



# Water, Sanitation and Hygiene (WASH) COVID-19 Response from Governments, Regulators and Utilities

## SUMMARY

This technical document presents an overview of initiatives that countries and WASH stakeholders are implementing in the COVID-19 response to assure WASH services for all; in particular in securing and sustaining access to WASH services to vulnerable households as well as in schools and in health care facilities. Ensuring good hygiene and appropriate WASH practices for everyone, everywhere, will help prevent transmission of the COVID-19 virus, but will also reduce the prevalence of other infectious diseases and mitigate collateral damage, beyond public health.

Initiatives are divided into those that are aimed at securing water, sanitation and hygiene for all, and those that seek to provide technical and financial support to utilities. In addition, a significant number of illustrative examples are outlined to showcase promising practices and exchange experiences. It is intended for water and sanitation decision-makers and practitioners who want to contribute to COVID-19 prevention and response.

## Context

COVID-19 is threatening all countries in the world, albeit to a different extent and in different ways. The epidemic has now spread to more than 200 countries and territories, and as of May 6, 2020, the World Health Organization (WHO) has reported more than 3,557,000 confirmed cases of COVID-19, including about 245,000 deaths, among both adults and children.

The scale and scope of the crisis require a wide and flexible, but also well-integrated, multi-sector approach that aims to both control the spread of

COVID-19 and respond to the socio-economic impacts of the pandemic. UNICEF's integrated, multi-sectoral programmatic response to COVID-19 is described in the "Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children" [1], in alignment with the "UN framework for the immediate socio-economic response to COVID-19" [2].

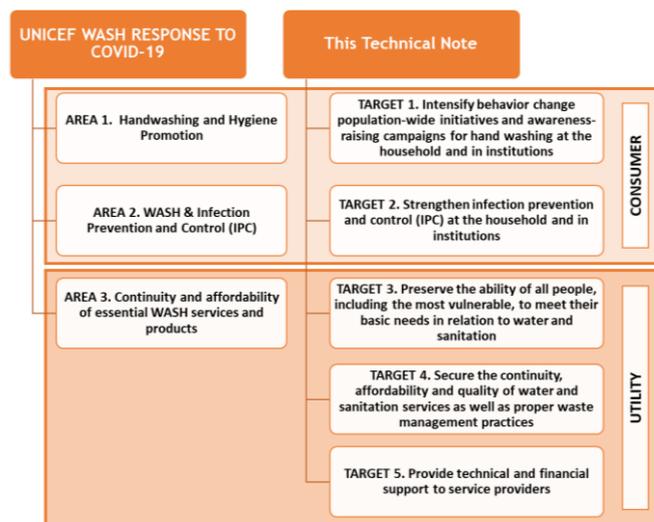
The contribution of WASH to the COVID-19 response is primarily by promoting good hygiene,

and particularly, by ensuring frequent and proper handwashing, which has been shown as one of the most important measures to prevent infection with the virus. Therefore, governments and WASH practitioners should work to enable and prioritize the provision of safe water, sanitation, and hygienic conditions for all during the COVID-19 outbreak, paying special attention to the needs of those in vulnerable situations and in health care facilities.

In recent weeks, all different stakeholders - governments and decision makers, regulators, utilities, civil society, and users - have started implementing a number of measures, initiatives and actions to fight the pandemic. This note provides an overview of the most relevant initiatives and, with the aim of sharing experiences and good practices, showcase illustrative examples from countries. They are structured in two different blocks:

- Measures and approaches **to ensure access to a minimum daily volume of drinking water, basic sanitation and enhance safe hygiene behavior for all** – with a focus on the **consumer** (people and institutions), and
- Measures **to secure the continuity and affordability of WASH services and products** – with a focus on the **utilities**.

These two priority and strategic blocks have been repeatedly highlighted in UNICEF programming documents [3,4] and included in WASH sector guidance notes, as those developed by the Global WASH Cluster [5,6]. In this regard, the structure of this note follows and is aligned with UNICEF WASH Programming Framework for COVID-19 Response, as shown in the following Figure:



By documenting and presenting specific measures and concrete initiatives launched at national and sub-national level, this note aims to support the preparation of response strategies in countries in the face of COVID-19, putting their strategic programming frameworks into practice. Since there is wide variation from country to country, “context-specific” approaches must be however adopted. In addition, implementing the response will require strong political will and commitment, the active participation of the regulators and utilities, proper collaboration and coordination between different sectors and stakeholders (e.g., education, social protection, health, etc.), and citizen engagement.

## Response and Learning

### ENSURING ACCESS TO SAFE WATER, ADEQUATE SANITATION AND HYGIENE SERVICES FOR ALL

#### 1. Intensify behavior change population-wide initiatives and awareness-raising campaigns for hand washing at the household and in institutions

Handwashing with clean water and soap is one of the most basic and effective measures against the COVID-19 [3,7]. But doing it requires access to clean and reliable water, a handwashing facility

with soap and handwashing knowledge and practice. The current outbreak of COVID-19 threatens desired behavior change and increases the following risks:

- lack of appropriate hand hygiene knowledge and inadequate handwashing behavior, and
- misinformed people due to presence of fake news or inadequate awareness raising about the importance of handwashing and other hygiene practices.

