring indicators on handwashing are not always included in government monitoring mechanisms, household surveys, and data management and information systems for health and schools.

LESSONS LEARNED

- *Adequate prepositioned supplies with essential WASH items are needed both in-country and through regional/sub-regional hubs that can be mobilized immediately in case of an emergency, with use of sea routes to replenish stocks.*
- *Technology can be used to collect data for decision making and monitoring. Examples include telephone surveys to make rapid assessments, virtual briefings on handwashing/IPC measures, and online technical support to district officers in overcoming challenges related to the COVID-19 epidemic. Digital resources and remote-learning platforms have a future role in national plans. However, more options are needed for hard-to-reach areas with no access to the internet/digital and online platforms.*
- *Sustaining handwashing practices is a challenge; the practice is already diminishing. Global Handwashing Day (15 October) was an opportunity to keep the momentum in schools with parents and alumni donating soap to ensure schools had stocks of supplies. More attention is needed to support behavior-change approaches capable of sustaining behavior change.*
- *Handwashing stations must be age appropriate, inclusive for people with disabilities, user-friendly, and appealing to use. Attention to drainage arrangements is also critical. Regular monitoring and maintenance of the handwashing facilities should also be planned for, along with a budget and clear roles and responsibilities for O&M of the newly-installed infrastructures, supplies, and wastewater management.*

Additional resources:

- “UNICEF, with the support of WFP, deliver consignment of personal protective equipment (PPE) in support of COVID-19 response in Sri Lanka – with more to come”. (<https://www.unicef.org/srilanka/press-releases/unicef-support-wfp-deliver-consignment-personal-protective-equipment-ppe-support>).
- “London Stock Exchange group donates LKR 5 million to UNICEF in support of COVID-19 response in Sri Lanka”. (<https://www.unicef.org/srilanka/press-releases/london-stock-exchange-group-donates-lkr-5-million-unicef-support-covid-19-response>).
- “COVID-19 (Circular No.15/2020), Ministry of Education, Sri Lanka”. (<https://moe.gov.lk/wp-content/uploads/2020/07/1589277734-2020-15s.pdf>).

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