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**EQUITABLE AND SUSTAINABLE WASH SERVICES:
FUTURE CHALLENGES IN A RAPIDLY CHANGING WORLD**

**Learnings from UNICEF assisted WASH coordination
and response to the Covid-19 pandemic in Nepal**

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Nepal

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Context and background

The World Health Organization declared a Public Health Emergency of International Concern on 30 January, and a Pandemic on 11 March 2020. The first case of COVID-19 was confirmed in Nepal on 23 January 2020. Two months later, the second case was detected on 23 March 2020 in Kathmandu. On 24 March 2020, Government of Nepal declared a nationwide lockdown to prevent the spread of COVID 19 following the confirmation of the second case in Kathmandu. The first case of local transmission was confirmed on 4 April 2020. The number of positive cases continued to increase - more exponentially in the first week of May, particularly in the southern Terai districts bordering with India. UNICEF, being the co-lead for Water, Sanitation and Hygiene (WASH) cluster, supported the Government of Nepal to activate the cluster in March 2020 and developed and operationalized preparedness and response plan in close coordination with provincial ministries and cluster members and other humanitarian partners. This also included close coordination with health and education clusters. With very uncertain and rapidly changing situation and the country being not fully ready to cope with this public health outbreak, UNICEF though being the provider of last resort had to step in to support the government to lead the COVID 19 response through cluster coordination and also as one of the major responder to the pandemic.

UNICEF strategic response

Under the Government of Nepal and UNICEF WASH Programme, the major interventions identified for UNICEF interventions in close coordination with WASH, Health and Education Clusters included (i) cluster coordination at federal and provincial levels, (ii) risk communication and community engagement (iii) improvement of WASH facilities and Infection Prevention Control (IPC) in health care facilities, quarantine centres including schools and isolation centres, point of entry and (iv) capacity building of local government and implementing partners on COVID-19. Further to this, UNICEF immediately activated its contingency partnership with four national standby partners to provide initial response especially using the prepositioned supplies, and then it gradually expanded and intensified the scope of response formalizing new partnership agreement with 15 civil society organizations and five local government reaching out to all the seven provinces and most affected local governments. UNICEF also directly supported cluster coordination in five of seven provinces including making human and/or financial resources available. Further it also engaged in risk communication especially in development of communication packages for various media and target groups as well as in development of various guidelines on IPC and WASH under the platform of WASH Cluster. It also closely coordinated with Health Cluster for carrying out rapid assessment of Health Care Facilities (HCFs) and addressing gaps related to IPC and WASH services especially in designated provincial and national hospitals. This engagement further triggered and highlighted the agenda of Health Care Waste Management (HCWM) upfront for national attention as well as for development of guideline on HCWM. With further increase of COVID 19 case in India, the country faced massive influxes of Nepalese returnees

from India through various Point of Entries (POEs). This resulted in overnight use of thousands of schools and community institution as quarantine and isolation centers that needed immediate support for improving/provision of WASH and IPC facilities, and conducting risk communication activities (WASH Cluster, 2020). UNICEF capacitated highly affected local governments through civil society organizations to respond to the WASH/IPC needs. To ensure safe reopening of schools (after being used as quarantine centres), it worked with health and education cluster to develop school disinfection guideline and video and provided direct support for disinfection. Overall, UNICEF was able to reach out to over 260,000 people directly with its interventions in various setup, and over 3.15 million people through risk communication packages. UNICEF contribution to the overall WASH Cluster's achievement ranged from 25% to 70% for different indicators (UNICEF, 2020). As part of the global appeal on Hand Hygiene for All (HH4A), UNICEF supported the government to launch a month long national hand hygiene campaign and also direct support for development of national roadmap with multisectoral engagement and commitments to ensure universal access to handwashing with soap by 2030 as part of the SDG target.

Innovations

To address the need of hand washing by everybody, everywhere and all the time during COVID-19 and beyond, UNICEF worked with local entrepreneurs and local fabricators to develop foot operated contactless hand washing station and reached out to other promoters to provide hand washing facilities. As a result, private sectors are scaling up hand washing facilities in different geographical areas of Nepal. UNICEF further used technology for online capacity building of partners; regular progress review and experience sharing; handover ceremony of completed handwashing station; and for monitoring purposes which greatly reduced face to face contacts, was one of the important strategies to reduce the transmission of cases.

Challenges

Complete lockdown with restriction on movement of people and vehicles across the country for almost four months affected staff movement and availability of WASH supplies needed for the response. Due to uncertainty and fear, limited staff and partner organizations were willing to work especially at the Point of Entries, quarantine/isolation centres and health care facilities where response was expected. The availability of labours to work in quarantine centre and HCFs where suspected, and positive cases residing was another challenge. On the upstream side, there was also lack of dedicated resources including personnel and clear responsibility. In addition, frequent transfer of staff in provincial offices also affected coordination with three level of government and with multiple ministries at Federal and Provincial levels for WASH response in a coordinated manner.

Lesson learned and way forward

The COVID-19 pandemic has raised the profile of hand hygiene and also stimulated innovations such as foot operated contactless handwashing stations/taps and local production of sanitizers while much efforts are now needed to sustain the increased awareness and practices. The prepositioning of critical WASH supplies at the local level would enable a timely provision of relief to the affected people. Because of the evolving situation of COVID 19 flexible-funding approaches are needed to respond to the emerging realities on the ground. 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 of face-to-face meetings or trainings. Having inclusive dialogues, planning and technical guidance for special and vulnerable groups make the program more successful with more acceptance and adherence. Engagement and support of private sectors and local entrepreneurs on innovative works can bring wider support for timely response and for triggering sustainable behaviours. Strengthening cluster coordination mechanism especially capacity building and resources allocations at Federal and Provincial levels would help for timely and self-triggered responses. Existence of valid contingency partnerships, long term agreements, and prepositioned supplies are vital for successful and timely response especially during initial phase.

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