To promote more frequent and regular hand hygiene, governments are setting up emergency measures in three main areas:

- Develop hygiene messages tailored to the country context and improve the communication of accurate information, using multiple delivery channels (digital, handouts, awareness sessions, mass media, onsite campaign), and including targeted messaging for key stakeholders and at-risk groups.
- Launch population-wide handwashing campaigns (e.g., Box 2), including in pre-schools, schools, health facilities, pharmacies, local women's organizations, youth organizations, refugee and internally displaced persons' (IDPs) camps, migrant shelters and transit centers, detention facilities, orphanages and public spaces, to improve the continuity of preventive practices among children, at-risk groups, and the general public.



**BOX 1.**

## INNOVATIVE HANDWASHING AWARENESS INITIATIVES

*WHO has launched the [#SafeHands Challenge](#) to raise awareness on how to perform hand hygiene properly, and invites people all around the world to show how they are following WHO guidance and the right steps to prevent the spread of COVID-19. Similarly, the [Save Lives: Clean Your Hands](#) campaign has been launched in all health facilities to progress the goal of maintaining a global profile on the importance of hand hygiene in health care facilities*

*Inspired by [lemiwashmyhands.org](#), UNICEF East Asia & Pacific is persuading tech giants to create a [handwashing emoji](#) and help spread the importance of handwashing for years to come. Scientists state that hand hygiene [emojis may empower infection prevention and control](#) in different aspects such as raising awareness with no language barrier.*



## BOX 2.

### PROMOTING HYGIENE AND HANDWASHING IN COUNTRIES, THROUGH DIFFERENT MEANS

In **Ethiopia**, EthioTelecom has introduced a [recorded message](#) every time a phone call is made about COVID-19 prevention.

Multilateral cooperation has also enabled 165,000 households in 11 cities across all the 8 regions of the country to practice safe and hand hygiene through soap provision and risk communication material.

In **DR Congo**, the government is broadcasting messages through radio, television and social networks to reinforce the messaging around hygiene and frequent hand hygiene, via hand washing with soap or using an alcohol-based solution to reduce the risk of contamination. To reach out to all the communities, this messaging is also being reinforced by signs, banners, and posters.

The WASH cluster in **Malawi** uses various media platforms to launch a massive dissemination campaign on handwashing and COVID-19 prevention messages to communities around isolation centers. In addition, new communal handwashing stations will be installed in hot spot areas.

In the Thiruvananthapuram Central railway station in Karnataka state of **India** a [foot-operated hand washing kiosk](#) has been installed as a measure to save water and prevent infection. Such innovative measures have been applied in other parts of the country as well, for instance in [public spaces in the state of Kerala](#), and in Punjab where a firm has started to [develop such foot operated water dispensation faucet](#) so that it could be installed in health care facilities, workplace, public places, schools and industry to promote hygiene conditions.

In **Iran**, to reduce water waste, the director of water operation supervision of Water and Wastewater Company suggests that [improved hand hygiene does not necessarily mean increased water consumption](#).

- Fight disinformation campaigns and fake news, ensuring people are able to access reliable information. Promote an efficient use of water, as well as proper handling and storage of treated water in households with no piped connection.

## BOX 3.

### SPREADING FACTS, NOT FEAR, IN THE FIGHT AGAINST CORONAVIRUS

To test young people's knowledge, the Government of **Indonesia** teamed up with UNICEF to run a [poll through U-report](#), a digital youth engagement tool with over 68 million users worldwide. The poll, focusing on the symptoms, transmission and prevention of the new Coronavirus, gained over 3800 responses in three days. 63% of male and 70% of the female responders understand the symptoms, but less than a quarter knew the virus can be transmitted through drops spread by coughing and sneezing. The World Health Organization lists handwashing with soap as its top public safety recommendation, yet just 8% of respondents chose this option, while 34% picked handwashing with no mention of soap. Around 30% of poll respondents said social media is their main source of information on COVID-19, so UNICEF and partners are working to find, expose and respond to misinformation online. Globally, uReport has over 10 million users across 68 countries. The newly released COVID-19 chatbot — has added over 1.3 million new users in just the past two weeks.

## 2. Strengthen infection prevention and control (IPC) at the household and in institutions

Infection prevention and control (IPC) measures are essential both at household level and in institutions, in particular in health care facilities and in schools. They are aimed at limiting human to human transmission and protect individuals from exposure to COVID-19 by breaking infection

transmission pathways through water, sanitation and good hygiene. There are a number of situations that need to be addressed:

- lack of handwashing infrastructure or poor access to basic hand hygiene and disinfection products (soap, alcohol-based hand rubs, commercial detergent and bleach), and
- essential institutions (e.g., health care facilities, schools, isolation centers, prisons etc.) with no continued access to safe and sufficient water and basic sanitation.

To improve IPC, a number of key interventions have been adopted by countries:

- Promote IPC measures at the household, such as cleaning and disinfecting surfaces, isolating people with symptoms and people at a higher risk, and not sharing personal items such as glasses, cutlery, towels, etc. with special attention to confined households and most vulnerable groups.
- Ensure that handwashing infrastructure is available, safe, accessible, and functional where and when needed, including the rehabilitation and construction of new handwashing stations (either for handwashing with soap and water or for hand rubbing with an alcohol-based hand rub) in exposed collective sites and public spaces, such as schools, healthcare facilities, markets, prisons, transport locations, etc. The quantity and usability of the hand hygiene stations should be adapted to the type (e.g. young children, elderly, women, those with limited mobility) and number of users to better encourage use, reduce waiting time and guarantee physical distancing [7].

#### BOX 4.

### THE "CLEAN HANDS" OPERATION, IN GABON

*The Ministry of Energy and Water Resources, in collaboration with the Gabon Energy and Water Company (SEEG), have decided to launch the "clean hands" operation in 40 districts. It is based on the distribution of drinking water (water trucking) and the installation of handwashing devices (1m<sup>3</sup> water tank equipped with a water dispenser, a liquid soap dispenser, a paper towel dispenser and a drain with disinfection) in areas with high influx of people, in certain districts of Grand Libreville. SEEG agent, accompanied with police officers, ensure the supervision of each site by ensuring the respect of barrier gestures, in particular physical distancing.*

#### BOX 5.

### HUMANITARIAN INSTITUTIONS SUPPORT HAND HYGIENE IN DETENTION FACILITIES

*In Mali, ICRC donated 10 tons of hygiene and cleaning products to 11 remand centers (reaching more than 5,400 detainees) across the country. These establishments have enough bleach, disinfectant and soap to cover the needs over a three-month period. 48 hand washing devices and sprayers were also provided. Finally, the humanitarian organization encourages the authorities to adopt judicial measures to reduce prison overcrowding.*

*In Chad, 7,400 soaps have been distributed to detainees and prison staff of N'Djamena central prison. Hand washing devices have also been installed.*

- Ensure the availability (e.g., by promoting local production) and affordability of hygiene products (soap, domestic bleach, menstrual hygiene materials, etc.) and household-based water treatment products (chlorine tablets, filters, etc.), through direct distribution, cash-based interventions, or market control mechanisms; with specific focus on confined households and areas of high incidence with vulnerable groups, slums, exposed collective sites and public spaces.

#### BOX 6.

### THE CONSUMER PROTECTION OFFICE TO CONTROL THE MARKET, EL SALVADOR

*In El Salvador, to allow people access to basic hygiene products and prevent abuse, [the Consumer Protection Office](#) has been given the power to initiate pricing and fine hoarding. Also, the President announced that thousands of people will receive a US \$ 300 bonus to compensate for their lack of income during the crisis, especially those who engage in informal commerce.*

#### BOX 7.

### INNOVATIVE PARTNERSHIP TO IMPROVE DISTRIBUTION OF SOAP, BURUNDI

*The population of **Burundi** is 12 million and only 6% of households wash hands with soap. UNICEF and one of the largest soap factories in Burundi have established an innovative partnership to produce 12 million bars of soap per month and sell them at half the normal price. The reduction of the cost of soap by 50% will be based on government*



*VAT reduction and UNICEF contribution. The soap company will switch its existing production line of “basic soap” entirely to the subsidized soap which will look different and have UNICEF and the company’s logo on it. The distribution will be at the cost of the company through its existing retail network which covers the entire country. UNICEF will use innovative monitoring mechanisms such as U-Report to ensure compliance with the target price.*

- Secure the continuity of water and sanitation services in health care facilities (HCF), including the implementation of the [eight practical steps](#) to **Improve and Sustain WASH in Health Care Facilities** [8] or the use of the [WASH FIT](#) tool to assess the quality of WASH services in HCF. Key practices for Infection Prevention Control (IPC) and WASH in HCF include hand hygiene, environmental cleanliness, medical equipment processing, and healthcare waste management [9].



## BOX 8.

### WASH SUPPORT TO HEALTH CARE FACILITIES

*In Iraq, an International medical NGO supports Ibn al-Khatib hospital in Baghdad, one of the three hospitals in the city designated by the Ministry of Health to care for patients affected by COVID-19, in order to ensure the continuity of service. In Mosul, this NGO rebuilt a hospital, the only one in the governorate of Ninawa for the care of COVID-19 patients.*

*In Niger, at the Magaria hospital, the pediatric service has 450 beds. One NGO has adapted patient triage and infection protection measures to limit the risk of spread, which includes improving WASH facilities.*

*In Ivory Coast, training activities for health workers and screening at the various entry points to the city are already underway. WASH activities are also being implemented: handwashing points have been set up in six health centers as well as at the university hospital center.*

- Secure water and sanitation services in schools following the reopening of education centers, including i) enforcing regular handwashing with soap and clean water at age-appropriate hand washing stations (or hand sanitizers dispensers), ii) managing excreta (feces and urine) safely, and iii) implementing regular cleaning and disinfection of school facilities, especially bathrooms and toilet facilities [4].

### **3. Preserve the ability of all people, including the most vulnerable, to meet their basic needs in relation to water and sanitation.**

A combination of policies, regulations and field interventions are needed to maintain - and where possible, increase - coverage of basic services and protect the needs of the most vulnerable groups. Specifically, priority must be given to those measures that guarantee that all people have access to drinking water and sanitation, either through centralized solutions or other non-

conventional alternatives. There are a number of situations that need to be addressed:

- quarantined population with no access to drinking water or sanitation services,
- informal service providers unable to deliver services, or people unable to reach services due to lockdowns,
- disconnection from services due to lack of income and / or unpaid bills, and
- families regressing to open defecation due to inaccessibility of previous public toilets or resistance to share toilets under the pandemic.

A number of measures are currently in place to address these situations, and particularly to:

- Guarantee that all people have access to a minimum amount of safe and clean water, regardless of the conditions of confinement. Initiatives might range from banning utilities from cutting off water supply services to immediate reconnection of all households disconnected because of their inability to pay. Service providers should also expand the water system or adopt alternative supply approaches, including emergency solutions, for those households with no piped connection and those living in vulnerable conditions, such as migrant workers, displaced people and homeless.

## BOX 9.

### WHEN WASHING YOUR HANDS IS A RIGHT STILL PENDING, LIMA, PERU

*To face the challenge lack of water poses, the Water and Sanitation Services for Lima (SEDAPAL), has been giving out [free safe drinking water](#) to families who don't have it in their homes. UNDP is helping SEDAPAL by providing population density maps and by suggesting the most efficient routes for optimizing this water delivery at all 52 water truck loading points in San Juan de Lurigancho, a district in Lima where more than one million people live.*

- Provide basic sanitation to all households without toilet facilities, preventing them from practicing open defecation. Ensure availability and free access to public toilets for key workers - people whose jobs are vital to public health and safety during the coronavirus lockdown -, and homeless people.

#### BOX 10.

### SECURING WATER SUPPLY TO VULNERABLE HOUSEHOLDS AND INDIGENOUS PEOPLE, COLOMBIA

*The Colombian Government has adopted various measures to ensure access to a minimum daily volume of drinking water in the emergency for [vulnerable families](#) and [indigenous people](#). On one hand, the government has reconnected for free in the last two weeks more than 200,000 households that were disconnected due to non-payment. On the other hand, it has authorized water abstraction from an upstream dam, El Cercado, and by distributing water through new network of hydrants, a total of 9.370 families with no access to drinking water will benefit from this decision. They are located in seven municipalities in the rural area of La Guajira, territory of the Wayuu people. The cost for using this water source will be covered by the Government.*

#### BOX 11.

### IMPROVING WASH FOR INTERNALLY DISPLACED PEOPLE

*The United Nations Children's Fund, UNICEF, continues to work with local actors, international partners and local governments to enable access to clean water and basic sanitation in camps for the internally displaced. In the last month, UNICEF and partners distributed over 23,500 hygiene items to more than 50,000 people in Rakhine State, Myanmar. Over 130 latrines have been constructed and another 390 latrines are underway. In Sittwe, to increase public awareness about COVID-19, UNICEF has provided 7,000 posters and set up a Light Emitting Diode (LED) display board to share updated information on the risks.*

- Implement existing and/or innovative financing mechanisms and instruments to assist vulnerable families in paying their water bills, through e.g., subsidy systems, bill cancellation, debts rescheduling and remission, exemption of reconnection charges to distribution networks, or others. Establish and guarantee a minimum daily amount of water for all (ensuring that the Minimum Standards for both water quantity and quality are met [10], and taking into account an increase in consumption due to improved hygiene and the confinement situation of many people in their homes).

## BOX 12.

# SECURING ACCESS TO DRINKING WATER FOR ALL

*In Kenya, the Nairobi Metropolitan Services has announced [free water distribution to informal and vulnerable areas](#) through water tanker trucks, in order to support hygiene and cleanliness. In addition, the Cabinet Secretary for Health has asked the Nairobi City Water and Sewerage Company not to disconnect water for city residents because of pending bills. Other county governments, such as Machakos have announced they will waive all water bills for household consumption in the county from May 1 to December 31, 2020, and the Nyeri county government has waived water bills for residents in the Witemere slums for 30 days. The Machakos Governor also called upon all water companies in the country to follow suit by offering a 6-month waiver to ensure water supply and to cushion the economic effects of the pandemic. The government is also working with private organizations and NGOs to help in the supply of water in populated areas. For instance, NGOs are assisting in water truck delivery and set up hand-washing stations in central locations of Kibera.*

*In DR Congo, the national government has issued a decree for the provision of free water in Kinshasa. For two months, the supply of water and electricity will be free of charge to households, hospitals but also to small and medium-sized businesses. The objective is to reinforce hygiene measures with regular handwashing. Additionally, the Congolese government has planned tanker trucks to supply drinking water to those areas that are not connected to the public network. These neighborhoods are generally inhabited by the most vulnerable populations.*

## SECURING THE CONTINUITY AND AFFORDABILITY OF WATER, SANITATION AND HYGIENE SERVICES, WHILE ENSURING THE FINANCIAL SUSTAINABILITY OF UTILITIES

### 4. Secure the continuity, affordability and quality of water and sanitation services as well as proper waste management practices.

In the pandemic situation, water and sanitation are essential services for the entire population. Therefore, keeping water supplies safe and safely managing wastewater and fecal waste need to be secured by setting minimum standards for accessibility, availability, quality, continuity and equity.

Governments are asked to promote public policy measures in the WASH sector to ensure the continuity of services, with special attention to poorest and vulnerable segments of population. Sector partners are urged to support governments to prepare budgets and implementation plans for priority response and recovery measures, and to periodically monitor WASH services access and prices, and propose corrective actions when needed. Equally important, governments need to endure appropriate waste management and treatment, including of medical, household and other hazardous waste, as an essential public service. The aim is to ensure:

- proper maintenance of WASH infrastructure avoiding gaps in service provision, as well as deterioration or collapse of services,
- regular supply of electricity supply to utilities,
- regular supply of water and wastewater treatment chemicals, as well as stable prices of basic equipment, spare parts and consumables, and
- that there are no secondary impacts upon health and the environment due to disrupted water supply, wastewater or poor waste management.

A number of measures are currently in place to address these risks, and particularly to:

- Secure the continuity of services, by keeping water supplies safe (protection from source to consumer), and managing wastewater and fecal waste safely (at every point of the sanitation chain) [11]. Carry out regular and preventive maintenance on all critical equipment, avoiding deterioration or collapse of these essential services as a secondary effect of outbreak. Increase testing and monitoring of residual chlorine at strategic points in the distribution network and specifically for key users, such as health care facilities, nursing homes and schools. In addition, water and sanitation systems should be able to meet an increase in demand, and infrastructure extension to non-connected areas should be planned for, if possible.
- Ensure a secure and reliable electricity supply to utilities.
- Advocate for, sustain and strengthen and diversify supply chains (e.g. by promoting local production) for essential water and wastewater treatment products, chemicals, spare parts and consumables, to ensure increased availability and continuity of supply.

#### BOX 13.

### FAVOURING IMPORTS OF CHEMICALS, COLOMBIA

*Colombia imports most of the chemicals needed for treatment of drinking water and wastewater. The cost of the chemicals represents 5% of total treatment costs. In order to curb operational costs for utilities, the government has decided to [cancel all import duties](#) on these products during the pandemic.*

- Provide appropriate personal protective equipment (PPE e.g., gloves, safety goggles, face shields or masks, etc.) to sanitation workers with risk of exposure to excreta (including informal workers) [12] and to cleaning agents in health care facilities, while promoting increased hand hygiene.

#### BOX 14.

### KEEPING WATER AND SANITATION UTILITY STAFF SAFE, IN MALI

*With more than 1500 employees, Société Malienne de Gestion de l'eau Potable (SOMAGEP) communicates with its employees through its weekly journal called [Filet d'O](#). On 23rd of March, when no cases were reported positive in Mali yet, there was a special edition of the journal where the General Director talked to the employees. The journal urged employees, especially the ones involved in production, maintenance, distribution and quality control of water department, to practice strict hygiene routines. The Flyers of Filet d'O were printed and hung in each department to reach the maximum amount of people, including staff that do not have access to emails. Hand sanitizers and hand-washing kits were distributed or placed in strategic areas (in front of entrances, as portrayed in the picture). It was recommended to respect a social distancing of 1 m.*



## BOX 15.

### CAMPAIGNS TO PROTECT SANITATION WORKERS, INDIA

*The Ministry of Housing and Urban Affairs under the program of Swachh Bharat Mission-Urban has disseminated awareness raising videos and statements to [educate sanitation workers](#) about the importance of maintaining hygiene and tips on how to do it so that they can protect the people and themselves from the virus. Segregation of waste and safely disposing those from quarantine facilities and households have also been prioritized. Under this, it outlines that all the waste coming from quarantined neighborhoods is treated as "hazardous household waste" and should be collected and transferred separately by disposing through the incineration process to eradicate the virus. The [National Centre for Disease Control \(NCDC\) guidelines](#) has advised to segregate the biomedical waste, masks, gloves and other such waste from quarantined areas in yellow colored bags so waste collectors are aware and disposes it safely. Alongside, special health insurance coverages for sanitation workers have been announced by several states like [Delhi](#) and [Punjab](#).*

#### 5. Provide technical and financial support to utilities.

Water and sanitation services cannot be secured at the cost of financial sustainability of service providers. Indeed, water utilities, small service providers and rural water community-based organizations need technical and financial assistance to manage services safely and sustainably. There is otherwise the risk of:

- the bankruptcy of service providers, or
- lack of adequate means, resources and capacities to reach vulnerable populations and non-connected or dispersed households.

The following initiatives are currently in place to address these risks, and particularly to:

- Ensure that utilities (urban and rural) receive continuous support and technical advice in relation to the issues of administration, planning, operation and maintenance, etc. Launch and/or promote networking and collaborative platforms between local authorities and utilities for the exchange of information, the sharing of good practices, cross-learning processes, etc.

## BOX 16.

### #UTILITIESFIGHTCOVID

*UN-HABITAT and GWOPA have launched a [campaign](#) for water and sanitation utilities to share what they are doing to fight COVID-19. This is part of a wider effort for them to [share information between water and sanitation operators](#) through the GWOPA network and using their website. They also provide some basic [advice](#) on what operators can do in the fight against COVID-19.*

- Ensure that utilities (urban and rural) receive financial assistance to secure services' continuity and proper operation and maintenance. Support utilities to managing and monitoring liquidity risk, preventing them from suffering cash flow crisis due to delays or non-payment of bills, increased operation and maintenance costs, etc. Pilot ICT based innovations, blended finance mechanisms, etc., since they might emerge as appropriate solutions for the short and mid-term. Develop business plans to analyze economic viability of the utility in the short and mid-term.
- Create and implement new funding instruments to improve, rehabilitate and expand water and sanitation infrastructure, covering specific needs caused by the pandemic. These mechanisms can come from own governmental funds or with the support from multilateral organizations.

## BOX 17.

### ADDITIONAL WASH-FOCUSED FUNDS TO HELP FIGHT THE PANDEMIC

*The World Bank Group announced the establishment of a new Health Emergency Preparedness and Response Multi-Donor Fund (HEPRF). This new fund will complement, and be in addition to, the up to \$160 billion of financing the World Bank Group will provide over the next 15 months to support COVID-19 measures that will help countries respond to immediate health consequences of the pandemic and bolster economic recovery. Although it is not a WASH focused fund, it is expected to allocate some funds to WASH-related activities.*

*In **Colombia**, development banks are offering service providers different credit facilities (e.g., zero-interest loans) to cover non-payments from vulnerable households. On the one hand, total amount of money that service providers will not receive from clients will be compensated by the bank. On the other hand, those households with capacity to pay will be offered different discounts in the water bill.*

*In **Chile**, a specific [pack of financial measures](#) has been launched to support companies, especially small and medium-sized enterprises (SMEs). It includes tax measures – applicable to all SMEs; subsidies, loans and grants; and the creation of a solidarity fund of US \$ 100 million aimed at mitigating the effects of the emergency (e.g., severe decline in sales) of local micro-commerce. All these measures could eventually be applicable for water and sanitation operators, though it is not specified.*

- Establishment of coordination mechanisms for stakeholders (across sectors Health, WASH Education, etc.) working in emergency preparedness and response.

## BOX 18.

### THE COVID-19 GLOBAL HUMANITARIAN RESPONSE PLAN

*The COVID-19 Global HRP is a comprehensive inter-agency response plan that aggregates and updates relevant existing humanitarian appeals from UN and non-UN entities, including WFP, WHO, IOM, UNDP, UN-Habitat, UNFPA, UNHCR, UNICEF and taking into consideration the International Red Cross and Red Crescent Movement [13]. It also integrates inputs from the humanitarian NGO community that has also captured the perspectives of local organizations.*

*As stated in the plan, the RC/HC and the HCT lead the response, with WHO providing lead support and expertise on public health issues in consultation with national authorities. In these countries, OCHA-led intercluster coordination groups are also present and lead on operational coordination, including COVID-19 emergency task forces that have often been set up involving front-line responders to address the impact of COVID-19 on humanitarian needs and response. Particular clusters such as Health, WASH, Shelter, Food Security, Protection and Logistics will have a more prominent role due to the nature of the outbreak.*



## Conclusions

In recent weeks, most countries have taken proactive measures in response to the COVID-19 emergency. A preliminary analysis of actions initiated by a significant number of countries shows that:

- Many countries have implemented measures prohibiting the disconnection of users and enforcing the reconnection of previously disconnected users, as well as measures requiring water to be distributed to unconnected households and vulnerable groups. However, it is likely that these mechanisms will not be sufficient to cover the entire population. As regards sanitation, fewer and less detailed measures have been implemented. This may be particularly relevant for confined people who do not have access to sanitation and need to use shared or public toilets, as well as for essential workers if public infrastructures are not available.
- Initiatives that relate to the intensification of behavior change and awareness-raising campaigns for the promotion of handwashing and other IPC measures are widespread and have been widely adopted. They also include the installation and operation of hand washing stations in public spaces.
- A number of initiatives implemented by countries pose severe risks for the sustainable operation of services. Therefore, technical and financial support measures for utilities will be needed, particularly if the emergency period is prolonged. To date, utilities are implementing a range of measures to secure continuity of services, but they are unconnected and at their own risk.
- Some utilities are also putting their own measures in place to protect workers. However, small service providers and those operating in the informal sector might not be able to invest in their own protective measures.

- The extent and speed of response vary from country to country. The rural areas and small towns have received in general less attention.
- Vulnerable and marginalized groups, migrant workers, and internally displaced people are harder to reach through the standard social protection means. If not addressed, this will exacerbate existing inequalities during and after the crisis.

Despite this preliminary analysis and these initial findings, a closer follow-up of those measures and initiatives taken by countries is needed to increase the understanding of the challenges for implementation, address the potential gaps, and assess their impact. In addition, the focus of this note is on immediate response and short-term initiatives. It is however important to start developing the overarching strategy and measures for implementing sustainable WASH services during the post emergency and recovery phase.

To conclude, and for the purpose of supporting WASH practitioners in the identification of measures that can be taken to improve WASH services delivery in the COVID-19 situation, the table below seeks to list a full set of initiatives that countries have been implemented in the past weeks. The Table is structured around the priority strategic areas included in the UNICEF WASH Programming Framework for the COVID-19 Response. It details main actors involved in the implementation of each initiative and the estimated implementation period. This list is meant to be informative rather than exhaustive, but it provides water and sanitation decision-makers, practitioners and operators with a good starting point to prepare the overarching plan and strategy for implementing the WASH response.

**Table 1: Adopted measures during the WASH response to the COVID-19 pandemic**

Measure / Initiative / Activity	Actors Involved	Timeframe
<b>1. Intensify behavior change population-wide initiatives and awareness-raising campaigns for hand washing at the household and in institutions</b>		
Promoting handwashing with soap and water and safe behaviors through population-wide initiatives seeking lasting results, using adequate communication channels and messages to reach all population segments, with a special emphasis on the most vulnerable groups.	Central government / Local government / Civil society / NGOs / Media / Private sector	Immediate, short- and medium-term
Identifying and training community leaders in prioritized rural areas to promote proper handwashing (and other IPC measures) in their respective communities and participation in monitoring.	Central government / Local government / Civil society / NGOs / Media	Immediate, short- and medium-term
Fighting disinformation campaigns and fake news, ensuring people are able to access reliable information.	Central government / Local government / Civil society / NGOs / Media / Private sector	Immediate, short- and medium-term
<b>2. Strengthen infection prevention and control (IPC) at the household and in institutions</b>		
Promoting IPC measures at the household, such as wearing masks, cleaning and disinfecting surfaces, isolating people with symptoms and people at a higher risk, and not sharing personal items such as glasses, cutlery, towels, etc. Special attention to confined households and most vulnerable groups. Make content available in the different languages used in countries, and use nudging techniques to encourage good practices.	Central government / Local government / Civil society / NGOs / Media / Private sector	Immediate, short- and medium-term
Rehabilitating or constructing new handwashing stations in exposed collective sites and public spaces, including schools, health care facilities, markets, prisons, transport locations and other public places. The quantity of hand hygiene stations should consider the number of users to better encourage use, reduce waiting time and guarantee physical distancing.	Central government / Local government / Civil society / NGOs / Media / Private sector	Immediate, short- and medium-term
Ensuring the availability of basic products for family hygiene (soap, hand sanitizing gels, menstrual hygiene products, toilet paper, etc.) and domestic water treatment (chlorine tablets, water filters, etc.), either through direct distribution, cash-based interventions or market control mechanisms (e.g., by controlling prices fluctuations for WASH commodities).	Government / Private sector	Immediate
Promoting domestic water treatment if there is no access to safe drinking water (e.g. boiling water, chlorine tablets, filters, etc.) and proper handling and storage of treated water in households with no piped connection.	Central government / Local government / Civil society / NGOs / Media / Private sector	Immediate, short- and medium-term

Introducing measures for water-saving and efficiency.	Central government / Local government / Civil society / NGOs / Private sector / Users	Immediate, short- and medium-term
Conducting rapid assessments <sup>1</sup> of the WASH situation in health care facilities, securing the continuity and quality of water and sanitation services (24*7) in health care facilities, including engaging in frequent hand hygiene using appropriate techniques, implementing regular cleaning and disinfection practices with chlorine-based products, and safely managing health care waste. Adopt alternative and decentralized mechanisms, if needed.	Utility	Immediate
Securing the continuity and quality of water and sanitation services in isolation centers and in social care institutions (for elderlies, disabled, homeless, childcare centers, etc.), including engaging in frequent hand hygiene using appropriate techniques and implementing regular cleaning and disinfection practices.	Utility	Immediate
Ensuring the availability, quality and continuity of water, sanitation and handwashing services in schools, using unconventional mechanisms if necessary, in preparation of schools' reopening.	Utility / Ministry of Education	Immediate, short- and medium-term
Promoting improved cleaning and disinfection in public spaces and high-risk areas (e.g., public fountains, recreational areas, schools, public places, institutions offices, etc.)	Local government	Immediate, short-term
<b>3. Preserve the ability of all people, including the most vulnerable, to meet their basic needs in relation to water and sanitation</b>		
Identifying priority intervention areas, supporting national multi-sector mapping of those areas most at risk from COVID-19 ("hotspots") <sup>2</sup> .	WASH stakeholders	Immediate
Not cutting off the water supply to households who are unable to pay bills, under any circumstances.	Utility	Immediate
Immediately reconnecting free of charge all households disconnected for non-payment that do not currently receive water services.	Utility	Immediate

<sup>1</sup> One particular methodology proposed for this purpose is the Water, Sanitation and Hygiene for Health Care Facilities Improvement Tool (WASH FIT): [www.washfit.org](http://www.washfit.org)

<sup>2</sup> Mapping vulnerability based on 1) multiple risk factors for maintaining basic preventive hygiene and physical distancing (population density, average age, percentage living in the informal economy and day-to-day income, etc.); and 2) multiple risk factors in the context of partial/total confinement and current and potential outbreaks of COVID-19 and other diseases. Areas of high population density and low coverage of WASH services must be especially considered, both at the household and at the community level (few public toilets, etc.), with cases of COVID-19. The presence of health care facilities, markets, nursing homes, prisons, juvenile detention facilities and centers of agglomeration of people with special needs in relation to water and sanitation should also be considered.

Ensuring a minimum daily volume of drinking water for all vulnerable households or not connected to the mains network, through infrastructure expansion and/or unconventional solutions (e.g. distribution of water to households or at specific community points, trucks, kiosks, etc.), respecting physical distancing (at least, one-meter distance between taps).	Utility	Immediate
Ensuring provision of services to all segments of population <sup>3</sup> living outside a home.	Municipality	Immediate
Ensuring that there are specific measures aimed at addressing the needs of women and girls in relation to water, sanitation and hygiene (e.g., sanitation facilities in isolation centers with gender sensitive safety measures and privacy, targeted awareness raising on handwashing and hygiene promotion, ensuring menstrual hygiene and health management, sex-disaggregated data are considered in WASH response plans)	Central government/ local government/ civil society/ NGOs/ media/ private sector	Immediate, short- and medium-term
Establishing, maintaining and/or extending (in collaboration with social protection services) the financial instruments needed to facilitate service payments, particularly for vulnerable households: implementing subsidy systems, social bonus, freezing bill collection, writing off debts for non-payment, exempting households from reconnection costs, postponement of tariff adjustments, etc.	Government / Utility	Immediate, medium-term
Evaluating the possibility of introducing a free minimum basic consumption for families anticipating an increase in consumption due to better hygiene and the confinement of many people to their homes.	Government / Utility	Immediate, short-term
Providing non-centralized basic sanitation solutions (e.g. compact toilets, latrine emptying and fecal sludge management, etc.), using when needed unconventional technologies, to all households not connected to the sewerage system, in order to prevent open defecation.	Municipality or local government / Utility	Medium-term
Ensuring that public or community bathrooms are open, available and accessible free of charge to people who do not have them at home and/or are doing essential work outside. Guarantee that public toilets are properly maintained, cleaned and disinfected daily.	Municipality or local government / Utility	Immediate, short-term
Guaranteeing access to electricity and communications for users so they can communicate with service providers and authorities, receive information, make online payments, etc.	Government / Private sector	Immediate
Establishing communication channels between utilities and users, such as dedicated webpages for COVID-19, hotlines, etc. Real-time information collection and advice (queries or concerns consumers may have about bills or service).	Utility	Immediate

<sup>3</sup> Homeless people, people in shelters, nursing homes, refugee/returnee centers, juvenile detention facilities, detention centers, etc.

4. Guarantee the continuity, affordability, and safety of water and sanitation services		
Identifying critical intervention areas (“hotspots”) in the utility’s service area to prioritize COVID-19 response interventions <sup>4</sup> .	Utility	Immediate
Conducting regular monitoring WASH supplies and services access and prices, and take corrective measures when needed.	Central & local government / Users / Private sector / Utility	Immediate, short- and medium-term
Ensuring proper operation of drinking water systems at all stages (protection from source to consume). Planning preventive maintenance tasks at all critical points of the system (e.g. at the intake, pipelines, in the treatment plant and in the distribution network). Monitoring residual chlorine at specific key points and for strategic users (e.g., health care facilities, nursing homes and schools).	Utility	Immediate
Ensuring proper operation of the sewerage system and non-centralized sanitation solutions at every point of the sanitation chain: emptying of latrines and septic tanks and transport, treatment and final disposal of fecal sludge.	Utility	Immediate
Expanding infrastructure and extending coverage of water and sanitation services to unconnected areas.	Utility	Short- and medium-term
Securing access to energy / electricity for utilities, to ensure the operation of water and sanitation services.	Electricity company	Immediate
Advocating for reliable regional and national WASH supply chains, while sustaining, strengthening and diversifying the supply chains of all products and materials needed to operate water and sanitation services (disinfectants, chemicals, spare parts, etc.), ranging from rural small-scale systems to urban, large-scale systems. This might include support to local production, market assessments for WASH commodities, and exemptions for sanctions or special clearances for materials and equipment based on humanitarian need.	Private sector / Utility	Immediate, short- and medium-term
Ensuring availability and access to appropriate personal protective equipment (PPE) for sanitation workers with risk of exposure to excreta or cleaning agents in health care facilities. Adoption of other protection measures, including remote working and duty roster, body temperature measurements, reduction of visits to consumers, etc. Developing protocols in cases of contagion among operational personnel.	Utility / Private sector	Immediate
Distributing personal protective equipment (PPE) to informal sanitation workers.	Government or local government / Informal utility	Immediate

<sup>4</sup> Criteria for identifying these areas include (but are not limited to) areas of high population density with low coverage of WASH services at both the individual and community levels (few public toilets, etc.) with cases of COVID-19. The presence of health care facilities, markets, nursing homes, prisons, juvenile detention centers and other places where there are many people in need of access to water and sanitation should be taken into account.

Ensuring proper waste management, at all stages: collection, separation, transportation, processing and treatment, and disposal. Promote good practices for quarantined households (separate collection in bio-medical waste collection units, burned with no human contact, etc.)	Local government	Immediate, short- and medium-term
Introducing online payment services if they do not already exist.	Utility	Short-term
<b>5. Provide technical and financial support to utilities</b>		
Providing technical assistance to utilities for management, financing, planning, operation and maintenance, etc. Supporting the creation/updating and implementation of emergency response plans or contingency plans.	Government / Strategic partners	Immediate, short- and medium-term
Activating special funds to guarantee the operation of services, and to improve, upgrade and expand water and sanitation infrastructure to meet the specific needs caused by the pandemic.	Government / Financial institutions	Immediate, short- and medium-term
Ensuring urban utilities and small-scale operators receive the necessary financial support and supplies (including personal protective equipment) to guarantee the proper operation of services.	Government / Financial institutions	Immediate, short- and medium-term
Ensuring rural and community operators (both formal and informal) receive the necessary financial support and supplies (including personal protective equipment) and technical assistance to ensure continuity of service.	Government or local government	Immediate, short- and medium-term
Promoting correct monitoring of utilities and middle to small-scale operators. Developing a simple monitoring system to facilitate early detection of service delivery failures and promote corrective actions.	Government / Regulators / Utilities' associations	Immediate, short- and medium-term
Establishing a coordination platform and/or communication channels between government and utilities/operators and their associations for the exchange of experiences, good practices, crossover learning processes, etc. Real-time information collection and advice (queries, concerns about technical, financial, legal, and administrative issues)	Government / Utilities	Short- and medium-term
Developing business plans to analyze economic viability of the utility in the short and mid-term.	Government / Financial institutions	Short- and medium-term
Establishing multi-actor emergency coordination mechanisms, including international and multilateral organizations and other actors.	Government / Strategic partners	Immediate, short- and medium-term

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## Acknowledgements

The SIWI team would like to thank Jorge Álvarez-Sala, Alban Nouvellon, Guy Hutton, Silvia Gaya and Gregory Bulit all of them from UNICEF WASH team in Regional office and Head Quarters for their valuable contributions to this document.

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UNICEF's water, sanitation and hygiene (WASH) country teams work inclusively with governments, civil society partners and donors, to improve WASH services for children and adolescents, and the families and caregivers who support them. UNICEF works in over 100 countries worldwide to improve water and sanitation services, as well as basic hygiene practices. This publication is part of the UNICEF WASH Learning Series, designed to contribute to knowledge of good practice across UNICEF's WASH programming. In this series:

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